

Quality Account 2024 / 2025

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Part One: Overview of Quality Account

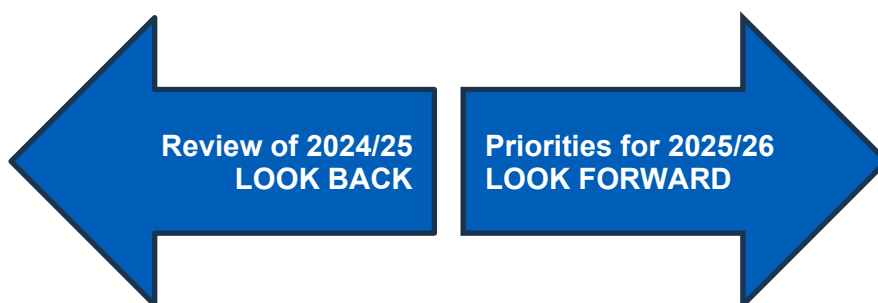
What is a Quality Account?

All NHS providers in England have a statutory duty to produce a report about the quality of services they deliver and are required to be open and transparent about the quality of its services. This report is called the Quality Account.

The Quality Account aims to drive quality improvement within the NHS and increase public accountability. This is done by getting NHS organisations to review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to you about how those improvements will be made over the next year. The public and patients can view the Quality Accounts on the NHS Choices website: <https://www.nhs.uk>.

The dual functions of a Quality Account are to:

- Summarise our improvements against the quality priorities we set ourselves for 2024/25.
- Outline the quality priorities we set ourselves going forward for 2025/26.



Scope of the Quality Account

This report sets out the performance of Manchester University NHS Foundation Trust (MFT; the Trust) on core quality account indicators compared to the previous year and our quality priorities for the year 2025/26.

In line with our Trust Strategy 'Where Excellence Meets Compassion' we aim to provide high quality, safe care with excellent outcomes and experience for our patients.

Highlights from Our Quality and Safety Strategy

We have a Quality and Safety Strategy which sets the direction for the delivery of quality services within our organisation. It supports and builds upon our Trust's proven delivery of high-quality services, whilst supporting its ambition for a continuous improvement of services and sustainable growth. The Quality and Safety Strategy sets out an approach which aims to put quality right at the heart of everything we do in order to deliver our ambition to be an 'outstanding' organisation. It ensures that quality services are delivered in response to the specific requirements of our patients, carers, our staff, the public, our commissioners, and regulators. Core to this Strategy is our Trust's values and related behaviours.

Its purpose is to set out the framework within which the Trust leads, directs, and delivers high quality services.

Our Quality and Safety Strategy is aligned to our regulatory framework which allows us to approach the development and implementation of the strategy through the lens of, and the integration of:

- The safety of our care

- The effectiveness of our care
- The responsiveness of our care
- The experiences of our patients of our care
- Our quality and safety leadership

Our commitment to involving our patients and our staff in quality and safety, our focus on reducing unwarranted variation in outcome and specifically reducing inequalities, our appetite for learning and our mission for continuous, sustainable, and accelerated improvement in quality and safety act as key drivers for our strategy.

We have identified seven quality and safety aims to support the delivery of this strategy.

These aims are:

1. Our care is Safe: We continuously, systematically, and consistently prioritise patient safety in everything we do.
2. Our care is Effective: Our patients are provided with the best possible clinical outcome based on their individual circumstances and demonstrate a culture of continuous improvement and learning.
3. We are Caring: Respect, dignity, kindness, and compassion are at the core of our service provision.
4. Our care is Responsive: Our services are quick and convenient to use and responsive to individual needs.
5. We are Well Led: The Quality and Safety strategy is underpinned by high quality leadership.
6. We make our data count and measure for improvement.
7. We are confident that our care is of high quality, and we understand, contextualise, and manage risk consistently.

Part Two: Quality Priorities and Performance

Overview of Our Quality Priorities

This section of the report presents progress made against the 2024/25 priorities and our priorities for 2025/26. We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of care that we provide. We know that embedding our values enables our staff to demonstrate key behaviours that leads to safer care; listening to patients and colleagues, responding proactively where there are concerns, and being caring and supportive when things do go wrong. We will continue to focus on these principles to achieve the best care for our patients and families.

Each year we are required to define several quality priorities which we continue to align to our Quality and Safety Strategy.

In 2024/25 our Quality Priorities were to:

- Priority 1:** To understand and reduce unwarranted variation in outcome, experience, and safety across the organisation for patients accessing our services for urgent or emergency care or triage (including maternity) or who are waiting for elective or cancer care or diagnostic services.
- Priority 2:** To optimise the safety of invasive and operative procedures undertaken across the Trust.
- Priority 3:** To support effective patient involvement and optimise consent processes through the implementation of shared decision making.
- Priority 4:** To ensure safe and effective medication management throughout all services provided by the Trust.
- Priority 5:** To understand and reduce unwarranted variation in outcome, experience, and safety across the organisation for patients being discharged from our services.

- Priority 6:** To ensure the actual or potential impact of inequality is explicitly considered through the ongoing work to implement the Quality and Safety Strategy, including the implementation of the Patient Safety Incident Response Framework.
- Priority 7:** To deliver our IPC Strategy to support continued focus on prevention and control of attributable alert organisms (Hospital acquired infections)

Progress against 2024/25 Quality Priorities

Priorities 1 and 5: Early in 2024, our Urgent Care needs assessment revealed demographic variations in emergency care access. Consequently, in late 2024, we initiated a program to improve communication about the care system, guide patients to appropriate services, and support GP registration. This program will be evaluated for its impact on Urgent Care patients.

During 2024/2025, efforts commenced to stratify the elective waiting list based on patient risk. Risk scores were determined by evaluating the likelihood of emergency admission within the next 12 months, utilising data from Greater Manchester acute services, North West Ambulance Service (NWAS), and GP sources. Identifiable information will be accessed in March 2025 to initiate the pilot phase. This initiative has the potential to reduce harm by aligning waiting times with patient risk. If the findings are positive, the approach will be scaled up during 2025/2026.

An audit on homeless patients and their discharge delays began in 2024/25. Early results were shared with the Homelessness Steering Group to enhance data analysis and update our policy and protocol on how we can best support homeless patients. This work may guide system approaches to supporting this population. Success will be measured by patients' length of stay (LOS) and number of admissions.

Significant piece of work looking at the care pathway for diabetes patients commenced in August 2024, revealing variations based on location and available healthcare services depending on where someone lives and their GP, community service and / or the acute hospital they are able to access. This has led to a larger piece of work in Manchester on redesigning the out of hospital diabetes pathway. The key success measure will be a decrease in patient admissions.

Priority 2: Ensuring the safety of patients undergoing invasive and operative procedures was, and remains, a key safety improvement priority across the Trust and is reflected in each Clinical Group's Patient Safety Incident Response Plan.

In 2024/25 we have focussed on ensuring that our electronic system, HIVE, supports us in undertaking surgical safety checklists in a timely and accurate manner. The World Health Organisation Surgical Safety Checklist was developed after extensive consultation aiming to decrease errors and adverse events and increase teamwork and communication in surgery. The 19-item checklist has gone on to show significant reduction in both morbidity and mortality nationally and so ensuring that our electronic systems support their use is a key safety action.

Embedding the use of these checklists within HIVE has also meant that, as a Trust, we have increased visibility of compliance with their use and so can target interventions where teams or services do not appear to be consistently using these key safety features.

Priority 3: We are committed to ensuring patients of all ages are supported to make the right decision about their procedure and treatment. We do this through ensuring the right consent processes are in place. Building on the work from last year, we have incorporated in our learning hub, consent video logs which we jointly produced with our service users. These videos will support our staff in ensuring and promoting good consent practices across our Trust. Work is underway to include Patient Decision Aids in our electronic patient record (Hive) in MyMFT to further strengthen Shared Decision Making and Consent. This programme of work will commence in July 2025.

Priority 4: The Trust has established medicines safety improvement programmes in progress which focus on the safe use of opioids at discharge, prescribing of warfarin, prescribing of antibiotics including gentamicin, administration of time critical medicines (for example medicines for Parkinson's disease and insulin) and the safe management of medicines at discharge. The data for administration of critical medicines has now been included in the Trust Quality and Safety Integrated Performance Report, in addition to other medicines safety metrics.

Audit of the safe and secure storage of medicines is undertaken across all clinical areas where medicines are stored to assess compliance against the Royal Pharmaceutical Society standards. The results demonstrate 95% compliance across MFT. Quarterly assurance reports are presented by each hospital/MCS to their Quality and Safety /governance committee and Medicines Safety Committee.

Priority 6: During 2024/25 we have continued our work to understand how health inequalities impact our patient safety work. During this year, we have begun to understand the data available to us and what it tells us. In particular, we have worked to ensure that all investigations carried out into patient safety incidents look at the impact through the lens of potential inequalities so that this becomes a core element of how we understand how our systems and processes impact on our patients.

Towards the end of 2024/25 we also started to consider how we might better understand the impact of inequalities within our workforce on patient safety. In particular we have considered how, by understanding the profile of who reports incidents, how we might better support a culture of openness and the psychological safety people need to be able to share their concerns.

Priority 7: Healthcare-associated infections (HCAIs) present risks to patients, staff, and visitors in healthcare settings. They result in longer hospital stays, increased financial costs for the NHS, and additional complications for patients. A Trust strategy and approach is required to ensure the organisation is working towards a common goal.

We launched our Infection Prevention and Control Strategy in 2024. The strategy has a number of goals, aligned to the Trust vision to:

- Excel in quality, safety, patient experience, research, innovation, and teaching
- Attract, develop, and retain skilled personnel.
- Build workforce resilience, reduce practice variation, and foster continuous improvement.
- Apply lessons learned from the COVID pandemic to enhance and maintain good Infection Prevention Control (IPC) practices at MFT.
- Embed Infection Prevention and Control responsibilities into daily practice.

We aim to achieve our strategic goals through a number of initiatives:

- Developing a resilient and empowered IPC Team by supporting staff education and development to recognise and prevent infections.
- Reducing incidents of healthcare-associated infection (HCAI) through evidence-based guidance and promoting infection prevention awareness among patients, visitors, and staff.
- Managing risks associated with viral infections, including High Consequence Infectious Diseases (HCID), by developing guidance and education in collaboration with clinical experts.
- Maintaining a safe environment by providing specialist advice and expertise to Estates and Facilities management.
- Enhancing IPC research and innovation through local research initiatives.
- Developing surveillance systems to monitor compliance with screening protocols, identification of HCAIs, and outbreak management in community and healthcare settings.

The strategy is overseen by the Trust Infection Control Committee, reviewed annually, and supported by a work plan to ensure progress and achievement of its objectives.

Our 2025/26 Quality Priorities

The Trust's Strategy – Where Excellence Meets Compassion – was published during 2024-25. This sets out our Strategic Aims for 2024-29. One of those aims is to:

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

Supporting this strategic aim are 3 objectives that the Trust intends to achieve during this period:

1. We will provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
2. We will strengthen our specialised services and support the adoption of genomics and precision medicine.
3. 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.

Each year we review these objectives and put in place priorities and plans to support their delivery. In 2025/26 the Trust has agreed the following priorities:

We will:

- Improve the way that we routinely involve people with decisions about how we plan and deliver our services by establishing a network of patient and community groups across the organisation. Build on our relationships with external groups, including through our VCSE leaders' forum, to ensure broader community involvement.
- Increase the number of patient safety representatives attending key meetings, and the number of safety champions we have in post across the organisation.
- Improve patient experience through a focus on better communication, food and hydration and pain relief.
- Ensure that every patient-facing team at MFT has a process through which they analyse feedback from people that use our services and make changes to improve the service they offer.
- Reduce episodes of avoidable harm in our hospitals through a focus on preventing pressure ulcers, falls and missed doses of critical medicines.
- Improve patient outcomes and reduce the burden of antimicrobial resistance by promoting the prompt switching of intravenous to oral antibiotics and reducing the use of 'watch and reserve' antimicrobials across MFT.
- Continue to review harm to patients waiting for planned care and use the learning to identify and appropriately prioritise patients on our waiting lists with known risk factors.
- Embed the safety framework, empowering and training colleagues with the skills to improve safety.

Throughout this we will have a focus on reducing health inequalities through the use of improved data, closer patient engagement and monitoring of outcomes.

Friends and Family Test - Patients

The Friends and Family Test (FFT) is an important feedback tool which can be utilised by people who use the NHS to provide feedback on their experience. It is a standardised national single question survey which asks patients to rate their experience of care.

The question is based on a six-point answer scale which ranges from 'Very Good, Good, Neither Good nor Poor, Poor, Very Poor and Don't know.'

FFT results are published monthly on the NHSE and NHS Choices' websites and monitored by the Care Quality Commission (CQC) as part of their inspection process. FFT results are included in the Trust's Board Assurance reports. FFT performance including qualitative comments provided by patients is accessible via the CIVICA Patient Experience Portal. This is to help staff understand the experience of patients in their own areas.

The Friends and Family Test form (Version: September 2021) is a patient feedback survey. It includes a header with the NHS logo and Manchester University NHS Foundation Trust name. The main question is 'Overall, how was your experience of our service?' with a six-point scale: Very Good, Good, Neither Good nor Poor, Poor, Very Poor, and Don't Know. A QR code is provided for alternative languages or larger font. Below the scale, there is a section for 'Please can you tell us why you gave your answer?' with a large text area. Another section asks 'Please tell us about anything that we could have done better.' with another large text area. At the bottom, there is a thank you message and a 'Please Turn Over' instruction. An illustration of four healthcare professionals (a doctor, a nurse, a pharmacist, and a physiotherapist) is on the right side.

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FFT is also an important source of information about What Matters to Patients in respect of the care and treatment they receive. By completing the FFT survey Patient are able to add comments about their experience which are a source of valuable feedback for services. The feedback informs continuous improvements and transformation of services to provide a high-quality patient experience. To maximise feedback from the FFT, responses are captured through a variety of different methods including FFT cards, tablet devices, Hospedia bedside entertainment screens, online surveys, and SMS text messaging.

A key benefit of FFT compared to other patient feedback tools is that patients are able to provide feedback in near real time, meaning results are available to staff more quickly. This allows timely action to address poor experiences and allows us to celebrate and promote good practice.

The FFT results are monitored through monthly reports that present response rates, positive and negative scores, and links to patient comments for all wards and departments.

The FFT feedback is used, alongside other data (such as our monthly Quality of Care Round Audits, local 'What Matters to Me' Patient Experience Surveys and National Patient Surveys) to further inform continuous improvements to patient care.

During 2024/25, the Patient Experience and Engagement Team have:

- Collaborated with each Clinical Group to increase FFT response rates and promote the FFT survey.
- Delivered a targeted awareness campaign to promote the CIVICA Patient Experience platform tool training & device management.
- Continued to publicise the importance of FFT to staff and patients.
- Focused on a specialty area or a trigger point to promote the FFT/engaging with users where numbers of responses fall too low.
- Increased Patient Experience and Engagement Team's visibility and address issues on the spot, providing promotional materials, Masterclasses, volunteers, advice, and project support.

FFT Feedback from our Patients - Themes

Positive Feedback	Negative Feedback
Friendliness	Pain
Emotional and Physical Support	Communication
Professional and Competent	Food
	Waiting

FFT Feedback from our Patients – Patient comments



The feedback we receive helps to inform our improvement work and celebrate our success.

Table 1: FFT Response and Results 2024-2025

Friends and Family Test Response and Results 2024/25			
Area	Response Rate 24/25	Percentage Positive	Percentage Negative
Inpatients	26.41%	94.37%	2.36%
Emergency Departments	11.40%	83.21%	11.63%
Outpatients	N/A*	97.61%	0.92%
Maternity	N/A*	96.63%	1.56%
Community	N/A*	98.42%	0.48%

* Response rates are not a statutory requirement for Outpatients, Maternity and Community. This is because there is no limit on how often a patient or service user can give feedback when using these services. Therefore, eligible number of patients for these services have not been captured and response rates are not calculated.

Patient Experience and Engagement Team Plans for 2025/26

- To be a visible and supportive team providing education, information, and leadership across site.
- Continue to gather as much feedback as possible to improve the care of our patients.
- Continue to collaborate with each Clinical Group to increase FFT response rates and promote the FFT survey.
- Continue to provide support and training for staff using the CIVICA Patient Experience Platform.
- Continue work to recruit members to Bee Involved, the Patient Experience and Involvement Group. The group offer a service-user perspective on various improvement projects across the Trust.
- Continue to work with external partners such as NHS Choices and Healthwatch and participate in PLACE audit.
- Utilise our Volunteer Service to assist in the completion of FFT in clinical and non-clinical areas.

Friends and Family Test - Staff

As well as asking patients for their feedback, NHS Trusts also ask their staff if they would recommend the Trust as a provider of care to their family or friends in the NHS Staff Survey. In the 2024 survey, 65.60% of staff said they would recommend the Trust to their friends and relatives. This is an increase of 2.03% from the 2023 results and continues an upward trend from 2022. Compared to other Acute and Acute Community Trusts, MFT are 4% above the sector average.

Staff are also asking if the care of patients/service users is the organisation's top priority. In 2024, 72.79% of respondents agreed that this was the case; this has also improved since 2023 and continues an upward trend since 2022.

Action Plans and Next Steps

The survey is a key measure of staff experience and will be integral to achieving our strategic aim of being the place where people enjoy working, learning, and building a career.

The aim of the 2024 campaign was to increase the response rates from 2023 with a collective and collaborative approach through Clinical Group and Corporate Workforce teams to encourage and support the workforce to complete the survey.

A robust engagement and communications plan was put in place to ensure that as many voices were heard to support colleagues feeling valued and supported. The more responses received will enable MFT to respond to feedback, through the staff voice from the staff survey results. The 2024 results will be included in the Accountability Oversight Framework discussions with the support of Trust Executive Directors.

Clinical Groups and Corporate teams are now working on their data and gaining insights for their areas ensuring there is alignment to the organisational data to focus on areas for improvement that matter most to our colleagues at MFT. This will also be monitored via the model hospital data.

Patient Advice and Liaison Service (PALS) and Complaints

Complaints data is reported monthly to members of our Trust Board of Directors.

In addition, we publish in-depth quarterly complaints reports and an annual complaints report. Table 2 shows the number of formal complaints and PALS contacts received from 1st April 2024 to 31st March 2025, with Table 3 detailing a breakdown of formal complaints by service for 2024/25.

Table 2: Formal Complaints and PALS Contacts

	2024/25
1. Formal complaints	1975
2. PALS contacts	8515

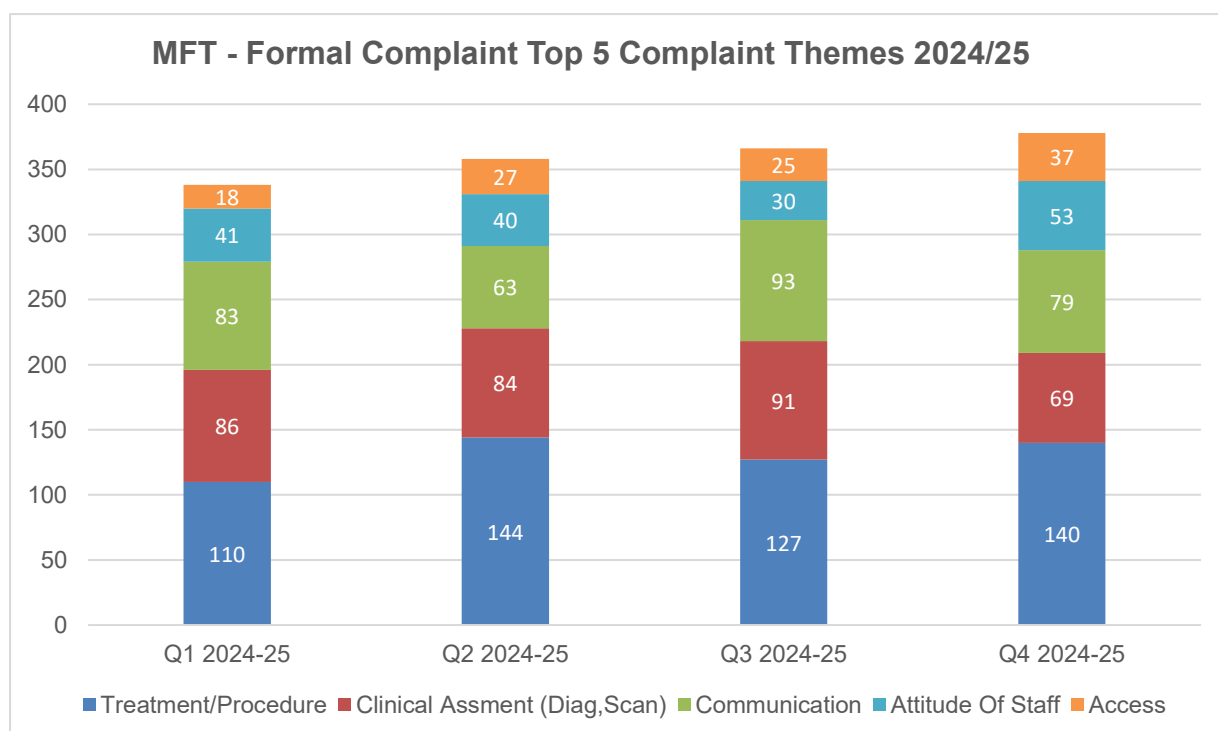
Table 3: Formal Complaints Received by Service

	2024/25
Inpatient	628
Outpatient	903
A&E	313
Maternity	94
Mental Health	1
Other	36

Each Clinical Group considers local complaints on a regular basis, as part of their weekly complaint review meetings and monthly Quality Forums.

Further analysis of complaint themes and trends is provided in the Board of Directors Quarterly and Annual Complaint Reports.

Treatment / Procedure was the main category of complaints during 2024/25, with the Trust-wide Top 5 categories displayed in Graph 1.

Graph 1: Formal Complaints – Top 5 Themes for 2024/25

Parliamentary and Health Service Ombudsman (PHSO)

If a patient or representative remains dissatisfied following completion of the local resolution process for a complaint (the first stage of the NHS complaints procedure), they can self-refer their complaint to the PHSO. The PHSO will assess their complaint and may decide to undertake a further investigation. Table 4 provides the number, and outcome, of the PHSO's investigations into MFT complaints during 2024/25.

Table 4: Current and closed PHSO cases

Closed during 2024/25	Fully upheld	Partially upheld	Not upheld	PHSO Early Resolution	Current cases still under investigation
15	4	5	1	5	14

Complaints Review Scrutiny Group (CRSG)

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 twelve occasions during 2024/25 reviewing twenty complaints in total.

The CRSG process scrutinises complaints investigated and responded to by MFT and contributes to the learning from these complaints, to improve patient experience and positive change through open dialogue and reflection. The management teams from the Clinical Groups presented a case based upon a complaint they had received. Learning and associated actions identified from the cases were discussed, and assurance was provided that complaints are investigated with appropriate action taken when needed.

The terms of reference for CRSG have been refreshed to ensure an increased focus on quality and improvement, and to provide more senior leadership scrutiny. During 2025/26 CRSG will include representation from members of the Clinical Group Senior Leadership team to focus on their service's complaints and PALS data. This will include the number complaints and PALS contacts received, compliance with response times, re-opened complaints, PHSO investigations and the quality of complaint responses, with a focus on identifying organisational learning through the triangulation of complaints data and themes.

PALS and Complaints education programme

During 2024/25, the PALS and Complaints Teams delivered training to over a thousand staff across the Trust.

The Complaints Team delivered thirty-two complaints investigation and response letter writing training sessions. 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.

The PALS Team facilitated forty-one local resolution training sessions to empower and support clinical and operational staff to resolve concerns locally, to the patient's / family's satisfaction.

An element of this training focuses on staff taking the first opportunity to actively listen and compassionately engage with patients, relatives, and carers.

PALS and Complaints Accessibility and Equality, Diversity, and Inclusion (EDI)

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.

The Trust is committed to NHS England's 'Ask Listen Do' to improve the experiences and outcomes for children and adults who are autistic or have a learning disability. PALS and Complaints management attend the Trust's Disabled People's User Forum and the Learning Disability and Autism Forum, and work closely with the Trust's Equality and Diversity Lead, to gather feedback on barriers to submitting a complaint so the service can be made more accessible to all patients and representatives.

The PALS and Complaints Teams made 'Health Inequalities' the theme of their Customer Service Week in October 2024. This focussed on improving access to provide feedback for people with disabilities or in different languages. The PALS team are also exploring options to increase the ways children and young people can raise concerns about their own care and experience. The Customer Services Manager also facilitated a PALS and Complaints focus group session at the Manchester Black and Ethnic Network, which was well received and there are future sessions planned throughout 2025/26.

Improvements made so far include new PALS posters and leaflets, coproduced by patients, families, carers and the PALS and Complaints Teams. The new literature is available in different and more accessible formats, as well as multiple languages.

In addition, the PALS and Complaints Team have improved links 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. 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.

Care Quality Commission

MFT is required to register with the Care Quality Commission (CQC) and its current registration status is fully registered with no conditions. MFT has had no conditions on its registration and has not participated in any CQC investigations, reviews, or inspections in the reporting year. The CQC did not take enforcement action against MFT during 2024/25.

The Trust continues to work closely with all external regulators and inspection bodies and will use regulatory findings to make improvements where needed and as an assurance of quality.

Information Governance (IG)

The Trust met the 30th June 2024 deadline for submitting its 2023/24 IG compliance self-assessment against the NHS Data Security and Protection Toolkit (DSPT) standards. The Trust published its 2023/24 DSPT as "Standards Met".

Data Quality

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.7% for admitted patient care,
- 99.8% for outpatient care, and
- 98.3% for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care.
- 99.8% for outpatient care, and
- 100% for accident and emergency care

Research and Innovation (R&I)

MFT continues to be at the cutting-edge of healthcare research, innovation, and life sciences in the UK. Through clinical, commercial, and academic expertise and funding, we have developed an innovative infrastructure of partners to nurture clinical and commercial success, and provide new innovations, treatments, and services to our patients and communities.

Throughout 2024/2025, the skills, expertise, and experience of our Research and Innovation (R&I) colleagues, coupled with our purpose-built facilities and hosted infrastructure across Greater Manchester (GM), have contributed to major developments in the understanding and treatment of a wide range of clinical diseases, ensuring patients from around the globe are benefitting from MFT's world-leading expertise.

This is aligned to supporting local, regional, and national priorities for the NHS – including driving the UK as an international powerhouse for life sciences to aid economic recovery.

In 2024 we launched our five-year MFT Research and Innovation Strategy: 2024-2029. Aligned to the new overarching MFT Strategy; Where Excellence Meets Compassion, it will build on the success of our previous strategies, strengthening our continuous track record of achievements and real-world impact.

Over the next five years we will continue to put our service users, communities, and colleagues at the centre of everything we do - driving positive change in health and care for all.

Ensuring quality across MFT's R&I infrastructure

Research and Innovation is conducted across MFT hospitals and local care organisations, covering general care and hospital specialisms, including: emergency care, respiratory disease, cancer, cardiology, musculoskeletal disorders, genomics, women's health and pregnancy, children's health, eye, and dental health.

This work is delivered, managed, and supported by more than six hundred colleagues, including our integrated Research Office, Clinical and Non-Clinical Research Delivery Teams, Innovation Team, and MFT-hosted organisations. This includes one of the largest National Institute for Health and Care Research (NIHR) portfolios in the country, comprised of:

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

We also host Health Innovation Manchester (HInM), Greater Manchester's academic health science and innovation system, which includes the Manchester Academic Health Science Centre (MAHSC). ARC-GM is hosted within HInM.

Our hosted infrastructure ecosystem was further enhanced in December 2024 following confirmation by the NIHR of an award of more than £4.7m to host the NIHR Greater Manchester Commercial Research

Delivery Centre (GM CRDC) over the next seven years, from April 1, 2025. This will be one of twenty new research hubs across the UK to accelerate research into the next generation of treatments.

GM CRDC will increase access for everybody from our large and diverse communities to help shape, design, and participate in cutting-edge commercial research studies.

MFT's varied R&I hosted infrastructure enables closer working with NHS trusts, academic institutions, funders, charities, and industry partners, providing greater opportunities to involve more people from across GM, and beyond, to help shape, design, and participate in cutting-edge research and innovation.

Through a single and collaborative 'One Manchester' approach, GM's R&I ecosystem and hosted NIHR infrastructure are strategically aligned to leverage their resource, experience, expertise, and power in tackling the major healthcare challenges and inequalities faced by our large and diverse communities.

Our Research, Our Innovation, Our Impact

We aim to give as many people as possible the opportunity to influence, design, and take part in clinical studies and evaluations. They are regularly the first-in-the-UK, and often the first-in-the-world, to trial new treatments and procedures.

MFT clinical research study portfolio 2024/2025

- 16,609 participants recruited to research studies
- 1,516 clinical studies were active during the whole or some of this period
- 286 new studies started in 2024/2025
- 520 Principal Investigators led research across MFT
- 1,429 colleagues were trained in Good Clinical Practice (training which equips staff to conduct trials safely and correctly)

Some highlights of our research and innovation during 2024/2025 include:

- Robotic surgery delivers 'game-changing' care for children in Manchester.
- Manchester's clinical and academic expertise at MFT and Manchester Metropolitan University partnering to transform health and social care across the region.
- Research led by Manchester identifies test to more accurately diagnose rare fungal pneumonia.
- Manchester researcher awarded prestigious NIHR Research Professorship.
- Innovative research into tracheal surgery at MFT provided hope for children with rare genetic condition.
- Local MP takes part in Manchester-led genetic eye research.
- Manchester-led research contributes to development of new UK-wide guideline for asthma.
- Genetic test developed by Manchester researchers to prevent newborn babies going deaf, trialled across the UK.
- Manchester researchers leading national study into youth worker services for young people with long-term conditions.
- Cancer therapy with potential to transform lupus treatment delivered in Manchester in UK first
- World-first research in Manchester could revolutionise treatment for children with rare bone cancer.
- NICE recommending use of MFT developed remote digital heart failure system to reduce hospital admissions.
- MFT researchers contributing to new major study assessing potassium in cardiac surgery patients.
- Manchester researchers identified system that can detect more breast cancer patients eligible for testing for cancer risk genes.
- New Cystic Fibrosis Innovation Hub in Manchester to develop pioneering tests and treatments for lung infections.

- MFT researcher awarded £1.7 million to develop new wound dressings to prevent infection and improve healing.
- Manchester leads implementation of lifesaving genetic bedside stroke test.
- Manchester research shows women are at lower risk of breast cancer after ovarian cancer diagnosis.
- Groundbreaking pre-eclampsia screening test to be trialled at MFT.
- Thousands of stroke survivors could benefit from pioneering treatment trialled in Manchester.
- MFT selected to review effective monitoring for jaundice in Black, Asian and ethnic minority newborns.
- Launch event marks £3m of investment for innovative HealthTech to transform emergency care.
- MFT researchers appointed Specialty and Setting Leads within new NIHR Research Delivery Network
- Groundbreaking cancer research project launched in memory of the late Girls Aloud singer, Sarah Harding identified young women at increased risk of breast cancer.
- Manchester team presented with prestigious international award for cancer research on Lynch-syndrome associated endometrial cancer.

Next steps: R&I in 2025/2026

During 2025/2026, along with launching the National Institute for Health and Care Research (NIHR) Greater Manchester Commercial Research Delivery Centre (GM CRDC), we will also enter the second year of our strategy and realise some of our short-term objectives. This will enable us to launch exciting and innovative new programmes of work, providing new opportunities for colleagues and our partners, and delivering impact for our research participants, patients, and communities.

You can learn more about the impact of our research and innovation in our Annual Report and follow us on X: [@MFT_Research](#) and LinkedIn: [MFT Research and Innovation](#).

National and Local Clinical Audits

National Audits

The national clinical audits that the Trust was eligible to participate in during 2024/25 are shown in Table 5. It is important to note that the final overall total number of data submission to some national audits have been affected by the implementation of Hive. A work programme is underway to address this to ensure full participation in all relevant national audits.

Table 5: National Audit submission

Title	No. of cases		% Of cases submitted		Notes
BAUS Penile Fracture		4		100%	
BAUS Environmental Lessons Learned and Applied to the bladder cancer care pathway (ELLA)		48		100%	
BAUS I-DUNC		60		100%	
Breast and Cosmetic Implant Registry (BCIR)	NMGH	76	NMGH	100%	
British Hernia Society Registry	MRI	5	MRI	100%	NMGH – no relevant cases yet
	NMGH	0	NMGH	100%	
Case Mix Programme (CMP)		5831		100%	Latest data is 2023/24
Cleft Registry and Audit Network (CRANE)		94		96.8%	Not all applicable cases provided consent to be included
Emergency Medicine QIPs - Care of Older People	MRI	188	MRI	Unknown	% based on forthcoming RCEM report
	NMGH	506	NMGH	Unknown	
	WTWA	240	WTWA	Unknown	

Emergency Medicine QIPs - Mental Health (Self-Harm)	MRI NMGH WTWA	167 308 240	MRI NMGH WTWA	Unknown Unknown Unknown	% based on forthcoming RCEM report
Emergency Medicine QIPs – Time Critical Medications	MRI NMGH WTWA	135 TBC 142	MRI NMGH WTWA	Unknown Unknown Unknown	% based on forthcoming RCEM report
National Audit of Seizures and Epilepsies in Children & Young People (Epilepsy 12)		94		100%	Cohort 6. Does not include MLCO data
National Audit of Inpatient Falls (NAIF)	MRI NMGH WTWA	18 TBC TBC	MRI NMGH WTWA	TBC 100% TBC	Awaiting confirmation of % from clinical leads
National Hip Fracture Database (NHFD)	MRI NMGH WTWA	40 416 598	MRI NMGH WTWA	100% 100% 100%	
National Core Diabetes Audit (NDA)	MRI NMGH WTWA	4654 0 454	MRI NMGH WTWA	Unknown N/A 100%	Submission deadline for the Core Audit 23rd May 2025 – Limited Hybrid Loop dataset submitted
National Diabetes Foot Care Audit (NDFA)	MRI NMGH WTWA	138 89 TBC	MRI NMGH WTWA	100% 100% TBC	Still submitting & awaiting figures. Deadline is 4 th August 2025
National Diabetes Inpatient Safety Audit (NDISA)	MRI NMGH WTWA	11 2 34	MRI NMGH WTWA	100% 100% 100%	
National Diabetes in Pregnancy Audit (NDIP)		235		100%	
National Audit of Cardiac Rehabilitation	MRI WTWA	233 421	MRI WTWA	80% 100%	Estimated figures final figures due 31 May 2025
National Audit of Care at the End of Life (NACEL)	MRI NMGH WTWA	128 128 115	MRI NMGH WTWA	70% 100% 100%	Running in Q4 2024 but not due to have figures until later in 2024.
National Audit of Metastatic Breast Cancer (NaoMe)		TBC		TBC	Data collected and submitted by cancer services
National Audit of Primary Breast Cancer (NAoPri)		TBC		TBC	Data collected and submitted by cancer services
National Bowel Cancer Audit (NBOCA)		TBC		TBC	Data collected and submitted by cancer services
National Kidney Cancer Audit (NKCA)		TBC		TBC	Data collected and submitted by cancer services
National Lung Cancer Audit (NLCA)		TBC		TBC	Data collected and submitted by cancer services
National non-Hodgkin Lymphoma Audit (NNHLA)		TBC		TBC	Data collected and submitted by cancer services
National Oesophago-Gastric Cancer Audit (NOGCA)		TBC		TBC	Data collected and submitted by cancer services
National Ovarian Cancer Audit (NOCA)		TBC		TBC	Data collected and submitted by cancer services
National Pancreatic Cancer Audit (NPaCA)		TBC		TBC	Data collected and submitted by cancer services
National Prostate Cancer Audit (NPCA)		N/A		N/A	Service moved to Christies
National Cardiac Arrest Audit (NCAA)		TBC		TBC	Data collected and submitted by cancer services
National Adult Cardiac Surgery Audit (NACSA)		1370		100%	Estimated figures. Data submission closes on 30 th May 2025
National Congenital Heart Disease Audit (NCHDA)		146		100%	Estimated figures. Data submission closes on 30 th May 2025
National Heart Failure Audit (NHFA)	MRI NMGH WTWA	284 50 150	MRI NMGH WTWA	80% 100% 75%	Estimated figures. Data submission closes on 30 th May 2025

National Audit of Cardiac Rhythm Management (CRM)	MRI 533 WTWA 898	MRI 100% WTWA 100%	Estimated figures. Data submission closes on 30th May 2025
Myocardial Ischaemia National Audit Project (MINAP)	MRI 870 NMGH 232 WTWA 626	MRI 100% NMGH 100% WTWA 80%	Estimated figures. Data submission closes on 30th May 2025.
National Audit of Percutaneous Coronary Interventions (PCI)	MRI 1448 WTWA 1321	MRI 100% WTWA 100%	Estimated figures. Data submission closes on 30th May 2025
The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	356	100%	Estimated figures. Data submission closes on 30th May 2025
National Audit of Mitral Valve Leaflet Repairs (MVLr)	40	100%	Estimated figures. Data submission closes on 30th May 2025
NHSBT - Bedside Transfusion Audit	TBC	TBC	Participated – individual site data not available
National Early Inflammatory Arthritis Audit (NEIAA)	MRI 57 WTWA 28	MRI Unknown WTWA 100%	Still submitting for 24/25
National Emergency Laparotomy Audit (NELA)	MRI 60 NMGH 54 WTWA 144	MRI 45% NMGH 100% WTWA 95%	Final submission deadline May 2025. <i>Clinical coding arrears impact.</i>
National Joint Registry	752	100%	
National Major Trauma Registry (NMTR)	MRI 624 NMGH 413 RMCH 235 WTWA 505	MRI 69% NMGH 100% RMCH 89% WTWA 89%	Backlog of cases due to delay in launch of new NMTR portal
National Maternity and Perinatal Audit (NMPA)	Unknown	Unknown	Data flows direct to NHS Digital, unable to access value for data
National Neonatal Audit Programme (NNAP)	2275	100%	
National Ophthalmology Audit (NOD)	0	N/A	Trust unable to participate until issues with HIVE resolved.
National Paediatric Diabetes Audit (NPDA)	694	100%	
Chronic Obstructive Pulmonary Disease (COPD)	MRI 466 NMGH 308 WTWA 400	MRI TBC NMGH TBC WTWA TBC	Estimated figures, final figures due 16 May 2025
Pulmonary Rehabilitation	MRI 181 NMGH 89 WTWA 146	MRI TBC NMGH TBC WTWA TBC	Estimated figures, final figures due 16 May 2025
Adult Asthma Secondary Care	MRI 197 NMGH 133 WTWA 200	MRI TBC NMGH TBC WTWA TBC	Estimated figures, final figures due 16 May 2025
Paediatric Asthma Secondary Care	365	100%	Estimated figures, final figures due 16 May 2025
National Vascular Registry (NVR)	1537	TBC	Still submitting for 24/25
Paediatric Intensive Care Audit Network (PICANet)	1051	100%	
Sentinel Stroke National Audit Programme (SSNAP)	MRI 105 MTLCO TBC WTWA 190	MRI 100% MTLCO TBC WTWA 100%	Deadline 6th May 2025
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS)	0	N/A	Did not participate due to capacity issues
Society for Acute Medicine Benchmarking Audit (SAMBA)	MRI 80 NMGH 87 WTWA 74	MRI 100% NMGH 100% WTWA 100%	
UK Cystic Fibrosis Registry	RMCH 115 WTWA 481	RMCH 100% WTWA 100%	

UK Renal Registry Chronic Kidney Disease Audit	0	N/A	Awaiting data upload when systems can align
UK Renal Registry National Acute Kidney Injury Audit	690	100%	

Local Clinical Audits

Our Hospitals, Managed Clinical Services and Local Care Organisation undertake local audits to help us understand where our services are doing well and where we need to make improvements. The reports of these audits are reviewed at relevant governance committees. Below are examples of audit outcomes from our local audit programme:

Re-audit Improving the Quality of Inpatient Surgical Discharge Summaries - The aim of the initial audit was to assess the quality of surgical discharge summaries at Wythenshawe Hospital when compared to the Professional Record Standards Body (PRSB) standard for discharge letters.

In the initial audit the key areas of improvement identified that required improvement in documentation were inclusion of source of referral (i.e. GP, Emergency Department), individual requirements, safeguarding and risk concerns, patient and carer concerns, information on medication changes, and inclusion of grade and professional identifiers.

Following the initial audit a teaching session was held for the department on key information that must be included in discharge summaries, a poster with reminders for key information to be included on discharge summaries was created, and a tutorial was held for the department on creating an electronic signature with name, grade and professional identifier.

Following the re-audit, twenty-two of the elements audited, were automatically populated by HIVE meaning that the department achieved 100% compliance with these standards. 100% of standards showed improvement from Cycle 1 with several now reaching 100% compliance. The particular areas of improvement have been seen in source of referral, individual requirement, safeguarding and risk concerns, patient and carer concerns, medication changes and inclusion of grade and professional identifiers.

While the compliance seen in all criteria has improved, the criteria that remain below 95% compliant are source of referral, household composition, risks and safeguarding concerns and grade and professional identifiers.

However, the following percentage improvement was seen in these standards:

- Source of referral: Improved from 35% to 84% compliance.
- Household composition: Improved from 0% to 47% compliance - after discussion with the general surgical consultants, this criterion was not deemed to be relevant to this department.
- Risks and safeguarding: Improved from 20% to 67% compliance.
- Grade: Improved from 10% to 62% compliance.
- Professional identifier: Improved from 5% to 53% compliance.

Assurance improved on re-audit from limited to significant.

Dermatology - Re-audit on Psoriasis Management - This was the second round of the audit using the British Association of Dermatologist Psoriasis assessment tools, which measures against NICE guidelines. An initial audit found poor compliance on the overall use of the assessment tools and required improvement.

Following the audit the assessments tools were added onto the Trust electronic patient record (Hive) and the clinicians were encouraged to use them.

A re-audit was then undertaken to assess the compliance with using the psoriasis assessment tools in comparison to the previous audit. The results revealed that there had been a significant improvement in the use of the assessment tools:

- Social and psychological wellbeing – Initial 10/20 (50%) – Reaudit 20/20 (100%)
- Dermatology Life Quality Index (DLQI) - Initial 10/20 (50%) – Reaudit 20/20 (100%)
- Assessed for psoriatic arthritis in a 12-month period – Initial 3/20 (15%) – Re-audit 19/20 (95%)
- Psoriasis Epidemiology Screening Tool (PEST) - Initial 1/20 (5%) – Reaudit 19/20 (95%)

The re-audit demonstrated good compliance with standards relating to the psoriasis assessment tools in the General Dermatology Clinics.

Improving the time taken for patients on the Rapid Access Lung Cancer pathway to undergo a shuttle walk assessment to assess fitness for further treatment - This audit aimed to assess North Manchester General Hospital's (NMGH) compliance with undertaking shuttle walk assessments for patients with suspected lung cancer. Two cycles of this audit were undertaken, one pre and one post intervention. Three standards were assessed, all with a target compliance of 100%. Interventions included prompts added to the outpatient lung cancer pathway clinic letters, education for clinicians regarding the importance of requesting shuttle walk assessments at first outpatient clinic and a HIVE request being created for shuttle walk assessments. Following intervention, results found: 96% of patients with suspected lung cancer who are Performance Status 0-2 and have non-metastatic disease underwent shuttle walk assessment within 28 days (improvement from 55% in first cycle). 86% of patients were referred for shuttle walk at first outpatient clinic (improvement from 67% in first cycle). 96% of patients underwent shuttle walk assessment prior to sector MDT discussion (improvement from 59% in first cycle). Overall, this audit therefore found significant assurance.

Prescription of all routine medications for patients admitted to the T&O unit at NMGH for elective / emergency surgery - An audit was undertaken to assess the Trauma and Orthopaedic (T&O) Units compliance with the prescription of routine medication on admission for elective or emergency surgery. Key data was collected for all patients who were admitted to the NMGH T&O unit between 11/04/2024 to 17/04/2024. The audit found significant assurance, with 19 out of 20 patients (95%) having had their regular medications prescribed on admission. Furthermore, 100% of patients had VTE risk assessments done and VTE prophylaxis prescribed.

Management of Status Epilepticus- this was a re-audit was to assess compliance against the national and regional guidelines on management of paediatric status epilepticus. The results showed full compliance with the guidance and an improvement on the previous audit cycle from limited to full assurance. Adherence to the guidance means patients avoid the risk of transfer to paediatric intensive care and of prolonged mechanical ventilation.

The response times to new adult counselling referrals and enquiries for Counselling – this was a re-audit. The Counselling service forms one aspect of a multidisciplinary service delivered at Saint Mary's Sexual Assault Referral Centre (SARC). The counselling service receives referrals from a range of sources and aims to make initial contact with clients within five working days. If a client responds to initial contact saying that they do wish to access counselling, an assessment is aimed to be offered within one month of that opt in. The standards for this audit are based on Key Performance Indicators in the service specification. The results of the re audit showed improvements in all areas from the previous audit from very limited to full assurance.

To provide assurance that ICON is being discussed prior to a baby being discharged from hospital and at the Community Midwife primary visit: The ICON programme aims to educate parents and carers on how to cope with a crying baby and how to take care of a baby safely when they are crying.

It is important that ICON is discussed with caregivers at the two agreed postnatal touchpoints prior to discharge from hospital with baby and at the primary visit by the community midwife. Following the implementation of actions such as - the existing ICON Training Package roll out by the Safeguarding Midwives and delivery of ICON messages to all staff at core huddles this has proven to be successful in showing improvement of the assurance of this audit from very limited to significant assurance.

The head and neck service undertook an audit looking at recognising Tonsillitis and referral for operations to remove patients' tonsils. The audit showed an improvement in the recording of patients previous tonsillitis episodes. The audit showed 100% adherence to national guidelines.

A re- audit looking at screening in patients presenting with sore throats against NICE guidelines, showed full adherence to NICE guidance. This was following education and reminders for doctors following previous audits with limited assurance. This re-audit showed significant assurance.

The Manchester Local Community Organisation undertook an audit looking at Newborn Health Visiting. The re-audit demonstrated full assurance, and that Parents and carers have access to relevant information regarding their child's health within the child health records. The audit showed that all results are documented in the Personal Child Health Record, ensuring that newborn screening results are easily accessible. This not only improves health outcomes for the child but also supports the implementation of the Healthy Child Programme.

Quality Indicators

In Table 6 you will see performance figures and, where available, comparative information so that you can see how well we are doing against a range of core quality indicators as compared to other NHS providers.

Table 6: Core Quality Account indicators with comparable performance figures where possible.

Prescribed information	Data Source	2024/25	2023/24	National Average	Indicator Comments
The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	HSCIC	106.0 (Oct 23 – Sep 24)	109.55 (Nov 22 – Oct 23)	100	National target <100
Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Dr Foster	52.0% (Oct 23 – Sep 24)	44.1% (Dec 22 – Nov 23)	40%	
The percentage of patients aged 0-15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	Dr Foster	6.6% (Oct 23 – Sep 24)	8.1% (Sep 22 – Aug 23)		
The percentage of patients aged 16 or above readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	Dr Foster	5.0% (Oct 23 – Sep 24)	6.2% (Sep 22 – Aug 23)		
Percentage of patients admitted to hospital risk assessed for VTE	Trust Data	74.34% (Apr 24 – Mar 25)			95% of all eligible patients to be risk assessed for VTE
The rate per 100,000 days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over	Trust Data	32.60 (Apr 24 – Feb 25)	29.41 (Apr 23 – Jan 24)	25.2	National average based on 2021/22

Prescribed information	Data Source	2024/25	2023/24	National Average	Indicator Comments
Reduction of the number of Clostridium Difficile cases	Trust Data	237 (Apr 24 – Feb 25)	237 (Apr 23 – Jan 24)	N/A	Trust target no more than 174 cases a year
Maximum waiting time of two weeks from urgent GP referral to first out-patient appointment for all urgent suspected cancer referrals	Cancer Waiting Times (CWT)	81.52% (Apr 24- Feb 25)	67.67% (Apr 23- Jan 24)	82.10% 2021/22	National target
Maximum 31 days from decision to treat to start of subsequent treatment: Surgery.	CWT	77.53% (Apr 24- Feb 25)	73.43% (Apr 23- Jan 24)	84.50% 2021/22	National target
Maximum 31 days from decision to treat to start of treatment extended to cover all cancer treatments.	CWT	85.25% (Apr 24- Feb 25)	81.07% (Apr 23- Jan 24)	93.50% 2021/22	National target
Maximum 31 days from decision to treat to start of subsequent treatment: Chemotherapy.	CWT	93.0% (Apr 24- Feb 25)	88.06% don	98.80% 2021/22	National target
62-day wait for first treatment from urgent GP referral for all cancers	CWT	55.29% (Apr 24- Feb 25)	47.30% (Apr 23- Jan 24)	69.00% 2021/22	National target
62-day wait for first treatment from NHS Cancer Screening Service referral	CWT	59.23% (Apr 24- Feb 25)	61.03% (Apr 23- Jan 24)	72.60% 2021/22	National target
18 weeks maximum wait from point of referral to treatment (RTT) (non-admitted patients)	NHS England	53.47% (Feb 25)	51.74% (Feb 24)	63.08% (Dec 22)	National target
18 weeks maximum wait from point of referral to treatment (RTT) (admitted patients)	NHS England	50.14% (Feb 25)	46.57% (Feb 24)	70.60% (Dec 22)	National target
18 weeks maximum wait from patients not yet treated (RTT)	NHS England	50.43% (Feb 25)	47.98% (Feb 24)	58.00% (Dec 22)	National target
Maximum 6 week wait for diagnostic procedure	NHS England	14.20% (Feb 25)	34.24% (Feb 24)	31.28% (Dec 22)	National target
Maximum waiting time of 4 hours in A&E from arrival to admission, transfer, or discharge	Trust Data	68.80% (Apr 24 – Mar 25)	70.05% (Apr 23 – Feb 24)	72.40% (Jan 23)	National target
The number and, where available rate of patient safety incidents reported within the Trust in the reporting period.	Trust Data	59804 (635 incident per 10,000 bed days)	55830 (597 incident per 10,000 bed days)	N/A	N/A
The number and percentage of such patient safety incidents that resulted in severe harm or death (levels 4 and 5)	Trust Data	142 0.24%	132 0.24%	N/A	N/A
Groin hernia surgery	NHS England			Ceased national collection of data in 2017	Discontinued in 2017
Varicose vein surgery	NHS England			Ceased national collection of data in 2017	Discontinued in 2017
Hip replacement surgery and	NHS England			97.2% Oxford Hip Score (2020 – 21)	Discontinued in 2021
Knee replacement surgery	NHS England			94.1% Oxford Knee Score (2020 – 21)	Discontinued in 2021

Glossary of Definitions

Care Quality Commission (CQC)	The CQC is the primary regulator of quality of care in the NHS.
Care Provider	An organisation that cares for patients. Some examples of which are hospital, doctors' surgery, or care home.
Clinical	Refers to the care environment.
Clostridium difficile	A type of infection. Symptoms of <i>C. difficile</i> infection range from mild to severe diarrhoea.
Comprehensive Geriatric assessment	A multidimensional holistic assessment of an older person which considers health and wellbeing and formulates a plan to address issues which are of concern.
Condition	An illness or disease which a patient suffers from.
Core Values	A group of ideals which the Trust believes all staff should exhibit – the Trust values Pride, Respect, Empathy, Consideration, Dignity and Compassion.
DigitBete platform	A platform which provides a wide range of clinically approved, age-appropriate resources to help with the self-management of Type 1 Diabetes.
Emergency Readmissions	Unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission.
Harm	An unwanted outcome of care intended to treat a patient.
Hospital Standardised Mortality Ratio (HSMR)	A system which compares expected mortality of patients to actual rate.
Standardised Hospital Mortality Indicator (SHMI)	A system which compares expected mortality of patients to the actual mortality (similar to HSMR).
LCO	Local Care Organisation. This includes TLCO (Trafford LCO) and MLCO (Manchester LCO)
Length of stay (LOS)	The number of days that a patient spends in hospital.
(LocSSIPs)	These are Local Safety Standards for procedures that are invasive.
NHS Improvement (NHSI)	NHSI authorises and regulates NHS Foundation Trusts. The organisation works to ensure that all Trusts comply with the conditions they have signed up to and that they are well led and financially robust.
NICE	National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care.
NIHR	National Institute for Health and Care Research - The nation's largest funder of health and care research, providing the people, facilities, and technology for research to thrive.
NIHR Manchester BRC	The NIHR Manchester Biomedical Research Centre (BRC) connects world-leading researchers based at The University of Manchester and four NHS Trusts in Greater Manchester.
MCS	Managed Clinical Services
Mortality	Mortality relates to death. In health care, it means death rate, or the number of deaths in a certain group of people in a certain period.
MRSA	Methicillin-Resistant Staphylococcus Aureus is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems. However, for some people it can cause infection that is resistant to several widely used antibiotics.
Patient Safety Incidents	Is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.
Peak Expiratory Flow Rate	Peak flow is a simple measurement of how quickly you can blow air out of your lungs. It is often used to help diagnose and monitor asthma.

ReSPECT	Recommended summary plan for emergency care and treatment. The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where someone is not able to make decisions or express their wishes.
Strategy	A healthcare strategy is a plan that guides the actions and goals of a healthcare organisation or system. It can help improve the quality, efficiency, and effectiveness of healthcare services, as well as address the challenges and opportunities in the changing healthcare environment.
Venous thromboembolism (VTE)	This is when a blood clot forms within a vein
Vein	A blood vessel that carries blood towards the heart
Vocera	A hands-free communication device used by healthcare professionals to communicate with each other easily in hospital.

Part Three: Other Information

Statement of Directors' responsibilities in respect to the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with NHS England's supporting guidance as well as the standards to support data quality for the preparation of the Quality Account

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board



Date: 25/06/2025 Chairman



Date: 25/06/2025 Trust Chief Executive

Feedback from Stakeholders

Every year, we share our Quality Account with stakeholders and actively invite their feedback. We carefully consider all relevant input and incorporate necessary amendments to ensure the document reflects shared priorities and improvements.

Feedback from Greater Manchester Integrated Care Board

Manchester University NHS Foundation Trust Quality Account 2024-2025 NHS Greater Manchester Integrated Care Board statement

In response to the announced NHS Reforms and NHS Operating Model 2024, NHS Greater Manchester (NHS GM), anticipates rapid change during 2025/26 applying to NHS England, Integrated Care Boards (ICBs), NHS providers and other stakeholders. These changes are also being shaped by a number of milestones including the publication of the revised NHS 10 Year Plan, NHS Performance Assessment Framework (NPAF) anticipated in July 2025, and Strategic Commissioning Framework to support ICBs strengthen their capability to drive the 3 shifts set out by the Government.

Within these changes, NHS GM's role and relationship with NHS providers will be redefined, however, quality and safety will continue to be an important foundation of excellent healthcare for all.

NHS GM is proud to have the opportunity to comment on the Quality Account 2024-2025 for Manchester University NHS Foundation Trust (MFT), which will also form part of MFT's Annual Report when published. NHS GM acknowledges the review of the quality priorities for 2024/25 in addition to the key quality priorities being taken forward in 2025/26, together with the demonstrated intensity of work across MFT, which has underpinned improvement.

It is positive to note the progress made against the 2024/25 priorities and how they support the overall ambition to address health inequalities, as well as increase patient safety. NHS GM notes the work conducted to risk stratify the elective waiting list in order to reduce hospital admissions. We look forward to further discussions through the Quality and Safety Assurance Meetings as to how this approach will be further scaled up during 2025/26. We note the audit work conducted on discharge of homeless patients in order to reduce delays and improve system responses. Via locality quality groups, we look forward to supporting system actions which improve overall experience for this patient group.

The redesign of care pathways for Diabetes patients is a critical prevention priority for NHS GM in enhancing primary care and community pathways, whilst decreasing hospital admissions, and also synchronises with NHS GM's Sustainability Plans. We note and welcome the successful introduction and compliance with safety checklists in HIVE, MFT's electronic patient record system, to enhance surgical safety and reduce patient related incidents.

The empowerment and enablement of patients to be fully involved in their treatment and care is a key factor in outcomes and recovery. We welcome the work MFT is implementing in supporting patients of all ages to be able to make the correct decision for their own treatment or procedure and note the next phase of this work commencing during 2025. Of specific note is the utilisation of patient safety data with a focused health inequalities lens to understand patient safety impacts as

well workforce inequalities, to enhance an open culture where staff feel supported to report their concerns.

The lessons learned through the Covid-19 Pandemic provide a reminder of the importance of effective Infection Prevention and Control (IPC), in maintaining safety for all staff, patients and visitors. We congratulate MFT on the launch in 2024 of its Infection Prevention and Control Strategy, noting the goals and targeted initiatives to reduce incidents of healthcare associated infection and enhance safety. We welcome this focussed approach particularly in addressing the prevalence of hospital MRSA, C - Difficile and E-coli Blood stream infections.

NHS GM acknowledges the launch in 2024, of MFTs Strategy “Where Excellence Meets Compassion” setting out the Trust’s longer-term aims for patient safety, patient experience, timely diagnosis and treatment, innovating through genomics and personalised medicine, improving outcomes, addressing inequalities and delivering value for money. We note the 2025/26 quality priorities build on eight key objectives outlined in this quality account.

We welcome the plan for broader engagement and community involvement, recognising that listening to patients how they experience services is integral to driving real change in addressing unwarranted variation as well as achieving sustainable and accelerated improvement in outcomes, building on the plans provided in the Trust’s quality account for 2023/24. We also note the objectives to reduce avoidable harm through prevention, managing planned care through understanding risk factors, prioritising patients and embedding safety as a fundamental approach to all services delivered across the Trust.

NHS GM recognises the feedback gathered through the Friends and Family Test (FFT) as an important mechanism used in NHS organisations across the country to stimulate improvement and changes that make a real difference to patients and their care. We note the concerted efforts taken by the MFT Quality and Patient Experience Team during 25/25 to increase patient responses by publicising FFT, promoting the Patient Experience Platform, targeting areas where responses are low, and having a more responsive approach in dealing with issues raised by patients.

We note that overall response rate across inpatient settings have increased by almost 5% and an increase of 2% in positive responses from patients using Emergency Departments when compared to 23/24. We welcome the continued measures in 25/26 to continue to build on this work alongside of external partners such as NHS Choice and Healthwatch.

The continued spotlight on staff experience is a critical measure in helping to retain staff, supporting their learning, ensuring staff feel valued and are able to thrive. The continued upward trajectory in some of the staff survey positive responses is welcomed, and we look forward to hearing in the future how the organisation has made improvements through the work of the Clinical Groups and Corporate Teams.

We recognise the important opportunity that complaints hold for improvement of practice and patient outcomes. Many patient issues and concerns can be addressed immediately before formal processes are required; we anticipate that the extensive PALS and Complaints Education Programme equipping staff to be able to actively listen and apply compassion, will help to resolve more common and practical issues at the “bedside”. The role and work of the Complaints Review Scrutiny Group (CRSG), focus on quality and improvement through more senior leadership scrutiny, and triangulation of complaints data and themes is welcomed in continuing to highlight learning which then informs improvements which can only benefit patient experience.

The focus on understanding and reducing health inequalities across healthcare is a golden thread. We note the continued focus on NHS England's "Ask, Listen, Do" in helping to improve access and remove barriers for people with learning disabilities and helping children and young people to raise concerns directly about their own care and experience. We also note the single focus in October 2024 for one week by the Trust's PALs and Complaints Team around addressing health inequalities, and specifically the improved access to co-produced information in various medium and languages, access to interpreters, and inclusion of those who are heard of hearing through access to British Sign Language information. Through the locality quality groups, we look forward to hearing of the key impactful changes for patient access as a result of this work.

NHS GM acknowledges the importance of research and innovation in helping to modernise healthcare. As reiterated by Lord Darzi, for the NHS to have an ambition to become a scientific superpower, where partnerships with the life science sector for research or treatment can support NHS sustainability. We therefore welcome MFT's Research and Innovation Strategy for 24-29 and congratulate MFT on their financial award to host the NIHR GM Commercial Research Delivery Centre over the next seven years beginning 1st April 2025, as well as the achievement highlights during 2024/25.

We know that clinical audit is a valuable tool in determining whether healthcare is provided in compliance with required standards as well as supporting clinical governance. We commend the Trust on work completed to increase the level of assurance of quality of inpatient surgical discharge summaries and good compliance with standards relating to psoriasis assessment tools.

We also note the positive shifts in some of the quality indicators since 2023/24 including percentage reduction of re-admissions to hospital within 28 days of discharge, increase in people waiting no more than 2 weeks for appointments for urgent suspected cancer, increase in people waiting no more than 31 days for start of treatment for cancer, and increase in people waiting no more than 18 weeks from referral to treatment. Whilst performance against these indicators remain below the national target, the upwards trajectory is welcomed.

Finally, NHS GM will continue to work in partnership with the Trust and other stakeholders to collectively address the challenges and ensure there is a continuous focus upon improvement in order to provide the highest possible standards of care for our residents.

A handwritten signature in black ink, appearing to read 'Mark Fisher', with a horizontal line underneath.

Mark Fisher – Chief Executive
NHS Greater Manchester Integrated Care Board

Feedback from Healthwatch Trafford

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13th May 2025

Dear Dympna

Thank you for the opportunity to review and comment on the Trust's Quality Account for 2024-25.

We have valued our partnership working in relation to the redesign of emergency care. We undertook a Healthwatch England commissioned piece of work in relation to the Community Diagnostic Centre at Withington Hospital earlier in the year. We found it to be well run and received very positive comments from patients. Our findings were fed into Healthwatch England's report 'A local diagnosis: Learning the lessons of Community Diagnostic Centres' that was published in August.

Our initial reservations about the HIVE computer system have been addressed. It was a huge task to implement and will be shown to benefit patients and their carers. The MFT digital portals are proving of value to patients by providing a comprehensive range of information at the touch of a button.

Whilst recognising the logistics in feeding thousands of patients with meals as well as the cost and contractual commitments, feedback from patients is not encouraging. For a short stay patients may accept the quality of food as acceptable but for patients with longer lengths of stay the range and quality are not ideal.

It was encouraging to see a good response rate from staff regarding the family and friends survey.

Healthwatch Trafford's focus over recent times has been children and young people so it was pleasing to see that robotic surgery will provide game-changing care. We were also pleased to see mention of the new cystic fibrosis hub as this is an area of a major report we produced some time ago.

The level of national and local audits is to be commended.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Latham'.

Andrew Latham

Chief Officer
Healthwatch Trafford

Feedback from Healthwatch Manchester

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Your Ref:
Our Ref: HWMMFTA011
Date: 22 May 2025

Mark Cubbon
Chief Executive
Manchester University NHS Foundation Trust
Trust Headquarters, Cobbett House
Manchester Royal Infirmary
Oxford Road
Manchester M13 9WL

Dear Mark

RE: Manchester University Foundation Trust (MFT or the Trust) Quality Account 2024 - 2025 request for contribution from Healthwatch Manchester

Thank you for affording Healthwatch Manchester & Healthwatch Trafford (Healthwatch) the opportunity to contribute to the suggested content for the above.

As per our response to MFT's previous Quality Account (derived from both our members and colleagues) Healthwatch would like to see an 'easy-read' version of the Quality Account this year. The following are issues noted by our Quality Accounts Team who reviewed this account:-

Regarding the layout, structure and style of the Quality Account:

- The layout is clear and easy to understand.
- To support accessibility use numerals throughout 1, 2, 3, 4 etc. For example:
 - Part 1, Part 2, met on 12 occasions reviewing 20 complaints,
 - The Complaints Team delivered 32 complaints investigation and response letter writing training sessions.
- Use forward slashes or dashes consistently throughout for number ranges 2024-2026 rather than a mix with 2024/26
- Capitals appear within body text and table of contents but it's not clear why. This is ok for acronyms and abbreviations but not normal body text.
- Underlining should be removed throughout, as this reduces the access to readers who are visually impaired.
- Italics should be avoided in text unless using for bacteria nomenclature.
- Normally if using a lead-in line with a colon, each bullet point should follow with a lower case letter. Otherwise don't introduce the bulleted list with a colon.
- Use 'compared with' not compared to throughout.
- There acronyms throughout the account are explained clearly by a comprehensive glossary.
- Once an abbreviation acronym has been cited for a term on first appearance within a document the abbreviation should then be used throughout and not repeatedly spelled out and abbreviated, for example: Complaints Review Scrutiny Group (CRSG).
- Healthwatch would benefit from the development of a style guide if you don't have one already.



- The Quality Indicators table references 'national target' through a number of different rows, but the actual figure is rarely provided. Whilst it is useful to have the national average as a comparator, it would also be helpful if the national target figure was also provided.

Unfortunately, and as with the previous year's accounts, a significant amount of data from 2024/25 is not reported on:

- MFT clinical research study portfolio 2024/2025.
- National Audit submissions on a range of key indicators of quality such as falls.

Information regarding:

- Burns
- Pressure ulcers
- Falls
- Nutrition and fluids
- Pain management
- MRSA cases (MRSA having a glossary definition)

is not present at all. It is also not cited as missing information. This missing information raises serious concerns with Healthwatch Manchester and will be taken to our trustee board for consideration. Both pressure ulcers and falls are not only key indicators of quality but are also mentioned as key objectives and priority areas for improvement which calls into question the validity of the Account overall.

Healthwatch is pleased to see the following positive results reported this year for MFT:

- That comparative data with the previous year is available for all Quality Indicators apart from VTE admissions.
- That the quality and safety strategy has been implemented and met with success

The account's Feedback & Complaints section provides an insight into the challenges facing the trust although without comparative data from last year this is difficult to comment on. Healthwatch looks forward to comparison data for this section in the next Quality Account.

Healthwatch would like the Trust to note the following areas for improvement through the review this year:

- The SHMI shows a decrease of 3 but still exceeds the national average.
- Data for national audit figures such as falls is not provided at all.
- The number of serious patient safety incidents resulting in actual harm (those graded at level 4 or 5) has further increased to 142 from 132 last year.
- The number of Clostridium Difficile cases has remained high and at the same exact value.
- Patients hitting the maximum waiting time from their urgent GP referral for cancer to their first out-patient appointment shows an increase of approximately 14% from last year which also showed an increase of 10%. Whilst still below the national average this is a very worrying trend.

Yours sincerely,



Neil Walbran
Chief Executive Officer

