# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS' MEETING
**(PUBLIC AGENDA)**

**TO BE HELD ON MONDAY 18th March 2024**
**At 2:00PM – 5:00PM**

**MAIN BOARDROOM**
**COBBETT HOUSE**
**OXFORD ROAD CAMPUS**

## AGENDA

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| **1.** | Apologies for absence | |
| **2.** | Declarations of Interest | |
| **3.** | To approve the minutes of the Board of Directors' meeting held on 15th January 2024 | *(enclosed)* |
| **4.** | Patient Story | *(Film)* |
| **5.** | Matters Arising | |
| **6.** | Chairman's Report | *(Verbal Report of the Group Chairman)* |
| **7.** | Chief Executive's Report | *(Report of the Group Chief Executive enclosed)* |
| **8.** | Report from the Board of Directors' Scrutiny Committees<br>• Strategic Projects Scrutiny Committee on 24th January 2024<br>• Audit Committee held on 7th February 2024<br>• Finance and Digital Scrutiny Committee on 27th February 2024<br>• Workforce Scrutiny Committee held on 27th February 2024<br>• Quality and Performance Scrutiny Committee held on 29th February 2024 | *(Group Non-Executive Directors)* |
| **9.** | **Operational Performance** | |
| | 9.1 To receive the Integrated Performance Report | *(Report of the Group Executive Directors enclosed)* |
| | 9.2 To receive the Group Chief Finance Officer's Report M10 | *(Report of the Group Chief Finance Officer enclosed)* |
| | 9.3 To receive a Maternity Services' update | *(Report of the Group Chief Nurse enclosed)* |

## 10. Strategic Review

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| 10.1 To receive an update on the MFT strategic developments | *(Report of the Group Chief Strategy Officer enclosed)* |
| 10.2 To receive an update on MFT's Annual Planning Process | *(Report of the Group Chief Strategy Officer enclosed)* |
| 10.3 To receive the MFT Organisational Strategy | *(Report of the Group Chief Strategy Officer enclosed)* |

## 11. Governance

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|---|---|
| 11.1 To receive the Q3 Patient Experience and Complaints | *(Report of the Group Chief Nurse enclosed)* |
| 11.2 To receive report on the Care Quality Commission's revised approach to regulation | *(Report of the Group Chief Nurse enclosed)* |
| 11.3 To receive the Board Assurance Framework | *(Report of the Group Executive Director of Workforce & Corporate Business enclosed)* |

## 12. Items for consenting following discussion at Scrutiny Committees

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|---|---|
| 12.1 To receive an update on MFT's Green Plan | *(Report of the Deputy Group Chief Executive enclosed* |
| 12.2 To receive the Public Sector Equality Duty Annual Report 2024 | *(Report of the Group Executive Director of Workforce & Corporate Business enclosed)* |
| 12.3 To receive the Gender Pay Gap annual report | *(Report of the Group Executive Director of Workforce & Corporate Business enclosed)* |

## 13. Date and Time of Next Meeting

The next meeting will be held on Monday 13th May 2024 at 2:00pm

## 14. Any Other Business

NHS
Manchester University
NHS Foundation Trust

# MINUTES OF THE BOARD OF DIRECTORS' MEETING

## Meeting Date: 15th January 2024

## (PUBLIC)

## Main Boardroom, Cobbett House

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

### 167/23 Apologies for Absence

Apologies were received from Damian Riley and Professor Jane Eddleston

### 168/23 Declarations of Interest

No specific interests were declared for the meeting.

### 169/23 Minutes of the Board of Director's meeting held on 13th November 2023

The minutes of the Board of Directors' (Board) meeting held on the 13th November 2023 were approved.

The two remaining actions on the action tracker are due for completion in February.

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

## 170/23 Patient Story

CL introduced the film which involved an interview with a patient who was treated at Wythenshawe Hospital for lung cancer.

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

## 171/23 Matters Arising

There were no matters arising.

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## 172/23 Group Chairman's Report

The Group Chairman presented her verbal report which provided an update on matters of interest which have arisen since the last meeting. She highlighted:

- The impact of the recent bouts of industrial action and thanked all staff for their dedication and hard work.
- The team at the Kellgren Centre at MRI have maintained their accreditation as a Lupus UK Centre of Excellence, following an inspection late last year by the national charity.
- The Food as Medicine campaign which aims to ensure that our patients' dining experience is the best it can be during what can be the most vulnerable time in their lives.
- Julie Mullings, Lead Tissue Viability Nurse, has received the 'Queen Elizabeth the Queen Mother' award for outstanding service.
- Simon Wray, consultant cardiologist, has been appointed as the National Clinical director (NCD) for heart disease and Ngozi Edi-Osagie has been appointed as NCD for neonatology.

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

## 173/23 Group Chief Executive's Report

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

- The ongoing development of MFT's new organisational strategy. It is being informed by a range of external experts and engagement from partners across GM.
- The phased expansion of Hospital@Home service, building on its early successes.
- The impact across the organisation of the recent industrial action.
- The financial challenges being faced across Greater Manchester (GM).
- Joint Group Medical Director Jane Eddleston's departure from the Trust later this year and the plan to retain the Joint Medical Director model and therefore recruit a replacement.
- The ongoing process to recruit a Group Chief Delivery Officer.

MG welcomed the external visits with a focus on equality, diversity and inclusion and MC explained that the visitors were invited to inform the development of the new organisational strategy and to spend time looking at the work underway at MFT to address health inequalities.

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

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## 174/23 Reports from the Board of Directors' Scrutiny Committees

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

**Audit Committee held on 8th November 2023**
NG, the Committee Chair, highlighted:

- The update provided by the Counter Fraud Service which highlighted nothing unusual to report.
- The internal audit reports received on data quality and theatre products. Progress with management actions will be presented at a future meeting.
- The internal audit report on cyber security, the actions from which are being monitored by the Finance and Digital Scrutiny Committee (FDSC).
- The report received detailing progress made in addressing management action in response to the internal audit report on recruitment in nursing and midwifery services.
- The receipt of a report detailing the use of the Trust's seal.
- The regular losses/waivers report.
- The Board Assurance Framework which was presented to the Committee, noting that it would need to be developed to reflect the new organisational strategy.

**Charitable Funds Committee (CFC) held on 28th November 2023**
KC, the Committee Chair, highlighted:

- The work underway to ensure the financial sustainability of the charity.
- The approval of charity funding for a youth support officer to support patients' transition from children and young people's services to adult services.
- The continuing fundraising from Hughie and Freddie and the RMCH roof garden refurbishment which will be funded from their latest efforts.
- The funding approved for the continuation of Houghton Dean fellowships.
- The presentation received at the meeting describing the DigiLabz project.
- The success of the Carols in the Coty concert.
- The recent visit of Manchester City footballer, Jack Grealish, to RMCH.
- The tragic death of Kate Vokes and her son, Archie, whose charitable trust has been a huge supporter of the charity. KC offered sincere condolences to their family and friends.

**EPR Scrutiny Committee (EPRSC) held on 12th December 2023**
GB, the Committee Chair, highlighted**:**

- The report that of incidents of no patient harm had been identified during the data quality sampling exercise.
- The focus on optimising the use of Hive to improve patient care and support financial sustainability.
- The way in which Hive is embedded within the broader improvement workstreams within the Trust.
- Delivery of cash-releasing benefits from Hive is behind trajectory at present with work underway to improve the situation.
- The potential for MFT to become a Hive Connect site.
- There remain some issues with Wi-Fi connectivity at NMGH.
- The 'Hyperdrive' system update which will take place in June 2024,
- The governance behind the Hive programme and the imminent handover of the Executive leadership role from JB to the new Group Chief Digital and Information Officer.

CL noted the value that Hive has added to the assurance processes in the Trust by increasing the breadth and timeliness of data for reporting through governance structures.

**Finance and Digital Scrutiny Committee (FDSC) held on 31st October 2023**
TR, the Committee Chair, highlighted:

- The fact that the surpluses required in second half of year to achieve breakeven are being realised but the Trust remains in a challenging position.
- The scrutiny MFT is under as part of GM financial turnaround work.
- The waste reduction programme being on track to deliver the full year plan. Next year the

programme will be called Value for Patients and will likely be required to deliver a further £136m+ of savings in 2024/25.
- The update to the Committee regarding the actions completed following the internal audit report on cyber security.

**Quality and Performance Scrutiny Committee (QPSC) held on 19th December 2023**
CM, on behalf of the Committee chair DR, highlgihted:

- The Committee's focus on how the Trust is managing the significant pressure on services throughout December because of increased demand and acuity of presentations. The Trust has had to declare OPEL 4 for short periods of time on more than one occasion. This pressure is being felt across GM, and nationally.
- The harm reviews being undertaken on patients waiting for care.
- The early success of the Hospital@ Home programme and virtual wards
- A Never Event discussed at the Committee which resulted in no harm to the patient but learning is being identified and disseminated across the Trust.
- The Trust remains committed to delivering elective targets but the industrial action is having an impact on that.
- The increase in safeguarding training compliance rate.
- The inclusion of a new metric on discharge readiness in the IPR.

**Workforce Scrutiny Committee (WSC) held on 20th December 2023**
AA, the Committee Chair, highlighted:

- The ongoing delivery of the workforce strategy.
- The Committee's discussions regarding the Guardian of Safe Working quarterly report and the Freedom to Speak Up Guardian's quarterly report for Q2.
- The fact that the staff survey response rate is up by 9.5% which equates to over 2000 more staff providing feedback. Actions taken in response to the staff survey results from last year were also discussed at the Committee.
- The work to improve the accessibility of mandatory training modules for staff.
- The link between workforce and the GMICB's turnaround programme.

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

## 175/23 Integrated Performance Report (IPR)

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

TO covered the Patient Safety and Clinical Effectiveness sections and highlighted:

- The in-depth discussions at QPSC with regard to the metrics.
- The work looking at potential harm as a result of patients waiting for longer periods. There is also a focus on this across GM.
- The work to improve adherence to LOCSSIPS, supported by Hive.
- A new metric included in the IPR regarding patient safety risks not mitigated by the deadline set.
- Ongoing work to improve compliance with NICE guidance which was discussed in detail at QPSC.

In response to a question from TR regarding how harm reviews are carried out, TO explained that the focus was on those who had waited more than 3 months and that harm was being considered, when prioritising patients, by the same staff who were responsible for the patients' overall care.

In response to a question from TR, TO confirmed that MyMFT had the potential to monitor patients but work was required to develop that functionality. In addition, work with primary care to support the work will be undertaken.

CL covered the Caring and Responsiveness sections and highlighted:

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- The increase in the number of people completing FFT responses. The LCOs use a QR code for it to be completed by those being cared for at home.
- In response to What Matters to Med feedback, a nutrition and hydration week will be held in March, and a Food as Medicine campaign is starting this week.
- The mixed sex accommodation breaches are mainly due to capacity issues caused by pressures in UEC.
- There has been a decrease in formal, upheld, and re-opened complaints.
- Work continues to address the themes raised in 2022/23 patient surveys.
- Overall, alert organism occurrence is in line with plans apart from C-Diff, which is slightly over plan, and MRSA where there have been 14 cases against a target of zero. A report will be presented to a future QPSC providing an update.
- The Quality and Safety strategy will inform and support the emerging organisational strategy.
- Work is underway to ensure that Section 132-detained patients are aware of their rights and that patients with learning disabilities or autism receive the reasonable adjustments required for their care. Recording of these adjustments needs to be improved within Hive.
- Work continues to improve safeguarding mandatory training compliance rates at all levels.

JB covered the Operational Performance Section and highlighted:

- The Trust is 71.7% against A & E target for the year. There was good performance in Q1 and Q2 but Q3 has proved more challenging.
- Staff from across MFT have been amazing during the two recent bouts of industrial action.
- Virtual Ward occupancy rates were greater than 85% during the industrial action. It is important to ensure MFT has the correct risk appetite to support the work.
- Each day, 197 bed days are taken up by patients who are medically fit to leave hospital.
- 399 patients remain in the 62-day cancer backlog, a position which has deteriorated due to 45 patients being deferred during industrial action.
- Patients with time-critical element to their care are being prioritised for rescheduling.
- MFT remains committed to achieving zero 78ww and no 65ww patients (apart from a small number of complex cases) by the end of March 2024.
- By the end of December, there were 103 78ww made up of patients who had chosen a date in the future, and those requiring corneal grafts or complex surgery.
- There remains a continued focus on improving diagnostics performance. Further national funding was requested for Q4 but this has been turned down.

In response to a question from LG, JB confirmed that lessons were being learned from any improved work processes which were adopted during periods of industrial action.

In response to a question from GB, JB described plans for the extension of the Hospital @ Home service with an extension of capacity from 120 to 200 patients. The expansion will be handled methodically to ensure that the correct workforce is in place as it develops.

KC gave thanks to all MFT’s workforce for their additional efforts during the industrial action and noted the support MFT had provided to other Trusts during this period.

PB covered the Workforce Section and highlighted:

- Reducing absence is a focus for corporate functions and the Hospitals/MCSs/LCOs with a number of metrics being closely monitored.
- Level 1 mandatory training compliance rates are above 90% with work underway to provide a range of methods for accessing Levels 2 and 3 training.
- The work to increase staff engagement is making good progress.

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JEh covered the finance section, highlighting that due to the timing of meetings the data contained was for Month 7 and that the Month 8 data was included in her CFO report.

| **Board Decision:** | **Action** | **Responsible officer** | **Completion date** |
|---|---|---|---|
| The Board noted the IPR | Update on the occurrence of alert organisms to be presented to a future QPSC. | CL | April 2024 |

## 176/23 Group Chief Finance Officer's Report M8

JEh presented MFT's financial position as at Month 8 and highlighted:

- A £45.1m year to date deficit against a plan for a £19.1m deficit. Income from the Elective Recovery Fund had under-delivered, contributing to the deficit, along with the impact of industrial action.
- Income received to cover industrial action costs up to end of October have improved the position.
- Costs have increased due to sickness running higher than planned, resulting in temporary staffing requirements, and inflation.
- The use of insourcing and outsourcing is higher than planned.
- The cash position was £123m at the end of Month 8.
- Currently, the year-end forecast is a deficit of £9m but the aim remains to breakeven.
- Month 9 saw a surplus of £3.6m in month with a similar deficit position against forecast as at Month 8. There has been a significant technical adjustment with regard to IFRS16 which has supported the position, although there is a risk that guidance may be issued removing this benefit from the Trust.
- The Month 9 cash balance is £88m which is lower due to the earlier timing of a payment run. There is a focus on cash management with a request to NHSE for recognition of the cash support committed to in relation to capital spend required as a result of the MFT acquisition of NMGH.

In response to a comment from MG regarding Government support for industrial action costs, JEh explained that no adjustments had yet been made for December and January. Previous support had covered direct cost and an element of the income losses but this did not fully cover all the income lost.

MC explained that the likely year-end position had improved but there remains work to do. The waste reduction programme has been delivered in full, with just over half being recurrent savings. It is the largest amount of money ever saved in a financial year at MFT. KC noted that this was recognised as a significant achievement at the last GMICB turnaround meeting.

In response to a question from LG, JEh explained that the Trust could not cover the costs and lost income associated with the junior doctors' dispute.

In response to a question from AA regarding MFT's debtors, JEh explained that outstanding balances were being pursued with a number of the debtors being other NHS organisations.

| **Board Decision:** | **Action** | **Responsible officer** | **Completion date** |
|---|---|---|---|
| The Board of Directors noted the report. | None | n/a | n/a |

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## 177/23 Update on the MFT strategic developments

DB introduced the report which provided an update on strategic developments relevant to MFT. He highlighted:

- NHSE has reconfirmed its commitment to patient choice with Andrew Taylor being appointed to lead the independent Patient Choice and Procurement Panel.
- The delegation of specialised commissioning from NHSE to GMICB has been confirmed which may bring some risks to MFT following the 2024/25 financial year.
- The Chief Medical Officer's report on ageing and frailty.
- The development of single services for vascular and cardiac are continuing to progress through the management of change process.
- The sickle cell service development continue with a soft launch of the hyper-acute unit this month. This includes an education element to increase awareness of staff with regard to sickle cell disease and thalassemia.

AA noted that the Health Foundation's Neonatal Health Learning action network was not time-limited and would remain in place until the issues in-scope had been addressed.

KC welcomed the move of the Sexual Assault Referral Centre to SARC to new facilities which include a link to courts so service users can provide evidence virtually. She congratulated all those involved in the service. .

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

## 178/23 Update on annual planning 2024/2025

DB introduced the report which outlined the revised annual planning process, the timeline for 2024/25 as it currently stands (pending publication of the planning guidance from NHS England), progress to date in implementing the new process, and the next steps. He highlighted:

- The increased focus on triangulation of plans across all MFT areas.
- The strengthened governance in place this year.
- The number of 'cuts' within the process with plans becoming more detailed as they progress.
- Bottom-up capacity is being considered, as well as demand, for the first time.
- The work is on track but the national planning guidance is still awaited.
- The next steps described in section 5 of the report.
- Chairman's action will be required to approve submission as will be required prior to next Board.

In response to a question from MG regarding the synchronisation of the annual planning work with the development of the organisational strategy, MC explained that this had been considered throughout the process. As the plan becomes finalised, the objectives and language within both documents will be aligned. Delivery of the annual plan will support delivery of year 1 of the organisational strategy.

| **Board Decision:** | **Action** | **Responsible officer** | **Completion date** |
|---|---|---|---|
| The Board noted the report and agreed the proposed process for approval of the final submission to GMICB. | None | n/a | n/a |

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## 179/23 Strengthening Leadership, Culture and Engagement at MFT

PB introduced the report which provided an overview of work underway or planned to build on the strengths of the existing approach to leadership development, the evolution of governance arrangements, and to foster a culture in which staff thrive and feel able to contribute within an active staff engagement framework. He highlighted:

- That this was a key element in delivery of the organisational strategy.
- A structured approach had been adopted, linked to the Messenger Review, the NHS Culture and Leadership programme, and the NHS Long Term Workforce Plan.
- The adoption of the Burke Litwin model for organisational development.
- The external review of well led arrangements which led to number of recommendations. An action plan will be developed to address the recommendations.

KC and CM commended the report and CM noted the importance of MFT’s system leadership role within the GMICB.

MG congratulated PB on the work and described conversations about improving culture with front line staff during Senior Leadership Walkrounds. He emphasised the need to ensure that Trust volunteers are also included in the work.

AA supported the structured approach for change and it was agreed to include a further discussion at a futue Board meeting.

| Board Decision: | Action | Responsible officer | Completion date |
|---|---|---|---|
| The Board noted and supported the report. | Further discussion to be held at a future Board meeting. | PB | May 2024 |

## 180/23 Update on Maternity Services and year 5 Maternity Incentive Scheme (CNST)

CL introduced the report which included:

- Assurance on matters relating to patient safety within maternity services, highlighting the use of the Maternity Safety Dashboard.
- Summary of Maternity Incidents (Level 3 Harm and above) and Healthcare Safety Investigation Branch referrals.
- The update on compliance with the Maternity Incentive Scheme Year 5.

She highlighted:

- Detailed discussions regarding maternity safety compliance which had taken place at QPSC in December 2023.
- The most recent PMRT report which had been discussed in the Private Board session.
- The cases eligible for referral to the new Maternity and Newborn Safety Investigation process.
- The ongoing work following the CQC inspection of SMH and how scrutiny of the work was governed at site, Group management, and Scrutiny Committee/Board levels.
- The ongoing national discussions regarding BSOTS. Proposals for an updated triage model will come to a future QPSC.
- There were no issues for escalation from the maternity and neonatal dashboard.
- Sadly, there had been a maternal death at MFT in November. Due process has been followed and a report would come to a future Board meeting.
- Safety Walkrounds have been carried out by CL, CM and TO. Feedback regarding the working environment on the NMGH site will be acted upon.
- Some workforce actions require completion. The trust has committed to achieving Birthrate+ staff numbers which will have an impact on the vacancy numbers shown in future reports.
- NHSE are visiting the Trust next week to assess progress made since the CQC inspection.

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| Board Decision: | Action | Responsible officer | Completion date |
|---|---|---|---|
| The Board noted the report, approved the action plans in relation to the midwifery, nursing and medical workforces, approved the training needs analysis, and confirmed compliance with the MIS Year 5 safety actions. | Report on the updated BSOTS approach to be discussed at a future QPSC | CL | April 2024 |
| | Report on the November maternal death to come to a future Board meeting | CL | March 2024 |

## 181/23 Infection Prevention and Control (IPC) Strategy

CL introduced the report which sought approval of the IPC strategy for 2023-26. It was noted that the report had been discussed in detail at QPSC in December 2023.

| Board Decision: | Action | Responsible officer | Completion date |
|---|---|---|---|
| The Board approved the Infection Prevention and Control Strategy. | None | n/a | n/a |

## 182/23 Freedom to Speak Up annual report

JB introduced the 2022-23 Freedom to Speak Up (FTSU) annual report. It was noted that it had been discussed in detail at the Workforce Scrutiny Committee on the 29/8/23. She highlighted:

- Since this report written, a self-assessment has been carried out which will drive further improvements in the service.
- 100 FTSU champions are now in place. Diversity of champions has improved including a range of different languages being spoken.
- FTSU Guardian capacity remains small for an organisation the size of MFT. This was recognised in the external well-led developmental review.
- The importance of feeding back to FTSU service users in relation to their issue.
- The additional focus on FTSU by MC has raised the profile of the service across the Trust.

GB commented that ‘listening up’ and following up’ were key parts of the process as shown in the recent issues facing the Post Office and learning from the Rochdale child sexual exploitation incidents.

| Board Decision: | Action | Responsible officer | Completion date |
|---|---|---|---|
| The Board noted the report and approved it for publication. | None | n/a | n/a |

## 183/23 EPRR statement of compliance

JB introduced the revised EPRR Statement of Compliance which had been supported at the Quality and Performance Scrutiny Committee on the 19/12/23.

A statement of partial compliance was proposed. JB noted a key theme of training and emphasised the need to improve the collection of evidence of compliance across all the requirements.
Board ratified statement.

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| **Board Decision:** | **Action** | **Responsible officer** | **Completion date** |
|---|---|---|---|
| The Board ratified the EPRR statement of compliance | None | n/a | n/a |

## 184/23 Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on Monday 11th March 2024 at 2:00pm

Meeting will take place on 18th March, not 11th March.

## 185/23 Any Other Business

There were no additional items of business.

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# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS' MEETING (Public)

## ACTION TRACKER

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**Board Meeting Date: 15th January 2024**

| Action | Responsibility | Completion date |
|---|---|---|
| Update on the occurrence of alert organisms to be presented to a future QPSC. | CL | April 2024 |
| Further discussion to be held at a future Board meeting. | PB | May 2024 (further discussion to be held at Board Seminar in April 2024) |
| Report on the updated BSOTS approach to be discussed at a future QPSC | CL | April 2024 |
| Report on the November maternal death to come to a future Board meeting | CL | March 2024 |

**Board Meeting Date: 13th November 2023**

| Action | Responsibility | Completion date |
|---|---|---|
| Hospital@Home programme to be considered at a future QPSC meeting. | JB | February 2024 |
| Report on international recruitment to come to a future WSC meeting | CL | February 2024 |

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

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

## MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

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|---|---|
| Report of: | Group Chief Executive |
| Paper prepared by: | Mark Cubbon, Group Chief Executive |
| Date of paper: | 18th March 2024 |
| Subject: | Group Chief Executive Report |
| Purpose of Report: | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| Consideration against the Trust's Vision & Values and Key Strategic Aims: | The Group Chief Executive has provided a report which provides an overview of activities at the Trust, the response to current operational pressures, and progress made on strategic objectives. They have outlined issues of current interest to the Board and have shared their top three areas of concern. |
| Recommendations: | The Board of Directors is asked to note this report. |
| Contact: | Name: Leo Clifton, Senior Business Manager<br>Tel: 0161 529 0264 |

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

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## 1. Strategic Updates

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

### Organisational Strategy

Today marks an important step for our organisation as we present our new 5-year strategy – *Where Excellence Meets Compassion* – to the Board for approval. The strategy sets out a refreshed mission statement and strategic aims for the organisation, as well as the actions that we are going to take to deliver it. This will be the first time that MFT has had a single strategy for the whole organisation which defines the path we will take, and how we will respond to the challenges that we face right now and in the years to come. The strategy describes our role in supporting healthy living, as well as providing high quality care when people are ill. It also envisions how we will value and support our staff, make best use of our resources, and deliver world-class research and innovation.

Developing the strategy is just the start, even more important is that we now ensure it translates into action, and that everyone who works at MFT understands how their roles and actions contribute to its delivery as part of our operating model and processes. The process through which we will do this is set out at a high level in the strategy document. Work will continue to engage with colleagues across the organisation to make sure that the strategy drives everything that we do, from ward level to Board level, across our community services and throughout our corporate departments. We will also continue to consider ways in which our governance mechanisms can evolve to remain as effective as possible. Thanks to all colleagues inside MFT for their input and to our external stakeholders and partners for their valued contributions.

Further detail regarding the Organisational Strategy is provided by the Chief Strategy Officer later on the agenda.

### Annual Plan 24/25

We are currently developing our annual plan for 2024/25. The Board will recall that as part of the organisational strategy work, we identified a set of shorter-term priorities that would form the basis of our planning for 24/25 and would link the plan to our strategy. Given the challenging financial settlement that we expect for the next financial year, a major part of our planning has been around ensuring that we are making the best use of our resources and focusing on productivity and efficiency. It has therefore been important to closely align planning with the existing work programmes on financial recovery, productivity and improvement within MFT and across Greater Manchester (GM).

We have also, for the first time, undertaken a detailed bottom-up capacity planning exercise. This has given us a better understanding of the level of activity that we can deliver and what we can achieve in relation to NHS performance targets as well as identifying additional opportunities for increasing productivity.

Further detail regarding the Annual Planning process is provided by the Chief Strategy Officer later on the agenda.

### Muscular Dystrophy – RMCH Centre of Excellence

In January we learned that Royal Manchester Children's Hospital has received a prestigious Centre of Excellence award from leading national charity Muscular Dystrophy UK. The charity represents more than 110,000 children and adults in the UK living with one of over 60 muscle wasting and weakening conditions. This is the second time that the RMCH team have received the award which acknowledged their commitment to promoting best practices locally and nationally, as well as for continuous efforts to improve health and care for those affected by neuromuscular conditions.

This is positive recognition of the quality of the ongoing care and support we provide to children with these conditions in Greater Manchester. I would like to congratulate everyone for the multi-professional collaboration which made this possible.

### Spinal Safety Look Back Review

On 29 February the Trust published a Spinal Safety Look Back Review into historic treatment provided by a single Consultant Spinal Surgeon at the Royal Manchester Children’s Hospital (RMCH) and its predecessor organisations. The publication of the review was accompanied by a formal response from the Trust which were both published on the Trust’s website. Patients and families impacted by the review have been communicated with throughout the process and duty of candour notifications issued where any instances of harm were identified.

The review highlighted a variety of findings including opportunities to develop the quality of care we provide to patients and their families, and we will work to implement further improvements moving forward. Since the time period covered by this review, we have made significant improvements to the care we provide, as well as the way in which we monitor, measure and provide assurance on the quality and safety of our services.

Once again, I would like to apologise on behalf of the organisation for any patients or family members who have been impacted or affected during the period in question or by the review process itself.

### NIHR Biomedical Research Centre - Scientific Advisory Board

In February the National Institute for Health and Care Research (NIHR) Manchester Biomedical Research Centre (BRC) hosted its Scientific Advisory Board (SAB) and the meeting marked the conclusion of Professor Ian Bruce's leadership as the Director of Manchester BRC. Professor Bruce, who will step down in March to assume the role of Pro-Vice-Chancellor for the Faculty of Medicine, Health and Life Sciences at Queen's University Belfast, leaves behind an impressive legacy. Throughout his tenure he secured the initial BRC award of £28.5 million (2017-22), a pivotal achievement that established Manchester as a clinical research powerhouse. Furthermore, Professor Bruce successfully doubled the BRC's funding to £60 million (2022-27), enabling Manchester BRC's expansion into Lancashire and South Cumbria while enhancing its research focus. While I have only had the opportunity to work with Ian since joining MFT, I would like to extend our deep gratitude to Professor Bruce for his exceptional leadership not only within the BRC but also in our Rheumatology service at MFT.

I am delighted that we have such an impressive successor to take on the important leadership role that Professor Bruce vacates. Professor Anne Barton has been appointed as the new Director of the NIHR, BRC. Professor Barton, who is an Honorary Consultant Rheumatologist at MFT and currently the BRC Inflammation Cluster Lead, will take up this new role on 1 April 2024. I am sure that under Anne's leadership Manchester BRC will continue to develop and deliver even more successful diagnostics and treatments for patients and tackle the health inequalities faced by our wider population.

### Health Innovation Manchester Chair

At February's meeting of the Health Innovation Manchester (HInM) Board, it was announced that Rowena Burns will step down from her role as Chair of HInM in July of this year at the end of her current three-year term. Rowena was a founding member of HInM when it formed in 2017 and has played an instrumental part in the success of the organisation which has led to advancements in health, care and treatment and increased collaboration between the healthcare and life sciences sectors. I would like to extend my thanks to Rowena for her contribution and leadership. Recruitment to the role of Chair has commenced and we will update the Board on developments in due course.

### Visit from the Chief Medical Officer (DHSC)

On 14 February we were delighted to welcome Professor Chris Whitty, Chief Medical Officer the Department of Health and Social Care, to North Manchester General Hospital. The visit was hosted alongside colleagues from Greater Manchester Mental Health and Manchester City Council as a part of a wider tour of various sites to highlight some of the specific challenges we face here in Manchester as a result of health inequalities as well as some of the unique approaches to tackling them. We were able to demonstrate our plans for the redevelopment of the North Manchester site and the focus on community regeneration that has been built into the project.

Constructing the new North Manchester General Hospital (NMGH) will provide long-term advantages for our patients, local communities, and colleagues. Beyond its immediate impact, this initiative will act as a catalyst to urban renewal, aligning with the city council's ambitious Victoria North project for a combined vision to create 15,000 new residences and the establishment of a new mental health facility in North View. Professor Whitty passed on his thanks on the remarkable work he had seen and the close partnership working to integrate prevention between acute, mental health, primary care and public health providers here in Manchester.

## 2. Operational Delivery

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

### Performance and Delivery

In Urgent and Emergency care, year to date 4-hour performance across all types at the end of January was 70.4% against a trajectory of 67.3%, despite all acute sites being increasingly challenged due to winter pressures and attendances up 5.4% YTD on the same period last year. In January our adult acute trusts saw attendances up by 25.8% compared to January 2023, and with the rate of conversion to admissions remaining the same, we have also seen a rise in the number of patients requiring admission. We continue to expand and optimise Same Day Emergency Care (SDEC) and each hospital team has been adjusting their plan to deal with the systematic increase in activity wherever possible.

Ambulance handover within 15 mins during January was 44.9%, against a 65% target. This has been impacted by a surge in attendances which have reduced flow. WTWA, NMGH and MRI however, were in the top five performers in the North West on average handover times in January. Improvement to handover times is being addressed through increasing the number of referrals to the Same Day Emergency Care (SDEC) service with direct ambulance conveyances and assessment through 'Doc at the Door' to provide rapid clinician review and streaming. We continue to work with the North West Ambulance Service (NWAS) to further improve immediate handover and escalation processes which is reflected in our performance overall.

Virtual ward occupancy for January was recorded at 69.2% against a national plan of 80%. This was due to a number of factors including an increase in levels of acuity during January meaning less patients were suitable for care through a virtual ward model. We have seen improvements during February, with utilisation at 81.6%. We remain committed to increasing virtual ward capacity and are in the process of further recruitment to increase the capacity over this year. We are also making changes to Hive to enable the more effective prospective identification of inpatients who would be appropriate for Hospital at Home services.

January's position for the Cancer 62-day backlog was 359 against a plan of 367. Tight daily focus on patient lists as well as clinic capacity changes have supported an improvement in performance. Performance against the 62-day standard for December reported 49.3% against a plan of 64.3%. Discovery work on the provision of a single point of access for Lower GI patients across WTWA and MRI, with a single clinical nursing team, has begun. The latest data available for the Faster Diagnosis Standard (FDS) is for December, where month end performance was 69.6% against a trajectory of 79.5%.

The overall waiting list has reduced by 20,513 between April 2023 and the end of January. However, the end of January position saw a marginal increase of 588 on the previous month. The January month-end position reported 127 patients waiting over 78-weeks, a marginal increase of 26 on the previous month, but 86 above the trajectory of 41. There were 3,723 65-week waits against a trajectory of 4,058. The January position has been impacted by the need to rebook previously scheduled appointments as a result of industrial and the disaggregation of vascular services from the NCA. MFT remains committed to achieving zero 104 and 78 week waits at the end of March and we continue to work to reduce 65-weeks waits as far as possible given the impact of industrial action.

Our 6-week diagnostic performance at end January was 43.6% against a plan of 42.7%. In-sourcing continues to support performance improvements in modalities where it is available, and a new Dual-energy X-ray absorptiometry (DEXA) scanner is in place and operational at Withington Community Hospital to support capacity in one of our most challenged modalities.

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

### Industrial Action

On 9 February, a further period of Junior Doctor industrial action was announced to take place between 24 to 28 February. As with previous periods, rigorous planning processes were put in place, aiming to minimise the disruption to our patients whilst maintaining full urgent and emergency service provision; although the cancellation of some elective appointments and procedures has been necessary. These impacts are felt not only by those patients whose appointments are cancelled but also others awaiting treatment due to the need to rebook appointments as soon as possible in the weeks following. Continued industrial action also presents challenges to our performance and financial recovery efforts which I will address in more detail during my top three concerns section and the end of this report. Thank you to all staff, but particularly our senior medical team for their continued support through this period.

## 3. Policy Developments

### Service Reconfiguration Guidance

In January, the Department of Health and Social Care (DHSC) published guidance relating to revised powers for the Secretary of State to intervene in reconfiguration of NHS services. These powers were set out in law in 2022 and came into force from 31 January 2024. They allow the Secretary of State to intervene at any stage where a proposal exists for the reconfiguration of services. Previously, the Health Secretary could only formally intervene if a referral had been made from a Local Authority Health Overview and Scrutiny Committee (HOSC). Under the new regulations, ICBs must notify the Secretary of State to any substantive reconfiguration proposals, and any interested party can refer a reconfiguration to the Secretary of State, although the guidance suggests that the expectation is that the minister will only intervene where all local routes have been exhausted. Local authorities' scrutiny responsibilities for service change have not changed and the duty on NHS commissioning bodies to involve and consult HOSCs and the public remain in place.

### Collaborative Working Arrangements

In February, NHS England published statutory guidance on new legislation on new collaborative working arrangements between NHS bodies (e.g. Foundation Trusts and Integrated Care Boards) and with local authorities. It allows NHS organisations to delegate certain functions to other organisations to carry out on their behalf, or to do so collaboratively, for example, through committees in common or pooled funds. Whilst the legislation is intended to be permissive and give organisations options, there is no new requirement for organisations to do so, and there are certain duties that cannot be delegated, such as regulatory or core governance requirements.

### NHS Leadership Competency Framework

Following a recommendation in the Tom Kark review of the fit and proper person test, NHS England has launched the NHSE Leadership Competency Framework (LCF). The LCF provides a framework for board member recruitment and appraisal and will inform future board leadership and management training and development.

To support the embedding of the LCF, a Board Member Appraisal Framework will be launched in Autumn 2024. Prior to the launch of the Appraisal Framework, the LCF states all board members should self-assess against the LCF and discuss findings with their Chair or Chief Executive as part of their 2023/24 annual appraisal, with the outputs guiding Board members' personal development plans for 2024/25.

NHS England has also published a framework for conducting the annual appraisals of NHS Chairs which is aligned to the LCF. In line with the published guidance, this framework will be used for the MFT Chairman's 2023/24 annual appraisal process.

## 4. Finance and Governance

### GM System Financial Position

The financial position across GM continues to represent a significant challenge for the system with the month 9 position at the end of December 2023 showing a

£194.7m deficit against a plan of £11.9m deficit including £5.7m of Industrial Action costs in December. The current forecast for the end of the year is a £180m deficit against the breakeven plan. Collaborative work across GM NHS provider organisations is ongoing to ensure consistent planning assumptions are adopted (where appropriate) and that robust, deliverable plans are developed for 2024/25. NHSE formal guidance regarding detailed planning assumptions has not yet been confirmed, but sufficient information exists to develop interim plans and inform our internal planning processes.

### Financial Recovery Plan

In February, the Finance and Digital Scrutiny Committee (FDSC) received an updated presentation on the development of MFT's multi-year Financial Recovery Plan. In conjunction with the work ongoing for 2024/25 planning, the underlying deficit of the Trust has been updated to reflect the anticipated position for 2023/24 year end. The recovery plan is aligned to the draft 2024/25 financial submission with a savings commitment of c. 5% of expenditure and will continue to be aligned as subsequent iterations are developed. The recovery plan has a multi-year focus to return the Trust into a sustainable financial position and will be aligned to the organisational strategy. In the current financial year, the Value for Patients Programme is forecasting full delivery of its £136m target, and we aim to build on this success to achieve further savings during 2024/25 and beyond.

Further detail regarding the Trust's financial recovery plan for 2024/25 is provided in the presentation by the Chief Finance Officer later on the agenda.

### Value for Patients Programme 24/25

The Trust's Waste Reduction Programme has recently been relaunched as our Value for Patients Programme (VfP). At the heart of the relaunch as Value for Patients is a drive to ensure that every interaction about patient care and clinical pathways focuses on how we can deliver the best outcomes per pound spent. Our revised programme seeks to identify schemes at a Hospital/Managed Clinical Service (MCS) level as well as through cross-site and organisation wide improvements. Planning for VfP involves several iterations of schemes in the run up to the new financial year and presently, c£43m had been identified for delivery during 24/25. Work is continuing to identify further opportunities which will help support a multi-year financial planning approach and delivery of an estimated target of £126m in 24/25.

## 5. Workforce

### Leadership Update/Appointments

Today's meeting of the Board of Directors will be the last where we are joined by Professor Cheryl Lenney OBE, Chief Nursing Officer, who retires at the end of March following 22 years of service here at MFT. I would like to thank Cheryl for her exemplary service to the organisation and dedicated support to the Board over that period.

I am pleased to confirm that a formal selection process has been concluded for two senior positions within MFT. The two positions are:

- Chief Executive - Wythenshawe, Trafford, Altrincham, and Withington Hospitals: Stephen Dickson, current CEO of Royal Manchester Children's Hospital, was appointed to the position in February and will start in post in April.
- Group Executive Chief Delivery Officer: Vanessa Gardener, current CEO of Manchester Royal Infirmary, was appointed to the position in February and will start in post in April.

I am also pleased to confirm that two new executive members of the Board of Directors will be joining us between now and our next Board meeting:

- Kimberley Salmon-Jamieson will join the Board of Directors in April as Group Chief Nursing Officer.
- David Waliker will join the Board of Directors in April as Group Chief Digital and Information Officer.

We will welcome Kimberly and David at the May meeting of the Board of Directors.

### Consultant Appointments

Since our last Board meeting on 15 January 2024, 13 consultants have been appointed to roles within the following specialties: Endometriosis, Histopathologist, Burns & Plastic Surgery, Infectious Diseases, Obstetrics and Gynaecology, Otolaryngology, Paediatric Emergency Medicine, Urologic Surgery, Vascular Surgery, Paediatrics, Radiology, Reproductive Medicine, and Surgery

A further 22 consultants have also been offered positions since 15 January 2024 to work in the below specialities with start dates to be confirmed: Paediatric Dentistry, Neonatal Transport, Vascular Surgery, Respiratory Medicine and Interstitial Lung Disease, Paediatric Cardiology, Paediatrics with interest in Epilepsy, Paediatric and Foetal Cardiology, Community Paediatrics, Palliative Medicine, Luminal Gastroenterology, Trauma and Orthopaedics, Anaesthesia, and three Medical Examiners.

We continue to attract a high calibre of candidates and provide a development programme for consultants who are newly appointed to their positions following their time as Junior Doctors.

## 6. Top three concerns

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

### Planning for 24/25

Developing a comprehensive annual plan which will enable us to address some of the pressing performance and financial challenges that we and other NHS providers face is a key concern for leaders across the organisation who are contributing to the planning process. The need to ensure that these priorities are balanced, and that our detailed financial, activity and workforce plans are triangulated effectively, is work that will conclude in the coming weeks. As part of this work, we will also ensure that our plans align to those at the system, regional and national levels. We are working from interim guidance released by NHSE however we do not expect significant change once the final guidance is provided.

The above concern is reflected in all principal risks in the Board Assurance Framework.

### Impact of Industrial Action

As mentioned in previous reports, continued periods of industrial action have a direct impact on our patients even though our teams put in every effort to prioritise the most clinically urgent cases and avoid cancellation of appointments wherever possible. Ensuring safe levels of cover continues to be our priority despite the additional financial costs incurred and the extra operational challenges this brings our teams across the organisation.

The above concern is reflected in principal risks 1,2,4 and 7 in the Board Assurance Framework

### Finances 23/24

Our financial position continues to be a key area of focus and concern for us and other Greater Manchester providers due to the challenging forecast outturn for the end of this year. Although our teams have delivered substantial efficiencies over recent months and we expect to deliver our Value for Patients target, our underlying position (and that across GM) will require us to both sustain and expand savings over future years. As previously reported, we will also continue to drive improved productivity to deliver our overall plans for 24/25.

The above concern is reflected in principal risks 2 and 7 in the Board Assurance Framework.

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Chairs of the Board of Directors' Scrutiny Committees |
| **Paper prepared by:** | Nick Gomm, Director of Corporate Business/ Trust Board Secretary |
| **Date of paper:** | March 2024 |
| **Subject:** | Reports from the Board of Directors' Scrutiny Committees |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | The Scrutiny Committees monitor and scrutinise delivery of all of the Trust's strategic aims. |
| **Recommendations:** | The Board of Directors is asked to note the Scrutiny Committee reports. |
| **Contact:** | Name: Nick Gomm, Director of Corporate Business / Trust Board Secretary<br>Tel: 0161 276 6262 |

Manchester University
NHS Foundation Trust

# Strategic Projects Scrutiny Committee
# Highlight Report

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

| | |
|---|---|
| **Committee meeting date** | 24th January 2024 |
| **Committee Chair** | Luke Georghiou |

## KEY ESCALATION AND DISCUSSION POINTS

### ALERT

The Trust's carbon footprint is 19% lower than last year but the carbon budget is expected to be exceeded this year. Capital funding is required to reach carbon budget reduction targets and that is not currently available. 80% of the Trust's carbon footprint is due to energy use. A £22m bid has been submitted to make Trafford the first net zero hospital in the NHS.

### ASSURE

The Committee received a report on progress with the NMGH redevelopment programme:

- MFT has received notification that the funding of programme fees related to the development of an Outline Business Case for the NMGH redevelopment programme will be approved.
- Planning for the Heathy Neighbourhood aspect of the NMGH redevelopment continues with a range of partners. The demolition of Park House provides the space for the development.
- Governance structures are being re-established for the next phase of the programme.
- Commissioner agreement will be required for the configuration of services within the new hospital. A demand and capacity refresh will be undertaken.
- There is space for growth in the masterplan should it be required and funding is available.

The Committee received a report which an update on MFT's Green Plan 2022-2025 'Code Green', this plan is now two-thirds of the way into delivery and due for replacement at the start of 2025. The Committee received assurance regarding delivery of NHSE's metrics for the Green Plan. The Trust is largely compliant with a clear rationale for the small number of non-compliant areas.

### ADVISE

The Committee considered the projects which should be within the scope of the Committee with the following recommended: Project RED & Theatres (Phase 1 - New Build Extension), North Manchester Redevelopment, Project PED (Phase 2 – Refurbishment), iMRI (Enabling works), Trafford TIF Theatres, Community Diagnostic Hub.

A piece of work is underway looking at space utilisation across the MFT estate. It will be added to the work programme of the committee.

Major service reconfigurations will also be included in the work programme, with cardiac and vascular coming to the next meeting.

The Committee received an update with regards to the progress of the procurement exercise for the MFT Cardiac Catheter Labs Managed Equipment Service (MES) contract.

£1.2m funding has been obtained to instal LED lights within the Trust.

## RISKS

n/a

## ACTIONS

The Board is asked to note the discussions of the Committee..

## LEARNING

n/a

**Meeting agenda**

# STRATEGIC PROJECTS SCRUTINY COMMITTEE

## Wednesday 24th January 2024
## 2:30pm – 4:30pm
## Main Boardroom, Cobbett House

# AGENDA

| | | | |
|---|---|---|---|
| 1. | Apologies | | |
| 2. | Declarations of Interest | | |
| 3. | Minutes of the Strategic Project Scrutiny Committee held on 18th October 2023 | *(enclosed)* | *Luke Georghiou* |
| 4. | Matters Arising | | |
| 5. | Mapping of Strategic Projects | *(enclosed)* | *Darren Banks* |
| 6. | To receive the SPSC Work Programme | *(enclosed)* | *Luke Georghiou* |
| 7. | North Manchester General Hospital | | *Jenny Ehrhardt*<br>*Michelle Humphreys* |
| | 7.1 NMGH redevelopment business case update | *(enclosed)* | |
| | 7.2 Report on the internal governance process for the NMGH redevelopment | *(enclosed)* | |
| | 7.3 Healthy Neighbourhood and CAHA | *(enclosed)* | |
| 8. | Update on MES Cath Labs | *(enclosed)* | *Jenny Ehrhardt* |
| 9. | MFT's Green Plan | *(enclosed)* | *Julia Bridgewater/ Rob Jepson* |
| 10. | Tuesday 2nd April 2024, at 1:00pm | | |

# Audit Committee Highlight Report

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

| | |
|---|---|
| **Committee meeting date** | 7th February 2024 |
| **Committee Chair** | Nic Gower |

## KEY ESCALATION AND DISCUSSION POINTS

### ALERT

The Committee noted the internal audit report on space utilisation and the management actions being undertaken to address the recommendations.

### ASSURE

All actions from the insourcing internal audit report have now been completed,

The Committee received the internal audit reports on core financial controls, demand and capacity, waste reduction/drug costs, and PFI contract management. All received ratings of significant assurance with minor improvement opportunities identified.

### ADVISE

Prior to the meeting, Board members received a briefing session on Cyber Security provided by the internal auditors.

The Committee heard that the internal audit review on the Data Security and Protection Toolkit will now be combined with cyber security.

Internal auditors presented their long list for internal audit activity for 2024/25. A workshop will be held with Audit Committee members in March prior to the final list being approved at the Audit Committee in April.

The Committee received a report advising on progress with preparing the annual accounts for 2023/24.

The internal auditors are attending the Finance Ledger Project Board (FLPB) to support the work of that group.

The Committee received a report from the Counter Fraud service, including the functional standard tracker. 10 of the 12 standards are currently rated as green with two rated as amber.

The Committee received a report on losses and special payments for the period 1/4/23 to 31/12/23.

The Committee received a report on tenders waived for the period 1/10/23 to 31/12/23.

### RISKS

Audit reports provide external assurance on the strengths of controls in place in specific areas of the Trust's business and recommend actions to address and gaps in controls.

### ACTIONS

The Board is asked to note the work of the Audit Committee.

### LEARNING

Learning from internal audit and counter fraud reports is shared across the organisation.

# Agenda of meeting:

# AUDIT COMMITTEE

## to be held on Wednesday 7th February 2024
## at 10.00am – 12:00pm

## Main Boardroom, Cobbett House
## Oxford Road Campus

# A G E N D A

**10:00am – 10:15am**
Private Meeting of Audit Committee Members Only

| | | | |
|---|---|---|---|
| 1. | Apologies for Absence | | |
| 2. | Declarations of Interest | | |
| 3. | To receive and approve the Minutes of the Audit Committee meeting held on 8th November 2023 | *(enclosed)* | All |
| 4. | Matters Arising | | |
| 5. | Preparation of annual accounts 2023/24 | *(enclosed)* | Jenny Ehrhardt |
| 6. | Internal Audit | | |
| 6.1 | To receive the Internal Audit (IA) Progress Report including an update on insourcing actions | *(enclosed)* | Harriet Fisher (KPMG) |
| 6.2 | To receive the Internal Audit “long list” for 2024/2025 | *(enclosed)* | Harriet Fisher (KPMG) |
| 7. | External Audit | | |
| 7.1 | To receive the External Audit Progress Report | *(enclosed)* | Karen Murray (Mazars) |
| 8. | Local Counter Fraud Specialist | | |
| 8.1 | To Receive the Local Counter Fraud Specialist progress report including Counter Fraud work submission | *(enclosed)* | Suki Pooni (Grant Thornton) |

9. Items for Noting and/or Information

| | | | |
|---|---|---|---|
| 9.1 | Losses and Special Payments for 1st April 2023 to 31st December 2023 | *(enclosed)* | Rachel McIlwraith |
| 9.2 | Tenders Waived for the period 1st October 2023 to 31st December 2023 | *(enclosed)* | Rachel McIlwraith |
| 10. | To receive the Audit Committee work programme | *(enclosed)* | Nic Gower |

11. MFT Board Scrutiny Committees since the last Audit Committee meeting:

11.1 Group Risk Oversight Committee held on 20th November 2023

11.2 Charitable Funds Committee held on 28th November 2023

11.3 Quality and Performance Scrutiny Committee 24th October 2023 and 19th December 2023

11.4 Workforce Scrutiny Committee held on 24th October 2023 and 20th December 2023

11.5 Finance and Digital Scrutiny Committee held on 19th December 2023

11.6 EPR Scrutiny Committee held on 12th December 2023

12. Date and Time of Next Meeting:

The next meeting will be held on **Wednesday 10th April 2024**
at **10:00am**

# Finance and Digital Scrutiny Committee
# Highlight Report

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

| | |
|---|---|
| **Committee meeting date** | 27th February 2024 |
| **Committee Chair** | Trevor Rees |

## KEY ESCALATION AND DISCUSSION POINTS

### ALERT

The Committee received the CFO report and the IPR finance metrics which included:

- January's in-month financial forecast was delivered but there has been an increase in run-rate.
- The cash balance at the end of January was £96m.
- The 2023/24 Waste Reduction Programme has been fully delivered (£136.4m), 49% of which is through non-recurrent savings.
- The most likely scenario for the end of year forecast remains a £5m deficit with a best case scenario of breakeven.
- A risk was emerging on the day of FDSC relating to the recognition of the benefit to the PDC dividend from the application of IFRS16 to the PFI assets. This would result in a deterioration of £6m in the current year financial forecast, and in the plan going forwards.

### ASSURE

Planning is underway for the 2024/25 Value for Patients programme with £39m found so far, of which 94% is recurrent.

The Committee received the latest draft of MFT's 2024/25 financial plan. Final national planning guidance has yet to be received. The final plan will be presented for approval at a future Board meeting.

The Committee received an update on MFT's 3 year Financial recovery Plan. The final version will be presented at a future Board meeting for approval.

### ADVISE

The Committee received the Group Chief Information Officer's report which highlighted ongoing delivery against the actions required following the IT outage at Wythenshawe Hospital, a focus on cyber security developments, and the current management of change process which is bringing the core Informatics team and the Hive team together to deliver the Trust's informatics requirements. Discussions are ongoing with regard to the capital allocation for the service for 2024/25.

The Committee received a report detailing MFT's investments in associated companies.

The Committee recommended that the Board approve a waiver request presented to the Committee relating to perfusion services. It will be considered at the Board meeting in March.

The Committee received an update on changes to the procurement of MFT's electricity contract, with a proposed approach for 24/25. A new national framework agreement will be available from 2025/26 onwards. A proposal for MFT's approach will come to a future Board for approval.

## RISKS

The Board considered the BAF risks relevant to the Committee

## ACTIONS (actions required of the Board)

The Board is asked to note the discussions on the Finance and Digital Scrutiny Committee and the extremely challenging financial context within which the Trust, and the wider NHS, is currently operating.

## LEARNING

Learning from successful waste reduction initiatives are shared between hospitals/MCSs/LCOs to maximise the opportunities to deliver a break-even position for 2023/24 and beyond.

Learning from external organisations and peer benchmarking is being used to inform the Value for Patients programme and the Financial Recovery Plan.

**Meeting agenda**

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
# Finance & Digital Scrutiny Committee

## Tuesday 27th February 2024 9.30am – 11:30pm

## MAIN BOARDROOM, COBBETT HOUSE

## AGENDA

| | | | |
|---|---|---|---|
| 1. | Apologies | | |
| 2. | Minutes of the Finance & Digital Scrutiny Committee Meeting held on 19th December 2023 | *(enclosed)* | *Trevor Rees* |
| 3. | Matters Arising | *(enclosed)* | *Trevor Rees* |
| 4. | Chief Information Officer's Report | *(enclosed)* | *Dan Prescott* |
| 5. | Chief Finance Officer's Report M10 | *(enclosed)* | *Jenny Ehrhardt* |
| 6. | MFT performance against Finance Metrics within the Integrated Performance Report | *(enclosed)* | *Jenny Ehrhardt* |
| 7. | Waste Reduction Programme 23/24 and 24/25 Progress | *(enclosed)* | *Julia Bridgewater* |
| 8. | To receive the MFT Finance Recovery Plan | *(enclosed)* | *Jenny Ehrhardt* |
| 9. | Draft Financial Plan | *(presentation)* | *Jenny Ehrhardt* |
| 10. | To consider MFT's investment in associated companies | *(enclosed)* | *Jenny Ehrhardt* |
| 11. | Consideration of waiver for perfusion services | *(enclosed)* | *Jenny Ehrhardt* |
| 12. | Procurement of Electricity Contract April '24 | *(enclosed)* | *Jenny Ehrhardt* |
| 13. | To receive a report on the FD&SC BAF Risks | *(enclosed)* | *Jenny Ehrhardt* |
| 14. | To receive the FDSC work programme | *(enclosed)* | *Trevor Rees* |
| 15. | The next meeting will be held on **Tuesday 23rd April 2024 at 2:00pm** | | |

# Workforce Scrutiny Committee
# Highlight Report

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

| | |
|---|---|
| **Committee meeting date** | 27/2/2024 |
| **Committee Chair** | Angela Adimora |

## KEY ESCALATION AND DISCUSSION POINTS

### ALERT

Sickness absence remains higher than planned at 6.1%, on average, across the Trust. This is a focus for work at the moment as it has a direct impact on the productivity of the organisation. Of the total staff absences, 850 staff are currently on maternity/paternity leave.

### ASSURE

The Committee received the IPR metrics for workforce. Substantive recruitment has increased, 80% of which is clinical. Turnover is below target which is positive.

The Committee received a report on the annual planning process, with a focus on the workforce elements. A bottom-up approach to capacity planning and demand modelling has been adopted and there has been enhanced triangulation with finance and activity data this year. The focus remains on ensuring services are safe for patients.

The Committee received a summary of the Trust's 2023 NHS staff survey results. Significant improvement has been seen in both the results and the completion rate. Additional questions on the Hive EPR were included in the survey and responses to those questions have also been positive.

The Committee received an update on the work to improve culture at Saint Mary's including the perinatal culture and leadership programme, culture survey, ongoing listening events for midwifery staff at all sites, and the medical staff engagement exercise.

The Committee received the Public Sector Equality Duty Annual Equality Information Report 2024 and agreed to recommend it for approval by the Board. The report will be published by the end of March 2024.

The Committee received MFT's Gender pay gap report for 2023 and agreed to recommend it to the Board for approval for publication. The impact of this year's approach to the Clinical Excellence Awards on the Gender Pay gap is not yet known but will be reported to a future WSC. Preparations are underway to present Race Pay Gap and Disability Pay Gap reports to a future WSC.

The Committee received a report on the ongoing Trust staff engagement programme which seeks to co-create MFT's future culture through staff involvement.

The Committee received the Guardian of Safe Working report for Q3 2023/24.

The Committee received the Freedom to Speak Up Guardian's report for Q3 2023/24.

## ADVISE

The Committee received the report of the Group Executive Director of Workforce & Corporate Business who highlighted the need to address the increased pay bill through reducing bank/agency costs, reducing insourcing, and reviewing extra-contractual payments to medics.

The Committee received an update on the apprenticeship programme and were shown a film with regard to the experience of one particular apprentice.

The Committee received an update on MFT's staff benefits and awards schemes including financial wellbeing support, the 'Timeforme' concierge service, long service awards, the MFT Bike Scheme, and an increasing amount of MFT sports and social activities.

The Committee received a report which presented an overview of internal recruitment for nurses, midwives and AHPs. Recruitment from overseas continues to be a key part of the MFT workforce strategy in line with the NHS Long Term Workforce Plan (2023).

## RISKS

A review is underway of workforce risks across the Trust to ensure all risks are in sight and that there is consistency in risk assessment across hospitals/MCSs/LCOs. The results of the review will be reported through GROC and to a future meeting of the WSC. The Committee also considered the BAF risks relevant to the Committee.

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

The Board is asked to note the work of the committee and approve for publication the Public Sector Equality Duty Annual Equality Information Report 2024 and the Gender Pay Gap Report for 2023.

## LEARNING

Learning from last year's annual planning as led to a more detailed and accurate annual planning approach this year.

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## Workforce Scrutiny Committee

**Tuesday, 27th February 2024 at 13.00pm – 15.00pm**

**Via Microsoft Teams**

# A G E N D A

| | | | |
|---|---|---|---|
| 1. | Apologies | | |
| 2. | Staff Story | | |
| 3. | Declarations of Interest | | |
| 4. | Minutes of the Workforce Scrutiny Committee held on 20th December 2023 | *(enclosed)* | *All* |
| 5. | Matters Arising (if not included on the Main Agenda) | | *All* |
| | **Items for Scrutiny and Assurance** | | |
| 6. | To receive the report of the Group Executive Director of Workforce & Corporate Business: | *(enclosed)* | *Peter Blythin* |
| 7. | To receive the MFT performance against workforce metrics included in the Integrated Performance Report | *(enclosed)* | *Lindsey Fair* |
| 8. | Review of relevant risks on Board Assurance Framework | *(enclosed)* | *Peter Blythin* |
| 9. | Updates on strategic risks relevant to workforce including escalations from Group Risk Oversight Committee | *(enclosed)* | *Nick Bailey* |
| 10. | To receive a progress update on the ED&I Annual Report | *(enclosed)* | *Nick Bailey/ Caron Martin* |
| 11. | To receive the Gender Pay Gap Report | *(enclosed)* | *Nick Bailey* |
| 12. | To receive MFT's draft Annual Forward Plan and review workforce planning proposals | *(enclosed)* | *Lindsey Fair* |
| 13. | To receive the Rewards and Benefits update | *(attached)* | *Nick Bailey* |
| 14. | To receive the report findings from the Trust-wide culture and behaviours review | *(attached)* | *Peter Blythin/ Yvon Poland* |

15. To receive a report on the international recruitment of nurses, midwives and AHPs *(attached)* *Anne-Marie Varney*

16. To receive a progress report on MFT's maternity services culture work *(enclosed)* *Alison Haughton/ Vicki Hall*

**Work Programme Governance Items**

17. Guardian of Safe Working Quarterly report (Q3) *(enclosed)* *Karen Fentem*

18. Freedom to Speak Up Quarterly report (Q3) *(enclosed)* *Andrew Lloyd*

19. To receive a progress update on staff engagement plans/initiatives including an update on MFT's Staff Survey key findings (2023) *(enclosed)* *Peter Blythin/ Yvon Poland*

**Items for Noting**

20. To receive the Workforce Scrutiny Committee Work Programme *(enclosed)* *Committee Chair (Angela Adimora)*

21. To note the following meetings held:

    21.1 Workforce & Education Committee meeting held on 24th November 2023, 22nd December 2023 and 26th January 2024 *(enclosed)* *Committee Chair (Angela Adimora)*

**Any Other Items**

22. Any Other Business *All*

**Date of Next Meeting**

23. The next meeting is to be held on **Wednesday 24th April 2024 at 2:00pm Mainboard Room, Cobbett House.**

Manchester University
NHS Foundation Trust

# Quality and Performance Scrutiny Committee
# Highlight Report

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

| | |
|---|---|
| **Committee meeting date** | 29th February 2024 |
| **Committee Chair** | Damian Riley |

## KEY ESCALATION AND DISCUSSION POINTS

### ALERT

The Committee received an update on the MFT-attributable MRSA bacteremiae with 2 additional cases reported in the last week. The Group Chief Nurse gave an overview of the work underway to reinforce Infection Prevention and Control measures across the Trust.

There has been an increase of 15% in emergency department attendances in January and February compared to the same months last year. An urgent care needs assessment is underway and a system-wide urgent care summit is being planned to consider how to ensure patients receive the care they need, in a timely way, in the right place.

The Trust has reported three Never Events within the reporting period.

### ASSURE

The Committee received the IPR metrics relevant to quality and safety with the Joint Group Medical Director and Group Chief Nurse highlighting key issues and areas of focus. The Group Chief Pharmacist explained how PSIRF principles are now built into medicines management processes and systems.

The Committee received the IPR metrics relevant to operational performance. Urgent care, elective care, cancer and diagnostics were covered in the report and improvement is being seen despite the impact of industrial action.

The Committee received a report on the strategic and proactive approach to clinical harm reviews based on the outcome of a trust-wide scoping exercise. This is informing how waiting lists are managed going forward. There is a structured process in place for logging and evaluating any harm attributable to excessive waiting.

The Committee received a report on the annual planning process for 2024/25. Demand, activity, workforce and finance data are being triangulated to inform the plan. The final national planning guidance is yet to be received.

The Committee received a report on the revised plans and trajectories for delivery of Diagnostic performance by March 2024. It is forecasted that the March 2024 target will be exceeded.

### ADVISE

The Committee received an update on MFT’s role in supporting the Covid Inquiry and the Thirlwall Inquiry.

The Committee received a report describing the outputs of a piece of work to review perinatal deaths with a focus on ethnicity and deprivation, and the work underway more broadly in Saint Mary's to reduce any disparities in outcomes. A detailed review of care for Black African and Asian Pakistani women is being undertaken alongside responding to the two MBRRACE-UK reports published in January 2024.

The Committee received a report on the progress being made on data quality issues which Hive has helped highlight. A programme of work is in place and a new governance process have been established to oversee the work.

## RISKS

The Committee received the Strategic Risk Exposure report and sought assurance on reasons for the extended target dates for some risks.

The Committee received the BAF risks relevant to the Committee.

## **ACTIONS** (actions required of the Board)

The Board is asked to note the discussions of the Committee.

## LEARNING

The Committee receive a case study in learning regarding the care provided to a patient in 2022. In addition, examples of Trust-wide learning were highlighted in a number of reports in front of the Committee.

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# Quality & Performance Scrutiny Committee

## Thursday 29th February 2024 at 1.00pm – 4:00pm

## Virtual Meeting

## A G E N D A

| | | | |
|---|---|---|---|
| 1. | Apologies | | |
| 2. | Declarations of Interest | | |
| 3. | Case study of learning *(Topic TBC)* | *(presentation)* | *TBC* |
| 4. | Minutes of the Quality & Performance Scrutiny Committee held on 19th December 2023 | *(enclosed)* | *All* |
| 5. | Matters Arising | | *All* |
| 6. | To receive the Performance Quality and Safety Strategic Risk Exposure report | *(enclosed)* | *Toli Onon* |
| 7. | **Quality Items for Scrutiny and Assurance:** | | |
| | 7.1 MFT performance against Quality and Safety metrics within the Integrated Performance Report | *(enclosed)* | *Toli Onon / Cheryl Lenney* |
| | 7.2 To receive a report report on MFT's MRSA Improvement plan. | *(enclosed)* | *Cheryl Lenney* |
| | 7.3 To receive a report on the Rule 9 requests from the Covid and Thirlwall inquiries. | *(enclosed)* | *Cheryl Lenney* |
| | 7.4 To receive a report on the clinical harms review process | *(enclosed)* | *Toli Onon* |
| | 7.5 To receive a report on maternity safety compliance - race and inequalities | *(enclosed)* | *Alison Haughton*<br>*Sarah Vause* |
| 8. | **Performance Items for Scrutiny and Assurance:** | | |
| | 8.1 To receive a report on annual planning including the Performance and Activity Plan for 2024/25. | *(enclosed)* | *Darren Banks/*<br>*Julia Bridgewater* |

| | | | |
|---|---|---|---|
| | 8.2 MFT performance against operational performance metrics within the Integrated Performance Report and the AOF<br>• Strategic risk: Cancer performance | *(enclosed)* | *Julia Bridgewater* |
| | 8.3 To receive a report on data quality issues affecting access | *(enclosed)* | *Julia Bridgewater* |
| | 8.4 To receive a report on the trajectory for improving Diagnostics performance | *(enclosed)* | *Julia Bridgewater* |
| 9. | To note the Board Assurance Framework risks relevant to QPSC | *(enclosed)* | *Cheryl Lenney*<br>*Toli Onon*<br>*Julia Bridgewater* |
| 10. | To review the QPSC Work Programme | *(enclosed)* | *Damian Riley* |
| 11. | To note the following Committees held meetings: | | |
| | 11.1 Group Risk Management Committee held on 23rd January 2024 | *(enclosed)* | |
| | 11.2 Group Infection Control Committee held on 17th January 2024 | *(enclosed)* | |
| | 11.3 Group Quality and Safety Committee held on 12th December 2023 | *(enclosed)* | |
| | 11.4 Group Cancer Committee held on 22nd November 2023 and 23rd January 2024 | *(enclosed)* | |
| | 11.5 Group Safeguarding Committee held on 13th February 2024 | *(enclosed)* | |
| | 11.6 Operational Excellence Board for the period January 2024 and February 2024 | *(enclosed)* | |
| 12. | The next meeting will be held on Wednesday 24th April 2024 at 10:00am | | |

Agenda Item 9.1

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Executive Directors |
| **Paper prepared by:** | Alison Lynch, Deputy Group Chief Nurse |
| **Date of paper:** | March 2024 |
| **Subject:** | Integrated Performance Report |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | The report details progress in meeting the performance targets which are key to the delivery of the Trust's strategic aims. |
| **Recommendations:** | The Board of Directors is asked to note the content of the report. |
| **Contact:** | Name: Alison Lynch, Deputy Group Chief Nurse<br>Tel: 0161 276 4738 |

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Manchester University
NHS Foundation Trust

# Integrated Performance Report Executive Summary

Reporting period to 31st January 2024

## Introduction

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

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

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

## Integrated Performance Report Navigation Panel

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

# Delivering our Strategic Aims

| Our Strategic aims | Our enablers 2023/24 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Quality and Safety Strategy 2022/25 | Patient Safety Plan 2023/24 | Effectiveness Plan 2023/24 | High Priority Audit Plan | What Matters to me | Mental Health Strategy | End of life care strategy | Urgent and Emergency Care Strategy | Inequalities strategy | Financial plan | Operational Plan 23/24 | People Plan | Carer's strategy | | | | |
| To focus relentlessly on improving access, safety, clinical quality and outcomes | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | | ● | | | | |
| To improve continuously the experience of patients, carers and their families | ● | | | | ● | ● | ● | | ● | | ● | | ● | | | | |
| To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best | ● | | | | | | | | | | ● | ● | | | | | |
| To implement our People Plan, supporting our staff to be the best that they can be, developing their skills and building a workforce fit for the future | | | | | | | | | | | ● | ● | | | | | |
| To use our scale and scope to develop excellent integrated services and leading specialist services | | | | | | | | | | | ● | | | | | | |
| To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve | | | | | | | | | | | ● | | | | | | |
| To achieve and maintain financial sustainability | | | | | | | | | | ● | ● | | | | | | |
| To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda | ● | ● | ● | ● | ● | | ● | | ● | | ● | | ● | | | | |

## Understanding our performance

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

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

Our measures of success will include

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

How we understand our performance and escalate any risks identified

## Measuring our Performance

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

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

## Compliance

| ✓ | ✗ | ℹ |
|---|---|---|
| Target being met | Target not met | For information, no target set or target not due |

## Variation

| ● | H L | H L |
|---|---|---|
| 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

| ? | P | F |
|---|---|---|
| Variation indicates Inconsistently passing and falling short of the target | Variation indicates consistently (P)assing the target | Variation indicates Consistently (F)alling short of the target |

## Action Status

| 👁 | ✓ | ✗ | ⇄ |
|---|---|---|---|
| Active surveillance – continue to observe in order to better understand the current position | Improvement – continue actions to support improvement until steady state achieved | Deterioration or maintained underperformance – instigate or review actions to ensure drivers of current position are mitigated | Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain |

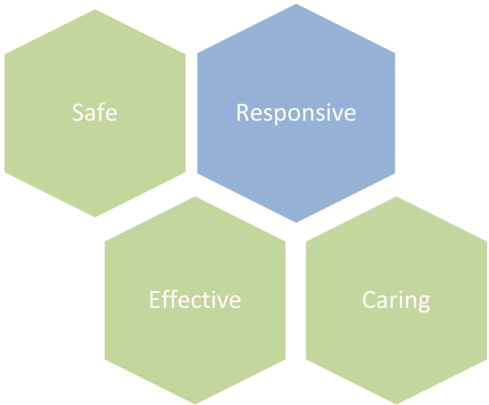
## Escalating performance concerns

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

| Alert | Advise | Assure |
|---|---|---|

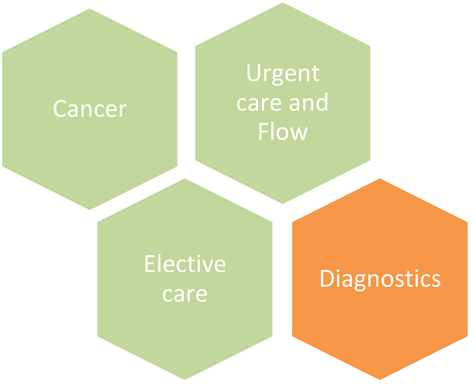
# Integrated Performance Report Overview

## Quality and Safety


Safe
Responsive
Effective
Caring

The quality and safety component of the IPR was considered in detail at the Quality and Performance and Scrutiny Committee.
To be completed after EDT

## Operational Performance


Cancer
Urgent care and Flow
Elective care
Diagnostics

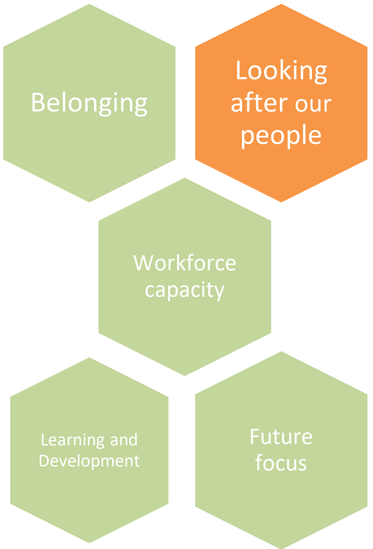
QPSC considered all operational excellence domains with a focus on diagnostics and UEC delivery. QPSC sought assurance on plans to reduce our strategic risk on cancer. The continued requirement for improvement in delivering our commitments was subject to scrutiny by the committee, with assurance that associated risks are mitigated to support delivery.

To be updated after discussion at EDT

## Workforce

The workforce component of the IPR was considered in detail at the Workforce Scrutiny Committee

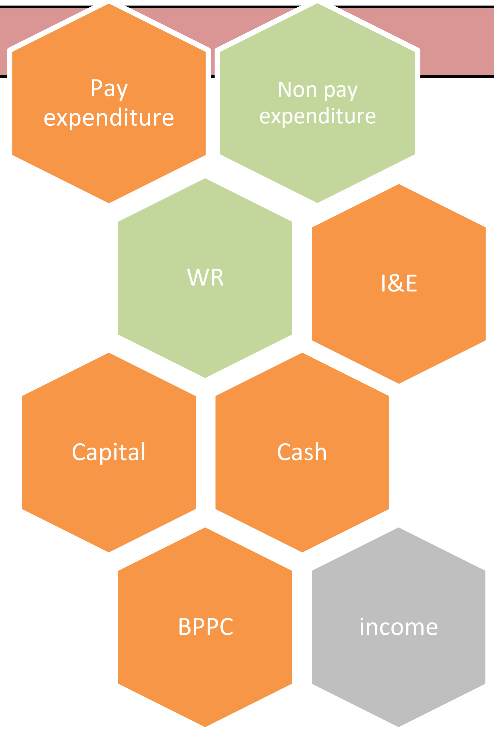
To be updated after discussion at EDT


Belonging
Looking after our people
Workforce capacity
Learning and Development
Future focus

## Finance

The finance component of the IPR was considered in detail at the Finance and Digital Scrutiny Committee

To be updated after discussion at EDT


Pay expenditure
Non pay expenditure
WR
I&E
Capital
Cash
BPPC
income

# Quality and Safety Report

# Quality and Safety: Patient Safety Executive Summary

## Key Performance Metric

| Focus | Ref | Status | Variation | Assurance | Action status | Indicator | Indicator Type | Page |
|---|---|---|---|---|---|---|---|---|
| Oversight | S1 | i | ~ | ? | 👁 | Serious Incidents Requiring Investigation (reported in Month) per 1,000 occupied bed days | local | 6 |
| | S2 | ✗ | ~ | ? | ✗ | Never Events | National | 6 |
| | S3 | ✓ | L | P | 👁 | Notifiable patient safety incidents: Non-notifiable incidents (ratio) | Local | 6 |
| System reliability | S4 | ✗ | ~ | F | ✗ | National patient safety alerts over deadline | National | 6 |
| | S5 | i | ~ | ? | ✗ | Surgical Safety Checklist compliance | Local | 6 |
| | S6 | i | ~ | ? | 👁 | LocSSIP Compliance | Local | 6 |
| | S7 | ✗ | ~ | | 👁 | Attributable Reportable organism infections | National | 6 |
| | S8 | i | ~ | ? | ⇄ | Maternity dashboard indicators alerting | New | 6 |
| | S8 | i | ~ | ? | 👁 | Compliance with patient specific assessments | New | 6 |
| | S9 | ✗ | H | ? | 👁 | PSIRP safety profiles alerting | Local | 6 |
| | S10 | ✗ | H | ? | 👁 | Safety Critical Policies-out of date | Local | 6 |
| PSIRP 23/24 | S11 | i | H | F | ✗ | Patients waiting for access to care who experience associated harm | Local | 7 |
| | S12 | i | ~ | ? | ✗ | Notifiable incidents related to surgical procedures | Local | 7 |
| | S13 | i | ~ | ? | ✗ | Notifiable incidents related to invasive procedures | Local | 7 |
| | S14 | i | H | F | ✗ | Notifiable incidents related to a patient with a mental health concern | Local | 7 |
| | S15 | i | H | F | 👁 | Notifiable incidents related to medication safety | Local | 7 |
| | S16 | i | ~ | ? | 👁 | Notifiable incidents related to Ergonomic design | Local | 7 |
| | S17 | i | H | F | ✗ | Notifiable incidents related to Discharge | Local | 7 |
| | S18 | i | H | F | ✗ | Notifiable incidents related to the effective assessment and management of risk (Falls etc) | Local | 7 |
| Learning and culture | S19 | ✓ | | | ⇄ | Prevention of future deaths notifications | Local | 8 |
| | S20 | ✗ | H | ? | ✗ | % patient safety risks not mitigated exceeding the deadline for mitigation | New | 8 |
| | S21 | ✗ | L | ? | 👁 | Culture: People Promise: We each have a voice that counts (staff survey 2022) | National | 8 |

## Joint Group Medical Directors' and Chief Nurse's Summary

At its meeting on the 29th February the Group Quality and Performance Scrutiny Committee considered the Quality and Safety Committee's exception report generated through intelligence considered and contextualised through the patient safety oversight system and presented in the IPR. The IPR alerts the QPSC Committee to opportunities for high impact learning and areas of actual, emergent or latent risk. It advises the Committee of action taken to ensure optimal approaches to learning. It assures the committee in relation to the effective mitigation of risk to patient safety and the outcomes of those actions. Where relevant it provides updates for the committee about the work being undertaken nationally, regionally and the work we are doing across the Trust to understand patient safety and optimise our learning. The Trust continues to review and refine the metrics it is using to understand the safety of the care provided as it transitions to the Patient Safety Incident Response Framework, with the development of appropriate safety improvement plans across the Trust to support the delivery of the Patient Safety Incident Response Plans, and along with this development will be the identification of measures of success. The Committee received a specific presentation providing evidence of the way that the Trust approaches trust wide improvement and 'smart assurance' in relation to key patient safety issues, demonstrating the ongoing commitment to focusing on insight, foresight and improvement.

Key areas for committee escalation and consideration were identified as follows:

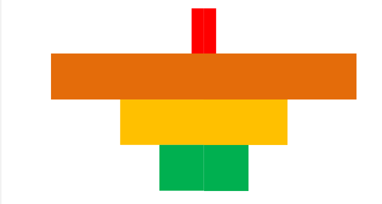
- The Trust has reported 3 Never Events within the reporting period, two of which were in a theatre environment (a change to the profile for the last 12 months where incidents have been seen in invasive rather than surgical procedures). The Committee has requested a detailed assurance report for its meeting in August 2024.
- There remains one national patient safety alert that the Trust is non-compliant with, and one where it is unlikely that the Trust will be fully compliant by the required date (end February 2024)
- Clinical harm experienced by patients waiting for access continues to be identified
- Falls data has been analysed in relation to the harm to no harm ratio, with a reduction in the rate of notifiable harm at NMGH, and increase at WTWA and MRI.
- There is a continued focus on the review and attestation of safety critical policies, the priority being the implementation of safety standards for surgical and invasive procedures
- The requirement for accelerated progress in relation to the optimisation of the use of interpreting and translation services (this remains a key safety priority for the Trust)
- The development of a stratified approach to smart assurance associated with a Trust-Wide safety improvement plan was considered

All of these areas of escalation were considered in and the planned response was described within the relevant section of the report presented to the Committee.

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

## Risk Profile

### Group Wide Risk Profile



| No. | Strategic Risks | Risk Score |
|---|---|---|
| 1150 | Controlled drug storage | 12 |
| 7090 | Human System interaction | 20 |
| 6352 | Clinical Harm-waiting patients | 15 |

# Quality and Safety: Effectiveness Executive Summary

## Key Oversight Performance Metrics

| Focus | Ref | Status | Variation/ data | Assurance | Action status | Indicator | Indicator Type | Page |
|---|---|---|---|---|---|---|---|---|
| Outcomes | E1 | ✓ | ~ | ? | 👁 | Hospital Standardised Mortality Ratio (HSMR)Rolling 12mth | National | 10 |
| | E2 | ✓ | ~ | ? | 👁 | Hospital Standardised Mortality Ratio | | 10 |
| | E3 | ℹ | ~ | ? | 👁 | Hospital Standardised Mortality Ratio (HSMR) Crude Mortality (Trust) | National | 10 |
| | E4 | ✓ | ~ | ? | 👁 | Summary Hospital-Level Mortality Indicator (SHMI) QUARTERLY | National | 10 |
| | E5 | ✗ | L | F | ✗ | % of deaths screened | National: | 10 |
| | E6 | ✗ | ~ | ? | 👁 | Structured Judgement Reviews resulting in a Hogan Score of 3 or below | Local | 10 |
| | E7 | ✓ | | | 👁 | National audits: Outlier status | National | 10 |
| | E8 | ℹ | | | | National Audits (CQC Profile) recording outcome worse than expected | Regulator: No data | 10 |
| | E9 | ℹ | | | ✗ | Local Audits –limited assurance | | 10 |
| | E10 | ℹ | ~ | ? | 👁 | 30 day readmission rate | Local | 10 |
| | E11 | ✗ | ~ | P | ✓ | % NICE Guidance: Evidence of implementation | Local | 11 |
| | E12 | ✓ | H | ? | 👁 | % policy and clinical guidance in date | Local | 11 |
| | E13 | ℹ | | | 👁 | National Audit case ascertainment | Local | 11 |
| | E14 | ✗ | | | 👁 | % high priority local audits discontinued | Local | 11 |
| | E15 | ✗ | H | F | ✓ | CQUIN 1: Flu vaccinations for frontline healthcare workers | CQUIN (prioritised) | 11 |
| | E16 | ✓ | H | P | ✓ | CQUIN 2:Supporting patients to drink, eat and mobilise after surgery | CQUIN (prioritised) | 11 |
| | E17 | ✓ | H | P | ✓ | CQUIN 3: Timely communication of Medicines changes to community pharmacists | CQUIN (prioritised) | 11 |
| | E18 | ✓ | H | P | ✓ | CQUIN 4:Prompt switching of intravenous (IV) antimicrobial treatment | CQUIN (prioritised) | 11 |
| | E19 | ✓ | H | P | ✓ | CQUIN 5: Identification and response to frailty in emergency departments | CQUIN (prioritised) | 11 |
| | E20 | ✓ | H | P | ✓ | CQUIN Composite (all other indicators | CQUIN (prioritised) | 11 |

## Joint Group Medical Directors' Summary

The Quality and Safety Strategy 2022-25 has acted as an enabler for the Trust to review its performance within the Effectiveness domain with a different lens than previously. The focus on insight as led to the initiation of a programme of work to identify the correct, proportionate and relevant metrics to measure progress to achieving the objectives identified in the Effectiveness plan. The metrics presented in the current version of the IPR are traditional and focus on mortality, the management of external recommendations, the key controls in place (clinical policies and guidance), performance in national audit and the national CQUIN scheme.

Utilising data from Hive and also in an aggregated and benchmarked format in the Healthcare Evaluation Data (HED) the indicators are currently under review to support a more integrated approach to outcome data, with a clear focus on understanding and eliminating unwarranted variation.

There are three important areas for escalation from the data available:

A revised process has been in place since January 2023 for managing NICE guidance in the past had been suboptimal. This revised process has supported improvement in the assurance and compliance status. In addition, an assurance exercise has been completed in relation to previously published guidance within the Ulysses system. A risk-based approach is being utilised for all legacy guidance ( pre January 2023) without a completed baseline assessment tool where there is a concerning theme identified through a review of Healthcare Evaluation Data (HED) or highlighted by the Trust Safety Oversight System (SOS), the incident profile and where any gaps in assurance have been identified

There continues to be a potential issue in relation to case ascertainment, data validation and participation in relation to national audits post HIVE implementation. This has been escalated to Informatics team and is reflected on the Risk Register.

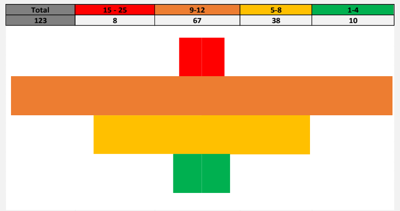
The Flu CQUIN goal is unlikely to be achieved in Q4, with 47% of frontline workers vaccinated against a target of 75%.

## Principal Risk

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

## Risk Profile

### Group Wide Risk Profile



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

# Quality and Safety: Caring Executive Summary

## Key Oversight Performance Metrics

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

## Risk Profile

Under development post Quality & Experience Forum

## Principal Risk

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

## Chief Nurse's Summary

The **Friends and Family (FFT)** response rate is monitored, as is the % of those who would recommend our services. There has been a marked decrease in the number of FFT returns submitted. In December there were 15,565 a decrease of 3,160 from November 2023 . The % positive score decreased in December, from 92.88% in November to 92.00% in December. The % negative score increased in December 2023 from 4.32% in November to 5.09% in December. Feedback is provided directly to clinical areas, there is no special cause variation noted, however, perhaps the reduction in OPD activity over the holiday period may influence cause. In the LCO, FFT is also utilised less due to the nature of services delivered in people's homes. The LCO have introduced QR codes that can be accessed in homes and clinics. Analysis of themes and learning are monitored through the Patient Experience Forum. Active surveillance also includes What Maters to Me (WMTM) and Quality Care Round (QCR).

There has been a 0.28% decrease in the number of **What Matters to Me** (WMTM) survey completions in December 2023, compared to November 2023 . In December 2023 5,608 WMTM surveys were completed, compared to 6,983 in November, 7,125 in October and 5755 in September 2023. WMTM Nutrition and Hydration data for December 2023 shows an overall score of 86.53% compared to 86.76% in November and 87.02% in October 2023. In comparison QCR was 96.22% in December, compared to 95.47% in November and 96.02% in October. Workstreams are ongoing looking at Mealtimes Matter and initiatives such as Food as Medicine.

**Mixed Sex accommodation breaches** have occurred in critical care areas, where exemptions are in place that support delivery of single sex critical care services in mixed sex environments. At the point of discharge, the exemption is no longer applicable, and a 'breach' is said to occur if we have been unable to discharge a patient to a step-down area. There were 54 mixed sex breaches in December, the reason for delay was availability of step-down beds.

In December 2023 there was a slight decrease in the number of **formal complaints** received. There were 132 received in December, compared to 181 received in November and 179 in October; themes in December remained static and included concerns raised about Treatment / Procedure and Communication. MFT has seen a slight increase in the number of complaints that were upheld. There were 10 cases (8.5%) in December, compared to 21 (13.1%) in November and 19 (11.9%) in October 2023. An initial review of the themes has identified communication, treatment and procedure and appointment delay (outpatients) as the top three themes throughout the last 12 months. Analysis is led by the Corporate Complaints Team to identify specific learning and inform action planning, which will be monitored through the Patient Experience Forum. In December 2023 there was a slight increase in the number of **reopened complaints**. 25.1% of all formal complaints received in December were re-opened (29 complaints) compared to 16.6% in November (21 complaints)and 41 (18.6%) in October. A complainant may be dissatisfied with our response for a number of reasons; key themes in December were noted to be unresolved issues and the complainant disputing the information provided within the complaint response letter, which in turn raised further questions. The Corporate Complaints Team continue to lead focussed training (quality of response and investigation) to further reduce the rate at which complaints are re-opened, but more importantly to ensure that when concerns are raised there is good resolution and learning that can be spread across all sites.

**Compliments** are recorded through our electronic reporting systems. Compliments are sent directly to the clinical area; however, the themes are not scrutinised. There were 89 compliments received in December, 67 in November and 43 in October 2023. This is in addition to compliments and thank you cards are received at ward/clinical area level. Compliments are recorded in several areas; Ulysses, NHS choices and directly to clinical areas. Work continues to centralise the process.

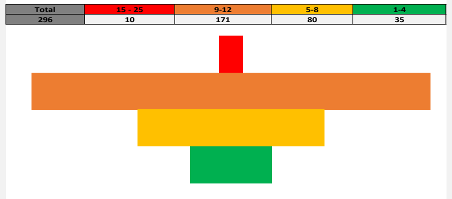
The results of the 2022 **National In-Patient survey** were published in September 2023. MFT's overall experience was scored at 7.8. In comparison to similar organisations, the lowest score was 7.4 and highest 9.3, with the average being 8.1. This is a reduction from 7.9 in the previous year. There was a focussed effort to raise awareness of the NIPS during the sampling dates.

The **Maternity Survey** embargoed results were released in September; MFT's overall positive ranking in

# Quality and Safety: Responsiveness Executive Summary

## Key Oversight Performance Metrics

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



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

## Principal Risk

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

## Joint Group Medical Directors' and Chief Nurse's Summary

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

The **clinical accreditation** programme completed in January 2024. A paper will be presented to the Board of Directors to provide assurance on the programme's effectiveness. The CQC Quality Statements are being aligned to the programme for 2024/25.

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

**Mental Health Training compliance** is achieved at Level 1 (Mandatory) at 92.3% with 26271 out of 28087 requiring training having achieved compliance

There were no **red complaints or incidents relating to Mental Health Concerns** in September 2023. Following a review of the data quality, a revised process has been agreed to reliably identify patients are brought to ED on a s136 who remained in ED for more than 12 hours. There were 7 patients in January 2024, whilst this is a poor experience for both patients does demonstrate improvement.

There is oversight of a range of safeguarding indicators through the Group Safeguarding Committee and the AOF. **Deprivation of Liberty Safeguards** standard monitoring shows good compliance with urgent application to the Supervisory Body in appropriate timescales in all 378 cases. 16 applications were approved by the Supervisory Body, care and treatment was subsequently provided under the Mental Capacity Act (MCA) Best Interest Process for those who still required to remain in our care.

In respect of **Learning Disability / Autism and Quality Standard Compliance**. Awareness has been raised through the Safeguarding Committee and LD Steering Groups, and supported by Hive processes. Of those patients who required a reasonable adjustments through care planning, 78% (60 out of 77 patients) had their plans in place within 48 hours of admission. This is an improvement from July (59%) however, further work is in place to identify efficiencies in recording the care plan in place in Hive.

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

# Operational Performance Report

# Operational Performance: Executive Summary

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

## Chief Operating Officer's Summary

Year-to-date performance stands at 70.4%, surpassing our plan of 67.3%. Whilst MFT has seen a 4% drop in performance in the three months leading up to December we have seen a better performance compared to the same period last year despite an increase in attendances by 5.4% YTD and coping with periods of industrial action. Both have placed increasing pressures on an already challenged system with our priority to ensure patient safety is maintained throughout. Streaming suitable patients to Same Day Emergency Care services is a core part of our winter plans, throughout October to December there has been an additional 1000 patients streamed through this pathway. A key element of our plans is the clinically led expansion of our Hospital at Home service which throughout November and December there were 678 patients supported through this provision. MFT are above the national average on patients discharges the same day as their discharge ready date at 89.0% of all discharges. GM continues to remain in TIER1 with the MRI receiving continuing to receive external support through ECIST, Newton Europe and GIRFT.

Cancer 62-day backlog had seen a positive trend since September and delivering our plan. We have received sustained high levels of referrals since the summer which does challenge our position. MFT is performing above trajectory for 31-day against the combined cancer standard but a deteriorating position is noted against the Faster Diagnosis Standard, driven by referral rates and diagnostic delays. Focus on 62 and 31-day performance remains and improvement schemes are being embedding to improve the front end of the pathway.

Our overall waiting list has reduced by 21k since April. Reducing the number of patients waiting over 65 weeks continues to be our priority in which we have made good progress. The end of January reported 127 patients waiting above 78 weeks, with waits predominantly associated with patient choice, patients being unwell or waiting a corneal graft. The further industrial action periods announced for February will challenge MFTs commitment to delivering zero over 65 weeks by end of March and we continue to work with GM Providers to de-risk plans through mutual aid offers.

Diagnostics whilst still challenged is showing an improving trend with January reporting 43.6% on the >6 week waits, an 11% improvement from the high reported in August of 54.4%. This has been as a result of additionality through insourcing and the increasing capacity and optimisation of our Community Diagnostic Centres.

| No. | Description | Strategic Risks | Highest scoring |
|---|---|---|---|
| 3. | Failure to maintain operational performance | 4 | 16 |

## Risk Profile

**Group Wide Risk Profile**

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

# Workforce Report

# Workforce: Executive Summary

## Key Oversight Performance Metrics

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

## Director of Human Resource's Summary

Workforce metrics are adversely affected by a challenging operational context including sustained industrial action. Although absence due to sickness is well below the rates witnessed during the pandemic, they have not returned to pre-pandemic levels. As of January 2024, the Trust attendance rate was 93.6%. Each Hospital/ MCS/ LCO/ Corporate area has a bespoke target and plan to reduce sickness absence. Areas of focus include case management approach, review of long term cases, improving compliance with policy via the Absence Management system, and continued focus on both preventative and supportive Health & Wellbeing activity. Any adverse affects continue to be managed via flexible workforce deployment approaches (e.g. use of bank, additional shifts) and close operational planning in relation to activity.

Workforce turnover (12-month average) has seen a large improvement to 11.9% in January 2024, which is below out internal target of 12.6%. Stability/retention percentage is also showing an improvement on last month at 88.2%. Vacancy rate is in keeping with retention trends above target throughout the last 12 months, currently at 9.6% against a target of 7.5%. The ongoing delivery of our MFT People Plan continues to support staff retention and we anticipate this improved position to continue.

Mandatory training compliance levels are showing a general improvement over the last 6 months. Level 1 Mandatory compliance for January 2024 achieved against target at 92.7%. However, further attention is needed in relation to levels 2 & 3 compliance which remain below target at 83.7%, although this is improving month on month. Appraisal compliance is also showing a general improvement over the last 12 months. Non-medical appraisal compliance for January 2024 was 82.7% against a 90% target. Medical appraisal compliance for January 2024 was 88.4%, which is achieving against 90% target. HR Directors continue to lead local improvement plans with Trust level oversight via the Assurance Oversite Framework (AOF) to recover our compliance position. A review of mandatory training content is also underway to streamline and reduce time to train.

Our key metrics in relation to the theme of 'Belonging' show a mixed picture. Key areas to improve on include our staff engagement score which is currently 6.5 for January 2024 against a target of 6.8, and % BME staff in Band 8a and above roles which is currently 10.8% for January 2024 which is much lower than the BME population of Greater Manchester at 23.6% (reported by ONS) and our patient demographics with BME representing 29%. Staff engagement and inclusion have been key focus areas in 2023, aligned with the arrival of our new CEO. Key initiatives include CEO Listening Events, Big Conversation, Staff Retreat, Staff Survey, 'Inclusionist' campaign, and 6 High Impact ED&I Actions - – all of which we anticipate will deliver improvements.

The Workforce agenda remains a strategic priority for the Trust, particularly in relation to staff experience / engagement, and workforce productivity and efficiency. Following the release of the NHSE Long Term Workforce Plan, the MFT People Plan will be refreshed to ensure it continues to deliver against organisational priorities.

## Risk Profile

### Principal Risk

| No. | Description | Strategic Risks | Highest scoring |
|---|---|---|---|
| 3. | Failure to sustain an effective and engaged workforce | 1 | 15 |

# Finance Report

# Finance: Executive Summary

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

## Principal Risk

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

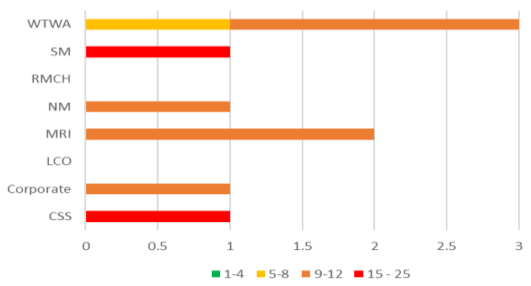
## Risk Profile

### Group Wide Risk Profile

| Total | 15 - 25 | 9-12 | 5-8 | 1-4 |
|---|---|---|---|---|
| 9 | 2 | 6 | 1 | 0 |

| No. | Strategic Risk | Score |
|---|---|---|
| 5092 | Capital finance | 15 |

### Site/MCS/LCO Risk Profile



## Director of Finance's Summary

At the end of month 10, year to date to 31st January 2024, the Trust has delivered a deficit of £38.8m, adjusted for the YTD impact of application of IFRS 16 to the PFI contracts, against a planned deficit of £9.8m, being adverse by £29.0m YTD. An in-month surplus of £2.4m is reported, adjusted for the IFRS 16 impact noted above. This is behind the planned surplus in month 10 of £4.8m by £2.4m.

The YTD position is driven primarily by the £3.3m non achievement in ERF funding, a reduction in UEC funding of £4.5m, unfunded costs associated with industrial action in December 2023 and January 2024, temporary staffing premium pay costs, inflationary pressures in non-pay and higher levels of outsourced activity than planned.

As at the 31st January 2024, the Trust had a cash balance of £96.3m which is an increase of £7.8m from the £88.5m cash balance at the 31st December 2023. Cash at 31st January 2024 is marginally higher than the forecast balance of £95.3m. The £87.6m reduction against the £183.9m planned cash value at 31st January 2024 primarily reflects the cash impact of the overall income and expenditure deficit against plan and also working capital balances compared to plan.

The 2023/24 GM envelope part of the capital plan has been agreed in principle, subject to written confirmation. To advance the capital programme whilst the allocation of the GM envelope was finalised, the Executive Directors Team (EDT) have authorised the MFT Capital leads to spend £55.5m on the GM envelope schemes; (representing £61.1m expenditure less £5.6m CDEL credits available from VAT recovery and historical accruals).

For the period up to 31st January 2024, total expenditure was £56.9m against a plan of £101.2m, an underspend of £44.3m – representing an underspend against the GM envelope and PDC schemes, notably the New Hospital Programme as a result of delays in funding approval. Expenditure included within the GM envelope was £37.1m against the GM approved plan of £41.3m, an underspend of £4.2m in relation to IM&T and Project RED schemes. The full year forecast for the total capital programme is £102.3m which is a £30.4m reduction to plan.

In relation to IFRS 16 CDEL, recently published NHSE guidance has confirmed an uplift in the 2023/24 CDEL allocation for the impact of IFRS 16 but that it will no longer be ring fenced. The 2023/24 plan submission totals £45m, however, the level of the GM allocation is still subject to approval. For the period up to 31st January 2024, IFRS 16 capital spend totalled £3.6m. The full year forecast (and latest anticipated MFT IFRS 16 CDEL allowance for 2023/24) for IFRS 16 capital is £12.4m which is a £32.7m reduction to plan.

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Chief Finance Officer |
| **Paper prepared by:** | Paul Fantini, Deputy Director of Group Financial Reporting & Planning<br>Rachel McIlwraith, Operational Finance Director |
| **Date of paper:** | March 2024 |
| **Subject:** | Financial Performance for Month 10 2023/24 |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | Maintaining Financial Sustainability for both the short and medium term |
| **Recommendations:** | • Continuing strong financial governance and control is essential as the Trust is operating in a very challenging operational and financial environment.<br>• Board members should note the latest internal forecast position which highlights that there are several material risks to the achievement of plan, these are detailed at section 1.5, and materially include the additional cost associated with the drive to meet national performance targets, the costs and lost income associated with industrial action and the lack of any remaining flexibility to manage unanticipated cost pressures in the final two months.<br>• 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.<br>• The Board is recommended to note the Month 10 I&E position, the Forecast against the 23/24 plan and Cash and Capital positions for the Trust. |
| **Contact:** | Name: Jenny Ehrhardt, Group Chief Finance Officer<br>Tel: 0161 276 6692 |

# Executive Summary

| | | |
|---|---|---|
| **1.1** | **Delivery of financial plan and associated risk** | The financial regime for 2023/24 continues the focus on recovery of elective activity, reduction of waiting lists that have reached historic highs across the NHS and the continued drive to prevent unnecessary hospital admissions. There is now increased scrutiny on the finances of Greater Manchester in particular following the move into SOF3 with mandated support, with monthly Performance meetings and scrutiny of MFT's finances, as well as all other providers, increasing as a result.<br>Key risks to delivery of the plan for 2023/24 are continued industrial action by various staff groups, which has the impact of disrupting the ability to deliver elective recovery and also causes increased costs over the strike days; these strikes and their resolution is outside of the Trust's control. Other workforce concerns include the ongoing high sickness levels which the Trust has set an internal improvement target to reduce, alongside a target to reduce staff turnover, thereby reducing the impact of the difficulties that persist across the NHS in recruiting all levels of staff across a range of staff groups.<br>It also must be noted that the breakeven plan relied on achieving an historic high WRP target of £136.4m, which currently poses an estimated financial risk of circa £0.2m to the Trust.<br>Delivery of activity remains a key risk to the financial plan as Elective Recovery Funding is at risk if we do not achieve our activity targets. Year to date the Trust is £3.3m behind the ERF plan. The full year risk associated with under-delivery of ERF is in the region of £7.0m, although over achievement of £5.3m is assumed within the most likely forecast of a £13.4m deficit.<br>At the end of month 10, year to date to 31st January 2024, the Trust has delivered a deficit of £38.8m, adjusted for the YTD impact of application of IFRS 16 to the PFI contracts, against a planned deficit of £9.8m, being adverse by £29.0m YTD. An in-month surplus of £2.4m is reported, adjusted for the IFRS 16 impact noted above. This is behind the planned surplus in month 10 of £4.8m by £2.4m.<br>The YTD position is driven primarily by the £3.3m non achievement in ERF funding, a reduction in UEC funding of £4.5m, unfunded costs associated with industrial action in December 2023 and January 2024, temporary staffing premium pay costs, inflationary pressures in non-pay and higher levels of outsourced activity than planned.<br>The Trust has instigated a wide range of actions, which are reported through the Group Recovery Board, and included within the Forecast section of this paper, to look to mitigate and improve the underlying financial position. |
| **1.2** | **Run Rate** | In January 2024 expenditure was £229.2m which is an increase of £3.8m compared to the month 9 value of £225.4m. This is predominantly driven by pay costs which increased by £3.0m made up of a £1.6m increase in costs associated with Industrial Action and higher bank costs of £1.5m, partially due to higher usage but also due to the timing of information from the bank staff supplier. |
| **1.3** | **Cash & Liquidity** | As at the 31st January 2024, the Trust had a cash balance of £96.3m which is an increase of £7.8m from the £88.5m cash balance at the 31st December 2023. Cash at 31st January 2024 is marginally higher than the forecast balance of £95.3m. The |

| | | |
|---|---|---|
| | | £87.6m reduction against the £183.9m planned cash value at 31st January 2024 primarily reflects the cash impact of the overall income and expenditure deficit against plan and also working capital balances compared to plan. |
| **1.4** | **Capital Expenditure** | The capital plan aligns with the 2023/24 capital plan submission to GM, which has now been approved by the ICB subject to formal confirmation. To advance the capital programme whilst the allocation of the GM envelope was finalised, the Executive Directors Team (EDT) have authorised the MFT Capital leads to spend £55.5m on the GM envelope schemes; (representing £61.1m expenditure less £5.6m CDEL credits available from VAT recovery and historical accruals).<br>For the period up to 31st January 2024, total expenditure was £56.9m against a plan of £101.2m, an underspend of £44.3m – representing an underspend against the GM envelope and PDC schemes, notably the New Hospital Programme as a result of delays in funding approval from NHSE. Expenditure included within the GM envelope was £37.1m against the GM approved plan of £41.3m, an underspend of £4.2m in relation to IM&T and Project RED schemes. The full year forecast for the total capital programme is £102.3m which is a £30.4m reduction to plan.<br>In relation to IFRS 16 CDEL, recently published NHSE guidance has confirmed an uplift in the 2023/24 CDEL allocation for the impact of IFRS 16 but that it will no longer be ring fenced. The 2023/24 plan submission totals £45m, however, the level of the GM allocation is still subject to approval. For the period up to 31st January 2024, IFRS 16 capital spend totalled £3.6m. The full year forecast (and latest anticipated MFT IFRS 16 CDEL allowance for 2023/24) for IFRS 16 capital is £12.4m which is a £32.7m reduction to plan. |

## 1.5 Forecast Outturn and Risks to delivery

There remain several material risks to delivery of the 23/24 breakeven plan, which have been considered as part of the regular review of the forecast year end position. The run-rate forecast scenario exercise has been updated based on Month 10, with proposed best case (plan, breakeven) and the most likely (between a breakeven and £13.4m deficit plan which is inclusive of Industrial Action costs for December 2023 and January 2024).

The key risks and opportunities recognised within this forecast are;

Risks

- Further cost pressures – under-delivery of commissioner income, inflationary costs and pay award costs
- Costs associated with the December and January Industrial Action, that will take several months to emerge.
- Further income loss associated with cancelled activity due to December and January IA.
- Costs and income loss associated with the recently announced February Industrial Action (**not currently included in the forecast)**
- Clawback of PDC dividend reduction following the application of IFRS 16 to the Trust’s PFI schemes

Opportunities

- Delivery in excess of the Trust’s current activity and income plans
- GM ICB support to deliver income assumptions
- If further national funding for Industrial Action costs is provided
- The impact of additional control measures being put in place.

However, there remain other risks to the Trust’s delivery, which are harder to quantify but which would have a financial impact:

- Sickness absence levels remaining high, failure to deliver the 2% reduction target (currently well above 5%)
- Turnover levels remaining high, failure to deliver the 1.5% reduction target

# Financial Performance

## Income & Expenditure Account for the period ending 31st January 2024

| I&E Category | NHSE Plan M10 £'000 | Year to date Actual - M10 £'000 | Year to date Variance £'000 |
|---|---|---|---|
| **INCOME** | | | |
| **Income from Patient Care Activities** | | | |
| NHS England and NHS Improvement | 789,490 | 795,348 | 5,858 |
| ICBs | 1,152,800 | 1,163,619 | 10,819 |
| NHS Trust and Foundation Trusts | 3,875 | 7,952 | 4,077 |
| Local authorities | 31,060 | 32,479 | 1,419 |
| Non-NHS: private patients, overseas patients & RTA | 9,765 | 9,791 | 26 |
| Non NHS: other | 14,662 | 18,739 | 4,078 |
| **Sub -total Income from Patient Care Activities** | **2,001,651** | **2,027,927** | **26,276** |
| Research & Development | 62,772 | 63,720 | 948 |
| Education & Training | 74,558 | 76,904 | 2,346 |
| Misc. Other Operating Income | 71,387 | 79,369 | 7,982 |
| **Other Income** | **208,717** | **219,993** | **11,276** |
| **TOTAL INCOME** | **2,210,368** | **2,247,920** | **37,552** |
| **EXPENDITURE** | | | |
| Pay | (1,340,345) | (1,377,167) | (36,822) |
| Non pay | (777,159) | (821,815) | (44,656) |
| **TOTAL EXPENDITURE** | **(2,117,504)** | **(2,198,982)** | **(81,478)** |
| **EBITDA Margin** | **92,864** | **48,938** | **(43,926)** |
| **INTEREST, DIVIDENDS & DEPRECIATION** | | | |
| Depreciation | (59,961) | (52,054) | 7,907 |
| Interest Receivable | 5,843 | 8,022 | 2,179 |
| Interest Payable | (43,483) | (99,976) | (56,493) |
| Gain / (Loss) on disposal of PPE | 0 | (254) | (254) |
| Gain / (Loss) on Investment | 0 | 103 | 103 |
| Dividend | (5,020) | 0 | 5,020 |
| **Surplus/(Deficit) before adjustments** | **(9,757)** | **(95,221)** | **(85,464)** |
| IFRS 16 on PFI impact | 0 | 56,352 | 56,352 |
| **Adjusted Surplus/(Deficit) for CT purposes as reported to EDT** | **(9,757)** | **(38,869)** | **(29,112)** |
| Adjustment for IFRS 16 PPA | | 105 | 105 |
| **Adjusted Surplus/(Deficit) for CT purposes as per PFR** | **(9,757)** | **(38,764)** | **(29,007)** |

| | | | |
|---|---|---|---|
| **Surplus/(Deficit) as % of turnover** | **-0.4%** | **-4.3%** | |
| **Impairment** | **(102,800)** | **(47,112)** | **55,688** |
| **Non operating Income** | **3,832** | **394** | **(3,438)** |
| **Depreciation - donated / granted assets** | **(1,836)** | **(1,183)** | **653** |
| **Surplus/(Deficit) after non-operating adjustments** | **(110,561)** | **(143,122)** | **(32,561)** |

For the year to 31st January 2024, the Trust has delivered a deficit of £38.8m against a planned deficit of £9.8m, an adverse variance of £29.0m, adjusted for the impact of IFRS 16 on the PFI contracts included YTD to month 10.

The position after non-operating adjustments is a £143.1m deficit, £32.6m adverse to plan, with lower than anticipated impairments linked to slow progress against the New Hospitals Programme (NHP) capital scheme due to delays in national approvals now offset by the large IFRS 16 PFI impact.

### Income

Year to date income is favourable to plan by £37.6m after receipt of £15.9m for the direct pay costs YTD of industrial action to the end of October 23. The Aligned Payment Incentive monies (API), also referred to as ERF, are still below plan by £3.3m, but this is an improvement of £0.3m since month 9.

The main reasons for the variance are:

- £15.9m of national funding confirmed from GM ICB to cover Industrial Action costs up to month 8.
- Allocation for UEC funding has been reduced by £4.5m
- Over-performance against CPT drugs of £4.4m (offset by an increase in expenditure)
- Over-performance against CPT devices of £0.8m (offset by an increase in expenditure)
- Private Patient income is £1.6m behind plan
- E&T and R&D income are favourable to plan by £3.3m, primarily due to release of deferred income
- Overseas patient income and RTA income are a combined £1.6m favourable to plan
- Contract variations and NCAs account for a further £7.6m favourable variance YTD
- Deferred income utilised YTD is £2.0m
- Non operating income variances account for an increase of £8.0m

In relation to ERF income, there remains a risk of circa £7.0m against the full year plan for elective activity, although the YTD value has been included in month 10, a reduced full year value of £5.3m has been assumed in the forecast.

### Pay

Staffing costs are adverse to plan by £36.8m YTD to month 10. The main reasons are:

- Industrial Action (IA) costs to October 2023 of £15.9m (now offset by income), plus further unfunded costs for December 2023 and January 2024 of £4.8m which are not covered by income
- Bank staff expenditure is adverse to plan by £28.8m YTD due to cover for vacancies, sickness, maternity cover and enhanced care nursing requirements
- Expenditure against agency staff is £8.8m favourable to plan, reflecting the Trust shifting cost to bank staff and switching off most agency nursing spend
- Excluding the costs of IA paid to substantive staff reflects a favourable variance of £3.9m linked to vacancies across the majority of the staff groups
- Under-delivery of WRP targets across the Sites and the impact of prior year spending decisions also accounts for a proportion of the variance.

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

### Non Pay

The Trust was required to calculate and apply the YTD impact of IFRS 16 to its PFI assets in month 9 and there will be further adjustments each month – the charge against the Unitary Payment at month 10 is £56.4m which NHSE have adjusted for so there is no impact to the Trust’s bottom line control total. This has also led to there being no requirement to pay a PDC dividend in year (due to the reduction in net assets). This is reflected in the YTD deficit but a risk remains of DHSC requiring this element being adjusted out of the control total as with the change to the Unitary Payment.

The expenditure against non pay categories is adverse to plan by £29.8m YTD (including interest, dividends and depreciation). The key variances YTD are:

- Clinical Supplies costs are adverse to plan by £10.4m driven by inflation and activity. This is partially offset by General Supplies which is favourable to plan by £9.5m
- Drugs costs adverse to plan by £9.3m, partially offset by CPT income
- Outsourcing costs are adverse to plan by £9.6m supporting activity to reduce waiting list numbers
- Costs related to our Premises are favourable to plan by £2.9m
- Current and prior year WRP balances unachieved account for a £7.6m adverse variance
- Depreciation and Amortisation are under plan by £7.9m - primarily on NMGH IT assets and Radiology assets
- PDC divdend benefit of £5.0m – although at risk of being adjusted out as noted above
- Adverse variances across other non pay categories account for the remaining £18.2m difference

**Analysis by Site**

The YTD position of each MFT Site is shown below and includes the current Control Total (CT), before any expected further adjustments, and the YTD variance to budget. As can be seen in the table below, this is not a full view of the overall Trust position, as it excludes the Trust's income and some central costs including financing.

| Site | Control Total 23/24 @ M10 £000 | YTD Budget £000 | YTD Actual £000 | YTD Variance £000 | YTD Variance % | *Previous Months YTD Variance %* |
|---|---|---|---|---|---|---|
| CSS | 379,138 | 315,278 | 323,792 | (8,514) | (2.7%) | *(2.6%)* |
| LCO | 151,484 | 126,636 | 126,270 | 367 | 0.3% | *0.2%* |
| MREH | 52,099 | 43,912 | 43,531 | 380 | 0.9% | *0.1%* |
| MRI | 347,220 | 290,372 | 317,980 | (27,608) | (9.5%) | *(9.6%)* |
| NMGH | 153,194 | 127,499 | 136,060 | (8,561) | (6.7%) | *(7.3%)* |
| RMCH | 263,966 | 220,235 | 234,530 | (14,295) | (6.5%) | *(6.0%)* |
| SMH | 189,101 | 157,071 | 165,322 | (8,251) | (5.3%) | *(5.5%)* |
| UDHM | 15,586 | 13,003 | 12,946 | 57 | 0.4% | *0.0%* |
| WTWA | 425,370 | 355,351 | 377,083 | (21,732) | (6.1%) | *(5.4%)* |
| **Total Hospitals/MCS/LCO** | **1,977,158** | **1,649,356** | **1,737,512** | **(88,156)** | **(5.3%)** | ***(5.2%)*** |
| Corporate | 242,090 | 200,764 | 189,334 | 11,431 | 5.7% | *6.0%* |
| Estates & Facilities | 194,217 | 163,462 | 164,797 | (1,336) | (0.8%) | *(1.0%)* |
| **Total Corporate and E&F** | **436,307** | **364,226** | **354,131** | **10,095** | **2.8%** | ***2.9%*** |
| | | | | | | |
| **Total All Sites** | **2,413,465** | **2,013,582** | **2,091,643** | **(78,061)** | **(3.9%)** | ***(3.7%)*** |
| Memo: IFRS 16 on PFI impact (exc from E&F) | 0 | 0 | 56,149 | (56,149) | | |

Several CT adjustments have been requested across the Sites which will mitigate an element of the year to date variance once these are agreed and transacted. Meetings have been held with each Site to work through all CT adjustments required for the year with a view to ensuring as much as possible is reflected in the budgets.

Each Site is required to submit a forecast on a monthly basis and this forms the basis for the Trust's Finance Accountability Framework. The Trust also undertakes a Group-led "top-down" forecast which sets out the overall position of the Trust. It is to be noted that, as for the YTD table above, the forecast set out in the table below is not the full Trust position.

The impact of these FYE adjustments can be seen in the following table which shows each Site's forecast after requested CT adjustments.

| Site | Current CT as per GL 23/24 £'000 | Adjustments Pending £'000 | Proposed CT 23/24 £'000 | Forecast Outturn 23/24 £'000 | Variance £'000 | Variance % |
|---|---|---|---|---|---|---|
| CSS | 379,138 | 3,638 | 382,776 | 388,621 | (5,845) | (1.5%) |
| LCO | 151,484 | 914 | 152,398 | 151,340 | 1,058 | 0.7% |
| MREH | 52,099 | (677) | 51,422 | 52,038 | (616) | (1.2%) |
| MRI | 347,220 | 16,957 | 364,177 | 381,721 | (17,544) | (4.8%) |
| NMGH | 153,194 | 2,277 | 155,471 | 162,501 | (7,030) | (4.5%) |
| RMCH | 263,966 | 2,525 | 266,491 | 282,425 | (15,934) | (6.0%) |
| SMH | 189,101 | 5,731 | 194,832 | 201,993 | (7,161) | (3.7%) |
| UDHM | 15,586 | 0 | 15,586 | 15,525 | 61 | 0.4% |
| WTWA | 425,370 | 7,490 | 432,860 | 452,106 | (19,246) | (4.4%) |
| **Total Hospitals/MCS/LCO** | **1,977,158** | **38,855** | **2,016,013** | **2,088,270** | **(72,257)** | **(3.6%)** |
| | | | | | | |
| Corporate | 242,090 | 0 | 242,090 | 228,266 | 13,824 | 5.7% |
| Estates & Facilities | 194,217 | 0 | 194,217 | 193,352 | 865 | 0.4% |
| **Total Corporate and E&F** | **436,307** | **0** | **436,307** | **421,618** | **14,689** | **3.4%** |
| | | | | | | |
| **Total All Sites** | **2,413,465** | **38,855** | **2,452,320** | **2,509,888** | **(57,568)** | **(2.3%)** |

Key reasons for the forecast outturn variance to adjusted CTs are:

- Costs of industrial action that remain unmitigated within each Site are now £20.8m YTD. The Trust has received national funding of £15.9m to cover the costs up to month 8 but none for the December 2023 or January 2024 action taken.
- Underlying deficits due to prior year's expenditure decisions – these remain without any mitigation plans in recurrent budgets
- Additional expenditure on medical staff, both within pay and non-pay, due to use of WLIs and Insourcing to undertake 78ww and 65ww work
- Higher than planned use of bank and agency staff to cover persistent high sickness levels and hard to fill vacancies – the original plan included a target reduction in sickness absence of 2% but YTD this has shown little movement
- Under-performance on delivery of income from non-NHS sources, such as Private Patient income

The Trust's overall forecast is addressed in the next section.

## Financial Forecast as at Month 10

As noted in previous months the Trust has undertaken a top-down forecast scenario exercise based on the month 10 run rate, which describes a best (breakeven or £8.4m deficit including Dec 23 and Jan 24 Industrial Action costs) and most likely (£5m deficit or £13.4m deficit including Dec 23 and Jan 24 Industrial Action costs) scenario forecast outturn:

| | | Best Case | Most Likely | | |
|---|---|---|---|---|---|
| Ref | Category | Breakeven | £5.0m deficit | Recurrent/Non Recurrent | Risk |
| | | **£'000** | **£'000** | | |
| 1 | **Run Rate Year End position @ M10** | (46,517) | (46,517) | | |
| 2 | Industrial Action costs in M10 | (5,910) | (5,910) | | |
| 3 | Non-Recurrent items to M10 - Removed extrapolation | (749) | (749) | | |
| | **Corrected for non-recurrent/IA costs** | **(53,176)** | **(53,176)** | | |
| 4 | Further pressures | (900) | (900) | R/NR | Low |
| 5 | Non-Recurrent Flexibilities/Balance Sheet (Exclude AL Accrual) | 4,800 | 4,800 | NR | Low |
| 6 | Annual Leave Accrual | 4,160 | 4,160 | NR | Low |
| 7 | Deferred income review | 8,420 | 8,420 | NR | Low |
| 8 | Rev to Cap transfer | 4,780 | 4,780 | NR | Medium |
| 9 | Clinical Income above extrapolation - assumes delivery of current | 3,339 | 3,339 | R | High |
| 10 | Additional ERF income if deliver above revised 100% plan | 1,961 | 1,961 | R | High |
| 11 | Additional funding for OPPROC - requires NHSE agreement | 3,539 | 3,539 | NR | Medium |
| 12 | Review of Group Budgets | 8,021 | 8,021 | NR | Low |
| 13 | WRP Delivery change from extrapolated value to deliver full plan | 5,418 | 5,418 | R/NR | High |
| 14 | Additional Control measures to reduce run rate | 4,638 | 4,638 | NR | High |
| 15 | Consideration of further B/S flexibility - reviewed on a monthly | 12,600 | 0 | NR | High |
| 16 | Review of balance sheet to reduce audit risk | (7,600) | 0 | NR | High |
| 17 | External Support requested from NHSE/ICB | 0 | 0 | NR | High |
| **18** | **Forecast** | **(0)** | **(5,000)** | | |
| | M9-M10 Industrial Action Income loss | (1,572) | (1,572) | | |
| | Costs M9-M10 | (4,779) | (4,779) | | |
| | Efficiency | (2,000) | (2,000) | | |
| **19** | **Forecast if Industrial Action Costs are not funded** | **(8,351)** | **(13,351)** | | |

Key Assumptions

This forecast does not include any costs or income loss associated with the recently announced February 2024 Industrial Action. Indicative costs based on previous Industrial Action are c. £3.7m

Ref 8 – Assumption that agreement is reached across GM to identify CDEL cover to capitalise appropriate costs associated with capital schemes.

Ref 9,10 – 103% ERF activity is delivered and so MFT receives additional income above original plan (note ERF is currently £3.3m behind plan YTD, so assumption that this is recovered relating to an additional £5.3m is in total by year end).

Ref 13,14- additional actions to reduce the current run rate as identified by sites in Nov/Dec 2023.

Ref 16 – further work ongoing, high risk assumption.

It should be noted that the scenarios assume that no material pressures for winter or other unanticipated financial impacts arise.

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

## Waste Reduction Programme

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

The tables below outline the month 10 23/24 YTD position against the planned savings. The Committee is reminded that the phasing of the Waste Reduction Programme was skewed towards the later part of the year, with lower delivery anticipated during Q1, rising in Q2 and again for Q3 and Q4. Against this plan, on a consolidated basis, the Trust has achieved above the target delivery of £105.5m by £3.5m, delivering £109.0m YTD. Of this, £50.8m (46.6%) is non recurrent. Current forecasts show achievement of the full plan by month 12.

| Workstream | Savings to Date | | | | Forecast 23/24 Position | | | |
|---|---|---|---|---|---|---|---|---|
| | Plan (YTD) £'000 | Actual (YTD) £'000 | Variance (YTD) £'000 | Financial BRAG (YTD) | Plan (YTD) (23/24) £'000 | Act/F'Cast (23/24) £'000 | Variance (23/24) £'000 | Financial BRAG (YTD) |
| Admin and clerical | 5,040 | 5,004 | (37) | 99% | 6,042 | 5,937 | (106) | 98% |
| Budget Review | 4,669 | 4,669 | 4,669 | | 6,568 | 6,568 | (0) | 100% |
| Contracting & income | 7,012 | 7,064 | 53 | 101% | 9,006 | 9,055 | 49 | 101% |
| Hospital Initiative | 4,871 | 5,136 | 266 | 105% | 5,770 | 5,870 | 100 | 102% |
| Length of stay | 949 | 931 | (18) | 98% | 1,139 | 1,121 | (18) | 98% |
| Non Pay Efficiencies | 3,235 | 3,226 | (9) | 100% | 3,939 | 3,934 | (4) | 100% |
| Outpatients | 75 | 75 | 0 | 100% | 91 | 91 | 0 | 100% |
| Pharmacy and medicines management | 2,302 | 2,760 | 459 | 120% | 2,828 | 3,271 | 443 | 116% |
| Procurement | 6,301 | 6,312 | 11 | 100% | 8,276 | 8,271 | (5) | 100% |
| Theatres | 78 | 78 | 0 | 100% | 93 | 93 | 0 | 100% |
| Workforce - medical | 5,736 | 5,665 | (71) | 99% | 6,981 | 6,890 | (91) | 99% |
| Workforce - nursing | 4,402 | 3,024 | (1,378) | 69% | 5,448 | 3,863 | (1,585) | 71% |
| Workforce - other | 2,513 | 2,568 | 55 | 102% | 2,849 | 2,904 | 55 | 102% |
| Informatics | 2,230 | 2,105 | (125) | 94% | 2,737 | 2,612 | (125) | 95% |
| **Total (L3 or above)** | **49,412** | **48,617** | **(795)** | **98%** | **61,767** | **60,480** | **(1,287)** | **98%** |
| Trust Initiative | 56,080 | 60,374 | 4,294 | 108% | 76,152 | 75,728 | (424) | 99% |
| Unidentified | - | - | - | | (1,503) | - | 1,503 | 🟥 |
| **MFT Total** | **105,491** | **108,991** | **3,500** | **103%** | **136,416** | **136,207** | **(209)** | **100%** |

| Summary against Target M1-10 | YTD |
|---|---|
| Target | 105,491 |
| Actuals (L3 or above) | 108,991 |
| Variance to Target | 3,500 |
| Lost opportunity (value of schemes below L3) | 1,498 |
| Variance to target if all schemes delivered as plan | 4,997 |

| Summary against Target 23/24 | Act/F'Cast |
|---|---|
| Target | 136,416 |
| Actuals/Forecast (L3 or above) | 136,207 |
| Variance to Target | (209) |
| Value of schemes below L3 | 2,091 |
| Variance to target (all schemes) | 1,882 |

**Financial BRAG**

*at a detailed level there will be a range of ratings within each theme. An example is Divisional Non Pay where Corporate is risk rated green where as the overall scheme is risk rated*

| | |
|---|---|
| 🟥 | Financial Delivery less than 90% |
| 🟨 | Financial Delivery greater than 90% but less than 97% |
| 🟩 | Financial Delivery greater than 97% |
| ⬜ | Schemes fully delivered with no risk of future slippage |

| Hospital/MCS | 23/24 Target £m | 23/24 Actual / Forecast £m | 23/24 Variance £m | 23/24 Variance % |
|---|---|---|---|---|
| Corporate | 5.0 | 5.5 | 0.5 | 11% |
| CSS | 12.6 | 12.4 | (0.2) | -1% |
| EYE | 1.7 | 2.0 | 0.3 | 17% |
| Dental | 0.6 | 0.4 | (0.2) | -34% |
| LCO | 3.8 | 5.0 | 1.1 | 30% |
| MRI | 9.1 | 9.4 | 0.3 | 3% |
| NMGH | 4.6 | 4.4 | (0.2) | -4% |
| RMCH | 6.2 | 3.7 | (2.6) | -41% |
| St. Mary's | 5.8 | 6.8 | 0.9 | 16% |
| WTWA | 11.4 | 11.0 | (0.4) | -3% |
| **Hospital/MCS/LCO Total** | **60.8** | **60.5** | **(0)** | **-1%** |
| Trust (Group) | 75.6 | 75.7 | 0.1 | 0% |
| **MFT Total** | **136.4** | **136.2** | **(0)** | **0%** |

# Statement of Financial Position

| | M12 Restated 22/23 £000 | M10 £000 | Movement in YTD £000 |
|---|---|---|---|
| **Non-Current Assets** | | | |
| Intangible Assets | 11,369 | 9,739 | (1,630) |
| Property, Plant and Equipment | 1,044,865 | 1,006,626 | (38,239) |
| Investments | 858 | 961 | 103 |
| Trade and Other Receivables | 17,318 | 18,635 | 1,317 |
| **Total Non-Current Assets** | **1,074,410** | **1,035,962** | **(38,448)** |
| **Current Assets** | | | |
| Inventories | 25,374 | 27,690 | 2,316 |
| NHS Trade and Other Receivables | 100,604 | 82,513 | (18,091) |
| Non-NHS Trade and Other Receivables | 56,004 | 63,081 | 7,076 |
| Non-Current Assets Held for Sale | 210 | 210 | 0 |
| Cash and Cash Equivalents | 240,943 | 96,317 | (144,626) |
| **Total Current Assets** | **423,135** | **269,811** | **(153,324)** |
| **Current Liabilities** | | | |
| Trade and Other Payables: Capital | (36,707) | (17,995) | 18,712 |
| Trade and Other Payables: Non-capital | (436,632) | (372,360) | 64,273 |
| Borrowings | (36,267) | (45,944) | (9,677) |
| Provisions | (29,276) | (27,455) | 1,821 |
| Other liabilities: Deferred Income | (51,880) | (45,793) | 6,087 |
| **Total Current Liabilities** | **(590,762)** | **(509,547)** | **81,216** |
| **Net Current Assets** | **(167,627)** | **(239,736)** | **(72,108)** |
| **Total Assets Less Current Liabilities** | **906,782** | **796,226** | **(110,556)** |
| **Non-Current Liabilities** | | | |
| Trade and Other Payables | - | - | - |
| Borrowings | (479,935) | (720,898) | (240,964) |
| Provisions | (11,423) | (11,220) | 203 |
| Other Liabilities: Deferred Income | (2,805) | (2,805) | - |
| **Total Non-Current Liabilities** | **(494,162)** | **(734,923)** | **(240,761)** |
| **Total Assets Employed** | **412,620** | **61,303** | **(351,317)** |
| **Taxpayers' Equity** | | | |
| Public Dividend Capital | 471,920 | 483,270 | 11,350 |
| Revaluation Reserve | 163,396 | 163,396 | 0 |
| Income and Expenditure Reserve | (222,696) | (585,363) | (362,667) |
| **Total Taxpayers' Equity** | **412,620** | **61,303** | **(351,317)** |
| **Total Funds Employed** | **412,620** | **61,303** | **(351,317)** |

There has been a £38.2m decrease in the carrying value of Property Plant and Equipment from £1,044.9m as at 31st March 2023 to £1,006.6m as at 31st January 2024. The decrease is due to depreciation of £51.5m, impairment of £47.1m, partially offset by in-year capital additions (including right of use assets) of £60.7m.

Inventories have increased from £25.4m as at 31st March 2023 to £27.7m as at 31st January 2024. This is driven by the recognition of £2.3m of medical devices that were reclassified as inventories in month 8.

The NHS trade and other receivables are showing a decrease of £18.1m from £100.6m at 31st March 2023 to £82.5m at 31st January 2024, this is primarily made up of a £15.6m decrease in central accrued income (of which £14.6m relates to ICB accruals) and a £2.4m decrease in R&I trade receivables relating to research network income received in month 10.

The Non-NHS trade and other receivables have increased from £56.0m at the 31st March 2023 to £63.1m at 31st January 2024, this movement is primarily made up of a £5.8m increase in sales ledger balances and a £3.0m increase in PDC dividend receivable.

The escalation of capital activity towards the end of the 2022/23 financial year resulted in a high year end capital creditors balance. This has continued to unwind during 2023/24 as invoices and payments are processed, resulting in a reduction in capital creditors from £36.7m at the 31st March 2023 to £18.0m at 31st January 2024, with a corresponding reduction in cash. In line with previous years, we expect to see this capital creditor balance increase as we approach the 2023/24 year end.

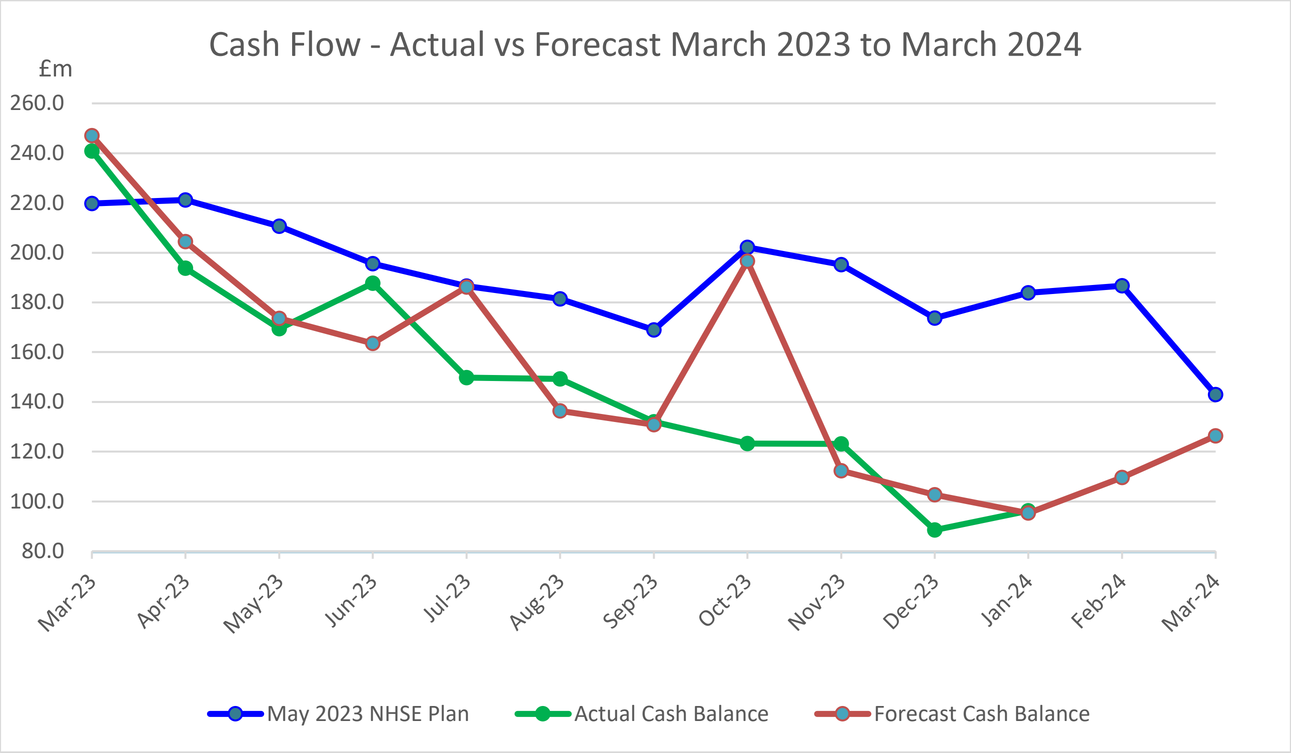
Since the year-end, there has been a reduction in non-capital trade and other payables of £64.3m, primarily driven by a reduction of £51m in accruals following the settlement of the pay award. There was also an £8.8m decrease in GRNI accruals and a £4.3m decrease in central accruals relating to St Helens junior doctor's invoice payments.

Deferred income included in current liabilities has decreased from £51.9m at the 31st March 2023 to £45.8m at 31st January 2024; a movement of £6.1m. This is primarily made up of an increase in NHS central deferred income of £6.3m relating to HEE income and ICB income and a £1.3m increase in SMH deferred income relating to SARC and maternal medicine. These increases were offset by a £10.4m decrease in non-NHS central deferred income; of which £6.6m relates to a reallocation of deferred income between NHS and Non-NHS, and £3.5m relates to surge funding. There was also a £3.3m decrease in R&I deferred income relating to Health Innovation Manchester.

As noted in the month 9 report, this year sees the application of the DHSC requirement for NHS bodies to apply IFRS 16 measurement principles to PFI liabilities effective from 1st April 2023. It should be noted this is a technical accounting change in the financial element of the Trust's two PFI schemes (i.e. the PFI schemes at WTWA and ORC) only and has no impact on the cash payments being made to these PFI operators. For the Trust, the accounting impact as at month 10 is a £272m increase in the PFI creditor balance within borrowings which partially offsets against a £37.4m reduction of IFRS 16 lease liabilities and a £9.2m decrease in loan liability. This resulted in a £219.5m charge to the Income & Expenditure reserve. As noted in the section above on financial performance, there has also been a £56.4m increase in expenditure that NHSE has subsequently adjusted out for control total reporting purposes, and an assumed benefit of £5.0m to the PDC dividend charge as a result of the reduction in net assets.

As previously reported, the 2022/23 year-end process resulted in two restatements of M12 2022/23 figures- the opening balance sheet has been restated for two reclassifications in relation to capital payable to receivables (£0.8m) and between capital and non-capital payables (£3.2m). In addition, in month 7, as per guidance issued by NHSE, a prior period adjustment was processed relating to the balances reflected for leases on first adoption of IFRS 16 on 1st April 2022 - the net effect of this adjustment was to increase M12 2022/23 net assets by £0.1m and a £0.1m benefit in the month 9 financial performance.

# Cash Flow



As at 31st January 2024, the Trust had a cash balance of £96.4m. This is an increase of £7.9m compared to the cash balance at 31st December 2023 of £88.5m. The key drivers of the increase in month 10 are payroll related costs of £135m, payments to suppliers of £99.2m and capital cash spend of £5.1m offset by £247.6m operating income.

As at 31st January 2024 cash is £87.6m lower than the original plan of £183.9m cash at the end of January, principally reflecting working capital variances and the year-to-date deficit position.

The future monthly cash balance is re-forecast each month. The assumptions underpinning the forecast are subject to an ongoing review and scrutiny to ensure they remain valid. The year-end forecast remained at £126.4m as at the end of M10.

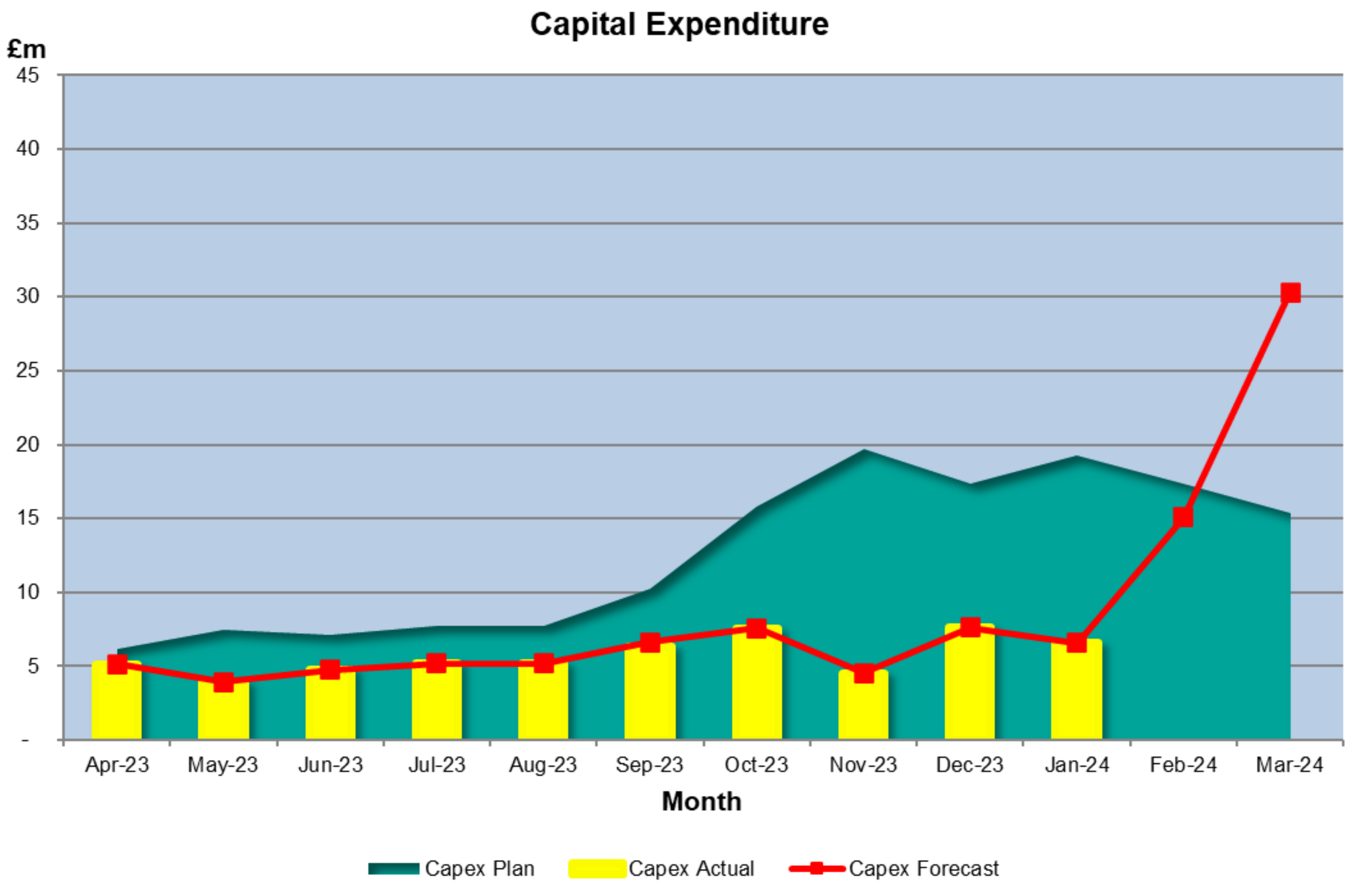
The finance team are continuing to validate and test assumptions underlying the cashflow forecast and are targeting work with colleagues within the Trust and across GM to recover accounts receivable balances due from other GM Providers. There is further work ongoing to increase the visibility of cash forecasts and balances within the organisation and ensure there is focus on cash management. The Financial Services team will continue to work with the Capital, Accounts Payable, Accounts Receivable, Group Finance and Central Income teams in the monthly Cash Flow Review Group and Cash Management meetings to refine the forecast based on all information available.

As part of this work, the daily cash balance is reported within the finance team and there is a weekly review of the ongoing validity of month-end forecast assumptions, and a monthly cash update report is being provided to EDT for further testing and scrutiny. In addition, a process is being implemented to manage the timing and value of supplier payment runs, whilst working through the implications on the Better Practice Payment Code (BPPC) performance.

**High and Low In Month Cash Balances**

| | Oct-23 | | Nov-23 | | Dec-23 | | Jan-24 | |
|---|---|---|---|---|---|---|---|---|
| Highest in month cash balance (£m) | 313.8 | As at 13/10/2023 | 264.1 | As at 15/11/2023 | 255.6 | As at 15/12/2023 | 252.5 | As at 15/01/2024 |
| Lowest in month cash balance (£m) | 90.6 | As at 12/10/2023 | 78.3 | As at 14/11/2023 | 88.5 | As at 29/12/2023 | 93.1 | As at 29/01/24 |
| Month-end cash balance (£m) | 123.3 | | 123.1 | | 88.5 | | 96.3 | |

# Capital Expenditure



In the period to 31st January 2024, £56.9m of capital expenditure has been incurred against a plan of £101.2m, an underspend of £44.3m. Expenditure included within the GM envelope was £37.1m against the GM approved plan of £41.3m, an underspend of £4.2m.

The £44.3m year to date underspend is primarily driven by:

- £26.8m New Hospital Programme (NHP) due to delays in funding approval;
- £5.3m on TIF due to delays in the scheme. The Estates team's 2023/24 full year forecast is £2.1m against the original plan of £8.9m but have now received approval from the national team that the £6.8m underspend can be deferred into 2024/25;
- £3.6m Charity funded equipment that is no longer forecasted to be incurred;
- £4.0m on Wythenshawe JAG due to timing delays; the Estates team are reviewing mitigation options such that spend will be in line with plan by year-end;
- £2.9m Community Diagnostic Centre (CDC) scheme - due to initial timing / delivery delays. The Estates team has identified a risk of c£3.1m not being spent by year-end on the Withington scheme and discussions with the national team are underway on how this can be managed; and
- £2.5m Project RED due to delivery delays; the Estates team are forecasting the work to be in line with plan by year-end.

These underspends have been partially offset by overspends, notably:

- £2.3m Targeted Lung Health Check (TLHC) CT scanner PDC scheme bid successful in 23/24.

The Trust's capital plan is reflective of the 2023/24 capital plan agreed by GM (awaiting formal sign off) and totals £132.6m. To advance the capital programme whilst the allocation of the GM envelope was finalised, the Executive Directors Team (EDT) authorised capital leads to spend £33.5m in relation to the in-flight and contractually committed capital schemes. Further capital funding releases totalling £27.6m have subsequently been approved by EDT to avoid operational delays and a possibility of being unable to complete capital schemes within the 2023/24 financial year. This includes starting the work on the intraoperative MR scanner (iMRI) in RMCH, on the hybrid theatre in the MRI and on the labs life cycling on ORC. The total authorised GM envelope spend by EDT is £55.5m on the GM envelope schemes (representing £61.1m expenditure less £5.6m CDEL credits available from VAT recovery and historical accruals).

GM have now approved a £51.7m envelope allocation for the Trust (subject to formal confirmation) and a further allocation of £3.2m for RAAC costs, i.e. a total approved plan of £54.9m. Thus, with the approvals through EDT, the full value of the anticipated envelope has been committed and will require further utilisation of available CDEL credits. In addition to the £54.9m approved plan, the Trust has subsequently been awarded further envelope allocations in relation to £3.1m on the Genomics programme and a £4.8m transfer of capital allocation from the Cheshire & Mersey ICB. This brings the expected total GM envelope allocation for 2023/24 to £62.8m.

The current 2023/24 full year forecast for the total capital programme is £102.3m, this is a reduction of £30.4m compared with the £132.6m approved plan relating to the following:

- £29.5m reduction in NHP due to the delay in the approval for its Phase 2 enabling works bid;
- £5.2m charity funded equipment expenditure now no longer expected to be required in 2023/24;
- £6.8m reduction in the TIF schemes due to delivery delays into 2024/25. As noted above, the national team have approved that this underspend can be deferred into 2024/25; and
- £3.1m reduction on the CDC Withington scheme; the Trust is in discussions with the national team on how this can be managed.

These underspends have been partially offset by additional capital in relation to:

- £6.1m of external funding for the TLHC, National Institute for Health and Care Research, National Breast Imaging Academy and CDC schemes;
- £4.8m transfer of capital allocation from the Cheshire & Mersey ICB to cover capital expenditure that has been identified to be reclassified from revenue to capital following a scheduled review; and
- £3.1m for the Genomics programme - noting that the award made in 2023/24 was not cash backed and that the cash backing for this expenditure will need to be applied for in 2024/25, or the expenditure will deteriorate the Trist’s cash balance.

In relation to IFRS 16 CDEL, recently published NHSE guidance has confirmed an uplift in the 2023/24 CDEL allocation for the impact of IFRS 16 but that this CDEL will no longer be ring fenced.

The current IFRS 16 plan submission totals £45m, however, the level of CDEL cover is subject to final NHSE regional / GM approval. Consequently, CDEL approval for new leases is being limited to leases already inflight at 31st March 2023 (totalling £8m) and those that are emergency in nature. In the period to 31st January, IFRS 16 capital spend totalled £3.6m.

The current full year forecast (and latest anticipated MFT IFRS 16 CDEL allowance for 2023/24) for spend against the IFRS 16 capital allocation is £12.4m, this is a reduction of £32.7m compared with the £45m submitted plan. The reduction primarily relates to managed equipment services leases (with lower than planned contract terms or being assessed to be outside of IFRS 16) and leases no longer required.

# Aged Debt

The Accounts Receivable (AR) ledger and bad debt provision remain under scrutiny, and the AR team are continuing to work though the settlement of balances with other GM providers.

Sales ledger invoices remaining unpaid at the end of January 2024 stand at £52.0m; a decrease of £2.6m from the closing December 2023 position of £54.6m. This decrease is driven predominantly by a reduction in invoices raised during the month of January.

Invoices due >90 days have decreased during the month, from £28.8m at 31st December 2023, with a closing balance at 31st January 2024 of £28.1m. Invoices that have moved into the >90 days category during January include £762k for GMMH and £492k for University of Manchester.

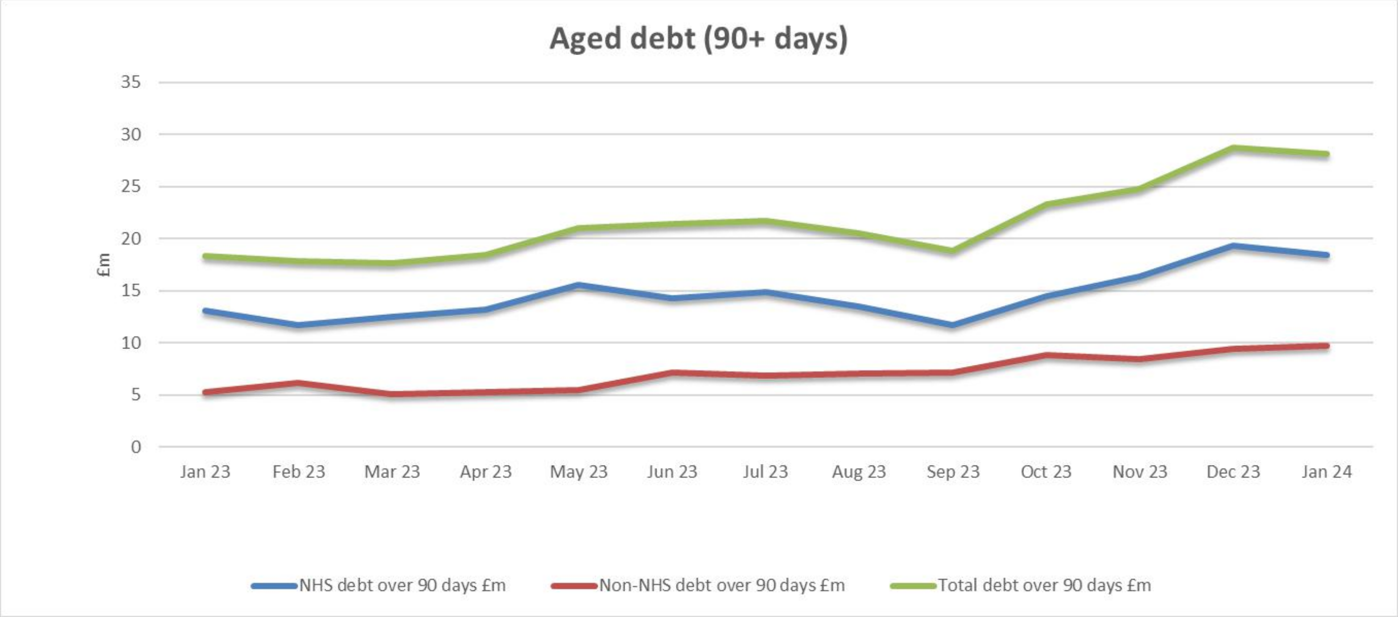
This >90 days value comprises 54.1% of the total outstanding balance. The value of invoices due over 90 days as a % of the total value of invoices outstanding increased slightly in January for Non-NHS debt however, the NHS debt showed a slight decrease due to clearance of some of the NCA disputed balances. This change to the % value is mostly affected by the decrease in the overall sales ledger balance.

The finance teams are making significant progress in the monthly reviews with NCA colleagues to clear aged, disputed invoices on both the Accounts Payable (AP) and Accounts Receivable (AR) ledgers. Fortnightly meetings are continuing until settlement is agreed on all invoices due prior to 31st March 2023.

The AR team review the >90 days debt with the hospitals/MCSs in their monthly debt reviews and are continuing to develop the invoice register to log SLAs and other regular billing cycles to support the collection of debt and the management of disputes. The AR team are also preparing an action plan focussing on the top 10 NHS debtor balances and are reviewing the debt recovery escalation policy.

The balance of invoices outstanding for greater than one year old has decreased during January 2024 by £1.1m with a closing balance at the end of the month of £6.4m. The AR team are continuing to make progress with their action plan focussing on the ten highest value 90+ day balances with support from hospital/corporate colleagues.

| Month/Year | 0-30 days £,000 | 30-60 days £,000 | 60-90 days £,000 | 90 + days £,000 | Grand Total £,000 | 90 days + % |
|---|---|---|---|---|---|---|
| December 2023 | 15,111 | 6,586 | 4,043 | 28,812 | 54,552 | 52.8% |
| January 2024 | 8,516 | 10,889 | 4,435 | 28,108 | 51,948 | 54.1% |
| **Movement** | **(6,595)** | **4,302** | **392** | **(704)** | **(2,604)** | **1%** |



# Better Payment Practice Code

NHSE placed a renewed focus on all organisation's performance against the Better Payment Practice Code (BPPC) targets in 2021/22, with scrutiny initially falling on the worst performers. This remains an area of focus into 2023/24. The target for all NHS organisations is to pay 95% of invoices within payment terms.

NHSE require BPPC numbers to be provided in the monthly returns for 2023/24. An extract of MFT's submission for year to date at month 10 is shown below, along with a comparator to the values for the previous month.

| | YTD to 31/12/2023 | | YTD to 31/01/2024 | |
|---|---|---|---|---|
| **Better Payment Practice Code (BPPC)** | **By Number** | **By £'000** | **By Number** | **By £'000** |
| **Non NHS** | | | | |
| Total bills paid in the year | 230,414 | 1,145,810 | 250,746 | 1,261,467 |
| Total bills paid within target | 216,200 | 1,116,279 | 234,400 | 1,228,512 |
| **Percentage of bills paid within target** | **93.8%** | **97.4%** | **93.5%** | **97.4%** |
| **NHS** | | | | |
| Total bills paid in the year | 6,826 | 202,725 | 7,493 | 228,376 |
| Total bills paid within target | 4,957 | 185,034 | 5,375 | 209,239 |
| **Percentage of bills paid within target** | **72.6%** | **91.3%** | **71.7%** | **91.6%** |
| **Total** | | | | |
| Total bills paid in the year | 237,240 | 1,348,535 | 258,239 | 1,489,843 |
| Total bills paid within target | 221,157 | 1,301,313 | 239,775 | 1,437,751 |
| **Percentage of bills paid within target** | **93.2%** | **96.5%** | **92.9%** | **96.5%** |
| Target | 95.0% | 95.0% | 95.0% | 95.0% |
| ***Distance from target*** | ***(1.8%)*** | ***1.5%*** | ***(2.1%)*** | ***1.5%*** |

The Trust has maintained its performance in Month 10 against invoices by value, however the percentage of invoices paid by number has fallen and is the metric that the organisation is under-achieving against consistently.

It should be noted that the stronger focus on cash management has resulted in a reduction in the performance of the BPPC, due to the need to manage creditor payments in line with cash availability.

Performance against payment of the inter-NHS invoices remain the main problem, both by number and by value because of disputed invoices and delays in the approvals processes.

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Chief Nurse |
| **Paper prepared by:** | Kathy Murphy, Director of Nursing & Midwifery Saint Mary's Managed Clinical Service |
| **Date of paper:** | March 2024 |
| **Subject:** | Maternity Services Assurance Report<br>(Reporting on December 2023) |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept ✓<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | Excels in quality, safety, patient experience, research, innovation, and teaching.<br>To improve patient safety, clinical quality, and outcomes.<br>To improve the experience of patients, carers, and their families. |
| **Recommendations:** | The Board of Directors is asked to:<br>• Note the information provided in this report in relation to the work in place to ensure the safety of women and babies in Saint Mary's Managed Clinical Service.<br>• Note progress with the improvement workstreams. |
| **Contact:** | Name: Kathy Murphy, Director of Nursing & Midwifery SM MCS<br>Tel: 0161 276 6623 |

## 1. Executive Summary

1.1. In line with current perinatal reporting framework this paper provides:

- An update on progress following the 2023 Care Quality Commission (CQC) inspection.
- An executive summary of the Maternity and Neonatal Dashboard December 2023, and the shared learning.
- Details of incidents graded as moderate harm or above that occurred in December 2023, and the shared learning.
- Details of cases eligible for referral to the Maternity and Newborn Safety Investigation (MNSI) programme in December 2023, and shared learning.
- Confirmation Perinatal Mortality Review Tool (PMRT) for Quarter 3, 2023/24 will be submitted to Private Board
- Feedback from staff obtained during the monthly Safety Walkarounds.
- The maternity perinatal scorecard.
- Update on the Maternity Incentive Scheme (MIS) Year 5.

1.2. **Progress following the 2023 CQC inspection:** the governance framework implemented following the inspection remains in place with weekly operational monitoring in Saint Mary's Managed Clinical Service (SM MCS) and monthly Executive oversight.

1.3. **Progress against the Three-year Delivery Plan for Maternity and Neonatal Services is** monitored at the quarterly Joint Maternity and Newborn Services Quality and Safety Committee. All actions are in date and the updated action plan will be included in the next assurance report.

1.4. The Division completed the quarterly Local Maternity and Neonatal System (LMNS) submissions confirming full compliance with the **Ockenden assessment.** The Division continues to monitor the **Ockenden Phase 2 Action Plan** and can confirm that there are five outstanding actions which are anticipated to remain open until the end of Quarter 3, 2024**.**

1.5. The **Maternity and Neonatal Dashboard** continues to enable the maternity and neonatal divisional teams across SM MCS to consider any variation in processes or outcomes and provide support and enhanced monitoring where required. On review of the data for December 2023 it was noted that there was an increase in the number of stillbirths (7, excluding those following a termination of pregnancy) from 3 in November 2023 this is within normal variation. All 7 case reviews of care have not identified any avoidable harm. A review of the dashboard indicates no special cause variation in any metric over the last 12 months.

1.6. **In December 2023 there were three incidents reported in the moderate, major, or catastrophic harm category. All cases had a Multidisciplinary Practice Review within 72** hours and have been discussed at SM MCS Incident Panel. The details of these, together with the learning from them, have been presented to the Site and Divisional Quality and Safety Committees. Themes included the importance of effective communication.

1.7. There was one **referral to MNSI** in December 2023 of a baby who required therapeutic cooling. A full multidisciplinary review was completed to identify any immediate learning.

1.8. **The Perinatal Mortality Review Tool** Quarter 3 2023/24 quarterly report has been submitted to the Board of Directors (Private) meeting.

1.9. The admission rate for the number of term babies admitted to the neonatal unit is 4.92% across the MCS which remains less than the national target of 6% set by NHS England. In Quarter 3 2023/24 there were nine **Avoidable Term Admissions to the Neonatal Unit,** a decrease from 19 in the previous quarter. All nine admissions have had a detailed multidisciplinary review and action plans developed and monitored. Due to a change in the reporting timeframes the quarterly report will be included in the report submitted to this committee in April 2024.

1.10. **Safety walk rounds** in line with the National Perinatal Surveillance Model and MIS reporting continue to take place, with the main escalation from staff pertaining to equipment. The actions to resolve these escalations form part of the Phase Two CQC improvement journey.

1.11. All metrics on the **perinatal scorecard** are within expected parameters, with none requiring escalation.

1.12. Maternity specific training compliance has been maintained above 90% for all staff groups.

1.13. SM MCS submitted the Board declaration form for **Maternity Incentive Scheme Year 5** to NHS Resolution on 26th January, ahead of the 1st February 2024 deadline. On 19th February, following triangulation of MBRRACE data, NHS Resolution have provided feedback that Safety Action 1, PMRT, **did not meet the required standard**. A review has been undertaken to identify issues which had been considered non-compliant and evidence is being collated to respond to NHSR

## 2. Care Quality Commission (CQC)

2.1. Immediately following the CQC inspection in March 2023 a separate governance process was established to monitor progress and compliance against the identified actions to address the issues raised on the 29A Warning notice. This governance framework remains in place with weekly operational monitoring in Saint Mary's Managed Clinical Service (SM MCS) and monthly Executive oversight.

**Maternity Triage**:

2.2. The significant improvements as previously reported to the Board of Directors (BoD) throughout 2023, has been sustained against a background of a 32% increase in triage attendances since October 2022.

2.3. Since the introduction of the Triage workstream there has been a sustained reduction across SM MCS in the number of women who take their own discharge from 3.6% (91 women) in February 2023 to 1.7% (61) in January 2024. All 61 women who self-discharged from the Maternity Triage Departments received appropriate advice and/or follow up telephone calls.. SM MCS continue to audit all women who self-discharge and report monthly to the Triage working group. The Triage measures of success continue to be monitored as part of the governance framework and SM MCS will report any significant variation to the BoD during 2024.

2.4. As part of the continued improvement journey and as reported at the February 2024 Maternity Oversight Group (MOG), discussions are in place between the SM MCS and the originators of the BSOTS tool and national team regarding a proposal to modify the Triage Assessment Cards (TACs) with an intention to reduce the number of women categorised as orange and with an aim to safely allocate women to the appropriate clinical pathway. The outcome of the discussions with the BSOTS team and consequent modifications will be reported to the BoD at the May 2024 Board.

### No Delays

2.5. In December 2023 two women waited more than 96 hours to continue their induction of labour process. This occurred as a result of reduced staffing levels throughout the week of the 11th December at Saint Mary's Oxford Road (ORC) which compromised patient flow. Despite actions being taken throughout the week waiting times peaked by the weekend (16th/17th December) . The two women were offered transfer to an alternative site and they both declined this offer. During their delay these women received appropriate care and safety monitoring. The care received for both these women has been reviewed and no harm was caused as a result of the delays. SMMCS acknowledges the poor patient experience of these families.

2.6. During January 2024 there was an improvement for women waiting over 48 hours to continue the induction process from 13.0% waiting in December to 5.8% in January 2024, with none waiting over 96 hours.

2.7. Following increased investment, the additional elective caesarean section list was implemented on 23rd January 2024 to meet the increasing caesarean section rate. To support the ongoing patient experience of this cohort of women, the Enhanced Recovery Bay at SM North Manchester is now fully operational.

2.8. A deep dive into caesarean section rate was provided to MOG in January 2024. The overall caesarean section rate at SM MCS has risen since from 31% in 2019 to 43.8% in 2023 compared to a national rate of 40.0% reported by NHS Digital for November 2023[1]. Whilst noting the positive improvement of the increased caesarean section lists the NHS England Diagnostic Review team also noted the increase in the caesarean section rate. There are currently ongoing discussions with SM MCS regarding the potential for a peer review of the caesarean section rate.

### Safe Staffing

2.9. A safer staffing deep dive was presented by the SM MCS Director of HR for the February 2024 to MOG and this demonstrated the ongoing improvement with recruitment and retention of midwives. There has been stabilisation in midwifery staffing of band 5 and band 6 vacancies since September 2023. 87.95 WTE Band 5 and 6 midwives have joined the service with a further 32.6WTE in the pipeline. In respect of international recruitment SM MCS are pleased to report nine more international midwives have joined the workforce since September 2023 and four will join in February 2024.

2.10. All midwifery turnover has seen a continual reduction from 14.3% in March 2023 to 12.1% in December 2023.

2.11. This will be closely monitored over the coming months to reflect changes in turnover. Factored against current vacancy levels and starters still in the pipeline, it is predicted that at the end of February 2024 there will be a residual 13.35 WTE band 5/6 vacancies. The Division is committed to ensuring that all steps are taken to recruit midwives in a timely and positive way and will maintain a strong focus on retention.

2.12. The Birth Rate plus review and case for investment has resulted in a requirement for an additional 36.41 WTE midwifery and MSW roles. The additional establishment numbers has an impact on the midwifery vacancy gap, and this will be factored into the wider recruitment plan.

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[1] https://digital.nhs.uk/data-and-information/publications/statistical/maternity-services-monthly-statistics/october-2023-experimental-statistics

2.13. There is a continued focus on achieving compliance with Core Mandatory Training Levels 1,2 and 3 and Maternity Specific Skills Training. At the end of December 2023, compliance for Core Level 1 training has been maintained above the 90% target and was 95.35%. Overall compliance for Level 2 & 3 training was 90.94% again, above the 90% target.

**Safety walk rounds**

2.14. In line with the National Perinatal Surveillance Model and MIS reporting continue to take place with the main escalation from staff pertains to equipment. Which is forms part of the Phase Two CQC improvement journey (See Appendix 1).

## 3. NHS England National Maternity Safety Support Team Diagnostic Review

3.1. Following the Maternity services inspection of Saint Mary's Managed Clinical Services (SM MCS) by the Care Quality Commission (CQC) in March 2023 which resulted in a subsequent Section 29A Waring Notice and change to the overall ratings of the service; SM MCS met the national trigger for a Maternity Safety Support Programme Diagnostic Review.

3.2. The review which took place concurrently across the three sites of SM MCS was undertaken between the 22-25th January 2024 with the high-level feedback received verbally on the 5th February 2024.

3.3. This feedback was predominately positive and acknowledged the prompt and appropriate response SM MCS had taken to the immediate CQC concerns. The significant improvements to Triage, and the induction of labour pathway were noted. The review team acknowledged that the investment received by SM MCS has made a difference to the experience of services users who require an elective caesarean pathway and improved patient flow across the service. These changes were described as very visible, appreciated by staff, and becoming embedded.

3.4. Throughout the Diagnostic Review no significant safety issues were escalated.

3.5. Whilst SM MCS await the final report from the MSSP review team, the main areas for focus from this initial feedback and have been integrated these the current workstreams which are in place and the 3-year Delivery plan.

3.6. The specific issues identified within the Diagnostic Review for focus all of which have actions commenced include:

- The experience of student midwives
- The hierarchical response of the medical staff at North Manchester following escalation from the MDT.
- Community Midwifery staffing
- Caesarean Section rate

3.7. The review team will provide SM MCS with a formal written report of the diagnostic review along with an independently completed Maternity Self-Assessment Tool (MSAT) following which the Regional Maternity office will organise a post diagnostic multistakeholder quality review.

## 4. NHS England Three-year Delivery Plan for Maternity and Neonatal Services

4.1. The Three-Year Delivery action plan is monitored at the Joint Maternity and Newborn Services Divisional Quality and Safety Committee, and a progress report is also provided for this Committee for onwards reporting to the Board of Directors as part of the Maternity Assurance update. All actions are in date and the updated action plan (which is reported on quarterly) will be included in the May 2024 report.

4.2. SM MCS reviewed the MSAT in January 2024, prior to the NHS England Diagnostic Review. As reported previously SMMCS remain compliant with 162 out of 168 elements and will continue to monitor compliance as part of the overarching action plan associated with NHS England Three-year Delivery Plan for Maternity and Neonatal Services.

## 5. Patient Safety

5.1. The following section of this report relates to incident management, aligned to the SM MCS Assurance Oversight Framework (AOF), with particular focus on those where it is considered that harm has been caused and includes details relating to maternal deaths and neonatal brain injuries.

5.2. The Maternity Services' governance processes provide assurance in respect of patient safety to this Committee. Maternity Services also report all incidents classified as moderate and above for external scrutiny to the Greater Manchester and East Cheshire Local Maternity System (GMEC LMNS) Patient Safety Special Interest Group.

5.3. There was one temporary service divert instigated for Saint Mary's Oxford Road in December 2023. The divert was commenced due to capacity on both the Delivery Unit and the Maternity triage department which could not be supported by an internal SMMCS deflect. There were 14 women diverted outside the MCS over a period of 31 hours and 35 minutes. Maternity Diverts remain STIeS reportable however SM MCS can confirm there were no patient safety incidents reported related to women diverted from SM Oxford Road Campus.

### Maternity and Neonatal Dashboard

5.4. The Maternity and Neonatal Dashboard is formally reviewed monthly at site Quality and Safety Committee, Divisional Quality and Safety Committee and Divisional Management Board and provides consistent and timely access to maternity and neonatal data across the three sites. This enables maternity and neonatal divisional teams across SM MCS to consider any variation in processes or outcomes and provide support and enhanced monitoring where required.

5.5. The maternity and neonatal dashboard provides the BoD with clinical outcome data related to stillbirths, neonatal deaths, suspected hypoxic ischaemic encephalopathy grade 2 and 3, maternal deaths and admissions to the neonatal unit.

5.6. Appendix 2 illustrates an image of the live maternity and neonatal dashboard executive summary which now includes escalation levels to alert the Maternity Services Division of an increase in perinatal morbidity and mortality. Escalation levels support increased scrutiny at a divisional level to determine if a full review is required.

5.7. There were no areas of escalation with the maternity dashboard for December 2023, with all data within expected parameters.

5.8. In January 2024 SM MCS reported to The Board of Directors inconsistences with the stillbirth data due to a mistake in the coding logic that extracts the data from Hive, as the data extract was duplicating certain stillbirths and needed to be amended.

Following the amendment, the new data extract was cross referenced with the clinical records to provide assurance that the data was accurate. This revised extract resulted in a decrease in the number of stillbirths due to the initial logic counting some stillbirths twice.

5.9. Perinatal data is also submitted monthly to GMEC LMNS and forms part of the GMEC Maternity Dashboard enabling comparison with other maternity providers across GMEC.

5.10. There were seven stillbirths across the MCS in December 2023 compared to four stillbirths in November 2023. (There were also four stillbirths recorded as occurring following a termination of pregnancy). At the point of reporting the maternity dashboard does not indicate any special cause variation within SM MCS.

5.11. The SM MCS stillbirth rate (excluding termination of pregnancy) from 1st January to 31st December 2023 was 4.12/1000 births in comparison to 3.91/1000 births in 2022.

5.12. The stillbirth rate for Saint Mary's ORC (excluding termination of pregnancy) from 1st January to 31st December 2023 was 5.40 per 1000 births in comparison to 4.01/1000 births in 2022.

5.13. The number of Stillbirths is low and have not previously been calculated month on month as statistically significant. The statistical process chart measures demonstrate the rates sit within the confidence levels.

5.14. Both the SM MCS position and each maternity site position has been provided in the Perinatal Scorecard (Appendix 3). There are no additional metrics within the scorecard for escalation to BoD.

Summary of Maternity Incidents (level 3 harm and above) and Maternity and Newborn Safety Investigations (MNSI, formally known as HSIB) in December 2023

5.15. In December 2023, a total of three cases were reported all of which were within the moderate harm category (there were no cases reported in the major, or catastrophic harm category). All cases have received High Impact Learning Assessments (HILA) which have supported initial learning and appropriate response for further review of care in line with Patient Safety Incident Response Framework (PSIRF). All families have received Duty of Candour.

5.16. All three of the cases have been presented at the Site and Divisional Quality and Safety Committee in January 2023 with the respective themes and learning shared with the Committee.

- **Case 1 (2448467)**

  This case related preterm labour of a patient who was not appropriately referred to the Preterm Labour Clinic during the antenatal period and subsequently was not appropriately risk assessed during her triage attendance and discharged home. The following day Patient A was admitted via ambulance in labour and her preterm baby required transfer to a tertiary unit for ongoing care (moderate harm).

  The learning has been shared with the teams to highlight the importance of ensuring review of risk factors to ensure women are on the correct care pathway and to identify women at risk of preterm labour when attending Maternity Triage.

- **Case 2 (2453387)**

  This case related to consent scheduling and listing for tubal ligation at the time of an elective caesarean section.

  The division is reviewing the process to ensure a consistent approach and working with the Hive team to identify BTL cases to provide assurance that the procedures had been completed,

- **Case 3 (2454303)**

  This case, which met the reporting criteria to Maternity and Newborn Safety Investigation programme (MNSI) relates to a woman who required an emergency caesarean section following a fetal bradycardia and subsequently a baby who was born in poor condition and required therapeutic cooling.

  The review team identified:
    - The importance of timely recognition and management of abnormal CTG.
    - The importance of accurate documentation of discussions, including consent.
    - The importance of effective communication during resuscitation and re-assessment.

  There is ongoing education regarding recognition and management of abnormal CTG's, including fetal physiology and case studies. Simulation drills also take place, which use case studies to support further learning in the clinical areas with an exploration of human factors.

5.17. In December 2023 there was one referral to MNSI (Incident number 2454303) for a baby with suspected hypoxic ischaemic encephalopathy who was actively cooled. This was moderate harm as detailed above in case 3.

5.18. All cases have been presented and discussed at the SM MCS Incident Panel with escalation to Group Serious Incident Review and Investigation Panel as required.

5.19. There were no reported maternal deaths in December 2023.

## 6. Perinatal Mortality Review Tool (PMRT)

6.1. PMRT Quarter 3 2023/24 has been completed and the report submitted for the Board of Directors (Private) meeting in March 2024.

## 7. Maternity Incentive Scheme (MIS) Year 5

7.1. SM MCS informed the BoD on 15 January 2024 that they had met all the requirements of the 10 safety actions within Maternity Incentive Scheme (MIS) year 5. Subsequently the completed self-Declaration form was signed and submitted to the Integrated Care Board (ICB) and shared with NHS Resolution.

7.2. On 19th February 2024, NHS Resolution provided feedback that one safety action, Safety Action 1, relating to the timely commencement of PMRT reports had not been met. NHS Resolution (NHSR) triangulated data from the online MBRRACE portal which identified reporting issues with elements B and C of the Safety Action.

7.3. NHSR advised in their letter dated 19th February 2024 that MFT's compliance with Safety Action One (SA1) has now been downgraded to non-compliant which made the MIS Year Five position 9/10.

7.4. The impact of non-compliance would result in SM MCS not recovering the 10% contribution to the CNST Maternity incentive although there would be an opportunity to bid for a small discretionary payment from the scheme to help to make progress against actions we have not achieved. The financial risk to the organisation would be significant at between £2.5m and £4m.In addition the funding for birth rate plus was agreed using the CNST incentive funds circa £1.2m

7.5. SM MCS have subsequently met with NHSR and are compiling evidence to return to NHSR by 28th February 2024 for reconsideration of compliance.

7.6. SMMCS briefed the Executive Director Team Committee of the situation and findings of the immediate investigation along with the identified actions to provide mitigation and prevent reoccurrence on 26th February 2024

In respect of **Safety Action 1, Standard b.**

- *For at least 95% of all the deaths of babies who died in your Trust from 30 May 2023, were parents' perspective of care sought and were they given the opportunity to raise questions?*

7.7. Having reviewed the evidence SM MCS believe compliance with this standard (60 of 61 parents) is 98% which is in line with the required reporting standard.

7.8. Evidence to support this position for submission to NHSR is being compiled.

In respect of **Safety Action 1, Standard c.**

- *For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death.*

7.9. SM MCS have investigated the non-compliance with SA1 and reviewed the individual cases of noncompliance. SM MCS recognise that information that has been shared with the private Board of Directors and externally to the LMNS and ICB has been inaccurate. The incorrect information was shared in good faith, following review and sign off through existing governance processes and the issues have only been discovered since receipt of the letter from NHSR.

7.10. The issues identified are due to human errors in data recording in SM MCS PMRT internal process. These are:

- The administrator uploaded data for standard c when the PMRT review meetings were arranged and confirmed. During this period there were a total of 23 days of industrial action which impacted the senior clinicians from having oversight of the PMRT administration process and resulted in inaccurate recording in the local spreadsheet and subsequent the upload error within the PMRT portal.

- A misconception by a PMRT user at the North Manchester site regarding the upload of information to MBRRACE and a view that this would be automatically transferred to the PMRT portal (also hosted MBRRACE).

- The local process for data uploading to PMRT has remained unchanged throughout MIS Year 3, MIS Year 4, and MIS Year 5. There have been no previous issues identified with the PMRT process either internal processes or by NHSR therefore triangulation between local databases and the PMRT portal was not performed.

7.11. SM MCS are committed to engagement with the PMRT process and can confirm:

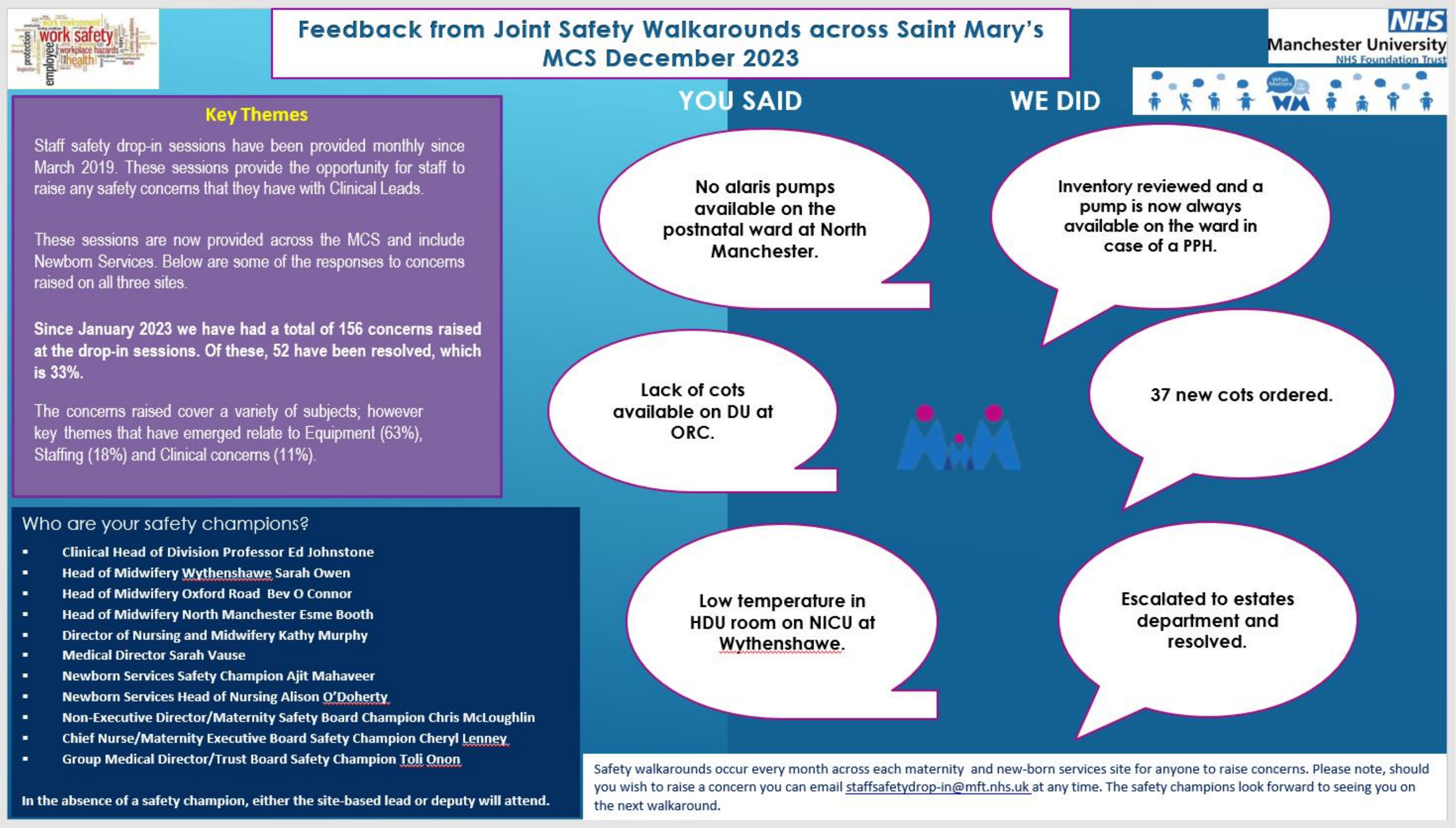
- All the eligible deaths were reported to MBRRACE-UK within 7 working days.
- Where relevant Practice Reviews were completed, immediate safety concerns addressed and learning opportunities identified.
- Parents were engaged in the PMRT process.

## 8. Recommendations

8.1. It is recommended that the Board of Directors :

- Note the information provided in this report in relation to the work in place to ensure the safety of women and babies in Saint Mary’s Managed Clinical Service.
- Note progress with the improvement workstreams.

## Appendix 1: Feedback from staff (December 2023)



### Feedback from Joint Safety Walkarounds across Saint Mary's MCS December 2023

Manchester University
NHS Foundation Trust

**Key Themes**

Staff safety drop-in sessions have been provided monthly since March 2019. These sessions provide the opportunity for staff to raise any safety concerns that they have with Clinical Leads.

These sessions are now provided across the MCS and include Newborn Services. Below are some of the responses to concerns raised on all three sites.

**Since January 2023 we have had a total of 156 concerns raised at the drop-in sessions. Of these, 52 have been resolved, which is 33%.**

The concerns raised cover a variety of subjects; however key themes that have emerged relate to Equipment (63%), Staffing (18%) and Clinical concerns (11%).

| YOU SAID | WE DID |
|---|---|
| No alaris pumps available on the postnatal ward at North Manchester. | Inventory reviewed and a pump is now always available on the ward in case of a PPH. |
| Lack of cots available on DU at ORC. | 37 new cots ordered. |
| Low temperature in HDU room on NICU at Wythenshawe. | Escalated to estates department and resolved. |

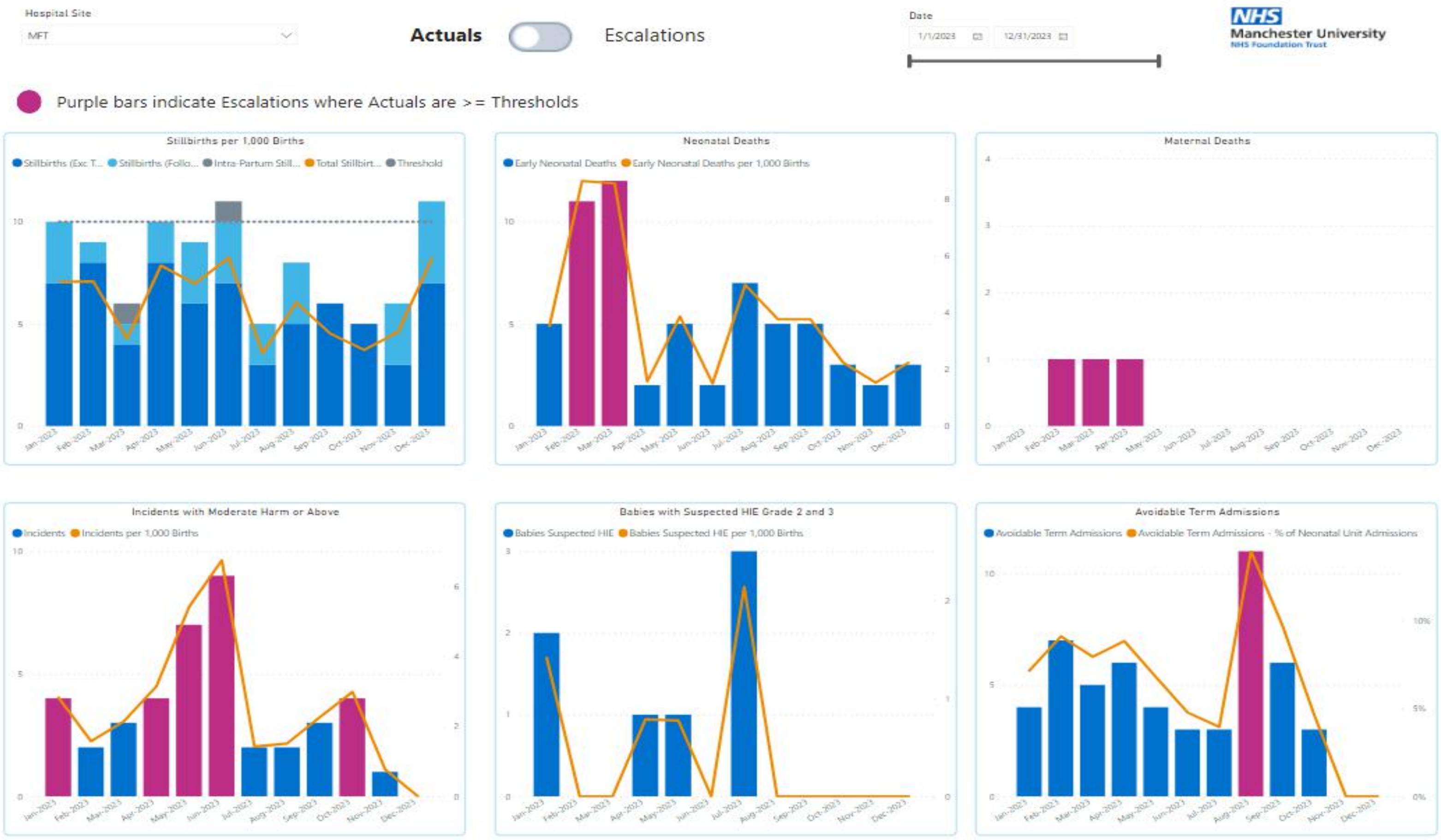
Who are your safety champions?

- **Clinical Head of Division Professor Ed Johnstone**
- **Head of Midwifery Wythenshawe Sarah Owen**
- **Head of Midwifery Oxford Road Bev O Connor**
- **Head of Midwifery North Manchester Esme Booth**
- **Director of Nursing and Midwifery Kathy Murphy**
- **Medical Director Sarah Vause**
- **Newborn Services Safety Champion Ajit Mahaveer**
- **Newborn Services Head of Nursing Alison O'Doherty**
- **Non-Executive Director/Maternity Safety Board Champion Chris McLoughlin**
- **Chief Nurse/Maternity Executive Board Safety Champion Cheryl Lenney**
- **Group Medical Director/Trust Board Safety Champion Toli Onon**

**In the absence of a safety champion, either the site-based lead or deputy will attend.**

Safety walkarounds occur every month across each maternity and new-born services site for anyone to raise concerns. Please note, should you wish to raise a concern you can email staffsafetydrop-in@mft.nhs.uk at any time. The safety champions look forward to seeing you on the next walkaround.

## Appendix 2: Maternity Dashboard (31st December 2023)



Hospital Site

MFT

**Actuals** ○ Escalations

Date

1/1/2023 12/31/2023

● Purple bars indicate Escalations where Actuals are >= Thresholds

NHS
Manchester University
NHS Foundation Trust
Stillbirths per 1,000 Births
● Stillbirths (Exc T...
● Stillbirths (Follo...
● Intra-Partum Still...
● Total Stillbirt...
● Threshold
10
5
0
Neonatal Deaths
● Early Neonatal Deaths
● Early Neonatal Deaths per 1,000 Births
10
5
0
8
6
4
2
0
Maternal Deaths
4
3
2
1
0
Incidents with Moderate Harm or Above
● Incidents
● Incidents per 1,000 Births
10
5
0
6
4
2
0
Babies with Suspected HIE Grade 2 and 3
● Babies Suspected HIE
● Babies Suspected HIE per 1,000 Births
3
2
1
0
2
1
0
Avoidable Term Admissions
● Avoidable Term Admissions
● Avoidable Term Admissions - % of Neonatal Unit Admissions
10
5
0
10%
5%
0%
Jan-2023
Feb-2023
Mar-2023
Apr-2023
May-2023
Jun-2023
Jul-2023
Aug-2023
Sep-2023
Oct-2023
Nov-2023
Dec-2023

# Appendix 3: Maternity Perinatal Scorecard

| CQC Maternity Ratings March 2023 | Overall | Safe | Effective | Caring | Responsive | Well Led |
|---|---|---|---|---|---|---|
| | Requires Improvement | Inadequate | | | | Requires Improvement |

## Staff survey

| | |
|---|---|
| Proportion of midwives responding with ‘Agree’ or ‘Strongly Agree’ on whether they would recommend their Trust as a place to work or receive treatment (reported annually) | 79.1 |
| Proportion of specialty trainees in O&G with ‘excellent’ or ‘good’ on how they would rate the quality of clinical supervision out of hours (reported annually) | 83.7 |

## Summary

- The data is validated each month and shared via the Q&SC process; this report contains the data to September 2023
- Maternity incidents are reported separately via the governance reports presented at Q&SC
- All HSIB referrals are reviewed by MDT to identify lessons learnt and mitigate any risks

| Major PPH > 2.5litres | Term admissions to NNU | Stillbirths |
|---|---|---|
| • Incidents monitored monthly<br>• Major PPH quality improvement work undertaken<br>• Lessons learnt shared across the MCS<br>• Detailed review of PPH Saint Marys’ Wythenshawe in progress. | • All term admissions reviewed to identify if the admission was avoidable and identify lessons learnt. Themes identified and shared via divisional meetings.<br>• MatNeoSip quality improvement programme in progress to reduce term admissions | • Perinatal Mortality Review Tool used to complete MDT review for all stillbirths<br>• All stillbirths are incident reported and reviewed by the MDT to identify lessons learnt.<br>• Overview presented via the divisional QSC meetings.<br>• Detailed review of stillbirths from January to August 2023 completed and shared. |

| | | | GMEC monthly average (Nov 23) | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sept-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Perinatal | 1:1 care in labour | Percent | 88.89 | 99.29 | 99.00 | 99.9 | 99.8 | 99.8 | 98.9 | 89.9 | 90.53 | 90.96 | 90.85 | 89.3 | ** |
| | 3rd/4th degree tears | Percent | 2.70 | 2.00 | 1.63 | 2.57 | 1.58 | 2.03 | 3.1 | 2.58 | 2.17 | 6.18 | 1.13 | 2.79 | 2.75 |
| | Obstetric haemorrhage > 2.5L | Rate per 1000 | 3.25 | 0.56 | 0.79 | 0.29 | 0.55 | 0.77 | 2.45 | 8.08 | 5.41 | 3.63 | 4.86 | 0.33 | 0.32 |
| | Term admissions to NNU | Rate per 1000 | 68.97 | 68.92 | 66.88 | 52.82 | 62.84 | 59.52 | 62.7 | 59.48 | 61.21 | 49.91 | 50.55 | 58.38 | 49.83 |
| | Apgar score<7 at 5 minutes (term babies) | Rate per 1000 | 14.65 | 9.85 | 11.01 | 9.28 | 15.71 | 11.60 | 11.55 | 11.89 | 14.06 | 9.98 | 9.74 | 10.01 | 11.63 |
| | Stillbirth number | Rate per 1000 | 4.52 | 7.03 | 7.08 | 4.28 | 7.86 | 6.96 | 6.95 | 3.56 | 6.03 | 4.52 | 3.73 | 4.6 | 8.19 |
| | Neonatal Deaths | Rate per 1000 | 0.00 | 2.11 | 6.29 | 6.42 | 1.57 | 2.32 | 1.5 | 4.99 | 3.77 | 3.77 | 2.24 | 1.53 | 2.23 |
| Patient Experience | Number of formal compliments | Number | | 6 | 6 | ** | ** | ** | ** | ** | ** | ** | ** | 0 | 0 |
| | Number of formal complaints | Number | | 12 | 10 | 13 | 11 | 9 | 8 | 9 | 23 | 9 | 7 | 9 | 8 |
| | Complaint response on time | Percent | | - | - | - | - | - | - | - | - | - | - | - | |
| | Maternity Unit diverts | Number | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 |
| Training | Emergency skills and drills | Percent of staff trained | | 89.76 | 84.53 | 81.05 | 63.58 | 78.96 | 80.5 | 84.9 | 89.34 | 94.43 | 94.2 | 97.3 | 97.3 |
| | CTG training | Percent of staff trained | | 87.77 | 85.39 | 85.02 | 82.33 | 84.21 | 87.7 | 88.7 | 90.55 | 94.59 | 95 | 96.3 | 96.3 |
| | CTG competency assessment | Percent of staff assessed | | 79.80 | 77.40 | 79.39 | 79.39 | 67.80 | 88.1 | 73.3 | 86.60 | 95.50 | 95 | 94.7 | 94.7 |
| Coroner Reg 28 made directly to the Trust | | | | No | No | No | No | No | No | No | No | No | No | No | No |
| HSIB/ CQC concern or request for action | | | | No | No | No | Yes | No | No | No | No | No | No | No | No |
| StEIS reported incidents | | | | 2 | 2 | 2 | 4 | 3 | 1 | 2 | 0 | 3 | 3 | 1 | 2 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incidents with moderate harm or above | 3 | 2 | 2 | 4 | 6 | 8 | 2 | 2 | 4 | 4 | 3 | 3 |
| HSIB /MNSI referrals | 0 | 1 | 1 | 1 | 3 | 0 | 3 | 0 | 2 | 2 | 0 | 1 |

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Darren Banks, Group Chief Strategy Officer |
| **Paper prepared by:** | Caroline Davidson, Director of Strategy |
| **Date of paper:** | 21 February 2023 |
| **Subject:** | Strategic Development Update |
| **Purpose of Report:** | Indicate which by ✓ **(tick as applicable-please do not remove text)**<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes. |
| **Recommendations:** | The Board of Directors is asked to note the updates in relation to strategic developments nationally, regionally and within MFT. |
| **Contact:** | Name: Caroline Davidson, Director of Strategy<br>Tel: 0161 276 8976 |

## 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. NHS England Board Appointments*

Four new non-executive appointments have been made to the Board of NHS England. They are:

- Mark Bailie, who has been CEO of price comparison website Compare the Market since 2020, following a career in banking and financial services. He was also drafted in during the pandemic to help set up "test and trace".
- Jane Ellison, who was a minister for public health from 2013-2016 and worked as a director of the World Health Organisation until 2022.
- Dame Helen Stokes-Lampard, a GP in the West Midlands, and former chair of the Academy of Medical Royal Colleges and Royal College of GPs; and
- Sir Robert Lechler, an academic immunologist, emeritus professor at King's College London, former dean of King's Medical School, former director of King's Health Partners, and a former president of the Academy of Medical Science.

NHS E is also going to announce two new associate non-executive directors who have expertise in workforce and large systems technology to help oversee the responsibilities it took on following the merger with Health Education England and NHS Digital.

## 3. Regional and Local Developments

### *3.1 GM Operational Planning Update*

In October last year NHS GM committed to significant changes in its approach to system planning. NHS GM characterises the challenge as one of an interconnected triple deficit:

- An underlying financial deficit.
- A performance and quality deficit.
- A growing population health deficit.

Whilst GM plans to address these deficits significantly in 2024/25, they recognise that this cannot be achieved entirely in one year. MFT and other providers will be responsible for delivering core standards and planning for activity, workforce, and finance to improve productivity.

NHS GM is aiming to bring the 2024/25 plans, including the budget for the year, to the GM Integrated Care Board on 20 March for review and sign off, ahead of the NHS indicative deadline of 21 March.

## *4. MFT Developments*

- ***Community Diagnostic Centres (CDC)***

The CDC Programme is preparing to enter its final year of funding in 2024/25. The key target within the final year of the Programme will be to deliver an ambitious activity plan of c. 150k tests. We will also be progressing the development of the North Manchester CDC Spoke in Harpurhey and the permanent solution for the Withington CDC Hub.

Work is underway to use the CDCs to deliver sustainable pathway improvement. The focus is on areas where performance against key constitutional standards remains challenged, and on addressing health inequalities.

As this is the final year of national programme funding, work will be undertaken throughout 2024/25 to ensure that the new activity is sustainable beyond the life of the Programme.

- **Cardiac rehab psychosocial support**

Working in partnership with Greater Manchester Mental Health FT, we recently bid and received GM funding for a pilot for psychology support into cardiac rehab pathways. Psychologists will be based in the cardiac rehab service at Wythenshawe to provide enhanced psychosocial support to increase patient engagement and adherence to rehabilitation programmes, preventing further ill health and supporting people to live well.

- **Sickle Cell Hyperacute Unit Pilot**

The nationally funded pilot sickle cell unit (formerly hyperacute unit) was fully implemented in the week of 22 January with ED bypass and 7-day specialist consultant cover. This is the first of the current three national pilots to open.

- **Connect NW Neonatal Transport Service New Base**

The Connect NW Neonatal Transport Service moved into its new purpose-built base located in Warrington. The new facility has allowed the service to consolidate staff and equipment previously operating from separate bases at Saint Mary's Hospital and Liverpool Women's, to a single location positioned centrally within the region with good links to the major road networks.

The new base coupled with the recently commissioned dedicated fleet of purpose-built ambulances will help to improve service response times for time critical transfers, ensuring newborn babies get access to the level of care they need in a timely manner in line with service specification standards.

- **Targeted Lung Health Checks**

Following the successful expansion of the screening programme into Wigan in November 2023, the roll-out across Wythenshawe commenced in January 2024. So far this year the screening programme has picked up 128 cancers, of which 105 were at stage 1, meaning they were amenable to treatment. This is in line with one of the key aims of the programme which was to pick up cancers at an earlier stage.

- **North Manchester General Hospital (NMGH) Redevelopment**

We have received confirmation of the supporting programme fees for the outline business case refresh for the redevelopment of NMGH. Work has commenced on the programme plan to deliver this and governance has been re-established. The current focus is on developing a 'consensus option' with partners and the New Hospitals Programme. Key pieces of work are now in train to prepare for the outline business case (OBC) refresh including updating the demand and capacity modelling and the next phase of Target Operating Model development.

NMGH hosted a visit from Professor Chris Whitty, England's Chief Medical Officer in February where we, with our partners, described our plans for the redevelopment of the NMGH site and the wider regeneration for the area. Professor Whitty was very complimentary about the scale of ambition in the plans and the level of partnership working in place to deliver them.

- **Disaggregation of activity from Northern Care Alliance (NCA)**

Disaggregation of Ear Nose and Throat (ENT) and Urology services (the transfer of activity from NCA to MFT or vice versa) takes place on 8th April 2024. This impacts on NMGH, Manchester Royal Infirmary (MRI), Royal Mancgester Children's Hospital (RMCH) and Wythenshawe, Trafford, Withington and Altrincham (WTWA).

For ENT a new all-age service is being established to be managed by MRI for adults and RMCH for children. Progress has been made in the last two months in addressing some of the key delivery challenges such as appointing staff and equipment provision, and work continues to work through the remaining issues.

Urology will transfer into the existing urology single service managed by WTWA. A number of task & finish groups have been established to oversee the changes required. We have made progress on recruitment to key posts and the focus now is on finalising the pathways and the space required across all sites. We continue to work with the NCA on planning a phased approach to the transfer.

Go live readiness sessions are planned for w/c 4 March to identify and mitigate any residual risks.

- **Gender Identity Development Service**

RMCH is working in partnership with Alder Hey Children's Hospital to form a 'north hub' of a new national Gender Identity Development Service for Children and Young People.

Recruitment is ongoing and the service is on track for go live in April with the service leadership team and operational site in place at Mandarin Court in Warrington. The hub will focus initially on the safe transfer of children and young people currently under the care of the current provider whose service is being decommissioned.

- **Cardiac services**

Good progress has been made to ensure robust plans are in place to implement the transfer of Cardiac Surgery from MRI to Wythenshawe on the 8th of April 2024. The process is being managed through the Cardiac Managed Single Service Board. Risks are being managed through the usual MFT risk management processes including the Quality and Performance Scrutiny Committee and the local and Group Management Committees as required.

The staff consultation has now completed, and plans are being finalised for workforce and recruitment, financial assessment of the changes, beds and theatre provisions and the development of Enhanced Recovery After Surgery (ERAS), which is an expedited pathway for Cardiac Surgery patients.

## *4* Recommendations

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

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Chief Strategy Officer |
| **Paper prepared by:** | Caroline Davidson, Director of Strategy |
| **Date of paper:** | March 2024 |
| **Subject:** | Annual Planning Process 2024/25 |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes. |
| **Recommendations:** | The Board of Directors is asked to:<br>– Note alignment of MFT, NHS E and GM ICB priorities<br>– Note progress to date |
| **Contact:** | Name: Darren Banks, Group Chief Strategy Officer<br>Tel: 0161 276 5676 |

## 1. Introduction

The annual planning process is the means by which we develop:

- Hospital/ Managed Clinical Service (MCS) / Local Care Organisation (LCO) and corporate team Annual Plans
- The overarching MFT Annual Plan, and
- Our contribution to the Greater Manchester Integrated Care System Operational Plan (which is subsequently submitted to NHS England).

It involves agreeing our priorities for the coming year and developing plans to take them forward, as well as the more technical tasks of financial, activity and workforce planning as shown below. Our priorities are shown at attachment A and includes for example improving the quality of our services, progressing capital developments like Project Red and understanding and addressing health inequalities.

Priorities – agreeing and planning to achieve our priorities for 24/25

Activity – calculating the level of activity required to achieve 2024/25 targets and planning how it is delivered

Financial planning – planning how we resource delivery of our priorities and the required level of activity

Workforce planning – planning the workforce to deliver our priorities and the required level of activity

The purpose of this paper is to describe the national and Greater Manchester ICB position on planning for 2024/25 (as far as we know it) and to outline progress in our internal planning process to date and the next steps.

## 2. National Position

Annual Planning guidance has not yet been issued by NHS England. We have however received a joint letter from the NHS E Chief Executive, Chief Financial Officer and Chief Operating Officer which sets out the high-level priorities for 2024/25 as:

- Maintaining the increase in core Urgent & Emergency Care capacity established in 2023/24
- Completing the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients
- System plans to achieve and prioritise financial balance
- Maximising the gain from the investment in primary care in improving access for patients
- Continuing to focus on recovering core service delivery and productivity
- Continuing to target a reduction in the cost of temporary staffing.

We have not yet received the final NHS performance targets to be achieved in 2024/25 or confirmation of our financial allocations.

## 3. GM ICB Position

GM ICB has described an interconnected triple deficit:

- ‘Financial deficit’
- ‘Performance deficit’
- ‘Population health deficit’

They have set out their expectations for each part of the system:

- Localities to address the population health deficit through driving population health improvement and prevention at scale
- Providers to address the performance and financial deficit by delivering core standards and improving productivity
- NHS GM to commission services in a way that drives the changes needed

A longer term three year sustainability plan is being developed to address all three ‘deficits’. The 2024/25 Annual Plan is year 1 of this plan.

## 4. MFT Planning Process and Progress to Date

The MFT Annual Planning Oversight Group (APOG) was established in August 2023. It meets every 2 weeks and brings together all of our planning activities and ensures that planning is coordinated across Hospitals, MCSs, LCOs and corporate teams.

A planning process with defined deadlines was agreed through APOG that was based on producing 3 iterations (called cuts) of the plan over the November to January period with a final version in March. Cuts 3 and 4 were planned to align with the draft and final submissions to Greater Manchester ICB.

The starting point for the plans are our priorities for 2024/25. These were agreed in September as part of the development of our longer term MFT Organisational Strategy. Through this process we identified 8 key themes (set out below) and a small number of priorities under each. They are set out in attachment A with a graphic showing how they align to those of NHS England and GM ICB.

We have this year undertaken a bottom-up capacity planning exercise at Hospital/MCS/LCO level. This has given us a better insight into what we can achieve in terms of performance targets for 2024/25 and where we have make productivity and efficiency gains.

The final plan will be based on a combination of top-down and bottom-up planning.

A series of triangulation checks have been developed and are being applied to the Hospital / MCS / LCO plans and to the over-arching MFT plan to ensure that finance, activity and workforce is aligned.

The Forward Planning workshop was held with the Council of Governors on 6 February 2024 where Governors had the opportunity to comment and provide feedback on plans for incorporation in future cuts.

Regular updates have been shared with the Finance and Digital, Workforce and Quality and Performance Scrutiny Committees. An exceptional meeting of the Chairs of the Scrutiny Committees is planned to review the overall plan and provide assurance on the triangulation of the workforce, finance and activity plans and any impact on quality.

Priorities and assumptions have been shared with localities through the existing governance arrangements (Manchester and Trafford Provider Collaboratives, Trafford Health & Social Care Board, Manchester Strategy and Planning Board, Manchester and Trafford Locality Boards) as well as bespoke meetings as and when required.

## 5. Next Steps

The timeline is set out below. There have been some changes to the external deadlines and as a result we have altered our internal timeline. The key change has been to push back our cut 4 submission to 25 March.

| Step | Deadline |
|---|---|
| Complete cut 4 (activity and performance only) | 4 March |
| Submit plan to GM ICB (based on top-down plan) | 15 March |
| BoD update | 18 March |
| Complete cut 4 plan (activity, finance and workforce) | 25 March |
| Exceptional meeting of Scrutiny Committee Chairs | w/c 1 April |
| Circulate draft Annual Plan to CoG for comment | w/c 1 April |
| Submit plan to GM ICB | 26 April |
| GM submission of plans to NHS E | 2 May |
| Presentation of MFT Annual Plan to GMB* | 13 May |
| BoD approval of final MFT Annual Plan* | 27 May** |

*this is the MFT Annual Plan, not the templates submitted to GM ICB/NHS E.

**in line with previous years the MFT Annual Plan is not signed off by the Board until May because the meeting in April is a seminar which is not minuted.

***It is important to note that the timeline is still subject to change as we have not yet received the NHS E planning guidance or final financial allocations and do not yet have confirmation of the deadlines for submissions to GM ICB and NHS E.***

## 6. Actions /Recommendations

The Board is asked to:

- Note alignment of MFT, NHS E and GM ICB priorities
- Note progress to date

## Attachment A
## MFT Priorities 2024/25

| Key theme | | Priority |
|---|---|---|
| **Strategy** | Progress the strategic development of our services developing centres of excellence and integrated local services | Develop centres of excellence |
| | | Deliver outstanding integrated services, including the creation of Single Services |
| | | Develop strategies and strategic plans for the organisation |
| **Quality and Safety** | Reduce waiting times and delays for patients and delivering a programme of work to improve the safety of our services | Deliver NHS performance targets |
| | | Deliver a programme of work that improves the safety of our services |
| | | Deliver the Trust’s clinical effectiveness plan |
| | | Deliver the Patient Experience agenda through improvement approaches grounded in the ‘What Matters to Me’ framework |
| **Workforce** | Improve the staff experience though implementing our People Plan and improve training and development opportunities | Improve the experience for staff by getting the basics right though delivery of the MFT People Plan |
| | | Improve training and development and MFT career opportunities through delivery of NHS long term workforce plan in particular maximising the use of apprenticeship funding |
| **Finance** | Identify areas of financial opportunity to address and improve productivity | Identify areas of financial opportunity and deliver plans to address them |
| | | Improve productivity and return on investments |
| **Addressing inequalities** | Develop data to better understand health inequalities, undertake programmes at work targeted at | Develop data to better understand health inequalities |
| | | Address the wider determinants of health |
| | | Build awareness and understanding of health inequalities across the organization |

| | | |
|---|---|---|
| | marginalised groups and expand our work as an Anchor institution | |
| **R&I** | Ensure the capacity and processes are in place to increase R&I activity in all areas of the Trust building a culture where R&I is core business for MFT and our patients | Support our hosted R&I infrastructure and explore opportunities to further expand |
| | | Ensure the capacity and processes are in place to increase research activity and improve delivery |
| | | Develop existing industry partnerships and establish new ones |
| | | Continue to develop our partnerships with higher education institutes |
| **Digital** | Deliver the benefits of our Electronic Patient Record and using improved data to better inform decisions | Deliver the benefits of HIVE |
| | | Use improved data to better inform decision-making |
| | | Expand on the use of digital technology for clinical trial delivery |
| **Estates & Facilities** | Maximise the value of our estate and progress priority developments | Develop and deliver a Group-wide Facilities Management Strategy |
| | | Maximise the value that our estate offers in terms of finance and use of resource |
| | | Progress priority estates developments |
| | | Deliver our response to the climate emergency |

## Alignment of MFT priorities with NHS England and Greater Manchester ICB

| NHS E | MFT | GM ICB |
|---|---|---|
| Maintain the increase in core ***Urgent & Emergency Care capacity*** established in 2023/24 | Strategy - Progress the strategic development of our services developing centres of excellence and integrated local services | |
| Complete the agreed investment plans to ***increase diagnostic and elective activity*** and ***reduce waiting times for patients*** | Quality & Safety - Reduce waiting times and delays for patients and delivering a programme of work to improve the safety of our services | Recovering core NHS and care services |
| | Digital - Deliver the benefits of our Electronic Patient Record and using improved data to better inform decisions | |
| Continue to target a ***reduction in the cost of temporary staffing*** | Workforce - Improve the staff experience though implementing our People Plan and improve training and development opportunities | Supporting our workforce and carers |
| | | |
| System plans will need to ***achieve and prioritise financial balance*** | Finance - Identify areas of financial opportunity to address and improve productivity | Achieving financial sustainability |
| Continue to focus on recovering core service delivery and ***productivity*** | Estates & facilities - Maximise the value of our estate and progress priority developments | |
| | Health Inequalities - Develop data to better understand health inequalities, undertake programmes at work targeted at marginalised groups and expand our work as an Anchor institution | Helping people stay well and detecting illness earlier |

| | | |
|---|---|---|
| | Research & Innovation - Ensure the capacity and processes are in place to increase R&I activity in all areas of the Trust building a culture where R&I is core business for MFT and our patients | |

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Chief Strategy Officer |
| **Paper prepared by:** | Tom Rafferty, Director of Strategy |
| **Date of paper:** | March 2023 |
| **Subject:** | MFT Organisational Strategy |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | The proposed organisational strategy includes a revised vision, values and strategic aims for the organisation. |
| **Recommendations:** | The Board of Directors is asked to:<br>- Approve the appended 5-year organisational strategy for MFT.<br>- Note the plans for a formal launch of the strategy and supporting communications activities in early April.<br>- Note the development of plans around strategy deployment and the successful delivery of the strategy. |
| **Contact:** | Name: Darren Banks, Group Chief Strategy Officer<br>Tel: 0161 276 5676 |

## 1. Introduction

Around the time that MFT was established in 2017, significant work was done – including engagement with staff and stakeholders – to develop a vision and values for the new organisation as well as a number of strategies and plans.

Over 6 years on from the establishment of MFT, and with the amount change that has happened in that period, now is a good time to review the strategies and plans that we have in place and refresh them.

Work began in the second half of 2023 to develop a single organisational strategy for the to describe our aims and priorities and align the organisation behind their delivery. The plan is to present a final version of the strategy to the Board of Directors in March for approval.

The strategy has been developed through:

- A number of all-staff surveys to get views on our overall aims and the key challenges and opportunities that we face.
- Development sessions with the Board of Directors, Group Management Board and at the MFT Leadership Summit, as well as discussions through the Executive Director Team.
- The establishment of 4 reference groups involving MFT colleagues and external partners.
- A number of sessions with external speakers covering subjects such as health inequalities, national policy, primary care and technological developments.

At the same time as developing our strategy we have also engaged with people from across our organisation to refresh our MFT values. Through this process, there was good support for the current values but wanted to make them more meaningful, both in how we describe them and how we all demonstrate them in our actions.

A draft of the strategy – which includes the refreshed values – is appended to this cover note for approval by the Board of Directors. It includes:

- Background to the organisation and an overview of the strategic context
- The rationale for developing the strategy and an overview of the process that we have followed
- A refreshed mission for the organisation
- Refreshed organisational values
- Strategic aims and objectives as they currently stand

A plain text version of the document will also be available on the MFT website to support accessibility.

## 2. Development Process

The strategy has been developed through Group Management Board, the Executive Director Team and the Board of Directors, and with engagement from colleagues, external partners and patient representatives. A small working group, led by the Group Chief Executive and

Chief Strategy Officer, has met since the start of the process, including the clinical sponsor for the strategy and with input from the nominated non-executive director.

As described briefly in the strategy document, 4 reference groups were established to test and develop emerging thinking on the aims and objectives, as well as the key challenges and opportunities to which the strategy must respond. There reference groups are:

- A **Patient Representatives Reference Group** with members from local patient groups.
- A **Staff Reference Group** with members from across our organisation, including our Staff Governors.
- A **Clinical and Academic Reference Group** with clinicians and academics from within MFT and also partner organisations such as universities and Health Innovation Manchester.
- Our **External Partners Reference Group** was made up of colleagues from other health and care organisations, including GM Integrated Care Board, Manchester and Trafford Local Authorities and NHS England.

There have also been 2 all-staff surveys carried out to ensure wider input to the process, asking for views on what we should be aiming to achieve as an organisation, and the biggest challenges/opportunities facing MFT.

Development sessions have been held with both the Group Management Board and the Board of Directors, with regular discussion at Executive Director Team meetings. Dedicated action planning groups were established, comprising mainly Group Management Board members, to develop the actions under each objective.

## 3. Communications and Launch Plan

A communications and launch plan has been developed so that, once the strategy has been approved by the Board, the strategy can be formally shared with staff and stakeholders. The plan includes:

- A dedicated space for the strategy on the MFT website and intranet where the document, supporting media (e.g. videos) and progress reports will be published.
- Communications from the Group Chief Executive to staff and external stakeholders sharing the final strategy.
- Displays promoting the strategy across MFT sites.
- Social media and MFTV content to promote the strategy
- Material that teams across the organisation can use to support conversations about the strategy.
- Ongoing internal communications activities over the coming months to raised awareness of the strategy and its key messages.

## 4. Strategy Deployment – Delivering the Strategy

Finalising the strategy is just the start of the process. It will only help us to make a difference to people’s lives if it is successfully implemented. Work has been started to consider ways in which we will need to work differently so that we can deliver the outcomes and actions described in the document. This work continues through engagement with leadership teams and includes consideration of:

- Creating a shared purpose as an organisation, ensuring that our strategy informs the plans of every team and the objectives of individuals across MFT.
- Continuing the engagement that we have started in developing our strategy and refreshing our values so that we are all supported to play our part in delivering them.
- Measuring delivery in a way that is aligned with business-as-usual performance reporting and is visible across the organisation, supporting continuous improvement.
- Implementing oversight arrangements for the delivery of the strategy across the organisation.
- Reporting our progress publicly, to our Governors and our Board of Directors on a regular basis.
- Translating the strategy into a portfolio of work with the right support structures in place to support delivery.

## 5. Actions/recommendations

The Board of Directors is asked to:

- Approve the appended 5-year organisational strategy for MFT.
- Note the plans for a formal launch of the strategy and supporting communications activities in early April.
- Note the development of plans around strategy deployment and the successful delivery of the strategy.

NHS
Manchester University
NHS Foundation Trust

# Manchester University NHS Foundation Trust *Strategy 2024-29*

## Where Excellence Meets Compassion

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# Foreword

## Working together to improve the health and quality of life of our diverse communities.

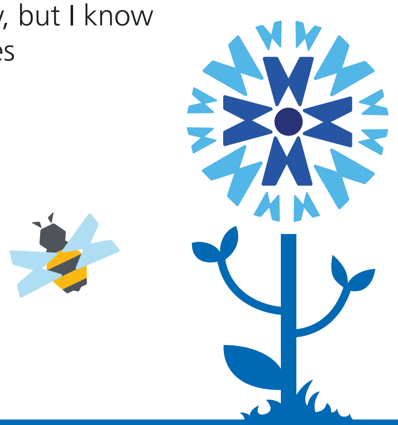
Manchester University NHS Foundation Trust was created in October 2017 with a mission to improve the health and quality of life of the communities we serve. Whilst our mission is still the same, a lot has changed in the last 6 years. Now is therefore the right time for us to consider what we need to do, now and in the future, to deliver it.

I am pleased to introduce our strategy for the next 5 years. This will be the first time that MFT has a single strategy that covers everything that we do as an organisation. We have developed it with support from our staff, patient and community groups and our partners in the health and care system. We believe that having one strategy for the whole of MFT will help us to be clear about what we want to achieve as an organisation, and the things that we will focus on to deliver this.

We have called our strategy *Where Excellence Meets Compassion* because it describes in a few words what we aim to be as an organisation. We aim for excellence in everything that we do, from the care our teams provide in people's own homes and in our hospitals, the education and training we provide, through to the research and innovation work we do to help shape the healthcare of tomorrow. And we are a caring organisation – we care for people from before they are born to the end of their life.

We have already achieved a lot as an organisation, and we have grown as we have welcomed North Manchester General Hospital and our Local Care Organisations to the MFT family. Our teams have done some remarkable work in the last few years, and in the most difficult circumstances possible through the Covid pandemic. It will not always be easy, but I know that we will all work together to deliver this strategy for all of our communities and patients in the coming years.

**Kathy Cowell OBE DL, Chairman**



# Foreword

As I look back on my first year as Group Chief Executive of MFT, I am proud of our achievements and have a great deal of optimism for the future.

MFT's distinction lies not merely in our size but in the passion and dedication of our staff, the strength of our partnerships across health and social care, and the diverse range of services we uniquely provide.

Our strategy has been developed through extensive collaboration and is a testament to our collective vision to improve the health and quality of life for the people of Greater Manchester and beyond over the next five years. The connection between the communities we serve, the diversity of our staff, and the distinct identities of our hospitals and Local Care Organisations, has been a recurring theme during the many conversations we have had over recent months. This strength of alignment presents the perfect opportunity to make our shared vision a reality.

This is, without doubt, a challenging time for the NHS as it responds to some of the most significant issues it has faced since its inception at Trafford General Hospital over 75 years ago. I strongly believe the strengths and capabilities we have developed over the years make MFT one of the best-placed organisations to respond to these challenges and deliver the scale of improvement we can and want to make for our patients and communities.

Our strategic aims are rightly ambitious, but they also reflect the reality of the issues our teams experience and our patients face today. I am delighted with the breadth of perspectives that have helped us to shape our future direction and together we have the opportunity to make a significant difference to people's lives:

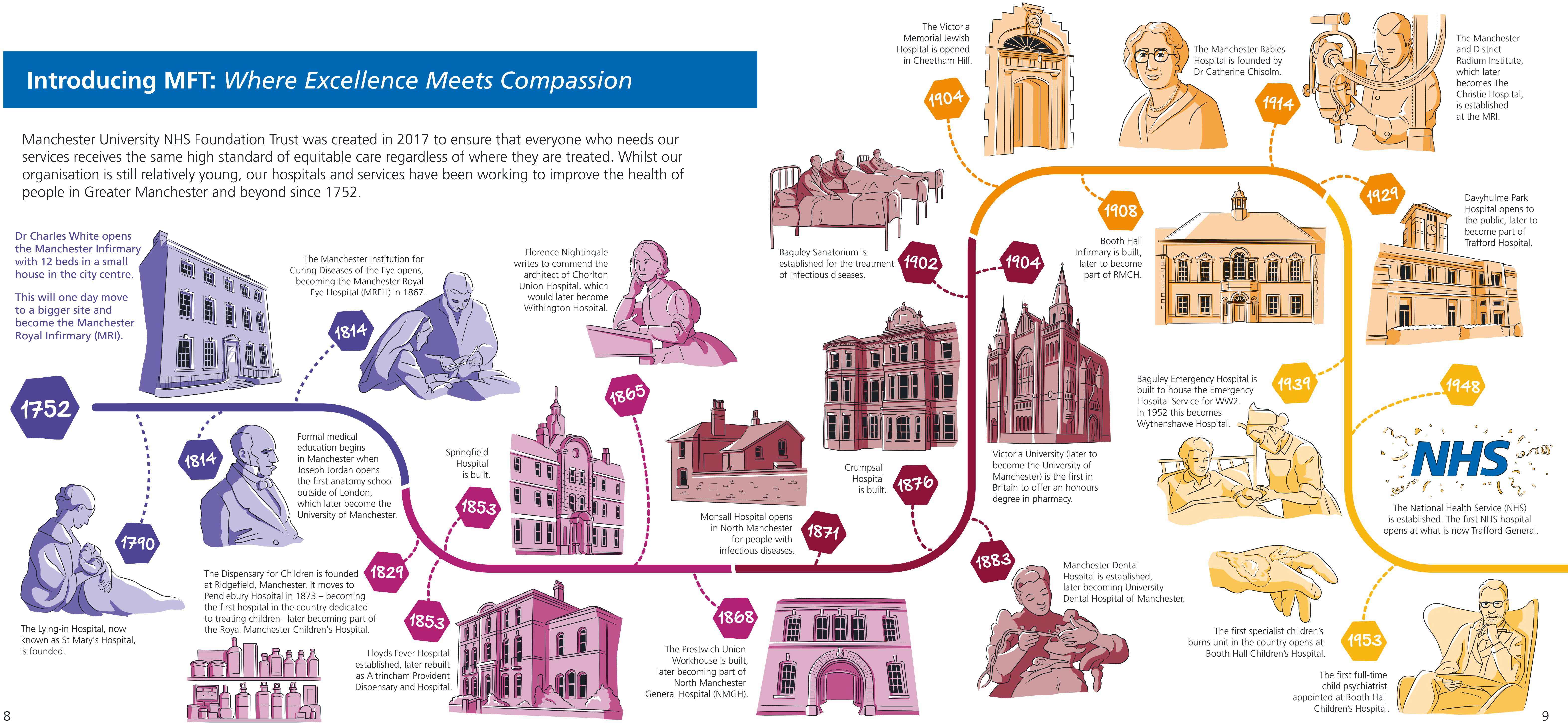
- to help people to live well;
- to provide high quality, integrated care;
- to be a place that people enjoy working and building their career;
- to deliver greater value for our patients and communities; and
- to lead world-class research and innovation.

I am confident that we can deliver the scale of ambition set out in our strategy and I look forward to working with you as we implement *Where Excellence Meets Compassion* over the years to come.

**Mark Cubbon, Group Chief Executive**

# Introducing MFT: *Where Excellence Meets Compassion*

Manchester University NHS Foundation Trust was created in 2017 to ensure that everyone who needs our services receives the same high standard of equitable care regardless of where they are treated. Whilst our organisation is still relatively young, our hospitals and services have been working to improve the health of people in Greater Manchester and beyond since 1752.



**1752**

Dr Charles White opens the Manchester Infirmary with 12 beds in a small house in the city centre.

This will one day move to a bigger site and become the Manchester Royal Infirmary (MRI).

**1790**

The Lying-in Hospital, now known as St Mary's Hospital, is founded.

**1814**

The Manchester Institution for Curing Diseases of the Eye opens, becoming the Manchester Royal Eye Hospital (MREH) in 1867.

**1814**

Formal medical education begins in Manchester when Joseph Jordan opens the first anatomy school outside of London, which later become the University of Manchester.

**1829**

The Dispensary for Children is founded at Ridgefield, Manchester. It moves to Pendlebury Hospital in 1873 – becoming the first hospital in the country dedicated to treating children –later becoming part of the Royal Manchester Children's Hospital.

**1853**

Springfield Hospital is built.

**1853**

Lloyds Fever Hospital established, later rebuilt as Altrincham Provident Dispensary and Hospital.

**1865**

Florence Nightingale writes to commend the architect of Chorlton Union Hospital, which would later become Withington Hospital.

**1868**

The Prestwich Union Workhouse is built, later becoming part of North Manchester General Hospital (NMGH).

**1871**

Monsall Hospital opens in North Manchester for people with infectious diseases.

**1876**

Crumpsall Hospital is built.

**1883**

Manchester Dental Hospital is established, later becoming University Dental Hospital of Manchester.

**1902**

Baguley Sanatorium is established for the treatment of infectious diseases.

**1904**

Victoria University (later to become the University of Manchester) is the first in Britain to offer an honours degree in pharmacy.

**1904**

The Victoria Memorial Jewish Hospital is opened in Cheetham Hill.

**1908**

Booth Hall Infirmary is built, later to become part of RMCH.

The Manchester Babies Hospital is founded by Dr Catherine Chisolm.

**1914**

The Manchester and District Radium Institute, which later becomes The Christie Hospital, is established at the MRI.

**1929**

Davyhulme Park Hospital opens to the public, later to become part of Trafford Hospital.

**1939**

Baguley Emergency Hospital is built to house the Emergency Hospital Service for WW2. In 1952 this becomes Wythenshawe Hospital.

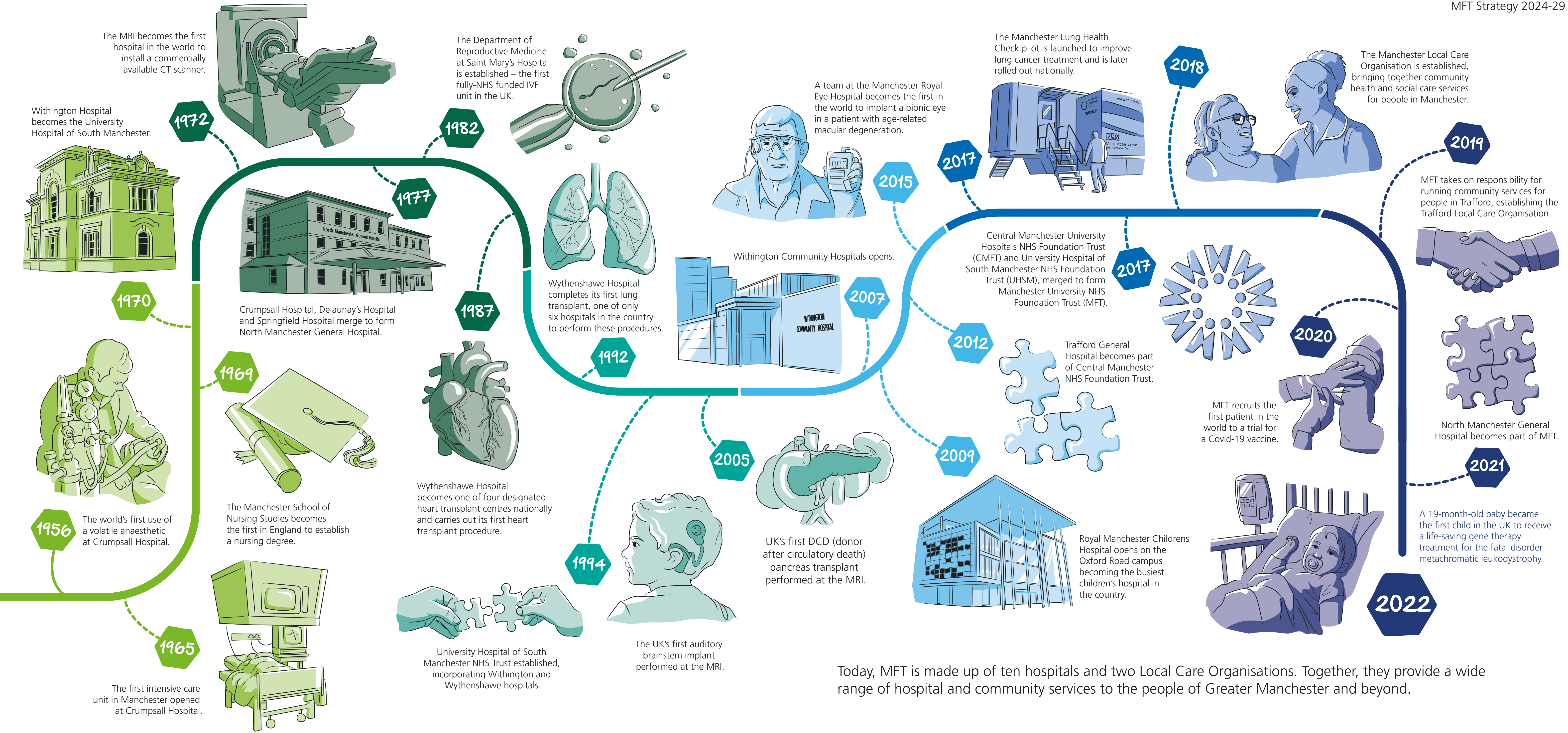
**1948**

The National Health Service (NHS) is established. The first NHS hospital opens at what is now Trafford General.

The first specialist children's burns unit in the country opens at Booth Hall Children's Hospital.

**1953**

The first full-time child psychiatrist appointed at Booth Hall Children's Hospital.



**1956** The world's first use of a volatile anaesthetic at Crumpsall Hospital.

**1965** The first intensive care unit in Manchester opened at Crumpsall Hospital.

**1969** The Manchester School of Nursing Studies becomes the first in England to establish a nursing degree.

**1970** Withington Hospital becomes the University Hospital of South Manchester.

**1972** The MRI becomes the first hospital in the world to install a commercially available CT scanner.

**1977** Crumpsall Hospital, Delaunay's Hospital and Springfield Hospital merge to form North Manchester General Hospital.

**1982** The Department of Reproductive Medicine at Saint Mary's Hospital is established – the first fully-NHS funded IVF unit in the UK.

**1987** Wythenshawe Hospital becomes one of four designated heart transplant centres nationally and carries out its first heart transplant procedure.

**1992** Wythenshawe Hospital completes its first lung transplant, one of only six hospitals in the country to perform these procedures.

**1994** University Hospital of South Manchester NHS Trust established, incorporating Withington and Wythenshawe hospitals.

The UK's first auditory brainstem implant performed at the MRI.

**2005** UK's first DCD (donor after circulatory death) pancreas transplant performed at the MRI.

**2007** Withington Community Hospitals opens.

**2009** Royal Manchester Childrens Hospital opens on the Oxford Road campus becoming the busiest children's hospital in the country.

**2012** Trafford General Hospital becomes part of Central Manchester NHS Foundation Trust.

**2015** A team at the Manchester Royal Eye Hospital becomes the first in the world to implant a bionic eye in a patient with age-related macular degeneration.

**2017** The Manchester Lung Health Check pilot is launched to improve lung cancer treatment and is later rolled out nationally.

**2017** Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), merged to form Manchester University NHS Foundation Trust (MFT).

**2018** The Manchester Local Care Organisation is established, bringing together community health and social care services for people in Manchester.

**2019** MFT takes on responsibility for running community services for people in Trafford, establishing the Trafford Local Care Organisation.

**2020** MFT recruits the first patient in the world to a trial for a Covid-19 vaccine.

**2021** North Manchester General Hospital becomes part of MFT.

**2022** A 19-month-old baby became the first child in the UK to receive a life-saving gene therapy treatment for the fatal disorder metachromatic leukodystrophy.

North Manchester General Hospital
WITHINGTON COMMUNITY HOSPITAL
NHS
Manchester University NHS Foundation Trust
ENTRANCE
www.mft.nhs

Today, MFT is made up of ten hospitals and two Local Care Organisations. Together, they provide a wide range of hospital and community services to the people of Greater Manchester and beyond.

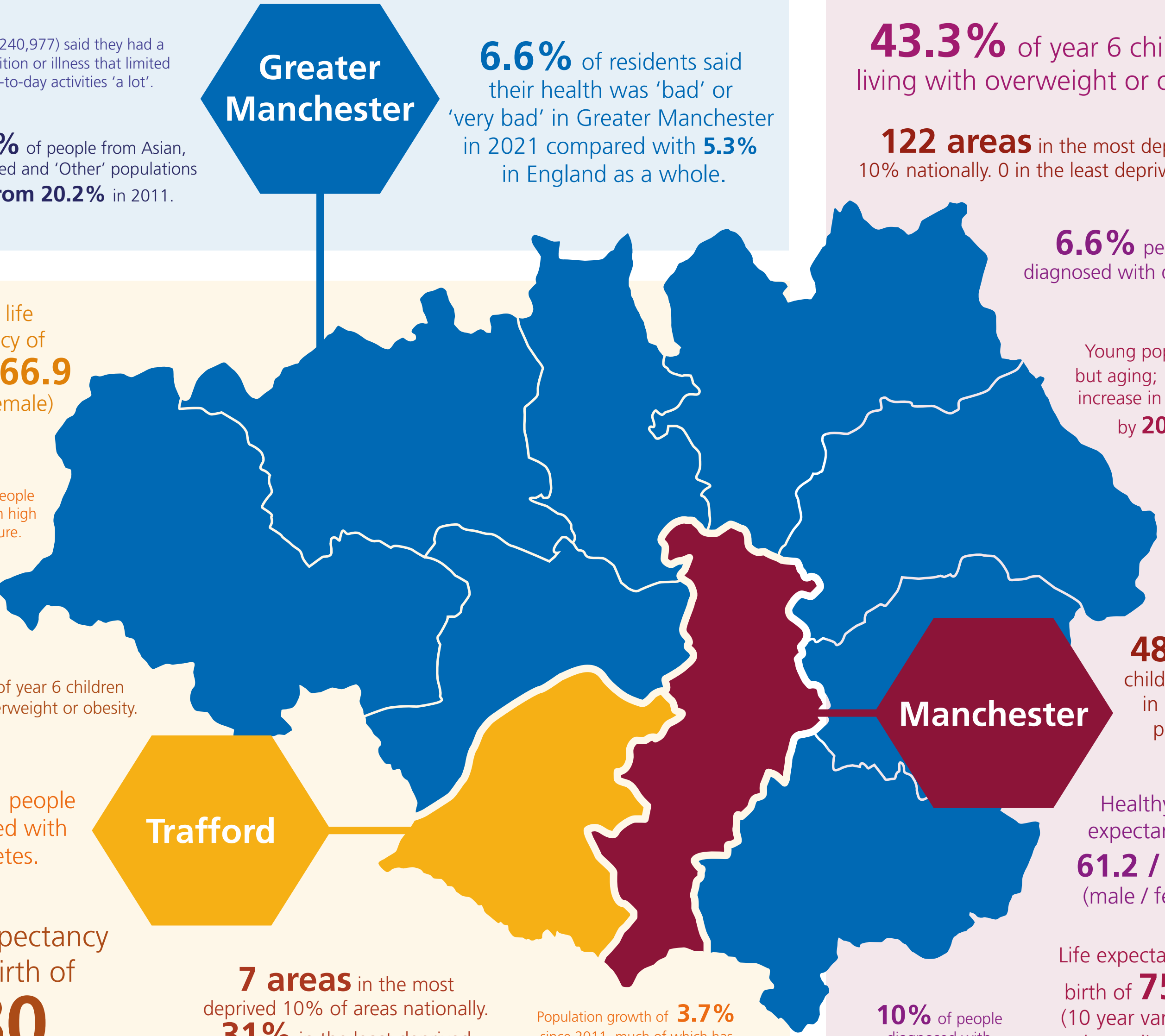
**19 out of every 100** working age non-students were economically inactive.

GM has the **fastest growing** population of any city region in England (36.3% growth from 1991 to 2021)

**9.3%** (240,977) said they had a health condition or illness that limited their day-to-day activities 'a lot'.

**28.7%** of people from Asian, Black, Mixed and 'Other' populations **up from 20.2%** in 2011.

**6.6%** of residents said their health was 'bad' or 'very bad' in Greater Manchester in 2021 compared with **5.3%** in England as a whole.



Healthy life expectancy of **66.3 / 66.9** (male / female)

**1.4%** of people diagnosed with high blood pressure.

**32.5%** of year 6 children living with overweight or obesity.

**6.7%** people diagnosed with diabetes.

Life expectancy at birth of **80** (10 year variation depending on where you live)

**7 areas** in the most deprived 10% of areas nationally. **31%** in the least deprived.

Population growth of **3.7%** since 2011, much of which has been in older age groups.

Most **affluent** borough in GM, but this average masks some areas of very low income.

Most residents are **white (77.8%)**, down from 85.5% in 2021.

Population growth of **13%** since the 2011 census.

**615k** people expected to live in Manchester by **2043**.

**43.3%** of year 6 children living with overweight or obesity.

**122 areas** in the most deprived 10% nationally. 0 in the least deprived 10%.

**6.6%** people diagnosed with diabetes.

Young population but aging; **>50%** increase in over 65s by **2043**.

**48,555** children living in relative poverty.

Healthy life expectancy of **61.2 / 59.7** (male / female)

Life expectancy at birth of **75.6** (10 year variation depending on where you live).

**10%** of people diagnosed with high blood pressure.

**51%** of residents are from Black, Asian or other ethnic minorities.

## Our Communities

Whilst we provide services to people from all over England, the majority of people using our services come from Greater Manchester, particularly Manchester and Trafford. Greater Manchester is a vibrant and diverse place. Over the years it has led the world in social, cultural, technological and industrial revolutions. Today, it has a thriving local economy and has been one of the country's fastest growing city regions in recent years. But it is also a place of significant inequality, with some of the most deprived areas in the country and health outcomes that are worse than the England average. Our strategy will build on the strengths of our city region and will need to address some of the challenges that it faces.

- Manchester is the most deprived borough in Greater Manchester whereas Trafford is the most affluent. Manchester has some of the poorest health outcomes in the country. In Manchester, Trafford and the surrounding areas there are significant inequalities in wealth and health outcomes.
- The number of people living in Greater Manchester is growing. Significant growth is expected, particularly in the City of Manchester.
- The population is getting older. Whilst the proportion of people aged 65 and over is expected to grow everywhere in the coming decades, the birth rate in Manchester is also rising, signalling an increase in the number of children and young people in the coming years.
- Greater Manchester is becoming more diverse, with people from a wide range of identities and backgrounds making it their home. Almost 200 languages are spoken by Greater Manchester residents.
- In Manchester and the surrounding areas, people die younger and spend more of their lives in poor-health than in the rest of the country. In both Manchester and Trafford life expectancy and healthy life expectancy are significantly lower for the most deprived people than they are for the least deprived.
- Some health conditions are more common, particularly in Manchester, than in other parts of the country. Adults in Manchester are more likely to have conditions such as heart and lung disease, cancer, diabetes, and musculoskeletal (e.g. back and joint pain). Children in Manchester are more likely to be living with overweight or obesity, have asthma, diabetes and dental decay than young people elsewhere in England.

# The Services We Provide

## Our teams provide a full range of community and hospital services to the people of Greater Manchester and beyond:

- We provide integrated community care to people in Manchester, Trafford through our Local Care Organisations and Integrated Neighbourhood Teams.
- We provide local hospital services to almost 1 million people, including accident and emergency, diagnostic tests, outpatient appointments and day case surgery.
- We are the biggest provider of specialised services in England – which includes major surgery and highly specialised medicine. People come from across the United Kingdom to receive care at our hospitals.
- Our teams support people with both their physical and mental health, including mental health services for children and young people.

We provide care for people before they are born right through to the end of their lives.

MFT has a strong reputation as a leading trust for research in the North West of England, recruiting more people to research studies than any other provider in the region, with the second highest number of participants recruited nationally. This allows us to give the people who access our services and our communities access to the very latest treatments and innovations.

**Manchester Local Care Organisation**

**Trafford Local Care Organisation**

**Local Care Organisation**

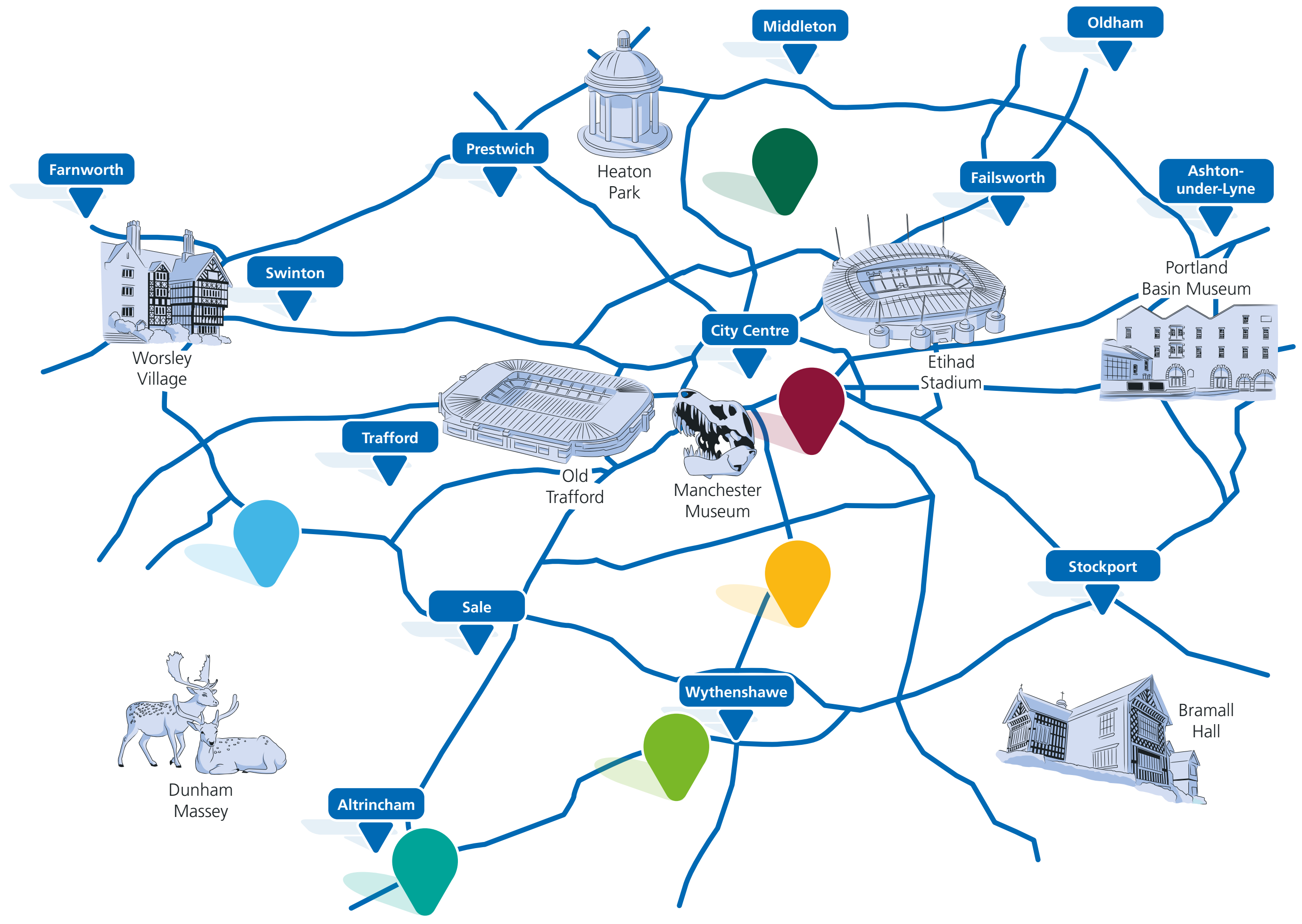
A wide range of NHS community healthcare services are provided by Manchester Local Care Organisation and Trafford Local Care Organisation. Together, they ensure that you receive healthcare which is local, coordinated and meets your needs.

**Clinical & Scientific Services**

Clinical & Scientific Services provide a broad range of services across all MFT sites, as well as in the local community.

**Oxford Road Site**

Manchester Royal Infirmary
Manchester Royal Eye Hospital
Saint Mary's Hospital
Royal Manchester Children's Hospital
University Dental Hospital Manchester


Middleton
Oldham
Heaton Park
Prestwich
Farnworth
Failsworth
Ashton-under-Lyne
Portland Basin Museum
Worsley Village
Swinton
City Centre
Etihad Stadium
Trafford
Old Trafford
Manchester Museum
Stockport
Sale
Wythenshawe
Bramall Hall
Dunham Massey
Altrincham

**North Manchester General Hospital**

**Trafford General Hospital**

**Altrincham Hospital**

**Wythenshawe Hospital**

**Withington Community Hospital**

# Our People and Partners

## As a provider of health and care services it is our people – our staff – who make MFT the organisation that it is.

As one of the largest acute trusts in the UK we are a big team with over 28,000 staff including more than:

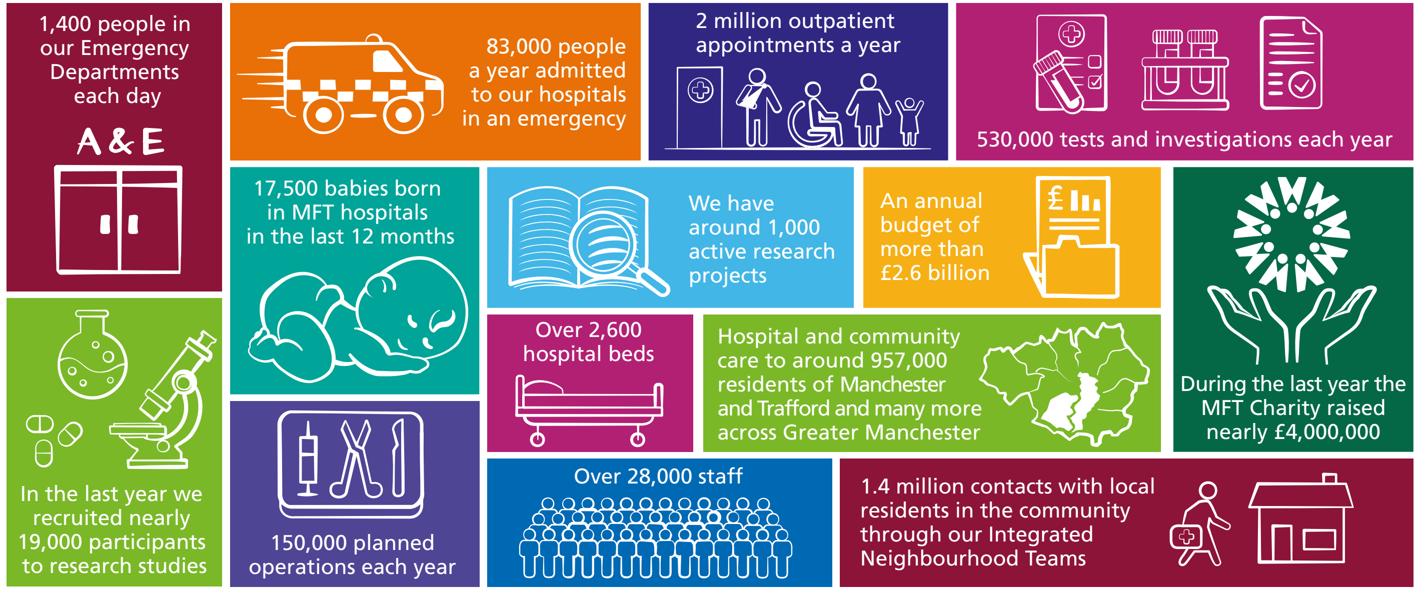
- 9,500 nurses and midwives
- 6,000 admin and clerical staff
- 2,600 medical and dental staff
- 2,000 allied health professionals (such as physiotherapists)
- 1,000 healthcare scientists

There are also 8,000 people who either work or train at MFT but are employed by other organisations, including healthcare professionals who are with us as part of their education and training. This includes:

- 1,900 catering, portering, security, domestic and other staff
- 6,400 student nurses, midwifes and allied health professionals
- 800 medical students
- 1,200 doctors in training

Whilst we are a big team here at MFT, we cannot do what we do without working closely with other organisations. These partnerships are key and involve collaboration with colleagues from across primary care (for example, GPs), other hospitals, and Local Authorities, as well as from the voluntary, charitable, and social enterprises sector, through the Greater Manchester Integrated Care Partnership.

- Manchester and Trafford Local Care Organisations work alongside Local Authority colleagues to provide NHS and adult social care to local people. Through our Neighbourhood Teams and Hospital at Home services, we collaborate with primary care networks to establish more streamlined services and outcomes for patients.
- We work closely with local NHS and voluntary, community and social enterprise (VCSE) colleagues as part of locality boards in Manchester and Trafford, as well as with other Greater Manchester localities.
- We are part of the Greater Manchester Trust Provider Collaborative which brings together NHS providers from across the city-region.
- We have strong relationships with our university partners, working together on research and education.
- Our size, scale and expertise allow us to proudly host organisations such as:
  - > Health Innovation Manchester, with which we work closely on research an innovation
  - > Various National Institute for Health Research (NIHR) programmes including The Manchester NIHR Biomedical Research Centre, The Manchester NIHR Clinical Research Facility, the NIHR HealthTech Research Centre and NIHR North West Regional Research Delivery Network
  - > The North West Genomic Laboratory Hub and Genomic Medicine Service Alliance.
- We work with a range of strategic partners on research, innovation and local development, for example through our CityLabs developments.



1,400 people in our Emergency Departments each day

83,000 people a year admitted to our hospitals in an emergency

2 million outpatient appointments a year

530,000 tests and investigations each year

17,500 babies born in MFT hospitals in the last 12 months

We have around 1,000 active research projects

An annual budget of more than £2.6 billion

During the last year the MFT Charity raised nearly £4,000,000

Over 2,600 hospital beds

Hospital and community care to around 957,000 residents of Manchester and Trafford and many more across Greater Manchester

In the last year we recruited nearly 19,000 participants to research studies

150,000 planned operations each year

Over 28,000 staff

1.4 million contacts with local residents in the community through our Integrated Neighbourhood Teams

## With our strong community connections; wide range of services; and fantastic staff and partners, MFT is uniquely placed to provide equitable high quality care, offer rewarding careers and training opportunities, and deliver world-class research and innovation.

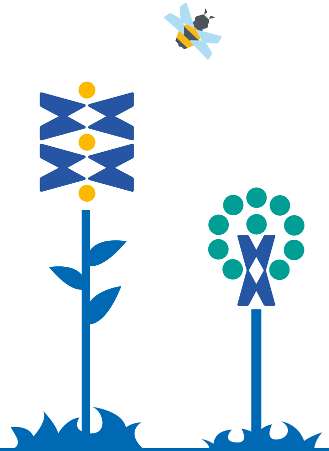
# Why Have We Developed This Strategy?

A lot has changed since MFT was formed back in 2017: the Covid pandemic, changes to the way the NHS is organised and the addition of both North Manchester General Hospital and the Trafford LCO to the MFT family.

The effects of the pandemic in particular mean that the NHS is now arguably in a more difficult position than at any time before. But whilst the challenge has grown since 2017, so have the opportunities. All of this means that we are going to have to work differently as an organisation to deliver for our patients, our communities and our people. We talk more about some of these specific challenges and opportunities later in this document.

Now is therefore the right time for us to consider what we need to do in the coming years to deliver our mission: to work together to improve the health and quality of life of our diverse communities.

We believe that having a single strategy for our organisation will help to provide the clarity we need for ourselves, our communities and our partners about what we are trying to achieve and where we will focus our efforts over the next five years.



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Manchester University
NHS Foundation Trust

## How Have We Developed Our Strategy?

Over the past six months, we have developed our strategy through conversations with our staff, governors, members, partners and patient groups. Through the process we have asked three key questions:

1. What are we trying to achieve as an organisation – what are our aims?
2. What are the key challenges and opportunities that might help or stop us from achieving these aims?
3. How should we respond to these challenges and opportunities – what action should we take?

We established 4 reference groups that met several times during the process and brought different points of view to the work:

### Patient Representatives Reference Group

Our Patient Representatives Reference Group brought together representatives of different groups and communities from across our population. The group emphasised the importance of the local services that we provide, the need for people to be able to trust us as an organisation, the accessibility and equity of our services.

### Staff Reference Group

Our Staff Reference Group brought together colleagues from across our organisation, including our staff governors and staff side representatives. It emphasised the need for our strategy to be simple and meaningful, to make clear that colleagues are valued and supported, and that we live by our MFT values.

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nchester University Hospitals NHS Foundation
inic
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ndocrinology
Zone

# How Have We Developed Our Strategy?

## Clinical and Academic Reference Group

Our Clinical and Academic Reference Group was made up of clinicians and academics from within MFT and also partner organisations such as universities and Health Innovation Manchester. The group emphasised the ambition and confidence that we should show in our strategy. It stressed that being ‘world-class’ can apply to the delivery of local services as well as our specialised services. Emphasising our role in education and training in our strategy was another key message, as was the connection that service users and colleagues have with our individual hospitals.

## External Partners Reference Group

Our External Partners Reference Group was made up of colleagues from other health and care organisations, including GM Integrated Care Board, Manchester and Trafford Local Authorities and NHS England. It emphasised the important role that MFT can play in preventing ill health and that we can use our influence to benefit the whole health and care system locally.

We invited a number of leading experts from outside our organisation to talk to us about topics such as health inequalities, national policy, primary care and digital technology, which helped to inform and challenge our thinking.

We also surveyed our colleagues and members at key points in the process to get their views on what our aims should be as well as the key challenges and opportunities facing MFT. Our leadership teams and our team of change agents also supported a range of additional local conversations to help reach as many people as possible.

All of these discussions and the feedback we have received have helped us to form our strategy.

# Challenges and Opportunities

As we developed our strategy we identified the challenges and opportunities to which we will need to respond if we are going to be successful. Doing this gave us some key areas to focus on as we considered our objectives and actions.

## Challenges

- Demand for our services is high and is expected to keep rising. If we cannot keep up with the rising demand, it is likely to affect the quality of care that we provide, the satisfaction of our staff, our finances and our research and innovation work. Reasons for the high demand include:
  - > The overall health of people in Greater Manchester is worse than it is in other parts of the country
  - > The gap between people with the best health and those with the worst is also wider than other parts of England and has worsened in recent years. The Covid pandemic exposed and added to inequalities in health and wider society
  - > People are expected to live longer, with more time spent in poor health and with more than one illness, increasing the demand for our services
  - > The number of people living in Greater Manchester is expected to rise significantly in the next decade. Wider public services, such as General Practice (GPs) and social care, are also under pressure
  - > We had to pause a lot of our services during the pandemic so we could treat people with Covid. Despite a lot of hard work over the last few years, we still have more people on our waiting lists and longer waiting times than we would want
  - > Wider public services such as social care are experiencing increasing demand and funding pressures. This is forecast to continue in the coming years.
- It has been a difficult few years for our staff with the Covid-19 pandemic and the massive efforts that have been made to recover our services since. Whilst a lot has been done to improve the support we give to staff, this has affected people’s health and wellbeing.
- There is a limited number of healthcare professionals and, whilst we have been successful in attracting people to work at MFT, there is a global shortage in some key areas such as nursing. Sickness rates at MFT are higher than we would want – in part reflecting the health of our local communities – as are our turnover rates.

## Challenges and Opportunities

- Whilst we have people from all backgrounds and identities working at MFT, the diversity of our workforce still does not match the diversity of our communities. We know, for example, that people from ethnic minority backgrounds and those with disabilities have poorer experiences at work and are under-represented at senior levels.
- Public finances are under pressure. Our funding has grown more slowly than our costs. We expect this pressure to continue in the coming years, as well as the difficulties we experience in accessing capital funding (which is used to pay for building work and equipment, for example). All of this means that our financial position is now the most challenging it has been for years.

### Opportunities

- Advances in science and technology (such as digital technology, artificial intelligence and genomic medicine) offer ways to make services more personalised, and to improve outcomes, patient experience and our value for money.
- We have a new Electronic Patient Record (EPR) which is transforming how we deliver our services and gives us the opportunity to become a truly information-driven organisation.
- An increased focus on supporting healthy living and preventing illness can help to improve people's lives and reduce demand on healthcare services.
- There is an opportunity to further integrate care. Integrated Care Systems have been introduced across the NHS which are supporting closer working with primary care (e.g. GPs), city councils and the voluntary sector.
- There is an increased focus an energy around tackling inequalities that exist for our patients and in our communities.
- Proposed changes in the NHS Long-Term Workforce Plan offer opportunities to increase the number and skills of NHS workers, and to introduce innovative new roles. Creating a more diverse workforce at all levels can help to improve outcomes for people using our services.

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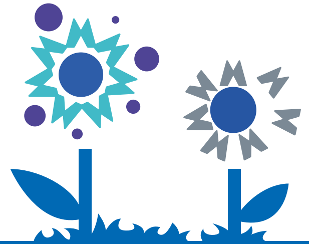
NHS Foundation Trust

## Challenges and Opportunities

- We can be more productive, getting better value for our patients and communities by working differently.
- Involving people, from all backgrounds, in their care and how we deliver our services can make them more equitable, effective and personalised.
- The size of MFT and range of services that we deliver gives us opportunities to improve outcomes, address inequalities, reduce variation, increase value for money, and make our services more seamless. It also means we can influence plans at a national and regional level for the benefit of our communities.
- We have welcomed colleagues at North Manchester General Hospital to MFT – and have plans to build a new hospital there – giving us more opportunities to improve lives in our local communities through new jobs, housing and high-quality services.
- As well as our Manchester Local Care Organisation (LCO), we have established the Trafford LCO, giving us the opportunity to support people to live well in Trafford, and to better co-ordinate care when it is needed.
- Our strength in research and innovation can help us to improve our services, improve health outcomes, address inequalities and attract staff.
- Our role as a large employer and training organisation, as well as the money we spend each year, gives us the opportunity to contribute to local health and wellbeing by providing high quality local jobs; supporting local economic development; and contributing to a greener, more environmentally-friendly future.



## What Does Our Strategy Say?

Our strategy confirms our mission to work together to improve the health and quality of life of our diverse communities.

It sets out:

- Five **strategic aims** and the difference that we will make in delivering them.
- 11 **objectives** that describe the things that we will do in the coming years to deliver our aims.
- Specific **actions** under each objective that we will prioritise as we deliver our strategy.

Our aims, objectives and action will shape the work that we do over the next five years as an organisation, both as teams and as individuals. The appendix on page 64 explains in more detail how we will make sure that everyone feels part of delivering our strategy together and understands their role.

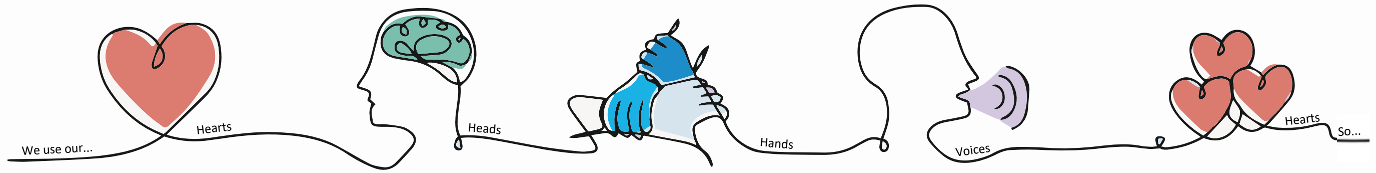
A summary of our strategy and our values can be found on page 34-35.

# Refreshing Our Values

At the same time as developing our strategy we have refreshed our MFT values – the principles that guide the way we work each day. Given the scale of the challenge – and of our ambition – it is important that we create the right conditions for our staff to do what we ask of them. Refreshing our values is just one part of an important piece of work we are doing to change and improve the culture of our organisation.

Our organisational values were originally developed as part of MFT's creation back in 2017, with input from our staff and local people. We have recently engaged further with people from across our organisation to refresh these values so that they reflect the things that are important to us today. People told us that they believe in the values that we have but wanted to make them more meaningful, both in how we describe them and how we all demonstrate them in our actions.

Set out below are the refreshed values that we have developed through this engagement:



We are **compassionate**

We are **curious**

We are **collaborative**

We are **open and honest**

We are **inclusive**

A fifth value – we are curious – has been added. It reflects how we are always searching for ways to learn and improve, as well as the work we do on research, innovation, education and training.

We have used these values to inform the aims, objectives and values that make up our strategy.

# OUR MISSION Working together to improve the health and quality of life of our diverse communities

# OUR VALUES

Our mision is underpinned by our five core values.

- **We Are Compassionate**
- **We Are Curious**
- **We Are Collaborative**
- **We Are Open & Honest**
- **We Are Inclusive**

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

**More people being supported to live healthy lives in the community with fewer people needing to use healthcare services in an unplanned way.**

We will 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.

We will 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

**More people recommending MFT as a place to be treated.**

We will provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.

We will strengthen our specialised services and support the adoption of genomics and precision medicine.

We will 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 career

**More people recommending MFT as a place to work.**

We will 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.

We will 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

**Make the biggest possible difference with the resources we have by delivering our financial plans.**

We will achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.

We will deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships.

## Deliver world-class research & innovation that improves people's lives

**More people participating in and benefitting from world-class research and innovation.**

We will strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part.

We will apply research and innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide.

# Our Aims

Through engagement with our members, governors and staff, we have developed five strategic aims for our organisation. They describe the outcomes that we want to achieve for our communities, patients and the people we work with over the next five years.

For each aim, we have described what they will mean for you – as someone who uses our services, or as a member of staff – and for us as an organisation.

We have also identified the difference we want to make in delivering our aims. This will help us to measure how successful we have been in putting our plans into action. Where possible, we will also measure how well we are delivering our aims in an equitable way for all people, whatever their background or identity. For example, we will look at the experience of people from ethnic minorities, with disabilities and with other identities or backgrounds through our staff surveys.

Our aims are ambitious. They describe the improvements we want to make over the next five years. Some of these will take more time to deliver than others, and progress might not always be straightforward, but we are committed to working together to improve the services that we offer.

## 1

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

### What this means for you:

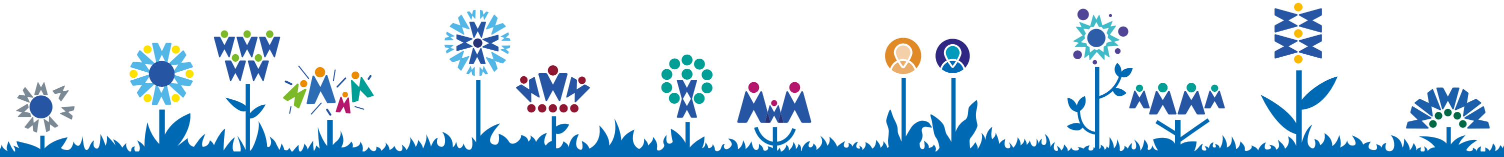
We will work with you to support you to stay healthy and avoid illness so that you can live longer, with more of your life spent in good health.

### What this means for us:

We will work together with patients, our communities and our partners – in primary care, localities, Local Authorities, and the VCSE sector for example – to support healthy living in its widest sense and prevent illness in a joined-up way.

### The difference we aim to make:

More people being supported to live healthy lives in the community with fewer people needing to use healthcare services in an unplanned way.



## 2

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

### What this means for you:

When you are ill, we will work with you to understand what is wrong and the options that you have. If you want treatment, we will treat you as quickly as possible, with care and compassion, helping you to get back to good health or to live your life well with your condition. Our services will be of the same high standard in all our communities and across all our hospitals.

### What this means for us:

We will engage our communities and patients in the planning and delivery of our services, finding new ways of delivering equitable, safe, high-quality care. We will take pride in delivering excellent local and specialised services, organising ourselves so that we can provide the best possible care across the whole of MFT to address health inequalities.

### The difference we aim to make:

More people recommending MFT as a place to be treated.

## 3

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

### What this means for you:

If you work or train here, you will feel valued and supported to deliver the best possible services to our patients and colleagues. You should feel supported to stay here and to build a career. If you are looking for a new job, you will want to come to work here.

### What this means for us:

We will listen to our colleagues and make sure they feel supported by acting on their feedback. We will embrace diversity and strive for inclusion so that all our communities can trust us and everyone feels that they can truly belong at MFT. We will offer people different ways to start and develop their career with us.

### The difference we aim to make:

More people recommending MFT as a place to work.

## 4

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

**What this means for you:**

You will receive the best possible support and care because we get the most out of every pound that we spend.

**What this means for us:**

We will make the biggest possible difference to people's lives as one of the most productive NHS providers, finding ways to continually improve our services. We will deliver on our financial plans, making the best use of our people's time, technology and our buildings.

**The difference we aim to make:**

Make the biggest possible difference with the resources we have by delivering on our financial plans.

## 5

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

**What this means for you:**

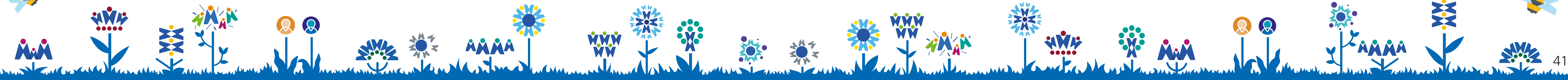
It will be easier for you to take part in research and innovation, and we will work with our communities to make sure that it is aimed at the things that are important to you. When you use our services you can access the latest treatments to improve your health. If you work here, you can be involved in a wide range of research and innovation which helps to transform healthcare locally, nationally and internationally.

**What this means for us:**

We will work with our diverse communities and our teams to make sure that research and innovation helps us to address the challenges that we face, and that we improve the diversity of those involved. We will make it easier for colleagues to take part, with more people leading research and exploring careers as clinical academics. We will apply our research, innovation and technology to improve the services that we deliver.

**The difference we aim to make:**

More people, from all backgrounds, participating in and benefitting from world-class research and innovation.



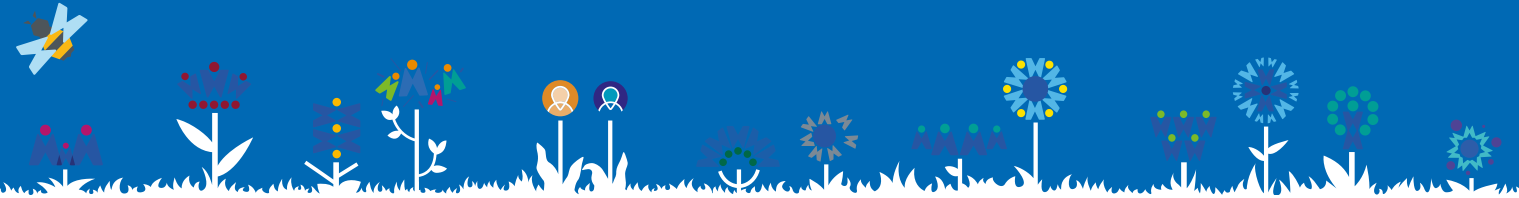
# Our Objectives and Actions

2
6
10
1
4
8
3
7
11
5
9

To help deliver our aims we have agreed 11 objectives and identified a small number of priority actions under each objective. These actions do not cover everything that we are doing as an organisation, but they will be our areas of focus in the coming years as we believe they will make the biggest difference.

Because we want to be specific about the things that we will do, the actions focus more on what we want to achieve over the next two to three years. We will therefore review our actions each year as part of our annual planning process, and formally refresh them after two years so that our strategy stays up-to-date and relevant.

Whilst our objectives and actions refer to specific services and programmes of work, they also provide a framework to guide all our plans across the whole of MFT. Different objectives and actions might be more relevant for some of our teams than others, but everyone across our organisation should see something in the strategy that reflects the important work they do at MFT.

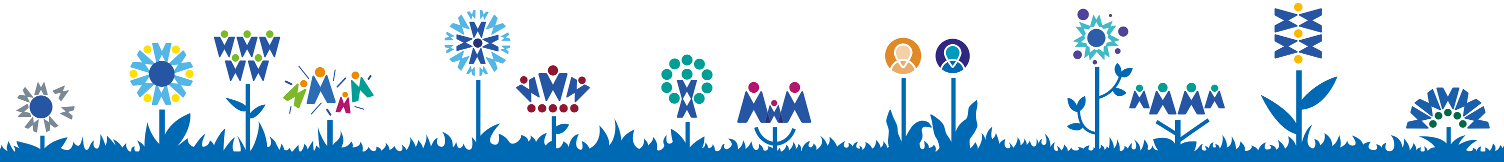


# 1

We will 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.

To deliver this objective, we will prioritise the following actions

- Improve equity, access and the quality of care in our maternity services by developing personal care pathways for women and families who we know have poorer outcomes. For example, black and Asian women, those from other minority ethnic backgrounds and from more deprived areas.
- Play a leading role in delivering joined-up physical and mental health services for families, children and young people, working with Local Authority partners to develop and deliver integrated plans.
- Increase the number of public health interventions that we deliver across MFT, such as referrals to smoking cessation and other preventative services, making every contact count.
- Support earlier detection and better outcomes by improving the uptake of our screening programmes – such as Targeted Lung Health Checks – in an equitable way. Ensure that the right diagnostic and treatment capacity is in place to support people who need subsequent care.
- Improve the identification of people with frailty through better links with Neighbourhood Teams so that we can improve the support we provide. Support older people accessing our services to live a full and healthy life by offering improved information and educational resources.
- Make sure that people who tend to experience poorer outcomes are appropriately prioritised on our waiting lists, using public health intelligence to inform clinical prioritisation.
- Address health inequalities by working with under-served communities to improve things like bowel cancer screening, hypertension and diabetes services, fully embedding our Integrated Neighbourhood Teams and their work with primary care, Local Authority and VCSE colleagues. Extend this approach to asthma in children and young people, and to other screening and immunisation programmes.



# 2

## We will improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so that people are cared for in the most appropriate place.

### To deliver this objective, we will prioritise the following actions

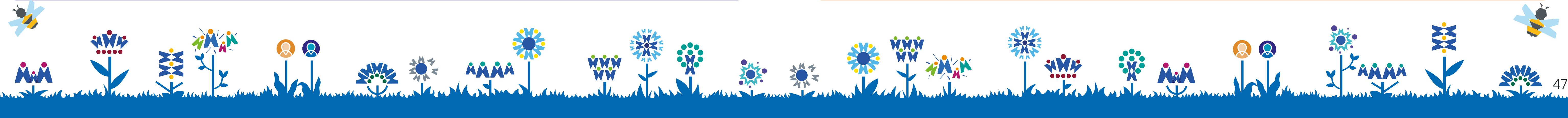
- Work with commissioners and locality partners to roll out our Hospital@Home services for adults and children, and to demonstrate how these services can improve care and reduce demand on local services by delivering care and support in people's own homes.
- Improve the identification of patients with multiple long-term conditions so that we can better co-ordinate appointments and care across multiple specialties, providing a more personalised experience.
- Work with colleagues in primary care to develop and implement plans to improve the interface with MFT services, improving the experience for patients and reducing steps that may contribute to delays.
- Work with commissioners and locality partners to ensure that access to services across our communities is consistent, whilst being tailored to local need, embedding a core community health offer that fits with wider community services.
- Offer a greater range of tests and pathways to people closer to their home by fully establishing our Community Diagnostic Centres.
- Build on research and innovation work to implement wearable and implanted devices to monitor patients with long-term conditions such as mental health, respiratory, heart disease and diabetes.

# 3

## We will provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.

### To deliver this objective, we will prioritise the following actions

- Improve the way that we routinely involve people with decisions about how we plan and deliver our services by establishing a network of patient and communities groups across the organisation. Build on our relationships with external groups, including through our VCSE leaders forum, to ensure broader community involvement.
- Increase the number of patient safety representatives attending key meetings, and the number of safety champions we have in post across the organisation.
- Improve patient experience through a focus on better communication, food and hydration and pain relief.
- Ensure that every patient-facing team at MFT has a process through which they analyse feedback from people that use our services and make changes to improve the service they offer.
- Reduce episodes of avoidable harm in our hospitals through a focus on preventing pressure ulcers, falls and missed doses of critical medicines.
- Improve patient outcomes and reduce the burden of antimicrobial resistance by promoting the prompt switching of intravenous to oral antibiotics and reducing the use of 'watch and reserve' antimicrobials across MFT.
- Continue to review harm to patients waiting for planned care and use the learning to identify and appropriately prioritise patients on our waiting lists with known risk factors.
- Make the best use of our outpatient capacity by supporting attendance, and maximising advice and guidance services, virtual clinics and patient-initiated follow-up.
- Reduce the time that people wait for diagnostic tests and for these tests to be reviewed by a clinician by better balancing our capacity with demand across MFT, improving our booking and scheduling processes and the use of technology.
- Reduce waiting times for planned treatment through improved utilisation and productivity of our theatre lists, allowing us to treat more patients within MFT. Complete the establishment of the Trafford Elective Hub and roll-out good practice on patient pathways across other MFT sites and beyond.
- Reduce the amount of time people stay in our hospitals and waiting times for urgent care, working with partners on key programmes to improve flow through hospital and community services.



# 4

## We will strengthen our specialised services and support the adoption of genomics and precision medicine.

### To deliver this objective, we will prioritise the following actions

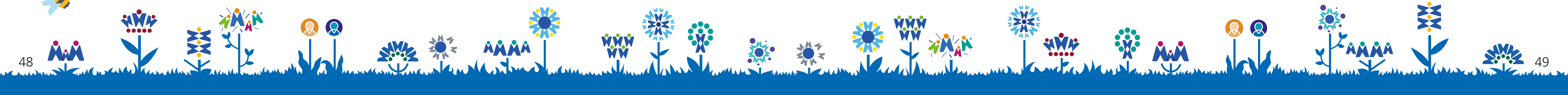
- Help to deliver high quality, sustainable regional services by centralising care in some areas, for example, in Cardiac Surgery and Vascular Surgery.
- Use the range and scale of services that we offer to develop high quality specialised services, for example, in Cancer Surgery and Transplant services.
- Maintain our regional centres, providing leadership and support across Greater Manchester and beyond in areas such as Children's, Ophthalmology and Respiratory services.
- Increase adoption of genomic medicine across specialties at MFT, bringing genomic testing earlier in patient pathways and applying pharmacogenomics. Support wider regional adoption through hosting the North West Genomic Medicine Service Alliance.
- Build on our position as being at the forefront of genomic testing nationally by developing new services such as circulating tumour DNA testing and leading work on pharmacogenomics. Develop plans in other advanced diagnostic disciplines such as metabolomics, proteomics and integrative diagnostics.
- Continue to be a leading provider nationally of cell and gene therapies, and other advanced therapies, in both service and research. Develop a long-term plan to consider our future capacity and potential strategic partnerships.
- Develop our strategy for robotic assisted surgery across MFT and deliver a viable short-term plan to maximise the use of our existing surgical robots and grow our robotic capacity in the future.

# 5

## We will 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.

### To deliver this objective, we will prioritise the following actions

- Ensure equitable access and outcomes for patients across MFT by establishing networked or single services in key specialties. Finalise the integration of services at North Manchester General Hospital, delivering models of care that meet people's needs, address inequalities and are financially sustainable.
- Work together with other providers, the Trust Provider Collaborative and other partners to help make sure that services across Greater Manchester are sustainable.
- Maximise clinical effectiveness and efficiency, whilst ensuring local access wherever possible, by agreeing and implementing our plans for which services will be delivered from which MFT sites.
- Develop an effective operating model for MFT that will help us to deliver the benefits that come with our size and scale.



# 6

## We will 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.

### To deliver this objective, we will prioritise the following actions

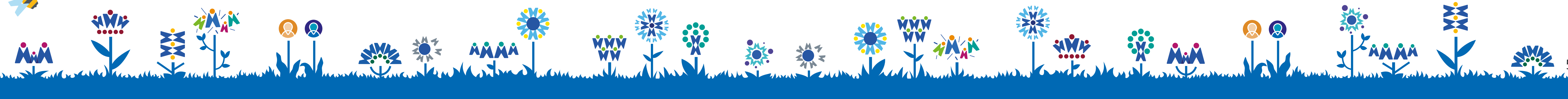
- Ensure that every team has effective ways of engaging and involving all staff in decisions which affect them, to listen to their ideas and learn from their experience, so that we can improve services for patients and their families and the working lives of staff.
- Respond to issues raised in staff surveys, workforce equality standards, and listening events by co-producing MFT-wide improvement plans, with an initial focus on food provision, car parking, flexible working, health and wellbeing, support for managers and career development.
- Promote a safe, open and transparent working environment which encourages staff to raise concerns directly within their team, whilst ensuring that other routes are available for staff to raise concerns where necessary.
- Update priorities and plans within the MFT Equality, Diversity and Inclusion (ED&I) strategy *Diversity Matters*, ensuring that everyone has a personal objective on ED&I appropriate to their role, creating a working environment where everyone has a sense of value and belonging.
- Implement plans to reduce pay gaps with respect to race, disability and gender, fulfilling and, where possible, exceeding obligations for all staff with protected characteristics.
- Embed our values and behaviours across the organisation so that they are understood and role-modelled by all staff, promoting compassionate leadership and teamwork in all areas through the *Civility Saves Lives* programme.
- Deliver our ongoing culture change programme, working with our team of Change Agents on three-year cycles of cultural improvement.
- Implement, monitor and enhance compliance against our Violence Response and Sexual Conduct Charters, ensuring colleagues receive the training and support required, including our approach to trauma informed care.
- Support healthy living, address health inequalities and improve attendance by promoting staff health and wellbeing services through initiatives such as Health and Wellbeing Champions and the *Colleague Community* initiative. Increase the range of preventative services available to staff such as on-site cancer screening.

# 7

## We will 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.

### To deliver this objective, we will prioritise the following actions

- Develop a workforce planning framework and associated skills to help predict our future workforce needs to deliver high quality care now and, in the future, aligned to MFT strategy and annual plans.
- Co-design a workforce, education and training plan which ensures we have the appropriate mix of skills within teams (utilising apprentice, assistant, advanced and associate practitioner roles), making best use of the apprenticeship levy to improve development opportunities and career pathways for our current and future employees.
- Build a supportive environment for our students and professionals-in-training, responding to feedback and developing innovative ways to increase capacity for supervision.
- Work with local schools and colleges to promote careers in health and care, continuing to build an inclusive community-based approach to recruitment, on-boarding and induction.
- Embed fair and inclusive recruitment practices that promote diversity at all levels, target under-represented groups, and ensure that careers in healthcare are open to all. Improve representation of people from an ethnic minority background at senior levels.
- Work with managers to ensure proactive and efficient processes are in place for recruitment, onboarding and induction, so that all vacancies are filled as swiftly as possible. Develop a tailored approach for colleagues joining from overseas.
- Invest in collective and compassionate leadership and team development models so that our managers at all levels are confident in demonstrating the knowledge, skills and behaviours expected of them and can be the best versions of themselves in their jobs.
- Improve our understanding of avoidable staff turnover to help find ways keep retain the people and skills that we need.



# 8

## We will achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.

### To deliver this objective, we will prioritise the following actions

- Use our new Hive EPR system to help get the best value for patients from our clinical activity, for example, ensuring that the diagnostic tests that we provide have a strong evidence base and will help in clinical decision-making.
- Work with partners across the system to make the best use of all the resource available, for example, by supporting work to improve prescribing and the use of medicines within in hospitals, community services and primary care.
- Standardise policies and practice across MFT where this can help to deliver value. Identify opportunities to use our scale to deliver better value on products that we buy with an initial focus on theatres, urgent care and maternity services.
- Deliver a programme of engagement for staff so that everyone understands the part they can play and is engaged in making the best use of our resource.
- Carry out post-implementation reviews on all major projects and investments to ensure that the benefits forecast in business cases are delivered.
- Continue to develop strategic partnerships with suppliers through our Procurement Partners Programme and exploring ways that these partnerships can deliver additional value.
- Maximise the value and income delivered by our MFT Charities, learning from approaches taken elsewhere, to strengthen the brands of our hospitals and Local Care Organisations, and improve our services.
- Develop and deliver plans to increase commercial income for MFT to support the delivery of our services, including the development of a commercial estates plan.

# 9

## We will deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships.

### To deliver this objective, we will prioritise the following actions

- Deliver the Hive benefits case around clinical quality, patient experience, productivity and research and innovation, supporting staff the get the most out of the system. Maximise the use of the MyMFT app to improve engagement with communities, information sharing about our services and healthy living, and the involvement of individuals with their care, whilst mitigating the risk of digital exclusion.
- Develop an infrastructure plan for community services, covering both estates and digital.
- Deliver a data strategy which makes better use of our data to improve patient care and, with appropriate safeguards, supports innovation and commercial partnerships. Strengthen our cybersecurity to make sure our data and the patient data we hold is safe.
- Complete the redevelopment of North Manchester General Hospital as part of the New Hospitals Programme, and the wider campus as part of the North Manchester Strategy.
- Work with national and local partners to identify alternative sources of capital funding to support the development of our estate and facilities, for example, our plans for the development of Wythenshawe Hospital and the surrounding area.
- Develop and deliver plans to reduce our overall estates footprint by making best use of the facilities that we have. Put in place the right governance and oversight arrangements to deliver this.
- Continue to invest in, maintain and develop our estate, making the best use of the capital funding that is available to us.

# 10

## We will strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part.

### To deliver this objective, we will prioritise the following actions

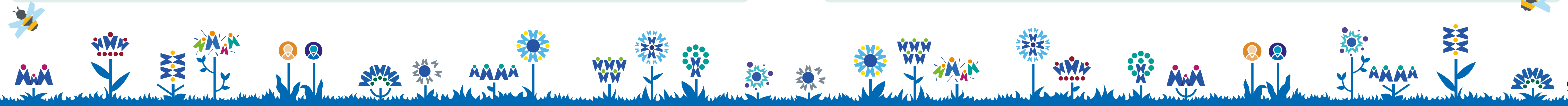
- Help to create protected time for people across the organisation to pursue external funding opportunities and carry out research and innovation activity.
- Make research and innovation more accessible to staff through leaner, more proportionate administrative processes.
- Support people to develop the skills to deliver world-class research and innovation by creating a careers framework that supports people at all levels to become involved and succeed in research. Work closely with universities to identify areas of joint interest in which clinical academic roles can be created.
- Develop and deliver plans to improve access for research studies to services such imaging, pharmacy and laboratory medicine.
- Fully integrate research and innovation into the annual planning process so that we can better plan for sustainable growth.
- Prioritise the delivery of research programmes and the strategic themes that are part of our NIHR hosted infrastructure, supporting them to meet and surpass the required outputs.
- Develop strong relationships with our communities so that we can work together on research and innovation which addresses the issues that matter most to people and improve the diversity of people participating. Co-create our engagement strategy to ensure research remains relevant and more accessible.
- Look for opportunities to further develop our research and innovation infrastructure, helping to drive forward research and innovation in new areas – such as children and young people, social care, primary and community care and health inequalities.
- Develop strong links with clinical and operational teams across MFT, and partners such as Health Innovation Manchester, to make sure that our research and innovation work addresses the challenges and opportunities within the organisation.
- Use digital channels, including Hive and MyMFT, to identify opportunities for patients and our communities to get involved in research and innovation, and to make it easier for people to stay involved with research once they are recruited.

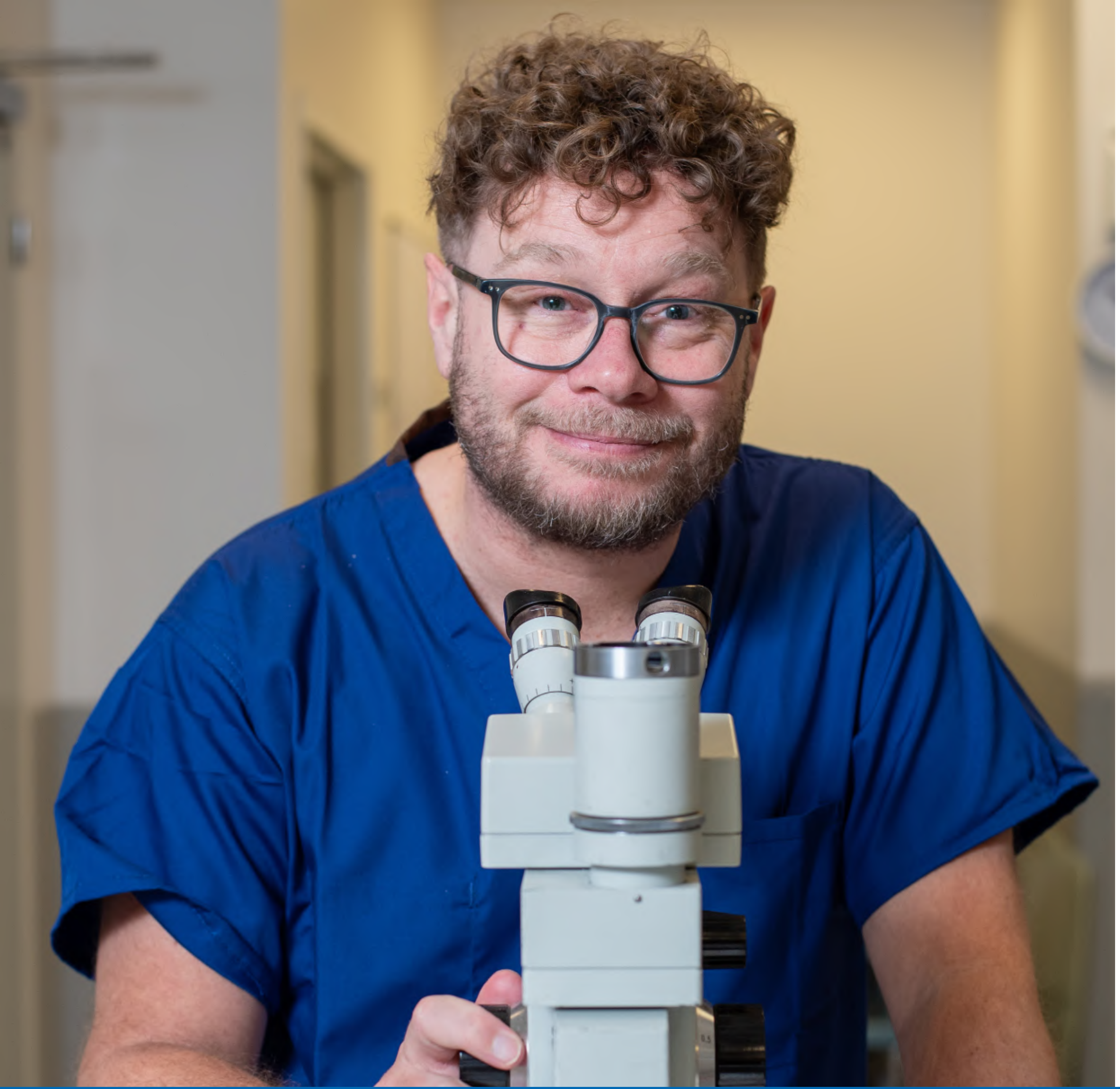
# 11

## We will apply research and innovation, including digital technology and artificial intelligence, to improve people’s health and the services we provide.

### To deliver this objective, we will prioritise the following actions

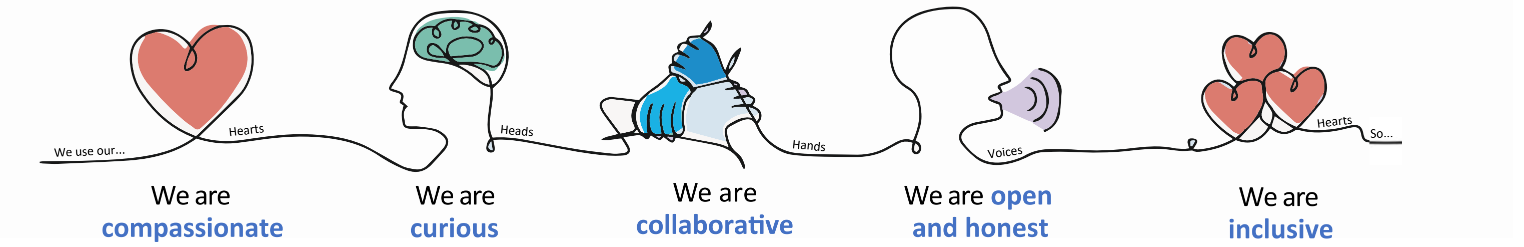
- Develop the MFT secure data environment and its interfaces with other datasets, ensuring that the data we hold is secure and is curated and structured in such a way that it can be harnessed to improve services for patients and power cutting-edge medical research.
- Develop a framework to support the appropriate adoption of safe and effective AI solutions for clinical and operational use in healthcare. Explore the opportunity to appoint at least one strategic partner to help us prepare for more widespread adoption.
- Understand and exploit opportunities to evaluate and apply new technologies that will improve the efficiency and quality of the services and care that we provide, whilst mitigating any risk of digital exclusion.
- Increase the number of impactful, formalised industry partnerships year-on-year to generate new research and innovation activities and new income streams as appropriate.
- Formalise our approach to identifying and adopting proven innovations that will help us to address the challenges faced by our communities and our organisation.
- Work with higher education institutions (e.g. universities) to explore the opportunities for bespoke collaboration which strategically matches MFT’s ambition with individual partners’ expertise.





## Living Our Values

Our values help to shape everything that we do, including our strategy.


We use our...
Hearts
Heads
Hands
Voices
Hearts
So...
We are compassionate
We are curious
We are collaborative
We are open and honest
We are inclusive

There are some important themes that run throughout our strategy which reflect how we will turn our values into action:

### Because we are compassionate we will…

- Care about people, focusing on the needs of all our patients and staff.
- Reduce our impact on the environment.
- Support local people and the local economy in our role as a large local employer and consumer.

### Because we are we are curious we will…

- Use digital technology and other innovations to improve the way we work for patients and our colleagues.
- Use data, insight and evidence to inform the way we deliver services and make decisions.

# Living Our Values

## Because we are collaborative we will…

- Involve patients and our communities in the planning and delivery our services.
- Work together as one team across MFT.
- Work together with partners across Greater Manchester.
- Use our influence locally and nationally to the benefit of our patients, our communities and our partners.

## Because we are open and honest we will…

- Listen and respond to feedback from staff, patients, communities and partners.
- Celebrate our successes.
- Be honest about where things can be better and share learning to make improvements.

## Because we are always inclusive we will…

- Address health inequalities, ensuring everyone can get the care they need and the best possible outcomes whatever their identity or background.
- Build a diverse workforce at all levels in which everyone can belong, and which reflects the people who use our services, helping us to deliver better care and build trust with our communities.

These themes have helped to inform the actions that we set out in Our Objectives and Actions (page 44). More detail on how the actions in our strategy support our values can be found in the appendix on page 64.

# Delivering Our Strategy and Measuring Success

Writing a strategy is just the start of the process. If we are to make a difference to our communities and our organisation, we must make sure that we turn our words into action. To do this, we will make our strategy central to the way we do things at MFT and ensure that every team and every individual is supported to play their part in delivering it.

## How does the strategy feed into our plans?

Each year, we agree what our priorities will be over the next 12 months and develop our plans to deliver them. Every part of our organisation is involved in this process, as teams across MFT develop their plans and local priorities. This, in turn, helps to shape the objectives that each person in the organisation has for the year.

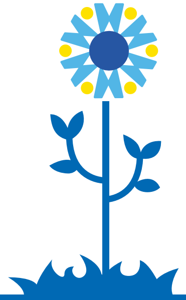
For the next five years, this strategy will inform our priorities in this yearly planning process.

## How will we know if we have been successful?

We have the opportunity to become a truly information-driven organisation, using data and evidence to identify ways to improve the services that we offer.

In Our Aims on page 36 we set out the difference that we want to make in delivering each of our five strategic aims:

- More people being supported to live health lives in the community with fewer people needing to use healthcare services in an unplanned way.
- More people recommending MFT as a place to be treated.
- More people recommending MFT as a place to work.
- Make the biggest possible difference with the resources we have by delivering our financial plans.
- More people participating in world-class research and innovation.



Over the five years of this strategy, we will measure our performance against a headline indicator for each of our five strategic aims, for example, the percentage of people who recommend MFT as a place to be treated in patient surveys. There will also be a wider range of measures that we track which will help us to know whether the actions we are taking are having the impact we are aiming for, for example, our waiting times for planned treatment, or episodes of avoidable harm.

We will refresh our performance reports to make sure that the things that we measure on a day-to-day basis are the things that we have said are important in this strategy.

## How will we report on our progress?

We already have processes in place to monitor the delivery of our annual plan and report progress to our Council of Governors and Board of Directors. Having made sure that our aims, objectives and actions from this strategy are reflected in our plan, we will ask teams to share their progress in delivering the actions from the strategy that that they own.

We will put together regular updates on their delivery and make them public. Every year, we will provide a formal update on the delivery of our strategy to our Governors and Board of Directors.

# Delivering Our Strategy and Measuring Success

### How will we work differently to deliver this together?

To implement this strategy we must build a culture of inclusive, compassionate leadership and continuous improvement at MFT:

- We will make sure that we have a shared purpose as an organisation by ensuring that our strategy informs the plans of every team across MFT
- We will continue the engagement that we have started in developing our strategy and refreshing our values so that we are all supported to play our part in delivering them
- We will use data and information to measure our progress and identify new ways of improving our services
- We will report our progress publicly, to our Governors and our Board of Directors on a regular basis.

Working together, we can improve the health and quality of life of our diverse communities.

# Appendix: How Our Actions Support Our Values

Our values run through everything that we do as an organisation and they have helped to shape the actions in this strategy. Some actions will link to more than one of our values, but the pages below provide an example of the ways in which this strategy will help us to live the values that we have as an organisation.

## Because we are compassionate we will…

Care about people, focusing on the needs of our patients and staff.

- Support older people accessing our services to live a full and healthy life by offering improved information and educational resources.
- Improve the identification of patients with multiple long-term conditions so that we can better co-ordinate appointments and care across multiple specialties, providing a more personalised experience.
- Improve patient experience through a focus on improving our communication, food and hydration and pain relief.
- Ensure that every team has effective ways of engaging and involving all staff in decisions which affect them, to listen to their ideas and learn from their experience, so that we can improve services for patients and their families and the working lives of staff.
- Embed our values and behaviours across the organisation so that they are known and role-modelled with a zero-tolerance approach to a lack of civility between colleagues and teams. Embed the Civility Saves Lives programme across the organisation.

# Appendix: How Our Actions Support Our Values

## Because we are compassionate we will…

Support local people and the local economy in our role as a large local employer and consumer.

- Increase the number of people that we employ through our Widening Participation Charter, encouraging greater recruitment from our local population with improved engagement on career opportunities.
- Engage with schools and colleges to promote careers in health and care, continuing to build an inclusive community-based approach to recruitment and induction.
- Increase the number of formalised industry partnerships year-on-year to generate new research and innovation activities and new income streams.

Reduce our impact on the environment.

- Embed the Green Plan among the MFT workforce, continuing to reduce the carbon footprint per patient contact through the full decommissioning of nitrous oxide manifolds at our main hospital sites, and engage 10% of the workforce through sustainability communications and training.

## Because we are curious we will…

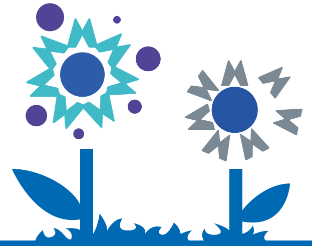
Use data, insight and evidence to inform the way we deliver services and make decisions.

- Make sure that people who tend to experience poorer outcomes are appropriately prioritised on our waiting lists, using public health intelligence to inform clinical prioritisation.
- Deliver a data strategy which makes better use of our data to improve patient care and, with appropriate safeguards, supports innovation and commercial partnerships. Strengthen our cybersecurity to make sure our data and the patient data we hold is safe.
- Develop the MFT secure data environment and its interfaces with other datasets, ensuring that the data we hold is secure and is curated and structured in such a way that it can be harnessed to improve services for patients and power cutting-edge medical research.

## Because we are curious we will…

Use digital technology and other innovations to improve the way we work for patients and our colleagues.

- Build on research and innovation work to implement wearable and implanted devices to monitor patients with long-term conditions such as mental health, respiratory, heart disease and diabetes.
- Develop our strategy for robotic assisted surgery across MFT and deliver a viable short-term plan to maximise the use of our existing surgical robots and grow our robotic capacity in the future.
- Use our new Hive EPR system to help get the best value for patients from our clinical activity, for example, ensuring that the diagnostic tests that we provide have a strong evidence base and will help in clinical decision-making.
- Deliver the Hive benefits case around clinical quality, patient experience, productivity and research and innovation, supporting staff the get the most out of the system.
- Maximise the use of the MyMFT app to improve engagement with communities, information sharing about our services and healthy living, and the involvement of individuals with their care, whilst mitigating the risk of digital exclusion.
- Develop a framework to support the appropriate adoption of safe and effective artificial intelligence solutions for clinical and operational use in healthcare. Explore the opportunity to appoint at least one strategic partner to help us prepare for more widespread adoption.
- Understand and exploit opportunities to evaluate and apply new technologies that will improve the efficiency and quality of the services and care that we provide, whilst mitigating any risk of digital exclusion.
- Formalise our approach to identifying and adopting proven innovations that will help us to address the challenges faced by our communities and our organisation.



# Appendix: How Our Actions Support Our Values

## Because we are collaborative we will…

Involve patients and our communities in the planning and delivery our services.

- Establish network of patients and communities reference groups across the organisation so that we have forums in which we can routinely involve people with decisions about how we plan and deliver our services.
- Build on our relationships with external groups, including through our VCSE leaders forum, to ensure broader community involvement.
- Increase the number of patient safety representatives attending our meetings.
- Develop strong relationships with our communities so that we can work together on research and innovation which addresses the issues that matter most to people and improve the diversity of people participating. Co-create our engagement strategy to ensure research remains relevant and more accessible.

Work together as one team across MFT.

- Ensure equitable access and outcomes for patients across MFT by establishing networked or single services in key specialties.
- Finalise the integration of services at North Manchester General Hospital, delivering models of care that meet people’s needs, address inequalities and are financially sustainable.
- Maximise clinical effectiveness and efficiency, whilst ensuring local access wherever possible, by agreeing and implementing our plans for which services will be delivered from which MFT sites.
- Develop an effective operating model for MFT that will help us to deliver the benefits that come with our size and scale.

# Appendix: How Our Actions Support Our Values

## Because we are collaborative we will…

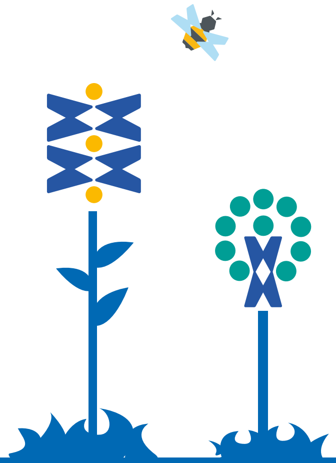
Work together with partners across Greater Manchester.

- Fully embedding our Integrated Neighbourhood Teams and their work with primary care, Local Authority and VCSE colleagues.
- Play a leading role in delivering joined-up physical and mental health services for families, children and young people, working with Local Authority partners to develop and deliver integrated plans.
- Work with commissioners and locality partners to roll out our Hospital@Home services for adults and children, and to demonstrate how these services can improve care and reduce demand on local services by delivering care and support in people’s own homes.
- Work with commissioners and locality partners to ensure that access to services across our communities is consistent, whilst being tailored to local need, embedding a core community health offer that fits with wider community services.
- Work with colleagues in primary care to develop and implement plans to improve the interface with MFT services, improving the experience for patients and reducing steps that may contribute to delays.
- Work together with other providers, the Trust Provider Collaborative and other partners to help make sure that services across Greater Manchester are sustainable.
- Work with partners across the system to make the best use of all the resource available, for example, by supporting work to improve prescribing and the use of medicines within in hospitals, community services and primary care.

## Because we are collaborative we will…

Use our influence locally and nationally to the benefit of our patients, our communities and our partners.

- Increase adoption of genomic medicine across specialties at MFT, bringing genomic testing earlier in patient pathways and applying pharmacogenomics. Support wider regional adoption through hosting the North West Genomic Medicine Service Alliance.
- Build on our position as being at the forefront of genomic testing nationally by developing new services such as circulating tumour DNA testing and leading work on pharmacogenomics.
- Continue to be a leading provider nationally of cell and gene therapies, and other advanced therapies, in both service and research. Develop a long-term plan to consider our future capacity and potential strategic partnerships.
- Work with national and local partners to identify alternative sources of capital funding to support the development of our estate and facilities, for example, plans for the development of Wythenshawe Hospital and the surrounding area.



# Appendix: How Our Actions Support Our Values

## Because we are open and honest we will...

Listen and respond to feedback.

- Ensure that every patient-facing team in MFT has a process in place through which they analyse feedback from patients and make changes to improve the service they offer.
- Increase the number of safety champions we have in post across the organisation.
- Ensure that every team has effective ways of engaging staff and learning from their experiences, supporting senior leaders to create a climate of meaningful staff engagement and involvement.
- Respond to issues raised in staff surveys, workforce equality standards, and listening events by co-producing MFT-wide improvement plans.

Celebrate our successes.

- Continue to recognise the brilliant work of our people and our teams through staff recognition and awards programmes.
- Publicise the work of our teams externally so that people get the recognition that they deserve nationally and internationally.

Be honest about where things can be better and share learning to make improvements.

- Continue to review harm to patients waiting for planned care and use the learning to identify and appropriately prioritise patients on our waiting lists with known risk factors.
- Complete the establishment of the Trafford Elective Hub and roll-out good practice on patient pathways across other MFT sites and beyond.
- Promote a safe, open and transparent working environment which encourages staff to raise concerns directly within their team, whilst ensuring that other routes are available for staff to raise concerns where necessary.

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Point 1
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# Appendix: How Our Actions Support Our Values

## Because we are inclusive we will…

**Address health inequalities, ensuring everyone can get the care they need and the best possible outcomes whatever their identity or background.**

- Improve equity, access and the quality of care in our maternity services by developing personal care pathways for women and families who we know have poorer outcomes. For example, black and Asian women, those from other minority ethnic backgrounds and from more deprived areas.
- Work with under-served communities to improve things like bowel cancer screening, hypertension and diabetes services. Extend this approach to asthma in children and young people and to other screening and immunisation programmes.
- Support earlier detection and better outcomes by improving the uptake of our screening programmes – such as Targeted Lung Health Checks – in an equitable way.
- Support healthy living and address health inequalities by promoting health and wellbeing services available to our staff, increasing the range of preventative services available, such as on-site cancer screening.

**Build a diverse workforce in which everyone can belong, and which reflects the people who use our services, helping us to deliver better care and build trust with our communities.**

- Embed fair and inclusive recruitment practices that promote diversity at all levels, target under-represented groups, and ensure that careers in healthcare are open to all. Improve representation of people from an ethnic minority background at senior levels.
- Develop a tailored approach to recruitment and onboarding of colleagues joining from overseas.
- Implement plans to reduce pay gaps with respect to race, disability and gender, fulfilling and, where possible, exceeding obligations for all staff with protected characteristics.
- Update priorities and plans within the MFT Equality, Diversity and Inclusion (ED&I) strategy *Diversity Matters*, ensuring that everyone has a personal objective on ED&I appropriate to their role, creating a working environment where everyone has a sense of value and belonging.

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Agenda Item 11.1

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Chief Nurse |
| **Paper prepared by:** | Gail Meers, Corporate Director of Nursing, Quality & Patient Experience |
| **Date of paper:** | March 2024 |
| **Subject:** | Quality and Patient Experience Report: Quarter 3, 2023/24 |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | To improve the experience of patients, carers and families |
| **Recommendations:** | The Board of Directors are asked to note the content of this report. |
| **Contact:** | Name: Gail Meers, Corporate Director of Nursing, Quality & Patient Experience<br>Tel: 0161 276 8862 |

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| **2.** | **Key Messages** | **3** |
| **3.** | **Patient Feedback**<br>What Matters to Me (WMTM) and Quality Care Round (QCR)<br>Friends and Family Test<br>Hospedia<br>NHS Website and Care Opinion Feedback<br>Healthwatch feedback | **3** |
| **4.** | **National Surveys**<br>National Adult Inpatient Survey 2023<br>National Maternity Survey 2023<br>Stroke Patient Reported Experience Measures (PREMs) Survey 2022/23 | **8** |
| **5.** | **Patient Advice and Liaison Service (PALS)**<br>PALS numbers and themes<br>PALS responsiveness and Key Performance Indicators (KPI) | **8** |
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# QUARTER 3, QUALITY & PATIENT EXPERIENCE REPORT

# 2023/24

Environment
Positive Communication
Staff Wellbeing
What Matters To Me
A personal approach to patient experience
Organisational Culture
Leadership
Professional Excellence

What Matters To Me
WM

## 1. Introduction

1.1 This report relates to Patient Services activity across Manchester University NHS Foundation Trust during Quarter 3 (Q3), 1st October to 31st December 2023.

1.2 We are committed to delivering safe, effective and person-centred care. The use of feedback is central to ensuring delivery of these aims and the trust offers a variety of approaches which allow people to choose a feedback mechanism that best suits their needs. These include:

- Friends and Family Test (FFT)
- What Matters to Me Survey (WMTM)
- NHS website and Care Opinion
- In writing by letter / email, or telephone via PALS / Complaints
- Face to face with our staff and volunteers
- Via the Clinical Accreditation process
- National Surveys

1.3 This feedback provides the trust with a rich source of patient experience whilst also offering insight into what matters to patients and service users. Using all methods of information available enables the Trust to better understand the patient's experience of the services offered and delivered and is beneficial to help prioritise where to focus efforts on action planning.

1.4 The report presents a rounded picture of patient experience and, as such, provides information on all aspects of experience, good and less positive. Where poor experience is reported, actions are then taken to ensure improvements are made and are featured in the report.

1.5 A wide range of examples are presented in the report from the different sources, including PALS concerns, complaints, feedback (Friends and Family Test (FFT), Patients Surveys, What Matters to Me (WMTM) and the Clinical Accreditation Programme.

1.6 The Trust receives patient feedback from a wide range of different mechanisms such as Annual National Survey results, the Trust's local Quality Care Round (QCR) data, FFT and WMTM Patient Experience survey feedback, Clinical Accreditation and Quality Assurance Reviews, along with incidents, complaints, PALS and compliments.

1.7 This data, along with feedback from Interpretation and Translation Services (ITS) and other sources provides the opportunity for the Hospitals/MCS/LCO to analyse, identify areas for improvement, compare findings and correlate themes. Where themes correlate, early indication and intelligence to act on the data helps to reduce risks and prevent harm. Similarly, patient feedback has a close correlation with patient complaints, and understanding the nature of complaints provides the opportunity for learning lessons from lived experience of our services and is an effective way of improving patient care.

1.8 All feedback collected is shared with the relevant Hospitals/MCS/LCO to enable the relevant teams to share feedback and consider suggestions for improvements made by patients and service users.

1.9 This report provides the following:

- An overview and summary of activity and brief thematic review.
- A summary of improvements achieved, and those planned to ensure learning from Patient Services activity is embedded in everyday practice.
- Supporting information referred to throughout the report is included in the appendices.

## 2. Key Messages

2.1 During Quarter 3 2023/24: **Positive**

- 37 clinical accreditations completed.
- MFT had an overall 10% increase in WMTM survey responses (1,742).
- MFT had an overall 13.6% increase in FFT survey responses (6,345).
- MFT had a 7.66% decrease in PALS concerns (177).
- MFT had a 7.64% decrease in formal complaints (41).
- 19 new volunteers commenced employment at MFT.
- 3,949 volunteer hours were undertaken by volunteers.
- 5 Lived Patient Stories have been documented with a further 6 being developed to be shared widely across MFT to provide learning and celebration.

2.2 During Quarter 3 2023/24: **Less positive**

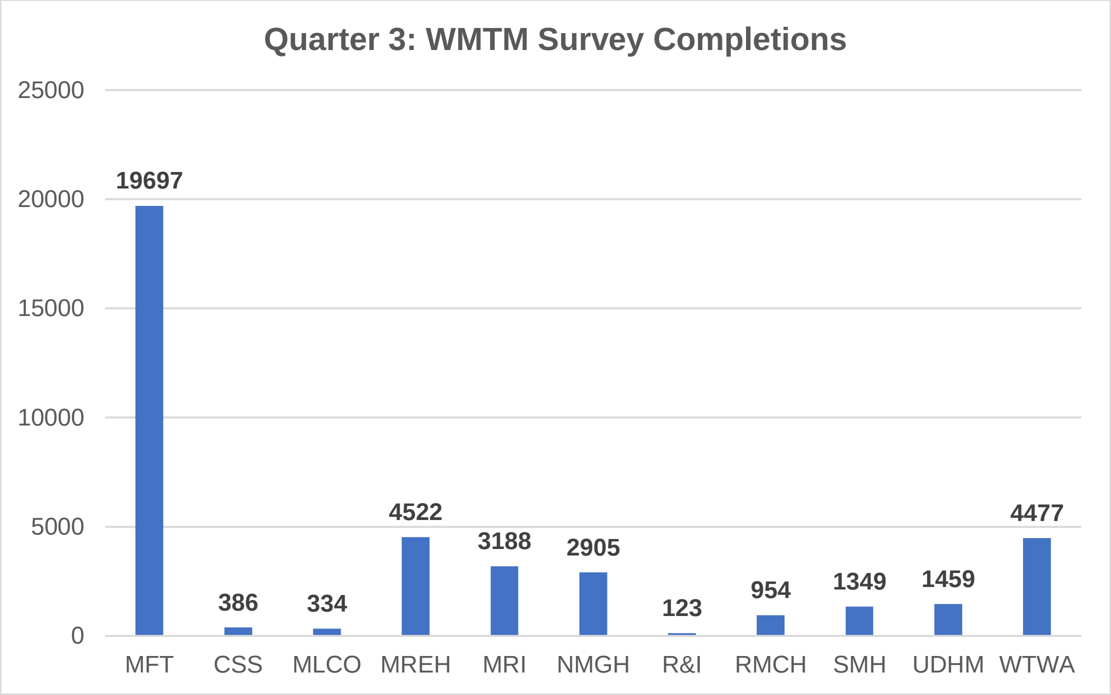
- MFT had an overall % Good FFT score of 92.15% which has decreased by 0.63%.

## 3. Patient Feedback

### What Matters To Me (WMTM) and Quality Care Round (QCR)

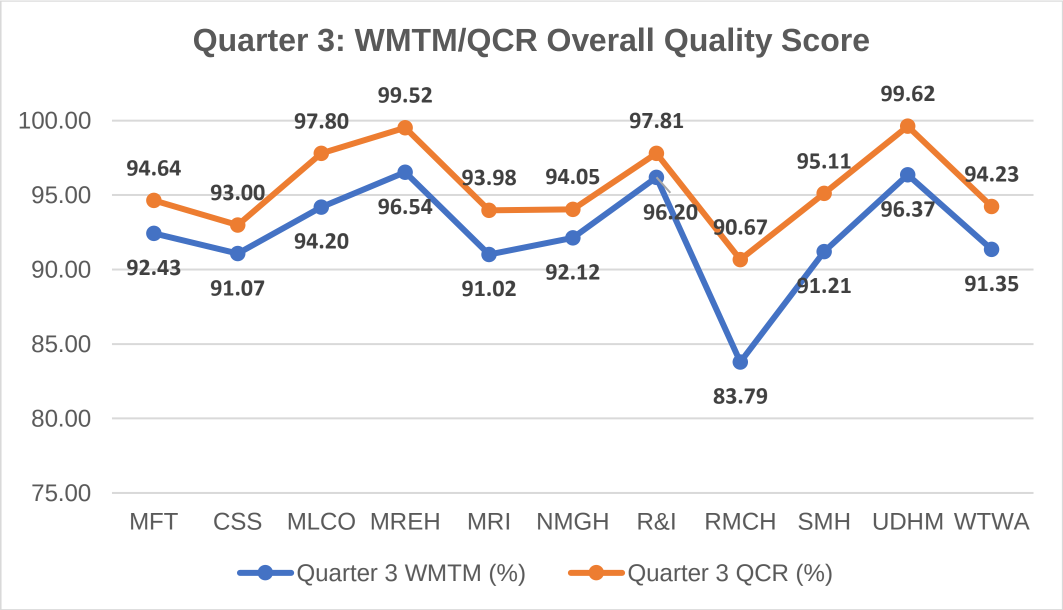
3.1 The Trust WMTM and QCR results alongside other available quality, safety, and patient experience data provide teams with a triangulated view of an area; identifying elements that require improvements, but also areas of strength and outstanding practice.

3.2 **Graph 1** shows that in Q3, 19,697 WMTM surveys were completed for MFT overall, in comparison to 17,955 received in the previous quarter. This shows an increase of 10% (1,742) with Manchester Royal Eye Hospital (MREH) completing the greatest number with 4,522, closely followed by Wythenshawe, Trafford, Withington and Altrincham (WTWA) with 4,477.



**Graph 1:** Total Number of WMTM Responses, Q3, 2023/24.

3.3 **Graph 2** shows the overall quality score for WMTM and QCR by Trust and Hospitals/MCS/LCO. In WMTM, the 85% threshold was not exceeded by Royal Manchester Childrens Hospital (RMCH) at 83.79%, however was met by all other Hospitals/MCS/LCO. Of note, RMCH consistently score below the 85% lower threshold in the domains of Nutrition and Hydration, Pain and Personal Hygiene. This has been reviewed and is understood to be the way in which the question is presented. In response to this, work is underway to revise the questions asked in a better format for children and young people. In QCR, the 95% target was exceeded by the Local Care Organisation (LCO) at 97.8%, MREH at 99.52%, Research and Innovation (R&I) at 97.81% and University Dental Hospital of Manchester (UDHM) at 99.62%.



**Graph 2:** Overall Quality Score for WMTM and QCR during Q3, 2023/24.

3.4 During Q3, the top 3 positive feedback WMTM themes by Hospital/MCS/LCO remained unchanged with ‘Emotional and Physical Support’, ‘Friendliness’ and ‘Compassion’ remaining the top themes. Further breakdown per Hospital/MCS/LCO, can be found in **Appendix 1**.

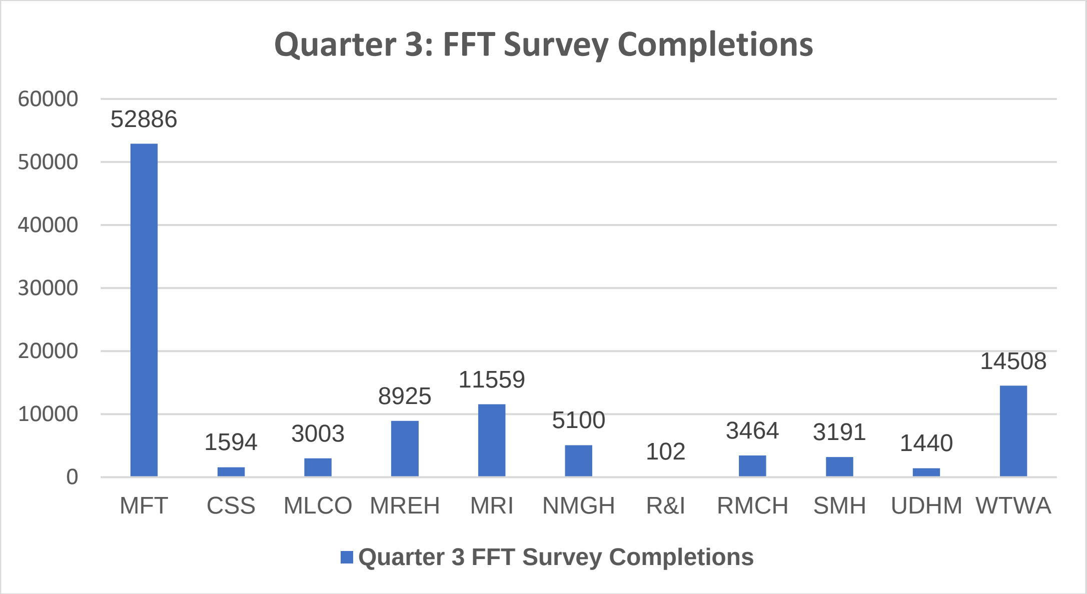
### Friends and Family Test

3.5 FFT provides a mechanism for patients who receive NHS care or treatment to have their say by rating their experience from good to poor. The Trust is continuing to work with wards and departments to promote the FFT survey to as many patients as possible who receive care or treatment at MFT. The FFT Results are analysed and are used locally to drive improvements.

3.6 The score is a simple comparison of the percentage of those completing the test who would recommend their care experience and rate the scores as ‘good’ and ‘very good’, against the percentage of those who would not recommend the care experience and rate the scores as ‘poor’ or ‘very poor’.

3.7 Throughout 2023/24 wards and departments have focused on increasing the volume of FFT responses collected to ensure, greater statistical significance and increased confidence in the feedback of information to apply improvements across the Trust.

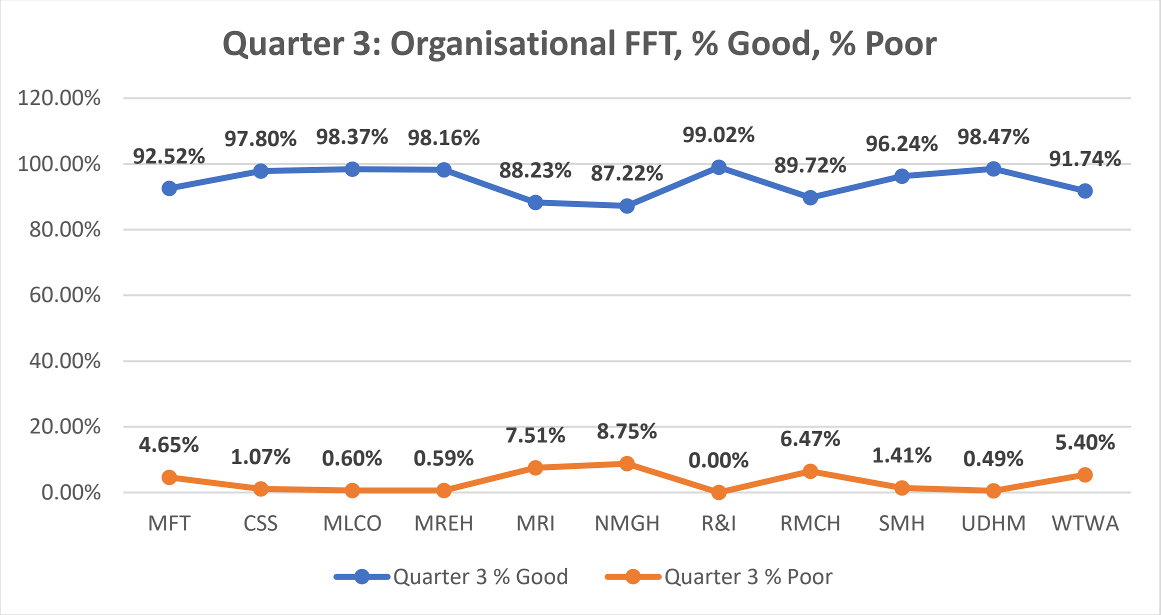
3.8 In Q3, there was an increase in FFT responses from the previous quarter with 52,886 FFT responses collected across MFT, compared to 46,541 in Q2, representing an increase of 6,345 responses (13.6%). **Graph 3** shows the number of responses collected by each Hospital/MCS/LCO in Q3.



**Graph 3:** Total Number of FFT Responses Q3, 2023/24.

3.9 The overall MFT % ‘good’ FFT score for Q3 was 92.52%. This shows a decrease of 0.63% in comparison to 93.15% in Q2, 23/24.

3.10 **Graph 4,** below, shows the Trust overall FFT results where patients have rated their experience between ‘good’ and ‘poor’ as a percentage. The 95% target was exceeded by Clinical Scientific Services (CSS), LCO, MREH, R&I, Saint Mary’s Hospital (SMH) and UDHM. Of note the same hospitals exceeded the 95% benchmark in Q1 and Q2, 23/24. Manchester Royal Infirmary (MRI), North Manchester General Hospital (NMGH), RMCH and WTWA all scored below the 95% target, however WTWA did achieve above 90%. NMGH scored the lowest, achieving 87.22%.



**Graph 4:** Trust overall FFT results showing patient ratings as % Good or % Poor scores for Q3 2023/24.

3.11 During Q3, the top 3 positive feedback FFT themes by Hospital/MCS/LCO remained unchanged with ‘Friendliness’, ‘Emotional and Physical Support’ and ‘Professional and Competent’ remaining the top themes. Further breakdown per Hospital/MCS/LCO, can be found in **Appendix 2**.

### Hospedia

3.12 Hospedia units were used to provide a link to a survey monkey which preceded the creation of the WMTM survey. This was removed from the devices in September 2023 with a view to it being replaced by a link to the full WMTM survey. It is anticipated that this will be completed during Quarter 2, 2024/25.

### NHS Website and Care Opinion Feedback

3.13 The NHS Website and Care Opinion are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about patient experience between patients and health services.

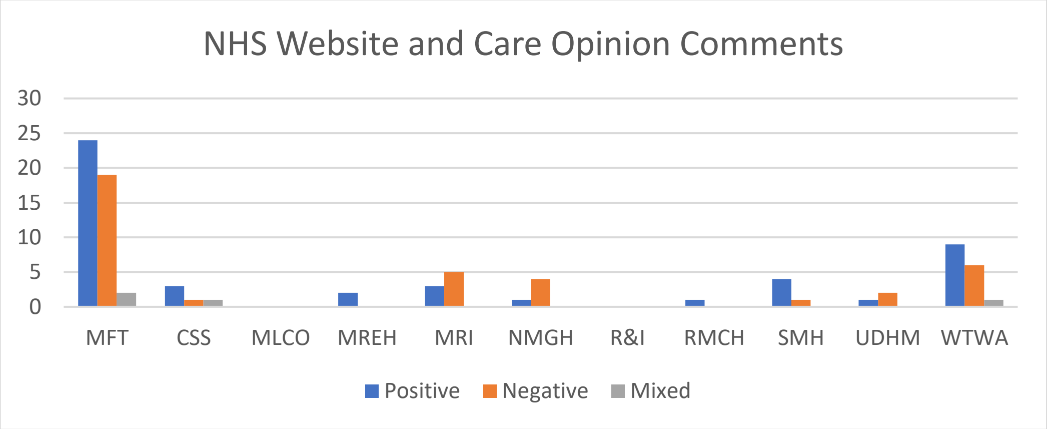
3.14 The standard procedure is that all NHS Website and Care Opinion comments are received by the Patient Experience Team (PET) and shared with the relevant Hospital/MCS/LCOs.

3.15 Negative and mixed comments require a response for publication from the associated team within five working days. Each Hospital/MCS/LCO has designated staff members who support the provision of a response to the PET. The responses are then quality assured by the PET prior to posting online.

3.16 All responses to negative comments include a Ulysses reference number, to assist the PALS team to identify a query if any further action is required, and an offer to the person posting the comment the opportunity to contact Patient Advice and Liaison Services (PALS) should they require further support.

3.17 During Q3, a total of 45 comments were received via the websites of which 24 (53%) were positive, 19 were negative (42%) and two were mixed (4%). The number of Care Opinion and NHS Website comments by category (‘positive’, ‘negative’ and ‘mixed’) and organisation are detailed in **Graph 5**.

3.18 Examples of feedback received, and the subsequent responses posted on Care Opinion and NHS Website during Q3 can be found in **Appendix 3**.



**Graph 5:** NHS website and Care Opinion comments received in Quarter 3, 2023/24.

## Healthwatch Feedback

3.19 HealthWatch Manchester (HWM) undertook an unannounced ‘Enter and View’ at Wythenshawe Hospital on the 19th December 2023. The purpose of the visit was to review access to wheelchair provision and ease of wheelchair use within the hospital excluding its exterior grounds.

3.20 During the unannounced visit HWM noted no wheelchairs were available between the car park and the main outpatient entrance but located wheelchairs within the designated storage area and instructions on how to use the Stryker wheelchairs on the wall.

3.21 In collaboration with MFT, a survey questionnaire was developed for face to face interviews with patients in the A&E waiting area of the MRI. HWM visited the A&E department on three occasions between 13th and 23rd November to conduct the surveys.

3.22 The recommendations from HWM consisted of

- The referrals system via 111 or otherwise from a GP practice requires a separate review and to examine efficiency gains and improve patient experience.
- Communication, both inter-service (Between GPs, the 111 service and A&E) and for patients for whom English is a second language, also requires a review to examine efficiency gains and improve patient experience.
- A more detailed look into the reasons why certain groups of people are overrepresented in the A&E waiting rooms is required.
- HWM should review and improve its demographic monitoring arrangements.

The Director of Nursing for patient experience is working with HealthWatch to agree the next steps.

3.23 MFT thank the representatives that attended both visits for their time, independent feedback and draft reports. Responses have been provided for both reports and MFT continue to work closely with HealthWatch with the aim to improve services for patients, families, and service users based on their feedback.

## 4. National Surveys

### National Adult Inpatient Survey 2023

4.1 In Q3 the ‘dissent’ posters were distributed throughout the Trust advertising the 2023 National Adult Inpatient Survey. Patients who were inpatients during November 2023 are eligible to be chosen to respond to the survey. Patients will be sent the survey during Q4.

### National Maternity Survey 2023

4.2 The 2023 Maternity survey results were due to be published in November 2023, however the Trust were advised by the CQC this would be postponed and results received February 2024. The results of this survey will be included in the Q4 paper.

### Stroke Patient Reported Experience Measures (PREMs) Survey 2022/23

4.3 The results of the first national Stroke (PREMs) survey run by The Stroke Association in partnership with NHS England, were received during Q3.

4.4 The purpose of the survey was to undertake a national survey across England which captured the patient experience of stroke care; to use the survey findings to inform quality improvement activity at local, regional, and national level, in line with the NHS’s statutory responsibility for quality improvement.

4.5 The results received were shared and reviewed by the stroke teams and demonstrate that MFT scored the same or more than the National average and local quality improvement projects were commenced based on these topics.

## 5. Patient Advice and Liaison Services (PALS)

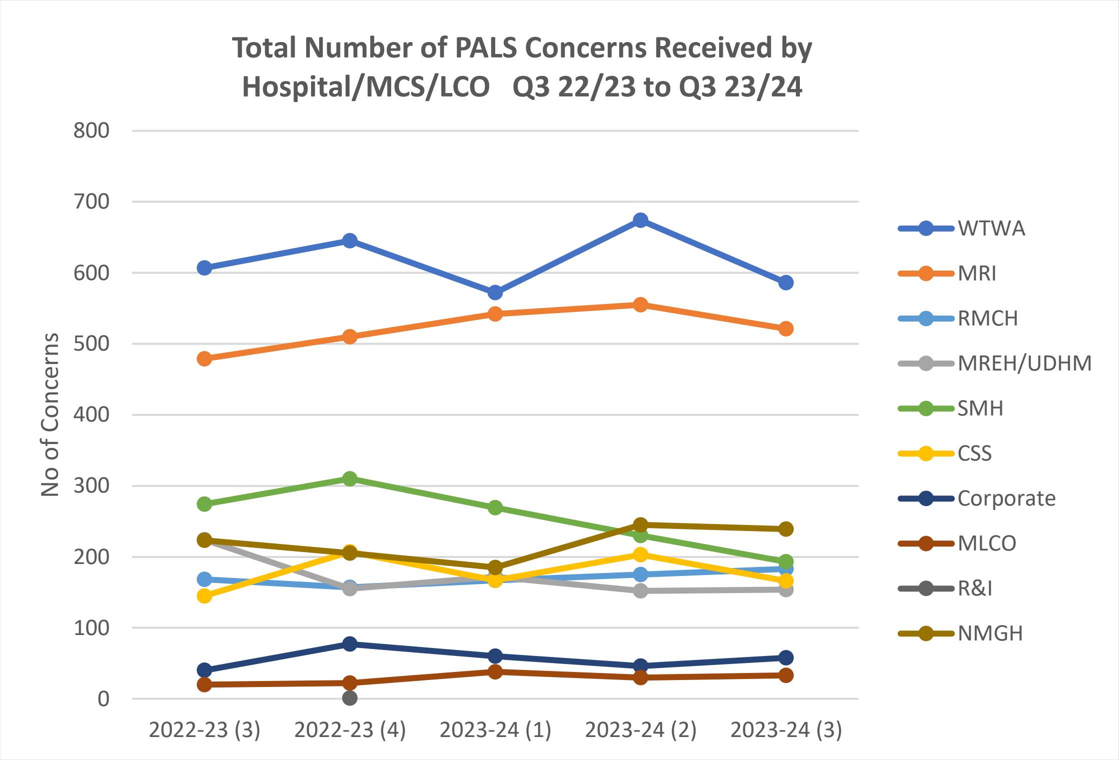
## PALS numbers and themes

5.1 There was a decrease of 7.66% in PALS concerns with 2,133 PALS concerns being received in Q3 compared to the 2,310 received in Q2, 2023/24.

5.2 **Graph 6** below shows the number of concerns received by each Hospital/MCS/LCO each quarter. WTWA and MRI received the greatest number of PALS concerns, receiving 586 and 521 respectively.

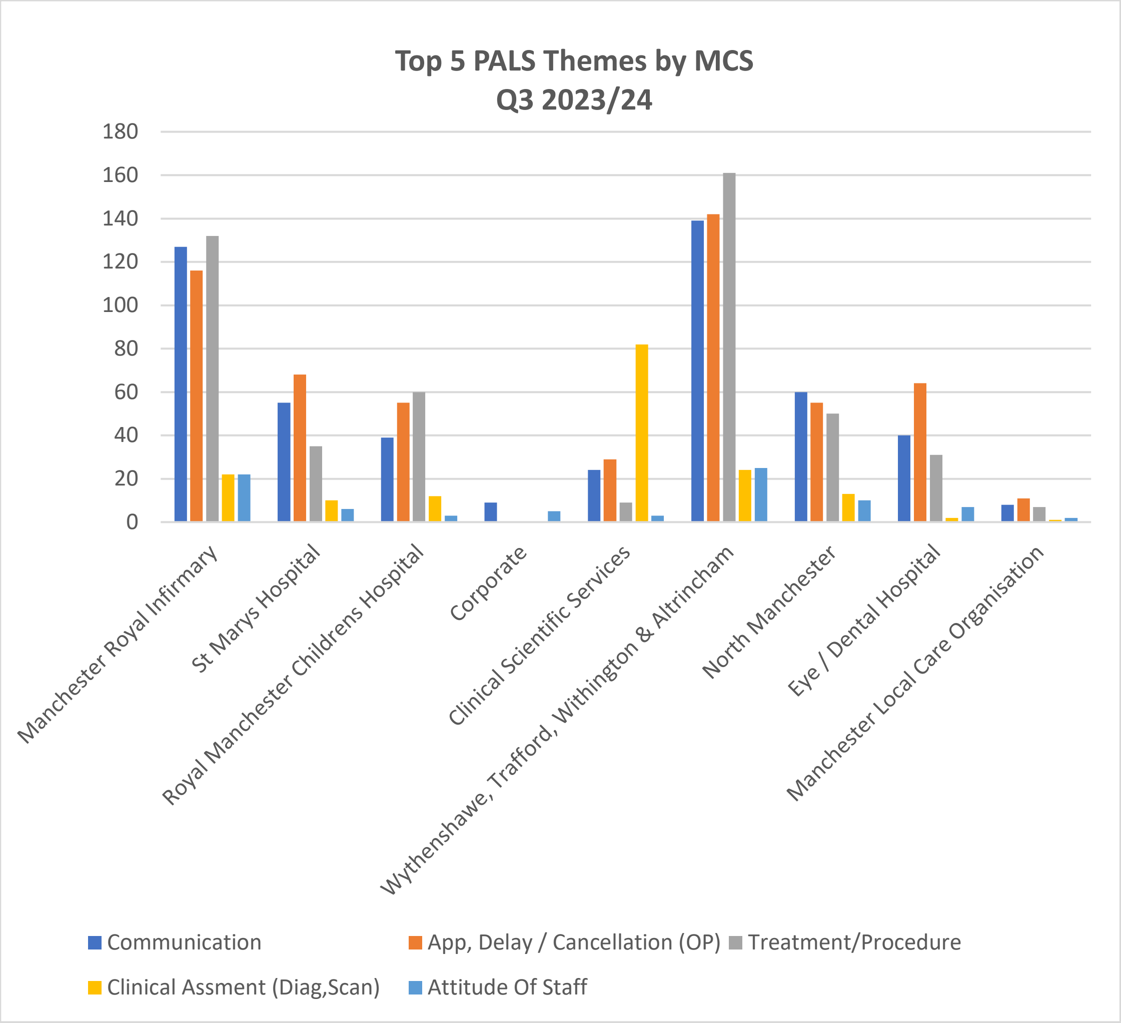
5.3 CSS experienced the greatest percentage decrease in PALS concerns, receiving 37 (18.22%) less than in Q2. SMH experienced a large decrease, receiving 37 (16.09%) less than the previous quarter, as did WTWA with 88 (13.05%).

5.4 Research and Innovation (R&I) received one PALS concern in Q3.



**Graph 6:** PALS Concerns Received by Hospital/MCS/LCO Q3 2022/23 – Q3, 2023/24.

5.5 **Graph 7** shows the distribution of the main PALS themes and indicates that the greatest proportion of PALS concerns in Q3 relate to 'Appointment Delays/Cancellations';, this was a 22.64% decrease from Q2. PALS concerns relating to Communication also dramatically reduced, by 16.78%, from 602 in Q2 to 501 in Q3. The greatest increase in PALS concerns was related to Discharge/Transfers, which increased by 45%, with the increase mainly being at NMGH.



**Graph 7:** Themes of PALS concerns received by Hospital/MCS/LCO Q3, 2023/24.

**PALS responsiveness and key performance indicators (KPI)**

5.6 During Q3, 92.05% of PALS cases were closed within 10 working days. As seen in **Table 1,** PALS responsiveness has exceeded 90% for three consecutive quarters.

| | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 | Q3 23/24 |
|---|---|---|---|---|---|
| **Resolved in 0-10 days** | 1879 | 1948 | 2005 | 2252 | 2153 |
| **Resolved in 11+ days** | 389 | 221 | 173 | 129 | 186 |
| **% Resolved in 10 working days** | 82.85% | 89.81% | 92.06% | 94.58% | 92.05% |

**Table 1:** Closure of PALS concerns within timeframe Q3, 2022/23 – Q3, 2023/24.

5.7 **Table 2** shows the number of PALS concerns that were escalated to formal complaints and vice-versa. As can be seen , there was a decrease in the number of PALS concerns being escalated to formal complaints. To further improve on this and ensure concerns are resolved as quickly as possible, the PALS and Complaints Department have commenced training on local resolutions, direct to services, wards and departments across the Trust.

| | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 | Q3 23/24 |
|---|---|---|---|---|---|
| **Number of PALS cases escalated to formal Complaints** | 20 | 11 | 14 | 26 | 24 |
| **Number of formal Complaints de-escalated to PALS** | 7 | 11 | 27 | 45 | 36 |

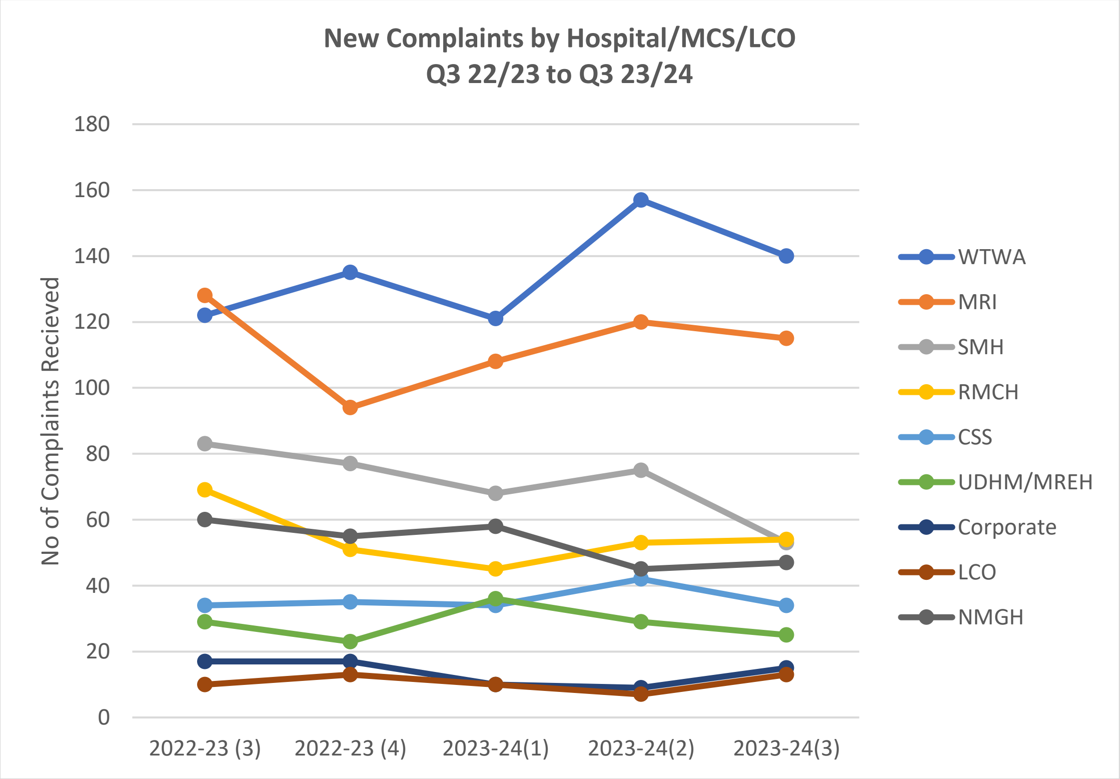
**Table 2:** Number of PALS concerns escalated to formal complaints and complaints de- escalated to PALS concerns Q3, 2022/23 – Q3, 2023/24.

## 6. Formal Complaints

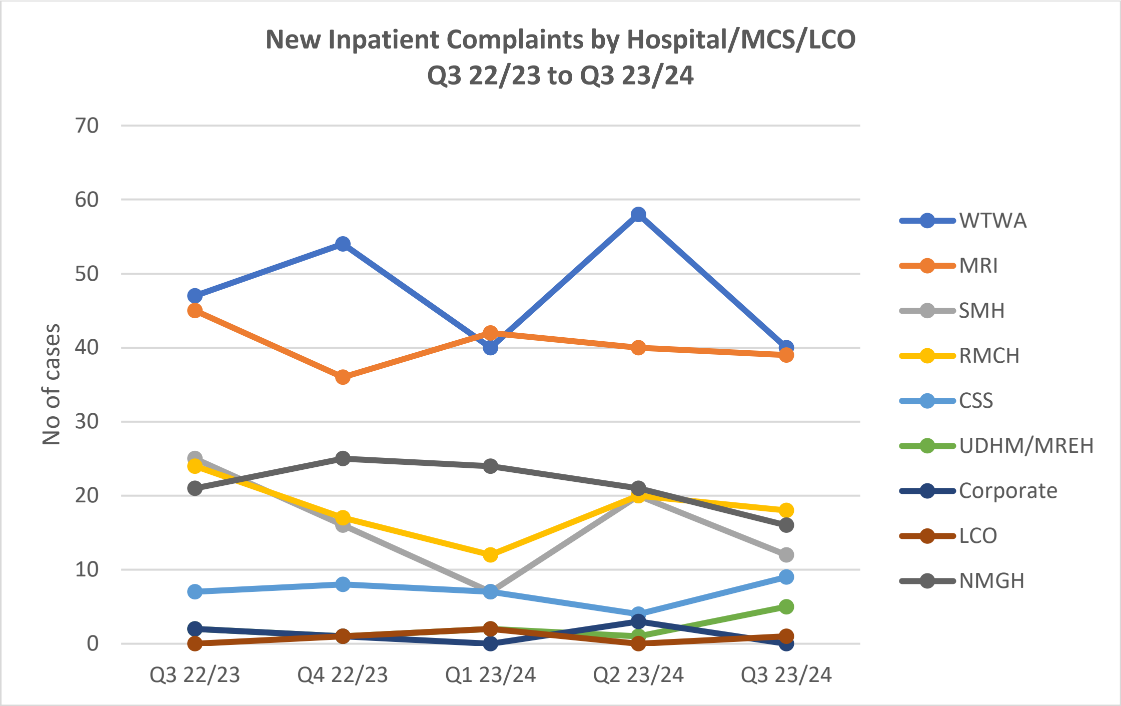
### Complaint Numbers and themes

6.1 **Graph 8** shows the number of complaints received by each Hospital/MCS/ LCO/Corporate Services, **Graphs 9** and **10** show the split between Inpatient and Outpatient services. There was a decrease (7.64%) in complaints in Q3, with 496 new complaints being received compared to the 537 received the previous quarter. WTWA and MRI received the greatest number of complaints, receiving 140 and 115 respectively. R&I did not receive any complaints in Q3.

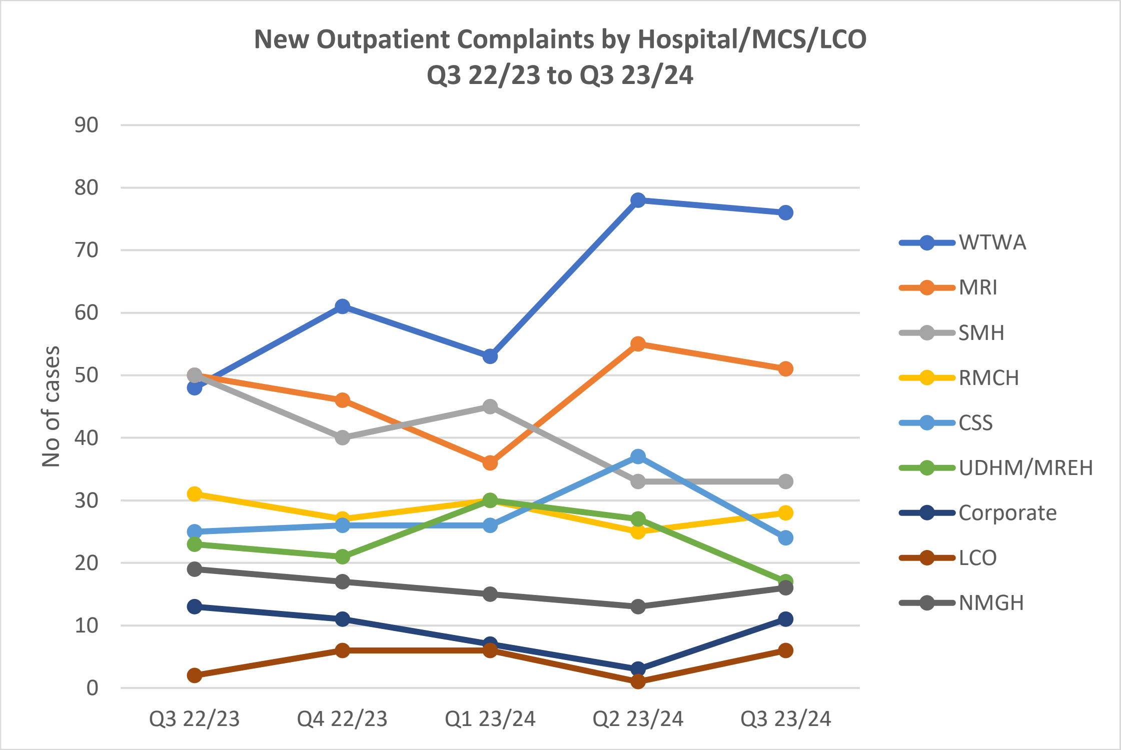
6.2 There was a reduction of 17 (10.83%) in complaints received in Q3 by WTWA, driven by decreases in inpatient complaints related to ‘Treatment/Procedure’. MRI complaints decreased by 5 (4.17%), with the largest reductions being in relation to complaints about ‘Communication’ and ‘Appointment Delay/Cancellation’. SMH experienced the greatest percentage decrease (29.33%) in complaints (mainly related to inpatient complaints) similar to their large fall in PALS cases too.



**Graph 8:** New Complaints Received by Hospital/MCS/LCO/Corporate Services Q3, 2022/23 – Q3, 2023/24.



**Graph 9:** New Inpatient Complaints Received by Hospital/MCS/LCO/Corporate Services Q3, 2022/23 – Q3, 2023/24.

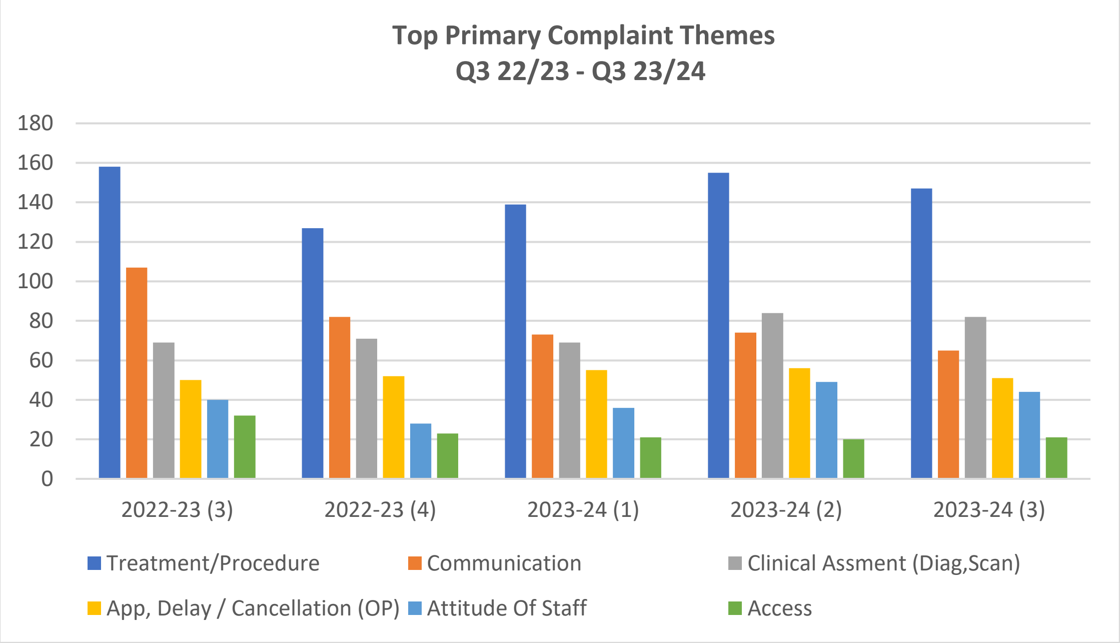


**Graph 10:** New Outpatient Complaints Received by Hospital/MCS/LCO/Corporate Services Q3, 2022/23 – Q3, 2023/24.

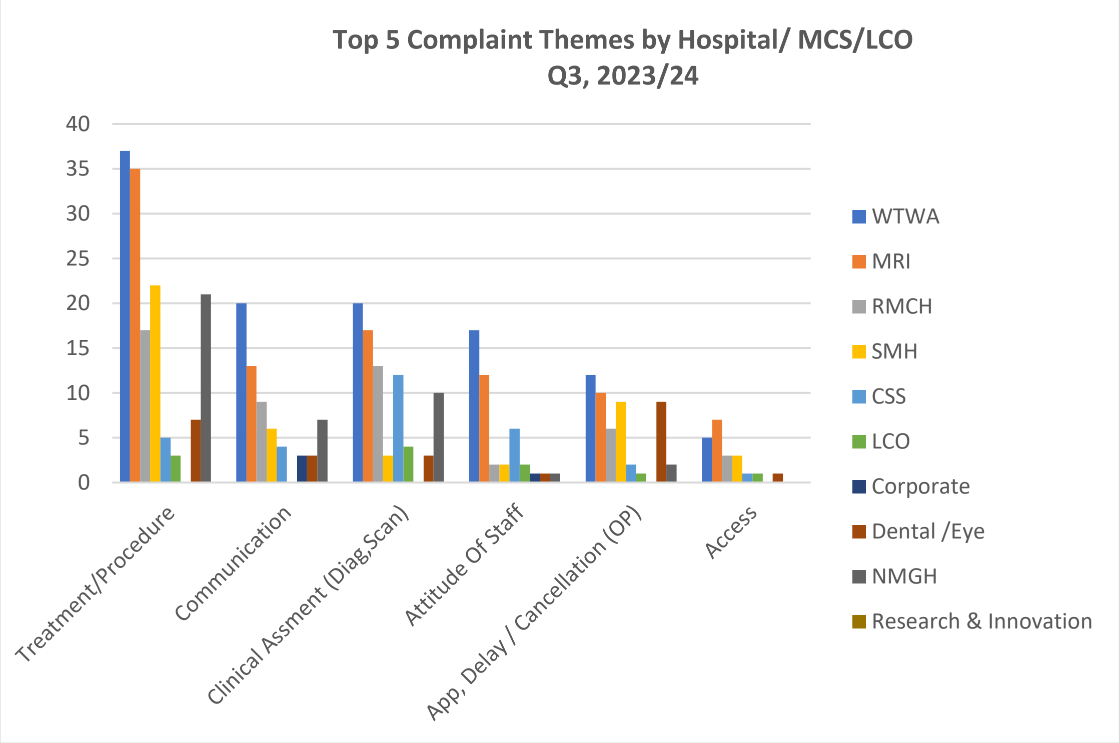
6.3 The opportunity to learn from complaints is an effective way of improving patient care and experience. By applying categorisation and theming to the complaints received, the teams work to improve the quality of care where themes emerge, or where practice is identified as requiring improvement. ‘Treatment/Procedure’, ‘Clinical Assessment

(Diagnostics/Scans)' and 'Communication' remained the top three themes of complaints in Q3 (**Graph 11**).

6.4 The largest decrease in complaints, in Q3, was in relation to 'Communication' with a 15.58% reduction from Q2. This drop was mainly attributable to MRI and SMH receiving much lower complaints in relation to 'Communication'. **Graph 12** shows the distribution of the top 5 themes by Hospital/MCS/LCO/Corporate Services.



**Graph 11:** Top Primary Complaint Themes Q3, 2022/23 – Q3, 2023/24.



**Graph 12:** Top 5 themes by Hospital/MCS/LCO/Corporate Services Q3, 2023/24.

### Complaints responsiveness and KPI

6.5 Under the NHS Complaints Regulations (2009), there is a requirement that all new complaints are acknowledged within 3 working days of receipt of the complaint; MFT are committed to achieving this in 100% of cases. This indicator was met during Q3, with all 505 complaints acknowledged on time. **Table 3** demonstrates the complaints acknowledgment performance over the past five quarters.

| | **Q3 22/23** | **Q4 23/24** | **Q1 23/24** | **Q2 23/24** | **Q3 23/24** |
|---|---|---|---|---|---|
| **Number of 3 day acknowledgements completed** | 565 | 509 | 441 | 536 | 505 |
| **Number of breaches** | 2 | 1 | 1 | 0 | 0 |

**Table 3**: Complaints Acknowledgement Performance Q3, 2022/3 – Q3, 2023/24.

6.6 Against the Trust's target of 90%, the Trust achieved closure of 90.2% of complaints within the agreed timescale, representing an increase in comparison to the previous quarter, as seen in **Table 4**.

| | **Q3 22/23** | **Q4 22/23** | **Q1 23/24** | **Q2 23/24** | **Q3 23/24** |
|---|---|---|---|---|---|
| Resolved in 0-25 days | 368 | 346 | 355 | 345 | 341 |
| Resolved in 26-40 days | 64 | 62 | 71 | 74 | 75 |
| Resolved in 41+ days | 114 | 116 | 93 | 103 | 83 |
| **Total resolved** | **546** | **524** | **519** | **522** | **499** |
| **Total resolved in timescale** | **486** | **467** | **459** | **466** | **450** |
| **% Resolved in agreed timescale** | **89.0%** | **89.1%** | **88.4%** | **89.3%** | **90.2%** |

**Table 4:** Comparison of complaints resolved by timeframe Q3, 2022/23 – Q3, 2023/24.

### Outcomes from complaint investigations

6.7 Often complaints relate to more than one issue. In conjunction with the Hospitals/MCSs/LCO/Corporate Services investigating teams, the Corporate Complaints team review each of the issues raised to determine what happened. If failings are found in all the issues raised, and substantive evidence (evidence based on which a fact is proven) is identified to support the complaint, then the complaint is recorded as 'fully upheld'. If failings are found in one or more of the issues, but not all, the complaint is recorded as ‘partially upheld’. Where there is no evidence to support any aspects of the complaint made, the complaint is recorded as ‘not upheld’.

6.8 During Q3, 56 (11%) of the complaints investigated and responded to were fully upheld, 367 (74%) were partially upheld and 75 (15%) were not upheld. This is similar to the previous quarter, with no noticeable differences in the percentage of complaints being upheld. The main themes of ‘fully upheld’ complaints were ‘Clinical Assessment (Diagnostics/Scans)’, ‘Treatment/Procedure’ and ‘Communication’.

**Table 5** demonstrates the outcome status of all complaints between Q3, 2022/23 and Q3, 2023/24.

| **Number of Closed Complaints** | | **Upheld** | **Partially Upheld** | **Not Upheld** |
|---|---|---|---|---|
| **Q3 22/23** | 546 | 57 | 416 | 73 |
| **Q4 22/23** | 524 | 59 | 366 | 99 |
| **Q1 23/24** | 519 | 60 | 377 | 82 |
| **Q2 23/24** | 522 | 59 | 383 | 80 |
| **Q3 23/24** | 498 | 56 | 367 | 75 |

**Table 5:** Outcome of MFT complaints Q3 2022/23 – Q3 2023/24.

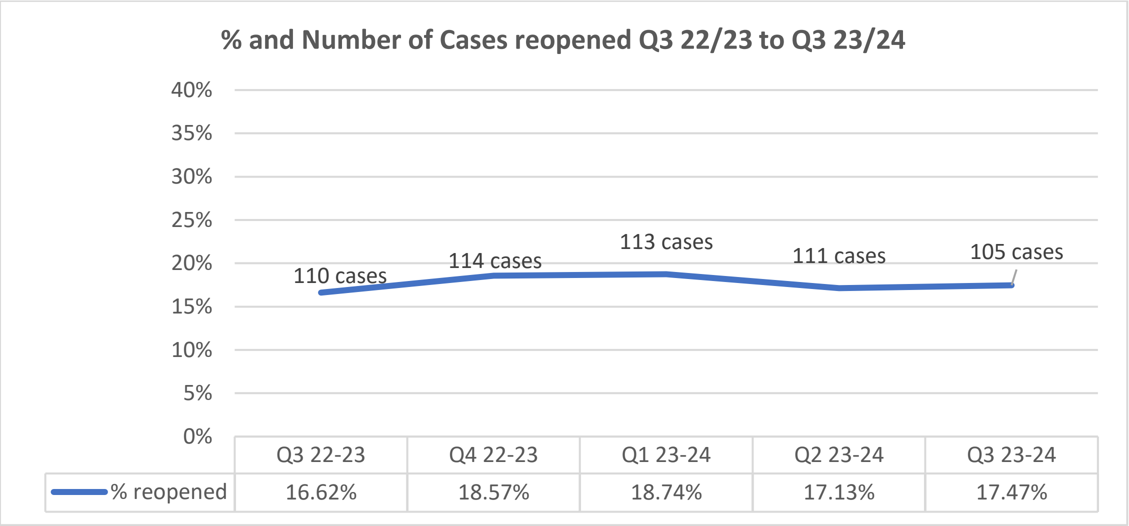
### Reopened Complaints

6.9 A complaint is considered ‘re-opened’ if any of the following categories can be applied:

- Where there is a request for a local resolution meeting, following receipt of the written response.
- When new questions are raised, following information provided within the original complaint response.
- The complaint response did not fully address all issues satisfactorily.
- The complainant expresses dissatisfaction with the response.

6.10 The number of re-opened complaints is used as a proxy indicator to measure the quality of the initial response. During Q3, 17.47% of complaints were reopened (105 cases in total) against the Trust tolerance threshold of 20%. This is similar to the 17.13% of complaints reopened in Q2 (111 cases in total).

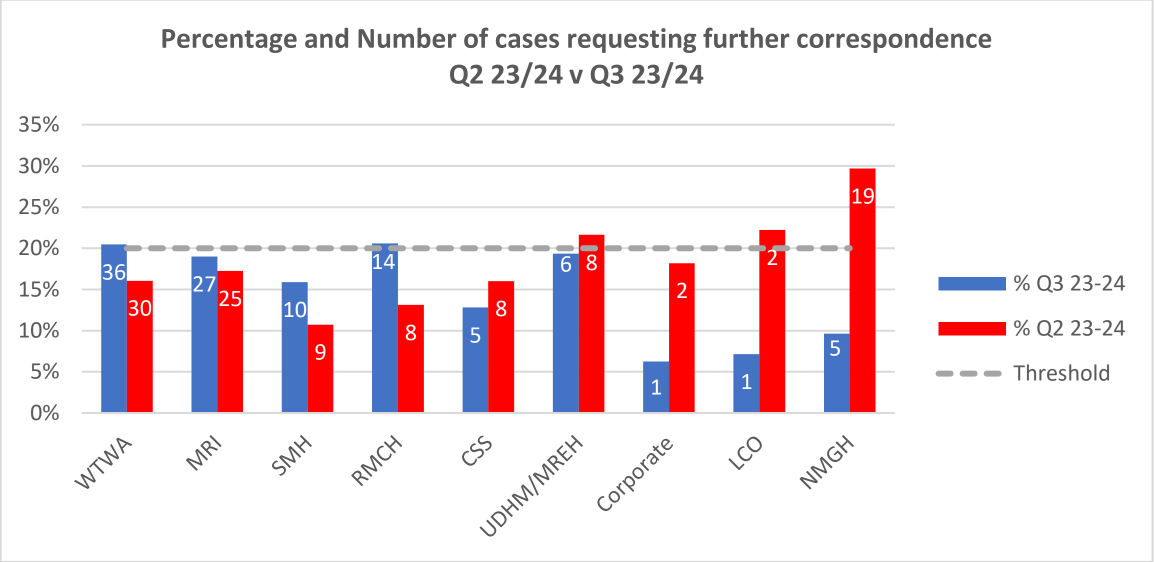
6.11 **Graph 13** demonstrates the percentage of complaints re-opened from Q3, 2022/23 – Q3, 2023/24. Further detail of the primary reasons by Hospital/MCS/LCO/Corporate Services for the complaint being re-opened during Q3 can be found in **Appendix 4**, with the primary reason (50 of the 105) as the ‘complaint response not fully addressing all issues / unresolved issues’.



**Graph 13:** Total re-opened complaints Q 3, 2022/22 - Q3, 2023/24.

6.12 The Complaints Team have continued to run training sessions on conducting complaint investigations and writing responses, and this has contributed to LCO, NMGH and UDHM / MREH receiving a lower proportion of re-opened complaints.

6.13 As depicted in **Graph 14**, the 20% threshold was exceeded by WTWA (20.5%) and RMCH (20.6%). The Complaints Team have offered colleagues in WTWA and RMCH training sessions in Q4.



**Graph 14:** Percentage of re-opened complaints by Hospital/MCS/LCO/Corporate Services, Q2 2022/23 – Q3, 2023/24.

## 7. Parliamentary Health Service Ombudsman (PHSO)

7.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS England (NHSE) and UK government departments. The PHSO is not part of the Government, NHSE, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.

7.2 The PHSO make final decisions on complaints that have not been resolved by NHSE and UK government departments and other public organisations. The PHSO do this fairly and without taking sides and their service is free. The PHSO considers and reviews complaints, where someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and have not put things right.

7.3 During Q3 2023/24 the PHSO opened new investigations into three MFT complaints (one each for MRI, NMGH and WTWA).

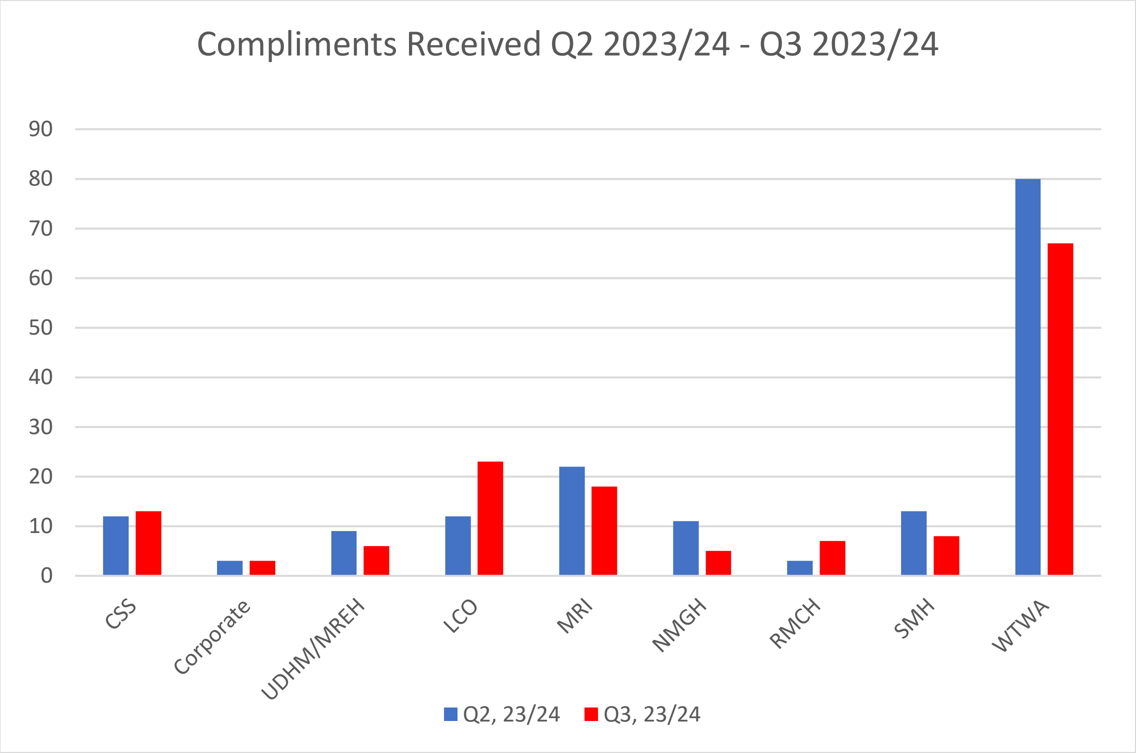
7.4 The PHSO informed the Trust of one completed investigation into an MFT complaint; this was partly upheld and was a MREH complaint. The PHSO identified failings in relation to the Trust’s provision of information to a patient about the possible side-effects of steroid medication. The PHSO recommended the Trust send an apology letter to the patient, complete an action plan to address the failings identified and pay the patient £700 in recognition of the distress and worry they experienced when they suffered steroid-induced psychosis.

## 8. Compliments

8.1 Compliments received from the public provide valuable feedback and provide opportunity to learn from positive experiences. Positive patient experience feedback explicably correlates to compliments and can be linked to the top positive themes seen in WMTM and FFT.

8.2 It is important to acknowledge only a fraction of the overall compliments received within the trust are captured and recorded on the Trusts Customer Service Database (Ulysses). The majority of compliments are received verbally (either in person or via the telephone) and as ‘thank you cards’ directly to staff, which are not logged or tracked by the Hospitals/MCS/LCO.

8.3 **Graph 15** shows the number of compliments, received from members of the public about MFT Hospitals/MCS/LCO, recorded on the Trust’s Customer Services Database. WTWA recorded the most compliments (67), followed by LCO (23) and MRI (18).



**Graph 15:** MFT compliments received Q2, 2023/24 vs Q3, 2023/24.

8.4 Examples of compliments received during Q3 2023/24 are included in **Appendix 5**.

## 9. Voluntary Services

9.1 **Table 6** shows MFT's volunteering recruitment figures by site. In Q3, 103 applicants were shortlisted, 53 attended an interview, 19 did not attend the interview date agreed and a further 31 are still to agree availability to undertake an interview. On completion of employment checks 37 were successful, and following completion of the Trusts Induction programme 19 have commenced.

| Site | Shortlisted | Interviewed | Successful | Commenced |
|---|---|---|---|---|
| **NMGH** | 26 | 16 | 11 | 8 |
| **ORC** | 60 | 21 | 12 | 7 |
| **WTWA** | 17 | 16 | 14 | 4 |
| **TOTAL** | **103** | **53** | **37** | **19** |

**Table 6:** Recruitment Activity by site.

9.2 **Table 7** demonstrates the number of hours volunteered across the sites during Q3. 3,949 volunteering hours were undertaken with the greatest being at ORC.

| Site | Hours | Volunteers | Average |
|---|---|---|---|
| **NMGH** | 1073 | 37 | 28 |
| **ORC** | 1499 | 97 | 17 |
| **WTWA** | 1377 | 66 | 22 |
| **Grand Total** | **3949** | **200** | **22.33** |

**Table 7:** Number of hours volunteered, by the number of volunteers

9.3 The greatest number of volunteering hours relates to 'Meet and Greet' across all sites, further breakdown of the distribution of the hours volunteered within each of the Hospital sites can be found in **Appendix 6**.

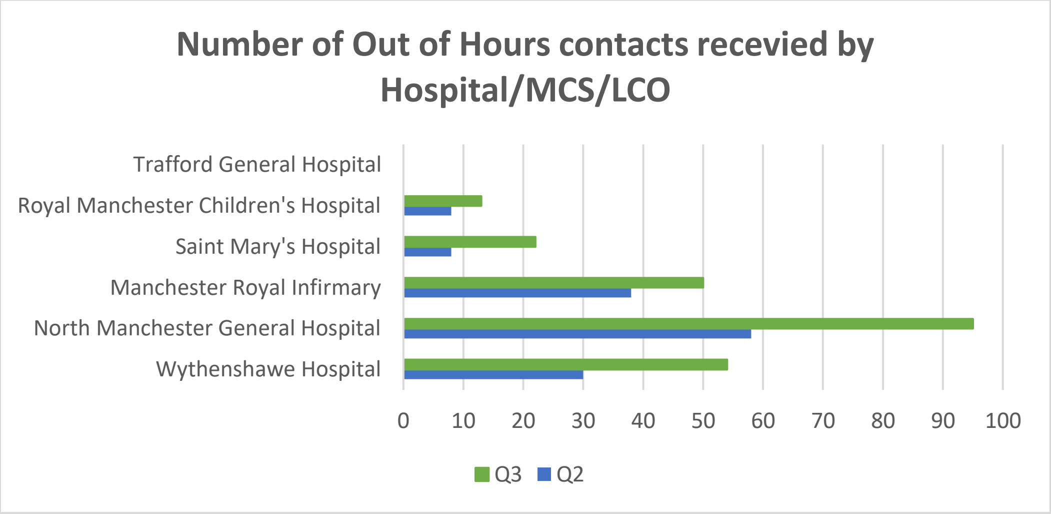
## 10. Chaplaincy and Spiritual Care

10.1 Chaplains, Assistant Chaplains, and Faith leaders form part of the multidisciplinary healthcare team, to provide comprehensive care which can significantly improve the overall patient experience by addressing the spiritual care needs.

10.2 In Q3 there was an 6% increase from 5,394 Chaplaincy contacts from the previous quarter to 5,717 contacts being received. As per the previous quarter, MRI received the greatest number of contacts (2021), further breakdown of contacts per Hospital/MCS/LCO can be found in **Appendix 7.**

10.3 It is generally recognised that normal working hours for the Chaplaincy and Spiritual Care team are 08:00 – 16:00 hours, Monday to Friday and Sundays for Christian chaplains. All other times are considered out of hours (OOH) on call Chaplaincy Provisions where appropriate and the Trust's Chaplains will visit a ward, patient area out of hours because of an emergency call out request.

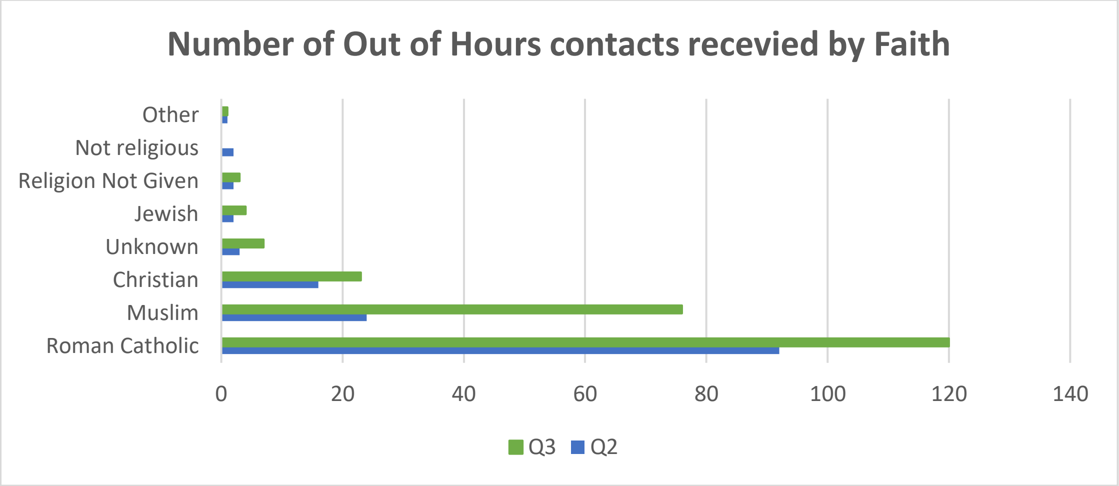
10.4 In Q3 the Trust saw the number of OOH contacts increasing significantly, with 234 being received compared to 142 in Q2. **Graph 16** shows the number of OOH contacts received from each Hospital/MCS/LCO with NMGH receiving the greatest number.



**Graph 16:** Number of Out of Hours contacts received by Hospital/MCS/LCO, Q2, 23/24 – Q3, 23/24

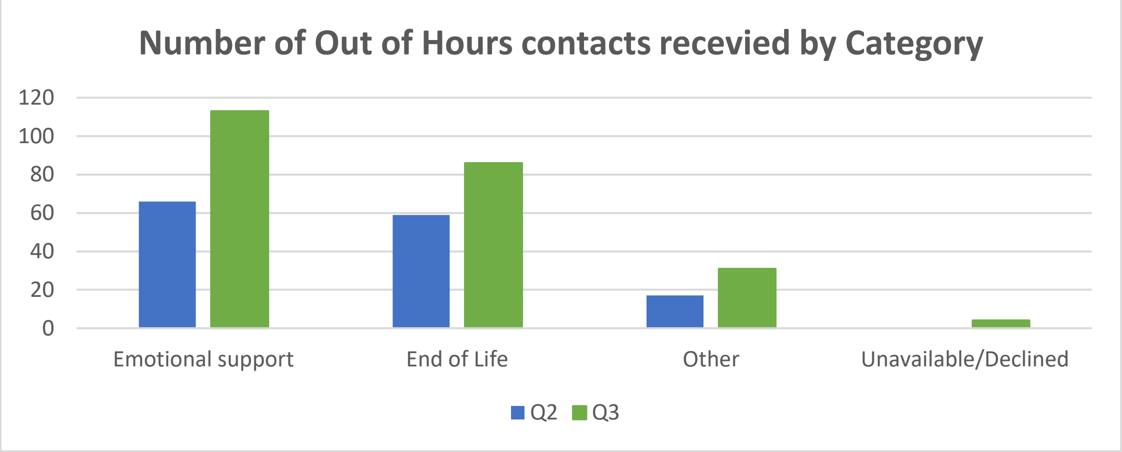
10.5 **Graph 17** shows the number of OOHs contacts by faith. Overall, the greatest increase in OOHs contacts was in Muslim faith with a 217% increase being noted compared to the previous quarter.

10.6 It is important to note that the faith recorded is that of the patient, not of the chaplain responding. OOH Muslim faith specific support is provided Friday evening to Monday morning only. At other times the on-call chaplain will respond accordingly.



**Graph 17**: Number of Out of Hours contacts received by Faith, Q2, 23/24 – Q3, 23/24

10.7 The primary support category for OOH contacts was 'Emotional Support' (**Graph 18**).

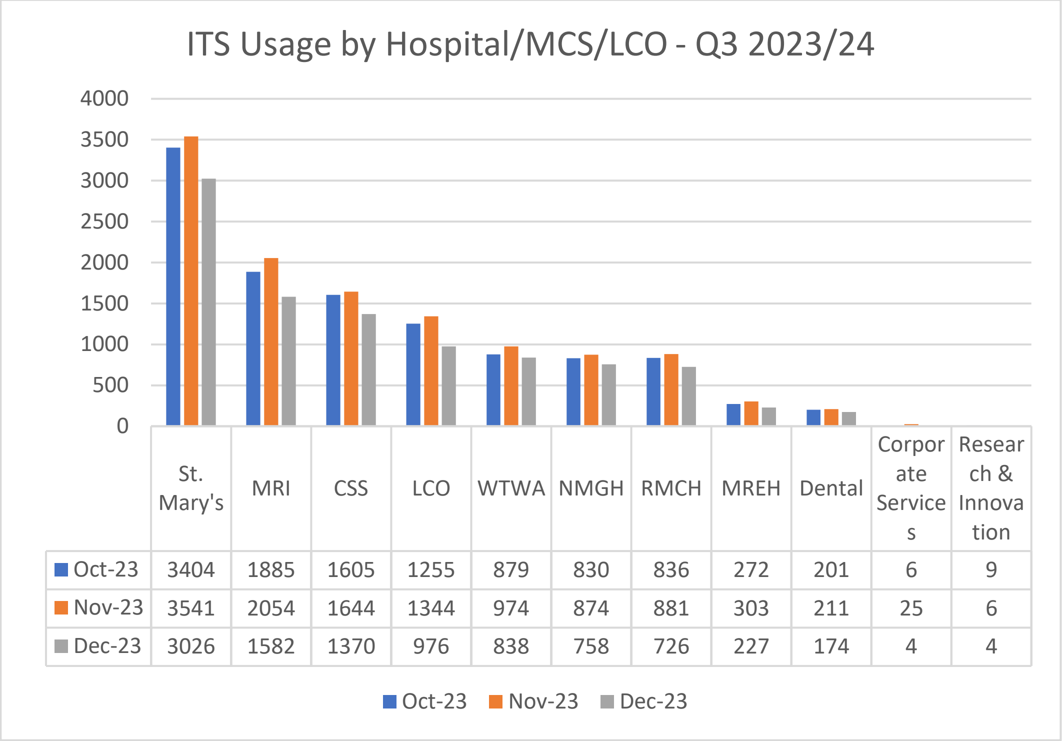


**Graph 18:** Primary Out of Hours Contact Category, Q2, 23/24 – Q3, 23/24

## 11. Interpretation and Translation Services (ITS)

11.1 Translation services in patient experience are a critical component to provide effective communication between healthcare providers and patients for quality care and patient safety.

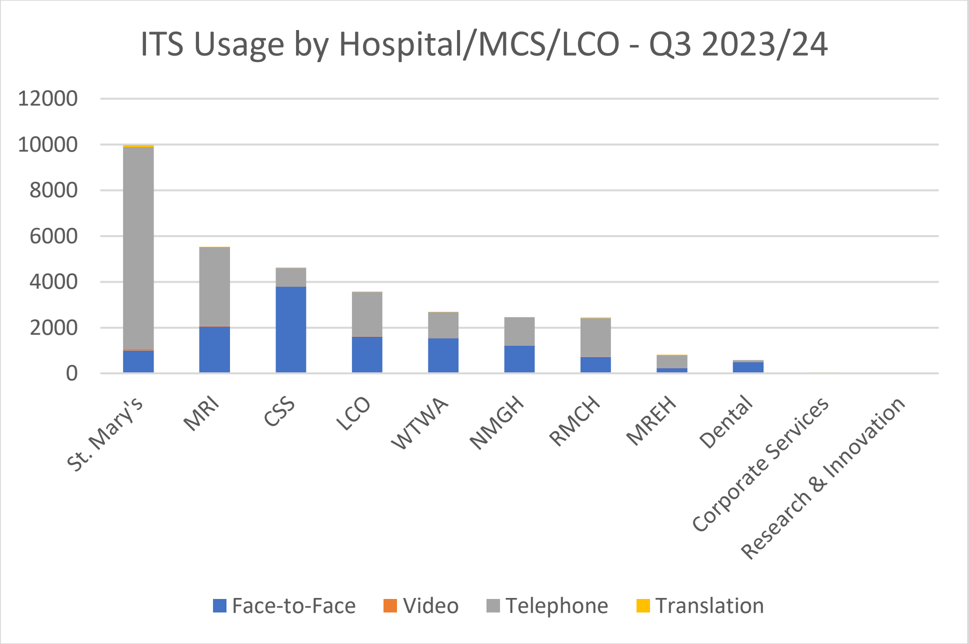
11.2 During Q3 the ITS service was accessed 32,724 times, an increase of 8.3% more than the previous quarter (30,216). **Graph 19** shows analysis of usage from all Hospitals/MCS/LCO indicate that SMH were the highest user accessing the service 9,971 times, representing 30.47% of all Trust usage.



| | St. Mary's | MRI | CSS | LCO | WTWA | NMGH | RMCH | MREH | Dental | Corporate Services | Research & Innovation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ■ Oct-23 | 3404 | 1885 | 1605 | 1255 | 879 | 830 | 836 | 272 | 201 | 6 | 9 |
| ■ Nov-23 | 3541 | 2054 | 1644 | 1344 | 974 | 874 | 881 | 303 | 211 | 25 | 6 |
| ■ Dec-23 | 3026 | 1582 | 1370 | 976 | 838 | 758 | 726 | 227 | 174 | 4 | 4 |

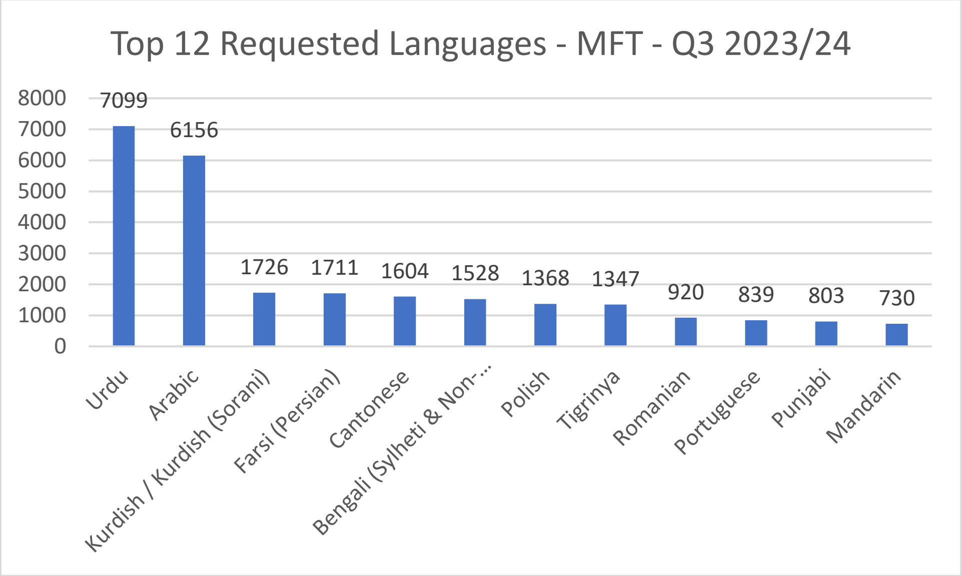
**Graph 19:** Interpretation & Translation Service Usage by Hospital/MCS/LCO, Q3 2023/24.

11.3 The most requested service with 19,770 interactions (60.41%) was telephone interpreting, followed by face to face (12,634, 39%). **Graph 20** shows the distribution of breakdown of service type usage by Hospital/MCS/LCO. SMH remain the highest user of Telephone Interpretation, using the telephone service 8,812 times (88.38% of their overall usage and 44.57% of all calls made in the Trust).



**Graph 20:** Distribution of Service Type Usage by Hospital/MCS/LCO, Q3 2023/24.

11.4 As in quarter 2, of the 107 different Languages / Dialects requested for interpretation, Urdu and Arabic remained the top two requested accounting for 40.68% of all requests in this period. As can be seen in **Graph 21** Urdu was requested 7,099 times and Arabic 6,156 times.



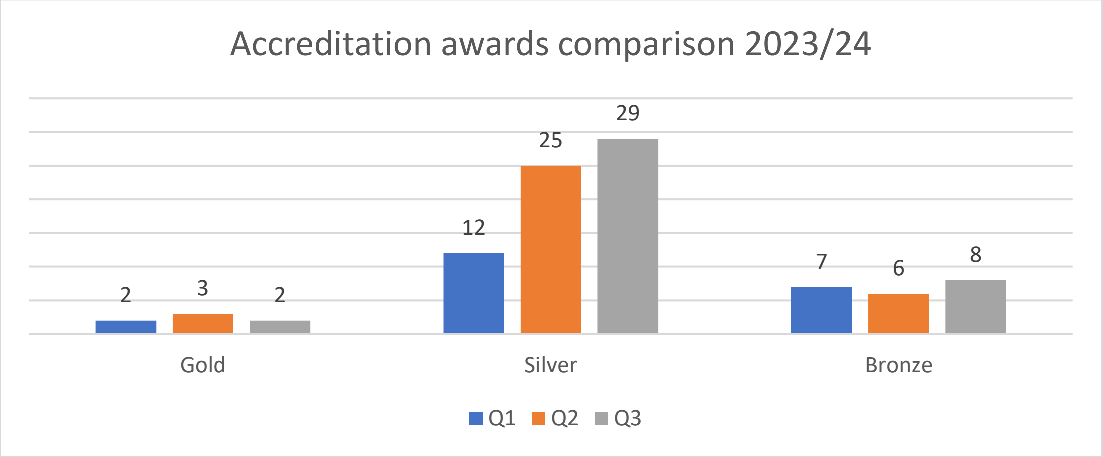
**Graph 21**: Top 12 languages requested via Face-to-Face, Video and Telephone, MFT, Q3 2023/24.

## 12. Monitoring and Assurance

### The Clinical Accreditation Programme

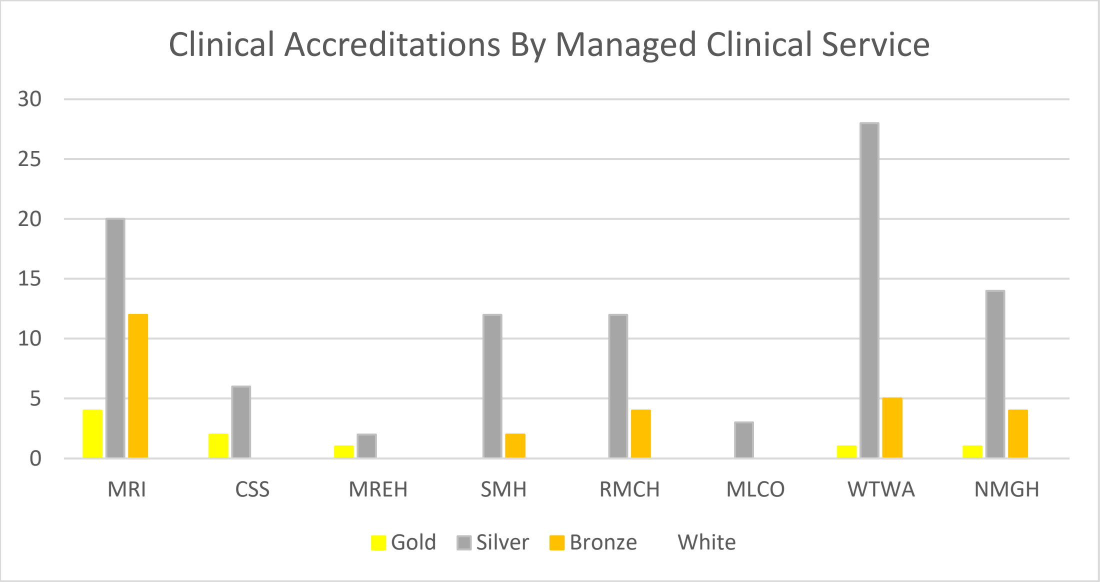
12.1 The Accreditation process is part of MFT's assurance mechanism for ensuring high-quality care and the best possible patient experience. The Accreditation process is aligned to the Care Quality Commission's (CQC) Key Line of Enquiry Standards (KLOE) which are (Safe, Effective, Responsive, Caring and Well Led).

12.2 During Q3, 46 Clinical Accreditations were undertaken of which 39 were validated, 21% (8) achieved Bronze, 74% (29) achieved Silver and 5% (2) achieved Gold. **Graph 22** illustrates the comparison of validated Clinical Accreditations from Q1 to Q3.



**Graph 22**: Demonstrates comparisons of awards between Q1, Q2 and Q3.

12.3 **Graph 23** below demonstrates comparison clinical accreditation by hospital/MCS/LCO for Q1, Q2 and Q3 in total.



**Graph 23**: Demonstrates comparisons of awards between hospital/MCS/LCO site for Q1, Q2 and Q3 inclusive.

12.4 MRI received the most Gold Awards (4), WTWA received the most Silver Awards (28) and MRI received the most Bronze Awards (12). There were no White Awards for 2023/24.

12.5 The areas which scored the highest encompassed civility in the workplace, including staff wellbeing, staff feeling supported, appraisals completed timely and staff feeling confident to raise concerns around staff or patient behaviours or attitudes, and CPD opportunities, Quality Improvement, Research and mandatory training compliance.

12.6 The areas with the lowest scores included uniform standards, medical device training and ILS / AIM training compliance, and cleanliness, safety of environment, Hand Hygiene and Medical devices.

12.7 Improving Quality Programme training is delivered to support wards and departments with improvement work, using the Improving Quality methodology. This training has been delivered to ensure the areas are supported in the dissemination of their learning.

12.8 Learning from Clinical Accreditations has been shared with the teams and localised action plans created whilst trust wide workstreams, such as medication safety and mealtime standards practices have commenced.

## 13. Work Streams / Actions / Learning

### Carer’s Strategy

13.1 The development of MFT’s Carers Strategy has been a key workstream for the Corporate Patient Experience team throughout 2022/2023. Following the ratification of the strategy by the Board of Directors a formal launch took place on the 23rd November 2023 to co-inside with National Carers Rights Day.

### Bee Brilliant

13.2 Bee Brilliant was delivered in October and November 2023, the event was led by the Group Deputy Chief Nurse. In total, 414 staff members, from all hospital/MCS/LCO sites, attended the events on 3 dates over 3 MFT sites including live streaming and roadshow events.

13.3 The event focused on professional excellence, emphasising pride within our roles. The MFT approach to risk management and looking at safety differently were explored with speakers from the IPC team sharing a patient story demonstrating a positive change in practice. Safety challenges in relation to nutrition & hydration across MFT were presented with the MFT National Inpatient Survey results shared. The event ended with a message of encouragement to teams to find the sparkles of professional excellence that make them feel proud.

13.4 Following on from the success of the last quarter's livestream which offered staff the opportunity to attend the session remotely, live streaming took place from the Oxford Road Campus (ORC) and saw an increase in attendance from Q2 by 107% to 185 attendees from across MFT hospitals/MCS/LCO.

### Quality Lead Forums

13.5 The overall purpose of the group is to encourage collaboration of the services across the Hospitals/MCS/LCO. Common themes and best practice are shared in relation to Quality and Patient Experience.

13.6 Following a review of Patient Feedback, Clinical Accreditation Safety Actions and recent audits, the current focus of the group is Nutrition and Hydration, Medications Management and Cleanliness. Feedback and outcomes from this group will be received at the quality and patient experience forum which will in-turn be received by Group Quality and Safety Committee.

### Nutrition and Hydration

13.7 Nutrition and hydration continue to be a significant focus at MFT, reviewing incidents, audits, complaints and local intelligence.

13.8 In collaboration with Nursing, Dietetics, Estates and Facilities and the Trust's PFI Partners, Sodexo, the Food Dining Symposium was launched on 26th October 2023. The multidisciplinary group identified short, medium, and long-term action plans, as well as other initiatives to improve the quality of food and the patient dining experience.

13.9 One of the initiatives identified was to hold a 'Food is Medicine' week on all inpatient areas during the 15th - 21st January 2024. The week will involve a short patient survey, with questions based on the What Matters To Me (WMTM) Patient Experience Survey, observation of the breakfast, lunch and dinner meals process which will include the knowledge and use of the digital platforms; HIVE and Saffron to identify any training gaps, and observation of the preparation and service of the meals.

13.10 A draft version of the updated MealTime standards has been developed, which will include 3 main sections: Getting Ready, The Main Event and Record and Review. It is intended this will be launched during Nutrition and Hydration week, 11th – 17th March.

13.11 Following the mealtime standards improvement programme work undertaken in September 2023, a comprehensive training package has been developed which includes the ordering process of meals using the HIVE and Saffron platforms.

### Medications Management

13.12 The Trust Medicines Safety Committee reported an increase in incidents where patients are transferred to different wards / hospitals with the wrong medication, or they are sent to other wards without their medication.

13.13 To understand the true issue of the incidents reported, an in-depth scoping exercise was undertaken across all Hospitals/MCS/LCO, which included a staff survey, mapping process exercise and ward observations.

13.14 A report of the finding was to be presented to the Group Medicine Safety committee in January 2024, with recommendations to consider the need for a wider Task and Finish group with representation from different disciplines.

### Cleanliness

13.15 Cleanliness was highlighted during several Clinical Accreditations, patient feedback and national surveys and senior nursing staff and Sodexo undertook a snapshot review of each site. This flagged up many areas for focus and the results have been provided to the Patient Environment of Care forum.

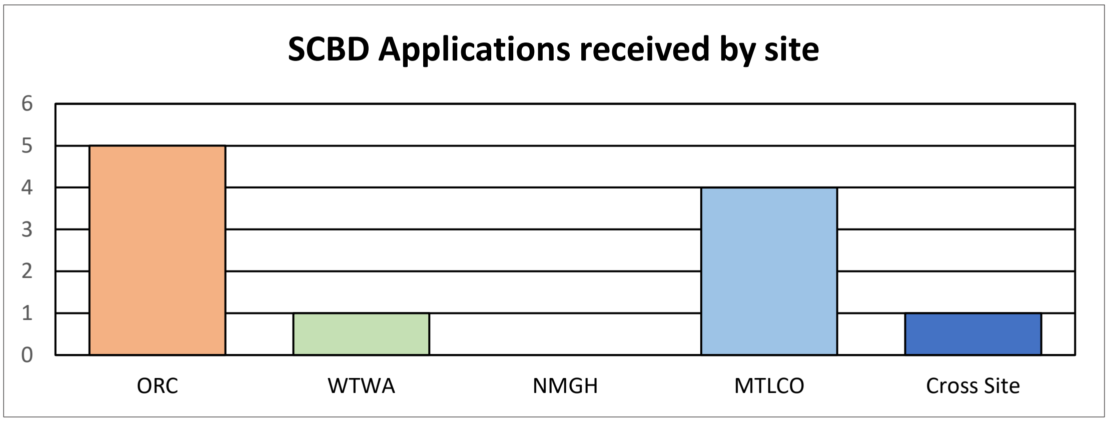
### Small change big difference

13.16 The Small Change Big Difference (SCBD) program is a service improvement initiative led by the Corporate Director of Nursing for Quality and Patient Experience and managed by the Quality Improvement Team (QI Team) which supports the Trust's 'What Matters to Me' patient experience program.

13.17 SCBD allows all ward/areas/departments to submit applications to fund projects of up to £5000, which are not covered by the wards own budget. In addition, applications to support positive experience for patients with a learning disability will be considered for additional funds of £2000.

13.18 Applications must be based on patient and staff feedback incorporating one or more of the 'What Matter to Me' 'PEOPLE' acronym, 'Positive Communication', 'Environment', 'Organisational Culture', 'Professional Excellence', 'Leadership' and 'Employee Wellbeing', with the aim of improving patient and/or staff experience.

13.19 There has been a total of 28 SCBD applications during Quarter 3. Of the 28 applications, 11 were declined before going to SCBD panel as they did not fit the outlined criteria, 6 were declined by the panel and 11 were successful. See **Graph 24** for successful applications by MFT Site.



**Graph 24**: Demonstrates successful SCBD applications per MFT site during Q3.

13.20 A total of £58,087.74 has been awarded to the successful applications during Q3, making a total spend of £100,032.10 for Q1, Q2 and Q3.

13.21 Examples of successful funding applications, to improve the patient experience during Q3 are.

- Oral care simulators
- Larger TV with higher resolution for patients in MREH
- 'Story art wall' in visitor's room
- Translation of leaflets in maternity for non-English speaking service users
- Improvements to visitor waiting areas
- Delirium clocks

### Complaints Review Scrutiny Group (CRSG)

13.22 The CRSG process scrutinises complaints investigated and responded to by MFT and provides an additional level of scrutiny contributing to the learning from these complaints, to improve patient experience and positive change through discussion and reflection.

13.23 The Complaints Review Scrutiny Group (CRSG), chaired by the Corporate Director of Nursing for Quality and Patient Experience, and supported by a Non-Executive Director, met on two occasions during Q3 reviewing 3 complaints in total.

13.24 The management teams from the Hospitals/MCS/LCO presented a case based upon a complaint they had received. Learning and associated actions identified from the cases were discussed, and assurance was provided that complaints are investigated with appropriate action taken when needed.

13.25 Learning from CRSG is to be discussed at the Quality and Patient Experience Forum to ensure best practice and learning is shared. Examples of how learning from complaints has led to changes that have been applied in practice is provided in **Appendix 8**.

### PALS and Complaints

13.26 Patient complaints offer intelligence that can be used to change practice and improve patient experience and outcomes. Whilst the focus on the performance of managing and responding to complaints is key, it is also important that there is a clear intent to ensure that learning from the outcomes of complaints is shared, and improvements are acted upon and disseminated widely to improve patient experience.

13.27 Each hospital/MCS/LCO holds regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement. Examples of how learning from complaints has led to changes that have been applied in practice is provided in **Appendix 8**.

### The Clinical Accreditation Programme

13.28 The Quality Improvement (QI) team have been continuing their education and training programme to address the recognised correlation between the knowledge of IQP methodology, effective leadership, and Clinical Accreditation and Quality Assurance Review outcomes. Initial band 7 training commenced in Q1, and in Q2, the QI team developed a new shorter condensed version of the training (Super Sessions) to accommodate more training sessions. During Q3 the Super Sessions were opened up to include all bands of Nursing, Midwifery or AHP and the QI team continued to use the new shorter condensed version replacing the previous Masterclasses.

13.29 Super Sessions have run twice monthly, over four sites (ORC, Wythenshawe, NMGH & Trafford) and are now available on the Kallidus Learning Hub, allowing for ease of access for staff to book onto the sessions. During Q3, 189 staff initially booked onto the sessions and 116 (61.3%) staff members attended sessions due to last minute cancellations for clinical need.

### Patient Stories

13.30 Two patient stories were shared with the Group Board of Directors and the Quality and Patient Experience Forum. Vincent’s story which told of his time as an inpatient at NMGH and the issues he experienced with noise from other patients whilst Amanda’s story detailed her positive experience at the Hathersage Centre, and the improvements being made as a result of her sharing her story with the trust.

13.31 The Patient Experience Team continued to work closely with the Medical Illustrations team building a library of patient stories. The patient stories database is being maintained and catalogues films by theme and area (ward, hospital etc) so that it is easy to search for a specific film type. The aim is for there to be a story for each hospital site and for different groups of patients so that when there are celebratory weeks / days (e.g., Carers Week), there is a story ready to be presented.

13.32 During Q3 a further five patient stories have been filmed and six more stories have been identified for the team to film and produce over the coming months.

### Equality and Diversity Monitoring Information

13.33 Despite the improvements in data collection for complaints, there is still an ongoing need to improve reporting on ‘disability’, ‘religion’ and ‘sexual orientation’. To address this, the Customer Services Manager is attending the Trust’s Disabled People’s User Forum and working closely with the Equality and Diversity Lead, to gather feedback on any barriers to providing this information and / or submitting a complaint so the service can be made more accessible to all patients and the public going forward.

13.34 During Q4, the Customer Services Manager will work with Trust’s Consultant in Public Health and liaise with community and voluntary organisations to seek out further improvements in this area.

## 14. Summary

14.1 As in previous quarters the themes identified from patient feedback (FFT, WMTM, National Surveys) continue to correlate to the themes identified through complaints. The most common themes identified for improvement across the trust in Q3 are waiting, appointment delays and cancellations and mealtime standard issues.

14.2 Further work is ongoing to ensure that we are listening and acting on feedback provided by our patients, carers and families.

14.3 For the last three quarters there has been a continued improvement in communication, with a reduction in PALS concerns and complaints. The Patient Services teams have been pivotal in driving improvements, via Bee Brilliant and PALS and Complaints Training.

14.4 The Trust is grateful to those patients, families and carers who have taken the time to raise their concerns, complaints and provide feedback, as the Trust acknowledges their contribution to improving services, patient experience, and patient safety.

## 15. Recommendations

15.1 The Board of Directors is asked to note the content of this Quarter 3, 2023/24 Quality and Patient Experience Report and the ongoing work of the Corporate and Hospital/MCS/LCO teams, to ensure that MFT is responsive to concerns and complaints raised and learns from patient feedback to continuously improve the patient’s experience.

## Appendices

### Appendix 1

| Top 3 Positive WMTM Themes. Quarter 3, 2023/24 | | | |
|---|---|---|---|
| | **1** | **2** | **3** |
| **MFT** | Emotional and Physical Support | Friendliness | Compassion |
| **CSS** | Compassion | Emotional and Physical Support | Professional and Competent |
| **MLCO** | Emotional and Physical Support | Compassion | Professional and Competent |
| **MREH** | Professional and Competent | Friendliness | Emotional and Physical Support |
| **MRI** | Friendliness | Emotional and Physical Support | Compassion |
| **NMGH** | Emotional and Physical Support | Compassion | Helpfulness |
| **R&I** | Friendliness | Professional and Competent | Emotional and Physical Support |
| **RMCH** | Friendliness | Emotional and Physical Support | Compassion |
| **SMH** | Emotional and Physical Support | Compassion | Friendliness |
| **UDHM** | Professional and Competent | Friendliness | Emotional and Physical Support |
| **WTWA** | Emotional and Physical Support | Friendliness | Compassion |

**Table i:** Top 3 Positive Themes based on WMTM feedback captured during Q3 2023/24 by Hospital/MCS/LCO.

## Appendix 2

| Top 3 Positive FFT Themes. Quarter 3, 2023/24 | | | |
|---|---|---|---|
| | 1 | **2** | **3** |
| **MFT** | Friendliness | Emotional and Physical Support | Professional and Competent |
| **CSS** | Friendliness | Professional and Competent | Emotional and Physical Support |
| **LCO** | Emotional and Physical Support | Compassion | Professional and Competent |
| **MREH** | Professional and Competent | Friendliness | Emotional and Physical Support |
| **MRI** | Friendliness | Professional and Competent | Emotional and Physical Support |
| **NMGH** | Emotional and Physical Support | Professional and Competent | Compassion |

| | | | |
|---|---|---|---|
| **R&I** | Friendliness | Professional and Competent | Politeness |
| **RMCH** | Friendliness | Emotional and Physical Support | Helpfulness |
| **SMH** | Emotional and Physical Support | Friendliness | Compassion |
| **UDHM** | Emotional and Physical Support | Compassion | Professional and Competent |
| **WTWA** | Professional and Competent | Friendliness | Emotional and Physical Support |

**Table ii:** Top 3 Positive Themes based on FFT feedback captured during Q3 2023/24 by Hospital/MCS/LCO.

## Appendix 3

### Wythenshawe Hospital

**'Fantastic Service'**
I visited A&E recently with a serious chest infection that had been ongoing for 3 weeks, and for which I hadn't received the correct support within primary care.
Every staff member I encountered was friendly, reassuring, and helpful. I was triaged in 5 minutes, and after being assessed by a junior doctor, was seen by a respiratory consultant, who had liaised with my outpatient consultant about the best course of treatment.
I left with the correct medication and a 4 month treatment plan, with referrals to outpatients in the coming weeks. The consultant went out of his way to secure medication in liquid form for me, and I experienced staff as trauma-informed, which made a huge, positive difference to my experience as someone living with C-PTSD.
I felt seen, heard, and acknowledged, and was taken seriously in my concerns, which were validated. Sending thanks and gratitude to all the staff who supported me.

### Response:

Thank you for taking the time to share your positive feedback regarding your experience at the Emergency Department at Wythenshawe Hospital. It is always good to read such positive words in response to the conscientious work of all our staff and great to hear that you felt seen, heard and acknowledged, with your concerns taken seriously. We have forwarded your message for sharing with all the staff involved who will really appreciate your comments.

### Altrincham Hospital

**'Lovely staff'**
The staff were great.
Because your letterheads are not up to date (in dropping "General"), research online

| for parking still comes up for the old hospital. I consequently had to walk with my father from near the station, and he was taken ill. Please correct the letterhead for the sake of others. Thanks. |
|---|
| **Response:** |
| We apologise for the confusion regarding parking for your father's recent appointment. Upon review, the letterhead and MFT website correctly list the location of the service on Railway Road, and we have not been able to find a website which directs patients to the old hospital site; however, the letterhead generated does incorrectly state Altrincham General Hospital so we will look to remove "General" from this.<br>We would very much appreciate it if you could contact us to discuss this further, so we can look to correct any websites where the hospital's location is incorrectly recorded. If you would like to assist us with this, please contact the Patient Advice and Liaison Service (PALS) on telephone 0161 276 8686, or email pals@mft.nhs.uk, quoting reference number PO23/0107 and they will be able to assist. |

**Table iii**: Examples of feedback posted on the Care Opinion and NHS Website during Q3, 2023/24.

## Appendix 4

| | Disputes Information | New Questions | Not All Issues Fully Addressed/Unresolved issues | Request Local Resolution Meeting | Other | Total |
|---|---|---|---|---|---|---|
| **WTWA** | 2 | 11 | 19 | 3 | 1 | 36 |
| **MRI** | 7 | 8 | 10 | 2 | 0 | 27 |
| **CSS** | 1 | 0 | 4 | 0 | 0 | 5 |
| **RMCH** | 3 | 4 | 7 | 0 | 0 | 14 |
| **Corporate** | 1 | 0 | 0 | 0 | 0 | 1 |
| **LCO** | 1 | 0 | 0 | 0 | 0 | 1 |
| **NMGH** | 0 | 0 | 4 | 1 | 0 | 5 |
| **SM MCS** | 3 | 2 | 4 | 0 | 1 | 10 |
| **UDHM/MREH** | 3 | 1 | 2 | 0 | 0 | 6 |
| **Total** | **21** | **26** | **50** | **6** | **2** | **105** |

**Table iv:** Total re-opened complaints by Hospital/MCS/LCO Q3, 2023/24.

## Appendix 5

| |
|---|
| *"Thank you so much for your help again today Toshi. I knew if I came to you, I would get sorted and here you are again, dealing with a situation perfectly!"* |
| *"Can I just please let you know about Loretta. She is an outstanding lady, she went over and above her duties to help me. I'm not very well and my wife had to go to hospital and she's very vulnerable, due to the strong medication she's on. She was left in a chair by the ambulance crew, but she was asleep, and she basically nearly fell out and her handbag was all over the floor. So I was just trying to find out if there's any system where people can sit with patience and the answer was no really, but Loretta has done so much to help my PTSD, depression, anxiety. She's really calmed me down, she is fantastic at what she does."* |
| *"I would like to express my sincere appreciation for the excellent service I have just received at Wythenshawe Hospital A&E and SDEC. All the staff were helpful and the doctor I saw could not have been more thorough. He took the trouble to ask many detailed questions about my condition and explained everything very clearly. He also referred me for further examination at SDEC, where I attended and the care and service were exemplary. It is clear that Wythenshawe has developed a culture of respect and high quality care for the patient that permeates the whole hospital. This applies to the receptionists, porters, refreshment trolley workers, cleaners and all the medical and nursing staff."* |
| *"My father was brought into MRI A&E and he was put into a room in the amber section. The support worker helped him so much. She was kind, caring, empathetic and most of all funny! My dad was in a lot of pain and also quite embarrassed because of his illness but she managed to put a smile on his face, whilst also treating him with dignity and respect! It made a traumatic experience a little bit easier. I wanted to recognise this, as normally it's always bad reports that you get."* |

**Table v**: Examples of compliments received during Q3 2023/24 recorded on the Trust's Customer Services Database.

## Appendix 6

| Activity | Hours | Volunteers | Average |
|---|---|---|---|
| Complex Patient Programme | 3.28 | 2 | 1.64 |
| Critical Care | 26.87 | 2 | 13.44 |
| St Johns Ambulance- Patient Dining Companion | 4.00 | 1 | 4.00 |
| Christmas Activities | 15.51 | 5 | 3.10 |
| Paediatric ED- Weekdays | 8.26 | 2 | 4.13 |
| Paediatric ED- Weekends | 3.53 | 1 | 3.53 |
| Paediatric Emergency Department | 6.43 | 1 | 6.43 |
| Ward 78 | 54.35 | 1 | 54.35 |
| Ward 85 | 13.37 | 1 | 13.37 |
| Chaplaincy | 35.12 | 2 | 17.56 |

| | | | |
|---|---|---|---|
| Fire Safety Administrative Assistance | 18.36 | 1 | 18.36 |
| Macmillan Meet and Greet | 3.46 | 1 | 3.46 |
| Pets as Therapy Volunteer | 7.45 | 2 | 3.73 |
| Volunteer Office | 25.50 | 2 | 12.75 |
| Project RED -Meet and Greet | 42.89 | 3 | 14.30 |
| Activity Packs- RMCH | 17.37 | 7 | 2.48 |
| Black History Month | 18.06 | 5 | 3.61 |
| Children's Candle Service | 23.00 | 4 | 5.75 |
| Midwife Wellbeing Day | 12.65 | 6 | 2.11 |
| Young People's Event 2023 | 18.45 | 5 | 3.69 |
| Ward 31 | 55.27 | 3 | 18.42 |
| MRI PALS- Entrance 2 | 24.55 | 6 | 4.09 |
| Genetics Meet and Greet | 2.53 | 1 | 2.53 |
| MREH | 168.90 | 27 | 6.26 |
| MRI Entrance 1 | 352.13 | 36 | 9.78 |
| Peter Mount Meet and Greet | 16.79 | 2 | 8.39 |
| RMCH | 208.99 | 27 | 7.74 |
| SMH | 87.15 | 20 | 4.36 |
| EPL Counsellor | 26.87 | 1 | 26.87 |
| SPOONS Volunteer | 15.00 | 2 | 7.50 |
| Face to Face Fire Safety | 15.00 | 15 | 1.00 |
| Wheelchair Training | 7.26 | 6 | 1.21 |
| Counselling Volunteer | 160.79 | 7 | 22.97 |
| **TOTAL** | **1499.14** | **207** | **7.24** |

**Table vi:** Number of hours volunteered by role at ORC

| Activity | Hours | Volunteers | Average |
|---|---|---|---|
| Meet and Greet/Face Mask Distribution | 676.49 | 38 | 17.80 |
| Patient Dining Companion | 16.75 | 1 | 16.75 |
| Chaplaincy | 225.06 | 14 | 16.08 |
| Emergency Department | 18.00 | 2 | 9.00 |
| Macmillan Counsellors, TGH | 264.27 | 11 | 24.02 |
| Meet and Greet- Withington Community Hospital | 11.00 | 1 | 11.00 |
| Paediatric Ward Volunteer | 72.80 | 2 | 36.40 |
| Pets As Therapy | 3.00 | 1 | 3.00 |
| **Total** | **1376.58** | **70** | **19.66** |

**Table vii:** Number of hours volunteered by role at WTWA

| Activity | Hours | Volunteers | Average |
|---|---|---|---|
| Chaplaincy | 22.84 | 2 | 11.42 |
| Outpatients F | 4.00 | 1 | 4 |
| Childrens Unit | 10.75 | 1 | 10.75 |
| Reception Desk | 1026.40 | 34 | 30.19 |
| Lime Arts | 8.50 | 1 | 8.5 |
| **Total Hours** | **1072.49** | **39** | **64.86** |

**Table viii:** Number of hours volunteered by role at NMGH

## Appendix 7

| Site | Q2, 23/24 | Q3, 23/24 |
|---|---|---|
| Manchester Royal Infirmary | 1888 | 2021 |
| Wythenshawe Hospital | 1648 | 1675 |
| North Manchester General Hospital | 1204 | 1287 |
| Royal Manchester Children's Hospital | 261 | 296 |
| Trafford General Hospital | 162 | 150 |
| Saint Mary's Hospital | 185 | 256 |
| MRI Virtual Hospital | 33 | 1 |
| Manchester Royal Eye Hospital | 12 | 16 |
| Unspecified | 1 | 10 |
| Wythenshawe Virtual Hospital | 0 | 5 |
| **Total Contacts** | **5394** | **5717** |

**Table ix**: Number of contacts received by Hospital/MCS/LCO, Q3, 2023/24

## Appendix 8

| Reason for complaint | Action Taken |
|---|---|
| Concerns regarding patient's care and treatment, including: communication failure, pain management, lack of clinical/risk assessment, results delays, general nursing and medical care. | Training was delivered at the beginning of each shift for one month. Following completion of the training, Ward Manager completing weekly audits to provide assurance that the ward nursing team are assessing and evaluating patients pain management in line with the Trust policy.<br>Nurses have completed learning reflections regarding the administering of mediation, and this has also been discussed in the ward safety huddle and team meeting to ensure wider learning.<br>Nurses have completed learning reflection and received one-to-one training regarding the importance of timely communication with families when patients are transferred to other areas of the hospital. |
| Concerns raised about the lack of compassion shown by the nurse visiting the patient and the lack of communication about the time of visit, communication about involvement and waiting times for the multi-disciplinary team. | New service leaflet has been developed to support patients and families to ensure access to information about the service, including who to contact.<br>Website resources have been reviewed to include up to date contact details, information and links.<br>Learning opportunities for staff in relation to supporting patients with emotional regulation changes, as well as ensuring all aspects of patient's care and condition are discussed at the core assessment. |

| | |
|---|---|
| | Communication with regards to waiting times and when the patient will be visited has been reviewed and revised. The process for advising the patient when they will be seen has been included in a communication log and 'team hand over' to ensure patients are contacted and updated appropriately.<br>The service is continuing to report the waiting times through the relevant channels including a regular update of the risk assessment. |
| Concerns raised by patient in relation to not receiving a letter summarising the findings from their outpatient appointment and difficulties contacting the department by telephone. | Telephone lines have been updated allowing the transfer telephones to manned offices when staff members are absent.<br>Process developed with the secretariat for checking colleagues' mailboxes, when absent, to ensure messages are responded to and mailboxes are kept clear and checking the letters awaiting sign-off are processed in a timely manner.<br>Complaint shared at team meeting to improve services delivered by the secretariat. |
| Concerns raised about lack of follow-up appointment provided and onward referral, in addition to appointment cancellations. | Further training for Booking and Scheduling staff on MyMFT functionality.<br>Hospital clinical cancellation information to be passed on to patients, with any queries raised by the patient to be escalated to the relevant consultant. |
| Concerns regarding a patient scheduled for a scan but name not on list upon arrival. | The issue with imaging scans being referred incorrectly is being addressed with the IT Department, as a matter of urgency, to prevent any repeat of this situation.<br>Imaging have requested IT generate a 'hard stop', to prevent a recurrence.<br>Operational Manager escalating issue with the clinical teams, to identify any training needs. |
| Concerns regarding the care patient received on Ward 76, resulting in a delay in the CT scan being performed, and communication issues and staff attitude with blame apportioned on patient and family. | Ward Manager shared concerns with the nursing team for shared learning.<br>Clinical Lead to liaise with Booking Team regarding the teams that patients admitted ward are booked under and explore whether changes are required to be made to the requesting system.<br>Clinical Lead to discuss the possibility of obtaining consent for scans under sedation at the point of the scan request where possible with the relevant teams. |

**Table x**: Complaint reasons and actions.

Agenda Item 11.2

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS

| | |
|---|---|
| **Report of:** | Group Chief Nurse |
| **Paper prepared by:** | Alison Lynch, Group Deputy Chief Nurse |
| **Date of paper:** | March 2024 |
| **Subject:** | Care Quality Commission Revised Approach to Provider Regulation |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | • To improve patient safety, clinical quality, and outcomes.<br>• To improve the experience of patients, carers, and their families. |
| **Recommendations:** | The Board of Directors are asked to note the changes to the regulatory framework and to support the actions taken by the Trust to date. |
| **Contact:** | Name: Alison Lynch, Group Deputy Chief Nurse<br>Tel: 0161 701 0331 |

## 1 Purpose

1.1. The purpose of this report is to provide an overview of the Care Quality Commission's (CQC) change in approach to Provider regulation through its new assessment framework.

## 2 Overview

2.1 In its strategy[1] published in August 2021, the CQC signalled a change in the approach it takes to Provider regulation.

2.2 The new approach, using a Single Assessment Framework for all providers, will allow for more flexibility, with a move away from scheduled inspections, and the management of risk and uncertainty in a more proportionate and responsive way.

2.3 The CQC will be making more use of data through their approach to Insight to both gather and analyse evidence.

## 3 New Approach to regulations

3.1 The Single Assessment Framework has been developed from the familiar CQC domains (Safe, Effective, Caring, Responsive and Well Led), and is aligned with 'I' statements, describing what patients and the public expect, and as 'We' statements, describing the expectations of the CQC, and the mechanisms by which providers, Local Authorities and Integrated Care Systems are held to account. There are 34 Quality statements aligned to the five CQC domains.

3.2 In addition to the "I" and "We" statements, evidence is grouped into six evidence categories applicable to all providers. These are:

- ✓ People's experience
- ✓ Feedback from staff and leaders
- ✓ Feedback from partners
- ✓ Observation
- ✓ Processes
- ✓ Outcomes

(please see Appendix 1 for Evidence Categories)

3.3 CQC will collect evidence in all the key evidence categories for a particular quality statement:

- ✓ For the first assessment under the new approach
- ✓ Following new registrations

It is only in the first assessment of the new approach that the CQC will look at every key evidence category. In future assessments they may review evidence just in particular categories.

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[1] https://www.cqc.org.uk/sites/default/files/Our_strategy_from_2021.pdf

3.4 Evidence reviewed by the CQC will be scored between 1 (significant shortfalls) to 4 (exceptional standards). Under each evidence category, scores will be combined to give a Quality Statement score which will be converted into a percentage. At key question level (KLOE) the percentage is translated into a rating using the thresholds as per below:

- ✓ 4= Over 87% (outstanding)
- ✓ 3= 63 to 87% (Good)
- ✓ 2= 39 to 62% (requires improvement)
- ✓ 1= 25-38% (inadequate)

3.5 CQC will continue to rate providers using the current rating scale of Outstanding, Good, Requires Improvement and Inadequate.

3.6 Trust overall rating will be based on the assessment of the 8 Well-Led Quality Statements.

## 4 Relationship & Engagement

4.1 In the revised framework, relationship meetings will continue to be held on a quarterly basis led by a CQC assessor, operations manager or senior specialists as determined by any identified risk. Operational meetings with the Trust relationship Manager will be held monthly. Once a year there will be a strategic engagement meeting with the CQC Inspector, Deputy Director (CQC) and a Trust Executive Director.

4.2 Across GM, there are six Integrated Assessment Teams (IAT). MFT is included in GM1 Central Manchester IAT, which for the purposes of the geography of the Trust will include all our sites and community settings (Trafford is included). The current CQC personnel aligned to Trusts within GM1 are:

- Ann Ford, Director of Operations Network North (Northwest Region)
- Alison Chilton, Deputy Director of Operations Network North (oversees GM Region)
- Vicky Bennett, Central Manchester Operations Manager
- Omar Khan, Inspector and Relationship Manager
- Within each of the 6 IATS there are regulation coordinator, specialist assessors. Not all have been appointed.

## 5 New Assessment framework roll out

5.1 The CQC has begun rolling out its new assessment framework **our new assessment framework** in a staged approach starting with providers in the South of England and from 6th February in the North West. By end of March all Providers will be assessed in line with the new assessment framework. A new portal is in development to support the revised framework. Nominated Individuals in a small group of Providers have been invited to register on the portal of which MFT is not one. By March of 2024, all Providers will be requested to use the portal initially, for Statutory Notifications for example: serious injury, events that stop a service, and deprivation of liberty safeguards, (DoLS).

## 6 Actions and next steps

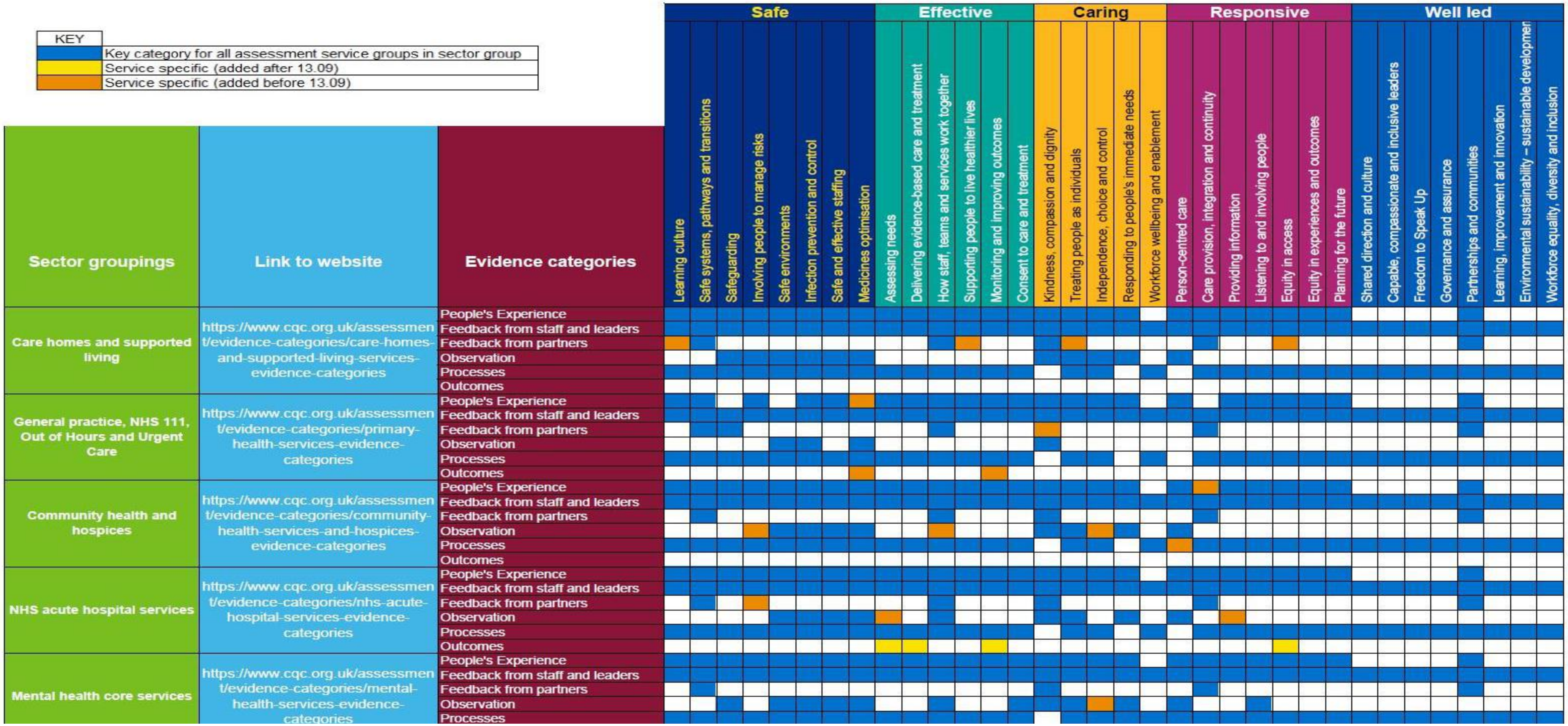
- ✓ Alignment of revised framework to the Ulysses management system to capture evidence and enable understanding of the Trust compliance against the Quality Statements and evidence categories.
- ✓ Review of clinical accreditation against the revised framework
- ✓ Focussed sessions with senior leadership teams on the new framework.
- ✓ Staff drop-in sessions open to all staff across the Trust.
- ✓ Incorporation of well led quality standards in the Well Led Assessments

## 7 Recommendations

6.1. The Board of Directors are asked to note the changes to the regulatory framework and to support the actions taken by the Trust to date.

## 1.1.1 Appendix 1:

# Evidence Categories across sectors



| KEY | |
|---|---|
| 🟦 | Key category for all assessment service groups in sector group |
| 🟨 | Service specific (added after 13.09) |
| 🟧 | Service specific (added before 13.09) |

| Sector groupings | Link to website | Evidence categories | Safe | | | | | | | | Effective | | | | | | Caring | | | | | Responsive | | | | | | | Well led | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Learning culture | Safe systems, pathways and transitions | Safeguarding | Involving people to manage risks | Safe environments | Infection prevention and control | Safe and effective staffing | Medicines optimisation | Assessing needs | Delivering evidence-based care and treatment | How staff, teams and services work together | Supporting people to live healthier lives | Monitoring and improving outcomes | Consent to care and treatment | Kindness, compassion and dignity | Treating people as individuals | Independence, choice and control | Responding to people's immediate needs | Workforce wellbeing and enablement | Person-centred care | Care provision, integration and continuity | Providing information | Listening to and involving people | Equity in access | Equity in experiences and outcomes | Planning for the future | Shared direction and culture | Capable, compassionate and inclusive leaders | Freedom to Speak Up | Governance and assurance | Partnerships and communities | Learning, improvement and innovation | Environmental sustainability – sustainable developmen | Workforce equality, diversity and inclusion |
| Care homes and supported living | https://www.cqc.org.uk/assessment/evidence-categories/care-homes-and-supported-living-services-evidence-categories | People's Experience | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | | | | 🟦 | | | |
| | | Feedback from staff and leaders | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Feedback from partners | 🟧 | 🟦 | | | | | | | | | 🟦 | 🟧 | | | 🟦 | 🟧 | | | | | 🟦 | | | 🟧 | | | | | | | 🟦 | | | |
| | | Observation | | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | | | | | | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | | | | | | | | | | | | | | |
| | | Processes | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General practice, NHS 111, Out of Hours and Urgent Care | https://www.cqc.org.uk/assessment/evidence-categories/primary-health-services-evidence-categories | People's Experience | 🟦 | 🟦 | | 🟦 | | 🟦 | 🟦 | 🟧 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | | | | 🟦 | | | |
| | | Feedback from staff and leaders | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Feedback from partners | | 🟦 | 🟦 | | | | | | | | 🟦 | | | | 🟧 | | | | | | 🟦 | | | | | | | | | | 🟦 | | | |
| | | Observation | | | | | 🟦 | 🟦 | | 🟦 | | | | | | | 🟦 | | | | | | | | | | | | | | | | | | | |
| | | Processes | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Outcomes | | | | | | | | 🟧 | | | | | 🟧 | | | | | | | | | | | | | | | | | | | | | |
| Community health and hospices | https://www.cqc.org.uk/assessment/evidence-categories/community-health-services-and-hospices-evidence-categories | People's Experience | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟧 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | | | | 🟦 | | | |
| | | Feedback from staff and leaders | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Feedback from partners | | 🟦 | | | | | | | | | 🟦 | | | | 🟦 | | | | | | 🟦 | | | | | | | | | | 🟦 | | | |
| | | Observation | | | | 🟧 | 🟦 | 🟦 | 🟦 | 🟦 | | | 🟧 | | | | 🟦 | 🟦 | 🟧 | 🟦 | | 🟦 | | | | | | | | | | | | | | |
| | | Processes | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | | 🟦 | 🟧 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NHS acute hospital services | https://www.cqc.org.uk/assessment/evidence-categories/nhs-acute-hospital-services-evidence-categories | People's Experience | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | | | | 🟦 | | | |
| | | Feedback from staff and leaders | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Feedback from partners | | 🟦 | | 🟧 | | | | | | | 🟦 | | | | 🟦 | | | | | | 🟦 | | | | | | | | | | 🟦 | | | |
| | | Observation | | | | | 🟦 | 🟦 | 🟦 | 🟦 | 🟧 | | 🟦 | | | | 🟦 | 🟦 | | 🟦 | | 🟦 | | 🟧 | | | | | | | | | | | | |
| | | Processes | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Outcomes | | | | | | | | | 🟨 | 🟨 | | | 🟨 | | | | | | | | | | | 🟨 | | | | | | | | | | |
| Mental health core services | https://www.cqc.org.uk/assessment/evidence-categories/mental-health-services-evidence-categories | People's Experience | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | | | | 🟦 | | | |
| | | Feedback from staff and leaders | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |
| | | Feedback from partners | | 🟦 | | | | | | | | | | | | | 🟦 | | | | | | 🟦 | | | | | | | | | | 🟦 | | | |
| | | Observation | | | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | | | 🟦 | | | 🟦 | 🟦 | 🟦 | 🟧 | 🟦 | | 🟦 | | | 🟦 | | | | | | | | | | | |
| | | Processes | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 | 🟦 |

Agenda Item 11.3

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Executive Director of Workforce and Corporate Business |
| **Paper prepared by:** | Director of Corporate Business / Trust Board Secretary |
| **Date of paper:** | March 2024 |
| **Subject:** | Board Assurance Framework (February 2024) |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note<br>• Support<br>• Accept ✓<br>• Assurance<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | A clear and effective Board Assurance Framework (BAF) enables the organisation to monitor the principal risks which are most likely to impact upon delivery of our Strategic Aims. |
| **Recommendations:** | The Board of Directors is asked to review and accept the latest BAF (February 2024) which is aligned to the MFT Strategic Aims. |
| **Contact:** | Name: Nick Gomm, Director of Corporate Business / Trust Secretary<br>Tel: 0161 276 4841 |

## 1. Background / Introduction

1.1 Significant risks to achieving the Trust's key strategic aims are reported to the Group Risk Oversight Committee (GROC) and through other established governance routes, dependent on the risk rating.

1.2 The Board Assurance Framework (BAF) presents the risks which have the most potential to impede MFT's delivery of its strategic aims. These risks are overseen by the relevant Board Scrutiny Committees.

1.3 MFT's new Risk Management Framework and Strategy (RMFS) was approved by MFT's Board of Directors in May 2022. It includes a Risk Appetite Statement and ten principal risks. To reflect the RMFS, a new format for the BAF was developed and presented for the first time to the Board of Directors in November 2022.

1.4 In June 2023, a desktop review of the RMFS led to a revised Risk Appetite Statement and principal risk infrastructure. The principal risks are presented and reviewed at their relevant Scrutiny Committees and are used to provide the context for discussions at those meetings.

1.5 This year's annual review of the risk management framework and strategy will be complete in time for a report to come to the Board of Directors in July 2024. The review will include changes to the principal risk infrastructure, and Risk Appetite Statement, to reflect MFT's new organisational strategy which is presented for approval at today's Board meeting

1.5 This report presents the BAF for February 2024. The Finance and Digital Scrutiny Committee, Quality and Performance Scrutiny Committee, and Workforce Scrutiny Committee considered the BAF risks aligned to them at their meetings in February 2024.

## 2. Recommendations

2.1 The Board of Directors is asked to review and accept the latest BAF (February 2024) which is aligned to the MFT Strategic Aims.

## EXECUTIVE SUMMARY

| Strategic Aim | Principal Risk(s) | Executive lead (s) | Scrutiny Committee | Rationale for Assurance level | Current assurance level | Previous assurance levels | |
|---|---|---|---|---|---|---|---|
| | | | | | | *(July 2023)* | *(October 2023)* |
| **1. To focus relentlessly on improving access, safety, clinical quality and outcomes** | 1, 2, 3, 5, 6 | Joint Group Medical Directors<br>Group Chief Nurse<br>Group Deputy Chief Executive | Quality and Performance Scrutiny Committee | Progress continues to be made on our operational performance despite winter pressures which challenged a number of our hospitals. There are areas of improvement, and further work is ongoing to deliver the 2023/24 operational trajectories that underpin delivery of the Trust access targets. All Hospital/MCS/LCOs have clear and agreed improvement trajectories for the remainder of the year covering underlying productivity improvement plans and operational performance. Currenly there is variability in performance across the Trust and the individual plans reflect this as do the remedial actions. Monitoring is undertaken on a weekly, fortnightly and monthly basis through the governance structure; improvement workstreams; AOF; and Group Recovery Board. The IPR is discussed at the Quality and Performance Scrutiny Committee every two months (last time February 2024)<br>The Trust has and continues to work with a number of external parties, alongside the ICB and NHSE to ensure the plans have received robust, external development and scrutiny. Specific focus has been placed on UEC delivery including the LCO with a focus on improving discharge and the operational performance of the Trafford Elective Hub.<br>Quality and safety initiaves are being implemented across the Trust. Hospital/MCS/LCO Patient Safety Incident Response Plans are in place , aligning with our approach to Safety Differently, improvement work is identified to suppport the delivery of the plans. | 🟥 | 🟥 | 🟥 |
| **2. To improve continuously the experience of patients, carers and their families** | 1, 2, 3, 6 | Group Chief Nurse | Quality and Performance Scrutiny Committee | Systems and processes are in place to enable triangulation of all information / analysis through the various controls and enablers, surfaced through the governance systems and frameworks in place. There has been identification that not all risks related to essential standards of quality, safety and patient experience outcomes are fully controlled, however mitigation is in place with clear timeframes to address and there is improvement in risk analysis.<br>Analysis of outcomes, triangulated with patient experience, has identified that patients are waiting longer for their care/treatment than pre-pandemic, that there is inconsistency in achieving reduction in attributable healthcare associated infections and mealtime processes. Recovery plans are in place to address both these areas and reported to the Quality and Performance Scrutiny Committee through the IPR. A deep dive into acquisition of HCAIs was presented to the February QPSC. Harm review processes are in place.<br>All data is analysed and triangulated to learn lessons and drive improvements within services. The clinical accreditation programme is incentivising and delivering service improvement. MyMFT has provided an additonal and popular route for patients to engage with MFT. | 🟨 | 🟨 | 🟨 |
| **3. To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best** | 4 | Group Executive Director of Workforce & Corporate Business | Workforce Scrutiny Committee | The results of the NHS Staff Survey 2023 received so far show an increased response rate by nearly 10% and a statistically significant improvement across key areas. Work to address the themes identified from the 2022 suvery results continues.<br>Our programme of orgiansational development continues to be delivered consisting of: Board development programme; Talent Enablement Programme; and the Leadership and Management academy. The programme is undeprinned by ongoing staff engagement through the MFT Big Conversations, senior leader strategic retreats, and the recruitment of change agents from across the Trust. Outputs from the engagement work have informed the development of MFT's new Organisational Strategy.<br>The Public Sector Equality Duty (PSED) Annual Equality Information Report for 2023 is recommended for approval/publication by the Workforce Scrutiny Committee at this Board meeting. WRES, WDES and Gender pay gap data, along with listening events with staff and the Staff Networks, is infomring the new Diveristy Matters 2024-28 strategy which will belaunched this year.<br>There are currently 70 active Freedom to Speak Up (FTSU) champions supporting the work of the FTSU Champion and Executive Guardian with a further 30 going through the interview and induction process. The traget is to have 100 trained champions in place by April 2024.<br>The Trust's Guardian of Safe Working continues to monitor the working hours for MFT doctors/dentists in training and locally employed clinical fellows. 274 exception reports were submitted by 109 doctors in Q3 2023/24.<br>Sickness absence remains higher than planned at 6.1%, on average, across the Trust. This is a focus for work at the moment as it has a direct impact on the productivity of the organisation. Of the total staff absences, 850 staff are currently on maternity/paternity leave.<br>Workforce turnover (12-month average) has seen a large improvement to 11.9% in January 2024, which is below out internal target of 12.6%. | 🟨 | 🟨 | 🟨 |
| **4. To implement our People Plan, supporting our staff to be the best that they can be, developing their skills and building a workforce fit for the future** | 5 | Group Executive Director of Workforce & Corporate Business | Workforce Scrutiny Committee | MFT's People Plan continues to be progressed alongside the *Diversity Matters* Strategy. The review of the People Plan is particularly aligned to the National Long Term Workforce Plan and the new organisational strategy. A planned refresh of *Diversity Matters* is running simultaneously to take account of NHS England's ED&I improvement plan / high impact actions.<br>Non-medical appraisal rates and level 2/3 mandatory training compliance levels are improving and are subject to monitoring through the Accountablity Oversiight Framework meetings led by the Group Deputy Chief Executive. Further improvements are required to satisfy agreed trajectories.<br>A programme of Digital Maturity assessments across all sites is ongoing to increase the use of workforce systems to improve utilisation and drive productivity and efficiency.<br>A major staff engagement programme is underway to ensure the Trust is listening well and responding to what staff say. This is informing the work to improve staff health and wellbeing including the culture of the organisation.<br>Board and leadership development programmes are being delivered. A number of staff development programmes are also planned for implementation throughout 2024. | 🟨 | 🟨 | 🟨 |
| **5. To use our scale and scope to develop excellent integrated services and leading specialist services** | 6, 10 | Group Director of Strategy | Board of Directors | Managed Single Services (MSS) have been established across a number of priority specialties (e.g., cardiac, head & neck, vascular, breast, infectious diseases) and imlementation of the clinical service strategies continues in line with the availability of resources and the relevant approval processes.<br>Integration of community,secondary care and social care services is on-going through e.g. the work of the LCOs, the roll out and development of integrated neighbourhood teams and the development of hosptial at home.<br>Disaggregation of NMGH services is ongoing with plans to deliver the safe transfer of responsibilities within the available capacity and resource under continual review. | 🟨 | 🟨 | 🟨 |

# EXECUTIVE SUMMARY

| Strategic Aim | Principal Risk(s) | Executive lead (s) | Scrutiny Committee | Rationale for Assurance level | Current assurance level | Previous assurance levels | |
|---|---|---|---|---|---|---|---|
| | | | | | | *(July 2023)* | *(October 2023)* |
| **6. To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve** | 9 | Joint Group Medical Directors | Board of Directors | R & I continues to thrive at MFT. MFT is the highest recruiter to research studies in GM, and 4th highest nationally. The Manchester BRC and CRF were launched in March 2023 and MFT now hosts the North West RRDN. The outputs from R & IU activity continue to lead to ground-breaking treatment for our patients.<br>Appointments to the new North West Research Delivery Network have commenced with the recruitment of the manager. In addition, MFT has just been notified that we have been successful in our bid to host one of the National HealtTech Research Centres. This will replace our internal Diagnistic and Technology Accelerator Centre.<br>There is a planned refresh of the strategic priorities of the Manchester Clinical Academic Centre (end of year approach), led by Interim Director(s) in collaboration with MFT and the University of Manchester. | 🟩 | 🟩 | 🟩 |
| **7. To achieve and maintain financial sustainability** | 7 | Group Chief Finance Officer | Finance and Digital Scrutiny Committee | At the end of month 10, year to date to 31st January 2024, the Trust has delivered a deficit of £38.8m, adjusted for the YTD impact of application of IFRS 16 to the PFI contracts, against a planned deficit of £9.8m, being adverse by £29.0m YTD. An in-month surplus of £2.4m is reported, adjusted for the IFRS 16 impact noted above. This is behind the planned surplus in month 10 of £4.8m by £2.4m.<br>The YTD position is driven primarily by the £3.3m non achievement in ERF funding, a reduction in UEC funding of £4.5m, unfunded costs associated with industrial action in December 2023 and January 2024, temporary staffing premium pay costs, inflationary pressures in non-pay and higher levels of outsourced activity than planned.<br>As at the 31st January 2024, the Trust had a cash balance of £96.3m which is an increase of £7.8m from the £88.5m cash balance at the 31st December 2023. Cash at 31st January 2024 is marginally higher than the forecast balance of £95.3m. The £87.6m reduction against the £183.9m planned cash value at 31st January 2024 primarily reflects the cash impact of the overall income and expenditure deficit against plan and also working capital balances compared to plan.<br>We had already taken actions to deliver the financial position, by commencing the development of a multi-year financial recovery plan. We have worked with a number of external advisors to identify the significant opportunities available to the Trust to reduce our costs, some of which are delivering within the current financial year and some of which are longer term. We have reviewed and strengthened our controls across key areas to reduce our spend. The key internally is for all financial decisions to be made in the context of the financial challenge we are facing and for all staff from Board to Ward to understand this significant risk to our delivery.<br>The Trust has developed a range of forecasts, of which the most likely case is a deficit of £5m before Industrial Action costs. We are however striving to deliver our “best case” forecast which is achievement of our financial plan through delivery of a breakeven position. As detailed above, there are actions in place however there remains very high risk that we will not achieve this best case. | 🟥 | 🟥 | 🟥 |
| **8. To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda** | 6,8 | Joint Group Medical Directors<br>Group Deputy Chief Executive<br>Group Director of Strategy | Board of Directors | MFT has an active role within the Greater Manchester Integrated Care System contributing to all relevant workstreams. We work closely with Manchester and Trafford localities.<br>We continue to implement our Green Plan in line with available resources.<br>MFT Health Inequalities Group now has leads from each Hospital/ MCS/ LCO and oversees a number of workstreams to reduce health inequalities in the local population such as the work to look at bowel screenijng uptake through a Health Inequalities lens.<br>There have been a number of successful recruitment initiatives to encourage local applicants such as the recruitment to the Community Diagnostics Centre in North Manchester. | 🟩 | 🟩 | 🟩 |

| Principal risks | |
|---|---|
| 1. Failure to maintain essential standards of quality, safety, and patient experience | 6. Failure to implement and embed infrastructure plans including digital and estates |
| 2. Failure to improve operational performance | 7. Failure to embed the Trust’s approach to value and financial sustainability |
| 3. Failure to meet regulatory expectations, and comply with laws, regulations, and standards | 8. Failure to work with system partners to address health inequalities, and deliver social value and sustainability |
| 4. Failure to effectively address issues affecting staff experience | 9. Failure to expand MFT’s research and innovation capability and capacity |
| 5. Failure to effectively plan for, recruit, and retain a diverse workforce with the right skills | 10. Failure to deliver the required transformation and integration of services |

| Principal risk 1: Failure to maintain essential standards of quality, safety, and patient experience | Strategic aims under threat |
|---|---|
| **Lead Executive Director (s):** Group Chief Nurse / Joint Group Medical Directors<br>**Scrutiny Committee**: Quality and Performance Scrutiny Committee<br>**Assurance Committee**: Quality and Safety Committee | 1. To focus relentlessly on improving access, safety, clinical quality, and outcomes<br>2. To improve continuously the experience of patients, carers, and their families |

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We hold safety, quality of care, the experience of our patients and those who use our services, in the highest regard and we are measured in our approach, taking carefully considered risks that do not directly compromise the quality and safety of the care we provide.* | 20 | 15 | 15 | 10 | No change |

| Controls / Enablers | |
|---|---|
| Frameworks / Strategies / Plans<br>Risk Management Strategy and Framework<br>Safety Oversight System<br>Patient safety insight, response and learning Policy<br>Patient Safety Incident Response Framework<br>Infection Prevention and Control Standards, Policies & Procedures<br>Access Policy<br>EPRR policy<br>Health and Safety Policies<br>Assurance Framework and Map<br>Quality and Safety Strategy<br>Annual Plan<br>Infection Prevention & Control Board Assurance Framework<br>Dementia Strategy<br>Adults / Children's and Young People End of Life and Palliative Care Strategy(s)<br>Wound Care Strategy<br>MyMFT application<br><br>Committees / Groups<br>Group Quality and Safety Committee<br>Group Infection Control Committee<br>Clinical Practice Oversight Committee<br>Group Nutrition & Hydration Committee<br>Complaints Review Group | Teams / Services / Functions / Programmes<br>Clinical Accreditation Programme<br>What Matters to Me Programme<br>Veterans Programme<br>Gloves Off Campaign<br>Falls Collaborative<br>Bee Brilliant Programme (Call To Action)<br>Resilient Discharge Programme<br>Chaplaincy Services<br>Child and Adolescent Mental Health Service<br>Quality Impact Assessment and Equality Impact Assessments (relating to service change or waste reduction programmes)<br><br>Profiles<br>Patient Safety Profile and Plan<br>Safety Critical Policy Profile<br>Regulator relevant policy Profile |

| Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| Implementation of external recommendations | Implementation of revised policy, governance and assurance framework<br>Governance report received in February 2024 | 30/4/2024 (prev 30/11/2023) (prev. 30/6/23) | Revised completion date |
| Safety Critical Policies-governance and review | Action plan to address in place (monitored by IGRC).<br>Development and Management of Procedural Documents – Guidelines agreed, to be ratified 15/2/24 | 30/11/2024 (prev. 30/9/23) | Action plan in place |
| Availability and use of system reliability measures to identify potential risk-aligned to informatics capacity risk | Risk assessment with clear action plan to undertaken-interim patient safety profiles for areas of high risk in place | 31/3/24 (prev. 31/5/2023) | On track for revised completion date |
| Transition to PSIRF (23-24) | Transition plan to be approved in December 2023. To be received at Q&S committee in April 2024. | 30/9/24 | On track |
| Duty of Candour Policy: Superseded by Process for Duty of Candour and Recognised Complications is agreed and being piloted. This will be approved and approved at the Quality & Safety Committee in April 2024. | FRAM completed, revised policy/training to developed- approval December (superseded – new action) | 31st May 2024 (new action)<br><br>(prev. 31/12/23) | On track |
| Risk management and patient safety training | Risk management training review and relaunch, training gap analysis aligned to PSIRF | completed 31/12/23 | Completed |

| Sources of Assurance (negative/positive/inconclusive) | | | | | |
|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report |
| Minutes of Site/ MCS /LCO Quality and Safety Committees, Accountability Oversight Framework<br>Escalation of risks to quality and Safety Committee from site/MCS/LCO governance,<br>Safe Staffing Reports | AOF data | Quality report<br>Integrated Risk Profile<br>Quarterly/Annual reports: complaints, patient experience, accreditation<br>Reports to QPSC<br>Reports to Q & S committee | **QPSC (19/12/23)**: October IPR metrics; Strategic Risk Exposure report; AOF data; Revised EPRR statement of compliance; NICE guidance compliance; Safeguarding training compliance; Electronic Bed Capacity Management system; Non-RTT waiting lists in community and CAMHS; Maternity safety compliance incl. PMRT; Acute Deterioration and Resuscitation Report.<br>**Board 15/1/24**: IPR; PMRT Q2 report; Strategic Risk Exposure Report; EPRR core standards; Y5 Maternity Incentive scheme; IPC strategy.<br>**QPSC 29/2/24:** IPR, Strategic Risk Exposure Report; MRSA Improvement Plan; Clinical Harms review process; Maternity safety compliance – race and inequalities | Internal audit, accreditation, peer review, regulatory inspection | Internal audit report: Data quality (MUST assessments)<br><br>GROC 20/11/23 & 23/1/24: External Regulatory and Accreditation Visits reports |

| Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| Provision of meals (meal times processes) standards inconsistently achieved (as noted in Clinical Accreditation / PLACE audits and What Matters to Me Survey results). | Task and Finish Group in place, led by the Improving Quality Team, developing focussed actions. The task and finish group will report to the Nutrition and Hydration Committee. | Action completed 30/11/203 | On track |
| Internal Audit: Falls Prevention, Assessment and Management Processes. Partial assurance with improvements required. | Action plan in place-focused on Training, development of Power BI reporting, care planning, outcomes, and actions from monthly audits.<br>Recommendations completed with the exception of Power BI dashboard – delayed due to priorities | Completed<br><br>Power BI 31/7/2024 (prev. 31/12/203) | Completed<br><br>On track |
| Internal Audit-Learning from harm-significant assurance | Policy review aligned to PSIRF implementation. Review continues. Policy in place in September 2023, associated policies to be reflected in the transition plan | Policy completed<br><br>31/03/24 | On track |
| Real time quality assured quality and safety data | Implementation of HIVE and development of dashboards. Further work to prioritise NMAHP Safety Dashboards using Power BI is planned. Power BI Dashboard work delayed due to priorities | 31/7/2024<br><br>(prev.30/11/23) | On track |
| Understanding of the impact of inequality on the safety of patients | Programme of work in place to address optimising insight | 31/01/24 | Completed |
| Inconsistent roll out of IQP programmes (noted through Clinical Accreditation) | Ensure embedded in all areas | 31/03/24 | On track |

## Principal risk 2: Failure to improve operational performance

**Lead Executive Director (s):** Group Deputy Chief Executive
**Scrutiny Committee**: Quality and Performance Scrutiny Committee
**Assurance Committee**: Operational Excellence Board

## Strategic aims under threat

1. To focus relentlessly on improving access, safety, clinical quality, and outcomes
2. To improve continuously the experience of patients, carers, and their families

## Risk appetite

*We are prepared to accept the possibility of a short-term impact on operational performance outcomes where there is a potential for longer-term rewards, supporting innovation in the way we address our performance challenges, internally and with system partners. However, we will ensure that appropriate controls are in place to ensure that we maintain the essential standards of quality, safety and patient experience.*

| Principal Risk rating | | | | |
|---|---|---|---|---|
| Initial | Current | Residual | Target | Progress |
| 20 | 20 | 15 | 10 | No change |

## Controls / Enablers

| | |
|---|---|
| MFT recovery programme (including response and recovery group)<br>Trust Access Policy<br>Performance management frameworks<br>Performance Governance infrastructure<br>Clinical Policies/Guidance<br>Elective PMO hub<br>Enhancement of Trafford Elective Hub<br>Health and Safety Related Policies<br>Health inequalities programme<br>Data Quality Governance infrastructure<br>Group Recovery Board<br>Accountability Oversight Framework<br>Operational Excellence Board | Deep dives<br>EPRR governance framework<br>Quality and Safety Strategy<br>Strategic Oversight Framework<br>People plan<br>Risk management framework and strategy<br>Training programme in place for key Operational and Clinical Systems<br>Digital strategy<br>Peer reviews for cancer<br>Performance dashboards<br>Annual Plan<br>Robust on-call arrangements<br>Hive stabilisation Board<br>Robust oversight of performance returns to external bodies |

| Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| Stabilisation of the administration pathways/build following launch of Hive EPR | Workplan in place following Root and Branch Review . Phase 1 of Root and Branch completed with over 200 issues resolved. Full review of programme completed and new governance launched to move from reactive to proactive data quality patient access programme | Dec 24 (previously Dec 23) | Revised completion date |
| Interpretation and understanding of key components of HIVE data sets | Domain Group for each performance dashboard development with explanation and user guides for Cancer, diagnostics, admin and clerical, RTT and all patient flow | June 24 (previously March 24) | Revised completion date |
| Urgent Care Delivery Plans in place but not linked to an overarching Strategy | Strategy in development; delivery date revised again to take account of the overarching development of the MFT strategy | June 24 (previously Dec 23) | Revised completion date |
| Discharge policy refresh | Policy updated and refreshed. Out for ratification and sign off through March governance | March 24 (previously Dec 23). | Revised completion date |
| Cancer Delivery Plans in place but not linked to an overarching Strategy | Strategy developed awaiting final sign off at Board. | March 24 | On track |

## Sources of Assurance (negative/positive/inconclusive)

| Site/MCS/LCO assurance | | Group assurance | | External assurance | |
|---|---|---|---|---|---|
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report |
| Capacity and delivery plans<br>Risk profiles.<br>Performance committee minutes.<br>Risk management committee minutes.<br>Accountability Oversight Framework Trajectories.<br>Hospital/MCS Management Board minutes. | AOF data.<br>Granular operational performance data by speciality with improvement trajectories.<br>Enhanced monitoring via EPDU on a weekly basis, incorporating improvement actions. | Weekly response and recovery group.<br>Routine Committee reports.<br>Integrated Group Risk Profile<br>Accountability Oversight Framework.<br>Integrated Performance Report<br>Group Recovery Board reports<br>Operational Excellence Board reports.<br>Improvement Workstreams actions plans and progress reports. | **QPSC (19/12/23)**: October IPR metrics; Strategic Risk Exposure report; AOF data; Revised EPRR statement of compliance; Electronic Bed Capacity Management system; Non-RTT waiting lists in community and CAMHS; Maternity safety compliance incl. PMRT; Acute Deterioration and Resuscitation Report.<br>**Board 15/1/24**: IPR; Strategic Risk Exposure Report; EPRR core standards; Y5 Maternity Incentive scheme<br>**Board 15/1/24**: IPR; PMRT Q2 report;<br>**QPSC 29/2/24:** IPR, Strategic Risk Exposure Report; Data quality issues – access report; Improving diagnostics performance report | Internal Audit.<br>Peer review.<br>GIRFT.<br>Tier 1 calls – long waits, urgent care.<br>Carnell Farrar Review of Elective recovery plans.<br>Ongoing ECIST UEC work with the MRI.<br>Newton Europe diagnostic work commenced with a focus on discharge. | GROC 20/11/23 & 23/1/24: External Regulatory and Accreditation Visits reports |

| Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| Ability to align delivery plans to performance through the AOF | Review and refresh of MFTs performance reporting and accountability framework in development | March 24<br>(previously Oct 23) | Revised completion date |
| Required single set of metrics measured through the AOF, IPR and BAR aligned to Hospital plans | Site based IPR and single scorecard being developed. First prototype to GMB planned March | March 24<br>(previously Oct 23) | Revised completion date |
| Hospital/MCS/LCO improvement plans require external check and challenge to ensure they are comprehensive, challenging and deliverable | External support utilised to challenge and reframe improvement plans and trajectories for UEC and elective delivery and the underlying productivity metrics | Nov 23 | Completed |
| Ongoing Industrial Action is having a material impact on operational delivery with the compound nature of the sustained action now being evidenced within the operational delivery | Careful planning prior to each period of IA to minimise the impact based on clinical priority then total time awaiting treatment | March 24 | On track |

## Principal risk 3: Failure to meet regulatory expectations, and comply with laws, regulations and standards

**Lead Executive Director (s):** Joint Group Medical Directors, Group Chief Nurse
**Scrutiny Committee**: Quality and Performance Scrutiny Committee
**Assurance Committee**: Quality and Safety Committee

## Strategic aims under threat

1. To focus relentlessly on improving access, safety, clinical quality and outcomes
2. To improve continuously the experience of patients, carers and their families

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We follow regulatory standards and are averse to compromising compliance with them. Should circumstances require it, we are prepared to tolerate the possibility of limited derogation from a regulatory standard on a temporary basis, having assessed the risk and put in place appropriate mitigation.* | 20 | 15 | 15 | 10 | No change |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| Frameworks / Strategies / Plans<br>Risk management strategy and framework<br>Policy and procedure infrastructure covering all legislation<br>Assurance Framework and map<br>External visits register<br>Estates and Facilities Policies and Site Plans<br><br>Committees / Groups<br>Health & Safety Committee<br>Quality & Performance Scrutiny Committee | Teams / Services / Functions / Programmes<br>Site and group based specialist teams responsible for regulated activity (e.g. fire safety, asbestos management, medical gases)<br>Nominated individuals in place across the Trust as required by legislation<br>Child and Adolescent Mental Health Service<br>External Authorising Engineer/Independent Adviser Audit Programme<br><br>Profiles<br>Patient Safety Profile and Plan<br>Safety Critical Policy Profile<br>Regulator relevant policy Profile | Policy and guideline accessibility | Requires improved electronic management system-procurement supporting potential tender process<br>Scoping completed in August | 31/3/24<br>(prev. 31.7.23) | Revised completion date |
| | | Assurance Framework and Map. limited engagement with Sites/MCS/LCO | Workshops in November to link to Strategic Risks | 30/11/2023 | Completed |
| | | Out of date asbestos surveys and survey information for 3 acute sites not currently held in one system. One system to be developed and populated. | MFT Asbestos Register (Concerto) has been developed and complete. Population of new asbestos survey information has begun. Asbestos management surveys continue to be undertaken across the acute hospital sites with survey information inputted directly onto the MFT asbestos register. User guide/training module for MFT asbestos register is in development. | 31/03/2025<br><br>(prev. 30/11/23) | Revised completion date |
| | | Strengthening of fire safety work risk assessment required | Detailed review of Group Fire Safety Risk MFT/000213 carried out in July 23. Review identified the risk did not reflect broad fire safety management arrangements at the Trust. New fire safety management risk register assessment MFT/007067 developed and approved through GROC. Risk MFT/000213 closed in August 2023. New actions identified and detailed in risk MFT/007067. Actions relate to:<br>Training; data / dashboard reporting; independent advisor and audits. This includes the recent escalation of risk at North Manchester in liaison with GM Fire & Rescue Services. | 31/7/23 | Completed |

| Sources of Assurance (negative/positive/inconclusive) | | | | | |
|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report |
| Quality and risk governance infrastructure-Committee meetings and risk escalation<br>Health and Safety Compliance Auditing | AOF data | Annual reporting schedule<br>External visits register reporting<br>Annual Governance Statement<br>Annual Health and Safety report<br>Annual Safeguarding report<br>Annual Infection Prevention & Control Report<br>Infection Prevention & Control Board Assurance Framework<br>Data Security Protection toolkit<br>High Priority Clinical Audit Programme<br>Clinical Audit Annual report<br>Assurance framework and map<br>Annual HTA report | **QPSC (19/12/23)**: Strategic Risk Exposure report; Revised EPRR statement of compliance; NICE guidance compliance; Maternity safety compliance incl. PMRT; Acute Deterioration and Resuscitation Report.<br>**Board 15/1/24**: IPR; PMRT Q2 report; Strategic Risk Exposure Report; EPRR core standards; Y5 Maternity Incentive scheme.<br>**QPSC 29/2/24:** IPR; Strategic Risk Exposure Report | Regulator visits and inspections<br>External audit opinion of Annual Governance Statement<br>QSP self-declaration<br>Annual Data Security Protection Toolkit submission<br>Internal audit programme | GROC 20/11/23 & 23/1/24: External Regulatory and Accreditation Visits reports<br><br>Audit Committee 8/11/23: Cyber security internal audit report |

| Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| Mental Health Strategy required | The Trust's Mental Health Strategy has been in development since November 2022. Extensive consultation with key stakeholders (GMP, GMMH, Pennine Care, CAMHS / ICB) completed in May 2023. Strategy ratified at Safeguarding Committee in August 2023. Recommended to Board in November 2023 | 31/08/2023 (complete)<br><br>13/11/2023 (on the Board agenda for 13/11/23) | Completed |
| Effectiveness of application of the MCA (internally) | Audit of compliance. Agreement to internal audit in Q4 2023/24 | 30/5/24 (prev. 31/08/2023) | On track for revised date - outcome awaited |

| Principal risk 4: Failure to effectively address issues affecting staff experience | Strategic aims under threat |
|---|---|
| **Lead Executive Director:** Group Executive Director of Workforce & Corporate Business<br>**Scrutiny Committee**: Workforce Scrutiny Committee<br>**Assurance Committee**: Workforce and Education Committee | 3. To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best |

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We are prepared to take limited risks with regards to the experience of our workforce. When attempting to innovate, we seek to understand where similar actions have been successful elsewhere before taking any decisions.* | 20 | 12 | 8 | 4 | No change |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| NMAHP Safe Staffing Escalation Policy and risk framework<br>Safer Nursing Care Tool (SNCT) census<br>Workforce-related KPIs<br>Workforce governance, policies and procedures<br>Accountability Oversight Framework<br>Medical Directors Workforce Board<br>NMAHP Professional Board<br>Staff engagement / networks<br>Staff side liaison<br>Guardian of Safe Working<br>H & S risk assessments<br>Workforce and Education Committee<br>Employee Relations Oversight Group | MFT People Plan<br>Informatics Strategy<br>Diversity Matters<br>Freedom to Speak up programme<br>EHW programme<br>Leadership and Culture Strategy<br>NMAHP International recruitment<br>Wellbeing Guardians<br>Mental Health First Aiders<br>Workforce Strategic Equalities Committee<br>Designated Non-Executive Director – Wellbeing.<br>Executive Director lead for Freedom to Speak up<br>Operational Wellbeing Group | Enhanced Employee Health and Wellbeing – Based on the NHSE 7 Domains of Wellbeing | Strategy being refreshed with use of diagnostic tool and oversight through Operational Wellbeing Group chaired by Director of Corporate Workforce. | January 2024 (prev. 30.10.23 & 30.6.23) | Revised completion date |
| | | People plan deliverables not fully implemented | Full implementation | March 2024 | On track |
| | | National Long Term Workforce Plan published (Summer 2023), system workshops scheduled to discuss plans with key stakeholders and Education partners | Review MFT People Plan in alignment with National publication | March 2024 (prev. September 2023) | Revised completion date |
| | | Review of leadership and culture approach ongoing as part of the Group Chief Executive Engagement Plan. | Senior Leadership engagement action plan to be developed aligned with MFT Strategy development | March 2024(prev. September 2023) | Revised completion date |
| | | Staff survey 23/24 currently open until 24 Nov 23. Strategic programmes from survey feedback not fully implemented. | Executive led staff experience oversight group established and monitoring progress against key programme delivery plans (Food, Car Parking, Flexible Working, Colleague Community, Career pathways) | March 2024 | On track |

| Sources of Assurance (negative/positive/inconclusive) | | | | | | Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | | | | | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report | | | | |
| Workforce dashboards<br>Daily safe staffing huddles (nursing and midwifery)<br>Safe staffing risk escalation process<br>Job plan status reports<br>Roster confirm and challenge<br>Staff appraisal records<br>Personal objective setting<br>Weekly violence data reported to EDTC | AOF data | Accountability Oversight Framework<br>Bi-annual Safer Staffing reports<br>Safer Nursing Care Tool<br>7DS joint assurance group and action plan<br>GoSW reports<br>FTSU reports<br>Integrated risk profile<br>Workforce Race Equality Standard<br>Workforce Disability Equality Standard<br>Annual NMC Revalidation report<br>Regulatory assurance framework and map<br>Minutes of relevant Group Committees | **WSC (20/12/23)**: IPR (July data); Strategic Risk Exposure report; Q2 GoSW report; Q2 FTSU report; Workforce Digital Strategy progress report; Lime Arts mid-year review; Progress report on 'Violence at Work' project; Actions taken to address issues identified as part of the recent GMC survey; Progress report on staff engagement & experience plans/initiatives<br>**Board 15/1**: IPR; Strategic Risk Exposure Report; Annual Planning update; Strengthening leadership/culture report.<br>**WSC 27/2:** IPR (July data); Strategic Risk Exposure report; Q3 GoSW report; Q3 FTSU report; EDI annual report; Rewards and benefits update; Maternity services' culture report; Findings from the Trust-wide culture and behaviours review | National Staff Survey and associated pulse surveys.<br>WRES Report<br>WDES Report<br>Gender Pay Gap Report.<br>NHS E ED&I Improvement Plan | External well-led developmental review<br>Gender Pay Gap 2023<br>PSED data 2023<br>2023 staff survey results | National Corporate Benchmarking review | Analysis of benchmarking data once report received aligned to pay spend control | March 2024(prev. 30th July 2023) | Revised completion date |
| | | | | | | Allocate Medical Workforce solution | Roll out to be completed | March 2024 | On track |
| | | | | | | Group Workforce Risk Assessments | Quarterly reporting of Group Workforce Risks to assess for consistency and cumulative impact | July 2024 | On track |
| | | | | | | Violence Prevention in the Workplace | Strategic Violence Prevention Meeting for the oversight of violence in the workplace and the activities to prevent and respond effectively. Development of Violence Charter for Staff. | March 2024 | On track |
| | | | | | | The Sexual Safety in Healthcare Charter | NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. It is expected that signatories will implement all ten commitments by July 2024. | July 2024 | On track |
| | | | | | | BMA Anti-Sexism Pledge | MFT has committed to the pledge to tackle sexism in the workplace | On-going | On track |
| | | | | | | | | | |

# Principal risk 5: Failure to effectively plan for, recruit, and retain a diverse workforce with the right skills

**Lead Executive Director:** Group Executive Director of Workforce & Corporate Business
**Scrutiny Committee**: Workforce Scrutiny Committee
**Assurance Committee**: Workforce and Education Committee

## Strategic aims under threat

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

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We are prepared to accept the possibility of some workforce risk, as a direct result from change and innovation, providing there is the potential for improved recruitment and retention, and developmental opportunities for our people.* | 20 | 16 | 8 | 4 | No change |

## Controls / Enablers

- Talent Management Programme
- Workforce predictive modelling
- Mentorship and coaching
- Top Leaders' Programme
- Staff Appraisal
- Workforce plans
- Workforce governance structures
- EDI policies
- Recruitment policies
- Attraction Strategy
- Newly Appointed Consultants Programme.
- MFT People Plan
- Diversity Matters
- Leadership and Culture strategy
- NMAHP international recruitment
- Talent Board
- Removing Barriers Programme.
- Communications Strategy.
- Talent Management.
- Widening Participation Strategy
- Veterans and Reservists Plan
- Apprenticeship Strategy.

| Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| National Long Term Workforce Plan published (Summer 2023), system workshops scheduled to discuss plans with key stakeholders and Education partners | Review MFT People Plan in alignment with National publication | March 2024 (prev. September 2023) | Revised completion date |
| Delivery of ED&I High Impact actions | On-going activity, first delivery dates for identified actions – March 2024 | March 2024 | On track |
| Review of leadership and culture approach ongoing as part of the Group Chief Executive Engagement Plan. | Senior Leadership engagement action plan to be developed aligned with MFT Strategy development | March 2024 (prev. September 2023) | Revised completion date |
| Workforce planning is short term | Development of a medium to long term strategic workforce plan aligned to annual planning and emerging organisational strategy. | April 2024 (prev. December 2023 & September 2023) | Revised completion date |
| National Long Term Workforce Plan published (Summer 2023), system workshops scheduled to discuss plans with key stakeholders and Education partners | Review MFT People Plan in alignment with National publication | March 2024 (prev. September 2023) | Revised completion date |
| | | | |

## Sources of Assurance (negative/positive/inconclusive)

| Site/MCS/LCO assurance | | Group assurance | | External assurance | |
|---|---|---|---|---|---|
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report |
| Workforce dashboards<br>Staff appraisal records | AOF data | Accountability Oversight Framework<br>Minutes of relevant Group Committees<br>Integrated Performance Report | **WSC (20/12):** IPR (October data); update on strategic risks; GoSW Q2 report; Update on actions on internal audit report into nursing and midwifery recruitment; Report on medical workforce education opportunities.<br>**Board 15/1**: IPR; Strategic Risk Exposure Report; Annual Planning update.<br>**WSC 7/2/24:** IPR; Strategic Risk Exposure report; Report on international recruitment of nurses, midwives and AHPs. | National Staff Survey and associated pulse surveys.<br>WRES Report<br>WDES Report<br>Gender Pay Gap Report. | |

| Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| MFT People Plan Programmes – Workforce productivity & Efficiency require further progression to report benefits and impact of change. | Update on progress to be provided at WEC in February 2024 and WSC for assurance of delivery against plan. | April 2024 (prev. December 2023) | Revised completion date |
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| Principal risk 6: Failure to implement and embed infrastructure plans including digital and estates | Strategic aims under threat |
|---|---|
| **Lead Executive Director:** Group Chief Finance Officer, Group Deputy Chief Executive<br>**Scrutiny Committee**: EPR Scrutiny Committee, Finance and Digital Scrutiny Committee<br>**Assurance Committees**: Strategic Capital Group, EPR Programme Board | 1. To focus relentlessly on improving access, safety, clinical quality and outcomes<br>2. To improve continuously the experience of patients, carers and their families<br>5. To use our scale and scope to develop excellent integrated services |

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We will invest in our infrastructure plans, within our financial resources, for the best possible return for our patients, our people and the organisation as a whole, recognising that the potential for substantial gain outweighs inherent risks.* | 20 | 15 | 12 | 10 | No change |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| Annual Plan:<br>- Capital plan within GM envelope to support investment in infrastructure<br>- Revenue plan supporting ongoing costs of infrastructure<br>Digital strategy approved by Board of Directors 2022<br>Finance and Digital Scrutiny Committee<br>EPR Scrutiny Committee<br>EPR Programme Board<br>Group Informatics Strategy Board<br>Strategic Capital Group<br>NMGH redevelopment programme<br>Hive Stabilisation Governance – Pathway Councils, Pathway Council Oversight Committee, Delivery Authorities & Medical Directors Forum<br>'Sprints' to address Hive issues<br>Digital maturity programme<br>Project RED<br>ORC Electrical Capacity and Infrastructure of HV mains<br>RAAC National Programme of removal | Informatics workplan delivering detail of Digital strategy<br>Gartner support to senior Informatics staff to ensure external developments are understood and adopted where relevant<br>What good looks like (WGLL) Digital Nursing<br>Implementation of Digital NMAHP team | Capacity of Informatics team – ability to recruit appropriately skilled staff | Use of contractors to deliver specific project work | Ongoing | On track |
| | | 23/24 Capital Plan is yet to be finalised at GM System level. | Capital plan finalised and review in progress of 23/24 proposed schemes against E&F risk register assessments to ascertain allocation of funding on a risk based approach if funding allocation is significantly reduced took place. Further review for 24/25 capital programme required against E&F risk register assessments, with periodic reviews scheduled throughout the 24/25 year to monitor progress. | 31/07/23 | Complete |
| | | NHS funding allocation 'range' provided for the New Hospital Programme (NHP) Current 'funding envelope' for NMGH NHP represents a 25% reduction in capital envelope compared to the current Preferred Way Forward. | Ongoing discussions between Director of Strategic Projects E&F and New Hospital Programme Team. Final business case to be developed. | 31/3/24 | On track |
| | | Asset management and Planned Preventative Maintenance (PPM) tasks recorded on different systems at NMGH | Review of PPMs and consolidation onto Concerto system complete. Programme of spot check audits of PPMs in place to be carried out every 6 months. | 31/10/23 | Complete |
| | | Increase in critical infrastructure maintenance requirements due to lack of capital to address underlying issues | Link spend requirements with clinical incidents to support national discussions on increased capital funding | 31/3/24 | On track |
| | | Circa 4 week delay to current activities following health and safety RIDDOR incident on 15/11/23 with Phase 1. | Main contractor is endeavouring to protect the anticipated Phase 2 handover date of August 2025. The ability to achieve this level of recovery for the delay is unknown at this time. | August 2025 | On track |
| | | Following data collected in June 23 with Trust Independent Advisor Electrical Safety, confirmed the ORC site is currently at capacity which may affect delivering planned variations including Project RED, Third Hybrid and PED/iMRI. | Business Case to distribute HV infrastructure around site developed by Operational Estates ORC. Initial recommendation is for additional HV generation to Ring 3. Four phases identified within ORC Electrical Infrastructure Consideration Plan (V5) | 31/03/2030 | In progress |
| | | Ongoing gap in completing RAAC 'plank by plank' surveys and risk rating planks in all locations RAAC identified, as per national RAAC guidance. due to access restrictions and areas remaining occupied.<br>24/25 RAAC national funding allocation for MFT awaiting confirmation. | MFT Project team fully established, working alongside external structural engineer. Ongoing focus on completion of RAAC 'plank by plank' surveys as far as reasonably practicable given access restraints. As a minimum requested a room risk rating from structural engineers.<br>Remedial strengthening works ongoing in Maternity (Wythenshawe) and program developed for remedial/removal works in other areas with RAAC identified. | 01/03/2024 | In progress |

| Sources of Assurance (negative/positive/inconclusive) | | | | | | Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | | | | | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report | | | | |
| Operational Readiness Authority<br>Pathway Councils<br>Hospital/MCS Post Live Readiness Assessments, including post live metrics<br>Reports to North Manchester Redevelopment Oversight Group<br>Delivery authorities<br>Capital Management and Monitoring Group reporting | | Reports to FDSC<br>Reports to GISB, SCG<br>Reports to EPR Scrutiny Committee | **EPR Scrutiny Committee 12/12/23**: EPR programme board report<br>**FDSC 19/12/23**: Group CIO report<br>**Audit Committee 8/11/23**: Cyber security internal audit report<br>**SPSC 24/1:** NMGH redevelopment programme update<br>**FDSC 27/2/24:** Group CIO report | Deloitte Hive Gateway reviews<br>Internal audit | Audit Committee 8/11/23: Cyber security internal audit report | Weaknesses in assurance identified through internal audit. | Assurance weakness identified through audit with associated actions are logged and a defined programme is established, monitored and reviewed | Ongoing | In progress |
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# Principal risk 7: Failure to embed the Trust’s approach to value and financial sustainability

**Lead Executive Director:** Group Chief Finance Officer
**Scrutiny Committee**: Finance and Digital Scrutiny Committee
**Assurance Committee**:

## Strategic aims under threat

7. To achieve and maintain financial sustainability

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We are prepared to accept some financial risk providing appropriate controls are in place. We have a holistic understanding of value for money which is demonstrated through the contextualization of finance-related performance measures with other measures of performance in the Integrated Performance Report.* | 25 | 20 | 15 | 15 | |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| Trust Board of Directors<br>Finance and Digital Scrutiny Committee<br>Audit Committee<br><br>Annual Plan:<br>– set to include risks and the Waste Reduction Programme challenge<br>- Hospital/MCS/LCO/Corporate control level financial targets including WRP targets<br><br>SFIs/Standing Orders and Scheme of Delegation<br>Trust electronic financial system reflects the approved SFIs and Scheme of Delegation<br>Financial Control policy infrastructure<br>Finance governance infrastructure is replicated in all operating units with a qualified Finance Director as part of each operating units Senior Leadership Team.<br>Finance Accountability Framework as subset of Accountability oversight framework<br>Monthly/Bimonthly finance reviews take place of Hospital financial performance, workforce and productivity.<br>Business Case sign-off process reviewed and to be relaunched Autumn 23 | Operational Excellence Board<br>Group Recovery Board<br>GM and regional meetings<br><br>Quality Impact Assessments & Equality Impact Assessments undertaken on WRP schemes,<br><br>Temporary staffing group which will be enhancing controls over the management of staffing costs.<br><br>2-year financial recovery plan is in development, including tightening of internal controls on expenditure and focus on productivity. | Weaknesses in controls identified through external audit, internal audit and counter fraud. Gaps caused by overall system pressure are emerging.<br><br>Pressures on Control Totals resulting from workforce shortages, leading to greater use of higher cost Bank and agency, insourcing arrangements, collective action such as BMA rate card and refusal to offer ECLs, allied to activity pressure to deliver 65 week wait targets mean that Hospital Control Totals and WRP savings are not achieved or only achieved non recurrently and thus MFT fails to achieve its financial plan.<br><br>Pressure on Group control total arising from GM ICB deficit position for 23/24 and apportionment methodology for system savings.<br><br>Costs arising from events outside the control of the Trust, for example strike action and external decisions about allocations of funding. | Control weakness with associated actions are logged and a defined programme is established, monitored and reviewed<br><br>New pressures emerging have seen tightening of expenditure controls, now extended to all frontline services and supporting services but remain subject to QIA.<br><br>Ongoing work to support hospitals and corporate in achievement of targets by new control totals for 23/24 and enhanced review through regular Finance and Productivity meetings, early intervention if “off plan”. Established Group Recovery Board under the Group CEO and extended support to WRP process with additional resources and senior input<br><br>Ongoing discussions with ICB and partners to identify genuine system-wide savings, extended to discussion with NHSE. | March 2024 | Work in progress |

| Sources of Assurance (negative/positive/inconclusive) | | | | | | Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | | | | | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report | | | | |
| The SLT of each unit receives a finance report providing a summary of all financial performance metrics at regular meetings<br>The SLT receives a report on progress to achieve WRP/Cost Improvement Programmes across the operating unit<br>The CEO of each unit signs off and supplies to Group a monthly result and forecast pack.<br>SLT attend finance reviews and AOF meetings | Monthly actuals and forecasts to EDT at Group Level<br><br>PA Consulting WRP position to GRB<br><br>Ongoing Monthly AOF and Finance and Productivity Meetings<br><br>Pay reviews across sites and corporate. | Finance reporting to Audit Committee, GMB, FDSC and BoD<br>Annual accounts<br>GMB finance reports<br>Group Risk Committee receives a report on high-level financial risks<br>Workplans<br>Group Recovery Board<br>Integrated Performance Report | **FDSC 19/12/23:** IPR; Strategic Risk Exposure Report; CFO report M7 + M8 update; MFT 23/24 Forecast position; 23/24 WRP progress report; Planning for Value for Patients programme for 24/25; Financial Recovery Plan<br><br>**Board 15/1:** IPR; CFO report; Annual Planning update.<br><br>**FDSC 27/2/24:** IPR; CFO report; 23/24 WRP/VfP progress report; Financial Recovery Plan; Annual Plan 2024/25 | Monthly reporting to ICB<br>Monthly NHSE reporting<br>Head of Internal Audit opinion<br>External Audit reviews, Value for Money conclusion and external audit/going concern opinion<br>Internal Audit Assessment of controls Counter Fraud Service Assessment<br>Reviews by HMRC<br>Additional external review commissioned to ensure all WRP opportunities have been identified. | PA Consulting analysis<br><br>Internal audit: Theatre procurement: New products & capital equipment<br><br>GM Turnaround Programme scrutiny<br><br>Reviews conducted and meetings with PWC as part of SOF3 are now producing reports for Grip and Control, Underlying Position, Forecast reviews and Balance Sheet. | Weaknesses in assurance identified through external audit, internal audit and counter fraud. Gaps caused by system pressure are emerging | Assurance weakness with associated actions are logged and a defined programme is established, monitored and reviewed | Ongoing | In progress |
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# Principal risk 8: Failure to work with system partners to address health inequalities, and deliver social value and sustainability

**Lead Executive Director (s):** Joint Group Medical Directors, Group Deputy Chief Executive, Group Director of Strategy
**Scrutiny Committee**: Board of Directors
**Assurance Committee**: Health Inequalities Group

## Strategic aims under threat

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

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We will consistently work in partnership across the health and care system for the best possible return for our communities, with a significant appetite for challenging the status quo.* | 16 | 12 | 12 | 8 | |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| Health Inequalities Board<br>MFT Health Inequalities Strategy<br>MFT Recruitment Strategy<br>EDI strategy<br>MFT inequalities dashboard<br>Climate Strategy Board<br>NMGH redevelopment programme<br>Widening Participation team<br>Diversity Matters<br>MFT Green plan<br>GM ICB strategy<br>MFT reps in key roles in ICS for example GM Antimicrobial Group<br>Senior leadership in subgroups of PFB<br>Senior partners in adult and children's safeguarding<br>MFT Social Value Group | Manchester and Trafford Health and Wellbeing Boards<br>North Manchester Community Diagnostics Centre spoke<br>Sickle cell pilot<br>Targeted Lung Health Check programme<br>Anchors Working Group<br>Joint PHE post with MFT, Trafford and Manchester PHE teams. Now recognised as a training location for PHE registrars (1 trainee currently) | Trafford Health and Wellbeing Board support for health inequalities strategy | Supported at November meeting. | July 2023 | Complete |
| | | Funding for infrastructure changes required to achieve net zero not available | Submission to decarbonisation schemes for invest in estate<br>- MFT awarded £1.2m grant funding by Dept. of Energy Security & Net Zero / DoH to be spent on LED by end March 2024. Capital will primarily be spent across NMGH and ORC retained Estate.<br>-Paper on Deep Geothermal Innovation Partnership Bid/Scheme with GT Energy for Wythenshawe Hospital to be submitted to future EDTC.<br>- £22m bid in with Salix for Phase 3c of the Public Sector Decarbonisation Scheme. Scheme is to decarbonise the energy infrastructure of TGH and Stratus House. Bid under consideration by Salix, expected to hear decision before end March 2024.<br>- Anticipate a further round of 'Low Carbon Sills Fund' to be released before end of March 2024. | March 2024 | Revised completion date |
| | | Links with GM sustainability groups | Assign MFT leads to current GM sustainability workstreams | March 2024 | On Track |
| | | MFT hospital/MCS/LCO workstream leads/Sustainability champions | Use CERB to assign leadership to CERB agenda and green plan actions<br>Some areas of the Green Plan require a senior sponsor from the CERB. This will be considered as part of a ToR review<br>MFT Sustainability Conference scheduled 08/03/24. Invites sent to CERB members and Hospital CEO's. | March 2024<br>(prev Dec 2023) | Revised Completion Date |
| | | Single executive level group to bring Anchors work together | MFT Anchors Oversight Group being established | June 24 | On track |

## Sources of Assurance (negative/positive/inconclusive)

| Site/MCS/LCO assurance | | Group assurance | | External assurance | |
|---|---|---|---|---|---|
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report |
| Hospital/MCS/LCO reports to Health Inequalities Board<br>Health inequalities dashboard updates | Site leads and partners from Manchester and Trafford PH teams attended a half-day session in February 24 on health inequalities which included time to reflect on and further develop site plans to reduce inequalities . These plans to be included in 24/25 annual planning process.<br>Updates to HI dashboard following feedback at the end of 2023 now completed to include more detail on patient travel.<br>Workstream with GM through Manchester Housing dept now initiated (Mould and damp). Dashboard in use by hospitals/MCSs looking at DNAs, travel distance, predictive modelling using A I due to start (march 24) | Sustainability report in Annual Report<br>Board progress report on Green Plan<br>QPSC reports on health inequalities<br>WSC EDI reports<br>NMGH updates to Board<br>Accountability Oversight Framework<br>Health inequalities reports to Trust Board<br>Nominated NED for health inequalities (Damian Riley) and quarterly update on progress to QPSC. | **Board 13/11/23**: Report on action on health inequalities at MFT.<br>**Board 15/1/24**: Annual planning update<br>**SPSC 24/1/24**: Update on Green plan delivery | Minutes of Health and Wellbeing Board<br>Minutes of GM ICB and ICP<br>Minutes of locality Boards<br>Health inequalities included in Trust annual report, including specific data requested by NHS England statement on Health inequalities (Nov-23) | Positive visits from National HI Lead (Prof Bola Owolabi), NW NHS E director and CMO/Deputy CMO.<br>HWB Trafford 17/11/23 |

| Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|
| Current lack of governor and member involvement in health inequalities agenda, missing their ability to provide consistent oversight and direction. | Development of governor and member sessions in the new financial year to update them on the work programme for feedback/critical discussion. | Jun-24 | On track |
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| Principal risk 9: Failure to expand MFT's research and innovation capacity and capability | Strategic aims under threat |
|---|---|
| **Lead Executive Director:** Joint Group Medical Director<br>**Scrutiny Committee**: Board of Directors<br>**Assurance Committee**: Research Governance Committee | 6. To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the population we serve |

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We seek to lead the way in terms of our research and innovation capability and capacity. We intend to use our optimised research and innovation capability and capacity to use it as a catalyst to drive positive change across our organisation.* | 10 | 10 | 6 | 4 | No change |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| Group Research Governance Committee (GRGC) and its sub-committees ensure research conducted at MFT, with particular regard to Trust-sponsored projects, is conducted with the highest quality.<br>Manchester NIHR Research and Innovation Oversight Board ensures partnership coordination across all GM hosted NIHR/NHSE infrastructure.<br>Governance boards of current MFT hosted NIHR/NHSE infrastructure: Academic Health Science Centre (AHSC); Academic Health Science Network (AHSN); Applied Research Collaboration (ARC); Biomedical Research Centre (BRC); Clinical Research Facility (CRF); Clinical Research Network (CRN). | Proactive R&I activity in equality, diversity and inclusion, and health inequities, including BRC-led Inclusive Research Oversight Board.<br>Initiation and delivery of clinical trials (including commercially sponsored) according to according to national NIHR metrics/targets<br>Hospital/MCS/LCO engagement with R&I through various management and committee structures.<br>R&I strategy development across Trust and aligned with overarching Trust strategy development.<br>Prudent financial management of R&I cost recovery, including costings for grant applications, commercial trial budget negotiations, subsequent invoicing, and cost code management. | Due to reliance of all Trust clinical trial activity on Pharmacy, Radiology and Labs additional R&I-CSS interaction required. | Quarterly joint R&I/CSS SLT meetings established. | Quarterly meetings from November 2023 | Complete |
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| Sources of Assurance (negative/positive/inconclusive) | | | | | | Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | | | | | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report | Variation in how individual H/MCS/LCOs oversee and direct their R&I activity is appropriate due to the different nature of sites, so long as there is a structure in place and relevant connections within site and to R&I etc exist and are known.<br>Greatest weakness will be where sites do not have any such local R&I 'board'.<br>This refers to planning of future R&I activity within sites and their understanding of capacity/capability limits NOT research governance which is centralised and comprehensive. | Scoping exercise by Managing Director for R&I to map and make known all such site level R&I 'boards' (to be integrated into R&I strategy document). | 31/3/24 | Underway |
| Hospitals/MCSs/LCOs have a variety of R&I specific boards or committees which discuss and direct their local R&I agenda, typically reporting into their Hospital management board or equivalent and the Group R&I Forum | Engagement across the Trust in development of the next five year R&I strategy led by Group Director of R&I Prof Rick Body, through a range of fora and activities, and integrating with the development of the overarching Trust strategy. | GRGC quarterly report to Group Management Board<br>R&I six-monthly performance review with EDT<br>R&I annual report to Trust Board of Directors (November)<br>Reports to boards of MFT hosted NIHR infrastructure centres<br>Reports to Manchester NIHR R&I Oversight Board | BoD seminar 11/12/23: NIHR R & D development session<br>Reports provided to BRC, CRF, LCRN, and GM Oversight Board meetings.<br>Board 13/11: R & I annual report | Peer review from NIHR<br>Health Foundation review of Innovator hubs<br>Reports provided to BRC, CRF, LCRN, and GM Oversight Board meetings. | MFT awarded NIHR HealthTech Research Centre from 1/4/24<br>NIHR visit to MFT BRC and CRF 5/10/23<br>BRC Strategic Advisory Board<br>Inclusion of R&I in PwC annual audit programme | | R&I leadership to address any lack of site level R&I 'board' with appropriate site leadership | 31/3/25 | Output of new R&I strategy from 1/4/24 |
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| Principal risk 10: Failure to deliver the required transformation and integration of services | Strategic aims under threat |
|---|---|
| **Lead Executive Director:** Group Executive Director of Strategy<br>**Scrutiny Committee**: Board of Directors<br>**Assurance Committee**: Group Service Strategy Committee (EPR Programme Board oversees Hive contribution to service transformation) | 5. To use our scale and scope to develop excellent integrated services and leading specialist services |

| Risk appetite | Principal Risk rating | | | | |
|---|---|---|---|---|---|
| | Initial | Current | Residual | Target | Progress |
| *We seek to lead the way and will prioritize new and innovative service delivery models, even in emerging fields. We will consistently and constructively challenge our current working practices, and those of system partners, to optimise our opportunities for transformation and service integration.* | 12 | 9 | 9 | 6 | |

| Controls / Enablers | | Gaps/weaknesses in controls/enablers | Action being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|
| Transformation programme structures at System and Trust level including Programme Board and workstream groups<br>Annual Plan<br>MFT Clinical Services Strategy<br>MFT Single Service Board<br>Single Service Boards<br>Group Service Strategy Committee (GSSC)<br>Single Service Development Assurance Process<br>Manchester Clinical Academic Centre<br>Key partners influencing major service delivery/transformation eg Cancer/End of Life/Infection prevention and control/Workforce<br>GM Trust Provider Collaborative<br>GM Executive Groups<br>GM Elective Recovery Board | Strategy work plan<br>Development of strategic plan for integrated care<br>Joint Delivery Board and Bipartite Service Groups to manage safe NMGH disaggregation.<br>Agreed framework for the management of NMGH disaggregation (strategic intent, exit plans). | Ensuring Group Transformation plans and local hospital/MCS are aligned | Clear prioritisation of focus areas via Operational Readiness Authority | Ongoing | On track |
| | | Some clinical service strategies approaching their date for review | Refresh of clinical service strategies (following completion of MFT strategy) | June 25 | On track |
| | | Implementation of single services impacted by prioritisation of NMGH integration | Review of delivery against single service maturity framework | March 24 | On track |
| | | Single strategy for the organisation covering both clinical services and corporate functions | Development of MFT Organisational Strategy | March 24 | On track |
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| Sources of Assurance (negative/positive/inconclusive) | | | | | | Gaps/weakness in Assurance | Actions being taken to address gaps/weaknesses | Target date | Progress |
|---|---|---|---|---|---|---|---|---|---|
| Site/MCS/LCO assurance | | Group assurance | | External assurance | | | | | |
| Routine | Received since last report | Routine | Received since last report | Routine | Received since last report | | | | |
| Operational Readiness Authority<br>Pathway Councils<br>Hospital/MCS Post Live Readiness Assessments, including post live metrics<br>AOF strategy domain<br>Annual Plan reviews | **AOF Meetings:** Q3 strategy milestones and ratings | Hive Stabilisation Board<br>EPR Programme Board<br>End of year reviews<br>Pathway Council Oversight Committee<br>Post Live Readiness Assessments, including post live metrics<br>Single Service Boards established<br>Single Service management arrangements in place<br>Year-end Annual Plan review<br>Minutes of GSSC<br>Board Strategic Development updates<br>Disaggregation report to Single Service Board | **Board 15/1**: Strategic Developments report; Annual Planning update<br>**Board development session 12/2/24**: MFT organisational strategy item, Annual Planning item<br>**EPR Scrutiny Committee 12/12/23**: EPR programme board report | Deloitte – Hive Gateway reviews | Clinical service strategy internal audit report | There has not been a corporate risk around NMGH disaggregation | Consolidated view of disaggregation risks and development of a corporate risk | July 2023 | Complete |
| | | | | | | Disaggregation report to SSB is verbal | Provide written report from July onwards | July 2023 | Complete |
| | | | | | | Regular delivery updates on clinical service strategies to GSSC halted since Covid | Reinstate delivery updates on clinical service strategies to GSSC | March 2024 | On track |
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## Group Risk Appetite Statement

We have established, and continuously assess, the nature and extent of the principal risks that our organisation is exposed to, and is willing to take, to achieve our strategic aims - our risk appetite. We ensure that planning and decision-making reflect this assessment.

Our risk appetite is a balance that supports taking measured, assessed risk in the pursuit of certain strategic aims whilst managing and minimising risk in all operational functions. Acceptance of some calculated risk is often necessary to foster innovation and development.

We recognise that the challenging financial and operational environment that currently exists across the NHS inevitably means that, overall, there is a higher than ever inherent level of risk to the achievement of our strategic aims.

We are confident in setting our levels of risk appetite because we believe that our controls, forward scanning, and our systems designed to identify and respond to risk, are effective, and are supported by strong governance.

Our risk appetite statement is as follows:

*We hold safety, quality of care, the experience of our patients and those who use our services, in the highest regard and we are measured in our approach, taking carefully considered risks that do not directly compromise the quality and safety of the care we provide.*

*We are prepared to accept the possibility of a short-term impact on operational performance outcomes where there is a potential for longer-term rewards, supporting innovation in the way we address our performance challenges, internally and with system partners. However, we will ensure that appropriate controls are in place to ensure that we maintain the essential standards of quality, safety and patient experience.*

*We follow regulatory standards and are averse to compromising compliance with them. Should circumstances require it, we are prepared to tolerate the possibility of limited derogation from a regulatory standard on a temporary basis, having assessed the risk and put in place appropriate mitigation'*

*We are prepared to take limited risks with regards to the experience of our workforce. When attempting to innovate, we seek to understand where similar actions have been successful elsewhere before taking any decisions.*

*We are prepared to accept the possibility of some workforce risk, as a direct result from change and innovation, providing there is the potential for improved recruitment and retention, and developmental opportunities for our people.*

*We will invest in our infrastructure plans, within our financial resources, for the best possible return for our patients, our people and the organisation as a whole, recognising that the potential for substantial gain outweighs inherent risks.*

*We are prepared to accept some financial risk providing appropriate controls are in place. We have a holistic understanding of value for money which is demonstrated through the contextualization of finance-related performance measures with other measures of performance in the Integrated Performance Report.*

*We will consistently work in partnership across the health and care system for the best possible return for our communities, with a significant appetite for challenging the status quo*

*We seek to lead the way in terms of our research and innovation capability and capacity. We intend to use our optimised research and innovation capability and capacity to use it as a catalyst to drive positive change across our organisation.*

*We seek to lead the way and will prioritize new and innovative service delivery models, even in emerging fields. We will consistently and constructively challenge our current working practices, and those of system partners, to optimise our opportunities for transformation and service integration.*

## Board Assurance Framework Legend

| Term | Meaning |
|---|---|
| **Principal risk** | A high-level risk which threatens achievement of a strategic aim |
| **Initial risk score** | Risk score without the application of any mitigation or additional controls |
| **Current risk score** | Risk score at time of population of the BAF based on effectiveness of mitigation and additional controls |
| **Residual risk score** | Risk score when all planned mitigation has been effectively applied |
| **Target risk score** | Target risk score based on risk appetite |
| **Controls** | Controls/systems in place to assist/secure management of risks associated with delivery of the strategic aims |
| **Enablers** | Supportive strategies/programmes which enable delivery of the strategic aims threatened by the principal risk |
| **Gaps in controls/enablers** | Gaps in the effectiveness of the controls or enablers |
| **Sources of assurance** | Evidence in relation to the effectiveness of the controls/systems we are relying on |
| **Positive assurance** | Evidence of progress towards achievement of strategic aims |
| **Negative assurance** | Evidence of progress towards achievement of strategic aims being compromised |
| **Gaps in assurance** | Opportunities to improve the evidence about the effectiveness of the key controls being relied upon |
| **Risk appetite** | The level of risk the organisation is prepared to tolerate in relation to each principal risk |
| **Rationale for assurance** | The rationale for the Group Executive Director's rating of delivery of the strategic aim |
| **Current assurance level** | The Group Executive Director's current confidence in successful delivery of the strategic aim:<br>Red: At risk of not making progress towards delivery of the strategic aim<br>Amber: Some evidence of progress towards delivery of strategic aim but challenges remain<br>Green: On track to deliver the strategic aim |

**Risk Matrix**

| **Consequence (B)** | **Likelihood (A)** | | | | |
|---|---|---|---|---|---|
| | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Certain |
| 5 Catastrophic | Score 5 | Score 10 | Score 15 | Score 20 | Score 25 |
| 4 Major | Score 4 | Score 8 | Score 12 | Score 16 | Score 20 |
| 3 Moderate | Score 3 | Score 6 | Score 9 | Score 12 | Score 15 |
| 2 Minor | Score 2 | Score 4 | Score 6 | Score 8 | Score 10 |
| 1 Negligible | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |

Agenda Item 12.1

## MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

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|---|---|
| **Report of:** | Group Deputy Chief Executive Officer |
| **Paper prepared by:** | Rob Jepson, Group Director of Estates and Facilities<br>Mark Foden, Group Associate Director of Sustainability |
| **Date of paper:** | March 2024 |
| **Subject:** | To provide an update on progress of delivery of the 2022 – 2025 Green Plan |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note ✓<br>• Support<br>• Accept<br>• Resolution<br>• Approval<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | The Green Plan update report is produced on an annual basis to update the Board on progress and performance and highlight any key risks and issues. This work aligns with the MFT strategic aim to work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda. |
| **Recommendations:** | The Board of Directors is asked to note the contents of this paper and support where required. |
| **Contact:** | Name: Mark Foden, Group Associate Director of Sustainability<br>Tel: 07464 674990 |

## Introduction

This paper provides an update on MFT's Green Plan 2022-2025 'Code Green', this plan is now two-thirds of the way into delivery, with an updated plan to be developed later this year, for implementation in at the start of 2025.

The Green Plan outlines our approach to delivering the priorities outlined in the national 'Delivering a Net Zero National Health Service' strategy, setting out the key interventions to reach net zero. Having a Green Plan in place and demonstrating progress is a requirement of the Health and Care Act, the NHS Standard Contract, the NHS Provider Licence and is embedded in the contracting requirements for NHS GM. Environmental Sustainability and Climate Change Adaptation are also included within the CQC's Single Assessment Framework (SAF).

There are two key targets within the Green Plan:

- For the emissions we control directly (the NHS Carbon Footprint), to reach net zero by 2038 (e.g. energy, waste, anaesthetic gases)

- For the emissions we can influence (our NHS Carbon Footprint Plus), to reach net zero by 2045 (e.g. supply chain and staff, patient and visitor travel)

There is a strong correlation between health inequalities and net zero, and reducing environmental impact is a core pillar of an Anchor organisation[1]. As one of the largest NHS Trusts in England, MFT also has a key role to play in system leadership and works closely with stakeholders including Manchester and Trafford Local Authorities and NHS GM to deliver against shared priorities, regularly sharing our work through case studies, conferences and media.

## Background

The 3-year Green Plan outlines a carbon budget that should not exceed 398 $ktCO_2e$[2] by 24/25 year-end. There are 10 areas of focus within the plan, with 15 headline objectives and 52 supporting projects. An annual sustainability report is produced and publicly shared via the MFT internet pages.

Governance of the Green Plan is overseen by the Climate Emergency Response Board (CERB), with the Group Director of Estates and Facilities providing interim chairmanship until a new Chief Delivery Officer is in post. There is also a Sustainability Steering Group, chaired by the Group Associate Director of Sustainability with representation from a cross-section of non-clinical and clinical sustainability leads.

## Performance

### Qualitative Performance

The Trust report qualitative data to NHSE on a quarterly basis, with this collection requesting information that is not already collected elsewhere. A simplified performance tracker for Q3 2023/24 is shown overleaf.

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[1] Anchor organisations are large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve.

[2] Overall emissions are given as a single figure, measured in kilotonnes of carbon dioxide equivalent ($KtCO_2e$), by weighting non-carbon dioxide gases by their global warming potential (GWP). The carbon budget is a GM science led approach to set an absolute limit for emissions we directly control until the point of net zero carbon in 2038. This adheres to the Paris Protocol to limit global climate change to 1.5°C and equates to at least 10% carbon reductions per year which has been calculated from our baseline year to the end of the current Green Plan.

| Question | Workstream | Progress |
|---|---|---|
| Does your organisation have a long-term climate change adaptation plan separate from your business continuity plan? | Adaptation | 🟥 |
| Does your organisation have a nominated lead who is accountable for adaptation planning and management? | Adaptation | 🟩 |
| At the site where you have the largest food service, how does your organisation measure the total amount of food waste produced? | Food and Nutrition | 🟩 |
| In your food service, have you identified opportunities to make menu options healthier and lower carbon by increasing the proportion of fruit and vegetables? | Food and Nutrition | 🟥 |
| Does at least one of your sites have a digital meal ordering system installed? | Food and Nutrition | 🟩 |
| Have you addressed nitrous oxide waste including waste from nitrous oxide and oxygen mixed? | Medicines | 🟩 |
| Outline actions taken to address nitrous oxide waste | Medicines | 🟩 |
| Do you operate or participate in a walking aid return scheme to support reuse within the NHS? | Supply Chain | 🟩 |
| How are you managing the inclusion of the minimum 10% on net zero and social value in every tender? | Supply Chain | 🟧 |
| How are you managing the inclusion of the Carbon Reduction Plans requirements in new procurements over £5 million/annum? (outside of government frameworks) | Supply Chain | ⬜ |
| Does your organisation purchase or lease solely vehicles (under 3.5 tonnes) that are ultra-low emission vehicles (ULEVs) or zero emissions (ZEVs)? | Travel and Transport | 🟥 |
| Does your organisation's salary sacrifice scheme for vehicles allow for the purchase of only ULEVs or ZEVs? | Travel and Transport | 🟩 |
| What facilities does your organisation offer people who arrive by a mode of active travel? | Travel and Transport | 🟩 |
| What travel-related schemes do you operate across your organisation? | Travel and Transport | 🟩 |
| Which local transport partners does your organisation work closely with? | Travel and Transport | 🟩 |

| ⬜ | 🟥 |  | 🟧 |  | 🟩 |
|---|---|---|---|---|---|
| no data or n/a | not yet in place/not progressed |  | In progress |  | completed/in place |

Progress and proposed solutions for those areas currently showing below green is contained within Appendix A.

Highlights from the current programme include:

- Nitrous oxide manifolds have been decommissioned at Wythenshawe, Trafford and Withington Community Hospitals, contributing to a year-to-date reduction of 73% in usage compared to the same period last year. Decommissioning is a nationally recognised carbon reduction intervention to eliminate issues with leaking pipework, with nitrous oxide being a potent greenhouse gas. A cylinder supply remains available where required. Plans are underway for remaining sites.

- A Department for Transport funded e-bike pilot ran for 12 months up to November 23 from a hub based at our Wythenshawe site, with 175 hires facilitated, the scheme was also made available to the local community. The Trust released the Healthy Travel Strategy 2023 – 2028 detailing our commitments to change behaviour, improve sustainable travel infrastructure and tackle local air quality.

- A new identity for environmental sustainability campaigns 'Time to Act' was launched in December 2023, recognising the urgency of the climate crisis and providing a call to action for MFT staff. A new role of Sustainable Advocate within the MFT colleague community has been introduced – as of February 2024, there are 50 advocates across nine MFT sites.

- Several high-profile national funding opportunities for delivering a net zero NHS have been responded to or formally supported by MFT, with research and innovation in sustainable healthcare becoming a higher-profile agenda. An MFT Research and Innovation team have successfully obtained an SBRI Sustainability Research Grant of £98k to build a sustainability framework for elective surgery hubs; this will be implemented at Trafford General Hospital and shared with other NHS hubs nationally. A close working relationship with the GIRFT programme (Getting It Right First Time) concerning sustainability has also developed, with the second GIRFT Fellow kickstarting work on surgical tray rationalisation, to drive both efficiency and environmental benefits.

- A feasibility study for Deep Geothermal is underway at Wythenshawe site in partnership with GT Energy, this has the potential to completely displace all gas use for the site, taking heat from 5km underground. The Energy Team have also successfully secured £1.2m funding from the National Energy Efficiency Fund to roll out energy-efficient LED lighting across suitable trust sites.

- A programme for sustainable inhaler use has been adopted with the launch of a new e-learning module to educate staff on effective inhaler technique and low carbon inhalers. Additionally, MFT Respiratory Services have adopted digital innovation through digital inhaler sensors for 50 patients to support more effective management of respiratory conditions (therefore reducing unnecessary emissions).

- A Sustainability Impact Assessment (SIA) for business cases and service reconfigurations has been developed to support sustainable decision-making and planning.

- All NHS procurements include a 10% social value weighting, and there is a proposal to increase this to 20% from the NHS GM Anchors Network, which will require wider system endorsement before adoption. A national sustainability maturity framework called Evergreen has also been released, and NHS colleagues in GM are working to encourage uptake of this, starting with the top 100 suppliers.

- A biodiversity assessment of MFT sites has been concluded, with a series of low and no-cost recommendations that will help create biodiverse and therapeutic environments that enhance patient and staff well-being as well as moderate heat and flood risk.

### Quantitative Performance

Whilst positive progress has been made in some areas, carbon reductions are not taking place at the scale and pace required. Projected annual carbon emissions for 2023/24 indicate that we will exceed our 2023/24 carbon budget by 33%.

In terms of the carbon footprint, energy accounts for 83% of our direct emissions and is the most significant opportunity for decarbonisation either through demand reduction or greater on-site renewables in the supply.

A KPI dashboard is used to track quarterly progress, and the latest version is shown in the Appendix B. In addition, a year-on-year view of carbon performance is included in Appendix C. Headline trends include:

- The 23/24 MFT Carbon Footprint for Q1 to Q3 has remained very similar to 22/23, with year-to-date (YTD) emissions only 1% lower. This follows a historic trend of low emissions for the first half of the year followed by higher emissions in winter and early spring. YTD emissions are now 17% lower than YTD emissions from baseline year 19/20. However, to be on track with the trajectory within our carbon budget, we would need a 34% reduction compared to baseline.

- The number of patient contacts YTD has increased by 18% in comparison to 22/23, this is largely a consequence of increased numbers of 'first' and 'follow-up outpatient appointments'. This indicates 17% greater efficiency in carbon emissions per patient contact vs 22/23 given the broadly static carbon footprint.

- Energy emissions remain the largest portion of the MFT Carbon Footprint, responsible for 83% of emissions YTD. Both gas and electricity have seen marginal changes in consumption compared to the same period last year. The carbon intensity of the gas network remains very similar to last financial year, however, the electricity grid has increased in carbon intensity by 5.1%, so the electricity footprint has increased compared to 22/23 by 476 $tCO_2e$.

- Large savings were realised from the decommissioning of nitrous oxide manifolds at Wythenshawe, Trafford and Withington Community Hospitals, delivering a YTD trust-wide reduction in nitrous oxide use of 73% and saving 1,899 $tCO_2e$ compared to 22/23. This quarter is the third consecutive one with zero desflurane use (a volatile anaesthetic gas with high global warming potential), in line with MFT's commitment to cease use. These savings were partially offset by an increase in Entonox purchases (mixed nitrogen and oxygen used in maternity services), leading to an extra 955 $tCO_2e$ compared to the same period in 22/23. With the reduction in nitrous oxide and volatile anaesthetics emissions, Entonox alone is now responsible for 8.8% of MFT's carbon footprint. Reasons for the increase in purchases are being investigated by pharmacy colleagues and will update the next climate emergency response board in April.

- Waste weight generated is down 3% compared to YTD 22/23. This is comparable performance to the previous two financial years, but greater than historic averages. Despite this, waste generated per patient contact has dropped below pre-COVID baseline year 19/20, again demonstrating the direction towards using resources more efficiently whilst treating greater numbers of patients.

## Next Steps

It is acknowledged that the ambitious GM carbon budget is not currently being met by any partners across the city region, due to available funding and the speed of decarbonisation to national infrastructure (examples being the decarbonisation of the national grid and development of the new networks needed for hydrogen and carbon capture and storage).

There remains a determination to stay as close as possible to this target over the period to 2038, and further research will be undertaken to establish a more realistic decarbonisation trajectory for MFT, which will be incorporated into the next release of the MFT Green Plan.

A broad spectrum of interventions to reduce demand for energy and resource use need to be accelerated alongside medium to long term estate decarbonisation projects. This will require widespread support and ownership from across the organisation and will encompass, but will not be limited to, the reportable actions to NHS England outlined above. Engagement will particularly be needed in clinical leadership roles, where sustainability should be integrated into local plans to support operational efficiencies, cost-saving opportunities and patient outcome improvements.

The Climate Emergency Response Board (CERB) was established in April 2022 and has met four times, with the focus on delivering against the agreed strategic priorities. 2024/25 will bring enhanced clinical representation to the CERB, alongside greater integration into hospital level plans to enhance delivery of the Green Plan.

**Recommendations**

The Board is asked to:

- Note the Green Plan progress to date.

- Endorse the inclusion of sustainability considerations and local priorities in hospital and MCS strategies, embedding a requirement to report progress against plans.

- Ensure sustainability messaging is strengthened within leadership communications, to support this agenda being seen as an integral part of the Trusts strategic approach, and endorse specific campaigns rolled out at scale, such as improved waste segregation.

**Appendix A – Items from the current programme not yet in place/not progressed:**

- **Long Term Climate Change Plan –** A suite of specialist training and resources for Climate Change Adaptation, commissioned by Greater Manchester and Northwest NHS Net Zero teams, will be released this spring to provide more specific tools to inform the MFT Climate Change Plan due to be published in quarter three 2024/25.

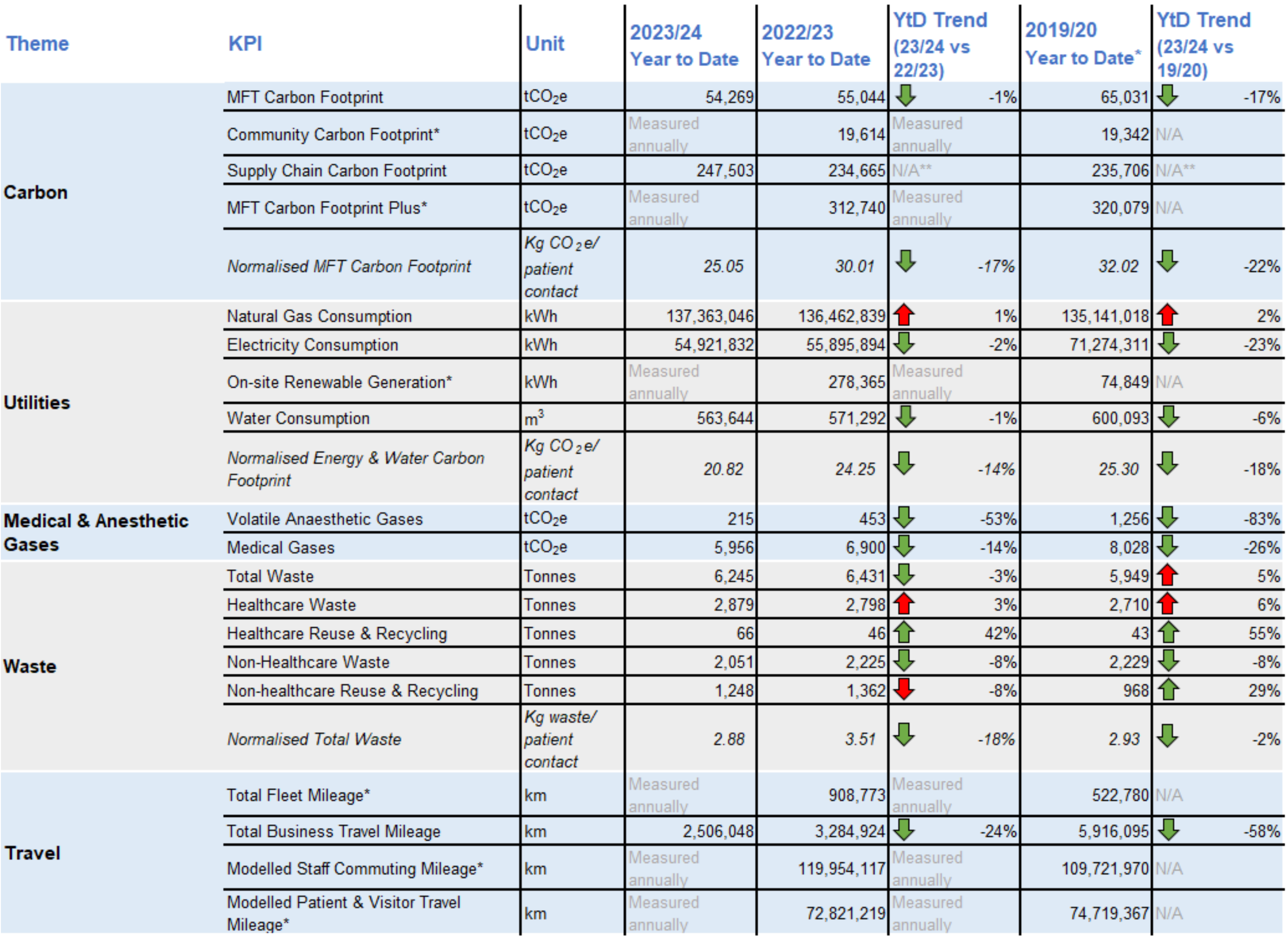
- **Menus –** Local purchasing and increasing the amount of fruit and vegetables on our menus has been implemented and work continues with catering providers to further reduce the carbon budget associated with our food menus. Research and investigations will be made to explore practical solutions for lower carbon menu options available on the market and at a suitable price point. Continued focus will be given to food waste reduction measures which will provide more immediate cost and carbon savings and this work is being led and reported through the MFT National Standards of Food and Drink working group.

- **Procurement –** 10% minimum social value tender scoring is fully embedded across MFT, however improvements to contract management processes across the organisation will be introduced to fully realise the benefits of this mechanism by local contract managers.

- **MFT Fleet –** Ultra-Low Emission Vehicle requirements were embedded within the updated Sustainability Policy in 2023. The MFT Transport Services fleet is compliant, however there are localised services across MFT, with 1-2 vehicles each, that are not yet compliant. As these existing leasing arrangements come to an end, they will be replaced with compliant services.

## Appendix B

## Green Plan KPI’s YTD 2023/24 (Quarter 1 to Quarter 3)



| Theme | KPI | Unit | 2023/24 Year to Date | 2022/23 Year to Date | YtD Trend (23/24 vs 22/23) | 2019/20 Year to Date* | YtD Trend (23/24 vs 19/20) |
|---|---|---|---|---|---|---|---|
| **Carbon** | MFT Carbon Footprint | $tCO_2e$ | 54,269 | 55,044 | ↓ -1% | 65,031 | ↓ -17% |
| | Community Carbon Footprint* | $tCO_2e$ | Measured annually | 19,614 | Measured annually | 19,342 | N/A |
| | Supply Chain Carbon Footprint | $tCO_2e$ | 247,503 | 234,665 | N/A** | 235,706 | N/A** |
| | MFT Carbon Footprint Plus* | $tCO_2e$ | Measured annually | 312,740 | Measured annually | 320,079 | N/A |
| | *Normalised MFT Carbon Footprint* | *Kg $CO_2e$/ patient contact* | *25.05* | *30.01* | ↓ *-17%* | *32.02* | ↓ -22% |
| **Utilities** | Natural Gas Consumption | kWh | 137,363,046 | 136,462,839 | ↑ 1% | 135,141,018 | ↑ 2% |
| | Electricity Consumption | kWh | 54,921,832 | 55,895,894 | ↓ -2% | 71,274,311 | ↓ -23% |
| | On-site Renewable Generation* | kWh | Measured annually | 278,365 | Measured annually | 74,849 | N/A |
| | Water Consumption | $m^3$ | 563,644 | 571,292 | ↓ -1% | 600,093 | ↓ -6% |
| | *Normalised Energy & Water Carbon Footprint* | *Kg $CO_2e$/ patient contact* | *20.82* | *24.25* | ↓ *-14%* | *25.30* | ↓ -18% |
| **Medical & Anesthetic Gases** | Volatile Anaesthetic Gases | $tCO_2e$ | 215 | 453 | ↓ -53% | 1,256 | ↓ -83% |
| | Medical Gases | $tCO_2e$ | 5,956 | 6,900 | ↓ -14% | 8,028 | ↓ -26% |
| **Waste** | Total Waste | Tonnes | 6,245 | 6,431 | ↓ -3% | 5,949 | ↑ 5% |
| | Healthcare Waste | Tonnes | 2,879 | 2,798 | ↑ 3% | 2,710 | ↑ 6% |
| | Healthcare Reuse & Recycling | Tonnes | 66 | 46 | ↑ 42% | 43 | ↑ 55% |
| | Non-Healthcare Waste | Tonnes | 2,051 | 2,225 | ↓ -8% | 2,229 | ↓ -8% |
| | Non-healthcare Reuse & Recycling | Tonnes | 1,248 | 1,362 | ↓ -8% | 968 | ↑ 29% |
| | *Normalised Total Waste* | *Kg waste/ patient contact* | *2.88* | *3.51* | ↓ *-18%* | *2.93* | ↓ -2% |
| **Travel** | Total Fleet Mileage* | km | Measured annually | 908,773 | Measured annually | 522,780 | N/A |
| | Total Business Travel Mileage | km | 2,506,048 | 3,284,924 | ↓ -24% | 5,916,095 | ↓ -58% |
| | Modelled Staff Commuting Mileage* | km | Measured annually | 119,954,117 | Measured annually | 109,721,970 | N/A |
| | Modelled Patient & Visitor Travel Mileage* | km | Measured annually | 72,821,219 | Measured annually | 74,719,367 | N/A |

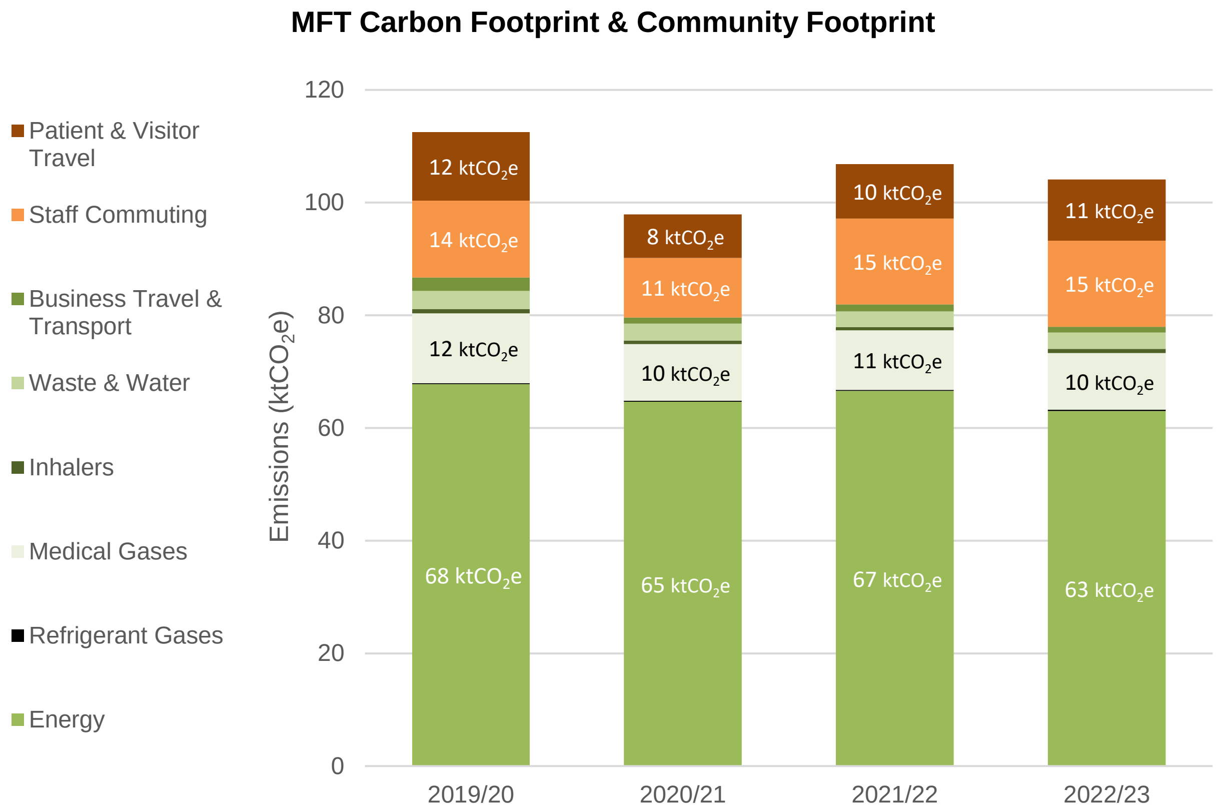
* Please note, figures for starred KPIs and financial years have been calculated as a flat line profile from year-end figures. This is due to annual measurement of the KPI.

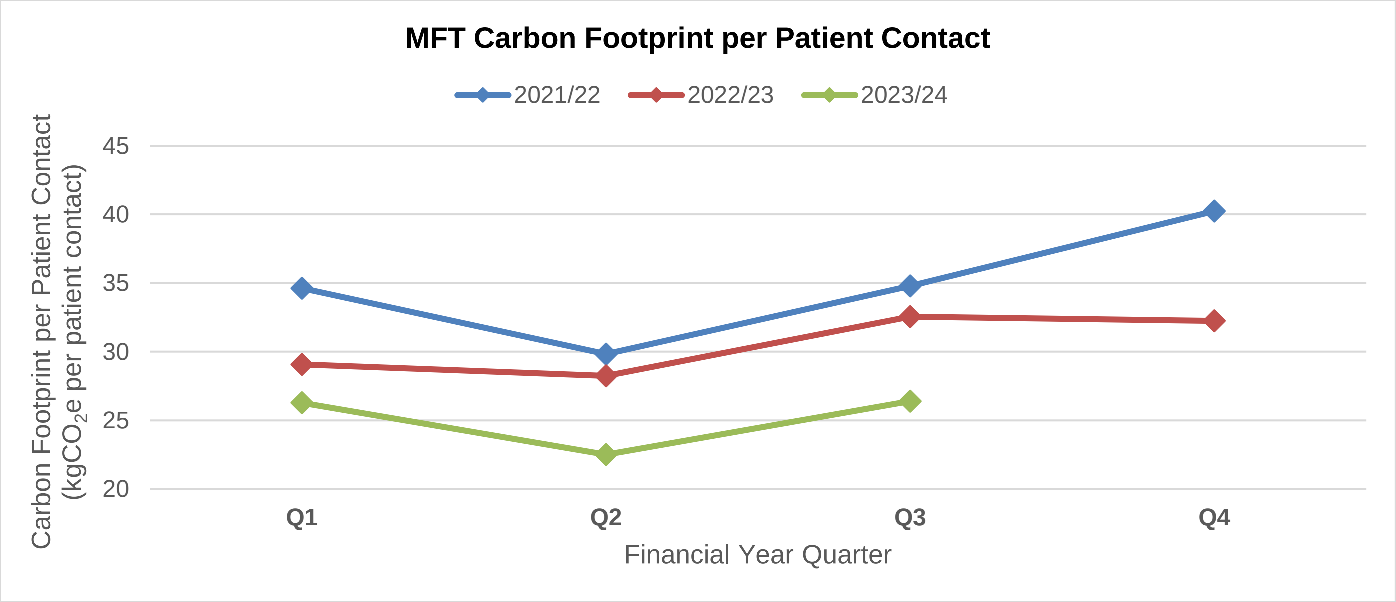
** NHS England guidance recommends procurement carbon foot printing methodology is not suitable for year-on-year comparison, but instead demonstrates the magnitude of the Supply Chain Carbon Footprint in comparison to the MFT Carbon Footprint.

Note that the carbon budget approach adopted across GM, places greater importance on total carbon emissions over time, rather than the deadline by which net-zero carbon is met. This is considered a more responsible approach to reduce the overall contribution to climate change. This applies to direct emissions only (excludes the ‘Carbon Footprint Plus) and for MFT this has been calculated as 398 $ktCO_2e$ between the baseline year of 19/20 and 24/25 year-end.

## Appendix C

### Year on year view of carbon performance





# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Peter Blythin<br>Group Executive Director of Workforce & Corporate Business |
| **Paper prepared by:** | Jismy Vellakunathu, EDI Practitioner<br>Caron Martin, Group Associate Director of EDI |
| **Date of paper:** | March 2024 |
| **Subject:** | Public Sector Equality Duty,<br>Annual Equality Information Report 2023 |
| **Purpose of Report:** | Indicate which by ✓ **(tick as applicable-please do not remove text)**<br>• Information to note<br>• Support<br>• Accept<br>• Resolution<br>• Approval ✓<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | The statutory deadline for the Annual; Equality Information Report is 31/03/2024. Not publishing the report by this deadline risks the Trust failing to withhold its value of being Open and Honest about progress on the Diversity Matter's Strategy and delivery of the Public Sector Equality Duty. |
| **Recommendations:** | The Board of Directors are requested to review and approve the Annual Equality Information Report 2023 to enable the report to be published prior to the statutory deadline. |
| **Contact:** | Name: Nick Bailey – Director of Corporate Workforce<br>Tel: 0161 276 4796 |

## 1. Purpose

1.1 The purpose of this report is to present the Board of Directors with the 2023 Public Sector Equality Duty, Annual Equality Information Report and to gain approval for publication of the report before the end of March 2024.

## 2. Context

2.1 Every year, the Equality and Human Rights Commission (EHRC) asks public sector organisations, to provide information, demonstrating how they meet the three aims within the Public Sector Equality Duty (PSED). The duty sits within the Equality Act 2010 and the three aims of the general duty are to make sure that public authorities have due regard to the need to:

1. put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation,
2. advance equal opportunities between people who have a protected characteristic and those who do not,
3. foster good relations between people who have a protected characteristic and those who do not.

2.2 The purpose of the PSED is to make sure that public authorities and organisations carrying out public functions, think about how they can improve society and promote equality in every aspect of their day-to-day business. This is linked to our own Diversity Matters Strategy aims to improve patient access, safety and experience, have a representative and supported workforce and to have inclusive leadership. It also aligns with the NHSE EDI Improvement Plan.

2.3 The Trust publishes an annual equality information report for the period January to December, to provide assurance of our equality, diversity and inclusion activity. To produce the report, we highlight projects/activities/case studies taking place across the Trust, that help us meet the PSED aims listed above.

2.4 The attached report - Public Sector Equality Duty Annual Equality Information Report 2023 – outlines the activity the Trust has undertaken during 2023 to demonstrate our duties regarding the PSED, which will be published by the end of March 2024.

## 3. Recommendation

3.1 The Board of Directors is asked to:

- Receive the report and approve publication of the report in accordance with the Public Sector Equality Duty obligations.

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NHS Foundation Trust

DRAFT

# Public Sector Equality Duty (PSED) Annual Equality Information Report

January - December 2023

disability confident EMPLOYER

BRONZE AWARD NHS RAINBOW BADGE

happy to talk flexible working

ARMED FORCES COVENANT
Proudly supporting those who serve

Diversity Matters

# Content

Foreword

Glossary

Diversity Matters

Governance

Improved patient access, safety and experience

A representative and supported workforce

Inclusive Leadership

**The control bar at the bottom of the page can be used to navigate the report. Simply click an icon or section to jump to that section. You can also read the complete *Diversity Matters Strategy* at any point by selecting the *Diversity Matters* logo.**

# Foreword

DRAFT

This year’s Manchester University NHS Foundation Trust’s (MFT) Annual Equality Information Report reflects a range of activities that the Trust has undertaken to create a service that supports our diverse communities, has a greater understanding of the health inequalities that impact those communities and acknowledges the work we undertake to ensure our diverse workforce can flourish and deliver the best service.

As part of this MFT continues the implementation and development of the EPIC Hive Electronic Patient Record (EPR) system, an improvement programme which unifies how we manage and provide patient care across all our hospitals and creates a greater opportunity to develop services for our local communities.

Delivery of the new MFT Diversity Strategy 2024-2028 is due later this year, having engaged with patients, staff and the communities we serve, ensuring we focus on activity that makes a positive difference to those with protected characteristics. Backed by NHS England’s EDI Improvement Plan and the six High Impact Actions MFT will remain focused on addressing prejudice and discrimination that exists through behaviours, policies, practices, and culture.

A representative and inclusive workforce is at the core of the Diversity Matters Strategy, with initiatives launched and revised to provide better support to staff wellbeing and representation.

The 'Removing the Barriers' Programme, launched to balance representation of Black, Asian and Minority Ethnic) staff at senior levels was evaluated by a Task and Finish Group and has prompted further developments. In addition, the introduction of a newly developed reasonable adjustment toolkit is creating a more accessible and inclusive workplace for those with disabilities in our workforce.

Lastly, no change is delivered without inclusive and compassionate leadership, with the skills and tools to create a working culture that enables staff to be their best. All senior leaders will have personal objectives to support positive change for those with protected characteristics, with a focus on supporting our growing group of Staff Networks.

We are committed to working together as a Trust to address inequalities wherever they may arise and provide the best possible outcomes to both patients and staff. With the upcoming refresh of the Diversity Matters Strategy, I would like to thank everyone for their steadfast contribution to making MFT a more inclusive and diverse organisation. I am delighted to introduce the 2023 Equality, Diversity and Inclusion Annual report, with examples of achievements and actions taken to deliver on our strategic objectives.

Peter Blythin
**Group Executive Director of Workforce & Corporate Business 2023**

# Glossary

DRAFT

**ACAS** – The Advisory, Conciliation and Arbitration Service

**AIS** – Accessible Information Standard

**BAME** – Black and Asian Minority Ethnic

**CCG** – Clinical Commissioning Groups

**CPD** – Continuing Professional Development

**CQC** – Care Quality Commission

**CSS** – Clinical and Scientific Services

**DPUF** – Disabled People’s User Forum

**EDI** – Equality, Diversity and Inclusion

**EDHR** – Equality, Diversity and Human Rights Week

**EDS** – Equality Delivery System

**EIA** – Equality Impact Assessment

**ESR** – Electronic Staff Record

**FTSU** – Freedom to Speak Up

**FFT** - Family and Family Test

**GEDHRC** – Group Equality, Diversity and Human Rights Committee

**GMC** – General Medical Council

**GPG** – Gender Pay Gap

**CEA** – Clinical Excellence Awards

**LGBTQ+** - Lesbian, Gay, Bisexual, Trans, Queer + Community

**MSK** - Musculoskeletal

**MCS** – Managed Clinical Service

**MFT** – Manchester University NHS Foundation Trust

**MREH** – Manchester Royal Eye Hospital

**MRI** – Manchester Royal Infirmary

**NIHR** – National Institute for Health and Care Research

**NMGH** – North Manchester General Hospital

**NICE –** National Institute for Health and Care Experience

**PARS** - Physical Activity Referral Scheme

**PSED** - Public Sector Equality Duty

**PCN** – Primary Care Network

**RMCH** – Royal Manchester Children’s Hospital

**SMH -** Saint Mary’s Hospital

**UDHM** – University Dental Hospital of Manchester

**WDES** – Workforce Disability Equality Standard

**WRES** – Workforce Race Equality Standard

**WTWA** – Wythenshawe, Trafford, Withington, Altrincham hospitals

**WMTM** - What Matters to Me

# Context

DRAFT

**Manchester University NHS Foundation Trust (MFT)**, established in October 2017 is one of the largest NHS Foundation Trust in England. With over 28,000 staff, it oversees ten hospitals and community services across Manchester and Trafford on seven sites. MFT offers a broad spectrum of services, ranging from local general hospital care to specialised regional and national services.

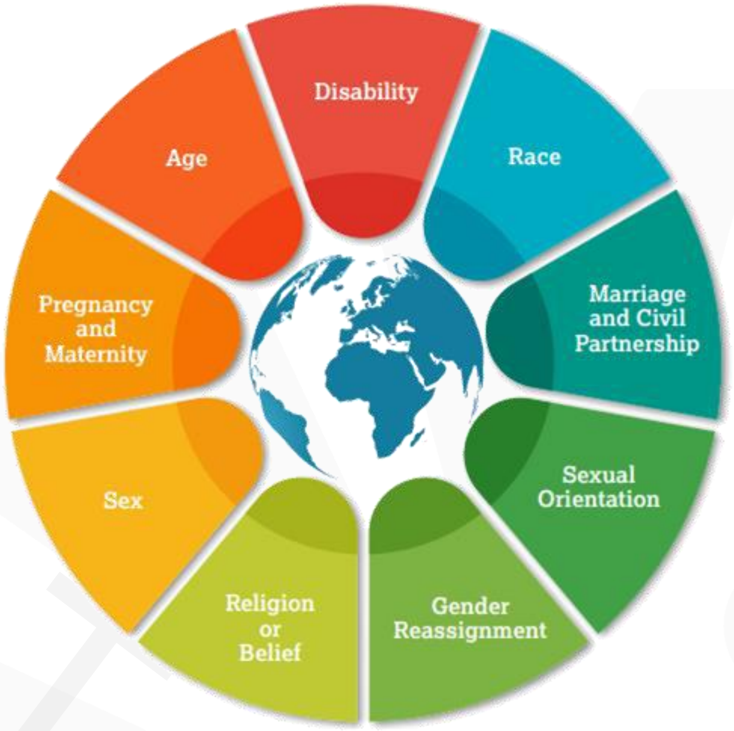
This **Equality Information Report** provides evidence of how MFT is meeting the three aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010. The three aims of the general duty are to make sure that public authorities have **due regard** to the need to:

1. put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation
2. advance equal opportunities between people who have a protected characteristic and those who do not
3. foster good relations between people who have a protected characteristic and those who do not

This report details the work done in 2023 to promote **Equality, Diversity and Inclusion (EDI)** among the patients, service users and workforce at MFT, aligning with the objectives of our **Diversity Matters Strategy (2019-23)** and our vision to improve the health and quality of life of our diverse population by building an organisation that:

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

**There are 9 protected characteristics covered by the Equality Act 2010:**



# Our Hospitals

This report details our performance during 2023 and contains examples of practice from across the Trust's Hospitals, Managed Clinical Services (MCS), the Local Care Organisations (LCOs) and Corporate Services. It details the diversity of our patients, service users, staff, leadership and governance for equality, diversity and inclusion.

Main
Entrance
3
Wythenshawe Hospital

Trafford General Hospital

Saint Mary's Hospital

Manchester Royal Eye Hospital

Withington Community Hospital

University Dental Hospital of Manchester

Royal Manchester Children's Hospital

Altrincham Hospital

Manchester Royal Infirmary

North Manchester General Hospital

Manchester Local Care Organisation

Trafford Local Care Organisation

Clinical and Scientific Services MCS

# Manchester and Trafford at a Glance

We are the main provider of hospital care to approximately 750,000 people in Manchester and Trafford and the single biggest provider of specialised services in the North West of England. The graphs, collected from 2021 Census data guide MFT in customising care with key population insights, optimising services for better patient outcomes.

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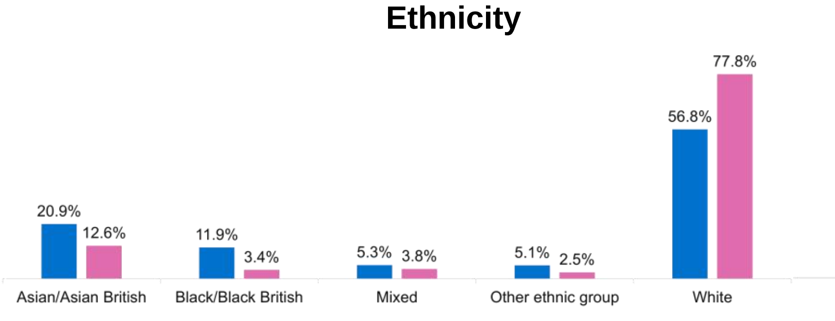
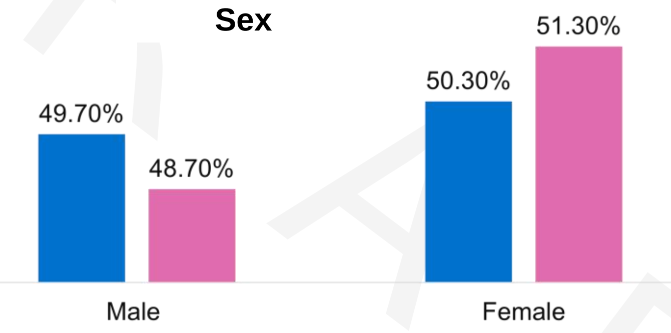
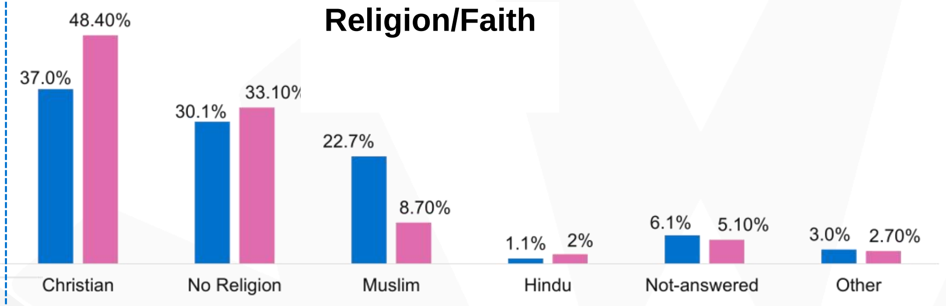
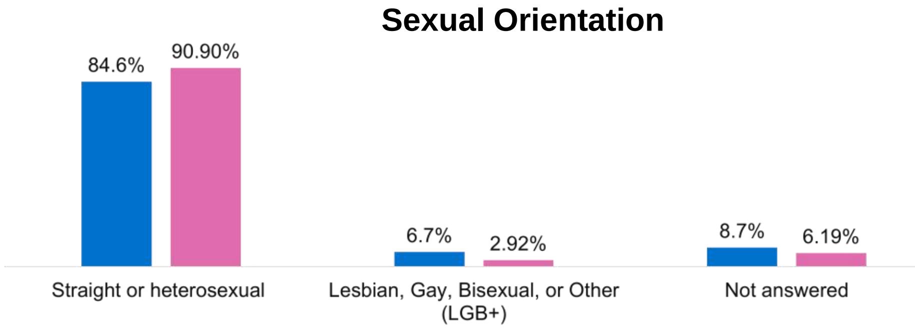
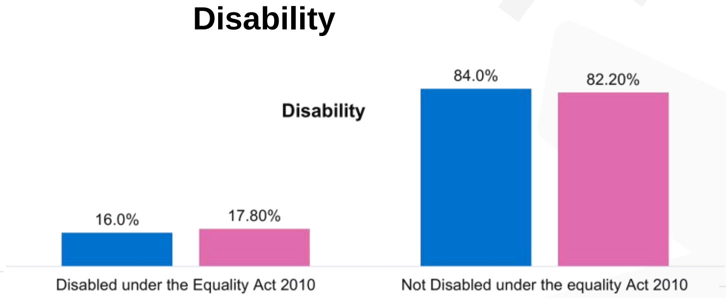
**Manchester** **Trafford**

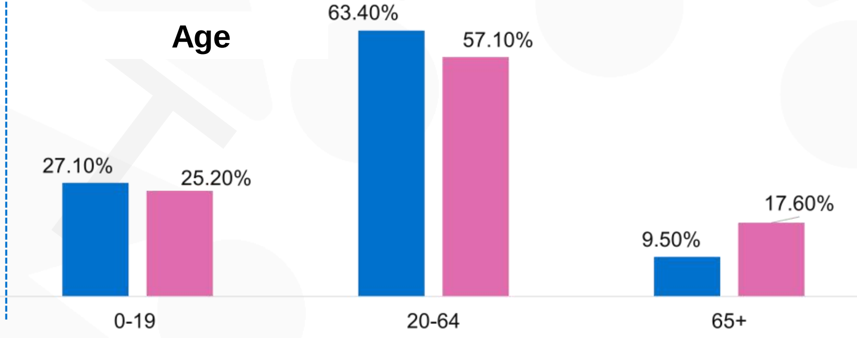

**Ethnicity**


**Sex**


**Religion/Faith**


**Sexual Orientation**


**Disability**


**Age**

# The Diversity Matters Strategy

Manchester University
NHS Foundation Trust

In 2019, the Trust published ‘Diversity Matters (2019-2023)’, a four-year strategy, aiming to be the best place for patient care and workplace excellence. The strategy is central to the Trust's Vision of ‘improving health and well-being for our diverse population’ and provides a framework for improving policies, processes and practices.

The strategy is due to be refreshed in 2024 and consultation will be planned to take place with our patients, service users and workforce, to improve how we will deliver the three aims below for the next four years (2024-2028).

## 1. Improved patient access, safety and experience

**The results we are aiming for:**

- ✓ Everyone who needs to can use Trust services.
- ✓ Individual people’s health and care needs are met.
- ✓ When people use Trust services, they are free from harm.
- ✓ People report positive experiences of Trust services.

## 2. A representative and supported workforce

**The results we are aiming for:**

- ✓ Staff are free from harassment, bullying and physical violence.
- ✓ Staff believe that the Trust provides equal opportunities.
- ✓ Staff recommend the Trust as a place to work and receive treatment.

## 3. Inclusive leadership

**The results we are aiming for:**

- ✓ Board members and senior leaders demonstrate their commitment to equality, diversity and inclusion.
- ✓ Board and Committee papers will identify equality-related impacts and how unfavourable effects will be reduced.

# Governance

Manchester University
NHS Foundation Trust

## Our Governance structure is built on the principle of leadership and inclusion.

The diagram below highlights the overall Governance structure of how EDI activity is actioned:

**Group Management Board (GMB)**

Chaired by Our Chairman to achieve Diversity Matters goals, ensures legal compliance and allocates resources effectively.

**Workforce Scrutiny Committee (WSC)**

Chaired by Non-Executive Director to analyse, recommend and feedback on EDI activity.

**Group Equality, Diversity and Human Rights Committee (GEDHRC)**

Chaired by Joint Group Medical Director to monitor and escalate EDI activity to our Group Quality and Safety Committee and Workforce and Education Committee (WEC).

**Workforce Strategic Equality Group (WSEG)**

Chaired by the Corporate Director of Workforce, provides assurance, sets the strategic direction of EDI related activities.

**EDI Team**

Leads, develops, delivers, reviews and promotes the objectives within the Diversity Matters Strategy.

# Our Year at a Glance

NHS
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**Health Inequalities Group** created to address health disparities

Introduced Health Inequalities Framework with focus on Core20plus5

Implemented Health Inequalities Dashboard and Targeted DNA Reduction.

Appointed a Public Health Consultant

CORE20 PLUS 5

Diversity Matters 2024-2028: **Listening Events** with MFT Colleagues and Communities

**Six high-impact actions** have been undertaken as part of the Equality, Diversity and Inclusion (EDI) Improvement Plan

**Staff Network Development** session introduces NHS England Staff Network Toolkit

2 New faith networks launched

Finalists for the national BAME awards

**Race-focused workshops** for GMB, Nurse Directors to adopt the Northwest BAME Assembly's anti-racism framework

Anti-racist Framework

Widening Participation Team collaborated with institutes to offer **exceptional opportunities with supported internships and study programs**

The Manchester College be amazing
PURE INNOVATIONS The key to a fulfilled life
TRAFFORD COLLEGE

**113,496 Interactions**, with over 132 languages and dialects, for Patients, their families and carers across the Trust

More than 120 members of staff attended the **Reasonable Adjustments training** by ACAS

acas working for everyone

**Best Public Engagement Award** to the Greater Manchester Research Van Collaboration by GM Health and Research awards 2023

GREATER MANCHESTER HEALTH AND CARE RESEARCH AWARDS 2023

**Partnered with Sparkle**
National Transgender Charity

Trust joined **NHS Employers' Diversity in Health & Care Partners Programme 2023/24**

Group Chief Executive had regular meetings with Staff Networks.

**New Community Diagnostic Centres**(CDCs) providing elective diagnostics (including checks, scans and tests) away from acute facilities.

CDC

Retained **Bronze Award for NHS Rainbow Badge**

The first NHS organisation to be awarded the **Veterans in Pride** standard, as part of Charity Fighting with Pride 2023.

350 Equality Impact Assessments (EIA) completed

350

**Neurodiversity Support task and finish group** established

## Improved patient access, safety, & experience

The first strategic aim is to improve patient and service user access, safety and experience. The Trust always wants to make sure that patients, their caregivers, families and service users have an experience with our services that is inclusive and accessible.

The Trust considers how its decisions will affect equality in a variety of ways. These include consulting with diverse patients and service users on decision making and carefully examining our data through the Health Inequalities Group.

This section details the activities that were carried out in 2023 towards achieving these objectives.

# Diversity of Our Patients

NHS
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NHS Foundation Trust

The Trust recognises the diverse needs of our patients and service users and tracks demographic data to ensure safe and effective healthcare. The charts below depict the diversity of our service users in 2023:

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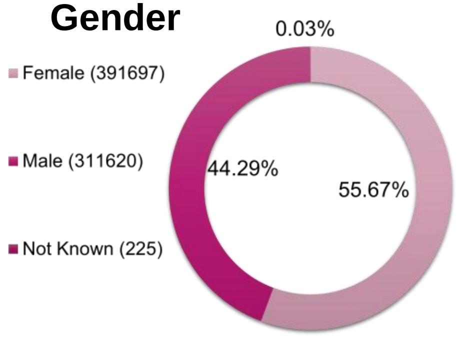
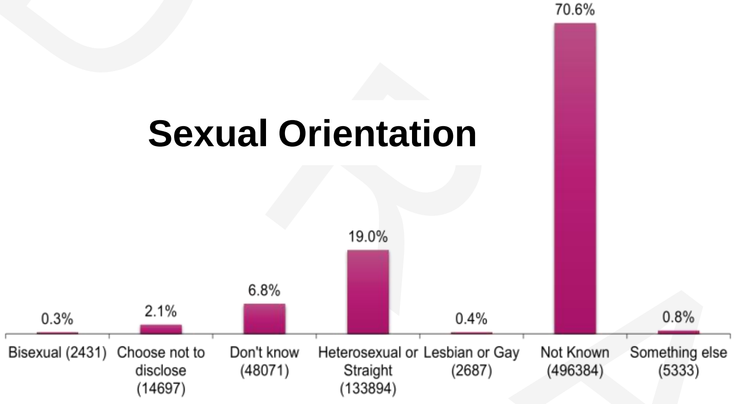
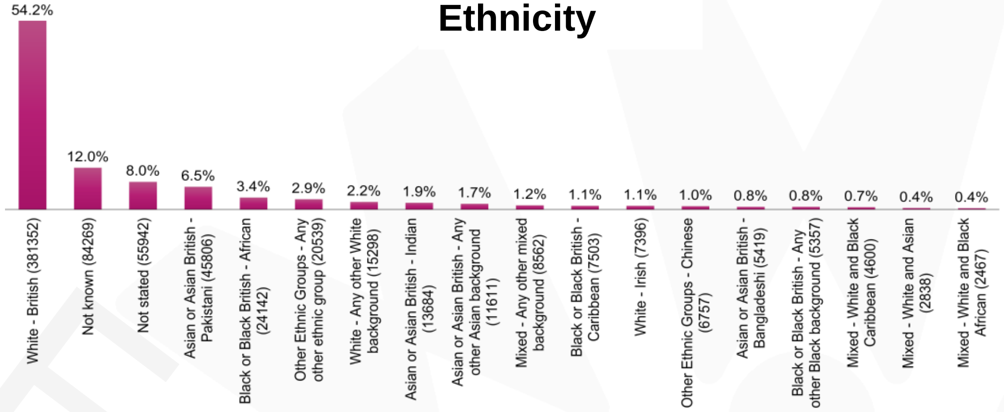
## Gender



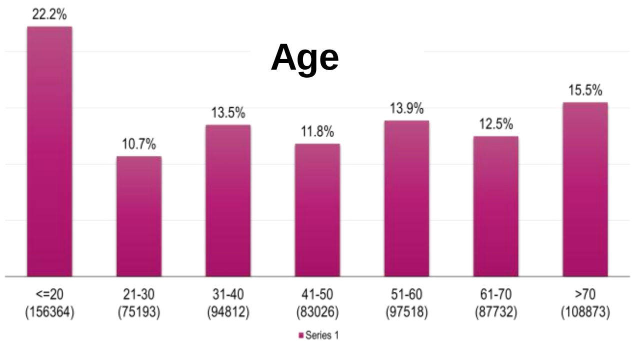
## Sexual Orientation



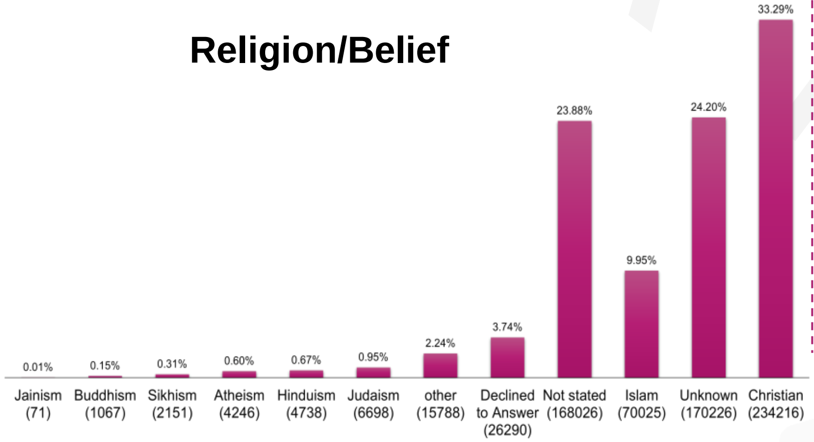
## Ethnicity



## Age



## Religion/Belief



# Accessible Information Standard (AIS)

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The Accessible Information Standard (AIS) is a national requirement for health and social care providers to identify, record, flag, share and meet the information and communication support needs of individuals with disabilities, impairments or sensory loss. From 1st August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the AIS. It aims to improve services by ensuring that information is easily readable, understandable and accessible, facilitating effective communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The AIS Steering Group brings together a diverse range of representatives from our Hospitals and services across the Trust. A new action plan was recently developed to identify the steps needed to ensure MFT is fully compliant with the standard.

In 2023 the Trust will continue to build on this foundation by:

- working with different services, such as Interpretation and Translation, Learning and Development, Patient Experience, IT systems (HIVE), and Reception Managers to meet the needs of patients and service users
- working with reception managers to implement processes to identify individual's needs when interacting face-to-face
- providing training in the next 12 months for our workforce, to ensure our patients and service users receive the service they require

# Disabled People's User Forum (DPUF)

DRAFT

The EDI Team chairs the patient forum called the Disabled People's User Forum (DPUF). The purpose of DPUF is to listen to the views and experiences of disabled people and enable them to influence decision making within the Trust, ensuring we understand how these decisions will impact disabled people. This forum also aims to improve the access, experience and quality of health care for disabled people within our hospitals and community services.

Some of the key discussions with the Forum in 2023 have included:

- Contribution to shaping the Diversity Matters Strategy for 2024-2028
- Involvement in the ongoing rollout of the new Hive system, specifically on how to make it accessible for all patients as part of AIS, leading to the implementation of mandatory stops for staff to ensure accurate recording of patient’s needs for communication. These include Braille, BSL, Easy Read and Large Font to name a few
- Feedback on Catering for patients including menu choices, crockery and communication during mealtimes
- Feedback on posters and the accessibility of the PALS & Complaints process
- Feedback to enhance overall hospital accessibility, including discussions on signage size, waiting area space, colour contrast and clock updates
- Feedback on making our new community diagnostic centres accessible to our patients

Dates of Disabled People's User Forum 2024 can be found HERE.

# Equality Delivery System (EDS)

NHS
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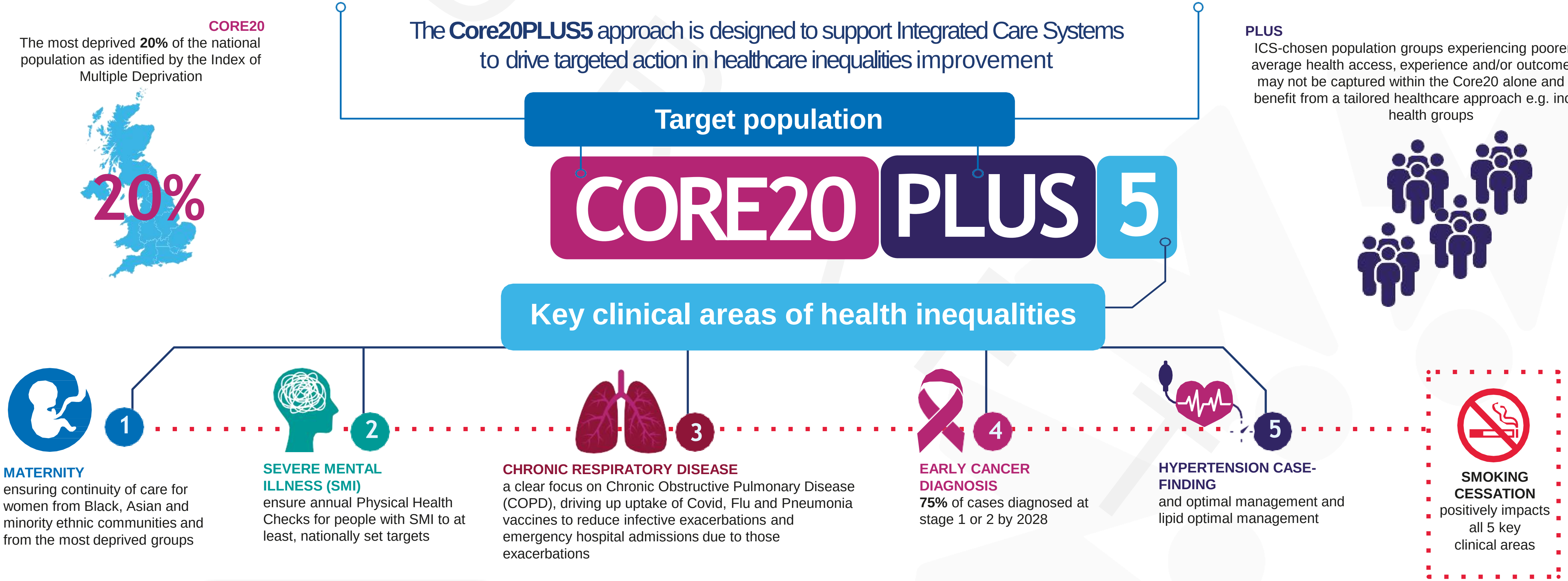
NHS England(NHSE) introduced EDS, a National Framework, to support NHS organisations in achieving better outcomes for both patients and staff. The EDS focuses on three domains: patient care, staff treatment and leadership, with 11 standards to assess and grade equality performance. The system was refreshed in 2022 and EDS version 3 (EDS3) was launched in 2023, with our trust being one of the national pilot sites for its implementation. Post-COVID, NHSE has identified five priority areas as below and introduced Core20PLUS5 clinical areas to guide efforts in reducing Healthcare Inequalities.



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

**Target population**

**CORE20**
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

**PLUS**
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

**CORE20 PLUS 5**

**Key clinical areas of health inequalities**

1 **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2 **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3 **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4 **EARLY CANCER DIAGNOSIS**
**75%** of cases diagnosed at stage 1 or 2 by 2028

5 **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

**SMOKING CESSATION**
positively impacts all 5 key clinical areas

# Equality Delivery System (EDS)

At MFT EDS has been rolled out across the following areas :

| Domain | Service Area |
|---|---|
| **Patients: Patient care pathways were reviewed to assess and enable equitable access, experience and outcomes** | Saint Mary's Hospital Managed Clinical Service (SMHMCS) |
| **Workforce** | Employee Health and Wellbeing Services |
| **Inclusive Leadership** | Leadership at Group Level |

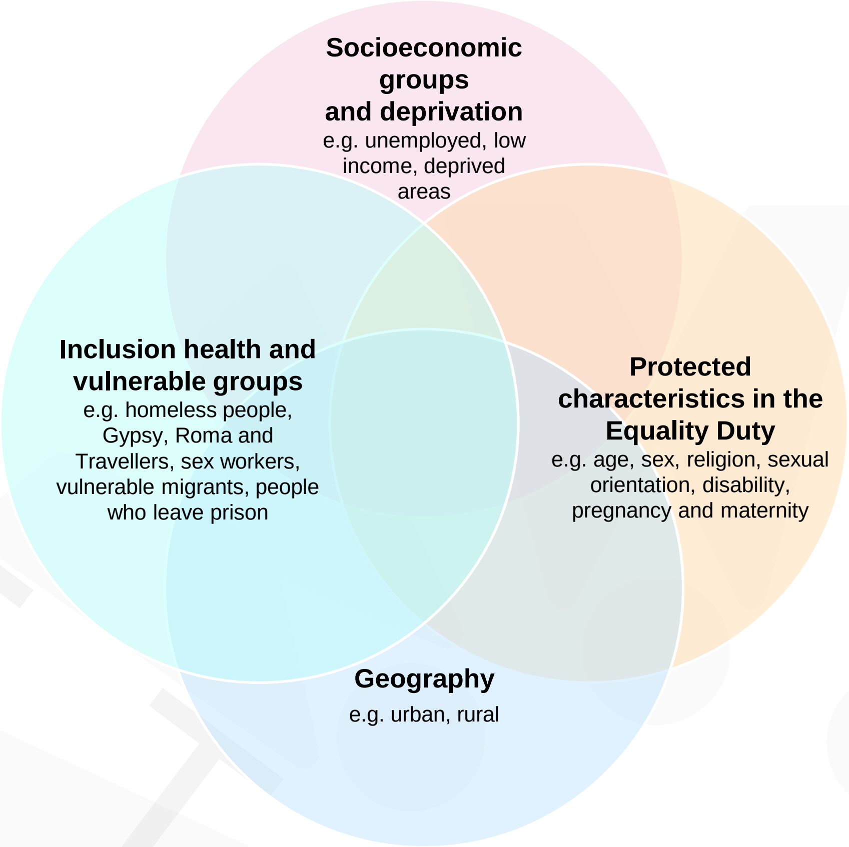
The data and evidence against EDS outcomes have been compiled, presenting narratives about existing processes, systems and procedures related to patient care and workforce functions based on protected characteristics. The objective is to produce evidence demonstrating:

- analysis of service delivery by protected groups
- engagement with the protected groups
- inclusion of equality in the governance and business process
- areas that require improvements and the relevant action plans

Service leads and the EDI team, self-assessed and graded the EDS assessment of services, based on evidence from clinics and departments. The external verification of the self-assessment and grading was conducted by an Equality and Diversity Practitioner.

MFT aims to deliver culturally sensitive, inclusive and accessible services to achieve better outcomes for our patients, staff and the communities we serve.

## Our Patient Groups



**Socioeconomic groups and deprivation**
e.g. unemployed, low income, deprived areas

**Inclusion health and vulnerable groups**
e.g. homeless people, Gypsy, Roma and Travellers, sex workers, vulnerable migrants, people who leave prison

**Protected characteristics in the Equality Duty**
e.g. age, sex, religion, sexual orientation, disability, pregnancy and maternity

**Geography**
e.g. urban, rural

**Click here to view the full Equality Delivery System Report 2022/2023.**

DRAFT

# Tackling Health Inequalities

DRAFT

MFT proactively addresses health inequalities through the Health Inequalities Group, established in 2021. The group also implemented targeted programs like the **Health Inequalities Dashboard** and **Targeted DNA Reduction** to address health disparities.

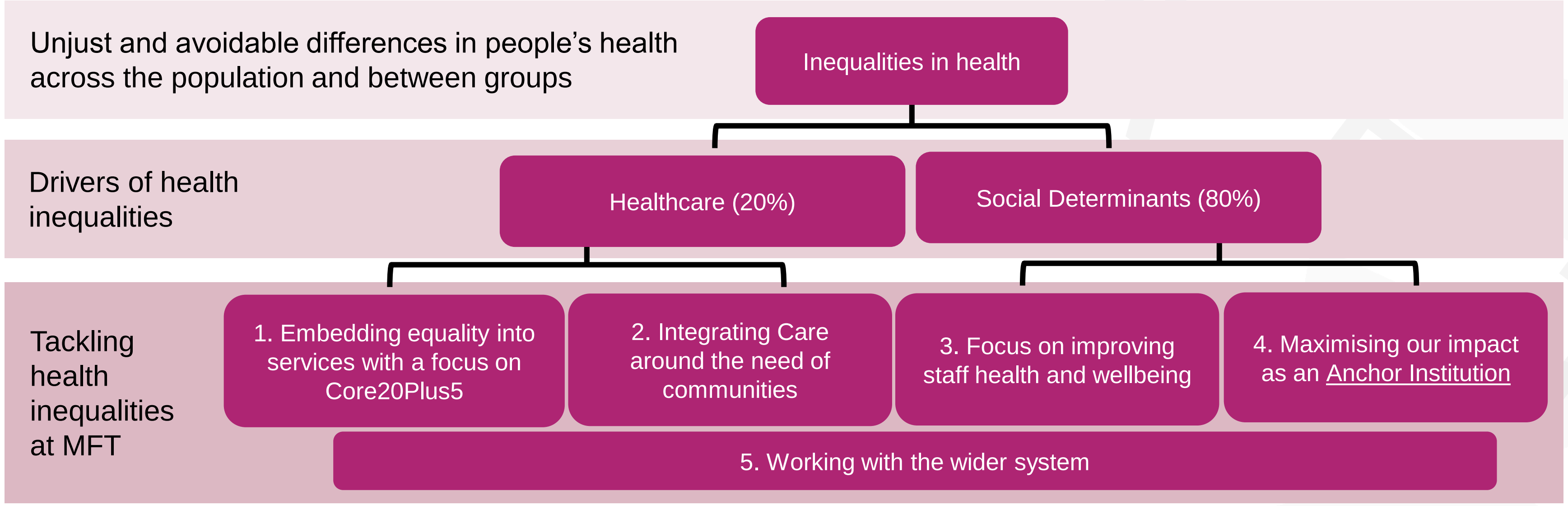
## Health Inequalities Dashboard

Completed in February 2023, the dashboard helps to address inequalities by providing insights across MFT. Positive site team feedback highlights improved understanding of differential access for different patient groups, guiding efforts to reduce variations.

## Targeted DNA Reduction

Analysed site health inequalities data on missed appointments and waiting lists by considering factors such as deprivation and ethnicity. This helped teams target areas with higher missed appointments and guided efforts to engage residents.

The **Health Inequalities Framework** aims to establish a universal partnership approach for addressing health inequalities, using a common theory and adaptable progress indicators for diverse neighborhoods and planning levels.



Unjust and avoidable differences in people's health across the population and between groups

Inequalities in health

Drivers of health inequalities

Healthcare (20%)

Social Determinants (80%)

Tackling health inequalities at MFT

1. Embedding equality into services with a focus on Core20Plus5
2. Integrating Care around the need of communities
3. Focus on improving staff health and wellbeing
4. Maximising our impact as an Anchor Institution
5. Working with the wider system

**2021:** A Health Inequalities Group was formed to drive the organisational approach

**2022:** Public Health Registrar placement

**2023:** Appointed a Public Health Consultant in August

# Tackling Health Inequalities

## Progress on the Health Inequalities Framework

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### Embedding equity into services, with a focus on Core20plus5

MFT, North and RMCH charities, provide financial wellbeing advice with Citizen's Advice Manchester to help deprived residents by:

- arranging sessions for staff to improve communication and to enhance health literacy
- developing plans to enhance access, outcomes and experiences in secondary care for bowel cancer care
- adding Breast screening sites in Manchester to address urgent care needs
- reviewing Cancer rehabilitation programme inequalities that guided service improvement
- enhancing communication in GP/secondary care and improving maternity services in North Manchester to address poverty barriers

### Integrating care around the needs of communities

- Citywide collaboration initiated to tackle health inequalities by uniting the LCO, GP/PCNs and the voluntary sector
- In 2023/24, neighborhood health management focuses on Hypertension, Diabetes and Bowel Cancer screening, aligning with national priorities in **Core20plus5**
- Data-driven approach to measure Progress and impact were introduced
- Approved Healthy Hearts post, led by the LCO to enhance community-led efforts for better heart health and diabetes, aligning with Core20plus5 goals

### Focus on improving staff health and wellbeing

- Feedback being reviewed to shape future Trust-wide staff health and well-being days after the successful improvement of the staff well-being strategy during a session at NMGH, which included high attendance and health checks
- Support for staff focusing on financial wellbeing with on-site outreach workers from Citizen's Advice

### Maximising our impact as an anchor organisation

- A Trust team led by the Group Executive Director of Strategy is creating a report on anchor initiatives for the executive. It involves key stakeholders, showcasing ongoing contributions to social value and a commitment to leading initiatives in the system

Projects include:

- Widening access recruitment
- Estate development at North Manchester
- Contributions to the green agenda

# Tackling Health Inequalities

## Key Challenges and Areas for Future Work

### Make Every Contact Count

The Trust is working with different services to plan its strategy for brief interventions and referrals, building on the success of the CURE program for smoking cessation. We also plan to focus on tackling damp and mold issues in our patients' homes.

### Digital Inclusion

Improving the benefits of new technology development, making sure it includes and helps patients with limited digital access or literacy.

### Embedding Resident Engagement

Engaging residents, co-designing and listening, help prevent health inequalities when shaping services. We will continue these efforts, incorporating co-design and engagement principles into all parts of our initiatives to engage residents.

### Measuring Impact

Defining key metrics to track the health inequalities plan's progress, including essential anchor organisation metrics. These measures will help the Trust assess and monitor the impact of the value added to the communities served.

### Anchor Organisation

Expanding successful access and apprenticeship programs across the Trust to offer jobs to underemployed communities. Also, improving our approach to maximise community benefits from MFT’s spending.

# Equality Impact Assessments (EIAs)

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An EIA (Equality Impact Assessment) is an evidence-based approach designed to help organisations ensure that their policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantages any protected groups, from participation. This covers both strategic and operational activities for our patients, service users and workforce.

In 2023, MFT conducted EIAs, addressing health disparities in Manchester especially affecting BAME groups. These EIAs were linked to socio-economic factors, lifestyle risks and specific health conditions. Ongoing challenges include limited access to specialised treatments and a significant increase in patients waiting for diagnostic tests and treatment post-Covid.

## Some Completed EIAs:

**Managing Clinical Risk**
In the Trans Patient Clinical Assessment, the policy has been updated to address pregnancy status confirmation for trans men.

**Enhancing Patient Access**
Recognising mental health conditions as a barrier to Patient Initiated Follow-up (PIFU) pathway access, this involves engaging patients' carers/families in accessing the pathway.

**Supporting Patients with Disabilities**
MLCO Community Dental Service adapts policies for those with hearing impairments, incorporating personalised discussions and British Sign Language (BSL) interpreters for enhanced communication.

**EIAs analyse the impacts on policies, procedures and functions on individuals with Protected Characteristics**

**The EDI team conducts EIA, consulting stakeholders and reviewing service provisions to plan and mitigate disadvantages**

**Manchester ranks 6th among the most deprived local authorities in England according to the 2019 Index of Multiple Deprivation**

**Completed 350 EIAs addressing health inequalities**

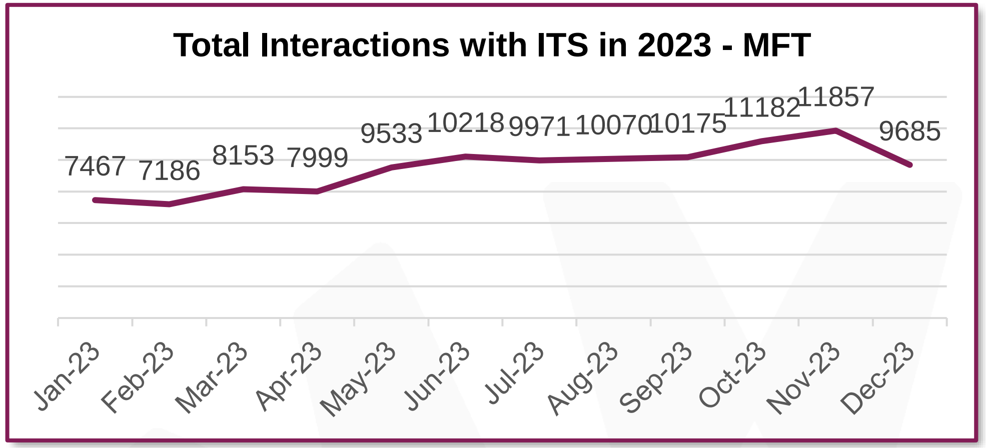
# Quality & Patient Experience, Interpretation & Translation Service (ITS)

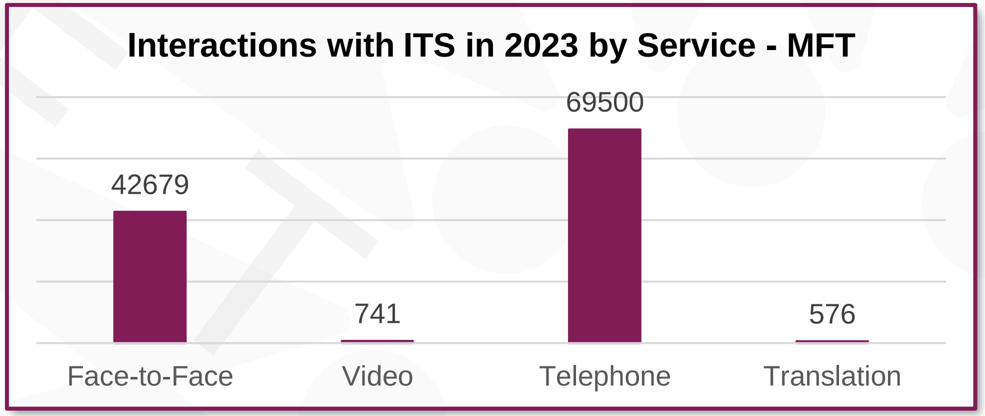
## Use of Interpretation & Translation Services at MFT in 2023

The ITS handles bookings for interpreters and translation requests across MFT. They coordinate with departments, in-house interpreters and the Trust's external provider to fulfill these requests, using the following systems:

- **Face-to-Face/Video** interpreters booked using ITAMS and managed by the ITS Admin Team
- **Calls** with Telephone Interpreters are made on-demand using the service provided by DA Languages'
- Requests for **Written** Translations are made by contacted the ITS Admin Team via e-mail

| | |
|---|---|
| **113,496** | **Interactions, with requests for over 132 languages and dialects, for Patients, their families and carers across the Trust.** |
| **42,679** | **Requests for a Face-to-Face interpreter and 741 requests for a Video Interpreter.** |
| **576** | **Requests for written translations for texts to be translated to/from 47 languages, including Braille and Easy-Read English.** |
| **741** | **Requests for a Video Interpreter.** |
| **69,500** | **Phone calls with a Telephone Interpreter took place, for a total of 1,203,274.8 minutes (20,054 hours 33 minutes).** |
| **1,888** | **Requests for a BSL interpreter.** |


**Total Interactions with ITS in 2023 - MFT**


**Interactions with ITS in 2023 by Service - MFT**

# Improving the awareness for patients, families and staff through ITS

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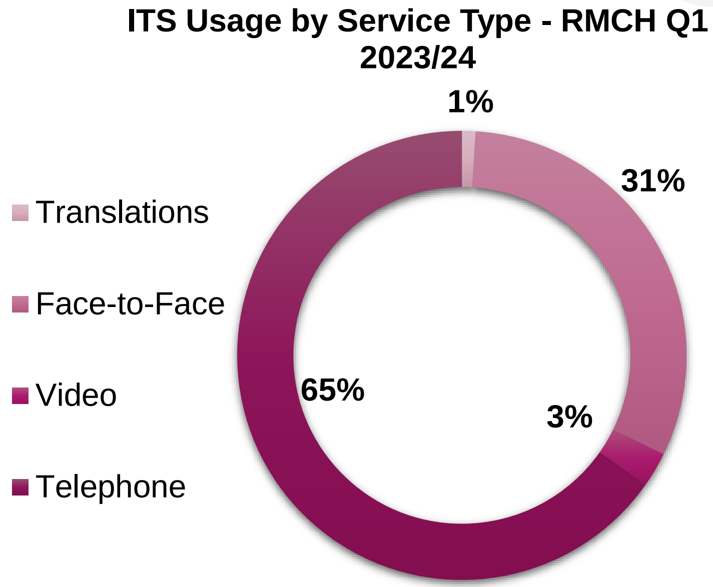
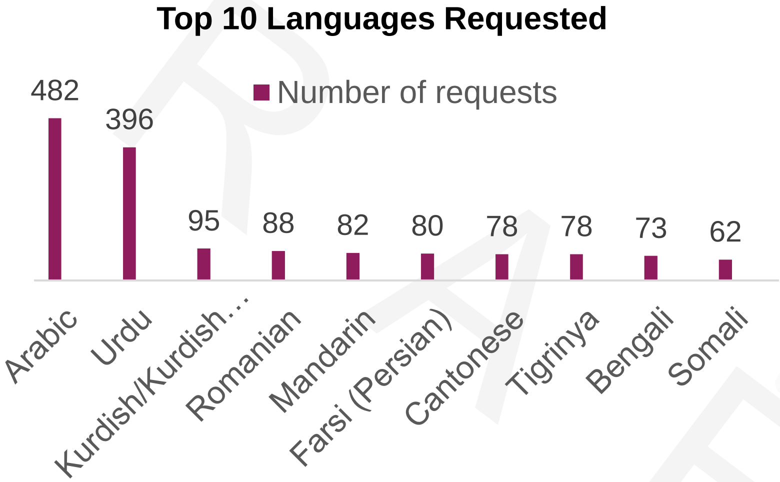
The RMCH Patient Experience Team tackled staff awareness and communication gaps by promoting ITS. Feedback emphasised the need for better promotion to overcome language barriers. The initiative included staff training and resource distribution based on Q1 and Q2 data, focusing on the top 5 languages within the Race protected characteristic. Redesigned multilingual posters, a phrase list and inclusive communication aim to minimise reliance on family translators and reduce care delays.


**ITS Usage by Service Type - RMCH Q1 2023/24**


**Top 10 Languages Requested**

## 'Do you need an interpreter?’

This initiative is helping communication for non-English-speaking families through a digital poster with translated phrases. It guides staff to the ITS page on the intranet. ITS then engages with staff and families through training presentations, walkarounds and multilingual posters with QR codes in departments and waiting areas. Ongoing efforts are driven by staff engagement insights and effective resource poster to empower service users to request ITS and help staff meet patient needs and rights.

# Improving Accessibility to Patient Advice and Liaison Service (PALS) and Complaints Process

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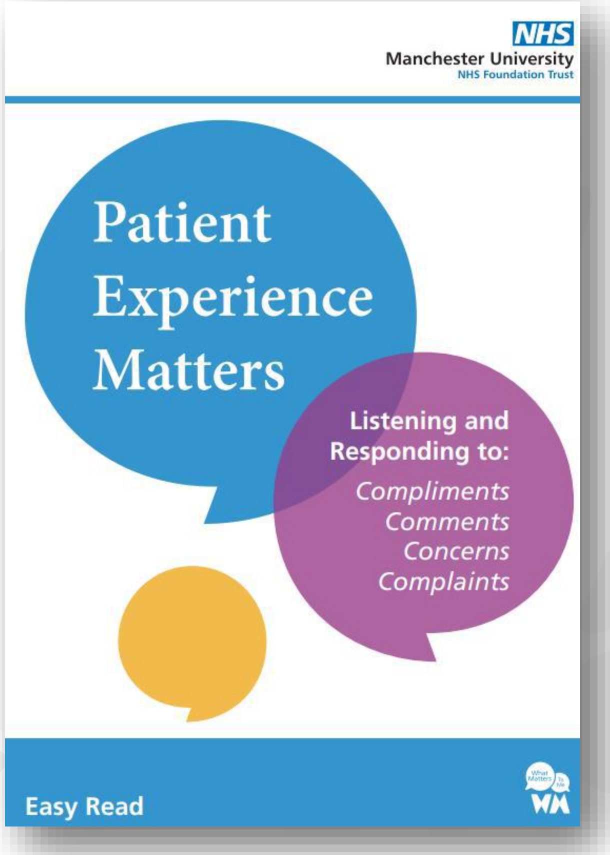
PALS at MFT provides confidential support for patients and relatives, addressing inquiries and concerns about Trust services. PALS and complaints processes for all patients and representatives, regardless of demographics or protected characteristics, are now being reviewed to enhance equality and accessibility in providing feedback Data available in Appendix 1 shows an increase of these interactions.

## Steps taken to Improve Accessibility to PALS and Complaints Process

- ✓ Enhanced EDI form for accurate demographic data and identification of concerns in protected characteristics.
- ✓ Collaborative design for enhanced PALS communication, through multilingual posters and leaflets.
- ✓ Established a diverse Patient and Public Involvement Group, to gather valuable feedback from patients, families and their representatives, on updated/new communications, processes and service redesigns in Manchester. Additionally, formed the PALS and Complaints Accessibility Working Group to continuously improve service accessibility, ensuring ease of sharing concerns, compliments, feedback or providing compliments for everyone involved.
- ✓ Actively participating in the Trust's DPUF, AIS Group, Learning Disability Steering Group and serving on the Manchester Carers Partnership Board.
- ✓ Enhanced the complaints investigation and response writing training.
- ✓ Collaborating with the Trust's Consultant in Public Health to advance efforts in reducing health inequalities, particularly focusing on improving health literacy.
- ✓ Enhancing accessibility for Patient Feedback and Complaints through tailored communication options, website updates and online feedback integration.



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Patient Experience Matters

Listening and Responding to:
Compliments
Comments
Concerns
Complaints

Easy Read

Contact the PALS team by pals@mft.nhs.uk or call 0161 276 8686. You can also download a copy of the PALS leaflet or an easy-read version of our PALS leaflet.

# Homelessness Response at MFT and HIVE Electronic
## Patient Record System Adjustments

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In 2023, Trust's Homelessness Working Group, chaired by the Director of Corporate Workforce resumed its quarterly meetings. This group included MFT hospital staff, Manchester Local Care Organisation (MLCO), Manchester City Council Housing Solutions Service and the local homeless VCFSE sector. The group started as a multi-agency partnership with over 15 representatives, from organisations like Manchester City Council, LCO, Greater Manchester Mental Health, Manchester Integrated Care Board, Groundswell UK, HOST Trafford, Urban Village Medical Practice and occasional involvement from local social housing providers.

The focus is on creating patient-centered responses for homeless individuals following NICE guidance and addressing legislative elements of the Homelessness Reduction Act 2017. The Public Duty To Refer legislative obligations mandates MFT to collect homelessness information, crucial for avoiding organisational/reputational risk, enabling proper care planning and addressing health inequalities by understanding the impact on different populations accessing services.

The Working Group identifies and implements best practices for homeless or at-risk patients across MFT's departments, establishing audit methodology for data capture.

The HIVE EPR booking form now includes the following:

- Specific fields for AIS
- Homelessness status
- Armed Forces status

### Actions taken to date on HIVE to address issues

- The HIVE Pathway Council is making the **Homelessness/Housing status** data field mandatory
- Auto-fill of postcode to a generic NHS-wide postcode (ss99 3Vs) on entering **'NFA' (No Fixed Abode)** in the mandatory filed in HIVE Booking Form
- Duty To Refer option (agree/decline) for every patient at risk of homelessness to b completed. Hive Patient notes 'home screen' prompts clinical staff with a 'red flag' reminder until the required data fields are filled

# Advancing Inclusive Research and Culture

## MFT's Commitment to Enhancing Health Outcomes

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Research and Innovation (R&I) expands the scope of research, increasing engagement and enhancing health outcomes. Workplace initiatives at R&I foster inclusivity through training and policy enhancements, promoting mutual respect and collaboration.

**NIHR Research Van for Community Outreach**: The NIHR Research Van, managed by the MFT-hosted NIHR Manchester Clinical Research Facility (CRF) brings healthcare and research services to Greater Manchester communities. This specially designed van, stationed in convenient places, has a pharmacy, clinical area and a research clinic, providing a comfortable experience with facilities for people with disabilities.

**Provision of research opportunities with patients with protected traits:** The Genes and Health Study (B00843) addresses health and genetic disparities in British Bangladeshi and British Pakistani individuals, focusing on heart disease, diabetes and overall health. With a goal of recruiting 5000 participants, the study currently involves 1537, including the recent participation of The University of Manchester Chancellor recently became the 1,000th participant. The research team engages South Asian communities at 40 events using the NIHR research van during evenings and weekends, with over 1500 participants. They also support young people in NHS research careers through work experience and regional collaborations.

NIHR | National Institute for Health Research

MANCHESTER UNITED
T OF
ESEARCH
bepartofresearch.nihr.ac.uk

# Advancing Inclusive Research and Culture

## MFT's Commitment to Enhancing Health Outcomes

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**Gender-Neutral Language Guidelines:** All documents in R&I have inclusive language guidelines, emphasising community involvement and recognising diverse stakeholder needs. Trust-sponsored study protocols include an EDI statement, ensuring consideration for inclusion regardless of various characteristics.

**Patient and Public Involvement and Engagement (PPIE) in Study Design:** As per the NIHR guidance, involving and collaborating with patient and public engagement groups, including VOCAL is important during study and grant designs. Grant checklists and flow charts in R&I have PPIE integrated. Regardless of VOCAL's involvement, all R&I Managers and grant support personnel recognise the importance of addressing PPIE early in grant proposals, as reflected in our grant booklet that incorporates NIHR guidance on PPIE.

NIHR Grants Research Assistants completed Inclusive Research Training at the University of Manchester, involving VOCAL in the NIHR Grant Writing Workshop, with PPIE guidance in the equity and diversity checklist before submission.

NIHR | National Institute for Health Research

R&I's initiatives include **"Let's Talk"** events that address long-term conditions and minimise disadvantages for staff with protected characteristics such as disability. They also address racism through dedicated discussions, introduce inclusive research modules for NIHR CRF and R&I staff and promote events for Women in Science and International Women’s Day. The comprehensive approach encompasses flexible working, reasonable adjustments, diverse recruitment, accessible communication and mentoring programs.

# Hidden Disabilities
## Sunflower Scheme

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NICE guidance highlights the importance of making reasonable adjustments for individuals with hidden disabilities, as their challenges may not be readily seen. Acknowledging the potential challenges for patients with disabilities visiting the hospital, the University Dental Hospital of Manchester (UDHM) has chosen to adopt the 'Hidden Disabilities Sunflower' scheme to demonstrate our commitment to offering extra support and ensuring a positive experience for all patients.

A bid was submitted to the UDHM charities committee for funds to enhance waiting areas and reception desks in line with NHS England's AIS for outpatient/day case departments. Staff were given Sunflower badges to show their involvement in the scheme and signal to patients that they offer extra support.

Through badges and improved spaces, we aim to enhance the experience for patients and staff, aligning with our goal of patient-centric and inclusive healthcare.

The positive impact of the scheme is expected to reflect in feedback data, including Friends and Family Test (FFT)/ What Matters to Me (WMTM) and PALS, confirming that UDHM is inclusive for both work and treatment. The scheme aligns with our commitment to providing excellent patient experiences and ensuring accessibility for all.

HIDDEN
disabilities

# MFT Learning Disability Strategy

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MFT provides high-quality care for adults with learning disabilities and/or autism in various healthcare settings. The "Our Plan for People with Learning Disabilities and/or Autism, Their Families and Carers 2022-2025" outlines strategic priorities, with working groups involving professionals and patient carer forums.

## How is MFT delivering the Learning Disability Strategy?

### 1 Respecting and protecting rights

Dedicated to enhancing access to care for patients with learning disabilities and/or autism.

This includes improving the Hive Electronic Patient Record for better accessibility, developing complex pathways at MRI, optimising community learning disability care pathways and implementing proactive initiatives to ensure seamless care transitions within the healthcare system.

### 2 Inclusion & Engagement (including Communication)

We prioritise patient input in learning disabilities and autism care through the Patient and Carer Forum with Manchester People First.

Using programs like "What Matters to Me“ and "Friends and Family Feedback”, we actively collect feedback, facilitate change and acknowledge positive care. Champions in hospitals and communities promote best practices, support peers and receive ongoing training. Working with commissioners ensures timely delivery of local health services for successful outcomes.

### 3 Workforce Skills and Development

Mandatory training, support from specialist nurses and e-learning like Oliver McGowan aim to equip frontline staff with effective communication skills.

HRBP assistance enhances workforce skills and supports proactive recruitment across the Trust.

### 4 Learning Disability service standards and Patient Safety

Roll out of the revised patient safety incident framework offers assurance in implementing lessons learnt and promotes good practice.

We will engage with our patient forums and the Manchester planning with people to ensure our learning is effectively implemented in practice.

The Reasonable Adjustment Care Plan Tool* is now on Hive to enhance care for patients with learning disabilities or autism in Acute Hospital. The Learning Disability and Autism Safeguarding Team offers support, with walkthrough videos for guidance.

* Equality Act 2010 mandates 'reasonable adjustments and the Care Plan must be completed within 24 hours for patients admitted to acute wards with learning disabilities or autism.

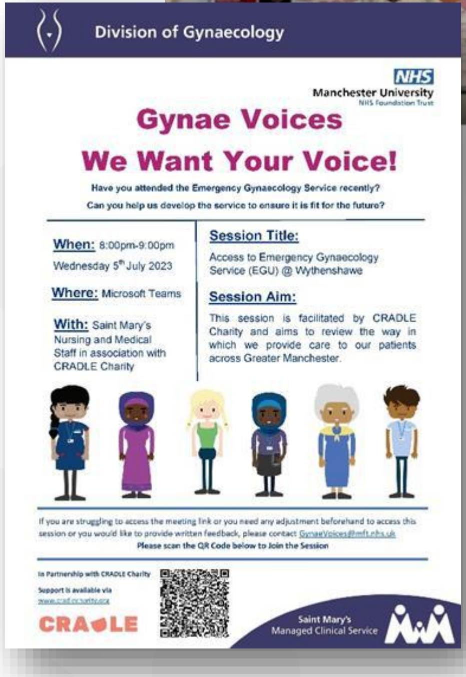
# Equity, Patient Satisfaction and Engagement Initiatives

DRAFT

## Comprehensive Gynecology Services at Saint Mary's Hospital (SMH)

- At SMH specialised gynecology services are set up with a focus on gender, disability, pregnancy, maternity and gender reassignment. Dedicated roles, such as the Recurrent Miscarriage Team and a Menopause Specialist, provide improved support for patients.
- To break taboos and ensure that all women's voices are heard, the theatre team conducts a staff awareness program on transgender care. This program involves encouraging the Gynae theatre team to share pronouns, discuss them with patients and accurately record this information on HIVE. The theatre team leader developed a training package guided by patient feedback to enhance inclusivity for transgender patients.
    - At Gynaecology/NMGH, the ward clerk effectively communicated a patient's transgender identity to the nursing triage team. The patient was promptly triaged and offered a private space (which was declined), their chosen pronouns were acknowledged and the medical team and sonographers were informed. Throughout multiple visits, the patient felt supported. Staff feedback indicated comfort in addressing the situation, with a good understanding of how to handle it effectively.
- The launch of 'Gynae Voices'. Our Gynaecology Team is working with the Cradle charity to reach out to patients who have experienced miscarriage and ectopic pregnancy. We aim to hear perspectives on services and care, ensuring representation for patients from our African, Caribbean and Jewish communities.

TRANS AWARENESS WEEK



Division of Gynaecology

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**Gynae Voices**

**We Want Your Voice!**

**Have you attended the Emergency Gynaecology Service recently?**

**Can you help us develop the service to ensure it is fit for the future?**

**When:** 8:00pm-9:00pm
Wednesday 5th July 2023

**Where:** Microsoft Teams

**With:** Saint Mary's Nursing and Medical Staff in association with CRADLE Charity

**Session Title:**
Access to Emergency Gynaecology Service (EGU) @ Wythenshawe

**Session Aim:**
This session is facilitated by CRADLE Charity and aims to review the way in which we provide care to our patients across Greater Manchester.

If you are struggling to access the meeting link or you need any adjustment beforehand to access this session or you would like to provide written feedback, please contact GynaeVoices@mft.nhs.uk

**Please scan the QR Code below to Join the Session**

In Partnership with CRADLE Charity

Support is available via

CRADLE

Saint Mary's
Managed Clinical Service

# Equity, Patient Satisfaction and Engagement Initiatives

## Comprehensive Improvements in Maternity Division (SMH)

Cultural Safety and Ethnic Minority Midwife role created as part of the GMEC LMNS Equity and Equality Action Plan to tackle pregnancy and maternity issues in Greater Manchester and Eastern Cheshire. Projects post-CQC inspection are awaiting reinspection.

To address Triage concerns, we are using alternative methods. We collaborated with Saint Mary's Wythenshawe Ward Staff and the Maternity Voices Partnership, using the Always Events methodology. We introduced a multilingual poster and Pain Management ward rounds in the Maternity division.

The Maternity Division achieved 100% patient satisfaction from April to June 2022. To address a decline in May 2023, we introduced the 'Gone in One' Quality Programme. The Maternity Voices partnership and the 15 Steps project involve users in providing feedback. Due to low responses to the 120-question WMTM questionnaire, alternative methods like postnatal surveys and Birth Talk service debriefs were introduced.

Maternity services enhanced language access with leaflets in 9 languages, collaborated with the Jewish community and achieved 100% positive feedback in surveys. Postnatal Ward introduced ward passports and Antenatal Wards initiated a Trust-wide audit on the IOL process.

## Advancing Genomic Health (SMH)

The Genomic Health Equity program in the Northwest focuses on health awareness among minority groups, utilising genomics to identify, treat and manage conditions. Outreach clinics are established to facilitate the attendance of minority ethnic groups at outpatient appointments.

Collaborative efforts are underway to improve access to genomic information for young adults from care backgrounds. Quality improvement initiatives are being developed to enhance services for looked after children.

Efforts are being made to improve access to cancer genetic services for South Asian families. Public engagement groups have discussed challenges in addressing cancer within families. Exploration of improved ethnicity recording in clinical services is underway.

Both the Divisions of Newborn Services and Genomic Medicine have Patient User groups that meet to provide feedback to the Divisional Leads. The WMTM and FFT initiatives are completed monthly to provide data on Patient satisfaction.

DRAFT

# Gynaecology Education Quality and Workforce Team

DRAFT

Gynaecology staff completed Equality, Diversity and Human Rights training with an impressive 97% compliance. In 2024, a project led by the Matron for Quality Education aims to enhance compliance in areas below 90%.

Language support is provided for patients. Clear information on ITS for patients and their significant others is provided in all areas. Staff also have access to an in-house ITS via a dedicated web page, with contact numbers for telephone interpretation displayed in all areas.

The Gynaecology Education Team collaborates with St Mary's Equality Diversity Awareness event, partnering with EDI nurses to facilitate education access and funding. They also encourage staff with protected characteristics to join Trust staff networks. The team engages with community groups, participates in local events like Pride and raises awareness through focus weeks, such as Black Lives Matter.

The theatre team's recent Transgender awareness project, addressing inappropriate language use for patients, has been recognised at St Mary's People awards and continues to raise awareness hospital-wide.

WHAT'S NEW
USEFUL NUMBERS
WORKING TOGETHER

Continued year-round efforts for EDI with a 2024 calendar is in progress. The teaching bus helps staff understand and regular discussions promote a respectful and inclusive culture. Quality and Inclusion Forum meets bi-monthly for reporting, sharing initiatives, addressing complaints and discussing lessons learned.

# Urdu-speaking Women's Exercise Group – AHP Physiotherapy

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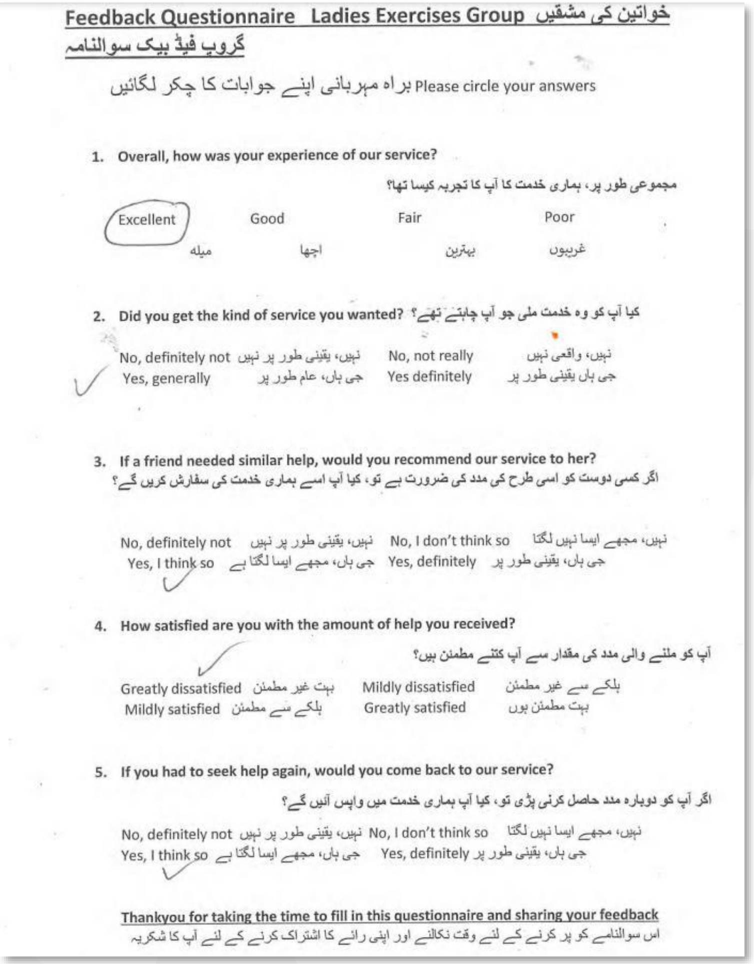
Our Musculoskeletal (MSK) Physiotherapy services in North Manchester address both acute and chronic MSK issues by accepting referrals from GPs, consultants and self-referring patients with a North Manchester GP.

Acknowledging the unique needs of Urdu-speaking female patients with chronic pain, the service created the Women's Exercise Group. A 5-week course led by Senior Physiotherapists. With up to 10 weekly attendees, the program combines a holistic approach to managing MSK conditions through an exercise circuit and educational talks, facilitated by an Urdu interpreter. After an initial appointment, patients can choose the group or individual treatment, considering cultural preferences by having female physiotherapists and an Urdu interpreter for maximum engagement.

After physiotherapy classes, patients can opt for referral to Physical Activity Referral Scheme (PARS), offering diverse community classes, including women-only sessions with interpreters.

Physiotherapists actively promote flexibility in joining, either at the initial appointment or as part of the treatment plan. To address language barriers in Trust's feedback, physiotherapists collaborated with interpreters to create a class-specific form. Patients provide valuable feedback at the course end, with plans to collect more and add an open comments section for improvement.

The women's exercise group and its support aim to make things easier to access, consider cultural preferences and ensure good communication. This helps improve the overall experience and outcomes for our diverse patients.



**Feedback Questionnaire Ladies Exercises Group خواتین کی مشقیں گروپ فیڈ بیک سوالنامہ**

Please circle your answers براہ مہربانی اپنے جوابات کا چکر لگائیں

1. **Overall, how was your experience of our service?**
مجموعی طور پر، ہماری خدمت کا آپ کا تجربہ کیسا تھا؟
[✓ Excellent] Good Fair Poor
میله اچھا بہترین غریبوں

2. **Did you get the kind of service you wanted?** کیا آپ کو وہ خدمت ملی جو آپ چاہتے تھے؟
No, definitely not نہیں، یقینی طور پر نہیں No, not really نہیں، واقعی نہیں
[✓ Yes, generally] جی ہاں، عام طور پر Yes definitely جی ہاں یقینی طور پر

3. **If a friend needed similar help, would you recommend our service to her?**
اگر کسی دوست کو اسی طرح کی مدد کی ضرورت ہے تو، کیا آپ اسے ہماری خدمت کی سفارش کریں گے؟
No, definitely not نہیں، یقینی طور پر نہیں No, I don't think so نہیں، مجھے ایسا نہیں لگتا
[✓ Yes, I think so] جی ہاں، مجھے ایسا لگتا ہے Yes, definitely جی ہاں، یقینی طور پر

4. **How satisfied are you with the amount of help you received?**
آپ کو ملنے والی مدد کی مقدار سے آپ کتنے مطمئن ہیں؟
Greatly dissatisfied بہت غیر مطمئن Mildly dissatisfied ہلکے سے غیر مطمئن
Mildly satisfied ہلکے سے مطمئن Greatly satisfied بہت مطمئن ہوں

5. **If you had to seek help again, would you come back to our service?**
اگر آپ کو دوبارہ مدد حاصل کرنی پڑی تو، کیا آپ ہماری خدمت میں واپس آئیں گے؟
No, definitely not نہیں، یقینی طور پر نہیں No, I don't think so نہیں، مجھے ایسا نہیں لگتا
[✓ Yes, I think so] جی ہاں، مجھے ایسا لگتا ہے Yes, definitely جی ہاں، یقینی طور پر

**Thankyou for taking the time to fill in this questionnaire and sharing your feedback**
اس سوالنامے کو پر کرنے کے لئے وقت نکالنے اور اپنی رائے کا اشتراک کرنے کے لئے آپ کا شکریہ

# Falls Awareness Sessions to Support Chinese Community

DRAFT

To address the specific needs of the Chinese community in Central Manchester, the Falls Team initiated falls awareness sessions tailored to this demographic. Recognising an identified need for such sessions, the aim was to provide support and education on fall prevention.

In the past nine months, the Central Manchester Falls team held two Falls Awareness talks in the Chinese community, reaching about 75 residents in several locations. The sessions emphasised on fall prevention, encouraged open discussions and explored risk factors.

Participants from Hong Kong faced literacy challenges in Cantonese/Mandarin and English, contributing to low uptake due to poorly recognised symptoms and limited information on healthcare services. To address this, a Chinese-speaking physiotherapist was introduced and this significantly increased participation and engagement.

The well-received sessions facilitated comfortable discussions in residents' first language. The Falls team conducted multifactorial assessments (an assessment with multiple components that aims to identify a person's risk factors for falling) with over 30 residents, involving physiotherapy, nursing and occupational therapy, leading to numerous referrals. Enrolled residents underwent a six-month OTAGO program, focusing on strength and balance exercises, with regular reviews to monitor progress and prevent isolation. This initiative aligns with our commitment to culturally sensitive and accessible healthcare services.

# Flexible Work and Health Equality Initiatives at WTWA (Medicine)

DRAFT

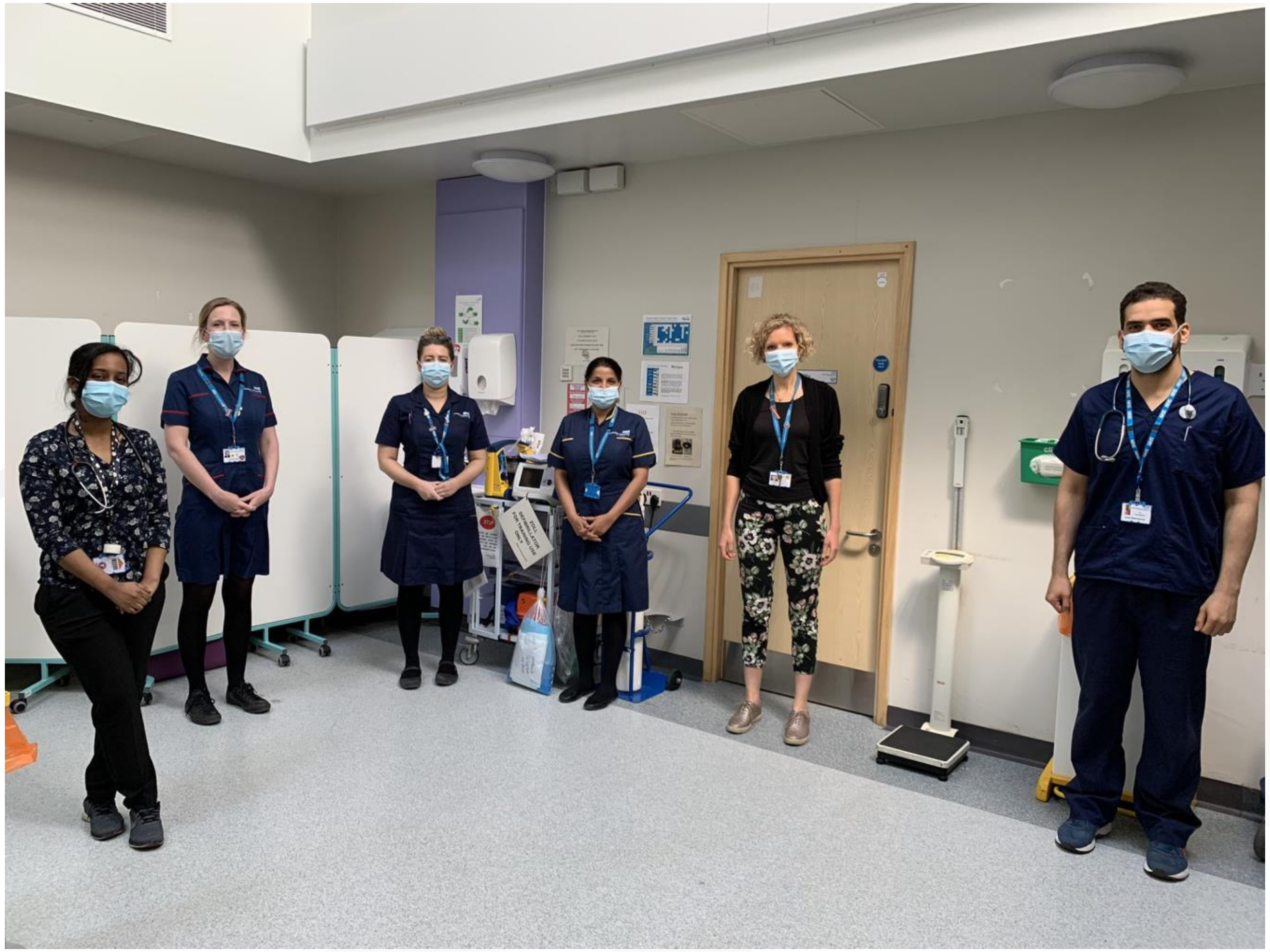
At WTWA, the Medicine division is actively implementing a flexible working approach in relevant services to accommodate staff adjustments for different site locations.

Recent consultations within Medicine have specifically considered adjustments for individuals with hearing and sight impairments.

The department is dedicated to promoting inclusivity through various initiatives, such as organising ward events and celebrations that aim to embrace diverse backgrounds and cultures among staff.

LGBTQ+/Pride Boards are prominently displayed on wards to foster an inclusive environment. Additionally, for patients, WTWA's services span across multiple sites, providing choices that may facilitate easier access for individuals with certain protected characteristics.

The Rheumatology department within Medicine is undertaking focused efforts to examine pathways through the lens of health inequalities, with attention to factors driven by protected characteristics.



# Transgender Patient Care Policy and Toolkit

NHS
Manchester University
NHS Foundation Trust

DRAFT

The Trust is improving care for transgender patients with a new policy and toolkit. This helps staff meet specific needs, providing patient-centered, respectful and flexible responses. The policy aligns with legal requirements such as the Equality Act, Gender Recognition Act, Data Protection Act and Human Rights Act.

Gender reassignment is a protected characteristic under the Equality Act (2010) and the policy will support staff to ensure that patients are not discriminated against or disadvantaged while receiving care.

This policy and toolkit guide staff caring for transgender patients. The policy covers definitions, names, titles, pronouns, legislations and managing patient information related to trans status. Continuous updates align it with the HIVE (PAS) system, including considerations for pregnancy in trans men. E-learning modules in HIVE help clinicians record relevant patient information.

The updated policy deals with operational challenges, connecting with the HIVE system for better sharing of important information about sex and gender.

Ongoing work involves managing issues like transferring clinical details between old and new NHS records and handling notifications from SPINE for new NHS numbers. This policy will guide other relevant policies to help enhance overall clinical effectiveness.

# NHS Rainbow Badge Accreditation Scheme 2023

DRAFT

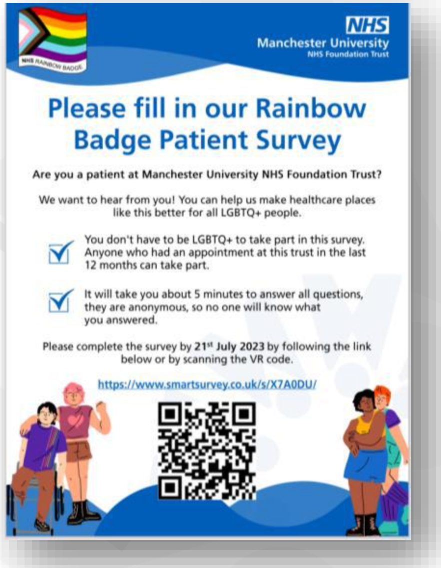
In 2022, MFT joined the NHS Rainbow Badge Accreditation Scheme, a national pilot with 40 Trusts. Having achieved Bronze status in 2021, the scheme assesses LGBTQ+ inclusion efforts at various stages. Transitioning from a pledge-based to an assessment model, it aims to reduce healthcare barriers for LGBTQ+ individuals. MFT underwent a reaccreditation process from March to July 2023, incorporating awareness activities throughout the Trust.

From April to July 2023, MFT conducted a comprehensive initiative, including staff and patient survey poster campaigns, a workforce assessment led by the Group Community Partnership Manager and a services survey with MFT service leads. The submitted evidence to the RBAS Accreditation team, which included the policy review and assessment, occurred from July 24 to August 4, 2023.

MFT's senior leaders supported accreditation through targeted communications via various channels. Partner organisations promoted the MFT RBAS Patient Survey. In February 2024, RBAS confirmed MFT's retention of the Bronze Award status, prompting the development of an action program based on recommendations. A dedicated action plan is being developed in response to feedback from Staff and Patient surveys.

MFT will develop an intersectional staff policy incorporating RBAS Assessor recommendations for supporting LGBTQ+ colleagues and meeting patients' expectations regarding staff with protected characteristics. The feedback from the RBAS Accreditation process will be integrated into the revised MFT Diversity Matters Strategy, detailing specific actions and timelines. Communications will be created to promote the Bronze Award status, showcasing the RBAS Bronze Award logo. Oversight of the action plan will be handled by MFT's Group Equality, Diversity and Human Rights Committee.

BRONZE AWARD
NHS RAINBOW BADGE



NHS
Manchester University
NHS Foundation Trust

NHS RAINBOW BADGE

## Please fill in our Rainbow Badge Patient Survey

**Are you a patient at Manchester University NHS Foundation Trust?**

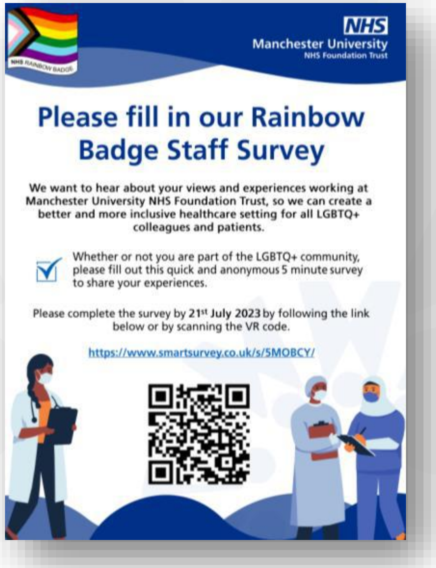
We want to hear from you! You can help us make healthcare places like this better for all LGBTQ+ people.

☑ You don't have to be LGBTQ+ to take part in this survey. Anyone who had an appointment at this trust in the last 12 months can take part.

☑ It will take you about 5 minutes to answer all questions, they are anonymous, so no one will know what you answered.

Please complete the survey by **21st July 2023** by following the link below or by scanning the VR code.

https://www.smartsurvey.co.uk/s/X7A0DU/



NHS
Manchester University
NHS Foundation Trust

NHS RAINBOW BADGE

## Please fill in our Rainbow Badge Staff Survey

**We want to hear about your views and experiences working at Manchester University NHS Foundation Trust, so we can create a better and more inclusive healthcare setting for all LGBTQ+ colleagues and patients.**

☑ Whether or not you are part of the LGBTQ+ community, please fill out this quick and anonymous 5 minute survey to share your experiences.

Please complete the survey by **21st July 2023** by following the link below or by scanning the VR code.

https://www.smartsurvey.co.uk/s/5MOBCY/

# Sparkle 2023

Sparkle The National Transgender Charity

Sparkle: The Sparkle Weekend is the world's largest free-to-attend celebration of gender diversity and a safe space for anyone who identifies as gender non-conforming, their families, friends and allies.

Sparkle 2023 was open to all in Greater Manchester and beyond. We actively encouraged everyone to join the stall, despite expected weather challenges in the streets and Canal Street area of Manchester.

In 2023 we could not guarantee support for those people who required wheelchair access. However, we have worked with organisers since and are officially partners.

We are partnering with Sparkle to make market and community stalls fully accessible.

MFT colleagues who attended were polite, providing information and direct contacts. Attendees appreciated MFT's presence, recognising the NHS's commitment to Trans and Gender Diverse healthcare.

# Community Diagnostic Centres (CDC)

DRAFT

CDC is a new community-based service delivering elective diagnostic services (health checks, scans and tests) outside traditional hospital settings.

With a hub at Withington Community Hospital and a temporary site at Trafford General Hospital, the Manchester and Trafford CDC model seeks to enhance diagnostic capacity, providing personalised experiences for patients and improving population health outcomes.

Addressing health challenges in North Manchester, the CDC engages communities, builds trust and creates a community-focused service with a culturally sensitive healthcare team. Initiatives funded by the Equalities Fund support community involvement, awareness campaigns and changes to CDC services, aiming to make healthcare more accessible and inclusive.

The diverse team, fluent in nine languages, prioritises personalised patient care, optimising clinic bookings, reducing no-shows and improving service based on patient experiences. As new roles integrate into the CDC team, ongoing analysis will assess their impact on staff and patients, with a focus on widening access to quality work for community health improvement.

StandTogether
BREAKTHROUGH
Community Diagnostic Centres
Centres offering following tests
CT & MRI Scan
Blood Tests
Heart Tests
Eye Tests
Respiratory
0161 974 1300
accg
YOUR COMMUNITY, OUR COMMUNITY
ASDA

# A Representative and Supported Workforce

As one of the largest Trusts in Greater Manchester, the Trust recognises the value of diversity among its staff.

Having a representative workforce is a key strength and the Trust is committed to enhancing conditions, listening to staff and promoting fairness.

By improving representation and upholding equality standards, the Trust aims to have a content workforce delivering top-quality care across its services.

This section details the activities that were carried out in 2023 towards achieving these objectives.

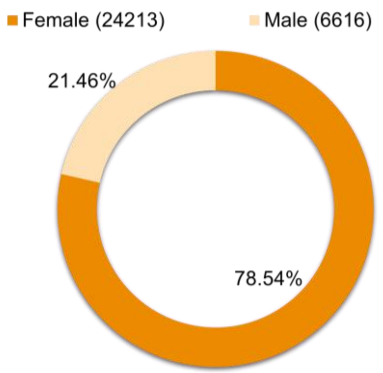
# Diversity of Our Staff

Manchester University NHS Foundation Trust

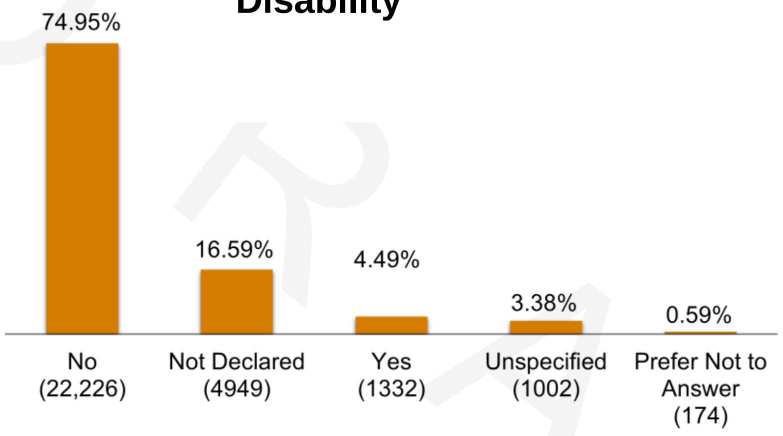
The Trust values diversity and is dedicated to an inclusive, accessible and fair workplace. We recognise that a diverse workforce with varied experiences, skills and knowledge enhances the delivery of excellent services. Shown below is the demographic breakdown of our workforce by protected characteristics in 2023.

DRAFT

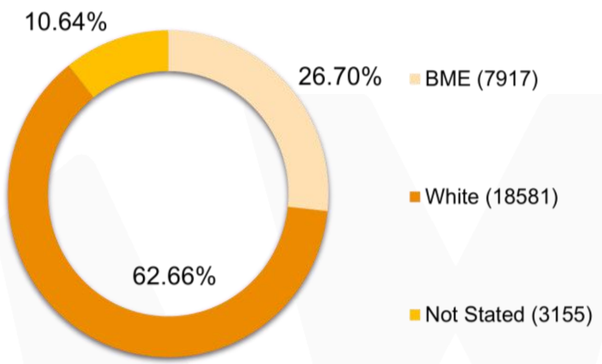
## Gender



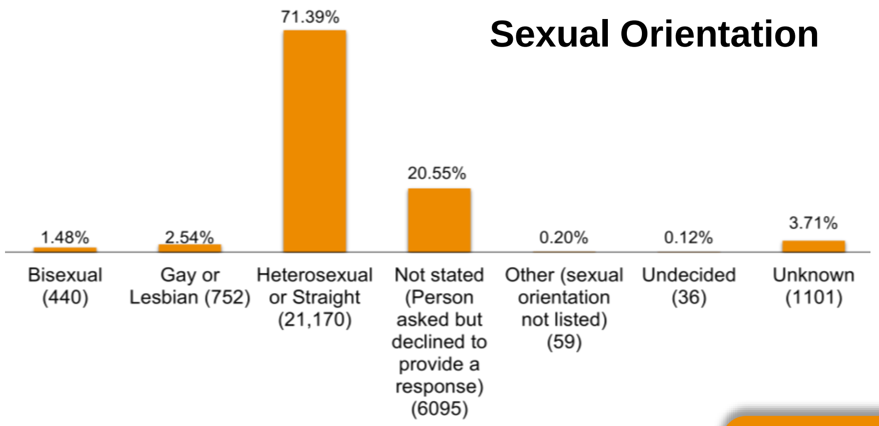
## Disability



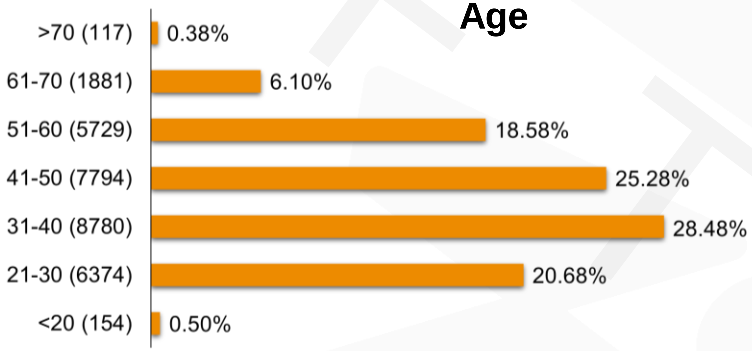
## Ethnic Origin



## Sexual Orientation



## Age



# Workforce Race Equality Standard (WRES) Key Findings

NHS
Manchester University
NHS Foundation Trust

At MFT we are committed to improving lived experiences and strive towards creating a culture where race and ethnicity are not barriers to progression, individuals feel safe in the workplace and difference is embraced. As a Trust we want to focus on working in partnership with our patients, service users and workforce, to change our workforce systems. Below are the key findings from the WRES 2023.

**As of 31st March 2023, MFT employed 28,712**

**24.44%** of MFT staff are **BME** (7,016)

**5.56%** of board members at MFT are **BME** (same % in 21-22)

**BME** staff are **1.5x more** likely than white staff to enter a formal disciplinary process (**1.06** in 21-22)

**9.89%** of staff in Bands 7 to VSM are **BME**.

**White** applicants are **1.78x more** likely than **BME** staff to be appointed from shortlisting (**1.66x** in 21-22)

**White** staff are **1.1x more** likely that **BME** staff to access CPD/non mandatory training (**1.0** in 21-22)

**19.6%** of **BME** staff reported discrimination (**21.7%** in 21-22)

**27.4%** of **BME** staff reported experiencing harassment, bullying or abuse from patients, relatives or the public (**27.1%** in 21-22)

**Click to here to view the full WRES report 2023 and the action plan**

DRAFT

⏮ ⌂ ⏭
Improved patient access, safety and experience
A representative and supported workforce
Inclusive leadership
Celebrating Diversity
Diversity Matters

# Workforce Race Equality Standard (WRES)

DRAFT

This year, MFT submitted data for the Medical Workforce Race Equality Standard (MWRES) and Bank Workforce Race Equality Standard (BWRES). Although formal reports for these standards were not generated, NHSE England aims to make them mandatory in the coming years. Below is the information from the submitted data.

## Medical Workforce Race Equality Standard (MWRES)

The initial Medical Workforce Race Equality Standard (MWRES) report, released in July 2021, brought attention to challenges within the medical workforce. It exposed racial discrepancies among BME doctors in areas like recruitment, promotion, pay, bullying, harassment and senior roles, particularly affecting international medical graduates and SAS doctors. The emphasis will be on five domains outlined in the NHS England » Medical Workforce Race Equality Standard (MWRES); A commitment to collaborate The First Five.

MFT was only required to submit data for Indicators 1a,1b and 2. The Joint Group Medical Directors' office is reviewing WRES data for medical and dental staff at MFT, analysing all protected characteristics. Following a meeting with HR, plans include refining data for yearly monitoring.

A Task and Finish Group was established to address ESR data cleanse, assess interview panels, identify sites for intervention and scrutinise recruitment data for protected characteristics obtained from GMC reporting tool, GMC Connect, ESR and SARD revalidation and appraisal system:

- medical and dental staff composition as a whole
- those who have had a revalidation deferral submitted for them
- those who have had a GMC referral initiated
- those in a leadership position
- those in receipt of a Clinical Excellence Award (CEA)

## Bank Workforce Race Equality Standard (BWRES)

The Bank WRES builds on the work from the Workforce Race Equality Standard, recognising that staff on bank contracts (only) have different experiences and outcomes compared to the general workforce.

A bank worker is a worker that does not have fixed hours contracts but pick up shift as and when the worker is available. While it is possible to be on a permanent or fixed contract employee of the Trust and work as a bank worker, this standard focuses on those with bank worker contracts only.

The WRES team developed a set of indicators for NHS bank only workers, designed to explore the experiences of this group and are aligned to the People Promise and People Plan. The requirement was to submit data on the are 3 BWRES indicators (1, 2 and 3) which was collated from a combination of the Trust (Medical Bank staff) and NHSP in June 2023.

# Workforce Disability Equality Standard (WDES) Key Findings

NHS
Manchester University
NHS Foundation Trust

At MFT we are committed to improving those lived experiences and strive towards creating an inclusive culture where being disabled is not a barrier to progression, allows individuals to feel safe in the workplace and difference is embraced. As a Trust we want to focus on working in partnership with our patients, service users and workforce, to change our workforce systems, rather than trying to change individuals.

**As of 31st March 2023, MFT employed 28,712**

**4%** of our workforce have declared a disability.

**1 out of 18** board members have declared a disability. **66.67%** of the board's status remains undeclared.

Disabled staff are **5.06x** more likely to enter the formal capability process than non-disabled staff (**5.34** in **21-22**).

**31.4%** of disabled staff reported they felt pressure to come to work (**32.8%** in **21-22**)

**30.1%** of disabled staff reported they feel valued at work (**30.8%** in **21-22**).

Non-disabled staff are **1.4x** **more** likely than disabled staff to be appointed from shortlisting (**1.3** in **21-22**)

**63.8%** of disabled staff reported that reasonable adjustments had been made for them (**64.4%** in **21-22**).

**30.3%** of disabled staff reported harassment, bullying or abuse from patients, service users, relatives and members of the public (**32.8%** in **21-22**).

**21.6%** (**22.3%** in **21-22**) from reported it from managers and

**27.1%** (**27.9%** in **21-22**) reported it from colleagues

**44.6%** disabled staff believe the trust provides equal opportunities for career progression or promotion (**48.2%** in **21-22**).

[Click to view the full WDES report 2023 and the action plan]

DRAFT

# Gender Pay Gap (GPG) Report 2023

NHS
Manchester University
NHS Foundation Trust

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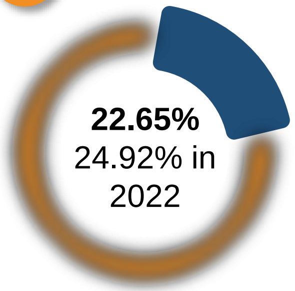
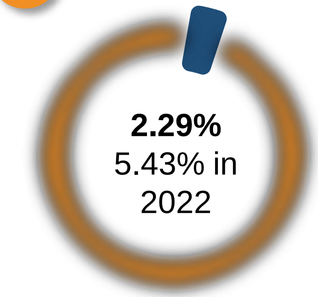
The Gender Pay Gap (GPG) report is a statutory obligation as part of the PSED to ensure organisations monitor and evaluate plans to tackle differences in pay between men and women. The gender pay gap shows the difference in the average pay between all men and women in a workforce and is reported as six measures based on the hourly rates of pay and the bonuses of all eligible employees on a snapshot date of 31st March 2023. Details of these six measures and how calculations are done is available in the published GPG report:

1


**22.65%**
24.92% in 2022

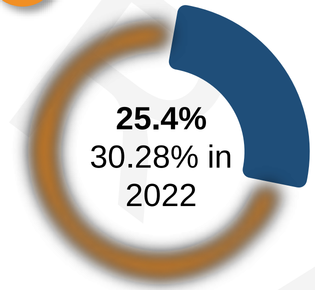
**Mean** Hourly **Pay**

2


**2.29%**
5.43% in 2022

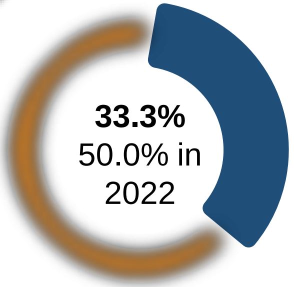
**Median** Hourly **Pay**

3


**25.4%**
30.28% in 2022

**Mean** Hourly **Bonus**

4


**33.3%**
50.0% in 2022

**Median** Hourly **Bonus**

5

| % OF BONUS RECEIVED |
|---|
| **MEN**<br>**3.6%** (4.17% in 2022) |
| **WOMEN**<br>**0.57%** (0.50% in 2022) |

Clinical Excellence Awards (CEAs are treated as BONUS pay and only medical and dental consultants are eligible for CEAs.

6

| **Quartile 1 - (Upper Pay)** | | **Quartile 2 - (Upper Middle Pay)** | |
|---|---|---|---|
| **MEN**<br>31.90% | **WOMEN**<br>68.10% | **MEN**<br>16.25% | **WOMEN**<br>83.75% |
| **Quartile 3- (Lower Middle Pay)** | | **Quartile 4 - (Lower Pay)** | |
| **MEN**<br>14.79% | **WOMEN**<br>85.21% | **MEN**<br>22.20% | **WOMEN**<br>77.80% |

**Gender Pay Gap Quartiles 2023:** Pay quarters show the percentages of men and women employees in four equal sized groups based on their hourly pay. Pay quarters give an indication of women and men's representation at different levels of the organisation.

Click to view the full Gender Pay Gap 2023 report and steps taken to address the gap

# EDI Allies

Manchester University
NHS Foundation Trust

The EDI team actively promotes Equality, Diversity and Inclusion (EDI) through various EDI ally roles. These allies support the workforce, engage in discussions and plan initiatives for diversity and inclusion. They passionately advocate for underrepresented voices, driving systemic change and fostering an inclusive culture. These roles form a united network committed to celebrating diversity and embedding inclusion in the organisational culture.

In 2024 EDI team will be working towards revising these roles, providing more training opportunities and emphasising collective responsibility and accountability.

The EDI team organises regular EDI Activity meetings with EDI representatives from services to discuss and share best practices.

Email
**equality@mft.nhs.uk**
for more information on
how to be an EDI ally
at MFT

DRAFT

# Freedom to Speak Up (FTSU): Fostering Inclusivity and Diversity

DRAFT

The FTSU team at MFT provides an alternative avenue for staff to address patient safety or workplace concerns, promoting a culture where speaking up is routine. The FTSU champion network, consisting of over 70 volunteers, including the FTSU Guardian, offers support and advice to staff. A project has been initiated to showcase the diversity within the champion network, encouraging all staff, especially those with protected characteristics, to voice their concerns.

All champions, both existing and newly recruited, were requested to complete a FTSU Champion update form, sharing additional languages spoken and membership in diverse staff networks. This information is included in communications to highlight the visibility of staff with protected characteristics who proudly contribute to the FTSU initiative. Posters and individual bios of champions are shared across the Trust and on social media platforms, emphasising the diverse champion network.

The lead Guardian collaborates with the Chairs of MFT diverse staff networks, attending meetings to understand specific barriers or challenges faced by staff with protected characteristics.

With over 70 FTSU champions, 20% of whom speak at least two languages (including Hindi, Tagalog, Malayalam, Arabic, Italian, Polish and Hausa) and nearly 30% identifying with one or more protected characteristics, the initiative aims to break barriers to speaking up. This diverse team ensures that staff have someone relatable to speak to, fostering an inclusive culture at MFT. The ongoing goal is to provide support to staff who may find it challenging to speak up, creating a culture where everyone feels heard.

Freedom to
Speak
Up

The National Guardian's Office - Freedom to Speak Up

# Staff Networks

**Diverse Abilities Staff Network** collaborates with members and allies to promote common causes, educate colleagues and raise awareness of diverse abilities in our workforce. The Network ensures staff voices are heard through the Disability Engagement Group, providing resources like a Neurodiversity wiki to support various disabilities.

**Armed Forces Staff Network** helps to make the Armed Forces community employees feel acknowledged and guide them on support available. MFT have pledged their support to the [Step into Health] programme and have a team of dedicated individuals to guide with employment opportunities within MFT.

**LGBTQ+ Staff Network** fosters community among LGBTQ+ staff through interactive newsletters, enhanced virtual spaces and themed events. Collaborations with other networks, like the Greater Manchester Cycling Club 'Pride Out,' increase event attendance. Plans for 2023/24 include diversifying events to cater to varied interests.

**Black, Asian & Minority Ethnic (BAME) Staff Network** Supports 7,000 BAME colleagues, addressing workplace inequalities, promoting leadership training and combating bullying and harassment. Despite successful events, our Annual Members Meeting highlighted the ongoing need for equality. We collaborate with senior management to address racism, seeking protected time to improve the working environment. Future plans include working with the EDI team to implement the NHSE EDI Improvement plan for enhanced diversity and inclusion.

**Employee Carers' Network (ECN)** provides support and resources for staff with unpaid carer responsibilities. The network aims to create a supportive and inclusive environment and offers a forum for addressing issues and concerns. Staff with unpaid caring responsibilities are encouraged to join and explore the: Carer's Passport guidance and FAQs available on People Place.

**Faith and Belief Staff Networks** incorporates all faiths and beliefs and promotes a better understanding of different faiths. Current established faith and belief subgroups at MFT include the **Hindu** and **Muslim** staff Networks.

In 2024, goals include, expanding the faith staff network, implementing a new action plan and providing active ally training for diverse beliefs.

The Trust is reviewing staff networks for all protected characteristics to enhance their support for staff and improve services through a diverse workforce. NHSE introduced a Staff Network toolkit and a development session in September 2023 with Network Chairs discussed key aspects like Protected Time, Network Models and challenges. The Trust's Chief Executive now meets quarterly with Staff Network chairs to assess progress and discuss improvements.

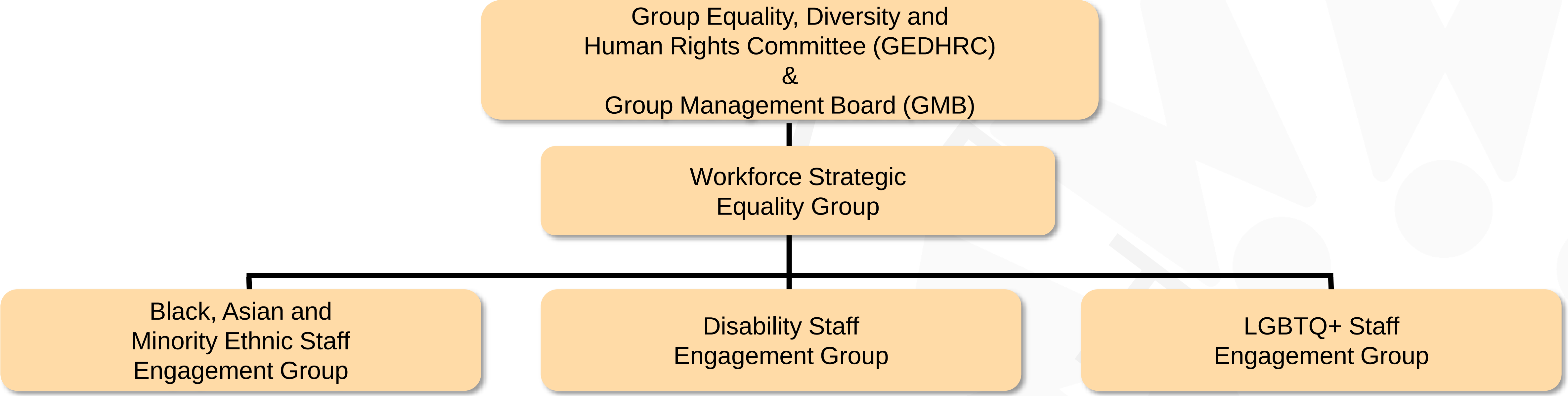
# Staff Engagement Groups

DRAFT

At the Trust, we have three staff engagement groups covering four protected characteristics:

1. **Black, Asian and Minority Ethnic Staff Engagement Group** (Race)
2. **Disability Staff Engagement Group** (Disability)
3. **LGBTQ+ Staff Engagement Group** (Sexual orientation and gender reassignment)

The Staff engagement group provides a forum for understanding issues of concern for diverse staff groups, escalating issues and codesign of solutions. The groups are chaired by an HR Director and report to the Workforce Strategic Equality Group (WSEG), chaired by the Group Executive Director of Workforce and Corporate Business and focuses on the cross-cutting themes from the groups and ensures appropriate escalation and action.



Group Equality, Diversity and Human Rights Committee (GEDHRC)
&
Group Management Board (GMB)

Workforce Strategic Equality Group

Black, Asian and Minority Ethnic Staff Engagement Group

Disability Staff Engagement Group

LGBTQ+ Staff Engagement Group

# Widening Participation - A Supported Internship

DRAFT

The Widening Participation Team at MFT continued to deliver exceptional supported opportunities to attract the best of the talent Manchester has to offer. The **Supported Internship Programs** offer valuable employment opportunities for students aged 16-24 with disabilities. The goal is to enhance their employability skills through real-world work experiences alongside seasoned professionals.

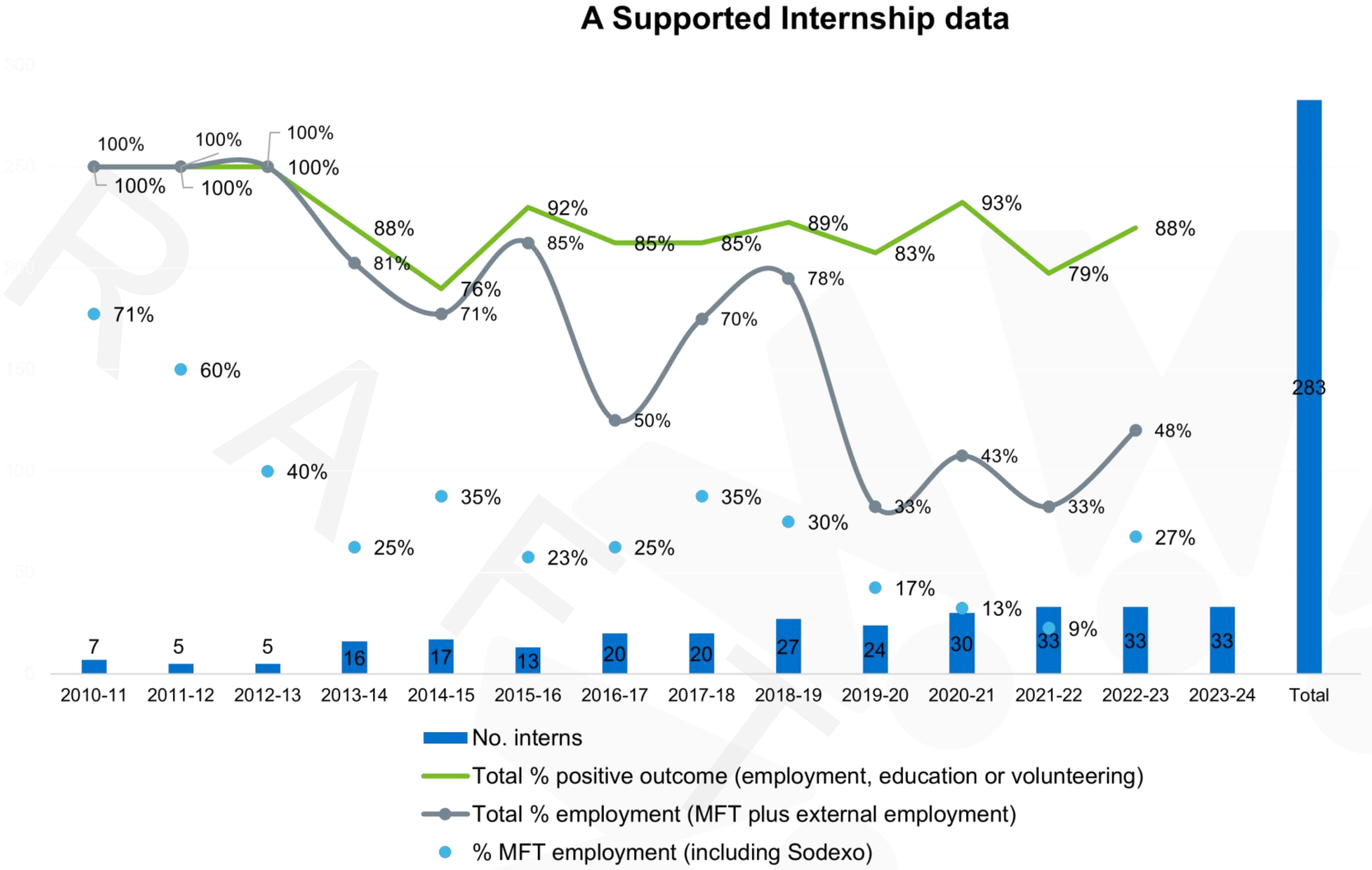
MFT partnered with:

The Manchester College be amazing — PURE INNOVATIONS The key to a fulfilled life — TRAFFORD COLLEGE

**3 ten-week placements**

**Supported on-site session and Job Coaches**

MFT's commitment reflects a proactive approach, creating a culture of inclusion through real-world experiences and partnerships with educational institutions, significantly contributing to the personal and professional development of individuals with disabilities.



# Community Recruitment Initiative

Manchester University
NHS Foundation Trust

Manchester and Trafford Local Care Organisations (LCOs), in partnership with public sector collaborators, manage NHS community health and local authority adult social care services with a workforce of around 4,500. To address recruitment challenges in NHS community administration roles and alleviate capacity issues causing patient access delays, the LCO implemented a community-focused recruitment strategy. Developed with the Widening Participation Team at MFT, the strategy included one-stop-recruitment events in Trafford and North Manchester, held in accessible community spaces. These events streamlined the recruitment process, offering single interviews for various roles, with a focus on reaching traditionally excluded candidates. Promotion efforts involved posters in health centers, local shops and WhatsApp groups to engage diverse job seekers through word-of-mouth. The innovative recruitment strategy delivered substantial results:

Achieved **100%** fill rate with 136 registrations, 120 attendees and 91 opting for on-the-day interviews.

**4 out of 8** attendees declaring a disability were offered roles.

**28** posts extended to under-represented groups, including BAME individuals, disabled people and males.

**65%** of unemployed appointed (27% unemployed for over 12 months).

NHSE EDI Repository Case Study: Proactive Health Equity Recruitment in Manchester and Trafford

# Recruitment: Fostering Diversity in Our Visual Narrative

DRAFT

To enhance the representation of diversity in MFT's recruitment campaigns, a project was initiated to refresh our photography and videos. The decision to revamp these materials stemmed from the realisation that our previous visuals, which had been in use for an extended period, presented an opportunity to showcase individuals from a broader range of ethnic backgrounds. This strategic approach aimed to attract a more diverse workforce and align with our commitment to fostering inclusivity.

To refresh our recruitment visuals, professional photographers and videographers were hired to capture individuals in roles identified by HR Directors. Colleagues at the hospital were encouraged to nominate staff, providing necessary details for diversity considerations. The selected individuals were then engaged in discussions to explain the project's purpose, obtain their consent and agree on the permissible usage of the resulting imagery and films.

In use for six months, the new visuals notably enhance our organisation's representation, emphasising our commitment to diversity and inclusion. This initiative aligns with our goal of being an employer of choice and supports our dedication to serving Greater Manchester's diverse population. The success highlights the significance of ongoing efforts to diversify visual materials, with continuous monitoring recommended for informed future strategies.

The project has successfully achieved its objective of enhancing diversity representation in our recruitment visuals. This effort not only aligns with our organisational values but also strengthens our position as an inclusive employer in Greater Manchester. The positive impact on our workforce and public perception encourages further exploration of similar initiatives in the future.

Manch
Time:
Date:
Location: Room AEL3
Building, Frederic
Salford University,
More opport
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everyone
ALL HER

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Location: Room A
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ALL HER

# Removing the Barriers Programme

DRAFT

The Removing the Barriers (RtB) Programme was launched in September 2020 at The Manchester University NHS Foundation Trust (MFT), with the aim of increasing ethnic diversity at Bands 8a and above. The Trust's Workforce Race Equality Standard (WRES) metrics instigated the RtB Programme as it found that representation of staff from Black, Asian and Minority Ethnic backgrounds significantly decreases at Bands 8a and above.

The programme comprises actions to address representation on two fronts, addressing the systematic barriers to progression and empowering Black, Asian and Minority Ethnic staff. There are currently 218 members registered to the programme.

To achieve this aim, the Programme consists of the following Schemes:

## Diverse Recruitment Panels Scheme

The Diverse Recruitment Panels Scheme continues to support on-going recruitment for all posts of bands 8a and above to have at least one Black, Asian or Minority Ethnic panel member at interview or assessment centre and where this is not possible, to record justification.

**88%**
Compliance

## Reciprocal Mentoring Scheme

The Reciprocal Mentoring Scheme links a senior leader with a Removing the Barriers member to have regular 1 to 1 mentoring conversations. The sharing of lived experiences continues to have a positive impact on approaches taken by senior leaders. In return, the senior leaders share their wealth of knowledge and experience to support the Removing the Barriers members with their own career development.

**65**
Mentoring partnerships

## E3 Ring-Fenced Secondments Scheme

The E3 Ring-Fenced Secondment Scheme provides Removing the Barriers Members with the opportunity to gain **E**xperience, **E**xposure and **E**ducation through the secondment opportunity.

**48**
Secondments released

# International Recruitment (Nursing, Midwifery and AHP)

DRAFT

One of the high-impact actions (HIA) in the EDI Improvement Plan is HIA 5: Implement a comprehensive induction, onboarding and development programme for internationally recruited (IR) staff.

The following tasks are being carried out at MFT:

- ✓ Before IR staff join, our Trust makes sure they receive clear communication and support regarding their employment conditions. This includes guidance on the latest Home Office immigration policy, conditions for accompanying family members, financial commitments and future career options.
- ✓ The Trust is developing thorough onboarding programs for IR staff using best practices that measure the effectiveness of the welcome, pastoral support and induction through indicators like turnover, staff survey results and cohort feedback.
- ✓ Line managers and teams at the Trust who welcome IR staff are maintaining their own cultural awareness to create inclusive team cultures that embed psychological safety.
- ✓ The Trust aims to provide IR staff with equal access to development opportunities available to the entire workforce. Line managers are actively assisting their teams, especially international staff, in accessing training and development opportunities. They are ensuring that the personal development plans prioritise reaching their full potential and include opportunities for career advancement.

Adapting to
Culture in UK

# Equality, Diversity and Inclusion (EDI) Training for the Workforce

Over the past year, remarkable strides have been achieved in the realm of EDI training. MFT recognised the pivotal role that foster a diverse and inclusive workplace plays in nurturing a positive and innovative environment. The commitment to EDI training has seen a substantial uptick, with various services dedicating resources to comprehensive programs aimed at educating their workforce. From interactive workshops to online modules, staff at MFT are now equipped with a deeper understanding of the importance of inclusivity, cultural competence and the elimination of bias in the workplace.

MFT is focusing on instilling a cultural shift that values diversity as a strategic asset. This tailored approach ensures that workforce not only grasp the theoretical aspects of EDI but also gain practical insights that empower them to actively contribute to a more inclusive and equitable workplace.

As we reflect on the past year's advancements, it becomes evident that the landscape of EDI training is evolving, fostering a positive transformation in workplaces across various sectors.

The EDI team collaborates with the Learning and Development team to create an accessible EDI training matrix for the workforce. This initiative aims to raise awareness and empower employees to promote EDI within their respective departments.

The EDI team in partnership with external training bodies delivered the following training for the workforce in 2023:

acas working for everyone **Supporting staff with reasonable adjustments**

PROSPECT **Presenting Yourself in Writing**

**Behaviours in the workplace: supporting reducing bullying and harassment**

LGBT FOUNDATION **LGBTQ+ Awareness and Inclusive Practice Webinar**

CAHN Caribbean & African Health Network **Black Cultural Anti-Racist Programme (BCAP)**

#WeSupportDeafAwareness **Webinar on Deaf awareness**

# Review and Enhancement of Disciplinary Policy and Dignity and Respect at Work Policy

Manchester University
NHS Foundation Trust

DRAFT

The Disciplinary Policy and Dignity and Respect at Work Policy have both had a full review with workshop engagement of managers, HR, Staff Side, and specialist services. Issues were identified through the experience of those in workshops, lessons learned from cases and employee relations data.

In both policies a Fact-Finding process was introduced to enable a manager to gather facts, consider a range of other potentially impacting issues and provide time to make an informed decision before deciding on a course of action. This avoids knee jerk reactions, ill informed decisions and ensures all aspects have had early consideration to ensure no time delay with decisions regarding next steps.

In addition, the Dignity and Respect at Work policy focuses on prevention and early intervention to identify and deal with issues or concerns at an early stage. It provides a wide range of options for individuals and managers to consider at this stage which include education, team building, training, OD techniques, facilitated discussions, mediation and employee development.

There was engagement with all the staff networks to have feedback, views and ideas on the issues and proposals.

On-going monitoring on application of the recently introduced Fact-Finding process will assess the impact of the new process and where further improvements are required.

**Disciplinary Policy and Dignity and Respect at Work Policy**

# The Violence and Sexual Conduct Prevention and Response Steering Group

DRAFT

In November 2023, the Trust updated the Group Management Board on its efforts to address violence and sexual incidents targeting staff. The Violence and Sexual Conduct Prevention and Response Steering Group, along with sub-groups, is actively working on NHSE's directive regarding domestic abuse and sexual violence initiatives including:

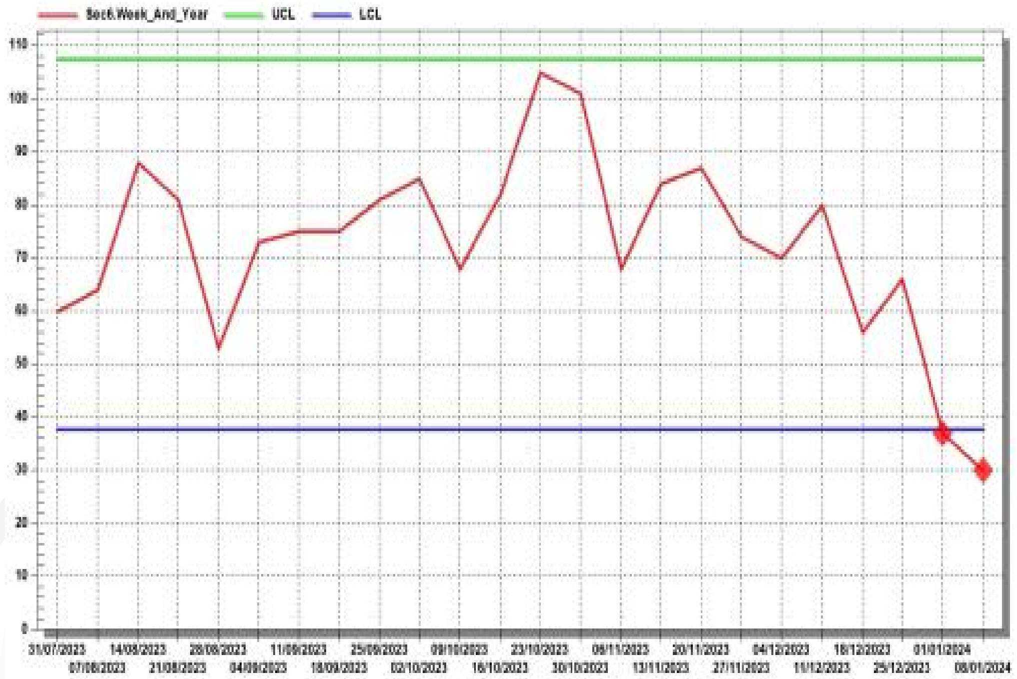
- ✓ implementing the Sexual Safety in Healthcare Charter and addressing outcomes from the Group Chief Executive Listening Event on staff safety.
- ✓ taking action through the Sexual Conduct sub-group and Policy and Charter sub-group to meet national deadlines, enhance staff safety, and collaborate with Greater Manchester Police.

Hospital data from Ulysses reveals increased violence from patients and families towards staff after the October 2023 workshop and listening event.

Incidents returned to normal levels, but December 2023 and early January 2024 saw a decline linked to fewer patients in high-traffic areas like Emergency Departments. In the past year, Ulysses recorded 2716 violent incidents, 16.5% in Emergency Departments. Staff training in Restrictive Interventions targets high-incident areas to reduce volume, severity, and security calls.

The Violence and Sexual Conduct Prevention and Response Steering Group will compile sub-group updates for a March report informing prevention efforts and promoting Charters. This report will be the basis for a communication campaign on awareness, assurance, reporting, and prevention in March, with a progress report to the Group Management Board in May 2024.

**6-month trend of reported violent incidents.**



# Bullying, Harassment and Abuse Task and Finish Group

DRAFT

One of the HIAs in the EDI Improvement plan is HIA 6 - ‘to eliminate conditions and environments in which bullying, harassment and physical harassment occur.’

To achieve this, the Workplace Bullying, Harassment and Abuse Task and Finish Group reconvened in 2023. The outcomes of the Group are being closely monitored and embedded within NHS England’s EDI Improvement Plan.

Staff that have experienced bullying, harassment and abuse will be encouraged to attend, to inform discussion and create solutions. To support targeted approaches to reducing bullying, harassment and abuse in the workplace, the EDI Team is working with the Estates and Facilities Team to expand the recording of Sexual Violence assaults via the Ulysses Incident Management System so that staff can directly report incidents of bullying, harassment and abuse.

# Neurodiversity Task & Finish Group

DRAFT

The Trust has a programme of work underway focusing on how to improve our support for candidates and colleagues with neurodiversity to reach their full potential in the workplace.

Neurodiversity covers a range of conditions including Attention Deficit Disorder, Autism, Dyslexia and Dyspraxia so flexibility and responsiveness are key. The programme of work focuses on attracting and supporting candidates through recruitment processes, adjusting learning, educational and training opportunities and improving our processes to be able to make reasonable adjustments quickly for example procurement of equipment. In addition, the training for managers and staff is being reviewed to enhance understanding of neurodivergent conditions and how to make reasonable adjustments to meet the needs of the candidate/employee.

A task and finish group has been established with HR staff from across the Trust to provide a greater understanding of how managers can support colleagues with neurodiverse disabilities. This is supported by several resources for managers and staff on the Trust's internal intranet.

LEARNING DISABILITY
IN OPD
OPD LEARNING DISABILITY INFORMATION
UNDERSTANDING
AWARENESS
Neurodivergent Patient Awareness
by Cat Cassidy, Student Nurse
Autism
Dyslexia
Dyspraxia
ADHD
Dyscalculia
HELPFUL STRATEGIES:

# Reasonable Adjustments

DRAFT

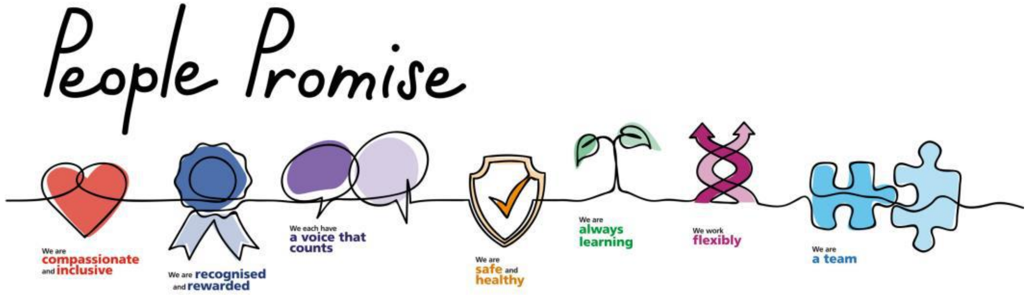
MFT recognises the legal right of disabled employees to reasonable adjustments, ensuring equal access to the workplace. These adjustments can involve equipment, software or changes in work methods to facilitate disabled staff in their roles.

The Reasonable Adjustments Task and Finish Group at MFT secured funding through the Workforce Disability Equality Standard (WDES) Innovation Fund. This initiative, which was launched in November 2023, integrates a digital reasonable adjustments profile into the employee management system (Empactis). It aligns with national guidelines, documenting adjustments to support disabled staff, promoting retention and contributing to the NHS People Promise for inclusivity at MFT.

For staff with existing reasonable adjustments, there is now an official record, ensuring evidence of agreed arrangements when roles change, or managers shift. This profile started on November 16, 2023. The Employee Health and Wellbeing (EHW) service created a toolkit for managers and staff to navigate the needs of those with health or neurodiverse conditions during reasonable adjustments and return to work processes.

The Trust is conducting bespoke webinars on reasonable adjustments with ACAS to raise awareness. The webinars have been highly popular, with over 120 staff attending the three sessions in 2023. Additionally, resources and dedicated spaces on the staff intranet will be developed as part of this initiative.

The link to the new process and digital format is now live on MFT People Place together with supporting resources and the new process and guidance will be reviewed in November 2024.


People Promise
We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team

Supporting delivery of MFT's People Plan

All Here for You
*Together we can*

We want to work here

We look after each other

We are supported to be our best

We feel valued and heard

We can shape the future

# Pride in Veterans Standard - Fighting with Pride

DRAFT

In 2023 MFT obtained the Pride in Veterans Standard (Pivs) accreditation. This is a significant achievement and is a testament of our efforts to actively engage with and support the LGBTQ+ community, and the Armed Forces Community.

Fighting With Pride is a trusted and respected LGBTQ+ military charity that has lived experience and knowledge to support LGBTQ+ Veterans, serving personnel and their families, particularly those who were affected by the ‘gay ban’, which was lifted on 12th January 2000.

Through adopting policies and practices that promote acceptance and equality, we've taken remarkable strides in creating a safe haven where Armed Forces Veterans, and their families who identify within the LGBTQ+ community can thrive without fear of discrimination or prejudice.

The accreditation not only symbolises our dedication to LGBTQ+ inclusivity, but also serves as a benchmark for other NHS organisations to emulate.

For more information on Fighting with Pride Charity click here

PRIDE
IN VETERANS
STANDARD
FIGHTING WITH **PRIDE**

# Manchester Pride 2023

Manchester Pride 2023 welcomed over 200 MFT colleagues, including the Group CEO and representatives from our sponsor, Sodexo. The event accommodated two support requests in collaboration with Manchester Pride, featuring T-shirt colors representing LGBTQ+ people of color. Despite being oversubscribed, the well-attended event included diverse participants of different ages, genders, races, abilities, regions and sexual orientations.

Children of staff members joined the parade, receiving positive feedback, including a heartfelt message from a child of a pansexual parent. Married and civil partners also participated, contributing to the overwhelming positive feedback.

Despite being one of the final entries, MFT received enthusiastic support and gratitude from the spectators, reflecting the cultural acceptance and recognition of the LGBTQ+ communities in Manchester and Trafford. First-time attendees expressed gratitude to MFT for enabling them to proudly participate in the parade.

# Cross-site EDI Pharmacy Team

DRAFT

In line with the Trust's commitment to EDI, a Cross-Site EDI Pharmacy Team has been established. Comprising leaders from various pharmacy professions, the team aims to foster inclusivity, diversity and equality across all trust sites. This initiative aligns with the broader EDI agenda from the Trust, CSS leadership and the pharmacy community.

Utilising space freed up by the reduction of paperwork through the HIVE project, a Wellbeing and Multi-Faith Prayer Room within the pharmacy has been opened. This space caters to the diverse needs of the pharmacy workforce, providing a designated area based on feedback from Pharmacy users.

The established team actively supports the ongoing EDI agenda, ensuring that Pharmacy operations prioritise and integrate EDI principles. Participation in the team is open to all Pharmacy staff across trust sites. Simultaneously, the Wellbeing and Multi-Faith Prayer Room, created through the HIVE project, has been effectively utilised for prayer and well-being discussions.

With successful representation from all Pharmacy sites, the team has outlined its agenda for 2024. This includes creating a calendar of events, providing heightened support for the removal of barriers program and addressing initiatives related to the Pharmacy Race Equality Standard.

Positive feedback has been received from staff regarding the room's utility as not only a prayer space but also a venue for low-level well-being discussions. This feedback has further supported managers in their efforts to provide assistance to staff, contributing to a more inclusive and supportive workplace environment.

# DentalVision

DRAFT

The University Dental Hospital Manchester organised the DentalVision event with the primary objective of unifying the workforce to explore and celebrate the diverse backgrounds that contribute to enhancing the patient experience, strengthening the team and fostering increased understanding and civility among team members.

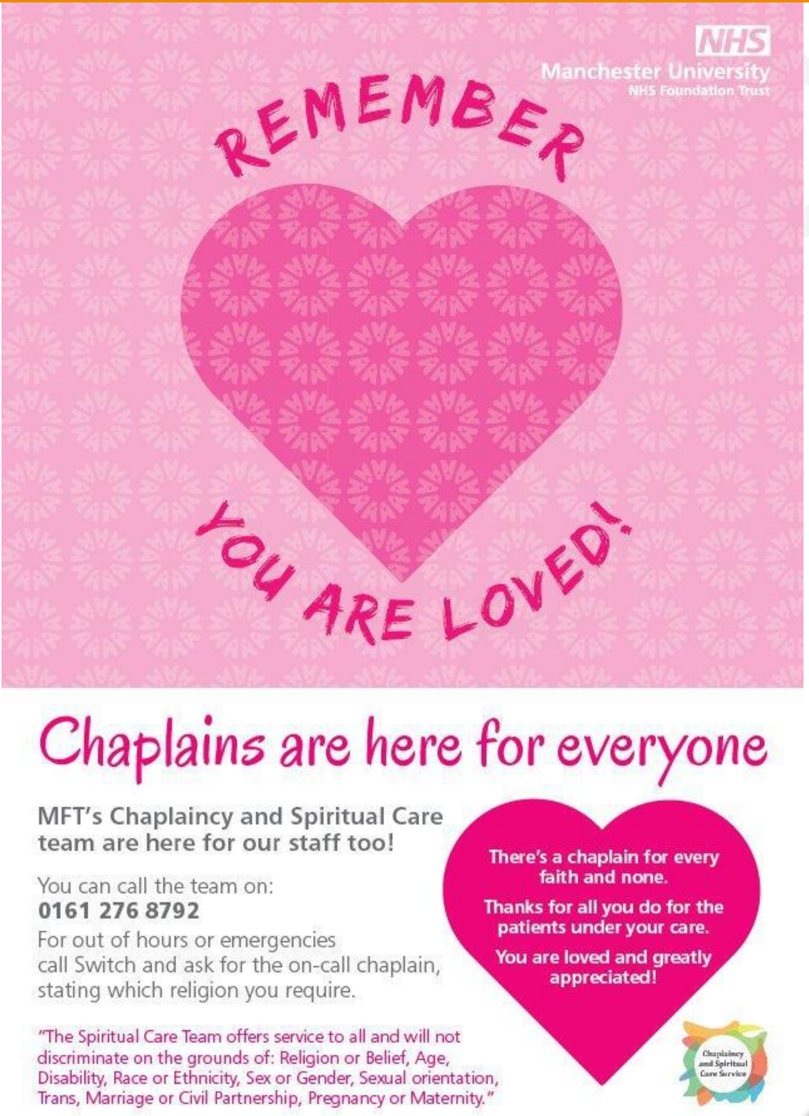
The event featured a food-sharing activity in the workforce canteen, where individuals brought dishes representing their cultural heritage. This initiative aimed to encourage conversations among attendees while providing a visual representation of the diverse identities within the team, marked on a world map. The discussions centered around the profound impact of diversity on both patient experience and colleague interactions. The event, strategically scheduled during Eurovision, incorporated music to enhance the festive atmosphere.

To ensure widespread participation, the event spanned the entire lunch hours for the workforce. The inclusive nature of the event was further emphasised by the incorporation of a suggestion box, allowing attendees to provide feedback and suggest ideas for future events. This approach ensured ongoing engagement and provided valuable insights for continuous improvement.

The workforce expressed genuine enjoyment, particularly with the food-sharing aspect of the event. Numerous suggestions were received for similar future events, indicating a positive response from the participants. As a hospital, we are committed to sustaining this spirit by planning and executing further events that celebrate diversity and promote a harmonious working environment.

The DentalVision event successfully achieved its objectives of fostering unity, celebrating diversity and promoting a collaborative and inclusive workplace culture. The positive feedback and suggestions for future events underscore the importance of continuing such initiatives to enhance the overall work experience at University Dental Hospital Manchester.

# Chaplaincy and Spiritual Care Service


NHS
Manchester University
NHS Foundation Trust

REMEMBER YOU ARE LOVED!

Chaplains are here for everyone

**MFT's Chaplaincy and Spiritual Care team are here for our staff too!**

You can call the team on:
**0161 276 8792**
For out of hours or emergencies call Switch and ask for the on-call chaplain, stating which religion you require.

There's a chaplain for every faith and none.

Thanks for all you do for the patients under your care.

You are loved and greatly appreciated!

"The Spiritual Care Team offers service to all and will not discriminate on the grounds of: Religion or Belief, Age, Disability, Race or Ethnicity, Sex or Gender, Sexual orientation, Trans, Marriage or Civil Partnership, Pregnancy or Maternity."

Chaplaincy and Spiritual Care Service

The Chaplaincy and Spiritual Care service provides emotional and spiritual support to patients, carers and staff of all faiths. In 2023, they conducted over ten thousand patient visits. To address potential exclusion of LGBTQ+ individuals from traditional religious services, the service is actively working to create an inclusive and welcoming environment for everyone.

In 2023, we emphasised inclusivity for support regardless of sexuality or gender identity through various projects.. Our materials now include an LGBTQ+ inclusive statement, co-created with the staff network, emphasising our commitment to a safe and positive space for everyone. Additionally, an LGBTQ+ inclusion information board is in the multi-faith center at MRI. We support the Rainbow Badge scheme and our Chaplaincy Manager participated in the Manchester Pride Parade 2023 with the MFT group.

To accommodate the significant Muslim population, We extended chaplain hours by making a part-time chaplain full-time.
Our educational efforts on religious festivals, including Ramadan, Eid, Sukkot and Rosh Hashanah, raise awareness among staff and patients.

We also appointed a Sikh chaplain to provide targeted support for Hindu, Sikh, Buddhist, and Jain individuals, actively involving volunteers from these traditions.

# People Place

DRAFT

The 'People Place' HR portal project aimed to establish a web-based system accessible 24/7, empowering users to find information independently and reducing low-level queries through a chatbot with frequently asked questions.

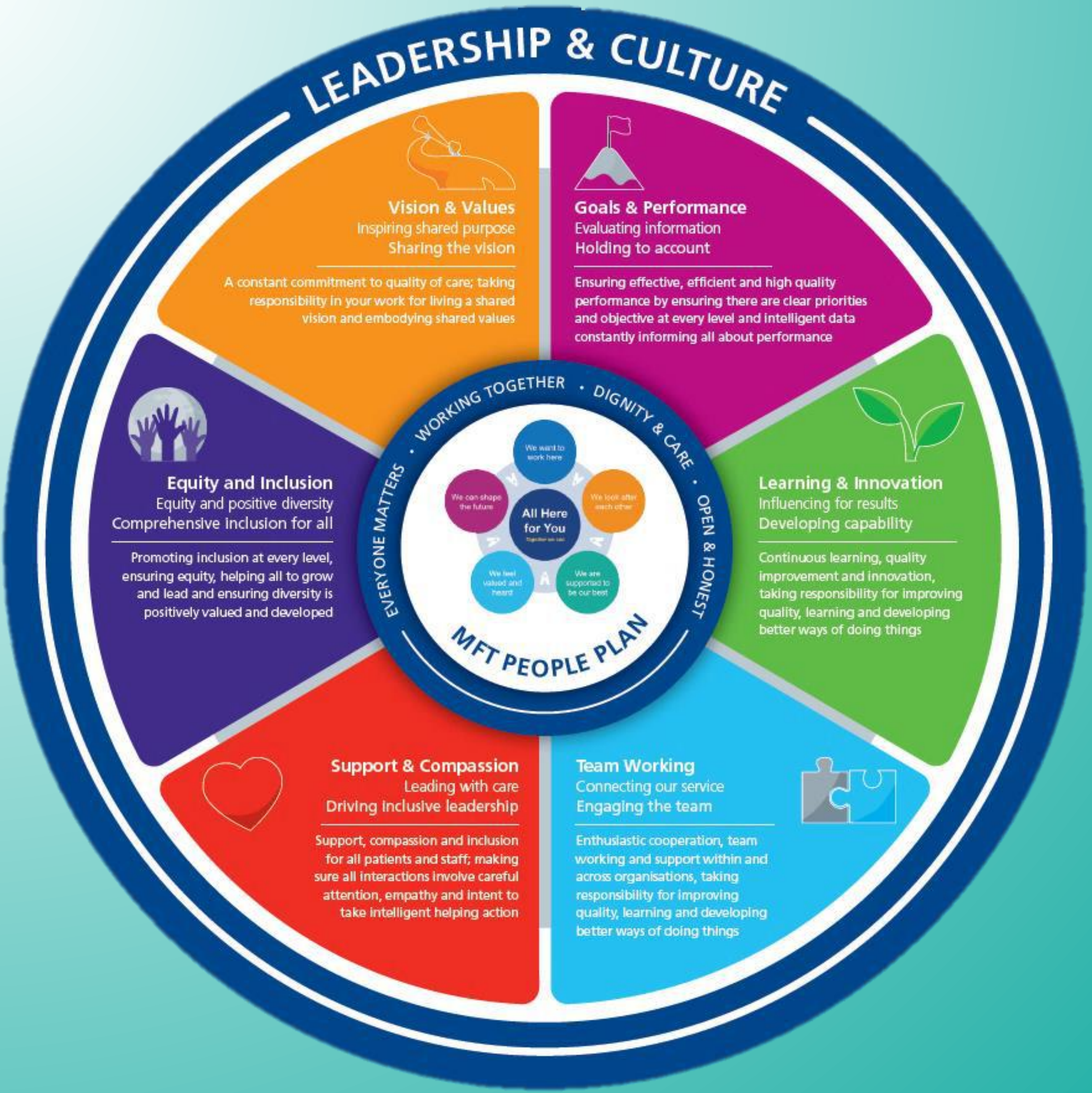
Before People Place, the Trust lacked a centralised resource and the intranet had limitations, particularly for groups like those on long-term sick leave. People Place addressed these issues, offering tailored information for managers and ensuring transparency for all staff. A dedicated team, including Subject Matter Experts and EDI representatives, supported its development with a soft launch and focus group sessions to enhance engagement and accessibility.

Website content, crafted with input from the EDI team, prioritised users with protected characteristics. Adhering to NHS and government guidelines, the site features user-friendly navigation, screen-reader compatibility, accessible font and an 'Accessibility' section for further adjustments. Subject Matter Experts (SMEs) follow accessibility principles and the focus groups during the go-live phase allowed staff to explore People Place, providing feedback for further improvements.

The project's launch received widespread acceptance and positive feedback within the Trust. Monthly Support Group meetings and the features on the website encourage user feedback for continuous improvements. Video transcripts were added based on feedback and the site, emphasising inclusivity, aligns with Trust values and behaviors. Continuous development aims to enhance the user experience and maintain staff engagement with the site.

People Place
Your Workforce Services Portal

*The place to go for all your Workforce Services information needs.*


LEADERSHIP & CULTURE
Vision & Values
Inspiring shared purpose
Sharing the vision
Goals & Performance
Evaluating information
Holding to account
Equity and Inclusion
Equity and positive diversity
Comprehensive inclusion for all
Learning & Innovation
Influencing for results
Developing capability
Support & Compassion
Leading with care
Driving inclusive leadership
Team Working
Connecting our service
Engaging the team
WORKING TOGETHER • DIGNITY & CARE • OPEN & HONEST • EVERYONE MATTERS •
MFT PEOPLE PLAN
We want to work here
We look after each other
We are supported to be our best
We feel valued and heard
We can shape the future
All Here for You

A constant commitment to quality of care; taking responsibility in your work for living a shared vision and embodying shared values

Ensuring effective, efficient and high quality performance by ensuring there are clear priorities and objective at every level and intelligent data constantly informing all about performance

Promoting inclusion at every level, ensuring equity, helping all to grow and lead and ensuring diversity is positively valued and developed

Continuous learning, quality improvement and innovation, taking responsibility for improving quality, learning and developing better ways of doing things

Support, compassion and inclusion for all patients and staff; making sure all interactions involve careful attention, empathy and intent to take intelligent helping action

Enthusiastic cooperation, team working and support within and across organisations, taking responsibility for improving quality, learning and developing better ways of doing things

# Inclusive Leadership

Our third strategic aim is Inclusive Leadership.

Leaders who embrace inclusivity value diverse perspectives, creating opportunities for everyone to succeed. This fosters a sense of belonging, leading to more creativity, innovation and collaboration. While senior managers promote equality and diversity, we also stress the importance of all staff practicing inclusive leadership.

The following pages explain how inclusive leadership helps attract and keep a diverse workforce, improving the quality of our care.

# Inclusive Leadership

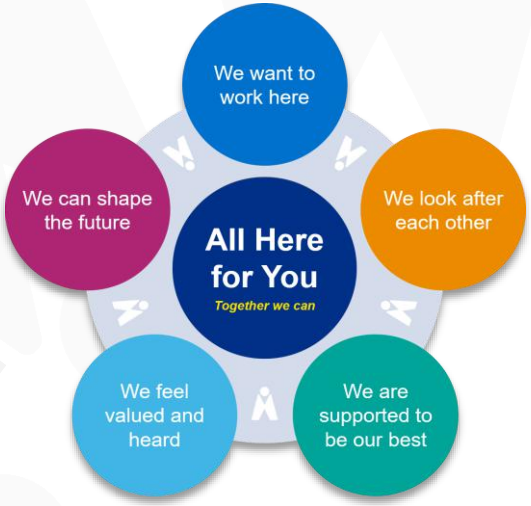
The Trust's leadership strategy aligns closely with the MFT People Plan. It places a significant emphasis on establishing an inclusive and diverse workforce. Achieving this goal requires managers and leaders to undergo training, equipping them with the tools and skills necessary to prioritise diversity in their decision-making. The Trust's Leadership and Culture strategy outlines the approach to developing inclusive and compassionate leaders and it covers three core principles:

1. **Compassionate Leadership** - The interaction between leaders and their team, where at the heart support and wellbeing is a central principle.
2. **Inclusive Leadership** - Where everyone regardless of role is seen as a valued contributor and are fully responsible for their contribution to success.
3. **Staff Engagement** - Creating an environment of trust, where all staff are empowered to drive improvement, thrive and operate at their best.

Through the following training, schemes and initiatives the Trust is building an inclusive and diverse workforce, that is equipped with the tools and skills to place diversity at the heart of their decision-making.

**The Culture and Leadership Programme** at MFT follows a comprehensive six-phase approach aimed at understanding, shaping, and implementing the desired future culture and strategy. Through this programme we aim to create a culture roadmap, embedding new practices to ensure a cohesive and effective transformation towards MFT's cultural and leadership goals.

**The Reciprocal Mentoring Scheme** links a senior leader with a Removing the Barriers member to have regular 1 to 1 mentoring conversations. The sharing of lived experiences continues to have a positive impact on approaches taken by senior leaders. In return, the senior leaders share their wealth of knowledge and experience to support the Removing the Barriers members with their career development.



MFT's People Plan

DRAFT

# Inclusive Leadership

DRAFT

**EDI improvement plan :** The EDI Improvement plan sets out targeted actions to address the prejudice and discrimination (direct and indirect) that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The Plan is about improving the experience of our people, benefiting retention and attracting new talent to help deliver the NHS Long Term Workforce Plan. This Plan is being reviewed regularly every quarter by the Group Executives Team.

**NHS Employers' Diversity In Health & Care Partners Programme 2023/24:** The Trust is participating in the NHS Employers' Diversity In Health & Care Partners Programme 2023/24. The Programme supports health and care organisations to create more inclusive workplace cultures, where the uniqueness of beliefs, backgrounds and ways of living are welcomed and celebrated. The year-long programme includes a session for Board members on the strategic business case for EDI, four face-to-face interactive modules and specialist virtual masterclasses. The programme also provides access to leading industry experts, good practice, guidance, resources and networking opportunities.

**Executive Sponsorship for Protected Characteristics:** The Trust has agreed that each Board member will act as a sponsor for each protected characteristic. This will result in dedicated and targeted leadership support, provide accountability and governance from senior leaders reinforce the commitment to improving lived experiences and develop an inclusive leadership culture.

**Anti Racism Development Work with Board & External Company:** The Trust is reviewing the approach to becoming an active anti-racist organisation. A workshop focused on race initially took place in October 2023 with our Group Management Board and Nurse Directors, followed by a more detailed workshop to explore how they can actively create an anti-racist culture. The aim is to then adopt the North West BAME Assembly Anti Racism Framework, which guides and supports health organisation to achieve bronze, silver and gold accreditation against five themes:

1. Prioritise anti-racism
2. Understand lived experiences
3. Grow inclusive leaders
4. Act to tackle inequalities
5. Review progress regularly

## Celebrating Diversity

In the past year, the Trust celebrated diversity through a range of events that brought communities together and helped foster a culture that embraces what makes everyone different. Through celebrations, the Trust strives to foster an inclusive culture enriched by the diversity of Greater Manchester's communities and workforce. The following are some of the events and activities conducted during celebrations in 2023.

# Celebrating Diversity

DRAFT

In 2023 the Trust celebrated diversity by organising events that brought communities together and promoted a culture embracing everyone’s differences.

These celebrations aim to foster an inclusive environment, enriched by the diversity of Greater Manchester's communities and workforce.

Here are some highlights from the 2023 celebrations.

- **Black History Month**
- **Disability History Month**
- **Diwali**
- **East and Southeast Asian Heritage Month**
- **Equality, Diversity and Human Rights Week**
- **Hanukkah**
- **Manchester Pride 2023**
- **Ramadan**
- **South Asian Heritage Month**
- **Christmas**

#UKDHM
DHM@MFT
Happy Diwali
MARCHING FOR PEACE
NHS

# Contact

DRAFT

## The Group Equality, Diversity and Inclusion (EDI) Team

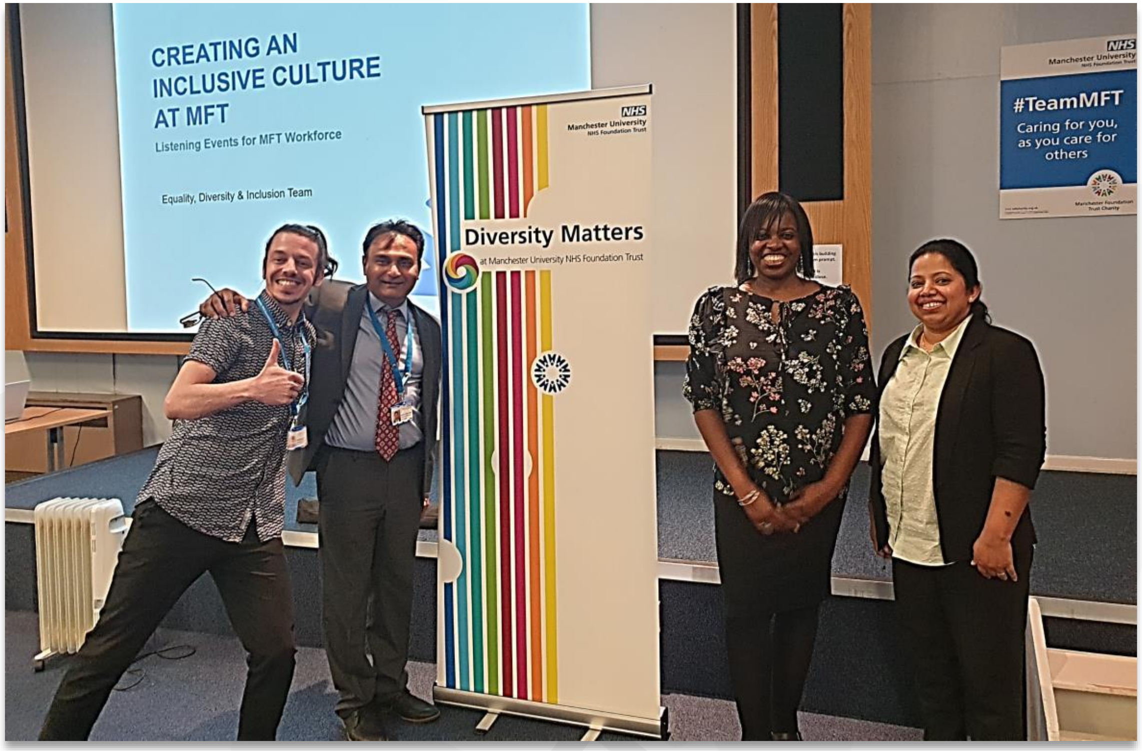
The Group EDI Team is responsible for developing, delivering and reviewing the Trust's Diversity Matters Strategy.

The purpose of the Group EDI Team is to build knowledge, confidence, support teams in being creative in progressing their own EDI activity, and enable them to achieve the Diversity Matters aims:

- Improved patient access, safety and experience.
- A representative and supported workforce.
- Inclusive leadership.

## MFT Equality, Diversity and Inclusion Team

- Group Associate Director of Equality, Diversity and Inclusion
- Senior Equality, Diversity and Inclusion Practitioner
- Equality, Diversity and Inclusion Practitioner
- Project Support Officer for Equality, Diversity and Inclusion


CREATING AN INCLUSIVE CULTURE AT MFT
Listening Events for MFT Workforce
Equality, Diversity & Inclusion Team
Diversity Matters
at Manchester University NHS Foundation Trust
#TeamMFT
Caring for you, as you care for others

**If you require this report in an alternative format or would like to enquire about further details on information presented in this report, please contact the Equality, Diversity and Inclusion (EDI) Team at equality@mft.nhs.uk.**

# Appendix 1

**PALS and Complaints** processes requests for all patients and representatives, regardless of their demographics/characteristics. The process is now reviewed to improve equality and accessibility to providing feedback. Below data table shows the demographic data of the feedback received by the service.

| | Q2 22/23 | Q3 22/23 | Q4 22/23 |
|---|---|---|---|
| **Disability** | | | |
| Yes | 32 | 27 | 46 |
| No | 17 | 11 | 69 |
| Not Disclosed | 472 | 514 | 388 |
| Total | 521 | 552 | 503 |
| Disability Type | | | |
| Learning Difficulty/Disability | 0 | 0 | 1 |
| Long-Standing Illness or Health Condition | 20 | 19 | 14 |
| Mental Health Condition | 7 | 5 | 3 |
| No Disability | 0 | 1 | 1 |
| Other Disability | 9 | 5 | 2 |
| Physical Disability | 7 | 8 | 14 |
| Sensory Impairment | 5 | 5 | 8 |
| Not Disclosed | 473 | 509 | 460 |
| Total | 521 | 552 | 503 |

| | Q2 22/23 | Q3 22/23 | Q4 22/23 |
|---|---|---|---|
| **Sexual Orientation** | | | |
| Heterosexual | 129 | 92 | 97 |
| Lesbian / Gay/Bi-sexual | 3 | 5 | 6 |
| Other | 16 | 14 | 1 |
| Do not wish to answer | 11 | 18 | 14 |
| Not disclosed | 362 | 423 | 385 |
| Total | 521 | 552 | 503 |

| | Q2 22/23 | Q3 22/23 | Q4 22/23 |
|---|---|---|---|
| **Ethnic Group** | | | |
| Asian Or Asian British - Bangladeshi | 3 | 1 | |
| Asian Or Asian British - Indian | 6 | 2 | 5 |
| Asian Or Asian British - Other Asian | 5 | 5 | 6 |
| Asian Or Asian British - Pakistani | 10 | 11 | 9 |
| Black or Black British – Black African | 6 | 6 | 4 |
| Black or Black British – Black Caribbean | 5 | 7 | 9 |
| Black or Black British – other Black | 1 | 2 | 2 |
| Chinese Or Other Ethnic Group - Chinese | | 1 | 2 |
| Mixed - Other Mixed | 1 | 4 | 1 |
| Mixed - White & Asian | 3 | 2 | |
| Mixed - White and Black African | 1 | | |
| Mixed - White and Black Caribbean | 2 | 4 | 1 |
| Not Stated | 112 | 109 | 98 |
| Other Ethnic Category - Other Ethnic | 4 | 8 | 10 |
| White - British | 180 | 202 | 196 |
| White - Irish | 3 | 4 | 6 |
| White - Other White | 10 | 7 | 8 |
| Not disclosed | 169 | 177 | 146 |
| Total | 521 | 552 | 503 |

| | Q2 22/23 | Q3 22/23 | Q4 22/23 |
|---|---|---|---|
| **Gender** | | | |
| Man (Inc Trans Man) | 201 | 226 | 206 |
| Woman (Inc Trans Woman) | 315 | 319 | 290 |
| Non Binary | | | |
| Other Gender | 1 | 4 | 1 |
| Not Specified | 2 | 3 | 5 |
| Not Disclosed | 2 | | 1 |
| Total | 521 | 552 | 503 |

| | Q2 22/23 | Q3 22/23 | Q4 22/23 |
|---|---|---|---|
| **Religion/Belief** | | | |
| Buddhist | | 1 | |
| Christianity (All Denominations) | 75 | 54 | 62 |
| Do Not Wish To Answer | 16 | 4 | 10 |
| Muslim | 11 | 11 | 11 |
| No Religion | 53 | 59 | 44 |
| Other | 3 | 6 | 2 |
| Sikh | 1 | 1 | |
| Jewish | 4 | 3 | 2 |
| Hindu | 1 | 3 | 3 |
| Not disclosed | 356 | 408 | 369 |
| Humanism | | 1 | |
| Paganism | | 1 | |
| Total | 520 | 552 | 503 |

# Acknowledgments

A big thank you to our workforce for their continuous commitment and hard work demonstrated throughout this report, enabling us to work towards our Diversity Matters aims and objectives. We also greatly appreciate our patients and service users for their feedback, which helps us continuously improve the services we deliver.

**Those responsible for compiling and reviewing the PSED – Annual Equality Information Report 2023**

Nick Bailey, Director of Corporate Workforce

Caron Martin, Group Associate Director of Equality, Diversity and Inclusion

Jismy Vellakunathu Kunjachan, Equality, Diversity and Inclusion Practitioner

Manchester University NHS Foundation Trust (MFT) Board members

**Date on which the PSED Annual Equality Information Report 2023 was presented to the Board of Directors:**
March 2024

**Date published** : 25th March 2024
**Date last updated :** 25th March 2024

Agenda Item 12.3

## MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

# BOARD OF DIRECTORS (PUBLIC)

| | |
|---|---|
| **Report of:** | Group Executive Director of Workforce and Corporate Business |
| **Paper prepared by:** | Nick Bailey, Director of Corporate Workforce<br>Caron Martin, Associate Director of EDI |
| **Date of paper:** | March 2024 |
| **Subject:** | Gender Pay Gap Report 2023 |
| **Purpose of Report:** | Indicate which by ✓<br>• Information to note<br>• Support<br>• Accept<br>• Resolution<br>• Approval ✓<br>• Ratify |
| **Consideration against the Trust's Vision & Values and Key Strategic Aims:** | There is a statutory deadline for publication of the Gender Pay Gap Report 2023 and submission of the data to the national portal is 31/03/2024. |
| **Recommendations:** | The Board of Directors are requested to review and approve the Gender Pay Gap Report 2023 to enable the report to be published prior to the statutory deadline. |
| **Contact:** | Name: Nick Bailey, Director of Corporate Workforce<br>Tel: 0161 276 4796 |

## 1. Purpose

1.1 The purpose of this report is to present the Board of Directors with the 2023 Annual Gender Pay Gap Report and to gain approval for publication of the report before the end of March 2024.

## 2. Context

2.1 Organisations with 250 or more employees are mandated under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, to report annually on their gender pay gap. As one of the largest NHS Trusts in England which employs over 28,000 staff, Manchester University NHS Foundation Trust (MFT) is required to publish information relating to its gender pay gap under six specific metrics. These are detailed in the attached report which is required to be published annually on the Trust website.

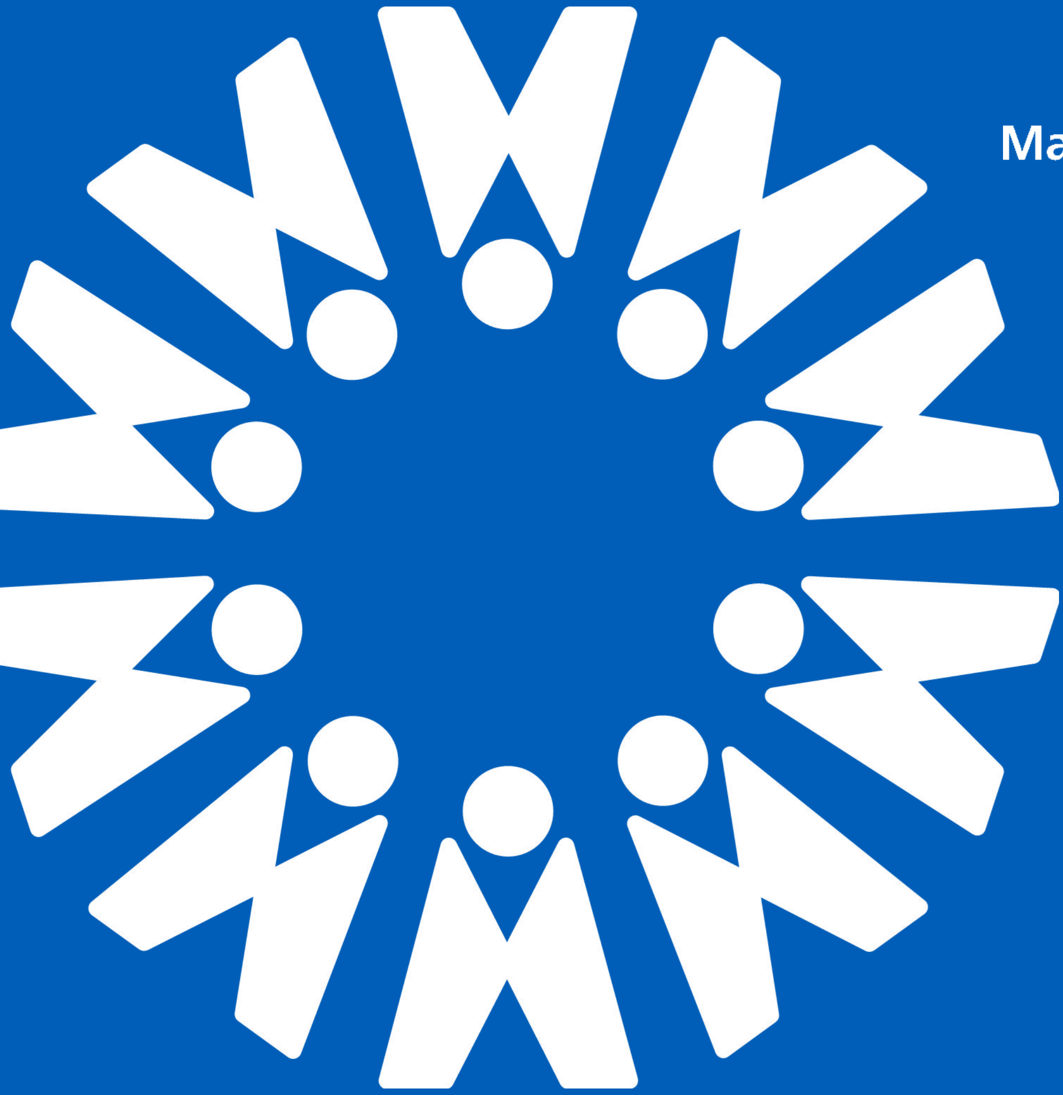
## 3. Current Position

3.1 The attached Gender Pay Gap Report outlines the statutory obligations regarding pay relating to the gender of staff in MFT. This report has been supported by the Workforce Scrutiny Committee for publication, and approval is now being sought from the Board of Directors to publish this report prior to the end of March 2024.

## 4. Recommendation

4.1 The Board of Directors is asked to:

- Receive the report and approve publication of the report in accordance with the Public Sector Equality Duty obligations.



NHS
Manchester University
NHS Foundation Trust

# Gender Pay Gap Report 2022-2023

Published March 2024

## Introduction

This report sets out the Manchester University NHS Foundation Trust (MFT) Gender Pay Gap data for 2022-2023, provides analysis of the data, and explains the actions being undertaken to address the gap.

The Gender Pay Gap shows the differences in the average pay between men and women working in the same organisation. The data in this report is based on the UK Government's methodology for calculating difference in pay between women and male employees.,

The Gender Pay Gap is calculated using the mean (average) and the median (the mid value of a range of values) earnings of men and women expressed as a percentage of men's earnings. In reporting the Gender Pay Gap a positive value indicates that the average pay for men is greater than for women, whereas a negative value would indicate the opposite.

This report includes:

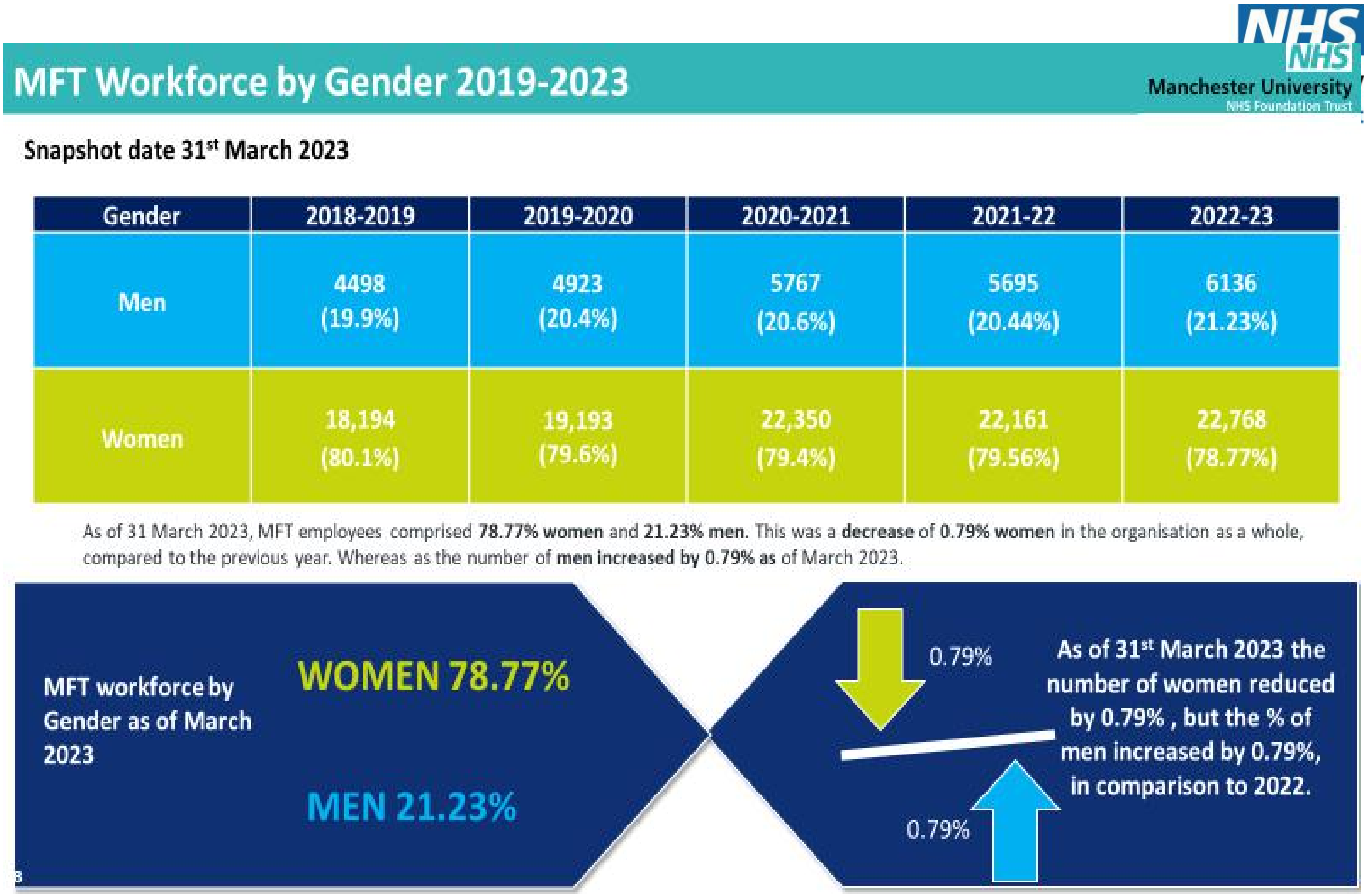
- An overview of the gender pay gap reporting requirements.
- MFT gender pay gap data analysis.
- MFT additional workforce gender pay analysis.
- MFT response to gender pay gap data and priority actions.

## Background

Organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, are to publish information relating to pay for six specific measures as detailed in this report.

MFT is one of the largest acute Trusts in England, employing over 28,000 staff. It was formed on 1st October 2017, and since then has been responsible for running a group of hospitals and community services across several separate sites, providing a wide range of services from comprehensive local general hospital care through to highly specialised regional and national services. From 1st April 2021 North Manchester General Hospital was the tenth hospital to join the Group. This report is reflective of the sixth year of the new organisation.

As of 31st March 2023, MFT employed 28,297 staff, **78.77% (22,161) are women** and **21.23% (6,136) are men**. This is a slight increase from 2021 figures, when the workforce was 79.56% women and 20.44% men. There has been a steady increase in these figures over the last four years. **See figure 1 below.**



## MFT Workforce by Gender 2019-2023

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Snapshot date 31st March 2023

| Gender | 2018-2019 | 2019-2020 | 2020-2021 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|
| Men | 4498<br>(19.9%) | 4923<br>(20.4%) | 5767<br>(20.6%) | 5695<br>(20.44%) | 6136<br>(21.23%) |
| Women | 18,194<br>(80.1%) | 19,193<br>(79.6%) | 22,350<br>(79.4%) | 22,161<br>(79.56%) | 22,768<br>(78.77%) |

As of 31 March 2023, MFT employees comprised **78.77% women** and **21.23% men**. This was a **decrease** of **0.79% women** in the organisation as a whole, compared to the previous year. Whereas as the number of **men increased by 0.79%** as of March 2023.

MFT workforce by Gender as of March 2023

WOMEN 78.77%

MEN 21.23%

As of 31st March 2023 the number of women reduced by 0.79% , but the % of men increased by 0.79%, in comparison to 2022.

*Figure 1*

## National Reporting Requirements

There are six calculations that an organisation is required to publish, these are outlined in Table 1 below.

| Table 1: Gender Pay Gap reporting requirements. | |
|---|---|
| **Mean gender pay gap.** | The difference between the average of men and women's hourly pay. |
| **Median gender pay gap.** | The difference between the midpoints in the ranges of men and women's pay. All salaries in the sample are lined up separately for men and women in order from lowest to highest, and the middle salary is used.<br>The figure is the difference of these two middle points. |
| **Mean bonus gender pay gap.** | The difference between the mean bonus payments made to relevant employees that are men and that paid to relevant women employees. For MFT this refers to local and national clinical excellence awards. |

| | |
|---|---|
| **Median bonus gender pay gap.** | The difference between the median bonus payments made to relevant employees that are men and that paid to relevant women employees. For MFT this refers to local and national clinical excellence awards. |
| **Proportion of men and women receiving a bonus.** | The proportions of relevant men and women employees who were paid a bonus payment. For MFT this refers to local and national clinical excellence awards. |
| **Proportion of men and women in each quartile band.** | The proportions of men and women relevant employees in the lower, lower middle, upper middle and upper quartile pay bands. |

*Table 1*

In reporting the Gender Pay Gap a positive value indicates that the average pay for men is greater than for women, whereas a negative value would indicate the opposite.

## What do the calculations mean?

The **Mean** figures will give a er good overall picture of the gender pay gap but can be distorted by large or small pay rates or bonuses. The **Median** figures, however, indicate the “typical” gap as it is not distorted by large or small pay rates or bonuses. However, this means that not all gender pay gap issues will be picked up. They could also fail to pick up as effectively where the gender pay gap issues are most pronounced in the lowest paid or highest paid employees.

## Timelines and reporting deadlines

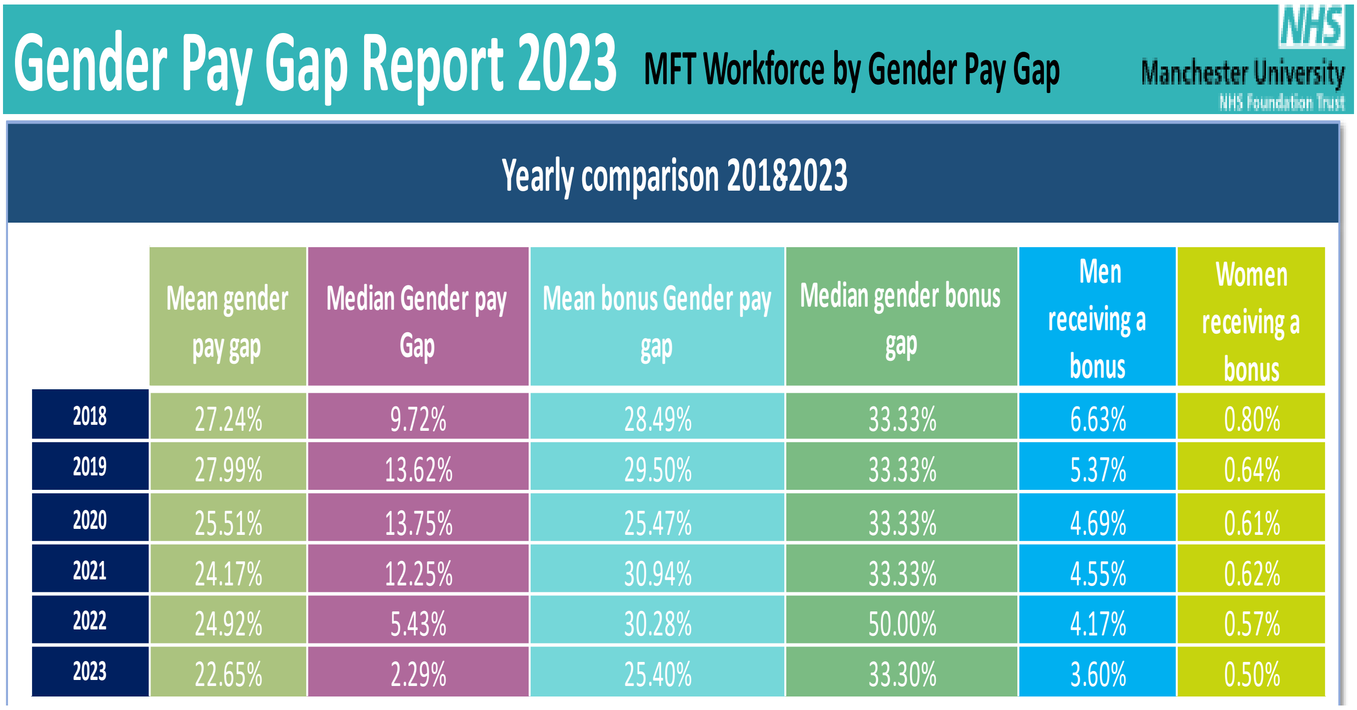
Public sector organisations must publish their Gender Pay Gap information by the 31st of March each year using pay data from a snapshot a year before the reporting deadline. The data in this report is reflective of a snapshot taken on 31st March 2023. The data sources for MFT’s reporting against the Gender Pay Gap reporting requirements are Electronic Staff Records (ESR), the Trac Recruitment System and the MFT Clinical Excellence Awards (CEA) Portal.

Not included within the scope of MFT’s Gender Pay Gap reporting are:

- Any member of staff not on Electronic Staff Record (ESR) or staff who are not on Retention of Employment (RoE) contracts managed through Sodexo.
- Junior Doctors who are managed through the Lead Employer (St Helen’s and Knowsley NHS FT
- Volunteers.

## MFT Gender Pay Gap Data 2022

The Comparison table below shows MFT’s Gender Pay Gap data for 2023 and the previous 5 years.



Gender Pay Gap Report 2023 MFT Workforce by Gender Pay Gap

NHS Manchester University NHS Foundation Trust

Yearly comparison 20182023

| | Mean gender pay gap | Median Gender pay Gap | Mean bonus Gender pay gap | Median gender bonus gap | Men receiving a bonus | Women receiving a bonus |
|---|---|---|---|---|---|---|
| 2018 | 27.24% | 9.72% | 28.49% | 33.33% | 6.63% | 0.80% |
| 2019 | 27.99% | 13.62% | 29.50% | 33.33% | 5.37% | 0.64% |
| 2020 | 25.51% | 13.75% | 25.47% | 33.33% | 4.69% | 0.61% |
| 2021 | 24.17% | 12.25% | 30.94% | 33.33% | 4.55% | 0.62% |
| 2022 | 24.92% | 5.43% | 30.28% | 50.00% | 4.17% | 0.57% |
| 2023 | 22.65% | 2.29% | 25.40% | 33.30% | 3.60% | 0.50% |

*Table 2*

**MFT workforce profile of men and women in each quartile band.**

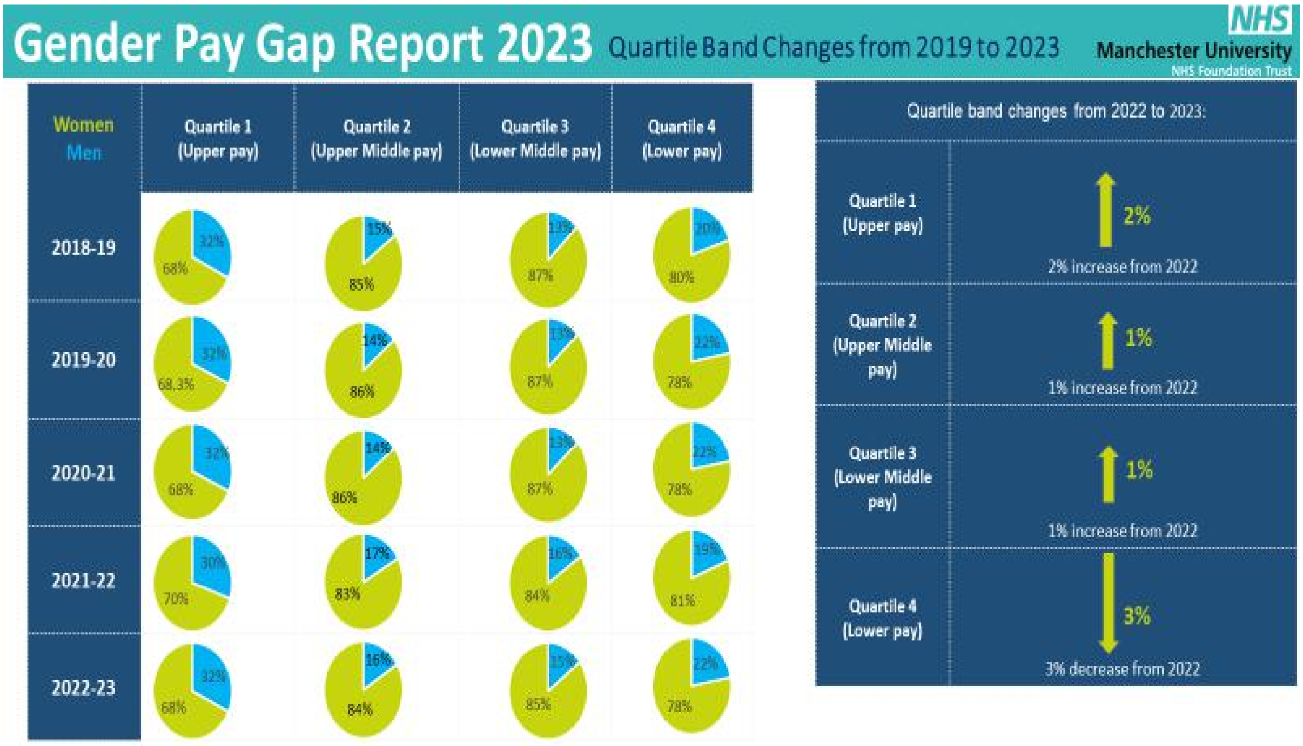
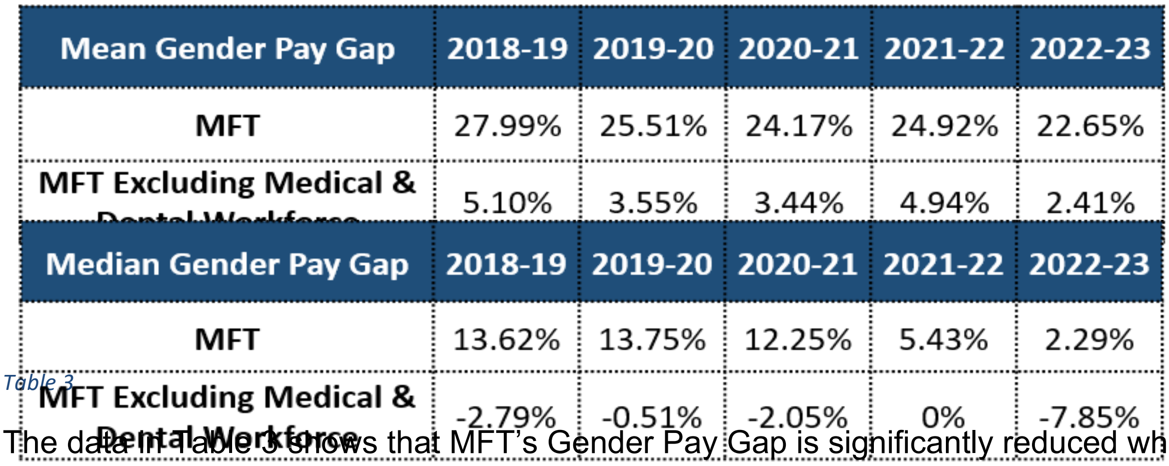


*Figure 2*

## MFT additional workforce gender pay analysis

The majority of the NHS workforce is covered by a transparent and fair pay system called Agenda for Change (AfC), helping to ensure that staff receive the same pay for the same work. The staff groups that are not covered by AfC are doctors, dentists, and very senior managers (VSMs).

To better understand our Gender Pay Gap at MFT in addition to the national Gender Pay Gap reporting requirements we also investigate the impact of our medical and dental workforce on the Gender Pay Gap. This analysis is set out in Table 3 below.



| Mean Gender Pay Gap | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|
| MFT | 27.99% | 25.51% | 24.17% | 24.92% | 22.65% |
| MFT Excluding Medical & Dental Workforce | 5.10% | 3.55% | 3.44% | 4.94% | 2.41% |

| Median Gender Pay Gap | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|
| MFT | 13.62% | 13.75% | 12.25% | 5.43% | 2.29% |
| MFT Excluding Medical & Dental Workforce | -2.79% | -0.51% | -2.05% | 0% | -7.85% |

*Table 3*

The data in Table 3 shows that MFT's Gender Pay Gap is significantly reduced when the medical and dental workforce is removed from the calculations.

Previous year's analysis has shown that a key driver in the medical and dental workforce that increases MFT's Gender Pay Gap is the proportion of male consultants. MFT therefore also monitors the gender profile of our consultant workforce, this can be seen in Table 4 below.

| MFT Consultant Workforce by Gender<br>Gender | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 |
|---|---|---|---|---|---|
| **Men** | 730 (61.6%) | 743 (60.0%) | 753 (59.2%) | 840 (58%) | 854 (56.7%) |
| **Women** | 455 (38.4%) | 495 (40.0%) | 521 (40.8%) | 607 (42%) | 653 (43.3%) |

*Table 4*

This data shows that although the proportion of men in consultant posts (56.7%) is significantly higher than the proportion of men in the general workforce profile (21.23%), there is a slow trend increasing the proportion of women consultants in the workforce.

## Analysis of the MFT Gender Pay Gap data

- As of 31 March 2023, there was **78.77% women and 21.23% men** at MFT. This was a **decrease** of **0.79% women** in comparison to the previous year. Whereas the percentage of **men increased by 0.79% as of March 2023.**

- The Gender pay gap overall has **reduced by 2.27%**

- Overall **women earn 77p for every £1 that men earn** when comparing mean hourly pay. Their mean hourly pay is 22.65% lower than men's. The Mean Gender Pay Gap has seen a small decrease of 2.27% since the previous year, which is positive. This calculation is influenced by a small number of highly paid male medical professionals and Very Senior Managers (VSM) which can negatively affect Gender Pay Gap percentages. An example of this is the average salary for men at MFT is £40,000 whereas some men are earning 7 times this amount. This increases the overall Mean Gender Pay Gap. For the Mean Gender Pay Gap to change significantly there would need to be proportionately more women in the top quartile of the workforce.

- Overall **women earn 98p for every £1 that men earn** when comparing median hourly pay. Women at MFT are paid **2.29%** less median hourly pay than men. There has been a decrease in the Median Gender Pay Gap of 3.1% compared to the previous year. This suggests that women are earning more on median average than in 2022. This figure can be influenced by a few people moving to different pay points in the same band due to the nature of the calculation.

- Men still remain more likely than women to receive a CEA, **(men 3.60% - women 0.5%).** When you compare the number of women employed at **78.77%** to the number of men employed at the Trust. **21.23%** this is very disproportionate. This disparity has not changed in the last 5 years.

  If we focus on comparing just the men and women consultants, who are the only employees that receive CEAs, rather than calculating over the whole workforce as above, then the number of consultants that receive bonus pay is, **men 25.6%** and women **17.5%** , which is a **difference of 8.1%**.
  (For the purposes of Gender Pay Gap reporting, Clinical Excellence Awards (CEAs) local and national are considered as bonus pay. Only medical and dental consultants are eligible for CEAs.)

- When comparing mean hourly bonus pay, **women are paid 75p for every £1 paid to men.** The Mean Bonus Gender Pay Gap has decreased by 4.88% from the previous year. This year the gap has reduced back to its usual average with a **reduction of 17%.**

- Overall **women earn 67p for every £1 that men earn** when comparing median bonus pay. The Median Bonus Gender Pay Gap has **decreased from 50%-33.30%.** This is a return to the approximate average figures seen in 2018-2021.

- Overall women occupy **68.10% of the highest paid jobs** and **77.80% of the lowest paid jobs**. Compared to MFT's overall workforce profile of **78.77% women** and **21.23% men**, the lower pay quartile is roughly proportionate and has seen a decrease of 3% for women from the previous year. There has been a decrease of 2% in the number of women in the upper pay quartile and **men overall occupy 32% of the highest paid jobs** – a consistent over establishment for the last 5 years. The middle pay quartiles (2 and 3) show a slight over establishment of women, which has been roughly the same for the last 5 years.

## MFT response to Gender Pay Gap data 2023

MFT’s Gender Pay Gap 2023 data has shown small changes when compared to the 2022 data. Men are still the minority in the workforce, so we need to review our talent attraction methods, alongside consultation with our communities and workforce, to address the balance and recruit more men.

A key underlying driver to the MFT Gender Pay Gap remains that despite women making up over three quarters of the workforce, they are still in the minority in senior roles, particularly amongst the medical and dental workforce. To narrow the gap, we need to focus on increasing the proportion of women staff in the upper pay quartile, particularly women consultants, to reflect the MFT workforce gender profile. This year there has been a decrease in women staff in the upper pay quartile back to its approximate average, so exploration is needed to understand why these figures remain roughly consistent year upon year.

MFT applies the national NHS pay frameworks of Agenda for Change (AfC) and conditions for medical and dental staff. This means that job descriptions are evaluated using the national job evaluation system to determine appropriate pay bandings and assure equal pay for equal roles. This system reduces the risk of any equal pay issues arising.

MFT will use the findings of the Gender Pay Gap Report 2023 to inform workforce plans, attraction, and talent management strategies. The work will be overseen by the Group Executive Director of Workforce & Corporate Business and reported to the Workforce Scrutiny Committee.

These actions will include:

- Monitor, evaluate and report on the Gender Pay Gap data via an EDI dashboard.
- Develop an inclusive recruitment framework (including succession planning and talent attraction).
- Track the process and impact of the local Clinical Excellence Awards (CEAs) to ensure that the awards are accessible and open to all consultants.
- Encourage and support consultant applications to the national Clinical Excellence Awards.