

Board of Directors (Public)

Date: Wednesday 21st May

Time: 2:00pm – 4:00pm

Location: Main Boardroom, Cobbett House, Oxford Road Campus

Items marked with an asterisk have been discussed at the relevant Board Committee

Agenda

	Item	Purpose	Lead	Time
1.	Apologies for absence & confirmation of quoracy (verbal)	Meeting admin	Chairman	
2.	Declaration of interest (verbal)	Meeting admin	Chairman	
3.	Patient Story			
4.	Minutes of the previous meeting (10 th March 2025)	Meeting admin	Chairman	
5.	Action Log	Discussion	Chairman	
6.	Matters Arising	Discussion	Chairman	
7.	Trust Chair's report (verbal)	Discussion	Chairman	
8.	Trust Chief Executive's report	Discussion	CEO	
9.	Assurance Reporting			
9.1	Integrated Performance Report	Discussion	Executive Directors	
10	Strategic aim 1: Work with partners to help people live longer, healthier lives			
10.1	Strategic Developments	Discussion	CSO	
10.2	Delivering our strategy Where Excellence Meets Compassion – Year 1 Progress Report	Discussion	CSO	
10.3	MFT Annual Plan	Approval	CSO	
10.4	MFT's Green Plan 2025 – 2028	Approval	CDO	

11	Strategic aim 2: Provide high quality, safe care with excellent outcomes and experience			
11.1	Quality, Safety and Performance Board Committee (23/04/25) escalation and assurance report	Discussion	NED (DR)	
11.2	Q4 Complaints Report*	Discussion	CNO	
11.3	Q4 Patient Experience Report*	Discussion	CNO	
11.4	Annual Clinical Accreditation Report 2024 - 2025*	Discussion	CNO	
11.5	Safer Staffing Report (nursing)	Discussion	CNO	
11.6	Safer Staffing Report (midwifery and newborn services)	Discussion	CNO	
12	Strategic aim 3: Be the place where people enjoy working, learning and building a career			
12.1	People Board Committee (23/04/25) escalation and assurance report	Discussion	NED (AA)	
13	Strategic aim 4: Ensure value for our patients and communities by making best use of resources			
13.1	Audit and Risk Committee (09/04/25) escalation and assurance report	Discussion	NED (NG)	
13.2	Finance Board Committee (22/04/25) escalation and assurance report	Discussion	NED (TR)	
13.3	Chief Finance Officer's report*	Discussion	CFO	
13.4	Delegated authority to Audit & Risk Committee for Annual Report / Annual sign-off	Discussion	CFO	
Good Governance				
14.	NHSE Provider License self-certification	Approval	Deputy CEO	
15.	Board of Directors' Register of Interests	Discussion	Deputy CEO	
16.	Any Other Business (verbal)	Discussion	Chair	

17.	Meeting Evaluation (verbal)	Meeting admin	Chair	
Date of next meeting: Monday 28 th July 2025 at 2:00pm				



Board of Directors (Public)		
10th March 2025		
Present:	Kathy Cowell (Chair) (KC) Mark Cubbon (MC) Trevor Rees (TR) Darren Banks (DB) Nic Gower (NG) Kimberley Salmon-Jamieson (KSJ) Toli Onon (TO) Sohail Munshi (SM) Luke Georghiou (LG) Mark Gifford (MG) Chris McLoughlin (CM) Angela Adimora (AA) Samantha Liscio (SL) Damian Riley (DR) David Walliker (DW) Vanessa Gardener (VG) Tom Rafferty (TRa) Meera Nair (MN) Claire Wilson (CW)	Trust Chair Trust Chief Executive Deputy Trust Chairman Interim Deputy Chief Executive Non-Executive Director Chief Nursing Officer Joint Chief Medical Officer Joint Chief Medical Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Digital and Information Officer Chief Delivery Officer Acting Chief Strategy Officer Chief People Officer Chief Finance Officer
In attendance:	Nick Gomm (NGo)	Director of Corporate Services/ Trust Board Secretary

1.	Apologies for absence and confirmation of quoracy
<p>Apologies were received from Matt Bonam</p> <p>KC welcomed MN to her first Board meeting.</p>	
2.	Declarations of Interest
<p>No interests were declared.</p>	
3.	Patient Story

KSJ introduced the story of Mary who sadly died at MFT. The story included improvements which had been made following learning from Mary's experience at the Trust.

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

4. Minutes of previous meeting held on 20th January 2025

The minutes of the Board of Directors' (Board) meeting held on the 20th January 2025 were approved as a true record of the meeting with the following amendments:

- Damian Riley was present at the meeting.
- There was a typo in the IPR minutes, the word 'append' was used instead of 'spend'.
- On p.13, the minutes should say 'DW welcomed the feedback' instead of 'DR welcomed the feedback'.

The amendments have been made to the minutes of that meeting.

5. Action Log

All action listed in the minutes were confirmed as completed.

6. Matters arising

There were no matters arising.

7. Group Chairman's Report

KC provided her verbal report and drew attention to:

- The Covid day of reflection on the previous day and the activity at MFT to support it.
- International women's day on the 8th March and the Trust activities which took place to celebrate it
- National apprenticeship week in February. There are 500 apprentices at MFT.
- LGBTQ* history month in February and the ongoing work at MFT to support diversity.
- The MFT charity campaign for the year ahead - *Together We Achieve Great Things*.

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

8. Group Chief Executive's Report

MC introduced the Group Chief Executive's report. He drew attention to:

- North Manchester General Hospital (NMGH) has been confirmed in the first cohort for New Hospital Programme funding with the funding envelope confirmed as £1bn to £1.5bn. This is sufficient to proceed with the build. The new outpatient facility will be built in 2026.
- The ongoing One MFT programme. Phase 1 has been implemented and the changes have produced notable improvements. Phase 2 has considered how corporate teams can be strengthened and the consultation phase is coming to an end. Phase 3 will look at how we clinical leadership is strengthened across the Trust.
- The annual planning process which began at the Trust in August 2024. National planning guidance was received at the end of January 2025 requiring a condensed timeline for finalising the plan. The Trust is working closely with Greater Manchester (GM) Integrated Care Board (ICB) to meet their requirements and Board members will sign off the plan in lien with national timelines.
- An agreement has been made with MMU to help support delivery of our strategy. MFT colleagues are aligned with academics with KSJ leading the oversight of the work.
- It was MN's first Board meeting and he welcomed her to the Board.
- Ursula Martin has joined the Trust as Chief Executive of the Specialist Hospitals Clinical Group.

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

9.1 Integrated Performance Report (IPR)

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

VG introduced the operational performance section and drew attention to:

- Elective activity levels are being consistently delivered with significant improvement evident over the year. Patients waiting over 65 and 78 weeks have significantly reduced year to date but remain above plan for 65 week waits but on track to deliver zero patients by the end of March aside from small number of patients awaiting corneal grafts where there is a shortage of tissue nationally
- Following the publication of the planning guidance for this year and the Elective Reform Plan in early January .RTT performance against the 18 week standard will be the focus for next year.
- Despite Ambulance handover times not being on plan, our EDs continue to be the best performing in the region.
- Two key metrics both continue to see improvements but not delivering to plan which the Board is appraised of are 62 day cancer delivery and UEC 4 hour performance targets. The cancer 62-day standard remains consistently below plan despite recovery plans we are not seeing the step up in number of treatments required across the board. We have discussed in Quality and Safety Board Committee and there is assurance that we are improving on the 28 day Faster Diagnosis Standard, which is a real time indicator of speed of diagnosis, and some aspects of 31 day standard that we are monitoring by speciality group/cancer type and we have a harms-monitoring process in place. For UEC performance, plans are in place to further improve in March.

- All metrics were discussed in detail at the Quality, Safety and Performance Board committee (QSPBC).

In response to questions from Non-Executive Directors, VG and MC explained:

- The benchmarking data does not necessarily compare like with like.
- The 62 day cancer target is a particular area of focus for the Trust.

Dr explained QSPBC's discussion of the metrics at their February meeting. This included discussion of all cancer-related targets.

KSJ and SM introduced the quality and safety section and drew attention to:

- The metrics had also been discussed in detail at QSPBC.
- Duty of Candour was 100% at all but two of the clinical groups (where improvement plans are in place).
- The Infection Prevention and Control metrics with 8 MRSA infection so far this financial year. Work is underway to address this with a focus on Manchester Royal Infirmary and the Neonatal Intensive Care Unit.
- QSPBC received a deep dive into the Trust's work on anti-microbial prescribing at their last meeting and a quality improvement programme is in place address the type of antibiotic used, the length of course, the method of delivery and where patients are treated.
- Maternity triage time is improving following the introduction of the new triage model.
- Work is underway to improve compliance with Safeguarding levels 2 and 3 training.
- The care of patients with mental health issues and learning disabilities was discussed at QSPBC. This included work underway with local authorities to improve performance against the DoLs metric.
- Potential data quality issues regarding FFT response rates are being looked into.
- Improvement against the VTE screening metric is expected in the coming months with Hive being used to identify patients suitable for VTW prophylaxis.

KC noted that the Governors had discussed anti-microbial prescribing at their meeting in the previous week.

In response to questions from Non-Executive Directors, KSJ and SM explained:

- The metrics regarding maternity services are monitored at all levels - clinical group, management committee, and QSPBC. CM added that the Maternity Voices Partnership offers an additional, external view on maternity service delivery which is triangulated with analysis of the metrics and is an important aspect of assurance received.
- Performance against the sepsis metric is above 95% but remains non-compliant as is under 100%. Mortality rates are below what is expected in the latest data.

MK introduced the workforce section and drew attention to:

- The positive data on vacancy and turnover rates.
- Positive mandatory training compliance figures.
- Two indicators which are of concern – 'temporary staffing – cost and volume' and 'sickness absence' Work in underway to address these and the position is similar in other GM Trusts.
- Agency usage is low but bank costs are high. Better controls are required around temporary staff. In response to a question from TR, MK confirmed that bank rates are not always better value than temporary agency rates.

CW introduced the finance section and drew attention to:

- Performance against the Better Payment Practice Code and agency spend targets were positive. Agency spend is 0.8% against a national target of 3.2%.
- The cash position remains on plan but is closely monitored.

- 3 area to highlight, all discuss in FBC:
- Income and expenditure is showing an £8m in-month surplus due to the use of balance sheet flexibilities.
- Non-recurrent savings within the Value for Patients programme (VfP) now constitute 30% of all savings – an improved position than previously reported.
- Plans are in place to deliver the capital plan in full. £59m has been spent so far this year.

In response to questions from Non-Executive Directors, CW and VG explained:

- The VfP for 23025/26 is already being populated with the aim of achieving a smaller number of significant savings schemes rather than a large amount of smaller ones.
- A series of workshops with clinical groups have already been held to support scheme identification.
- A dedicated resource will be in place to focus on delivery of the VfP.
- Quality impact assessments are carried out on all schemes.

Decision	Action	Lead	Complete / date for completion
The Board noted the report.	Title of 'Workforce' section in the IPR to be changed to 'People'	MK	May 2025

10.1 Research, Innovation and Population Health Board Committee (RIPHBC) (27/02/25) escalation and assurance report

LG introduced the escalation and assurance report from the RIPHBC meeting held on the 27/02/25. He drew attention to the following matters discussed at the meeting:

- The refreshed MFT Green Plan which will be presented for approval to the Board in May.
- The discussion on population health metrics. TR added that specific health inequalities metrics will also be added to the IPR. KC reminded the Board that the Trust signed up to the socioeconomic duty at the meeting in November 2024.
- The presentation from the Clinical Research Network, part of NIHR infrastructure hosted by MFT.
- The agreement to create a strategic risk regarding NIHR funding and hosting status. This will be presented to the Trust Risk Oversight Committee (TROC) for approval.

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

10.2 Strategic Developments

TRa introduced the report and drew attention to the 2025/26 priority actions to deliver the Trust's strategy. Progress against these will be reported to the Board and its committees through the Board Assurance Framework (BAF).

MG noted the important role MFT can play in influencing the wider GM system.

Decision	Action	Lead	Complete / date for completion
The Board noted the report.	None	n/a	n/a
11.1	Quality, Safety and Performance Board Committee (26/02/25) escalation and assurance report		
<p>DR introduced the escalation and assurance report from the QSPBC meeting held on the 26/2/25. He drew attention to the following matters discussed at the meeting:</p> <ul style="list-style-type: none"> • Anti-microbial prescribing. • National clinical audits and the work to improve associated processes. • Ophthalmology waiting times which will remain on the committee's work programme due to the continuing long waits for care. • The reports of the Chief Nursing Officer, KSJ, which are included later on the meeting's agenda. All were discussed in detail at QSPBC. <p>KSJ noted that the summary of Maternity Incidents (level 3 harm and above) and Maternity and Newborn Safety Investigations (MNSI) had also been reported to QSPBC and the Trust Leadership Team Committee.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report	None	n/a	n/a
11.2	Patient Safety Incident Response Framework (PSIRF) update report		
<p>KSJ introduced the report which had been discussed in detail at the QSPBC. It detailed the 20 recommendations from the external review of the Trust's PSIRF and work programmes are in place to deliver all of them.</p> <p>MC welcomed the Trust-wide patient safety conference taking place in November 2025.</p> <p>DR noted that QSPBC would continue to monitor implementation of the recommendations at each committee meeting with a full update at the June meeting.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and agreed the recommendations.	None	n/a	n/a
11.3	Q3 Complaints report		
<p>KSJ introduced the report which had been discussed in detail at the QSPBC. She drew attention to:</p> <ul style="list-style-type: none"> • The improving position on response times. • Training which had been delivered across all clinical groups. 			

<ul style="list-style-type: none"> • The value of PALS in resolving complaints in a more timely manner. • The reduction of Trust waiting time for elective care had reduced the number of complaints in this area. • A review of staff attitude and the cultural work which will take place to reduce complaints in this area. • A review of the Complaints Scrutiny Group whose membership includes a Non-Executive Director and the Lead Governor. • The significant assurance opinion from a recent internal audit into the complaints service. NG explained that the report as presented at the last audit and Risk Committee meeting and delivery of management actions would be monitored in the usual way. 			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and supported the recommendations.	None	n/a	n/a
11.4	Q3 Patient Experience report		
<p>KSJ introduced the report which had been discussed in detail at the QSPBC. She drew attention to:</p> <ul style="list-style-type: none"> • The development of a Patient Experience and Involvement strategy. Governors and Non-Executive Directors will be engaged with as part of the strategy development. • Terms of reference for the Trust's patient experience group have been developed. • Work continues on food and nutrition across the Trust. • A volunteer recruitment campaign is in place. <p>KC welcomed the involvement of Governors in the strategy development and KSJ explained that the strategy would be presented at a future QSPBC.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and supported the recommendations.	None	n/a	n/a
11.5	U16 cancer patient survey results		
<p>KSJ introduced the report which had been discussed in detail at the QSPBC. She drew attention to:</p> <ul style="list-style-type: none"> • The results showed a continuing improvement in patient experience. • More work was required to ensure patients and their families feel involved in their own care. <p>MC welcomed the results and noted the need to continue to improve. KSJ explained that best practice was shared between Trusts so learning could be shared nationally to further improve.</p>			

Decision	Action	Lead	Complete / date for completion
The Board noted the report and supported the recommendations.	None	n/a	n/a
11.6	Nursing Safe Staffing report		
<p>KSJ introduced the report which had been discussed in detail at the People Board Committee (PBC). She drew attention to:</p> <ul style="list-style-type: none"> • The Trust's compliance with national requirements for safe staffing. • The accelerator schemes to increase productivity. • The reduction in the use of agency staff. • The positive turnover rates amongst nursing staff. • The Trust has joined an NHS England collaborative looking at how to support staff in the observation of care. • The annual safe staffing report will be produced in April 2025. <p>DR noted that better staff rates results in better care which is being shown by the reduction in the incidence of pressure sores – one of the themes identified in the earlier patient story.</p> <p>AA confirmed that the report had been discussed in detail at the PBC.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and supported the recommendations.	None	n/a	n/a
11.7	Midwifery Safe Staffing report		
<p>KSJ introduced the report which had been discussed in detail at the People Board Committee (PBC). She drew attention to:</p> <ul style="list-style-type: none"> • The Trust's compliance with the Maternity Incentive Scheme and Birth rate+. • The 100% compliance with reporting requirements. • The focused work in adult and children's intensive care described in the report. <p>CM described her role as Maternity Board Safety Champion and the improvements she has observed from her frequent ward visits. This has included talking with trainee midwives.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and supported the recommendations.	None	n/a	n/a
11.8	Mortuary services update report		

<p>KSJ introduced the report which had been discussed in detail at the QSPBC. She drew attention to a further mortuary inspection taking place in March 2025 and the regular Board member visits to all Trust mortuaries. KC welcomed the environmental improvements she has observed.</p> <p>DR explained that QSPBC sought further assurance regarding mortuary capacity and how it is managed. – considered at QSPBC and sought further assurance about capacity and how that is managed. There is liaison between mortuaries regarding their capacity on a daily basis.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and supported the recommendations.	None	n/a	n/a
12.1	People Board Committee (PBC) (26/02/25) Escalation and Assurance Report		
<p>AA presented the escalation and assurance report from the PBC meeting held on the 26/05/25. She drew attention to the following matters discussed:</p> <ul style="list-style-type: none"> • The Public Sector Equality Duty report and the examples of good practice across the Trust. • The Freedom to Speak Up (FTSU) Q3 report and the increase in the number of FTSU champions across the Trust. A recognition event was held in February 2025 and a FTSU conference was planned for November 2025. . • The update on the response to last year's staff survey. • Small improvements in the gender pay gap data. • The successful bodycam pilot and the Committee's support for its expansion. MC added that the pilot had been popular with staff and had enabled the de-escalation of issues. 			
12.2	Public Sector Equality Duty (PSED) Annual Equality Information report		
<p>MK introduced the report which had been discussed in detail at the PBC. She drew attention to:</p> <ul style="list-style-type: none"> • The three aims of the Diversity Matters strategy and the work presented in the report under each aim. • The large number of examples of the work undertaken to make a difference to people experience at the Trust. • The summary of the year's highlights included in the report. • The encouraging WRES and WDES data which are all improving. <p>SM commended the work and noted the link between it and the population health work underway at the Trust due to the Trust being the largest employer in Manchester. He highlighted the health literacy work, the employee health and wellbeing offer, the Community Diagnostic Hubs, and the work with homeless people.</p> <p>AA also commended the work and made some suggestions for the design of the document. KC asked for the report to be sent to Governors for information.</p>			

Decision	Action	Lead	Complete / date for completion
The Board noted the report and approved it for publication.	Copy of the report to be sent to Governors.	NGo	Complete
12.3	Strengthening leadership, culture and engagement		
<p>MN introduced the report which provided an update on the ongoing work within the Trust to build on the strengths of the existing approach to leadership development, the evolution of our governance arrangements, and to foster a culture in which staff thrive and feel able to contribute within an active staff engagement framework. She drew attention to:</p> <ul style="list-style-type: none"> • The new Trust operating model and the governance and assurance developments which were implemented from October 2024. • The work to keep staff informed and engaged in in the work to create a positive working culture. • The Collective Leadership – Culture Programme development and it's impact so far. • The re-profiling of the corporate workforce team as part of Phase 2 of the One MFT programme – part of Phase 2 of One MFT programme • The Trust approach to delivering improvement at scale. <p>MG commended the report a suggested the identification of key metrics to assess success.</p> <p>MC noted that VG is leading on the Trust's approach to improvement and it is scheduled to be discussed at a future Board seminar.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report.	None	n/a	n/a
13.1	Finance Board Committee (FBC) (25/02/25) escalation and assurance report		
<p>TR presented the escalation and assurance report from the FBC meeting held on the 25/02/25. He drew attention to:</p> <ul style="list-style-type: none"> • The committee's support for the contract awards agreed in the earlier private Board meeting. All offer benefits and financial savings. • The Trust's likely success in meeting its control total for 2024/25 despite a challenging year. • Changes being made to the financial reporting for the clinical groups. • The VfP is on track for delivering in full whilst recognising the need to increase the proportion of recurrent schemes for future years. 			
Decision	Action	Lead	Complete / date for completion
The Board noted the report.	None	n/a	n/a

13.2	Chief Finance Officer's (CFO) Report		
<p>CW presented the CFO report and drew attention to:</p> <ul style="list-style-type: none"> • The achievement of the Trust's control total for 2024/25 and the use of £10m of balance sheet flexibilities. • The achievement of the full VfP for 2024/25. • A detailed review of the Trust's 'run-rate' is underway to support 2025/26 financial performance. • Control of delivery of the financial plan will be further strengthened for 2025/26. • Confidence in delivery of the 2024/25 capital plan. <p>TR confirmed that the FBC would continue to closely monitor the situation, including delivery of the capital plan. LG note that industrial action costs have impeded the delivery of financial stability during 2024/25.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report.	None	n/a	n/a
13.3	Digital and Estates Board Committee (DEBC) (04/03/25) escalation and assurance report		
<p>SL presented the escalation and assurance report from the DEBC meeting held on the 04/03/25. She drew attention to the following matters discussed at the committee:</p> <ul style="list-style-type: none"> • The proposed commercial data policy which outlines process and governance oversight and has been informed by a number of external stakeholders. • Metrics for digital and estates which are set to be included in the IPR in future. • A review of the Trust 10-year partnership with Bruntwood. • The 3-year Digital Strategic Delivery plan. • The Chief Digital and Information Officer's report which is presented at each meeting. • Internal audit are currently reviewing the Trust's Data Protection and Security Toolkit self-assessment • The need to strengthen compliance rates for Information Governance training • Network remediation work and the use of an external company to assess the Trust's network. • An overview of the Trust's PFI arrangements. • The Director of Estates and Facilities report which is presented at each meeting. • Discussions regarding the section of the BAF relevant to the committee. <p>DW added that a communications strategy is being developed to support dissemination of the Digital Strategic Delivery Plan which will incorporate materials designed around the requirements and perspectives of different groups of staff.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report.	None	n/a	n/a
13.4	Audit and Risk Committee (05/02/25) escalation and assurance report		

<p>NG presented the escalation and assurance report from the Audit and Risk Committee meeting held on the 05/02/25. He drew attention to the following matters discussed at the committee:</p> <ul style="list-style-type: none"> • The Trust's new auditors' plans for this year's audit. • An update on implementation of the Trust's risk management framework and strategy. • The internal audit plan for 2025/26 which will be agreed at the committee meeting in April 2025. • The internal audit reports considered at the meeting – core financial controls; business case evaluation and benefits realisation; and waiting list management. Completion of actions arising from audits are monitored at each meeting. 			
Decision	Action	Lead	Complete / date for completion
The Board noted the report.	None	n/a	n/a
14.	Board committees' terms of reference		
<p>DB introduced the report which sought approval for amended terms of reference for each of the committees of the Board of Directors.</p>			
Decision	Action	Lead	Complete / date for completion
The Board noted the report and approved the terms of reference for each of the Board committees.	None	n/a	n/a
15.	Any Other Business		
<p>No further business was discussed.</p>			
17.	Date and time of next meeting: 19th May 2025		
Action log from meeting			
Action	Lead	Complete / date for completion	
Title of 'Workforce' section in the IPR to be changed to 'People'	MN	May 2025	
Copy of the PSED report to be sent to Governors.	NGo	Complete	
Incomplete actions from previous meetings			

Audit and Risk Committee to further review the SFIs and SoD in April 2025.	NGo	June 2025 – on work programme. Moved from April to June 2025 to enable time for review.
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Public Board of Directors Wednesday 21st May 2025

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

Executive summary / key messages for the meeting to consider

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

Recommendation(s)

The Board of Directors is asked to note this report.

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

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

Relationship to the strategic objectives

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

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

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

Main report

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

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Full content of the report is included as Appendix A.

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

Changes to the NHS Operating Model

Since our last meeting the Government has announced a major restructuring of NHS England, bringing it back under direct control of the DHSC. This move is intended to streamline operations at a national level and reduce running costs in the context of significant financial challenges that the NHS faces in the coming year. In line with the findings of Lord Darzi's report last year, it is also intended to support greater freedom for NHS providers.

The merger of the functions and abolition of NHS England is expected to be completed in the next two years and to reduce the headcount across the two organisations by approximately 50%. Similar reductions are expected to be delivered by Integrated Care Boards.

As previously reported, Sir Jim Mackey has been appointed as Chief Executive of NHS England to lead this transition. Sir Jim has appointed an NHS Transformation Executive Team, of which I and a number of other executives, am also a member. I have been appointed as the Director of Elective Care, Cancer and Diagnostics on a fixed-term basis and alongside my role as Trust Chief Executive at MFT, where I will remain a full member of the Board of Directors and Trust Leadership Team.

10 Year Plan Update

The NHS 10 Year Plan is expected to be published in the coming months, setting out a vision to transform services in-line with the Governments three shifts, towards prevention, digital transformation and out-of-hospital care. A number of MFT colleagues have been involved in working groups to support this work, covering topics such as health inequalities, research and innovation and finance.

As reported previously to the Board, we have identified a number of key priorities for the organisation to deliver this year, which will support both the delivery of our MFT strategy *Where Excellence Meets Compassion*, and the anticipated direction set out in the 10 Year Plan. These include priorities relating to each of the Government's three shifts. Once the plan is published, we will provide further updates to the Board on the implications for the Trust.

North Manchester General Hospital Redevelopment Update

The Trust is fully engaged with the national New Hospital Programme (NHP) team with a focus on aligning the North Manchester scheme with the Hospital 2.0 approach to scope and design. Engagement with partners and stakeholders will be essential throughout this process which will lead to the development of a new business case to support a start on site date between 2027-28. New Hospital Programme Directors visited North Manchester

on Friday 25 April, allowing the opportunity for them to see the progress on site, understand the context of the scheme within the masterplan and to agree next steps on ongoing enabling works and the main scheme. Nationally, the procurement of a new major construction contractors' framework for the New Hospital Programme has commenced and will deliver up to 10 contractors with the ability and capacity to deliver the Wave One schemes. The Trust is now in the process of reviewing our governance and capacity to support the development of the next stages of the Business Case process.

On site, the demolition of Greater Manchester Mental Health Trust's former Park House facility is well underway. This site will form part of the 'Healthy Neighbourhood' developments proposed in the masterplan. The Trust, in partnership with Manchester City Council has secured initial investment from the Greater Manchester Combined Authority to undertake a study for the Healthy Neighbourhood. The aim of the study is to prepare a Delivery Plan which will consider the range of potential uses, partnership delivery structures and phasing plans.

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

Operational Delivery

- **Urgent Care**

For the month of March 2025 our performance was 73.9% against our plan of 78%. Although short of our plan, this performance represents a 6-percentage point improvement on the Trust's March 2024 position, ranking MFT as one of the most improved organisations in the NHS when comparing March '24 performance to March '25. Ambulance handover within 15 mins during March was 52.5% against the 65% standard, with average handover times of 15 minutes at North Manchester, 18 minutes at Wythenshawe and 20 minutes at the Manchester Royal Infirmary during quarter 4.

Looking ahead to 2025/26, we have a plan to deliver on the national ambition of 78% in 4 hour performance by the end of March 2026, building on the momentum gained in 2024/25. We plan to continue to improve ambulance handover times across all sites, and to minimise the number of patients who wait over 12 hours.

- **Elective Care**

The March month end position reported 33 patients waiting over 65-week waits, of which 23 patients were waiting for a corneal graft tissue where there continue to be national supply challenges. This compares to a position of 560 patients in March 2024. Continuing to eradicate the longest waits for planned treatment, with a focus on reducing the number of patients waiting over 52 weeks to be no more than 1% of the overall waiting list (under 2,000 patients), is a critical focus for 2025/26. We also plan to reduce the overall number of patients waiting for planned care across our hospitals, with a planned 10% reduction in

our overall RTT waiting list size by March 2026 to ensure that no more than 175,000 patients are waiting for treatment.

Alongside our continued focus on reducing our longest waits, the Trust has renewed its focus on achievement of the 18-week standard for referral to treatment, where performance is currently lower than the NHS average. We saw improvements over 24-25 with a March 2025 reported position of 51.5% compared to 47.5% in March 2024 and we plan to build on these improvements through our Trust-wide elective recovery programme (detailed below), which will support us to achieve 60% by the end of March 2026.

- **Cancer Care**

The 62-day Cancer backlog for March was 209 against a plan of 202. The latest data available for both the Faster Diagnosis Standard (FDS) and cancer 62-day standard is for February. For FDS, performance was 76.2% against a trajectory of 76%, and for the 62-day standard, performance was 58.6% against a plan of 70%. This represents an improvement from delivery in the same month last year, when 62-day performance was 43%, but represents variation from planned performance, which was driven by lower performance in the urology, head and neck and lower GI tumour groups. All three tumour groups having improvement plans in place being delivered through the Trust cancer collaborative. This is in addition to additional capacity initiatives supported by the GM Cancer Alliance.

In 2025/26, the Trust plans to achieve 75% against the 62-day standard, and 80% against the FDS standard, with continued focus on improving diagnostic pathways to expedite identification and treatment of cancer patients.

- **Diagnostics**

Performance for the month of March across all diagnostics waiting times and activity was 11.7% of patients waiting over 6 weeks for a diagnostic test, against a plan of 10%. The position in March 2024 was 33%, representing a 21-percentage point improvement in the year, and 7,000 fewer patients waiting over 6 weeks.

In 2025/26 our focus will be on maintaining improvements in waits for routine diagnostics, with an additional focus on further improving waits for cancer tests and those diagnostics required to enable planned treatment. Despite significant improvement overall, there remain longer waits for more complex diagnostics and for children's and young people's diagnostic tests. Improvement plans are in place to reduce waits in this financial year by developing alternatives to general anaesthetic for some modalities, and working with referrers to reduce demand where clinically appropriate to do so.

Elective Recovery Programme

In April we launched our Elective Recovery Programme which sets out how we plan to reduce our waiting times for elective care, in turn improving the quality of our services and the experience of those who use them.

There is already a huge amount of work happening to improve how we deliver planned care and reduce waiting times – from streamlining processes and redesigning patient pathways to introducing new digital tools. The programme builds on this excellent work and will help us to deliver care more efficiently and effectively. We've made good progress in reducing our longest waits and we are committed to restoring the 18-week referral to treatment constitutional standard to 92% by March 2029.

The programme is designed into five workstreams focusing on the following key areas:

- Digital by Default
- Pathway Redesign
- Faster Diagnostics
- Using our resources effectively
- Waiting safely

Strong clinical leadership and clear accountability have been embedded into the programme with Vanessa Gardener, Chief Delivery Officer acting as Senior Responsible Officer overseeing its delivery and Toli Onon, Joint Chief Medical Officer ensuring that clinical perspectives shape our priorities and decision making. Engagement with clinicians has been key to the programme launch, including the recent Audit & Clinical Excellence (ACE) day where the programme was shared and discussed with clinical teams, enabling early feedback and collaboration. To further strengthen the clinical input and delivery, I'm delighted to announce the appointment of Mr Ananthan Ebinesen as the Associate Chief Medical Officer for Elective Care, who will support the programme and help maintain a strong focus on patient centred, clinically led improvements.

The programme aims to deliver high quality, timely, and patient centred elective care for all accessing our services. It will ensure care is provided in the right place and patients are informed and in control of their own health needs. By focusing on these areas, we aim to deliver clear and meaningful outcomes for our patients, staff, and MFT as a whole.

Tiering Changes

As noted in the letter circulated to the Board, we have been informed by NHS England of changes to MFT's tiering status for quarter one of 2025/26. In cancer, the Trust's improved performance has resulted in being moved from tier one (the highest oversight tier, with nationally led oversight meetings) to tier two (with regionally led oversight meetings). In elective care, the shift in focus nationally to 18-week performance delivery mean that the Trust has been moved into tier one. Despite this, the significant improvement made by the

Trust over recent years in reducing the longest waits for elective treatment has been recognised by NHS England.

It is anticipated that tiering status will be reviewed at the end of quarter one 2025/26. In the meantime, focus remains on delivering planned improvements to patient access as set out in the Trust's annual plan.

Project Red Resus Launch

Project RED, the Manchester Royal Infirmary (MRI) Emergency Department (ED) new build and refurbishment project, commenced in late-2021. The works are planned to be delivered in 2 Phases. Phase 1 being the new build Resuscitation Department, Phase 2 the new build Minors and Majors area of ED and 5 additional theatres to the 1st floor including new Hybrid Theatres.

The new state of the art, resuscitation facilities opened within the MRI Emergency Department on the 19 March 2025, the first key milestone of a multi-year development. The new unit provides 10 resuscitation bays, providing flexibility and space for future growth against the current requirement of 6 to 7 beds at any one time. The facilities offer significantly enhanced facilities to support clinical care, with larger spaces within individual cubicles allowing for the full team to provide rapid and intensive support to patients and offering improved privacy and dignity for patients. The unit also provides better facilities for families and spaces for confidential conversations as well as a room designed for observations to enable major trauma simulation training and staff development.

Phase 2 will now commence with the decommissioning of the old resus department with the new build commencing immediately afterwards and phase 2 due to complete in March 2026. Phase 2 will consist of new minors and majors areas on the ground floor and dedicated ambulance bays with direct access in to all areas. The 1st floor of Phase 2 will see the build of 3 new, ultra-clean theatres and 2 new hybrid theatres. The construction of phase 2 will focus on an external new build before linking in to the existing ED footprint in order to minimise the disruption to patients and staff in the current MRI ED.

Thank you to the teams who have been impacted by these developments for continuing to working flexibly and continuing to provide the highest standard of care while construction is under way.

Developing our safety culture

Since completion and publication of the review into its implementation of the Patient Safety Incident Response Framework (PSIRF) in December 2024, a significant programme of work has been underway, focussing on leadership, systems, processes, training and education, and culture. During March 2025 training sessions were delivered across the Trust, focussing on the fundamentals of PSIRF and compassionate engagement. During

this time, working groups have revised all of our patient safety processes which will be piloted at the end of May, with a full launch in November 2025 once the pilot has been evaluated.

A key element of the changes we are making to how we consider patient safety at MFT is the implementation of Patient Safety Partners. From 1 April 2025, the NHS standard contract 2025/26 will include a new requirement for each NHS Trust and NHS Foundation Trust to identify two or more Patient Safety Partners to fulfil the role described in the Framework for Involving Patients in Patient Safety (2021). This role includes Patient Safety Partners being part of a provider's safety governance and being part of the development and implementation of relevant strategy and policy. MFT aspires to have a minimum of one Patient Safety Partner aligned to each Clinical Group, and one aligned to the corporate team. This is in addition to making available a range of additional roles for volunteers and others to support safety work. We are now moving into a phase of recruitment, supported by the Patient Involvement Team.

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

One MFT – Developing our Clinical Group Leadership model

Work continues to implement changes to our operating model to strengthen how we work together as One MFT through multi-professional, clinical leadership. The review of our corporate services and how they provide effective support across MFT, our Clinical Groups and the delivery of our front-line services is well progressed. Colleagues who may be impacted have been consulted on proposed changes to our corporate functions which has provided valuable feedback and insight on how these designs can be further improved. Work to implement these changes is now underway.

Further, to the establishment of our six Clinical Groups last September, we have been working to review organisational structures within each Clinical Group, ensuring we have the right model to deliver patient care effectively. This work is focused on enhancing our leadership model, building on the leadership excellence throughout MFT, so that decision making is led by those with clinical expertise while maintaining the essential operational and governance structures needed to run safe and effective services. A formal consultation was launched on the 1 April 2025 with those colleagues directly affected by the proposed changes.

The proposed changes that we are consulting on can be categorised into three themes:

1. Organising our services within a well-defined organisational structure with a consistent approach to combining services into Care Divisions and Clinical Services.
2. Further strengthening and embedding clinical leadership through the implementation of a Trust-wide clinical leadership model.

3. Delivering a consistent approach to leadership roles across MFT underpinned by clear roles and responsibilities.

Our new model must work for our staff, and it must enable us to provide the best care for our patients whilst running a safe and sustainable organisation. Consultation allows us to learn from our staff and stakeholders feedback on these proposals and further improve our proposals, ensuring our final design delivers these benefits. We will continue to update the Board of Directors as the programme of work progresses.

Events and Celebrations

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

- **Visit from the Shelford Group Managing Director** – on 30 April we welcomed David Furness, recently appointed Managing Director of the Shelford Group, to meet with our executive team. Shelford is a collaboration between ten of the largest teaching and research NHS hospital trusts in England. We welcomed the opportunity to meet with David to share insights into the work we do here at MFT as well as discuss the opportunities for the Group moving forwards under his leadership.
- **Association of British HealthTech Industries Event** – On 30 April, MFT hosted colleagues from the Association of British HealthTech Industries (ABHI) along with their members for our annual partnership event. The event brought together clinicians, academic partners, and industry representatives. It was an excellent opportunity to develop our commercial collaborations and explore how we might work together in new partnerships. MFT colleagues provided insights into our research and innovation capabilities and highlighted the support we can offer to HealthTech partners in adopting their innovations.
- **Visit from the NHSE North West Regional Director** – On 6 May we welcomed Louise Shepherd, Regional Director for NHSE in the North West, to our Oxford Road Campus. Following a brief tour of the site Louise joined the executive team to provide insights into the changes underway at a regional and national level and to hear more about our organisation and strategic ambitions. The visit provided a good opportunity to discuss our plans for the year ahead and how we can work more closely with our system and regional partners.

Consultant Appointments

Since our last Board meeting in March, there have been eight substantive Consultant appointments in the following specialties: Anaesthesia, Devices and Heart Failure, General Medicine, Interventional Cardiology, Obstetrics, Paediatric Dentistry, Radiology and Urology.

There have also been six Locum Consultants appointed to roles within the following specialties: General Medicine, Hepatobiliary and Pancreatic surgeon, Obstetrics, Paediatric and Adolescent Rheumatology and Respiratory Medicine.

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

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

Annual Planning

We have now submitted our annual plan for 2025/26 to the Greater Manchester Integrated Care Board following approval from the Board on 28 April. 2025/26 will be another challenging year across the NHS, but we have worked hard with teams across MFT and wider system partners to develop a plan that is deliverable, enables crucial improvements for the people that use our services and ensures we secure a break-even financial position.

This is, without doubt, a challenging financial plan to deliver, but is necessary to respond to the delivery and financial challenges facing the NHS. The MFT Annual Plan document, which also sets out the priorities for MFT and Clinical Groups over the coming year, is presented by the Chief Strategy Officer under item 10.2 on today's agenda.

Federated Data Platform

MFT was the first Trust in the country to connect Epic to the Federated Data Platform (FDP) and develop products and technical connections. The first phase of the partnership between MFT and the FDP programme focused on setting up these technical connections to our Hive EPR. This phase has already brought early benefits to MFT, including improvements in data quality. Now, phase two of the project is underway, with a theatre scheduling module already live at MREH since 31 March. St Mary's is set to follow in June, and all remaining hospitals by the end of 2025.

This tool will support the ambitions of our Elective Recovery Programme by enabling increased theatre utilisation and a reduction in scheduling errors and cancellations. Additional benefits include significant efficiency improvements for our administration teams by reducing from the requirement to use four systems to just one, as well as enhanced cross-specialty collaboration, and improved transparency and consistency for cross-site specialties.

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

Innovative Technology Adoption Programme (iTAP) Launch

The Innovative Technology Adoption Programme (iTAP) is the agile, coordinated and streamlined approach to the triage, project initiation and move to full implementation, for novel technology adoption. It is a joint venture between Digital Services and Research & Innovation to identify technology that exist in house but are not being used optimally, are already used in another Trust, or are novel innovations for which MFT is first adopter. The programme's initial focus is on key challenge areas such as improved patient flow, cancer performance, productivity and health inequalities. iTAP was officially launched on 1st May 2025 with a communications campaign that raised awareness of the programme and its objectives, and promoted active participation across the Trust. In particular staff were encouraged to submit ready-to-use innovations via iTap, and step up as Innovation Ambassadors, to champion innovation, support the adoption of new technologies, and encourage wider contributions from staff.

Citylabs 4.0 Opening

In March 2025 Citylabs 4.0, the newest phase of Manchester's world-leading health innovation campus, officially opened its doors at our Oxford Road Campus, further strengthening the city's reputation as a centre for life sciences, precision medicine and health innovation.

As a part of a longstanding partnership with Bruntwood SciTech, over the past decade, we have seen first-hand the transformative impact of collaboration between industry, academia, and the NHS. Citylabs 4.0 will provide industry partners the opportunity to co-locate, creating an environment where research and innovation can rapidly translate into real-world healthcare solutions for our patients and communities in Greater Manchester, and beyond.

New, UK-first Test for Liver Cancer

In a UK first, researchers at MFT are successfully identifying patients in the early, curable stages of a common liver cancer using a new, innovative test. The study team at MFT and The University of Manchester (UoM), partnering with Roche Diagnostics, implemented the new technology across MFT hospitals providing specialist liver care to the Greater Manchester region. The technology aims to improve early detection of hepatocellular carcinoma (HCC) – the most common cancer affecting the liver and the third most common cause of cancer death.

Greater Manchester has some of the highest levels of mortality from liver disease in the country, but now more than 600 patients with cirrhosis (scarring of the liver) have been tested, with those diagnosed with liver cancer being detected at a treatable stage, which may not have been found without the new technology.

Expansion of Robotic Surgery for Children

Four-month-old Mohammed became the youngest child in the world to successfully have surgery using the Versius Surgical System, which his surgical team call a “game-changer” for reconstructive surgery. The operation to remove part of a narrow kidney tube, was carried out at the Royal Manchester Children’s Hospital as part of a clinical study on the use of Versius in paediatric surgery.

Our surgeons are excited about the new possibilities for paediatric surgery as its 5mm wristed instruments offer increased precision, making operations less invasive and helping to support faster recovery times and reduce hospital stay for patients. Versius can also make complex operations less physically demanding for surgeons with the potential to reduce strain on surgical teams, allowing a greater number of complex surgeries to be carried out each day. These developments form a part of our wider programme of work to expand and develop the use of robotic surgery across the Trust, providing opportunities to improve our surgical productivity whilst enhancing the safety of procedures for our patients.

6. Strategic Updates and Policy Developments

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

Proposed additional changes to the NHS Standard Contract

In April, NHS England published a further consultation on changes to the standard contract for 25/26. The most significant change relates to the way in which patient activity levels will be contracted for and managed between providers and commissioners. The consultation follows a decision to lift the ‘cap’ previously placed on income relating to elective activity. Whilst there will now be no cap placed on elective income, the new guidance strengthens the role of commissioners in managing the levels of activity with providers in the form of an activity management plan where responsibilities of all parties are clearly identified and activity levels are regularly monitored.

NHS Performance Assessment Framework for 2025/26

On 27 March, the NHS Performance Assessment Framework for 2025/26 was published for consultation. This framework introduces new metrics and assessment criteria for NHS providers, aiming to enhance performance evaluation. Stakeholders are invited to provide feedback during the consultation period, which includes testing in Q1 before full implementation. The framework is designed to provide a more comprehensive and transparent evaluation of provider performance, supporting continuous improvement and accountability. We will now be assessing the requirements to align our performance reporting and Accountability Oversight Framework with the new metrics, ensuring they meet the updated standards and contribute to the overall goals of the NHS.

Board Member Appraisal Framework

In April, NHS England published their new Board Member Appraisal Framework in response to recommendations from the Messenger Review and learning from the Chair appraisal framework launched last year. The framework incorporates the 6 domains of the leadership competency framework into a single approach for all executive and non-executive roles and aligns with the fit and proper person test (FPPT) framework. In line with the guidance, the new framework will be used for future annual and mid-year appraisals for our Board members here at MFT.

Governance Manual and Operating Handbook

Following the implementation of our new governance arrangements in October 2024, an MFT Operating Manual and a Governance Handbook have been developed to clearly illustrate our revised governance apparatus.

The Operating Manual describes our operating model; the way we organise our people, functions, activities and infrastructure. It will serve as the core document describing how we function as a Trust and will continue to be iterated as the One MFT programme is delivered. The Governance Handbook is a summarised version of the Operating Manual designed to be more accessible for key stakeholders and those new to the Trust.

An engagement process is currently underway with members of our Clinical Group Management Boards to ensure that the documents are fit for purpose and that any queries are raised prior to sign off by the Trust Leadership Team prior to full approval by the Trust Board. The Governance Handbook will also be circulated to Governors as a part of this engagement process to ensure that the language and descriptions are comprehensible to all target audiences prior to implementation.

7. Leadership Updates

LCO & UDHM Clinical Group Chief Executive

Patricia Davies has been appointed as substantive LCO & UDHM Clinical Group Chief Executive and is due to start with us in September. Patricia brings extensive experience in commissioning, acute and community provision, and has combined her nursing background with HR and leadership skills to foster trust and implement change across health and care systems. Currently serving as the Chief Executive Officer for Shropshire Community Healthcare NHS Trust, Patricia has led initiatives to reduce health inequalities and has collaborated with local authority partners to determine and negotiate optimal service provision. Ian Lurcock will continue as interim Chief Executive until Patricia assumes her position.

MRI Clinical Group Chief Executive

Stephanie Lawton has been appointed as the MRI Clinical Group Chief Executive, starting in October 2025. Currently serving as the Chief Operating Officer at Princess Alexandra Hospital NHS Trust, Stephanie brings over 30 years of acute hospital experience, including significant Board experience and regional and national leadership roles. Helen Brown will continue to provide interim support until Stephanie starts her new role.

CSS Clinical Group Chief Executive

Gareth Adams has been appointed as the substantive CSS Clinical Group Chief Executive, following his tenure as Interim CSS Clinical Group Chief Executive. With a background in pharmacy, Gareth brings extensive operational, strategic, and clinical management experience, including the achievement of key strategic milestones within the Community Diagnostic Centre programme and MFT's Single Services priorities, along with leading diagnostic performance recovery.

The appointments of Patricia, Stephanie and Gareth complete our recruitment to the Chief Executive roles for all of MFT's Clinical Groups. This is excellent timing, ahead of the publication of the new NHS 10 Year Health Plan which will shape the future development of the service over the years ahead.

Dr Mumtaz Patel elected president of the Royal College of Physicians

In April we were delighted to receive the excellent news that Dr Mumtaz Patel, consultant nephrologist at Manchester Royal Infirmary, has been elected as the 123rd president of the Royal College of Physicians. With a record turnout, Dr Patel received 2,200 votes, securing this prestigious position by a significant margin. Dr Patel has promised to modernise the college and re-establish the RCP as the voice of its membership and medicine.

8. Top three concerns

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

Financial Recovery

We have now agreed our financial plan for the new financial year along with our system partners across Greater Manchester. For MFT, we are committed to delivering break-even position for 2025/26 in line with the second year of our financial recovery plan. We are developing an ambitious and challenging £166m Value for Patients programme to support this. Like all areas of the NHS, and wider public sector, it is critical that we are maximising the value for every pound we spend to enable us to do more for our patients. We know this will be challenging but we have taken steps to temporarily increase our capacity in the Value for Patients team to support our clinical and operational colleagues to accelerate the development of the detailed plans we will need.

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

One MFT Programme

As referenced earlier in this report, the work to refresh our operating model is progressing well, but we know that any process of change can be unsettling for the individuals and teams impacted and pose a distraction from our day-to-day activities. The scope of phase three, looking across our six Clinical Group leadership structures and the scale of change being consulted on, means this presents greater risk than in earlier phases of the programme. We recognise that any change on this scale, with significant numbers of senior staff potentially impacted, poses a risk to our ability to deliver our operational performance commitments and strategic aims. In recognition of this risk, and to ensure the ongoing delivery of high-quality services through the change, we have sequenced this phase of the programme to avoid disruption during the winter period when our services feel the most acute pressures. We have also strengthened the programme team to ensure appropriate support is in place, including a bespoke programme of leadership development and regular communications and engagement activity through consultation. We continue to engage with our staff and trade union colleagues on this offer, so that we meet the needs of our staff now, and in the months ahead.

The above concern is reflected in strategic objective 5 and 6 in the Board Assurance Framework.

NHS Reconfiguration

As referenced at the beginning of my report, there is significant change taking place nationally and locally to how the NHS is organised and operates. NHS England and Integrated Care Boards play important roles in system leadership and the commissioning of services. Any process of change can be unsettling for the individuals and teams involved and there is a risk that this has an impact on the delivery of these functions at a time when we will be looking to change the ways in which we work with partners and deliver our services, in-line with the 10 Year Plan. We will continue to work collaboratively with partners to ensure that the system remains focussed on delivering the priorities that matter to the people who use our services, our communities and our staff.

Public Board of Directors Wednesday 21st May 2025

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

Executive summary / key messages for the meeting to consider

Members of the Board are requested to note the updates provided in the Trust Integrated Performance Report (IPR).

Metrics for the following domains have been agreed and will be included in subsequent IPRs:

- Research and Innovation
- Estates
- Digital
- Population Health

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

Strategic objectives (Key)

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



MFT Integrated Performance Report

All domains
May 2025 – reporting February and March data

Structure of this document



3	Introduction to SPC measurement and icons used
4	Performance against Trust SOF3 exit criteria
5	Provide high quality, safe care with excellent outcomes and experience – operational performance
44	Provide high quality, safe care with excellent outcomes and experience – quality and safety
99	Be the place where people enjoy working, learning and building a career
133	Ensure value for our patients and communities by making the best use of our resources

Measuring our performance

Compliance



Target being met



Target not met



For information, no target set or target not due

Variation



Common cause – no significant change



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



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

Assurance



Variation indicates Inconsistently passing and falling short of the target



Variation indicates consistently (P)assing the target



Variation indicates Consistently (F)alling short of the target

Action Status



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



Improvement – continue actions to support improvement until steady state achieved



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



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

Escalating performance concerns

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

SOF3 exit criteria

Current performance against relevant areas of the Single Oversight Framework (SOF) segment 3 exit criteria



Manchester University
NHS Foundation Trust

Domain	SOF exit criteria	Domain ownership	Update
Elective recovery	Meeting 65-week trajectory – 2 quarters	Performance	March performance was a reduction to 33 patients waiting over 65 weeks (10 of which were not corneal grafts), versus the plan of 0 excluding corneal grafts.
	78 weeks – 0 other than explicitly agreed exceptions – corneal grafts and gender reassignment	Performance	March performance was 0 x 78ww
Cancer	<ul style="list-style-type: none"> The 28-day Faster Diagnosis Standard 62-day referral to treatment standard 31-day decision to treat to treatment standard 	Performance	<p>Latest performance: February</p> <p>28 days FDS – 76.2% (actual) vs 76% (plan) 31-day standard - 88.3% (actual) vs 96% (plan) 62-day standard - 58.6% (actual) vs 64.9% (plan)</p>
Maternity (specialist hospitals only)	<ul style="list-style-type: none"> To demonstrate delivery for two consecutive quarters of the following indicators which relate to the three areas identified in the section 29a CQC warning notice Delays Staffing 	Quality	<p>Triage timeliness maintained during Q3</p> <p>Delays over 72 hours markedly improved in Q3, Cat 3 C/S delays have also improved in Q3</p> <p>Recruitment ongoing with midwives commencing in post in Q4 2024/25 with circa 120 new starters who have commenced in post during Q2-Q3. A further 51 are expected to commence in post in Q4.</p>

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



Trust IPR Metric Assurance Summary

Operational Performance

Key Oversight Performance Metrics

Focus	Compliance	Variation	Assurance	Action status	Performance	Plan/Target	Indicator	Indicator Type
Urgent care and Flow					73.9%	78.0%	A&E 4 hour standard	National
					52.5%	65.0%	Ambulance handover within 15 mins	National
					29	0	Ambulance handovers over 60 mins	National
					3.2%	2.0%	Number of A&E waits > 12 hours	Regional
					101	0	Number of A&E DTA waits ≥ 12 hours	National
					91.8%	92.0%	General & Acute Bed Occupancy	National
					94.2%	92.0%	General & Acute Bed Occupancy – Adults	National
					74.2%	92.0%	General & Acute Bed Occupancy – Paediatrics	National
					327	240	Days away from home (NC2R)	National
					501	430	21+ Day length of Stay	National
					87.2%	80.0%	Virtual ward - hospital @ Home	National
					64.0%	60.0%	Thrombolysis < 60 minutes	National
					43.0%	60.0%	Admission to stroke ward < 4 hours	National
					75.0%	70.0%	Stroke Audit Score	National

Trust IPR Metric Assurance Summary

Operational Performance

Key Oversight Performance Metrics								
Focus	Compliance	Variation	Assurance	Action status	Performance	Plan/Target	Indicator	Indicator Type
Elective					193,535	165,849	RTT total list size	National
					8,466	5,248	RTT >52 week waiters	National
					33	0	RTT >65 week waiters	National
					51.5%	92.0%	RTT 18 week performance %	National
					17,323	15,297	Elective Inpatient Activity	Local
					197,803	179,488	Elective Outpatient Activity	local
					27,641	19,953	Diagnostics (DM01) total list size	Local
					11.7%	10.0%	Diagnostics (DM01) waits >6 weeks	National
					37.9%	10.0%	Diagnostics - CYP DM01 6 week performance	Local
					17,605	24,711	Community Performance – Community Total Waiting List	Local
					95.0%	85.0%	Community Performance – Crisis Response	Local
	Cancer					88.3%	96.0%	Cancer 31 day Standard
					58.6%	64.9%	Cancer 62 day standard	National
					76.2%	76.0%	28 day Faster Diagnosis	National
					211	202	Cancer 62 day backlog reduction	National

Executive summary

IPR Reporting Monthly

ASSURANCE

					No Target
VARIATION 			Referral to Treatment - Total waits over 65 weeks	Days away from Home - NC2R	18ww Performance RTT > 52 Week waiters (CYP) Diagnostics - CYP DM01 6 week performance RMCH Community Total Waiting List Size
	General & Acute Bed Occupancy - Paediatrics	Ambulance handovers > 60 minutes Number of patients waiting over 12 hours post DTA Accident & Emergency total attends Accident & Emergency breaches General & Acute occupancy (total) 21 day + Length of Stay Virtual ward - Hospital @ Home Elective Inpatient activity (Specific Acute) Elective Outpatient activity (Specific Acute) Diagnostics (DM01) 6 weeks performance Cancer 28 day FDS Cancer backlog reduction General & Acute Bed Occupancy - Adults General & Acute occupancy (total)	Accident & Emergency 4 hr % Ambulance handovers < 15minutes % of patients waiting over 12 hrs total time in department Referral to Treatment - Total list size Referral to Treatment - Total waits over 52 weeks Diagnostic (DM01) total waiting list size Diagnostics (DM01) waits over 6 weeks Cancer 31 day performance Cancer 62 day standard Theatre utilisation Diagnostics - CYP DM01 6 week performance 17 and under	Total P1a & P1b - Waiting at Hospital (snapshot) > 72hrs P1a & P1b - Waiting at hospital (snapshot)	
	Community urgent care (crisis services) Volume of 52WW 52ww % of Waiting list				Total P1a & P1b - Waiting at home (snapshot) > 72hrs P1a & P1b - Waiting at home (snapshot)

Consistent assurance can be provided in:

- Community – Crisis Response – where MFT are consistently delivering over the 85% target to respond to patients within 2 hours
- G&A bed occupancy – overall
- Community waiting list size

Significant improvement has been made year to date in the following areas, despite non-compliance with March plan:

- Patients waiting over 65 week waits –where numbers have significantly reduced year to date but 33 patients remain to be treated
- 18ww performance – where we can see significant improvement but are not meeting national standards
- Days Away from Home – which is on a significantly improving trend but is above the planned level
- A&E four-hour performance
- Diagnostic six week performance (DM01)
- Ambulance handover delays over 60 minutes

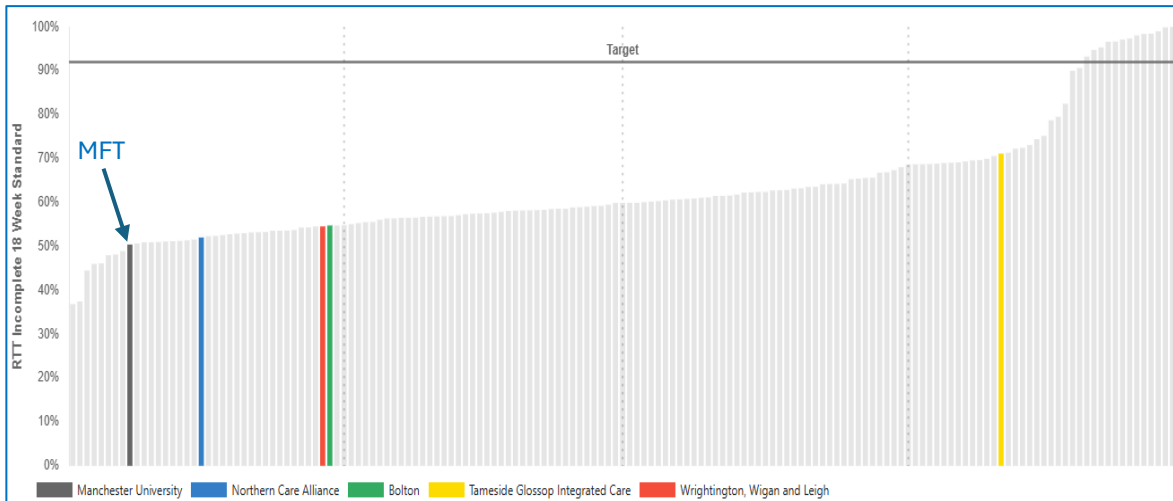
Particular risk is evident in the achievement of:

- The cancer 62 day standard, which is reporting February's data and remains below planned levels

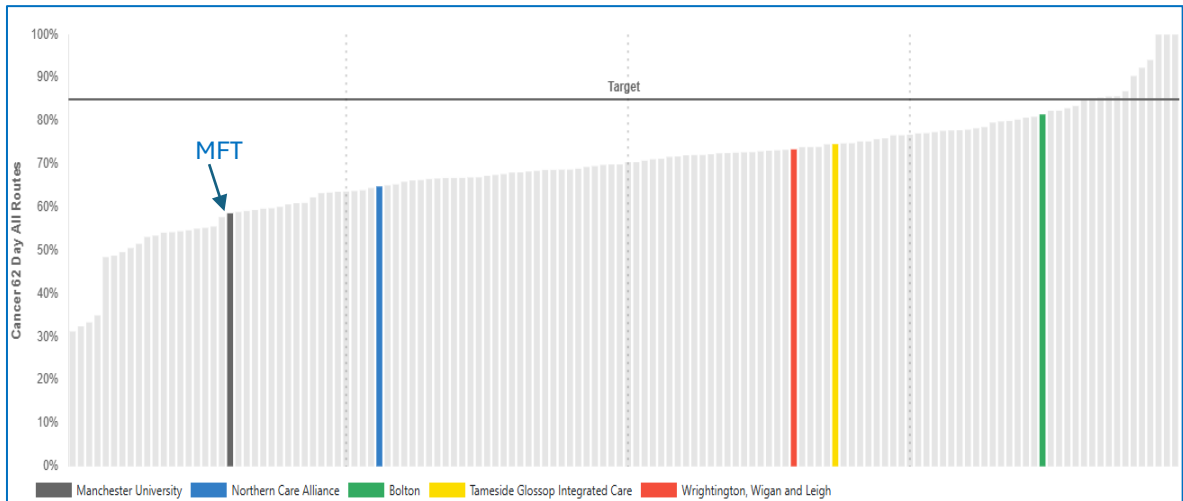
National Benchmarking

Operational Performance

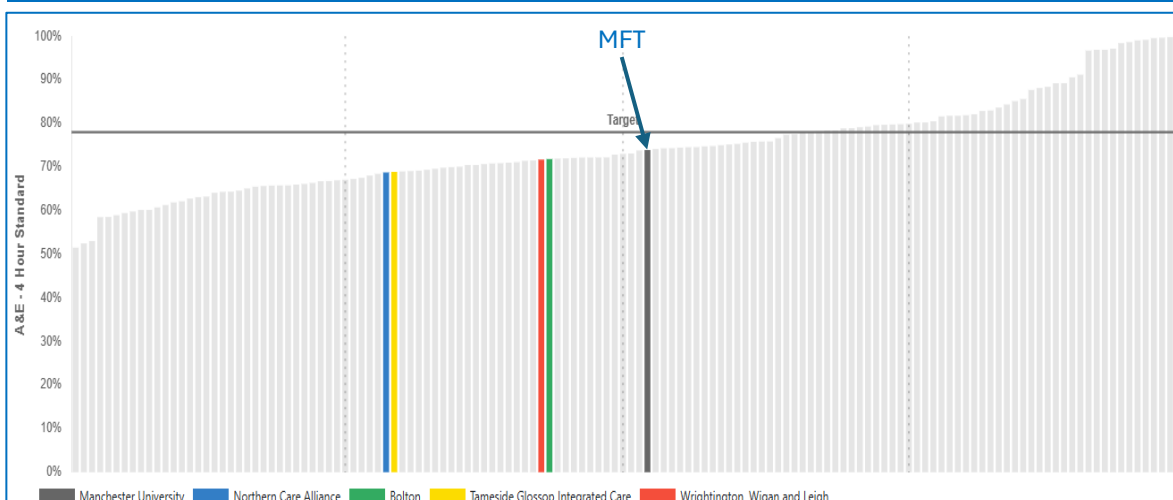
RTT 18-Week Standard (February)



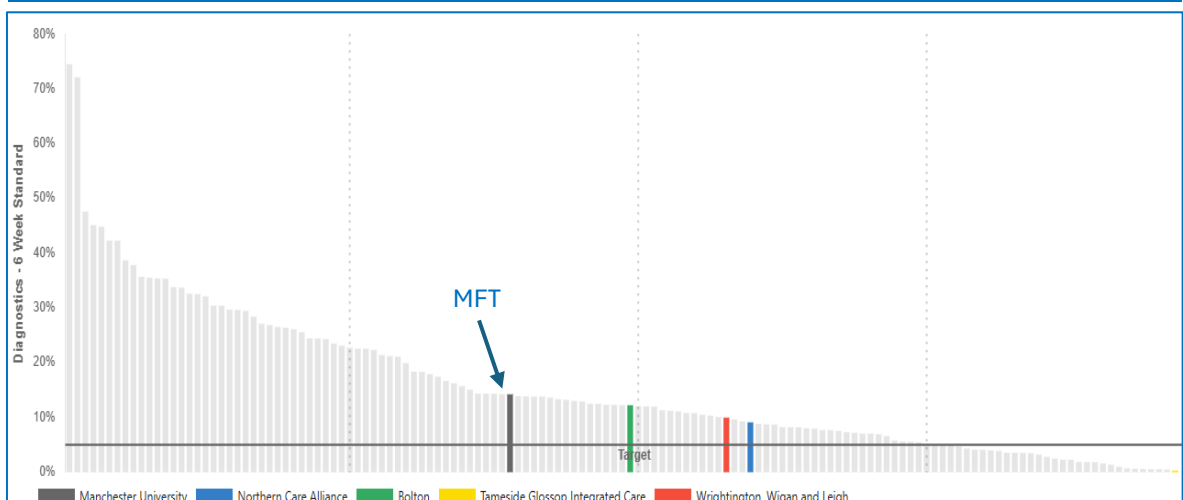
Cancer 62-day standard (February)



Emergency department 4-hour standard (March)



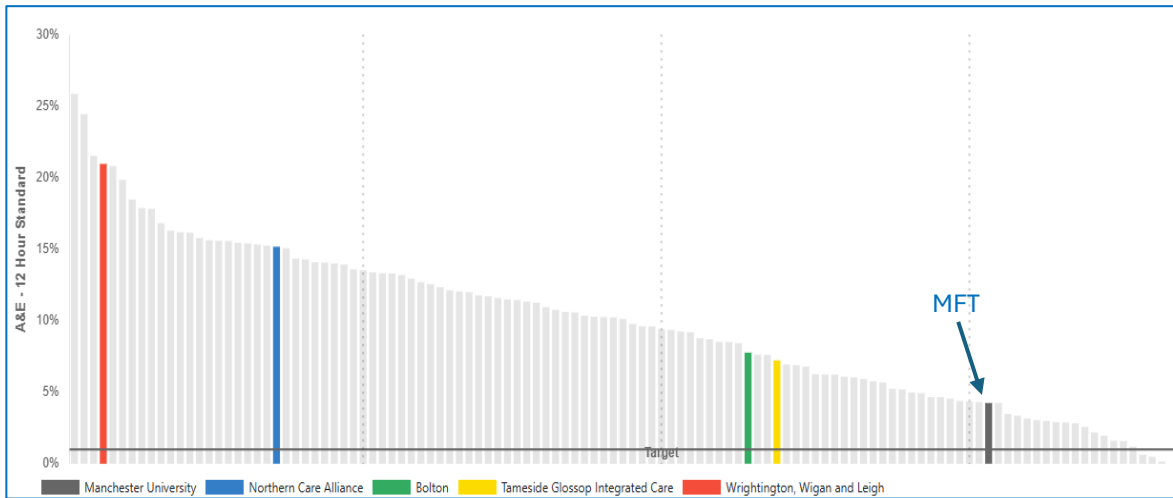
Diagnostic 6-week standard (February)



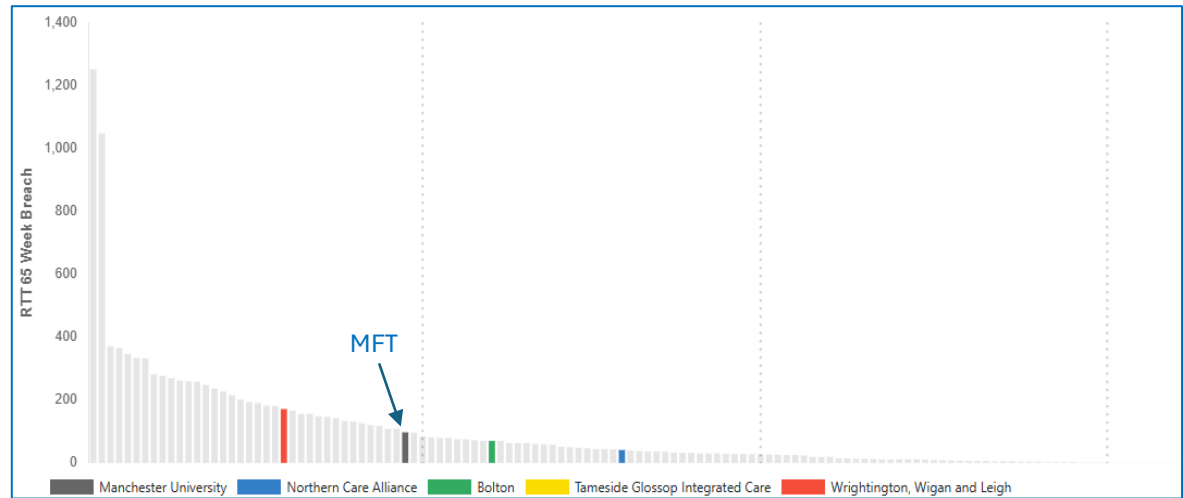
National Benchmarking

Operational Performance

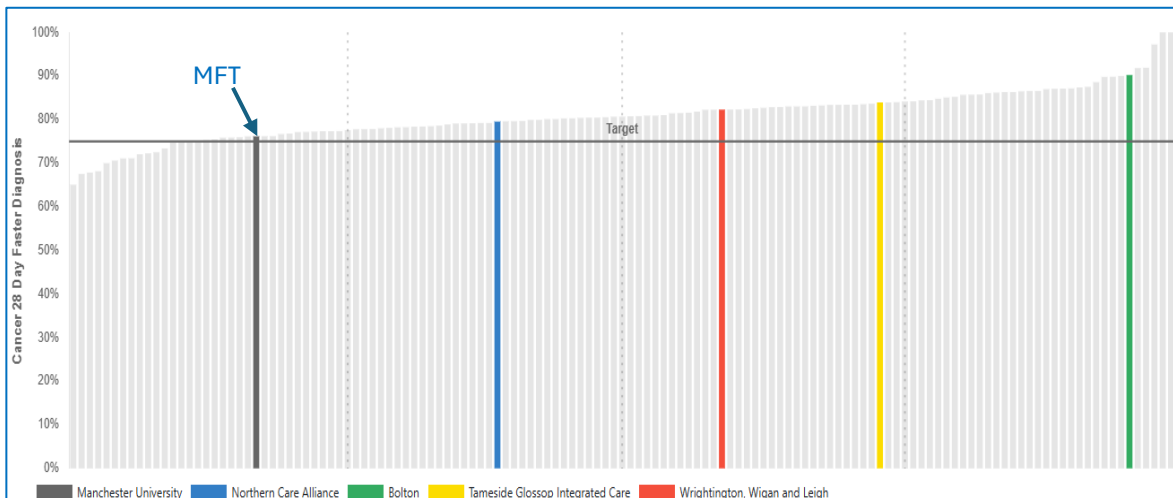
>12 Hours in ED (March)



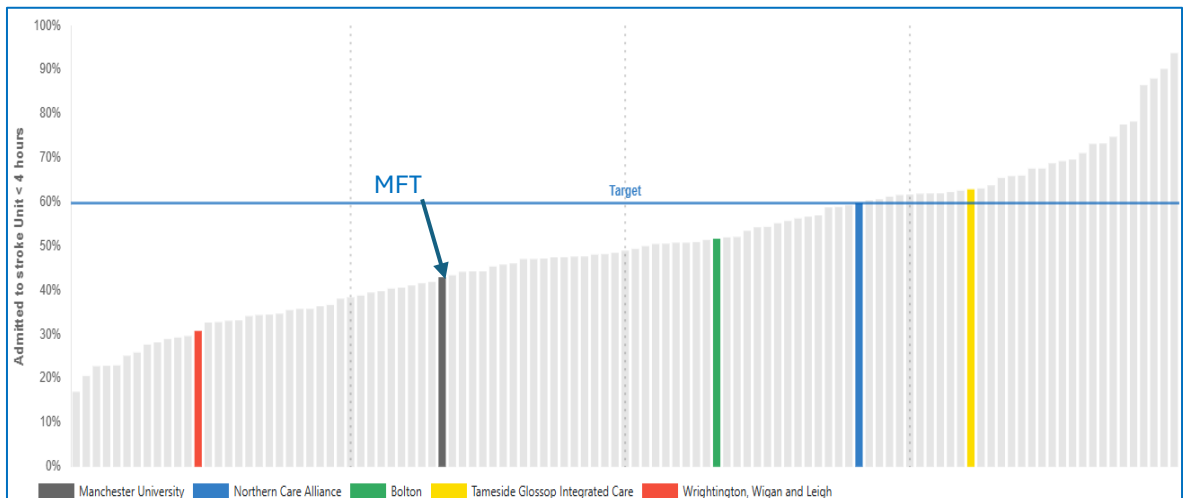
RTT 65 Week (February)



Cancer FDS standard (February)



Thrombolysed <1hour (Q2)

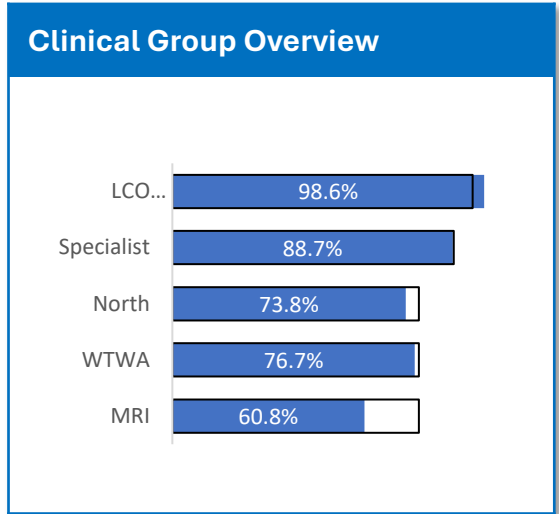
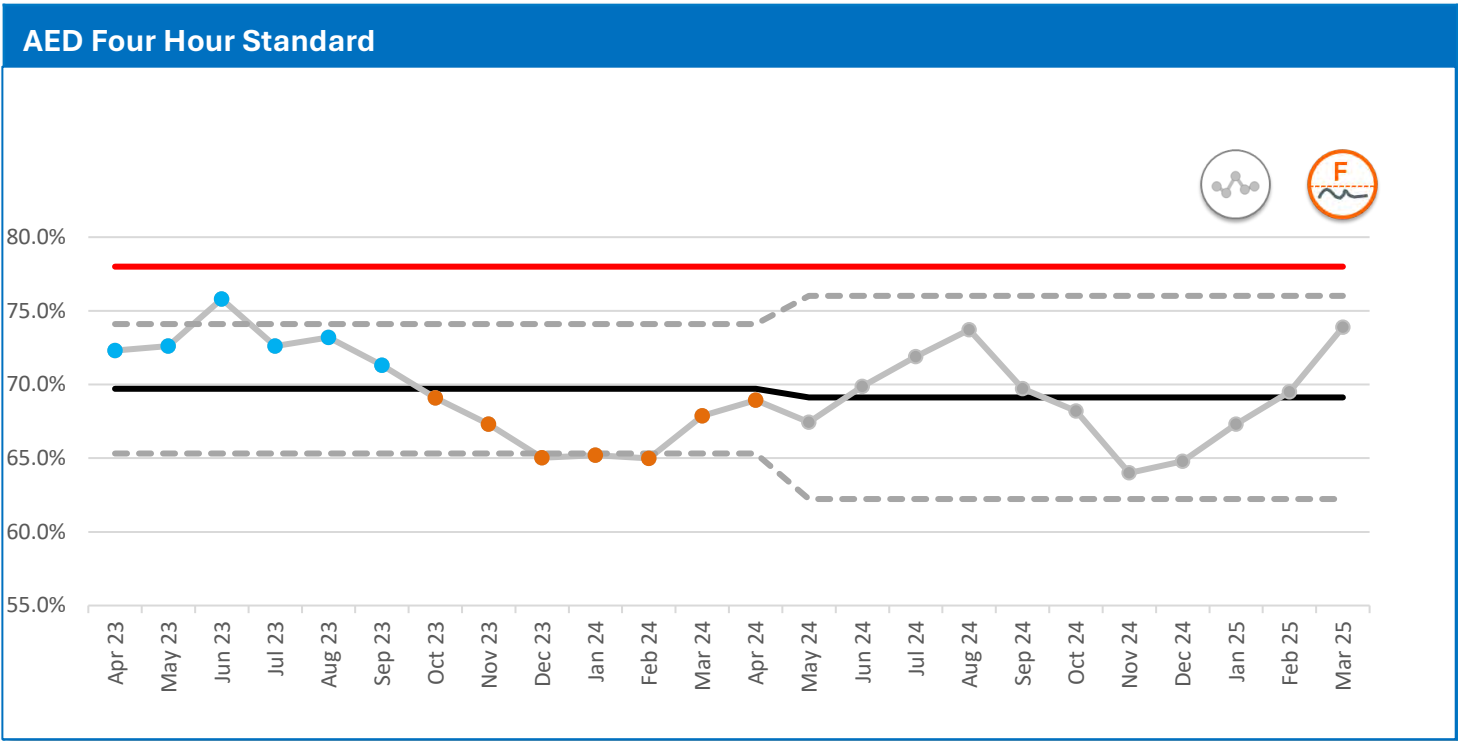


A&E Four Hour Standard

Alert SOF3 metric

Mar-25	Target
73.9%	78%

Compliance	Variance	Assurance	Actions



Updates since previous month

Attendances in March marginally below plan (-0.5%) with 4h breaches 28.5% above plan, with overall performance -4.1% variance to plan.

Current issues

Sustained heightened volume of No Reason to Reside patients across acute sites throughout March

Key dependencies

Streaming to Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC)
Utilisation of Hospital @ Home (H@H)

Future actions

Increasing use of medical SDEC at North Manchester General Hospital (NMGH) and Wythenshawe Trafford Withington & Altrincham (WTWA)
"Home for Lunch" programme at WTWA
Pre-planned additional resident shifts for pressured shifts at Manchester Royal Infirmary (MRI)

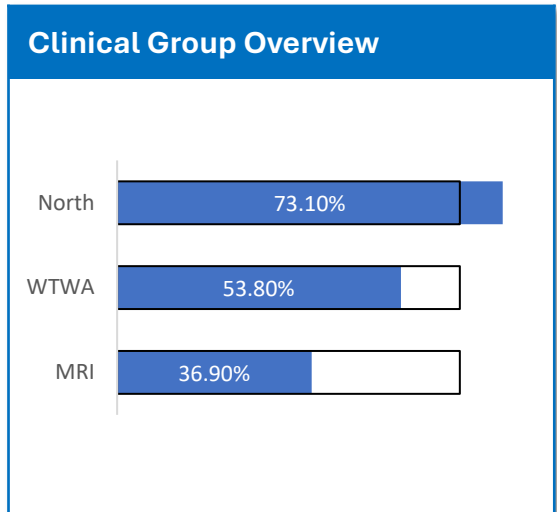
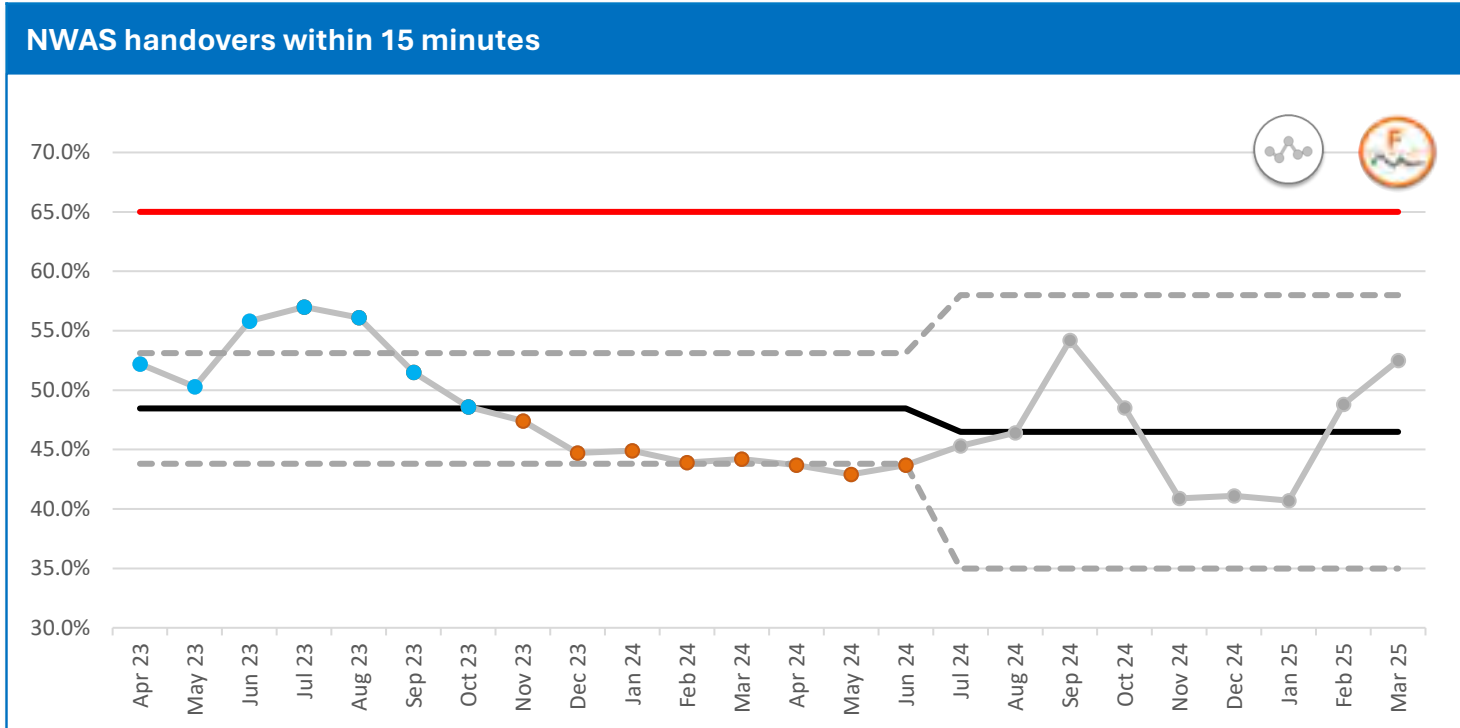
North West Ambulance Service (NWS)

Handovers within 15 minutes

Advise

Mar-25	Target
52.5%	65.0%

Compliance	Variance	Assurance	Actions



Updates since previous month

Average turn-around and handover times reduced to 25.8mins (26.5 prior month) and 17.5 mins (16.9 prior month) respectively. NWAS average across GM was 32.9 minutes for turnaround.

Key dependencies

HAS (hospital ambulance screen) compliance is 89% a decrease from 97% in February, indicating deterioration from recording improvements noted last month.

Current issues

MRI and WTWA have the longest handovers / turnaround times linked to increased conveyances and department / wider bed occupancy. Manchester Foundation Trust (MFT) remains the highest performing Trust in GM.

Future actions

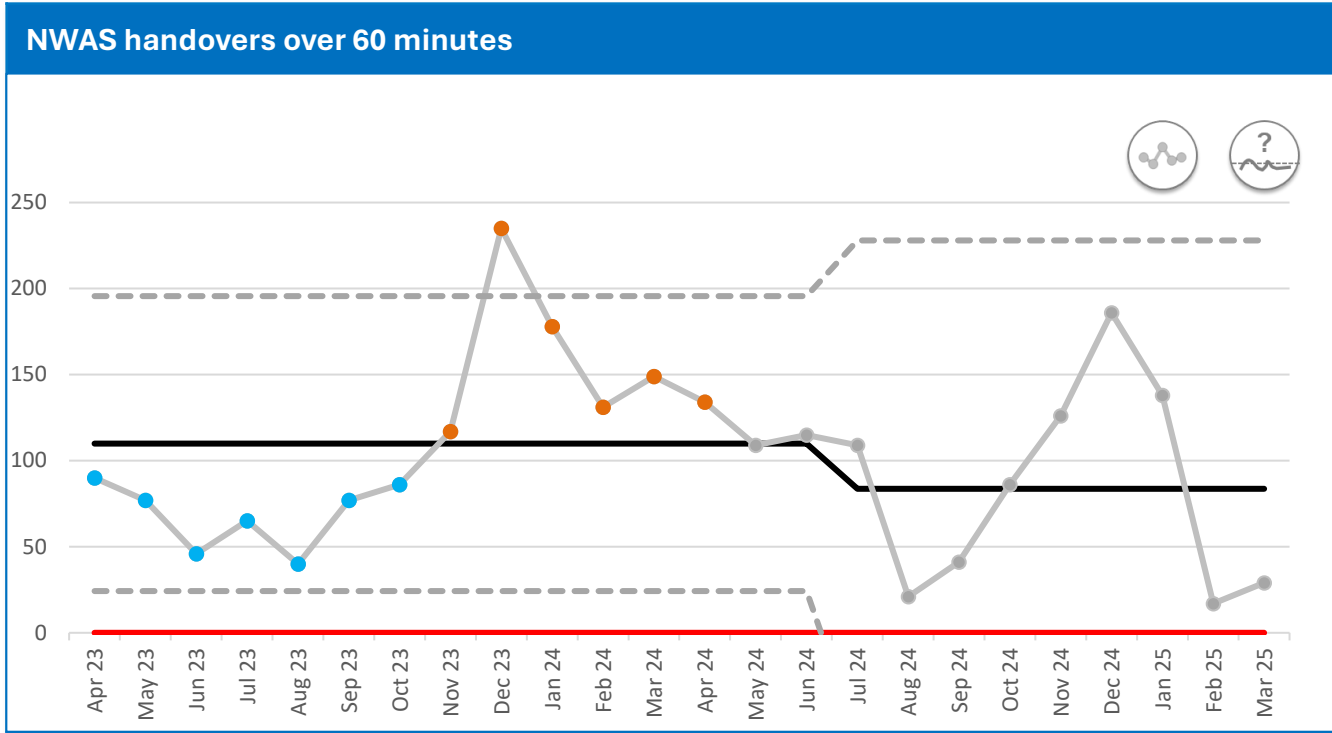
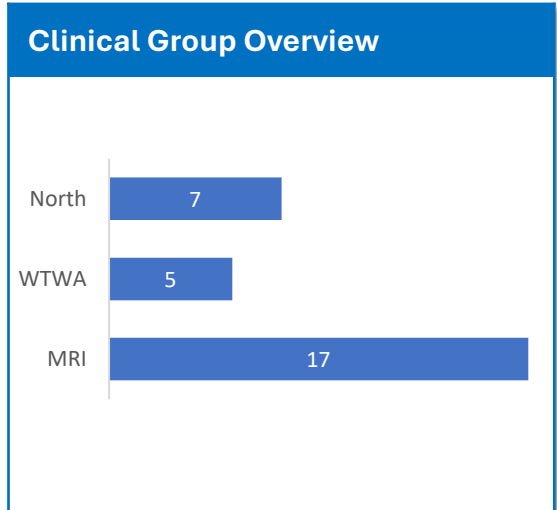
Continued focus on ambulance handover processes with ambition to sustain best performance in GM. Project with NWAS to undertake call before convey to reduce ambulance conveyance

Ambulance Handovers over 60 minutes

Advise

Mar-25	Target
29	0

Compliance	Variance	Assurance	Actions



Updates since previous month

Latest reported position (March) shows 29 delays over 60 minutes. The previous high of 235 was reported in December 23; North are showing a significant improvement in handover compliance overall.

Key dependencies

Conveyance volumes within expected thresholds, HAS (hospital ambulance screen) compliance 90%+ (recording / reporting impact) good flow out of dept to receiving wards

Current issues

Breaches driven by high acuity on transfer, particularly at the MRI site.

Future actions

Continued focus on ambulance handover processes with ambition to sustain best performance in GM. "Think 15" protocol in place to ensure standardised approach to safety and escalation.

Total waits over 12 hours in department as a % of all patients

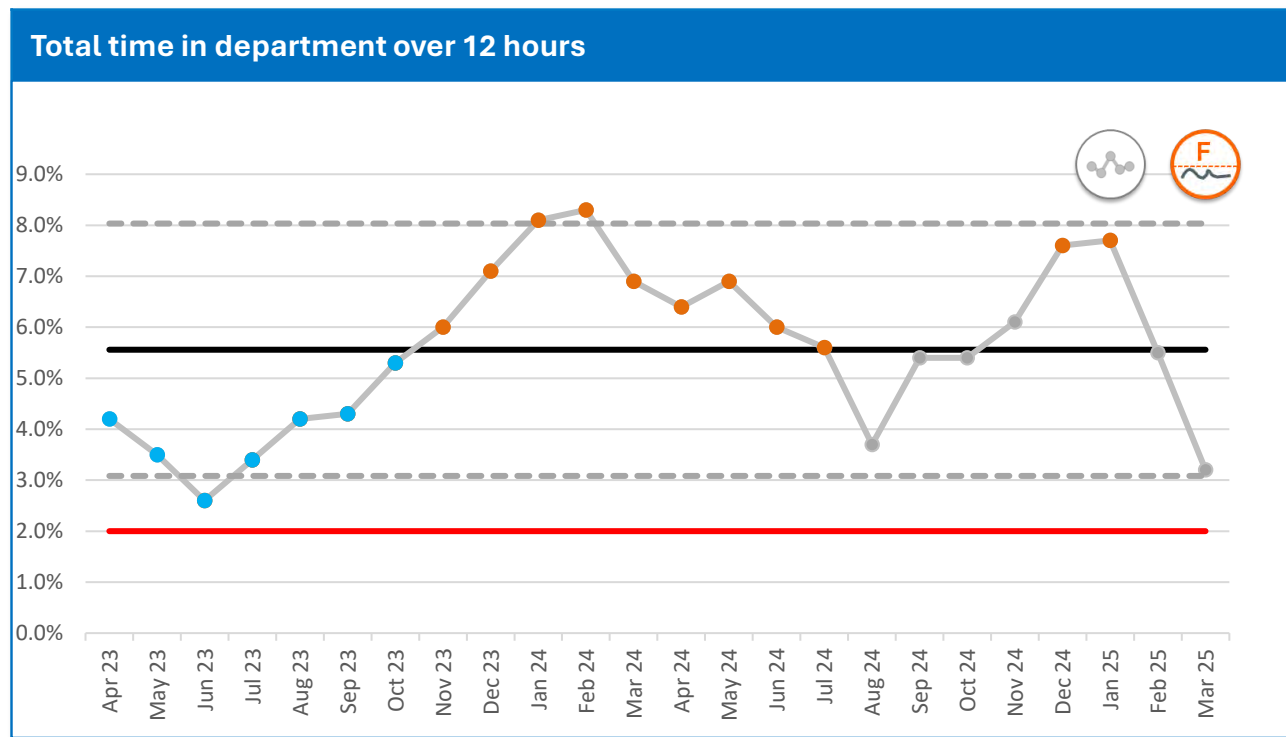
Alert SOF3 metric

Mar-25 **3.2%** Target **2.0%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	2%	5.8%
WTWA	2%	2.1%
North	2%	4.2%
Specialist	2%	0.2%
LCO Dental	2%	1.3%



Updates since previous month

A significant decrease seen in number of patients waiting over 12 hours at 3.2% vs the 2% standard, as performance continues with normal variation, but is still above planned levels.

Current issues

High levels of bed occupancy particularly within receiving wards – see slide 14
Mental health demand within Emergency Departments (ED).

Key dependencies

General & Acute (G&A) occupancy levels at or below 92% with levels of no reason to reside pts in line with plan and optimal utilisation of same day emergency care services

Future actions

Ongoing escalation processes through MFT Coordination Centre

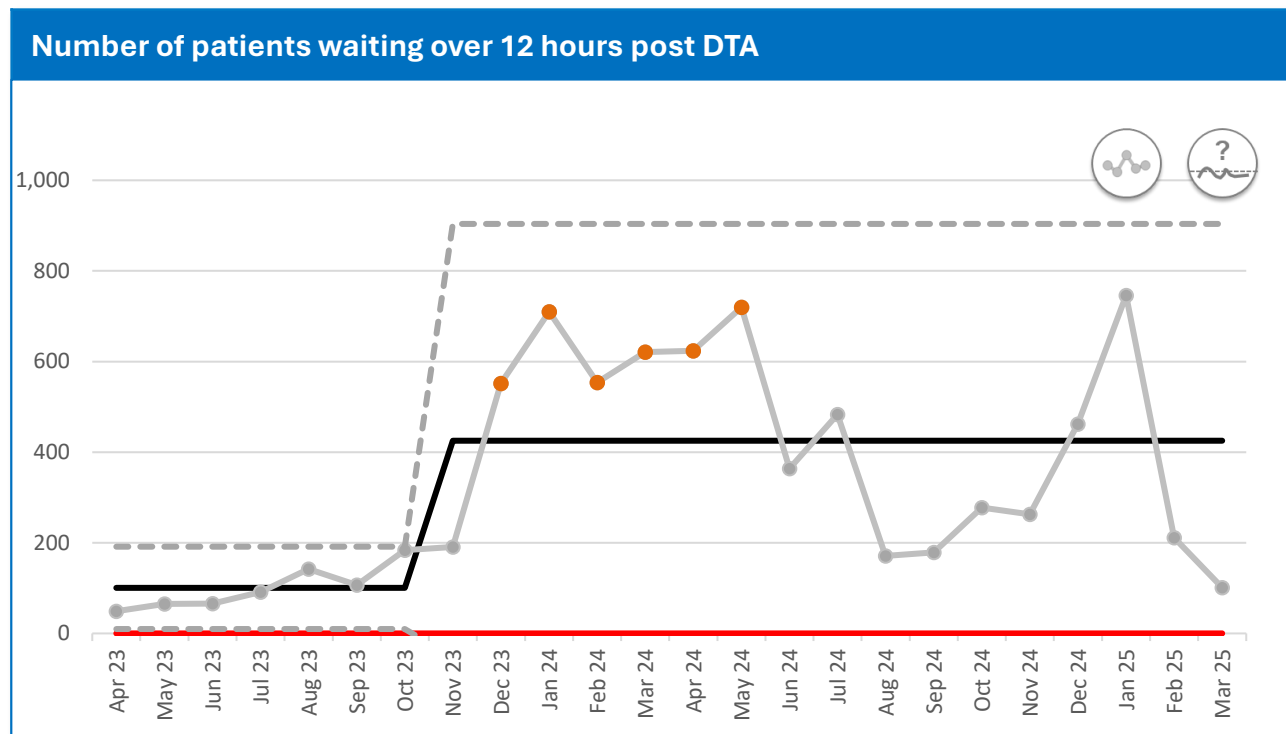
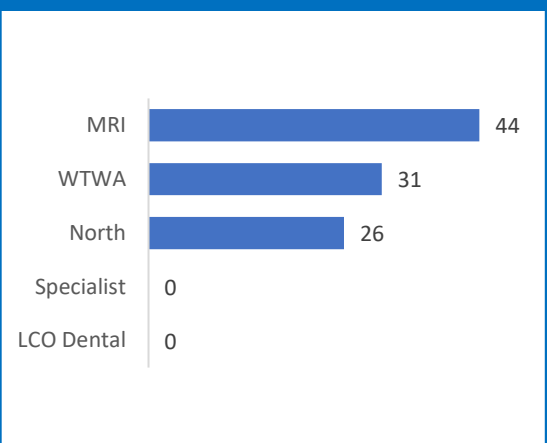
Number of patients waiting over 12 hours post DTA

Alert SOF3 metric

Mar-25 Target
101 **0**

Compliance	Variance	Assurance	Actions

Clinical Group Overview



Updates since previous month

Improvement seen in patients waiting more than 12 hours from decision to admit to admission to a ward, with 101 for March (vs 211 in February); assurance status has improved but variation remains normal. Mental health remains a significant pressure for our EDs

Key dependencies

G&A bed occupancy levels were above 92% on average, with levels of no reason to reside pts in line with plan and optimal utilisation of same day emergency care services

Current issues

High levels of bed occupancy particularly within receiving wards – see slide 14
Seasonal illnesses
Mental health demand within EDs

Future actions

- Winter plan in place to maintain resilience and ensure safety and risk is balanced across sites
- Ongoing escalation processes through MFT Coordination Centre

General & Acute Bed Occupancy – overall

Advise

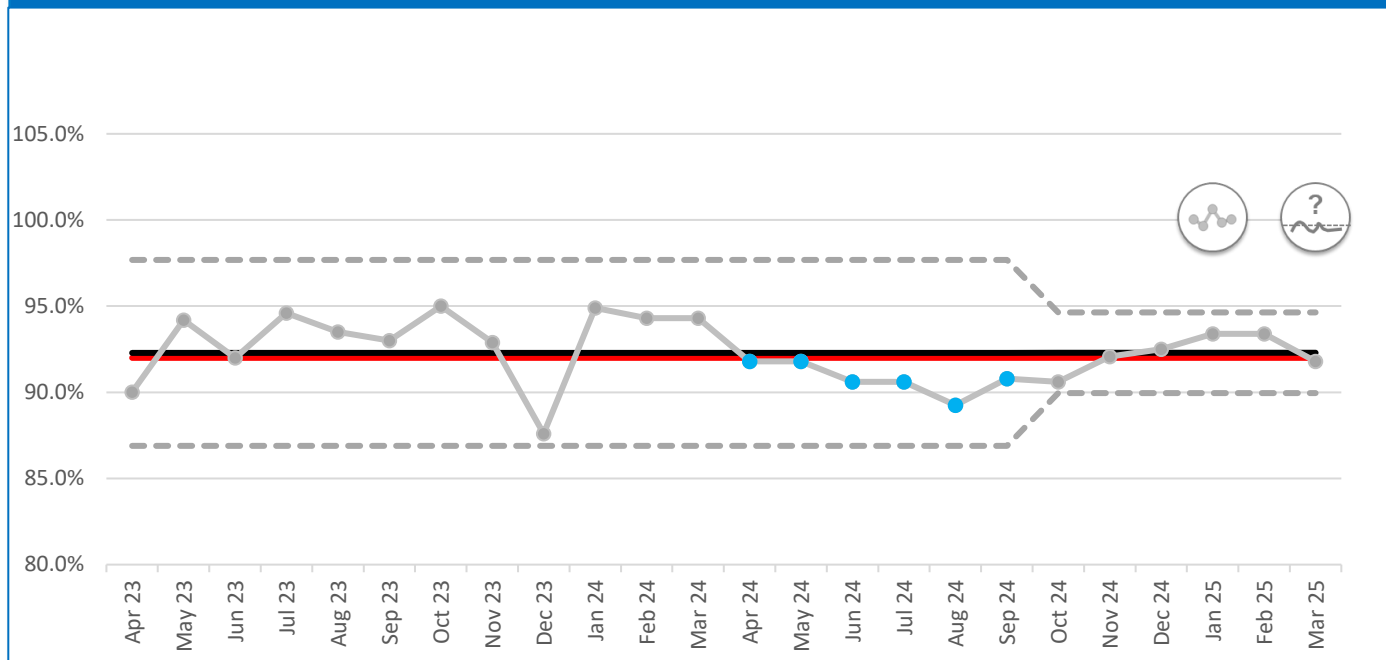
Mar-25	Target
91.8%	92.0%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	97.20%	92%
WTWA	93.60%	92%
North	93.90%	92%
Specialist	72.50%	92%

General & Acute Occupancy



Updates since previous month

Occupancy levels are variable across all sites with MRI, WTWA and North having sustained occupancy above plan. Trust-wide average reduced significantly by lower Children's occupancy.

Current issues

Occupancy remained increased through February and March, indicative of sustained increases in acuity from winter. Suboptimal rates of patients with 'No Reason to Reside' (NR2R) continues to impact overall occupancy

Key dependencies

- Non elective demand
- Discharge capacity
- Urgent and Emergency Care improvement plan

Future actions

Revised process for reporting beds in real-time has been signed off and is due for implementation to improve accuracy. Care Closer to Home programme supporting work to reduce acute Length of stay

General & Acute Bed Occupancy – Adults

Advise

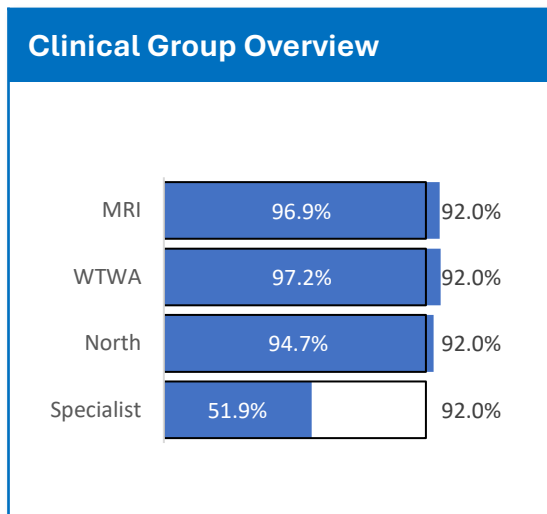
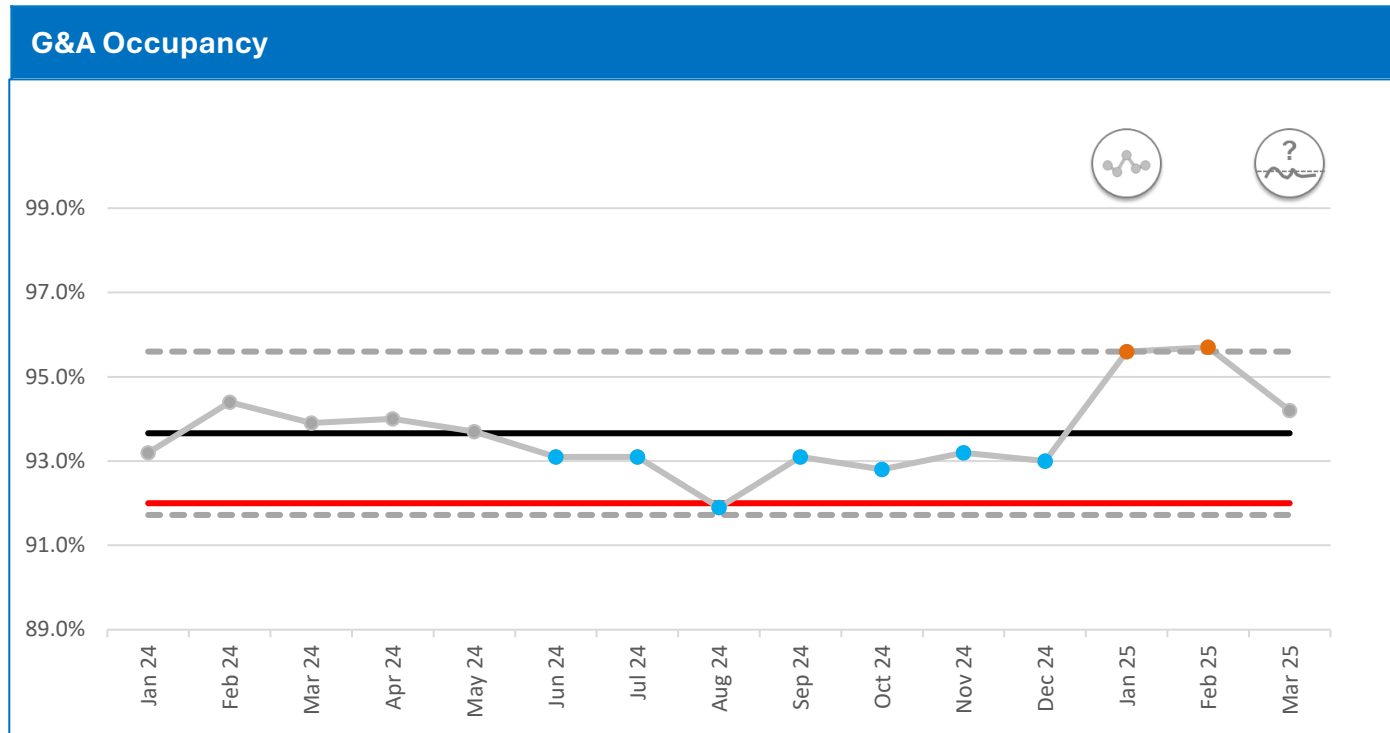
Mar-25	Target
94.2%	92.0%

Compliance

Variance

Assurance

Actions



Updates since previous month

Significant increase in adult occupancy above sustainable levels has continued, with WTWA experiencing an increase of 4% on last month whilst Specialist saw a decrease of 24%.

Current issues

Suboptimal rates of No Reason to Reside (NR2R) patients continues to impact overall occupancy as despite showing an improving trend these are above plan. G&A bed stocktake has identified bed base in specialist (e.g. eyes) are not G&A beds and will be reclassified accordingly.

- #### Key dependencies
- Non elective demand
 - Discharge capacity
 - UEC improvement plan success

Future actions

Revised process for reporting beds in real-time has been signed off and is due for implementation to improve accuracy.
Care Closer to Home programme to reduce length of stay, with length of Stay reviews continue to maximise discharge opportunity.

General & Acute Bed Occupancy – Paediatrics

Assure

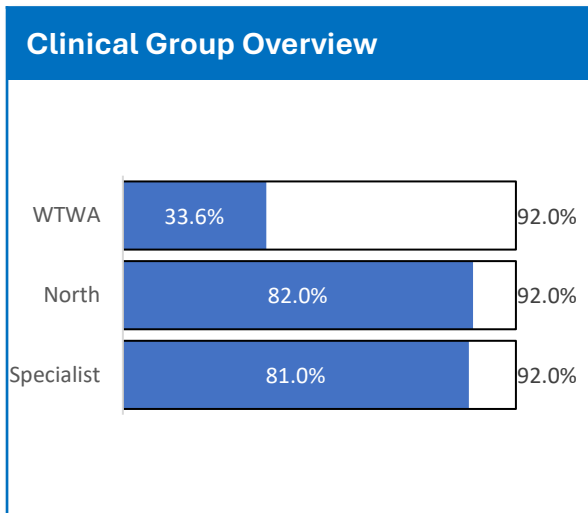
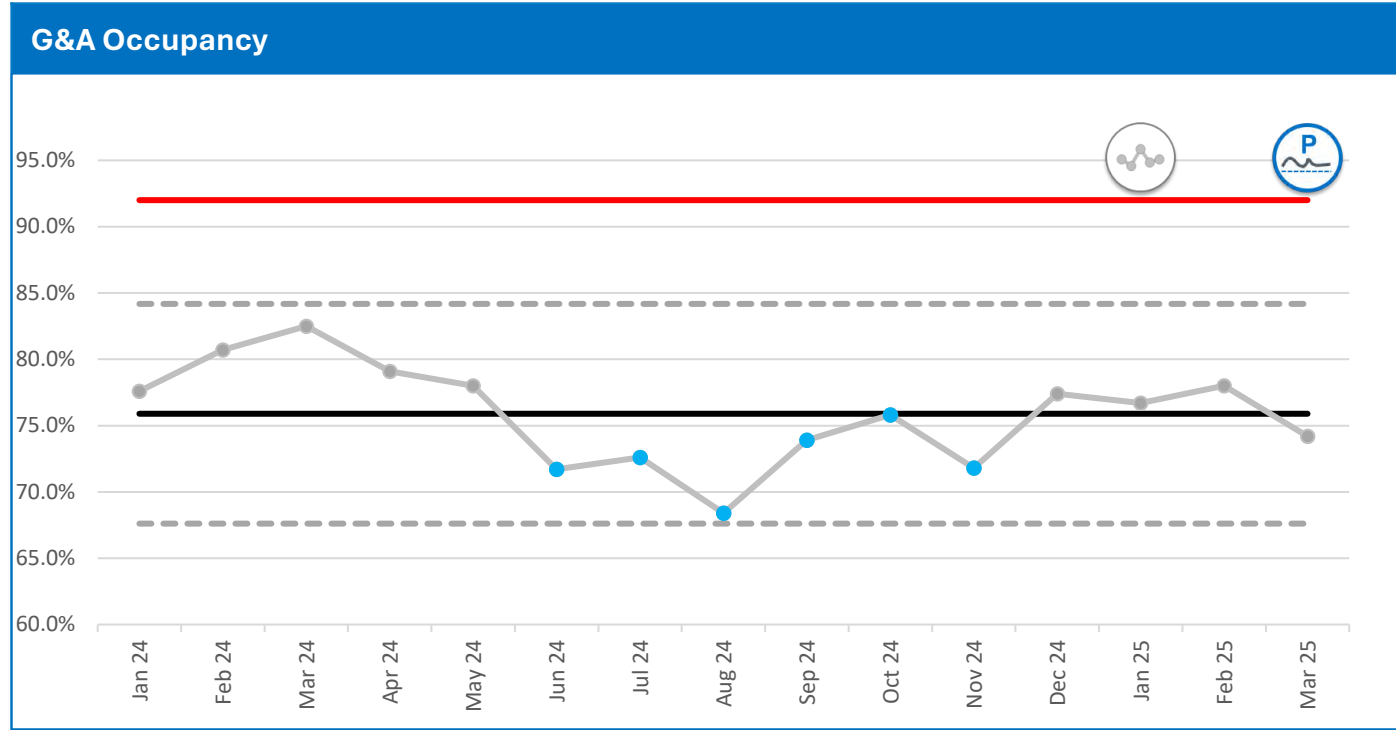
Mar-25	Target
74.2%	92.0%

Compliance

Variance

Assurance

Actions



Updates since previous month

Occupancy levels remain at sustainable levels after a period of significant reduction. Average occupancy being reduced by low occupancy at WTWA; highest occupancy continues at Royal Manchester Children’s Hospital (within Specialist Hospitals)

- #### Key dependencies
- Low staff absence levels
 - Attendances
 - Respiratory illnesses

Current issues

Long length of stay patients at RMCH requiring repatriation or with ongoing complex care needs

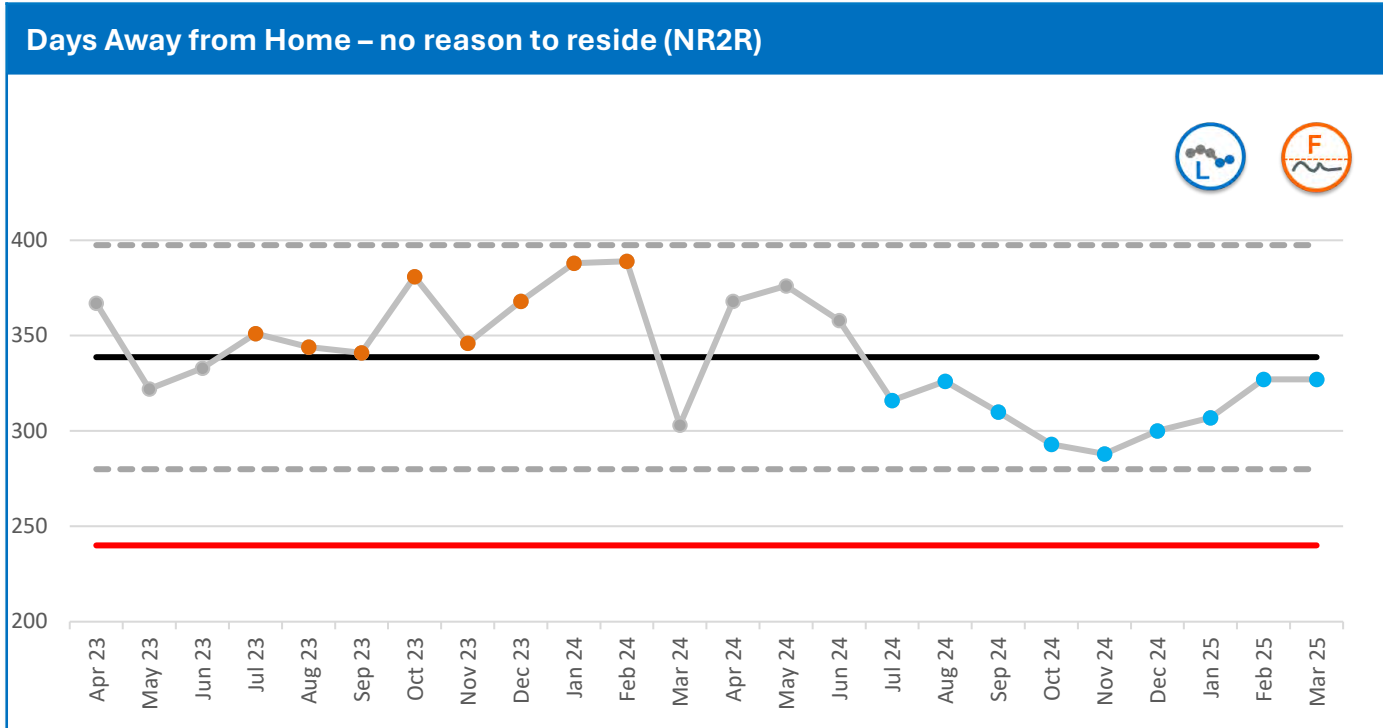
Future actions

Programme streamlining paediatric admissions, with heightened reviews and escalations for long length of stay patients
Continued focus on utilising H@H capacity

Days Away From Home (No Reason to Reside)

Advise	
Mar-25	Target
327	240

Compliance	Variance	Assurance	Actions



Clinical Group Overview

MRI	70	112
WTWA	70	92
North	70	94
Trafford	30	29
Specialist	0	0

Updates since previous month

Performance has been statistically improving, but the 240 patient target has been consistently missed with inconsistent improvement across clinical groups.

Key dependencies

- Care Closer to Home and Prism workstreams
- Attendance rates
- Availability of in-reach and support services

Current issues

- MLCO P2 and P3 pressures have impacted on the 70 Manchester target and daily churn
- Increase in delays across March given the focused ward work being undertaken across NMGH which has increased churn in some pathways.

Future actions

- Revised trajectory being submitted and reviewed by TLTC on 24th April
- Manchester social care interventions have been agreed to support recovery

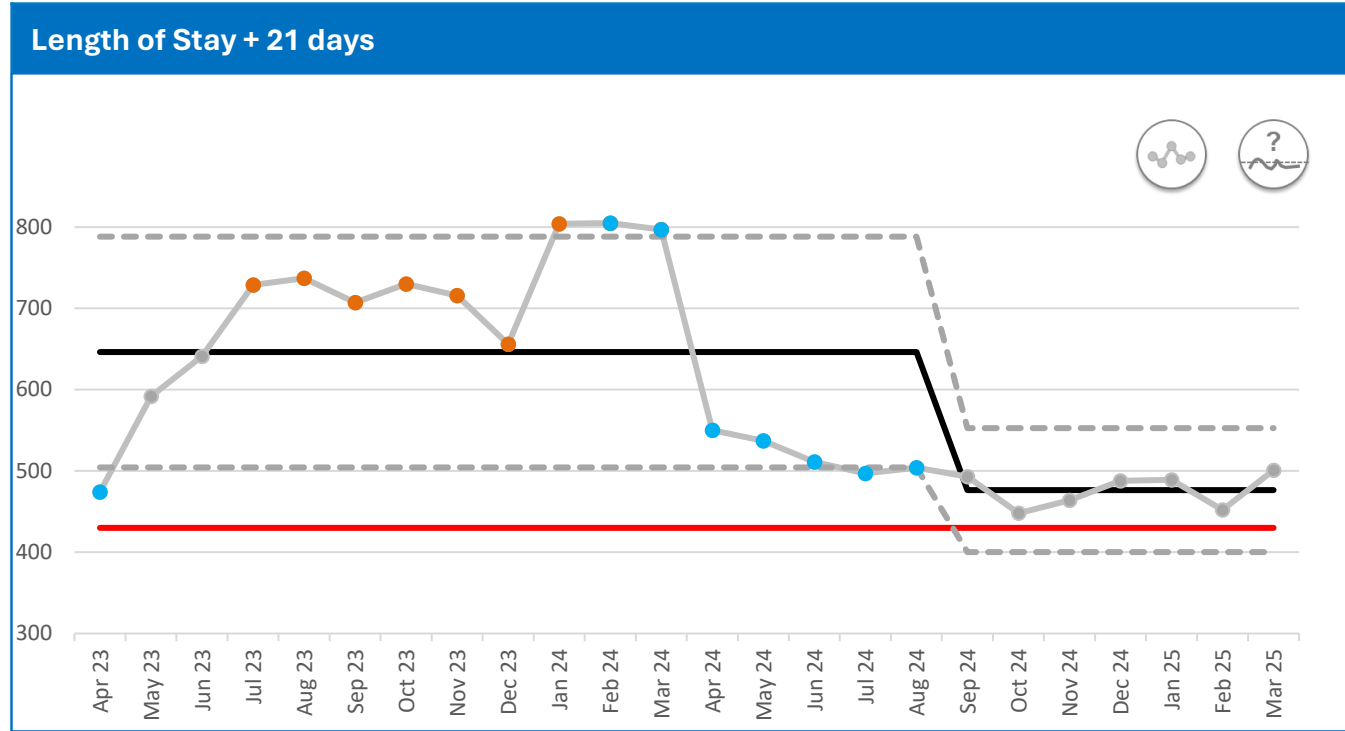
21 days + Length Of Stay (LOS)

Advise	
Mar-25	Target
501	430

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	210
WTWA	145
CSS	0
North	94
Specialist	1
LCO Dental	0



Updates since previous month

March month end snapshot shows 501 patients with a LoS >21 days; an increase on the previous month but continues to show common cause variation.

Current issues

Focus on long length of stay through Care Closer to Home Programme

Key dependencies

Out of hospital care provision including provision for patients with complex needs

Future actions

Targeted focus on longest length of stay patients and ensuring holistic support packages are in place for discharge
Paediatric admissions pilot, with heightened reviews and escalations for long length of stay patients

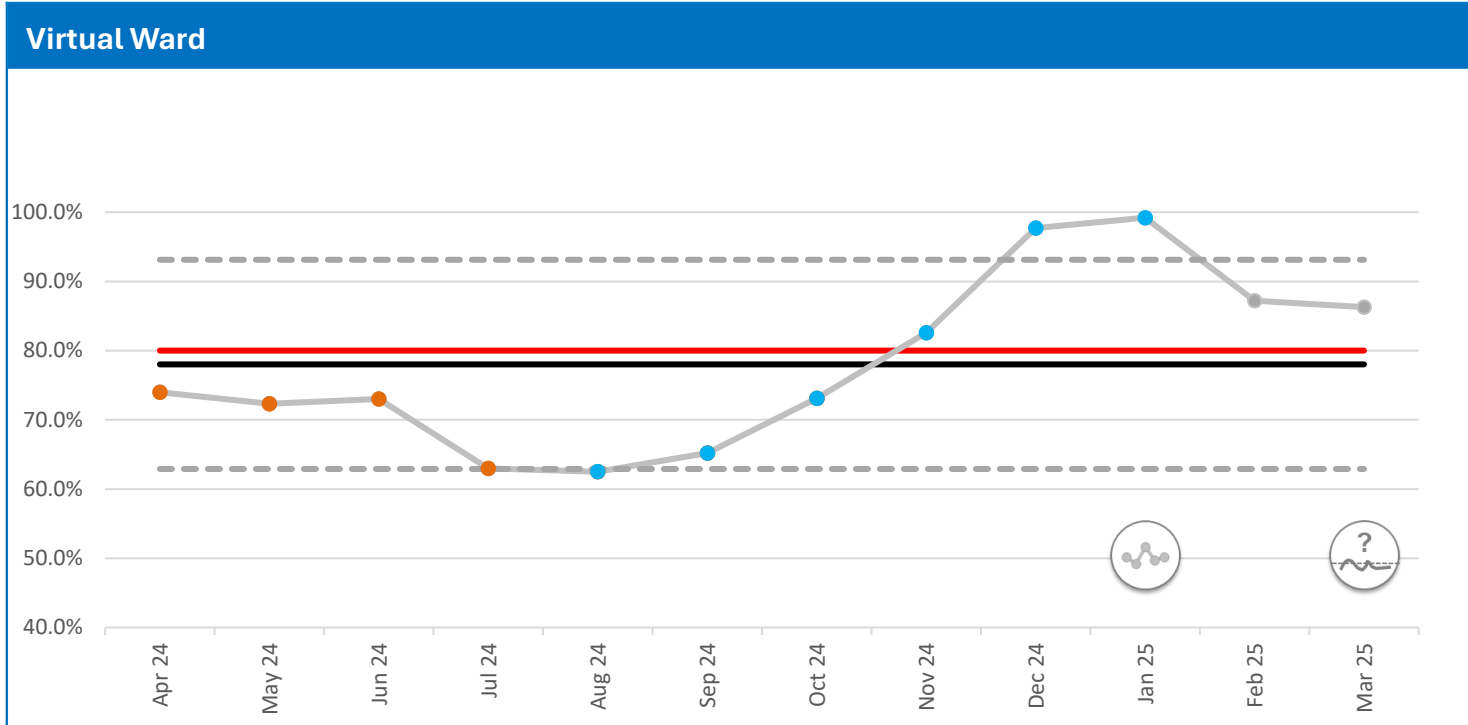
Hospital @ Home – Virtual Ward

Advise	
Mar-25	Target
87.2%	80%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

North Locality	83.90%
Central Locality	107.2%
South Locality	98.50%
RMCH	43.30%
COPD	63.30%



Updates since previous month

Performance continues to show normal variation following a period of significant improvement through Winter peak demand, and remains above plan.

Current issues

Community workforce pressures for ACPs across North and South are a risk to sustaining current capacity
Children and Young People (CYP) occupancy low, driven by respiratory syncytial virus/flu surge rather than general respiratory issues;

Key dependencies

Clinical leadership models in place to support H@H utilisation and awareness across all localities
Maintaining manageable level of acuity to ensure utilisation

Future actions

Revised adult trajectory being submitted to TLTC on 24th April
ACP workforce review planned for Q1 given the risks to community capacity

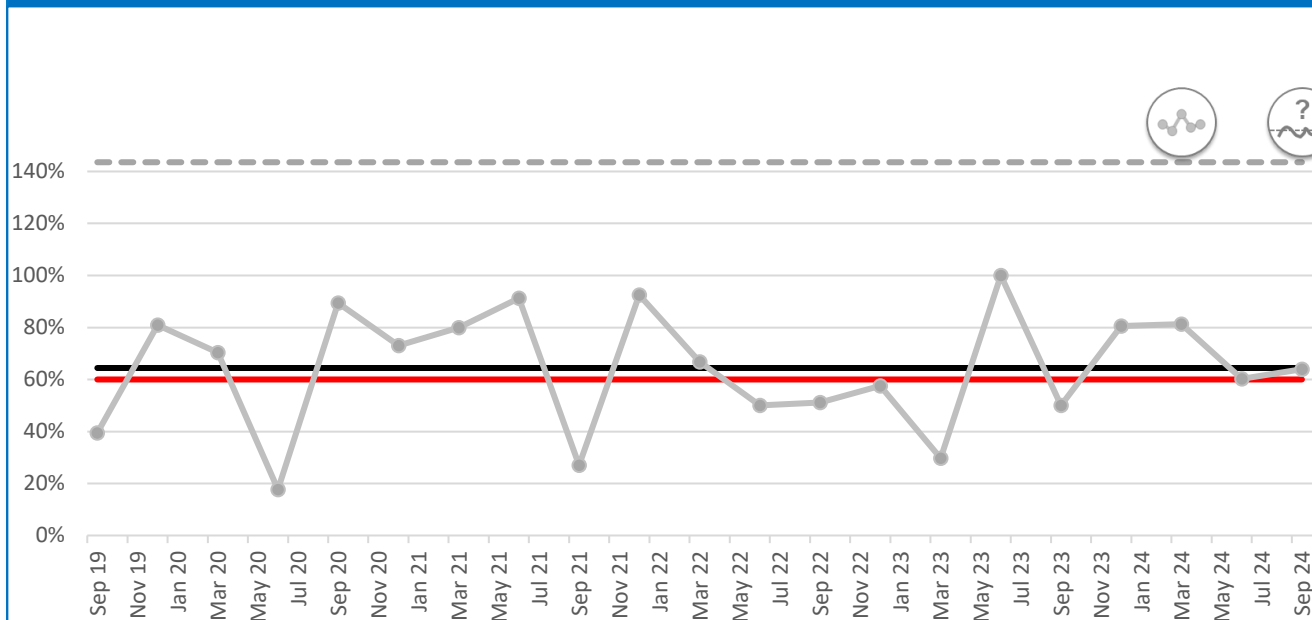
Stroke performance – Thrombolysis

Assure

Sep-24	Target
64%	60.0%

Compliance	Variance	Assurance	Actions

Thrombolysis within 60 minutes



Note: stroke data is available quarterly in arrears and the most recently available data is displayed here

Updates since previous month
Performance is in common-cause variation with latest position placing MFT within the 2nd Quartile nationally, mid-range amongst the Shelford group and 4th out of 6 within GM.

Future actions
Continued oversight of performance in WTWA clinical group and through Delivery Oversight arrangements. Business case for stroke progressing through Trust processes.

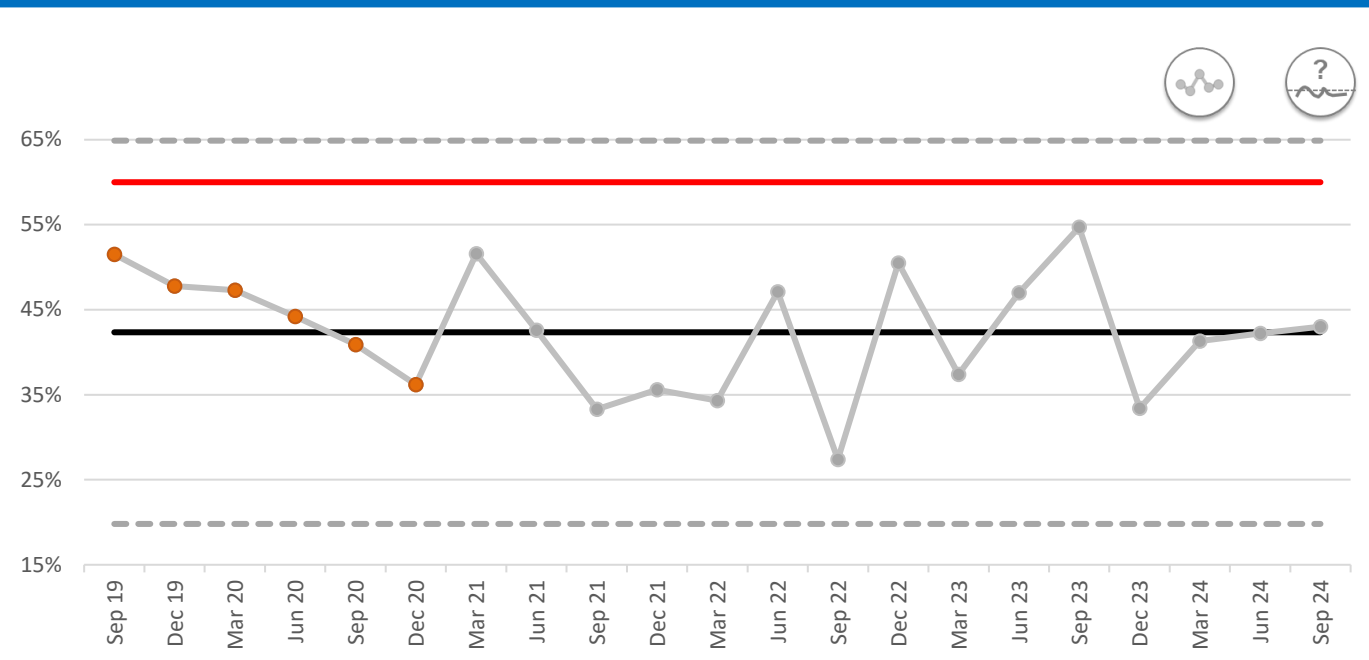
Stroke performance – Admissions to Stroke unit (4hrs)

Alert

Sept-24	Target
43%	60.0%

Compliance	Variance	Assurance	Actions

Admission to Stroke unit within 4 hours of emergency presentation



Note: stroke data is available quarterly in arrears and the most recently available data is displayed here

Updates since previous month

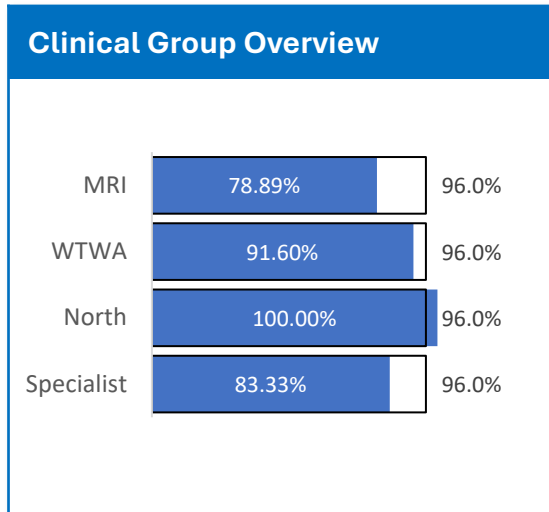
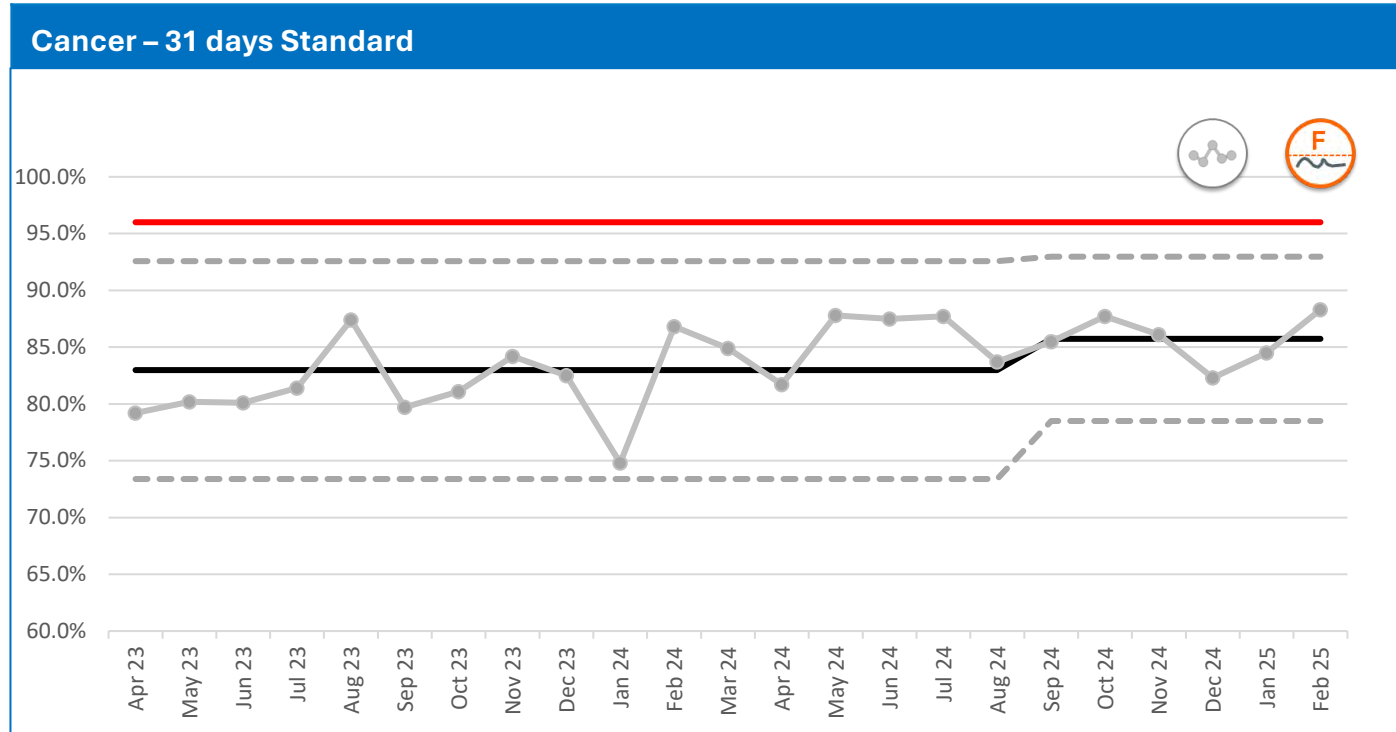
MFT sits in the 2nd quartile of national performance with a ranking of 73, mid range of Shelford providers and 5th out of 6 within GM in Q2 24/25. Performance shows common-cause variation.

Future actions

Continued oversight of performance in WTWA clinical group and through Delivery Oversight arrangements. Business case for stroke progressing through Trust processes.

Cancer 31-day Standard

Alert		SOF3 metric	
Feb-25		National standard	
88.3%		96.0%	
Compliance	Variance	Assurance	Actions



Updates since previous month

- No significant variation in performance observed, but the Trust is below the standard of 96%. Reduced number of cancer treatments reported in February following a high volume in January

Current issues

- Surgical capacity for treatment in high volume treatment areas – although through the recovery actions some areas (lung) have brought their booking windows down to under 2 weeks.

Key dependencies

- Surgeon core capacity
- Theatre productivity
- Anaesthetic cover
- Recovery plan success

Future actions

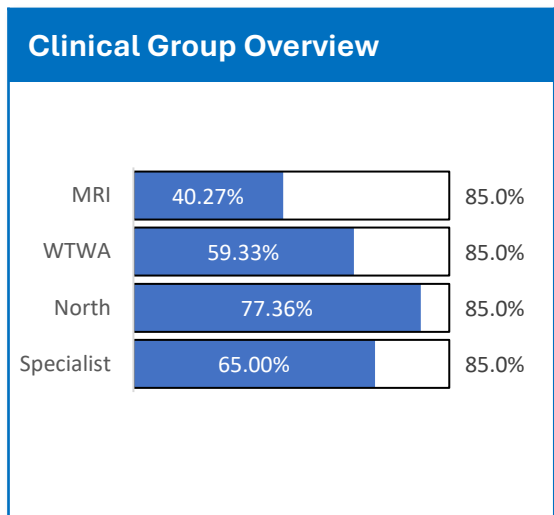
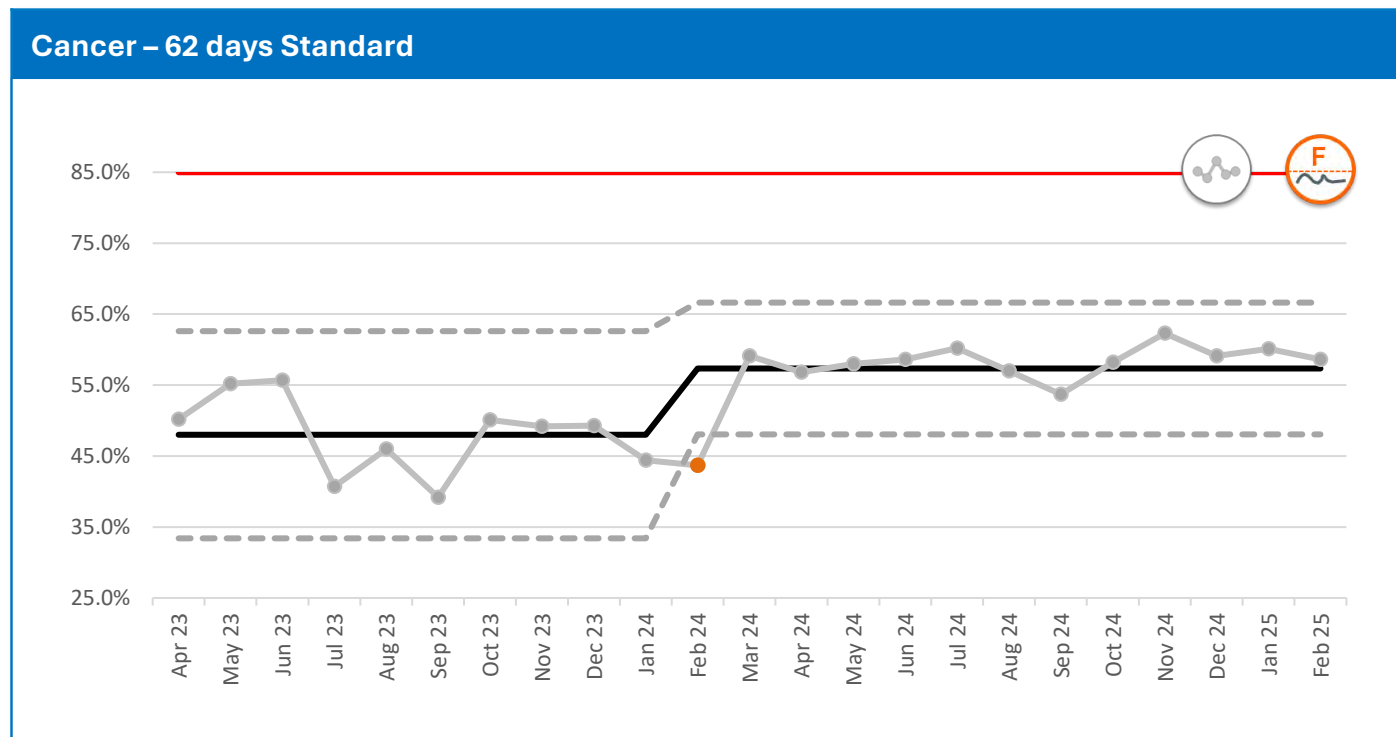
- Continue with additionality to bring waits for surgery down (Lung, Head and Neck, Urology and LGI, Gynaecology)
- Mutual aid lists in place with the Christie

Cancer 62-day Standard (1 of 2)

Alert SOF3 metric

Feb-25	Plan
58.6%	64.9%

Compliance	Variance	Assurance	Actions



Updates since previous month

Cancer 62d performance continues to show common cause variation, but has consistently been below the standard throughout 24/25. In the latest period, performance was 6.3% worse than plan (58.6% vs 64.9%). Extra activity was focussed on clearing backlog patients.

Key dependencies

Continue to progress actions agreed in Collaborative Improvement groups covering all tumour groups. Utilisation of weekly post breach report to bring forward patients and reduce breach volumes

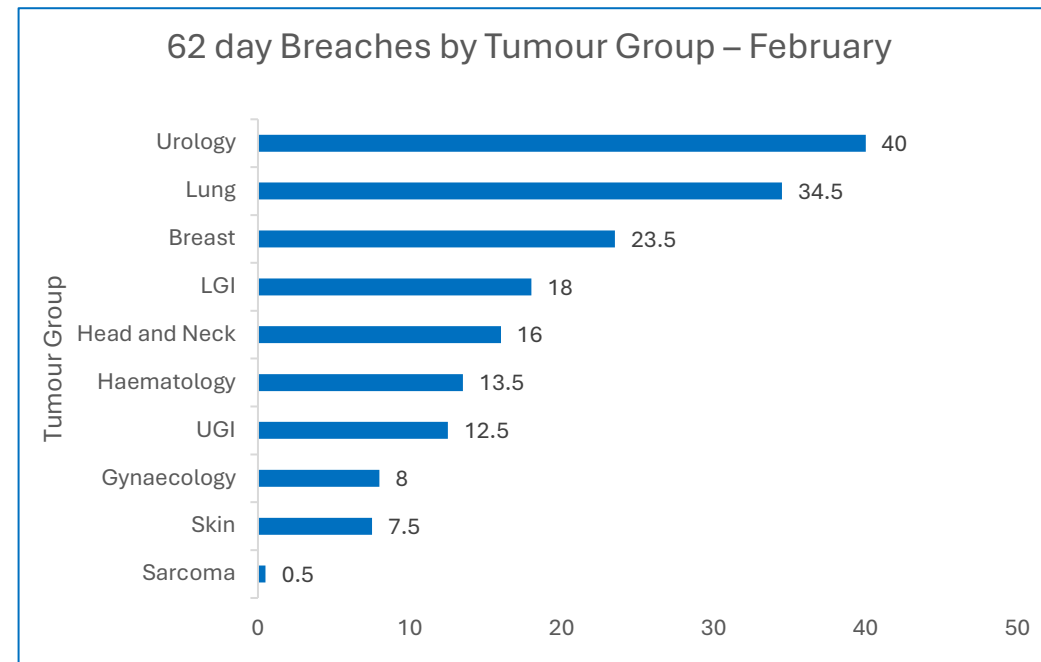
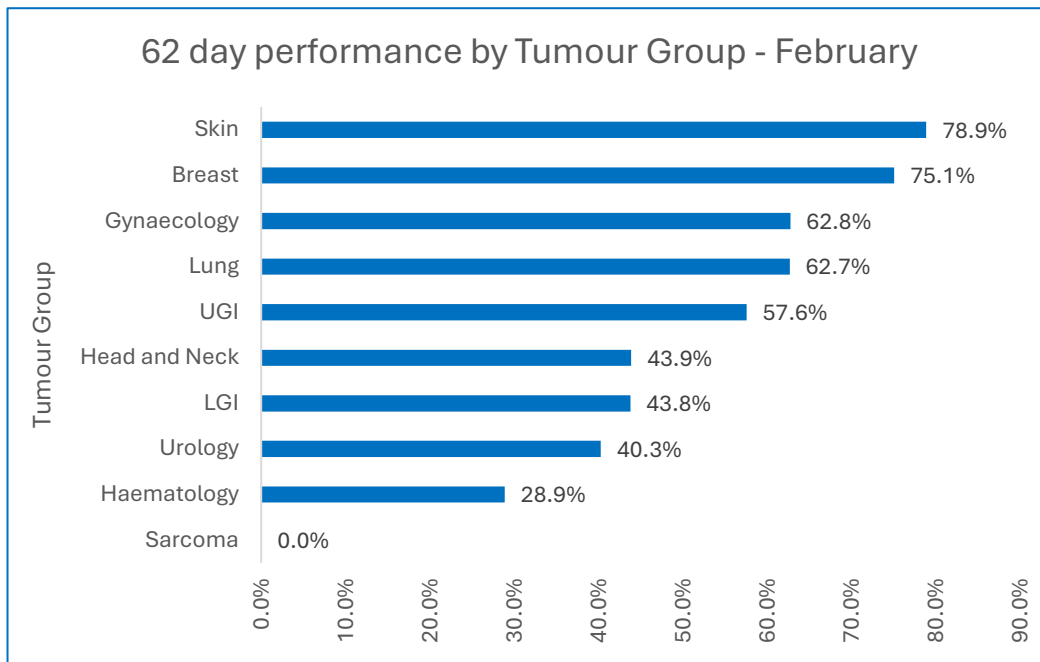
Current issues

Increase in backlog following the Christmas period has hindered 62-day recovery in Q4, though this has now been reduced in February and March.

Future actions

2025/26 plans through Cancer Collaborative to be focussed on performance improvements required.

Cancer 62 day Performance by Tumour Group (2 of 2)



Updates since previous month

Significant improvement observed in lung tumour group performance

Current issues

Urology performance and breach volumes have increased and the pathway requires further improvement action and capacity improvement

Key dependencies

Continue to progress actions agreed in Collaborative Improvement groups covering all tumour groups. Utilisation of weekly post breach report to bring forward patients and reduce breach volumes

Future actions

Focus remains on LGI, Head and Neck, Lung, Urology, Gynaecology and CSS. Schemes run across the entire pathway to include diagnostics and treatments.

Cancer 28 day Faster Diagnosis Standard

Advise SOF3 metric

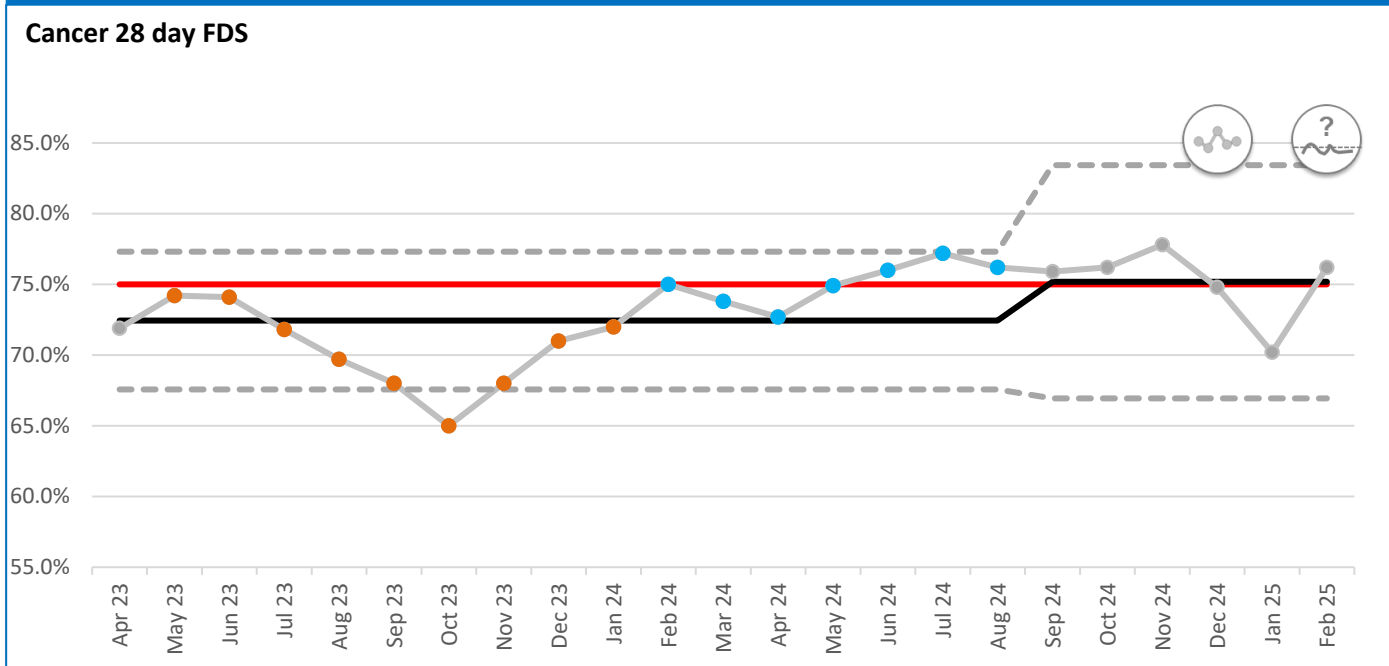
Feb-25	Plan
76.2%	76.0%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	63.8%	75.0%
WTWA	83.8%	75.0%
North	70.5%	75.0%
Specialist	73.9%	75.0%

Cancer – 28 Days FDS



Updates since previous month

FDS performance in February was 76.2%, above the national target of 75% and above the MFT planned trajectory of 76%. Performance continues to show normal variation, with recovery from January's reduced position.

Current issues

Review of future improvement actions and allocations of funding reserves to take place to enable continued improvements. Referrals remain elevated in some specialties post-Christmas.

Key dependencies

Continue to progress actions agreed in Collaborative Improvement groups covering all tumour groups.

Future actions

Introduction of TIRADS scheme in Head and Neck should reduce requirements for USS FNA which is an area which has struggled for capacity – this will allow for earlier FDS attainment.

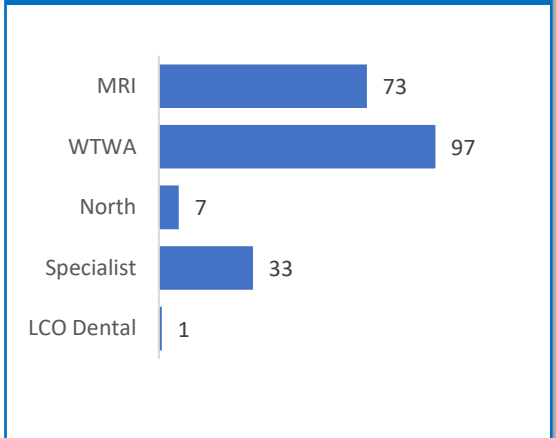
Cancer 62-day backlog

Advise SOF3 metric

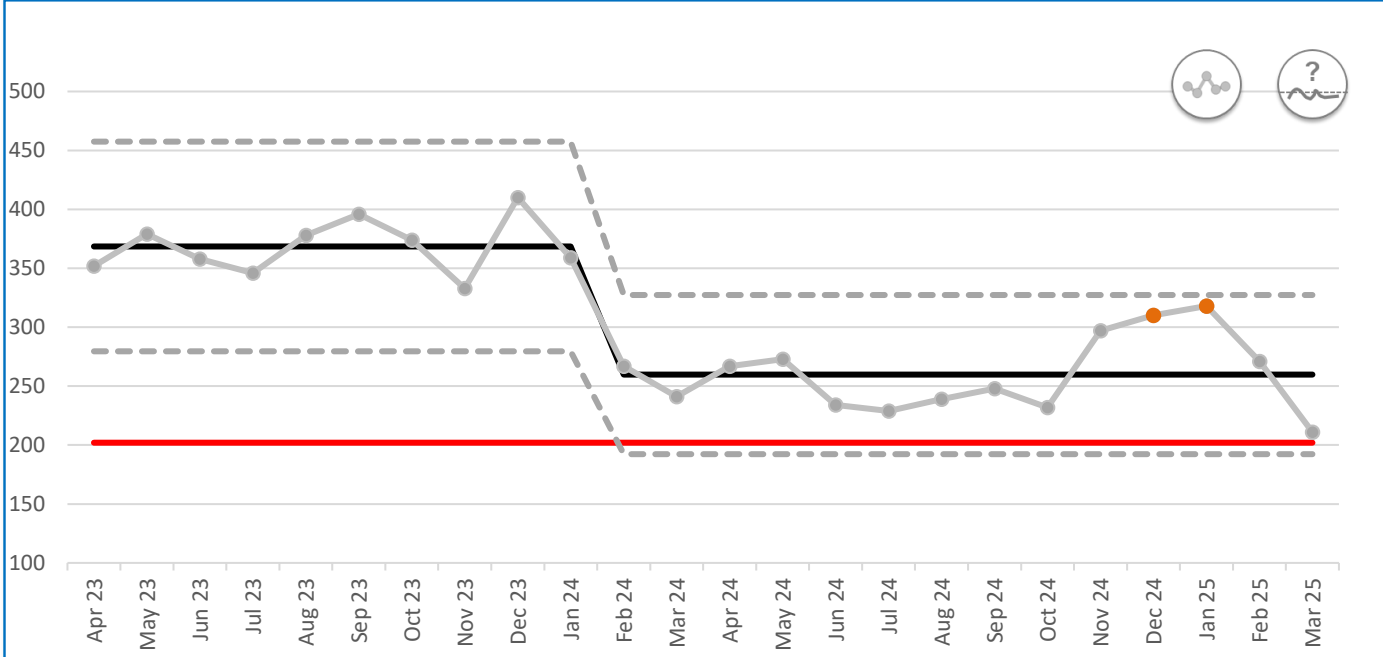
Mar-25	Target
211	202

Compliance	Variance	Assurance	Actions

Clinical Group Overview



Cancer – Backlog



Updates since previous month

The volume of patients in the backlog over 62 days reduced significantly for month end – this was due to a mixture of additional activity to recover position and increased focus on 62-day recovery in quarter four overall.

Key dependencies

Continue to progress actions agreed in Collaborative Improvement groups covering all tumour groups. Utilisation of weekly post breach report to bring forward patients just breaching

Current issues

Backlog tip in rates to be monitored weekly going forwards through TLTC as well as in tumour group and clinical group oversight.

Future actions

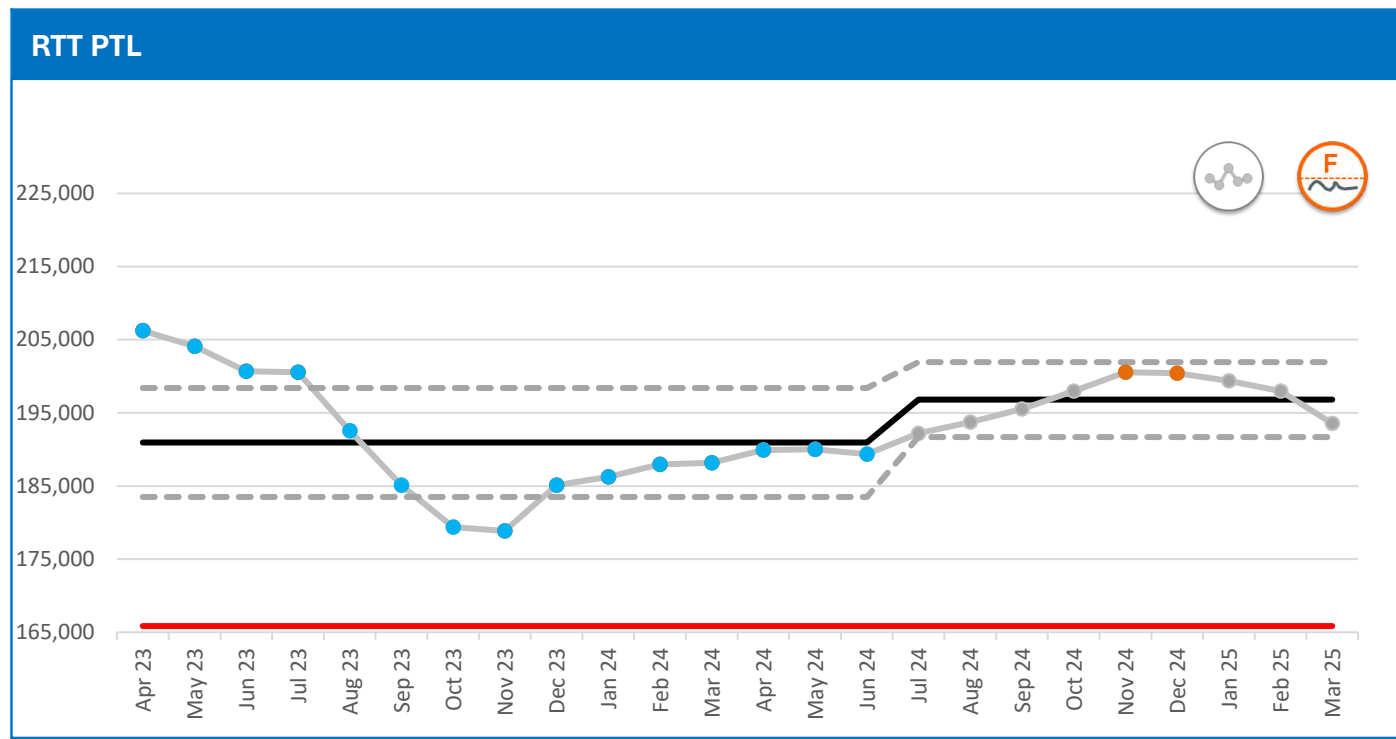
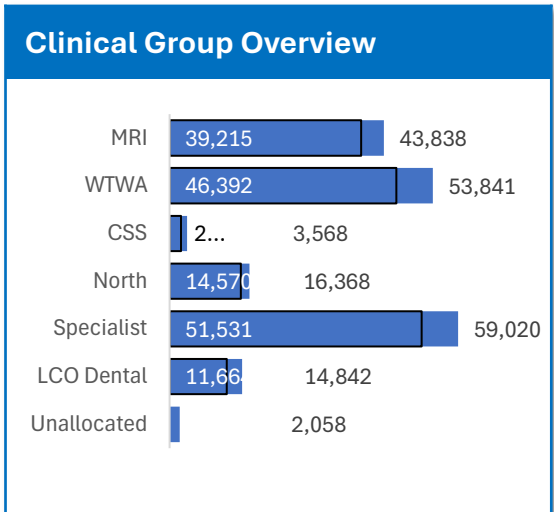
Regular senior clinical review of backlog patients. Breakdown of patients where intervention is required which may lead to reduction circulated weekly to enhance oversight.

RTT PTL Waiting list size

Alert SOF3 metric

Mar-25	Target
193,535	165,849

Compliance	Variance	Assurance	Actions



Updates since previous month

The overall PTL size returned to normal variation but is above planned levels. Focussed work digital services to analyse referral growth seen and impact on waiting list size, with targeted validation projects as a result, has supported significant reduction in PTL size in Q4.

Key dependencies

Ensuring capacity is maximised and bookings are made timely to reduce long waiters, outcoming is timely and accurate.

Current issues

To sustain performance improvements in long waits, further waiting list reduction is required in 2025/26, with an aim to delivery 175,000 by March 2026.

Future actions

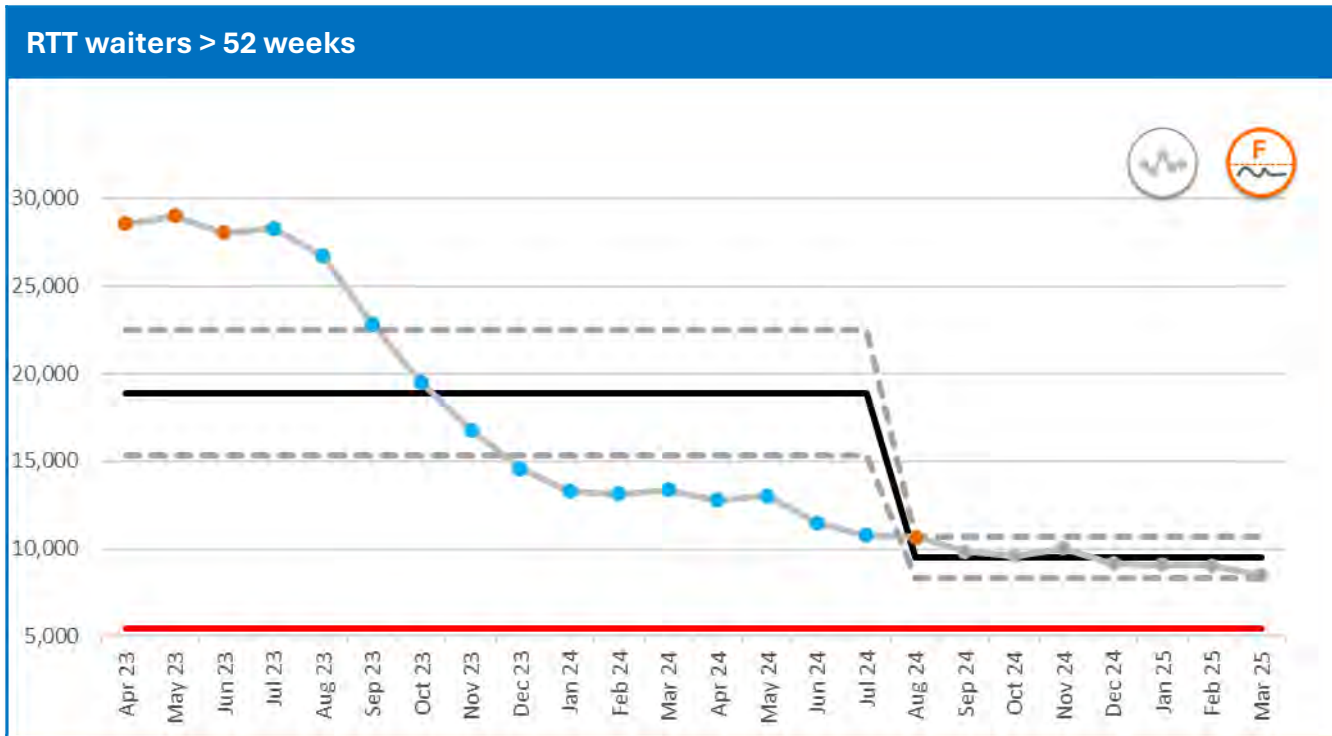
Elective recovery programme of work to go live in April 2025 to drive pathway transformation and waiting times improvement.

RTT > 52 Week waiters

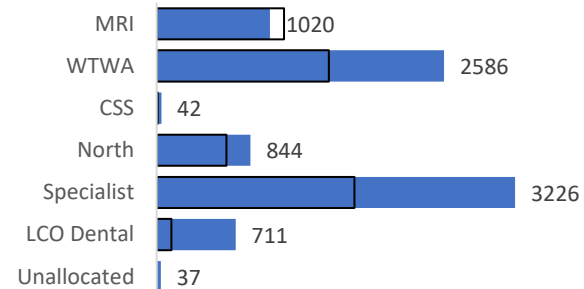
Advise SOF3 metric

Mar-25	Target
8,466	5,248

Compliance	Variance	Assurance	Actions



Clinical Group Overview



Updates since previous month

Reduction of the overall 52 week wait cohort continues although there is variance from plan in month of 3,000, this is a reduction of 561 patients from the February position.

Key dependencies

Outpatient capacity
Theatre capacity for complex cases

Current issues

Largest volumes of 52WW patients are in gynaecology, T&O, ENT and gastroenterology.

Future actions

Plans for 2025/26 focus on 52W delivery as the key long-wait metric, with the expectation that eradication continued

RTT > 65 Week waiters

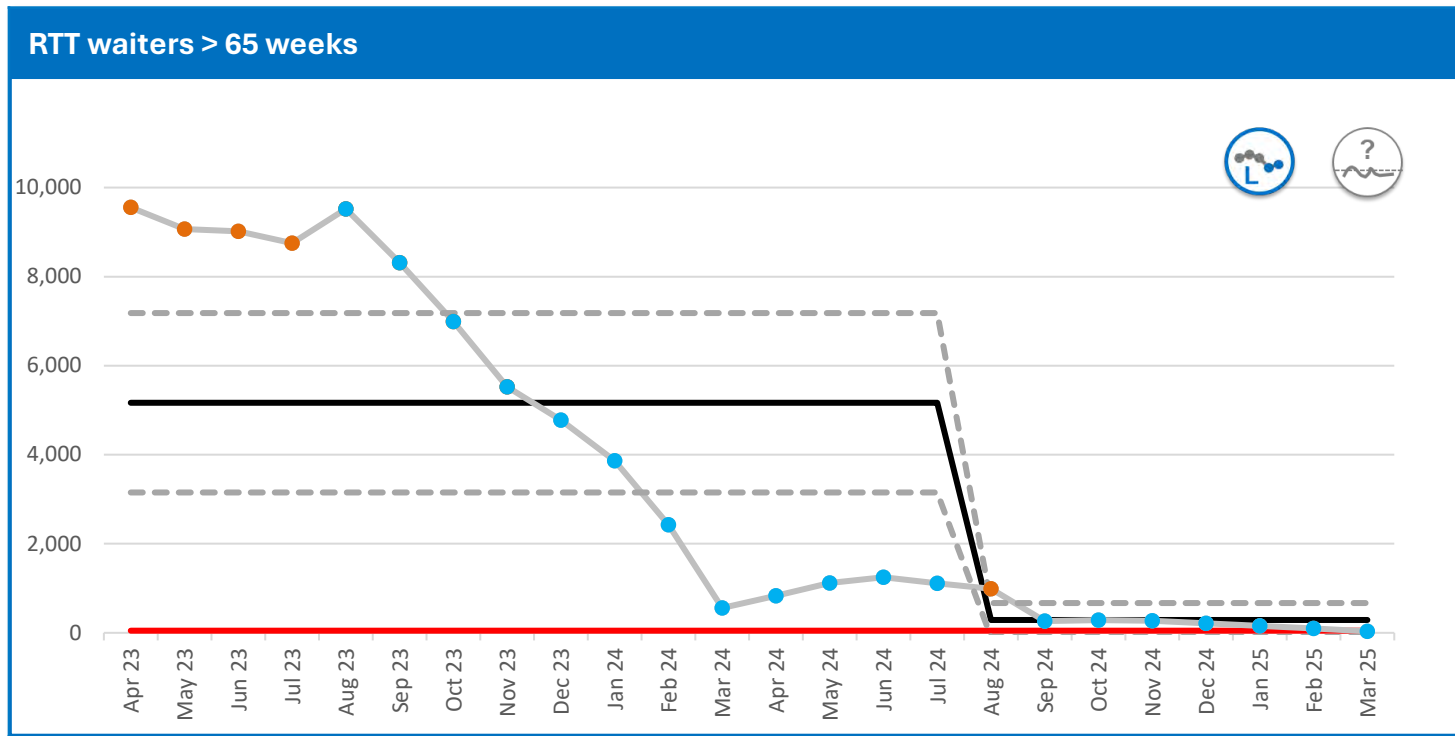
Advise SOF3 metric

Mar-25	Target
33	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	1
WTWA	0
CSS	0
North	0
Specialist	32
LCO Dental	0



Updates since previous month

Final validated data for March is 33 >65-week waits vs a plan of 0, which compares to 98 in February. 23 of these patients were waiting for corneal grafts.

Current issues

Performance remains challenged by complex pathways particularly within Gynaecology along with high volumes of T&O waits and residual long waiting corneal graft patients

Key dependencies

Dedicated recovery programmes for gynaecology and T&O
Tissue availability for grafts

Future actions

Continue weekly oversight, ensuring delivery of actions.
Prioritisation of corneal graft patients in place nationally.

RTT 18-week performance

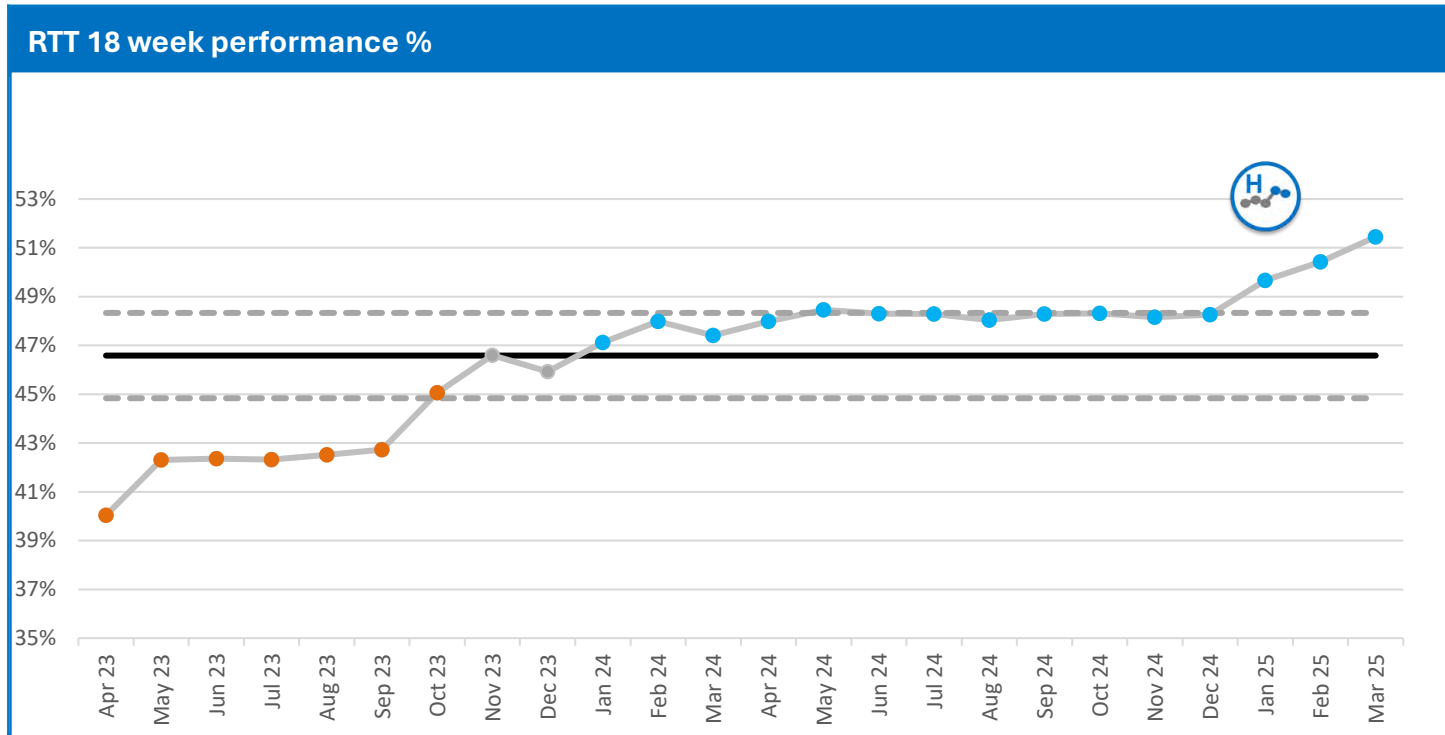
Advise SOF3 metric

Mar-25	National standard
51.45%	92%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	55.46%
WTWA	52.26%
CSS	52.61%
North	49.76%
Specialist	48.84%
LCO Dental	45.26%



Updates since previous month

Statistically significant improvement in MFT's 18-week performance, with an improvement to 51.4% in March from 48% in December.

Current issues

MFT PTL needs to be 100,000 patients to sustainably deliver 18 weeks but is currently almost double this size; first milestone is 175,000 patients by March 2026.

Key dependencies

- Sustainable PTL size
- Sufficient activity levels
- Prioritisation and operational focus

Future actions

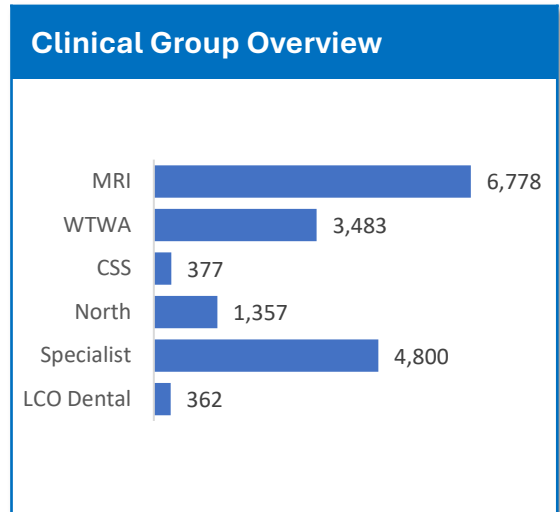
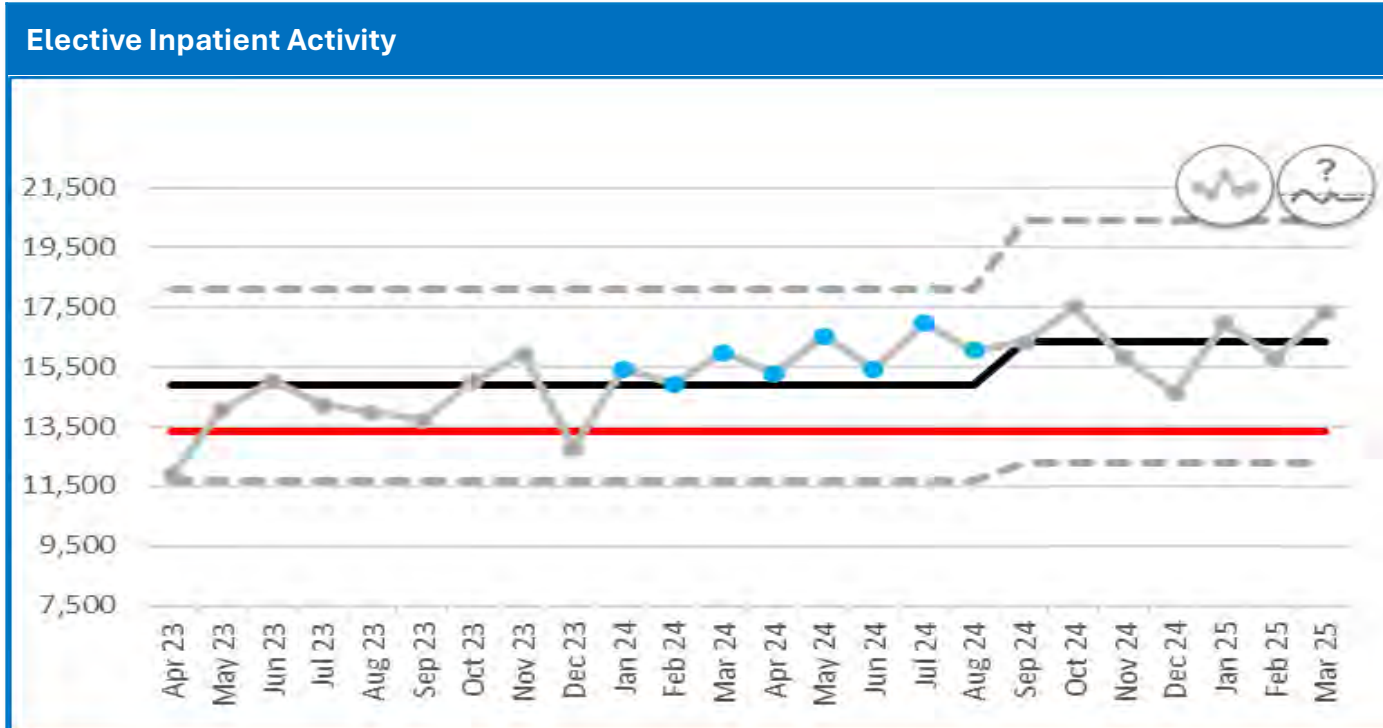
Elective improvement programme has a range of workstreams aiming to deliver 18-week performance, including programmes of work on operational management, technical support and engagement and training

Elective Inpatient Activity

Assure

Mar-25	Target
17,323	15,297

Compliance	Variance	Assurance	Actions



Updates since previous month

Elective inpatient activity has been above plan consistently since April, largely driven by daycase procedures although with variation at clinical group level

Current issues

Maintaining elective activity levels as required through Winter
Optimising capacity to increase activity levels further e.g. through theatres

Key dependencies

- Winter capacity available
- Additionality funding
- Theatre productivity programme

Future actions

Delivering volumes required to maintain performance and achieve next year's performance goals

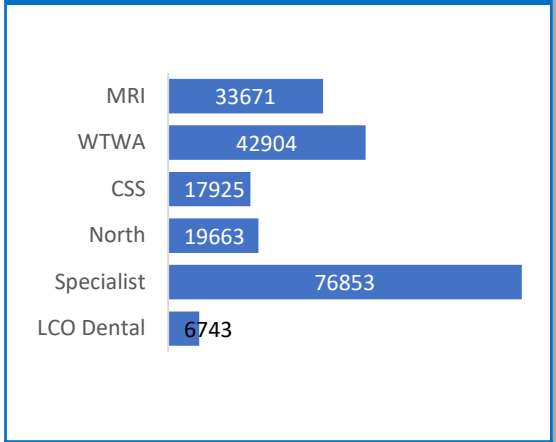
Elective Outpatient Activity

Assure

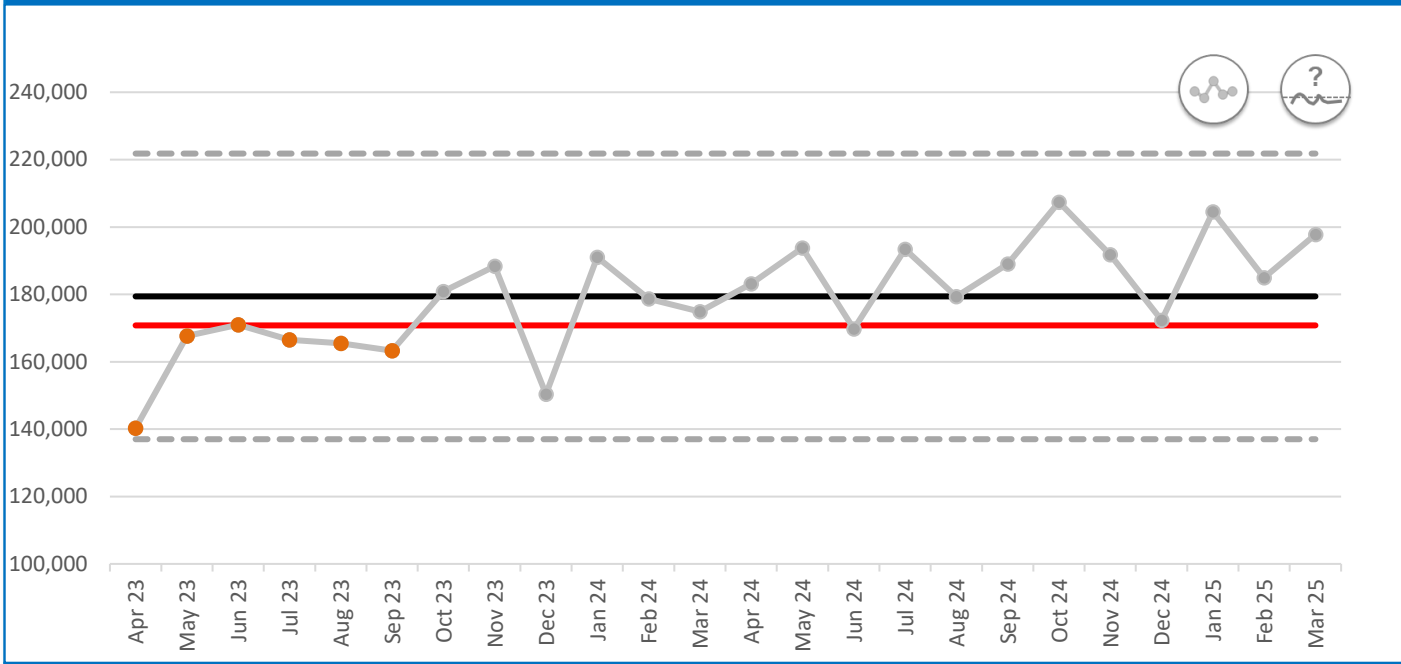
Mar-25	Target
197,803	179,488

Compliance	Variance	Assurance	Actions

Clinical Group Overview



Elective Outpatient Activity



Updates since previous month
Activity has been largely at or above plan all year, December reductions linked to patient choice and festive leave periods have recovered with increased levels observed in March

Current issues
Activity is at or above planned levels, but further activity growth is required to meet demand and to ensure performance delivery.

Key dependencies
Annual planning to be finalised to determine demand and capacity modelling and planning for 25/26
Insourcing provision to increase activity

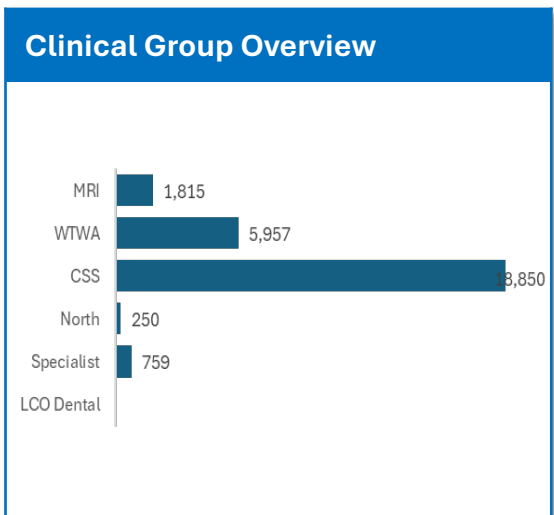
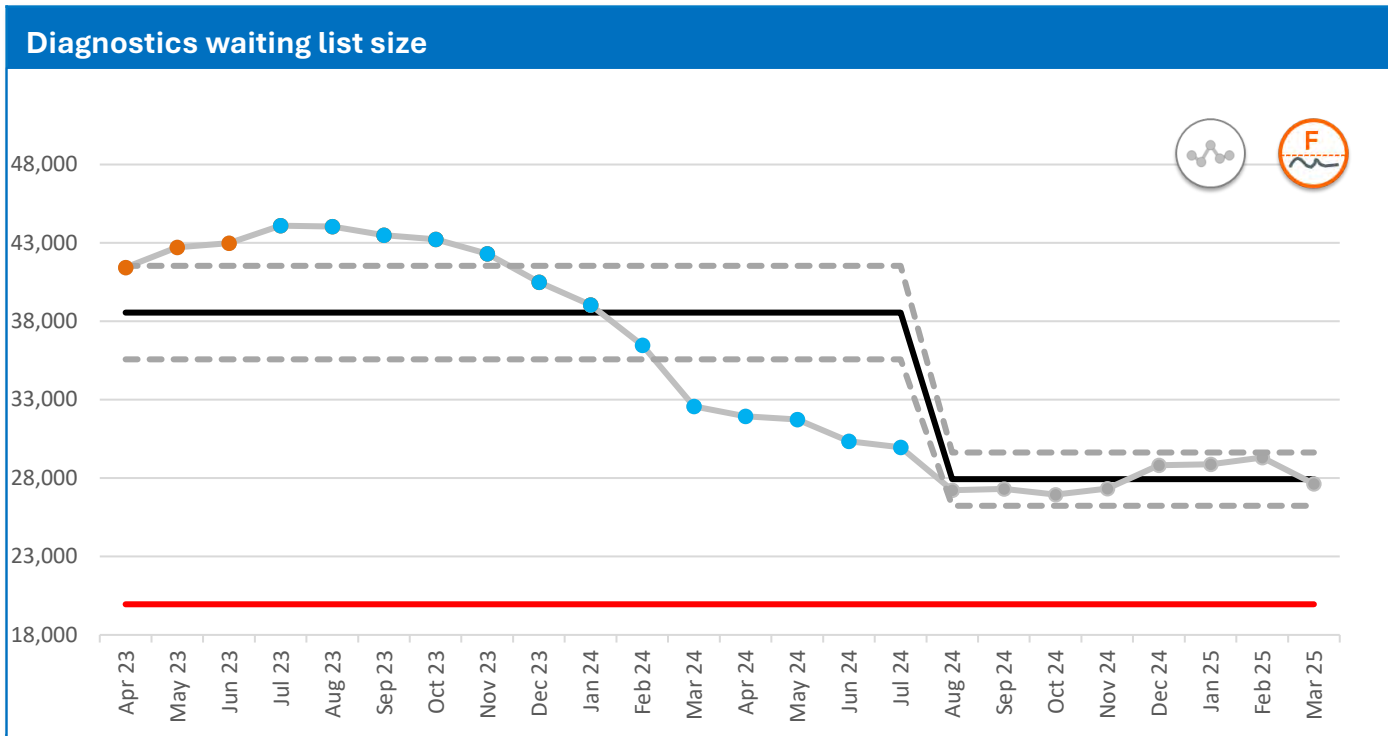
Future actions
Continue insourcing provision
Confirm final activity plans for 25/26

Diagnostics – DM01 Total Waiting List Size

Advise SOF3 metric

Mar-25	Target
27,641	19,953

Compliance	Variance	Assurance	Actions



Updates since previous month

Overall waiting list has decreased in March, but continues to track behind plan with 7,688 additional pathways over plan

Current issues

Increased demand observed in planned and non-elective across all modalities to increase total waiting size

Key dependencies

- Modality level tracking and recovery plans
- Additionality provision
- Utilisation of CDC

Future actions

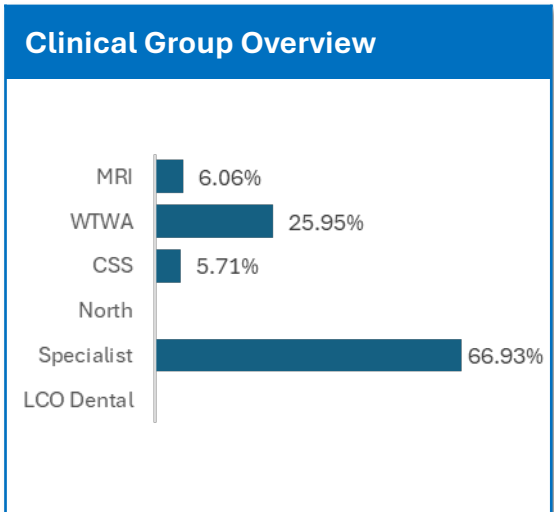
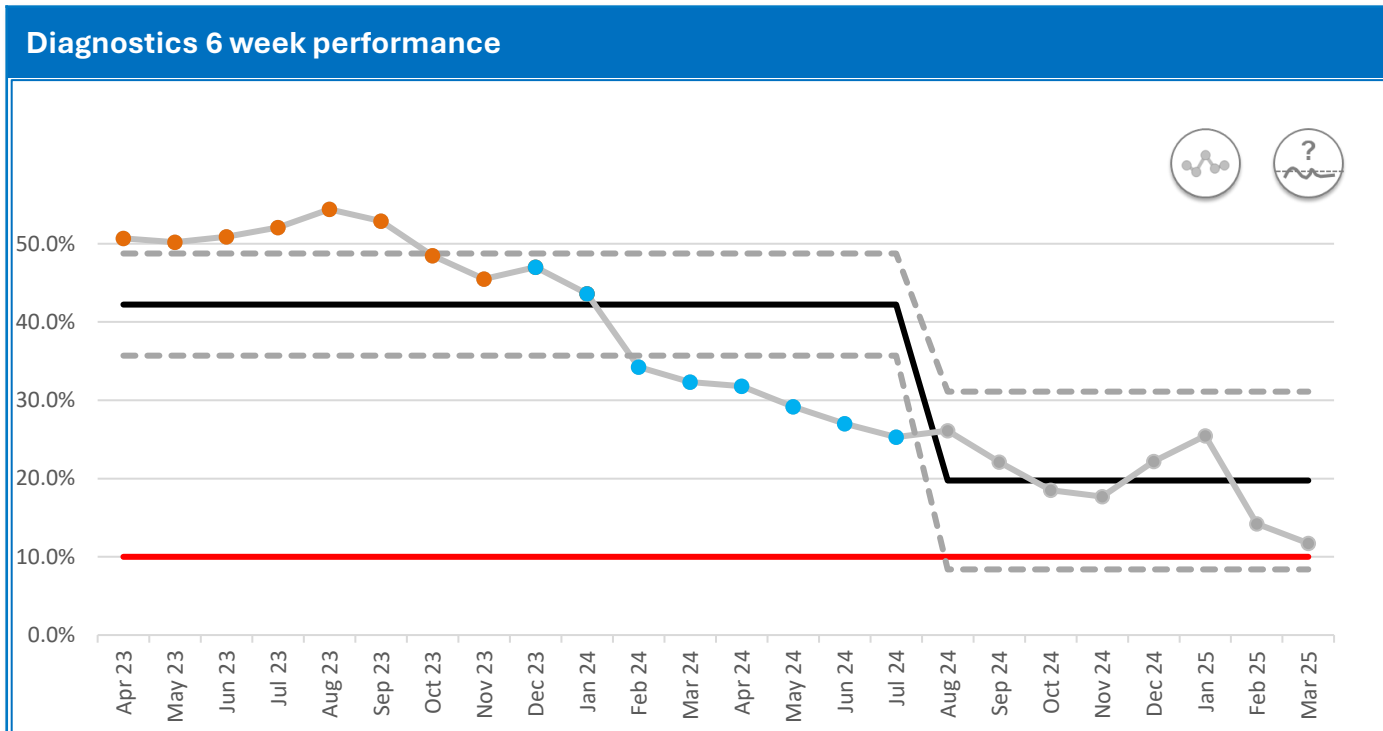
Weekly oversight meetings at modality level tracking performance and waiting list size

Diagnostics – DM01 6 week performance

Advise SOF3 metric

Mar-25 Target
11.7% **10.0%**

Compliance	Variance	Assurance	Actions



Updates since previous month

Performance improvement through February and March following an increase in January; although performance missed plan in March by 1.7%.

Current issues

Increased demand observed in planned and non-elective across all modalities.

Key dependencies

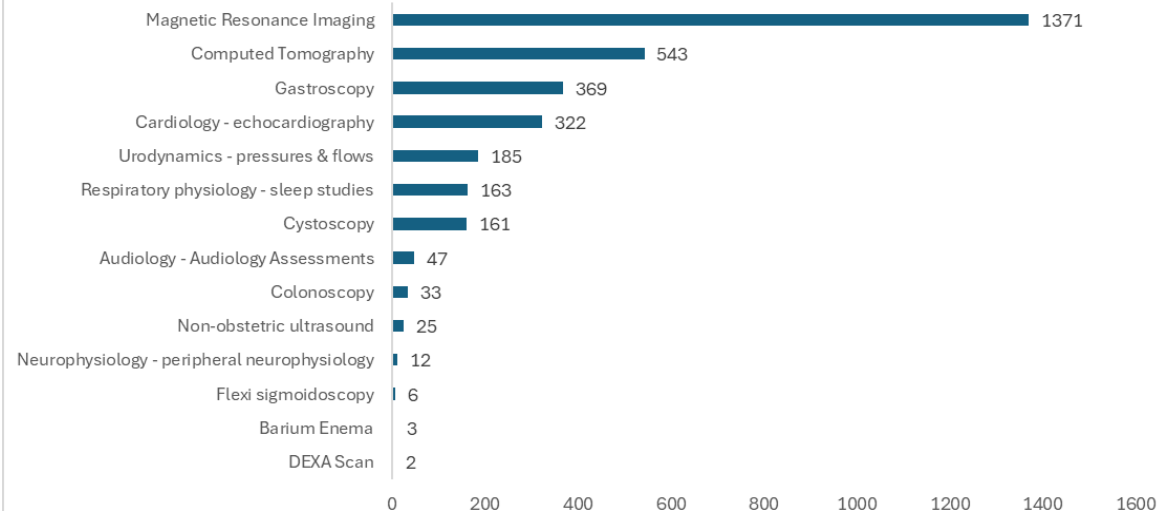
- Increase bookings < 3 weeks
- Modality level tracking and recovery plans
- Additionality provision
- Utilisation of CDC

Future actions

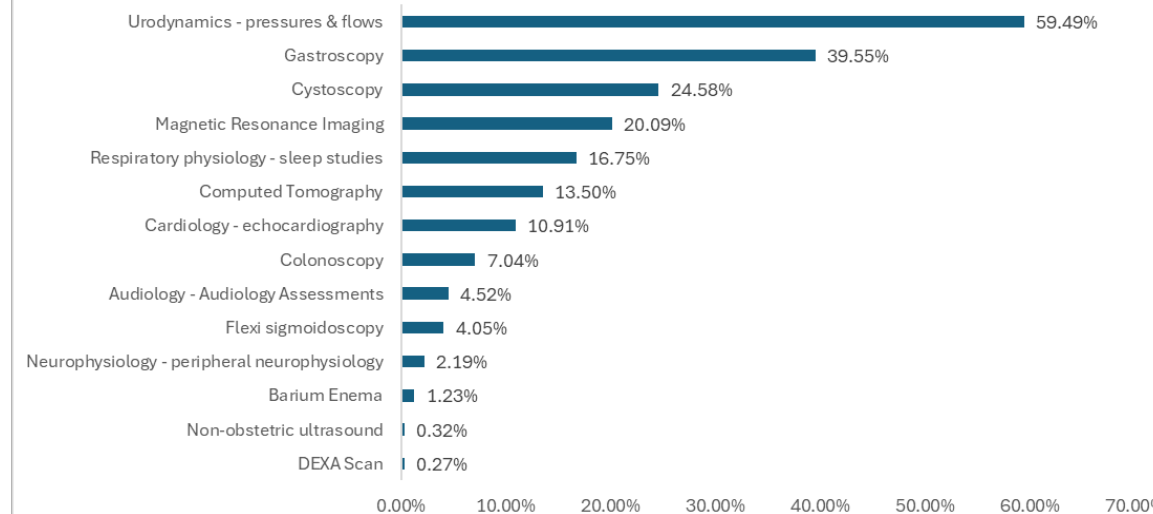
- Weekly oversight meetings at modality level tracking performance and waiting list size
- Monitoring of challenged modalities (MRI, CT, NOUS) driving performance

Diagnostics – DM01 6 week performance

Volume over 6 weeks by modality - March



Percentage over 6 weeks by modality - March



Updates since previous month

Performance challenges exist within MRI, CT, Sleep, CT, NOUS, Cystoscopy and Urodynamics with all at variance to plan in month. Modality level recovery plans are being tracked weekly to improve performance through breach reduction.

Current issues

Demand growth experienced in December and January, along with reduced activity in December leading to residual breaches in January and recovery required in February and March.

Key dependencies

Success of modality level performance improvement programmes and activity increases in echo, sleep and imaging.

Future actions

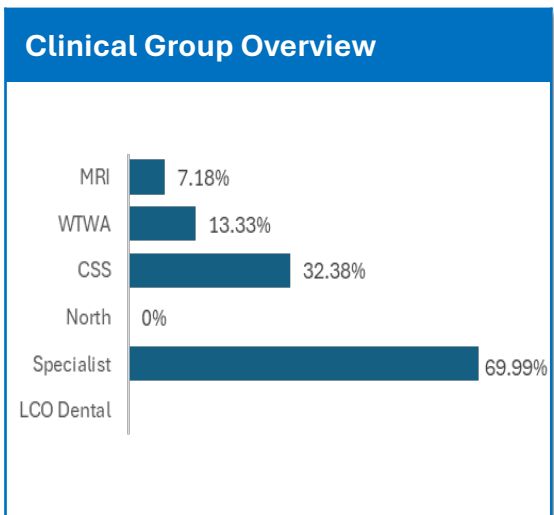
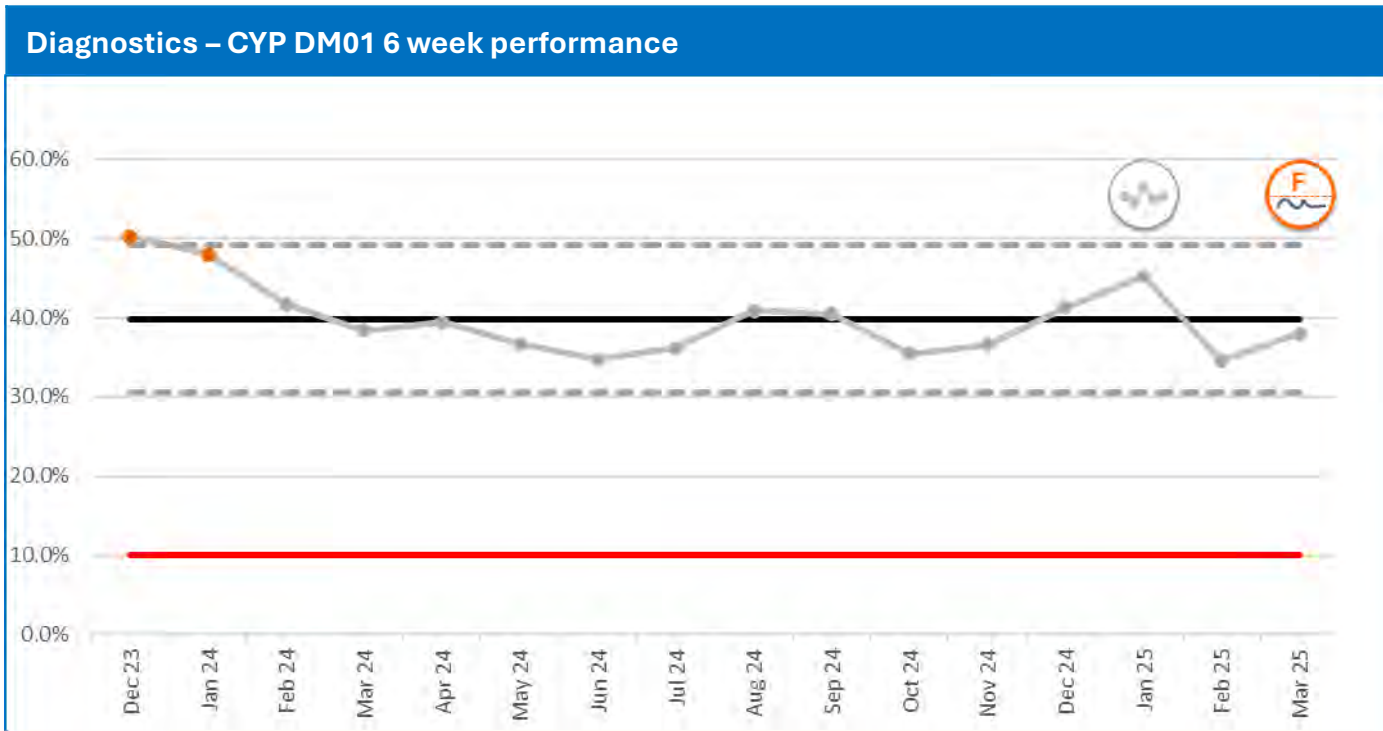
Continue modality level recovery plans with weekly oversight – sustaining improvements into April

Diagnostics – CYP DM01 6 week performance

Advise SOF3 metric

Mar-25 Target
37.92% **10.0%**

Compliance	Variance	Assurance	Actions



Updates since previous month
MRI, endoscopy, NOUS and sleep are the key drivers of reduced paediatric DM01 performance.

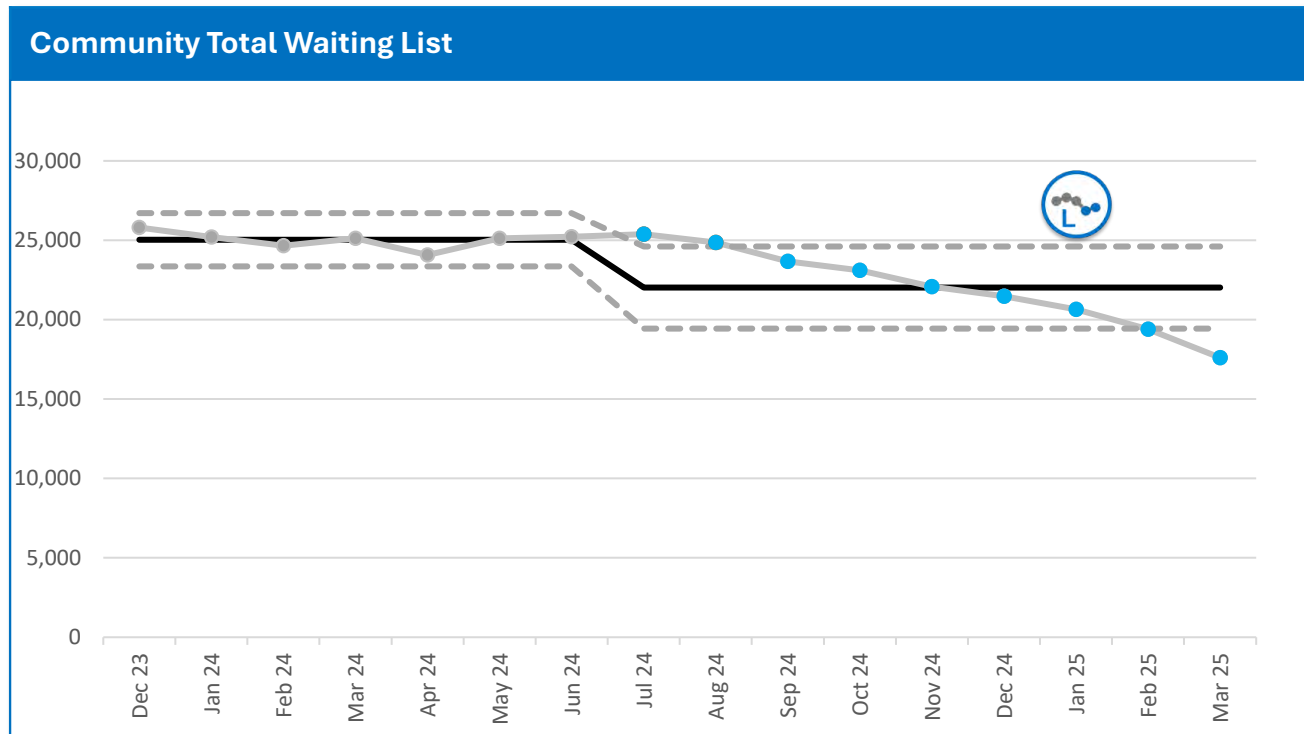
Current issues
Insufficient capacity for sedation lists for MRI
Access to theatres for endoscopy procedures requiring sedation

Key dependencies
Prioritising DM01 performance vs P2/long waits in theatre
Adults to paed capacity conversion for NOUS
Additionality for sedation MRI

Future actions
Sleep study equipment in place to provide additional capacity and reduce CYP sleep waits

Community Performance – Community Total Waiting List

Advise		SOF3 metric	
Mar-25		Target	
17,605		24,711	
Compliance	Variance	Assurance	Actions



Updates since previous month

Total waiting list size continues to significantly decrease since the high in July. This has been driven by reductions in the number of waiters in MSK and Podiatry across both Manchester and Trafford localities.

Current issues

Waiting lists for community paediatric services are increasing. Long waiters in Trafford Occupational Therapy Assessment Team and are being actively monitored.

Key dependencies

Validation work is underway to ensure accuracy of service lists prior to switching to the new reporting methodology in April.
Non-standardised implementation of the community EPR (EMIS) means waiting list reporting carries DQ risk, with oversight in place.

Future actions

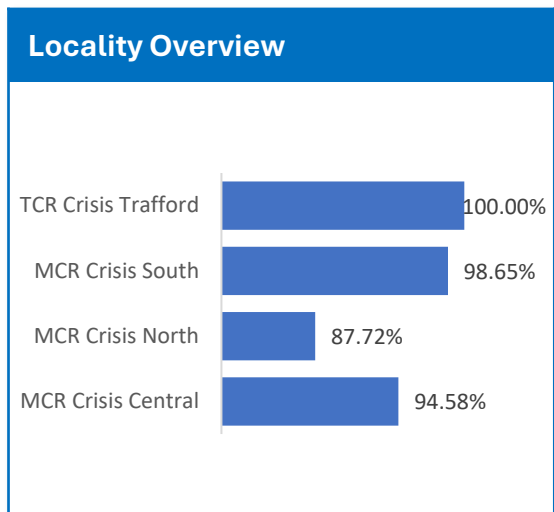
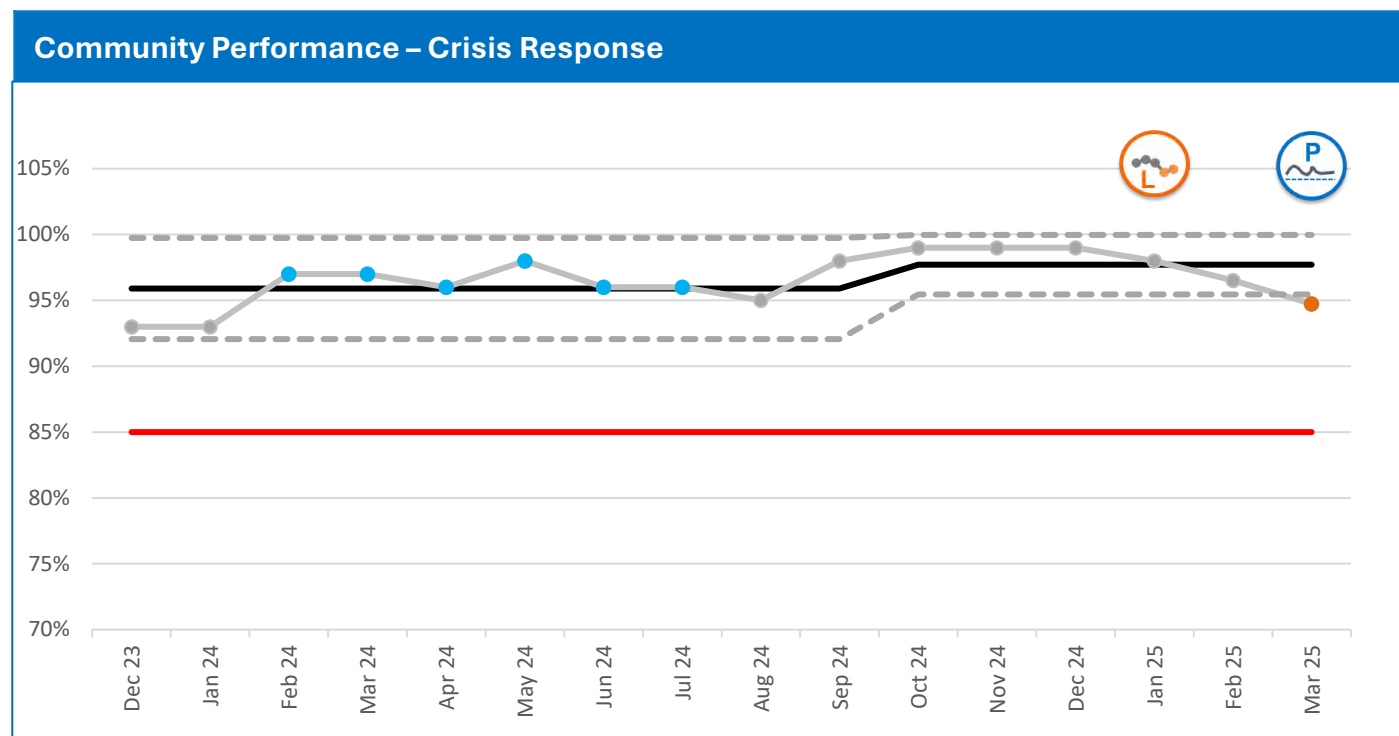
We anticipate an increase in the waiting list of approximately 1,500 in April-25, as the local definition of the waiting list report is improved.

Community Performance – Crisis Response

Advise SOF3 metric

Mar-25 Target
95% **85%**

Compliance	Variance	Assurance	Actions



Updates since previous month

Similar to the previous month the proportion of referrals seen in two hours remains close to 100%

Current issues

The proportion of referrals seen in two hours is 95% at the Central locality and 88% at the North locality.

Key dependencies

ACP vacancies across the city leading to increased service closures but performance expected to be maintained above national target

Future actions

- Ongoing ACP recruitment
- Community Urgent Care Front door review (including H@H)

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



Trust IPR Executive summary – April 2025

Focus	Compliance	Variation	Assurance	Action Status	Indicator
Incident Reporting & Safety Culture					Ratio Notifiable: Non notifiable Patient Safety Incidents
					No incidents per 10,000 bed days
					No incidents (moderate + harm) per 10,000 bed days
					No incidents (low/no harm) per 10,000 bed days
					Incidents of violence / disruptive behaviour (moderate + harm)
					Number of never events in month
					Duty of Candour Compliance
Harm Free Care					Surgical safety checklist compliance
					Attributable pressure ulcers (grade 3-4)
					Falls per 10,000 bed days (level 4 & 5 harm)
					VTE screening compliance
					Incidents relating to delays on waiting lists (moderate + harm)
					Incidents relating to delays in follow ups (moderate + harm)
	Infection, Prevention & Control				
					Trust attributable <i>C. Diff</i> infections
					Gram negative infection – <i>E. Coli</i>
					Gram negative infection – <i>Klebsiella</i>
					Gram negative infection – <i>Pseudomonas</i>

Focus	Compliance	Variation	Assurance	Action Status	Indicator
Maternity					% of term admissions to neonatal unit (standard < 6%)
					Category 3 caesarean deliveries cancelled on the day (standard <10)
					% Initial Midwifery Triage assessment within 15 mins (standard 90%)
					% Initial Midwifery Triage assessment within 30 mins (standard 90%)
					% Delays over 96 hours on induction of labour pathway (standard 0)
					% Delays >72 hours and <96 hours on induction of labour pathway (standard 2%)
					% Delays >48 hours and <72 hours on induction of labour pathway (standard 15%)
					% Delays >24 hours and <48 hours on induction of labour pathway (standard 25%)
					% Transferred on induction of labour pathway <24 hours (standard 60%)
					% Delays >24 hours for transfer for augmentation (standard 20%)

* Further safety metrics in development

Trust IPR Executive summary – April 2025

Quality and Safety

Focus	Compliance	Variation	Assurance	Action Status	Indicator
Safeguarding					Number of patients with DoLs
					Number authorised DoLs notified to CQC
					Training – Safeguarding Children L1
					Training – Safeguarding Adults L1
					Training – Safeguarding Children L2
					Training – Safeguarding Adults L2
					Training – Safeguarding Children L3
					Training – Safeguarding Adults L3
Mental Health Strategy					MHA compliance – S132 – provision of information to patients
					Patients subject to MHA detention missing from hospital care
					Training – Mental Health L1
					Training – Mental Health L2
	Metric under development – MH Group overseeing process of development				Number inappropriate admissions of MH patients to inpatient wards
					Number inappropriate admissions of MH patients to inpatient wards >48hr LoS
					Number inappropriate admissions of MH patients to inpatient wards >7 day LoS
LD Strategy					Number of patients detained under section 136 > 12 hours
					% of people with LD / autism who have evidence of reasonable adjustment within 48 hours of admission

* Further safety metrics in development

Focus	Compliance	Variation	Assurance	Action Status	Indicator	
Patient Experience					Single sex compliance breaches	
					What Matters to Me (overall score)	
					Friends & Family Test – Inpatient/Day Case	
					Friends & Family Test – Emergency Department	
					Friends & Family Test - Outpatient	
					Friends & Family Test – Community Services	
					Friends & Family Test – TP1 - Antenatal Care	
					Friends & Family Test – TP2 - Birth	
					Friends & Family Test – TP3 – Care on Postnatal Ward	
					Friends & Family Test – TP4 – Postnatal Community Provision	
					Number of formal complaints opened in last month	
					Number PHSO complaints	
					Number reopened (not new) complaints in last month	
		Non-SPC			Closed complaints in month (theme)	
					Patient Advice & Liaison Service Concerns	
	Safer staffing					Care hours per patient day
						Ratio of actual : planned hours (excluding maternity)

Trust IPR Executive summary – April 2025

Focus	Compliance	Variation	Assurance	Action Status	Indicator
Sepsis 7					Medical Review On Time
					Oxygen Administered
					Blood Cultures Taken
					Antibiotics Administered
					Lactate Taken
					IV Fluid Bolus Administered
					Urine Output Measured
Pharmacy					% of Critical Medication Administrations Omitted
					% of Critical Med Omissions due to Medicines Unavailable
					% of Antimicrobial Omissions
					Controlled Drugs Audit Compliance
					Safe & Secure Handling of Medicines Audit Compliance
					% of Patients on O2 who had an O2 prescription
					24-hour Admissions Medicines Reconciliation
					48-hour Admissions Medicines Reconciliation

Focus	Compliance	Variation	Assurance	Action Status	Indicator
Learning from Deaths					Number of deaths with identified learning disability
		Non-SPC			Number of LEDER referrals
					Hospital standardised mortality ratio (HSMR) (rolling 12 month)
					Crude mortality rate (12 mth rolling)
					Standardised healthcare crude mortality indicator (SHMI)
					Prevention of Future Deaths

Executive Summary

Assurance



Achieving standard



Inconsistently Achieving standard



Not Achieving standard

Quality and Safety

Variation



Special Cause Improvement

% midwifery triage within 30 mins
 Delays in induction pathway
 Transfer on induction pathway in <24 hours
 Safeguarding training – Adults & Children L1&2
 Mental Health Act L1 training

Safeguarding Training - Children and Adults L3
 Mental Health Act Training L2
 What Matters to Me overall score



Common Cause

FFT scores (Outpatient, Community)
 Prevention of Future Deaths

Never events
 % term admissions to neonatal unit
 Births outside intrapartum setting

Incidents of violence / disruptive behaviour
 Duty of Candour compliance
 VTE screening
 MRSA compliance
 Cat 3 caesarean deliveries cancelled on day
 Initial midwifery triage within 15 mins
 Delays > 24 hours for augmentation of labour
 No authorised DoLs notified to CQC
 MHA compliance – provision of information
 Patients detained under MHA >12 hours
 People with LD with reasonable adjustment
 FFT scores (Inpatient, ED, Maternity)
 Care Hours per patient day and ratio of planned / actual
 Sepsis 7 metrics (all)
 Medicines safety metrics

Violence / disruptive behaviour – in month peak linked to small number of individuals
 DoC – 2 missed cases now complete
 VTE – continued improvement and reduction in outlier wards
 Caesareans cancelled on delay and delays in augmentation due to activity and acuity
 Initial midwifery triage performance continues to improve
 Sepsis metrics overseen at Speis Group, action plan in place
 Medicines safety metrics overseen at Medicines safety group – action plans in place



Special Cause Concern

C diff infections

Controlled drugs audit compliance
 Safe & Secure Handing of Medicines Audit Compliance
 Patients subject to MHA missing from care
 24 and 48 hour medicine reconciliation

Safe & Secure Handing of Medicines Audit Compliance planned to support local improvement work
 Review of HIVE functionality to support improved medicine reconciliation processes

Never Events

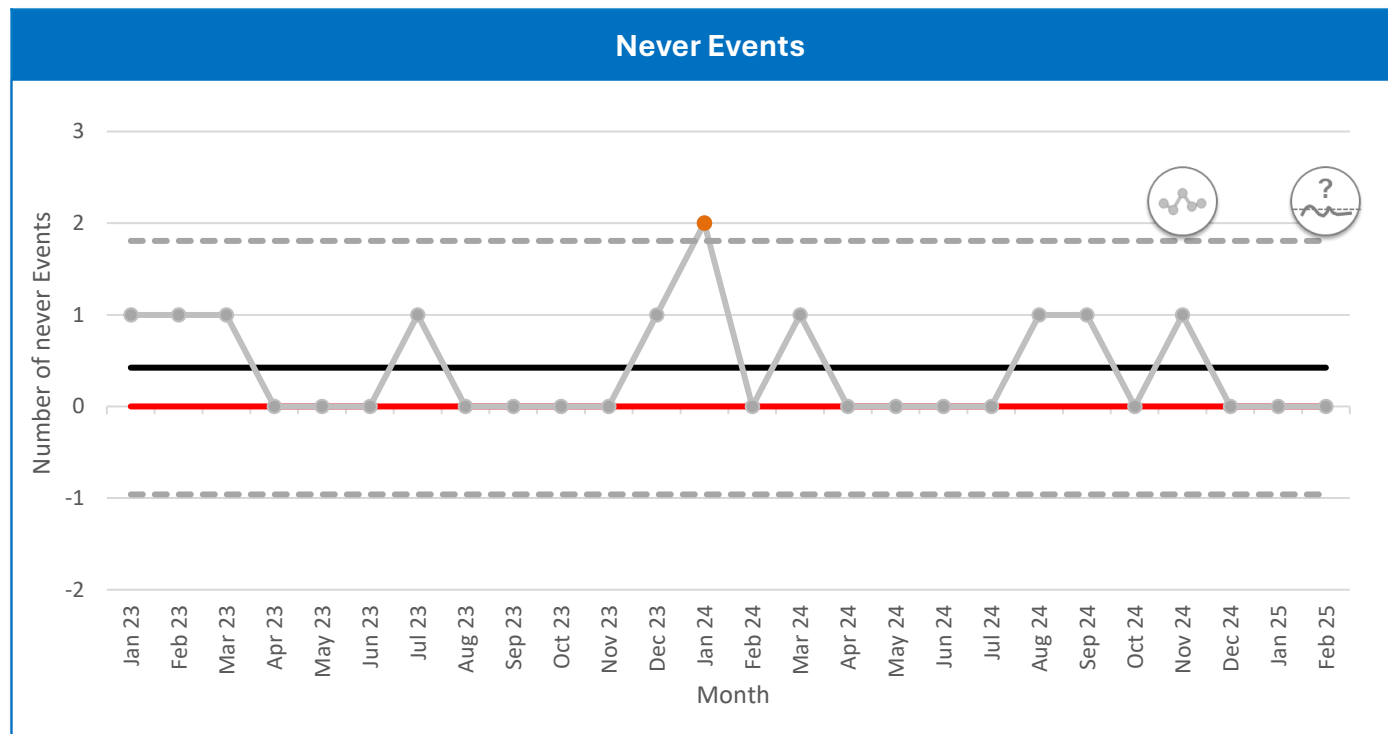
Assure Not SOF3 metric

Feb-25 Target
0 **0**

Compliance	Variance	Assurance	Actions

Clinical Group Overview (12 months)

Specialist	2
MRI	2
CSS	
LCO & Dental	
NMGH	
WTWA	



Updates since previous month
No Never Events reported since November 2024

Current issues
4 Never Events reported in last 12 Months

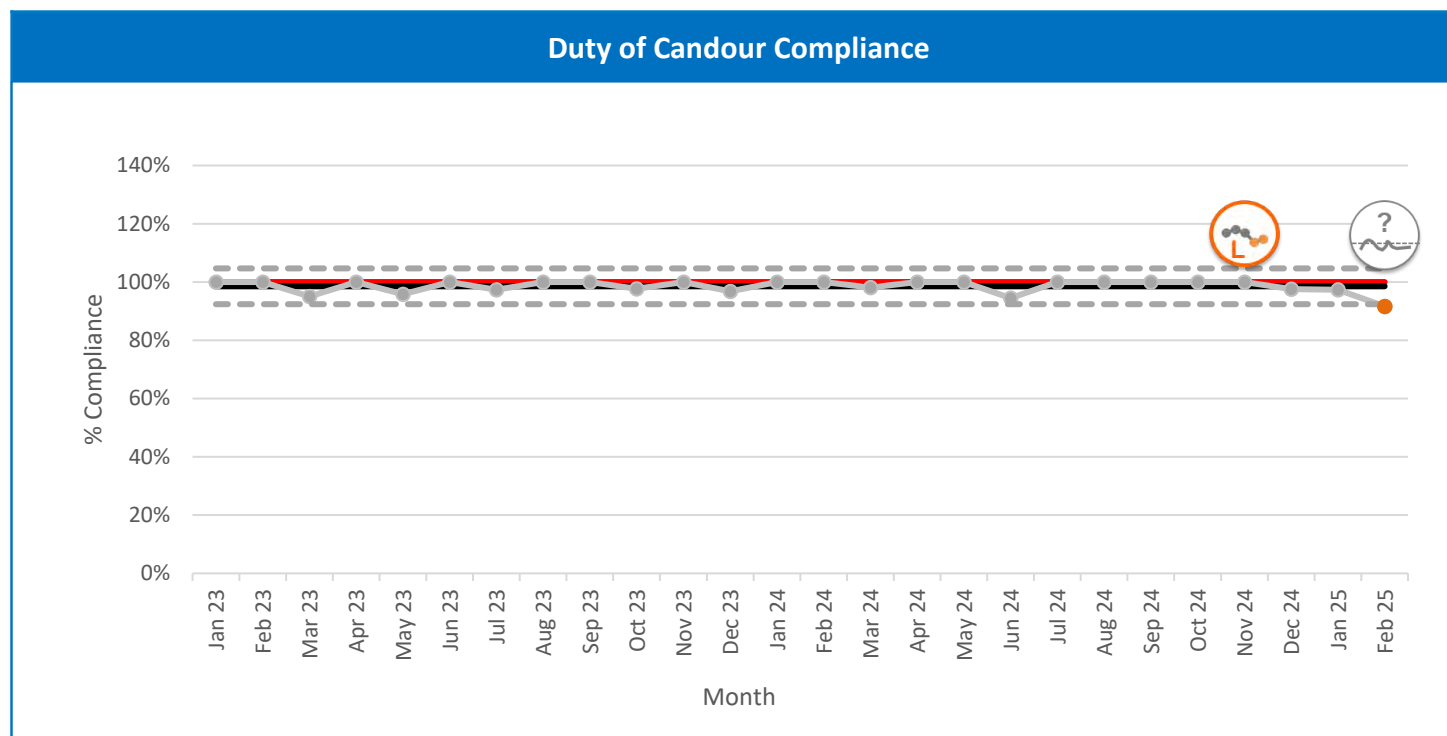
Key dependencies

Future actions
Individual patient safety learning response undertaken on all never events and learning presented at Patient Safety groups.

Duty of Candour Compliance

Alert	Not SOF3 metric
Feb-25	Target
91.67%	100%

Compliance	Variance	Assurance	Actions



Clinical Group Overview		
WTWA	<div style="width: 100%;"></div>	100.0%
MRI	<div style="width: 100%;"></div>	100.0%
Specialist	<div style="width: 100%;"></div>	100.0%
NMGH	<div style="width: 100%;"></div>	100.0%
CSS	<div style="width: 71.4%;"></div>	71.4%
LCO & Dental	<div style="width: 66.7%;"></div>	66.7%

Updates since previous month
 Decrease in compliance for February 25 to 96.17%. Delay in approval for exceptions of ongoing DOC at Patient Safety Oversight and Assurance Group (due to be presented Early April)

Current issues
 2 cases not completed - these were both from the Clinical and Scientific Services. It is confirmed that these have subsequently been completed

Key dependencies
 Maintaining the improvement in recording and administration of Duty of Candour on the incident reporting system

Future actions
 Ulysses improvement work to improve accuracy of reporting. Compassionate engagement workstream to support early engagement with patients/families. Review of Duty of Candour Policy & Guidance.

Attributable pressure ulcers (grade 3-4)

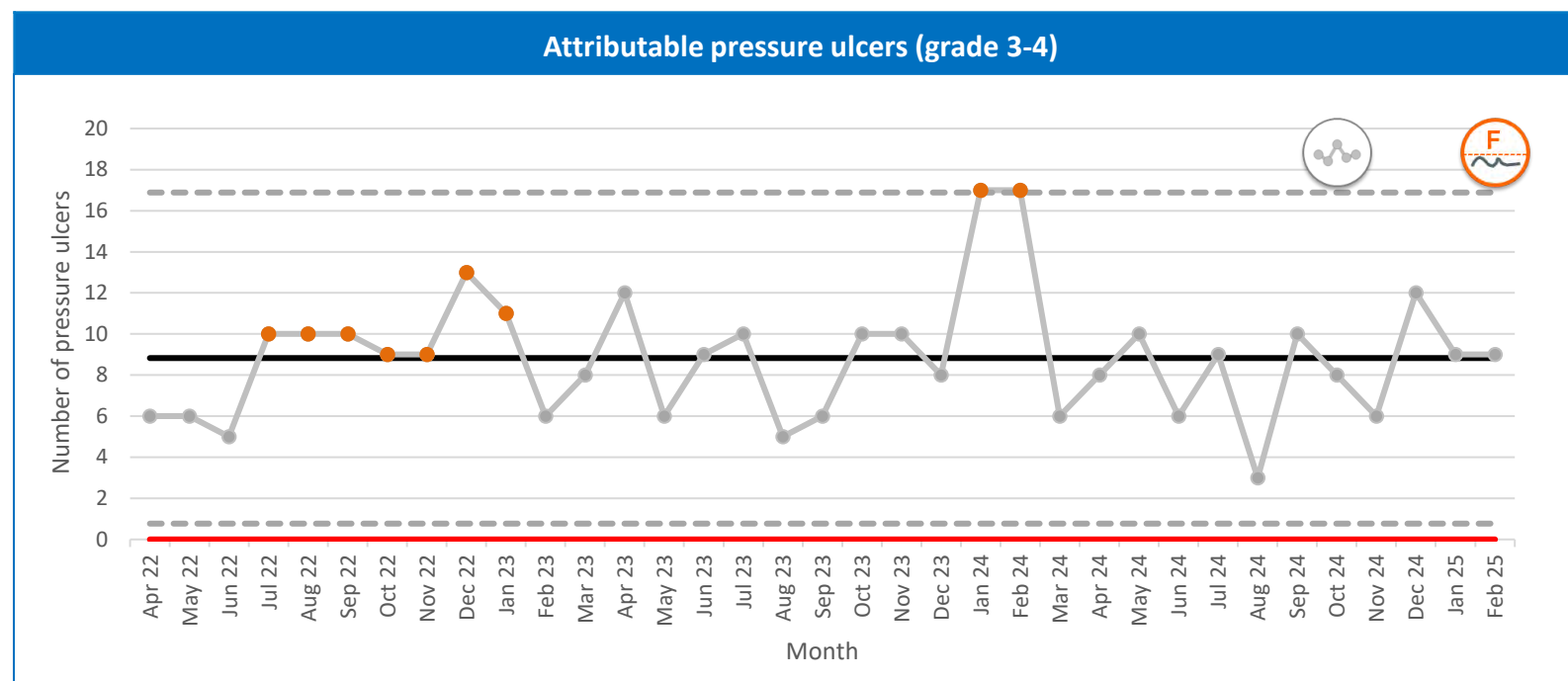
Advise Not SOF3 metric

Feb-25 Target
9 **0**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & Dental	9
CSS	
WTWA	
MRI	
NMGH	
Specialist	



Updates since previous month

All reported within MLCO, TLCO and Northern locality report the highest numbers

Key dependencies

Compliance with action plans
 Correct reporting of pressure damage

Current issues

Patients receive shared care i.e. not in MFT care 24 hours. Inadequate documentation
 Opportunity to enhance support for contracture patients by implementing more personalized care plans.

Future actions

Review reporting mechanism for unstageable pressure damage in deceased patients, these are currently reported as Category 3 pressure ulcers.
 Documentation audit

Falls per 10,000 bed days (level 4 & 5 harm)

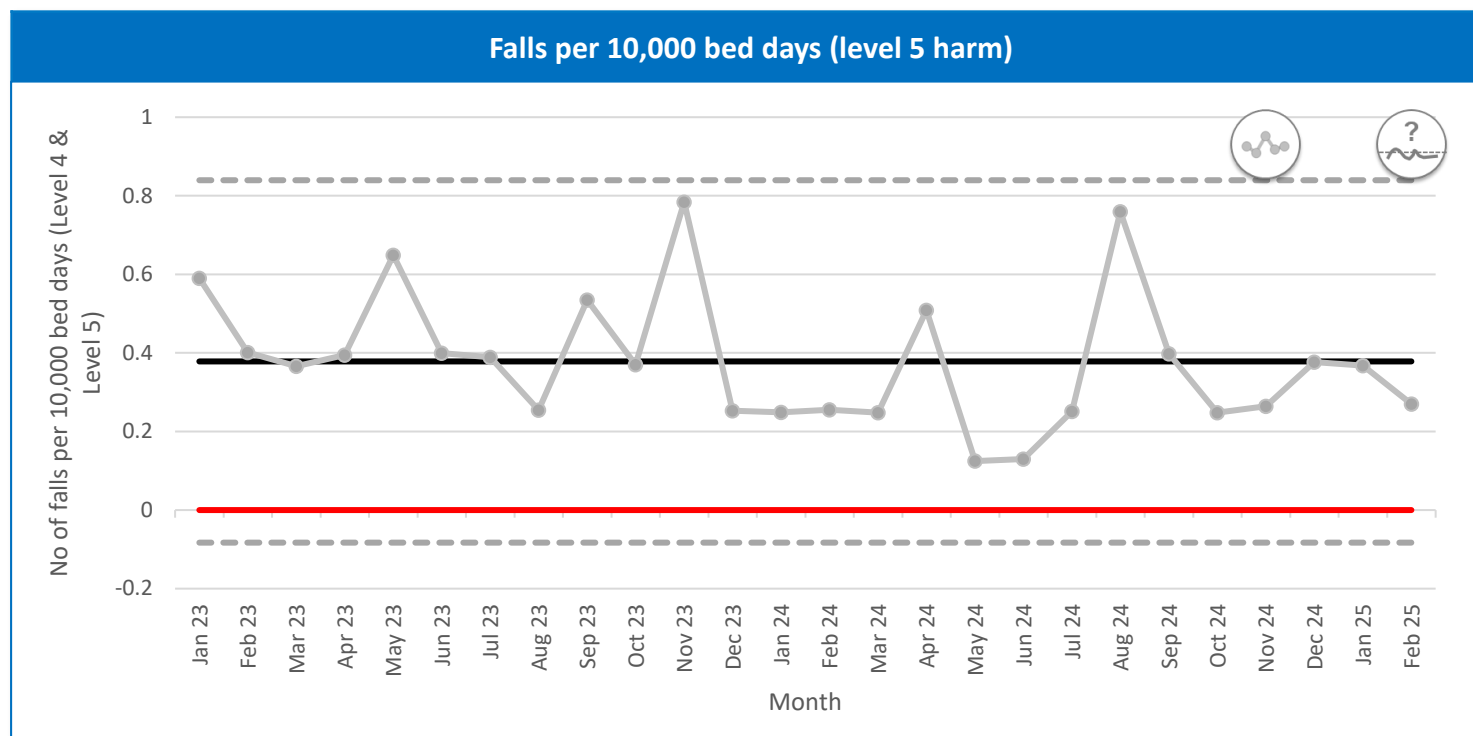
Advise Not SOF3 metric

Feb-25 Target
0.27 **0**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

WTWA	2
MRI	
Corporate	
NMGH	
Specialist	
LCO & Dental	



Updates since previous month

No Special Cause Variation Noted for Falls per 10,000 in February 25

Current issues

MRI and WTWA continue to report the largest number of 4 / 5 harm reported falls (including Fractured Neck of Femur)

Key dependencies

Appropriate completion of falls risk assessments, recognition of Lying and Standing Blood Pressures and Capacity assessments

Future actions

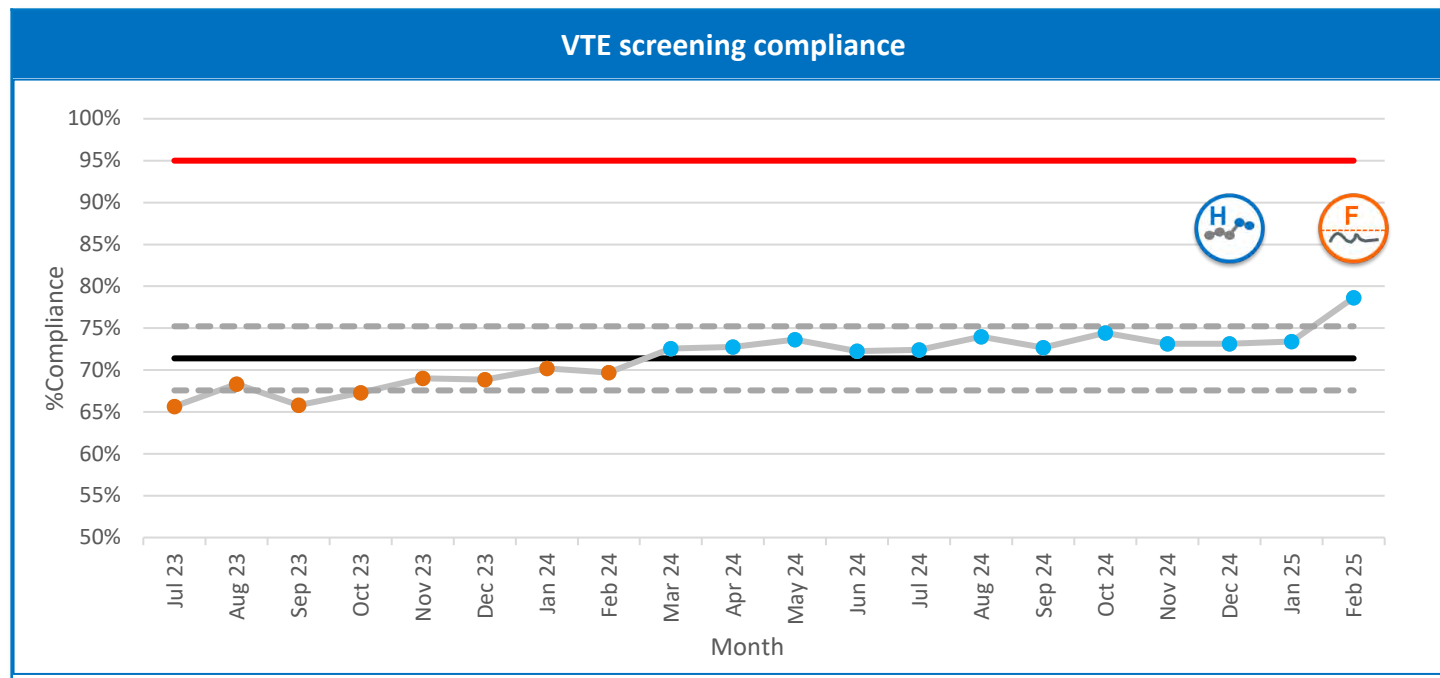
Trust Group Falls Collaborative have developed and updated the Trust Falls Workplan
 MRI (Falls Academy) and WTWA Dementia and Falls Operational Group established to capture and implement learning

VTE screening compliance

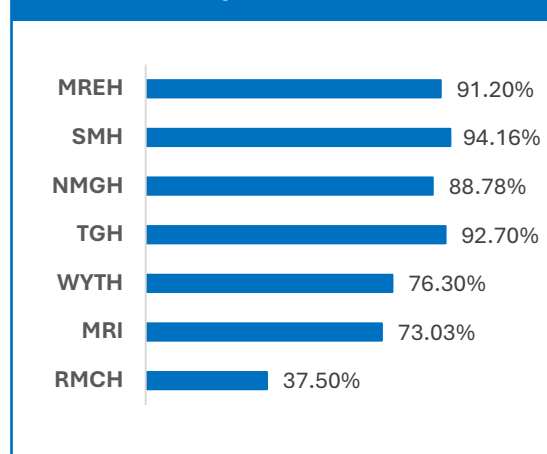
Alert Not SOF3 metric

Feb-25 **Target**
78.70% **95%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview



Updates since previous month
 Improving performance from last month to 78.7% of VTE Screening Compliance in Feb 25. Number of outlier wards with > 10 missing VTE assessments has reduced from 7 to 1.

Key dependencies
 Resident doctors, nursing staff, AHPs and consultants.
 Knowledge how to navigate HIVE to easily review data.

Current issues
 Some persistent outlier wards where large numbers of patients are without VTE assessments. RMCH data is under review.
 Staff training and education

Future actions
 Focused work in outlier wards to improve use of admission navigator and admission checklists / deficiencies. Ward VTE Dashboard being created and education events planned.

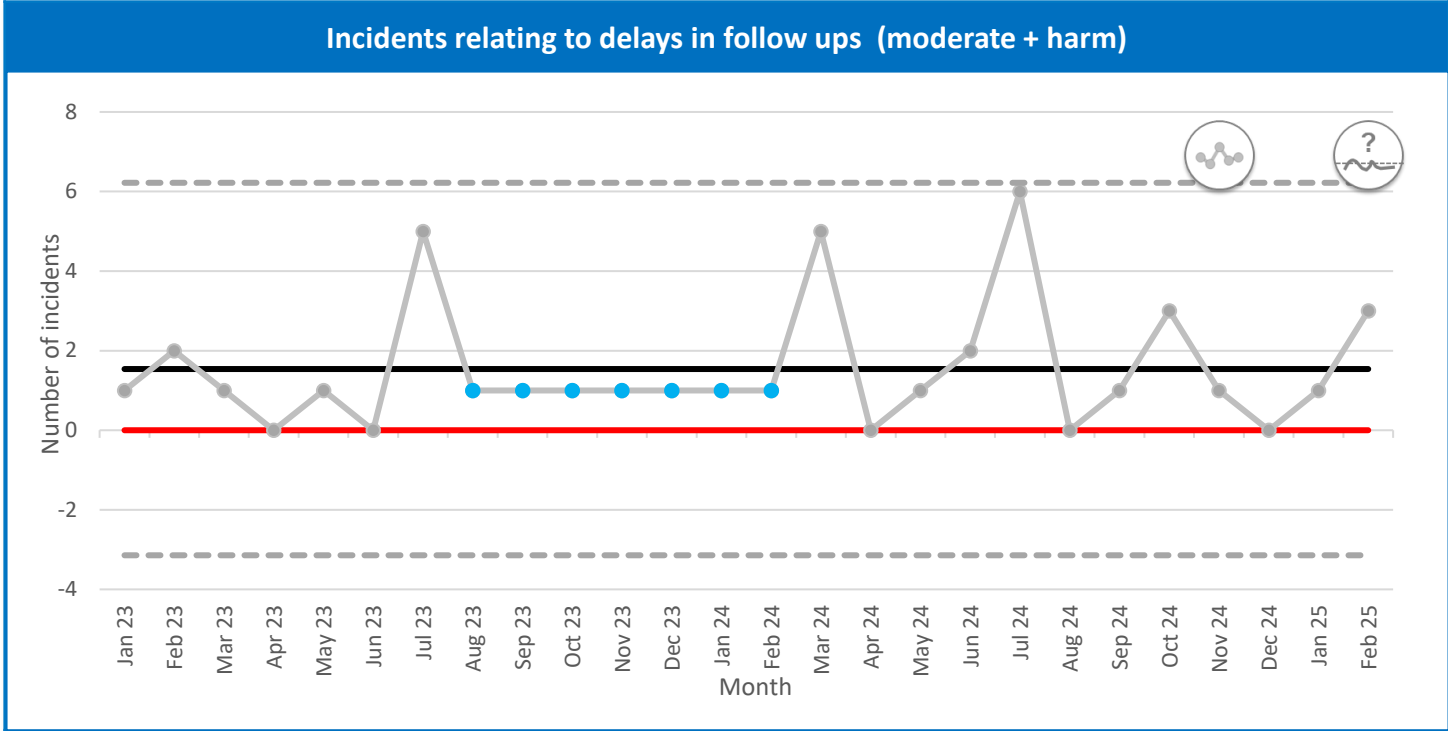
Incidents relating to delays in follow ups (moderate + harm)

Advise Not SOF3 metric

Feb-25	Target
3	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview	
Specialist	1
WTWA	1
LCO & Dental	1
MRI	
NMGH	
CSS	



Updates since previous month
 No Special Cause Variation for February 25 with no of incidents within normal variance levels

Current issues
 Nil issues identified from February data





Key dependencies
 Productivity and efficiency work driving reductions in waiting lists (including follow up activity).

Future actions
 Trust 'Patients Waiting Safety' group established to oversee work streams

MRSA Bacteraemia

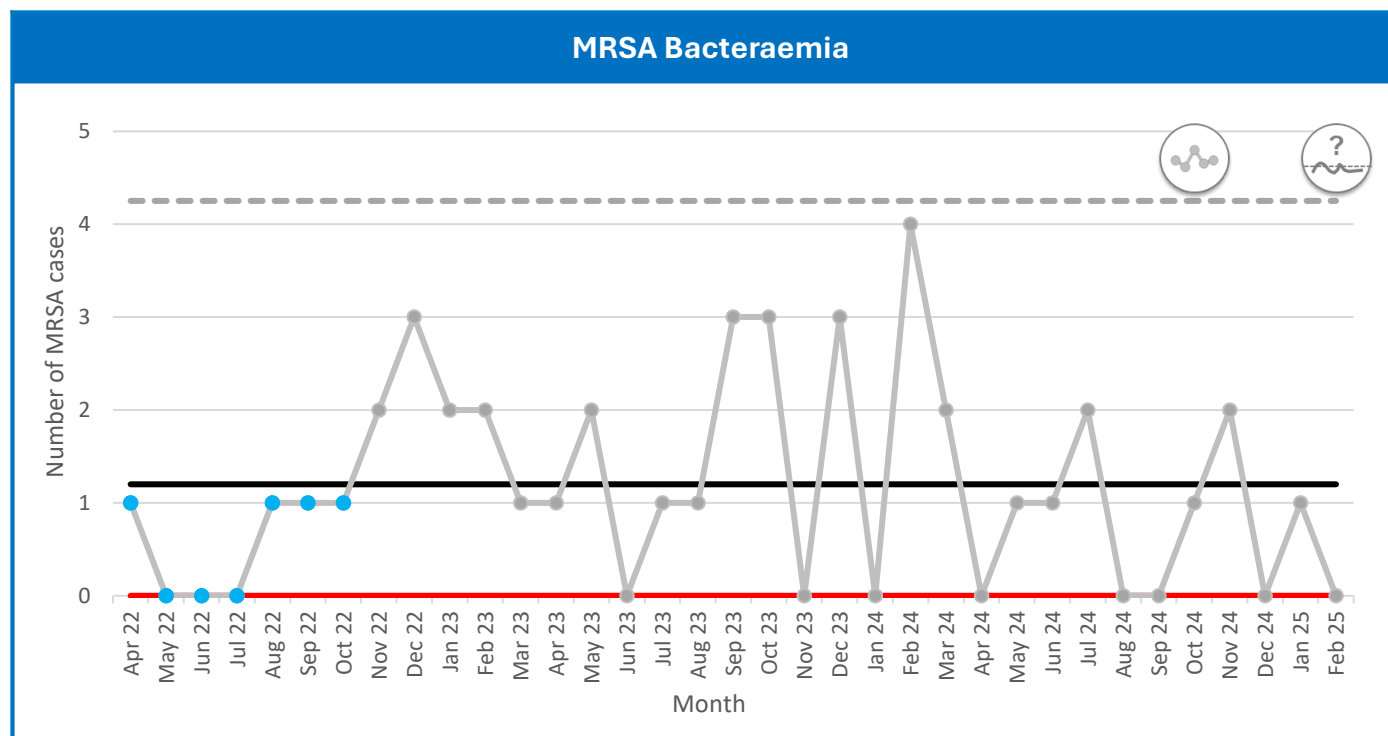
Assure	SOF3 metric
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Feb-25	Target
0	0

Compliance	Variance	Assurance	Actions
			

Clinical Group Overview

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Updates since previous month

Continued improved performance year to date 8 cases in total in comparison to 20 cases 2023/24

Current issues

Continued focus on screening and decolonisation therapy required in addition to senior review of all susceptible patients.

Key dependencies

Zero tolerance to all cases of MRSA bacteraemia

Future actions

Continued monitoring of patients with complex requirements
Maintenance of decolonisation therapy and screening compliance.

Clostridioides difficile infection

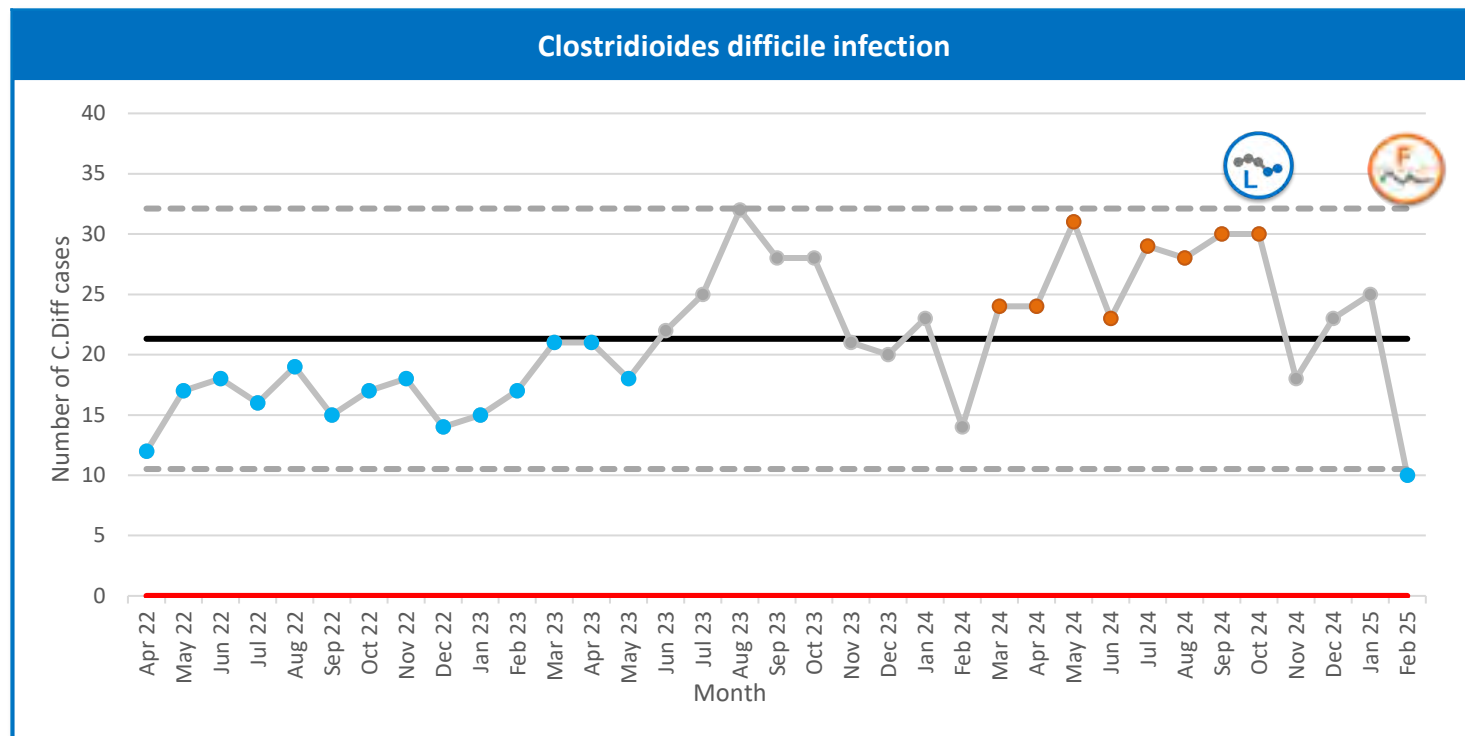
Advise SOF3 metric

Feb-25 Target
10 0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

WTWA		3
MRI		3
CSS		3
LCO & Dental		1
NMGH		0
Specialist		0



Updates since previous month
 Overall reduction in cases throughout February

Current issues
 Compliance with antimicrobial stewardship
 Sampling delays
 Compliance with Bristol Stool Chart documentation

Key dependencies
 Compliance with Antimicrobial Stewardship guidance
 Compliance with CDI policy sampling recommendation

Future actions
 Update IPC Mandatory Education in line with national program- expected update April/May 25
 Improved Hand hygiene compliance
 Embed Antimicrobial Stewardship recommendations for prescribing

Gram negative infection – E. Coli

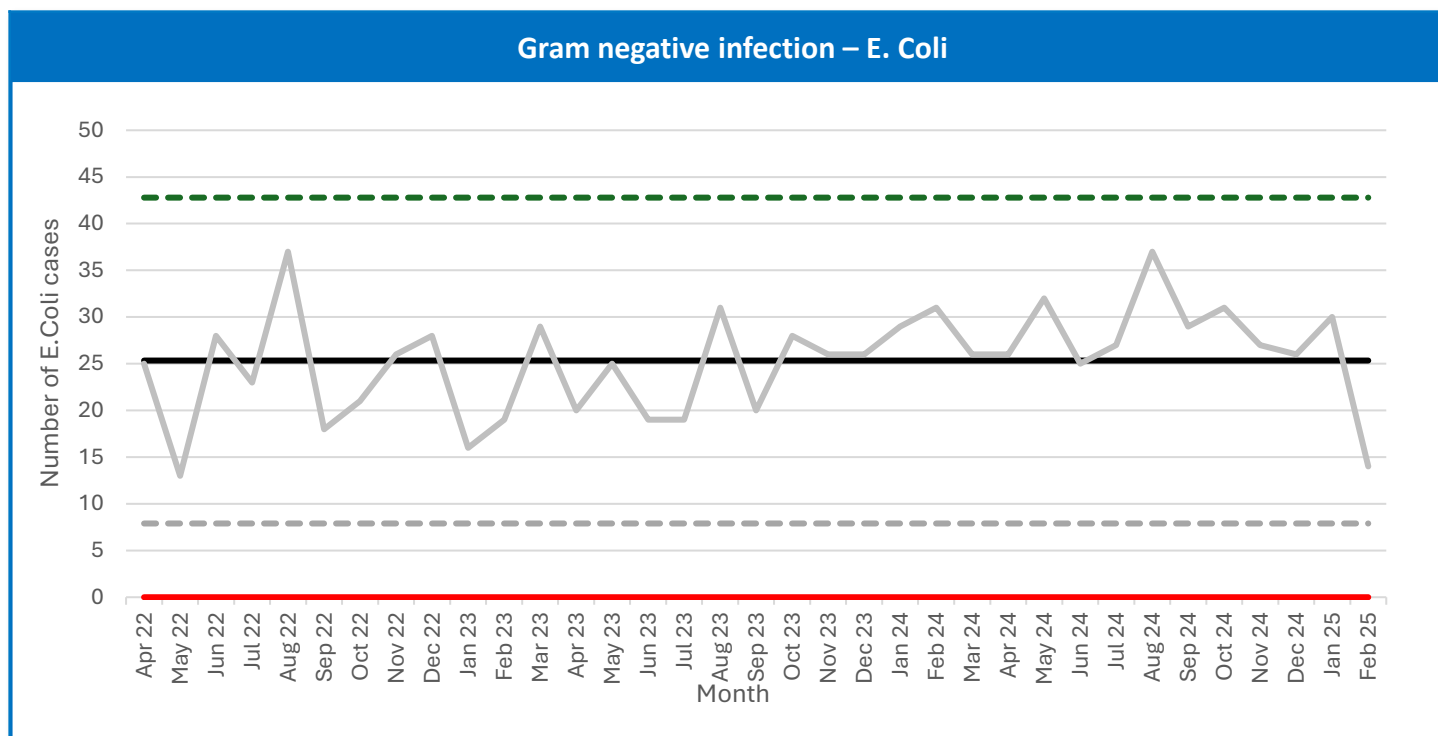
Advise Not SOF3 metric

Feb-25	Target
14	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH	4
WTWA	4
MRI	3
CSS	2
Specialist	1
LCO & Dental	0



Updates since previous month
 Lowest reported number of cases since April 2024

Current issues
 Improvement in Urinary Catheter management required. Documentation standards in Intravenous device management required

Key dependencies
 Adherence to Urinary Catheter Care policy
 Good management of Intravascular devices

Future actions
 Sharing of Trust wide Urinary Catheter Audit and development of Clinical Group action plans
 Update of Hive documentation to ensure all aspects of catheterization are included

Gram negative infection – Klebsiella

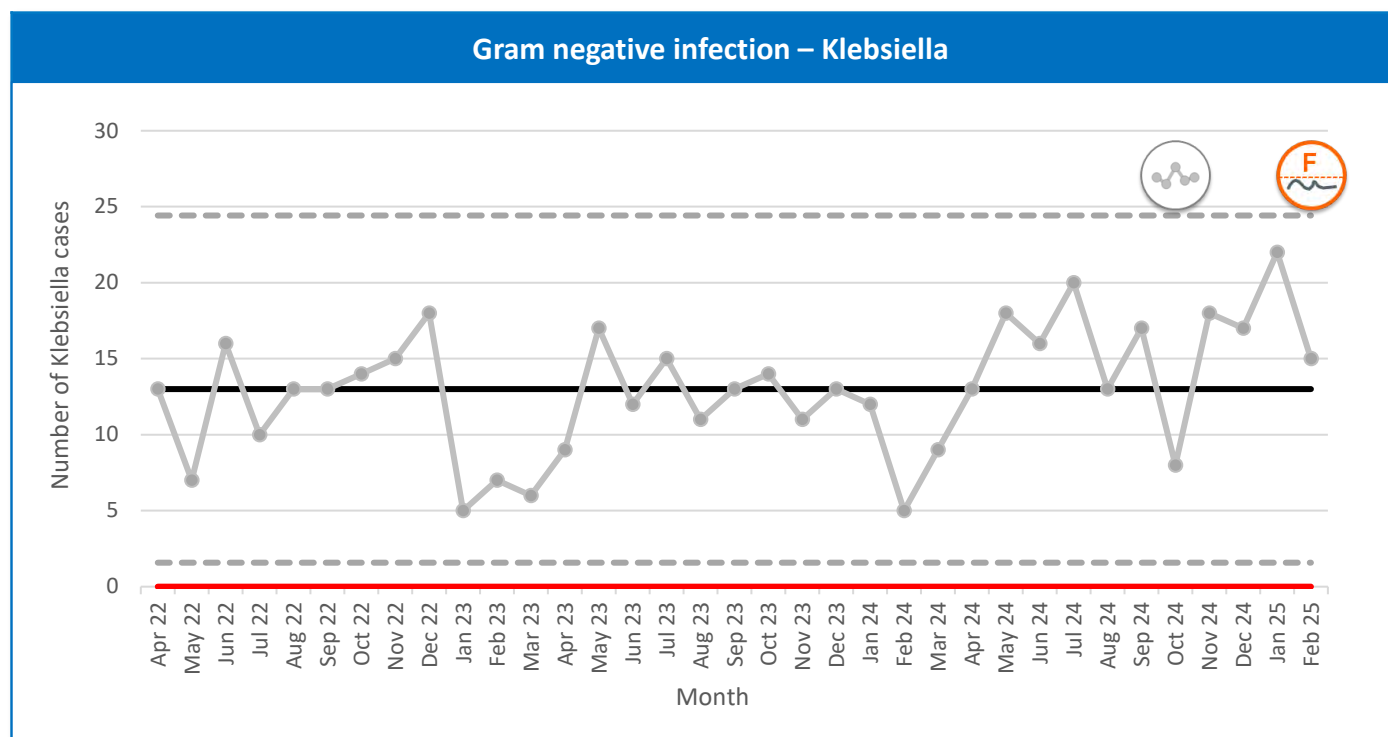
Advise Not SOF3 metric

Feb-25	Target
15	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

WTWA	5
MRI	4
Specialist	3
CSS	3
NMGH	0
LCO & Dental	0



Updates since previous month
 Klebsiella infection reduction required.

Current issues
 Improvement in Urinary Catheter management required
 Documentation standards in Intravenous device management required

Key dependencies
 Adherence to Urinary Catheter Care policy
 Good management of Intravascular devices

Future actions
 Sharing of Trust wide Urinary Catheter Audit and development of Clinical Group action plans
 Update of Hive documentation assuring all aspects of catheterization are included

Gram negative infection – Pseudomonas

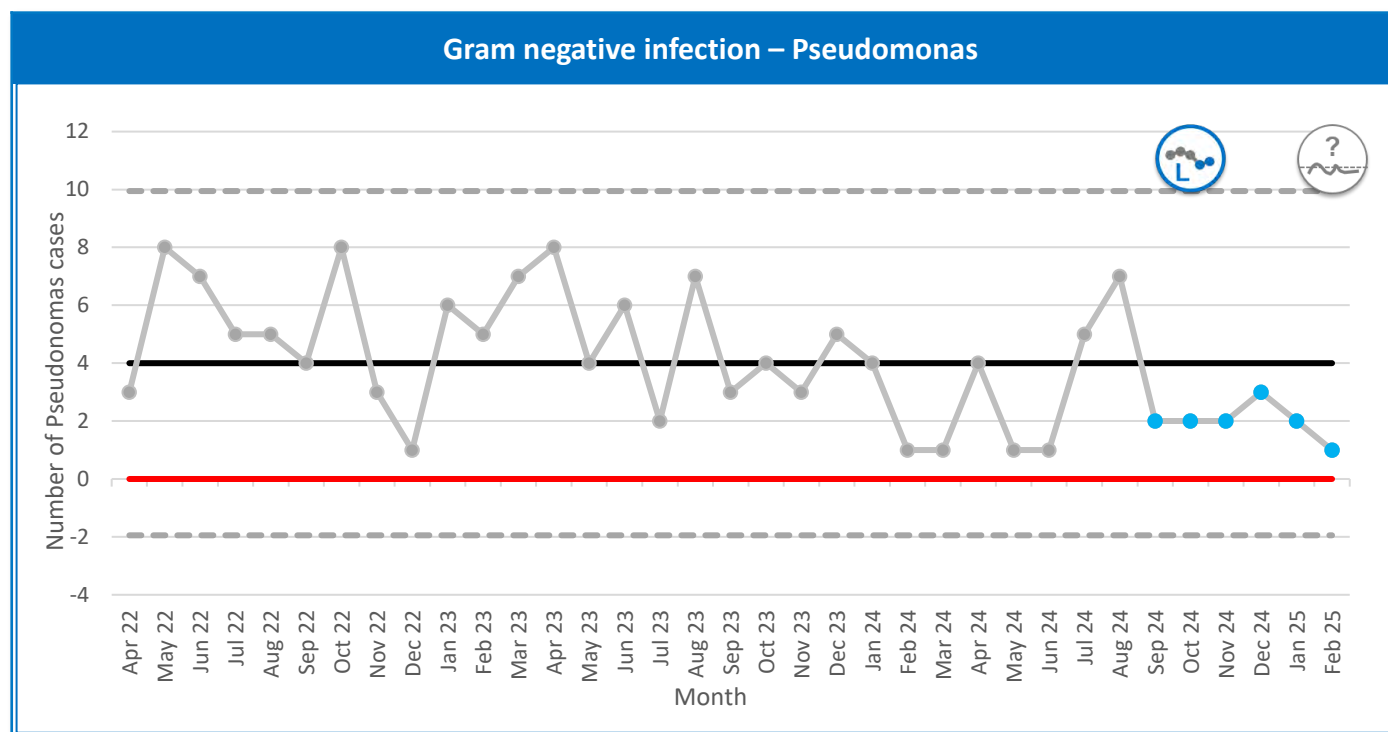
Advise Not SOF3 metric

Feb-25	Target
1	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	1
NMGH	0
Specialist	0
CSS	0
WTWA	0
LCO & Dental	0



Updates since previous month
Continued improvement in case numbers

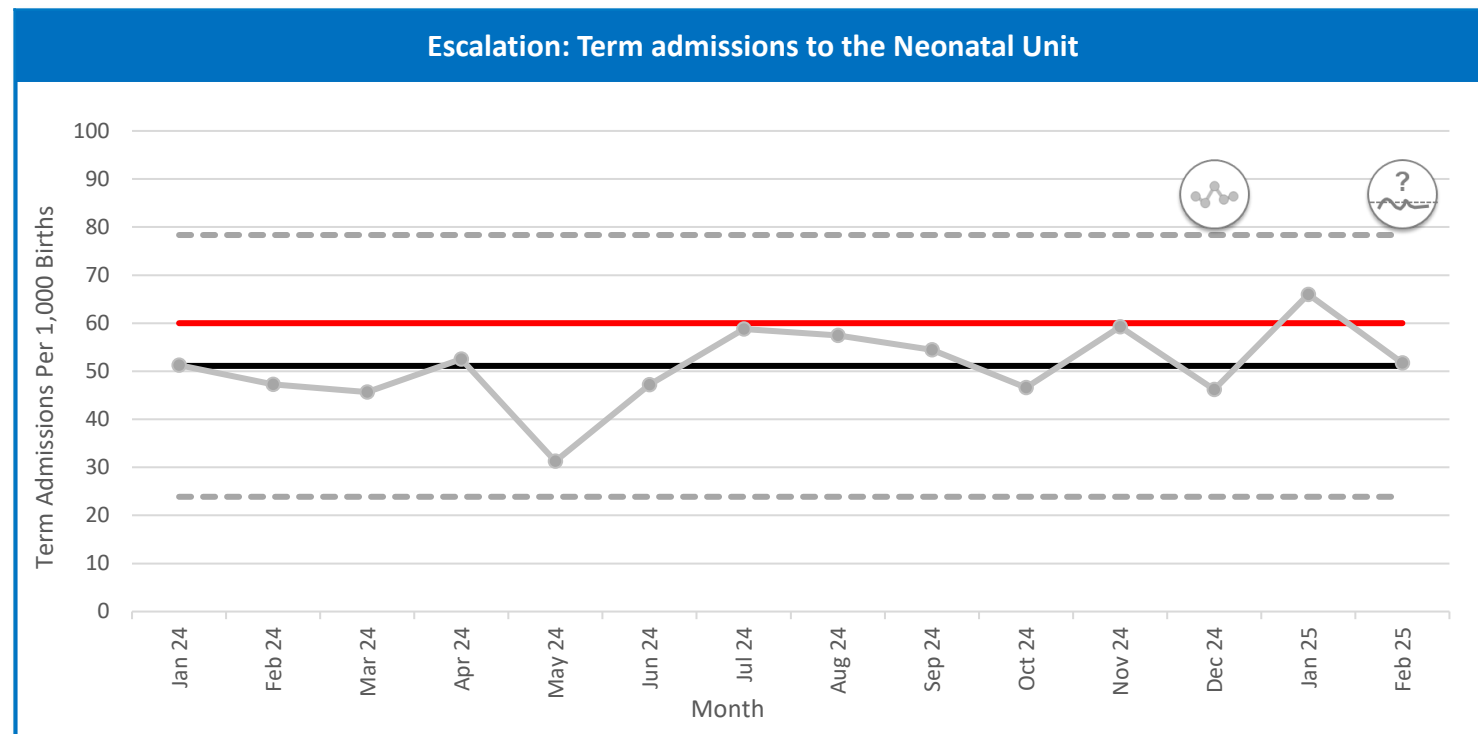
Current issues
Immunocompromised patient, Intravenous line infection

Key dependencies
Appropriate Aseptic Non Touch Technique (ANTT) when manipulating Intravenous devices

Future actions
Continue to promote good ANTT when manipulating invasive devices.

Escalation: Term admissions to the Neonatal Unit

Assure			
Feb-25	Target		
51.70	<6% (60 per 1000)		
Compliance	Variance	Assurance	Actions



Clinical Group Overview

Specialist

Updates since previous month

Reduction in the admission rate in February, 51.17 compared to 65.95 in January 2025

Current issues

Decrease in avoidable admissions to the neonatal unit from 8 in January 2025 to 1 in February 2025.

Key dependencies

Availability of Transitional Care
Number of planned/ surgical admissions at ORC.

Future actions

Ongoing quality improvement project to support sustained reduction in the number of avoidable term admissions.

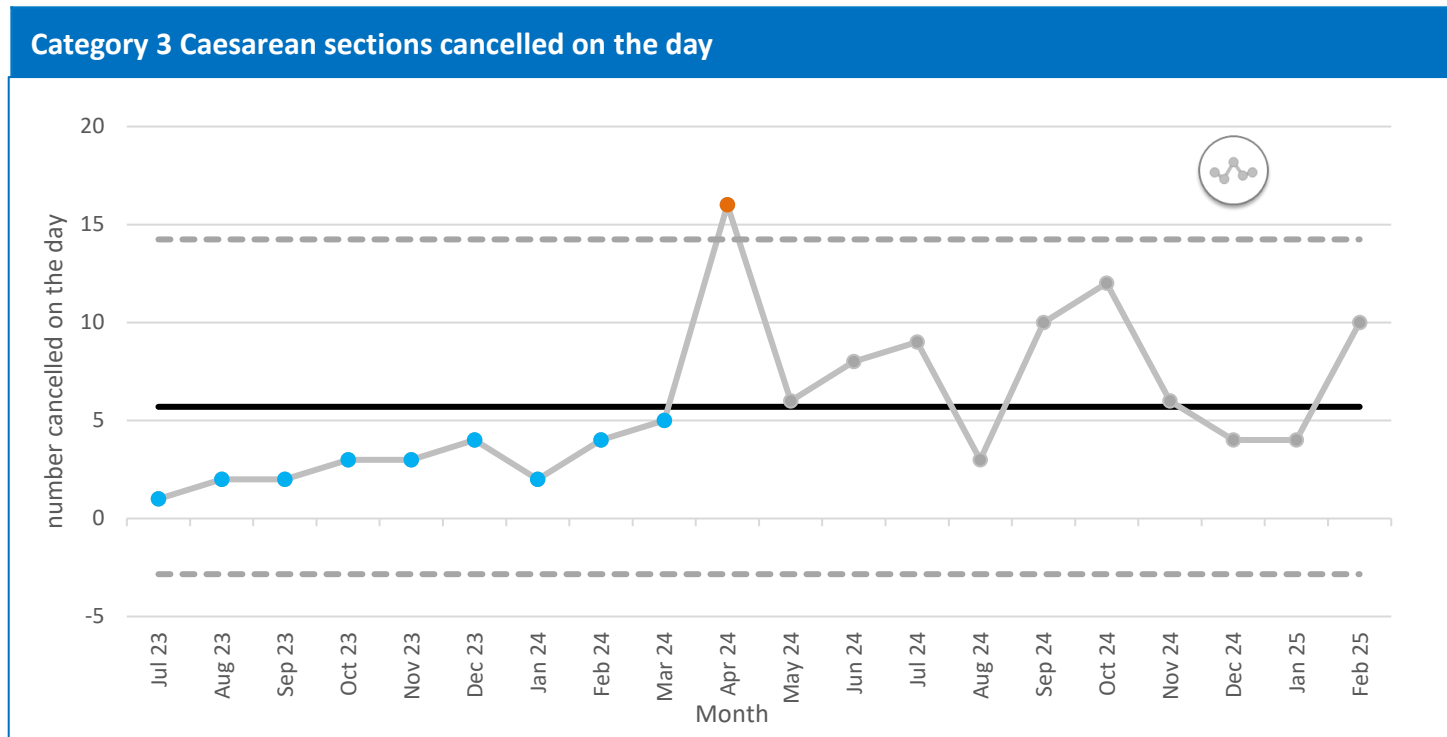
Category 3 Caesarean sections cancelled on the day

Advise	SOF3 metric
Feb-25	Target
10	<10 per month

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist



Updates since previous month
 Increase in the number of operations cancelled due to delivery unit activity and acuity.

Current issues
 Impact of delivery unit activity and acuity on being able to perform category 3 caesarean sections.

Key dependencies
 Elective caesarean section capacity.
 Delivery unit capacity

Future actions
 Continue with current oversight process for all caesarean sections

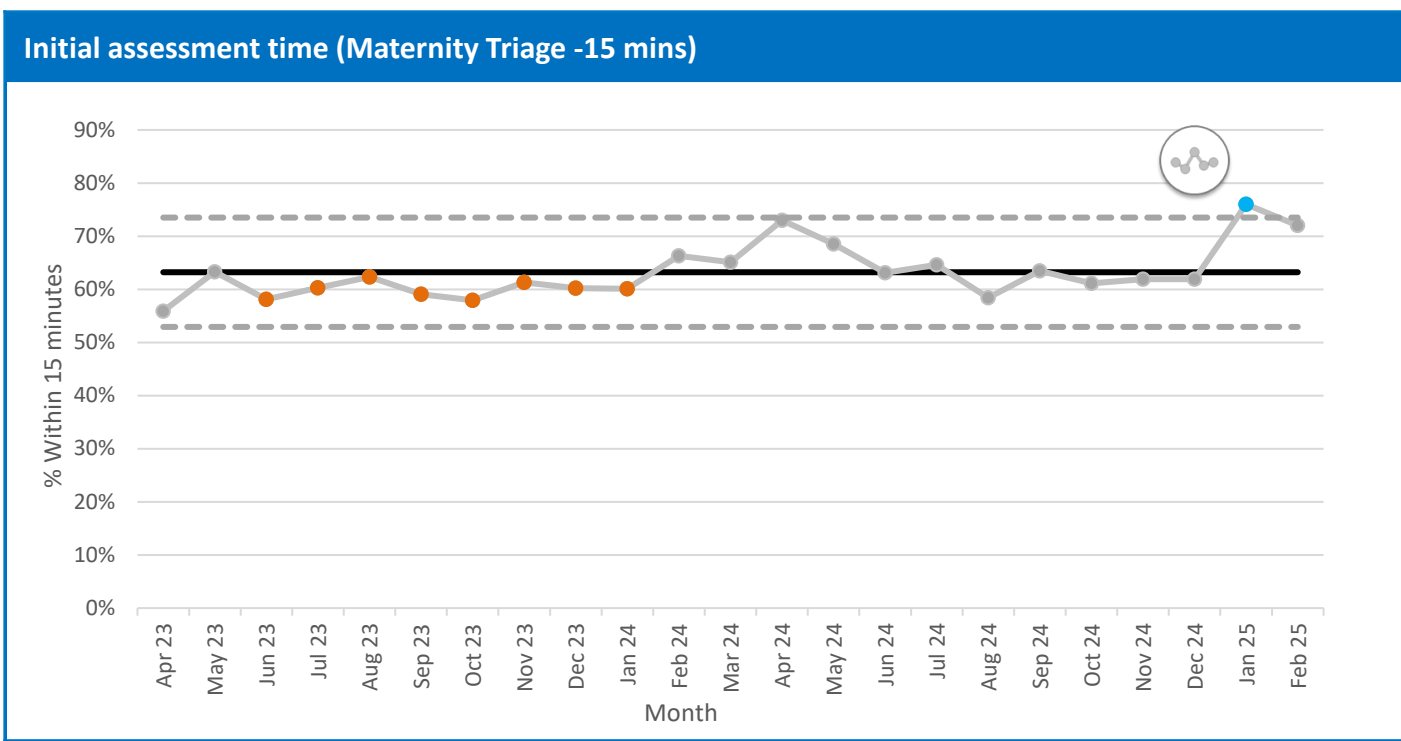
Initial assessment time (Maternity Triage -15 mins)

Advise	SOF3 metric
Feb-25	Target
72%	>90%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist



Updates since previous month
 Slight deterioration from 76% in January to 72% in February with decreased compliance at ORC

Current issues
 SM ORC cannot support the Band 7 role every day due to Delivery Unit capacity and supporting the elective pathways.
 Improvement has been seen in March 2025.

Key dependencies
 Maternity Triage staffing and activity.

Future actions
 Business case in development to support permanent Band 7 role.
 Monitor MMATT KPIs to ensure safety is maintained

Initial assessment time (Maternity Triage -30 mins)

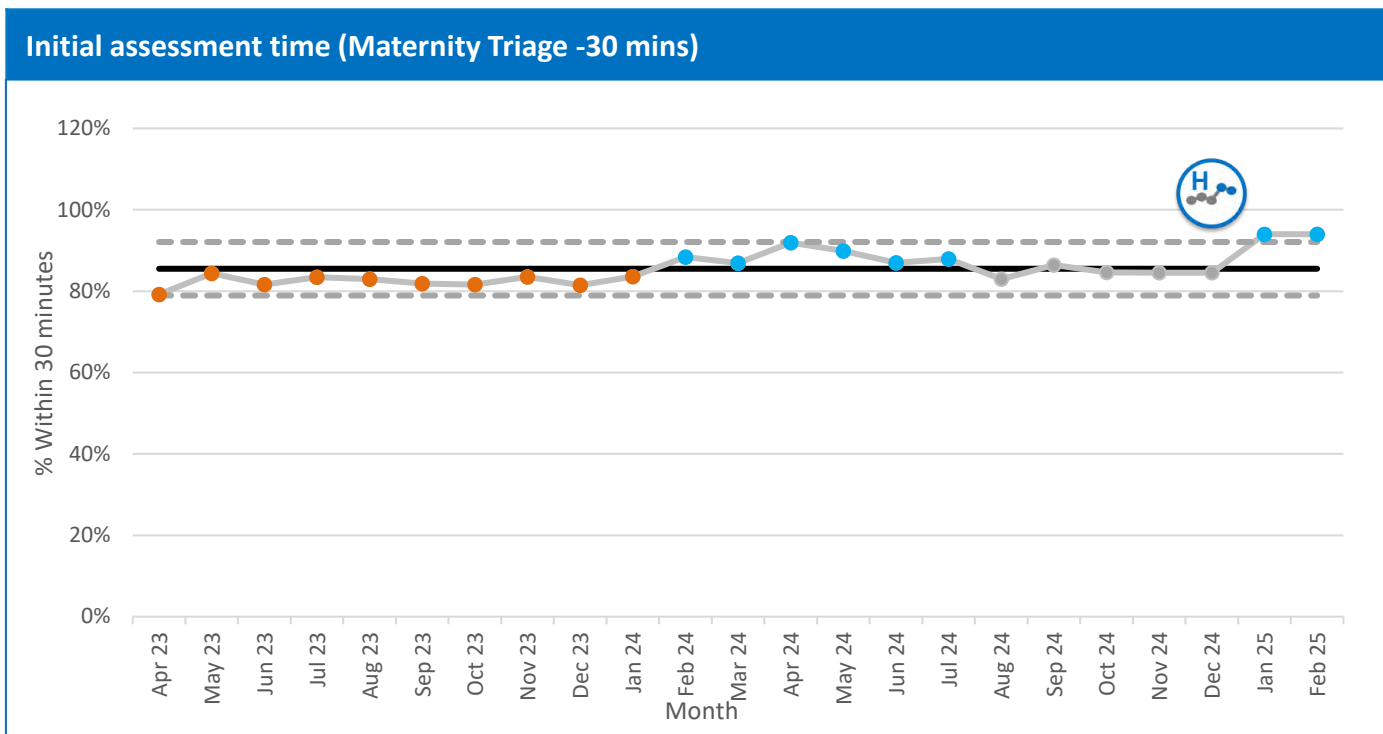
Assure

Feb-25	Target
94%	>90%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist



Updates since previous month
 Improvement noted in January has been sustained with 94% compliance in February 2025.

Current issues
 Consistent achieving target.

Key dependencies
 Initial assessment within 15 minutes.

Future actions
 Business case in development to support permanent Band 7 role.
 Monitor MMATT KPIs to ensure safety is maintained

Induction pathway delays

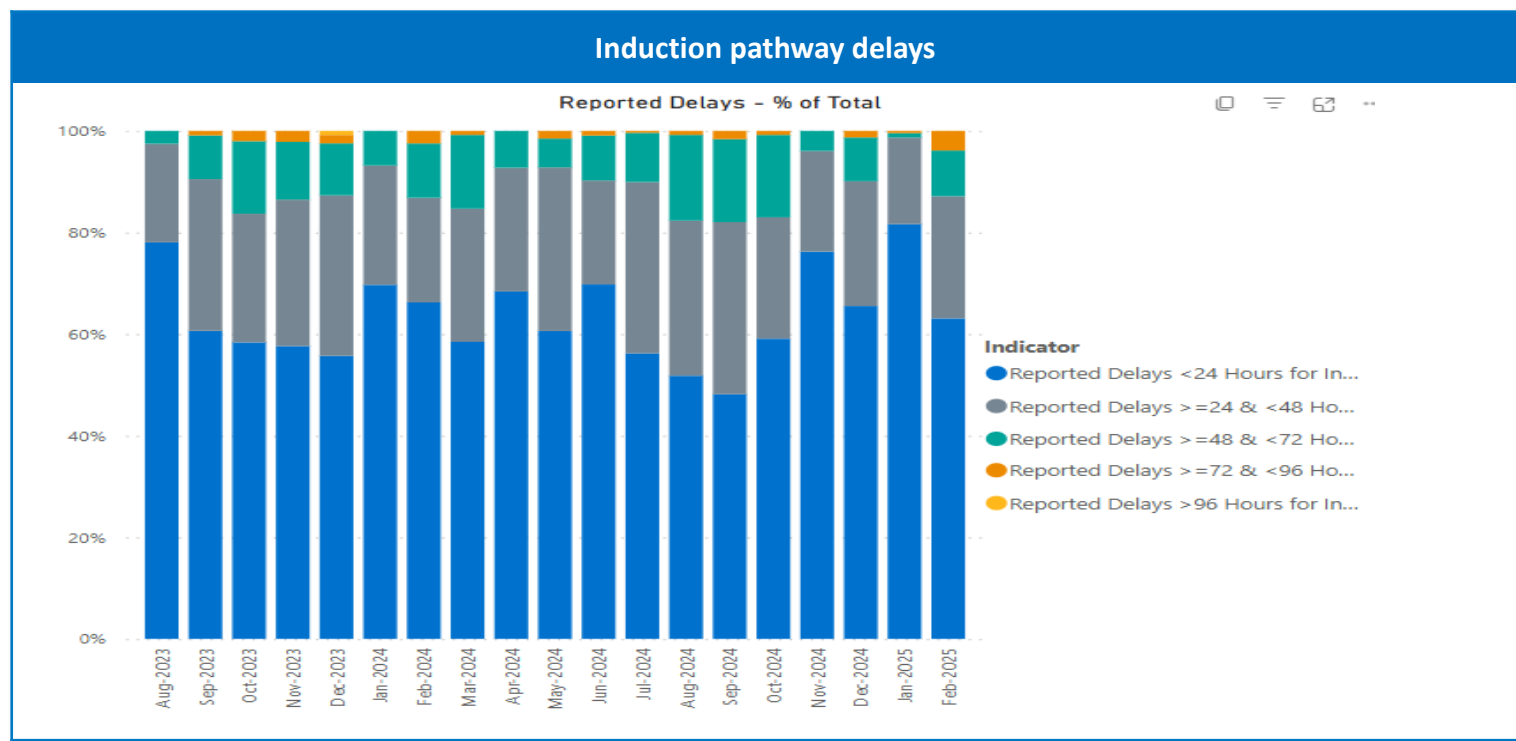
Assure SOF3 metric

Feb-25 Target
63.09% **60%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist



Updates since previous month

0 delays over 96 hours.
 3.43% delayed > 72 hours < 96 hours
 63.09% transferred < 24 hours in February2025

Current issues

Increase in activity and acuity in February resulting in delays to timely transfer. Recovery has been seen in March 2025.

Key dependencies

Augmentation of labour pathway

Future actions

Continue with weekly flow meetings, and progress No delays action plan, monitored via Maternity ODG.

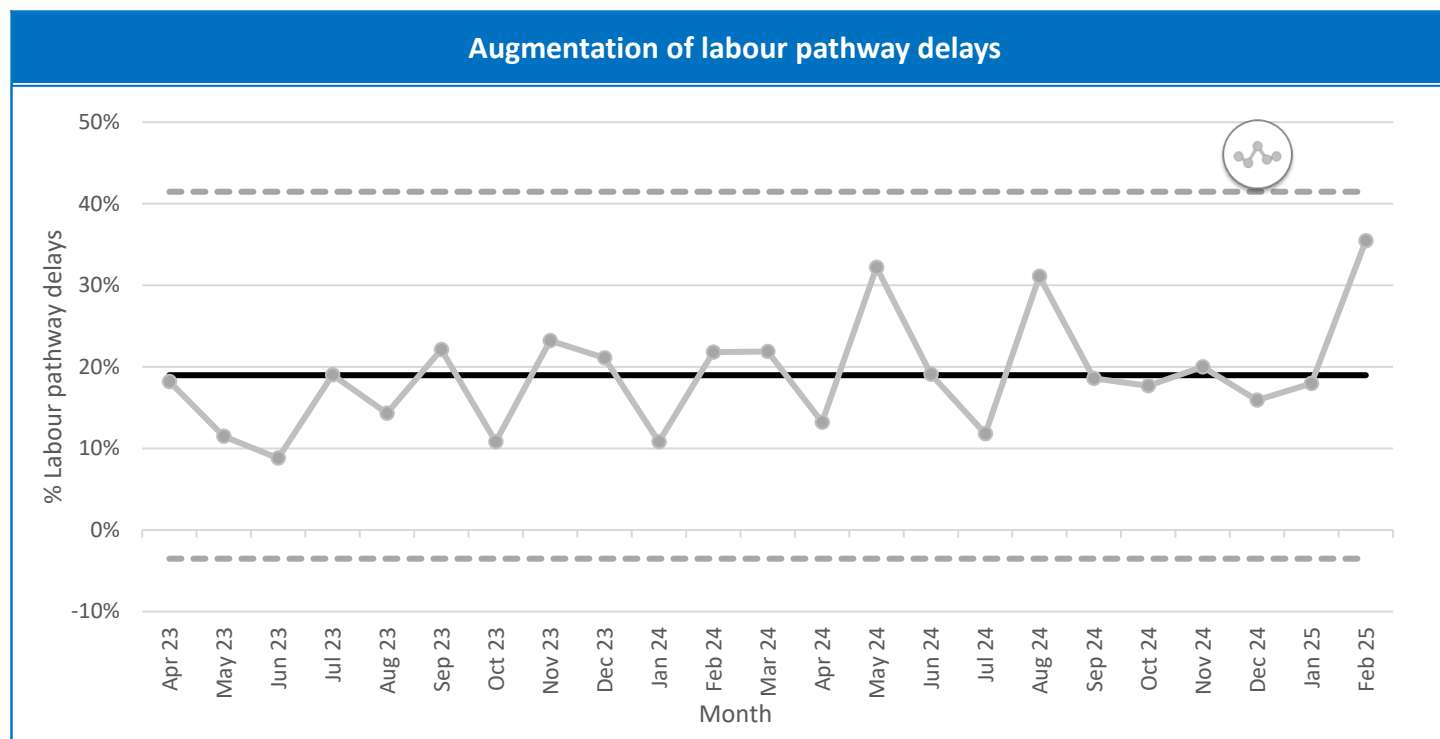
Augmentation of labour pathway delays

Advise	SOF3 metric
Feb-25	Target
35%	<20%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist



Updates since previous month
 Deterioration from 18.34% in January to 35.48% transferred >24 hours due to increased activity and acuity.

Current issues
 Increase in activity and acuity in February which resulting in delays to timely transfer. No impact on clinical outcomes is associated with these delays. Recovery has been seen in March 2025.

Key dependencies
 Induction pathway delays.
 Delivery unit capacity

Future actions
 Maintain current oversight processes and progress No delays action plan, monitored via Maternity ODG.

Number of patients with Deprivation of Liberty Safeguards (DoLS)

Advise

Not SOF3 metric

Feb-25

Target

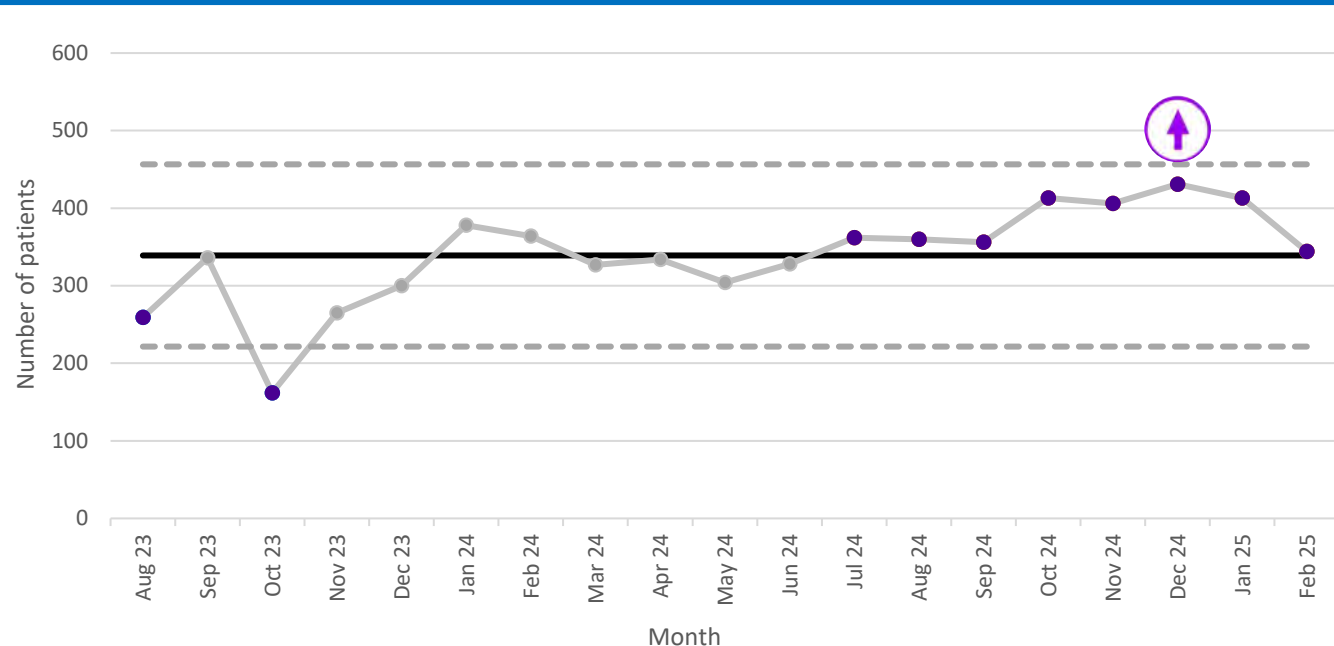
344

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH	125
WTWA	113
MRI	106
Specia...	
LCO &...	
CSS	

Number of patients with DoLS



Updates since previous month

DoLS applications have decreased to 344 this month.

Current issues

Audit data and DoLS tracking indicates appropriate DoLS applications are completed.

Key dependencies

DoLS application data is scrutinised weekly at a DoLS partnership meeting by the MFT Safeguarding Team with the Manchester Local Authority best interest assessment team to promote completion of the DoLS.

Future actions

The Mental Capacity Act (MCA) and DoLS policies have been reviewed and will be presented to Trust Safeguarding Group in May 2025 for ratification.

Number of authorised DoLS

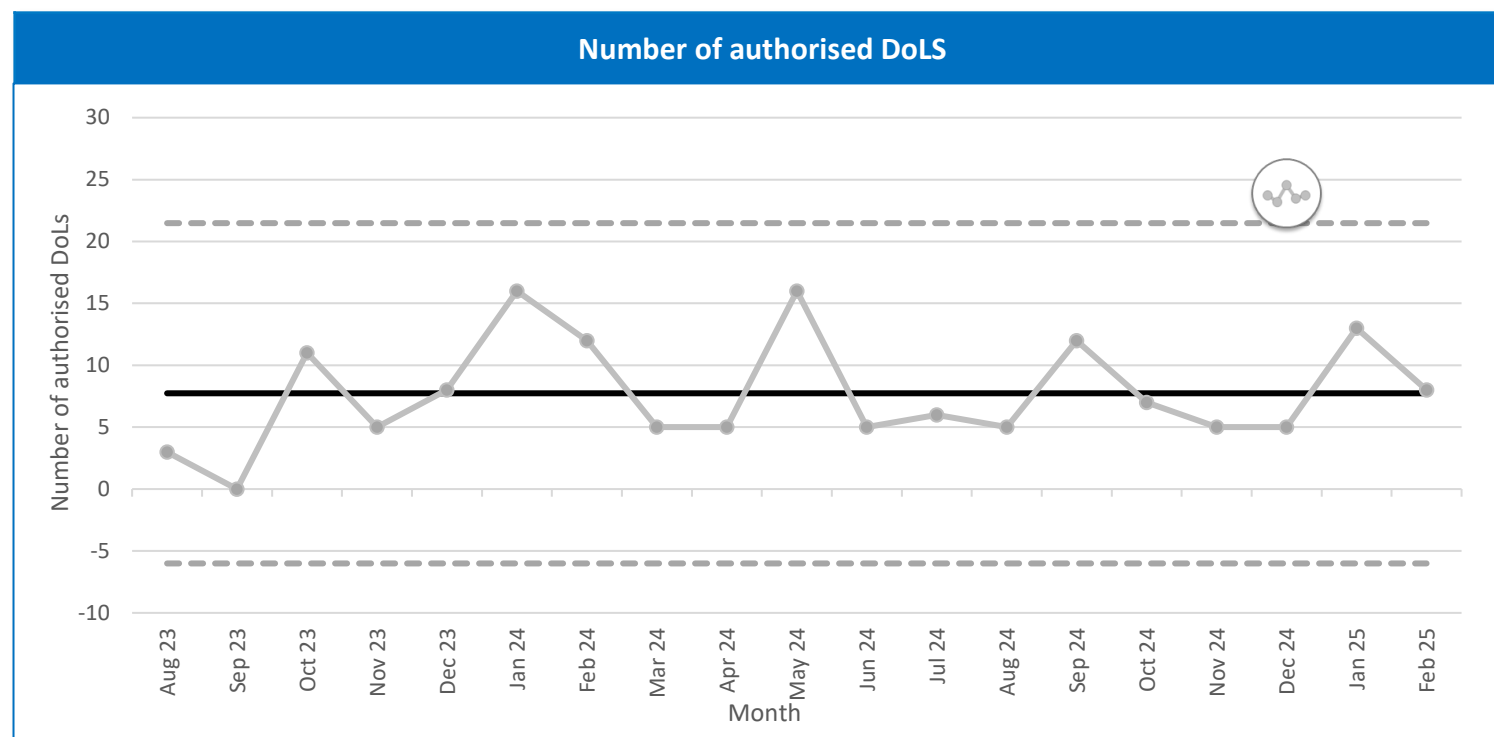
Advise Not SOF3 metric

Feb-25 Target
8

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	4
NMGH	4
WTWA	
LCO & Dental	
CSS	
Specialist	



Updates since previous month

8 DoLS were completed by the Local Authority best interest assessment team and notified to the CQC by MFT

Current issues

<1 % of MFT DoLS applications authorised by the Local Authority.
National data indicates 19% of standard authorisations are authorised in 21 day statutory timescales.

Key dependencies

DoLS data scrutinised weekly at a DOLS partnership meeting by the MFT Safeguarding Team with the Manchester Local Authority best interest assessment team.

Future actions

Manchester Local Authority in partnership with MFT are completing a deep dive into the DoLS applications by MFT to review barriers to authorisation in Q4. MFT DoLS policy is under review in line with recent case law.

Training - Safeguarding Children Level 3

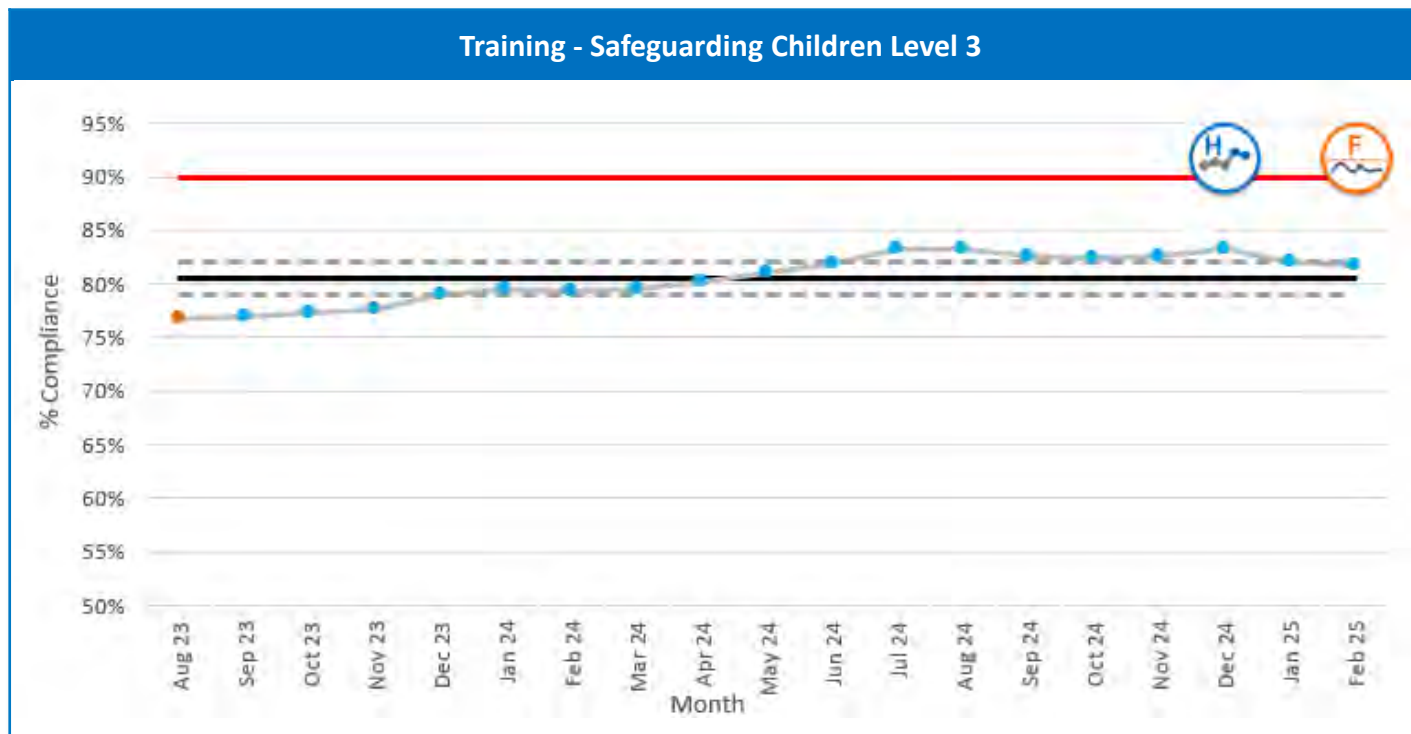
Alert Not SOF3 metric

Feb-25 **81.72%** Target **90%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist	87.70%
LCO & Dental	87.55%
CSS	81.51%
NMGH	80.31%
MRI	79.40%
WTWA	54.56%



Updates since previous month
 There is an improving training trajectory. Trust standard not met.

Current issues
 Nursing and midwifery workforce compliance – 87%
 AHP workforce compliance 90%
 Medical and Dental workforce compliance 63%

Key dependencies
 Trust Safeguarding Group oversees the implementation of the level 3 safeguarding training improvement plan.

Future actions
 Medical and Nurse Directors to oversee improvement plans for NMAHP, Medical and Dental workforce in Clinical Groups reported to Trust Safeguarding Group.

Training - Safeguarding Adults Level 3

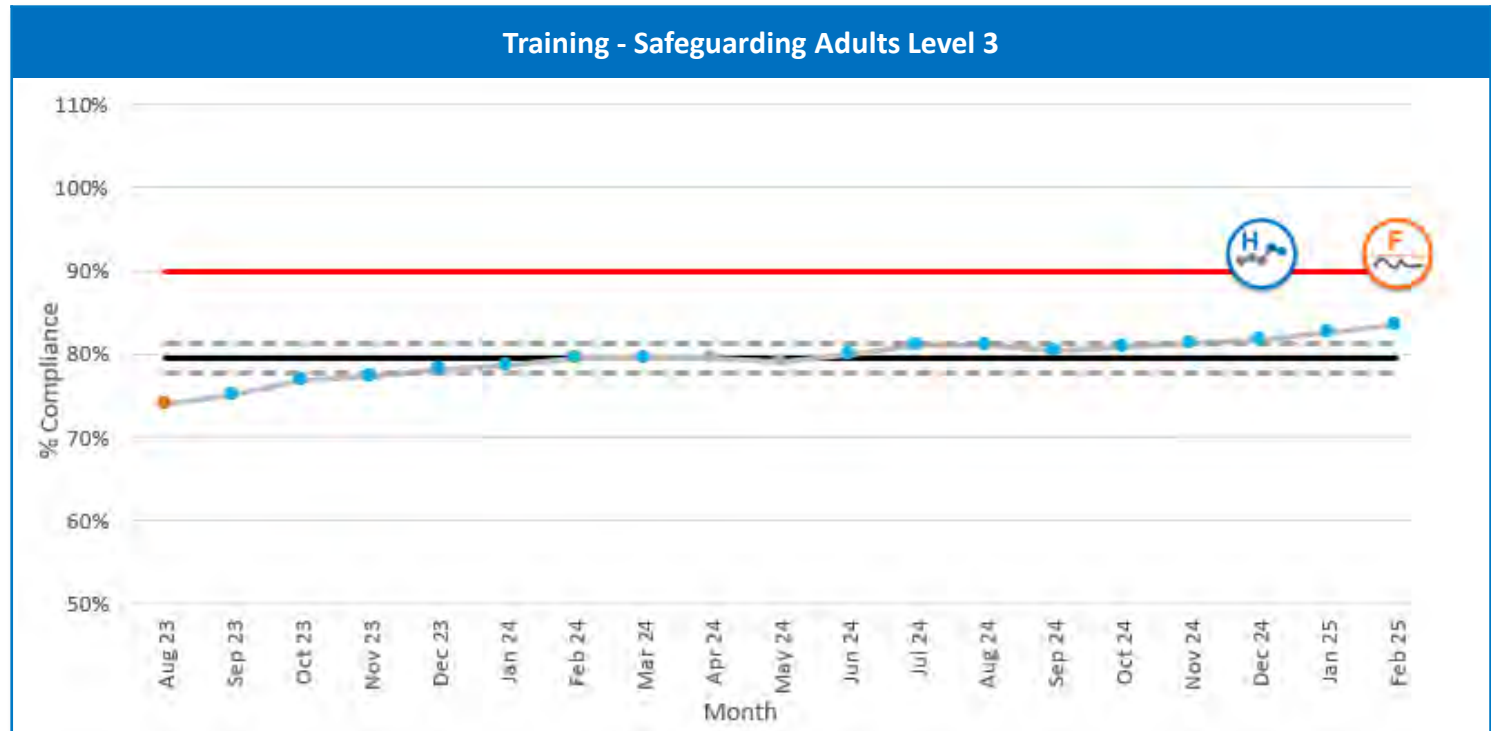
Alert Not SOF3 metric

Feb-25	Target
83.50%	90%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & Dental	89.64%
Specialist	89.26%
NMGH	86.22%
CSS	83.06%
MRI	80.74%
WTWA	76.35%



Updates since previous month

There is a improving training trajectory. Trust standard not met.

Key dependencies

Trust Safeguarding Group oversees the implementation of the level 3 safeguarding training improvement plan.

Current issues

Nursing and midwifery workforce compliance – 87%
 AHP workforce compliance 89%
 Medical and Dental workforce compliance 58%

Future actions

Medical and Nurse Directors to oversee improvement plans for NMAHP, Medical and Dental workforce in Clinical Groups reported to Trust Safeguarding Group.

MHA Compliance – section 132 – Provision of information to patients

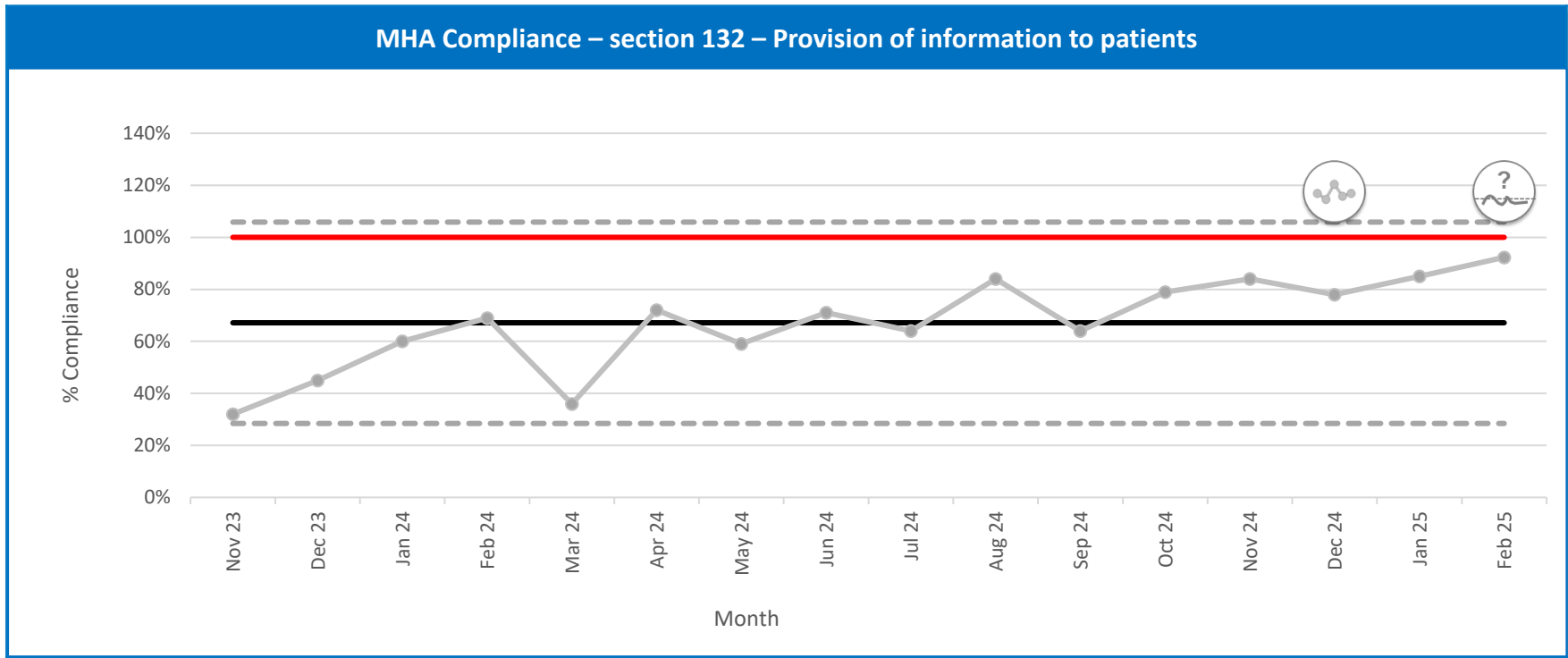
Alert Not SOF3 metric

Feb-25 **Target**
92% **100%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH		100.00%
WTWA		100.00%
CSS		100.00%
MRI		95.00%
Specialist		75.00%
LCO & Dental		



Updates since previous month

92% of patients had received their rights following detention under the Mental Health Act. This is an improving trajectory of compliance

Current issues

36 out of 39 patients detained under a Mental Health Act section received rights within statutory timescales. All patients detained under the Mental Health Act have a quality assurance review by the Mental Health Act Manager, gaps in compliance of statutory rights is immediately escalated to the ward team for resolution.

Key dependencies

The improvement work to promote compliance with this metric is reported to the Mental Health Subgroup.

Future actions

A revised Mental Health Act Training programme delivered to increase knowledge and skills in application of the Delegation of Statutory Functions of Manchester University NHS Foundation Trust patients detained under the Mental Health Act. Clinical Groups SLT are currently being prioritised for the training

Patients detained under MHA missing from hospital care

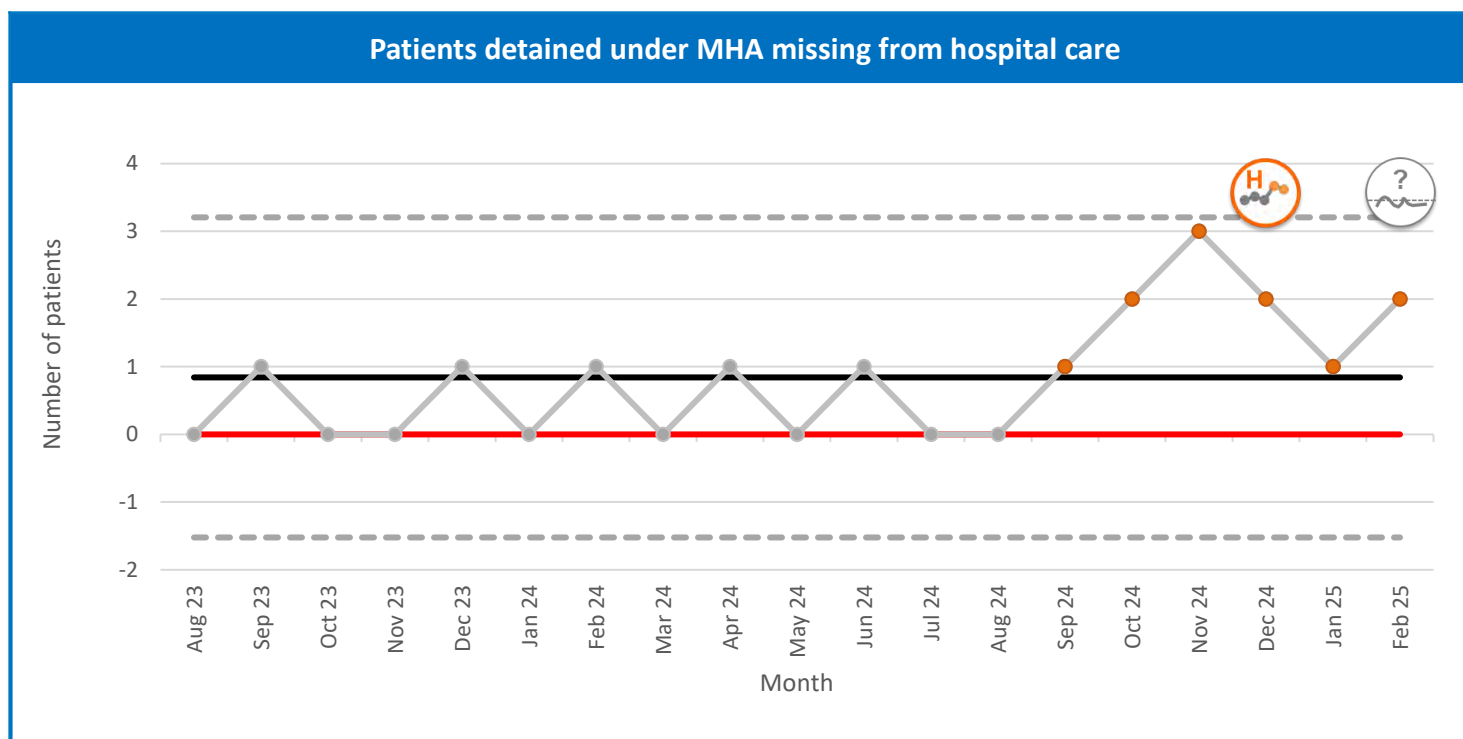
Advise Not SOF3 metric

Feb-25	Target
2	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	<div style="width: 100%;"></div>	1
NMGH	<div style="width: 100%;"></div>	1
Specialist		
WTWA		
LCO & Dental		
CSS		



Updates since previous month

There were 2 patients missing from care whilst detained under a MHA section. All patients were located. 1 patient was located in the community and the MHA section was rescinded following mental health assessment

Current issues

All patients absent without leave whilst detained under the Mental Health Act are at risk of harm and statutory reportable.

Key dependencies

The Prevention and Management of Missing Patient Policy was revised and relaunched in Q2 2024 application is overseen and scrutinised by the Right Care Right Person Task and Finish Group.

Future actions

Clinical Groups receive weekly reports on patients missing from care which will continue.

Training - Mental Health Level 1

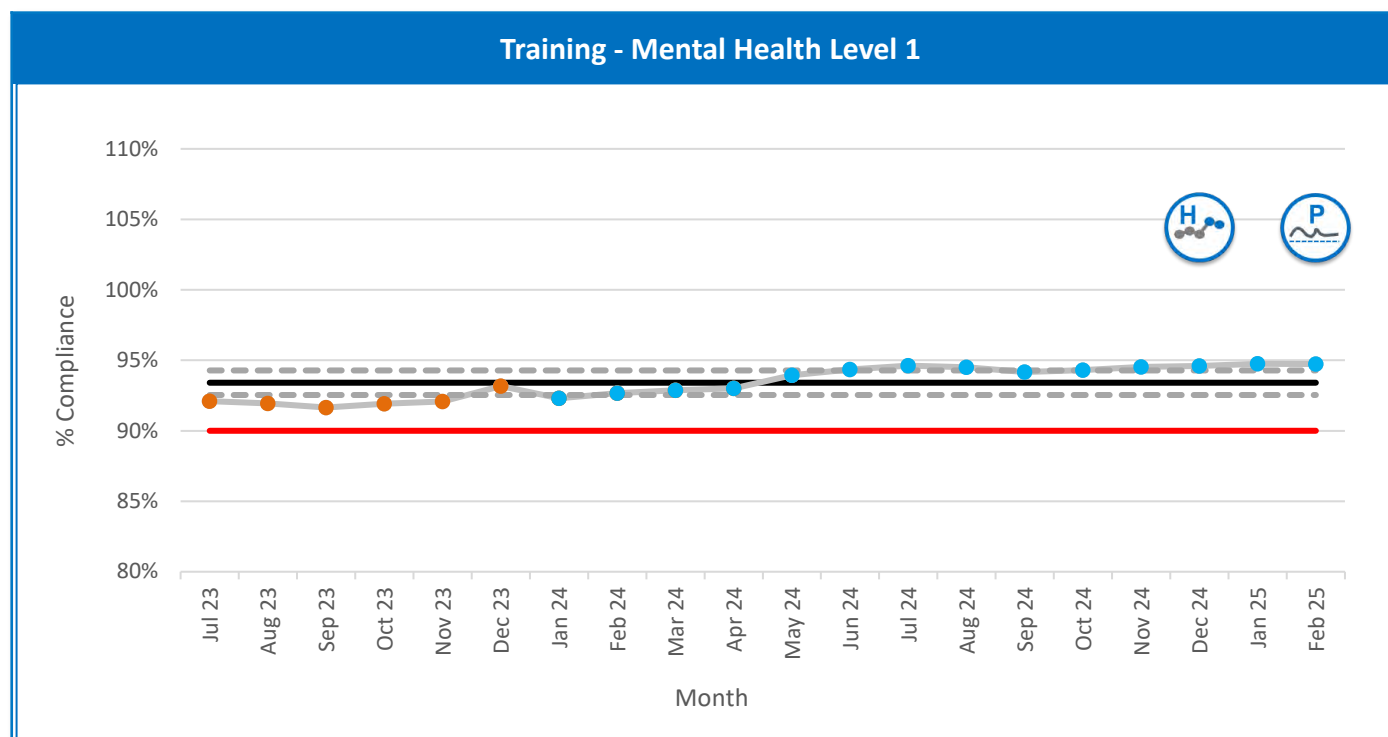
Assure Not SOF3 metric

Feb-25 **Target**
94.74% **90%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH		96.15%
LCO & Dental		96.02%
Specialist		95.57%
MRI		94.45%
CSS		94.38%
WTWA		92.92%



Updates since previous month
 Training compliance standard is consistently met.

Current issues

Key dependencies
 Training compliance is reported to the Mental Health Subgroup.

Future actions
 Continue to monitor performance.

Training - Mental Health Level 2

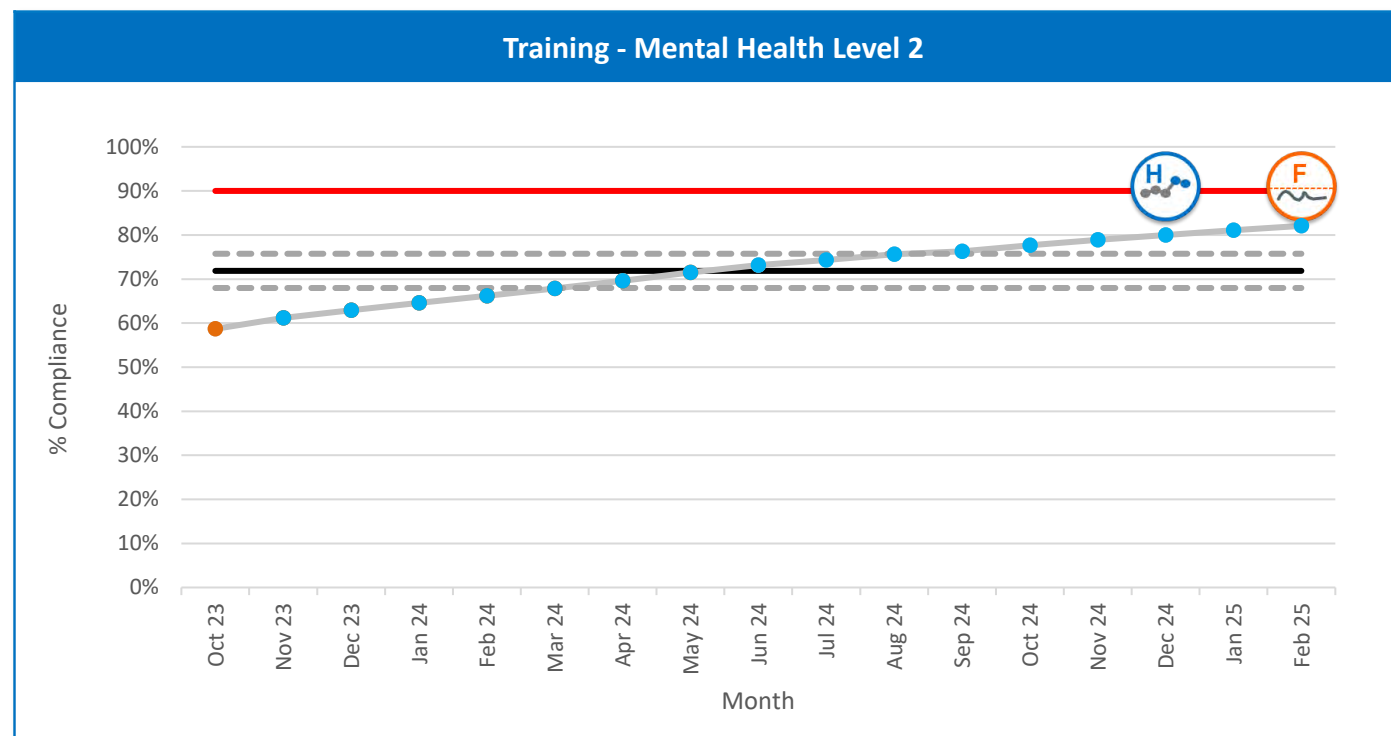
Alert Not SOF3 metric

Feb-25 **Target**
82.07% **90%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH	94.15%
MRI	84.08%
LCO & Dental	83.57%
Specialist	82.34%
WTWA	79.42%
CSS	75.30%



Updates since previous month
 The compliance in mental health level 2 training has increased by 1% this month.

Current issues
 Mental Health Level 2 training is 82% and not meeting the Trust 90% compliance standard.

Key dependencies
 Level 2 Mental Health training performance will continue to be monitored through the Mental Health Subgroup as part of the Mental Health Improvement Plan.

Future actions
 Clinical Groups have been requested to produce detailed trajectories and improvement plans to address training performance. The improvement plans will be tracked and monitored through the Mental Health Subgroup.

Number of patients detained under section 136 > 24 hours

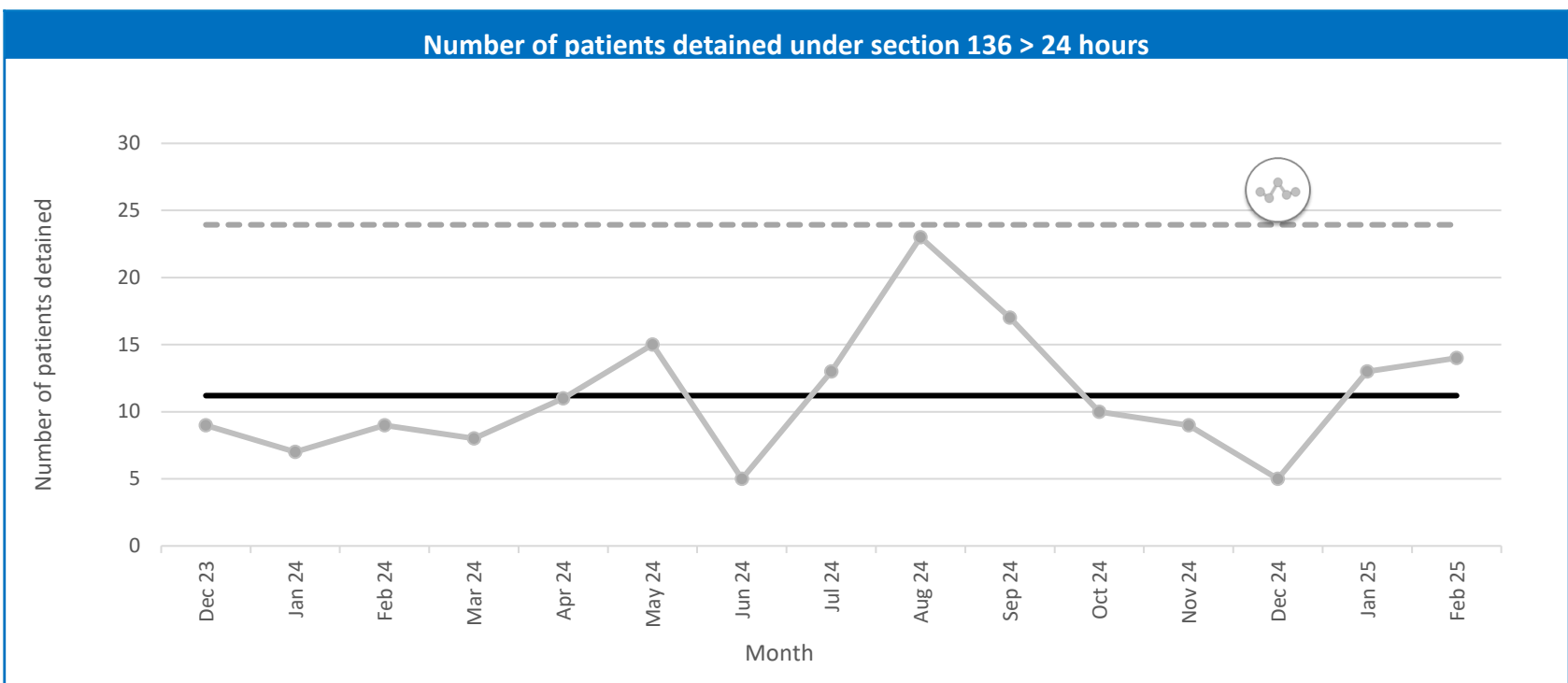
Advise Not SOF3 metric

Feb-25	Target
14	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	8
WTWA	3
NMGH	3
CSS	
Specialist	
LCO & Dental	



Updates since previous month
 14 out of 37 patients detained under a section 136 of the Mental Health Act remained ED over 12 hours.

Key dependencies
 The Section 136 Task and Finish Group reporting to Mental Health Subgroup is overseeing the section 136 improvement work.

Current issues
 A Mental Health Act Section 136 Standard Operating Procedure has been implemented in all EDs who have completed an operational readiness checklist to provide assurance that all registered medical and dental colleagues have been trained in application of the SOP. The SOP provides guidance of care and treatment according statutory and regulatory standards

Future actions
 A Nursing Emergency Department Mental Health Escalation Pathway has been developed to support nursing colleagues in their responsibilities in the escalation process and throughout the escalation period when patients are awaiting admission for a mental health inpatient facility. This is being presented to the Mental Health subgroup in April for ratification.

Mixed Sex Breaches

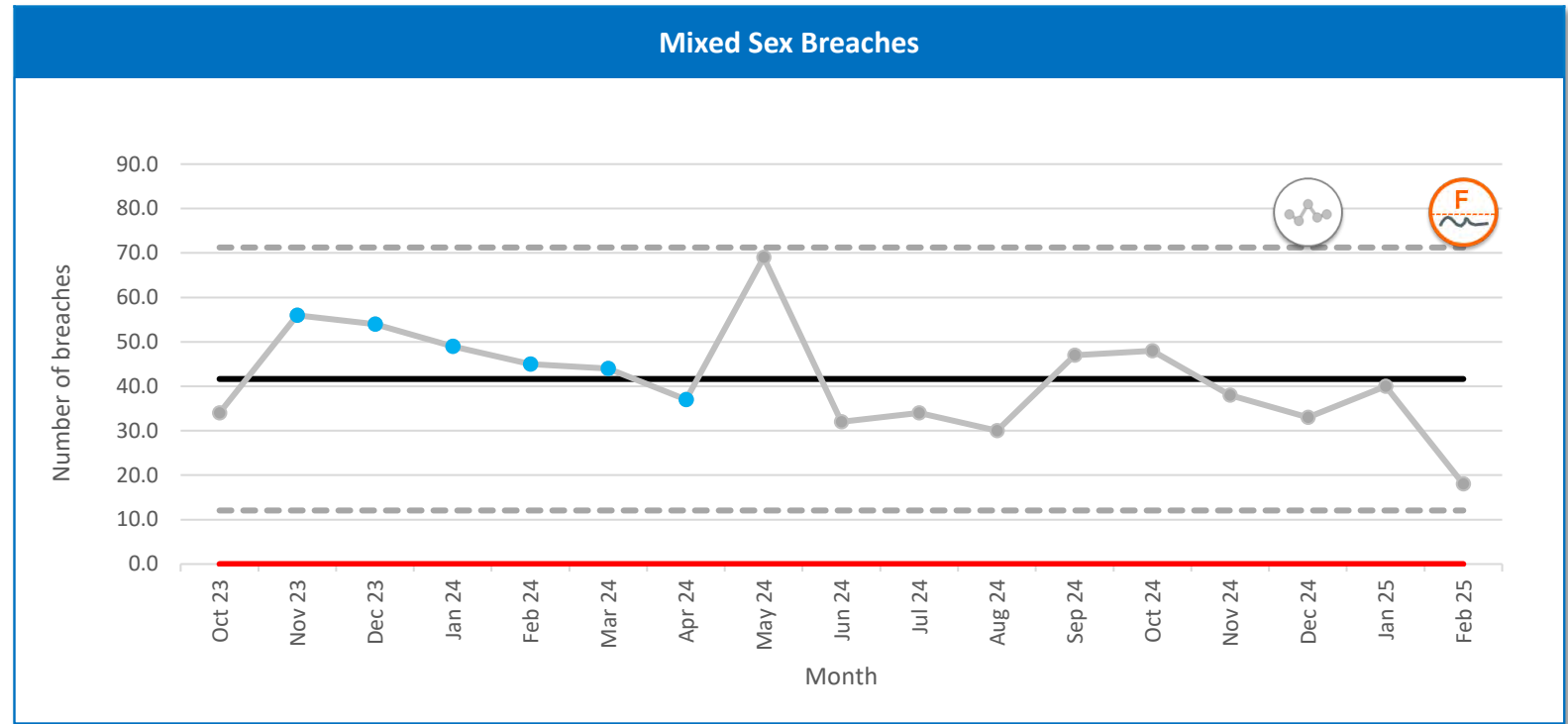
Advise Not SOF3 metric

Feb-25	Target
18	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH	9
WTWA	6
MRI	3
Specialist	0
LCO & Dental	0
CSS	0



Updates since previous month
 February data indicates a decrease in mixed sex breaches when compared to previous month.

Key dependencies
 The drivers are known and relate to flow and capacity in receiving wards.

Current issues
 Mixed Sex breaches occur in critical care areas, where breach justification ceases (24 hours post decision to discharge/step down from critical care).

Future actions
 Surveillance is active and aimed at understanding earlier drivers of the target not being met.

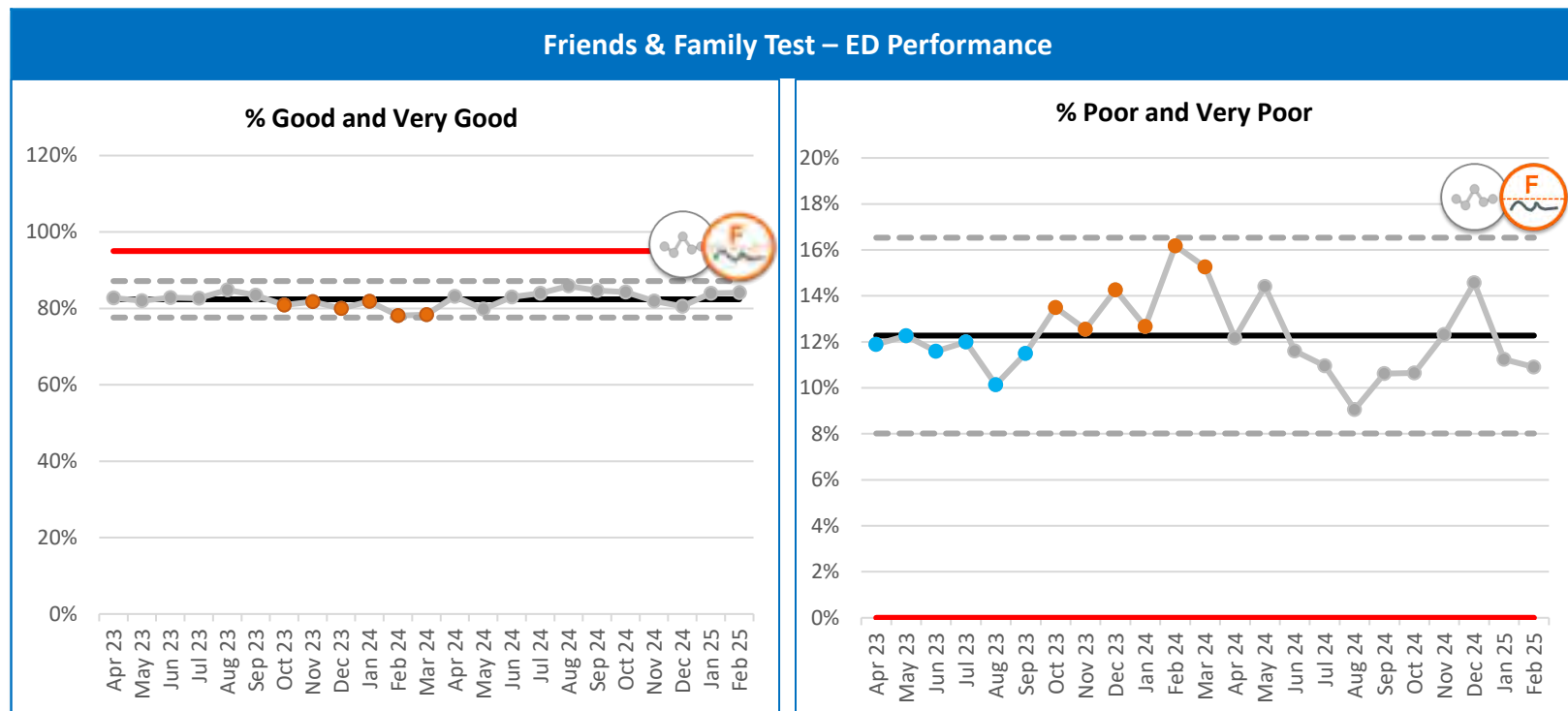
Friends & Family Test – Emergency Department

Alert Not SOF3 metric

Feb-25 **Target**
84.13% **95%**

Compliance	Variance	Assurance	Actions

Overview				
ED	% Good	% Poor	Total Responses	Response Rate
UDHM	100.0%	0.0%	62	64.6%
MREH	97.7%	0.8%	389	16.6%
WTWA	88.8%	7.4%	1630	13.4%
MRI	76.9%	16.4%	1236	10.8%
NMGH	76.6%	16.1%	764	8.0%
RMCH	85.8%	9.8%	296	7.5%
SMH	94.3%	5.7%	35	4.0%



Updates since previous month

Variation in overall score across the Clinical Groups. RMCH, MRI, NMGH and WTWA score consistently below the Trust target, however the data evidences a slight improvement by WTWA by 1.76%.

Key dependencies

As part of the UEC workstreams a specific WMTM survey will be developed for ED departments aiming to provide detailed feedback to improve overall WMTM and FFT scores.

Current issues

Overall themes include wait to be seen and wait for admission. Work is being undertaken to reduce the wait time in ED and increase patient flow across the Trust.





Future actions

Education from the Patient Experience Team remains a key theme across Clinical Groups, and the Volunteer Service continues to provide support within departments.

Number of Formal Complaints opened

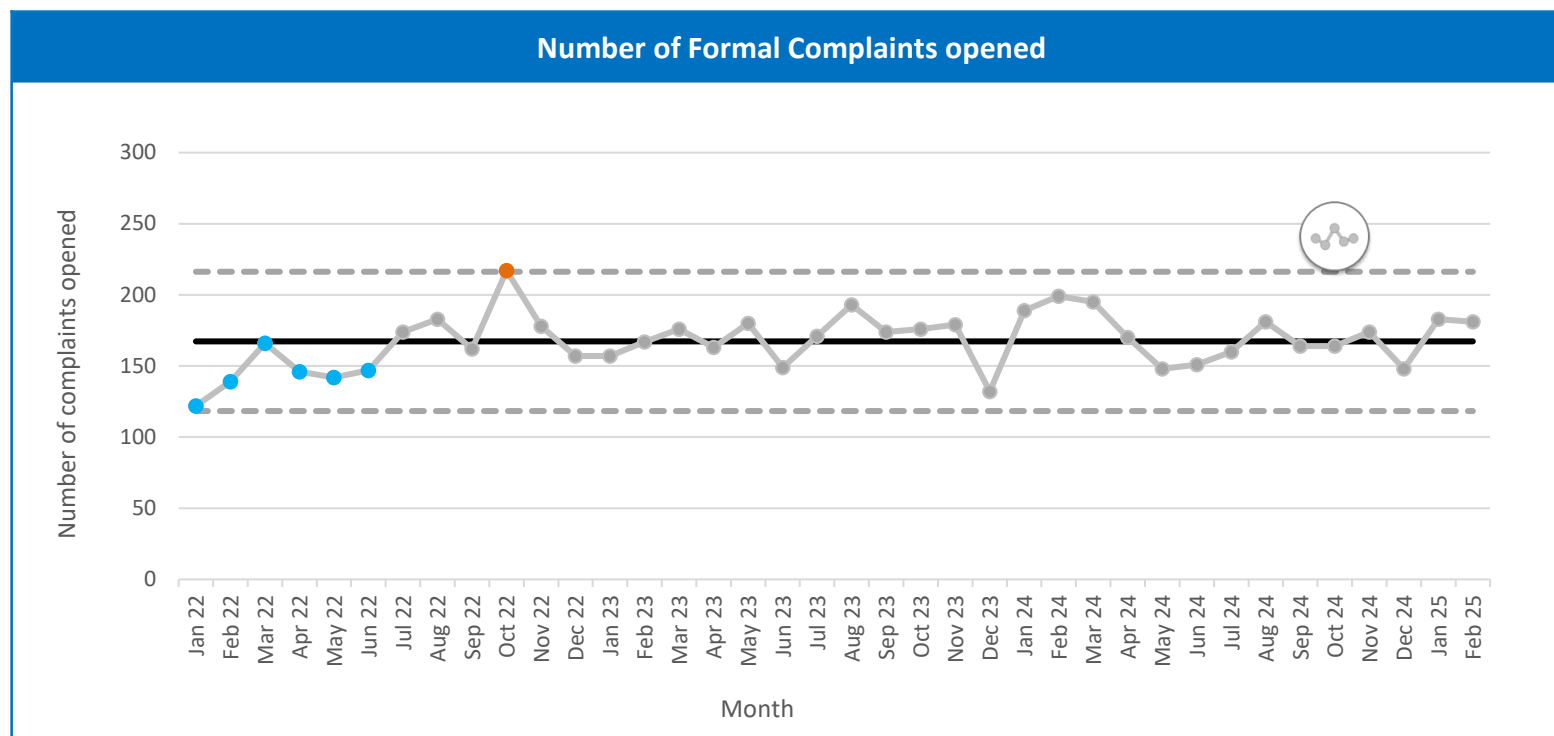
Advise Not SOF3 metric

Feb-25	Target
181	N/A

Compliance	Variance	Assurance	Actions
			

Clinical Group Overview

WTWA	50
Specialist	48
MRI	38
NMGH	25
LCO & Dental	14
CSS	8



Updates since previous month

There has been a decrease in the number of new complaints, with 181 received in February compared to 183 in January.

Current issues

Complaints related to Treatment/Procedure are increasing and continue to be the most prevalent theme of complaints. Improved focus required on organisational learning from complaints, to address repeat themes across Clinical Groups.

Key dependencies

Continued engagement from the Clinical Groups in relation to Complaints and PALS training, for de-escalation and response writing, to ensure all staff groups attend.

Future actions

Improvements to reporting and monitoring of compliance of actions and updated Complaints Review Scrutiny Group (CRSG) ToR, with a focus on organisational learning. Complaints, Concerns and Compliments Policy finalised and awaiting committee ratification.

Number of PHSO complaints

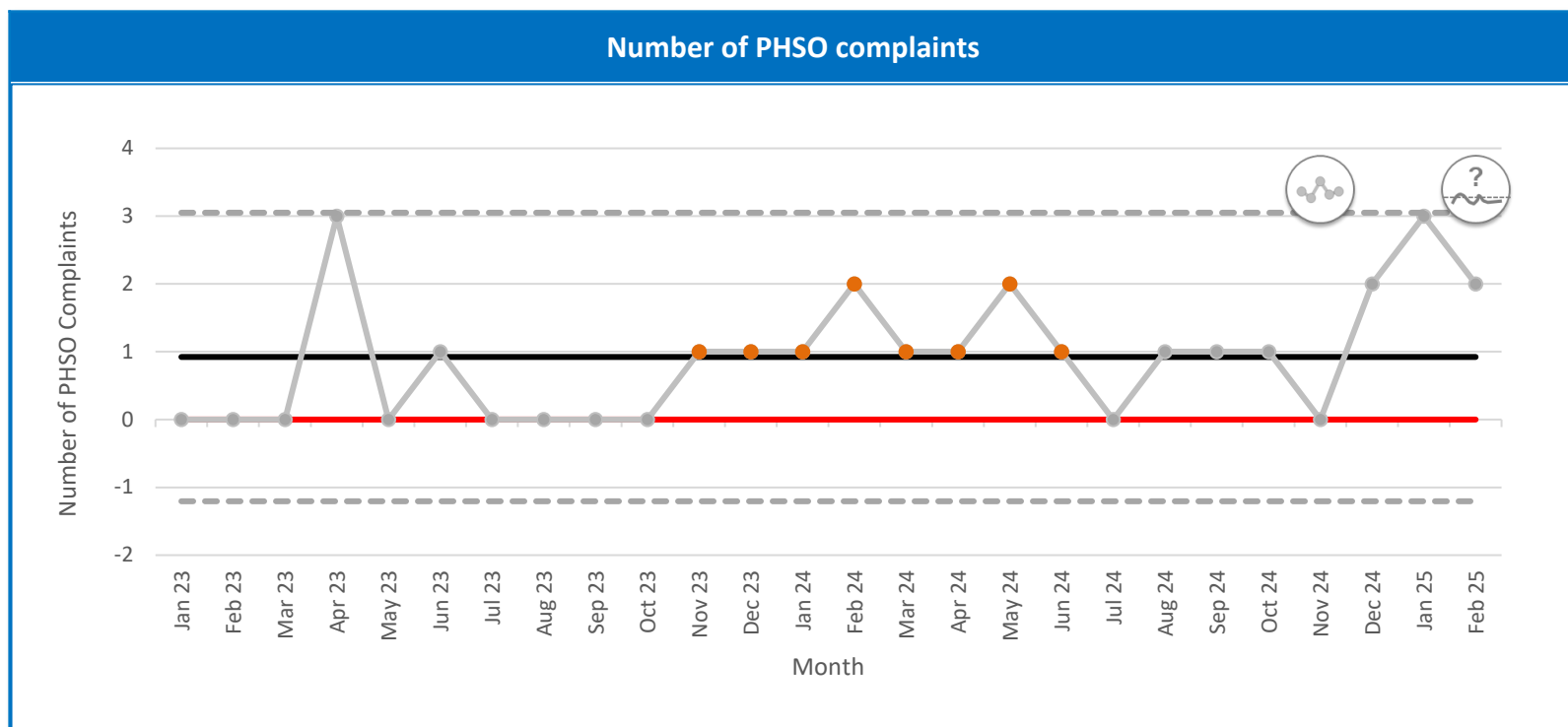
Advise Not SOF3 metric

Feb-25	Target
2	N/A

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	2
LCO & Dental	0
NMGH	0
WTWA	0
CSS	0
Specialist	0



Updates since previous month

The PHSO commenced new detailed investigations into 2 MFT complaints in February 2025, both of which were for MRI. The PHSO did not complete any investigations into MFT complaints during February 2025.

Key dependencies

Continued engagement from the Clinical Groups to meet challenging timescales for providing information and responses to the PHSO.

Current issues

The most common theme for PHSO complaints relates to assurance of appropriate actions to address learning identified from complaints.

Future actions

The Complaints Manager is developing a SOP to support the Clinical Groups with PHSO processes, timescales and response writing.

Number of Reopened (not new) Complaints

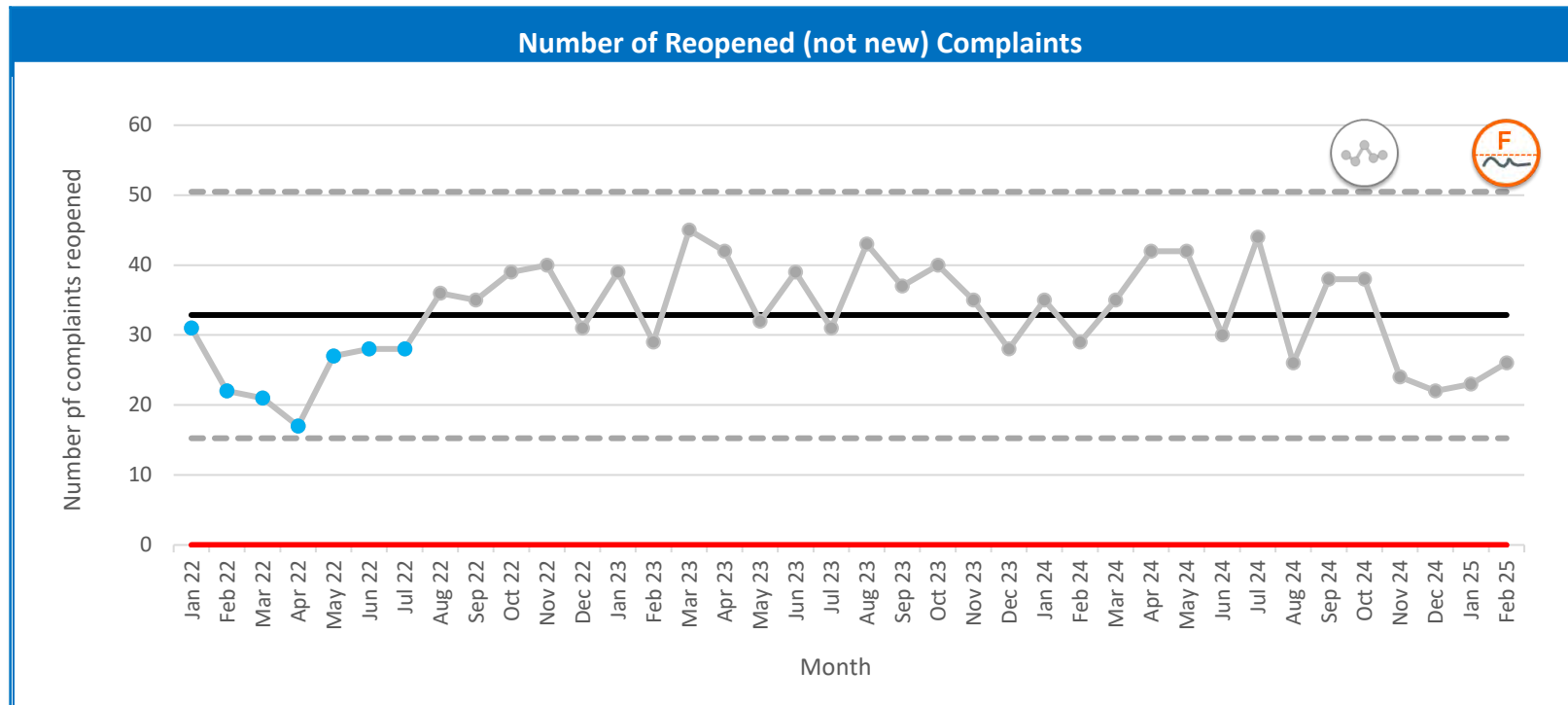
Advise Not SOF3 metric

Feb-25	Target
26	N/A

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI	10
WTWA	8
Specialist	6
NMGH	1
CSS	1
LCO & Dental	0



Updates since previous month

Increase in the number of reopened complaints from 23 to 26 but still only small percentage of total complaints being re-opened (12.6%). Main reason for complaints being reopened is when the person raising the complaint asks further questions, following receipt of the response letter.

Key dependencies

Complaint response writing delivered across the Trust to improve quality of complaint investigations and written responses. Increase in number of local resolution meetings (LRMs) supporting first time resolution of complaints.

Current issues

Ensuring the Trust embeds compassionate engagement throughout the complaint process and responses are empathetic and identify systematic learning.



Future actions

Review of complaint investigations and responses, in line with PSIRF methodology. Reopened responses to be reviewed in CRSG to identify opportunities for improvements and shared organisational learning.

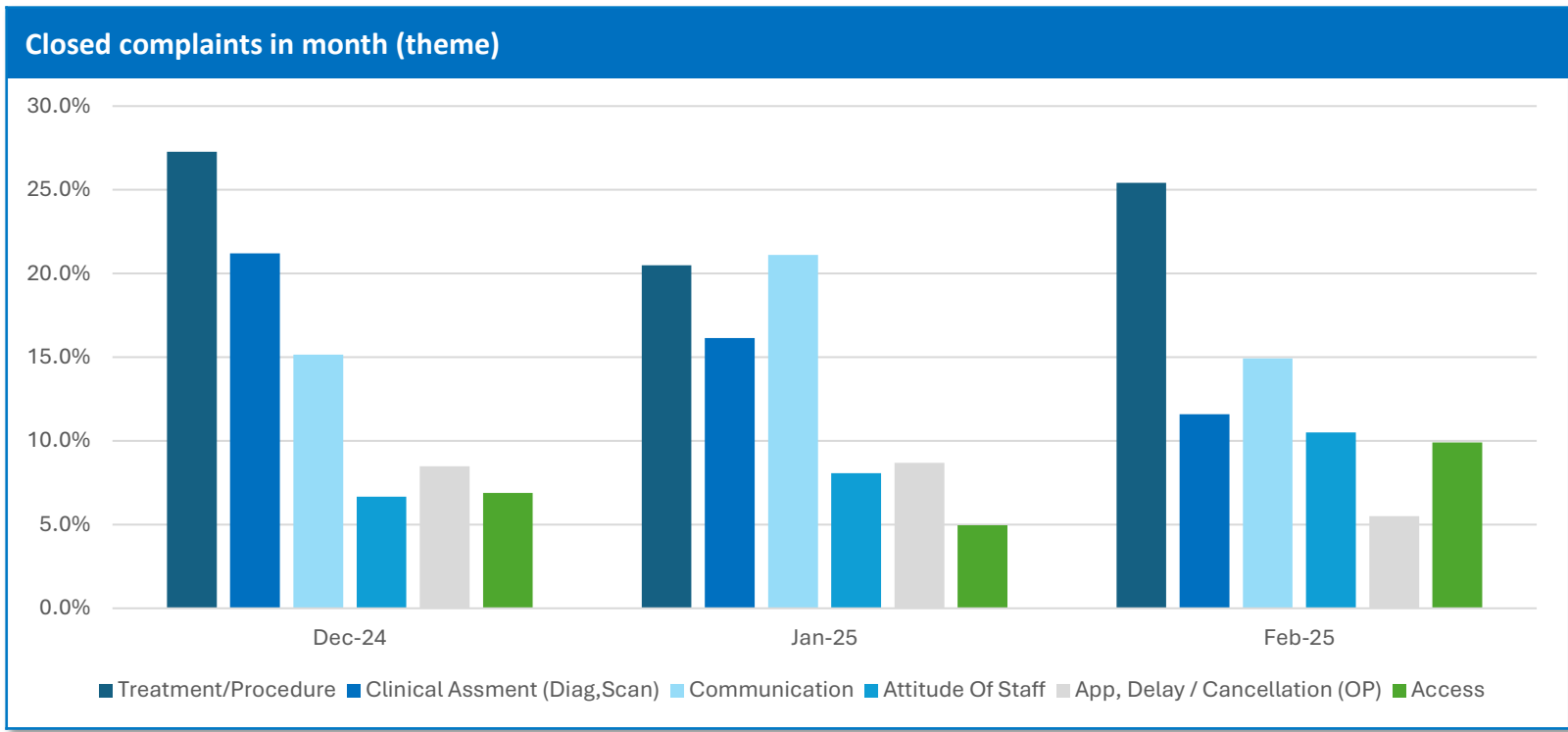
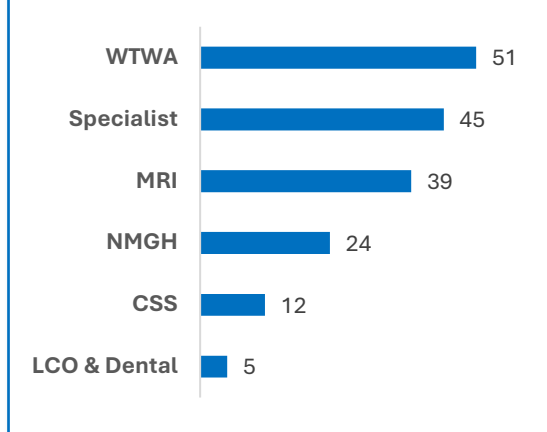
Closed complaints in month (theme)

Advise Not SOF3 metric

Feb-25	Target
N/A	N/A

Compliance	Variance	Assurance	Actions
			

Clinical Group Overview



Updates since previous month

Reduction in complaint outcomes related to Appointment Delays/Cancellations and Clinical Assessment.

Current issues

Treatment/Procedure and Communication remain the top themes for closed complaints, with no improvement noted over the past 12 months.

Key dependencies

Clinical Groups complaint quality assurance process and learning reviewed through local oversight groups. Complaints Management share Trustwide learning through weekly Patient Safety Panel.

Future actions

Updated thematic reporting on complaints during 2025/26 to enable targeted and improvement workstreams to be implemented to address identified learning.

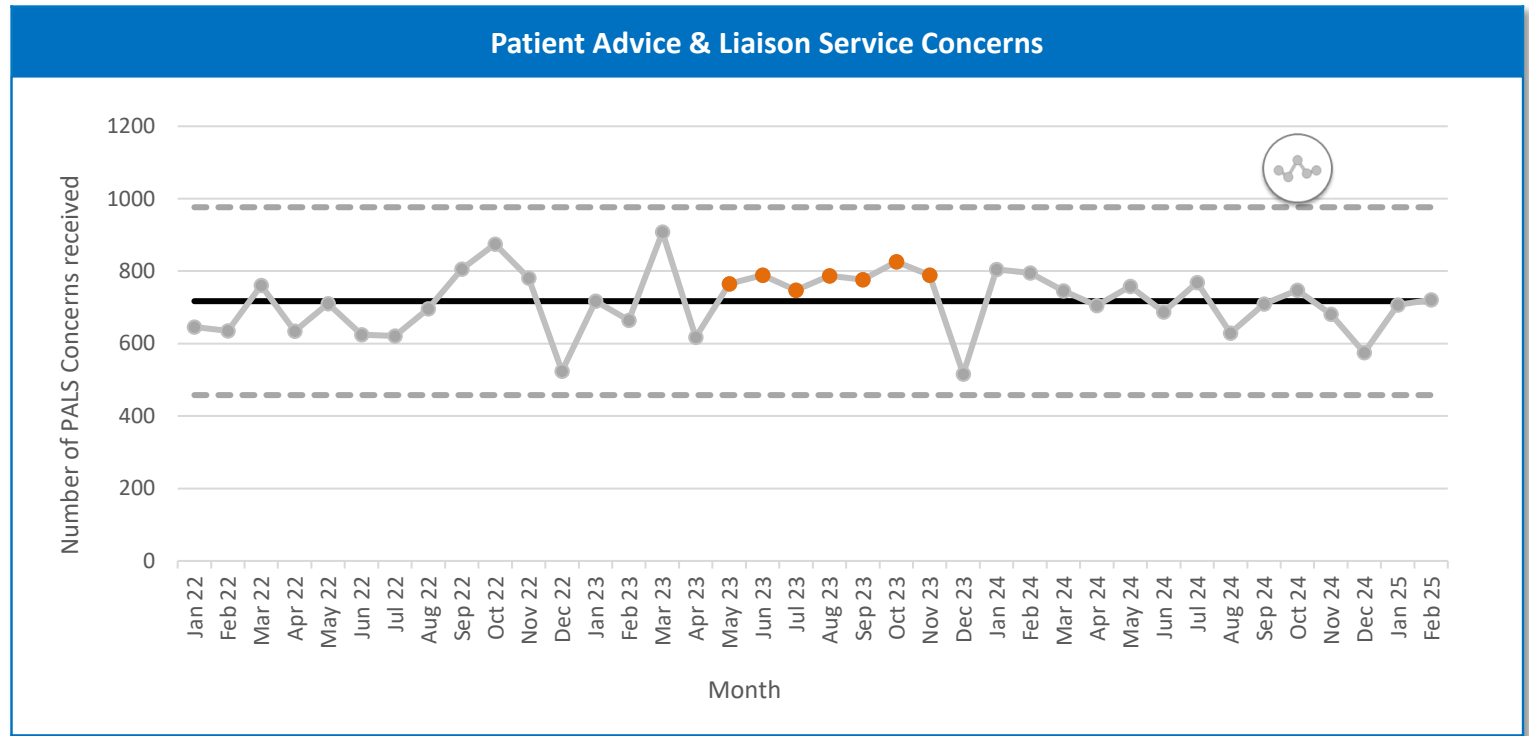
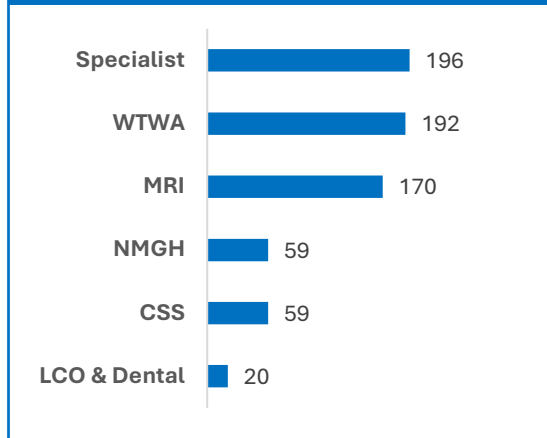
Patient Advice & Liaison Service Concerns

Advise Not SOF3 metric

Feb-25	Target
721	N/A

Compliance	Variance	Assurance	Actions

Clinical Group Overview



Updates since previous month

The data shows an increase in PALS concerns of 14 cases from January to February 2025.

Current issues

Staff communication with patients and relatives continues to be the most prevalent theme of PALS concerns month-on-month.

Key dependencies

Continued engagement between PALS and the Clinical Groups to achieve early resolution of concerns.

Future actions

PALS team continue to deliver early resolution and de-escalation training, to empower all Trust staff to resolve concerns raised at the point of care.

Care Hours Per Patient Day

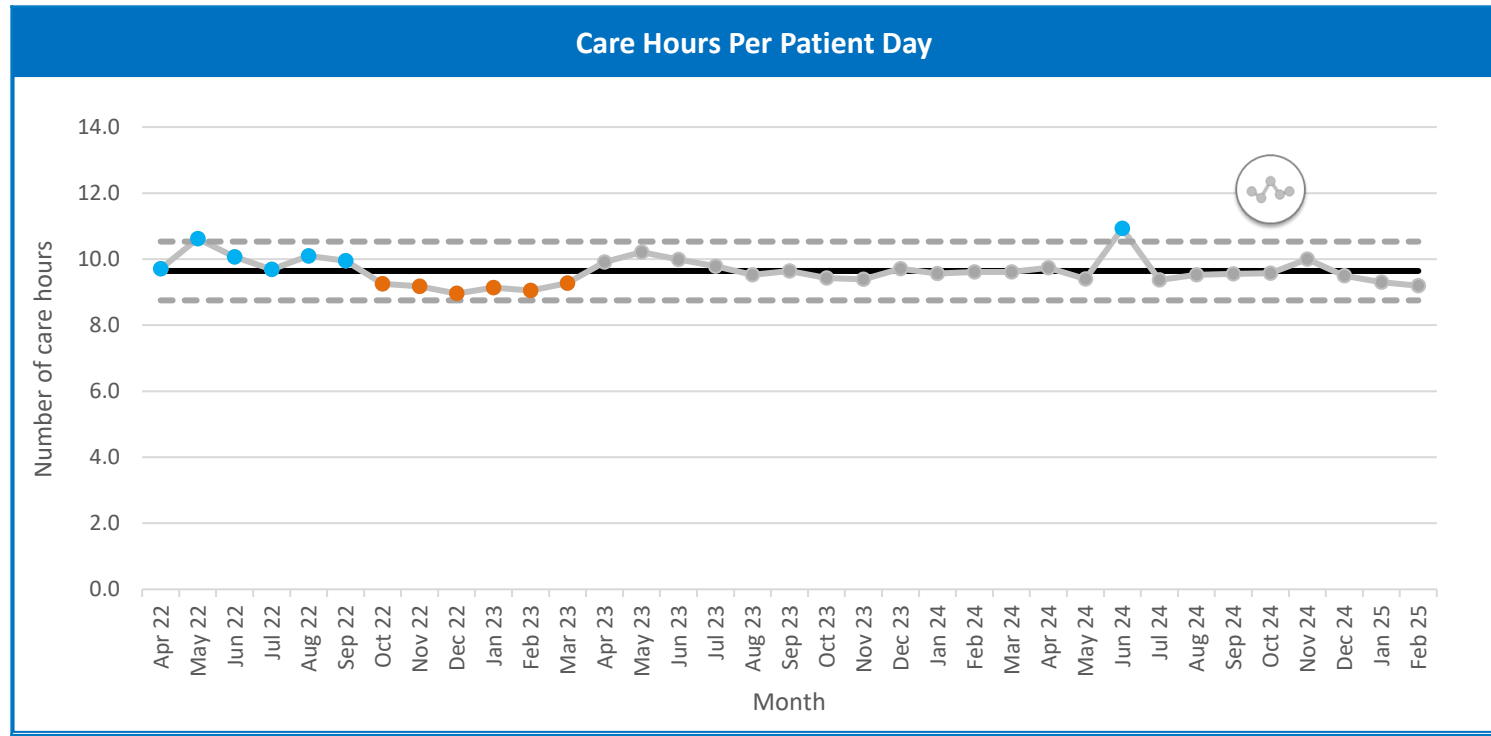
Advise Not SOF3 metric

Jan-25	Target
9.3	9.7

Compliance	Variance	Assurance	Actions

Clinical Group Overview

CSS	31.3
WTWA	7.3
SMH	11.1
RMCH	12.9
MREH	8.7
NMGH	9.5
MRI	8.1
LCO & Dental	



Updates since previous month
 Benchmarked against latest available Shelford average of 9.7 hours (Jan 2025 – latest available).

Current issues
 None identified

Key dependencies
 CHPPD must be considered alongside safety, quality and professional judgement. Does not take account of bed capacity above funded establishment. CSS / RMCH / SMH have higher staff:patient ratios.

Future actions
 Continue to monitor.

Ratio of actual : planned hours (excluding maternity)

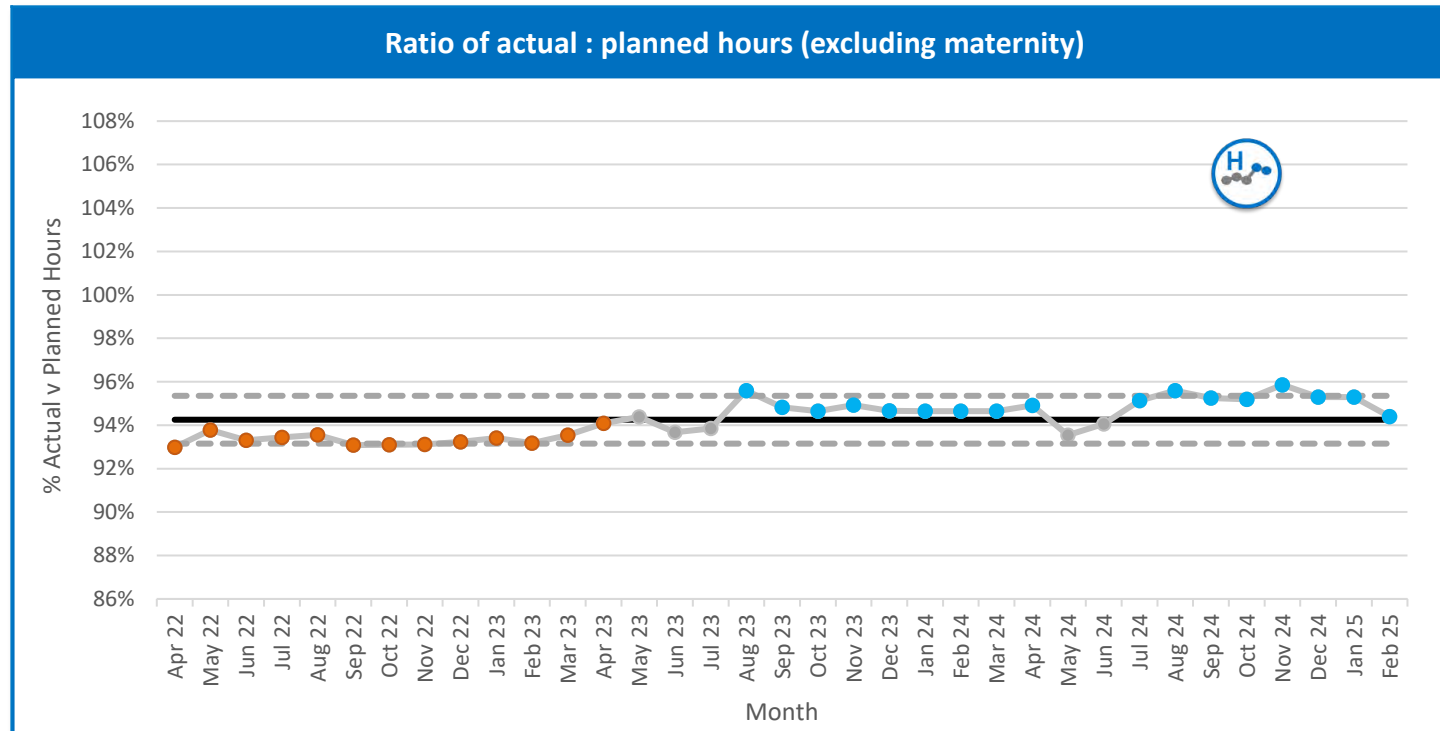
Advise Not SOF3 metric

Feb-25	Target
94.40%	95%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

CSS	100.00%
NMGH	96.80%
WTWA	91.90%
SMH	97.80%
RMCH	91.20%
MREH	96.20%
MRI	93.10%
LCO & Dental	



Updates since previous month
 First drop below 95% standard for 8 months.

Current issues
 Fill rates at RMCH and WTWA confirmed no safety concerns in areas with low fill rate.

Key dependencies
 Registered Nurse vacancy position at 1.9% against Shelford average of 5.8% (Jan 2024).
 Nursing Support Worker vacancy rate at 9.4% against Shelford average of 11.4% (Jan 2024).

Future actions
 Maintain recruitment pipeline for Spring and Autumn 2025 graduates, Continue unregistered recruitment events at Clinical Groups and widening participation programme.

Sepsis 7 - Medical Review On Time

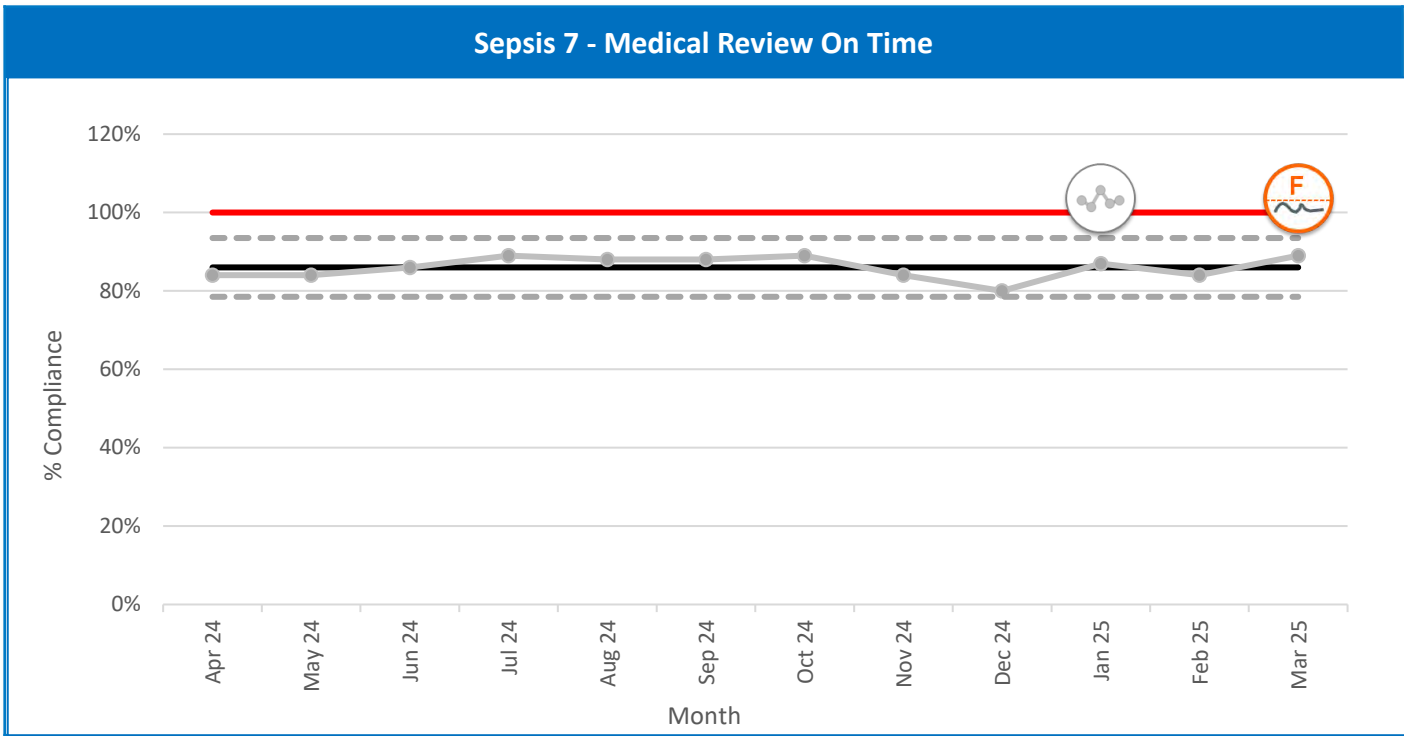
Alert Not SOF3 metric

Mar-25	Target
89%	100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist	94%
MRI	89%
WTWA	88%
NMGH	86%
LCO & Dental	
CSS	



Updates since previous month

The data indicates that the overall percentage score has remained below the expected trust standard-100%

Key dependencies

Early recognition and escalation is essential and can be achieved through completion of sepsis screening tool.

Current issues

Sepsis audit data shows standards of sepsis care are reliant on timely medical reviews.

Future actions

Monitor compliance and share results with trust sepsis group for wider dissemination to clinical groups Q&S.
Continue to incident cases of delayed antibiotics to allow areas to address factors that influence prescription delays

Sepsis 7 - Oxygen Administered

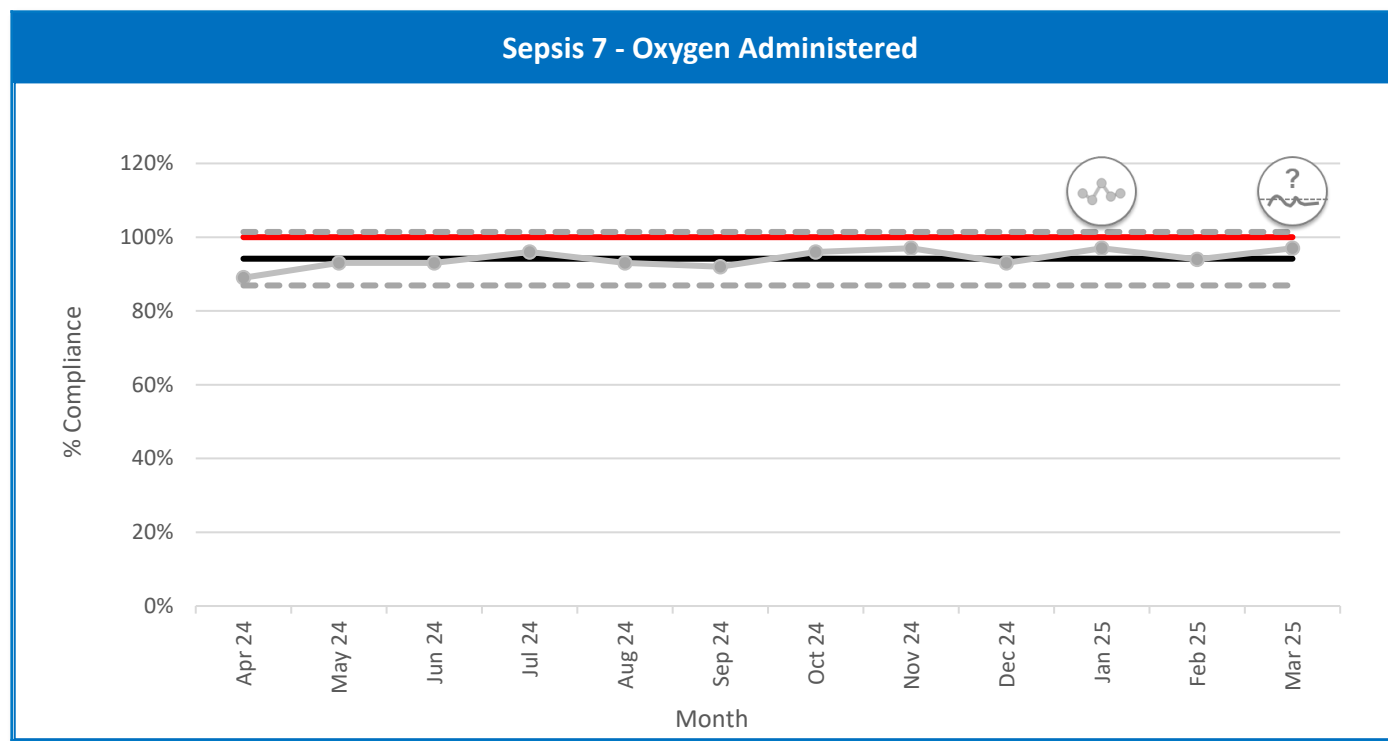
Alert Not SOF3 metric

Mar-25	Target
97%	100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

WTWA		100%
Specialist		100%
NMGH		96%
MRI		92%
LCO & Dental		
CSS		



Updates since previous month
 The data indicates that the overall percentage score has remained below the expected trust standard-100%

Current issues
 Documentation of oxygen not always completed on submission of clinical observations or in medical notes

Key dependencies
 Incomplete clinical observation documentation will cause variations to the overall early warning score, which may lead to underscoring not reflecting the actual patient acuity

Future actions
 Development of trust clinical observation audit to enable a deep dive into compliance standards, to support improvement work needed

Sepsis 7 - Blood Cultures Taken

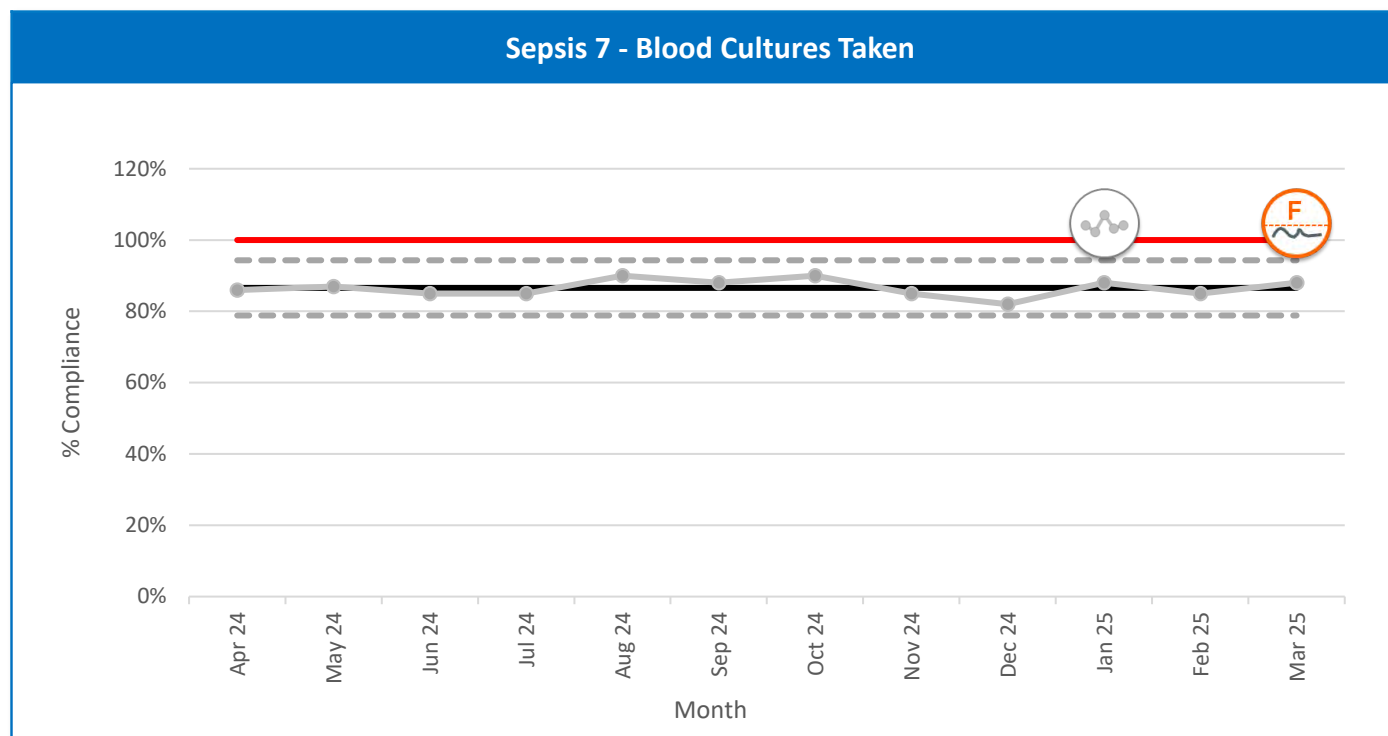
Alert Not SOF3 metric

Mar-25 **Target**
88% **100%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist		90%
MRI		89%
WTWA		86%
NMGH		86%
LCO & Dental		
CSS		



Updates since previous month

The data indicates that the overall percentage score has remained below the expected trust standard-100%

Key dependencies

Blood cultures remain the primary diagnostic test available to detect BSI, ascertain the causative organism, and direct the most appropriate antimicrobial to treat the infection

Current issues

Blood cultures not always taken in sepsis cases or are delayed/taken after antibiotic administration

Future actions

Monitor compliance and share results with trust sepsis group for wider dissemination to clinical groups Q&S.
 Ongoing action - Relevant staff undertake blood culture training as part of the trust IV therapy course

Sepsis 7 - Antibiotics Administered

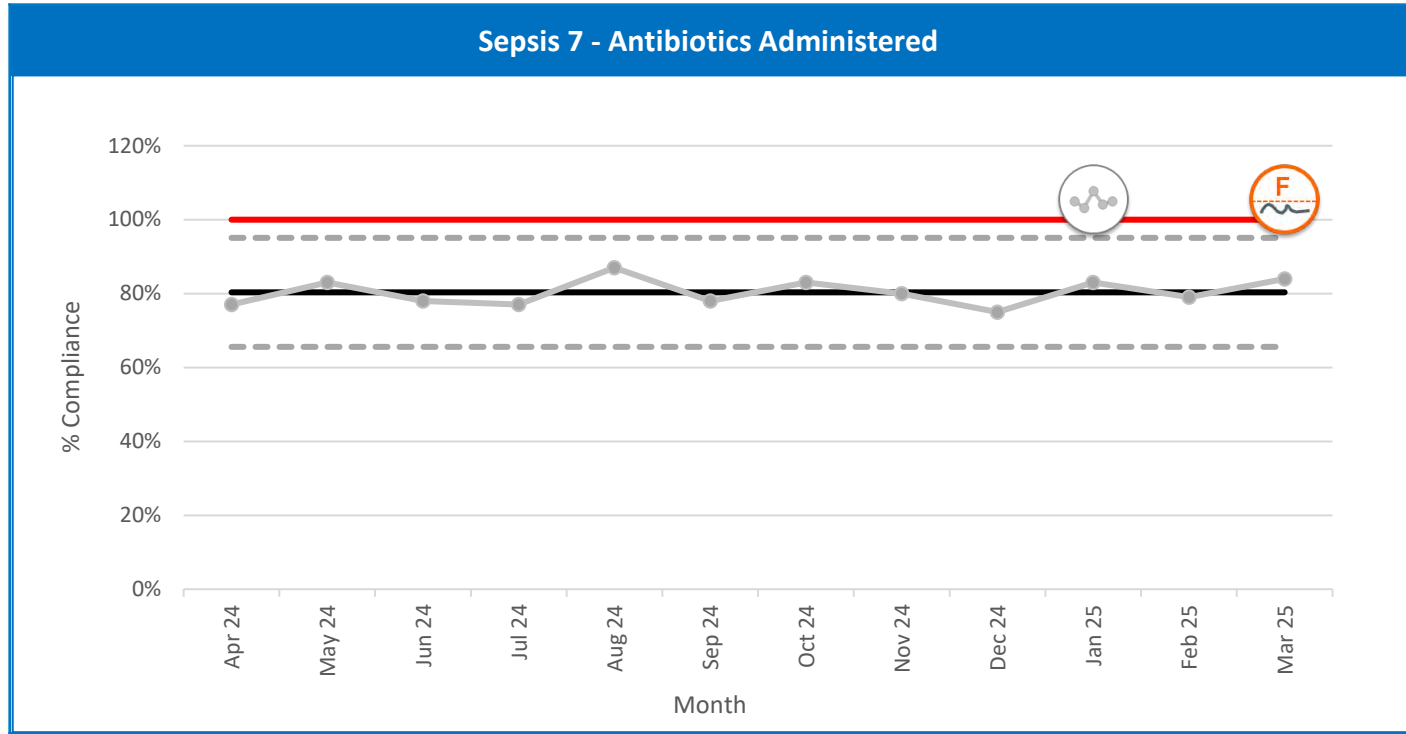
Alert Not SOF3 metric

Mar-25 Target
84% **100%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist	Percentage
Specialist	90%
MRI	89%
WTWA	86%
NMGH	86%
LCO & Dental	
CSS	



Updates since previous month
The data indicates that the overall percentage score has remained below the expected trust standard-100%

Current issues
Delay in the administration of antibiotics can be from prescription delay, administration delay or a combination of both

Key dependencies
Delay in antibiotics can be influenced by several factors - timely medical review, communication to nursing staff, availability of IV trained staff and delay in gaining IV/IO access

Future actions
Continue incident reporting cases where antibiotics have not been administered in set time standards, to allow areas to address factors that influence prescription and administration delays.

Sepsis 7 - Lactate Taken

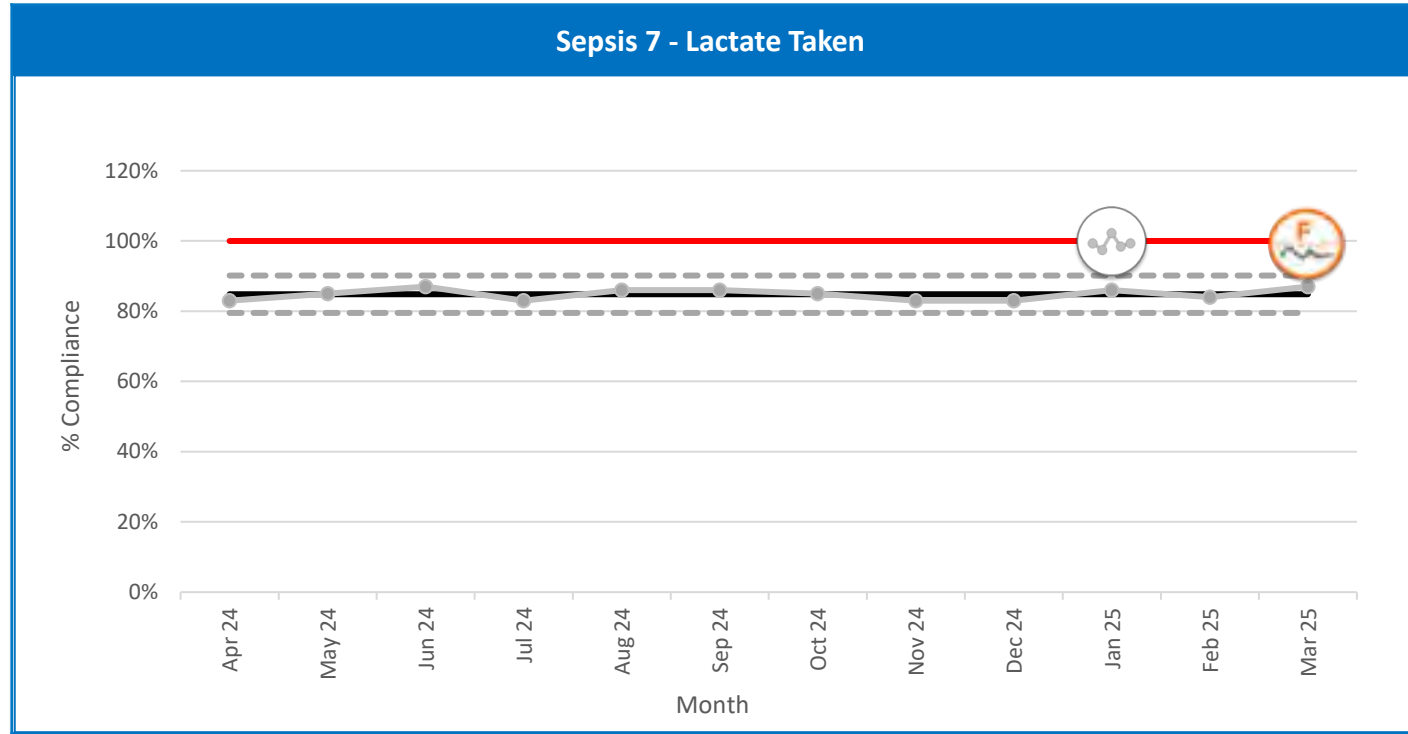
Alert Not SOF3 metric

Mar-25	Target
87%	100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist	Percentage
Specialist	96%
NMGH	86%
MRI	84%
WTWA	82%
LCO & Dental	
CSS	



Updates since previous month
 The data indicates that the overall percentage score has remained below the expected trust standard-100%

Current issues
 Lactate measurement not always undertaken or is delayed in sepsis cases. Missed/delayed lactate measurement is most seen in inpatient areas rather than Emergency Departments

Key dependencies
 Lactate is a marker to aid in the diagnosis and management of sepsis and septic shock, including need for fluid resuscitation and ICU review.

Future actions
 Inpatient areas – improve numbers of nursing staff trained for barcode access to blood gas machines
 Review blood gas machine availability in inpatient areas - including possible POCT lactate machines

Sepsis 7 - IV Fluid Bolus Administered

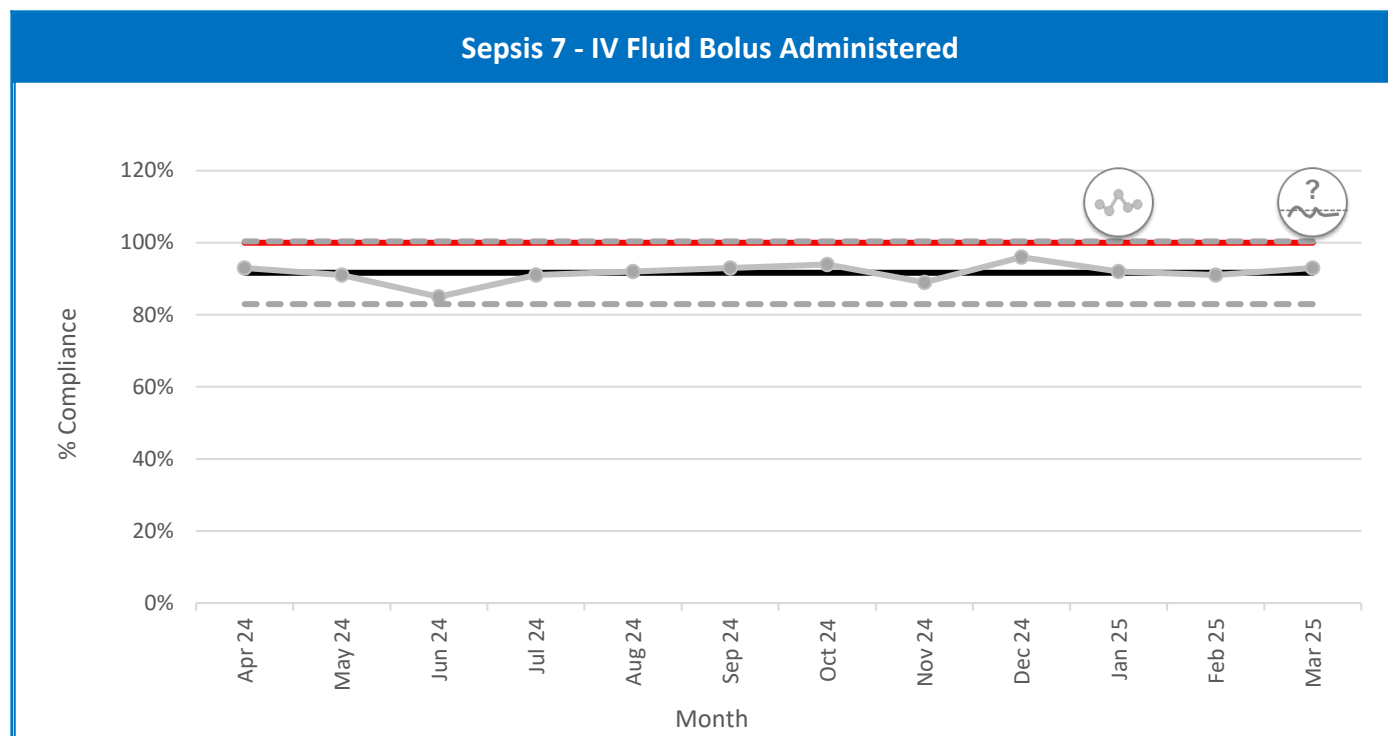
Alert Not SOF3 metric

Mar-25	Target
93%	100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI		94%
WTWA		94%
Specialist		94%
NMGH		88%
LCO & Dental		
CSS		



Updates since previous month

The data indicates that the overall percentage score has remained below the expected trust standard-100%

Current issues

IV fluids not always administered in a timely manner in septic patients with raised lactate or signs of hypovolemia. Prescription of IV fluids on the MAR not always completed in emergency situations

Key dependencies

Administration of IV fluids to patients with hypovolemia or shock from sepsis may improve cardiac output, oxygen delivery, organ function, and mortality.

Future actions

Monitor compliance and share results with trust sepsis group for wider dissemination to clinical groups Q&S. Incident cases of delayed/missed fluid resuscitation in sepsis shock.

Sepsis 7 - Urine Output Measured

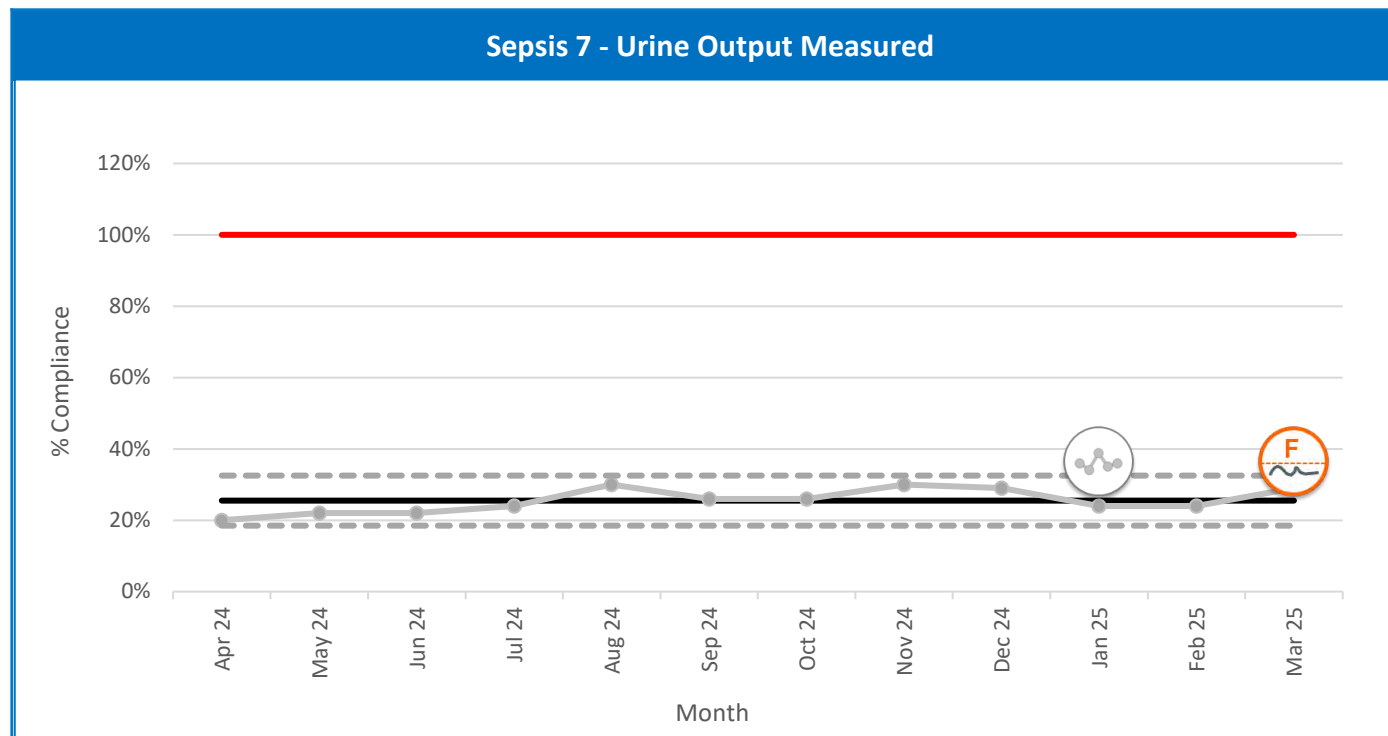
Alert Not SOF3 metric

Mar-25	Target
29%	100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist	40%
NMGH	32%
WTWA	23%
MRI	21%
LCO &...	
CSS	



Updates since previous month
 The data indicates that the overall percentage score has remained below the expected trust standard-100%

Current issues
 Monitoring of urine output is below standard across all clinical groups audited

Key dependencies
 Accurate monitoring of urine output is essential to guide fluid resuscitation and enable the early detection of Acute Kidney Injury

Future actions
 New fluid balance policy on 1st April – changes include improvements to the Hive fluid balance process, development of compliance reporting and development of fluid balance competency.

Controlled Drugs Audit Compliance

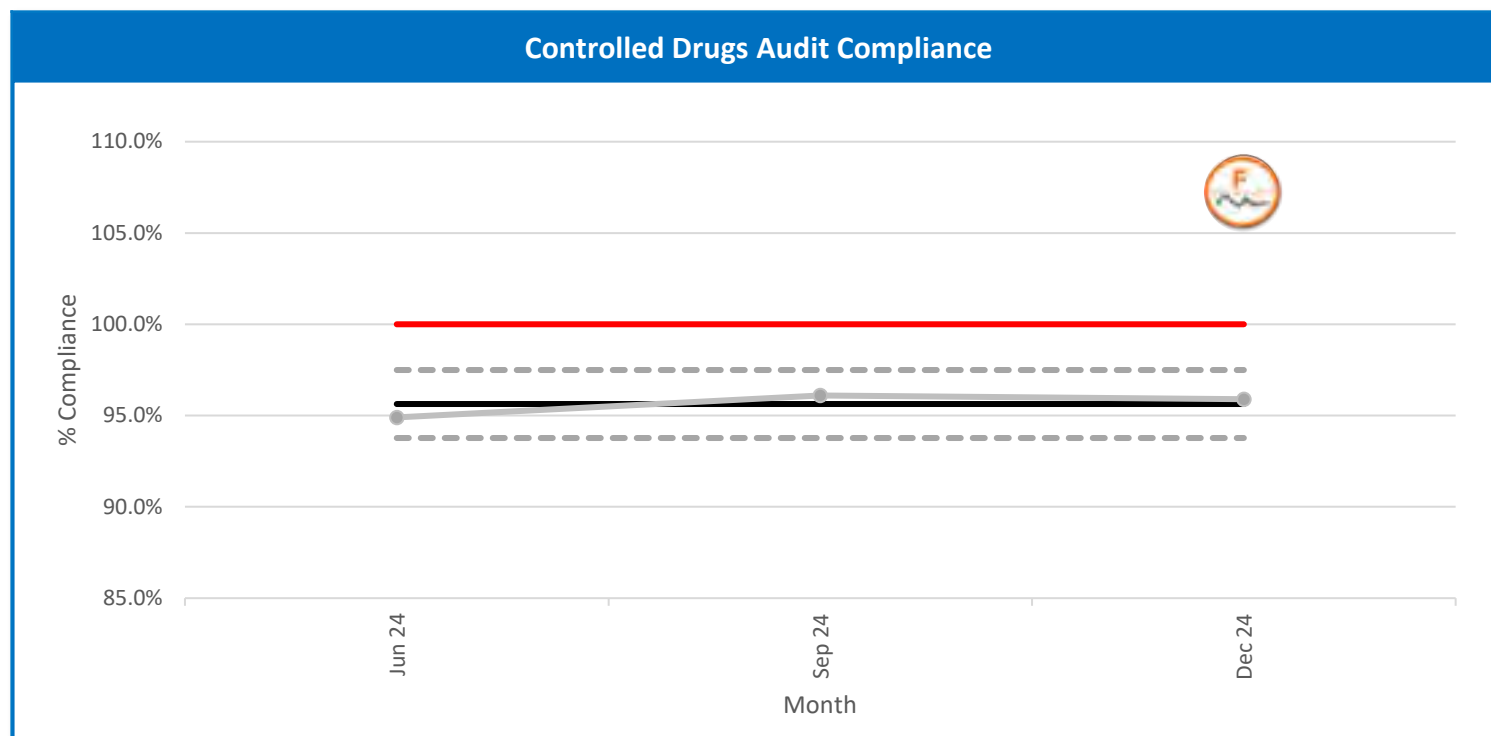
Alert Not SOF3 metric

Q3 24-25 **Target**
93.3% **100%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

The LCO & Dental	99.10%
CSS	98.30%
NMGH	97.60%
Specialist	96.20%
WTWA	95.10%
MRI	93.30%



Updates since previous month
 Compliance position unchanged

Current issues
 Gaps in assurance related to documentation standards and documentation of wastage.

Key dependencies
 Documentation of part used CD infusions is not consistently documented in Hive – escalated to NMAHP Digital Team. Gap in compliance with standards

Future actions
 Communication developed to reiterate documentation standards. Safe & Secure Handling of Medicines Audit Compliance, not yet launched.

Safe & Secure Handing of Medicines Audit Compliance

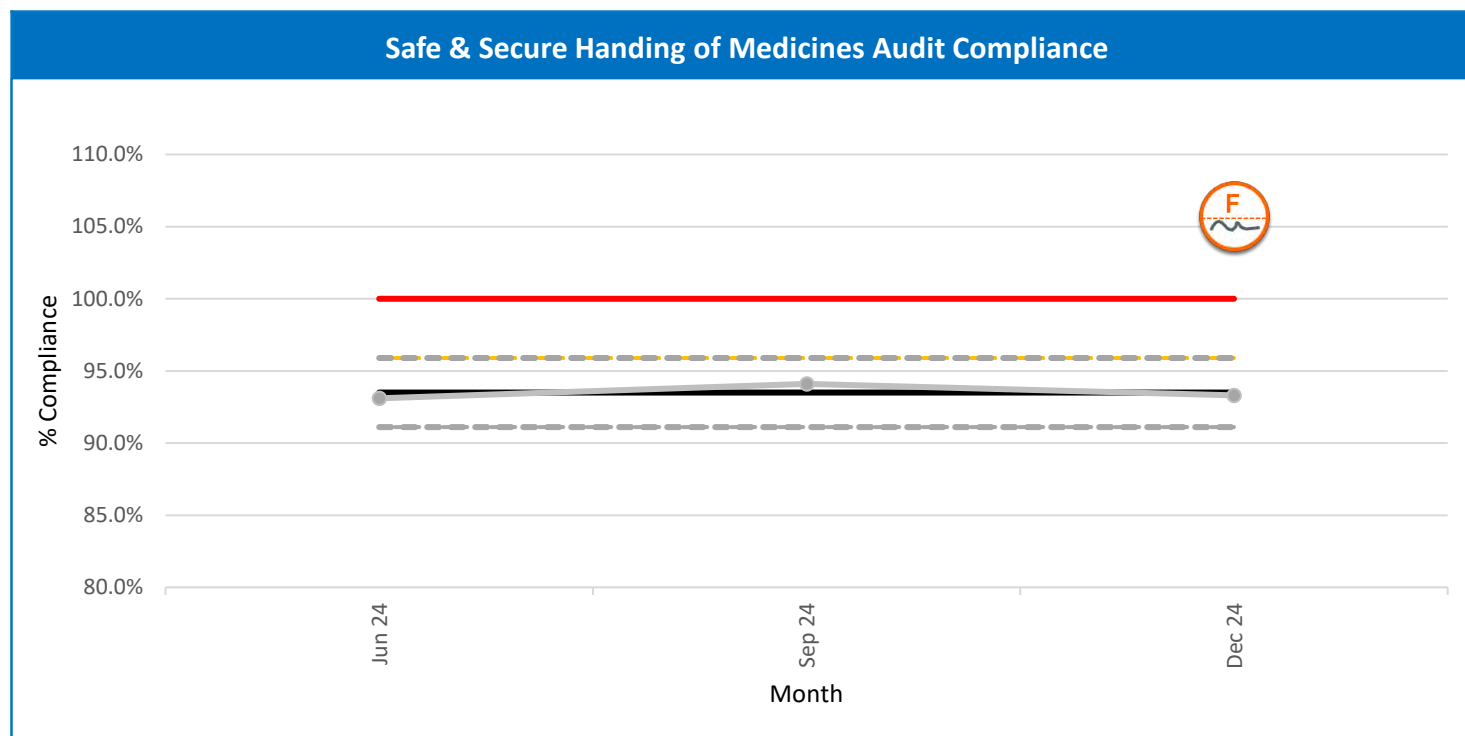
Alert Not SOF3 metric

Q3 24-25	Target
95.9%	100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

The LCO & Dental		97.60%
NMGH		94.30%
WTWA		93.80%
CSS		93.30%
MRI		92.70%
Specialist		90.60%



Updates since previous month

A trial of electronic temperature documentation is ongoing at NMGH. The findings will be reported in May. MRI theatres have undertaken a trial of a remote temperature monitoring system, operational procedures are in development

Key dependencies

Estates – control of temperature in treatment rooms

Current issues

Gaps in assurance in fridge and room temperature monitoring and documentation of action taken in response to a deviation.

Future actions

Explore wider use of remote temperature monitoring, learning from the experience of other Trusts.

24-hour Admissions Medicines Reconciliation

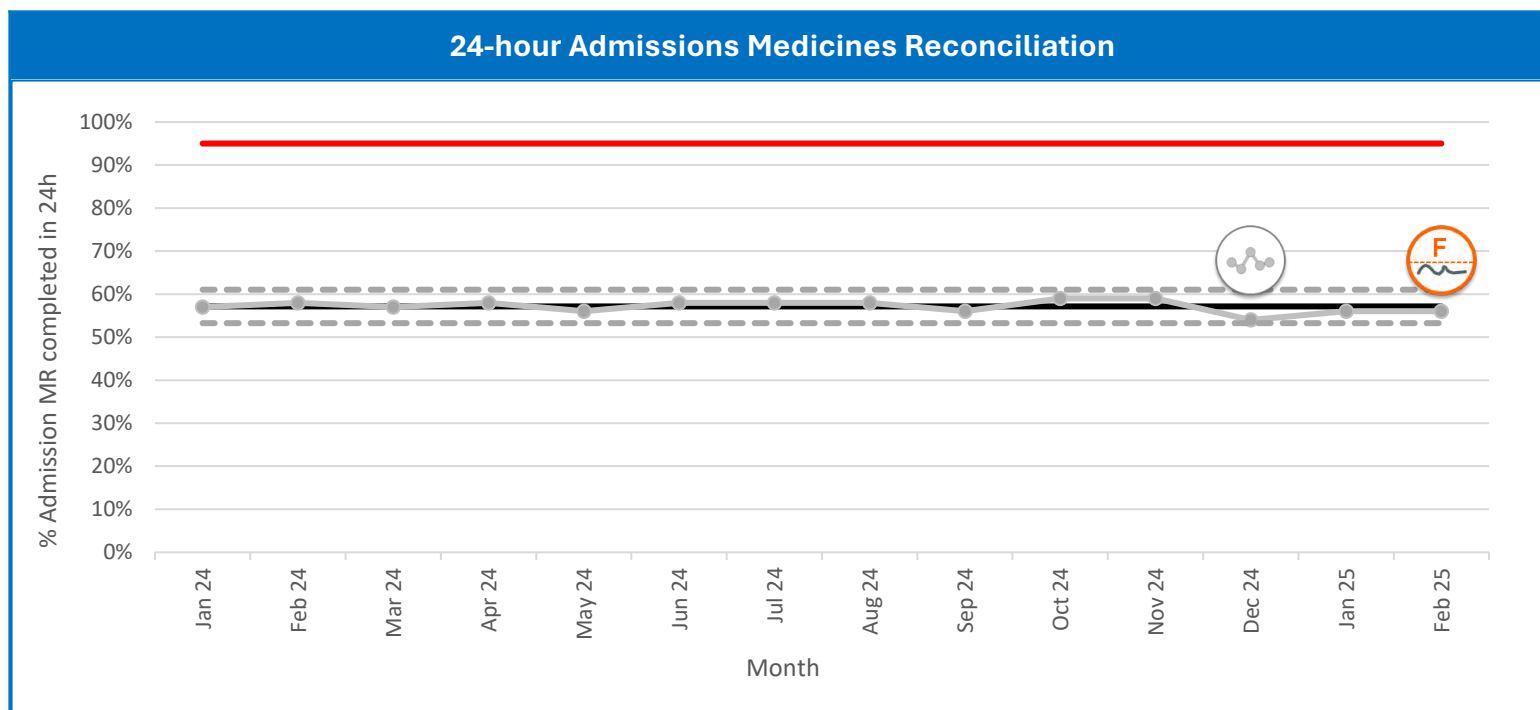
Alert Not SOF3 metric

Feb-25 **56%** Target **95%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

WTWA		92%
MRI		83%
NMGH		61%
Specialist		15%
CSS		
The LCO & Dental		



Updates since previous month

MFT wide 24-hour results remaining consistent through 2025

Current issues

Improvement in WTWA results
 Decreased performance in specialist hospitals as pharmacy service is focused on patient flow and discharges, new risk register entry in approval process regarding staffing for this clinical group.

Key dependencies

2024 National benchmarking – 49.7%
 MDT input required into recording this metric on Hive

Future actions

Risk register entry for SHGG awaiting final approval
 Project underway to review Hive acuity scoring tool to improve functionality allowing acuity score to be used to ensure high risk MRs are completed urgently
 Impact of weekend service provision on MR metric to be explored further

48-hour Admissions Medicines Reconciliation

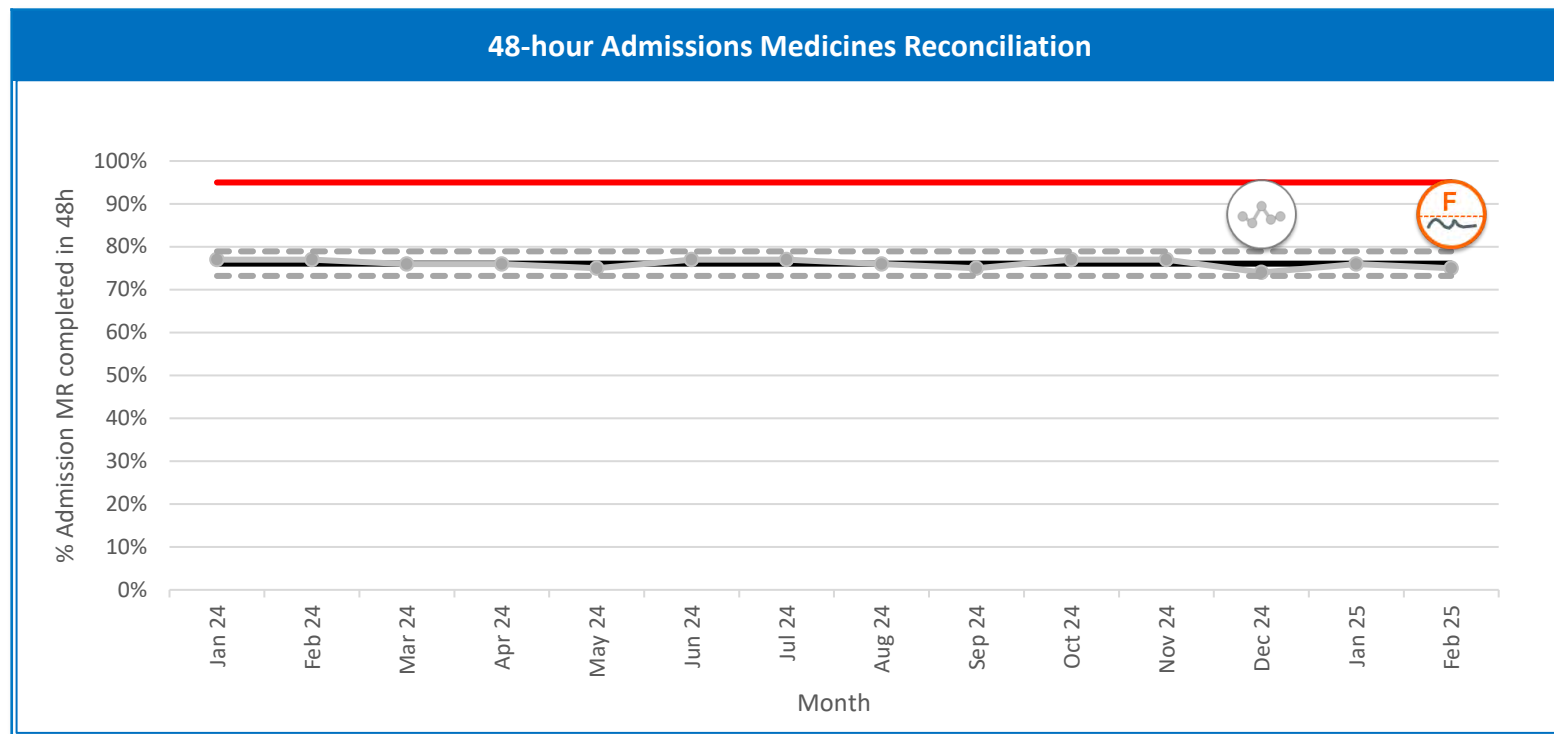
Alert Not SOF3 metric

Feb-25 **Target**
75% **95%**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

MRI		96%
NMGH		76%
WTWA		75%
Specialist		42%
CSS		
The LCO & Dental		



Updates since previous month
 Consistent results in 2025

Current issues
 As per previous slide

Key dependencies
 As per previous slide

Future actions
 As per previous slide

Hospital Standardised Mortality Ratio (HSMR) (rolling 12 month)

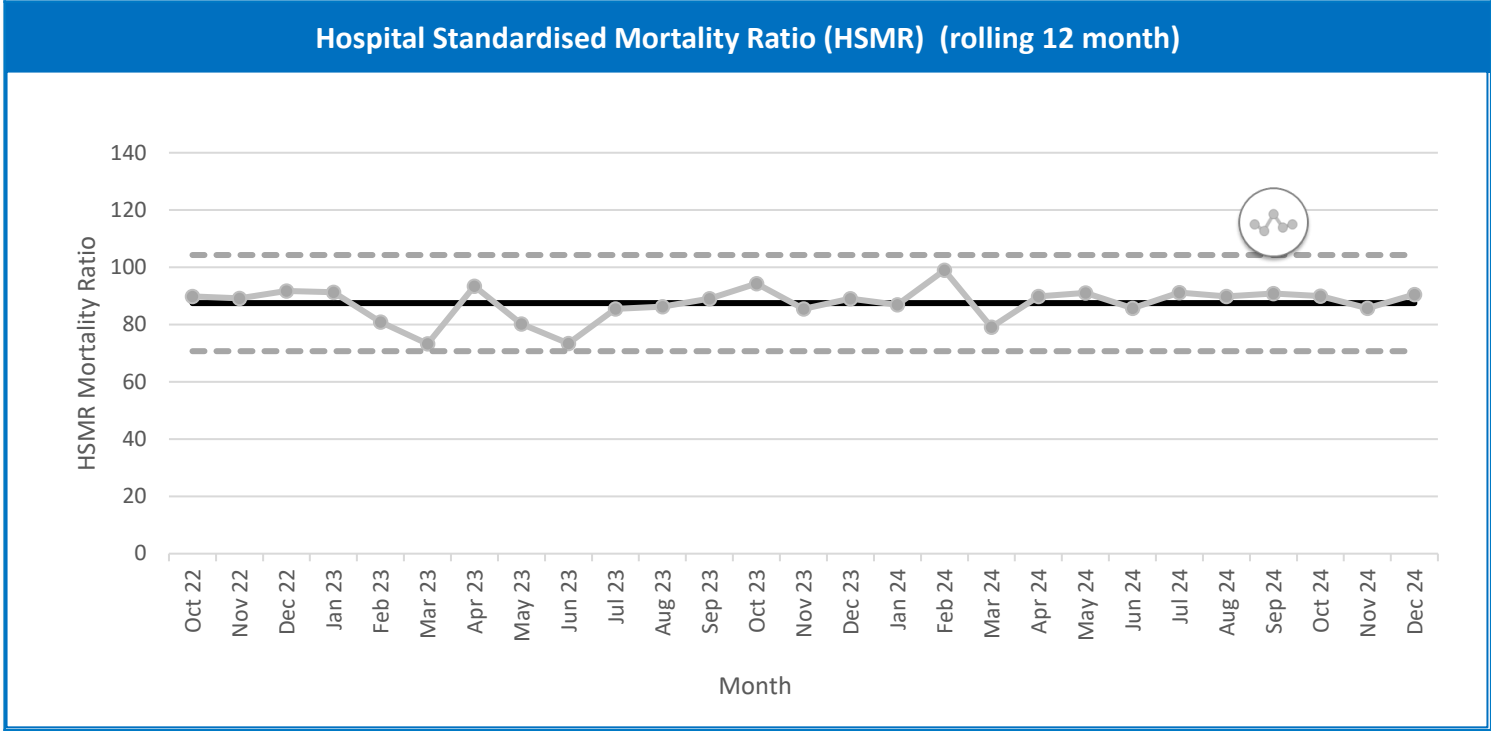
Advise Not SOF3 metric

Dec-24	Target
90.54	N/A

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist		132.49
MRI		88.5
NMGH		88.48
WTWA		87.58
LCO & Dental		
CSS		



Updates since previous month
MFT is within the expected range; and aligned to our Shelford Peers. MFT recorded a ratio of 88.60 in December 2024 (latest model available in HED); a slight decrease from the November 24 position

Current issues
No Issues Identified.

Key dependencies
Continued monitoring and alerts set up for any arising issues
Ensuring coding and data quality standards are maintained and improved

Future actions
Trust review of Learning from Deaths in MFT underway including the harmonising processes across MFT, optimise our learning, and ensure we fulfil our statutory obligations

Crude mortality rate (12 month rolling)

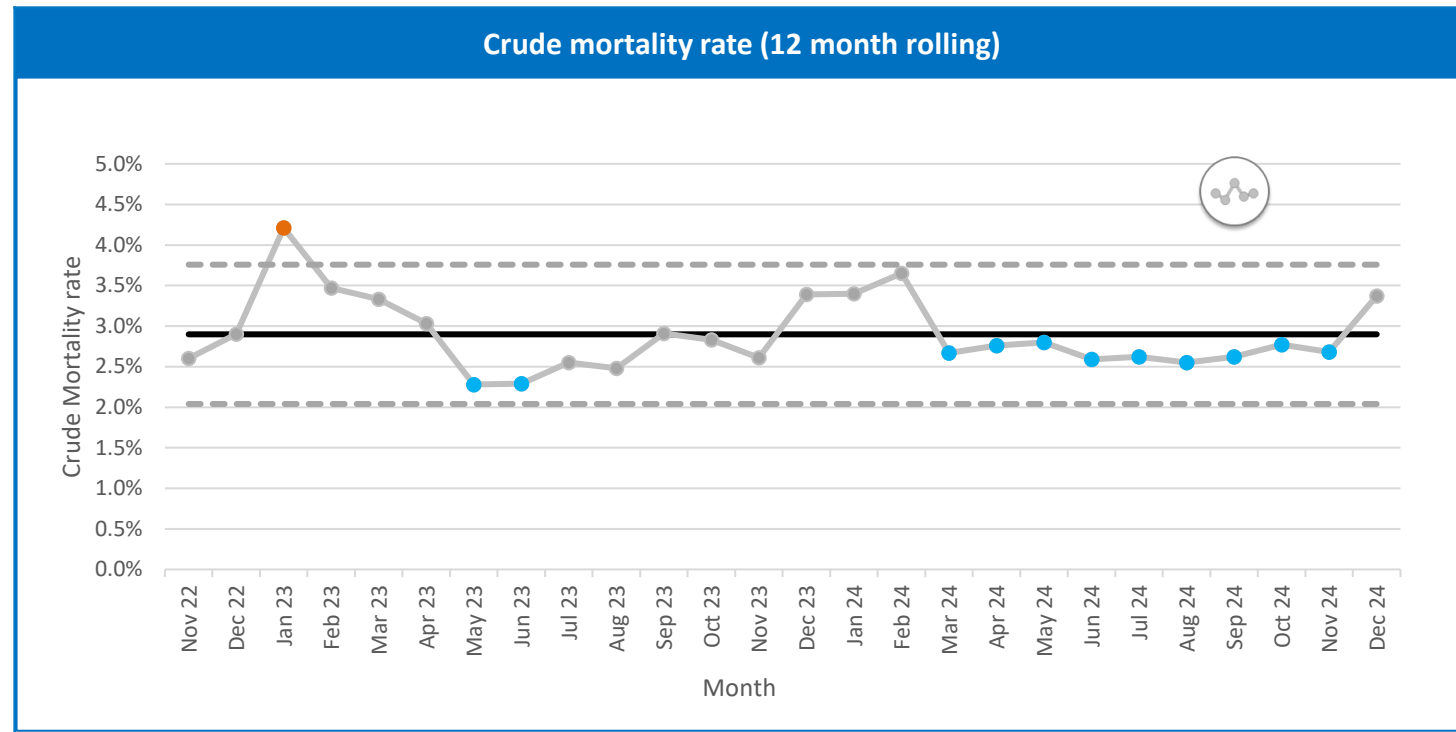
Advise Not SOF3 metric

Dec-24	Target
3.37%	N/A

Compliance	Variance	Assurance	Actions

Clinical Group Overview

NMGH	4.48
MRI	2.78
WTWA	2.73
Specialist	0.86
LCO & Dental	
CSS	



Updates since previous month
Slight rise in crude mortality rates but still within expected parameters

Current issues
No Issues Identified.

Key dependencies
Ensuring coding and data quality standards are maintained and improved

Future Actions
Trust review of Learning from Deaths in MFT underway including the harmonising processes across MFT, optimise our learning, and ensure we fulfil our statutory obligations

Standardised Healthcare Mortality Indicator (SHMI)

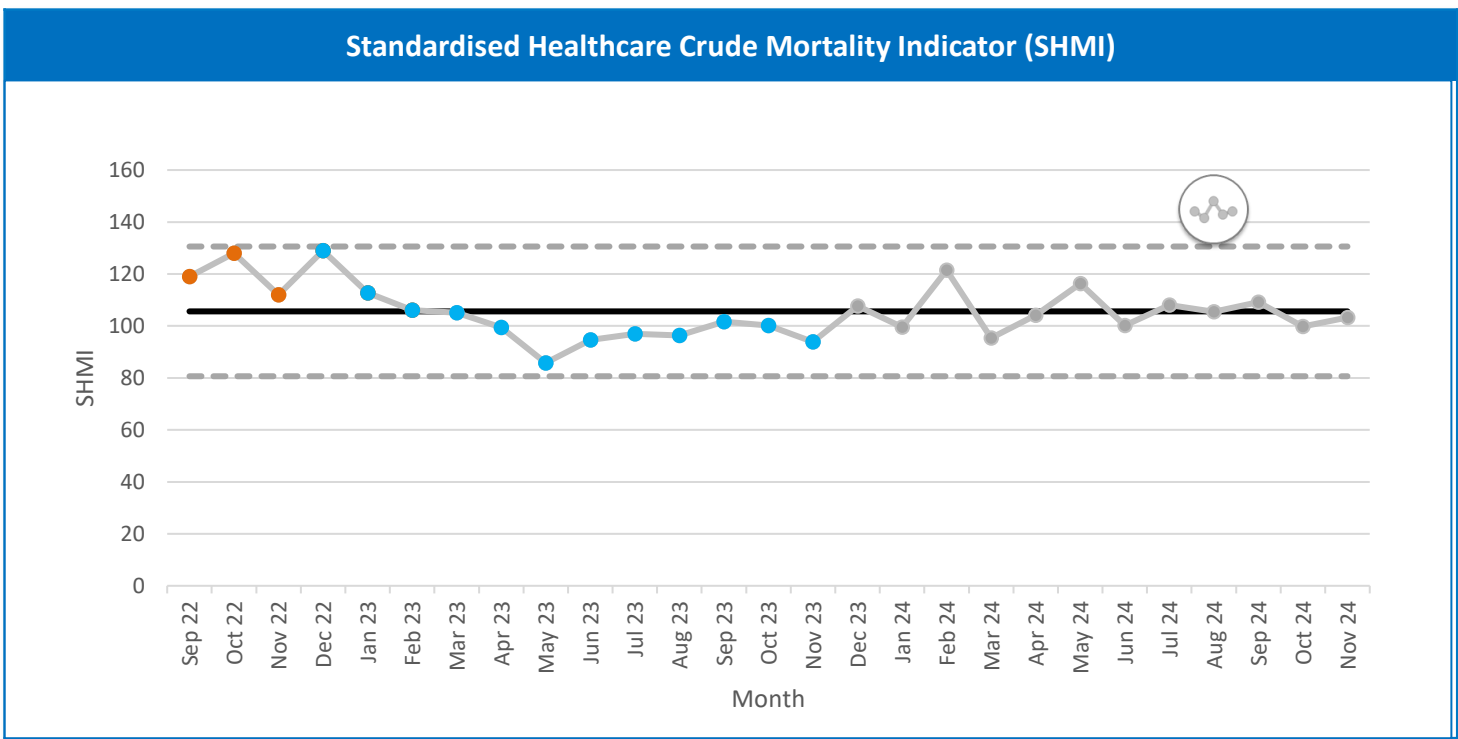
Advise Not SOF3 metric

Nov-24 Target
103.19 **N/A**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Specialist	136.19
NMGH	116.19
MRI	103.08
WTWA	101.72
LCO & Dental	
CSS	



Updates since previous month

MFT is within the expected range; and aligned to our Shelford Peers. MFT recorded a ratio of 115 in Nov 2024 (latest model available in HED).

Current issues

No issues or alerts

- #### Key dependencies
- Continued monitoring and alerts set up for any arising issues
 - Ensuring coding and data quality standards are maintained and improved

Future actions

Trust review of Learning from Deaths in MFT underway including the harmonising processes across MFT, optimise our learning, and ensure we fulfil our statutory obligations

Prevention of Future Deaths

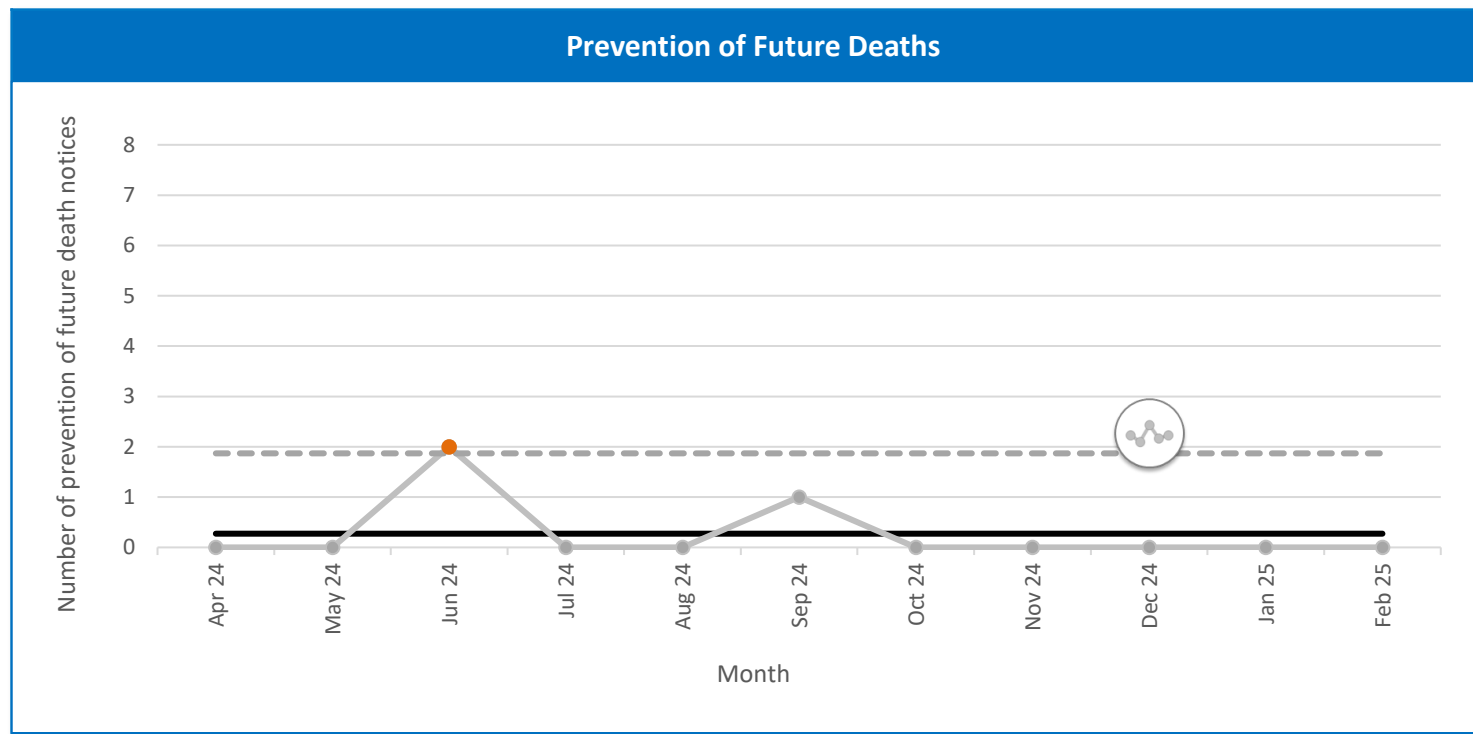
Assure Not SOF3 metric

Feb-25	Target
0	0

Compliance	Variance	Assurance	Actions

Clinical Group Overview (12 months)

MRI	2
WTWA	1
Specialist	
NMGH	
LCO & Dental	
CSS	



Updates since previous month

No PFD reports have been issued since September 2024

Current issues

No specific issues identified.

Key dependencies

Ongoing work relating to the continuous improvement of assurance/learning statements to mitigate the Coroner needing to issue PFD reports due to issues the Trust is able to resolve.

Future actions

Learning from PFD reports is shared through a variety of mechanisms, including the weekly Patient Safety Oversight and Assurance Group and reporting of weekly surveillance of national PFDs to inform internal assurance.

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



Trust IPR Metric Assurance Summary

















People

Key Oversight Performance Metrics							
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type
Workforce capacity	W1					Establishment WTE	Local / GM
	W2					Staff in Post WTE	Local / GM
	W3					Vacancy WTE	Local / GM
	W4					Vacancy %	Local
	W5					Temporary Staffing WTE	Local / GM
	W6					Temporary Staffing Cost	Local / GM
	W7					Bank % of Pay bill YTD	Local / GM
	W8					Agency % of Pay bill YTD	Local / GM
	W9					Price Cap Compliance	Local / GM
	W10					Off Framework	Local / GM
Looking after our people	W11					Single Month Sickness Absence %	Local
	W12					Rolling 12 Month Sickness Absence %	Local / GM
	W13					Call Back & Return to Work Compliance %	Local

Key Oversight Performance Metrics							
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type
Belonging	W14					Level 1 Mandatory Compliance %	Local / GM
	W15					Level 2 & 3 Mandatory Compliance %	Local / GM
	W16					Appraisal – Non Medical Compliance %	Local
	W17					Appraisal – Medical Compliance %	Local
	W18					Oliver McGowan compliance %	Local
	W19					Staff Engagement Score	Local
	W20					Friends and Family Recommend to Work	Local
	W21					Friends and Family Recommend to receive Care / Treatment	Local
	W22					% of BME in Medical and Dental pay scales	Local
	W23					% BME in band 8a and above roles	Local
	W24					% BME in band 7 and below	Local
	W25					% Disability in Medical and Dental pay scales	Local
	W26					% Disability in band 8a and above roles	Local

Trust IPR Metric Assurance Summary

People

Key Oversight Performance Metrics							
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type
Belonging	W27					% Disability in Band 7 and below	Local
	W28					Turnover %	Local / GM
Future Focus	W29					Retention / Stability %	Local
	W30					Time to Hire	Local / GM

Executive summary

Assurance



Achieving Target



Inconsistently Achieving Target



Not Achieving Target

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Variation</p>	<p>Special Cause Improvement</p>	<p>Off Framework Level 1 Compliance % Appraisal Medical Compliance % % BME in Medical & Dental Payscales % BME in band 7 and below roles Turnover % Retention % Agency % of Pay bill YTD</p>	<p>Staff Engagement Score</p>	<p>Level 2 & 3 Compliance % % BME in band 8a and above roles Oliver McGowan Compliance %</p>
	<p>Common Cause</p>			<p>Appraisal – Non medical Compliance %</p>
	<p>Special Cause Concern</p>			<p>Temporary Staffing WTE Price Cap Compliance SM Sickness % R12m Sickness % Call Back & Return to Work Compliance %</p>

Mandatory training compliance levels are showing a general improvement over the last 6 months. Level 1 Mandatory compliance for March achieved against target at 94.2%. However, ongoing attention is needed in relation to levels 2 & 3 compliance which remain below target at 87.6%, although this is an improvement from the beginning of the year. A review of mandatory training is ongoing focusing on both quick win enhancements to improve engagement and more fundamental changes regarding categorisation, length of training to assess time spent versus outcome/value.

As of March 2025, the Trust sickness rate was 5.7%. Levels of absence remain high, above pre-pandemic levels and are reflective of a challenging operational context. Our 24/25 operating plan is predicated on a reduction of sickness absence to 5%. A comprehensive programme approach to absence prevention and attendance management is underway. Each Clinical Group has a bespoke target and plan to drive local action. The programme design is holistic to address the breadth of factors which lead to reduced attendance (cultural, procedural, environmental, operational) and will be data driven to ensure measurable improvement at pace.

Establishment WTE

People

Advise	W1 metric
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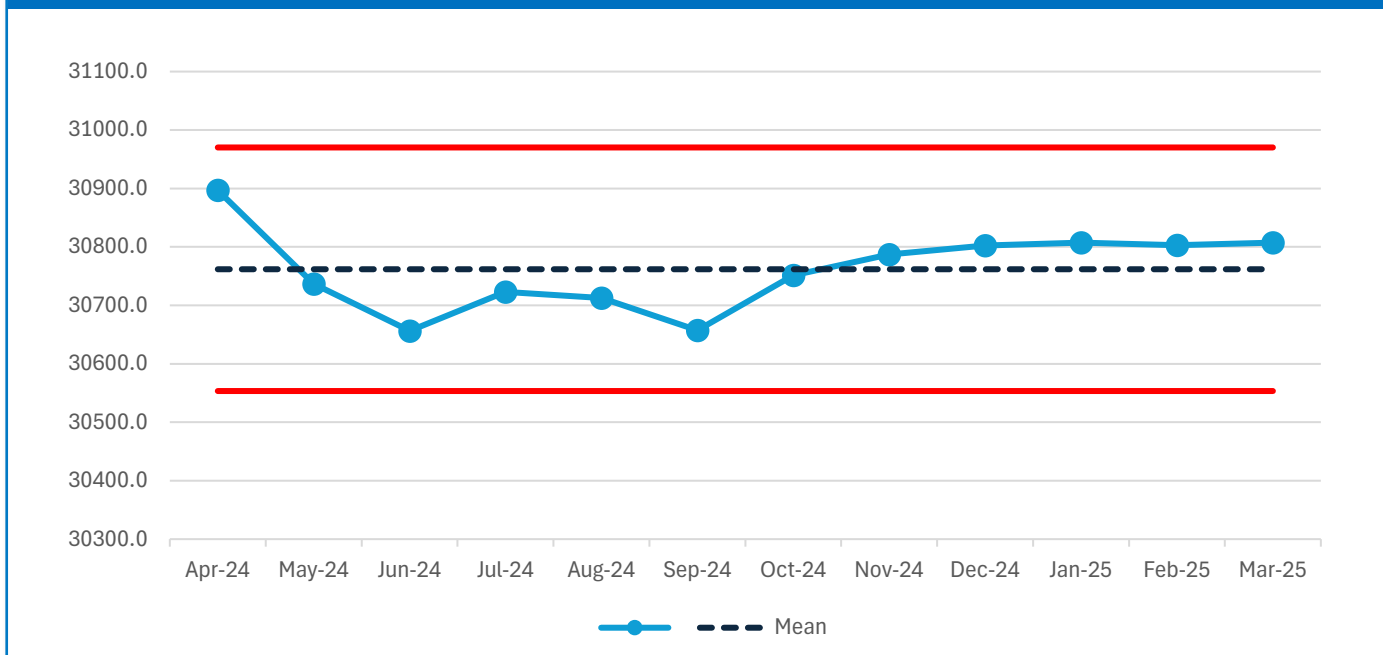
Mar-25	Target
30,807.4	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	3239.9
Specialist	6563.6
CSS	5372.2
NMGH	2306.9
WTWA	5276.7
MRI	4285.4

Establishment WTE



Updates since previous month

From the financial year 2024/25, Workforce Capacity metrics for the Provider Workforce Return (PWR) will be sourced from Ledger data, changing the reporting method from previous years.

Key dependencies

Budget setting for 2025/26 within Finance is currently being finalised and may have an impact for M01 establishment like the previous financial year.

Current issues

The 2024/25 Workforce Annual Plan has a reduction of 344 WTE from 30,025 M12 2024 to 29,681 M12 2025. The current M12 position is 1,126 WTE higher than the planned M12 2025 position.

Future actions

2025/26 Annual Plans are currently being finalised and will be sent back to the ICB which will show any expected changes to establishment up to M12 2025/26.

Contracted (Staff in Post) WTE

People

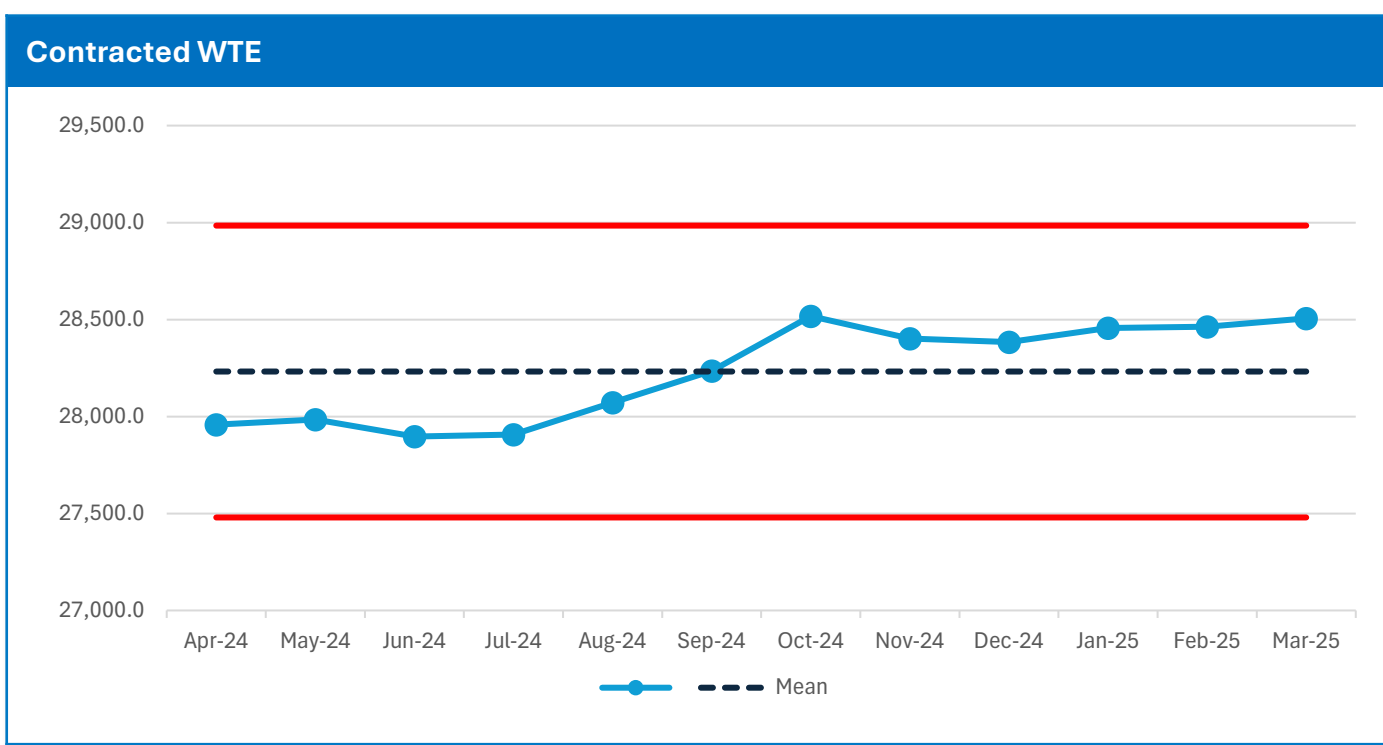
Advise W2 metric

Mar-25	Target
28,506.2	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	2936.9
Specialist	6204.8
CSS	5023.9
NMGH	2074.1
WTWA	4986.7
MRI	4028.7



Updates since previous month

Contracted WTE has increased in 2024/25 by 548 WTE by M12. The main increase in contracted WTE was between M05 – M07 when the newly qualified Nurses joined the Trust.

Current issues

The Workforce Annual Plan for M12 2025 was 27,747 against an actual of 28,506 which is a difference of 759 WTE.

Key dependencies

Delivery of the new organisation model and vacancy control restrictions will have an impact on contracted WTE.

Future actions

2025/26 Annual Plans are currently being finalised and will be sent back to the ICB which will show any expected changes to contracted WTE up to M12 2025/26.

Vacancies WTE

People

Advise W3 metric

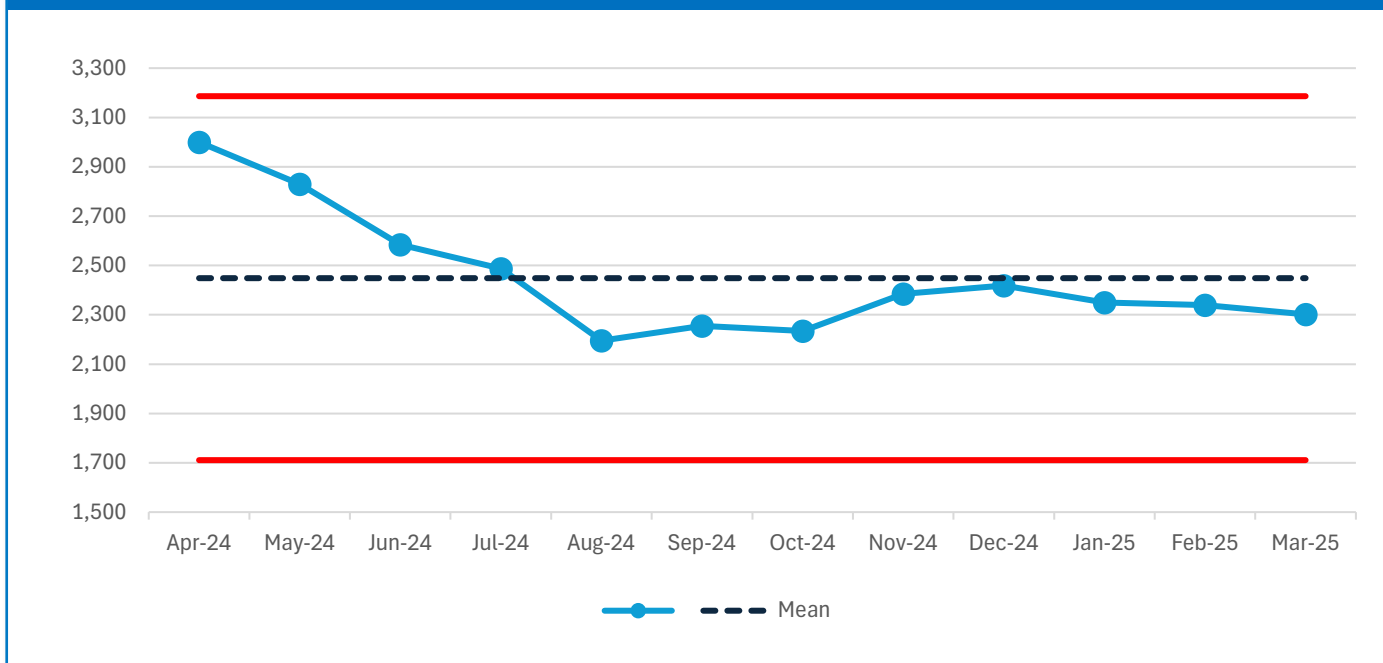
Mar-25	Target
2,301.2	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	303.0
Specialist	358.8
CSS	348.3
NMGH	232.8
WTWA	290.1
MRI	256.7

Vacancies WTE



Updates since previous month

Vacancies have reduced in 2024/25 and now stands at 2,301 WTE for M12. This is a reduction of 699 WTE vacancies in 2024/25.

Current issues

New vacancies figures in September were reported going back to M01 2024/25 in the PWR to reflect the increase that was shown in the establishment this financial year.

Key dependencies

Anticipating a vacancy adjustment as part of VfP once savings work has been transacted.

Future actions

The Trust vacancy control panel will directly impact time to hire and the number of vacancies in the system.

Vacancy %

Advise

W4 metric

Mar-25

Target

7.5%

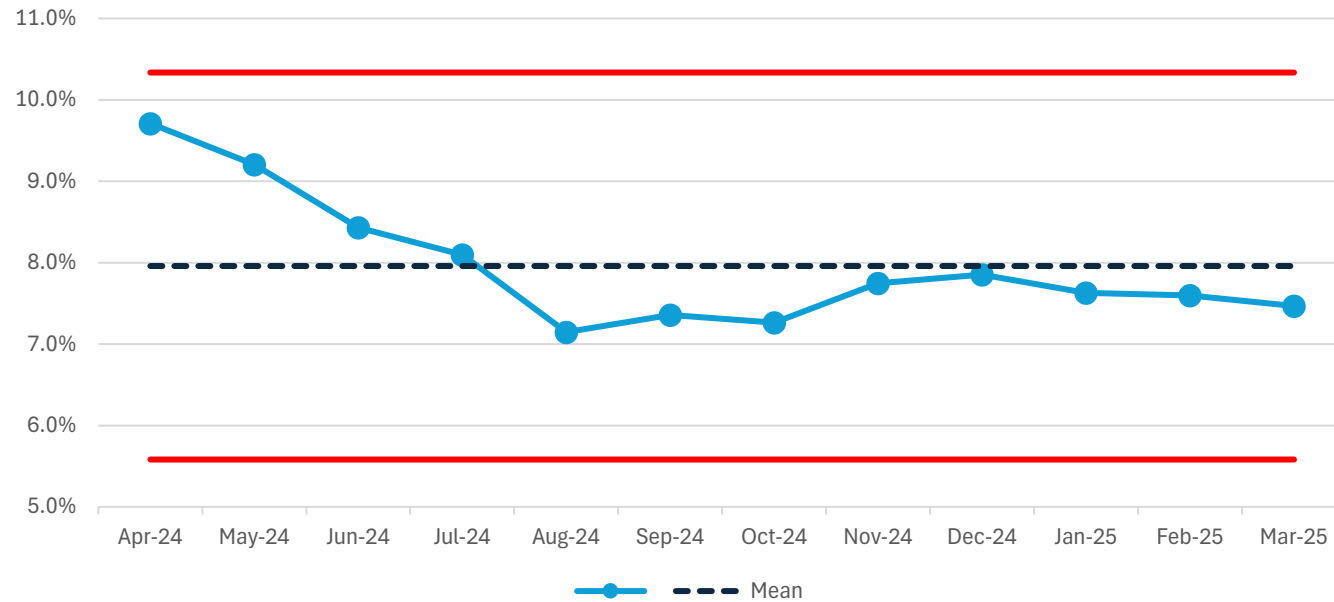
-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	9.4%
Specialist	5.5%
CSS	6.5%
NMGH	10.1%
WTWA	5.5%
MRI	6.0%

Vacancy %



Updates since previous month

The vacancy % has reduced by 2.2% in 2024/25 as the number of contracted WTE has increased this financial year.

Current issues

NMGH is currently an outlier and due to the number of vacancies uses a large proportional amount of temporary staffing (bank & agency) in comparison to its size as a Clinical Group.

Key dependencies

Anticipating a vacancy % adjustment as part of VfP once savings work has been transacted.

Future actions

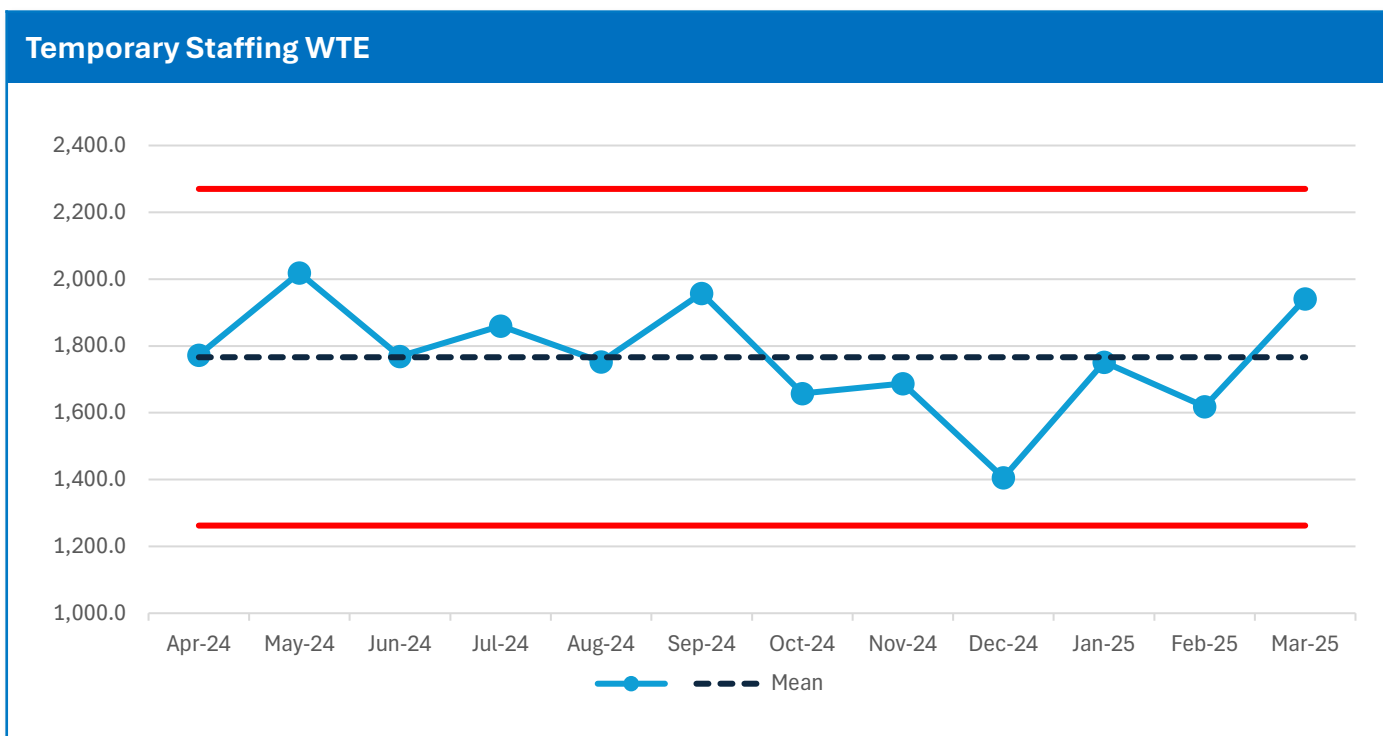
The Trust vacancy control panel will directly impact time to hire and the number of vacancies in the system.

Temporary Staffing WTE

Alert W5 metric

Mar-25	Target
1,941.4	1,407.0

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	97.9
Specialist	404.7
CSS	186.8
NMGH	340.6
WTWA	398.3
MRI	425.9

Updates since previous month

Temporary Staffing WTE continues to show less variation month on month compared to the previous financial year. For M12 2024/25 Temporary Staffing increased by 323 WTE.

Key dependencies

Attendance, Roster Efficiencies, Job Planning and Off Platform Activity all impact Temporary Staffing.

Current issues

The Temporary Staffing WTE shows the bank and agency usage in the month. For M12 2024/25 this was higher than the planned bank and agency WTE submitted as part of the Workforce Annual Plan.

Future actions

Continued reduction in bank and agency use across 2025/26 and progression of initiatives to control pay growth.

Temporary Staffing Cost

Advise

W6 metric

Mar-25

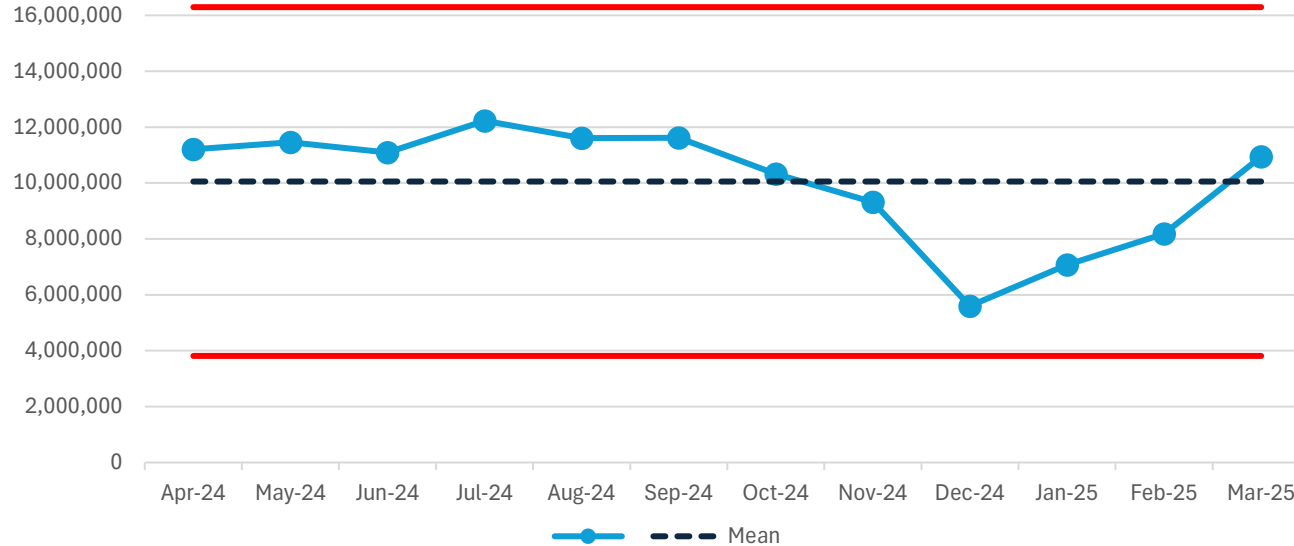
Target

£10,942,156

-

Compliance	Variance	Assurance	Actions

Temporary Staffing Cost



Clinical Group Overview

LCO & UDH	£455,762
Specialist	£2,421,283
CSS	£1,114,611
NMGH	£1,797,654
WTWA	£2,108,797
MRI	£2,724,151

Updates since previous month

The Temporary Staffing cost for the month of M12 2024/25 was £10,942,156. The temporary staffing cost has increased month on month since M09.

Current issues

Bank expenditure although lower than previous year run-rate, is likely to not be reducing as quickly as planned due to predicted absence reductions failing to materialise at the rate set in the annual plan.

Key dependencies

Attendance, Roster Efficiencies, Job Planning and Off Platform Activity all impact Temporary Staffing.

Future actions

Pay controls implemented and continue to be monitored, this includes agency/bank protocols.

Bank % of Pay bill YTD

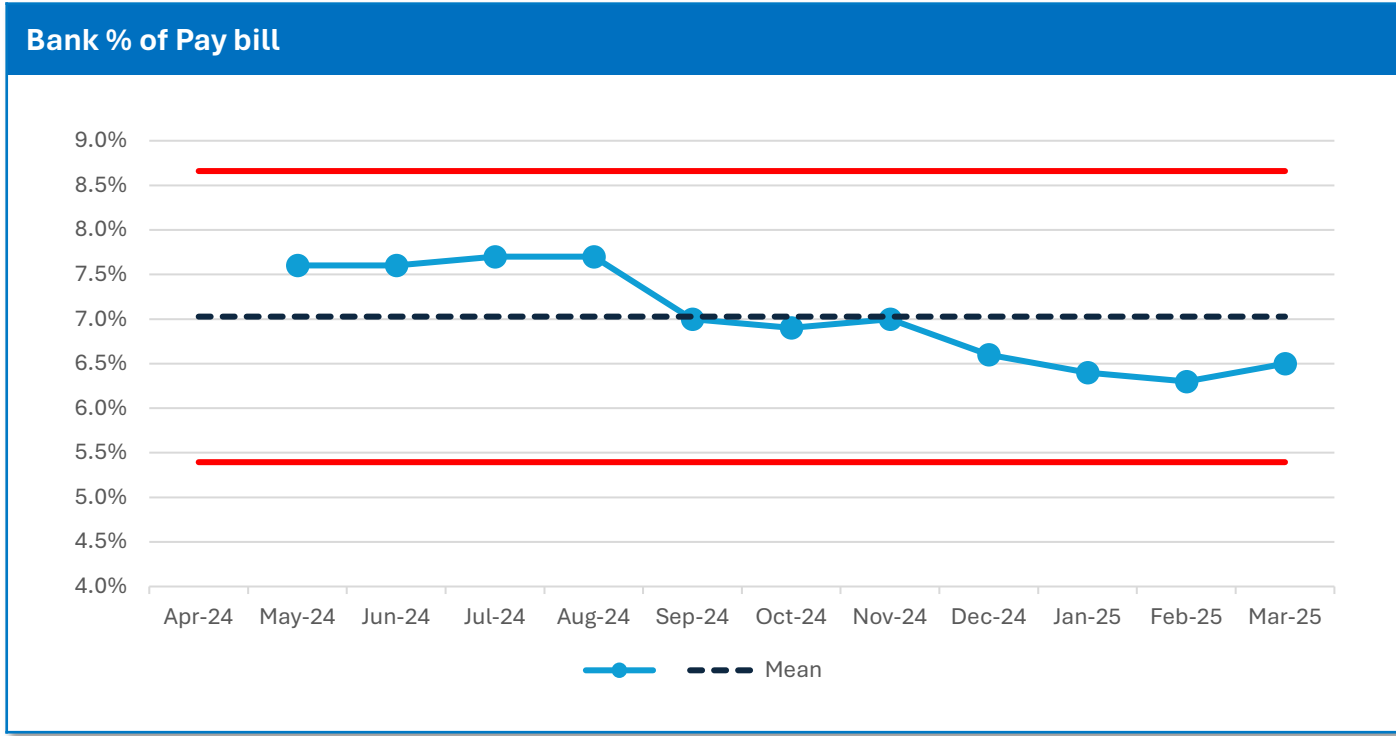
Advise W7 metric

Mar-25	Target
6.5%	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	IN DEVELOPMENT
Specialist	
CSS	
NMGH	
WTWA	
MRI	



Updates since previous month

The 2024/25 financial year has shown a reduction in the Bank % of Pay bill.

Current issues

There is currently no target set for the Year to Date Bank % of Pay bill in the Provider Finance Return (PFR) unlike the Agency spend.

Key dependencies

Attendance, Roster Efficiencies, Job Planning and Off Platform Activity all impact Temporary Staffing.

Future actions

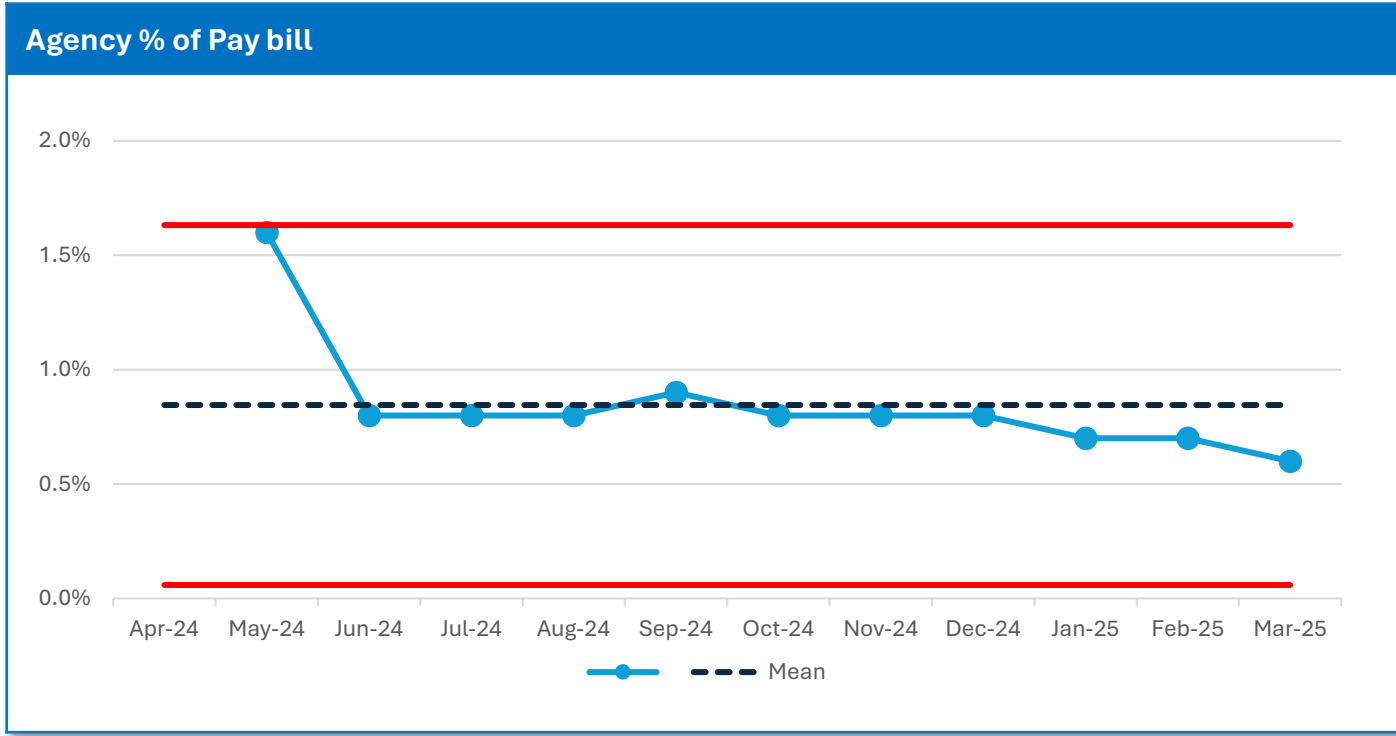
As part of the Annual Planning round there will be expected further reductions to the usage of Bank staff in 2025/26.

Agency % of Pay bill YTD

Assure W8 metric

Mar-25 Target
0.6% **1.6%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	IN DEVELOPMENT
Specialist	
CSS	
NMGH	
WTWA	
MRI	

Updates since previous month
The Trust continues to outperform the 1.6% target month on month as set in the Provider Finance Return (PFR).

Current issues
Agency by exception is having an impact on over achievement of target.

Key dependencies
Attendance, Roster Efficiencies, Job Planning and Off Platform Activity all impact Temporary Staffing.

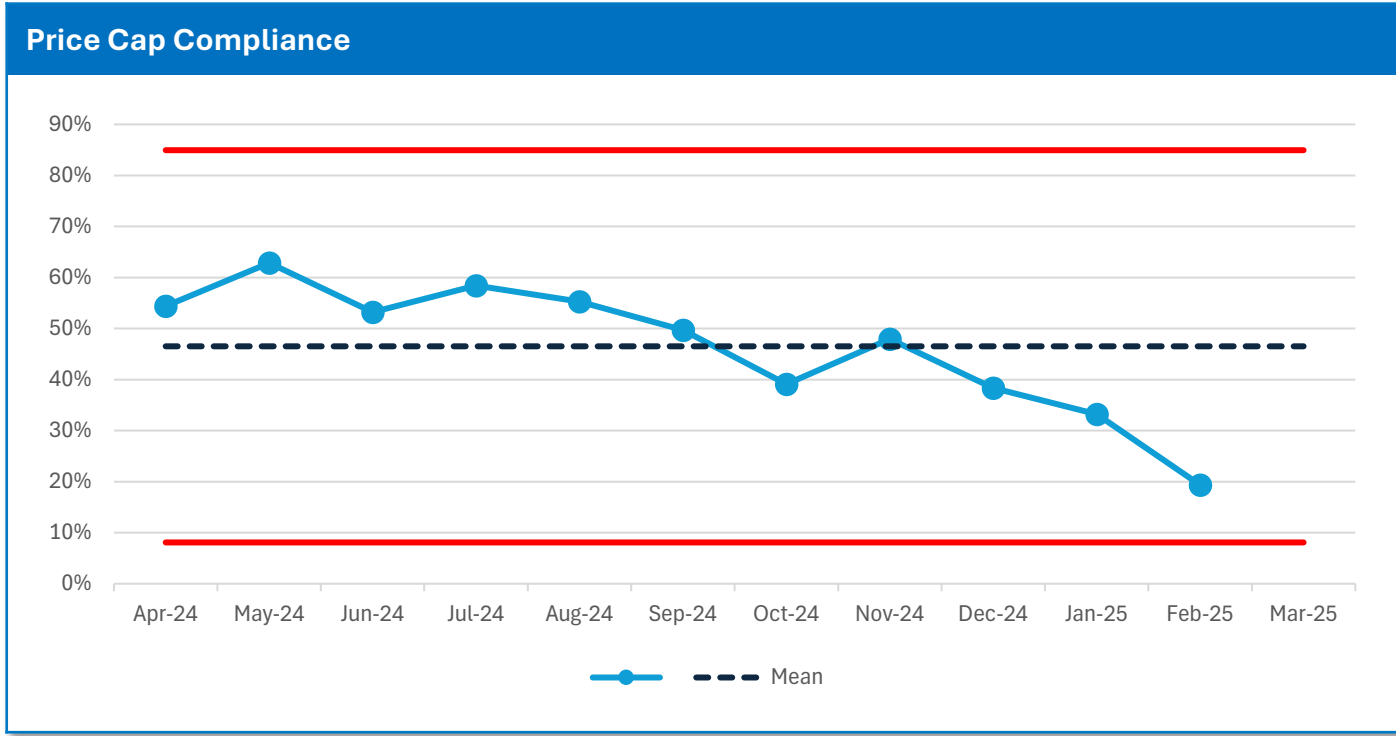
Future actions
This metric exceeds the current target but there will still be further reductions expected in the Annual Plan for 2025/26.

Price Cap Compliance

Alert W9 metric

Feb-25 **19.3%** Target **60.0%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH
Specialist
CSS
NMGH
WTWA
MRI

IN DEVELOPMENT

Updates since previous month

The Trust has consistently not met the 60% target for this KPI and has only done this once in the 2024/25 financial year in M02.

Current issues

In M11 the Trust had the lowest Price cap compliance score in GM. The next lowest Trust was WWL at 33.5%.

Key dependencies

With the Trust reducing its Agency spend this year it has been left with hard to fill roles which have a premium cost to them and has led to a lower price cap compliance score.

Future actions

Focus on enhancing monitoring mechanisms, improving cost efficiency, and aligning with updated regulatory guidelines within the NHS.

Off Framework

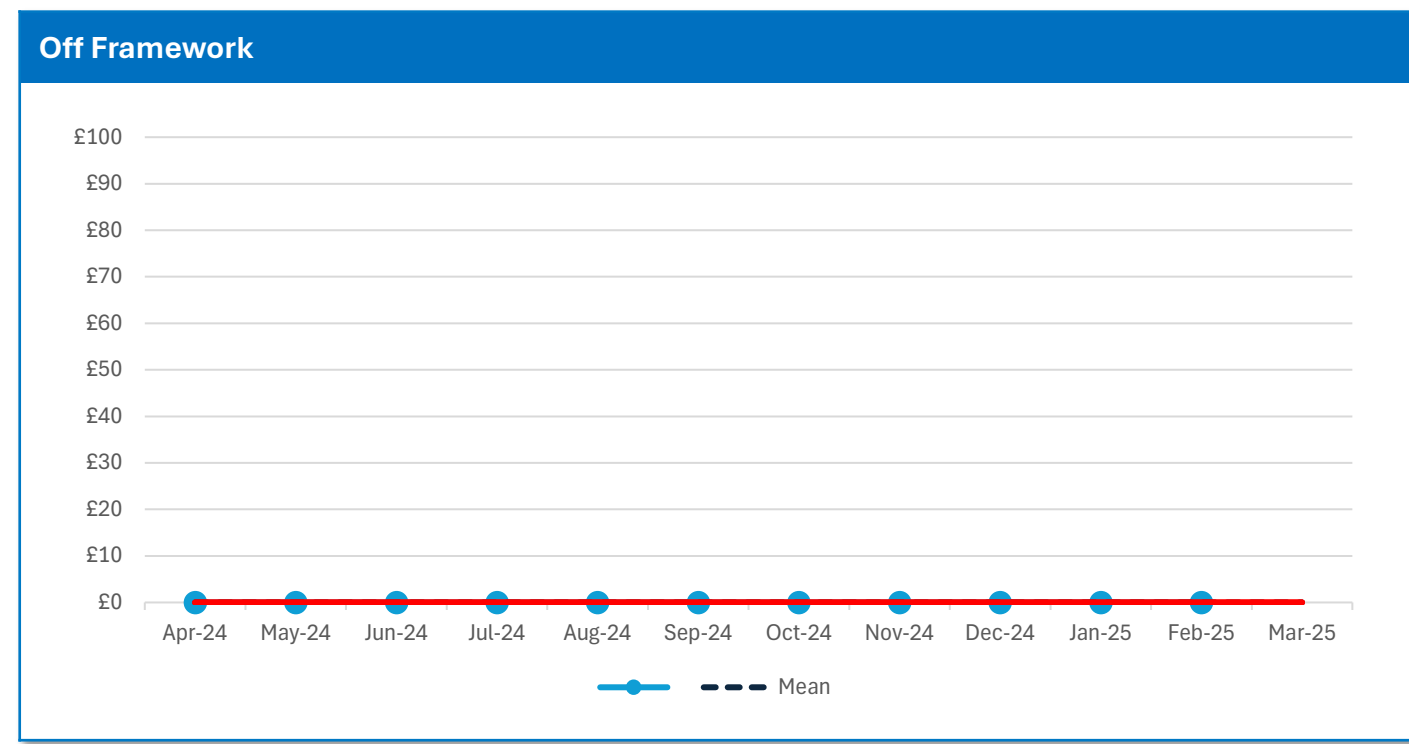
Assure	W10 metric
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Feb-25	Target
£0	£0

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	£0
Specialist	£0
CSS	£0
NMGH	£0
WTWA	£0
MRI	£0



Updates since previous month

MFT has 'zero' Off Framework spend since January 2024.

Current issues

Key dependencies

There should be zero off framework agency use from July 2024 following The Chancellor's announcement in the Spring Budget 2024.

Future actions

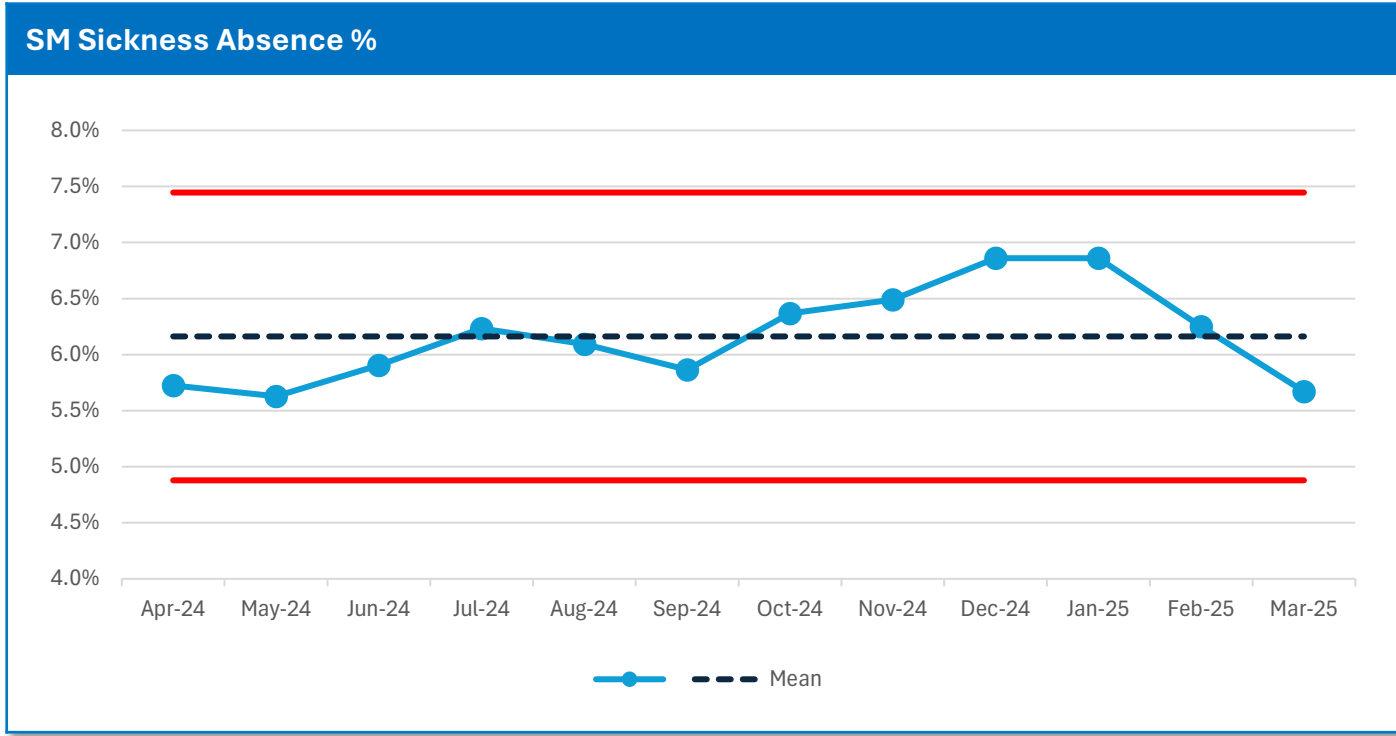
The Trust will continue to monitor Off Framework spend to be compliant with the 'zero' spend target.

Single Month Sickness Absence %

Alert W11 metric

Mar-25 Target
5.7% **5.0%**

Compliance	Variance	Assurance	Actions
✘	H	F	✘



Clinical Group Overview

LCO & UDH	5.4%
Specialist	5.4%
CSS	5.3%
NMGH	5.9%
WTWA	6.1%
MRI	6.5%

Updates since previous month
A comprehensive programme approach to absence prevention and attendance management is underway. Each Clinical Group has a bespoke target and plan to drive local actions.

Key dependencies
The 2024/25 Workforce Annual Plan is predicated on a reduction of sickness absence to 5.0%.

Current issues
Ongoing work to improve attendance in line with 5.0% target for Rolling 12 month Sickness by end of March 25 has not been met.

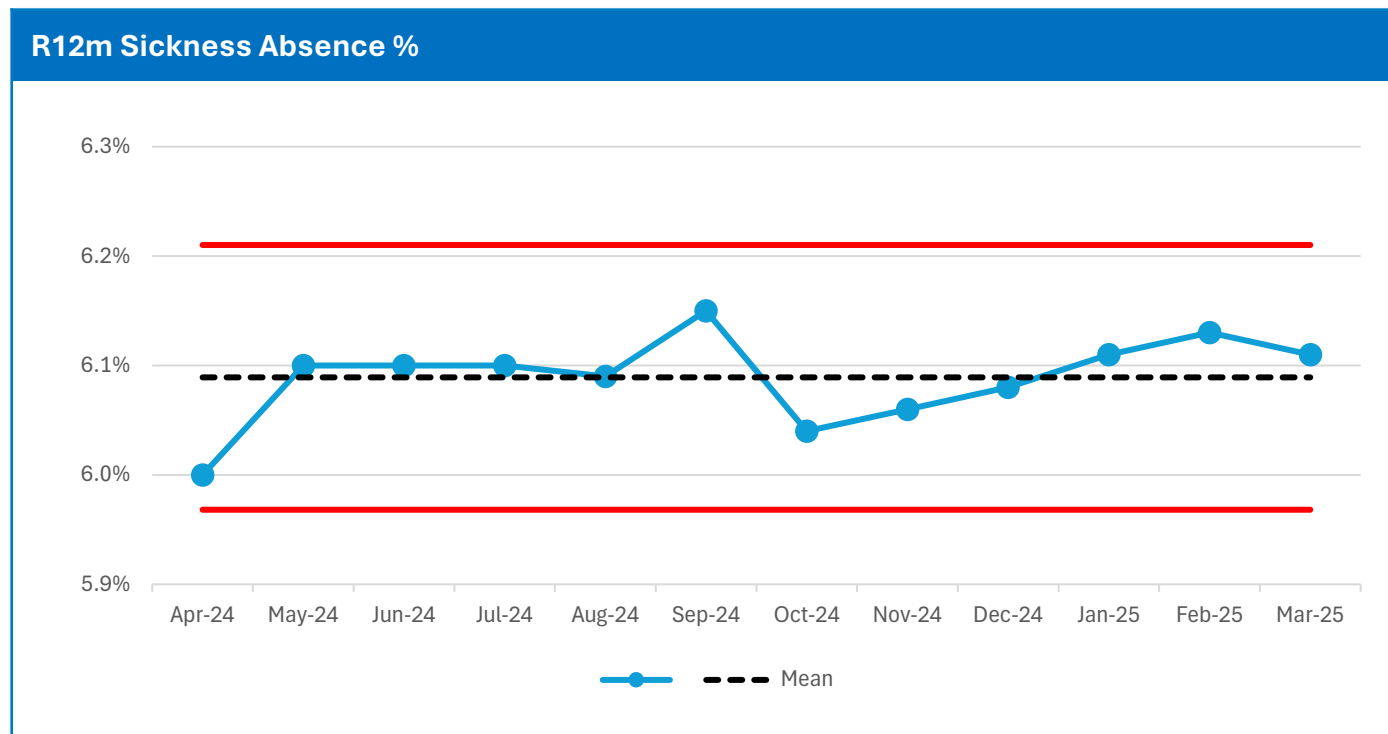
Future actions
Integrating operational sickness reports with case management data to enhance insights and drive targeted interventions for improved employee health outcomes.

Rolling 12 Month Sickness Absence %

Alert W12 metric

Mar-25 Target
6.1% **5.0%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	6.6%
Specialist	5.9%
CSS	5.4%
NMGH	6.3%
WTWA	6.7%
MRI	6.8%

Updates since previous month

A revised sickness absence plan has been developed through stakeholder engagement as presented to the PBC in April. Each Clinical Group has a bespoke target and plan to drive local actions which will be reviewed.

Key dependencies

The 2024/25 Workforce Annual Plan is predicated on a reduction of sickness absence to 5.0%. The 2025/26 Workforce Annual Plan R12m target is 5.7% by M12.

Current issues

Ongoing work to improve attendance in line with 5.0% target for Rolling 12 month Sickness by end of March 25 has not been met.

Future actions

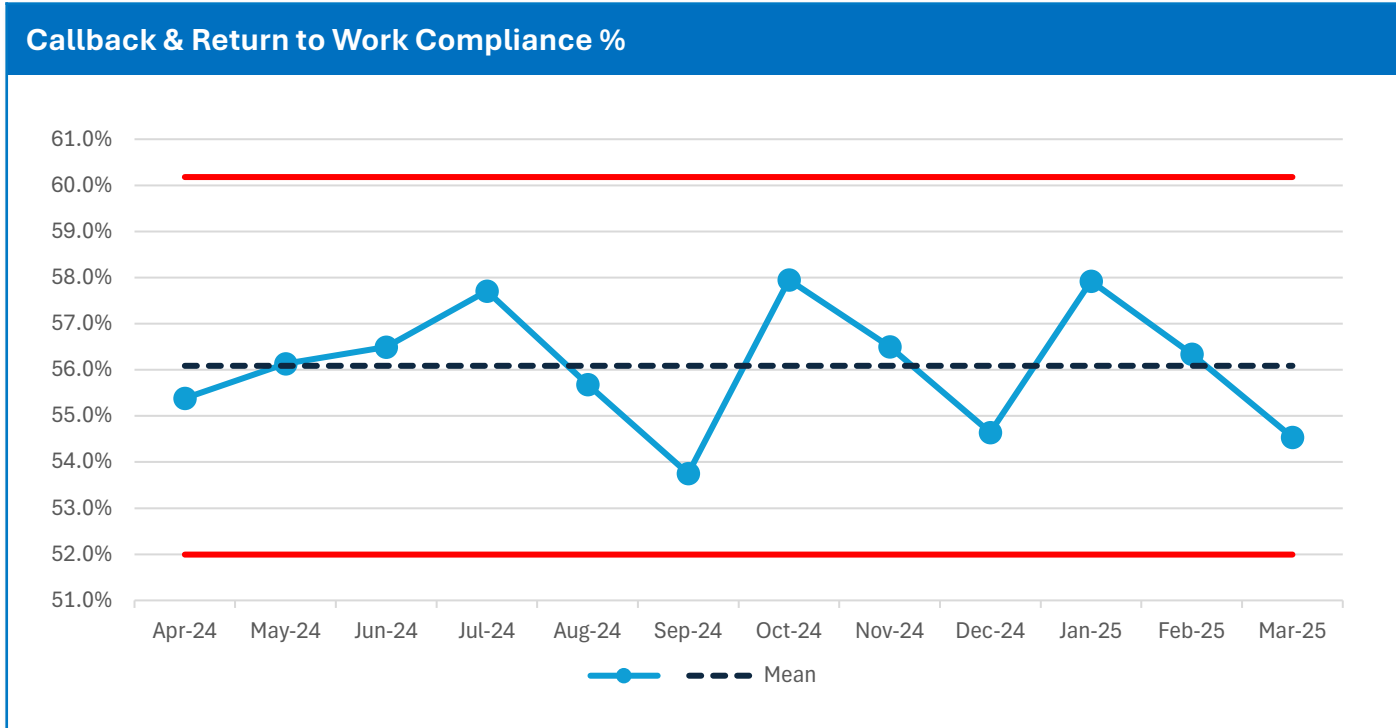
Integrating operational sickness reports with case management data to enhance insights and drive targeted interventions for improved employee health outcomes.

Callback & Return to Work Compliance %

Alert W13 metric

Mar-25 **Target**
54.5% **80.0%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

Group	Compliance %
LCO & UDH	
- UDH	67.1%
- LCO	54.6%
Specialist	
- REH	46.7%
- SMH	51.8%
- RMCH	47.1%
CSS	50.4%
NMGH	57.5%
WTWA	66.0%
MRI	51.4%

Updates since previous month

Call back & Return to Work compliance has remained quite steady in 2024/25 between 54 – 58%.

Current issues

Since the full rollout of Absence Manager in MFT, the Trust has consistently not reached the 80% target.

Key dependencies

Training and management tools are provided to managers to support with call back and return to work compliance.

Future actions

Work to include the new Clinical group structure in Absence Manager for ease of reporting at this level.

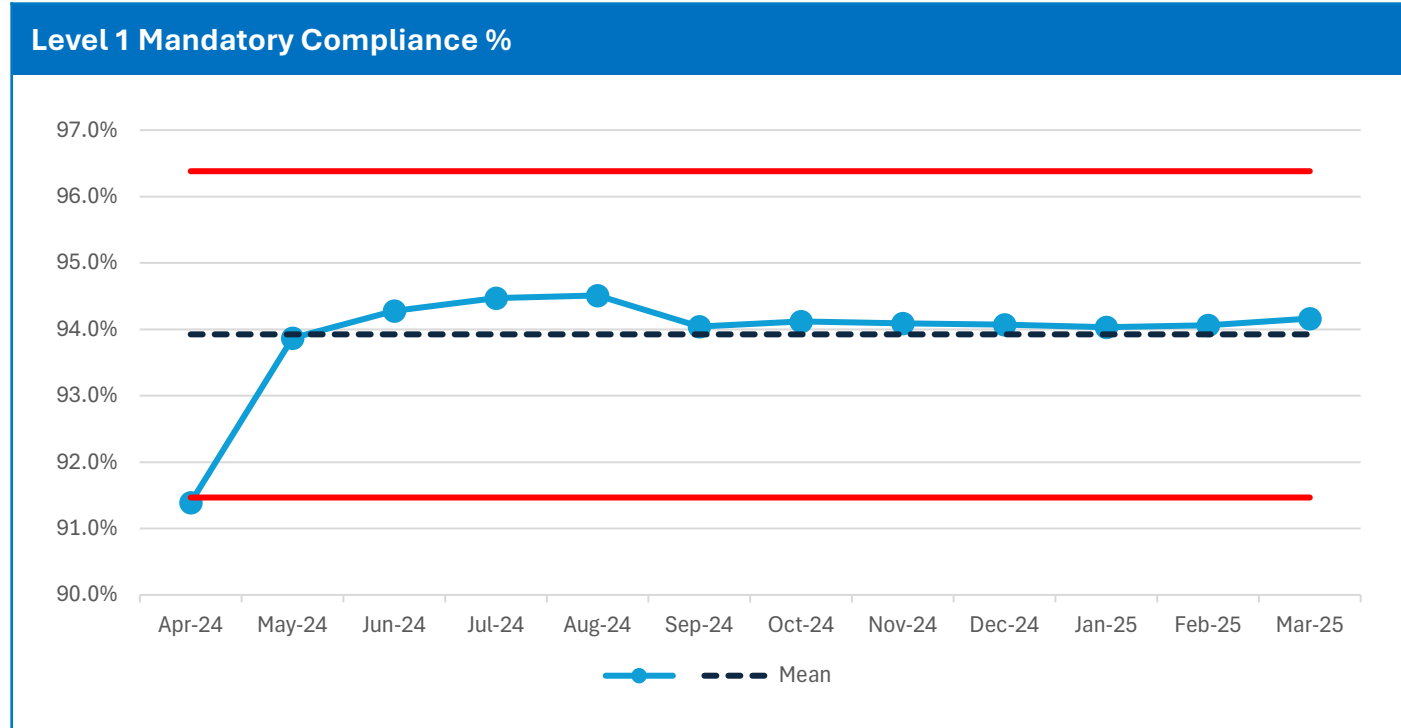
People

Level 1 Mandatory Compliance %

Assure W14 metric

Mar-25 Target
94.2% **90.0%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	94.7%
Specialist	94.5%
CSS	93.4%
NMGH	96.3%
WTWA	92.5%
MRI	94.3%

Updates since previous month
All Clinical Groups are meeting the 90% target and the Trust continually meets this target. Compliance is currently 4.2% above the target.

Current issues
Undertaking a review of mandatory training in line with new national guidance in terms of frequency and allocation to staff groups.

Key dependencies
Adherence to national guidelines and legal requirements, such as those set by the Care Quality Commission (CQC) and Health and Safety Executive (HSE).

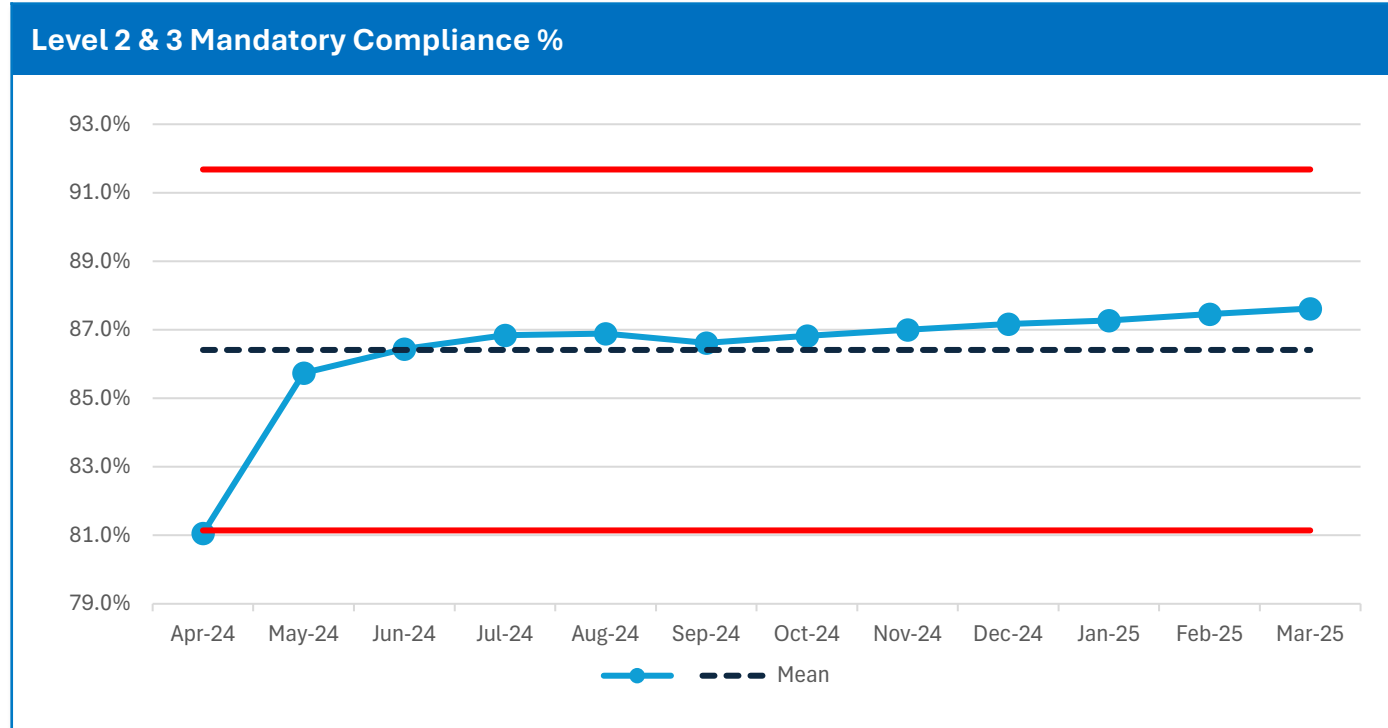
Future actions
Compliance driven locally, with assurance via the IPR process. Directors of Workforce & OD leading local compliance improvement plans.

Level 2 & 3 Mandatory Compliance %

Advise W15 metric

Mar-25	Target
87.6%	90.0%

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	90.2%
Specialist	88.8%
CSS	85.8%
NMGH	90.5%
WTWA	84.7%
MRI	88.1%

Updates since previous month
Currently two Clinical Groups are meeting the 90% target and the Trust has generally been improving its position month on month in 2024/25.

Current issues
Both WTWA and CSS are over 5% away from meeting the 90% target.

Key dependencies
Adherence to national guidelines and legal requirements, such as those set by the Care Quality Commission (CQC) and Health and Safety Executive (HSE).

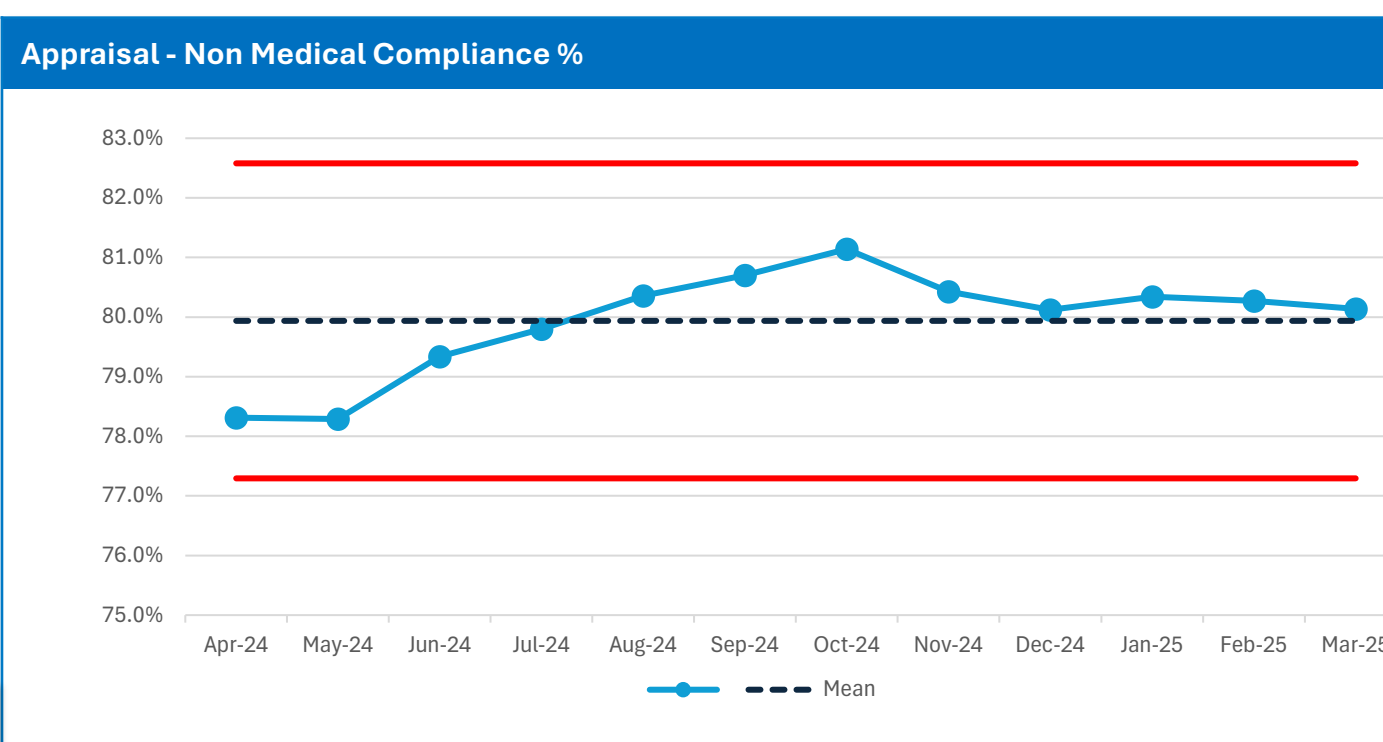
Future actions
Compliance driven locally, with assurance via the IPR process. Directors of Workforce & OD leading local compliance improvement plans.

Appraisal – Non Medical Compliance %

Alert W16 metric

Mar-25 Target
80.1% **90.0%**

Compliance	Variance	Assurance	Actions

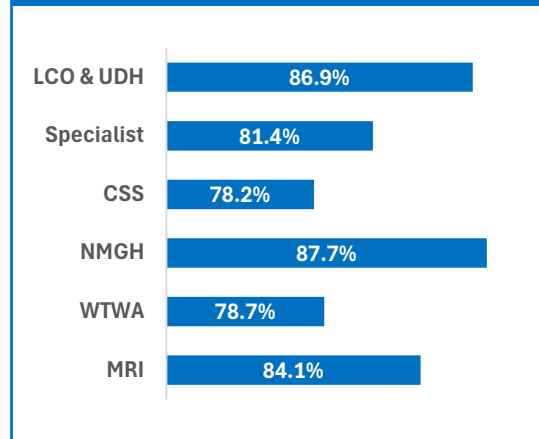


To Note

WTWA – actions taken
Scrutiny meetings held with each Division, and trajectories agreed, including forward plans for those expiring within the next 3 months. Held to account at performance meetings. Reminders to accurately record on the system. Lessons learnt from Medical appraisal in that plans have been set for the year, with an identified appraiser which was found to be supporting. Position improved in month.

CSS – actions taken
Project in March to review the current Appraisal process and staff experience of the appraisal conversation, to understand challenges, identify best practice and make recommendations. Compliance was reviewed together with staff survey results and analysing good practice in both public and private sector organisations. CSS have devised a condensed Appraisal Form, improved communications on the purpose of appraisal, and signposted managers (and other appraisers) to appropriate training. Position is expected to improve from next month.

Clinical Group Overview



Updates since previous month

Currently none of the Clinical Groups are meeting the 90%.

Current issues

WTWA and CSS are showing as an outlier in this metric and the Trust has not met the 90% target in the previous 12 months.

Key dependencies

Sufficient time set aside for both appraisers and employees to prepare for and conduct appraisals without disrupting service delivery.

Future actions

Compliance driven locally, with assurance via the IPR process. Directors of Workforce & OD leading local compliance improvement plans.

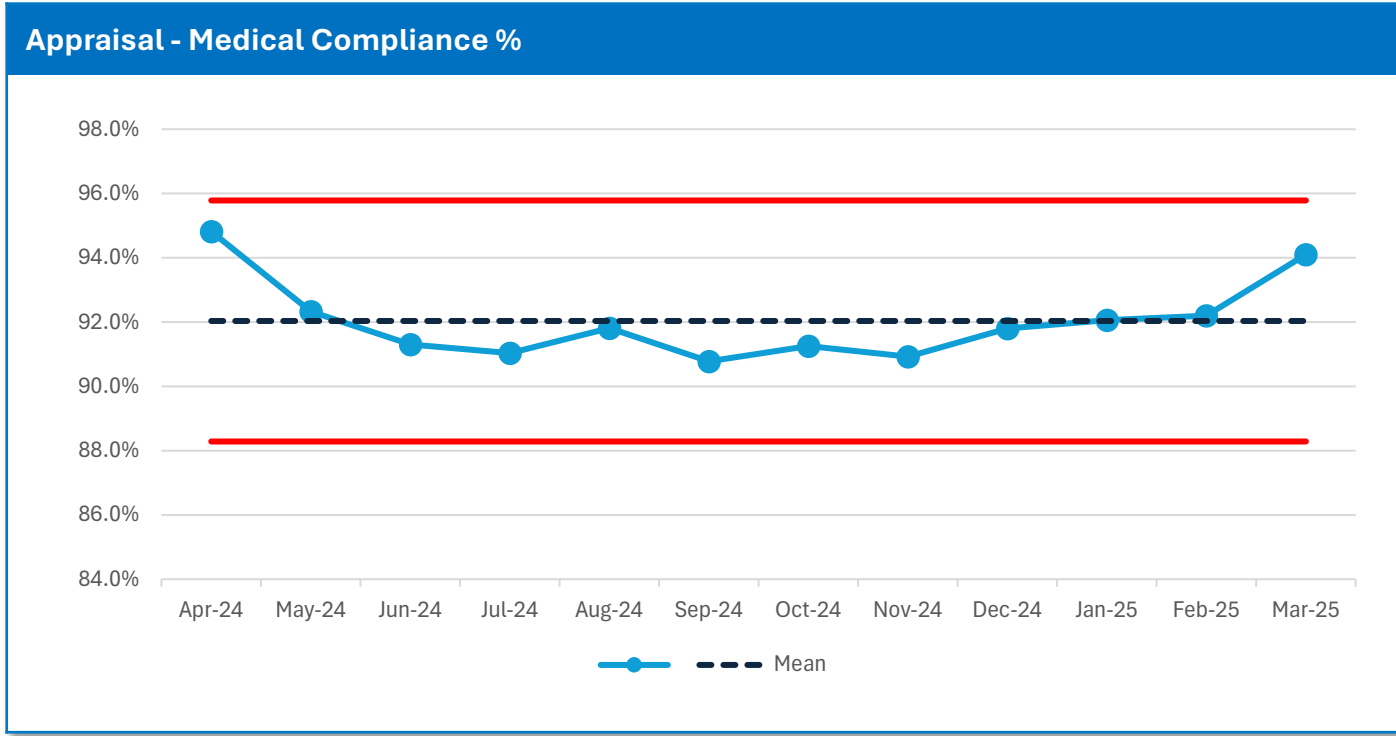
People

Appraisal – Medical Compliance %

Assure W17 metric

Mar-25 Target
94.1% **90.0%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	92.0%
Specialist	91.6%
GSS	94.3%
NMGH	100.0%
WTWA	93.4%
MRI	91.9%

Updates since previous month
All Clinical Groups have met the 90% target and the Trust continues to be above the target for this metric.

Key dependencies
Sufficient time set aside for both appraisers and employees to prepare for and conduct appraisals without disrupting service delivery.

Current issues

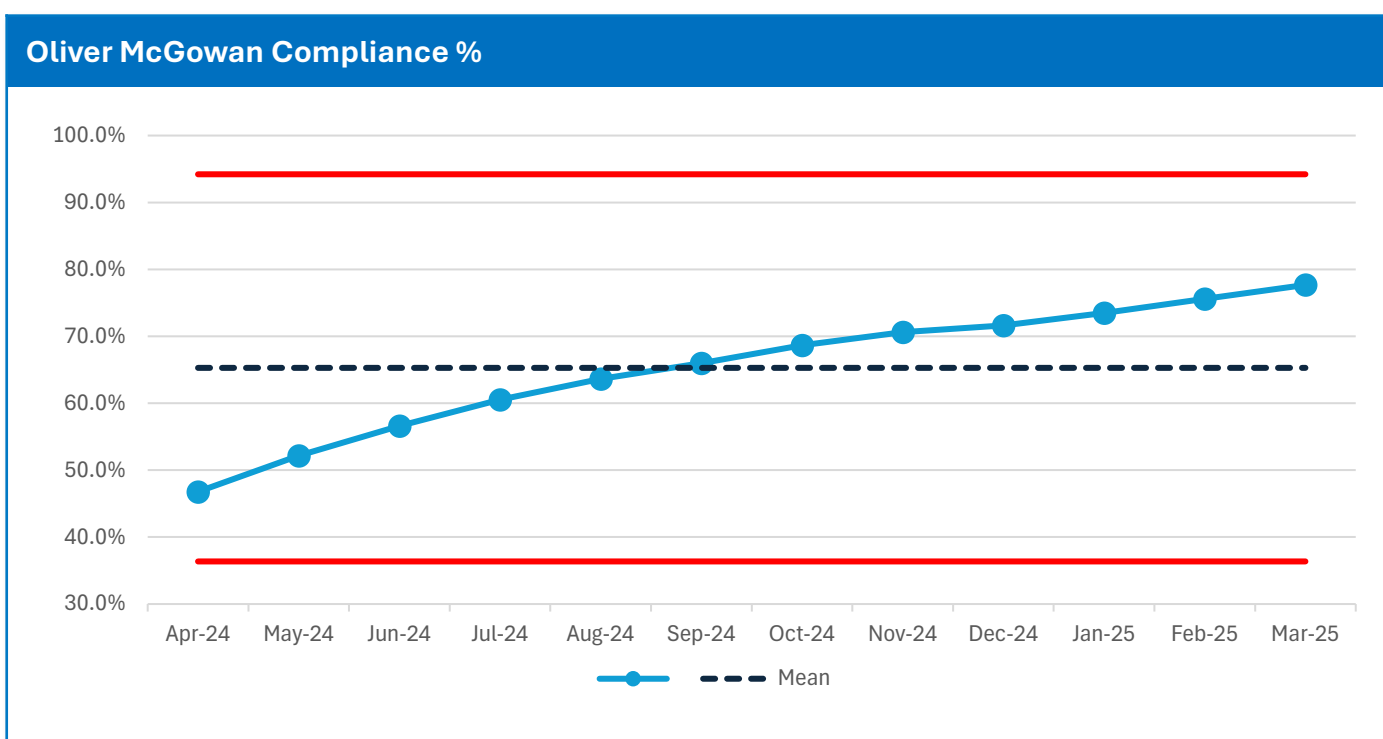
Future actions
Compliance driven locally, with assurance via the IPR process. Directors of Workforce & OD leading local compliance improvement plans.

Oliver McGowan Compliance %

Advise W18 metric

Mar-25	Target
77.7%	90.0%

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	83.9%
Specialist	78.1%
CSS	67.8%
NMGH	91.0%
WTWA	76.6%
MRI	75.8%

Updates since previous month
The Trust compliance score has improved throughout the financial year but is still 12.3% below target.

Current issues
NMGH is the only Clinical Group which is currently meeting the 90% target.

Key dependencies
Adherence to national guidelines and legal requirements, such as those set by the Care Quality Commission (CQC) and Health and Safety Executive (HSE).

Future actions
Compliance driven locally, with assurance via the IPR process. Directors of Workforce & OD leading local compliance improvement plans.

People

Staff Engagement Score

Assure W19 metric

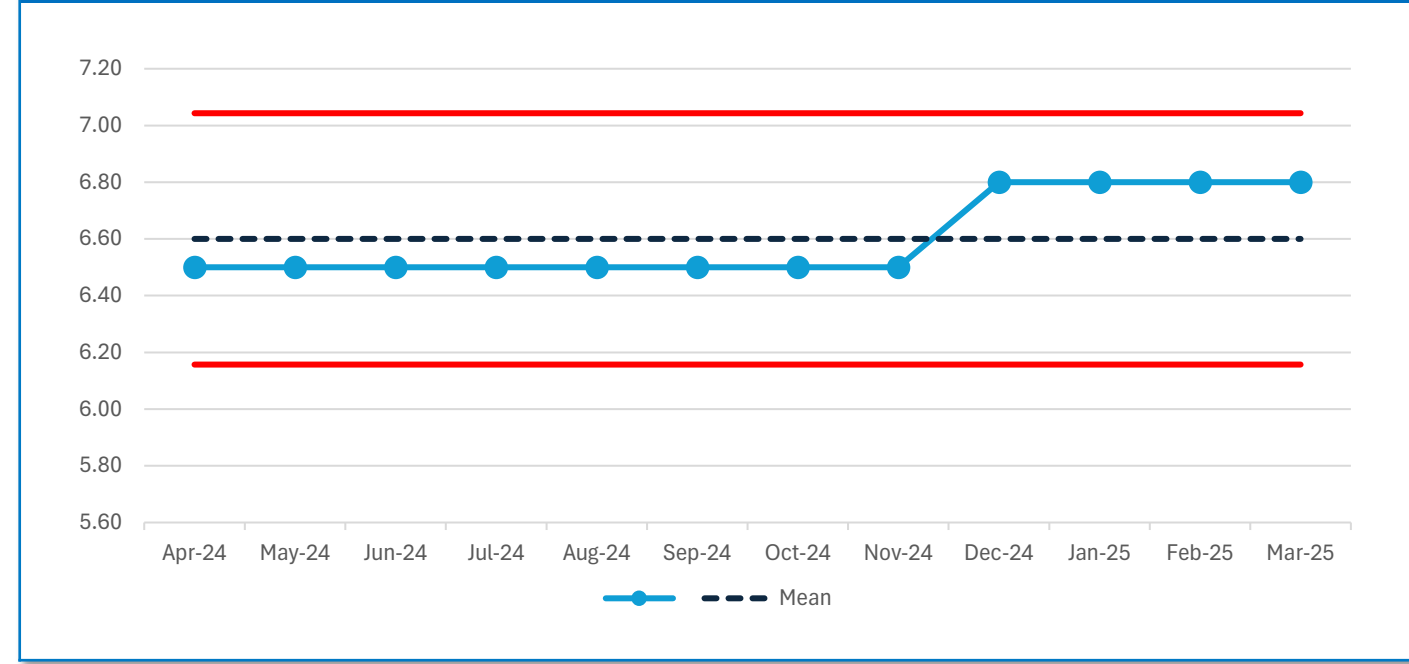
Mar-25 Target
6.8 **6.8**

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	
- UDH	6.6
- LCO	7.1
Specialist	
- REH	6.8
- SMH	6.7
- RMCH	6.8
CSS	6.6
NMGH	6.9
WTWA	6.8
MRI	6.9

Staff Engagement Score



Updates since previous month
The Staff Engagement score is a quarterly score. The Trust has met the 6.8 staff engagement target.

Current issues
Data for the Staff Survey was taken before the change to Clinical Groups which may hinder reporting in the new format for future months.

Key dependencies
Staff participation in the Staff Survey remains critical with the Trust encouraging high responses through incentives and clear communication.

Future actions
Active backing from leadership to promote the survey and emphasize its importance to staff.

Friends and Family Test – Recommend Work

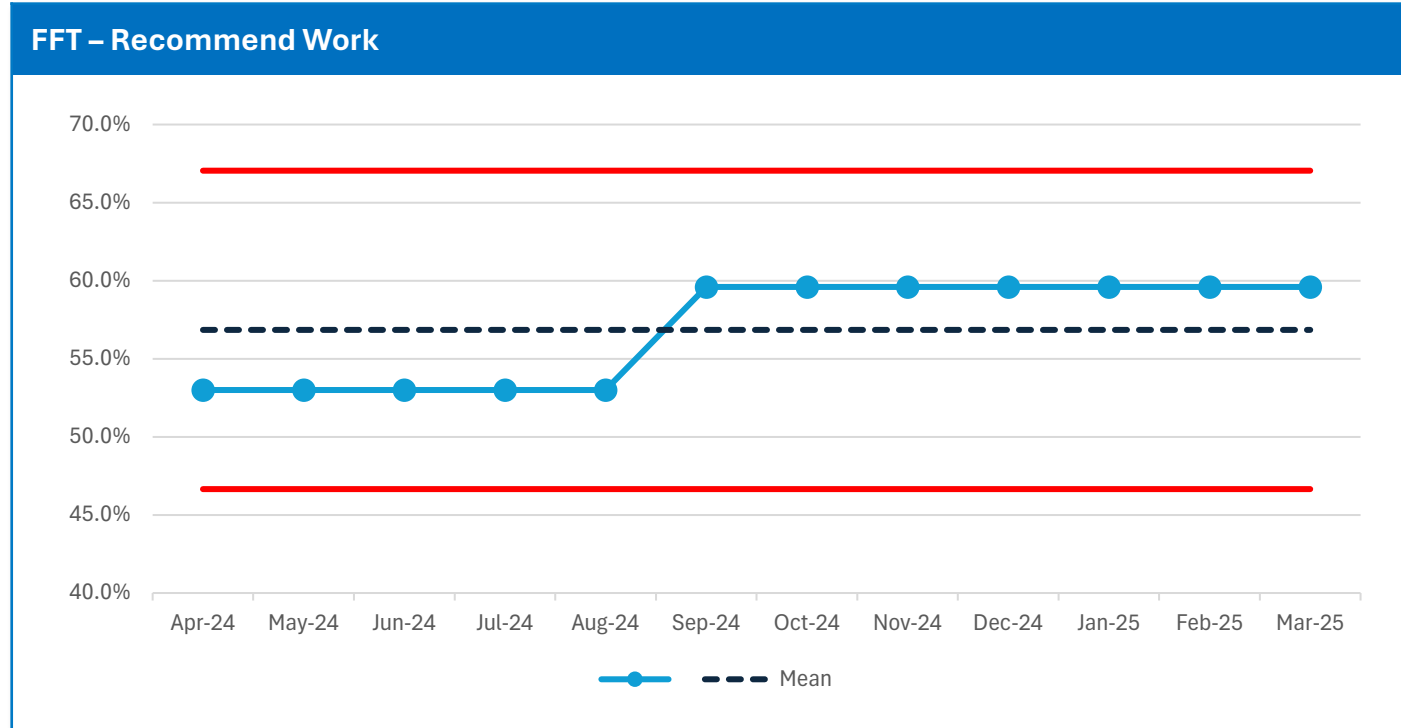
Advise W20 metric

Mar-25	Target
59.6%	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	IN DEVELOPMENT
Specialist	
CSS	
NMGH	
WTWA	
MRI	



Updates since previous month

The FFT Recommended Work score for M12 2024/25 was 59.6% which is the highest it has been this financial year.

Current issues

Work to report by Clinical Group still needs to be undertaken.

Key dependencies

The FFT is most useful when it's part of a broader continuous improvement cycle where feedback is regularly reviewed, analysed, and acted upon.

Future actions

Using FFT alongside other surveys or quality improvement systems to create a fuller picture of performance and satisfaction.

Friends and Family Test – Recommend Care

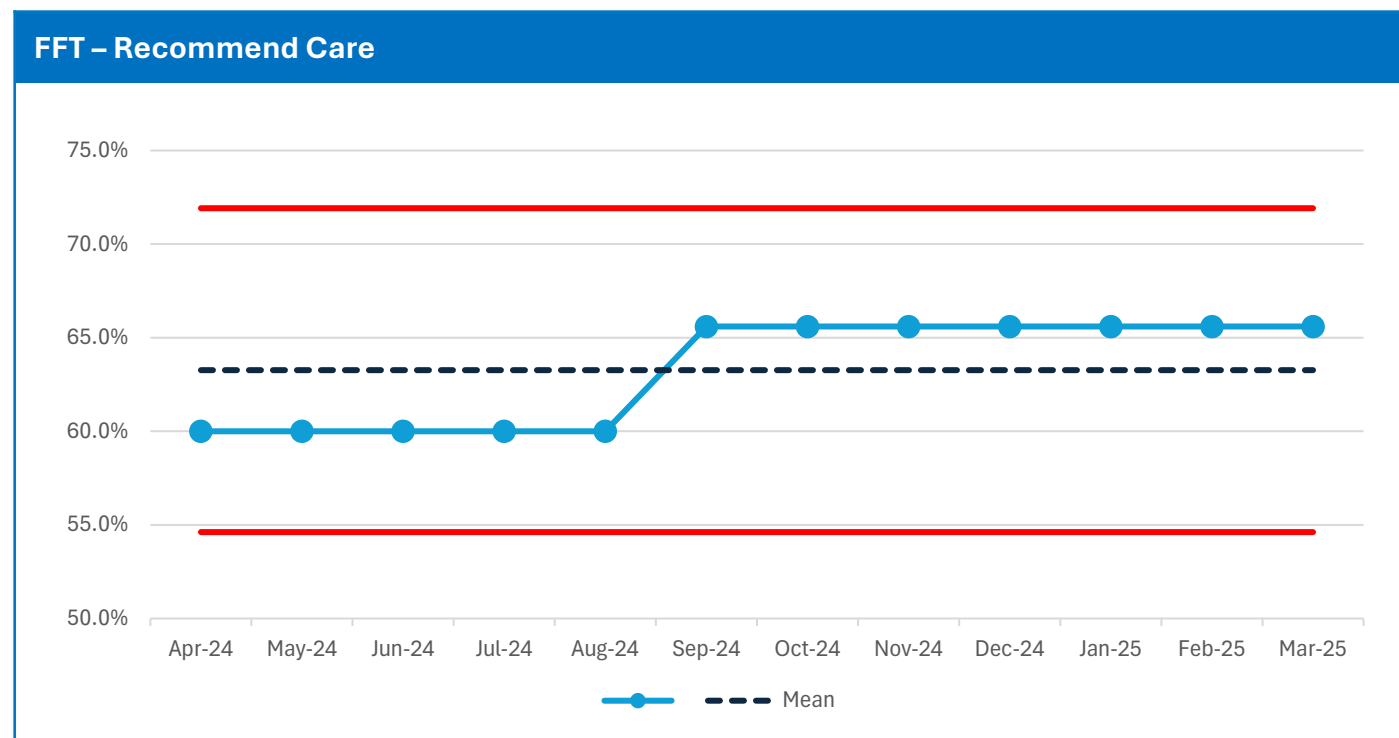
People

Advise	W21 metric
Mar-25	Target
65.6%	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	IN DEVELOPMENT
Specialist	
CSS	
NMGH	
WTWA	
MRI	



Updates since previous month

The FFT Recommended Care score for M12 2024/25 was 65.6% which is the highest it has been this financial year.

Current issues

Work to report by Clinical Group still needs to be undertaken.

Key dependencies

The FFT is most useful when it's part of a broader continuous improvement cycle where feedback is regularly reviewed, analysed, and acted upon.

Future actions

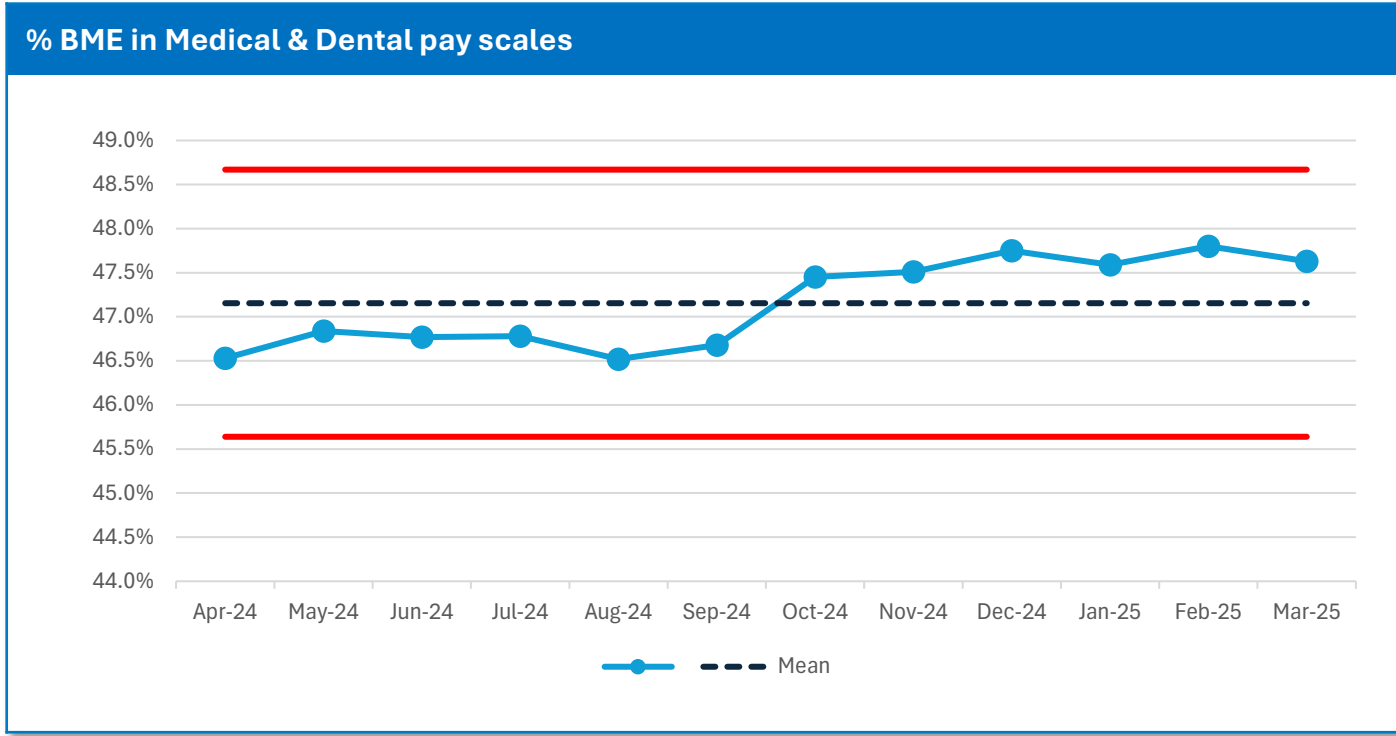
Using FFT alongside other surveys or quality improvement systems to create a fuller picture of performance and satisfaction.

% BME in Medical & Dental pay scales

Assure W22 metric

Mar-25 Target
47.6% **23.6%**

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	38.3%
Specialist	47.1%
CSS	47.8%
NMGH	47.5%
WTWA	48.9%
MRI	49.4%

Updates since previous month
The Trust continues to have high representation of BME staff in Medical and Dental roles and this is shown within all of the Clinical Groups.

Current issues

Key dependencies
Well-defined policies regarding visa sponsorship and the employment of international staff, including compliance with UK immigration laws.

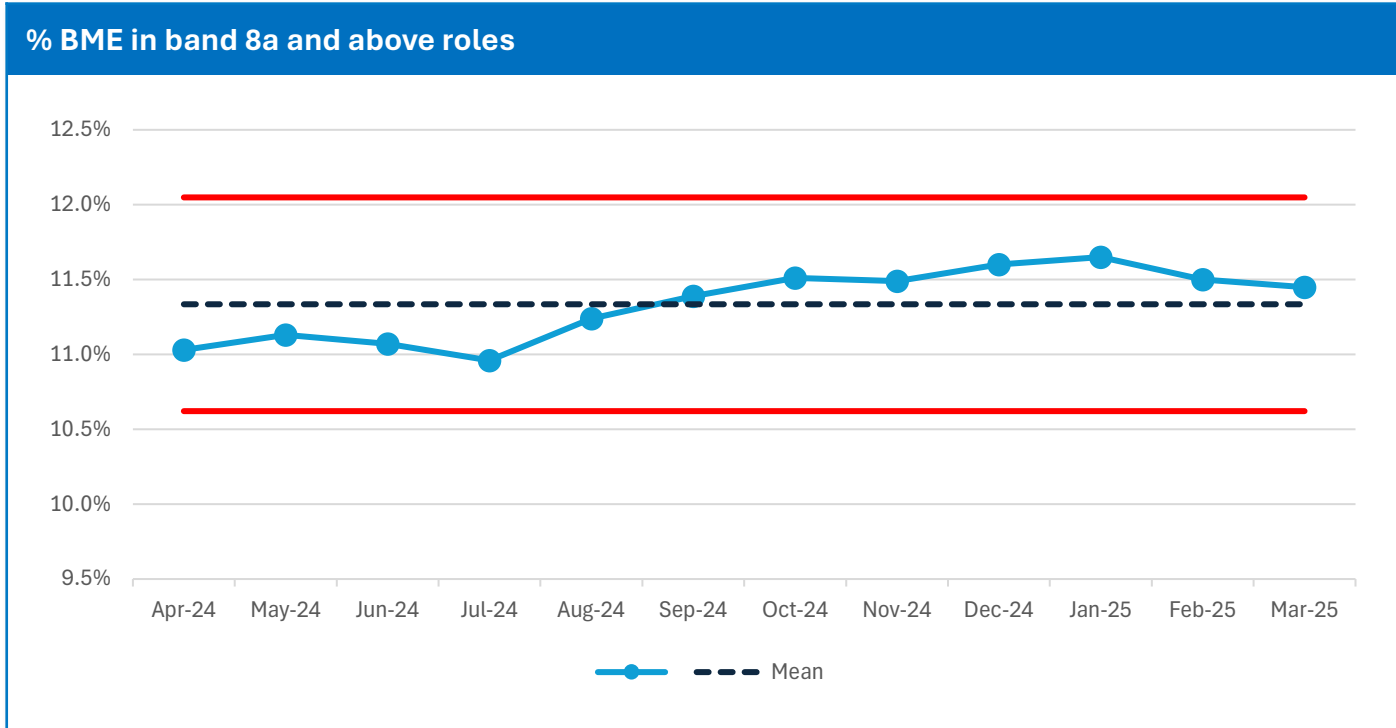
Future actions
This metric currently only needs monitoring as part of the Clinical Group IPR process and no interventions.

% BME in band 8a and above roles

Advise W23 metric

Mar-25	Target
11.5%	23.6%

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	13.1%
Specialist	8.6%
CSS	13.8%
NMGH	8.1%
WTWA	9.6%
MRI	14.8%

Updates since previous month
None of the Clinical Groups are meeting the internal target of 23.6% which is based on the BME Greater Manchester representation.

Current issues
Although the Trust is making gains/improvements in this metric, it is not yet close to the target.

Key dependencies
Well-defined policies regarding visa sponsorship and the employment of international staff, including compliance with UK immigration laws.

Future actions
Develop retention initiatives that address the specific needs and concerns of BME staff, including supportive networks and career progression pathways in these payscales.

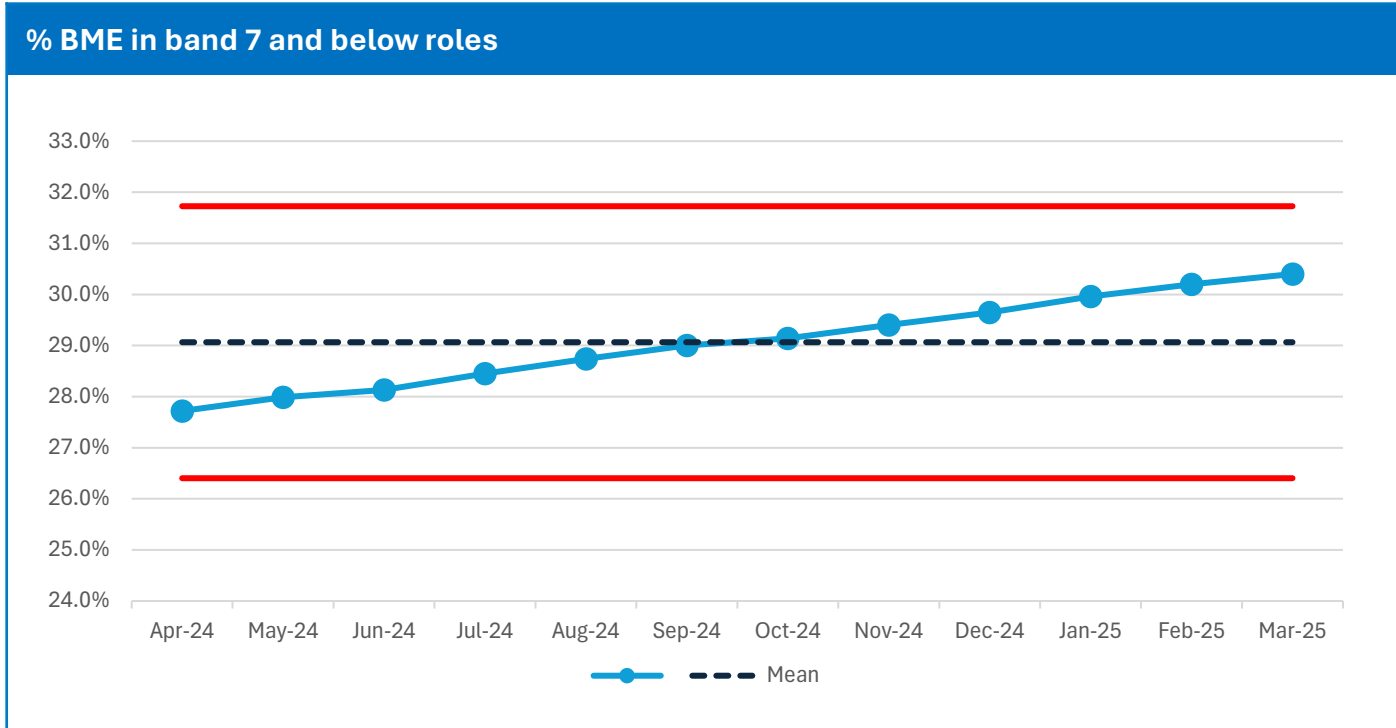
People

% BME in band 7 and below roles

Assure W24 metric

Mar-25	Target
30.4%	23.6%

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	21.3%
Specialist	23.2%
CSS	34.8%
NMGH	38.4%
WTWA	31.2%
MRI	42.1%

Updates since previous month
The % of BME staff in these payscapes has increased month on month and is currently meeting the Trust target of 23.6%.

Current issues
Not all Clinical Groups are currently meeting the 23.6% target for this metric.

Key dependencies
Well-defined policies regarding visa sponsorship and the employment of international staff, including compliance with UK immigration laws.

Future actions
This metric currently only needs monitoring as part of the Clinical Group IPR process and no interventions.

People

% Disability in Medical & Dental pay scales

Advise

W25 metric

Mar-25

Target

1.7%

-

Compliance

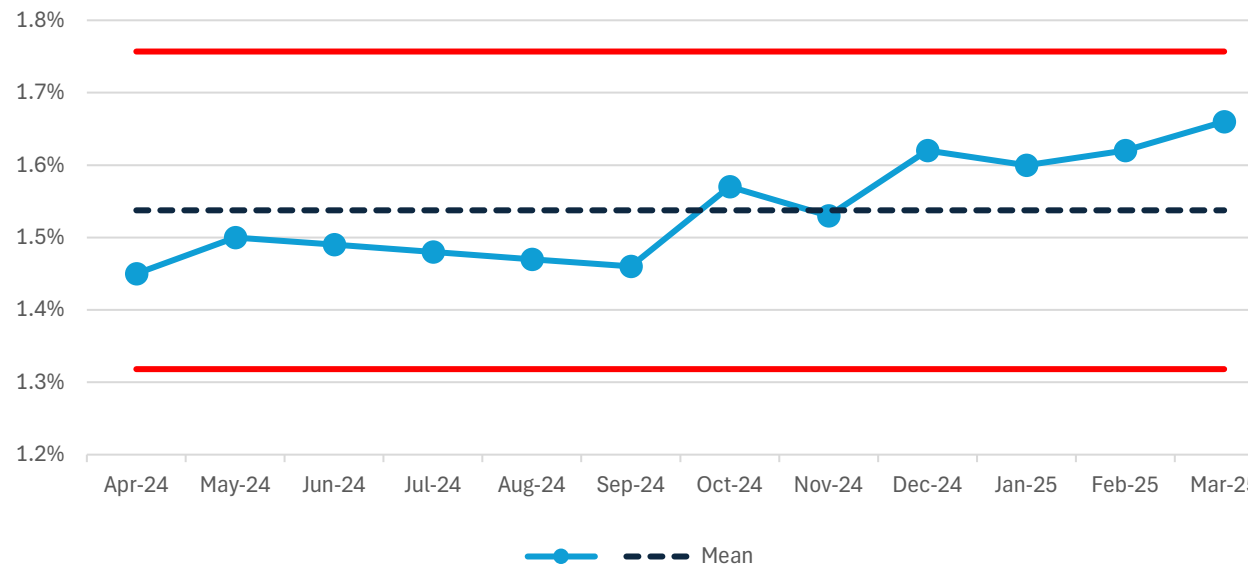
Variance

Assurance

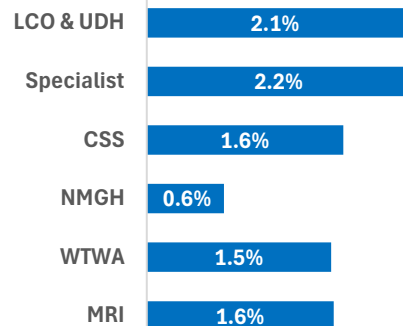
Actions



% Disability in Medical & Dental pay scales



Clinical Group Overview



Updates since previous month

The Disability % in this staff group is currently at 1.7% and has improved this financial year.

Current issues

Currently underreporting on this metric due to nearly 30% of staff not having declared their disability status on ESR in the Medical and Dental workforce.

Key dependencies

Develop and implement recruitment policies that prioritise the inclusion of disabled candidates, ensuring job postings reach diverse communities.

Future actions

Work undertaken by the ED&I team to improve the data collection of Disability status through Employee Self Service on ESR.

% Disability in band 8a and above roles

People

Advise W26 metric

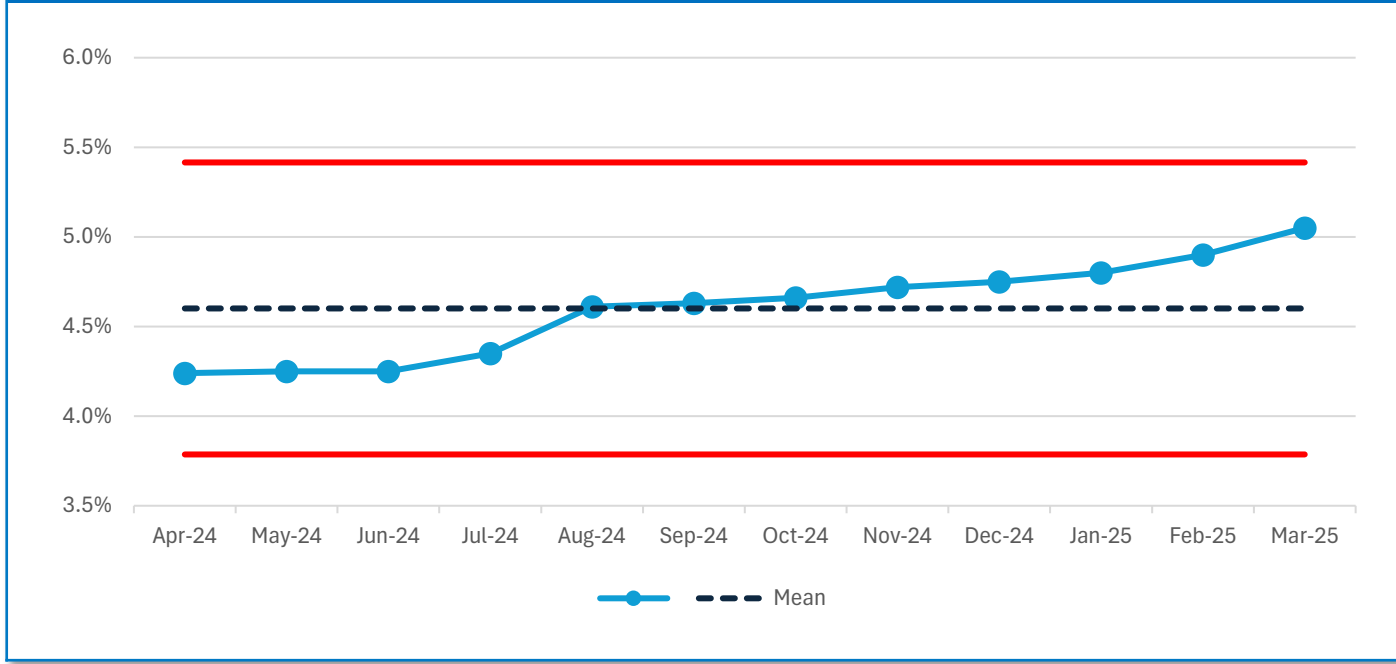
Mar-25	Target
5.1%	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	5.3%
Specialist	4.3%
CSS	3.0%
NMGH	7.1%
WTWA	4.5%
MRI	2.7%

% Disability in band 8a and above roles



Updates since previous month
The Trust is seeing an improvement in this metric month on month.

Current issues
Currently underreporting on this metric due to nearly 13% of staff not having declared their disability status on ESR in the Band 8a and above workforce.

Key dependencies
Develop and implement recruitment policies that prioritise the inclusion of disabled candidates, ensuring job postings reach diverse communities.

Future actions
Work undertaken by the ED&I team to improve the data collection of Disability status through Employee Self Service on ESR.

% Disability in band 7 and below roles

People

Advise W27 metric

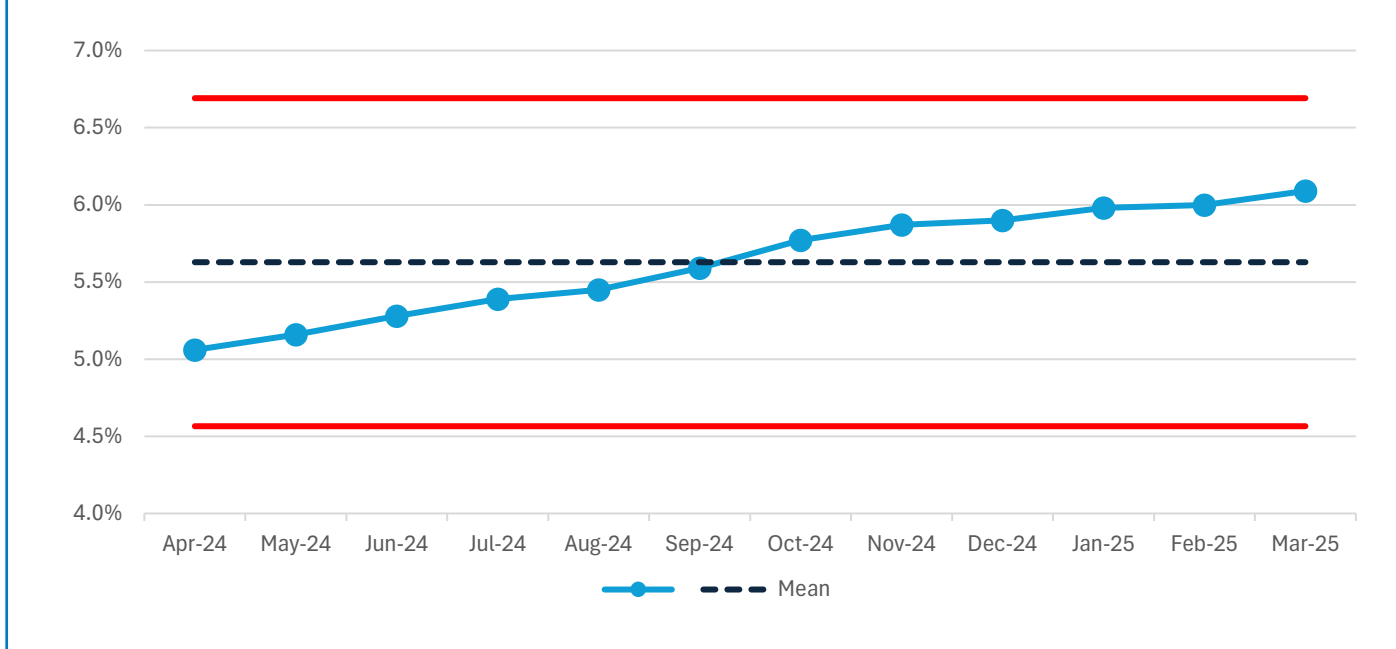
Mar-25	Target
6.1%	-

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	7.2%
Specialist	7.1%
GSS	6.2%
NMGH	5.4%
WTWA	4.5%
MRI	4.5%

% Disability in band 7 and below roles



Updates since previous month

The Trust is seeing an improvement in this metric month on month.

Current issues

Currently underreporting on this metric due to nearly 20% of staff not having declared their disability status on ESR in the Band 7 and below workforce.

Key dependencies

Develop and implement recruitment policies that prioritise the inclusion of disabled candidates, ensuring job postings reach diverse communities.

Future actions

Work undertaken by the ED&I team to improve the data collection of Disability status through Employee Self Service on ESR.

Turnover %

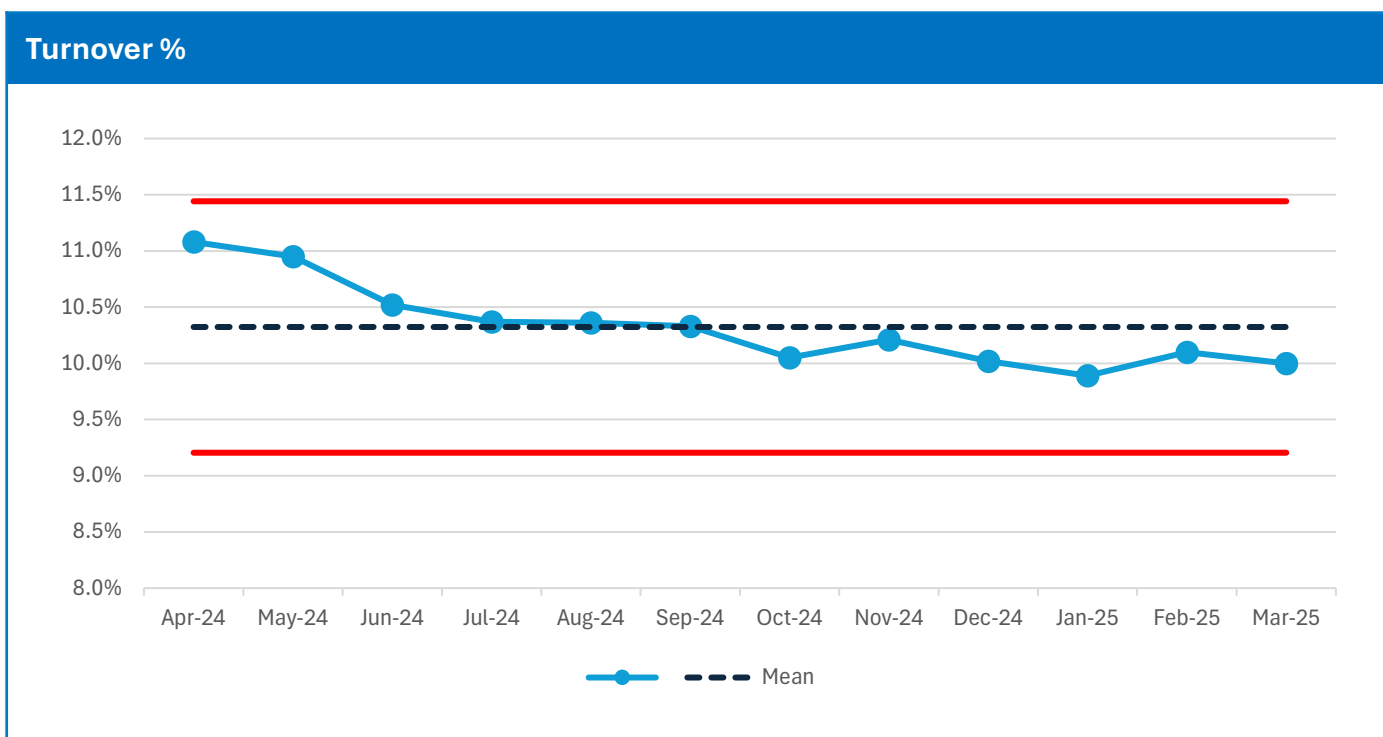
Assure W28 metric

Mar-25	Target
10.0%	12.0%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

LCO & UDH	11.5%
Specialist	9.3%
CSS	10.2%
NMGH	9.4%
WTWA	9.5%
MRI	9.7%



Updates since previous month

All Clinical Groups are meeting the 12.0% target for this metric.

Current issues

Key dependencies

High levels of engagement and job satisfaction among staff are crucial for reducing turnover.

Future actions

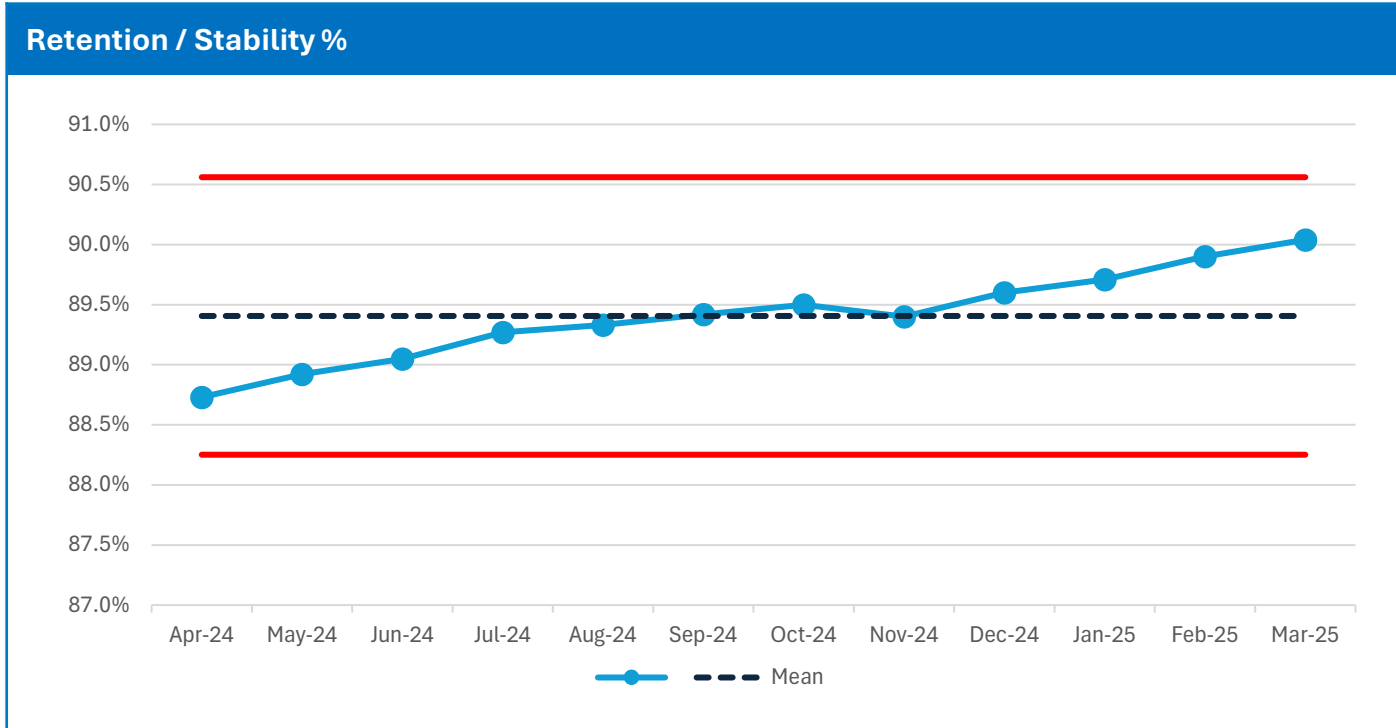
The Trust has set a target of keeping below 12% Turnover as part of the Workforce Plan to the NHSE/ which it has done.

Retention / Stability %

Assure W29 metric

Mar-25	Target
90.0%	89.0%

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	87.1%
Specialist	88.6%
CSS	88.5%
NMGH	87.5%
WTWA	88.2%
MRI	87.5%

Updates since previous month
The Trust is currently meeting the 89% target for this metric.

Current issues

Key dependencies
A high stability metric can indicate a positive work environment, effective management, and employee satisfaction.

Future actions
MFT People Plan will be reviewed in 2025/26 and will include a range of new measures under the people promise including retention.

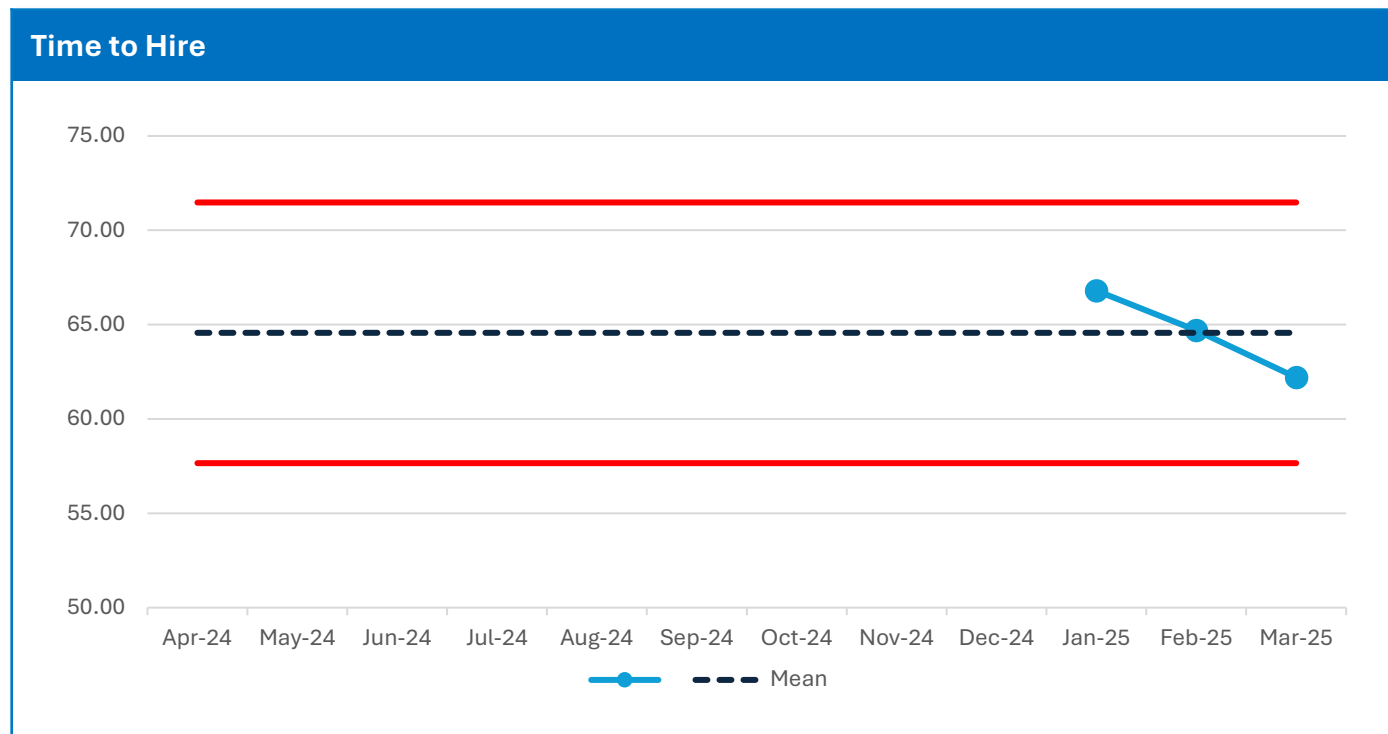
Time to Hire

People

Advise W30 metric

Mar-25	Target
62.2	-

Compliance	Variance	Assurance	Actions



Clinical Group Overview

LCO & UDH	IN DEVELOPMENT
Specialist	
CSS	
NMGH	
WTWA	
MRI	

Updates since previous month

The Trust has recently started reporting the Time to Hire through the Provider Workforce Return (PWR) which is why the data only goes back to M10 2024/25.

Key dependencies

This metric measures the Advertisement through to when checks are completed which is different to how the Trust previously managed Time to Hire reporting.

Current issues

Work to report by Clinical Group still needs to be undertaken.

Future actions

The ICB are pulling together a reporting platform for all GM Trusts so we can benchmark this metric across different Trusts and Staff Groups.

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



Trust IPR Metric Assurance Summary

Key Oversight Performance Metrics						
Focus	Compliance	Variation	Assurance	Action status	Indicator	Indicator Type
					Income and Expenditure Surplus / (Deficit) vs Plan YTD	National
					Agency expenditure as a proportion of Total Pay expenditure YTD	National
					Total VfP delivered as a proportion of Plan YTD	Local
					Non recurrent VfP as a proportion of Total VfP YTD	National
					BPPC performance vs target YTD	National
					Capital expenditure vs Plan YTD	National
					Cash balances above the level where a working capital loan would be required	National

Executive summary

Assurance



Achieving Target



Inconsistently Achieving Target



Not Achieving Target

<p>Variation</p> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Special Cause Improvement</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Common Cause</p> </div> <div style="display: flex; align-items: center;"> <p>Special Cause Concern</p> </div> </div>	<div style="display: flex; align-items: center;"> <p>Special Cause Improvement</p> </div>		<div style="display: flex; align-items: center;"> <p>Special Cause Concern</p> </div>
	<ul style="list-style-type: none"> I&E Performance – Surplus / (deficit) vs Plan Agency Expenditure as a proportion of Total Pay expenditure Better Payment Practice Compliance 	<ul style="list-style-type: none"> Total VfP delivered as a proportion of Planned VfP 	<ul style="list-style-type: none"> Non-recurrent VfP as a proportion of Total VfP
	<ul style="list-style-type: none"> Cash balance 		<ul style="list-style-type: none"> Capital Expenditure

Consistent assurance can be provided on:

- Agency pay expenditure at less than 0.6% of total pay – the National target is 3.2%
- BPPC compliance for invoices paid by value consistently above the 95% target

Cash balances at the end of the financial year are £40.5m lower than plan (due to a delay in commissioner payments) but remain above the level where cash support would be needed. The outturn I&E surplus has been delivered using a high level of non-cash items.

Alerts for:

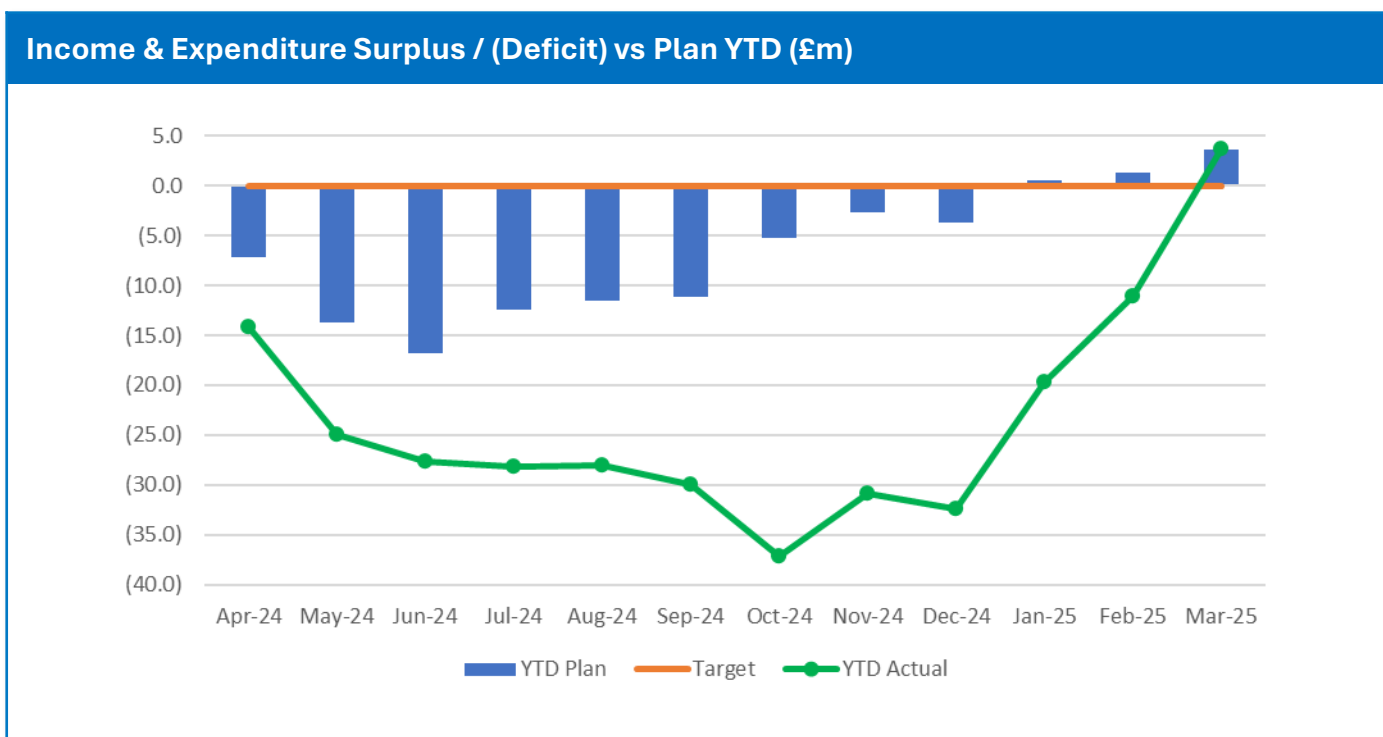
- I&E performance YTD at £3.6m surplus achieved plan)
- Whilst YTD VfP is delivered to plan, NR delivery at 38% against a limit of 25%. Delivery should also be considered in conjunction with the overall Trust financial position.
- Capital spend has outturned at the forecast £101m, as agreed with GM ICB. Withington, TIF schemes and the NHP at NMGH are under review to get back on track in 25/26.

Financial Performance – Year to Date

Assure

Mar-25	Target
£0.0	£0m

Compliance	Variance	Assurance	Actions



Clinical Group Overview

Rank	Clinical Group	YTD Value £m
1	LCO & Dental	(1.2)
2	NMGH	(9.4)
3	CSS	(12.3)
4	WTWA	(21.3)
5	Spec. Hospitals	(24.5)
6	MRI	(37.3)

Updates since previous month

The planned surplus of £3.6m has been delivered for the financial year 24/25. Central flexibilities have been used to mitigate overspends across the Clinical Groups.

Key dependencies

VfP programme
Cash

Current issues

Recurrent delivery of VfP.
Inflationary pressures on non-pay expenditure.
Premium pay (bank costs and ECLs especially).

Future actions

Moving into 25/26 performance against CG plans will need to be closely monitored.
A high level of scrutiny will be on VfP plans to ensure delivery remains on track through the year.

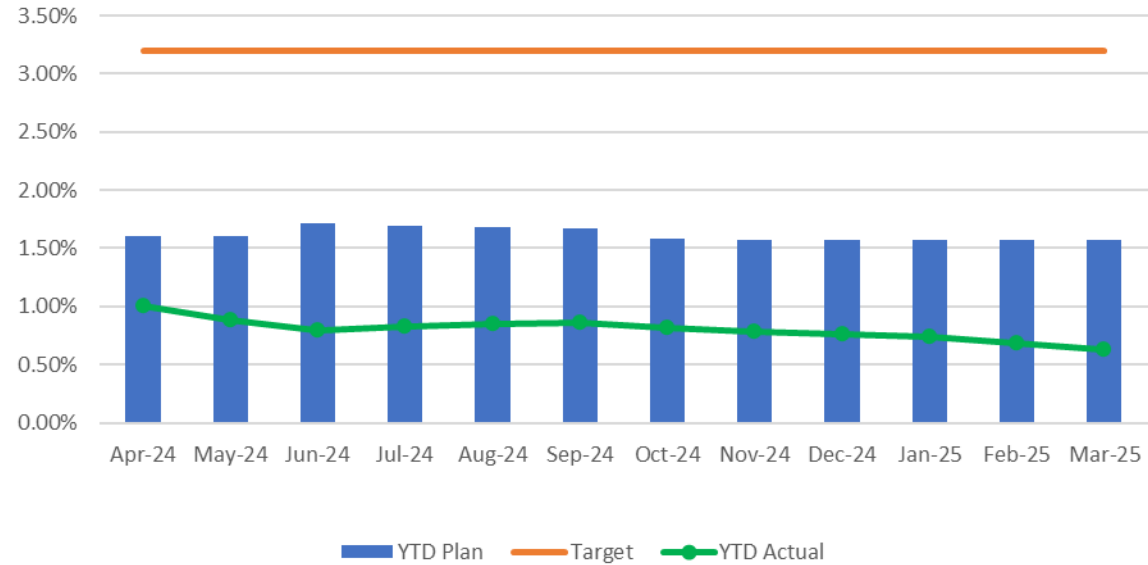
Agency - % of total staffing costs

Assure

Mar-25	Target
0.6%	3.2%

Compliance	Variance	Assurance	Actions

Agency Expenditure as a proportion of Total Pay Expenditure YTD



Clinical Group Overview

Rank	Clinical Group	YTD Value %
1	LCO & Dental	0.2%
2	Spec. Hospitals	0.3%
3	NMGH	0.6%
4	CSS	0.9%
5	MRI	1.0%
6	WTWA	1.1%

Updates since previous month

A consistent level of c0.6% of total pay expenditure. All CGs are below the more challenging internal plan in addition to the National target.

Current issues

There are still some challenges to work through relating to a reduction in the use of off-platform agency for difficult to recruit posts.

Key dependencies

Total pay costs

Future actions

Identification of alternatives to off-platform agency.

Value for Patients delivered YTD

Advise

Mar-25

Target

100%

100%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Rank	Clinical Group	YTD Value %
1	LCO & Dental	104%
2	WTWA	98%
3	CSS	92%
4	NMGH	80%
5	MRI	72%
6	Spec. Hospitals	66%

Total VfP delivered YTD (from Wave)

Year to Date	Recurrent			Non Recurrent			Total			Actual v Target %	Delivered NR %
	Target £'000	Actual £'000	Variance to target £'000	Target £'000	Actual £'000	Variance to target £'000	Target £'000	Actual £'000	Variance to target £'000		
CSS	17,358	10,831	(6,527)	5,786	5,887	101	23,144	16,718	(6,426)	72%	35%
LCO & Dental	7,309	3,543	(3,766)	2,436	6,565	4,129	9,745	10,108	363	104%	65%
MRI	12,958	14,222	1,264	4,319	1,647	(2,672)	17,278	15,870	(1,408)	92%	10%
NMGH	6,302	5,960	(342)	2,101	786	(1,315)	8,403	6,746	(1,657)	80%	12%
Specialist Hospitals	19,567	9,176	(10,391)	6,522	8,002	1,479	26,089	17,178	(8,912)	66%	47%
WTWA	16,165	13,731	(2,434)	5,388	7,348	1,960	21,553	21,079	(474)	98%	35%
Total - Clinical Sites	79,659	57,463	(22,197)	26,553	30,236	3,683	106,212	87,699	(18,514)	83%	34%
Corporate exc Informatics	5,012	6,223	1,211	1,671	1,169	(502)	6,683	7,392	709	111%	16%
Informatics	6,764	7,551	787	2,255	7,949	5,694	9,019	15,500	6,481	172%	51%
Estates & Facilities	9,028	7,161	(1,867)	3,009	4,400	1,391	12,037	11,561	(476)	96%	38%
Total - Support Services	20,804	20,935	131	6,935	13,518	6,583	27,739	34,453	6,714	124%	39%
Cross-cutting Schemes	10,536	14,036	3,500	3,512	12,072	8,560	14,048	26,108	12,060	186%	46%
Grand Total	111,000	92,434	(18,566)	37,000	55,826	18,826	148,000	148,261	260	100%	38%

Updates since previous month

The £148m VfP target has been delivered in full for the 24/25 financial year.

Current issues

The level of non-recurrent delivery has put pressure on 25/26 and beyond. Close scrutiny of the programme will be required in the 25/26 financial year to avoid slippage.

Key dependencies

I&E performance

Future actions

Continued identification and development of the schemes for 25/26 by all CGs and Corporate Directorates to meet the £165.8m target.

Non-recurrent Value for Patients delivered YTD

Financial performance

Alert

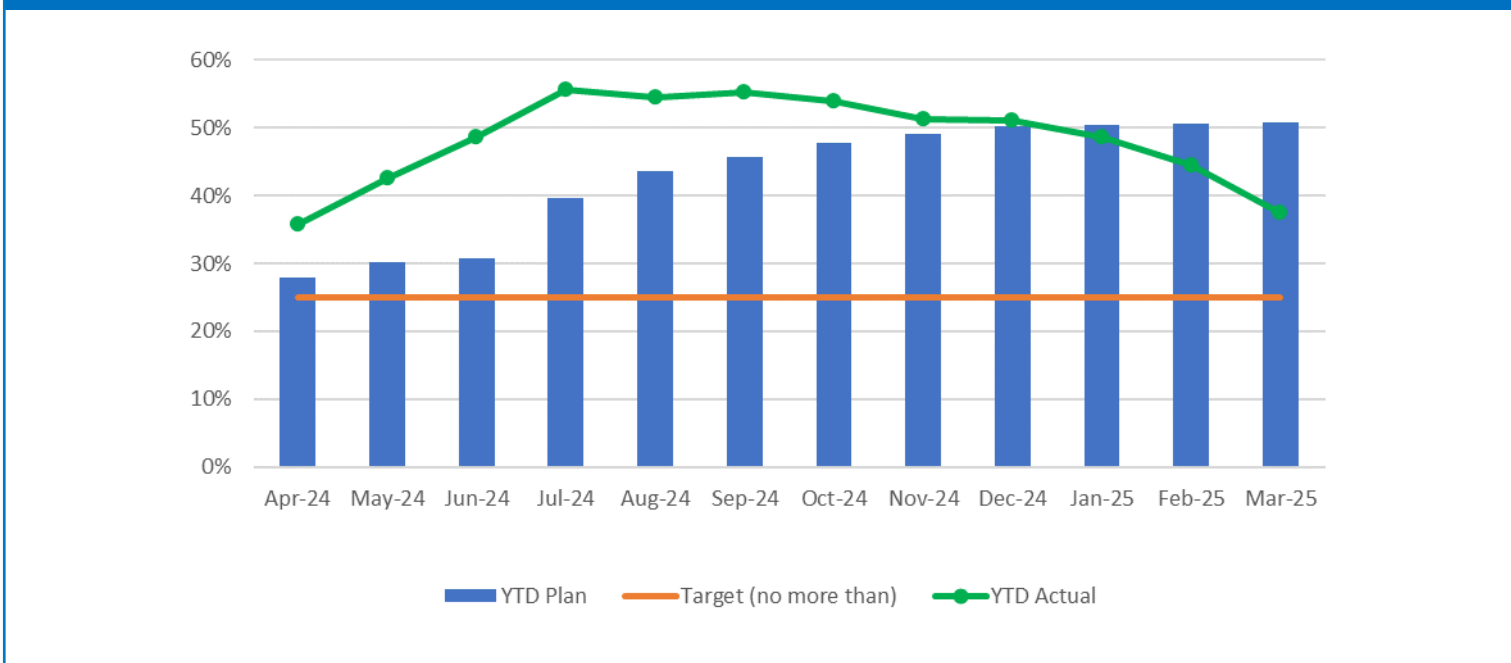
Mar-25	Target
38%	25%

Compliance	Variance	Assurance	Actions

Clinical Group Overview

Rank	Clinical Group	YTD Value
		%
1	MRI	10%
2	NMGH	12%
3	WTWA	35%
4	CSS	35%
5	Spec. Hospitals	47%
6	LCO & Dental	65%

Non-recurrent VfP delivered as a proportion of Total VfP delivered YTD (from Wave)



Updates since previous month

The improvement since M10 reporting is due to review of all non-recurrent schemes with some being made recurrent (i.e. where vacancies have been held some have now been permanently removed from the establishment).

Key dependencies

I&E performance

Current issues

The total delivered non-recurrently in 24/25 is £55.8m – this will need to found again in 25/26.

Future actions

Development of the 25/26 programme with a focus on recurrency.

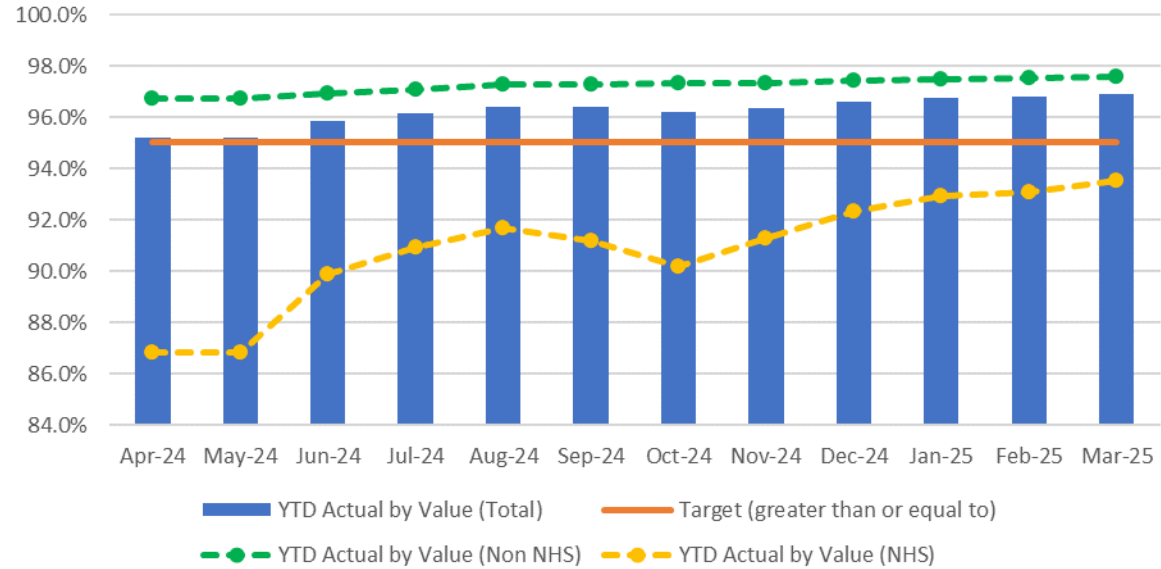
BPPC performance vs Target

Assure

Mar-25	Target
97%	95%

Compliance	Variance	Assurance	Actions

BPPC performance (Invoices Paid by Value) vs Target %



Updates since previous month

No real change in performance at 96.9% paid within target (96.7% to M10).

Current issues

The Trust is falling short on NHS invoices paid within target at 93.5%.
Performance against invoices paid by number (not shown) is 93.2% with NHS invoices just 71.8%.

Key dependencies

BPPC performance vs target for invoices paid by number (not shown on the chart).

Future actions

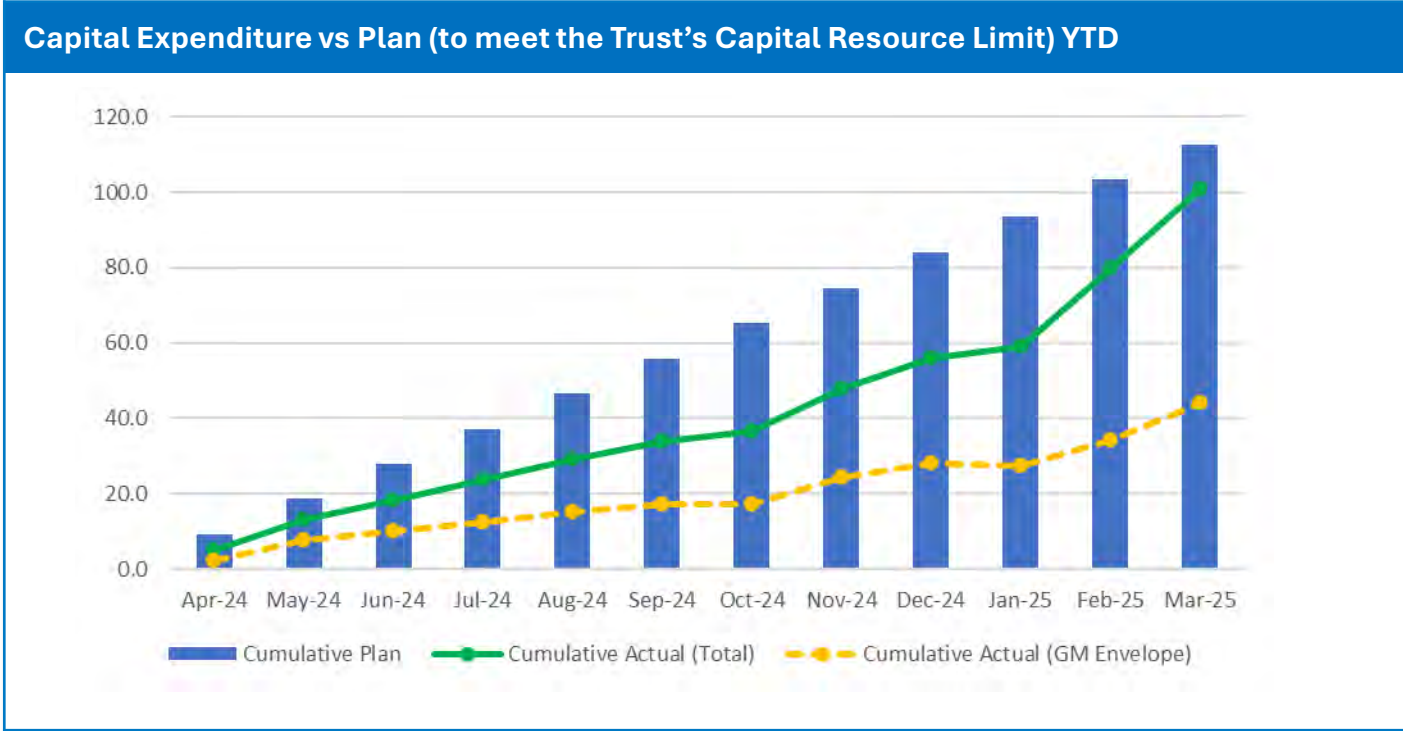
Although the overall target is being met for the primary driver of invoices paid by value there is further to do to pay NHS invoices in a timely manner and to increase the number of invoices paid to target.

Capital Expenditure YTD

Alert

Mar-25	YTD Target
£101.0m	£112.7m

Compliance	Variance	Assurance	Actions



Updates since previous month
Underspent against plan but matched the reforecast plan as agreed with GM ICB at £101.0m for 24/25.

Current issues
Delivery of the year end forecast agreed with GM ICB for capital expenditure has been delivered.

Key dependencies
Leased assets impact on I&E if no scope to fund through the Capital programme.

Future actions
Development of the capital programme for 25/26 is ongoing.

Financial performance

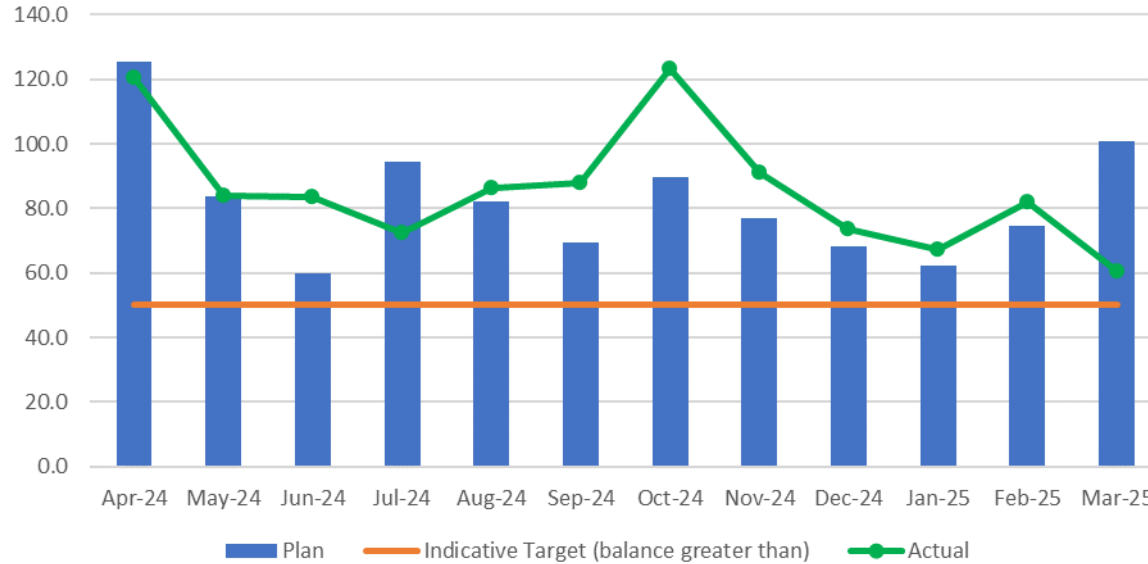
Cash Balance

Advise

Mar-25	Target
£60.5m	£50.0m

Compliance	Variance	Assurance	Actions

Cash Balance vs Plan (Target to remain above level where a Working Capital Loan would be required)



Updates since previous month

The Trust has ended the financial year below the plan to hold a cash balance of £101.0m by £40.5m but above the target level. The reduction in cash is due to GM ICB delaying a payment. This is expected to be paid in April 2025

Current issues

The Trust's has ended the 24/25 financial year with an I&E surplus of £3.6m, however, this was driven by a high level of non-cash flexibilities which has had an impact on cash balances.

Key dependencies

I&E deficit.
Capital underspends

Future actions

If the 25/26 financial plan is not delivered through cash releasing efficiencies in the planned profile, revenue cash support may be required in Q2 need cash support in 25/26.