



Public Board of Directors Wednesday 21st May 2025

Paper title:	Strategic Development Update	Agenda Item 10.1
Presented by:	Tom Rafferty, Acting Chief Strategy Officer	
Prepared by:	Stuart Moore, Director of Strategy	
Meetings where content has been discussed previously	Service Strategy and Planning Management 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 paper outline strategic developments including:

- At a national level:
 - An NHS England Consultation on proposed additional changes to the NHS Standard Contract for 2025/26, which changes the way in which commissioners and providers plan for, manage and fund elective activity.
 - The results of the British Social Attitudes survey and public satisfaction with the NHS.
- At a regional and local level:
 - Major Trauma Centre Provision within GM.
 - Cardiac & Vascular service change assurance process.
- At MFT
 - Work with partners to further develop Integrated Neighbourhood Teams across Manchester and Trafford.
 - North Manchester General Hospital and the New Hospitals Programme.
 - Single Services Programme and Disaggregation.
 - Genomics.

Recommendation(s)

The Board of Directors is asked to:

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

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

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

Relationship to the strategic objectives

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

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

Links to Trust Risks

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

-

Care Quality Commission domains

Please check **all** that apply

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input type="checkbox"/> Responsive | |

Compliance & regulatory implications

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

-

Main report

1. Introduction

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

2. National Developments

2.1. Consultation on proposed additional changes to the NHS Standard Contract for 2025/26

NHS England published a further consultation on changes to the standard contract for 25/26, with commissioners and providers asked to start working to these new arrangements immediately. The consultation follows a decision to lift the Notified Payment Limit, which acted to cap the income relating to elective activity paid under each contract. Under the new proposals, commissioners are required to agree an Indicative Activity Plan for each provider contract for 25/26, and Activity Management Plans that support the delivery of agreed activity levels. The guidance allows for variation from the agreed plans for agreed clinical or patient

care reasons where these are understood and accepted by the commissioner and provider. The aim is to support the delivery of elective performance targets and balanced financial plans.

The consultation document sets out the process through which commissioners and providers must work to agree Indicative Activity Plans and Activity Management Plans, including an escalation process through NHS England where agreement cannot be reached.

2.2. 2024 British Social Attitudes Survey: Public Satisfaction with the NHS 2024

The British Social Attitudes (BSA) Survey 2024, conducted by NatCen and published by the Nuffield Trust and The King's Fund, provides important insights into public sentiment towards the NHS and social care. The survey, carried out in September and October 2024, included responses from 2,945 individuals and highlights several significant trends and challenges facing the NHS.

Public satisfaction with the NHS has decreased, with only 21% of respondents expressing that they are 'very' or 'quite' satisfied with the way the NHS operates. This marks a 3% decline from the previous year and represents the lowest satisfaction level recorded since the survey began in 1983. The primary concerns driving this dissatisfaction include long waiting times and staff shortages. There is a generational divide, with satisfaction levels lower among younger age groups. Only 19% of those under 65 reported being satisfied, compared to 27% of those aged 65 and over.

The survey reveals a decline in satisfaction with specific NHS services. Satisfaction with A&E services has decreased from 31% to 19%, while dissatisfaction has risen from 37% to 52%. Similarly, satisfaction with NHS dentistry has fallen to 20%, with 55% of respondents expressing dissatisfaction. GP services have also seen a decline, with only 31% of respondents satisfied, down from 34% in 2023. These figures indicate growing public concern over the accessibility and quality of key NHS services.

Despite the low satisfaction levels, the survey indicates strong public support for the founding principles of the NHS. A significant majority of respondents believe that the NHS should be free at the point of use (90%), primarily funded through taxes (80%), and available to everyone (77%). However, only 14% of respondents agreed that the NHS spends its money efficiently, with 51% disagreeing. Additionally, 69% of respondents feel that the government spends too little on the NHS, highlighting a perceived need for increased funding to address the current challenges.

3. Regional and Local Developments

3.1. Cardiac and Vascular Commissioner Assurance Process

Commissioner-led service change assurance process around Cardiac and Vascular services is progressing. The Cardiac Pre-Consultation Business Case (PCBC) has been drafted and is being shared with stakeholders for support. Work continues to develop the options for Vascular services that will feed into the PCBC.

3.2. Major Trauma Centre Provision within Greater Manchester

Work continues to be undertaken on the review of Major Trauma services in GM. The Trust is working with GM Integrated Care Board (ICB) and Northern Care Alliance NHS Foundation Trust (NCA) colleagues to review the potential options to develop services across GM. A key part of this work is considering the potential costs and safety considerations of the options under consideration, including the potential implications for co-dependent services.

4. MFT Developments

4.1. Integrated Neighbourhood Teams

MFT, Manchester City Council and ICB leaders have commenced a detailed review of the current neighbourhood model in Manchester. The revised approach will be designed to further accelerate targeted prevention and care with integration of teams around a neighbourhood including primary care and mental health.

Work is commencing in parallel in Trafford to pilot further development of integrated neighbourhood working across health and care teams in the Central Trafford neighbourhood.

4.2. North Manchester General Hospital – New Hospitals Programme

Work continues on the New Hospitals Programme with the Trust seeking to agree a programme timeline for the next stage in redevelopment with the national programme team. The Trust is currently awaiting confirmation of sign-off for the business case for the development of a new outpatient building, which is a key next step.

4.3. Single Services Programme and Disaggregation

A single MFT Managed Single Service for Oral-Maxillofacial Surgery (OMFS), led by the North Manchester General Hospital (NMGH) Clinical Group, was implemented on the 1 April. Additionally, it has been agreed that MFT will take over provision of Tameside OMFS activity. MFT has been asked by GM ICB to assess options and impact for MFT to become lead provider of OMFS care across GM.

The Trauma & Orthopaedics (T&O) service in the North Manchester General Hospital catchment area successfully disaggregated from the NCA on the 31 March and leadership of the new MFT Managed Single Service moved to NMGH from 1 April.

Managed Single Services for Ear, Nose and Throat (ENT) and Audiology formally went live from 1 April, led by the Manchester Royal Infirmary Clinical Group, with Pre-Operative Assessment launching under Clinical and Scientific Services Clinical Group from 6 May.

4.4. Genomics

Several developments within Genomics are underway in advance of the national tender to establish 7 Regional Genomic Medicine Services, which is expected to launch imminently. Work continues to establish on-site circulating tumour DNA (ctDNA) testing on the Oxford Road Campus, and plans are in development to support the repatriation of whole genome sequencing following a decision by NHS England to commission the service from Genomic Laboratory Hubs. A business case to support lab automation is also in development.

5. Recommendations

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

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 Priorities for 25/26

The proposed MFT priorities are set out below under the relevant strategic aims.





Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	Review of Strategy Delivery in 2024/25	Agenda Item 10.2
Presented by:	Tom Rafferty, Acting Chief Strategy Officer	
Prepared by:	Graham Counce, Strategy Manager	
Meetings where content has been discussed previously	n/a	
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

Following approval of our MFT strategy *Where Excellence Meets Compassion* by the Board of Directors in March 2024, it was agreed that the Board would receive an annual update on progress in delivering the strategy.

Over the last 12 months, significant work has been undertaken to align of the work of teams across the Trust to our strategy to support its delivery. This includes revising our annual planning process, redesigning our governance arrangements and aligning our assurance and reporting processes.

Noting that work is continuing on how we measure delivery against some of our strategic aims, this papers aims to give an overview of progress in delivering our strategy in 24/25, including performance against a number of headline metrics and examples of some of our key achievements.

Recommendation(s)

The Board of Directors is asked to:

- Note the progress made during 2024/25 against the aims set out in the MFT strategy *Where Excellence Meets Compassion*.

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

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

Relationship to the strategic objectives

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

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

Links to Trust Risks

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

- n/a

Care Quality Commission domains

Please check **all** that apply

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Safe | <input type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> Responsive | |

Compliance & regulatory implications

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

- n/a

Main report

1. Introduction

The MFT Strategy, *Where Excellence Meets Compassion*, was approved by the Board of Directors in March 2024. Our strategy confirmed our mission to work together to improve the health and quality of life of our diverse communities. It sets out:

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

As part of the strategy, it was agreed that progress against delivery of the strategy would be reported to the Board on an annual basis. This paper sets out the progress made in year one of the strategy broken down by each of our strategic aims.

The five aims are:

- Aim 1 - Work with partners to help people live longer healthier lives
- Aim 2 - Provide high quality, safe care with excellent outcomes and experience
- Aim 3 - Be the place where people enjoy working learning and building a career:
- Aim 4 - Ensure value for our patients and communities by making best use of our resources:
- Aim 5 - Deliver world class research and innovation that improves people's lives:

As well as providing some examples of our key achievements in the last 12 months under each aim, the paper also sets out our performance against the relevant metrics from our Integrated Performance Report, where available.

Since approval of the strategy, work has been undertaken to ensure that the organisation is aligned to the strategy and supports its delivery. This work includes:

- Refreshing our annual planning processes, so that the plans developed by each Clinical Group and corporate team support the delivery of the actions in our strategy.
- Redesigning governance arrangements across the Trust, including the Board sub-committees and executive Management Committees, to help ensure oversight and delivery.
- Refreshing the Trust's Integrated Performance Report (IPR) and Board Assurance Framework (BAF) to ensure that both are aligned to our strategy and support oversight of its delivery.

It should be noted that the refresh of the IPR is the subject of ongoing work, particularly regarding the metrics by which we will measure the impact of Aim 1 (longer, healthier lives) and Aim 5 (research and innovation). Key performance indicators for these aims are not, therefore, included in this report; the Board will receive an update on performance in these areas once work to refresh the IPR is complete.

2. Delivery of the MFT Strategy in 2024/25

2.1. Aim 1: Work with partners to help people live longer healthier lives

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

As noted earlier in the paper, the way in which we measure delivery of this strategic aim is subject to ongoing work, having not previously been captured in our Integrated Performance Report. The Board will receive further updates on key metrics aligned to this strategic aim through the IPR once this work is finalised.

Key Achievements 24/25

Key achievements related to this aim over the course of 2024/25 include:

- Our Hospital at Home service has continued to grow, providing an alternative to admission, supporting timely discharge and reducing pressure on inpatient beds.
- Community Blood Pressure Champions have completed over 1,500 checks helping identify patients with elevated blood pressure sooner.
- The newly established Citizen's Advice service has supported patients to access an estimated £600,000 in financial support available to them.
- We have supported improvements to the safety of housing, with over 200 referrals from our clinicians to the Manchester City Council damp and mould support service.

In 2025/26 we aim in line with the national shift to move care from hospitals to the community to expand upon the range of integrated services offered to people in the community. Additionally, we will be responding to the national goal of shifting from treatment to prevention, improving health and reducing inequalities.

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

Impact: More people recommending MFT as a place to be treated

The Friends and Family Test (FFT) asks patients if they would recommend MFT as a place to receive care and is reported through the IPR report. The most recent Friends & Family survey data from January 2025 is provided below:

- For inpatients and daycases, a score of 94.96% against a target of 95%. This is a slight reduction from 23/24 levels which were consistently above 95%.
- In outpatients, a score of 98.6% which is above the target of 95% although within the expected range of normal variation.
- In A&E, a score of 84.13% against a target of 95%. Whilst this is an improvement in the previous year it is within the expected range of normal variation.
- In maternity, antenatal, postnatal ward and postnatal community services are scoring above their target, with Birth scoring at 94% against a target of 95% and showing special cause variation.
- In community, a score of 99% against a target of 95%. Whilst this is a slight reduction on the scores from the previous year, scores from the latest months are showing as within the expected range of normal variation.

In addition to the FFT, the 2024 NHS staff survey reports that there was an increase in staff saying that "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" from 63.57% to 65.60%.

Key Achievements 24/25

Key achievements related to this aim over the course of 2024/25 include:

- We have delivered on our target to treat over 50% of patients within 18 weeks and reduced the number waiting more than 65 weeks from 828 to just 36.
- For patients needing urgent and emergency care, we have improved our 4-hour performance to 74% of patients seen, treated and discharged within four hours during March 25. This is an increase of over 6% when compared to March last year, placing us among the most improved Trusts nationally.
- We have seen a 10.4% increase in 62-day cancer performance, rising from 49.7% in January last year to 60.1% this year.
- We achieved a 55% decrease in MRSA bacteraemia cases during 24/25 compared to the previous year, demonstrating significant progress in infection prevention and control.
- We have seen a year-on-year reduction in Never Events.
- Our expanded robotic surgery programme is improving access to precision procedures across Wythenshawe Hospital, Saint Mary's Hospital, Manchester Royal Infirmary, Royal Manchester Children's Hospital, and, shortly, Trafford General Hospital.
- Exa-cell gene therapy is now available at Manchester Royal Infirmary and Royal Manchester Children's Hospital for people with Sickle Cell disease. This one-time treatment targets the root cause of the disease and trials have shown it to be a 'functional cure' in nearly all participants.

- MFT is the first centre outside London to offer ctDNA testing for lung cancer - this test offers a less invasive method to detect and monitor cancer earlier in the pathway.

2.3. Aim 3: Be the place where people enjoy working learning and building a career

Impact: More people recommending MFT as a place to work

As part of the local staff survey, and reported through the IPR, people are asked whether they would recommend MFT as a place to work. In the March 25 period, the score was 59.6%. Whilst this was an improvement from the position in April 24, the statistical process control charts show that this is within normal variation.

The improvement does triangulate with the results from the 2024 National Staff Survey – as previously reported to the Board – in which there was an increase in staff saying that they would recommend the organisation as a place to work from 57.43% to 59.71%.

Key Achievements 24/25

Key achievements related to this aim over the course of 2024/25 include:

- The Violence Prevention and Sexual Safety Policies and Sexual Safety Charter were launched, embedding our commitment to the physical and psychological safety of our colleagues and patients.
- We had the highest number of colleagues take part in the NHS Staff Survey to date, with 45% of colleagues responding, up from 39% in 2023, and 30% in 2022, and we saw improvements in results across all of our Clinical Groups from the previous year.
- Our Cultural Change Programme has engaged more than 5,000 colleagues, shaping the action we are now taking at Board level to improve the experience of working at MFT.
- Whilst recognising that the process of change for those involved has not always been easy, work to deliver an improved operating model through the OneMFT programme started in 2024/25. The work to realise the benefits of the programme is continuing into 2025/26
- Body-worn cameras were piloted in three of our Emergency Departments, with 65% of colleagues using them reporting that they feel safer at work.

2.4. Aim 4: Ensure value for our patients and communities by making best use of our resources

Impact: Make the biggest possible difference with the resources we have by delivering our financial plans

The Trust reports achievement of the £3.6m surplus planned for 2024/25 which was supported by full delivery of the £148m of Value for Patients (VfP) savings target, equating to 5.0% of operating expenditure.

As well as ensuring that we make the best use of the resources we have available each year, delivering our financial plan helps to support the delivery of high quality services in a sustainable way, and our ability to invest in future service developments.

Key Achievements 24/25

Key achievements related to this aim over the course of 2024/25 include:

- We delivered £148m in savings through our Value for Patients programme, enabling us to deliver a breakeven position in the first year of our Financial Recovery Plan.
- We are one of the first trusts in the country to stop using desflurane, an anaesthetic gas with a global warming impact 2,500 times greater than carbon dioxide, helping to significantly reduce the environmental footprint of surgery.
- Work began to make Trafford General Hospital the UK's first carbon net zero inpatient hospital, commencing the replacement process for gas-fired heating infrastructure with a modern, electrically powered air and water source heat pump system.
- We secured the much-needed investment to rebuild North Manchester General Hospital, which will provide state-of-the-art facilities and be a catalyst for growth in the North Manchester area.

2.5. Aim 5: Deliver world class research and innovation that improves people's lives

Impact: More people participating in world-class research and innovation

As noted earlier in the paper, the way in which we measure delivery of this strategic aim is subject to ongoing work, having not previously been captured in our Integrated Performance Report. The Board will receive further updates on key metrics aligned to this strategic aim through the IPR once this work is finalised.

Key Achievements 24/25

Key achievements related to this aim over the course of 2024/25 include:

- Our Research and Innovation Strategy, launched last year, sets out a clear roadmap for expanding our role as a national centre for discovery and improvement.
- The opening of the National Institute for Health and Care Research (NIHR) Greater Manchester HealthTech Research Centre (HRC) in Emergency and Acute care, supporting a five-year programme aimed at developing novel health technologies.
- Successful bid to host the NIHR Greater Manchester Commercial Research Delivery Centre for the next 7 years.
- Over 2,500 patients have now benefitted from AI-supported skin cancer detection through Skin Analytics, allowing us to allocate people to the right pathway more quickly so that they can see a clinician faster if they need to.
- The National Institute for Health and Care Excellence (NICE) approved a new rapid bedside genetic test, developed in Manchester, to assess whether patients will benefit from Clopidogrel, a drug used to treat people who have had a stroke.
- Manchester Royal Infirmary became the first centre in the UK to deliver CAR-T therapy for severe lupus as part of an international trial.
- CityLabs 4.0 opened on our Oxford Road Campus and is another key milestone in the expansion of partnerships which underpin research and innovation across MFT.

3. Recommendations

The Board of Directors is asked to note the progress made during 2024/25 against the aims set out in the MFT strategy *Where Excellence Meets Compassion*.

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
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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
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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.
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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



Public Board of Directors Wednesday 21st May 2025

Paper title:	MFT Annual Plan 2025/26	Agenda Item 10.3
Presented by:	Tom Rafferty, Acting Chief Strategy Officer	
Prepared by:	Graham Counce, Strategy Manager	
Meetings where content has been discussed previously	Trust Leadership Team Committee	
Purpose of the paper Please check <u>one</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

Executive summary / key messages for the meeting to consider

- The paper provides the final MFT Annual Plan for approval by the Board of Directors.
- This is a summary level plan with more detailed operational plans developed by the Clinical Groups and Corporate Teams.
- A draft of the plan was shared with MFT Governors for feedback and changes made to the plan to reflect these as required.
- Following Board approval, the final plan will be presented to the Council of Governors in July and then published to the MFT website.

Recommendation(s)

The Board of Directors is asked to approve the MFT Annual Plan 2025/26.

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

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

Relationship to the strategic objectives

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

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

VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
Links to Trust Risks	The work contained with this report links to the following strategic, corporate or operational risks: <ul style="list-style-type: none"> n/a 		
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 type="checkbox"/> Caring <input 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 		

Main report

The MFT Annual Plan sets out what we intend to do in the coming year in order to deliver our priorities and contribute to those of our key partners. Our priorities are based on the aims and objectives we set out in our MFT Strategy, which have in turn have been shaped by the priorities of NHS England and of our key partners.

The document (Appendix 1) provides a high-level summary of the priorities for MFT with more detailed operational plans to support their delivery developed by each Clinical Group and Corporate Team.

The plan has been developed over recent months with a draft version circulated to MFT Governors for comment, some feedback points were received, and the plan has been updated to reflect these as required.

Following Board approval, the final plan will be presented to the Council of Governors in July 25 and then published to the MFT website.

Recommendation

The Board of Directors is asked to approve the MFT Annual Plan 2025/26.

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.
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Good governance	GG	Deliver a safe, legally compliant and well run organisation

Manchester University NHS Foundation Trust

2025-26 Annual Plan

Where

Excellence

Meets

Compassion



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Introduction

This Annual Plan outlines our actions for 2025/26, addressing immediate challenges and advancing our long-term mission and strategic aims. It serves as the year 2 delivery plan for our 5-year MFT strategy ***Where Excellence Meets Compassion***, which was approved by the Board of Directors in March 2024.

<https://mft.nhs.uk/trust-strategy-2024-29-where-excellence-meets-compassion>

The strategy confirms our mission to ***work together to improve the health and quality of life of our diverse communities***. It sets out:

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

A graphic summarising the strategy is set out on page 10.

The aims, objectives and actions will shape the work that we do as an organisation, both as teams and as individuals and you will see in this document how we plan to take forward each of the aims in 2025/26.

This document also sets out who we are, our mission and aims – what we want to achieve (p10+11), our values (p13), and the context within which we are operating – the priorities of our partner organisations and how they align with our plans (p20) and the financial environment within which we are operating (p30). Our priorities as a Trust are explored in context (p14). The final section describes the arrangement for monitoring and managing delivery of the plan (p38).

The document provides a high-level summary of the Trust's high-level priorities for 2025/26, along with a summary of our financial plan for the year. It is supported by more detailed operational plans developed by each Clinical Group and Corporate Team, that set out the actions that will help to deliver these priorities. Their delivery is overseen through our Delivery Oversight Framework, details of which are set out in the Monitoring and Managing Delivery section (p38).





Who We Are

Our teams provide a full range of community and hospital services to the people of Greater Manchester and beyond. We care for people from before they are born right through to the end of their lives:

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

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

Our services are delivered through the following Clinical Groups:

Clinical & Scientific Services (CSS) Clinical Group

CSS provides laboratory medicine, imaging, allied health professional services, critical care, anaesthesia and perioperative medicine and pharmacy across MFT.

Local Care Organisations & Dental (LCO & Dental) Clinical Group

This group incorporates Manchester Local Care Organisation (MLCO) and Trafford Local Care Organisation (TLCO) that provide NHS Community Health and Adult Social Care services. The group also includes University Dental Hospital of Manchester (UDHM) – University Dental Hospital of Manchester (UDHM) is a specialist dental hospital and provides dental services across MFT.

Manchester Royal Infirmary (MRI) Clinical Group

MRI is an acute teaching hospital and provides general and specialist services including vascular, major trauma, kidney and pancreas transplant, haematology and cardiac services.

North Manchester General Hospital (NMGH) Clinical Group

NMGH provides a full range of general hospital services to its local population and is the base for the region's specialist infectious disease unit.

Who We Are

Specialist Hospitals Clinical Group

This group is comprised of Royal Manchester Children's Hospital (RMCH), Saint Mary's Managed Clinical Service (SMMCS) and Manchester Royal Eye Hospital (MREH).

- RMCH is a specialist children's hospital and provides general, specialised and highly specialist services for children and young people across the whole of MFT.
- SMMCS is a specialist women's hospital as well as being a comprehensive Genomics Centre and provides general and specialist medical services for women, babies and children across Manchester University Foundation Trust (MFT).
- MREH is a specialist eye hospital and provides inpatient and outpatient ophthalmic services across MFT.

Wythenshawe, Trafford, Withington & Altrincham (WTWA) Clinical Group

Wythenshawe is an acute teaching hospital and provides specialist services including cardiac services, heart and lung transplantation, respiratory conditions, breast care services. Trafford Hospital is home to the Manchester Elective Orthopaedic Centre as well as specialist rehabilitation services. Withington and Altrincham hospitals principally provide out-patients services.

Research & Innovation (R&I)

Research and Innovation activity is conducted across all our Clinical Groups supported by more than 600 R&I colleagues, including our integrated Research Office, Clinical Delivery and Operational Management teams, Innovation services, and MFT-hosted organisations. These include Health Innovation Manchester and one of the largest National Institute for Health and Care Research (NIHR) portfolios in the country, comprised of:

- NIHR Applied Research Collaboration Greater Manchester (ARC)
- NIHR Manchester Biomedical Research Centre (Manchester BRC)
- NIHR Greater Manchester Commercial Research Delivery Centre (CRDC)
- NIHR Manchester Clinical Research Facility (CRF)
- NIHR HealthTech Research Centre in Emergency and Acute Care (HRC)
- NIHR North West Regional Research Delivery Network (RRDN)



Our Strategy: *Where Excellence Meets Compassion*

Our five-year strategy confirms **our mission to work together to improve the health and quality of life of our diverse communities**. It sets out:

- Five strategic aims and the difference that we will make in delivering them.
- 11 objectives that describe the things that we will do in the coming years to deliver our aims.
- Specific actions under each objective that we will prioritise as we deliver our strategy. These actions do not cover everything that we are doing as an organisation, but they will be our areas of focus in the coming years as we believe they will make the biggest difference.

Our aims, objectives and actions will shape the work that we do over as an organisation, both as teams and as individuals.

Whilst our objectives and actions refer to specific services and programmes of work, they also provide a framework to guide all our plans across the whole of MFT. Different objectives and actions might be more relevant for some of our teams than others, but everyone across our organisation should see something in the strategy that reflects the important work they do at MFT.

Work with partners to help people live longer, healthier lives



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

We will work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.

We will improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place.

Provide high quality, safe care with excellent outcomes and experience



More people recommending MFT as a place to be treated.

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

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

We will continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.

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



More people recommending MFT as a place to work.

We will make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential.

We will offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here.

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



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

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

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

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



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

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

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



Our Values

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



Because we are compassionate we will...

- ◆ Care about people, focusing on the needs of all our patients and staff.
- ◆ Reduce our impact on the environment.
- ◆ Support local people and the local economy in our role as a large local employer and consumer.

Because we are we are curious we will...

- ◆ Use digital technology and other innovations to improve the way we work for patients and our colleagues.
- ◆ Use data, insight and evidence to inform the way we deliver services and make decisions.

Because we are collaborative we will...

- ◆ Involve patients and our communities in the planning and delivery our services.
- ◆ Work together as one team across MFT.
- ◆ Work together with partners across Greater Manchester.
- ◆ Use our influence locally and nationally to the benefit of our patients, our communities and our partners.

Because we are open and honest we will...

- ◆ Listen and respond to feedback from staff, patients, communities and partners.
- ◆ Celebrate our successes.
- ◆ Be honest about where things can be better and share learning to make improvements.

Because we are always inclusive we will...

- ◆ Address health inequalities, ensuring everyone can get the care they need and the best possible outcomes whatever their identity or background.
- ◆ Build a diverse workforce at all levels in which everyone can belong, and which reflects the people who use our services, helping us to deliver better care and build trust with our communities.

Context

As part of a wider health and care system it is important that what we do aligns with the aims and objectives of our partner organisations.

The following describes the priorities for NHS England and Greater Manchester Integrated Care System.

The 10-Year Plan and the 'Three Shifts'

The NHS 10-Year Plan aims to create a modern, efficient, and equitable healthcare system that meets the changing needs of the population. The plan focuses on integrating advanced technologies, improving patient outcomes, and ensuring equitable access to healthcare services. It involves collaboration between various departments and continuous engagement with the public to build trust in data practices and the benefits of digital transformation.

The next NHS 10 Year Plan is expected to be published in the spring of 2025. This plan will outline the major shifts needed to ensure the NHS is fit for the future.

Three Key Shifts in the NHS 10 Year Plan:

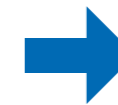
- 1. From Sickness to Prevention:** The plan emphasises spotting illness earlier and tackling the causes of ill health. This shift aims to help people stay healthy and independent for longer, reducing the pressure on health and care services.
- 2. From Hospital to Community:** There will be a significant move towards providing more care in community settings rather than hospitals. This shift is intended to make healthcare more accessible and allow hospitals to focus on the most serious illnesses and emergencies.
- 3. From Analogue to Digital:** The integration of AI and digital health records will play a central role in improving patient outcomes and operational efficiency. This shift involves adopting digital tools to enhance patient care and ensure equitable access to healthcare services.

These shifts are designed to create a healthcare system that is more efficient, effective, and equitable for all patients.

National Priorities for 25/26

The operational planning guidance issued by NHS England sets out the national priorities to improve patient outcomes for the coming year. The tables below summarise these priorities and the expectations of NHS England as to how local systems work to support their delivery

Improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.



Improve A&E waiting times and ambulance response times

Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.



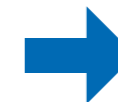
Reduce the time people wait for elective care

Improve patients' access to general practice, improving patient experience, and improve access to urgent dental care, providing 700,000 additional urgent dental appointments.



Improve access to general practice and urgent dental care

Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019.



Improve mental health and learning disability care

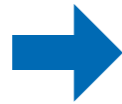
Context

National Priorities for 25/26

In delivering on these priorities for patients and service users, ICBs and providers must work together, with support from NHS England, to:

Drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future. For 2025/26 ICBs and providers are to focus on:

- reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
- making full use of digital tools to drive the shift from analogue to digital
- addressing inequalities and shift towards secondary prevention.



Address inequalities and shift towards prevention

Maintain our collective focus on the overall quality and safety of our services, paying particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of 'Three year delivery plan', and continue to address variation in access, experience and outcomes.



Maintain our collective focus on the overall quality and safety of our services

Live within the budget allocated, reducing waste and improving productivity. ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity.



Live within the budget allocated, reducing waste and improving productivity



Context

Greater Manchester Integrated Care System

The Greater Manchester Integrated Care Strategy sets out the plan to improve the health and wellbeing of the population. It sets out 6 missions, 4 outcomes and 10 high-level commitments which are summarised below.

Six Missions

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

Four Outcomes

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

Ten 'Commitments'

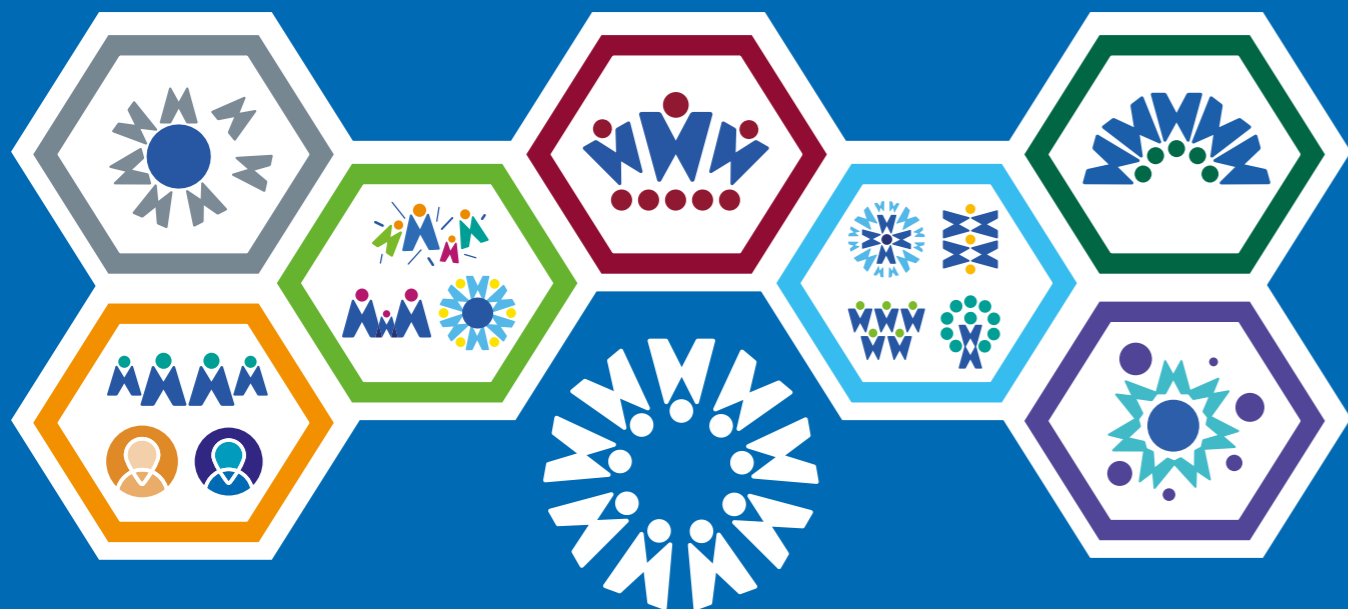
- Ensure our children and young people have a good start in life.
- Support good work and employment and ensure we have a sustainable workforce.
- Play a full part in tackling poverty and long-standing inequalities.
- Help to secure a greener Greater Manchester with places that support healthy and active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

Alignment with National Health Service England and Greater Manchester

The graphic below shows how the NHS England priorities and the missions of the Greater Manchester ICP strategy align with our strategic aims.



Priorities and Plans for 2025/26



Beyond this high-level alignment, more detailed work has been undertaken to agree priorities across MFT in the coming year which will help to deliver our MFT strategy and respond to the challenges and opportunities that we currently face as an organisation. The following section sets out a summary of the high-level priorities for MFT. More detailed operational plans to support their delivery have been developed by each Clinical Group and Corporate Team.

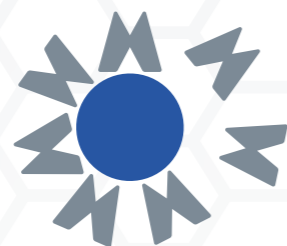
Our MFT priorities

Our MFT priorities are those actions on which the organisation, and Trust Leadership Team, will focus its collective energy and leadership. They are:

- Increase the range of integrated services offered to people in the community, moving care out of a hospital setting where possible to help address health inequalities.
- Increase secondary prevention activity across the Trust to improve health and address inequalities.
- Continue the development of Genomic Medicine across MFT and beyond so that we build on our position as a national leader.
- Improve the way in which we involve patients and the public in how we plan and deliver our services.
- Embed the safety framework, empowering and training colleagues with the skills to improve safety.
- Continue to reduce waiting times.
- Deliver our ongoing culture change programme, building an inclusive organisation where everyone has a sense of value and belonging.
- Deliver an improved operating model for the Trust through the OneMFT programme.
- Progress plans to redevelop the NMGH campus, delivering a refreshed OBC whilst making best use of existing estate across MFT.
- Implement plans to ensure that we are a data-driven organisation.
- Level-up digital maturity in our Local Care Organisations and community services.
- Improve our productivity and increase commercial income to deliver our financial plan.
- Grow the volume and value of our research and innovation activity.
- Improve the strategic alignment between MFT and our university partners.

In addition to our MFT priorities, each Clinical Group has identified a small number of areas on which it plans to focus over the coming year which are detailed on the following pages.

Clinical & Scientific Services Clinical Group



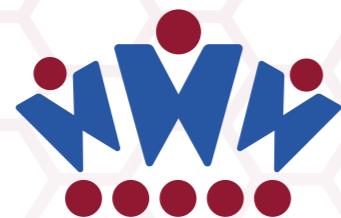
- GM diagnostic collaboration: drive forward a mature, resilient and cost-effective clinical delivery model for pathology, imaging and pharmacy.
- Diagnostic improvements: deliver national performance standards and targets in relation to diagnostic wait reduction and screening programmes including those set for elective and cancer care. Optimise our physical and modality capacity, including our Community Diagnostic Centres.
- Collaboratively deliver the MFT Strategic Delivery Plans for Genomics and Advanced Diagnostics and Advanced Therapies.
- Successful transition of MFT Pre-Op Assessment into CSS from April 2025, embedding a consistent and resilient delivery model which will help to improve patient experience and theatre utilisation.
- Ordering Wisely: ensure diagnostic demand and medicines supply are clinically and patient orientated reducing duplication and waste.

Local Care Organisations & Dental Clinical Group



- Work with partners including primary care to review the role and core offer of integrated health and social care neighbourhood teams, implementing joint plans for improved population health, long-term conditions (LTCs), physical and mental health, learning disability and autism.
- Work with Manchester City Council to continue the delivery of integrated community health and social care including the Achieving Better Outcomes Together programme.
- Develop and deliver LCO digital improvement plan including an Outline Business Case for a community EPR and digital infrastructure.
- Progress UDHM redevelopment and formalise the partnership with the UoM on the Cary's Bannister facility. Develop an integrated UDHM and community dental approach to improve oral health outcomes.
- Work with partners across MFT and the wider system to deliver the agreed Hospital@Home occupancy (95%) and improved discharge pathways through delivery of the Care Closer to Home programme.
- Work with GM, Trafford and Manchester partners on consistent offer and investment in community services and deliver jointly agreed Sickle Cell & Thalassemia SDP.

Manchester Royal Infirmary Clinical Group



- Realise the benefits of our Care Closer to Home programme with system partners, enabling a shift of care to the place that best meets the needs of patients and families, thereby improving the safety, experience and efficiency of our urgent and emergency care pathways.
- Implement systematic improvements to our elective and cancer pathways to improve productivity and reduce waiting times, integrating robotics into our services.
- Successfully deliver and realise the benefits for patients and services of the capital investments in RED ED, hybrids/theatres, theatre and ward lifecycle, 16-bed ward, Wythenshawe endoscopy and robotics.
- Successfully navigate strategic planning affecting our specialised services for GM with partners inside and outside MFT, notably vascular and major trauma. Ensure compliance with national standards alongside delivering changes to leadership for Single Services.
- Deliver value-based health care, improving productivity to achieve a sustainable financial plan.

North Manchester General Hospital Clinical Group



- Ensure safe, high-quality care by fostering a culture of continuous improvement, adhering to strict safety protocols and minimising risk. Implement robust cleanliness and infection control measures, safe staffing and maintain a culture where safety concerns can be raised and addressed in a supportive environment.
- Implement the UEC improvement programme to ensure our patients receive safe and timely urgent & emergency care, including achievement of the 4-hour standard, ambulance turnaround times, and a reduction in No Criteria To Reside patients.
- Progress plans for MFT to develop a regional lead provider service for OMFS, working with GMICB and other GM providers. Continue to build the Infection Service across MFT and regionally ensuring equity of access, with a focus on the control and treatment of infection.
- Complete safe disaggregation of T&O services from NCA. Embed changes to MSS leadership & clinical models in Trauma and Orthopaedics and OMFS/Oral Surgery, creating fully integrated services across MFT and improving quality and access for patients.
- NMGH Redevelopment: Deliver the Target Operating Model, clinical design and other milestones, collaborating with other Clinical Groups.

Specialist Hospitals Clinical Group



- Complete the options appraisal process to identify and deliver plans to relocate the Department of Reproductive Medicine (DRM) service.
- Build on our position as a leading provider of Genomics services through the delivery of key developments including consolidation and expansion of services, automation, pharmacogenomics and responding to the national tender (25/26).
- Launch the Children's Health Research Institute in 2025/26, establish clinical leadership and marketing of the Manchester Eye Research Centre and develop the SM MCS Research & Innovation forum.
- Development and delivery of Strategic Delivery Plans (SDP) including Ophthalmology, Advanced Diagnostics and Genomic Medicine, Children's, and Advanced Therapies.
- Deliver quality and performance improvement to our services, including a focus on transforming the gynaecology model of care to improve waiting times and access for patients, improving the CQC Maternity rating by ensuring compliance with the recommendations for all eight key objectives, and addressing ophthalmology backlogs including long waits and follow-up patients.

Wythenshawe, Trafford, Withington & Altrincham Clinical Group



- Transform our elective services to enhance patient experience and safety and deliver improved waiting times trajectories on a sustainable and cost-effective basis.
- Ensure our patients receive safer, timelier urgent and emergency care, with improved delivery, flow and better use of our resources. Engage with work across MFT with primary and community care to optimise community and hospital pathways.
- Define and deliver clear integrated plans for the improvement and development of cardiac services in MFT, progressing the cath lab replacements at MRI and Wythenshawe and embedding the single surgical centre with improved throughput, waiting times and patient experience.
- Support our staff and the delivery of our strategy by implementing the MFT People Plan, embedding organisational culture programmes, training and development plans for the Clinical Group.
- Agree clear strategic directions and plans for each of the services we lead, supported by a systematic approach to research & innovation and digital optimisation.

Research & Innovation



- Deployment of year one actions of the R&I Strategy 2024-29.
- Deployment of the innovative Technology Adoption Programme (iTap) to identify, rapidly assess suitability, and adopt into use new systems to help us work more efficiently across the Trust.
- Deployment of the new NIHR Manchester Commercial Research Delivery Centre from 1 April 2025 as part of our overall increase in commercially related and income generating activities.
- Deployment of an ethical, safe and inclusive policy to create value from data sharing for commercial purposes.
- Deployment of internally and externally led reviews of R&I processes to continually optimise efficiency and performance.



Finance

Like many areas of the public sector, the NHS is operating within a challenging financial environment. Similar to 2024/25, Greater Manchester ICB must reduce its deficit while funding increased activity levels across many of the services to improve on waiting times.

The Trust is planning on delivering a breakeven financial plan, in line with year 2 of the Trust Financial Recovery Plan (FPR) which was approved by the Trust Board in July 2024.

The majority of clinical income the Trust receives is on a block basis, with only Elective activity (c.17% of income) paid dependant on levels of activity delivered. Whilst the 'cap' on additional activity payments for elective work to providers has been removed, the alternative requirements require us to agree an Indicative Activity Plan (IAP) with our commissioners that is both affordable and delivers performance requirements. Activity, and therefore payment, is to be managed within the parameters of this IAP in year.

The Trust is working with commissioners to determine the optimal approach for managing affordability and performance requirements collectively.

The Value for Patients (VfP) target for 2025/26 is again challenging and with a £17.8m increase on last year's target, at £165.8m (5.8% of relevant operating expenditure). Over 40% of the VfP programme was delivered non-recurrently in 2024/25. It is anticipated that there will be little remaining non-recurrent opportunities that could potentially be used in the same way in 2025/26 so it is essential that recurrent savings are delivered through the VfP programme this year.

2025/26 Income and Expenditure Plan

The Trust has sought to develop a realistic plan for 2025/26 to enable financial governance and accountability across Clinical Groups and Corporate teams moving into the new financial year.

The 2025/26 plan is for a breakeven position in line with the FPR. The plan includes £165.8m (5.8% of expenditure) of Value for Patients.

The plan position has been derived from a combination of top-down and bottom-up work throughout the Trust.

The Trust is working with GM ICB agree a contract position which will fund delivery of activity to fully deliver the performance standards. This will require demand management schemes which will be agreed jointly between the Trust and commissioners

Budgets for 2025/26 for the Clinical Groups and Corporate teams are based on 2024/25 forecast outturn after adjustments for non-recurrent elements, uplifts for 2025/26 activity assumptions and 2025/26 VfP allocations with national guidance on pay inflation applied. This is to recognise the financial impacts of the current hybrid payment mechanism of a fixed envelope with a partially variable ERF. It also recognises the change in operational requirements and the impact of high inflation levels over the past few years.

2025/26 Income and Expenditure Plan

The assumptions set out above result in the Income & Expenditure financial plan for 2025/26, as summarised in the table below (note the 2024/25 position is as per the pre-audited 2024/25 year end position).

Extract from Income and Expenditure 2024/25 Plan

I&E Category	2024/25 Outturn at M12 £m	2025/26 Plan £m
Patient Care Income	2,666.7	2,710.3
Other Operating Income	424.8	332.6
Total Income	3,091.4	3,042.9
Employee Expenses	(1,902.3)	(1,817.5)
Other Operating Expenses	(1,186.2)	(1,214.8)
Total Expenditure	(3,088.5)	(3,032.3)
Operating Surplus / (Deficit)	2.9	10.6
Total Financing Costs	(52.6)	(52.3)
Surplus / (Deficit)	(49.6)	(41.7)
<i>Adjusting Items:</i>		
Impairments	67.1	78.7
Capital Donations / Grants / Depreciation	(5.1)	(16.4)
Adjustment for PFI Revenue Cost to UK GAAP Basis	(8.8)	(20.6)
Total Adjustments	53.2	41.7
Adjusted Surplus / (Deficit)	3.6	(0.0)



Finance

Value for Patients Efficiency Requirement

The overall Trust savings requirement through the Value for Patients programme is £165.8m, the Trust's highest ever target, which represents 5.8% of GM ICB prescribed controllable operating expenditure. This will be delivered through;

- Transformational initiatives to provide more efficient service provision to patients.
- Working with system partners to collaborate across both clinical and supporting functions.
- Strengthening cost control mechanisms to ensure every pound spent is benefiting our patients.
- Reviewing Corporate cost growth over the last 6 years following guidance from NHSE, and looking at how we can ensure funding is allocated to areas that will make the most benefit to our patients.
- Maximising Commercial income.

Capital Planning 2025/26

The total draft capital programme for MFT for 2025/26 is expected to be £101.7m and summarised in the table on the following page. It is made up of the following categories:

- Capital Departmental Expenditure Limit (CDEL) which is funded by MFT but must comply with a GM allocated Trust envelope. This category also includes International Financial Reporting Standard 16 (IFRS 16) leases.
- Public Dividend Capital (PDC) which is cash-backed nationally.
- Grant and charity capital schemes that receive external funding.
- PFI lifecycle costs which are funded by MFT.

Discussions are still ongoing with GM ICB and national teams in relation to further PDC allocations.

Prioritisation of MFT's internal plan to reach a position complying with the GM envelope requirements is ongoing following a risk-based prioritisation approach.

Finance

Summary of 2025/26 Capital Plan

Funding Stream	2025/26 Draft Capital Plan £m
GM CDEL	
GM Envelope	24.5
GM Bespoke Agreement (CDC Withington)	1.6
IFRS 16 Leases	5.6
Total GM CDEL Allocation	31.7
PDC Funded	
RAAC	7.4
Estates Safety	5.8
New Hospitals Programme	10.3
Net Zero	2.1
Constitutional Standards	6.8
Total PDC Funded	32.3
PFI Capital Charges (UK GAAP)*	2.0
Total CDEL	66.0
Capital Outside of CDEL	
Grant and Charity	5.0
PFI Lifecycle	30.7
Total Capital Programme	101.7

* PFI capital charges is a technical adjustment only that is required by NHSE to be included for the UK GAAP accounting basis.

2025/26 Cash Flow – Main Assumptions

The Trust's planned cash flow for 2025/26 recognises repayment commitments against existing Department of Health loans and Private Finance Initiative liabilities, and investment in the capital programme. There is an overall cash improvement of c.£14m to a closing cash position as of the 31 March 2026 of £84.8m. In arriving at this position, we have assumed a breakeven I&E position and that VfP will be fully achieved with cost reducing schemes. Within working capital there is an assumption of £20m of flexibilities released to support the I&E position. Net operating costs are evenly profiled throughout the year, and capital creditors and impairments are in line with the profile in previous years.

The capital programme requires that PDC cash draw down takes place throughout 2025/26 for all schemes in line with expenditure.

2025/26 Balance Sheet – Main Assumptions

The material movements in the trust balance sheet over the financial year 2025/26 arise from c.£141.9m asset additions and a forecasted building revaluation, offset by £155.0m depreciation and impairments of tangible and intangible assets. The planned reduction in receivables is driven by the in-year release of a material income accrual for ICB and NHSE income relating to 2024/25. The decrease in payables is driven by a reduction in both capital creditors and accruals, with higher capital creditors in April 2025 following expenditure in March 2025 that are expected to reduce over the 2025/26 year.

Extract of the Balance Sheet from the 2025/26 Plan

Category	Opening 01/04/2025 £m	Closing 31/03/2026 £m	Movement £m
Tangible and Intangible Assets	1,108.7	1,095.6	(13.1)
Investments	0.8	0.8	0.0
Non-Current Receivables	18.7	18.7	0.0
Non-Current Assets	1,128.2	1,115.1	(13.1)
Inventories	28.7	31.7	2.9
Receivables	172.6	139.1	(33.5)
Non-Current Assets Held for Sale	0.2	0.2	0.0
Cash and Bank	70.5	84.8	(14.3)
Current Assets	272.0	255.8	(16.2)
Payables	(370.0)	(346.4)	23.6
Short-term Borrowings	(37.9)	(37.5)	0.4
Short-term Provisions and Other Liabilities	(37.1)	(34.4)	2.6
Current Liabilities	(445.0)	(418.3)	26.7
Long-term Borrowings	(721.8)	(702.3)	19.6
Longer-term Provisions and Other Liabilities	(13.2)	(13.4)	(0.2)
Non-Current Liabilities	(735.1)	(715.7)	19.4
Total Net Assets Employed	220.2	236.9	16.7
Public Dividend Capital (PDC)	576.9	609.3	32.3
Revaluation Reserve	223.4	249.5	26.1
I&E Reserve	(580.1)	(621.9)	(41.7)
Total Taxpayer's Equity	220.2	236.9	16.7

Finance

Key Risks and Mitigations to Deliver the Financial Plan

The plan, as set out in this paper, carries significant levels of risk. Some mitigations have been identified, and work is ongoing to strengthen and further develop mitigations. The risks and mitigations are summarised in the table below.

Risk	Detail	Mitigation
Value for Patients	Delivery of the required value for patients programme on a recurrent basis. The scale will require at least containment of staffing costs.	Workstreams are in progress at pace to identify and implement schemes. All efforts are being made to deliver our efficiencies on a recurrent basis. However, there will some be non-recurrent release in year.
Income	Income expectations need to be aligned to commissioner affordability.	Ongoing discussions with commissioners to agree a confirmed position with regular review in year to identify any risks and develop mitigations.
Expenditure	The Trust does not have contingency funding ringfenced for in year pressures.	Funding for pressures will require prioritisation within existing budgets, or agreement of additional funding from commissioners where appropriate. The position will be reviewed on a monthly basis and mitigations identified for any emerging pressures
Cash	It is anticipated cash support could be required in the quarter two.	Cash Management Group established to maximise cash receipts into the organisations.
Capital	Availability of capital envelope to support the delivery of operational priorities.	Involvement in internal and external capital prioritisation processes from key stakeholders, position reviewed on a monthly basis. Engaging locally and nationally to identify any in year capital funding opportunities and applying where appropriate.
Patient Safety & Experience	Patient safety and experience maintained in context of significant change management and VfP programme.	Quality Impact Assessments will be carried out for VfP plans to ensure that they do not compromise patient safety. The change management programme also considers impact to patients.
Staff Experience	Staff experience needs to be maintained during the significant change management and VfP programme.	Quality Impact Assessments will be carried out for all VfP plans to ensure that any impact on staff is understood and mitigated. The change management programme also considers impact to staff.

Closing Summary

The financial plan for 2025/26 along with its component parts and material risks and mitigations is set out above. The plan submitted is for a breakeven position on a control total basis. To achieve this position, the overall 2025/26 financial delivery challenge faced by the Trust is currently to achieve £165.8m of Value for Patients efficiency savings and all areas across MFT to operate within their allocated control totals. It is acknowledged that is a significant challenge alongside maintaining the performance requirements.

The Trust's liquidity position has deteriorated over the last year, and there is a risk that revenue cash support will be required from quarter 2 if there is significant deterioration from the financial plan assumptions. The proposed capital programme for 2025/26 is £101.7m which driven by the GM capital envelope allocation and is lower than the MFT internal requirement. Mitigations have been identified for these risks to delivery of the financial plan and will be reviewed and developed further on a monthly basis.



Monitoring and Managing Delivery

Delivery of the plan will be monitored in the following ways:

The Delivery Oversight Framework (DOF) is the process through which we monitor, maintain and improve the performance of our Clinical Groups and corporate teams in delivering our agreed objectives and standards. It includes regular meetings with Clinical Groups and corporate teams to review performance and the delivery of annual plans. Once a quarter for Clinical Groups, and twice a year for corporate teams, formal review meetings are chaired by the Trust Chief Executive.

The Delivery Oversight Framework is underpinned by our **Integrated Performance Report (IPR)** which contains the key metrics against which performance is measured. The IPR acts as a 'single version of the truth' and supports performance reporting throughout the organisation, right the way through to the Board of Directors.

The Board also receives assurance regarding the delivery of our strategic objectives through the **Board Assurance Framework (BAF)**, which is considered at each Board meeting. The BAF presents the Board with evidence of delivery against each strategic objective, highlighting key risks and setting out mitigations. Before being presented to the Board it is reviewed by the Board Committees, each of which has a role in ensuring delivery of a number of our strategic objectives.

The Council of Governors plays an important role in scrutinising our annual plan as it is developed, as well as its delivery at key points in the year, representing the views of our members.



Glossary

A&E	Accident and Emergency	MSS	Managed Single Service
ARC	NIHR Applied Research Collaboration Greater Manchester	NCA	Northern Care Alliance NHS Foundation Trust
BAF	Board Assurance Framework	NHS	National Health Service
CDEL	Capital Departmental Expenditure Limit	NHSE	National Health Service for England
CRDC	NIHR Greater Manchester Commercial Research Delivery Centre	NIHR	The National Institute for Health and Care Research
CRF	NIHR Manchester Clinical Research Facility	NMGH	North Manchester General Hospital
CSS	Clinical and Scientific Services	OBC	Outline Business Case
CYP	Children and Young People	OMFS	Oral and Maxillofacial Surgery
DOF	Delivery Oversight Framework	OneMFT	MFT's implementation of the Target Operating Model
DRM	Department of Reproductive Medicine	PDC	Public Dividend Capital
ED	Emergency Department	Pre-Op	Perioperative Assessment
ERF	Elective Recovery Fund	R&I	Research and Innovation
FDS	Faster Diagnosis Standard	RAAC	Reinforced autoclaved aerated concrete
GM	NHS Greater Manchester	RED	'Renovation of Emergency Department' – also known as Project RED
Hospital @Home	A system for delivering elective care in the community	RMCH	Royal Manchester Children's Hospital
HRC	NIHR HealthTech Research Centre in Emergency and Acute Care	RRDN	NIHR North West Regional Research Delivery Network
ICB	Integrated Care Board	SDP	Strategic Delivery Plan
ICS	Integrated Care System	SMMCS	Saint Mary's Managed Clinical Service
IFRS 16	International Financial Reporting Standard 16	T&O	Trauma and Orthopaedic
iTap	innovative Technology Adoption Programme	TLCO	Trafford Local Care Organisation
LCO	Local Care Organisation	UDHM	University Dental Hospital Manchester
Manchester BRC	NIHR Manchester Biomedical Research Centre	UEC	Urgent and Emergency Care
MCS	Managed Clinical Service	VfP	Value for Patients
MFT	Manchester University NHS Foundation Trust	WTWA	Wythenshawe, Trafford, Withington and Altrincham
MLCO	Manchester Local Care Organisation		
MREH	Manchester Royal Eye Hospital		
MRI	Manchester Royal Infirmary		



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Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	Green Plan 2 Net Zero – refreshed MFT Green Plan	Agenda Item 10.4
Presented by:	Vanessa Gardener, Chief Delivery Officer	
Prepared by:	Mark Foden, Associate Director of Sustainability Paul Lewis, Sustainability Manager Rob Jepson, Director of Estates & Facilities	
Meetings where content has been discussed previously	Research, Innovation and Population Health Board Committee Public Health Management Committee Green Plan Oversight Group	
Purpose of the paper Please check one box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

Executive summary / key messages for the meeting to consider

The MFT Board declared a climate emergency in 2019. The first MFT Green Plan was published in 2022 and matured March 2025. Our Green Plan and sustainability work and have been recognised as national exemplars.

The refreshed Green Plan (“*Green Plan 2 Net Zero*”) reflects the evolution of sustainability within MFT and aligns with the MFT Strategy 2024-29. The overarching ambition remains to achieve net zero as legislated in the Health and Care Act 2022. Two overarching aims from the current Plan are retained in *Green Plan 2 Net Zero*:

- Achieve net zero for our NHS Carbon Footprint by 2038
- Achieve net zero for our NHS Carbon Footprint Plus by 2045

Through extensive engagement, the refreshed plan encompasses all areas of Trust activity, examining sustainability across ten areas of focus. Headline objectives provide ambition within each area of focus, and initial supporting actions are measurable steps that will drive reductions in emissions and improvements in sustainability.

The approval of a Green Plan by the Board is a statutory requirement of NHS Standard Contract (18.2) and environmental sustainability is assessed within the CQC Well-led Framework.

The preparation of *Green Plan 2 Net Zero* involved wide stakeholder engagement and consultation including:

- An online survey that was open to all staff and stakeholders.
- Ten workshops with expert stakeholders that examined each area of focus in depth.

NHS England released refreshed [Green Plan guidance](#) on 04 February 2025. *Green Plan 2 Net Zero* complies with this guidance and ensures that MFT:

- Retains our reputation and competitive advantage in being a leading NHS organisation for sustainability.
- Is prepared for the impacts of climate change.
- Meets our statutory obligations.

Once the structure, principles and overarching aims and actions as outlined in the main body are approved, a user friendly version of the strategy will be published and circulated for information in summer 2025.

Recommendation(s)

The Board of Directors is asked to:

- Approve *Green Plan 2 Net Zero* including:
 - The retained overarching aims
 - The updated headline objectives
 - The initial supporting actions (listed in Appendix 1).

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

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

Relationship to the strategic objectives

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

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

Links to Trust Risks

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

- MFT/005751 – Climate Change Adaptation
- MFT/005752 – Green Plan Delivery

Care Quality Commission domains

Please check **all** that apply

- Safe
- Effective
- Responsive

- Caring
- Well-Led

Compliance & regulatory implications

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

- Health and Care Act 2022
- NHS Standard Contract – Section 18.2
- CQC Well-led

Main report

The following text is extracted from the draft of the refreshed Green Plan “*Green plan 2 Net Zero*”, which will be required from May 2025. It is presented for approval of the strategy and will be taken forward for publication once board approval has been obtained. The schedule of headline objectives and initial supporting actions is shown in appendix 1.

Introduction

MFT has an excellent track record delivering sustainability activity and carbon reductions. We were one of the first NHS Trusts to declare a climate emergency in 2019 and we have continually exceeded expectations by going way beyond the requirements of mandatory compliance. Over the course of the first Green Plan (2022-25), MFT delivered a range of interventions that have reduced our carbon emissions and have provided a template for other NHS organisations to replicate our best practice.

Green Plan 2 Net Zero seeks to build on these strong foundations and accelerate progress. It is a comprehensive strategy for the period 2025 to 2030 that covers all activities across the organisation.

Strategic Alignment

Green Plan 2 Net Zero aligns closely with two key aims of the MFT Strategy 2024-29:

- Working with partners to help people live longer, healthier lives: By reducing emissions and pollutants, MFT aims to make Greater Manchester a cleaner and healthier place.
- Ensuring value for patients and communities: Sustainability activities are expected to deliver financial benefits through more efficient resource use, and better patient outcomes.

Background and Rationale

The impacts of climate change are already being experienced in Greater Manchester. For example, climate change has caused heatwaves with higher maximum temperatures and longer durations than have been previously observed in our region. During extreme weather events, our hospitals witness increased admissions and there is disruption in the day-to-day running of the Trust, meaning business continuity plans are enacted.

As a healthcare provider, MFT is morally obligated and legally obliged to ensure that our contribution to climate change is reduced as far as reasonably practicable. Therefore, *Green Plan 2 Net Zero* builds on the current Green Plan progress and seeks to embed climate change considerations across all aspects of the Trust. MFT will need to focus on reducing emissions, delivering healthcare in a sustainable way, and preparing the organisation for the impacts of climate change.

The Health and Care Act (2022) legislated that the whole NHS system must reach net zero to support the wider net zero aims of the UK Government. Through the Standard Contract

(section 18.2) NHS England demands that every Trust has a board approved Green Plan, and that progress should be reported annually. Compliance to this requirement is monitored by the NHS Greater Manchester Integrated Care Board. Environmental sustainability is also assessed as part of the CQC Well-led Framework.

This strategy also ensures that we are aligned with our neighbouring anchor institutions by committing to the net zero ambitions of Greater Manchester Combined Authority (GMCA). This requires MFT to achieve net zero for direct emissions by 2038.

Vision

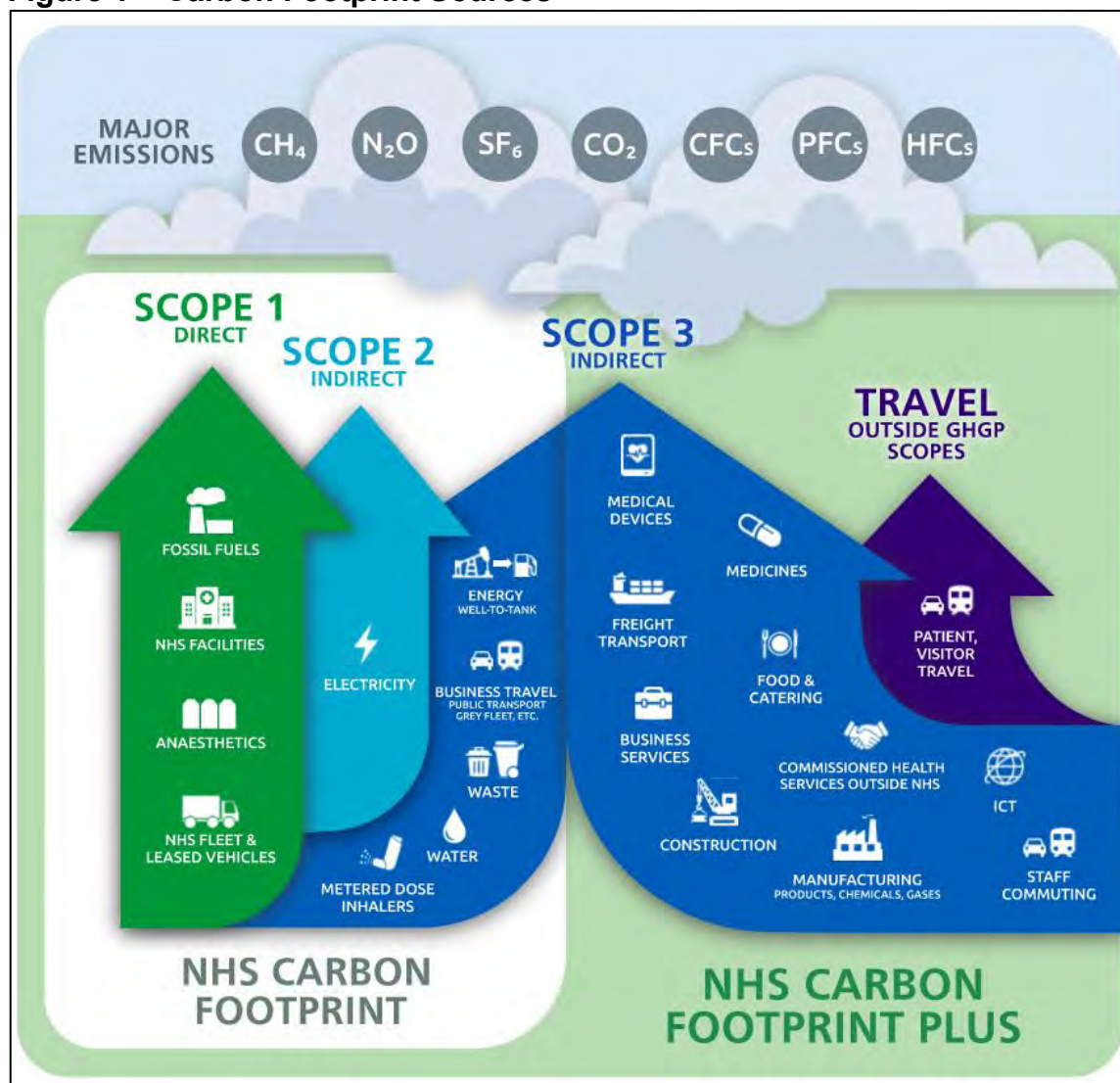
Green Plan 2 Net Zero retains the same two vision statements as the current Green Plan:

1. Achieve net zero for the MFT Carbon Footprint by 2038 in line with GMCA
2. Achieve net zero for the MFT Carbon Footprint Plus by 2045 in line with NHS England.

We follow a [UN description](#) of net zero: “Cutting carbon emissions to a small amount of residual emissions that can be absorbed and durably stored by nature and other carbon dioxide removal measures, leaving zero in the atmosphere”.

The NHS Carbon Footprint, and Carbon Footprint Plus is defined in “Delivering a Net Zero NHS” and can be seen in Figure 1.

Figure 1 – Carbon Footprint Sources



Source: [Delivering a Net Zero NHS](#)

Areas of Focus

Green Plan 2 Net Zero follows the national guidance and the format of the first Green Plan and identifies ten key areas of focus for decarbonising the healthcare system:

1. Net Zero Clinical Transformation: This involves designing clinical pathways that use fewer resources and lead to healthier populations. Existing frameworks like Getting it Right First Time (GIRFT) and Quality Improvement are used to review service effectiveness
2. Digital Transformation: Technology and digital tools are leveraged to support efficient clinical pathways. The HIVE electronic patient record system and the MyMFT patient-facing app are highlighted as key initiatives.
3. Supply Chain and Procurement: MFT aims to work with suppliers to minimise the environmental impact of products and services.
4. Medicines: The plan focuses on reducing the carbon footprint of pharmaceuticals, addressing overprescribing, medicines wastage, and promoting social and community-based prescribing.
5. Food and Nutrition: Efforts are made to minimise food waste and reduce the carbon intensity of food provided to patients by providing better choices and personalising mealtimes. Local and low-carbon food procurement is also considered.
6. Estates and Facilities: The impact of the built environment is addressed through decarbonising heat and energy networks and embedding sustainability in new projects.
7. Travel and Transport: The plan aims to reduce air pollution from travel and transport by promoting walking, cycling, and zero-emission vehicles.
8. Climate Change Adaptation: MFT needs to improve preparedness for the impacts of climate change on service delivery and the built environment, ensuring resilience to extreme weather events. We also need to plan for the changes to health presentations and morbidity within our communities.
9. Green Spaces and Biodiversity: The Trust aims to improve biodiversity and access to green spaces, supporting health and wellbeing through nature-based interventions.
10. Workforce, Networks, and System Leadership: The plan emphasises educating and engaging the workforce on sustainability, incorporating climate change into decision-making processes, and building capacity for sustainable practices

Each area of focus includes headline objectives. Progress against the objectives will be defined and monitored through the delivery of supporting actions. *Green Plan 2 Net Zero* outlines the initial supporting actions.

The supporting actions identified at this stage are not intended to be a comprehensive list. The pace of change in sustainability means that we expect new activities and projects to be brought forward during the life of this strategy, and these will deliver benefits throughout the period of the plan. Action descriptions in our Green Plan:

- Enabler – an action that is completed once to allow future activity to progress; or
- Incremental – actions that show changes over time and can be measured and reported.

Monitoring, Reporting and Governance

Progress against the actions and objectives will be captured in regular and thorough reporting. It is a statutory requirement to report progress to the MFT Board on an annual basis. More frequent reporting will be made via the updated One MFT governance structure to the Green Plan Oversight Group, reporting to the Population Health Management Committee and Research, Innovation & Population Health Board Committee.

NHS England has recommended metrics in their guidance, but *Green Plan 2 Net Zero* will go beyond these requirements to allow detailed insight into the impact of sustainability action.

During the period *Green Plan 2 Net Zero* we will work with internal partners to develop a Sustainability Dashboard. This will help to provide better data management services, but also to improve engagement and oversight. It will integrate a wide range of datasets and allow simple visualisations.

Finance and Risk

Sustainability at a local level should deliver a triple benefit:

- Reduced emissions contributing to net zero goals
- Reduced financial burden due to more efficient use of resources and reduced wastage
- Improved patient outcomes due to better healthcare provision

There will be a need for upfront investment in some large projects. MFT has a proven track record in securing funding to support decarbonisation and will consider opportunities for innovative solutions alongside the traditional public sector funding streams, ensuring that the burden does not impact Trust operational budgets.

Seven key opportunities and challenges have been identified and are outlined in the table below.

Opportunities	Challenges
Strong business cases can be generated for investing in low and zero carbon energy generation alongside consumption and efficiency measures as grid energy costs are high	Access to external funding opportunities need to be maximised
We are excellently placed to collaborate with our system partners on shared priorities, as well as net zero carbon embeds within the commissioning process	Decarbonisation needs to be embedded into backlog maintenance and major redevelopment programmes, as well as upgrading of retained estate
Our reputation allows us to be at the forefront of national and international innovations to identify low carbon solutions	There is a need to improve career development paths and succession planning in the sustainability team. Clinical programmed activities (PA) time must be allocated if commitments are to be effectively delivered locally
Actions for net zero carbon can address existing health inequalities	Patient demand continues to surge, and this may increase the absolute carbon footprint. As new diagnostic technology is adopted this could also place pressure on energy supply
Decarbonising the healthcare system is currently relatively low cost. The costs of inaction will far outweigh the cost of early action, and we can contribute to additional social value through the associated contracts	Greater site electrical capacity may be required. It will be key that needs are identified at an early stage and improvements are planned with the DNO
Significant co-benefits from decarbonising including cleaner air, which will drive	Reporting requirements are becoming more frequent and demanding. Better data and the

economic benefits and reduce respiratory hospital admissions	supporting systems are required to monitor progress
Increased access to digital technologies for healthcare professionals and the communities we serve can lead to improvements in our services	There is a risk of harm to our reputation if we do not deliver against our stated targets and other commitments

Conclusion

Green Plan 2 Net Zero continues the Trust's aspirational and innovative approach to sustainability. The strategy seeks to ensure we retain our reputation as a leading NHS organisation delivering sustainable healthcare in low carbon settings.

At the end of this strategy period, MFT will be eight years into the Green Plan process, and we will have eight years remaining to meet our first key ambition in 2038. Therefore, *Green Plan 2 Net Zero* covers a vital period of activity. Success in delivering the ambitions will rely on full engagement and support from the full breadth of our Trust.

Please note that a designed publication version will be prepared once MFT Board approval of *Green Plan 2 Net Zero* is received. This will be published on the Trust website to follow best practice.

The Board of Directors are requested to endorse the successes of the first Green Plan. They are also asked to approve *Green Plan 2 Net Zero* noting the overarching ambitions and initial actions.

Appendix 1 – Headline objectives & Initial Supporting Actions

For each area of focus, headline objectives will be introduced in the body of the text with initial supporting actions. Progress measures have been identified for each initial supporting action, however, a number of these are not established measurement points or datasets. This will be reviewed as part of the implementation and monitoring of the new Green Plan.

Area of Focus	Headline Objectives	Initial Supporting Actions
Climate Change Adaptation	Ensure MFT is continuing to embed climate change adaptation within business as usual and business planning practices	Create guidance resources to build climate change risk into service-level business continuity plans
		Review and report progress against the NHS Climate Adaptation Framework on an annual basis
		Establish site-specific understanding of climate risks and vulnerabilities using Greater Manchester Combined Authority Climate Change Risk Assessment tool and other appropriate resources
		Comply with adaptation provisions within the NHS Core Standards for emergency preparedness
	Increase clinical awareness and preparedness for the impacts of climate change on the population served by MFT	Secure Public Health England engagement with services and disciplines to review future risks and population impacts
		Establish service-specific & population-focused understanding of future climate risks morbidities, and vulnerabilities, using guidance from national & international professional bodies
		Identification of basic training for key staff to undergo on climate change risk and adaptation.
		Climate change adaptation in healthcare is discussed regularly by the population health committee
Digital Transformation	Embed sustainability into digital strategy, processes & purchasing	Assess new digital programmes for environmental impact
		Improve the monitoring & return rates of trust owned digital equipment
		Maximise the opportunity for supplier takeback schemes & extending the lifetime of digital equipment through procurement practice
	Identify, maximise and measure benefits enabled by HIVE & MyMFT which deliver sustainability co-benefits	Utilise HIVE to streamline services & create prompts and behaviour change through digital functionality
		Reduce estates related carbon through the shutdown of obsolete medical records warehouses
	Use improved data and analysis to optimise sustainability reporting	Share more accessible sustainability information by creating a Sustainability Dashboard with site-level sustainability metrics
		Use a digital estate twin to optimise energy services and explore climate adaptation measures
Estates & Facilities	Reduce carbon intensity and absolute carbon emissions from our estate	Develop refreshed site-based understanding of required actions to meet decarbonisation plans
		Reduce emissions from gas boilers and diesel backup generators
		Increase coverage of energy-efficient lighting across MFT
		Increase renewable energy generated across MFT

	(energy, water and waste emissions)	Reduce demand side consumption of energy & water and production of waste through behaviour change campaigns to lower the building emissions per patient contact.
	Embed sustainability within projects and capital development work	All new buildings compliant with Net Zero Building Standard
		Deliver projects with energy efficiency gains through backlog maintenance and capital spend (projects excluding those funded through PSDS, NEEF etc)
		All Property & Estates Development Project Managers to receive sustainability training
		Create a sustainability design guide to support delivery of capital projects in line with sustainability ambitions and objectives
	Increase adherence to best practice waste hierarchy	Meet or better NHS England clinical waste segregation targets
		Achieve sustained and improving recycling rates for domestic waste
Ensure all waste is disposed of in a compliant stream with the lowest carbon emissions		
Food & Nutrition	Minimise food waste by placing the patient voice at the centre of food & nutrition.	Provide an 'eat when you want' style service in inpatient wards based on patient input
		Embed sustainability into the MFT Food & Drink Strategy as a key aspect
		Embed British Dietetic Association Standards and MFT food and drink standards consistently across the Trust.
		Increase understanding of reasons behind food waste through better monitoring.
	Reduce the carbon intensity of food used as part of food service.	Provide carbon labelling of food options on menus across all inpatient wards
		Menu design used to support the lowest carbon choice by listing the plant-based food options at the top of menus
		Increase the proportion of food spend on food produced locally or certified to higher environmental production standards, in line with Government Food Strategy (2022)
Green Spaces & Biodiversity	Manage green and natural spaces within the MFT estate to support nature recovery	Establish local site management groups for the external areas to determine best practice management while promoting and increasing biodiversity
		Create a Trust-wide approach to the delivery of biodiversity net gain as part of capital projects (BNG)
	Empower staff to utilise green and natural spaces to improve health and wellbeing	Nature-based or social prescribing activities to take place at MFT sites
		Improve staff health and wellbeing outcomes through the provision of high-quality green spaces
Medicines	Research & act on sustainable solutions to lower the carbon footprint of medicines with complex use cases and high carbon emissions at the point-of-use	Explore and enact opportunities for reducing the carbon footprint of mixed nitrous oxide & pure nitrous oxide whilst maintaining excellent patient experience
		Reduce the carbon intensity of inhalers by improving staff awareness of better inhaler control & outcomes for patients through training and adherence to NICE guidelines.
		Explore opportunities for responsible and lower carbon waste disposal routes of medication, including inhaler recycling.
	Reduce the wastage	Roll out the "Your Medicines Matter" campaign to encourage patients to bring their medications into hospital to reduce unnecessary overprescribing & medicines waste.

	associated with medicines	Explore and enact opportunities to reduce over or repeat prescribing within the hospitals.
		Reduce the amount of packaging waste associated with medicines.
Supply Chain & Procurement	Maximise the sustainability outcomes from existing policies, procedures and frameworks within procurement	Embed sustainability into the Procurement Policy & Procedures Handbook
		Improve monitoring of supplier's social value commitments & carbon reduction plan progress
		Engage with MFT suppliers to complete the Evergreen Assessment and increase their maturity level
		Embed the Net Zero Supplier Roadmap, including adopting new methods for reporting on supply chain carbon emissions & environmental progress
	Expand responsible use of resources in the procurement & use of products, including reducing the reliance on single-use products	Investigate and enact further return and reuse programmes for suitable equipment
		Assess new products for environmental impact & re-use potential
Expand the ward coverage of the inventory management system Genesis, to better manage consumables stock and reduce waste		
Net Zero Clinical Transformation	Embed sustainability into clinical pathway design	Engage with existing frameworks of quality improvement and transformation to incorporate sustainability and the "triple bottom line" value assessment. (e.g. quality improvement, value for patients, GIRFT)
		Run a focused sustainability campaign each year to address and support pathway improvements in service areas that are carbon hotspots.
	Build capacity to reduce the carbon intensity of pathways	Support sustainability research, innovation and technology adoption at MFT.
		Engage with students to incorporate sustainability into mandatory quality improvement projects as part of education.
	Move towards digitally enabled pathways where clinically appropriate	Increase the use of virtual and tele outpatient appointments to deliver care in a lower carbon setting, and reduce unnecessary patient & visitor travel to sites
		Increase the use of Hospital@Home to deliver care in a lower carbon setting
Travel & Transport	Reduce carbon intensity of the trust fleet	Continue to increase the ratio of Ultra Low Emission Vehicles (ULEVs) and Zero Emission Vehicles (ZEVs) owned or leased by MFT
	Reduce carbon intensity of business travel	Establish a site- and role-based understanding of business travel patterns, benchmarking across MFT

		Explore implementing sustainable travel solutions with teams across the trust
		Create a business understanding of the benefits of increased cycle mileage rates
	Reduce carbon intensity of commuting for staff, patient & visitor travel	Improve staff access to electric vehicle market
		Provide a range of sustainable travel staff benefits
		Increase uptake in sustainable travel modes for staff commuting
		Work with partners to deliver sustainable travel improvements across the city region.
Workforce, Networks & Systems Leadership	Continue to educate and engage as much of the workforce as possible about the net zero ambitions of the NHS and sustainable healthcare	Increase the completion rate of online sustainability e-learning modules, including targeting key staff groups, for example the Green Plan Oversight Group, Research & Innovation, Procurement & Finance
		Work with education teams and leads in service areas that are carbon hotspots to deliver bespoke sustainability training and workshops, for example theatres
		Widely promote work through events and expand the uptake of the Sustainability Advocates role to further disseminate information
	Build the capacity of the workforce to engage with and embed sustainability within everyday working practice	Senior Leaders to embed sustainability into Clinical Groups objectives in annual plans.
		Appoint a designated board-level net zero lead, generally an existing executive director, to oversee green plan delivery with clearly identified operational support
		Assess opportunities for hybrid roles, apprenticeships and fellowships that will help deliver the Green Plan

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



Manchester University
NHS Foundation Trust

Escalation and Assurance Report Quality, Safety and Performance Board Committee

Report to: Board of Directors

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

Date of meeting: 23/04/25

Key escalation and discussion points from the meeting

Alert

A new surgery-related Never Event has occurred. A review into the incident has taken place and a broader patient safety investigation will be commissioned to review systems and processes which take place before surgery.

Advise:

The Committee received the maternity safety update, including the Q3 PMRT report. The Committee discussed the potential link between deprivation and perinatal deaths.

Saint Mary's Managed Clinical Service (SM MCS) is planning to safely introduce a revised and improved home birth service by 30th April 2025. SM MCS have recruited 6 of the 8 WTE midwives required to complete the dedicated home birth team and, whilst recruitment continues, 5 community midwives will support the on-call rota. All midwives providing intrapartum care at a home will receive bespoke training in an in-patient setting prior to working within the home birth service.

The Committee received an update on the Genomics service - what it comprises and how it is structured. There are potential opportunities for the service to grow further in the future including offering whole genome sequencing and pharmacogenomics. A tender is imminent to bring together aspects of the genomics provision in Greater Manchester.

The Committee received an update on the work of the Clinical Ethics committee including the areas of focus over the last year. The impact of advancing technology, including AI, was identified as becoming more relevant to their work. Work is underway to promote awareness of the committee and encourage engagement with it. The Committee will receive an annual update on the work.

The Committee received an update on the current situation with Paediatric MRI waits. The current waiting list includes 1,565 patients, with the majority requiring sedation or general anaesthetic. Focused work has reduced the number of patients waiting over six weeks, but the percentage of CYP waiting > 6 weeks for MR scans remains high. Harm reviews for those waiting are in place and the second MRI scanner opens at Wythenshawe this month to increase paediatric scanning capacity and plans are in place to increase play specialist support for children and rocket simulation to show children what happens during a scan to reduce the number of children requiring sedation or general anaesthetic. A progress update will be presented to the Committee in 6 months' time.

The Committee received an update on the work to ensure high standards of nutrition and hydration for patients including the work underway with the 'soft FM' providers to improve the situation. Early patient feedback is showing an improved satisfaction score. The Committee will receive a further report in 6 months' time to consider progress made.

The Committee received a report on the work to improve the compliance with the duty of candour requirements last considered by the committee in September 2024. Processes have been strengthened to ensure greater oversight within Clinical Groups. Some reporting exceptions remain but there is justification for these including patient/family wishes. Performance will continue to be monitored within the IPR.

The Committee received the Annual Clinical Accreditation report. A total of 192 Clinical Accreditation / Quality Assurance visits were conducted in 2024-2025, covering 235 areas - an increase of 14 areas compared to 2023-2024. The findings from the Clinical Accreditations and Quality Assurance visits are informing improvement plans within Clinical Groups.

The Committee received the Q4 complaints report which shows an increase in complaints and PALS activity. 100% of the complaints were acknowledged within three working days. 93% of complaints were responded to within the agreed timescale and 93% of PALS cases were resolved within 10 working days. Terms of reference for the Complaints Scrutiny Group have been reviewed and revised.

The committee received the Q4 patient experience report. The Patient Experience data, Friends and Family Test (FFT) and What Matters to Me (WMTM) scores remain stable. The focus continues to be on improving the provision and quality of food services and reducing waiting times across the Trust. The Patient Involvement and Experience Strategy is being finalised.

The Committee received the Q4 IPC report. The number of Clostridium difficile cases is over the annual threshold however the latter 2 months has seen performance below the monthly threshold of cases. MRSA bacteraemia cases (9 cases) have reduced by 55% in comparison to the previous year. Gram negative Blood stream infections (GNBSI) are above the annual threshold cases except Pseudomonas *sp* which is below the annual threshold. This reflects a national trend. The Committee heard about the work to ensure compliance with mandatory training and discussed the risk of Clostridium difficile transmission between patients and how this risk is being minimised.

The Committee received the Medicines Optimisation Annual Report which provides details of the medicines management and optimisation activities undertaken in 2023/24. The Committee discussed the potential for automation to improve the service.

The Committee received an evaluation of the winter planning for 2024/25 which was carried out at Trust and Clinical Group levels. The system-wide working has been stronger this year but there remained issues in ensuring timely care for people with mental health needs. The results of the evaluation will be fed into the GM system-wide evaluation which planned for 26 May 2025.

The Committee received an update on service developments across the Trust including neighbourhood working; the GM major trauma review; progress with cardiac and vascular change processes; and disaggregation/single service developments.

Assure:

The Committee considered the latest Integrated Performance Report (IPR) for Operational Performance:

- MFT is the 13th most improved Trust nationally for Urgent/Emergency Care performance over 2024/25. Wythenshawe Hospital has shown a particularly strong 15 percentage point improvement. MRI, as our city centre Emergency Department (ED), is the most challenged site and the Care Closer to Home programme, which will be discussed at the Board Seminar on the 28/4/25, will be key to improving performance.
- Ambulance handover performance continues to improve with MFT's EDs remaining among the best in the region.
- Utilisation of Crisis Response and Hospital@Home service are above target.
- The numbers of patients in hospital beds who are medically fit to leave remains above target.
- A Trauma indicator now features in the IPR and the Committee asked for reporting on the 48 hour fractured neck of femur metric across the Trust. A report will be presented at a future Committee meeting.

- MFT still has the largest waiting list in country but has seen the largest reduction in long waits during the last quarter of 2024/25.
- We have been the most improved Trust in the country with our diagnostics performance, ending in March with a performance of 11.7% against the 10% target for DM01 6 week performance.
- 18 weeks RTT performance has improved since December, reaching 51.5% by the end of the year. The target for 2025/26 is 60%.
- MFT is forecasting 62-64% performance against the against 62-day Cancer standard. The Cancer collaborative work across MFT has proven effective, and popular with clinicians.

The Committee considered the latest IPR for Quality and Safety:

- There has been improvement seen in compliance with level 1 and 2 safeguarding training with work underway to improve level 3 training compliance.
- Work continues to further improve Friends and Family Test scores and systems. Emergency Departments are showing lower scores and the patient experience team are working with them to address this.
- Additional sepsis indicators are being monitored through Hive and the Acute Care Board.
- VTE screening compliance is improving with further work underway on outlier wards led by the Joint Chief Medical Officer.
- Good progress is being made with Infection Control compliance. MRSA incidence is showing a 55% reduction from 2023/24 to 2024/25.
- 2024/25 was the third successive year where the incidence of Never events fell.
- Mortality rates across the Trust remain in the expected range.

Risks discussed at the meeting

The Committee considered the section of the BAF relevant to the scope of the committee and noted the progress made in delivering actions in place to deliver the Trust's strategic objectives. The BAF included all the strategic risks and corporate risks aligned to the strategic aim of which the committee has responsibility for oversight. The Committee discussed the Cryostorage risk to understand the increased risk rating since the risk was initially identified and the rationale for a reduction in the rating for the strategic risk regarding service disaggregation.

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



Manchester University
NHS Foundation Trust

Quality, Safety and Performance Board Committee

Date: Wednesday 23rd April 2025

Time: 10:00am – 1:00pm

Location: Main Boardroom

Agenda

	Item	Purpose	Lead	Time
1.	Apologies for absence & confirmation of quoracy (verbal)	Meeting admin	Chair	10:00am
2.	Declaration of interest (verbal)	Meeting admin	Chair	10:00am
3.	Minutes of the previous meeting (26 th February 2025)	Meeting admin	Chair	10:00am
4.	Action Log	Discussion	Chair	10:00am
5.	Matters Arising	Discussion	Chair	10:00am
6.	Assurance Reporting			
6.1	Board Assurance Framework	Discussion	VG/KSJ/TO/ TR/SM	10:05am
6.2	Integrated Performance Report	Discussion	VG/KSJ/SM/TO	10:15am
7.	Strategic aim 2: Provide high quality, safe care with excellent outcomes and experience			
7.1	a) Perinatal Mortality Review Tool (PMRT) Q3 2024/25 b) Maternity Safety and Assurance c) Homebirth Investigation update	Discussion	KM	10:25am

7.2	Genomics Update	Discussion	TO	10:40am
7.3	Ethics update	Discussion	MM / SM	10:50am
7.4	Paediatric MRI diagnostic waits	Discussion	GA	11:00am
7.5	Chief Pharmacist Officer Annual Report <ul style="list-style-type: none"> Medicines optimisation annual report 	Discussion	CS	11:10am
7.6	Update on Patient food and drink workstream	Discussion	KSJ	11:20am
7.7	Update on Duty of Candour	Discussion	KSJ	11:30am
7.8	Annual Clinical Accreditation Report 2024/25	Discussion	KSJ	11:40am
7.9	Q4 Complaints report	Discussion	KSJ	11:50am
7.10	Q4 Patient Experience report	Discussion	KSJ	12:00am
7.11	Q4 Infection Prevention Control report	Discussion	KSJ	12:10am
7.12	Evaluation of Winter Planning	Discussion	VG	12:20pm
7.13	Update report on service developments (strategic objectives 4 and 5)	Discussion	TRa	12:30pm
Committee business				
8.	Escalation report	Approval	Chair	12:40pm
9.	Workplan Review	Meeting admin	Chair	12:45pm
10.	Any Other Business (verbal)	Discussion		12:50pm
11.	Meeting Evaluation (verbal)	Meeting admin	Chair	12:55pm
Date of next meeting: Wednesday 25 th June 2025 at 10:00am, Medical Boardroom, ORC				



Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	MFT Complaints Report, Quarter 4, 2024/25	Agenda Item 11.2
Presented by:	Kimberley Salmon-Jamieson, Chief Nursing Officer	
Prepared by:	Niall Bancroft, Customer Services Manager Deborah Carter, Safety and Quality Director	
Meetings where content has been discussed previously	Quality, Safety and Performance Board Committee 23 rd April 2025	
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

- During Q4 2024/25, the Trust received 2,265 contacts into the Patient Advice and Liaison Service (PALS); this represents a 13% increase from the 1,999 received in Q3.
- The Trust received 522 complaints during Q4; a 9% increase from the 479 received in Q3.
- 26% (127) of closed complaints were designated as '*upheld*', 54% (266) were '*partially upheld*' and 20% (98) were '*not upheld*' (based on the Parliamentary Health Service Ombudsman (PHSO) classification).
- 100% of the complaints were acknowledged within three working days. 93% of complaints were responded to within the agreed timescale and 93% of PALS cases were resolved within 10 working days.
- During Q4, the PHSO confirmed they had opened new investigations into five MFT complaints. The PHSO also confirmed they had completed seven investigations into MFT complaints, of which three were '*partially upheld*', one was '*not upheld*', and three were resolved working with MFT through the early dispute resolution process.

Recommendations

The Board of Directors is asked to:

- Understand the performance achieved via the PALS and Complaints processes.
- Recognise the continuous improvement work of the Corporate Complaints team and Clinical Group teams, to ensure that MFT is responsive to concerns and complaints to meet regulatory compliance.
- Support the approach to promote MFT wide learning from complaints and PALS.

Do the recommendations in this paper have any impact upon the requirements of

- Yes**
 No

the protected groups identified by the Equality Act?	
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Relationship to the strategic objectives

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

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

- MFT/001664 – to ensure timely and appropriate acknowledgement and response to complaints

Care Quality Commission domains

Please check **all** that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input type="checkbox"/> Effective | <input type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> Responsive | |

Compliance & regulatory implications

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

- CQC regulation 16: Receiving and acting on complaints

Main report

1. Introduction

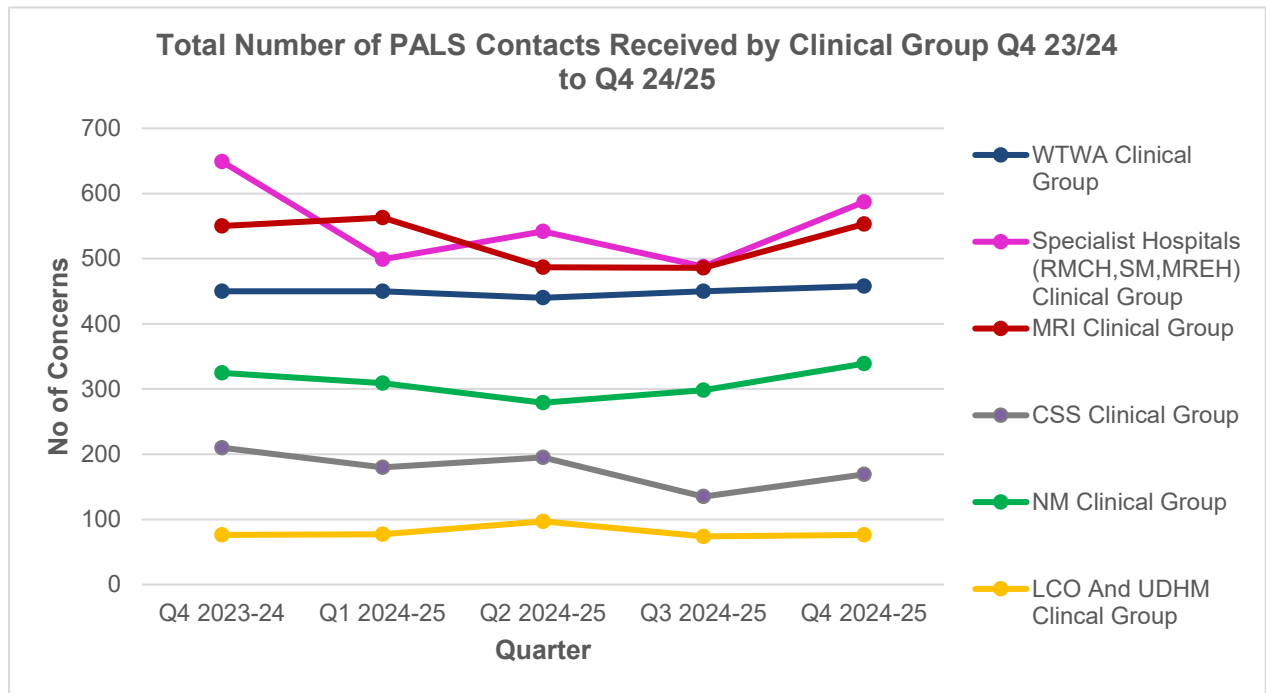
1.1 Manchester University NHS Foundation Trust's (MFT) Patient Advice and Liaison Service (PALS) and Complaints Team ensure effective complaints handling and monitoring to meet the national regulatory requirements. The team support the operational teams to ensure that learning from complaints and PALS is used to triangulate with data from other sources in order to improve services for the people who use them, as well as for the staff working in them.

2. An overview and thematic analysis of PALS contacts

2.1 There was a 13% increase in PALS contacts in Q4, with 2,265 received compared to the 1,999 received in Q3. **Graph 1** below shows the number of PALS contacts received by each Clinical Group per quarter. The Specialist Hospitals Clinical Group, received the greatest number of PALS contacts, receiving 587, a 20% increase compared to Q3. This was predominantly driven under the category of 'Appointment Delays/Cancellations' against the specialties of Paediatric Surgery, Gynaecology and Ophthalmology.

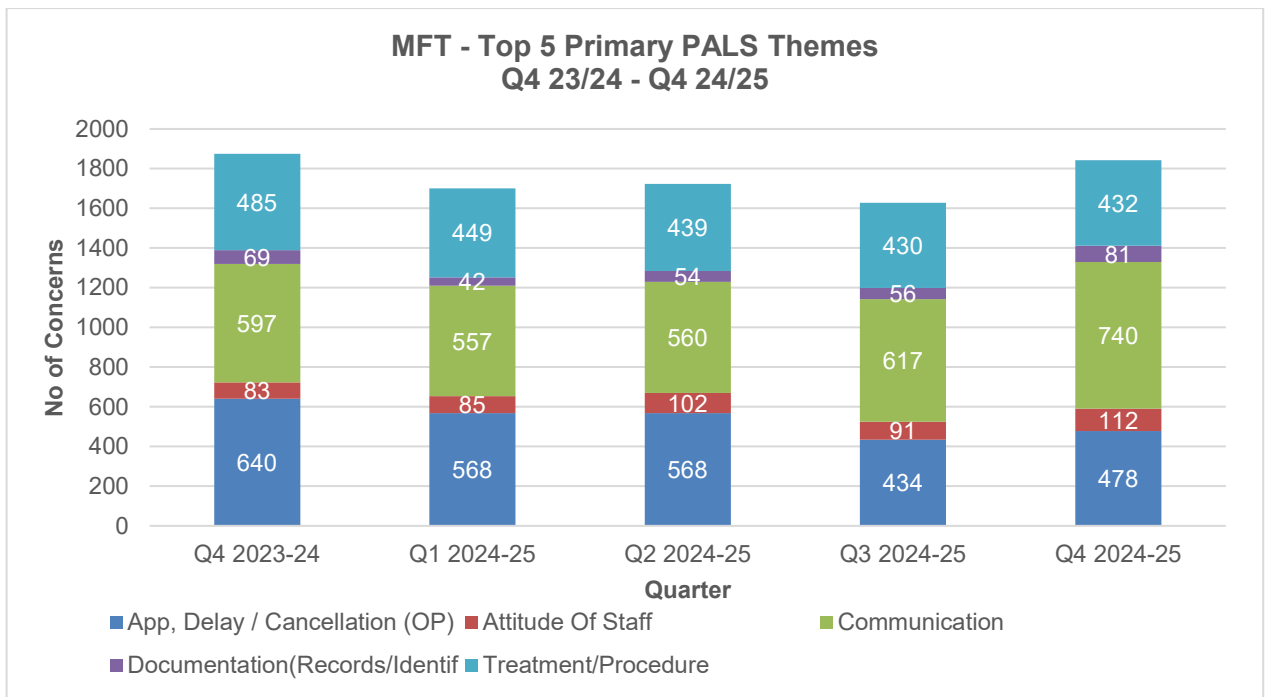
2.2 All the Clinical Groups received more PALS contacts during Q4, than the previous quarter, some of which was normal seasonal variation, with more contacts received during Q4 following a dip in Q3.

2.3 Percentage increases can be seen in Manchester Royal Infirmary (MRI) Clinical Group, North Manchester (NM) Clinical Group and Clinical Scientific Services (CSS). Communication was a key factor driving these increases. Work is underway with the respective senior leadership teams to schedule local resolution training sessions in each of these areas. This will empower/support clinical and operational staff to resolve concerns locally, to the patient’s/family’s satisfaction. An element of this training focuses on reducing the practice of signposting people directly to PALS, through staff taking the first opportunity to actively listen and compassionately engage with patients, relatives and carers. Clinical teams are also undertaking work to reduce the number of appointment delays and cancelled appointments.



Graph 1: PALS Contacts Received by Clinical Group Q4 2023/24 – Q4 2024/25

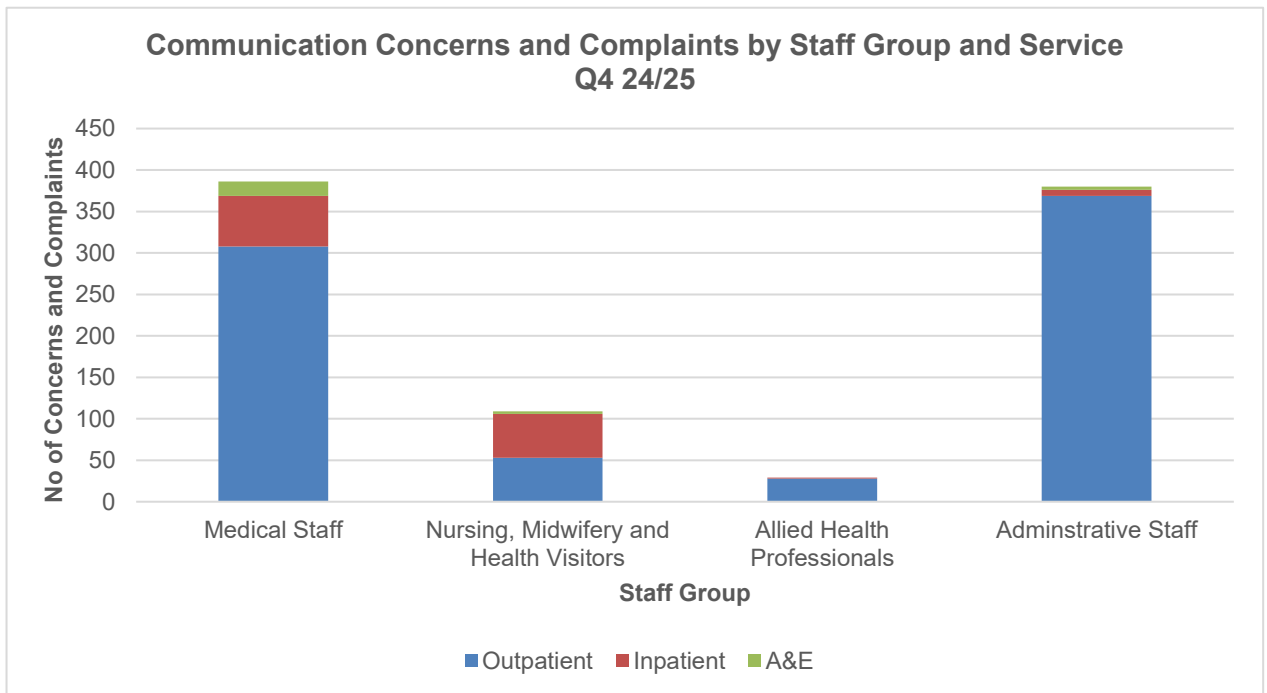
2.4 **Graph 2** shows the distribution of the top five PALS themes (more than one theme is recorded for each contact where appropriate), with the greatest proportion of PALS concerns in Q4 relating to ‘Communication’, particularly regarding ‘Staff Communication with Patients and Relatives’.



Graph 2: Top Primary PALS Themes Q4 2023/24 – Q4 2024/25

2.5 **Graph 3** depicts a breakdown of ‘Communication’ concerns and complaints by staff group and service, during Q4. The largest proportion of concerns and complaints were regarding communication between administrative staff and patients and relatives relating to outpatient appointments.

2.6 Work is already underway to improve communications to patients regarding appointments, with the ‘MFT Digital First Appointment Details for All Project’, with concerns and complaints included as a monitoring tool to assess the impact of this, throughout 2025/26. In addition to this, the PALS and Complaints management team are reviewing recent reports by the King’s Fund and UK Government, relating to patients’ experiences of NHS administration and are going to work closely with the Patient Experience Team and senior management to identify Trust wide improvement opportunities.



Graph 3: Communication Concerns and Complaints by Staff Group and Service Q4 2024/25

3. PALS responsiveness and key performance indicators (KPI)

3.1 The PALS Team continues to deliver a timely service to patients and their representative's, with 93% of PALS cases closed within 10 working days during Q4. This continues the PALS performance of consistently achieving >90% compliance with the Trust response deadlines for the past two years.

3.2 **Table 1** shows the number of PALS cases that were escalated to formal complaints and vice-versa. There has been a continued focus on achieving early resolution of concerns to improve the process and satisfaction outcomes for both patients and staff, with the data evidencing a sustained reduction in the number of cases escalated from PALS to complaints.

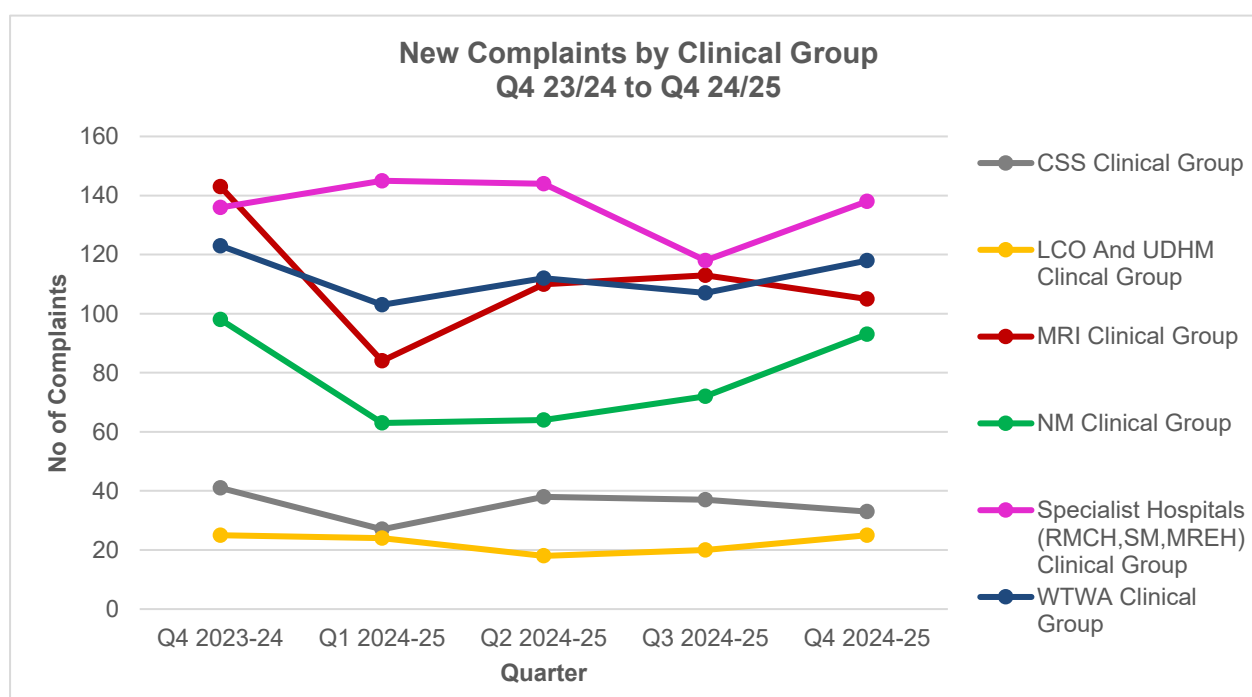
	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Number of PALS cases escalated to complaints	13	23	51	41	34
Number of complaints de-escalated to PALS	76	114	104	124	110

Table 1: Number of PALS cases escalated to complaints and complaints de-escalated to PALS concerns Q4 2023/24 – Q4 2024/25

4. An overview and thematic analysis of complaints

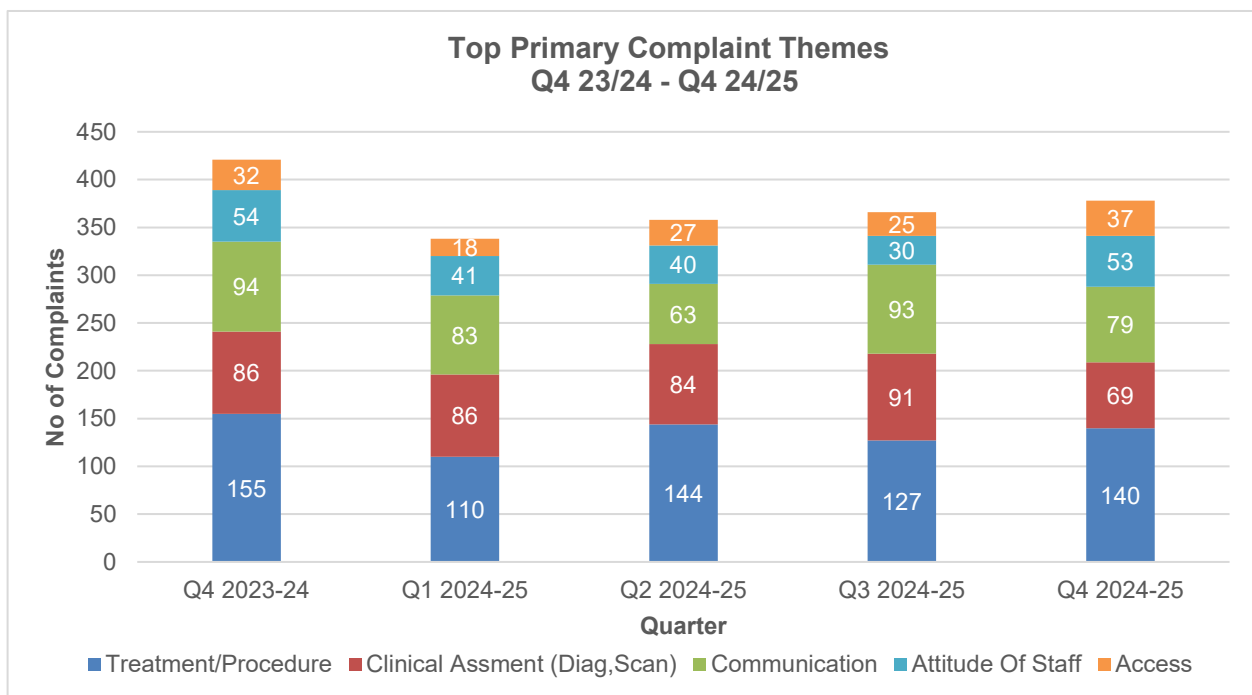
4.1 There was a 9% increase in complaints in Q4, with 522 new complaints received compared to the 479 received the previous quarter. **Graph 4** shows the number of complaints received by each Clinical Group. The Specialist Services Clinical Group received the greatest number of complaints (138) in Q4, with the 17% increase attributed to more complaints regarding 'Treatment/Procedure' at Royal Manchester Children's Hospital (RMCH) and Manchester Royal Eye Hospital (MREH).

4.2 The number of complaints received within the Local Care Organisation (LCO) and University Dental Hospital of Manchester (UDHM) Clinical Group increased by 20% during Q4, driven by a rise in complaints regarding 'Access to Services' and 'Appointment Delays/Cancellations' at the UDHM.



Graph 4: New Complaints Received by Clinical Group Q4 2023/24 – Q4 2024/25

4.3 'Treatment/Procedure' was the top theme of complaints in Q4, followed by 'Communication' and 'Clinical Assessment (Diagnostics/Scans)'. **Graph 5** shows that these have consistently been the top three complaint themes, for the past year, aligning with the top three national complaint categories. Of note, there was a 24% decrease in the number of complaints related to 'Clinical Assessment (Diagnostics/Scans)', which can be directly attributed to the long-term improvement project in CSS to improve the timeliness and reporting of scans and test results.



Graph 5: Top Primary Complaint Themes Q4 2023/24 – Q4 2024/25

5. Complaint responsiveness and key performance indicators (KPI)

5.1 Under the NHS Complaints Regulations (2009), there is a requirement that all new complaints are acknowledged within three working days of receipt of the complaint; MFT is committed to achieving this in 100% of cases. This indicator was met during Q4, with all complaints acknowledged on time.

5.2 Against the Trust’s standard of 90%, the Trust achieved closure of 93% of complaints within the agreed timescale during Q4. This represents continuous improvement in responding to complaints on time, throughout 2024/25, as seen in **Table 2**. The aim is to continue to see an increase in compliance with further improvements being achieved throughout 2025/26.

	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Total resolved	503	500	482	474	491
Total resolved in timescale	439	403	431	431	458
% Resolved in agreed timescale	87%	81%	89 %	91%	93%

Table 2: Comparison of complaints resolved by timeframe Q4 2023/24 – Q4 2024/25

5.3 **Table 3** details the breakdown of complaints closed within the agreed timescale by Clinical Group, with LCO and UDHM Clinical Group responding to all complaints on time, during Q4. The Specialist Hospitals Clinical Group’s compliance with complaint timescales has improved during 2024/25, supporting the overall Trust increase. This improvement has been helped by the Clinical Governance Teams providing additional support to the Divisions of Surgery and Gynaecology.

	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
CSS	97%	97%	100%	100%	97%
LCO and UDHM	83%	88%	96%	96%	100%
MRI	84%	66%	83%	97%	96%
NM	100%	98%	97%	95%	97%
Specialist Hospitals	72%	62%	80%	74%	81%
WTWA	98%	100%	100%	100%	99.2%

Table 3: Comparison of complaints resolved by timeframe Q4 2023/24 – Q4 2024/25

6. Complaint outcomes

6.1 Complaints often relate to more than one issue. In line with the expectations of the NHS complaints standards, if concerns are identified in all the issues raised and substantive evidence is identified to support the complaint then it is recorded as *'upheld'*. If concerns are found in one or more of the issues, and not all, the complaint is recorded as *'partially upheld'*. Where there is no evidence to support any aspects of the complaint made, it is recorded as *'not upheld'*.

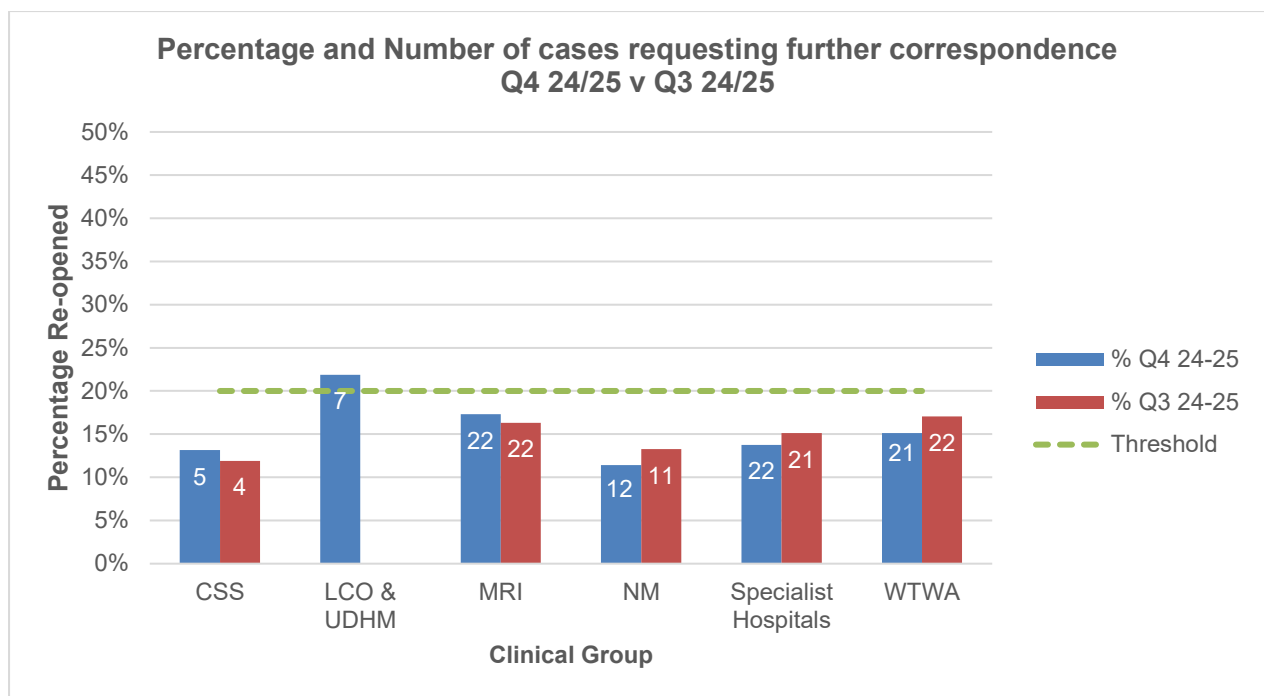
6.2 During Q4, 26% (127) of complaints were *'upheld'*, 54% (266) were *'partially upheld'* and 20% (98) were *'not upheld'*. This represents a small increase in the number of complaints upheld, from the previous quarter (23% in Q3). This assessment in no way seeks to marginalise the impact the concerns raised have on patients and their representatives.

7. Reopened Complaints

7.1 **Graph 6** describes the number of complaints which were re-opened (which currently includes the request for a meeting) and the ratio of these against new complaints raised, for each Clinical Group. The number of re-opened complaints is used as an indicator to measure the quality of the initial response. During Q4 2024/25, 14.8% of complaints were reopened (89 cases in total) against the Trust tolerance threshold of 20%, meaning there was no change from the 14.8% re-opened during Q3.

7.2 The Complaints Management team continue to deliver complaints investigation and response writing training sessions across the Trust. These sessions aim to equip staff, who investigate complaints, with the skills and knowledge required to conduct thorough investigations and write clear and easy to understand complaint responses in a compassionate manner, to ensure complaints are resolved first time.

7.3 In addition to this, there is a continued drive by the Complaints Management and Governance Teams to offer more local resolution meetings when complaints are first received. These meetings enable staff to meet with patients, relatives and carers, to discuss their complaint and share the findings and learnings from the investigations either in person or virtually.



Graph 6: Percentage of re-opened complaints by Clinical Group Q4 v Q3 2024/25
2024/25 – Q4 2024/25

8. Lessons learned from complaints

8.1 Patient complaints offer opportunities for learning that can be used to change practice and improve patient experience and outcomes. Each Clinical Group holds regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement. In addition to this, the Complaints Review Scrutiny Group (CRSG), chaired by the Assistant Chief Nurse, Quality and Patient Experience and supported by a nominated Non-Executive Director and Governor, met on two occasions during Q4 reviewing four complaints in total. Appendix 1 provides examples of learning from complaints and the changes applied to practice.

8.2 The terms of reference for CRSG have been refreshed to refocus the purpose of the meeting, and to provide more senior leadership scrutiny. During 2025/26 CRSG include representation from members of the Clinical Group Senior Leadership team to focus on their services Complaints and PALS dashboard which will look at the number of complaints and PALS, compliance with response times, reopened complaints and PHSO escalations and the quality of complaint responses with a focus on identifying organisational learning through the triangulation of complaints data and themes.

9. Parliamentary Health Service Ombudsman (PHSO)

9.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS England (NHSE) and UK Government departments. The PHSO considers and reviews complaints, when someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and have not put things right.

9.2 During Q4, the PHSO opened new investigations into five MFT complaints. Two of these were for MRI, one for WTWA Clinical Group, one for LCO and UDHM Clinical Group and one for North Manchester Clinical Group. The PHSO also completed its consideration of four MFT complaints, whereby it decided not to progress with an investigation.

9.3 During Q4, the PHSO informed the Trust of seven completed investigations into MFT complaints, of which none were *'upheld'*, three were *'partially upheld'*, one was *'not upheld'* and three were resolved through the PHSO's early dispute resolution process.

9.4 The PHSO ‘partially upheld’ a WTWA complaint, highlighting actions/findings in relation to a patient’s fall on a ward in 2021. The Trust Chief Executive provided the PHSO with a detailed explanation of the improvement work linked to falls undertaken since that patient’s admission and the PHSO concluded that appropriate action has been taken to address the learnings from the case.

9.5 The PHSO also ‘partially upheld’ a complaint due to pressure ulcer management and treatment, for a patient at the MRI in 2021. The PHSO has acknowledged that the Trust has taken actions to address this and has asked the Trust Chief Executive to write to the patient’s family to apologise for the impact had on the family, detail the actions taken, and make a financial payment of £800 in recognition of the distress caused, which is currently being actioned.

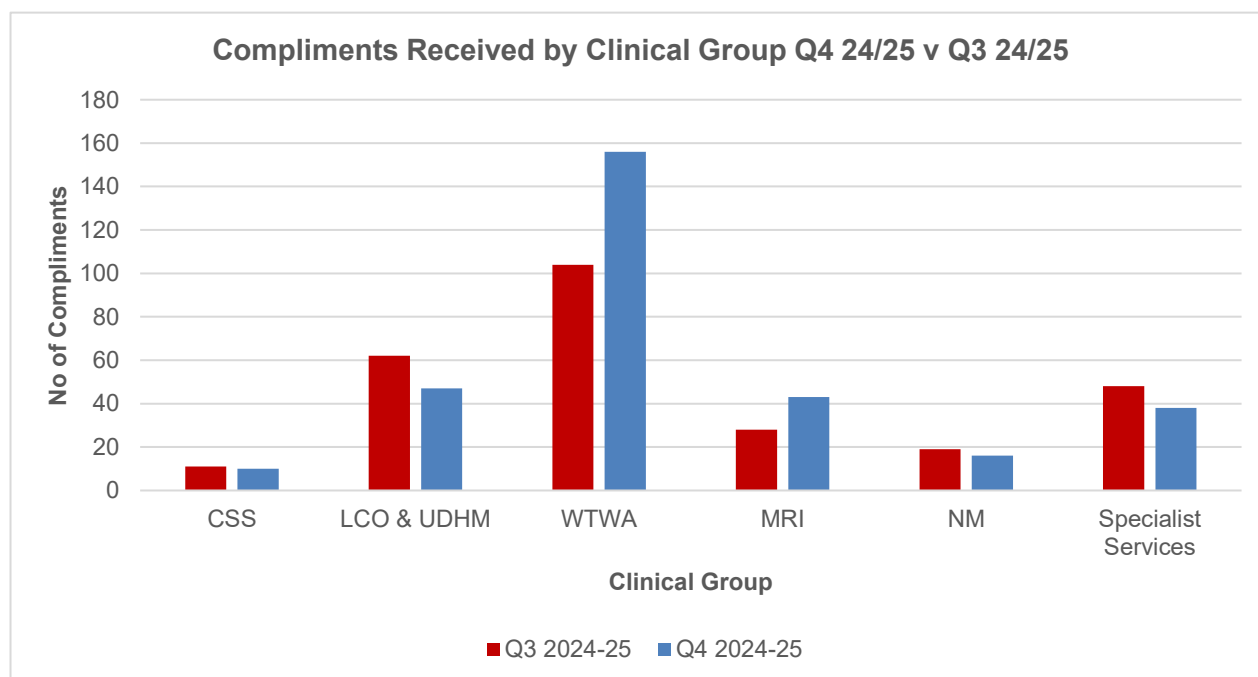
9.6 The other ‘partially upheld’ complaint was for RMCH, whereby the PHSO found there were issues in assessing the patient’s pain whilst they were an inpatient. The PHSO considered that the Trust recognised these matters were explored as part of the complaint response and apologised to the family and took appropriate action to learn from their experience and improve pain assessments in future. The PHSO did not recommend any further action be taken. The Trust Chief Executive wrote to the family to acknowledge the impact their experience had on the patient and family and reassure them that learning had been achieved and remedial actions taken.

10. Compliments

10.1 Compliments received from members of the public provide valuable feedback and provide opportunity to learn from positive experiences. The Customer Services Manager and Patient Experience Manager review compliments, alongside positive patient experience feedback, and are making improvements to how compliments are recorded. This will enable thematic analysis of positive feedback, which will provide greater opportunities to identify wider learning from good practice to drive Trustwide quality improvement initiatives.

10.2 **Graph 7** shows the number of compliments, received from members of the public about MFT Clinical Groups, recorded on the Trust’s Customer Services Database. WTWA Clinical Group recorded the most compliments (156), followed by LCO and UDHM Clinical Group (47) and MRI Clinical Group (43).

10.3 To make it easier for people to share compliments and positive experiences with staff, the PALS and Complaints team are working with the Communications Team to develop an online compliments form, which will enable people to submit compliments directly through the MFT website.



Graph 7: MFT compliments received Q4 2024/25 v Q3 2024/25

11. Equality and Diversity Monitoring Information

- 11.1 The Trust is committed to collecting data from complaints relating to Equality Diversity and Inclusion (EDI) to ensure all patients and representatives are supported and have equal access to providing feedback on services. Fundamental to this is the provision of an accessible PALS and Complaints service.
- 11.2 The PALS and Complaints team have worked with patient, families and carers to coproduce new PALS and Complaints posters with the new literature available in different and more accessible formats as well as multiple languages, which are being distributed to all wards, departments and services across the Trust.
- 11.3 A new British Sign Language (BSL) PALS information video is also being developed, which will be played on patient-facing screens in MFT hospitals and will be available on the MFT website. In addition to this, the PALS and Complaints Team work closely with the Interpretation and Translation Service (ITS), to ensure that interpreters are available to support patients, relatives and carers, to raise concerns in languages other than English.

12. Conclusion and recommendations

- 12.1 The Board of Directors is asked to recognise the content of this Q4 2024/25 Complaints Report and the ongoing work of the Corporate and Clinical teams, to ensure that MFT is responsive to concerns and complaints raised and learns from patient feedback to seek continuous improvement.

13. Appendix 1

You said...	We did...
A patient's nutrition and hydration needs were not met, whilst they were an inpatient on a ward.	The Ward Manager undertakes regular audits of the MUST (Malnutrition Universal Screening Tool) to ensure patients' usual weight is captured to ensure the correct MUST score is calculated. The audit also ensures patients with a MUST score of 2 or more are referred to the Dietician.
A patient had to wait for four hours for a neck strap whilst in triage and had to lay down on the bed.	A review was commissioned of the training needs for all Paediatric Emergency Department nursing staff, in relation to triage. Additional triage audits have been undertaken, and one-to-one educational support has been provided, as required.
There was a delay in treatment for a patient experiencing urinary retention, due to the lack of bladder scanners.	12 new bladder scanners have been purchased and there is a supporting training programme to ensure that staff are competent and able to use the new machines.
A patient's pain relief was not prioritised nor controlled, due to a lack of Clinical Nursing Staff, who were qualified to prescribe, covering on a weekend within the Supportive and Palliative Care Service.	Two additional Clinical Nurse Specialists within the team have either enrolled or completed their non-medical prescriber qualification, with the team aiming towards all Clinical Nurse Specialists being a non-medical prescriber to avoid potential delays in the prescription of recommended medications for symptom management, particularly over the weekend.
There was a lack of information provided regarding eligibility for IVF funding.	A fertility information leaflet is to be given to patients attending their initial investigations, which will include a link to the Greater Manchester Integrated Care Board (ICB) Assisted Conception Policy.

<p>Concerns regarding prescribing and administration of anticipatory medications in the community and communication with families.</p>	<p>All District Nurses (DNs) to complete the Subcutaneous Medication for Symptom Management in Community Palliative and End of Life Care course with compliance to be monitored at Quality & Safety Group.</p> <p>DNs to ensure they provide families with information around the use and timing of anticipatory medicines and use of syringe drivers. Audits have been undertaken, confirming improvements made on leaflet usage and End of Life packs.</p>
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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

Public Board of Directors

Wednesday 21st May 2025

Paper title:	Q4, 2024/25 Quality & Patient Experience Report	Agenda Item 11.3
Presented by:	Kimberley Salmon-Jamieson, Chief Nursing Officer	
Prepared by:	Deborah Carter, Safety and Quality Director Gail Meers, Director, Patient Experience & Engagement Sarah Cosgrove, Head of Nursing, Quality & Patient Experience Claire Horsefield, Patient Services Manager	
Meetings where content has been discussed previously	Quality, Safety and Performance Board Committee 23 rd April 25 Patient and Quality Experience Forum 08 April 2025	
Purpose of the paper Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

Executive summary / key messages for the meeting to consider

The report details activity related to Quality and Patient Experience across the Trust.

- The Patient Experience data, Friends and Family Test (FFT) and What Matters to Me (WMTM) scores remain stable.
- The focus continues to be on improving the provision and quality of food services and reducing waiting times across the Trust.
- The revised WMTM questionnaire continues to be an active pilot within RMCH.
- The National Children and Young People Survey 2024 embargoed management report was released in Q4, with initial results showing the Trust scored lower than the national average in:
 - Cleanliness of the hospital room / ward
 - Staff introducing themselves
 - Parents feeling their child could speak up to staff about their worries and fears
 - Ensuring privacy
- MFT's Patient Experience & Involvement Strategy is being reviewed and updated to align with key Trust and national priorities.
- Reviews and redesign of the Clinical Accreditation programme commenced in line with the CQC changes and NMAHP strategy.

Recommendation(s)

The Quality, Safety and Performance Board Committee is asked to:

- Note the content of the report.
- Support recommended next steps and actions

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

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

Relationship to the strategic objectives

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

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

Links to Trust Risks

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

-

Care Quality Commission domains

Please check **all** that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> Responsive | |

Compliance & regulatory implications

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

- Utilising the Accreditation programme to assess alignment to CQC requirements.

Main report

Key Elements:

Strategic aim 2: Provide high quality, safe care with excellent outcomes and experience

1. Patient Feedback

1.0 The overall FFT results for the percentage of good scores remained consistent, ranging between 93.33% and 93.90%. Notably, the percentage of poor scores decreased slightly in February, from 3.8% to 3.54%, before rising again in March to 3.76%. Clinical Scientific Services (CSS), Research and Innovation (R&I), the LCO and Dental Clinical Group all achieved above 98% for good scores during Q4. Of particular note, R&I achieved 100% in March 2025. Specialist Hospitals, (Manchester Royal Eye Hospital (MREH), Royal Manchester Children's Hospital (RMCH), and Saint Mary's (SMH)) recorded scores ranging between 95.84% to 96.92%. Manchester Royal Infirmary (MRI), North Manchester General Hospital (NMGH), Wythenshawe, Trafford, Withington and Trafford (WTWA) Clinical Groups scored below the 95% benchmark throughout Q4.

- 1.1 In Q4, 2024/25 a total of 24,655 WMTM surveys were completed by patients and their representatives, compared to 22,852 in Q3. The highest scoring themes in Q4 were emotional and physical support and compassion. Patients waits and food and beverages were the lowest scoring areas. These themes are consistent from previous months and are also reflected in data from complaints, compliments and National Survey results.
- 1.2 The Food and Drink Oversight Group is focused on improving the provision and quality of food services across the Trust. In Q4 a bespoke survey was carried out to gather qualitative feedback from patients, with support from the Corporate Patient Experience team, Clinical Group Quality and Patient Experience (QPE) leads, and Estates team members. Surveys were completed across all sites, and the results are currently being themed and will be shared with the Food and Drink Oversight Committee to drive focused improvement. For RMCH, a tailored version of the survey was developed to more suit the needs of children and their parents, this went live on the 10 March and is already generating feedback which will be reviewed to support improvement.
- 1.3 A current workstream, commissioned by the Trust Director of Performance, is underway to improve waiting times, enhance communication around delays, and explore ways to reduce waiting across the Trust. The *Waiting Safely* programme is in development and aims to establish a consistent approach to identifying and managing potential harm for patients awaiting elective care. In parallel, the Elective Access Policy is also under review. The QPE team are exploring further opportunities, following the development of an AI-driven telephone system, to proactively contact patients while they wait. The QPE team will support this initiative by engaging with patients to review the process and collate feedback.
- 1.4 The WMTM questionnaire remains under active review. During Q4, significant progress was made in updating the digital infrastructure supporting survey collection. All iPads were remapped, new QR codes created and posters featuring the revised QR codes were distributed. On the 10 March 2025 the Children's and Young Peoples Patient Experience Survey for in-patient areas went live. The Corporate Patient Experience team are currently waiting for a full month of data from RMCH before rolling out the survey to adult areas. Initial results are encouraging and positive.

2. National surveys

- 2.0 The 2025 Maternity Survey was widely promoted across the Trust during Q4. Dissent posters were displayed in all relevant areas, and awareness was raised in the community through the Antenatal and Postnatal Midwives, as well as the Health Visitors. Picker has advised that the fieldwork period will take place between April to July 2025, with the embargoed report expected to be available in August 2025. The CQC publication and the lift of the embargo are yet to be confirmed.
- 2.1 The 2024 Adult Inpatient Survey fieldwork began in January and will continue until April 2025 (Q1). The embargoed report published by Picker is expected to be available in May 2025. The CQC publication and the lift of the embargo are still yet to be confirmed.
- 2.2 The Picker Children and Young People Survey 2024 embargoed management report was released in Q4. The CQC publication (lift of the embargo) was scheduled for March 2025, however it is still awaited with no alternate date confirmed. Initial results show:
 - The survey response rate remains below 25%, consistent with the 2020 survey, with 260 or 21% being completed.

- Provisional results show the Trust scored **above the national average** in several areas, including:
 - The availability of hospital food choices for their children
 - Providing good facilities for parents and carers staying overnight
 - Pain management
 - Offering explanations and distractions to children during operations and procedures
- Provisional results show the Trust scored **lower than national average** in areas including:
 - The cleanliness of the hospital room/ward
 - Staff introducing themselves
 - Parents feeling their child could speak up to staff about their worries and fears-
 - Ensuring privacy.

The provisional results have been shared with RMCH, who will utilise the unembargoed results, when provided, to develop an action plan. Key themes identified for improvement will be aligned with the PLACE results, with clinical group action plans reported through the Quality and Patient Experience Forum.

3. Patient and Public Involvement and Engagement

3.0 Bee Involved, the Trust's Patient Experience and Involvement Group, now has a total of 41 members, with 12 active members contributing during Q4. In the same period, 28 individuals expressed interest in joining the group, several of whom have since gone on to actively participate in various involvement opportunities across MFT.

3.1 Throughout Q4, engagement opportunities were regularly shared with members of Bee Involved through monthly newsletters (**Appendix 1**), ensuring they remained informed and connected with involvement activities across the Trust. In February, Bee Involved members supported the Chief Nurse by contributing as judges on the GEM (Going the Extra Mile) Awards panel, offering valuable service-user perspective on a range of improvement projects taking place across the Trust. Additionally, members contributed to the development of patient-facing materials by providing feedback on the Patient Experience leaflet and acted as service user voices in the MyMFT Self-scheduling project, helping to shape the digital transformation of appointment management.

3.2 Each Bee Involved member is supported by a named point of contact within the Corporate Patient Experience team, who provides personalised updates, answer queries, and offers ongoing assistance to ensure members feel supported and valued in their role.

3.3 The Corporate Patient Experience team has continued to drive recruitment during this period, actively promoting Bee Involved at various Trust wide events, including two Volunteer Recruitment Fairs. In addition, the team delivered three seminars to staff across the Trust, helping to raise awareness of the Bee Involved programme and encourage collaboration with patient and public voices.

3.4 The MFT Patient Experience & Involvement Strategy 2024-2029 was being reviewed and updated during Q4 to ensure alignment with key Trust and national priorities. In Q4 NHS England published a Patient Experience Benchmarking tool and this is currently being used to support further development of the strategy. The refreshed strategy will aim to provide a comprehensive and forward-thinking approach to enhancing patient engagement, addressing health inequalities, and improving healthcare outcomes. The

updated strategy will reflect the evolving needs of our diverse patient population, with a strong focus on the core principles of person-centred care, collaborative decision-making, and inclusive service design. It will also reinforce the commitment to integrating the patient voice across all levels of service planning and delivery. As highlighted in the Q2 report, the Quality and Patient Experience Forum will continue to monitor the implementation and progress of the strategy. This includes ensuring alignment of workstreams with the annual delivery plan, providing governance, and supporting accountability across MFT.

- 3.5 To support broader efforts to strengthen community connections, raise awareness of involvement opportunities, and ensure that the voices of diverse populations are heard and embedded in service development. In January and February 2025, the Corporate Patient Experience team hosted engagement stands at Adult Safeguarding and Wellbeing Events held in Moss Side and Levenshulme. These events provided valuable opportunities to showcase the team's work around patient feedback, highlighting ongoing improvements, and promote Bee Involved to prospective members of the public and local community groups. More events like this will be undertaken throughout the coming months.
- 3.6 During Q4, the Corporate Patient Experience team facilitated six CIVICA training sessions, supporting staff in developing the skills and knowledge required to effectively capture, interpret, and act on patient feedback. A total of 20 staff members attended these sessions, helping to embed a consistent and meaningful approach to patient experience reporting across the Trust.

4. Patient Support Services

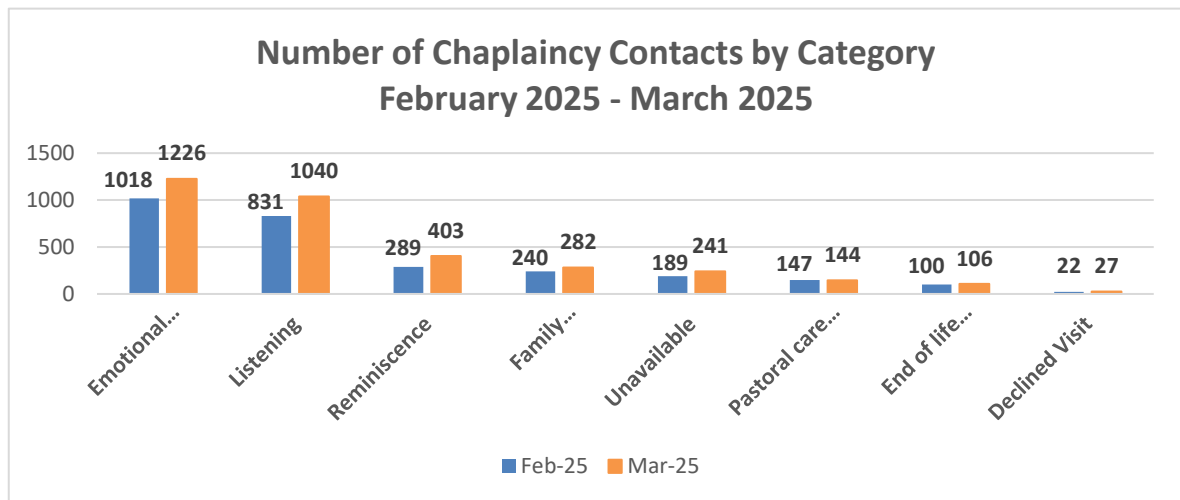
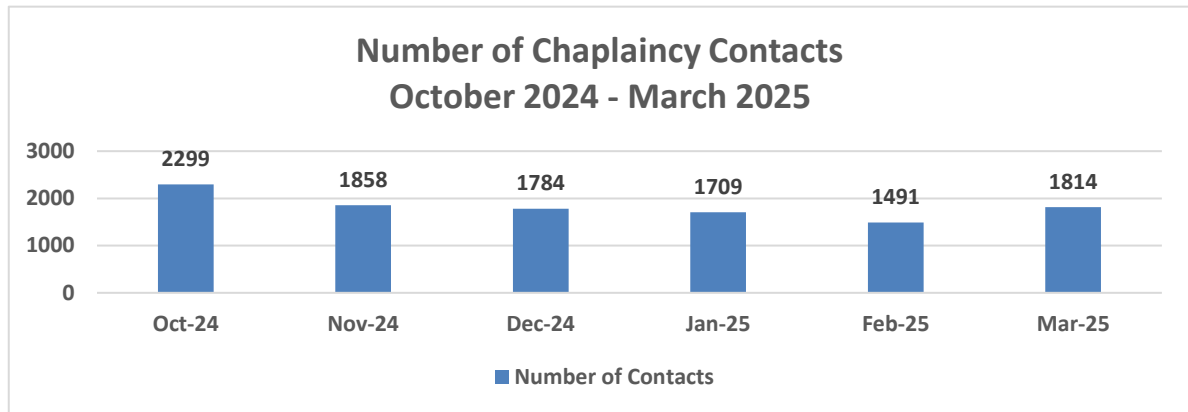
The Chaplaincy & Spiritual Care team

- 4.0 The Chaplaincy and Spiritual Care team continued to support staff, patients and visitors with specialist pastoral, spiritual and religious needs. In Q4, 2024/25 the Chaplaincy team recorded a total of 5,014 contacts. Notably, in March 2025, the service achieved its highest monthly interaction to date, with 1,184 contacts recorded. During February and March 2025, 'emotional support' was the most frequently provided form of care, accounting for 35.5% (2,244 contacts) of overall chaplaincy activity. This was followed by 'listening support', which comprised of 1,871 contacts (30%). There is a current workstream (Q1) to provide a breakdown of the number of staff and patient interactions.
- 4.1 The Chaplaincy team have commenced development of a training programme, including an Introduction to Chaplaincy and Religious Cultural Awareness. The Cultural Awareness training aims to help Trust staff better understand the religious and cultural diversity of the patients they care for and tailor care accordingly.
- 4.2 The team is in the final stages of governance approval for the introduction of Trust-wide Spiritual Care Boxes. These boxes will provide essential spiritual and religious resources for each ward, allowing staff to support patients' holistic needs more effectively.
- 4.3 In collaboration with the Trust's Adult Bereavement Team, the Chaplaincy team facilitated the Trust Adult Memorial Service in January. Twelve families came together to remember their loved ones.

4.4 The team delivered a Ramadan Symposia to raise awareness of the observances required and help managers understand how to best support their Muslim staff during the holy month of Ramadan.

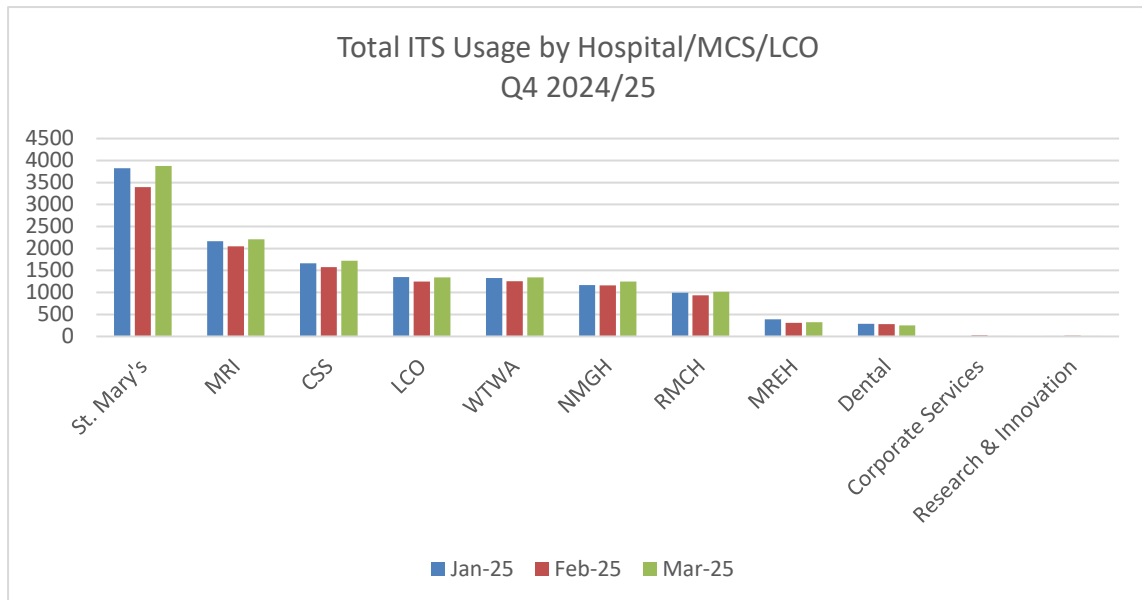
4.5 The Chaplaincy team marked key religious and commemorative events in Q4, including Ramadan, Lent, and Purim, while also providing space and reflection on Holocaust Memorial Day and the COVID-19 Day of Reflection.

4.6 Manchester Royal Infirmary (MRI) continues to be the highest user of the Chaplaincy service, recording 1,100 contacts during Q4. This accounts for 33.2% of all chaplaincy activity across the Trust during this period. Of note, unavailable in contacts by category refers to the patient being unavailable not the chaplain.

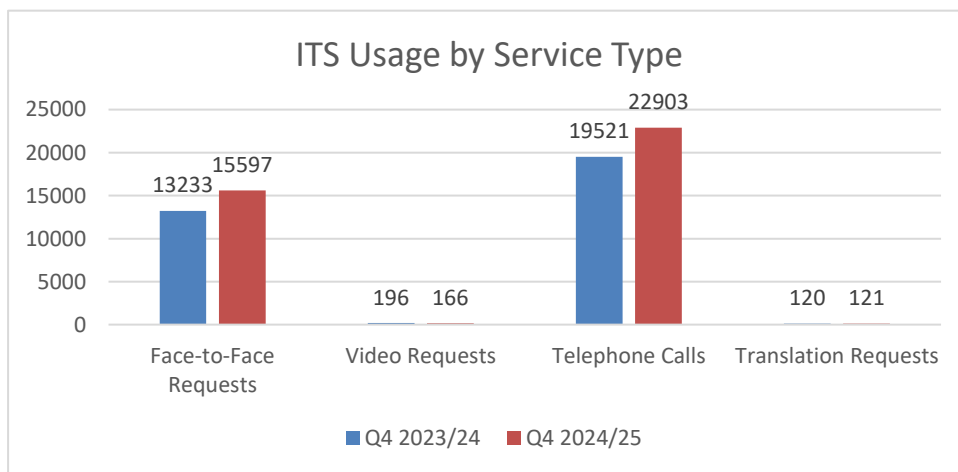


5. Interpretation and Translation Services (ITS)

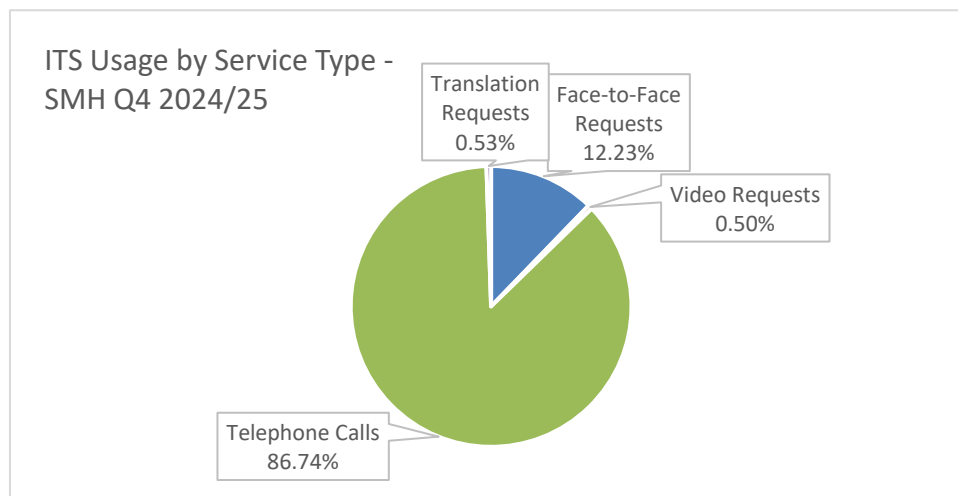
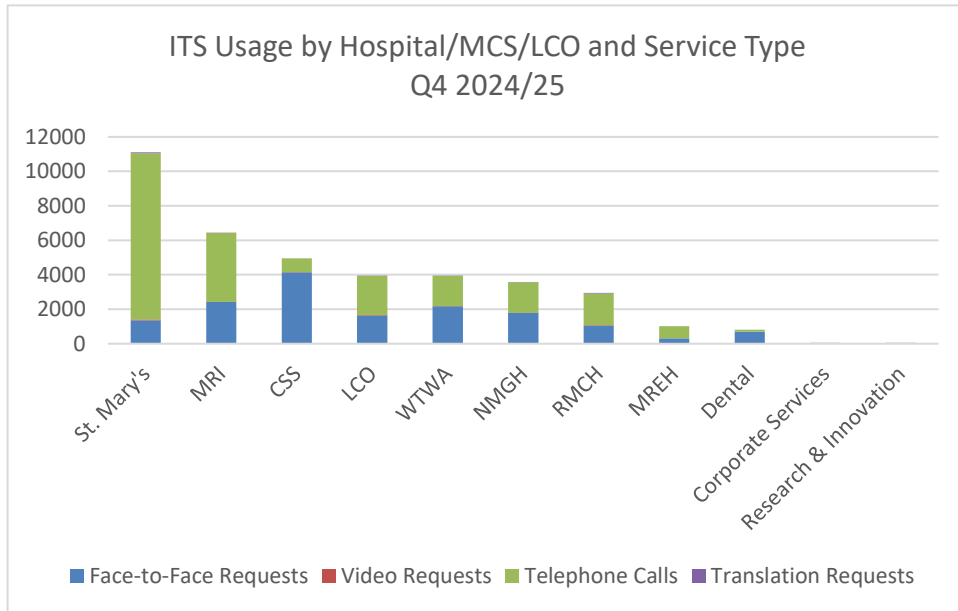
5.0 In January 2025, ITS recorded the highest monthly interactions to date, with 13,183. This figure dipped slightly in February to 12,250, before rising to a new record of 13,354 in March.



5.1 In Q4 2024/25, Telephone interpretation remained the most utilised service with 22,903 calls connected to an interpreter, this accounts for 59.05% of overall ITS usage. This was followed by 15,597 Face-to-Face requests, 40.21% of overall ITS usage. For comparison, the most utilised service in Q4 2023/24 was Telephone interpretation, with 19,521 calls connected to an interpreter, accounting for 59.03% of overall ITS usage. This was followed by 13,233 Face-to-Face requests, 40.02% of overall ITS usage.

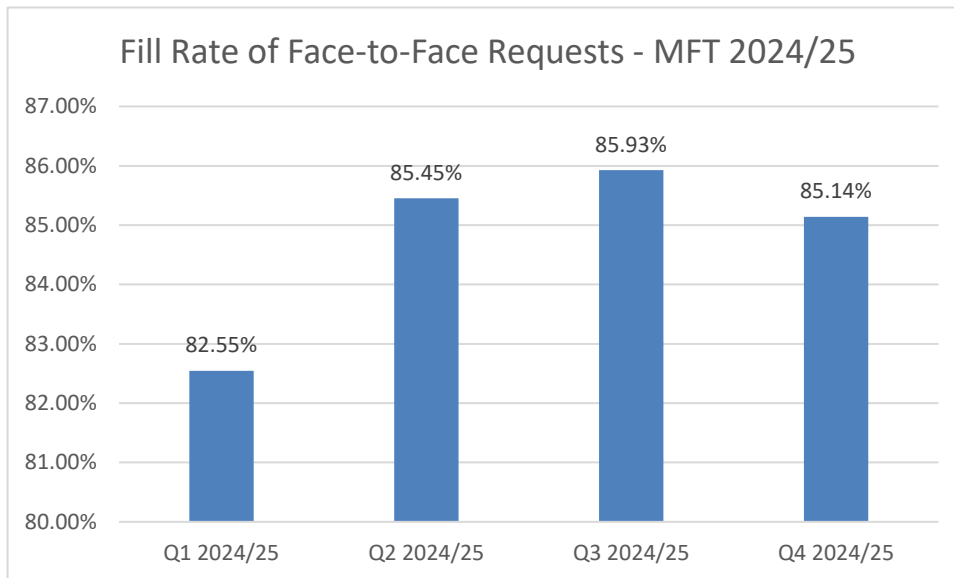


5.2 SMH continues to be the highest user of the service with 11,097 interactions with ITS in Q4, accounting for 28.61% of total ITS usage.

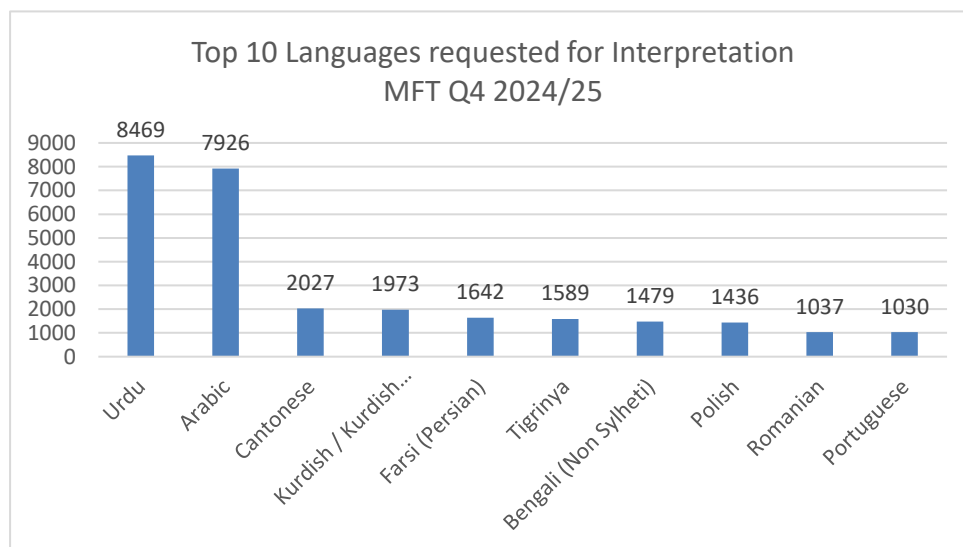


5.3 In Q4 2024/25, the fill rate of Face-to-Face Requests was recorded as 85.14%. This is a slight decrease from 85.93% in Q3 2024/25. During Q4 2024/25 investigations have continued into other formats of interpretation that could be utilised to combat the decrease in Face-to-Face fill rate.

5.4 The ITS have proposed a trial of 'Interpreter on Wheel' units – a physical transportable device that would allow for on-demand video calls with interpreters. The ITS are awaiting approval from Procurement to proceed with trials of languages Apps 'CardMedic' and 'CareToTranslate' which provide further modalities and opportunities to patients and staff.



5.5 In Q4 2024/25, interpretation requests were made for more than 114 languages and dialects. The most requested language for interpretation was Urdu with 8,269 requests. This was followed by Arabic with 7,926 requests. Urdu and Arabic requests combined equated to 42.19% of all interpretation requests.



6. NMAHP Quality Assurance team

Clinical Accreditation Programme

6.0 During Q4, three Quality Assurance and five Clinical Accreditation validation meetings were completed in January 2025, marking the completion of the year's Clinical Accreditation and Quality Assurance process, this work recommences in Q1.

6.1 Q4 was a period of review and redesign for the Clinical Accreditation programme to include a heightened focus on quality of care data. This integration features additional questions and data that provide further assurance on key assessments, such as Purpose T, mouthcare assessments and Mental Health.

6.2 Following stakeholder engagement with clinical areas and feedback on the Portfolio of Evidence, a full review and redesign of the portfolios was undertaken. This was prompted by concerns that some teams felt disadvantaged if area managers were not present on the day of accreditation. The redesigned portfolio now enables areas to complete essential information in advance, ensuring that, in the absence of the ward manager, another staff member could effectively represent the ward.

Bee Brilliant

6.3 In Q4 the team facilitated and hosted three Bee Brilliant events across the main hospital sites, with the theme of 'Caring for you: Our Staff Matter' and sub theme 'it's good to talk'. The events were led by Ant Johnson, Deputy Director of Nursing, Manchester Royal Infirmary, and 296 people registered their attendance. During the events, national and local data around staff wellbeing was shared to highlight the importance of meaningful conversation and engagement from staff in terms of staff surveys and talking to each other. Practical tools for managing mental health challenges were provided and unique elements such as inspiring guest speakers and a hands-on craft workshop were incorporated proving to be impactful.

Small Change Big Difference

6.4 During Q4, two Small Change Big Difference (SCBD) panels were held to review project applications, with a total of six submissions presented. Of these, five were successful in securing funding. The successful projects included the provision of furniture for patients undergoing non-curative cancer treatment and distraction fidget toys for paediatric neurodiverse patients during pre-operative assessments.

6.5 Throughout Q4 the team have been planning and organising the inaugural SCBD celebration event which will be held on 10th April 2025. This is an opportunity for areas to exhibit their successful SCBD applications and share good practice. The showcase event and all associated work and projects will be uploaded to a designated Padlet to ensure accessibility for those unable to attend. All presenters will receive a certificate and there will be a prize on the day for the most exceptional presentation as voted by attendees.

6.6 The team also oversaw the finalisation and distribution of the remaining Dementia Friendly Clocks in Q4, part of a Trust wide SCBD initiative launched originally in 2023.

Teaching and roving support

6.7 During Q4 the team supported a combination of IQP Super Sessions, Matron Matters and Senior Leadership Programmes. In addition to, and in a roving capacity, the team supported ongoing IQP projects and wider Trust improvement projects including the 'Clothing Project' and the 'Active Hospital' Task and Finish Group.

6.8 The team submitted two insightful posters at the NMAHP 2025 conference entitled: 'The impact of Roving Coaching: Improving Patient Flow in NMGH Recovery Theatre' and 'Humanising Accreditation: A Compassionate Approach'. Both were well received, with the latter winning the poster presentation award.

7. Voluntary Services

7.0 In Q4, the Voluntary Services team recorded a total of 8,315 hours of volunteering across the Trust, delivered by 460 volunteers. The 'meet and greet' role saw its highest contribution to date, with 3,562 hours recorded, accounting for 43% of all volunteering activity during the quarter. This was closely followed by volunteers from charitable organisations, who contributed 3,319 hours across the Trust, representing 40% of total volunteering time and involving 140 volunteers.

7.1 Recognising the essential contribution of volunteers in supporting patient experience, wayfinding, and enhancing the overall hospital environment. The team successfully recruited a total of 39 new volunteers within Q4 across the Trust (8 at NMGH, 12 at ORC and 19 at WTWA). This continued growth in the volunteer workforce reflects the Trust's commitment to enhancing patient experience through meaningful involvement and support at all sites. Further recruitment of volunteers will take place throughout the coming year.

8. Example of Patient Experience Improvements within the Clinical Groups

8.0 **Sensory Room** - The **UDHM team** were successful with a Small Change Big Difference bid to fund a sensory room within the **Children's Department**. This will enable particularly anxious Children and those children with learning disability/ Autism to be treated in a space which is more appropriate to their needs. The bid was for a total of £7500 to purchase the sensory equipment for this area. The room is fully operational, and we have started to receive positive feedback from patients that have accessed this area. The team will be presenting this piece of work at a celebration event on the 10th April 2025



8.1 During week commencing 17th March **WTWA** celebrated **Nutrition and Hydration week**. The Quality Improvement and Patient Experience Team have been on a roadshow around the departments to discuss MUST assessment, mealtime standards and tray presentation standards, engaging staff with interactive games and quiz'. The week has also been supported by the Dietetics who delivered drop in MUST and malnutrition prevention teaching sessions on Monday, Sodexo who provided patient menu food tasting on Tasty Tuesday gaining valuable feedback from our staff members on what they thought of the meals, the Acute Care Team who will be supporting drop in teaching sessions on fluid balance and the Speech and Language Team who will be visiting the wards providing education on swallowing, dysphagia, and modified fluids on Thirsty Thursday.



8.2 During week commencing 10th March **WTWA** held **Patient Safety Awareness week**. To mark the occasion, the Patient Experience team put together a special Patient Safety Awareness Bulletin. This bulletin was packed with WTWA patient safety facts and offered an insightful introduction to the Patient Safety Incident Response Framework (PSIRF). In addition, the Clinical Governance Team and the Quality Improvement Team held an information stall outside Kitchen Works on Friday 14th March to provide an opportunity for staff members to learn more about PSIRF, ask questions, and gain valuable insights into how this new framework is enhancing our response to patient safety incidents.



8.3 **Point prevalence audits** continue at **NMGH** facilitated by the Corporate Nursing Team. One such audit focuses on assessing how well communication, cultural and religious needs of our patients are being addressed. A consistent finding from data reviewed on HIVE is the lack of comprehensive information relating to patients' faith, beliefs and cultural practices, and how these needs are accommodated during their hospital stay. Further exploration through conversations with staff revealed that, while there is a shared understanding of the importance of this information, many staff members feel uneasy initiating these discussions. Concerns about causing offence or discomfort often act as barriers to these essential conversations. Following this, a meeting with the Chaplaincy team has led to the establishment of a Spiritual Needs and Faith Champion Group, and the first session will be held in April 2025.

9. Next Steps & Recommendations

9.0 Continue to monitor WMTM and FFT data for trends and actionable insights.

9.1 Work with relevant departments to address any areas of concern highlighted in the National Children and Young People Survey, particularly focusing on cleanliness, staff introductions, patient privacy and communication with parents.

9.2 Progress initiatives aimed at enhancing the provision and quality of food services and reducing waiting times across the Trust.

9.3 Complete the review of WMTM feedback from the RMCH pilot trial and roll out the questionnaire to adult areas following RMCH's successful conclusion, ensuring engagement with staff and patients to optimise feedback collection.

9.4 Launch updated Patient Experience & Involvement Strategy.

9.5 Members of the Quality, Safety and Performance Board Committee are asked to note the contents of the report and support suggested actions and next steps.

Strategic objectives (Key)

Work with partners to help people live 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

Appendix 1



Bee Involved



Patient Experience
Involve • Improve • Inspire



NHS
Manchester University
NHS Foundation Trust



WELCOME TO OUR

Bee Involved Monthly Newsletter

Disabled People's User Forum (DPUF)

The EDI Team are looking for voices to attend the Disabled People's User Forum (DPUF). The DPUF brings together diverse disabled communities and listens to their positive and challenging experiences when accessing services at MFT. They are wanting to engage range of disabled peoples voices, to truly influence decision making in the Trust. If you are interested the forum's take place online once a quarter with the next one due to be held on the 4th of June 2025.

What: Disabled People's User Forum (DPUF)
Where: Online
When: Quarterly



Patient and Stakeholder Partnership Group

This group is based at North Manchester General Hospital. They are looking to form a group that will play an integral role in improving communication, supporting management teams with addressing problems as well as implementing new ideas. The Patient and Stakeholder Partnership Group will be running for three years and will have meetings quarterly either face to face at North Manchester General Hospital or via Teams. If you are interested in taking part, please email bee.involved@mft.nhs.uk

What: Patient and Stakeholder Partnership Group at NMGH
Where: North Manchester General Hospital, Online
When: Quarterly over the next three years.

MFT Membership Annual Member's Meeting Survey

MFT's Membership Team are promoting their new Annual Members' Meeting (AMM) Survey. They are encouraging as many views as possible around the meeting engagement stands, interactive activities, patient conditions and diversity stands alongside ideas for presentation information.

If you are interested please complete the survey or scan the QR Code with your mobile phone:



SCAN ME

The Annual Members' Meeting (AMM) is due to be held on the 24th of September 2025.

What: MFT's Membership Team Annual Members' Meeting (AMM) survey.
Where: Online
When: Survey deadline, 5pm on the 14th April 2025.



Public Board of Directors Wednesday 21st May 2025

Paper title:	Annual Clinical Accreditation Report 2024-2025	Agenda Item 11.4
Presented by:	Kimberley Salmon-Jamieson Chief Nursing Officer and Interim Deputy Chief Executive	
Prepared by:	Deborah Carter, Director Safety and Quality	
Meetings where content has been discussed previously	Quality Safety and Performance Board 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

This paper aims to present the Board of Directors with a comprehensive overview and analysis of the activities, outcomes, and learnings from the 2024-2025 Clinical Accreditation Programme and the Clinical Quality Assurance Programme. It also summarises the changes implemented for the 2025-2026 programme.

- A total of 192 Clinical Accreditation / Quality Assurance visits were conducted in 2024-2025, covering 235 areas, which is an increase of 14 areas compared to 2023-2024.
- There was an improvement in three safety action categories:
 - medication management
 - Risk Management
 - Nutrition and Hydration
- There was an increase in two safety action categories:
 - Infection prevention and control (IPC) and cleaning
 - Emergency Equipment and Devices
- The findings from the Clinical Accreditations and Quality Assurance visits highlighted key areas for improvement:
 - Quality Care Round (QCR) and What Matters to Me (WMTM) data collection
 - Medication processes and storage
 - Culture of improvement
- Following extensive stakeholder engagement, the Portfolio of Evidence has been updated to align with the Trust's Strategy, update CQC scoring and the NMAHP Strategy.
- To provide additional assurance, new questions and data matrix will be incorporated into the 2025-2026 process, developed with input from relevant subject matter experts.

Recommendation(s)

The Board of Directors are asked to:

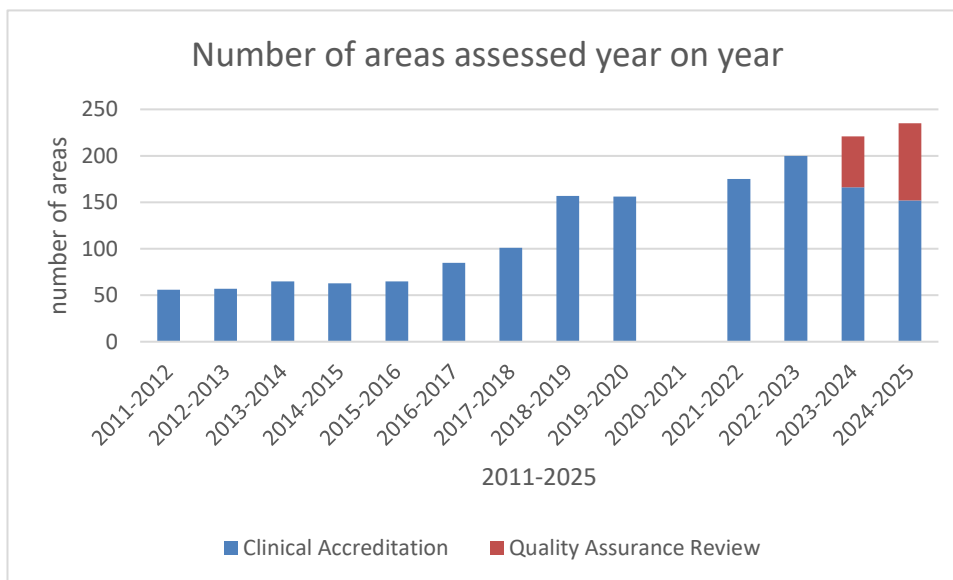
- Note the contents of this report
- Support the revised Clinical Accreditation and Quality Assurance processes.

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
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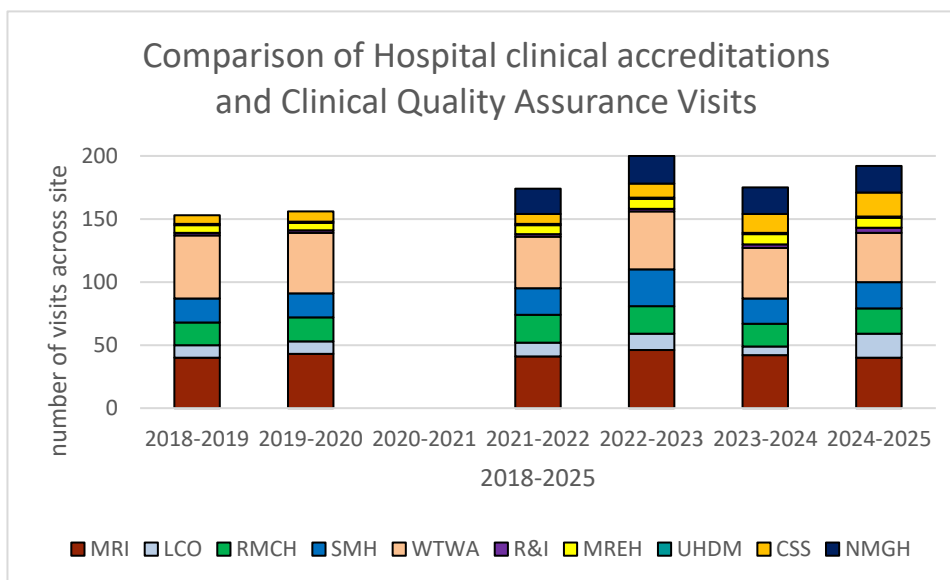
Relationship to the strategic objectives			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input checked="" type="checkbox"/>
PEW objective	<input 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"> • Nil 		
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"> • Utilising the Clinical Accreditation and Quality Assurance programme to assess alignment to CQC requirements. 		

Main report
<p>1. Overview of the 2024-2025 Clinical Accreditation Programme</p> <p>1.1. Clinical Accreditations completed during 2024-2025 represented areas from all Clinical Groups, including adult, children and maternity inpatient areas, Emergency Departments, theatres, and in-patient community locations. Whilst Quality Assurance visits focused on all areas that did not meet the Clinical Accreditation criteria.</p> <p>1.2. The Clinical Accreditation process has three domains of Clinical Effectiveness, Patient Experience and Patient Safety. All questions within each domain are aligned to the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE). There are a total of 83 questions across the 3 domains and all questions are scored on the day of the visit.</p>

- 1.3. Since the introduction of the Clinical Accreditation Programme in 2011, there has been a year-on-year increase in areas being accredited (**Graph 1 and 2**).
- 1.4. In total, 235 areas received a Clinical Accreditation / Quality Assurance visit. Due to multiple areas being single site service, 43 areas were able to be completed in tandem resulting in 192 visits overall.
- 1.5. 128 Clinical Accreditation awards were issued (152 areas), in comparison to 64 Quality Assurance awards (83 areas).



Graph 1: Number of areas assessed from 2011-2025
(No Clinical Accreditations occurred in 2020 – 2021 due to the COVID-19 pandemic)



Graph 2: Demonstrates the comparison of Hospital / MCS/ LCO Clinical Accreditations over the last seven years.

2. Clinical Accreditation Outcomes for 2024-2025

- 2.1. Among the 128 Clinical Accreditation visits there was a 7% decrease in bronze awards, a 10% increase in silver awards and a 3% decrease in gold awards compared to the 2023-24 final awards (**Table 1**).

- 2.2. Seven areas who had received Clinical Accreditation in 2023-2024 received a Quality Assurance visit in 2024-2025 due to a change of function in the clinical area and two new areas were added into the programme.

	2023-2024 Clinical Accreditations		2024-2025 Clinical Accreditations	
	Number	Percentage	Number	Percentage
Gold	9	7%	5	4%
Silver	97	73%	106	83%
Bronze	27	20%	17	13%
White	0	0%	0	0%
Total	133	100%	128	100%

Table 1 demonstrates the distribution of Bronze, Silver and Gold during the 2024-2025 Clinical Accreditation in comparison to 2023-2024

- 2.3. During 2024-2025 of the 64 Quality Assurance visits, there was a 13% decrease in bronze awards, a 7% decrease in silver awards, and a 20% increase in gold awards compared to the 2023-2024 final awards (**Table 2**).
- 2.4. There was an increase of 22 Quality Assurance visits, 7 who had previously received a Clinical Accreditation and 15 clinical areas new to the accreditation process.

	2023-2024 Quality Assurance Review		2024-2025 Quality Assurance Review	
	Number	Percentage	Number	Percentage
Gold	15	36%	36	56%
Silver	17	40%	21	33%
Bronze	10	24%	7	11%
White	0	0%	0	0%
Total	42	100%	64	100%

Table 2: demonstrates the distribution of Bronze, Silver and Gold during the 2024-2025 Clinical Quality Assurance Programme in comparison to 2023-2024.

- 2.5. In comparison to the previous year, 21 areas improved their award, 13 areas deteriorated, 92 areas maintained their award 2 areas were accredited for the first time (**Table 3**).

	Total 2023-2024	Total 2024-2025
Number of areas that improved	36	21
Number of areas that deteriorated	29	13
Number of areas that stayed the same	66	92
Number of new areas	2	2

Table 3: demonstrates the number of areas that improved, deteriorated, or maintained their Clinical Accreditation Award in 2024-2025 compared to 2023-2024

2.6. The number of areas that maintained or improved their Clinical Accreditation Award in 2024-2025 was 113 (88.2%) compared with 102 (76.7%) in the 2023-2024 Clinical Accreditation Programme demonstrating an increase of 11.5%.

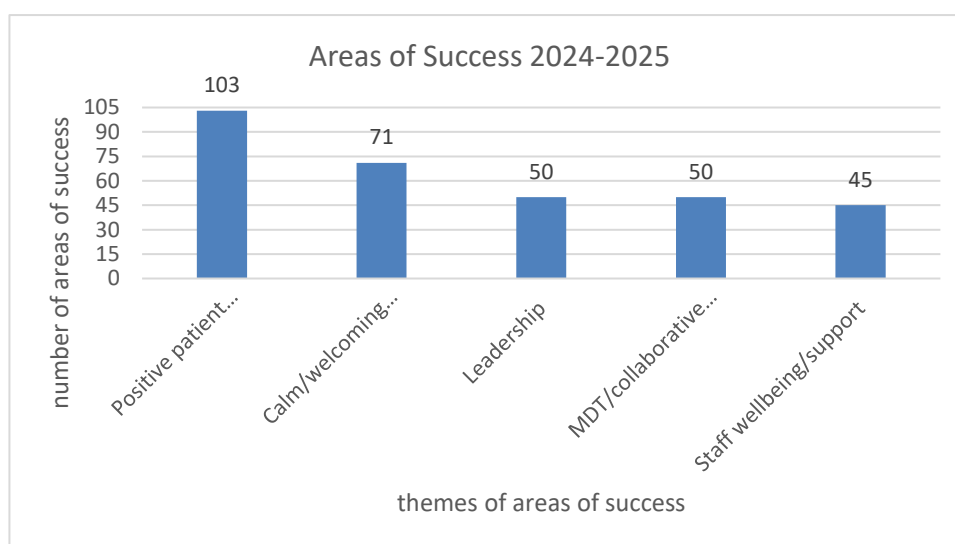
3. Thematic Analysis of the findings of the 2024-2025 Clinical Accreditation Programme

3.1. Initial feedback is provided during the Clinical Accreditation and Quality Assurance visit. At the end of the visit, the team identifies three areas of success and three areas for improvement to celebrate achievements and highlight areas needing focus.

3.2. Safety Actions address safety issues observed during Clinical Accreditation and Quality Assurance visit. These are discussed with the area's manager either immediately if urgent or at the end of the day along with other identified improvement areas.

Themes of Areas of Success 2024-2025

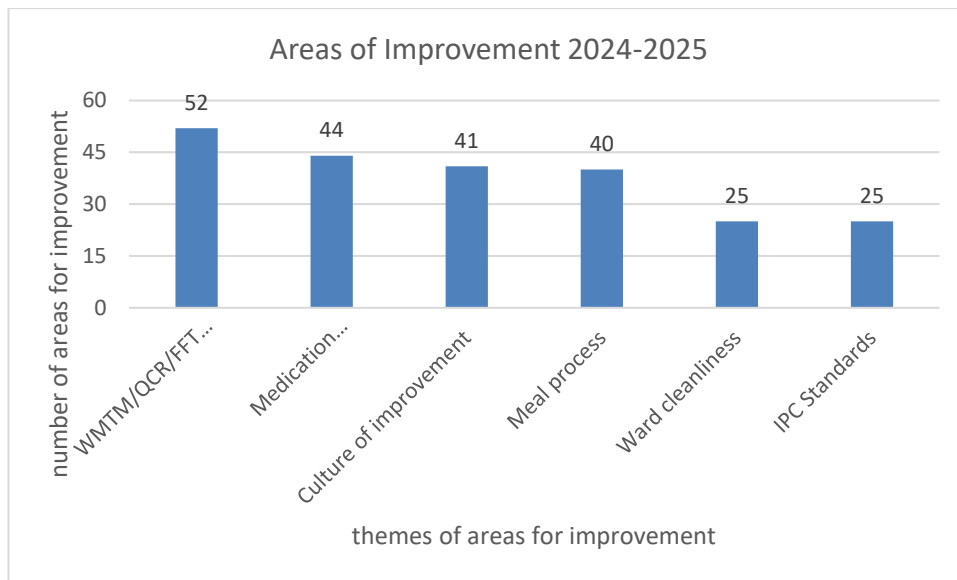
3.3. 43 success themes were identified during the 2024-2025 programme. The top three were positive patient feedback, a calm and welcoming environment and strong leadership (**Graph 3**). In comparison in 2023-2024 the top three themes were positive patient feedback, multidisciplinary team (MDT) working and leadership.



Graph 3: Themes identified as Areas of Success in the Clinical Accreditation Programme 2024-2025.

Themes of Areas for Improvement 2024-2025

3.4. 54 themes were recognised as areas for improvement. The top themes included Quality Care Round (QCR) and What Matters to Me (WMTM) data collection, medication processes and storage, culture of improvement, meal process, ward cleanliness, and infection prevention and control (IPC) standards (**Graph 4**). Notably, while the culture of improvement remains a top area for improvement in 2024-2025, there is significant evidence of progress when comparing data from 2023-2024 and 2022-2023. This improvement aligns with the Improving Quality Programme (IQP) training initiated by the NMAHP Quality Assurance (QA) team in 2023, demonstrating the positive impact of these efforts.



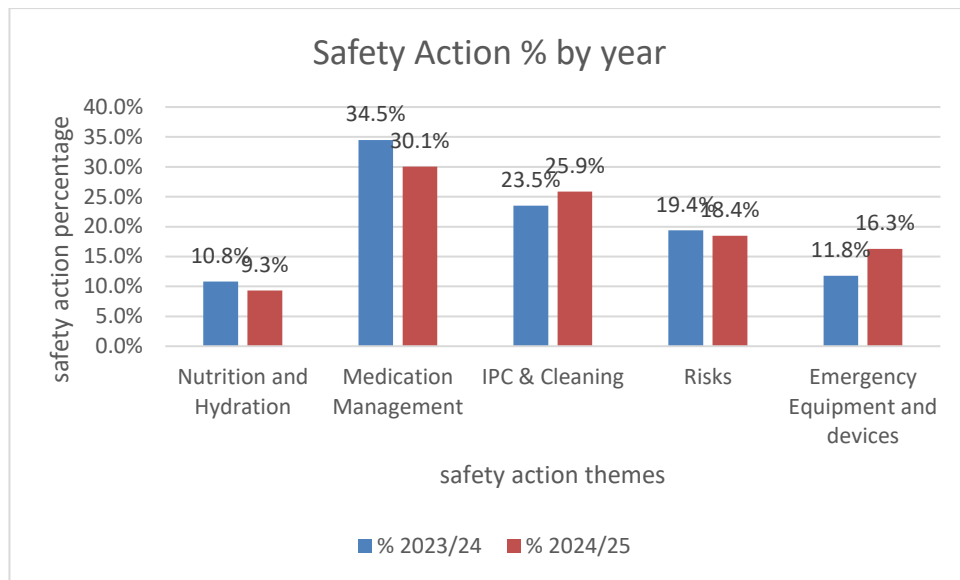
Graph 4: Demonstrates the themes identified as areas for improvement in the Clinical Accreditation Programme 2024-2025

Themes from Clinical Accreditation questions

- 3.5. The three questions that achieved the highest scores were: How are performance issues managed? Evidence of daily documentation from the MDT on Hive and Do staff interact with patients and colleagues with kindness and respect?
- 3.6. The three questions that achieved the lowest scores were: How do you get involved in research in your clinical area? Have all registered staff attended the AIMS training? and Are communication needs assessed on admission?

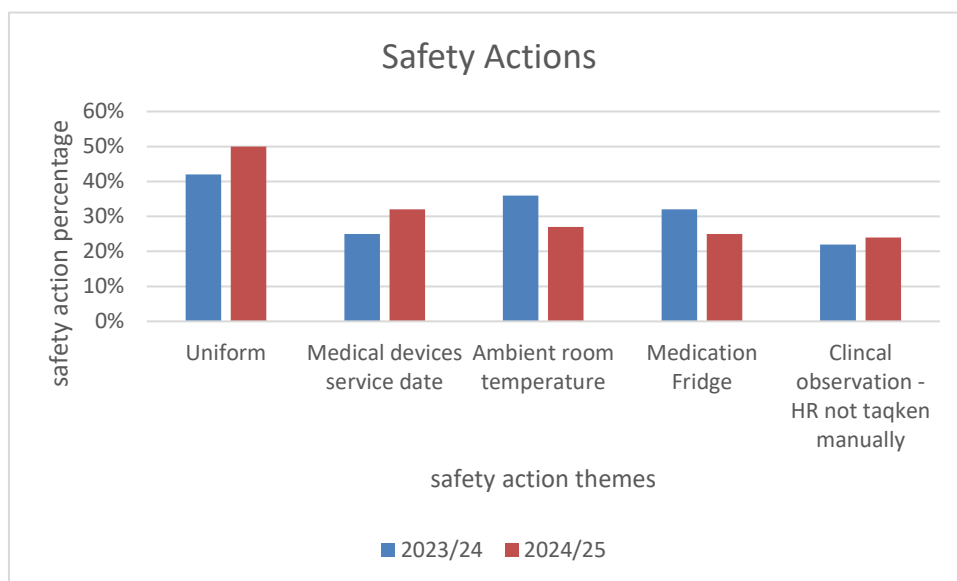
Themes from Safety Actions 2024-2025

- 3.7. During Clinical Accreditations and Quality Assurance visits, safety actions identified that could be addressed immediately or within 72 hours were provided in the form of a safety action plan. Safety actions are assigned under 5 overarching themes which are: Nutrition and Hydration, Medication Management, IPC and Cleaning, Risk and Emergency Equipment and Devices.
- 3.8. Of the five themes, medication management had the most safety actions (30.1%), down from 34.5% last year. Infection prevention and control (IPC) and cleaning rose to 25.9% from 23.5%. Risk Management dropped to 18.4% from 19.4%. Emergency Equipment and Devices increased to 16.2% from 11.8%, while Nutrition and Hydration fell to 9.4% from 10.8% (**Graph 5**).



Graph 5: Demonstrates the distribution of safety actions issued by theme in 2024-2025

3.9 The top three specific safety action under these 5 themes were uniform standards non-compliance (50%), which has seen an increase year on year, leading to a dress code policy review and relaunch in Q3 2024-2025; medical device service dates (32%), which also increased, prompting affected areas to review processes for future compliance; and a significant decrease of 9% in non-compliance with ambient room and medication fridge temperature monitoring 7%, following the introduction of monthly medication safety audits with real-time feedback from pharmacy staff (**Graph 6**).



Graph 6: Demonstrates the top 5 identified Safety Actions in 2023-2024 and 2024-2025

3.10 Findings from clinical accreditations including key themes and safety-related risks are shared at the Operational Quality Leads Forum, which escalates relevant issues to the Trust Quality and Patient Safety Committee.

4. Review of 2024-2025 Process

4.1. In response to the growing number of areas requiring assessment, Quality Assurance visits were introduced. This approach enabled a greater number of areas to be reviewed within the agreed timeframe.

4.2. To mitigate the variation and subjectivity, the QA team undertook a rigorous process of standardising the questions and scoring matrix. This allowed for a more streamlined and succinct validation process.

- 4.3. A review of scores from Clinical Accreditations and Quality Assurance visits revealed that areas were more likely to achieve a gold or silver rating during Quality Assurance visits. As a result, the questions and scoring matrix for Quality Assurance visits have been reviewed and revised for the 2025–2026 cycle to ensure consistency and rigour across assessment methods.

5. Validation

- 5.1. All validations were completed by January 2025, following the final Clinical Accreditation in December 2024. Timely feedback enables areas to promptly implement improvements and address identified issues, supporting enhanced performance and quality of care.
- 5.2. The average number of days between clinical accreditation and validation decreased from 19 days in 2023-2024 to 13 days. This represents a 10% improvement in meeting the SOP standard of 14 days (**Table 4**).

	SOP Standard	Average number of days 2023 - 2024	Met the SOP Standard 2023 -2024	Average number of days 2024 - 2025	Met the SOP Standard 2024 - 2025
Clinical Accreditation to Validation	14	19	47%	13	57%
Clinical Quality Assurance to Validation	14	11	72%	14	70%

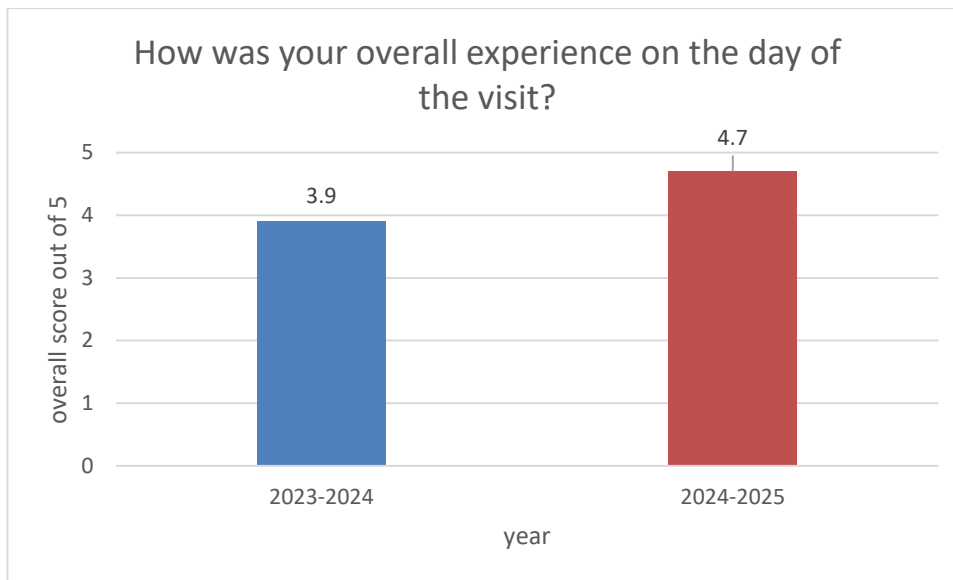
Table 4. Demonstrates the time taken from Clinical Accreditation/Quality Assurance Review in relation to the SOP

- 5.3. In 2024-2025 there were 4 postponed validations compared to 47 in 2023-2024. The most common reason for postponements were Chair unavailability.

6. Review of the Clinical Accreditation process

Stakeholder Engagement feedback

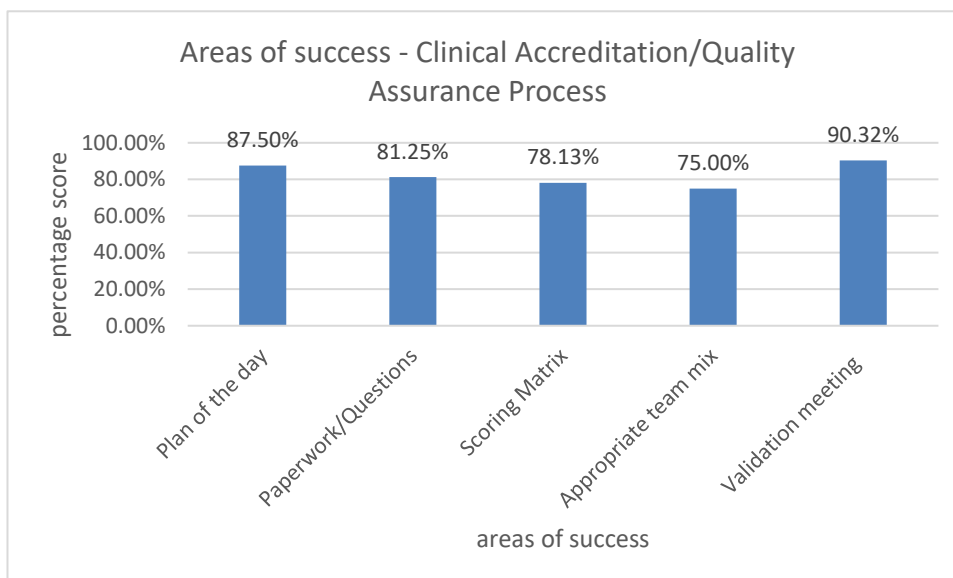
- 6.1. Utilising IQP methodology, the Corporate Nursing and NMAHP QA Team, reviewed the 2024-2025 Clinical Accreditation process based on observations and feedback from numerous stakeholders.
- 6.2. The QA Team used Survey Monkey to engage with Ward Managers, their teams, subject matter experts and all members of the Clinical Accreditation team on their experiences and suggestions for improving the Clinical Accreditation and Quality Assurance review (**Graph 7**).



Graph 7: Demonstrates the average rating by ward managers and team leaders out of 5 for overall experience

Clinical Accreditation Stakeholder Feedback Themes

- 6.3. Key success themes from the feedback highlighted that the assessing teams valued the visits and the same-day completion of narratives and documentation, which supported a more efficient process. Stakeholders expressed satisfaction with the timeframe between assessment and validation, as well as the timely delivery of scores to areas. The revised documentation questions and updated scoring matrix were positively received, as they helped to reduce subjectivity in scoring (**Graph 8**).
- 6.4. The QA Team used Survey Monkey to engage further with subject matter experts and all members of the Clinical Accreditation and Quality Assurance teams to gain further feedback on their experience and areas for improvement.



Graph 8: Demonstrates theme of areas of success from stakeholders 2024-2025

- 6.5. Key themes for improvement indicate that Clinical Accreditation teams identified the need for enhanced, bespoke cross-site documentation. Additionally, some team members suggested that Matrons should be included in both Clinical Accreditation and Quality Assurance visits.

7. Implementation of Change in Practice

- 7.1. The findings from the Clinical Accreditations and Quality Assurance visits have highlighted key areas for improvement. Based on these insights, there have been several implemented changes to enhance practice.
- 7.2. Following the Gynaecology OPD (ORC) Quality Assurance visit, it was found that a medication was not stored as per IPC standards. The department collaborated with the pharmacy to find a compliant alternative. They reviewed the practice with the clinical team and sought feedback from the Screening Quality Assurance Service (SQAS) which is part of NHS England, which suggested ceasing the practice and using an alternative medication.
- 7.3. It was noted that suction filters across the trust were not being checked or replaced according to manufacturer guidance due to a lack of awareness. All areas have now replaced the suction filters and implemented local procedures to ensure compliance with the guidelines.
- 7.4. It was observed across the trust that areas that store Expressed Breast Milk (EBM) have no standardised booklet for the fridge monitoring, as a result areas are using incorrect booklets with the wrong temperature ranges or are documenting on paper. The QA Team are in the process of collaboratively designing a booklet that can be rolled out in all areas that store EBM with Saint Marys Hospital, Specialist Hospitals Clinical Group (SSCG).
- 7.5. Acute Illness Management training was included as a data point in the 2023-2024 process, which revealed that 92.5% of the areas accredited had less than 80% staff trained. In 2024-2025, this saw a positive change with only 7.5% of areas accredited having less than 80% compliance, and 41.6% of areas achieving above 85% compliance.
- 7.6. Although knowledge of research continues to score low on accreditation, staff are beginning to connect with research teams and consider how research links to their own areas. The 2025-2026 portfolio has also been updated to include a research section to help teams further integrate research into practice.

8. Changes to the Clinical Accreditation and Assurance Programme

- 8.1 All questions in the three domains of the Clinical Accreditation calculator have been reviewed and updated with input from subject matter experts. They now include additional productivity measures and align with national surveys.
- 8.2 To provide additional assurance, new questions and data matrix will be incorporated into the 2025-2026 process.
- 8.3 In response to stakeholder feedback, all hospitals have been requested to nominate ten matrons each to participate in the 2025-2026 evaluation process. This initiative aims to ensure a diverse and comprehensive representation of nursing leadership throughout the process.
- 8.4 An overview of the area and key information will be prepared by the NMAHP QA team and shared with the accreditation team before attending the area to be assessed.
- 8.5 The portfolio has been redesigned for the 2025-2026 period following extensive stakeholder engagement. The updated portfolio will be aligned with the MFT Strategy and will include new sections such as Workforce, Research and Innovation, and

Budget Management. These additions aim to provide a comprehensive overview of key areas and ensure alignment with organisational goals.

- 8.6 All portfolio changes will be presented in a PowerPoint with an audio guide. MS Teams sessions will review the changes to ensure all members are informed and understand the updates.
- 8.7 To improve the timescale for areas receiving their accreditation results, the date of validation will be automatically populated into the Clinical Accreditation Lead's diaries within 14 days of the accreditation visit date (subject to availability).
- 8.8 The Clinical Accreditation and Quality Assurance calculators for specialist areas have been reviewed and updated to better align with the specific requirements of each specialism.
- 8.9 The scoring of Clinical Accreditation and Quality Assurance calculators have been updated in line with the updates to the CQC single framework that were updated in December 2024.
- 8.10 Any area that is awarded a repeat bronze score will be required to complete an action plan based on their assessment feedback and provide regular updates to the Senior Leadership team.

9. Summary

- 9.1. The Clinical Accreditation Programme for 2024-2025 successfully reviewed 128 Clinical Accreditations and 64 Quality Assurance visits. Assessing a total of 235 Clinical areas.
- 9.2. The Clinical Accreditation programme has built on the successes of previous years robust scoring mechanism to ensure consistent and standardised scoring throughout.
- 9.3. The Clinical Accreditation programme continues to grow and evolve based on current evidence base to ensure assurance to national agendas.
- 9.4. Extensive stakeholder engagement during the 2024-2025 programme has further developed the Clinical Accreditation Programme going forward into 2025-2026. Thus, providing the Trust Board with an effective quality assurance mechanism, whilst also providing a vehicle for continued service improvement.
- 9.5. The roving programme will continue to provide tailored support to areas with repeated bronze scores or scores below 50%. The NMAHP QA team will assist these areas throughout their improvement projects to address challenges, implement effective strategies, and enhance performance to meet required standards.

10. Conclusion

- 10.1. The Board of Directors are requested to acknowledge the content of this report and the continuous efforts being made to ensure that Clinical Accreditation and Quality Assurance programmes remain an effective assurance mechanism. These programmes are crucial for maintaining high standards of care and ensuring that patients receive the best possible experience. The ongoing work include regular evaluations, stakeholder engagement and the implementation of improvements based on feedback and data analysis. By doing so the Trust aims to uphold its commitment to quality of care, safety and patient satisfaction.

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



Public Board of Directors Wednesday 21st May 2025

Paper title:	Safe Staffing Report (Nursing)	Agenda Item 11.5
Presented by:	Kimberley Salmon-Jamieson, Chief Nursing Officer	
Prepared by:	Mark Keegan, Director of Nursing – Workforce and Education; Darren Dunleavy, NMAHP Workforce Programme Lead; Marie Mathew, Lead Nurse – NMAHP Workforce	
Meetings where content has been discussed previously	Workforce and Education Committee, 2 nd April 2025. People Board Committee, 23 rd April 2025	
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 n

1. This bi-monthly safe staffing report provides assurance that the Trust remains compliant with the national guidance in relation to safer staffing for nursing. A midwifery safe staffing report is provided separately.
2. The Board of Directors received a report of the bi-annual assessment of the nursing establishment and skill mix in February 2025, in accordance with National Quality Board (NQB) Safer Staffing Guidance (2016), and the NHS Improvement (NHSI) Developing Workforce Safeguards (DWS) Guidance (2018).
3. In the last two months finance accelerator schemes have been maintained and monitored by the NMAHP Corporate Workforce team in collaboration with the NMAHP Workforce leads for each Clinical Group and have been supported by a designated Clinical Group Director of Finance to ensure the financial impact is accurately reported.
4. Nursing establishments are set using a triangulated approach including an evidence-based acuity and dependency tool, professional judgement and assessment of nursing sensitive outcomes. The suite of Safer Nursing Care Tool (SNCT) applications, developed by the Shelford Group and endorsed by the National Institute for Health and Care Excellence (NICE) are used to support nursing establishment and skill mix assessments.
5. MFT has maintained licences for all the Safer Nursing Care Tool (SNCT) evidence-based tools, which are developed by the Shelford Group and endorsed by the National Institute for Health and Care Excellence (NICE) to support nursing establishment and skill mix assessments.
6. The funded establishment in February 2025 was 9,078wte for registered nursing roles (band 5 and above) and 3,658wte for unregistered staff. There are 8,896wte registered nurses and 3,216wte unregistered nursing support colleagues in post. This has largely

been supported by recruitment of new graduate nurses following national cessation of the international recruitment programme in May 2024.

7. The Theatre workforce forum will be reinstated during April 2025 to oversee the NMAHP workforce plan for Theatres which will report into the NMAHP Workforce Forum.
8. Turnover for registered nurses has reduced over the past 12 months and as of February 2025 is 8.1% against a national rate of 7.4%. Sickness rate has seen no significant variation in recent months with current rates just above 6.2% for registered nurses. There has been improvement in unregistered nursing support colleague sickness rates down to 9.4% following a seasonal winter peak of 12.5% in December 2024. There is currently an unbudgeted pressure on nursing workforce due to maternity leave of 4.3%.
9. There is currently less than 2wte specialist community agency workers in placement, and NMAHP corporate team are working closely with colleagues from LCOD clinical group to finalise exit strategies for the remaining agency workers by the end of quarter 4 of 2024/25. The community agency cascade was closed on Friday 14th March 2025. This is the final area of nursing agency usage across Trust.
10. The NHSP enhanced pay rates were reduced on 4th November 2024 in Emergency Departments, Critical Care Units and Theatres. Following an initial reduction in fill rates from a mean average of 95% to 68% in the first week the fill rate has increased gradually since to a current level of 88% during February 2025. On 20th March 2025 the Trust Leadership Team Committee approved plans to progress with phase 2 of enhanced rate reduction which is set to be implemented from 12th May 2025. Based on the current demand and fill profile the assumed projected annual savings have been calculated at circa £4.3 million through 2025/2026.
11. MFT has joined a national improvement collaborative sponsored by NHSE with a focus on Enhanced Therapeutic Observations of Care. A Steering Group has been established, with an improvement plan incorporating revision of the current screening and risk assessment tool, staff training and development of a data dashboard.
12. The overall shift fill rate across MFT has been maintained above the standard of 95% for the last 6 months, with 54 areas from a reported 120 meeting the fill rate standard of 95.0% or above in February 2025.
13. The MFT wide average Care Hours Per Patient Day (CHPPD) level is at 9.3 hours per patient against a Shelford Group average of 9.6 hours, indicating that the Trust staffing levels result in a CHPPD level aligned with the Shelford average.
14. During the period September 2024 to February 2025, a total of 1747 incidents related directly to staffing levels were reported. Most of the incidents were recorded as no harm and the appropriate actions were taken at the time (when investigations were successfully closed). Of the 6 incidents recorded as moderate, 5 related to corporate services and had no direct impact on patient care, and 1 related to inability to provide an anaesthetic practitioner for an overnight on call shift in Theatre.
15. There were no category 3 or 4 attributable pressure ulcers in any of the in-patient areas and no special cause variation noted for falls per 10,000 in February 2025. MRI (2 falls) and WTWA (1 fall) have reported the largest number of level 4 and 5 reported falls and improvement plans are in place.

16. Following receipt of the National Benchmarking of District Nursing 2024 report, the Director of Nursing / Allied Health Professionals, Manchester and Trafford Local Care Organisations and the University Dental Hospital Manchester commissioned a detailed review to confirm the current position within the Trafford locality. Trafford District Nursing has the lowest spend per 1,000 patients on the caseload nationally and this equates to a risk rated at level 12.
17. Additional staffing requirements to align with QNI recommendations equate to 10.5 WTE at Band 5, with a required investment of c£581,935. The LCO Senior Leadership Team received a report on the matter in February 2025 and approved the recommendations to consider potential investment and support a review of commissioning arrangements for the Trafford DN service to meet demand safely.

18. Recommendation(s)

The Board of Directors is asked to:

- Receive this report and note that MFT remains compliant with the national guidance (NQB 2026; DWS 2018) in relation to safer nurse staffing.
- Note the risk related to district nurse staffing in Trafford LCO and support the recommendation approved the LCO Senior Leadership Team to consider potential investment and support a review of commissioning arrangements for the Trafford DN service to meet demand safely.
- Note the plans to reinstate the Theatre workforce forum which will report into the NMAHP Workforce Forum.
- Note the plan to receive the annual strategic nurse staffing review report in July 2025.

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

Yes (please set out in your report what action has been taken to address this)

No

Relationship to the strategic objectives

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

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

Links to Trust Risks	The work contained with this report links to the following strategic, corporate or operational risks:	
Care Quality Commission domains Please check <u>all</u> that apply	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • National Quality Board (NQB) Safer Staffing Guidance for adult wards (2016) • CQC's fundamental standards – staffing; safety; good governance • Developing workforce safeguards - Supporting providers to deliver high quality care through safe and effective staffing; NHSE; 2018 	

Main report

1. Introduction

This bi-monthly Safe Staffing report provides the Board of Directors with assurance that MFT remains compliant with the national guidance in relation to safer staffing for nursing. A midwifery safe staffing report is provided separately.

2. Background

The National Quality Board (NQB) Safer Staffing Guidance for adult wards (2016), states 3 expectations of the Trust Board of Directors. These are endorsed by the NHS Improvement (NHSI) Developing Workforce Safeguards (DWS) Guidance (2018).

Expectation 1: Right staff

Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations.

Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (ie the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified.

Expectation 2: Right skills

Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services.

Expectation 3: Right place and time

Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear

escalation policies, from local service delivery to reporting at board, if concerns arise.

The Board of Directors receives a bi-annual report of the comprehensive establishment and skill mix review in June and January respectively.

In between these reports, the Board of Directors will receive a bi-monthly safe staffing report to provide assurance that the Trust remains compliant with the national guidance in relation to safer staffing for nursing.

3. Nursing Workforce Productivity

In the last two months finance accelerator schemes have been maintained and monitored by the NMAHP Corporate Workforce team in collaboration with the NMAHP Workforce leads for each Clinical Group and have been supported by a designated Clinical Group Director of Finance to ensure the financial impact is accurately reported.

The schemes are as follows:

- Confirm roster and establishment alignment.
- Reduce access to and use of premium overtime and agency.
- Establish the optimal supernumerary period considering professional and regulatory standards / guidelines. Standardise across MFT where appropriate.
- Establish bank payment mechanisms, eg pay to shift rather than pay to grade.
- Establish plan for the removal of overtime.

The full list of schemes with related financial impact is shown in appendix E.

Since January 2025, the NMAHP Corporate Workforce team have continued to focus on the workforce planning improvement programme, with the current priorities as:

- Increase roster approval lead time
- Ensure roster template alignment to ledger establishments
- SafeCare System update and training refresh

The Chief Nursing Officer set a standard for all Clinical Groups to ensure all nursing rosters were set and approved at least 6 weeks in advance. This has a positive impact on staff experience and demonstrates effective management of rosters. Through proactive reporting and escalation of non-compliance, the current overall Trust roster lead time has met the 6-week approval lead time. From the 269 areas reported during the February 2025 roster period, 145 (53.9%) were compliant which is a similar outcome to the previous roster in January 2025 at 59.4% compliance. Areas with non-compliance are reported to the Chief Nursing Officer and relevant Directors of Nursing/Midwifery.

To ensure and maintain aligned roster templates throughout the year and to ensure appropriate oversight is sustained throughout the year, NMAHP Corporate Workforce team now oversee quarterly review meeting with each Clinical Group. The Clinical Group nursing workforce leads are required to review and validate current roster templates. Where required changes to existing roster templates are established and enacted. Increasing the frequency of these reviews from annual to quarterly is intended to improve senior leadership oversight. The current quarterly review remains in a period of validation and will be finalised in March 2025.

From November 2024 to January 2025 inclusive, a trial of NHSP bank short shifts for Care Support Workers (CSW) was undertaken across MRI Clinical Group. The trial aimed to substitute standard 8 hour shifts with shorter 6.5 hours shifts to reduce the 2 hour overlap period across

day shifts. 14 of the 28 ward areas across MRI demonstrated a conversion rate of standard day shifts to short shifts from 29% to 81%. This was mainly due to ward managers using a manual process for converting standard shifts to short shifts. The NHSP system can be configured to make the 6.5 shift the default, whilst providing standard shift lengths as an option. The areas with the highest conversion of short days did demonstrate the intended reduction in filled hours and cost compared to the areas with low utilisation of short days. Fill rates were not adversely affected by the increased utilisation of short shifts. A review of the trial is being considered at the NMAHP Professional Board on 25th March 2025 to agree next steps.

A trial of an Enhanced Oversight Framework for nurse staffing expenditure at ward / department level will commence at MRI Clinical Group and WTWA Clinical Group during April 2025. The Enhanced Oversight Framework identifies wards / departments that are significantly exceeding the established budget and tailors' interventions that target the specific causes. Analysis of budgets / workforce metrics / roster KPIs will be used to categorise wards / departments into 3 oversight levels. Enhanced financial controls and tailored supportive interventions will be implemented for these areas where year to date (YTD) spend is above budget and more than 5% spend is associated to temporary staff.

4. Establishing Safe Nurse Staffing Establishment

The Safer Nursing Care Tool (SNCT) is an evidence-based tool and methodology developed by the Shelford Group and endorsed by the National Institute for Health and Care Excellence (NICE) to support nursing establishment and skill mix assessments. The tool provides a framework for incorporating professional judgement and assessment of nursing sensitive outcomes as part of a triangulated approach to ensure nursing establishments reflect patient needs in terms of acuity and dependency.

Adult and Children and Young Persons Inpatient Ward Safer Nursing Care Tool (A&CYP IPW SNCT)

The latest census was conducted from 1st February 2025 to 30th February 2025 across all Clinical Groups and the findings will support the re-assessment of the nursing establishment and skill mix. The recommendations and actions from this census will be presented in the next bi-annual safe staffing report presented to the Workforce Education Management Committee in June 2025. The review and refresh of the CYP SNCT is currently underway and expected to conclude in early 2025.

Community Nursing Safer Staffing Tool (CNSST)

The tool sets out safety standards for district nursing workforce and will provide a recommended nursing workforce model for each district nursing team based on patient acuity and caseload. The CNSST has been revised and relaunched by NHSE during January 2025 following its testing stage, which involved a pilot at MFT in 2023. The license for the revised tool has been renewed for use at MFT and a census period is planned for July 2025.

Emergency Department Safer Nursing Care Tool (ED SNCT)

Additional work has recently been undertaken to incorporate a new algorithm for patients spending longer than 12 hours in the department. Application of the tool at MFT has been paused following initial census in 2023 pending the outcome of this work.

In 2022 a team from Institute for Fiscal Studies, Imperial College Healthcare NHS Trust and the Health Foundation published a research study which investigated nurse staffing and inpatient mortality^(a). It concluded that Registered Nurse (RN) staffing and seniority levels were associated with patient mortality, and the lack of association for Care Support Workers indicated they are not effective substitutes for RNs who regularly work on the ward. The Institute for Fiscal Studies

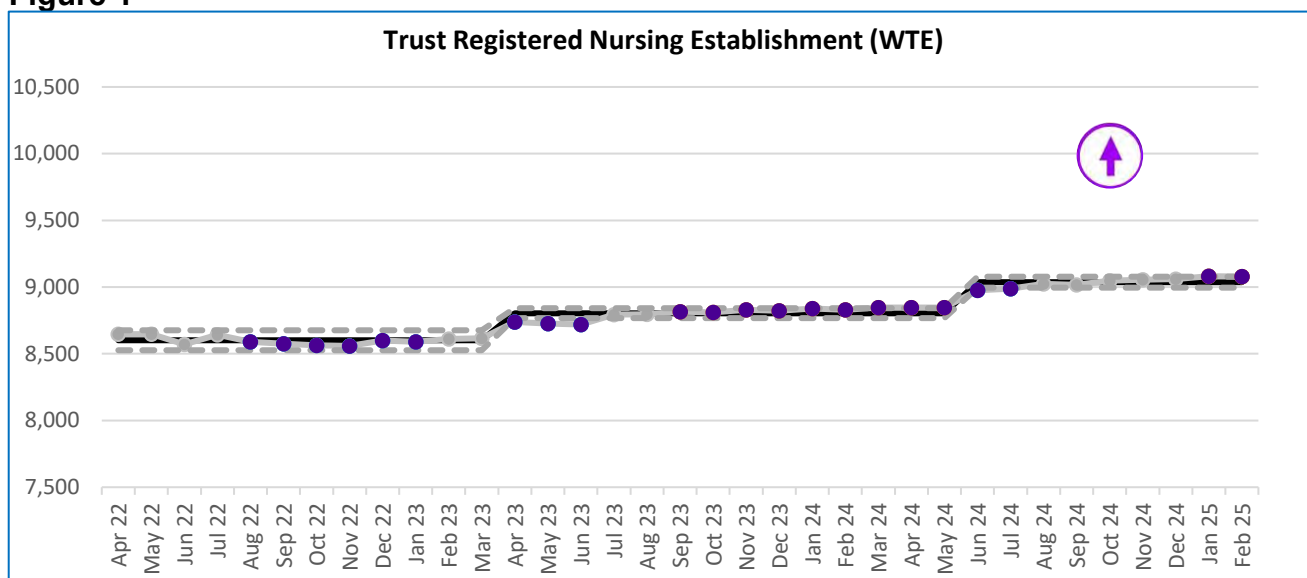
and Shelford Group are proposing to extend this work to a multi-site study, using data for a more recent period and the MFT Chief Nursing Officer has nominated MFT as a study site.

- (a) "Nurse staffing and inpatient mortality in the English National Health Service: a retrospective longitudinal study" in BMJ Quality and Safety (September 2022).

Registered Nursing

The current registered nursing establishment for roles band 5 and above in February 2025 was 9,079wte.

Figure 1



Since December 2024, the establishment has seen a small increase of 17.9wte, with the largest increase noted in registered nursing at:

Research & Innovation (10.4wte):

Newly introduced research budgets were implemented into finance ledger establishment from January 2025, totalling 10.4wte

NMGH Clinical Group: (4.9wte):

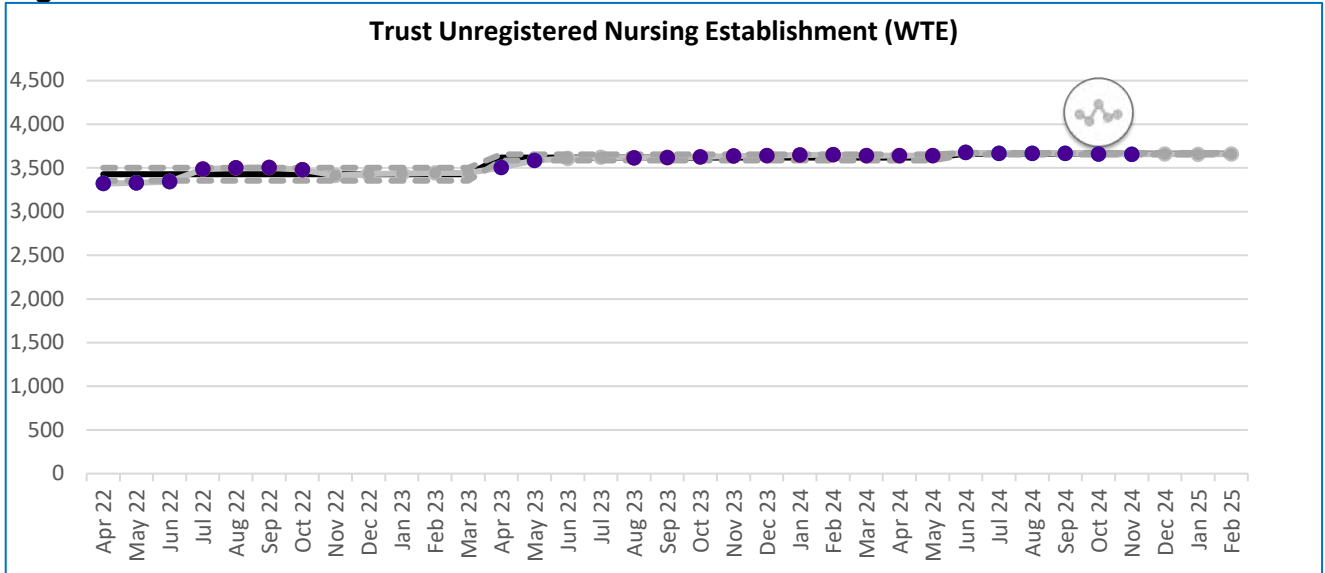
Release of reserved budgets into specific areas across NMGH linked to test for change programme lead by Director of Nursing NMGH.

A new process is being presented for approval at NMAHP Professional Board on 25th March 2025 to ensure all proposed increases in nursing establishment are reviewed by the Chief Nursing Officer prior to approval.

Unregistered Nursing

The current unregistered nursing establishment in February 2025 was 3,658wte, with no change in the previous two months.

Figure 2

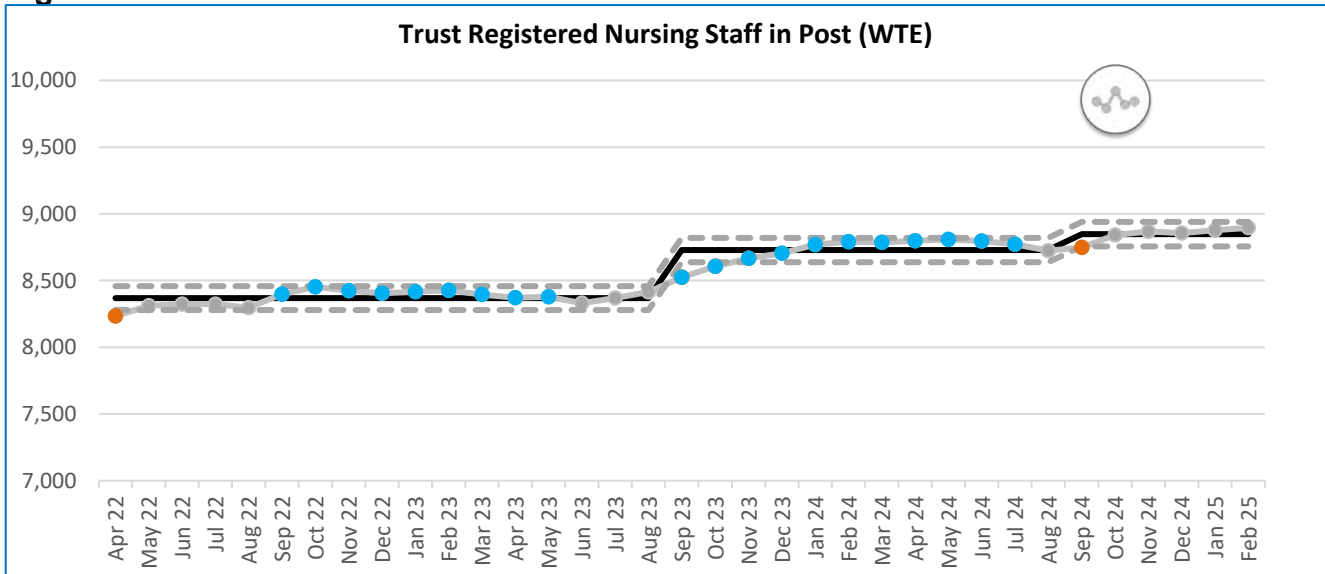


5. Achieving the set establishment

Registered Nursing

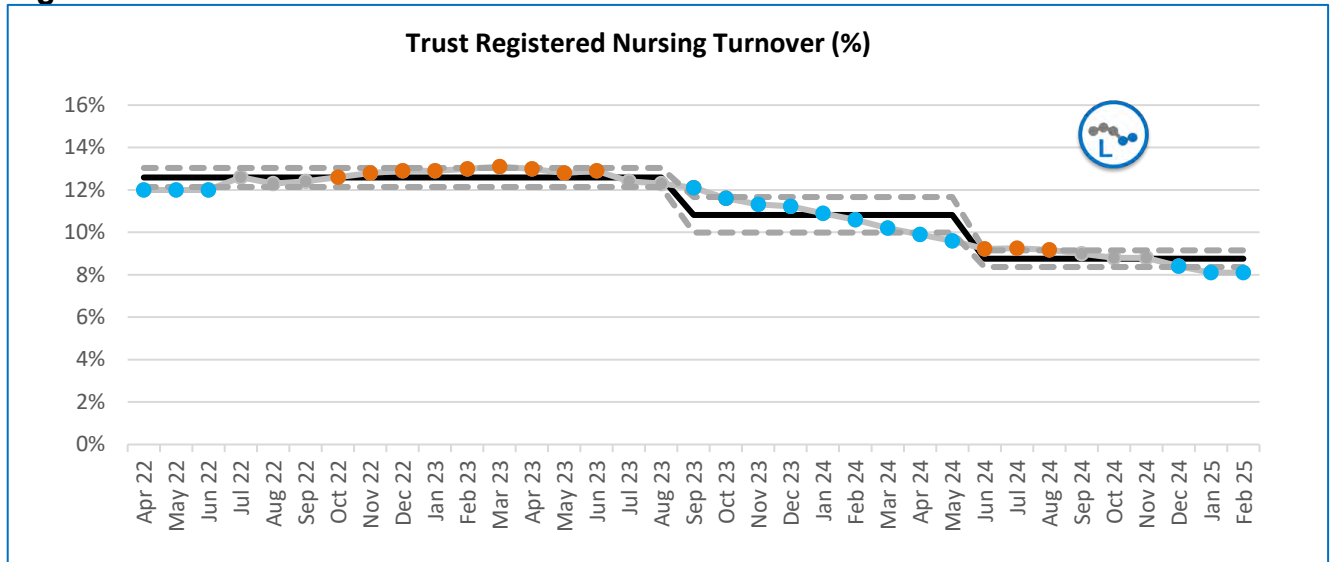
The number of staff in post has continued to increase in the last two months following continued successful recruitment across clinical groups, up to 8,896wte (**Figure 3**). Recruitment planning and maximising domestic candidate attraction is fundamental to maintain or further increase staff in post position.

Figure 3



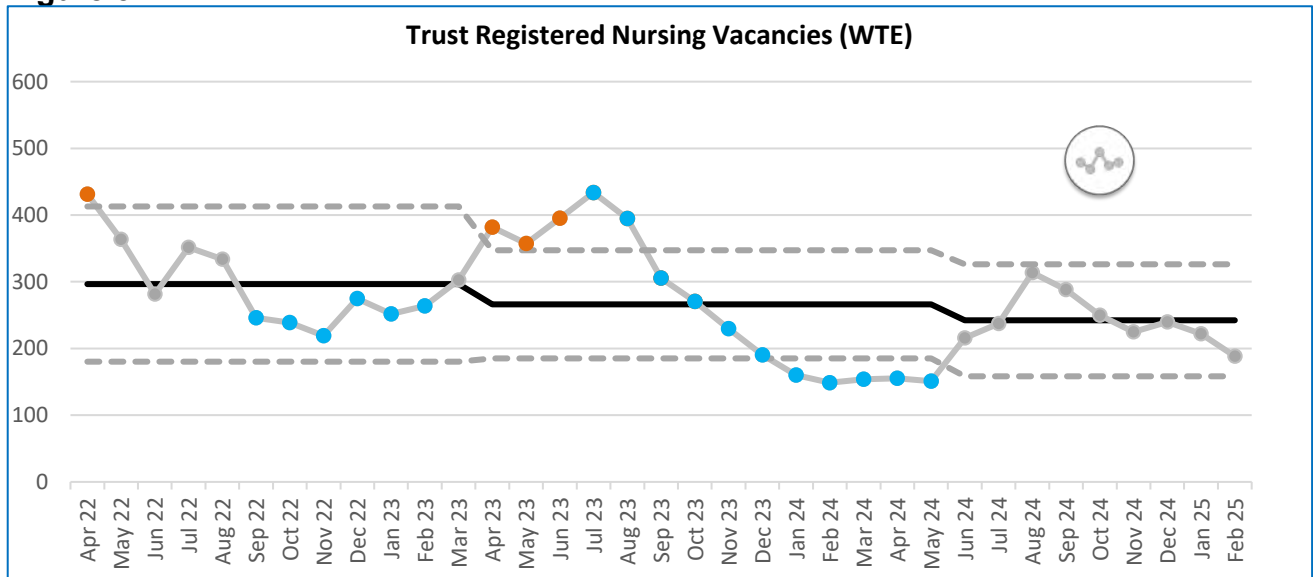
Continued improvement has been noted in registered nursing turnover rates, which have decreased month on month since April 2023 (**Figure 4**), current MFT rate is down to 8.1%. This has followed a national trend with a turnover rate currently reported at 7.4%.

Figure 4



Decreased turnover rates have balanced the potential impact on the registered nursing vacancy position, following the conclusion of international recruitment programme in 2024. The trend of registered nursing vacancies has followed an annual cycle with the regular influx of graduate starters in Autumn each year (**Figure 5**). There are currently 188.wte (1.9%) registered nursing vacancies, significantly less than the current national vacancy rate at 6.4%. Detailed breakdown of current registered nursing vacancies by clinical group and speciality can be found in Appendix A.

Figure 5



MFT wide recruitment initiatives continue to attract newly qualified nurses and experienced nurses and operating department practitioner students on placement at MFT from the University of Salford (UoS), Manchester Metropolitan University (MMU) and Edgehill University and completing their programme in February 2025.

Between January 2025 and March 2025 MFT recruited 151 nursing graduates from local HEIs from an available pool of 180. MFT’s projected Band 5 RN vacancy position in September will be c305wte, based on the previous 6 month’s turnover rate and a similar rate of regular domestic recruitment compared to the same period last year. The pool of available graduates in September 2025 (c1100) will be more than available vacancies, based on those students who have had a 3rd year placement at MFT during the 12 months from September 2024 to September 2025. The

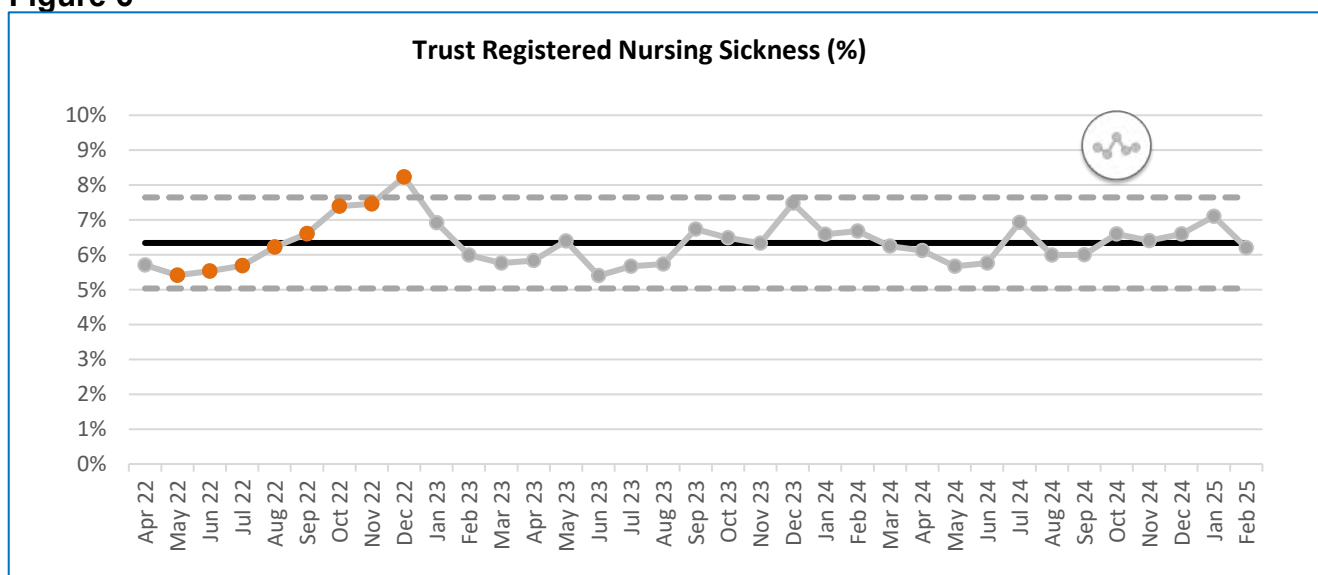
Corporate NMAHP Workforce and Education teams are working closely with the HEIs and NHSE to put plans in place to support recruitment of new graduates into employment.

Participation at external recruitment events such as the Nursing Times Event and Higher Education Institute (HEI) led events continue to showcase MFT as an employer of choice with a range of opportunities for different specialities.

The Theatre workforce forum will be reinstated during April 2025 to oversee the NMAHP workforce plan for Theatres which will report into the NMAHP Workforce Forum. This will support the elective surgery programme and non-elective surgery capacity including training the future workforce, recruitment and retention initiatives and professional development.

Additional factors impacting the availability of registered nurses are sickness and maternity leave require continuous management and monitoring. The registered nursing sickness rate has seen no significant variation in recent months with current rates just above 6.2% (**Figure 6**). There is currently an unbudgeted pressure on nursing workforce due to maternity leave of 401.7wte (4.5%). Further details and breakdown of registered nursing workforce metrics by clinical group can be found in Appendix A.

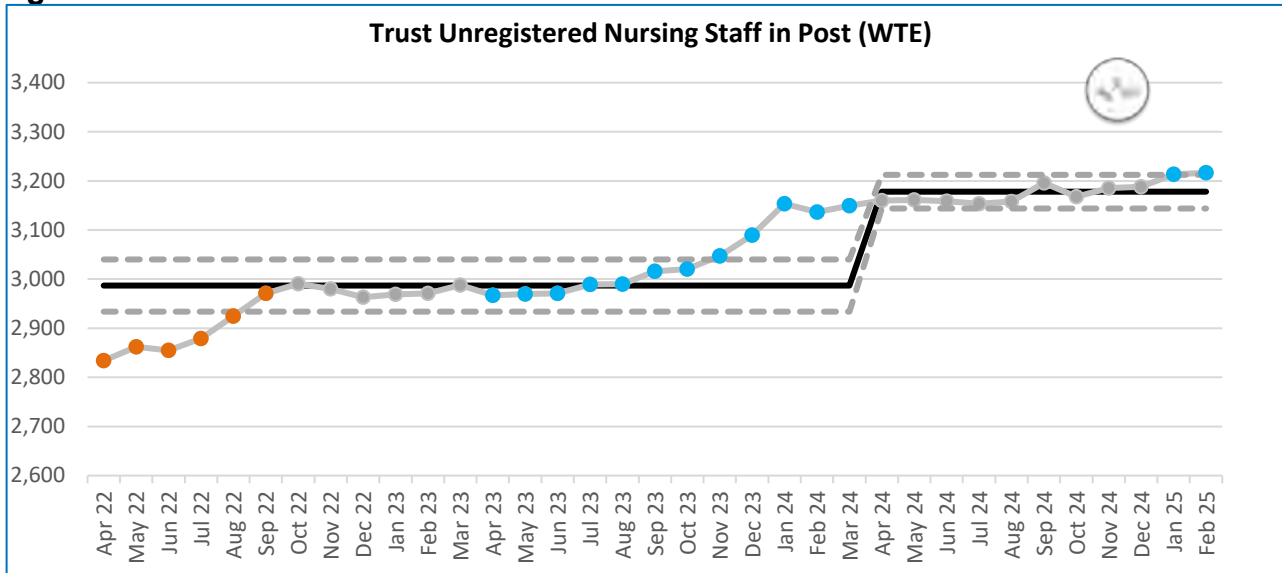
Figure 6



Unregistered Nursing Support

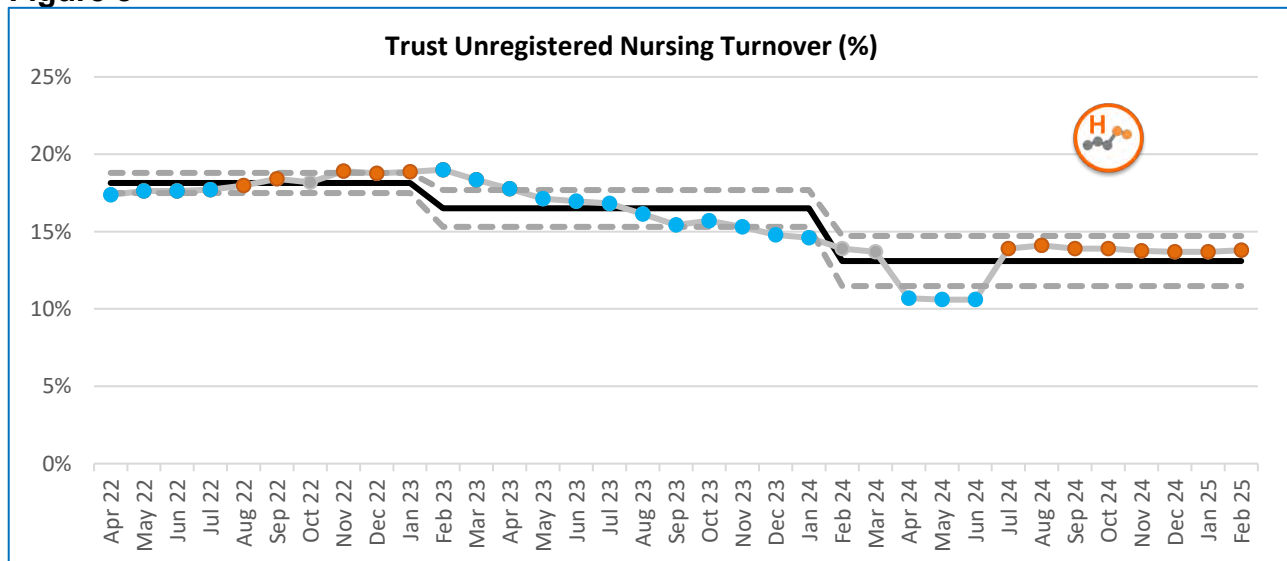
Since December 2024, positive increases in the number of unregistered nursing support colleagues in post have been reported, increasing by 28.4wte to 3,216 in February 2025. The current recruitment pipeline for unregistered nursing represents a narrowly improved picture. Clinical Groups are actively using a range of approaches to attract and recruit applicants, including regular recruitment events, working with the widening participation team to support the pre-employment initiative and the T-level programme with Manchester, Trafford and Stockport colleges.

Figure 7



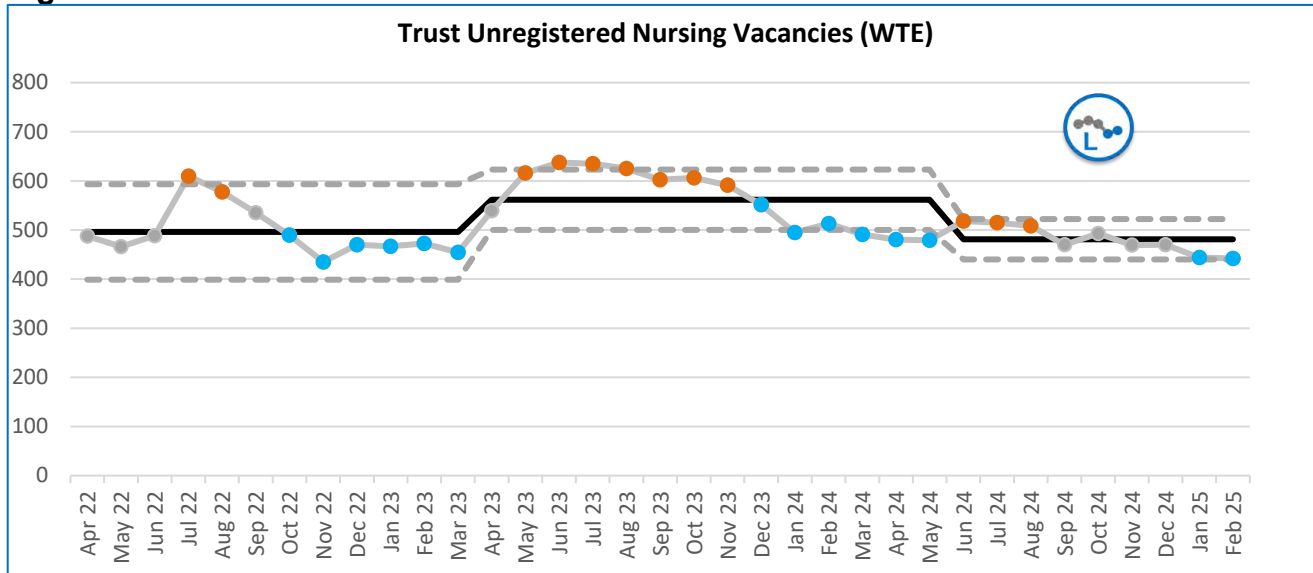
Continued improvement has also been noted in unregistered nursing support turnover rates, in general nursing turnover rates have decreased month on month since February 2023 (Figure 8), current trust rate is down to 13.8%. The national unregistered nursing support turnover rate has seen a similar trend in decreases since April 2023, currently this is reported at 11.2%.

Figure 8



Increases to staff in post have driven a recent decrease in unregistered nursing support vacancies down to 469.1wte in February 2025 (Figure 9). An increased pipeline is required to reduce vacancies in the short and long term. Detailed breakdown of current unregistered nursing vacancies by clinical group and speciality can be found in Appendix A.

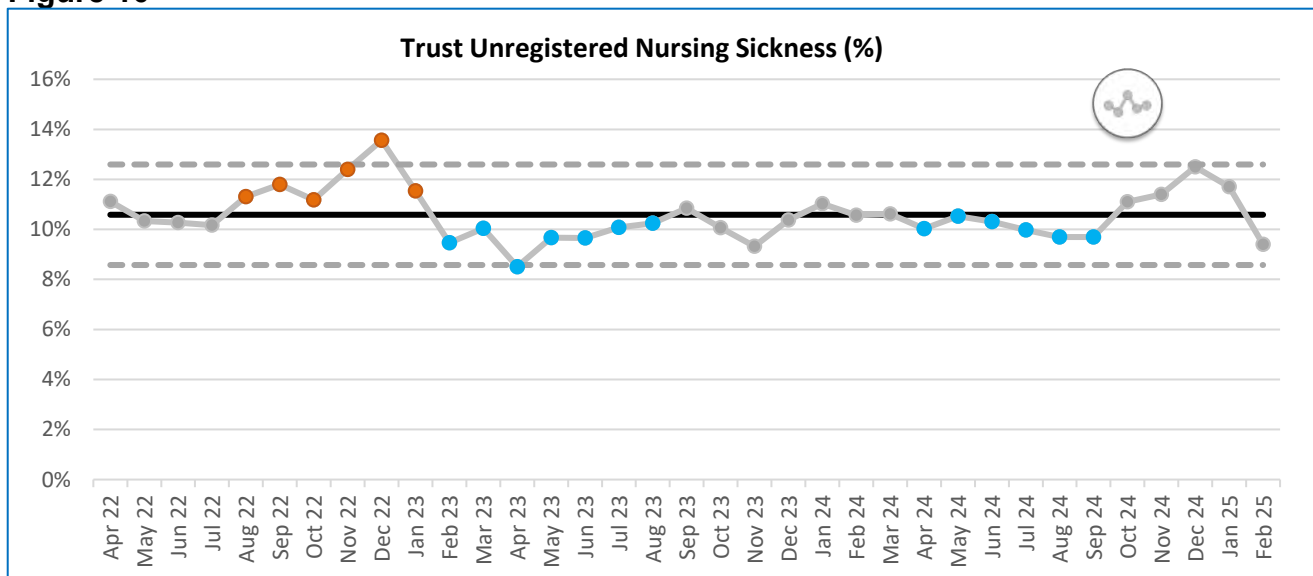
Figure 9



Additional factors impacting the availability of unregistered nurses are sickness and maternity leave and require continuous management and monitoring. The unregistered nursing support sickness rate has seen a decrease in February 2025 down to 9.4%, this follows the seasonal variation during winter peak periods (Figure 10). 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.

There is currently an unbudgeted pressure on unregistered nursing support workforce due to maternity leave of 66.9wte (2.0%). Further details and breakdown of unregistered nursing workforce metrics by clinical group can be found in appendix A.

Figure 10



Safe Care system update and training refresh

In November 2024, the SafeCare was upgraded by the supplier (Allocate). Safecare is a system that facilitates the measurement of acuity and dependency needs of patients within inpatient areas to determine the hours of care required by the patient occupying the bed. The patient descriptors for scoring patient acuity and dependency are aligned to the SNCT descriptors to

ensure accuracy and consistency with data capture. Refresher training was delivered to over 400 Ward/Team Managers, Matrons, Lead Nurses and Heads of Nursing across the Clinical Groups and weekly reporting has been established to monitor compliance. The baseline Trust compliance of SafeCare usage has increased by 34% since December 2024 from 35% to 69% in March 2025, with compliance levels during ranging from 52% to 80% across all CGs. A comprehensive eLearning package on SafeCare has been developed and made accessible on Kallidus for end users.

6. Managing Staff Shortfalls

Temporary Staffing

MFT has a contract with NHS Professionals (NHSP) for the provision of temporary staff to cover shortfalls in the nursing workforce. Systems are in place to monitor usage and key lines of enquiry are established through NMAHP ‘check and challenge’ financial workstreams to control bank and agency usage.

The nursing bank at MFT is well established, primarily by a large proportion of substantive staff who are registered with NHSP to undertake bank additional hours. During January and February 2025, a total of 443,980 hours were requested through NHSP, and 356,452 hours were filled (80.3%). A further detailed overview of nursing NHSP bank fill can be found in Appendix B.

In January and February 2025, increases are noted for registered nursing filled shifts, in (Figure 11), these increases are attributed to improved fill rates following a lull after phase 1 of the reduction to enhanced rates of pay in November 2024. The use of nursing agency suppliers remains minimal following the removal of automated agency cascades in October 2023 (Figure 12). There is currently less than 2wte specialist community agency workers in placement, NMAHP corporate team are working closely with colleagues from LCOD clinical group to finalise exit strategies for the remaining agency workers by the end of quarter 4. The community agency cascade has been closed on Friday 14th March 2025.

Figure 11

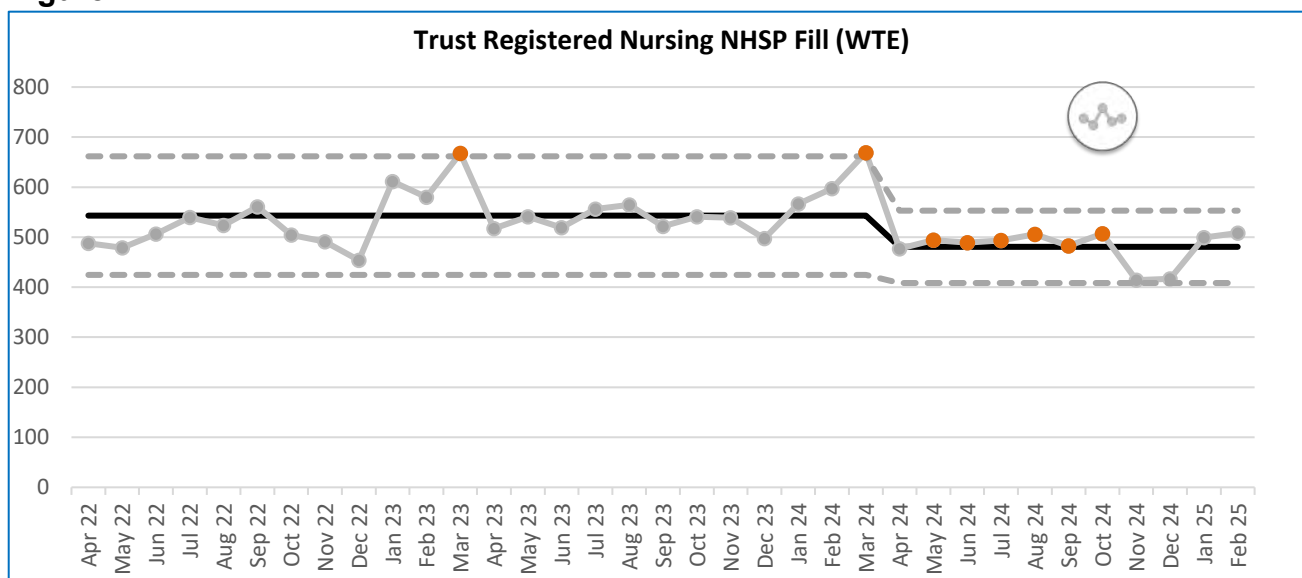
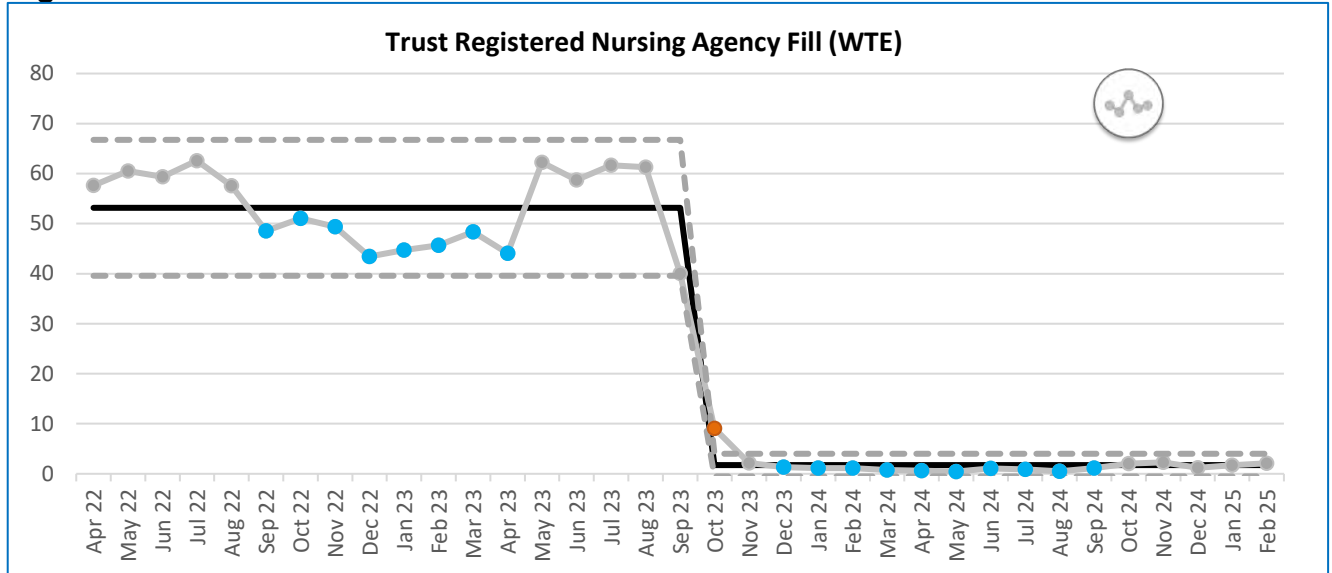


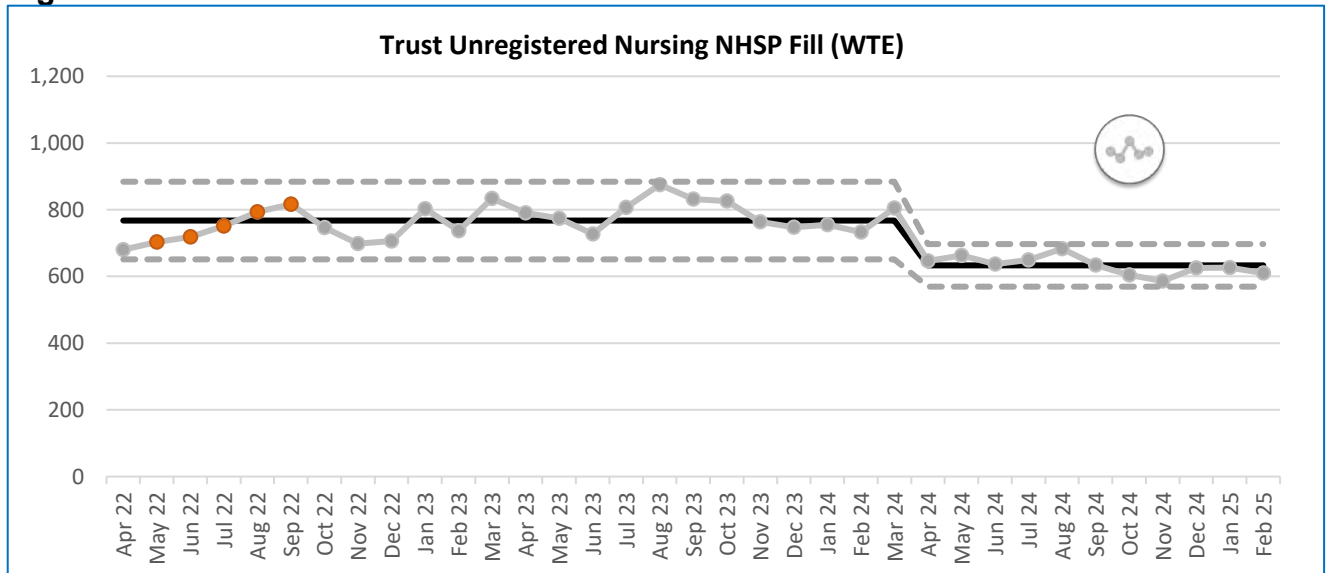
Figure 12



The reduction in unregistered nursing support bank usage in April 2024 has been maintained with the usage in the last two months remaining below the current financial year average to 618wte per month (Figure 13). This has been largely due to continued increased scrutiny of staffing rosters and NHSP bookings through use of the WERM tool and oversight by Heads of Nursing and Midwifery and Directors / Deputy Directors of Nursing and Midwifery. 29.9% of unregistered bank usage during this period was to support enhanced therapeutic observations of care across our clinical groups. The remaining filled shifts are to support gaps associated with vacancies, sickness and maternity leave.

Fill rates for each individual Clinical Group are provided in appendix C.

Figure 13



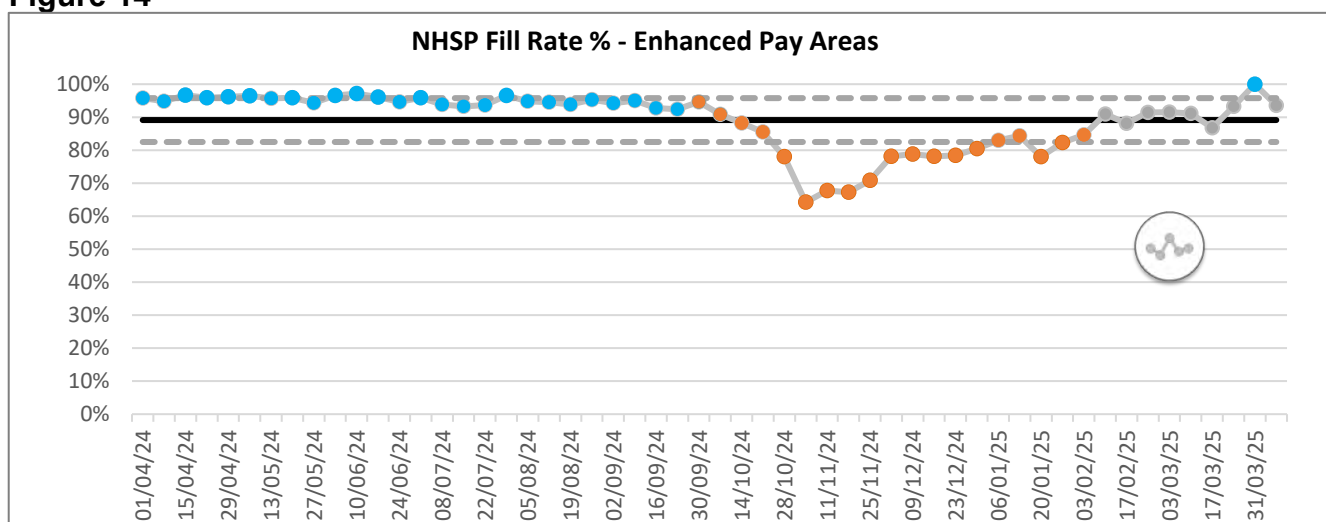
Reduction of enhanced pay rates

An enhanced rate of pay for NHSP bank shifts was introduced approximately 10 years ago by many acute providers in several designated clinical areas where there was competition from Nurse Staffing Agencies and to support recruitment into critical areas. The increment pays band 5 and 6 shifts at a rate equivalent to the top increment of band 7 and 8a respectively. The use of

agency staff has gradually reduced over recent years, and the NHSP cascade to agencies was discontinued in October 2023 at MFT.

The Chief Nursing Office and the Corporate Director of Nursing for Workforce developed a plan to reduce the NHSP enhanced pay rates were reduced alongside Northern Care Alliance NHS Foundation Trust on 4th November 2024. Fill rates across all affected areas collectively reduced from a mean average of 95% to 68% in the first week since the pay rate reduced on 1st November 2025. This resulted in a one-off financial benefit of c.£300k during the 6-8 weeks following the reduction in rates. The fill rate has increased gradually since to a current level of 88.8% during February 2025 (Figure 14).

Figure 14



All Clinical Groups have mitigation plans in place, including regular monitoring of demand and fill rates with support from the NMAHP Corporate Workforce team. On 20th March 2025 the Trust Leadership Team Committee approved plans to progress with phase 2 of enhanced rate reduction which is set to be implemented from 12th May 2025. Based on the current demand and fill profile the assumed projected annual savings have been calculated at circa £4.3 million through 2025/2026.

Enhanced Therapeutic Observations and Care

Demand for enhanced therapeutic observations and care (ETOC), often referred to as enhanced care, 1:1 care, cohorting or specialising, has been increasing, predominantly due to an aging population and greater health complexities. It is vital that staff positively engage with patients to reduce identified risk of harm to self and others and ensuring ETOC requirements are clinically assessed and commenced, evaluated and discontinued appropriately.

The Trust has joined a national improvement collaborative sponsored by NHSE with a focus on Enhanced Therapeutic Observations of Care. A Steering Group has been established, and an improvement plan has been developed to focus on clinical assessment and decision making, data, workforce deployment models, temporary staffing escalations and staff training. The overall aim of the programme is to ensure ETOC is least restrictive, thereby reducing the reliance on 1to1 observation and the use of temporary staffing.

NHSE representatives from the ETOC national improvement team visited MFT in January 2025 on a supportive basis to review progress and have approached the Chief Nursing Officer with a proposal for MFT to lead the research and development of a new screening and assessment tool that can be rolled out nationally. Agreement has been reached with colleagues from Manchester

Metropolitan University (MMU) to employ a research fellow for 18 months to conduct the research study.

Staffing Escalation and Daily Review.

Recommendations set out in DWS focus on accountability and monitoring of nursing establishments and responding to unplanned changes in daily staffing. The guidance states organisations must demonstrate compliance with the key principles of safe staffing, supporting a triangulated approach to decide staffing requirements.

Nursing staffing levels within the Clinical Groups are reviewed daily in real time and monitored through the safer 'staffing huddles' to ensure they are adequate to meet patient acuity and nursing needs on each ward and department. The daily staffing levels are viewed along with reported outcome measures to provide safe and effective patient care. Professional judgment in managing unplanned absences or increased demand, alongside the skill mix and competences is paramount to provide the safest care possible across the organization.

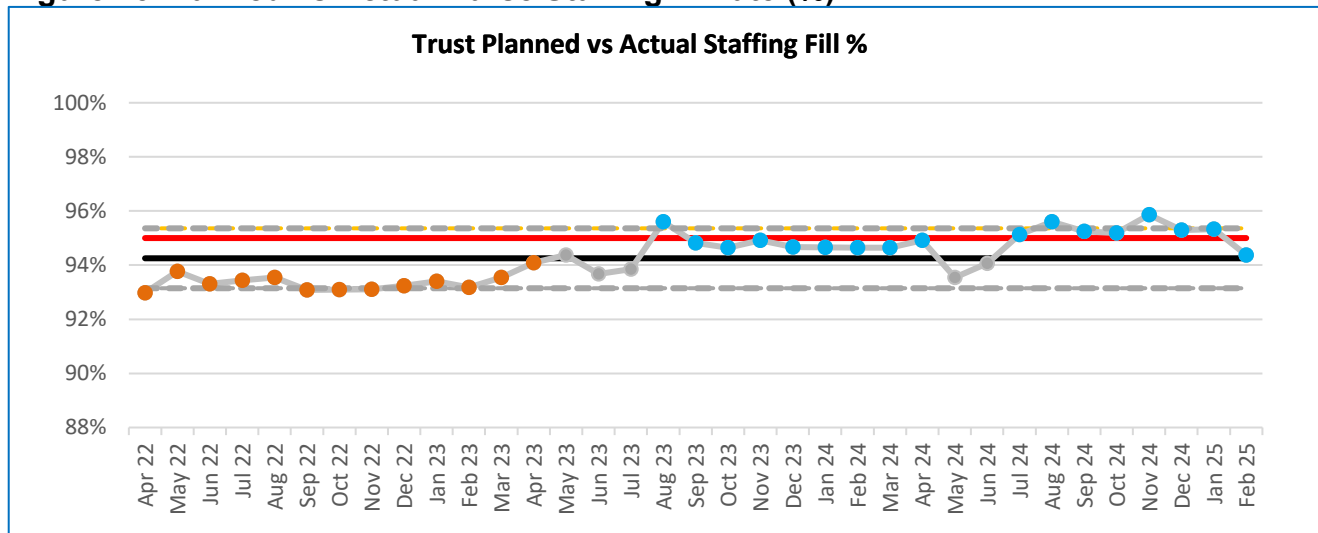
Temporary staffing requirements are approved by the Matron and are reviewed on a weekly basis by the Heads of Nursing / Midwifery. The Corporate Director of Nursing for Workforce chairs monthly 'Temporary Staffing Check and Challenge' sessions with each Clinical Group represented by the respective Director of Nursing/Midwifery, Director of Finance and Director of Workforce.

The daily staffing review process informs identification of the staffing escalation position and the identification of any red flag staffing events. A risk rating is calculated for each area. Staffing escalation above level 3 initiates a Director of Nursing workforce escalation meeting chaired by the Chief/Deputy Chief Nurse to review staffing and identify mitigating actions such as mutual aid between Clinical Groups. Director of Nursing daily staffing escalation meetings are undertaken during periods of escalation and in response to the trusts EPRR process.

The Nursing Dashboards shared with the Hospital Directors of Nursing provide a comparison of Nursing workforce and safe staffing data against quality outcomes.

7. Fill rate

MFT is required to submit a monthly Safe Staffing Unify Report to NHSI detailing actual registered nurse staffing levels as a percentage against those that were planned. On average the MFT level fill rate has been maintained above the organisation's target of 95% for the last 6 months. It is important to note that these fill rates are based on the budgeted bed base of each area and do not take account of any additional beds that are open, therefore caution should be applied with this data. Additionally, it should be noted, actual fill rates are inclusive of additional staff sourced through NHSP bank or additional substantive hours. 54 areas from a reported 120 met the trust fill rate target of 95.0% or above in February 2025. This metric features in the workforce IPR.

Figure 15 Planned vs Actual Nurse Staffing fill rate (%)

8. Care Hours Per Patient Bed Days (CHPPD)

Care hours per patient day (CHPPD) is the principal measure of workforce deployment in ward-based settings since April 2016. CHPPD is a metric to reflect care hours per patient bed day and is calculated by taking all the shift hours worked over the 24 hours period by registered nurses and nursing assistants and dividing this by the number of patients occupying a bed at midnight.

CHPPD is not indicative of the total amount of care provided on a ward nor does it directly show whether care is safe, effective or responsive, therefore must be considered in conjunction with measures of safety and quality and using professional judgement.

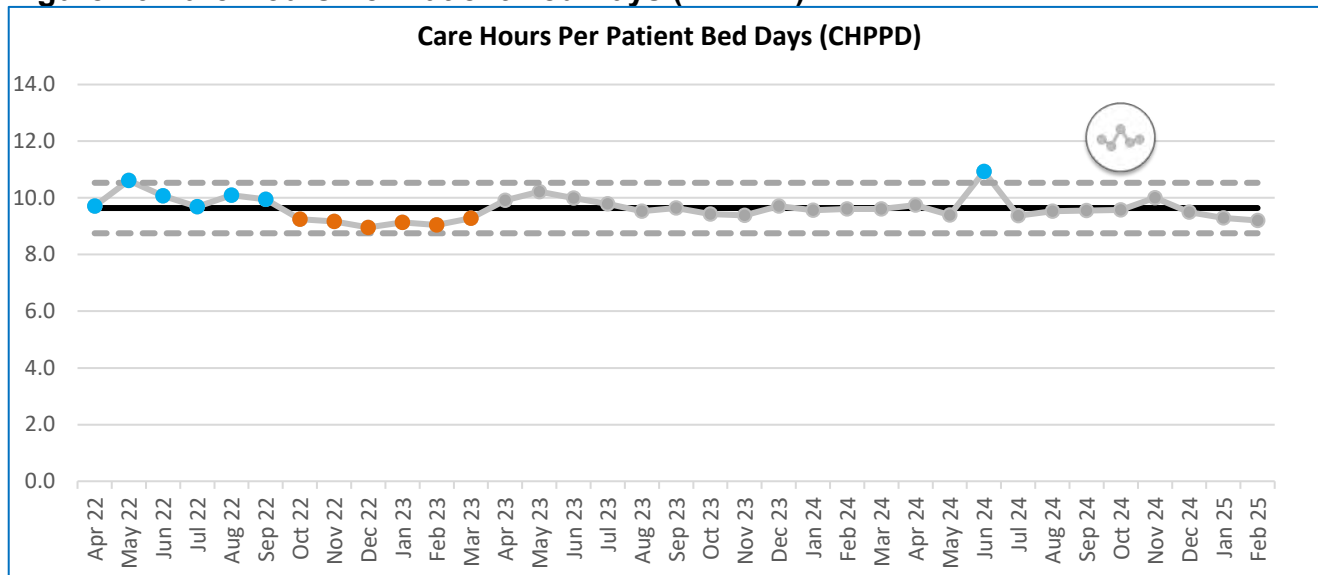
CHPPD relates to hospital inpatient wards only where patients stay overnight.

CHPPD can be viewed for each professional group that deliver care in a ward-based setting or as a combined total for benchmarking productivity against regional providers or national peers. This ensures skill-mix is well-described and the nurse-to-patient ratio is considered when deploying the clinical professionals to provide the planned care, reflected alongside an aggregated overall actual CHPPD.

There is no national target for CHPPD, however NHSE publish the data on the NHSE Model Hospital portal for Trusts to benchmark the data against other organisations. Figure 16 illustrates CHPPD data trend which has remained stable over the last 20 months demonstrating the workforce is being deployed to meet patient activity and patient needs.

The MFT wide average CHPPD in January and February 2025 was 9.3 against a Shelford Group rolling average of 9.6 hours.

Figure 16 Care Hours Per Patient Bed Days (CHPPD)



9. Safe Staffing Incidents

MFT has an established staffing escalation system through the incident reporting process, managed through the patient safety management system (Ulysses).

During the period September 2024 to February 2025, a total of 1747 incidents related directly to staffing levels were reported. The majority of the incidents were recorded as no harm and the appropriate actions were taken at the time (when investigations were successfully closed).

Of the 6 incidents recorded as moderate, 5 related to corporate services and had no direct impact on patient care, and 1 related to inability to provide an anaesthetic practitioner for an overnight on call shift in Theatre.

Table 1 Incidents

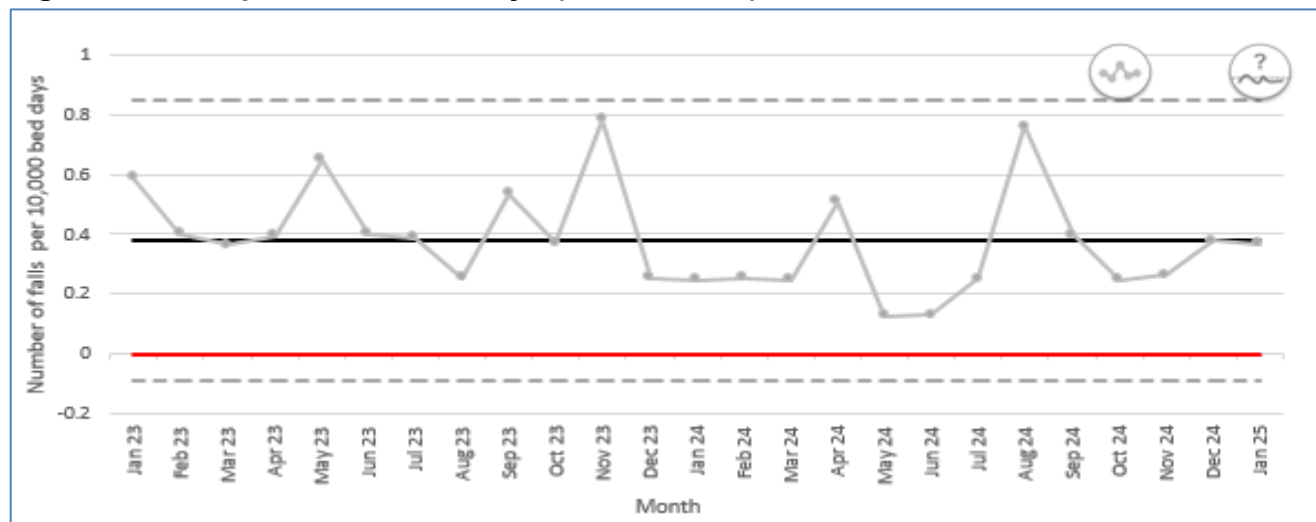
Incident Actual Impact	Incident Period September 2024 – January 2025
Level 1 – No harm	1496
Level 2 –Slight	245
Level 3 – Moderate	6
Level 4 -Severe	0
Overall	1747

Pressure Ulcers

There were no category 3 or 4 attributable pressure ulcers in any of the in-patient areas during January and February 2025.

Falls

No Special Cause Variation Noted for Falls per 10,000 in January 2025. MRI (2 falls) and WTWA (1 fall) have reported the largest number of level 4 and 5 reported falls. A Falls Academy (MRI) and Dementia and Falls Operational Group (WTWA) have been established to capture and Implement learning, which included completion of falls risk assessments, recognition of lying and standing blood pressure and mental capacity assessments.

Figure 17 Falls per 10,000 bed days (level 5 harm)

10. Community Nursing

In July 2024, a national Prevention of Future Deaths (PFD) notice was issued to Rt. Hon. Victoria Atkins MP, Secretary of State for Health and Social Care. This highlighted growing national concerns regarding District Nursing capacity and demand, stating specifically, “It is a matter of concern that a national shortage of District Nurses / Community Specialist Practitioners can lead to a delay in patients being seen in accordance with their needs.”

Following receipt of the National Benchmarking of District Nursing 2024 report, the Director of Nursing / Allied Health Professionals, Manchester and Trafford Local Care Organisations and the University Dental Hospital Manchester commissioned a detailed review to confirm the current position within the Trafford locality.

This review considered a range of quality and performance metrics including:

- Number of district nurses per head of population in Trafford
- Rising referral rates
- Number of deferred patients as highlighted in weekly sit reps, held within the service which are now under review by the Senior Leadership Team
- Quality review data
- Information from the Queen’s Nursing Institute (QNI), Community Nursing Safer Staffing Tool (CNSST) District Nursing (DN) Stabilisation Project with evidence that staffing establishments in the Trafford DN service are lower than national recommendations.
- Comparison with the national benchmark information indicates that Trafford has the lowest staffing establishment per head of population nationally (of all providers who took part)
- Patient safety data including incidents, risks and complaints profile

The information detailed within this report will also be shared with the Greater Manchester Integrated Care Board (ICB), who hold commissioning responsibility for this service, following previous discussion at the Trafford Quality and Safety meeting. This will be presented in March 2025. It is also worth noting that there has been no service specification in place since 2018. This will be discussed with the ICB.

Trafford Population:

Since the 2011 Census, the resident population of Trafford is estimated to have increased by 4.0%. The number of individuals aged 65 and over increased by 5,196 (14.3%). The GP practice population in Trafford is 247,808 (as of June 2023).

The District Nursing Service (DN) provides care for a registered population in Trafford. Despite the population increase and growing complexity of illness the service specification has not been revised since 2018. The Integrated Care Board (ICB) is responsible for the service specification.

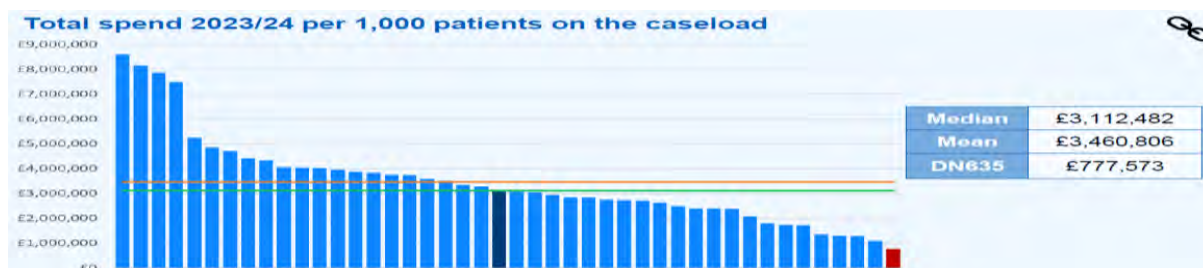
Trafford District Nursing Service Delivery:

The Trafford District Nursing Service operates on a neighbourhood basis, comprising four teams: North, Central, West, and South, including evening and night services. District Nurses are also the core staff group to support programmes of work like Hospital at Home, admission avoidance and timely discharge from acute settings. With the intention to move care closer to home as per the Darzi review (2024) it is important that the DN workforce is reviewed to meet current demand and support the left shift position enabling patients to receive care safely closer to home and reduce unwarranted admission or delayed discharged within the acute hospital setting.

NHS Benchmarking:

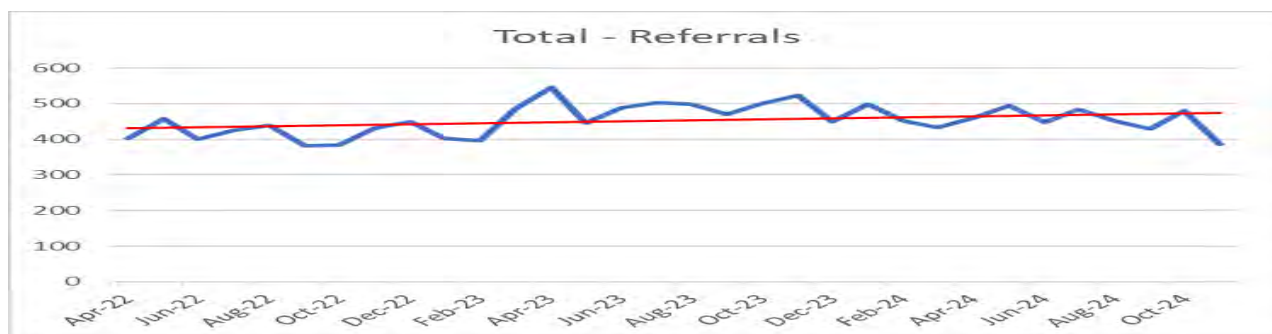
The NHS Benchmarking District Nursing (2024) shows that of all Providers who took part, Trafford District Nursing (red in the chart below and MLCO dark blue bar) has the lowest spend per 1,000 patients on the caseload nationally. It should be noted that this is based on data submitted recognising that the same principle was applied to MLCO and TLCO with great variance in the data detailed below.

Table 4



Referral Information:

Referral information for the last two years is set out below, showing a steady but marked increase during that period with no additional investment. In addition, this does not show an increase in referral complexity, nor does it predict the potential for further increase with additional programmes of work such as hospital@home.



The Service is indicated to have the lowest level of financial investment nationally, the highest number of contacts and a level of time contact time per patient within the bottom quartile.

Patient Safety incident profile:

Table 6 provides an overview of the number of incident reports submitted each month for the period September 2023 to October 2024. Analysis of the data shows overall consistent levels of reporting by teams with no variations that would be considered significant. The 'top 4' categories of incident reports are:

- Pressure Damage
- Safeguarding
- Medication
- Medical Devices

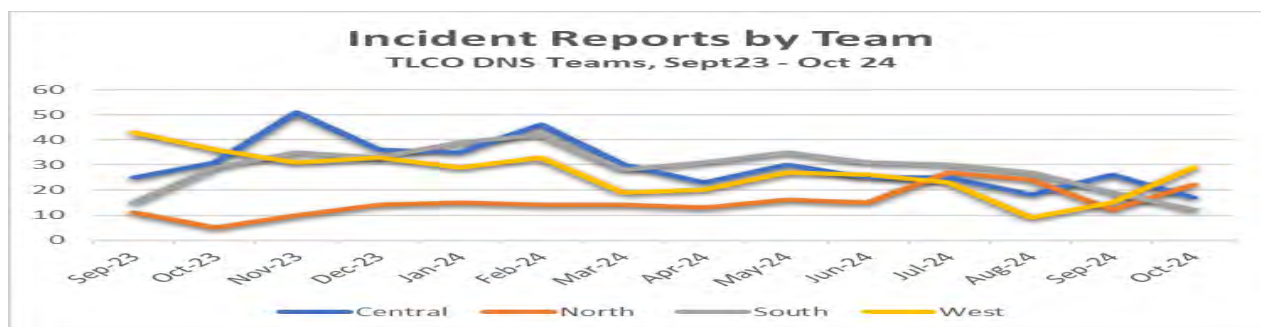
A detailed review was presented to the ICB regarding pressure ulcers in October 2024 with challenges acknowledged in relation to human factors, time spent at visits, time to provide education and health promotion.

Medication incidents are the third highest incident category namely:

- Administration including omissions
- Missed visits due to scheduling errors and dispensing/supply issues

It is recognised that high capacity alongside low capability creates a greater risk of human error and as such a higher number of incidents, complaints and poor patient experience.

Table 6



Risks:

The following risks have been identified:

- No service specification review since 2018
- Current staffing model does not reflect population need (number or complexity)
- Continues deferral of patients and delays to review and treatment
- High staff sickness (rolling 12-month average of 14.8%)
- High number of contacts above national average
- 38% less time spent at each visit compared to national average

Following a review of the risk against the MFT risk matrix criteria, it remains graded as level 12 risk.

Next Steps:

Additional staffing requirements to align with QNI recommendations equate to 10.5 WTE at Band 5, with a required investment of c£581,935. The LCO Senior Leadership Team received a report on the matter in February 2025 and approved the recommendations to consider potential investment and support a review of commissioning arrangements for the Trafford DN service to meet demand safely.

11. Conclusion

The Board of Directors is asked to:

- Receive this report and note that MFT remains compliant with the national guidance (NQB 2026; DWS 2018) in relation to safer nurse staffing.
- Note the risk related to district nurse staffing in Trafford LCO and support the recommendation approved the LCO Senior Leadership Team to consider potential investment and support a review of commissioning arrangements for the Trafford DN service to meet demand safely.
- Note the plans to reinstate the Theatre workforce forum which will report into the NMAHP Workforce Forum.
- Note the plan to receive the annual strategic nurse staffing review report in July 2025.

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

Appendix A

Registered Nursing - Workforce Metrics by Clinical Group (February 2025)

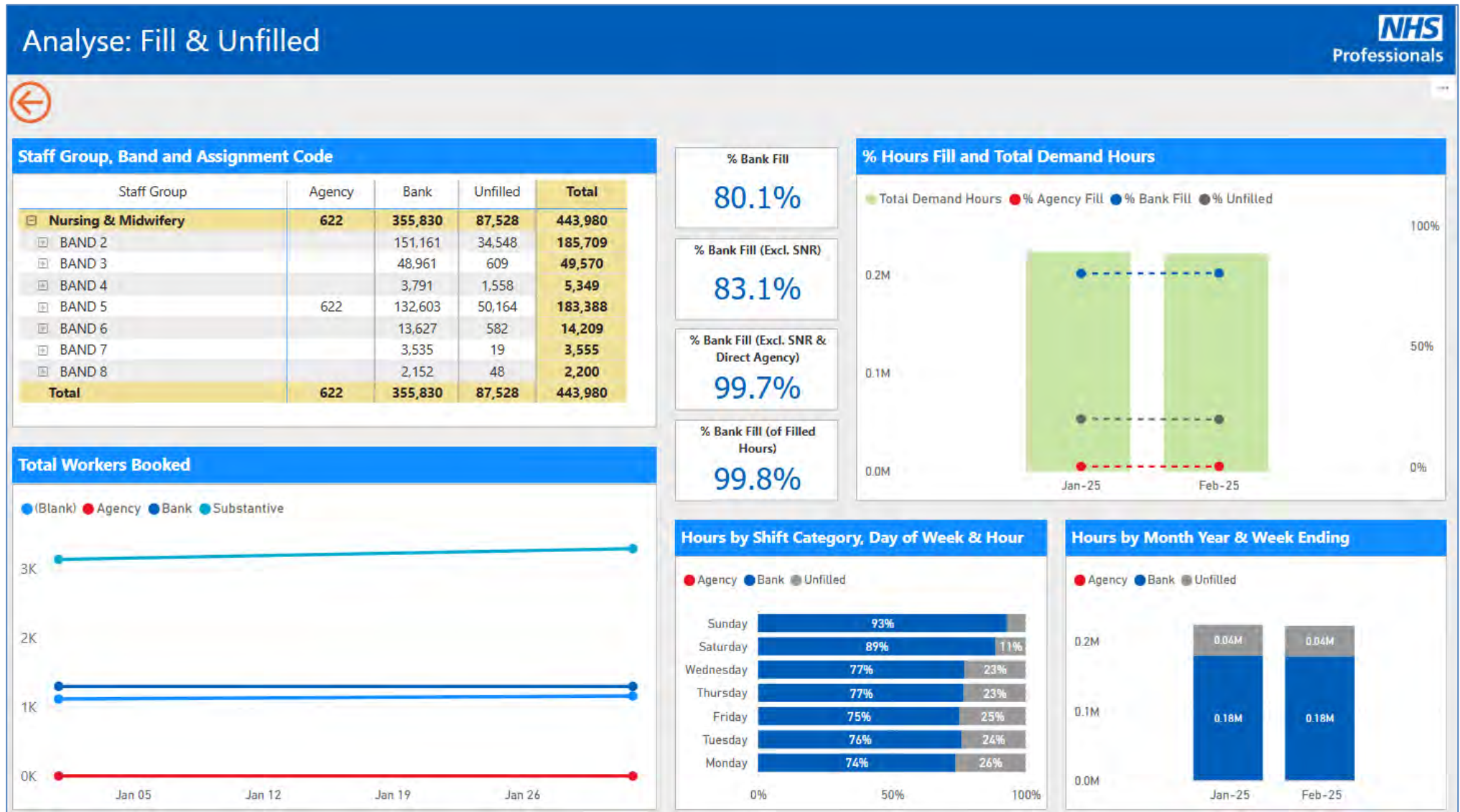
Clinical Group	Establishment (WTE)	Staff in Post (WTE)	Vacancies (WTE)	Vacancy Rate %	Turnover %	Maternity Leave %	Sickness %
CSS	1004.3	964.6	39.7	4.0%	9.3%	4.7%	6.4%
LCOD	1071.3	1033.3	38.0	3.5%	8.8%	3.6%	7.7%
MRI	1765.9	1706.7	59.2	3.4%	8.9%	4.0%	6.4%
NMGH	873.8	873.1	0.7	0.1%	6.4%	4.4%	6.0%
SPEC – REH	171.5	169.0	2.5	1.5%	4.6%	4.3%	5.3%
SPEC – RMCH	1119.4	1122.7	0.0	0%	7.9%	4.9%	6.5%
SPEC – SMH	652.5	619.4	33.1	5.1%	9.0%	6.8%	4.3%
WTWA	2037.2	2013.3	23.9	1.2%	7.7%	4.3%	6.2%

Unregistered Nursing - Workforce Metrics by Clinical Group (February 2025)

Clinical Group	Establishment (WTE)	Staff in Post (WTE)	Vacancies (WTE)	Vacancy Rate %	Turnover %	Maternity Leave %	Sickness %
CSS	93.2	121.2	0.0	0%	5.4%	0.0%	9.5%
LCOD	468.9	366.9	101.9	21.9%	15.8%	1.8%	7.9%
MRI	895.8	824.1	72.1	8.0%	13.4%	2.8%	10.7%
NMGH	565.9	514.7	51.2	9.0%	12.8%	2.3%	8.8%
SPEC – REH	69.0	57.8	11.2	16.2%	14.2%	1.7%	8.3%
SPEC – RMCH	338.5	290.1	48.4	14.3%	17.6%	1.7%	7.1%
SPEC – SMH	116.5	98.9	17.7	15.2%	4.8%	0.0%	7.4%
WTWA	1053.6	939.6	114.1	10.8%	13.9%	1.4%	10.3%

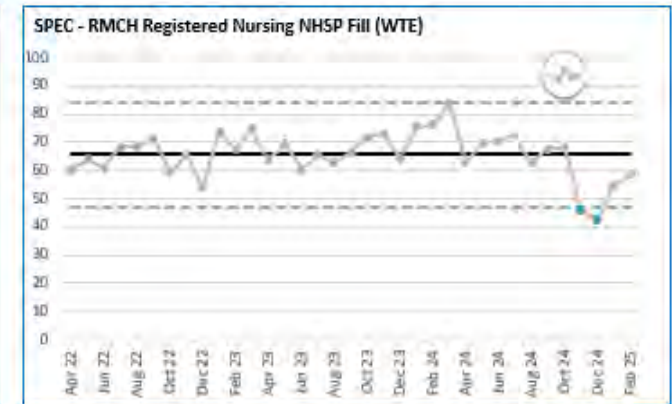
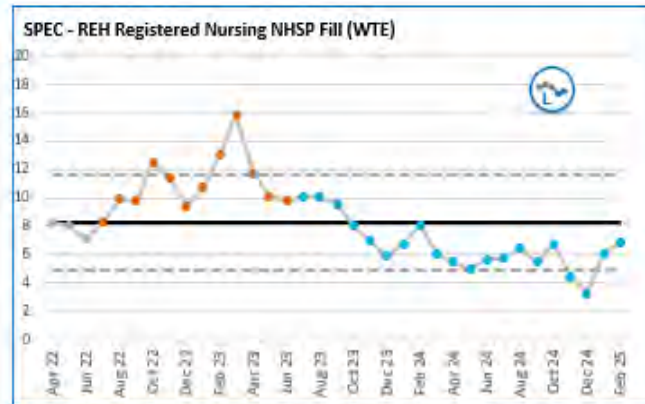
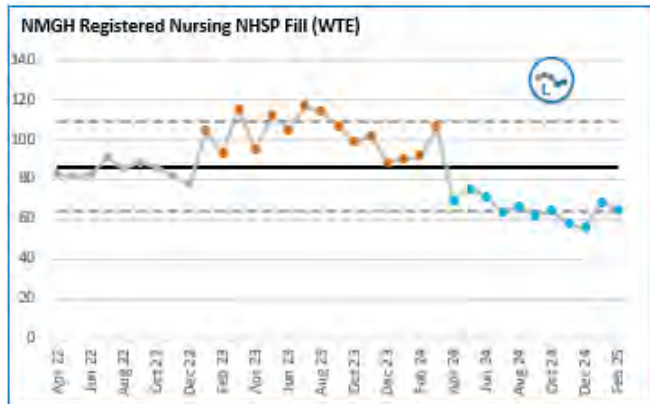
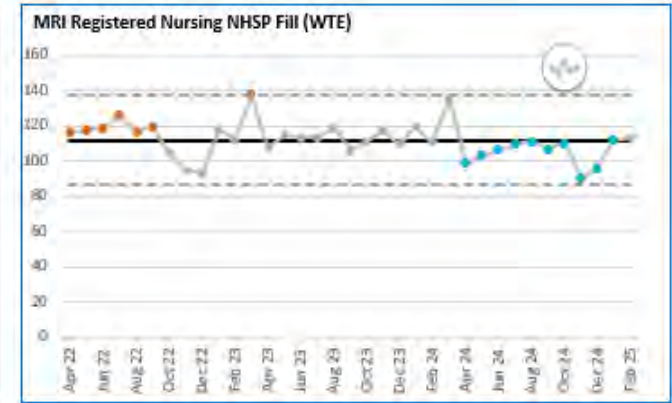
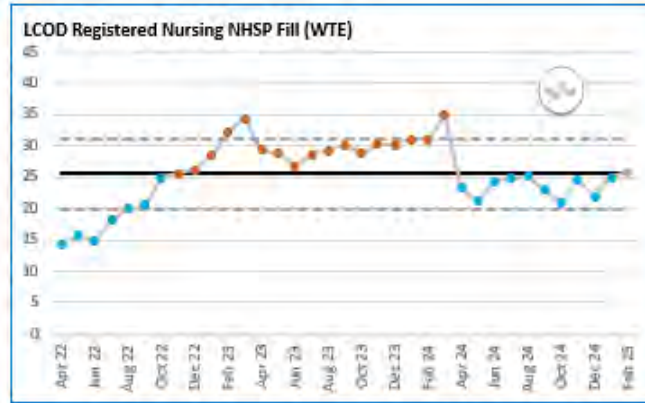
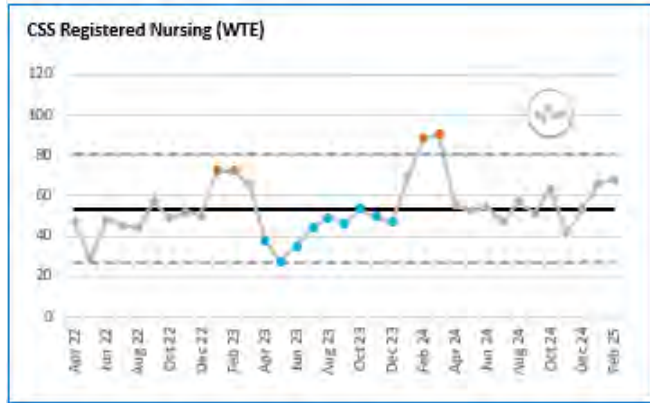
Appendix B

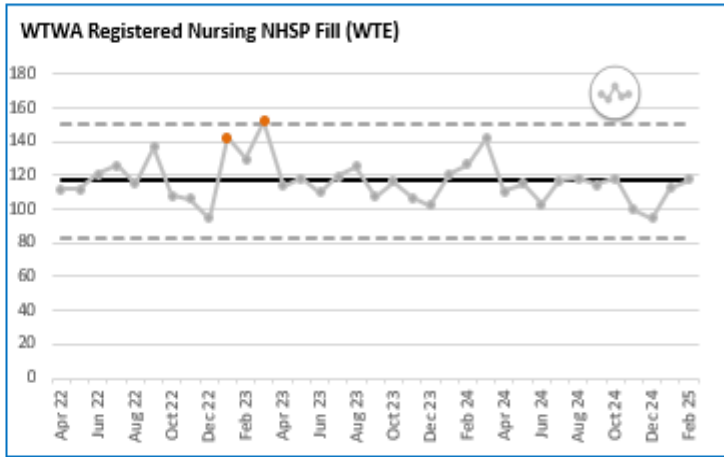
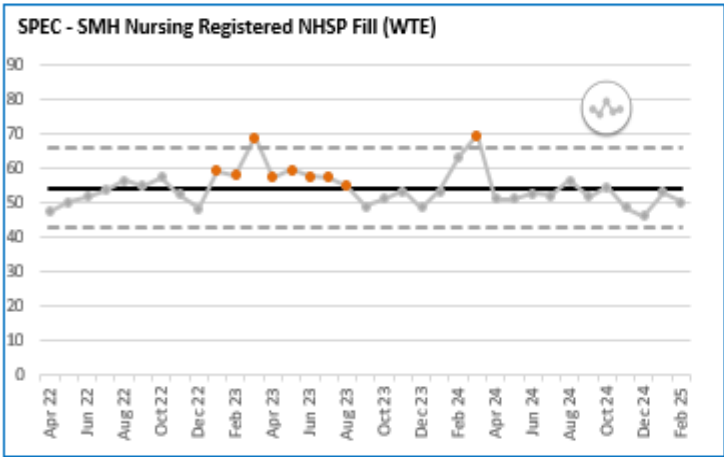
NHSP Fill Overview – Nursing



Appendix C

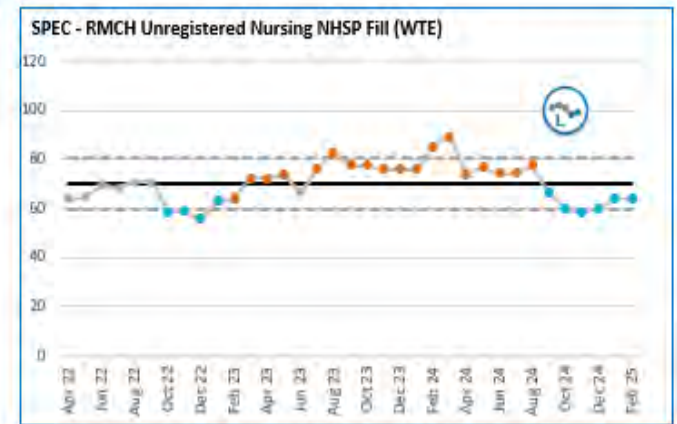
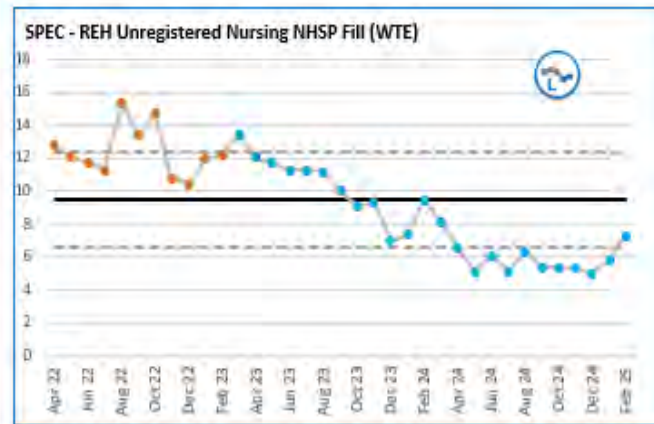
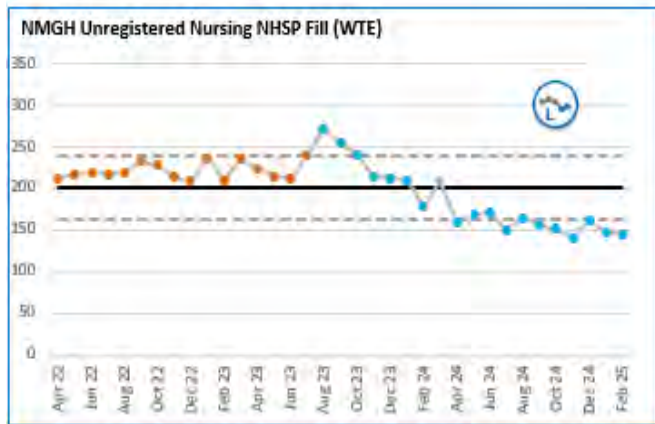
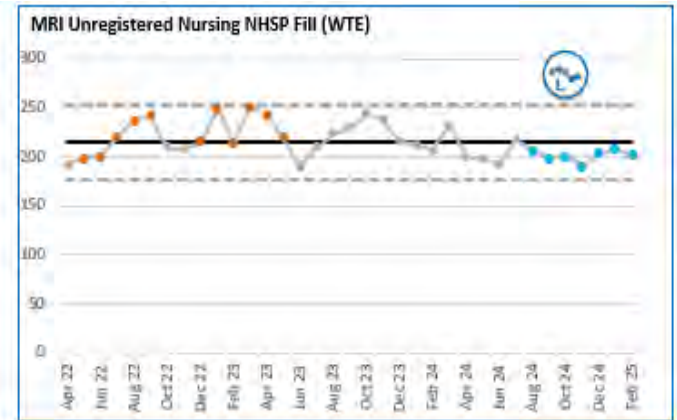
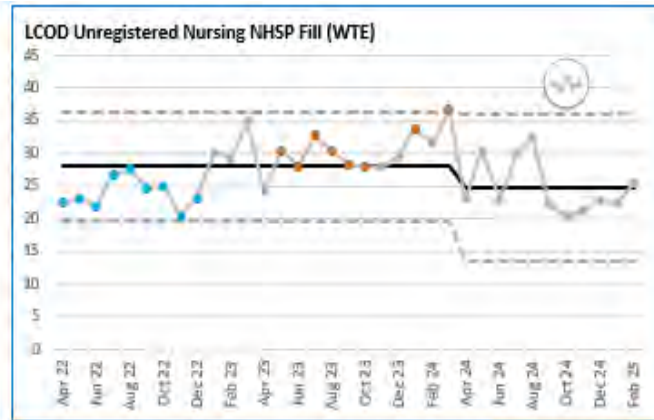
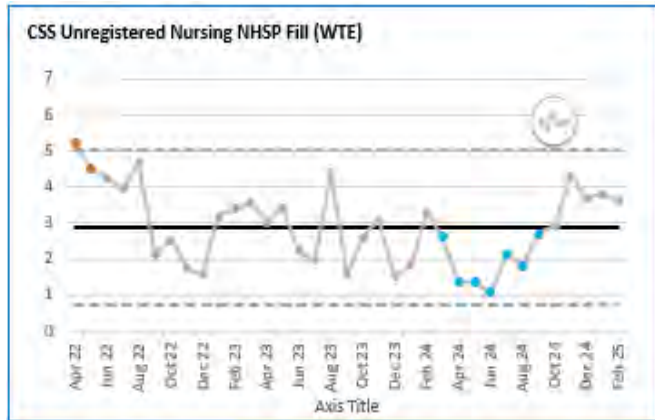
NHSP registered nursing fill rate by clinical group

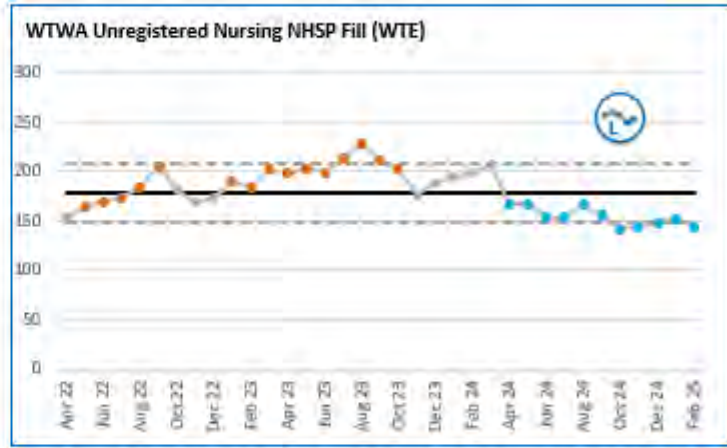
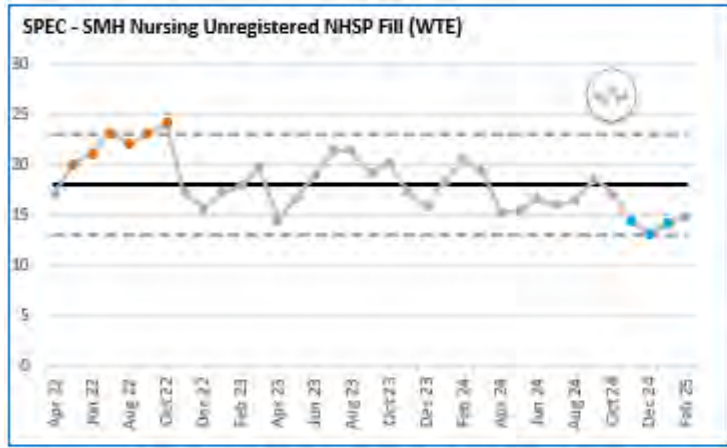




Appendix D

NHSP unregistered nursing fill rate by clinical group





Appendix E

Finance Accelerator schemes

Accelerator scheme	Key Metric description £	Lower range	Upper range	Estimated FYE	Estimated In year	Dec	Jan	Feb	March
				Value £	Value £				
NMAHP Supernumerary Periods	Reduction in total cost	8% turnover	10% turnover	£322,830	£107,610	£26,903	£26,903	£26,903	£26,903
		£258,264	£322,830						
Reduction in N&M premium overtime usage	Conversion to bank		£15,852	£15,852	£5,284	£1,321	£1,321	£1,321	£1,321
	Conversion to substantive		£49,128	£49,128	£16,376	£4,094	£4,094	£4,094	£4,094
Migrating agency usage in community nursing to bank	Conversion to bank	£440	£1,680	£5,040	£1,680	£420	£420	£420	£420
	Conversion to substantive	£3,864	£5,148	£15,444	£5,148	£1,287	£1,287	£1,287	£1,287
Roster and establishment alignment	Overuse of roster tiles			£0	£0	N/A	N/A	N/A	N/A
Pay to shift - Nursing and Midwifery	Shift covered at appropriate band	£23,461	£26,068	£78,208	£26,068	£6,517	£6,517	£6,517	£6,517
		(10% reduction in fill)							



Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	Saint Mary's Managed Clinical Services (SM MCS) Midwifery and Newborn Services bi-monthly Safe Staffing Reporting period January– February 2025	Agenda Item 11.6
Presented by:	Kimberley Salmon- Jamieson Chief Nursing Officer	
Prepared by:	Kathy Murphy Director of Nursing and Midwifery, Specialist Hospitals Clinical Group (SHCG)	
Meetings where content has been discussed previously	People Board Committee Specialist Hospital Clinical Group (SHCG) Management Board and SHCG Workforce and Education Committee. Joint Maternity and Newborn Services Quality and Safety meeting	
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 Maternity and Newborn Services Divisions bi-monthly safe staffing report provides assurance that the Trust remains compliant with the national guidance in relation to safer staffing.

Safer Staffing report covers January – February 2025 regarding:

- National professional staffing standards
- National nursing and midwifery challenges
- Maternity Incentive Scheme (MIS) Safety Action requirements¹

Maternity Services are compliant with the nationally recommended establishments in accordance with Birthrate Plus (BR+) calculations² and have planned a further BR+ exercise for 2025. BR+ safe staffing toolkit that has been endorsed by the Royal College of Midwives (RCM) as the recommended midwifery workforce planning tool to support review of midwifery staffing levels against NICE Guideline Safe Staffing for maternity setting (NG4, 27/02/2015)³

¹ [Maternity Incentive Scheme - NHS Resolution](#)

² <https://birthrateplus.co.uk/workforce/>

³ <https://www.nice.org.uk/guidance/ng4/resources/safe-midwifery-staffing-for-maternity-settings-pdf-51040125637>

During January – February 2025, there has been a significant reduction in overall Red Flag midwifery staffing incidents from 40 in December 2024 to 22 in February 2025.

Turnover continues to reduce within maternity services with a slight rise on 0.44 WTE in Newborn Services.

As informed previously, Qualified in Specialty (QIS) compliance within the newborn service division remains non-compliant and remains risk score 12. To improve compliance Newborn services division, support up to 40 nurses to attend QIS course annually.

Recommendation(s)

The Board of Directors is asked to:

- Accept the report and note the progress undertaken to support midwifery staffing in the Division of Maternity Services and nurse staffing in the Division of Newborn Services
- Note SM MCS maternity division remains compliant with the national guidance in relation to safer staffing
- Note the risk related to Qualified in Specialty (QIS) and support the recommendation to continue to support 40 nurses per year access QIS training.

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

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

Relationship to the strategic objectives

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

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

- MFT/005896: Midwifery staffing Risk score 10
- MFT/004452: Insufficient neonatal nursing workforce qualified in specialty to meet national service specification. Risk score 12

Care Quality Commission domains

- | | |
|---|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |

Please check all that apply	<input checked="" type="checkbox"/> Responsive	
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • Maternity Incentive Scheme Year 6 • NHS England 3 Year Delivery Plan for Maternity and Neonatal services • CQC 	

Main report

1. Background

- 1.1. This report will detail the reporting period January and February 2025, to report the position of Saint Mary's Managed Clinical Services (SM MCS) Maternity and Newborn Services Divisions, in relation to:
- National professional staffing standards
 - National nursing and midwifery challenges.
 - Maternity Incentive Scheme (MIS) Safety Action requirements
- 1.2. The paper sets out the midwifery and nursing staffing position of the SM MCS maternity and newborn services divisions and provides:
- Nationally Recommended Establishments
 - Current Midwifery Establishment.
 - Current Nursing Establishment in line with British Association of Perinatal Medicine (BAPM) nurse staffing standards.
 - Evidence of supernumerary midwifery workforce compliance with oversight of birth activity within the service and the escalation process
 - Evidence of compliance the service requirement to support 1:1 care in labour. Evidence of compliance to Qualification in Speciality (QIS) in line with the national BAPM standard of 70%.
- 1.3. Further to the March 2023 Care Quality Commission (CQC) inspection of maternity services safe staffing remains a focused workstream. Progress on the workstream continues to be managed through the division and reported through the approved Governance framework.
- 1.4. SM MCS continues to attract and recruit staff across all three sites, recruiting nurses and midwives both newly qualified and experienced. June to October historically demonstrate the highest number of vacancies in the calendar year as newly qualified midwives and nurses graduate in September and take up their first posts throughout September to January.

2. Nursing and Midwifery workforce productivity

- 2.1. As reported in the Nursing Safer Staffing Paper, in the last two months finance accelerator schemes have been maintained and monitored by the NMAHP Corporate Workforce team in collaboration with the NMAHP Workforce leads for each Clinical Group and have been supported by a designated Clinical Group Director of Finance to ensure the financial impact is accurately reported.

The schemes are as follows:

- Confirm roster and establishment alignment.
- Reduce access to and use of premium overtime and agency.
- Establish the optimal supernumerary period considering professional and regulatory standards / guidelines. Standardise across MFT where appropriate.
- Establish bank payment mechanisms, eg pay to shift rather than pay to grade.
- Establish plan for the removal of overtime.

2.2. Since January 2025, the NMAHP Corporate Workforce team have continued to focus on the workforce planning improvement programme, with the current priorities as:

- Increase roster approval lead time
- Ensure roster template alignment to ledger establishments
- SafeCare System update and training refresh

2.3. The Chief Nursing Officer set a standard for all Clinical Groups to ensure all nursing rosters were set and approved at least 6 weeks in advance. This has a positive impact on staff experience and demonstrates effective management of rosters. Through proactive reporting and escalation of non-compliance, the current overall Trust roster lead time has met the 6-week approval lead time. From the 269 areas reported during the February 2025 roster period, 145 (53.9%) were compliant which is a similar outcome to the previous roster in January 2025 at 59.4% compliance. All areas across maternity and Newborn services have met the required targets. Areas with non-compliance are reported to the Chief Nursing Officer and relevant Directors of Nursing/Midwifery

3. Safer Staffing Standards and calculation of Establishments using recognised staffing models

3.1. NICE Guideline Safe Staffing for maternity setting (NG4, 27/02/2015)⁴ covers safe midwifery staffing in all maternity settings, including at home, the community, day assessment units, obstetric units, and units led by. It aims to improve maternity care by advising on staffing levels and actions to take if there are insufficient midwives to meet the needs of women and babies in the service.

3.2. Maternity provider Trusts undertake a systematic process to calculate the midwifery staffing establishment using a NICE endorsed toolkit; Birthrate Plus (BR+) safe staffing toolkit also endorsed by the Royal College of Midwives (RCM) as the recommended midwifery workforce planning tool to support review of midwifery staffing levels against NICE guideline NG4.

3.3. The use of BR+ is also incorporated within NHS Resolution Maternity Incentive Scheme standards.

3.4. The NHS England Three-Year Delivery Plan for Maternity and Neonatal Services, March 2023⁵, outlines that Trusts will meet establishment set by staffing tools and achieve fill rates by March 2027. The most recent BR+ review was completed in May

⁴ NICE (2015) NICE guideline NG4 – Safe midwifery staffing for maternity settings

⁵ Three year delivery plan for maternity and neonatal services

2023. The next review is due to take place in 2025 and is required to be commissioned by MFT at a cost of £21,600. This was supported by SM SLT in August 2024 and a date for completion has been agreed with the BR+ team to be October 2025.

Table 1 Current Funded Midwifery Establishment (WTE)

	ORC	Wythenshawe	North Manchester	Grand Total
Current Midwifery Establishment	376.09	226.87	189.11	792.07

- 3.5. BAPM recommend minimum standards for neonatal nurse staffing levels for each category of neonatal care. Neonatal Intensive Care: 1:1 nursing for all babies, Neonatal High Dependency Care: 2:1 nursing for all babies, Neonatal Special Care: 4:1 nursing for all babies. All intensive care and high dependency care should be provided by QIS staff, so where a unit has a high proportion of critical care activity, the percentage of QIS staff required is required to be above 70%. BAPM standards require all units to have a supernumerary shift coordinator to meet the care needs of the babies on the unit during each shift.

Table 2 Current Funded Neonatal Nursing Establishment (WTE)

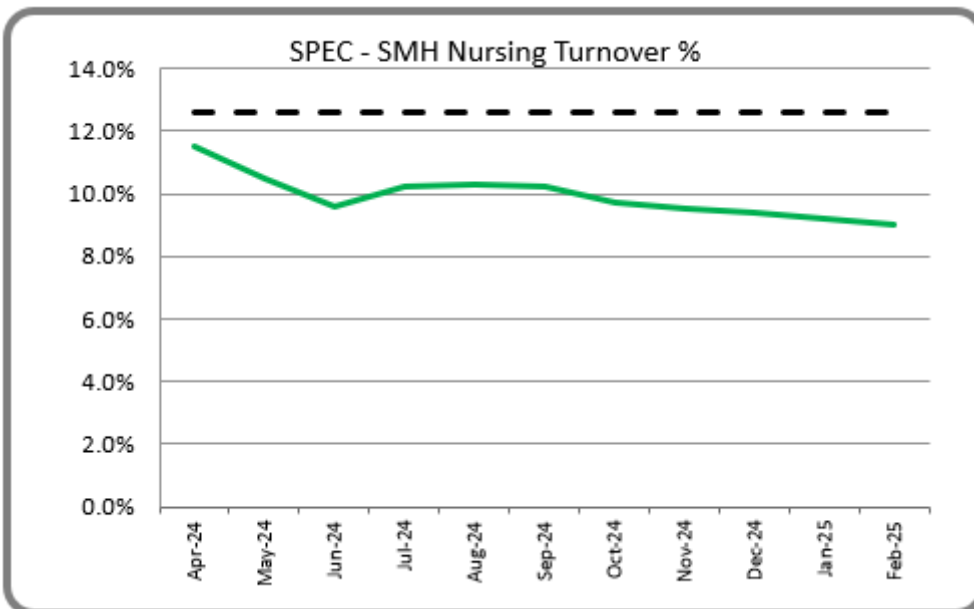
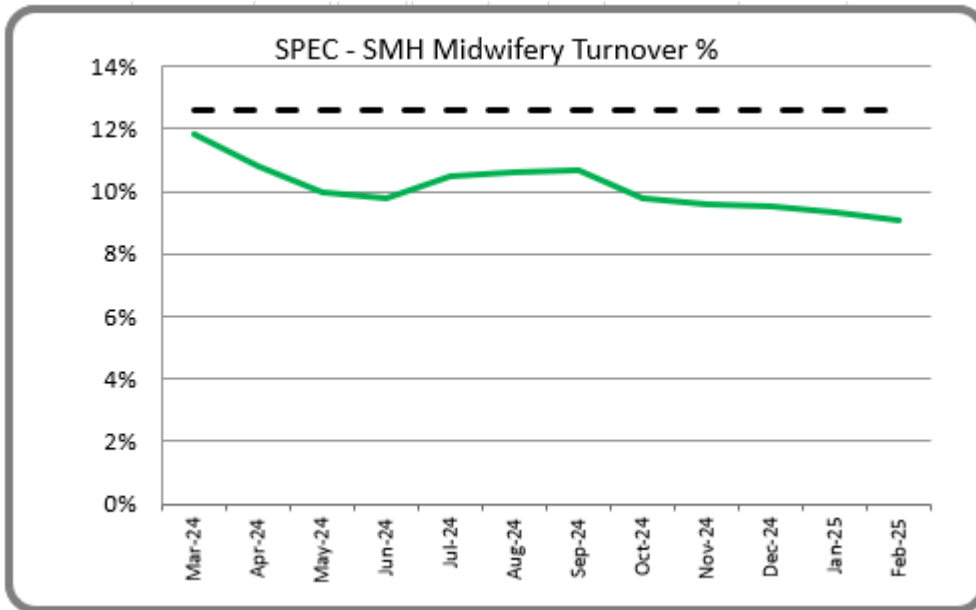
Site	Current Establishment (WTE)
Oxford Road	247.17
Wythenshawe	48.28
North Manchester	40.59
Total	336.04

4. Recruitment and Retention January – February 2025

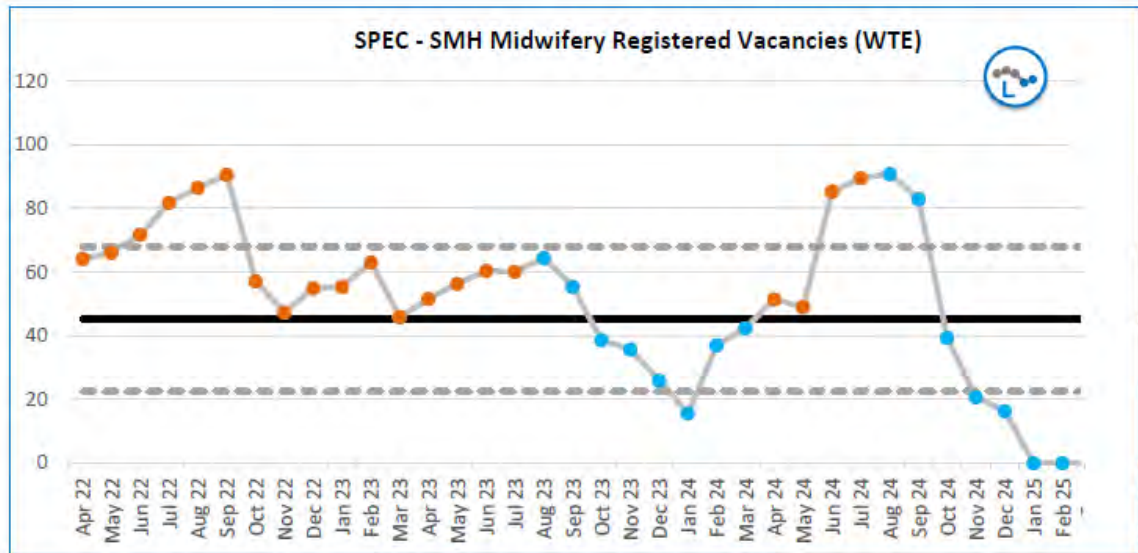
- 4.1. The turnover has continued to reduce for midwifery services, and slight increase in newborn services.

Table 3 demonstrates turnover

	Maternity Services Turnover p/m	Newborn Services Turnover p/m
September 2024- December 2024	6.3 WTE	2.4 WTE
January – February 2025	6.0 WTE	2.88 WTE
Variation	0.3 WTE reduction	0.48 WTE increase



- 4.2. Midwifery recruitment between September and December 2024 equated to 100.44 WTE midwives. 30.97 WTE were Manchester University NHS Foundation Trust Learners who were supported with guaranteed job offers (GJO). 60.18 WTE were external band 5 midwives. 9.29 WTE were band 6 recruits.
- 4.3. There are a further 41 WTE midwives who have commenced in post between January and February 2025.



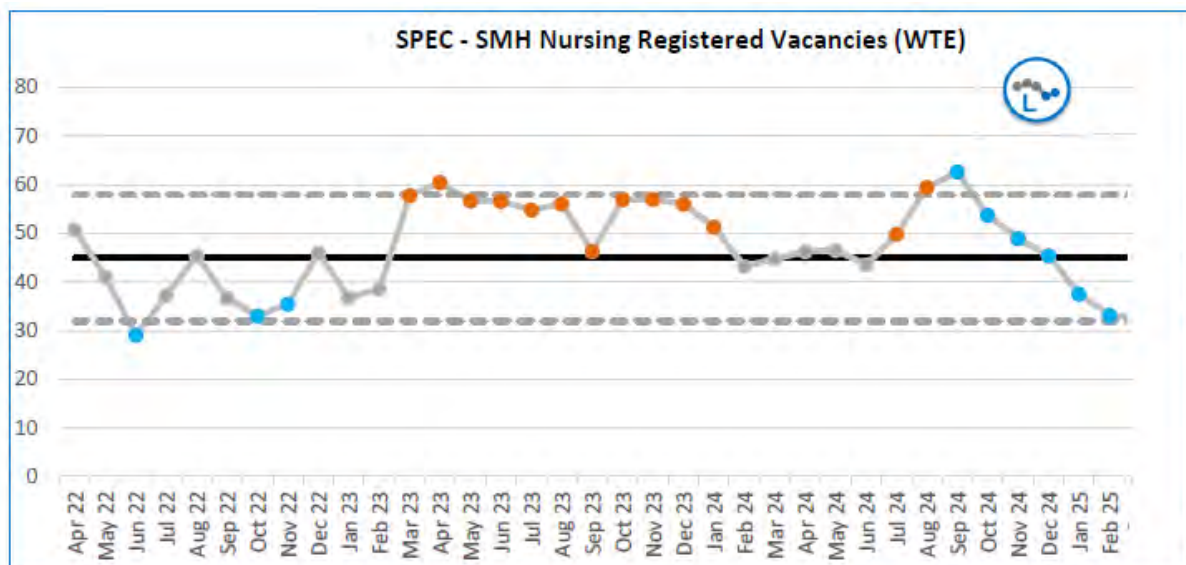
Spec – SMH Maternity Registered Vacancies (WTE)

- 4.4. The neonatal nursing vacancy at the end of February 2025 was 26.89 WTE, there are 9 WTE Band 5 nurses in the pipeline recruited against this gap leaving a residual vacancy factor of 17.89* WTE across all bands of staff at the end of Q4 which reflects a deteriorated position from the Q3 forecast.

Table 4 Current nursing vacancies and pipeline

Site	Vacancies December 2024	Vacancies February 2025
Oxford road	28.68	17.65
Wythenshawe	6.53	6.4
North Manchester	0.12	2.84
	35.33	26.89

9 WTE B5 in pipeline



Spec –

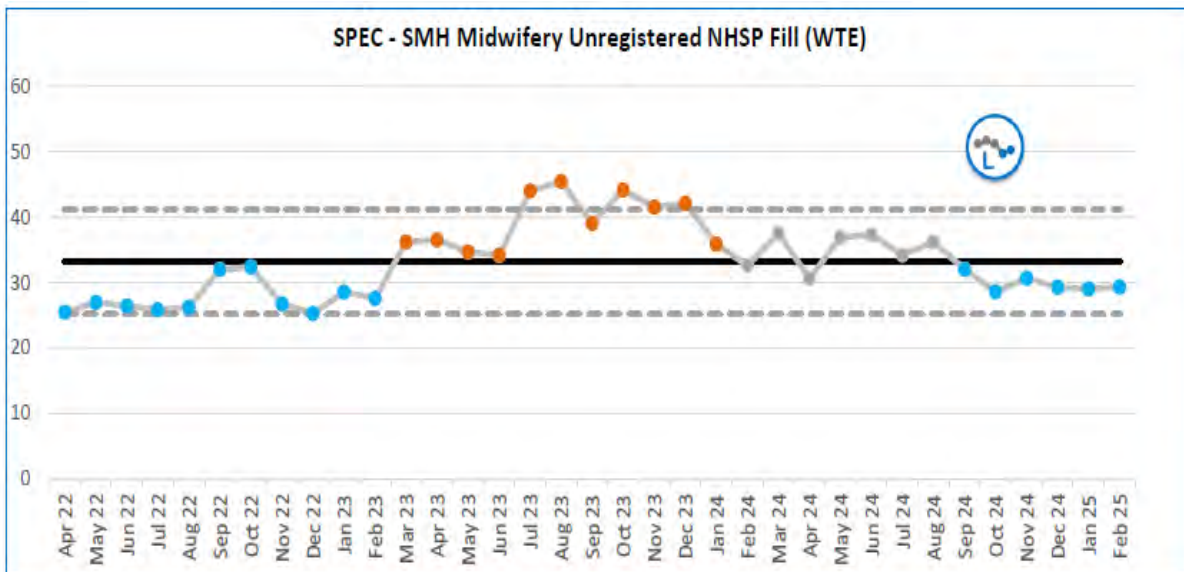
SMH Nursing Registered Vacancies (WTE). This includes Newborn Services

- 4.5. The midwifery retention team 'keep in touch' with all staff in the pipeline to maintain engagement through coffee mornings, email updates and virtual calls. Any candidates who withdraw, are contacted to better understand the reasons why.
- 4.6. SM Maternity Division are able to report a positive impact of recruiting to turnover reflected in:
 - Reduced short term sickness
 - Reduced NHSP spend
 - Recruitment from internal GJO's
 - Increased ability to positively impact Maternity Triage and IOL pathways
- 4.7. A Workforce recruitment strategy for Sept 2026 have been developed to progress guaranteed interviews rather than GJO's.

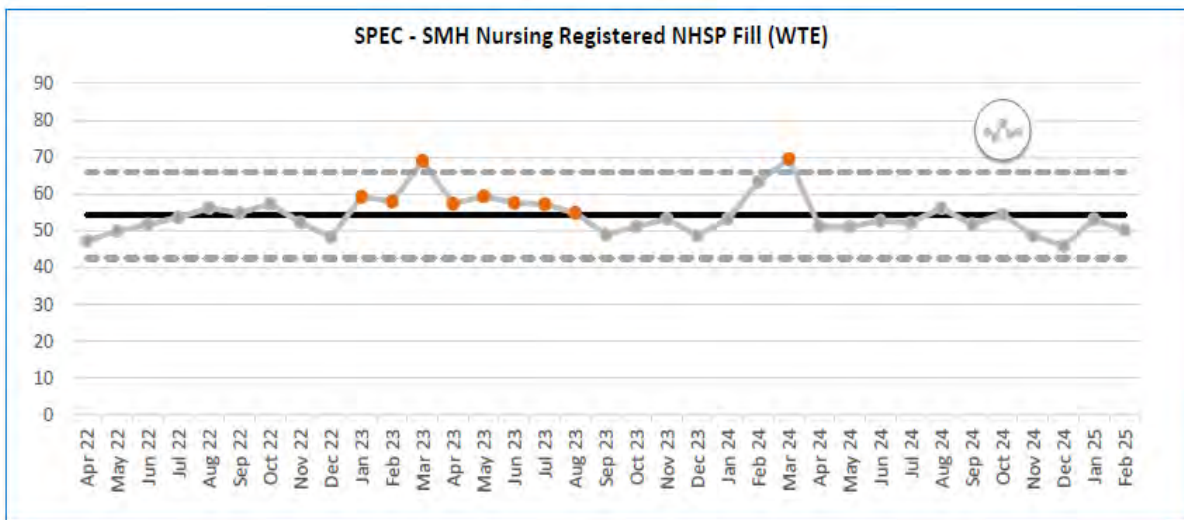
5. Managing staffing shortfalls

- 5.1. Temporary staffing is utilised to support staffing levels throughout the Trust. Weekly NHSP temporary staffing huddles continue to ensure maximisation of engagement between SM MCS and NHSP.
- 5.2. The Heads of Midwifery and Head of Nursing attend a monthly meeting with the NHSP Managers to review NHSP fill rates, incidents and workforce applications.
- 5.3. NHSP fill rates are monitored on a weekly basis by the Heads of Midwifery and Head of Nursing using the Ward Establishment Review Model (WERM Tool). Both Nursing and Midwifery are compliant with zero spend linked to premium overtime payments.
- 5.4. As neonatal units provide an emergency driven service and admissions are not always planned, staffing requirements can vary from shift to shift and depart from those rostered, therefore NHSP is utilised to maintain safer staffing. Newborn Services only use NHSP to backfill shortfalls in staffing numbers, such as nursing vacancies and unexpected staff sickness and occasionally due to high patient acuity/workload

increase to support improved skill mix. In Q4 the neonatal division completed a Quality Impact Assessment (QIA) and Risk Assessment in relation to the impact of removal of enhanced NHSP and in line with the organisational plan which was agreed at Trust Leadership Team Committee (TLTC) on 20th March 2025. In line with phase 2 of the enhanced rate reduction Newborn services will move to a staged reduction in rates from 12th May 2025.



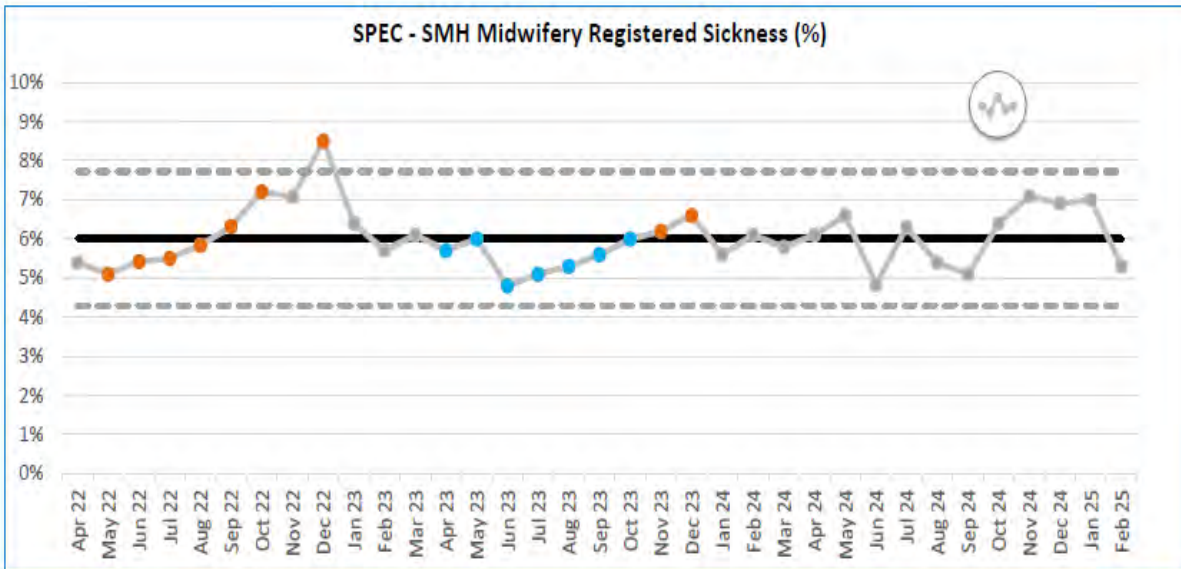
Spec – SMH Maternity Registered NHSP Fill (WTE)



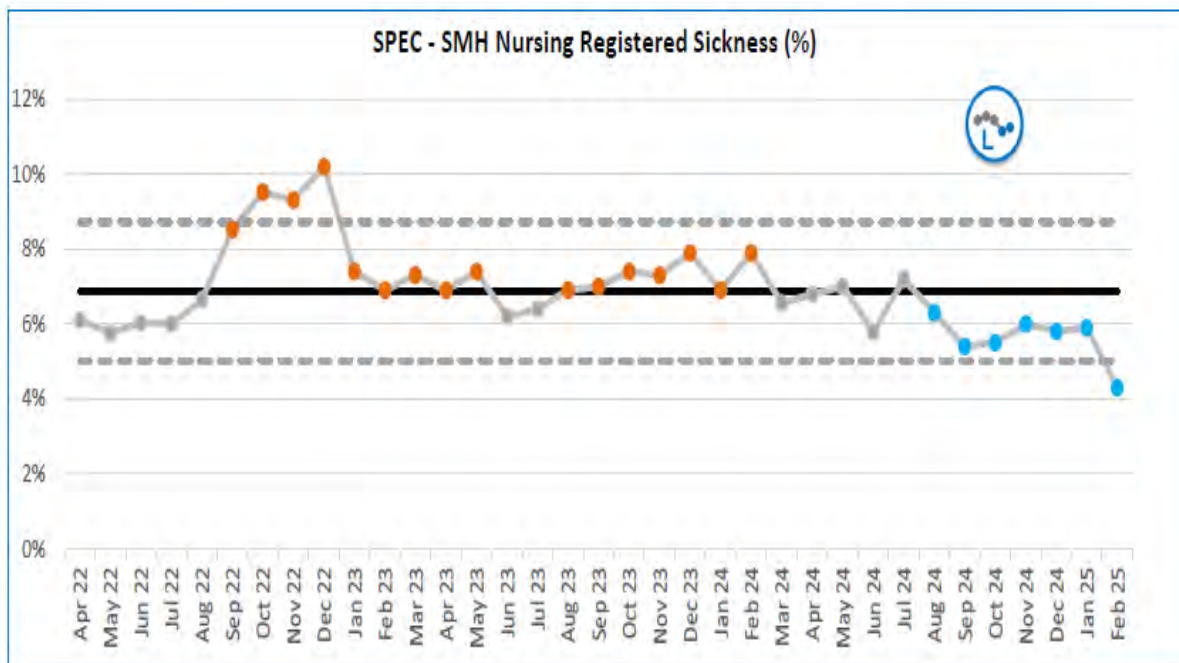
Spec – SMH Nursing Registered NHSP Fill (WTE). This includes Newborn Services

6. Sickness Absence

- 6.1. Short term absence continues to be the main driver for overall sickness across both Maternity and Newborn Services. Overall sickness remains static at 5.7% (maternity) and 7.23% (Newborn Services) over the reporting period, which remains over the Trust target of 3.6% and above the divisional trajectory of 5%. The main reasons for staff absence are anxiety/stress and cold/flu. Both divisions have fortnightly sickness meetings to review position and have in place action plans to address absence which is tracked at the twice weekly staffing meetings. Both divisions are monitored via the established workforce check and challenge process.



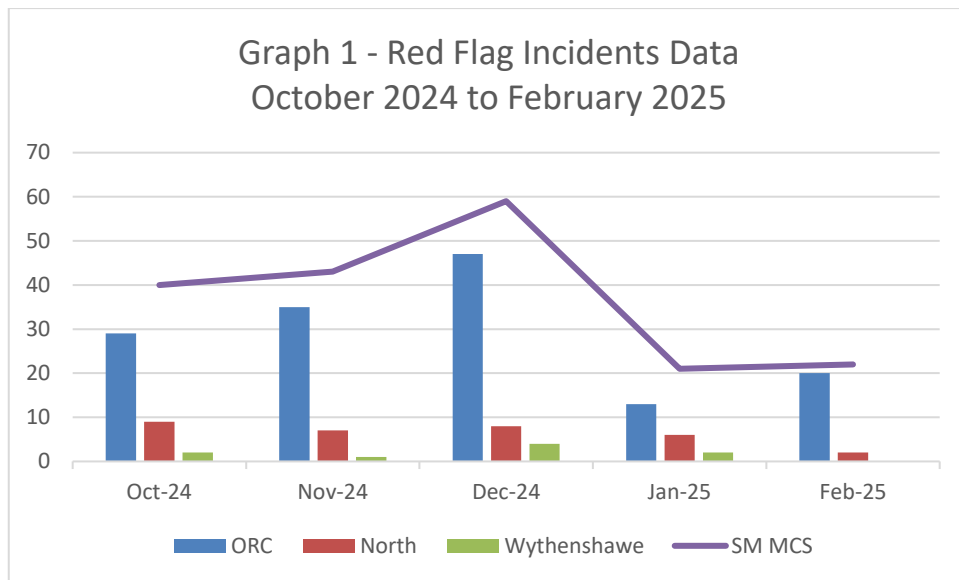
Spec – SMH Maternity Registered Sickness (%)



Spec – SMH Nursing Registered Sickness (%). This includes Newborn Services

7. Maternity ‘Red Flags Events’, Escalation and monitoring of staffing MIS Safety Action 5

7.1. NICE guidance NG4 Safe Staffing for Maternity Settings (2015) recommends that the maternity service has procedures in place for monitoring and responding to unexpected changes in midwifery staffing requirements, and report ‘red flags’ if there is a reduction in required staffing. During January – February 2025, there has been a significant reduction in overall Red Flag incidents, when compared to previous months as shown in Graph 1.



Supernumerary status of labour ward coordinator

7.2. The Maternity Division has continued to report and monitor compliance with supernumerary labour ward coordinator status and the provision of one-to-one care in active labour. The maternity division have achieved 100% compliance with maintaining a supernumerary labour ward coordinator at all times across the 3 maternity sites.

Provision of 1:1 care in labour

7.3. Between January 2025 and February 2025, the maternity division provided one-to-one care in labour to 99.96% of women. As reported previously, the maternity division have in place a detailed action plan for occasions where with provision of one-to-one care has not been achieved, which is monitored through the maternity quality and safety committee.

8. Qualification in Speciality

8.1. The Qualification in Speciality (QIS) staffing levels across newborn services continues to be a pressure, which affects the skill mix particularly in the intensive care rooms. As the service has not achieved the national standard of 70% QIS trained, a risk assessment has been undertaken and is on the risk register scoring 12 (MFT/004452). Table 5 shows the current percentage compliance against national standards across all units.

Table 5 - – Qualification in Speciality % Compliance (February 2025).

Band	ORC	North	Wythenshawe
8	100%	100%	100%
7	100%	100%	100%
6	100%	100%	100%
5	23%	30%	54%
Total	49%	59%	72%

8.2. As informed previously, Qualified in Specialty (QIS) compliance within the newborn service division remains non-compliant and remains risk score 12. To improve compliance Newborn services division, support up to 40 nurses to attend QIS course annually.

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



Escalation and Assurance Report People Board Committee (PBC)

Report to: Board of Directors

Report from: Angela Adimora, Non-Executive Director and Chair of PBC

Date of meeting: 23/04/25

Key escalation and discussion points from the meeting

Alert

The Committee received a report on staff sickness and absence, describing an 'accelerator plan' to address sickness absence at MFT. The revised target of 5.5% by April 2026 remains challenging, but it is anticipated that it can be achieved through appropriate interventions. The Trust has been unable to meet the 2024-2025 target of 5%, remaining at 6.1% over the last year and fluctuating between 4.2%-6.9% across clinical groups and corporate teams. The cost of sickness absence remains significant and a number of actions as are planned to address the issue. The Committee will continue to closely monitor this over the coming year.

Advise:

The Committee heard a staff story describing the positive experience of a staff member who had been supported by her line manager to return to work, and remain in work, through the use of aids and adaptations to her working environment.

The Committee received the CPO report, highlighting:

- The apprenticeship programme and plans to increase apprenticeship opportunities within the Trust.
- The ongoing leadership and organisational development work as part of the OneMFT programme.
- Recent leadership appointments including the new Clinical Group Chief Executives.

The Committee reviewed the NHS staff survey results for 2024. The final response rate for 2024 stands at 45%. The overall engagement score for MFT in 2024 is ratified at 6.79 compared to 6.76 in 2023. All People Promise themes, sub-themes, elements, and sub-elements have shown improvement except for the sub-element of Motivation, which showed a slight decline (6.88 compared to 6.90 in 2023). All scores, apart from Staff Engagement, indicated a statistically significant improvement from 2023. A 10% reduction in the metric for wanting to leave the organisation is very positive.

The Committee received an update on the MFT People Promise Project focused on the over 2000 allied health professionals across the Trust. Part of a national People Promise Exemplar Programme, the project aimed to gain understanding of AHP experiences, policies, processes, etc. The key areas of focus for the project are flexible working, civility, and recognition. The success of the project has been shown through improved staff survey results and improved CSS staff retention.

The Committee received an update on the education and learning portfolio within MFT including details of the education offer, types of education and training, and methods of delivery. A learning and education strategy is in development and the work is led through the Workforce and Education management Committee.

The Committee received the Nursing Revalidation report. There are 10,744 registered nurses, midwives, and nursing associates employed at MFT and 3275 were required to revalidate with the NMC in 2024/25.

The total number of lapses of revalidation per Clinical Group during 2024/25 is 0.5% of the total required to revalidate.

The Committee received the bi-monthly safe staffing report for nursing. MFT is compliant with the national guidelines. The MFT-wide average Care Hours Per Patient Day (CHPPD) level is 9.3 hours per patient against a Shelford Group average of 9.6 hours.

The Committee received the bi-monthly safe staffing report for midwifery. Maternity Services are compliant with the nationally recommended establishments in accordance with Birthrate Plus (BR+) calculations and have planned a further BR+ exercise for 2025. During January – February 2025, there has been a significant reduction in overall Red Flag midwifery staffing incidents month on month from 242 in October 2024 to 44 in February 2025. Turnover continues to reduce within maternity services with a slight rise of 0.44 WTE in Newborn Services. within the newborn service division remains non-compliant and risk score remains at 12. To improve Qualified in Specialty (QIS) compliance in Newborn services, the division supports up to 40 nurses to attend the QIS course annually. The Committee discussed the matter and the Committee's oversight role.

Assure:

The Committee considered the latest workforce-related metrics within the Integrated Performance Report (IPR):

- The level 1 mandatory training target has been met but levels 2 and level 3 remain below target despite improvement seen since January. There is a focus on Clinical Groups with lower compliance rate. An NHS mandatory training review is underway at the national level.
- A new metric regarding Oliver MacGowan training has been included in the IPR. Compliance is below the 90% target with work underway to improve this over the coming months.
- There was a spike in temporary staffing in M12 which is often the case due to the need to cover year-end annual leave. Costs showed a steady increase since M9 but are significantly lower at year-end than 2023/24.
- The absence metric was discussed in the dedicated report summarised in the 'Alert' section above.
- Non-medical appraisal compliance stand at 80%, similar to last month. WTWA and CSS Clinical Groups have shown improvement following recent targeted work.
- The 'time to hire' metric stands at 62.2 days and is reducing. GM ICB has asked for this to be included in Provider workforce return. Currently 62.2 days, has started to come down. The streamlining of the Vacancy Control Process and increased automation aims to improve performance.
- Performance against the 'price cap compliance' metric appears low due to the small amount of agency use and the consequent impact on the figures of a small number of non-compliant hires.
- The Committee discussed the need to consider the presentation of the BAME representation metrics so disparities across MFT can be better understood.

Risks discussed at the meeting

The Committee considered the section of the BAF relevant to the scope of the committee and noted the progress made in delivering actions in place to deliver the Trust's strategic objectives. The BAF included all the strategic risks and corporate risks aligned to the strategic aim of which the committee has responsibility for oversight. The Chief People Officer presented proposed changes to the identified strategic risks and corporate risks and they were supported by the committee with an ask that an appropriate level of detail is included in future reports to enable Committee assurance.

Report approved by: Angela Adimora, Non-Executive Director and Chair of the PBC.

Agenda



Manchester University
NHS Foundation Trust

People Board Committee

Date: Wednesday, 23rd April 2025

Time: 2:00pm – 4:00pm

Location: Main Boardroom, Cobbett House, ORC

Agenda

	Item	Purpose	Lead	Time
1.	Apologies for absence & confirmation of quoracy (verbal)	Meeting admin	Chair	2.00pm
2.	Declaration of interest (verbal)	Meeting admin	Chair	2.00pm
3.	Minutes of the previous meeting (26 th February 2025)	Meeting admin	Chair	2.00pm
4.	Action Log	Discussion	Chair	2.05pm
5.	Matters Arising	Discussion	Chair	2.10pm
6.	Assurance Reporting			
6.1	Board Assurance Framework	Discussion	Chief People Officer	2:15pm
6.2	Integrated Performance Report	Discussion	Deputy Chief People Officer	2.20pm
6.3	Workforce Risk Summary	Discussion	Director of Corporate Workforce	2:25pm
Strategic aim 3: Be the place where people enjoy working, learning and building a career				
7.1	Staff story (film)	Discussion	Chief People Officer	2.35pm
7.2	Chief People Officer report:	Discussion	Chief People Officer	2.45pm
7.3	Managing Sickness Absence	Discussion	Chief People Officer	2:55pm

7.4	NHS Staff Survey Report 2024	Discussion	Chief People Officer	3.05pm
7.5	MFT People Promise Project and Manager	Discussion	Clinical Group Director of Workforce & OD (CSS)	3:15pm
7.6	Education-related committee meetings progress report	Discussion	Chief People Officer	3.35pm
7.7	Annual Nurse & Midwifery Revalidation report	Discussion	Chief Nursing Officer	3.25pm
7.8	Quarterly Safer Staffing Report (nursing)	Discussion	Chief Nursing Officer	3.40pm
7.9	Quarterly Safer Staffing Report (midwifery and newborn services)	Discussion	Chief Nursing Officer	3.50pm
Committee business				
8.	Escalation report	Approval	Chair	3.55pm
9.	Workplan Review	Meeting admin	Chair	3.55pm
10.	Any Other Business (verbal)	Discussion	All	3.55pm
11.	Meeting Evaluation (verbal)	Meeting admin	Chair	4.00pm
Date of next meeting: Wednesday, 25 th June 2025 at 2.00pm in the Main Boardroom, near Cobbett House				



Manchester University
NHS Foundation Trust

Escalation and Assurance Report

Audit and Risk Committee

Report to: Board of Directors

Report from: Nic Gower, Non-Executive Director and Chair of Audit and Risk Committee

Date of meeting: 9th April 2025

Key escalation and discussion points from the meeting

Advise:

The Committee received a report from the Chief Finance Officer regarding the non-pay spending controls processes in place within the Trust. A discussion was held about the importance in continuing to test these and reporting progress through this Committee.

The Committee received an update on the compliance rate for Trust declarations of interest which is a module within the Trust's mandatory training programme. Compliance is at 76.1% which is below target. The new Counter Fraud team use 85% as the target figure. A root and branch review of the policy and process will take place over the next 3 months and a revised policy will be presented to the next Committee meeting for discussion and approval.

The Committee received the external audit plan for the 2024/25 financial year. The auditors have carried out a cold review of the 2023/24 annual report and accounts to identify learning for the coming reports. The Committee discussed interpretation of the financial sustainability risk and the challenge in providing an opinion due to uncertainty in the level of funding for all NHS Trusts.

The Counter Fraud team provided the annual report for 2024/25 which included a summary of completed work and a description of the work planned for the year ahead to address risks and strengthen controls.

The Committee agreed the Internal Audit Plan for 2025/26 which had been developed through discussions with the Trust's Executive and Non-Executive Directors.

The Committee noted the tenders waived for the period 1st January to 1st February 2025 and the Losses/special payments report for the period 1st April 2024 to 28th February 2025.

Assure:

The Committee received a report from the Internal Auditors which included:

- An update on the implementation of the new financial ledger following Bolton FT's go-live and learning from it. Implementation will now be September/October 2025 to take into account of the outputs from Phase 3 of the One MFT programme.
- A rating of 'Significant assurance with minor improvement opportunities' for the 'Risk Management and Governance' audit.
- A rating of 'Significant assurance with minor improvement opportunities' for the 'Cyber Assessment Framework-aligned Data Security & Protection Toolkit Independent Review' audit. The Committee also considered a report from the CDIO which presented the Trust's Annual Governance Statement for 2024/25 Data Security and Protection Toolkit/CAF (DSPT). The final Trust position will be

included in the Annual Report being presented to the Committee in June prior to final submission by the 30th June.

- A rating of 'Partial Assurance with improvements required' for the 'Maternity Services: No Delays Workstream audit.' The reason for the partial assurance was due to a local action plan being held in the Clinical Group which was not aligned with the Trust plan. This has been resolved and all actions are now contained in the single, Trust-wide plan.

The Committee received the escalation reports from the Trust's Board committees which provided evidence of the roles Board Committees play in seeking assurance on the areas of MFT business within their scope. The escalation reports from the Trust Risk Oversight Committee were also considered to support the Committee's role in overseeing risk management processes within the Trust.

Report approved by: Nic Gower, Non-Executive Director and Chair of Audit and Risk Committee

Agenda



Manchester University
NHS Foundation Trust

Audit and Risk Committee

Date: Wednesday 9th April 2025

Time: 10:00am – 12:00pm

Location: Main Boardroom, Cobbett House, Oxford Road Campus

Agenda

	Item	Purpose	Lead	Time
1.	Apologies for absence & confirmation of quoracy (verbal)	Meeting admin	Chair	10am
2.	Declaration of interest (verbal)	Meeting admin	Chair	10am
3.	Minutes of the previous meetings (5 th February 2025)	Meeting admin	Chair	10am
4.	Action Log	Discussion	Chair	10.05am
5.	Matters Arising	Discussion	Chair	10.05am
6	Control Summary of Spend Controls	Discussion	CW	10:10am
7.	Declarations of Interest	Discussion	NGm	10:20am
8.	Annual Governance Statement for 2024/25 Data Security and Protection Toolkit/CAF (DSPT)	Discussion	DW	10:25am
9.	External Audit:			

9.1	External Audit Plan (2024/25): - Value for Money reporting - Cold review findings	Discussion	SI	10.35am
10.	Local Counter Fraud:			
10.1	Local Counter Fraud Quality Assurance annual report (2024/25) including Counter Fraud Standard Function Requirements	Discussion	KPMG	10.55am
10.2	Local Counter Fraud work plan (2025/26) including Local Counter Fraud progress report	Discussion	KPMG	11.05am
11.	Internal Audit:			
11.1	Internal Audit progress report	Discussion	HF	11.20am
11.2	Draft 2025/26 Internal Audit Plan (Programme and Charter)	Discussion	HF	11.30am
12.	Items for Noting and / or Information			
12.1	Tenders Waived for the period 1 st January 2025 – 28 th February 2025	Noting	SW	11.40am
12.2	Losses and Special Payments for the period 1st April 2024 – 28th February 2025	Noting	TR	11.45am
Good governance				
13.	Escalation reports from Board committees	Noting	NGm	11.50am
Committee business				
14.	Escalation report	Approval	Chair	11.55am
15.	Workplan Review	Meeting admin	Chair	11.55am
16.	Any Other Business (verbal)	Discussion		11.55am
17.	Meeting Evaluation (verbal)	Meeting admin	Chair	11.55am
<p>Date of next meeting:</p> <p>Wednesday 18th June (informal meeting) at 10.00am – 12.00pm in the Main Boardroom, near Cobbett House, ORC</p> <p>Tuesday, 24th June (formal meeting) at 10.00am – 12.00pm in the Main Boardroom, near Cobbett House, ORC</p>				



Manchester University
NHS Foundation Trust

Escalation and Assurance Report

Finance Board Committee

Report to: Board of Directors

Report from: Trevor Rees, Deputy Chairman and Chair of Finance Board Committee

Date of meeting: 22/04/25

Key escalation and discussion points from the meeting

Alert

The Committee supported a direct award, under a waiver justification to ensure compliance with procurement regulations, to a supplier to ensure the completion of a research study. The matter will be presented for approval at the Board meeting in May 2025.

Advise:

The Committee discussed the 2025/26 financial plan. The Trust is submitting a forecast breakeven position in line with year 2 of the Financial Recovery Plan approved by Trust Board in July 2024. The plan includes £165.8m (5.8% of expenditure) of Value for Patients. Discussions continue with GM ICB commissioners and Specialised Commissioning to ensure that the income received by the Trust is sufficient to achieve the activity requirements demanded by the planning guidance. The Committee discussed the importance of closely monitoring the cash position over the coming year.

The Committee received an update on the development of MFT's commercial opportunities which has informed the ideas and initiatives surfaced through an engagement process. A process is underway to prioritise those that offer greatest reward and strongest alignment to the organisation's strategic objectives. The Committee considered how it would be involved in the oversight of the planned work and that will be considered prior to the next meeting.

The Committee considered the pre-National Cost Collection report.

Assure:

The Committee considered the Chief Finance Officer's M12 report and the finance elements of the Integrated Performance Report and discussed in detail the current financial position. The £3.6m surplus planned for 2024/25, and equating to 5.0% of operating expenditure, has been achieved, supported by full delivery of the £148m of Value for Patients (VfP) savings target and the use of balance sheet flexibilities. At the end of March 2025, the cash position is £60.4m against a plan of £100.9m, an adverse variance of £40.5m. The 2024/25 outturn spend of £101m for capital expenditure, including £6.8m for IFRS 16 lease expenditure, is in line with the agreed spend and outturn with GM ICB. The Committee discussed how the allocation of capital could be refined to ensure a smoother process in the coming year.

The final outturn position of the Value for Patients Programme shows that the Trust delivered £148.3m of efficiencies and savings across Clinical Groups and Corporate areas. Full year delivery of £148.3m was split: £92.4m (62%) of recurrent delivery; and £55.8m (38%) of non-recurrent delivery. In total, £400m savings have been achieved over the last four years. The Committee discussed how the reporting of the VfP programme for the coming year could be enhanced to provide a clearer depiction of the current

position. For 2025/25, £102m of VfP opportunities have been identified so far against a target of £165m. More capacity has been brought into the VfP team for 2025/26.

Risks discussed at the meeting

The Committee considered the section of the BAF relevant to the scope of the committee and noted the progress made in delivering actions in place to deliver the Trust's strategic objectives. The BAF included all the strategic risks and corporate risks aligned to the finance element of the strategic aim of which the committee has responsibility for oversight. The Committee discussed the inter-relationship between capital risks and the work of other Board committees and the need to ensure that the impacts of any risks are known by the relevant committee.

Report approved by: Trevor Rees, Deputy Chairman and Chair of Finance Board Committee

Agenda:



Manchester University
NHS Foundation Trust

Finance Board Committee

Date: Tuesday 22nd April 2025

Time: 2:00pm – 4:00pm

Location: Main Boardroom, Cobbett House, ORC

Agenda

	Item	Purpose	Lead	Time
1.	Apologies for absence & confirmation of quoracy (verbal)	Meeting admin	Chair	2:00pm
2.	Declaration of interest (verbal)	Meeting admin	Chair	2:00pm
3.	Minutes of the previous meeting (25 th February 2025)	Meeting admin	Chair	2:00pm
4.	Action Log	Discussion	Chair	2:05pm
5.	Matters Arising	Discussion	Chair	2:10pm
6.	Assurance Reporting			
6.1	Board Assurance Framework	Discussion	CW	2:15pm
6.2	Integrated Performance Report	Discussion	CW	2:30pm

7.	Strategic aim 4: Ensure value for our patients and communities by making best use of resources			
7.1	M12 - Chief Finance Officer's report	Discussion	CW	2:45pm
7.2	M12 - Value for Patients programme update	Discussion	VG	2:55pm
7.3	2025/26 Financial Plan Update	Discussion	CW	3:05pm
7.4	Pre-National Cost Collection Report	Discussion	CW	3:15pm
7.5	Update on the development of MFT's commercial opportunities	Approval	CW / WD	3:25pm
7.6	Direct Award with waiver justification for Genedrive	Approval	CW	3:35pm
Committee business				
8.	Escalation report	Approval	Chair	3:45pm
9.	Workplan Review	Meeting admin	Chair	3:50pm
10.	Any Other Business (verbal)	Discussion		3:55pm
11.	Meeting Evaluation (verbal)	Meeting admin	Chair	3:55pm
Date of next meeting: Tuesday 24 th June 2025				

Public Board of Directors Wednesday 21st May 2025

Paper title:	Chief Finance Officer's Report – M12	Agenda Item 13.3
Presented by:	Claire Wilson, Chief Finance Officer	
Prepared by:	Ann Bracegirdle, Deputy Chief Finance Officer	
Meetings where content has been discussed previously		
Purpose of the paper	<input type="checkbox"/> For approval <input type="checkbox"/> For support	
Please check one box only:	<input checked="" type="checkbox"/> For discussion	

Executive summary / key messages for the meeting to consider

- The in month financial position against control total for M12 (March 2025) is a **£14.7m surplus, £12.4m favourable** to plan, and YTD a **£3.6m surplus**, thus delivering the 2024/25 control total.
- The VfP target of £148.0m was delivered in full, of which, £55.6m was delivered non-recurrently.
- The planned position has been delivered through a higher than planned level of non-recurrent measures, in excess of £63.0m, which cannot be continued in 2025/26.
- The Trust delivered its capital forecast as agreed with the Greater Manchester Integrated Care Board.
- Agency staff costs for MFT are very low by both national and regional standards and ended the year at just 0.63% of total pay costs (£12.1 million of a total £1.90 billion).
- At the end of March 2025, the cash position is £60.4m against a plan of £100.9m, an adverse variance of £40.5m. This variance was mostly as a result of a timing difference on a single commissioner payment which was received in April 2025, rather than March 2025, and in itself does not create any cash flow issues.

Recommendation(s)

The Board of Directors is asked to:

- Note the contents of the finance report for month 12
- Note the impact on the underlying financial position through delivering the year end position with more non recurrent measures than originally planned.

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

Yes (please set out in your report what action has been taken to address this)

No

Relationship to the strategic objectives

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

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

Links to Trust Risks

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

- MFT/001760- Implications of national restrictions on capital resource
- MFT/005092 -Delivering Financial Sustainability in the medium term

Care Quality Commission domains

Safe

Effective

Caring

Well-Led

Please check all that apply	<input checked="" type="checkbox"/> Responsive	
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">• The Trust has met its statutory financial obligations for the year.• This position is subject to external audit.	

Main report
See main document

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	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 –	Apply research & innovation, including digital technology and artificial

people's lives	objective 2	intelligence, to improve people's health and the services we provide
Good governance	GG	Deliver a safe, legally compliant and well run organisation

CFO Report Month 12 2024/25

Where



Excellence

Meets

Compassion



**Manchester University NHS
Foundation Trust**

March 2025

Executive Summary

Page	Area	Narrative
	Overview	The Trust reports achievement of the £3.6m surplus planned for 2024/25 which was supported by full delivery of the £148m of Value for Patients (VfP) savings target, equating to 5.0% of operating expenditure. It must be noted that the financial position has been achieved through non-recurrent flexibilities in year and non-recurrently delivered VfP.
3 - 11	Income, Expenditure & Workforce	The in month position is a £14.7m surplus, £12.4m favourable to plan. Outturn for 2024/25 shows achievement of the planned £3.6m surplus. This is driven by increased ERF income and use of central flexibilities which have offset under-delivery against the budget reducing elements of the VfP programme and the high levels of insourcing and use of non-pay to deliver activity above planned levels.
12	VfP	YTD delivery in full against the £148.0m plan.
13 - 14	SoFP, Cash & Liquidity	<p>At the end of March 2025, the cash position is £60.4m against a plan of £100.9m, an adverse variance of £40.5m. This is driven by a delayed commissioner payment which has been now received (in April 2025). The cash position has also been impacted by the delivery of the financial position by non-cash releasing items.</p> <p>The Trust is moving into 2025/26 with a more challenged cash position than it has had historically and there is a risk that revenue support will be required in Q2 if the financial plan is not delivered as profiled and through cash releasing items.</p>
15	Capital	The 2024/25 outturn spend of £101m for capital expenditure including £6.8m for IFRS 16 lease expenditure is in line with the agreed spend and outturn with GM ICB.



Draft Income & Expenditure – Month 12 2024/25



Manchester University
NHS Foundation Trust

In month 12 there is a favourable variance to plan of £12.4m with breakeven reported against the control total. After non operating adjustments, the YTD position is a £26.3m deficit, £51.7m favourable to plan.

Income (note there is £8.9m of NR central flexibility supporting the position)

The YTD **£135.4m** favourable variance (in month favourable variance of **£125.2m**) to plan is largely driven by:

- Income for the year end pension credit of £101.3m (offset by expenditure)
- Over-performance against CPT Drugs and Devices of **£20.9m**.
- Over-performance against the ERF target of **£24.2m** offset by under delivery of **£5.0m** against Project 108 and **£0.2m** associated with losses due to Junior Doctor's IA cost.
- £3.7m** benefit from ERF over-performance in 2023/24.
- Contract variations, Private Patients, RTA income and other changes to contractual income accounts for a net favourable variance of **£1.8m** YTD.
- E&T income favourable by **£19.4m** and R&I income **£9.8m** favourable to plan.
- Other minor income variances to plan.

Pay Variance (note there is £3.0m of NR central flexibility supporting the position)

The YTD **£144.1m** adverse variance (in month adverse variance of **£105.1m**) to plan is driven by:

- Expenditure for the year end pension credit of £101.3m (offset by income)
- Under-performance against the YTD VfP target.
- YTD Junior Doctor's industrial action costs of **£3.0m**.
- Pressures associated with operational delivery incurring premium pay costs (ECLs/Specialling etc).

Non-pay Variance (note there is **£51.1m** of NR Central flexibility supporting the position)

The YTD **£47.6m** adverse variance (in month **£7.1m**) to plan is predominantly driven by:

- Under-performance against the YTD VfP.
- Clinical Supplies over-spends £31.3m, excluding CPT Devices – a further £13.8m adverse (offset by income).
- Over-spends against CPT Drugs by £7.1m (offset by income) with a further adverse £8.6m against other drugs
- Other variances on Insourcing/Outsourcing (adverse £20.0m), reagent costs, general supplies and premises.
- Offset by favorable variances against other non pay expenditure (Depreciation, Other and Leases) by £35.0m some of which is driven by release of balance sheet flexibility.

I&E Category	2024/25	Current Month - M12			YTD		
	Original Plan £'000	Original Plan £'000	Actual £'000	Variance £'000	Original Plan £'000	Actual £'000	Variance £'000
Income from Patient Care Activities	2,613,801	218,171	227,004	8,833	2,613,801	2,666,665	52,864
Other Operating Income	290,314	24,897	140,369	115,472	290,314	424,772	134,458
Total Income	2,904,115	243,068	367,373	124,305	2,904,115	3,091,436	187,321
Staffing Costs	(1,758,151)	(145,288)	(250,422)	(105,134)	(1,758,151)	(1,902,263)	(144,112)
Drugs	(294,701)	(24,562)	(26,986)	(2,424)	(294,701)	(310,439)	(15,738)
Supplies and Services - Clinical	(267,886)	(22,382)	(23,324)	(942)	(267,886)	(312,810)	(44,924)
Insourcing & Outsourcing Costs	(26,335)	(2,197)	(3,814)	(1,617)	(26,335)	(46,324)	(19,989)
Premises & Establishment Costs	(85,099)	(7,093)	(8,766)	(1,673)	(85,099)	(80,616)	4,483
Supplies and Services - General	(12,130)	(956)	(1,684)	(728)	(12,130)	(16,171)	(4,041)
PFI Charges	(76,340)	(6,470)	(6,841)	(371)	(76,026)	(80,154)	(2,129)
Lease Expenditure	(9,931)	(730)	(221)	509	(9,931)	(8,266)	1,665
Depreciation & Amortisation	(72,219)	(6,246)	(6,024)	222	(72,219)	(65,242)	6,977
Other	(231,991)	(19,193)	(19,190)	3	(230,305)	(204,133)	26,172
Non Pay Costs	(1,076,632)	(89,829)	(96,851)	(7,022)	(1,076,632)	(1,124,156)	(47,524)
Total Operating Expenditure	(2,834,783)	(235,117)	(347,272)	(112,155)	(2,834,783)	(3,026,419)	(191,636)
EBIT Margin	69,332	7,951	20,101	12,150	69,332	65,018	(4,314)
Interest & Dividends	(58,237)	(3,130)	(2,524)	606	(58,237)	(52,600)	5,637
Surplus / (Deficit) before adjustments	11,095	4,821	17,577	12,756	11,095	12,417	1,322
Adjust PFI revenue costs to UK GAAP basis	(7,476)	(2,562)	(2,891)	(329)	(7,476)	(8,776)	(1,300)
Surplus / (Deficit) for CT purposes	3,619	2,259	14,686	12,427	3,619	3,641	22
I&E Excluded from CT	(81,608)	(6,595)	20,765	27,360	(81,608)	(29,981)	51,627
Surplus / (Deficit) after CT excluded items	(77,989)	(4,336)	35,451	39,787	(77,989)	(26,339)	51,650

Interest and Dividends

The YTD favourable variance of **£4.7m** (in month **£0.3m**) is due to interest receivable above plan relating to cash balances. PDC charge is still being calculated so these figures are subject to change.

Income & Expenditure – Run Rate

I&E Category	Apr-24 £'000	May-24 £'000	Jun-24 £'000	Jul-24 £'000	Aug-24 £'000	Sep-24 £'000	Oct-24 £'000	Nov-24 £'000	Dec-24 £'000	Jan-25 £'000	Feb-25 £'000	Mar-25 £'000	YTD £'000	Total £'000
Income from Patient Care Activities	209,316	208,134	208,083	219,079	213,456	213,166	266,103	227,027	214,827	235,734	224,737	227,004	2,666,665	2,666,665
Other Operating Income	22,864	22,526	26,210	22,880	25,096	26,937	27,645	27,354	30,103	21,016	31,771	140,369	424,772	424,772
Total Income	232,180	230,660	234,292	241,959	238,553	240,103	293,748	254,380	244,931	256,750	256,507	367,373	3,091,436	3,091,436
Staffing Costs	(146,110)	(142,889)	(144,529)	(144,000)	(144,100)	(143,326)	(192,374)	(149,407)	(148,136)	(147,777)	(149,193)	(250,422)	(1,902,263)	(1,902,263)
Non Pay Costs	(95,271)	(92,964)	(88,503)	(92,793)	(88,737)	(94,044)	(103,351)	(93,717)	(92,937)	(91,150)	(93,837)	(96,851)	(1,124,156)	(1,124,156)
Total Operating Expenditure	(241,381)	(235,853)	(233,032)	(236,793)	(232,837)	(237,370)	(295,726)	(243,125)	(241,073)	(238,928)	(243,031)	(347,272)	(3,026,419)	(3,026,419)
EBIT Margin	(9,201)	(5,192)	1,260	5,166	5,716	2,734	(1,978)	11,256	3,858	17,823	13,477	20,101	65,018	65,018
Interest & Dividends	(26,359)	(2,281)	(2,236)	(2,448)	(2,421)	(2,355)	(2,415)	(2,194)	(2,482)	(2,530)	(2,354)	(2,524)	(52,600)	(52,600)
Surplus / (Deficit) before adjustments	(35,560)	(7,474)	(976)	2,718	3,295	378	(4,393)	9,061	1,375	15,292	11,123	17,577	12,417	12,417
Surplus / (Deficit) for CT purposes	(14,633)	(10,312)	(2,758)	(426)	51	(1,897)	(7,223)	6,344	(1,554)	12,753	8,609	14,686	3,641	3,641
	(6.3%)	(4.5%)	(1.2%)	(0.2%)	0.0%	(0.8%)	(2.5%)	2.5%	(0.6%)	5.0%	3.4%	4.0%	0.1%	0.1%
I&E Excluded from CT	(4,038)	(6,921)	(2,645)	(4,681)	(5,106)	(4,209)	(2,924)	(7,080)	(5,559)	(3,655)	(3,926)	20,765	(29,981)	(29,981)
Surplus / (Deficit) after CT excluded items	(18,671)	(17,233)	(5,403)	(5,107)	(5,055)	(6,106)	(10,147)	(736)	(7,113)	9,098	4,683	35,451	(26,339)	(26,339)

- Improvements to the Patient Care Income Run rate include monies received for Cancer Alliance funded activity and CPT devices above prior months. ERF work has steadily increased over the last quarter and accounts for the significant increase over the average in the last few months. Other Operating income is skewed in M12 by the £101.3m pension credit income (offset in staffing costs) but also includes an uplift to R&I monies of £7.4m.
- Staffing costs in month 12 are skewed by the £101.3m pension liability costs that are posted every March but are fully offset by an equal and opposite income figure. Adjusting for this shows cost of £149.1m – a small improvement over M11 and remains below the YTD average of £150.1m, after adjusting out the pension liability, reflecting progress made on reducing staff costs and premium pay over the second half of the financial year.
- Non pay costs in month 12 are £3m higher than last month and a similar amount above the run rate driven by additional costs posted in R&I of £5.9m, which are offset by income in Other Operating Income, and lower costs against Supplies and Services than the run rate.
- The interest and dividends averages are skewed by the profile of the PFI technical accounting adjustment. Both interest payable and interest receivable show favourable month on month variances to plan. Proactive cash management has supported maximising interest.

Month 12 - Draft ERF Income



ERF Income by Site/CG to 30th March 2025 (Plus net plan variance from 1 days accrual)

Site / MCS	Elective (£000s)			Outpatients First Attendance (£000s)			Outpatients Procedures (£000s)			Total (£000s)		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Clinical & Scientific	7,644	9,171	1,527	5,499	5,599	100	4,179	5,199	1,020	17,322	19,969	2,647
Manchester Royal Eye Hospital	13,955	15,631	1,677	2,832	2,976	144	13,351	13,814	463	30,138	32,421	2,283
Manchester Royal Infirmary	77,354	80,526	3,172	21,590	19,320	(2,269)	1,838	4,140	2,301	100,782	103,986	3,204
North Manchester General Hospital	9,459	10,048	589	7,123	6,765	(359)	1,141	1,933	792	17,723	18,745	1,023
Royal Manchester Children's Hospital	51,983	51,822	(162)	10,381	11,186	806	811	1,494	683	63,175	64,501	1,327
Saint Mary's Hospital	15,057	15,331	274	10,065	11,247	1,182	5,347	5,540	193	30,469	32,118	1,649
University Dental Hospital	3,620	3,285	(335)	2,980	2,612	(368)	5,701	5,138	(564)	12,302	11,035	(1,267)
Wythenshawe, Trafford, Withington and Altrincham	116,734	118,089	1,355	29,522	32,075	2,553	14,853	18,023	3,170	161,109	168,187	7,078
Total	295,807	303,903	8,097	89,992	91,780	1,788	47,221	55,279	8,058	433,019	450,962	17,943
Totally Project 108	0	1,101	1,101	0	1,454	1,454	0	11	11	7,553	2,566	(4,986)
Outcome of national SUS and ERF reconciliation												9,521
Additional Advice & Guidance												1,000
Accrual 1 day												762
Total Reported M11												24,239

ERF Income to M12

- The 2024/25 plan included an additional £18.5m ERF above the commissioner position. This table shows income delivery against this increased target.
- Totally – Project 108 Insourcing is shown separately at £2.6m , £5m behind plan.
- National SUS and ERF reconciliation has been updated to reflect latest position at £9.5m
- The plan is based on activity data supplied by the Informatics team and agreed with each Clinical Group. Both plan and actuals have been updated for the updated tariff pricing.



Month 12 - Draft ERF Activity

Site / MCS	Elective (£000s)			Outpatients First Attendance (£000s)			Outpatients Procedures (£000s)			Total (£000s)		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Clinical & Scientific	4,336	4,317	(19)	80,531	79,432	(1,099)	16,930	21,753	4,823	101,797	105,502	3,705
Manchester Royal Eye Hospital	9,691	10,204	513	17,274	18,155	881	102,246	106,054	3,808	129,211	134,413	5,202
Manchester Royal Infirmary	69,379	74,449	5,070	103,224	104,473	1,249	9,482	24,385	14,903	182,085	203,307	21,222
North Manchester General Hospital	6,467	6,823	356	30,700	28,868	(1,832)	6,460	8,973	2,513	43,628	44,664	1,036
Royal Manchester Children's Hospital	25,229	26,114	885	40,443	41,031	588	4,657	8,372	3,715	70,328	75,517	5,189
Saint Mary's Hospital	5,310	5,710	400	32,338	40,189	7,851	18,721	20,311	1,590	56,368	66,210	9,842
University Dental Hospital	4,295	4,024	(271)	16,035	13,974	(2,061)	32,927	29,775	(3,152)	53,258	47,773	(5,485)
Wythenshawe, Trafford, Withington and Altrincham	40,874	44,674	3,800	135,611	148,702	13,091	90,130	106,743	16,613	266,615	300,119	33,504
Total	165,580	176,315	10,735	456,157	474,824	18,667	281,554	326,366	44,812	903,290	977,505	74,215

ERF Activity to M12

- The plan is based on activity data supplied by the Informatics team and agreed with each Clinical Group



Workforce – Month 12 2024/25

Staff Group	Month 12					
	Budget (£'000)	Substantive (£'000)	Bank (£'000)	Agency (£'000)	Total Actual (£'000)	Variance (£'000)
Consultant	27,502	25,297	820	357	26,475	1,027
Career Grade Doctor	6,392	6,440	245	33	6,718	(326)
Trainee Grade Doctors	12,124	9,591	1,820	373	11,784	340
Registered Nursing Midwifery	45,941	40,145	3,500	6	43,651	2,290
Support to Nursing	12,365	9,819	2,598	0	12,417	(52)
Healthcare Scientists	7,098	6,014	150	44	6,208	890
Support to STT HCS	2,801	2,674	66	2	2,742	59
Allied Health Professionals	9,212	7,982	49	(77)	7,953	1,259
Support to AHPs	455	404	2	0	405	49
Other Scientific and Theraputi	6,321	6,207	191	0	6,398	(77)
Support to Clinical	9,214	7,362	642	22	8,026	1,187
Infrastructure Support	12,665	15,465	83	11	15,559	(2,894)
Dental Staff	284	260	0	0	260	24
Dental Support	9	8	0	0	8	1
Apprenticeship Levy	517	532	0	0	532	(15)
Reconcile to Original Plan*	(7,613)				0	(7,613)
NHS Pension Liability**		101,284			101,284	(101,284)
Grand Total	145,288	239,484	10,166	772	250,422	(105,133)

Staff Group	YTD					
	Budget (£'000)	Substantive (£'000)	Bank (£'000)	Agency (£'000)	Total Actual (£'000)	Variance (£'000)
Consultant	312,853	304,442	11,385	4,621	320,448	(7,595)
Career Grade Doctor	72,835	74,443	3,504	1,059	79,006	(6,171)
Trainee Grade Doctors	136,246	119,417	21,812	3,159	144,388	(8,142)
Registered Nursing Midwifery	537,963	487,620	35,406	96	523,121	14,842
Support to Nursing	146,126	122,133	29,313	(4)	151,442	(5,316)
Healthcare Scientists	80,434	71,492	1,567	346	73,405	7,029
Support to STT HCS	32,040	30,492	808	62	31,362	678
Allied Health Professionals	102,782	95,488	589	2,148	98,225	4,557
Support to AHPs	5,501	4,886	35	1	4,922	579
Other Scientific and Theraputi	76,496	72,436	1,900	66	74,402	2,093
Support to Clinical	111,996	89,695	7,453	375	97,524	14,472
Infrastructure Support	160,327	192,390	595	142	193,127	(32,800)
Dental Staff	3,406	3,191	0	0	3,191	215
Dental Support	104	90	0	0	90	13
Apprenticeship Levy	6,200	6,324	0	0	6,324	(124)
Reconcile to Original Plan*	(27,157)				0	(27,157)
NHS Pension Liability**		101,284			101,284	(101,284)
Grand Total	1,758,152	1,775,824	114,367	12,073	1,902,263	(144,112)

* Reporting is against the Original Plan submitted to NHSE, this row adjusts to offset internal budget movements and uplifts for new income streams

** The NHS Pension Liability charge is posted every year in M12, sitting in the Infrastructure Support category, and is fully offset by an equal and opposite income value.

- The annual Pension Liability charge applied in month 12 each year is £101.3m and fully offset in income. The charge sits within the Infrastructure Support staff costs but has been extracted so that run rate comparisons are not skewed.
- Pay costs are adverse to plan in M12 by **£3.8m** (YTD adverse by **£42.8m**), after exclusion of the NHS Pension liability charge, compared to the original plan submitted to NHSE.
- Infrastructure Support staff hold the bulk of the negative budgets for unidentified or undelivered VfP targets.
- YTD Medical staff costs make up the majority of the adverse variance caused by premium pay costs (ECLs/WLIs and agency) plus industrial action costs in June and July.

Workforce – Total Pay Run Rate

Run Rate - Cost*

Staff Group	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	Month 7 £'000	Month 8 £'000	Month 9 £'000	Month 10 £'000	Month 11 £'000	Month 12 £'000	YTD £'000	Average £'000
Consultant	26,761	25,023	26,939	25,254	25,166	25,400	32,924	26,783	25,934	26,776	27,015	26,475	320,448	26,704
Career Grade Doctor	6,302	6,067	6,018	5,998	6,167	5,816	6,074	10,412	6,520	6,445	6,468	6,718	79,006	6,584
Trainee Grade Doctors	10,719	10,404	10,076	11,310	11,355	10,659	12,106	21,307	11,841	11,837	10,991	11,784	144,388	12,032
Registered Nursing Midwifery	42,060	42,479	42,362	42,068	41,720	40,994	56,376	43,758	42,934	40,828	43,891	43,651	523,121	43,593
Support to Nursing	12,356	12,678	12,304	12,243	11,981	12,526	15,169	12,557	12,453	13,209	11,549	12,417	151,442	12,620
Healthcare Scientists	5,885	5,780	5,769	5,876	5,965	6,113	6,789	6,513	6,172	6,217	6,119	6,208	73,405	6,117
Support to STT HCS	2,384	2,409	2,367	2,457	2,473	2,510	3,326	2,609	2,642	2,638	2,805	2,742	31,362	2,614
Allied Health Professionals	8,288	7,758	7,504	7,827	8,001	8,035	9,984	8,116	8,298	8,171	8,289	7,953	98,225	8,185
Support to AHPs	430	389	386	379	376	382	498	415	412	430	420	405	4,922	410
Other Scientific and Theraputi	5,758	6,240	5,926	5,954	5,938	5,825	7,188	6,379	6,278	6,234	6,285	6,398	74,402	6,200
Support to Clinical	8,001	8,487	7,621	7,983	8,001	8,027	25,826	-7,924	8,075	7,531	7,869	8,026	97,524	8,127
Infrastructure Support	16,384	14,410	16,489	15,887	16,198	16,285	15,294	17,545	15,724	16,663	16,691	15,559	193,127	16,094
Dental Staff	259	261	261	262	256	253	318	262	276	263	261	260	3,191	266
Dental Support	7	7	7	7	7	7	8	8	8	8	8	8	90	8
Apprenticeship Levy	517	496	502	494	496	495	494	668	571	527	533	532	6,324	527
Grand Total	146,110	142,889	144,529	144,000	144,100	143,326	192,374	149,407	148,136	147,777	149,194	149,138	1,800,979	150,082
Normalising Adjustments**	6,039	7,555	4,866	6,008	6,600	7,136	(39,732)	3,155	663	1,041	752	1,154	5,237	436
Normalised Pay Costs	152,149	150,444	149,395	150,008	150,700	150,462	152,642	152,562	148,799	148,818	149,945	150,292	1,806,216	150,518
Plan	142,914	142,362	141,412	138,837	138,847	138,846	184,607	150,736	144,563	144,868	144,871	145,288	1,758,153	146,513

* The run rate excludes the £101,284k pension liability charge, described on the previous slide, which would sit under Infrastructure Support

** The normalised pay costs have been amended back to M1 for the impact of the pay award arrears included in M7

- The £101.3m Pension Liability charge explained on the previous slide has been excluded from the run rate data as an exceptional item that skews analysis.
- Staff costs in month 12 are below the average normalised run rate by £0.2m reflecting some progress on reduction of staff costs overall over the year, through the vacancy control panel and other measures. They have increased since M11, by £0.3m mainly as a result of February having fewer days than March.
- June (M3) and July (M4) included the impact of the Junior Drs Industrial Action at £2.4m and £0.6m respectively.
- The RRDN impact on staff was to add 62 WTE from month 7 onwards (funded externally).
- Actions to reduce pay costs have delivered over the year to some degree, with normalised run rates lower now than earlier in the financial year but, against temporary staffing these have worsened in the final month of the financial year.

Workforce – WTE Run Rate

Run Rate - WTE

Staff Group	Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE	Month 7 WTE	Month 8 WTE	Month 9 WTE	Month 10 WTE	Month 11 WTE	Month 12 WTE	Average WTE
Consultant	1,560	1,569	1,553	1,572	1,569	1,585	1,605	1,602	1,609	1,612	1,633	1,626	1,591
Career Grade Doctor	861	850	838	821	811	813	832	836	845	819	832	808	830
Trainee Grade Doctors	1,518	1,501	1,480	1,487	1,553	1,562	1,544	1,525	1,508	1,553	1,505	1,541	1,523
Registered Nursing Midwifery	9,371	9,485	9,413	9,398	9,314	9,420	9,479	9,578	9,453	9,594	9,620	9,775	9,492
Support to Nursing	4,156	4,274	4,112	4,132	4,039	4,241	4,033	4,096	3,982	4,157	4,091	4,183	4,125
Healthcare Scientists	1,190	1,162	1,169	1,191	1,200	1,212	1,234	1,244	1,233	1,227	1,207	1,217	1,207
Support to STT HCS	930	925	925	951	966	987	972	978	971	976	1,020	1,016	968
Allied Health Professionals	1,670	1,685	1,667	1,660	1,664	1,684	1,708	1,705	1,717	1,703	1,708	1,720	1,691
Support to AHPs	164	148	147	145	143	145	150	153	153	158	156	154	151
Other Scientific and Therapeuti	1,274	1,313	1,285	1,284	1,281	1,251	1,247	1,255	1,247	1,271	1,281	1,293	1,274
Support to Clinical	2,707	2,783	2,705	2,741	2,714	2,729	2,695	2,685	2,635	2,647	2,580	2,611	2,686
Infrastructure Support	3,568	3,545	3,573	3,587	3,583	3,590	3,629	3,595	3,580	3,584	3,590	3,608	3,586
Nightingale Staffing Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Staff	83	84	84	83	81	80	80	80	81	79	79	80	81
Dental Support	3	3	3	3	3	3	3	3	3	3	3	3	3
Apprenticeship Levy	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	29,057	29,327	28,955	29,053	28,923	29,301	29,212	29,334	29,019	29,382	29,305	29,635	29,209
Plan	30,897	30,737	30,656	30,723	30,712	30,657	30,752	30,787	30,802	30,807	30,803	30,807	30,762

- Whilst worked WTE remain lower than plan, this is because WTE reductions associated with pay VfP plans have not been transacted in full. Consequently, this results in a higher WTE budget in comparison to the corresponding expenditure (£) budget. This will be rectified for reporting in 2025/26.
- The final month of 24/25 shows an increase from the previous month of 330 WTE and is above the average for the year by 426 WTE.
- Temporary staffing accounts for this increase with March having more working days compared to February and is seen most acutely against Trainee Grade Doctors, Registered Nursing & Midwifery Staff and Support to Nursing Staff who are all front-line staff groups.



Bank Staff



Bank Run Rate - Cost

Staff Group	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	Month 7 £'000	Month 8 £'000	Month 9 £'000	Month 10 £'000	Month 11 £'000	Month 12 £'000	YTD £'000	Average £'000
Consultant	903	1,091	1,206	995	1,094	853	1,164	768	770	907	814	820	11,385	949
Career Grade Doctor	246	285	236	283	388	355	315	328	276	291	257	245	3,504	292
Trainee Grade Doctors	2,043	1,716	1,663	2,719	2,493	1,758	1,554	1,316	1,590	1,912	1,228	1,820	21,812	1,818
Registered Nursing Midwifery	3,052	3,347	3,434	3,035	2,924	3,466	6,097	2,733	2,147	-886	2,555	3,500	35,406	2,951
Support to Nursing	2,350	2,672	2,444	2,398	2,228	2,703	2,383	2,271	2,217	2,816	2,232	2,598	29,313	2,443
Healthcare Scientists	157	176	108	178	178	151	16	156	76	99	122	150	1,567	131
Support to STT HCS	61	70	57	68	75	75	70	54	57	81	72	66	808	67
Allied Health Professionals	52	64	26	39	76	36	69	18	81	27	52	49	589	49
Support to AHPs	3	6	2	4	6	2	2	3	2	0	3	2	35	3
Other Scientific and Theraputi	219	236	140	170	151	218	136	141	121	51	125	191	1,900	158
Support to Clinical	637	660	629	616	582	656	499	601	536	861	535	642	7,453	621
Infrastructure Support	24	57	45	47	55	74	-19	41	45	88	57	83	595	50
Grand Total	9,746	10,380	9,989	10,552	10,249	10,346	12,286	8,431	7,919	6,249	8,055	10,166	114,367	9,531

Bank Run Rate - WTE

Staff Group	Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE	Month 7 WTE	Month 8 WTE	Month 9 WTE	Month 10 WTE	Month 11 WTE	Month 12 WTE	Average WTE
Consultant	50	59	49	58	56	50	54	46	43	43	45	41	50
Career Grade Doctor	20	27	22	26	28	28	23	26	22	28	27	22	25
Trainee Grade Doctors	173	170	168	193	222	178	151	141	140	172	146	173	169
Registered Nursing Midwifery	495	576	528	518	480	575	499	504	398	498	489	631	516
Support to Nursing	692	783	671	703	626	772	588	649	546	703	628	731	674
Healthcare Scientists	25	27	14	28	31	23	27	26	14	21	18	25	23
Support to STT HCS	14	17	11	16	20	19	18	12	13	19	13	16	16
Allied Health Professionals	10	12	5	8	14	7	13	3	8	5	9	9	9
Support to AHPs	1	2	1	2	2	1	1	1	1	0	0	0	1
Other Scientific and Theraputi	34	38	33	23	27	34	30	25	12	24	24	35	28
Support to Clinical	181	198	165	180	165	188	172	175	148	187	148	180	174
Infrastructure Support	2	6	10	9	12	17	11	11	8	10	16	15	10
Grand Total	1,697	1,916	1,676	1,764	1,683	1,890	1,586	1,621	1,352	1,712	1,562	1,878	1,695

- The number of working days in the month of March (and the number of 'traditional' working days (excludes weekends and bank holidays) accounts for a step increase in bank staff cost and associated WTE over February's reported figures.
- The main increase were against Trainee Grade doctors, Registered Nursing & Midwifery staff and Support to Nursing staff.
- Overall costs are £0.6m higher than the run rate for the year and 183 WTE higher which are under review following the enhanced controls which have been put in place and have shown reductions in costs in prior months.



Agency Staff



Agency Run Rate - Cost

Staff Group	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	Month 7 £'000	Month 8 £'000	Month 9 £'000	Month 10 £'000	Month 11 £'000	Month 12 £'000	YTD £'000	Average £'000
Consultant	420	404	426	460	433	504	481	456	327	435	-82	357	4,621	385
Career Grade Doctor	106	116	107	104	104	102	135	133	38	63	17	33	1,059	88
Trainee Grade Doctors	183	395	301	314	322	350	300	247	229	214	-69	373	3,159	263
Registered Nursing Midwifery	6	11	4	17	-5	2	11	17	11	-2	18	6	96	8
Support to Nursing	-2	0	-1	-1	0	0	0	0	0	0	0	0	-4	0
Healthcare Scientists	10	19	72	41	-1	16	31	29	37	23	25	44	346	29
Support to STT HCS	5	8	25	13	-11	3	4	4	1	6	2	2	62	5
Allied Health Professionals	674	27	-92	274	455	295	215	-26	153	80	169	-77	2,148	179
Support to AHPs	0	0	0	1	-1	0	0	0	0	0	0	0	1	0
Other Scientific and Theraputi	21	10	13	14	5	6	-3	0	0	0	0	0	66	6
Support to Clinical	38	84	17	28	28	-2	33	26	50	5	46	22	375	31
Infrastructure Support	1	0	24	87	26	-1	-6	0	0	0	0	11	142	12
Grand Total	1,463	1,076	897	1,353	1,355	1,275	1,201	887	845	825	126	772	12,073	1,006

Agency Run Rate - WTE

Staff Group	Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE	Month 7 WTE	Month 8 WTE	Month 9 WTE	Month 10 WTE	Month 11 WTE	Month 12 WTE	Average WTE
Consultant	15	15	16	16	16	19	17	18	13	17	15	17	16
Career Grade Doctor	3	4	6	4	4	4	6	4	2	0	2	2	3
Trainee Grade Doctors	18	22	19	20	27	22	18	15	12	13	14	16	18
Registered Nursing Midwifery	1	1	0	2	0	1	2	3	2	-1	4	2	1
Support to Nursing	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists	3	5	16	7	-4	5	6	6	6	1	2	5	5
Support to STT HCS	1	1	10	4	-5	0	1	1	0	1	0	0	1
Allied Health Professionals	23	31	27	25	21	20	16	12	7	6	5	17	17
Support to AHPs	0	0	0	1	0	0	0	0	0	0	0	0	0
Other Scientific and Theraputi	4	3	3	3	1	1	-1	0	0	0	0	0	1
Support to Clinical	9	22	-4	12	10	-4	7	7	12	1	14	3	8
Infrastructure Support	0	0	0	2	1	0	0	0	0	0	0	2	0
Grand Total	76	103	93	97	70	68	72	66	54	40	56	63	71

- Agency staff costs for MFT are very low by both national and regional standards and ended the year at just 0.63% of total pay costs (£12.1 million of a total £1.90 billion).
- Agency costs in month 12 have increased since adjustments to accruals were made in month 11 but are lower than in any previous month.
- Monthly AHP reported costs are volatile due to how these are being accrued by departments and this remains under review with alternative staffing solutions implemented so reductions are expected in 25/26.



Value for Patients



Site	YTD				
	Original Plan	Plan schemes >L3	Actual	Variance to Plan	Variance to >L3
	£'000	£'000	£'000	£'000	£'000
CSS	23,144	21,205	16,718	(6,426)	(4,486)
LCO	8,839	9,121	9,123	284	2
MREH	2,380	2,034	1,953	(427)	(81)
MRI	17,278	17,354	15,870	(1,408)	(1,485)
NMGH	8,403	6,746	6,746	(1,657)	(0)
RMCH	11,707	4,921	5,077	(6,631)	156
SMH	12,002	10,435	10,148	(1,854)	(287)
UDHM	906	982	985	79	3
WTWA	21,553	20,448	21,079	(474)	631
Total - Clinical Sites	106,212	93,245	87,699	(18,514)	(5,547)
Corporate exc Informatics	6,683	7,460	7,392	709	(69)
Informatics	9,019	13,797	15,500	6,481	1,704
Estates & Facilities	12,037	11,785	11,561	(476)	(224)
Total - Support Services	27,739	33,043	34,453	6,714	1,411
Cross-cutting Schemes	14,048	26,587	26,108	12,060	(479)
Grand Total	148,000	152,875	148,261	260	(4,614)

Site	Annual Forecast				
	Original Plan	Plan schemes >L3	Actual / Forecast	Variance to Plan	Variance to >L3
	£'000	£'000	£'000	£'000	£'000
CSS	23,144	21,205	16,718	(6,426)	(4,486)
LCO	8,839	9,121	9,123	284	2
MREH	2,380	2,034	1,953	(427)	(81)
MRI	17,278	17,354	15,870	(1,408)	(1,485)
NMGH	8,403	6,746	6,746	(1,657)	(0)
RMCH	11,707	4,921	5,077	(6,631)	156
SMH	12,002	10,435	10,148	(1,854)	(287)
UDHM	906	982	985	79	3
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Total - Clinical Sites	106,212	93,245	87,699	(18,514)	(5,547)
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Informatics	9,019	13,797	15,500	6,481	1,704
Estates & Facilities	12,037	11,785	11,561	(476)	(224)
Total - Support Services	27,739	33,043	34,453	6,714	1,411
Cross-cutting Schemes	14,048	26,587	26,108	12,060	(479)
Grand Total	148,000	152,875	148,261	260	(4,614)

Non-recurrently delivered VfP above target
CSS
LCO
MREH
MRI
NMGH
RMCH
SMH
UDHM
WTWA
Corporate exc Informatics
Informatics
Estates & Facilities
Cross-cutting Schemes
Total

Max target of total	YTD	
	Actual Non-recurrent VfP	Variance to target
%	%	%
25.0%	35.2%	(10.2%)
25.0%	64.3%	(39.3%)
25.0%	36.8%	(11.8%)
25.0%	10.4%	14.6%
25.0%	11.7%	13.3%
25.0%	47.0%	(22.0%)
25.0%	48.2%	(23.2%)
25.0%	71.2%	(46.2%)
25.0%	34.9%	(9.9%)
25.0%	15.8%	9.2%
25.0%	51.3%	(26.3%)
25.0%	38.1%	(13.1%)
25.0%	45.4%	(20.4%)
25.0%	37.7%	(12.7%)

- Full delivery of the £148m target has been achieved for the financial year 24/25.
- There has been a high level of non-recurrent delivery – above the 25% national target by 12.7% overall – which will impact on both cash and I&E budgets for 25/26.
- There has been an improvement in the reported value of non-recurrent VfP, falling from 44.1% last month, as a result of some work done to transact savings as recurrent where it was possible, such as by removing some posts from the establishment that had been ‘held’ vacancies during they year, where these could be mitigated by redesign of departments or workflow.



Statement of Financial Position

	M12 vs 23/24 closing Balance Sheet			At M12		
	Mar-24 £'000	Actual £'000	Movement £'000	Plan £'000	Actual £'000	Variance £'000
Non-Current Assets						
Intangible Assets	12,325	10,345	(1,980)	12,436	10,345	(2,091)
Property, Plant and Equipment	1,074,674	1,076,869	2,195	1,078,873	1,076,869	(2,004)
Investments	806	806	(0)	806	806	0
Trade and Other Receivables	18,330	18,691	361	18,331	18,691	360
Total Non-Current Assets	1,106,136	1,106,711	575	1,110,446	1,106,711	(3,735)
Current Assets						
Inventories	27,596	31,666	4,070	27,596	31,666	4,070
NHS Trade and Other Receivables	78,203	69,159	(9,044)	78,203	69,159	(9,044)
Non-NHS Trade and Other Receivables	64,221	119,541	55,320	62,706	119,541	56,835
Non-Current Assets Held for Sale	210	210	0	210	210	0
Cash and Cash Equivalents	133,687	60,488	(73,199)	100,973	60,488	(40,485)
Total Current Assets	303,917	281,064	(22,853)	269,688	281,064	11,376
Current Liabilities						
Trade and Other Payables: Capital	(37,382)	(33,558)	3,824	(10,185)	(33,558)	(23,373)
Trade and Other Payables: Non-capital	(353,706)	(346,656)	7,050	(333,698)	(346,656)	(12,958)
Borrowings	(43,476)	(38,454)	5,022	(36,152)	(38,454)	(2,302)
Provisions	(16,975)	(6,105)	10,870	(17,911)	(6,105)	11,806
Other liabilities: Deferred Income	(33,744)	(29,338)	4,406	(33,744)	(29,338)	4,406
Total Current Liabilities	(485,284)	(454,111)	31,173	(431,690)	(454,111)	(22,421)
Net Current Assets	(181,367)	(173,047)	8,320	(162,002)	(173,047)	(11,045)
Total Assets Less Current Liabilities	924,769	933,664	8,895	948,444	933,664	(14,780)
Non-Current Liabilities						
Trade and Other Payables	0	0	0	0	0	0
Borrowings	(722,697)	(715,097)	7,600	(741,770)	(715,097)	26,673
Provisions	(9,232)	(9,401)	(169)	(9,232)	(9,401)	(169)
Other Liabilities: Deferred Income	(3,826)	(3,912)	(86)	(3,826)	(3,912)	(86)
Total Non-Current Liabilities	(735,755)	(728,410)	7,345	(754,828)	(728,410)	26,418
Total Assets Employed	189,014	205,254	16,240	193,616	205,254	11,638
Taxpayers' Equity						
Public Dividend Capital	537,401	576,979	39,578	599,904	576,979	(22,925)
Revaluation Reserve	177,882	172,101	(5,781)	184,669	172,101	(12,568)
Income and Expenditure Reserve	(526,269)	(543,826)	(17,557)	(590,957)	(543,826)	47,131
Total Taxpayers' Equity	189,014	205,254	16,240	193,616	205,254	11,638
Total Funds Employed	189,014	205,254	16,240	193,616	205,254	11,638

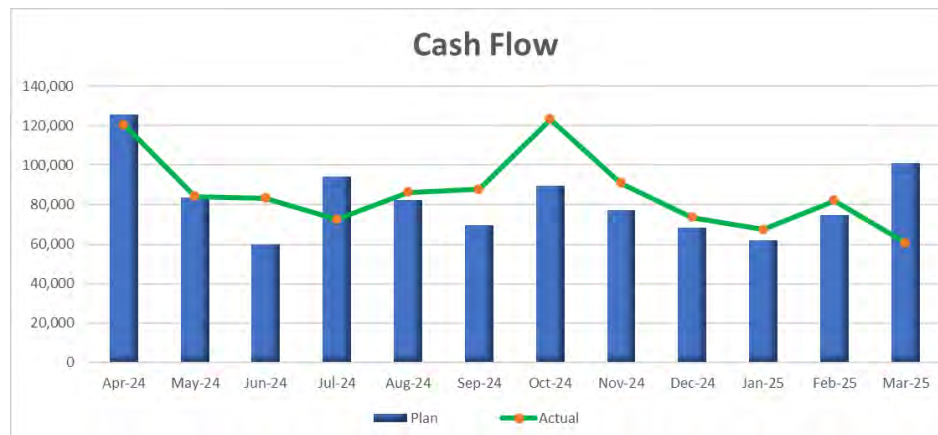
M12 2024/25 vs Month 12 2023/24

- Key drivers for the increase in non-NHS Trade & Other Receivables of c.£50m are the £10m increase in Facilities receivables, £10m increase in central income debtor and accrued income balances and £4m increase in salary sacrifice debtor balances.
- The key drivers for the £73m in year decrease in cash during 2024/25 are the £100m cash outflows in relation to capital expenditure and £80m cash outflows in relation to loan/lease capital and interest payments. These are partially offset by £41m PDC receipts, £58m net cash inflows from operating activities and £9m interest receipts.
- The increase in Non-capital Trade & Other Payables of £7m is primarily driven by Pharmacy spend.
- The provisions c.£11m movement is primarily due to £5m release in Estates and Facilities provisions and reductions of £4m in central provisions.

Cash and Liquidity

Cash Metrics
Cash
Days in month
Operating Expenditure in month
Days Cash
Monthly Low
Monthly High

YTD to M12		
Original Plan	Actual	Variance
100,973	60,488	(40,485)
31	31	
228,871	341,248	(112,377)
13.7	5.5	(8.2)
	60,349	
	241,470	



At the end of March 2025, the cash position is £60.4m against a plan of £100.9m, an adverse variance of £40.5m.

Favourable cash flow variances of c£173m compared to plan include:

- Additional income arising from the pay award funding £80m
- Income received for prior year settlements (CPT drugs and devices, ERF, CEAs, pay award) £37.0m.
- Income from various initiatives (accelerated phasing education/Genomics/Drugs & devices) £37.4m
- Additional hospital income £34.3m, driven by the receipt of the maternity incentive rebate & historic GMMH transactions
- Net capital spend £14.9m below plan
- Interest £4.1m above plan due to interest rates and net cash balance being higher

Adverse cash flow variances of c£213.5m compared to plan include:

- Delays to GM ICB commissioner payments of c. £40m (due April 2025)
- Payroll is £102.8m above plan, £80m due to pay award funding & £22.8m due to VfP/IA/premium pay cover for vacancies
- Supplier payments are c£110.7m above plan due to :
 - Clinical & other supplies £45m
 - Drugs £21m including significant payments in March (Novartis/Roche/Roland)
 - Payment of prior year invoices £29m (inc. Lloyds/UoM)



Capital



	Current Month - M12			Year End Position		
	Original Plan £'000	Actual £'000	Variance £'000	Original Plan £'000	Actual £'000	Variance £'000
GM Envelope	4,380	9,957	5,577	52,593	44,046	(8,547)
Total Capital	9,333	21,310	11,977	112,734	100,962	(11,772)
IFRS 16 CDEL	4,197	2,372	(1,825)	31,341	6,845	(24,496)

- **MFT's 2024/25 capital plan**, excluding IFRS 16, is a total of £112.7m including the capital expenditure associated with the Trust's PFIs. The GM envelope component has reduced by £8.5m, from £52.6m to £44.1m, principally due to the £16.2m of CDEL cover for capital costs associated with the PAHT acquisition in 2021 being approved at a lower amount of £10.0m.
- **GM Envelope** – The 2024/25 outturn spend of £44.0m is in line with the approved allocation approved by GM. It does include additional approved spend to plan on IT kit of £2.8m which is offset by an underspend on Project RED and the TLHC scheme which will both complete in 2025/26.
- **Total capital spend** – The 2024/25 outturn spend of £101.0m is below the revised plan of £112.7m by £11.8m which is principally driven by the £8.5m noted above plus delays to the NHP project of £6.0m where an approved deferral to 2025/26 has been received from the national team. The final Trust position is in line with the agreed GM position.
- **IFRS 16 lease capital spend** is included in total capital, originally planned at £31.3m for the year with actual spend of £6.8m. This largely due to the delay of two management equipment service contracts into 2025/26 and delays to some other expected leases which were originally planned to occur in 2024/25. The year end position is in line with the agreed position with GM ICB.





Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	Delegation of approval of the Annual Report and Accounts for 2024/25 to the Audit Committee	Agenda Item 13.4
Presented by:	Claire Wilson, Chief Finance Officer	
Prepared by:	Ann Bracegirdle, Deputy Chief Finance Officer	
Meetings where content has been discussed previously		
Purpose of the paper Please check one box only:	<input checked="" type="checkbox"/> For approval	<input type="checkbox"/> For support
	<input type="checkbox"/> For discussion	

Executive summary / key messages for the meeting to consider

The Trust is required to submit its audited accounts to NHS England by the 30th June 2025. To ensure that this requirement can be met outside of the planned frequency of Board meetings, this report seeks approval from the Board of Directors to delegate the review and approval of the Trusts accounts to the Audit and Risk Committee.

Recommendation(s)

The Board of Directors is asked to:

- Note the work being undertaken by the Audit and Risk Committee in relation to the Annual Report and Accounts for 2024/25 and;
- Approve the delegation of authority for the approval of the Annual report and Accounts to the Audit and Risk Committee.

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

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

Relationship to the strategic objectives

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

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input checked="" type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
Links to Trust Risks	The work contained with this report links to the following strategic, corporate or operational risks: <ul style="list-style-type: none"> N/A 		
Care Quality Commission domains Please check all that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input checked="" 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"> Supports compliance with statutory financial duties. 		

Main report

Background

A paper was taken to the February 2025 meeting of the Audit and Risk Committee to set out the processes being followed to produce the Annual Report and Accounts for 2024/25. Updates on progress are provided at each meeting by both Trust management and its external and internal auditors.

On the 25th April 2025, the Trust submitted its draft accounts for the year ending 31 March 2025 to NHSE and also to Grant Thornton, the Trust's external auditors. The audit is now underway and expected to be completed by the 20th June 2025. The Trust is required to submit its audited Annual Report and Accounts for 2024/25 to NHS England on 30th June 2025.

To meet this external reporting timetable, which has a deadline before the next full meeting of the Board of Directors, the Board is requested to delegate its authority to the Audit and Risk Committee to review and approve the Annual Report and Accounts for the financial year ended 31 March 2025.

Recommendations

The Board of Directors is asked to;

- Note the work being undertaken by the Audit and Risk Committee on the Annual Report and Accounts for 2024/25 and;
- Delegate the authority for the approval of the Annual Report and Accounts for 2024/25 to the Audit and Risk Committee noting the Annual Report and Accounts approval timetable.

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



Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	NHS England Provider Licence self-certification	Agenda Item 14
Presented by:	Deputy Chief Executive	
Prepared by:	Director of Corporate Business/ Trust Board Secretary	
Meetings where content has been discussed previously	n/a	
Purpose of the paper Please check one box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

Executive summary / key messages for the meeting to consider

Following the introduction of the new NHS England (NHSE) Provider Licence in April 2023, the requirement for NHS providers to self-certify that they have taken all precautions to comply with the license and with all required governance arrangements was removed. However, The requirement for Trusts to self-certify against license condition Continuity of Services (CoS) 7 (Availability of Resources) remains.

This report seeks Board of Directors approval for self-certification for Condition (CoS7(3) using 'Statement B' for the reason provided in the report.

Recommendation(s)

The Board of Directors is asked to approve MFT's Provider License Self-Certification for Condition CoS7(3).

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

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

Relationship to the strategic objectives

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

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

HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input checked="" type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
Links to Trust Risks	The work contained with this report links to the following strategic, corporate or operational risks: <ul style="list-style-type: none"> Delivering financial sustainability in the medium term 		
Care Quality Commission domains Please check all 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"> Provider licence requirements 		

Main report

1. Background

1.1 On 1st April 2013, Monitor's healthcare licensing regime was implemented for all NHS Foundation Trusts (The Health and Social Care Act 2012). It replaced the Terms of Authorisation for Foundation Trusts and is the main tool NHS England uses for regulating providers of NHS services.

1.2 Up until the end of March 2023, all NHS Foundation Trusts were required to self-certify whether or not they have complied with the conditions of the NHS Foundation Trust Licence, with all governance requirements, and have the required resources available if providing commissioner requested services.

1.3 Following a consultation, a new Provider License was introduced from the 1st April 2023. This removed the requirement for Trusts to self-certify that they have taken all precautions to comply with the license and with all required governance arrangements.

1.4 The requirement for Trusts to self-certify against license condition Continuity of Services (CoS) 7 (Availability of Resources) remains.

2. CoS 7 – Availability of Resources

2.1 License condition CoS 7 (Availability of Resources) states:

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.

2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.

3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS England a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:

- A. *“After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.”*
- B. *“After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to have access to the required resources”.*
- C. *“In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate”.*

4. *The Licensee shall submit to NHS England with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.*

5. *The statement submitted to NHS England in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.*

6. *The Licensee shall inform NHS England immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.*

7. *The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.*

8. *In this Condition: “distribution” includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital; “Financial Year” means the period of twelve months over which the Licensee normally prepares its accounts; “Required Resources” means such:*

- a. *management resources including clinical leadership,*
- b. *appropriate and accurate information pertinent to the governance of quality*
- c. *financial resources and financial facilities,*
- d. *personnel,*
- e. *physical and other assets including rights, licences and consents relating to their use,*
- f. *subcontracts , and*
- g. *working capital as reasonably would be regarded as sufficient for a Hard to Replace Provider and/or to enable the Licensee at all times to provide the Commissioner Requested Services.*

3. MFT’s CoS 7 self-certification

3.1 In previous years, MFT has self-certified the license’s statement B:

“After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to have access to the required resources”.

3.2 The rationale for this position was that the designation of MFT services remained at a 'default position' i.e automatic full designation across all services as inherited in April 2103 when Commissioner Requested Services (CRS) principles were first established and all NHS-funded services were 'grandfathered' into CRS status until 31st March 2016 pending a service-line review by commissioners. In the absence of a full and recurrent commissioner review of MFT services since April 2013, this position has remained with the previous Clinical Commissioning Groups', and now Greater Manchester's Integrated Care Board's (GM ICB), view that the current designation provides stability and protection for services. Given this, it would not be meaningful for MFT in isolation to undertake self-certification work across all services

3.3 As the GMICB have not yet carried out service-line commissioner review, it is proposed to adopt the same approach this year and self-certify the license's statement B as in 3.1 above. The following reasons will be given for this:

- The current designation of MFT services as Commissioner Requested Services (CRS) continues to be a 'default' position (i.e. automatic full designation, across all services). Commissioners have yet to complete a full and recurrent review of MFT services to make a proper and considered CRS designation.
- In effect, the current CRS designation remains inherited from the position in April 2013, when CRS principles were first established. At that point in time, the FT licence saw all NHS-funded services "grandfathered" into CRS status (pending service-line review) until 31st March 2016.
- In March 2016, the Manchester CCGs decided to extend that position through until at least October 2017. Since then, Manchester CCG extended this in light of the MFT merger, ongoing Single Hospital Service and Local Care Organisation developments. This position has been maintained following the introduction of Integrated Care Boards in July 2022. Given this, it would not be meaningful for MFT in isolation to undertake self-certification work across all services
- It has remained the CCGs', and now GM ICB's, ultimate intention to work with MFT to identify a revised list of CRS designated services to ensure consistency across GM. In the meantime, the view is that the current default designation provides stability and protection for services even though Commissioners remain able to re-procure or transfer services, as has been the case for time to time during the period since April 2013.
- Given this position, MFT is unable to fully self-certify, across all services provided, that either Statement A or Statement C is definitive for the financial year 2025/26.

4. Recommendations

The Board is asked to approve MFT's Provider License Self-Certification for Condition CoS7(3).

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
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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



Manchester University
NHS Foundation Trust

Public Board of Directors Wednesday 21st May 2025

Paper title:	MFT Board of Directors' Register of Interests	Agenda Item 15
Presented by:	Director of Corporate Business / Trust Board Secretary	
Prepared by:	Director of Corporate Business / Trust Board Secretary	
Meetings where content has been discussed previously		
Purpose of the paper Please check one 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

The MFT 'Constitution' and 'Standing Orders for the Practice & Procedure of the Board of Directors' requires the Board of Directors to provide a Register of Interests.

Recommendation(s)

The Board of Directors is asked to note the MFT Board of Directors' Register of Interests (May 2025)

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

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

Relationship to the strategic objectives

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

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

VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
Links to Trust Risks	The work contained with this report links to the following strategic, corporate or operational risks: •		
Care Quality Commission domains Please check all that apply	<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: •		

Main report

Introduction

In line with the MFT constitution and standing orders, the Board of Directors is required to hold a Register of Interests and review it every 6 months.

The register must include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive members.

The Register is available to the public on MFT's website.

Recommendation

The Board is asked to note the MFT Board of Directors' Register of Interests (Appendix 1).

Strategic objectives (Key)

Work with partners to help people live 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.
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	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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

**REGISTER OF
DIRECTORS' INTERESTS**

(May 2025)



MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

REGISTER OF INTERESTS – May 2025

NAME	POSITION	INTERESTS DECLARED
Kathy Cowell OBE DL	Trust Chair	<ul style="list-style-type: none"> • Chairman of the Trust's Charity • Member of the General Assembly, The University of Manchester • Member Manchester Academic Health Science Centre • Vice Chair Cheshire Young Carers • Mentor on the Aspirant Chairs Programme (NHSI) • Member of the QVA's mentoring panel (Cheshire) • Deputy Lieutenant for Cheshire • Chairman of the Hammond School (Chester) • People Ambassador for Active Cheshire • Member of Manchester Health & Wellbeing Board • Member of Integrated Care Partnership Board
Trevor Rees	Deputy Trust Chair / Trust Non-Executive Director	<ul style="list-style-type: none"> • Independent Co-opted member (Audit Committee at University of Manchester (not a Board Member) • Chair of the Audit Committee of GB Taekwondo • Co-opted member of the Board at the College of Policing.
Nic Gower	Trust Non-Executive Director	<ul style="list-style-type: none"> • No interests to declare
Angela Adimora	Trust Non-Executive Director	<ul style="list-style-type: none"> • Governor, Salford University • Non-Executive Director - People Committee Member - The Information Commissioners Office (ICO)

NAME	POSITION	INTERESTS DECLARED
Professor Luke Georghiou	Trust Non-Executive Director	<ul style="list-style-type: none"> • Associate Vice-President (part-time) University of Manchester and Professor of Science and Technology Policy and Management, Alliance Manchester Business School • Non-Executive Director Northern Gritstone Investment Company • Chair of Board Manchester University Press
Chris McLoughlin OBE	Trust Non-Executive Director / Senior Independent Director (SID)	<ul style="list-style-type: none"> • Executive Director of People and Neighbourhoods Stockport MBC • Director of Children's Services, Stockport MBC • Member of Association of Director of Children's Services Ltd • Chair of Greater Manchester Start Well & School Readiness Board • Member of the Greater Manchester Safeguarding Alliance • Member of Greater Manchester Integrated Care Partnership • Member of the ICB children and young people system leadership group
Damian Riley	Trust Non-Executive Director	<ul style="list-style-type: none"> • No interests to declare
Mark Gifford	Trust Non-Executive Director	<ul style="list-style-type: none"> • Director (non-renumerated) Diocese of Westminster Academy Trust • CEO First Choice Homes Oldham

NAME	POSITION	INTERESTS DECLARED
Samantha Liscio	Trust Non-Executive Director	<ul style="list-style-type: none">• No interests to declare
Mathew Bonam	Trust Non-Executive Director	<ul style="list-style-type: none">• Employed by AstraZeneca Pharmaceutical R&D

BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2024

NAME	POSITION	INTERESTS DECLARED
Mark Cubbon	Trust Chief Executive	<ul style="list-style-type: none"> • Board Member, Health Innovation Manchester • Shelford Group CEO Group member • Director of Oxford Road Corridor • Co-Chair of the National Organ Utilisation Sub-Group for Trust Engagement. • Chair of the LGBTQIA+ Network NHS Confederation • National Director of Elective Care, Cancer and Diagnostics – NHSE
Darren Banks	Deputy Chief Executive	<ul style="list-style-type: none"> • Spouse – Chief Finance Officer, Wrightington, Wigan & Leigh NHS FT • Board Member, The Corridor, Manchester
Meera Nair	Chief People Officer	<ul style="list-style-type: none"> • Lay Trustee, Royal College of Psychiatrists • Chair, Maya Centre
Tom Rafferty	Chief Strategy Officer	<ul style="list-style-type: none"> • No interests to declare
Sohail Munshi	Joint Chief Medical Officer	<ul style="list-style-type: none"> • No interests to declare
Claire Wilson	Chief Finance Officer	<ul style="list-style-type: none"> • Trustee of Healthcare Financial Management Association (HFMA) (unpaid) • Trustee of HOME theatre, cinema and arts centre in Manchester (voluntary unpaid) • Husband is Group CFO of Greater Manchester Combined Authority

Toli Onon	Joint Chief Medical Officer	<ul style="list-style-type: none"> No interests to declare
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NAME	POSITION	INTERESTS DECLARED
Kimberley Salmon-Jamieson	Chief Nursing Officer	<ul style="list-style-type: none"> Dormant company / not trading (KSJ Consultancy Ltd) Visiting Professor at Manchester Metropolitan University Member of the Advisory Council of Youth Leads
Vanessa Gardener	Chief Delivery Officer	<ul style="list-style-type: none"> No interests to declare
David Walliker	Chief Digital and Information Officer	<ul style="list-style-type: none"> Governor, Ysgol Penmorfa Prestayn Honorary Chair, Manchester University