MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

OPERATIONAL PLAN

2018/19

Contents

1. Introduction

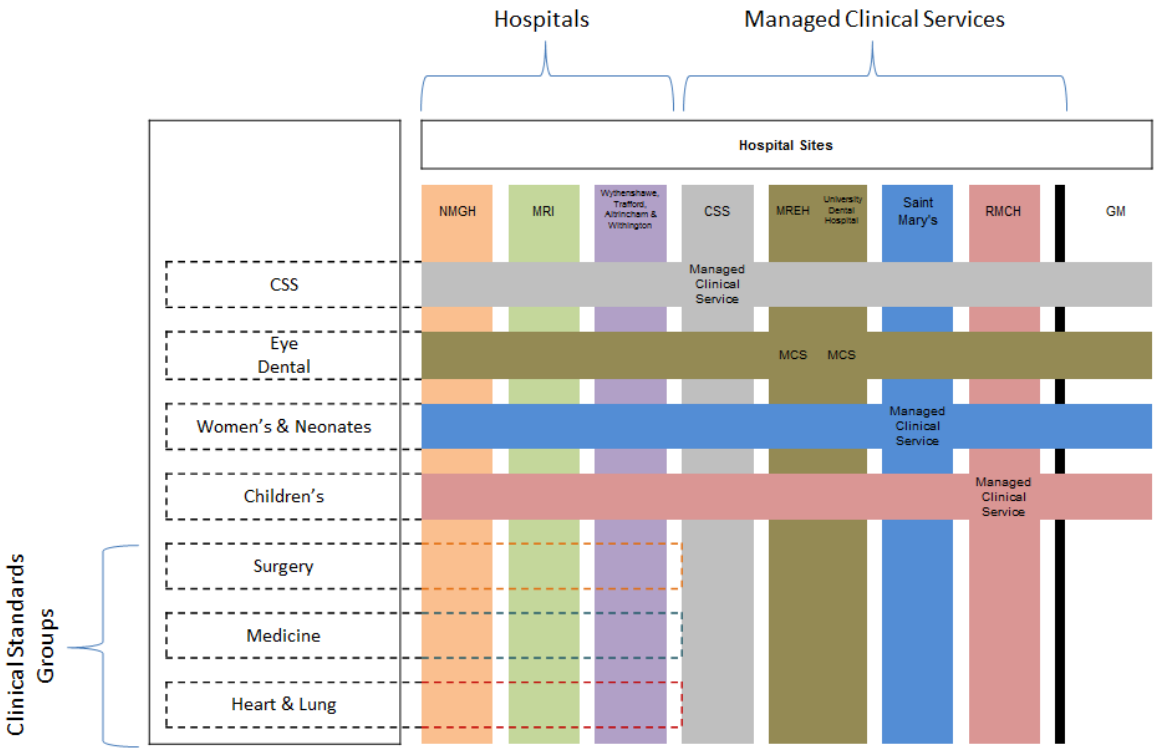
Manchester University NHS Foundation Trust (MFT) was created on 1 October 2017 through the merger of Central Manchester University NHS Foundation Trust (CMFT) and University Hospital of South Manchester (UHSM). It is one of the largest NHS trusts in England providing community, secondary, tertiary and quaternary services to the populations of Greater Manchester and beyond. With a workforce of over 20,000 staff, we are the main provider of hospital care to approximately 750,000 people in Manchester and Trafford and the single biggest provider of specialised services in the North West of England. We are a university teaching hospital with a strong focus on research and innovation.

The Trust is responsible for the management of nine hospitals across six different sites, in addition to a range of community services provided through the Manchester Local Care Organisation (LCO).

The purpose of this document is to set out what our key priorities are for 2018/19 and show how we plan to deliver them.

MFT - Organisational Structure

The new organisational structure has been designed to support the delivery of our vision and aims for the Trust through devolving leadership and accountability to a local level, at the same time as ensuring that there is a mechanism for driving standardisation across hospitals and that there is appropriate Group level oversight. This has been achieved through the development of a matrix structure illustrated in the graphic below. The structure is made up of three entities: Hospital Sites, Managed Clinical Services (MCS), and Clinical Standards Groups (CSGs).



Hospital Sites – Their role is to ensure the delivery of safe clinical services. They are responsible for operational delivery, achievement of clinical standards and management of budgets, staff and facilities. The management team comprises of a Chief Executive, supported by a range of directors.
The chart also shows how North Manchester General Hospital will fit into the structure, although this will not become operational until NMGH has been formally acquired, estimated to be 12 -18 months after the CMFT/UHSM merger.

Managed Clinical Services – Managed Clinical Services are sites and/or services with a single management team. Their role is the delivery of services across all sites within the Trust and, for services that are provided on a Greater Manchester or North West basis, outside the Trust. They are responsible for operationally managing, including managing the associated resources, a defined range of services wherever they are delivered. Their responsibilities include all those described for a Hospital Site (see above), ***as well as*** the setting of standards and the strategic development of their services (i.e. those of the Clinical Standards Group – see below). The management team comprises a Chief Executive, supported by a range of Directors.

Clinical Standards Groups – Clinical Standards Groups (CSGs) run horizontally across the three general hospital sites: MRI, Wythenshawe Hospitals and NMGH. They are responsible for standards, guidelines and pathways for a group of clinical services and will eventually take on responsibility for setting strategy.

Vision, strategic aims and key priorities

Our vision and strategic aims which set out our longer term (5 – 10 year) aspirations for the organisation have been set at the Group level.

Our **vision** is to improve the health and quality of life of our diverse population by building an organisation that:

- Excels in quality, safety, patient experience, research, innovation and teaching
- Attracts, develops and retains great people
- Is recognised internationally as a leading healthcare provider

These are underpinned by a number of more specific **strategic aims**:

1. To complete the creation of a Single Hospital Service for Manchester/MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner
2. To improve patient safety, clinical quality and outcomes
3. To improve the experience of patients, carers and their families
4. To develop single services that build on the best from across all our hospitals
5. To develop our research portfolio and deliver cutting edge care to patients
6. To achieve financial sustainability
7. To develop our workforce enabling each member of staff to reach their full potential

Our key priorities, which are the 'must-dos' for the coming year have been set at the Hospital / MCS level as set out below. Appendix 1 illustrates how the key priorities align to MFT's strategic aims.

1. To complete the creation of a Single Hospital Service for Manchester/MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	
WTWA	Transitional period to the new reporting and accountability arrangements and beyond (leadership/staff engagement) Contribute to and help inform the Group Service Strategy programme.
RMCH	To continue to forge good working relationships across RMCH and Wythenshawe
Saint Mary's Hospital	Accountability oversight framework delivery work programme.
CSS	Maintain operational/clinical management focus during transition to new reporting and accountability arrangements Implement an effective and visible clinical, nursing and operational leadership team deliver performance and safe/effective services. MCS Transformation to support Single Hospital Service (SHS), 7 day services, Local Care Organisation, Healthier Together, GM Hospital Pathology, Pharmacy and Radiology transformation and NHSI Hospital Pharmacy Transformation plans.
UDHM	Transformation portfolio

2. To improve patient safety, clinical quality and outcomes	
WTWA	To improve patient safety and clinical outcomes Improved performance against key access targets e.g. 4 hour waits, RTT, Cancer and 6 week diagnostics
MRI	Delivering operational excellence Continuously improving patient care

	Working towards outstanding
RMCH	To deliver on key major projects
Saint Mary's Hospital	CQC standards work programme. Development of Women's Health Ambulatory Care Centre. Embedding & delivery of core standards within Health and Care Act
CSS	Develop the capability and capacity to deliver the MFT Medicines Optimisation Strategy. Establish robust processes to ensure all key performance indicators are met and recovery plans are in place for areas of challenge e.g. MR capacity Establish an Improving Outcomes Guidance (IOG) fully compliant Haematological Cancer Diagnostic Partnership (HCDP) service.
UDHM	Embedding and delivery of core standards within the Health and Care Act Promoting national leadership in patient safety Managed Clinical Networks and LCO
MREH	Embedding and delivery of core standards within the Health and Care Act. Deliver the Outpatient Improvement Programme. Deliver the Theatre Improvement Programme

3. To improve the experience of patients, carers and their families	
WTWA	To improve patient experience Development of the Wythenshawe Site Masterplan Programme. Deliver the Wythenshawe Emergency Department development
MRI	Working towards outstanding
RMCH	To continue to improve the quality, safety and the experience of children, young people and their families/carers. To continue to work closely with MFT charity team To improve internal and external communications and engagement
Saint Mary's Hospital	Develop plans for relocation of Sexual Assault Referral Centre (SARC). Develop plans for relocation of IVF service. Continuation of 'What matters to me' patient and staff engagement.
CSS	Develop a service model which addresses the shortfall in Magnetic Resonance Imaging capacity which is currently experienced by both the Oxford Road and Wythenshawe sites. Continuation of the Clinical Sciences Building estates works (Oxford Road/ Wythenshawe) ahead of Managed Equipment Service re-equip. Continued reduction in the requirement for blood transfusion. Focus on reduction in cancellation of elective high risk surgery.
UDHM	Long-term estates requirement planning

4. To develop single services that build on the best from across all our hospitals	
WTWA	Embedding and delivery of core standards within the Health and Care Act

	To ensure that developments to the WTWA structures are implemented in an effective manner
MRI	Developing our clinical services
RMCH	To develop a five year clinical strategy
Saint Mary's Hospital	Continued development of the Obstetrics, Gynaecology, and Neonatal Managed Clinical Services.
CSS	To effectively deliver the SHS integration workstreams to improve/standardise services & reduce variation. Supporting compliance with statutory & regulatory requirements in pharmacy, pathology and radiology Support and engagement with the IT Strategy - GM PACS procurement and EPR
UDHM	Commissioner engagement
MREH	Provide system leadership in GM

5. To develop our research portfolio and deliver cutting edge care to patients	
WTWA	Support the delivery of Group Director plans for Corporate areas Research – alignment with Group Strategy and delivery of key WTWA research priorities
MRI	Working with our partners
RMCH	To ensure that research and innovation has a high profile
Saint Mary's Hospital	Mobilisation and delivery of the North West Genomics Hub Laboratory.
CSS	Reconfiguration of the cytology department and tender response submitted ahead of the 2019 human papillomavirus (HPV) conversion.

6. To develop our workforce enabling each member of staff to reach their full potential	
WTWA	Continue to create a flexible workforce
MRI	Becoming an employer of choice
RMCH	To develop a team culture across RMCH/MCS To develop our workforce
CSS	Develop a communication and engagement strategy to ensure all staff are supported through the transition and informed of Trust/MCS developments. Deliver against our Human Resources Key Performance Indicators and the workforce strategy including the introduction of team job plans. Reduce locum spend via Bank, Variation Order use, recruit to turnover and a new Allied Health Professional/ Healthcare Scientist direct hire contract.
UDHM	Medical workforce development
MREH	Workforce development

7. To achieve financial sustainability	
WTWA	Delivery of the agreed 18/19 financial plan.
MRI	Using our resources effectively
RMCH	To achieve our financial and performance targets and other statutory requirements
CSS	Maintain effective financial management to ensure month/year end surplus and trading gap contribution delivered.
UDHM	Service Line Reporting and income development
MREH	Sustain market position and extend where appropriate Ensure financial sustainability

2. Context

National

The following describes the national context for our plans.

National planning assumptions for 2018/19 are summarised below:

Performance

- A&E performance recovery trajectory has been pushed back one year – NHS performance against the standard expected at or above 90% by September 2018.
- Trusts will be expected to meet 90% by September 2018, and return to 95% by March 2019.
- Funding allows for 2.3% growth in non-elective admissions and ambulance activity in 2018/19, as well as 1.1% growth in A&E attendances.
- There will be incentive schemes for community providers and CCGs to moderate demand for emergency care.
- Waiting lists must not be any higher in March 2019 than in March 2018.
- The number of patients waiting over 52 weeks should be halved during 18/19.
- Key national planning assumptions include:
    - 4.9% growth in total outpatient attendances (4.0% per working day)
    - 3.6% growth in elective admissions (2.7% per working day)
    - 0.8% growth in GP referrals by (no change per working day)

Finance

- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance.
- Trusts must accept their control totals to be eligible to be considered for any discretionary capital allocations.
- If a control total is not accepted for 2018/19, this will likely trigger action under the Single Oversight Framework.
- A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.
- There will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes.
- The two-year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas.
- Trusts are urged to ensure their workforce plans are robust as they will be used to inform pay modelling nationally.

Integrated care systems

- Accountable Care Systems and devolved health and care systems are to be known as Integrated Care Systems (ICS) and are expected to move towards a single system operating plan and control total and to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement.

Commissioning Intentions

The following describes commissioners' longer term plans and specific changes to the services that they commission from MFT in 2018/19.

NHS England - Specialised Commissioning (national)

NHS E has initiated 24 service reviews of which 18 are still ongoing:

- Proton beam therapy
- PET-CT phase II
- Children's and young person's cancer
- Cancer surgery
- Low & medium secure
- Hyperbaric oxygen therapy
- Spinal cord injury
- Intestinal failure
- Prosthetics
- Haemoglobinopathy
- Infectious diseases
- PICU and paediatric surgery review
- Genomic labs
- Gender identity
- Congenital heart disease
- Auditory brain implants
- Transforming care partnerships
- Paediatric obesity surgery

Of particular significance for MFT are:

- *Congenital Heart Disease services* – the national review into congenital heart disease services for adults and children concluded in November 2017. To ensure compliance with new NHS England clinical standards, services in the North West will be reconfigured. Liverpool Heart and Chest will provide the most acute services for adults (level 1 services) and MFT will provide the full range of level 2 adult CHD services, including maternity, as an integral part of the network. MFT will continue to work closely with colleagues across the region to ensure that the new service is implemented safely.
- *PET-CT Phase II* – MFT has submitted a bid for the PET-CT Phase II contract in partnership with The Christie. Our proposed partnership model positions The Christie as Lead Provider, with MFT as Key Provider.
- *Genomics* – MFT is leading a tender submission for the national procurement of Genomic Laboratory Hubs, on behalf of providers in the North West. The new model has a national hub for whole genome sequencing with seven regional hub laboratories providing genomic services more locally.

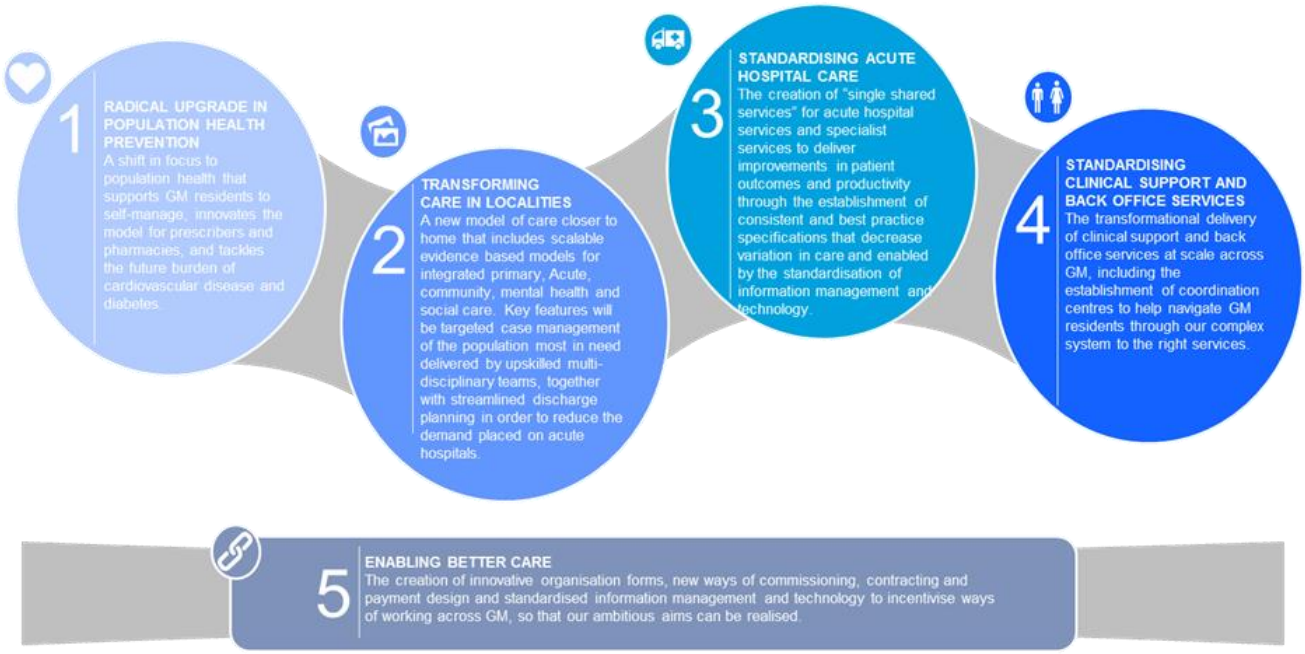
NHS England - Specialised Commissioning (North West)

Regional commissioning priorities include:

- Neonatal transport service
- Cardiac surgery
- Cardiac review against Right Care
- Dermatology
- Severe asthma
- Ventilation/weaning
- Infectious disease
- Interstitial lung disease

Greater Manchester

In 2015, the 37 NHS organisations and local authorities in GM signed a landmark agreement to take charge of the £6 billion health and social care bill over five years. MFT is committed to working in partnership with colleagues across health and social care to achieve our ambition of delivering the 'greatest and fastest possible improvement to the health and wellbeing of the 2.8 million residents of GM'. The GM Health and Social Care Partnership (GMHSCP) Sustainability and Transformation Plan 'Taking Charge' sets out how public services will be radically reformed through five transformation themes, which will help us to achieve a clinically and financially sustainable health and social care system:



GMHSCP Priorities

The key priorities for the partnership for 2018/19 are:

- The establishment of 10 LCOs.
- Pooled health and social care resources into a single budget, managed through an integrated Single Commissioning Function in all ten localities.
- New models of hospital provision seeing hospitals working together in GM at a much greater scale than ever before to a set of consistent quality standards.
- A GM-wide architecture where it makes sense to do things at greater scale – including the GM Commissioning Hub, Health Innovation Manchester, a Digital Collaborative and a Workforce Collaborative.

The major steps towards this architecture in 2018-19 include:

- The continued support of LCO development through the LCO Network – including implementation of the actions arising from the peer review process carried out in early 2018
- Continuing to hold local systems to account for delivery of the milestones relating to their local care models and the activity shifts set out in Transformation Fund Investment Agreements
- The translation of GM-level programmes into neighbourhood delivery within LCOs. This will include parts of the population health programme, mental health, adult social care transformation, Learning Disability, Person and Community Centred Approaches and the Housing and Health programme
- Accelerating the pace of the review of models of care as part of the programme of Standardising Acute and Specialist Care – including modelling the impact of change across Greater Manchester
- Delivering the first phase of the Urgent and Emergency Care Improvement Plan
- Supporting the development of Single Commissioning Functions through a peer review process
- Agreeing plans for maternity, diabetes, medicines, children's and end-of-life care
- Developing the GM Commissioning Hub and working with all partners to confirm its scope and functions
- Delivering Health Innovation Manchester's work programme in its first full year of operation.

GM Commissioning Intentions

Although GMHSCP does not issue formal commissioning intentions, there has been a prioritisation process for 18/19 for the transformation portfolio. The workstreams proposed for acceleration are:

- **Acute service reconfiguration –** standardising the out of hospital offer for neurorehabilitation to support acute reconfiguration.
- **Dementia –** development of the lived experience barometer, supporting people to have equal access to community health and care services, assessing people for assistive technology and reasonable adjustments.
- **Population health –** eradication of HIV, health and employment, drugs and alcohol, physical activity, health checks, common health outcomes framework.
- **Elective demand strategy –** dermatoscope and tele-dermatology, direct to scope testing for gastro pathway, rollout of FIT testing, MSK toolkit, review of standards and data quality along the elective pathway.
- **Theme 3 projects –** gynae cancer, OG cancer, urology cancer, vascular, specialised neuro-rehabilitation, complex cardiology.

City of Manchester

The Manchester Locality Plan was developed in 2016 by health and social care commissioners, with input from key stakeholders. The plan describes how health and social care will be transformed in Manchester, enabled by the creation of core organisational architecture:

- *A Single Hospital Service* – bringing together CMFT, UHSM and North Manchester General Hospital (NMGH) into a single organisation providing services for the whole of the city.
- *A single commissioning system for health and social care* – in 2017 the three Clinical Commissioning Groups in Manchester merged and then formed a strategic commissioning partnership with Manchester City Council to create Manchester Health and Care Commissioning.
- *A single Local Care Organisation (LCO) for community services* – from April 2018 Manchester LCO will provide integrated community care in Manchester.

<u>MHCC key priorities for 2018/19</u>

1. Develop high quality, effective residential, nursing and home care
2. Deliver effective out of hospital care
3. Develop core primary care services

4. Tackle health inequalities to reduce the variation in health outcomes across Manchester
5. Deliver strategic programmes in line with Manchester's priorities
    - Children's transformation plan
    - Mental health
    - Learning disability
    - Cancer
    - System resilience

6. Deliver a transformed health and care system
    - Deliver acute care reconfiguration to ensure clinical and financial sustainability of the sector
    - Procure an effective LCO
    - Deliver MHCC phase 2

7. Deliver national and statutory requirements and drive the transformation of health and care in Manchester
    - This relates to a range of service areas including, but not limited to, finance, performance and quality improvement, and safeguarding

<u>Manchester Commissioning Intentions</u>

MHCC's 2018/19 commissioning intentions that have particular relevance for MFT are summarised below:

- **Long term conditions –** implementing new service specifications for atrial fibrillation and cardiac rehab.
- **Urgent care –** standardising existing ambulatory care models, implementing primary care streaming and urgent treatment centre national guidelines.

- **Planned care –** agree eligibility criteria for provision of wheelchairs, ensure providers adhere to standardised pathway for dermatology, implement national referrals gateway for electronic referrals.
- **SHS –** review of vascular and neuro-rehab services, continue to develop respiratory pathways, redesign community IV and gastroenterology services, develop bid to roll out North Manchester Macmillan palliative care model city-wide.
- **LCO –** put building blocks in place for new models of care across 12 neighbourhood teams – adult community health, community respiratory, expansion of lung health checks.

Trafford

Trafford Together for Health and Care was formed on 1 April 2018 and functions as the single integrated commissioning function for Trafford CCG and Trafford Metropolitan Borough Council.

Trafford Locality Plan

Primary care – there will be a shift from care delivered in hospital to care in a community setting; the role of local pharmacies in offering services and advice will be enhanced; residential and nursing homes will get dedicated health and social care support; continued investment in, and potentially expansion of enhanced community care services

Health and social care teams - an increasing number of services will be delivered in community settings as part of the changes. There will be four neighbourhood localities sited in the north, south, central and west areas of the borough. In each case these new hubs will offer all-age integrated health and social care services. Each hub will be run along multi-agency lines with health and social care staff teams working closely with local GPs to ensure the relevant needs of the area are met.

Community enhanced care - it has long been recognised that Trafford need to invest in "out-of-hospital" care while developing community resilience and identifying more ways that people can be cared for in their own homes or other settings near to where they live. Trafford is committed to delivering this as part of a key shift from care in an acute setting to care provided as close to home as possible

Re-shaping social care - the aim is to ensure a full life - a valued place in the community with meaningful activity and positive relationships. The focus for health and social care interaction, however, between the public sector and our local residents will change. The emphasis will be towards individuals and their families being more pro-active in helping to manage their own care package, rather than relying on traditional services or solutions. Care will be more creative and delivered cost-effectively with greater use of technology and wireless computer systems such as "personal care robots" to maximise people's independence at home.

Learning disability and mental health services - anyone with learning disabilities, autism and mental health needs will receive access to improved quality, and a wider range of, services to support personal resilience

Trafford's key priorities

Health inequalities in Trafford will be tackled to reduce the variation in health outcomes. Generally, residents in the north of the borough have lower life expectancy than in the south. In Trafford there are an estimated 1902 deaths per year. Almost a third of these are classed as premature which means people are dying before the age of 75; two thirds of those deaths have preventable elements. The three largest killers in Trafford are cardiovascular disease, cancer and respiratory disease.

Trafford also wants to improve the quality of life for residents by improving the pathway of care in areas such as diabetes and frailty. The changes below will realign focus to prevention:

- Reducing the number of people who smoke especially in deprived areas
- Increasing physical activity
- Reducing harm from alcohol

- Having people maintain a healthy weight.

Trafford wants to build a health and social care system that will:

- Have a community focused model of care around our four localities
- Have joined up health and social care services whatever your age
- Encourage independence and self-reliance through a new model of social care
- Ensure resources are used effectively to sustain our health and social care system

Trafford Commissioning Intentions for 2018/9

With Local Care Alliance (LCA) partners Trafford will work to provide care closer to home through the introduction of new models of care for:

- Respiratory – including COPD, asthma, flu and pneumonia
- Diabetes
- Adult care services closer to home including intermediate care services and rehabilitation
- Medicines optimisation
- GP led dedicated multi-disciplinary teams (MDT) for nursing home patients

During 2018/19 Trafford CCG will be reviewing several services and putting in place sustainability plans where required. The CCG will also be working with the LCA on the Ageing Well agenda and the older population, particularly in the context of winter. Trafford's priorities for 18/19 that are of strategic importance to MFT include urgent care front door services, services for older people including frailty and falls, services for those with long term conditions including diabetes and plans for integrated community health and social care services across the system which support acute care.

In 2018, the CCG will also introduce cancer recovery packages within Trafford, in line with the GM Cancer Plan to improve the outcomes for people living with and beyond their cancer diagnosis.

MFT Service Strategy Programme

A key task for MFT will be to ensure that we capitalise on the unique strengths of the new organisation to develop as a centre of excellence for clinical services, research and education and to deliver high quality, leading edge healthcare to our patients. This must be achieved at the same time as meeting the financial challenges that we are faced with.

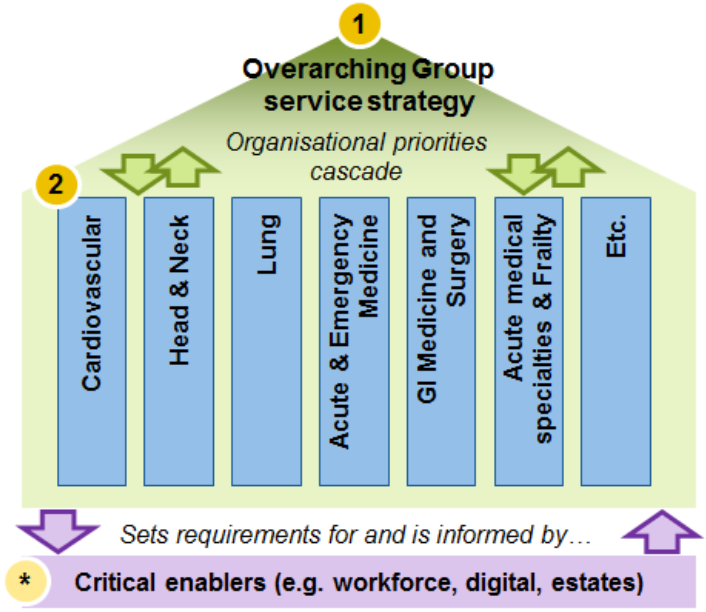
In order to do this we are developing a Service Strategy for MFT. This will build on the work already taking place within MFT and across GM such as the Single Hospital Service integration plan, development of the Manchester LCO, Healthier Together and Theme 3.

The service strategy will be at two levels:

An overarching Group Service Strategy – outlining our long term vision and ambitions including consideration of which clinical areas we expect to grow / contract, new areas of business development, linkages across our people, research, education and service strategies and ensuring alignment of service strategy across the Group

A series of Clinical Service Strategies – service level plans setting out the five year vision for the service and covering configuration of services across the Hospital Sites, elements of services to grow or contract, new service provision opportunities and recommendations to address specific long standing issues

The diagram below illustrates the two levels of the strategy and the relationship to the enablers.



The output will set out the five year strategy with milestones for each year. These milestones will form the basis of future annual plans.

3. Single Hospital Service

Integration and Benefits Realisation

The merger between CMFT and UHSM was achieved without causing any major disruption for patients or staff. The importance of maintaining business as usual was emphasised in the lead up to the merger, and this continues to be the message for the next phase of the Single Hospital Service programme. A dedicated SHS programme team has been resourced to oversee integration, benefits realisation, in addition to project two – the acquisition of North Manchester General Hospital.

The plans for the integration of CMFT and UHSM were set out in a Post Transaction Implementation Plan (PTIP). The latest iteration of the document was developed at 100 days post-merger and reviewed by the Group Board of Directors. It outlines the strong progress made in delivering integration activities, including the implementation of deliverables identified for Days 1-100. This activity has included:

- The election of the Council of Governors;
- The establishment of the substantive Group Board; and
- The establishment of the new Group structure, including appointment to the majority of key leadership roles.

The Post Transaction Implementation Plan sets out the integration plans for Years One (1st October 2017 – 30th September 2018) and Year Two (1st October 2018 – 30th September 2019) post-merger. During 2018/19 the Year One and Year Two plans will continue to be updated and strengthened and the delivery of significant change across the organisation will continue.

Integration activity across the fourteen corporate work streams will continue at pace to achieve the agreed planned deliverables, including the completion of Management of Change processes. Work on clinical risk and governance will focus on the integration of the Ulysses (safeguard) system and the embedding of organisational plans, protocols and strategies within the organisation. The enabling service functions will continue to support significant integration activity whilst also supporting the ongoing functioning of clinical and operational services. This activity will primarily be delivered through the Group Executive Directors and their teams as part of 'business as usual' operation.

The planning and implementation of the clinical operations and transformation work, managed by the Group Transformation function, will accelerate as a new dedicated delivery team is established early in the year. This team will support a set of projects ranging in scope and scale, including:

- Development of an elective Orthopaedic hub at Trafford General Hospital;
- Consolidation of PPCI/heart rhythm/acute aortic surgery services;
- Development of a single vascular arterial centre for the City;
- Development of a single head and neck cancer service; and
- Development of a single point of access to stroke services.

Robust governance arrangements have been established to reflect the delivery arrangements. These centre on an Integration Steering Group with representation of key Group executive directors to ensure that core areas of work progress in a coordinated manner, including the interfaces between the development of the new Group Clinical Service Strategy, service integration/transformation and the acquisition of North Manchester General Hospital.

The established Integration Management Office will continue to provide assurance and monitoring of delivery against plans. This will support the evidencing of progress in delivering the identified merger benefits, including those that have been committed to within the Greater Manchester Investment Agreement. Working closely with the Turnaround function and Finance team the integration delivery will support the organisation to be more financially stable.

The continued successful delivery of the merger benefits during 2018/19 will set solid foundations for the upcoming acquisition and integration of North Manchester General Hospital, including any further Competitions and Markets Authority process. The PTIP will be updated in mid-2018/19, at approximately one year post merger, to reflect the latest progress in delivering the integration plans.

NMGH Acquisition

Work has since started on the second phase of the programme: the transfer of North Manchester General Hospital (NMGH) from Pennine Acute NHS Hospitals Trust (PAHT) into MFT. Completion of this second phase will enable a truly single, city-wide, hospital service to be delivered across the conurbation.

NMGH is currently one of four hospital sites that make up PAHT. PAHT itself has operated under a management contract with Salford Royal NHS Foundation Trust (SRFT) since April 2017 and the NMGH transaction forms part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to SRFT. This complex dissolution process is being overseen by GMHSCP and demands a significant degree of co-operation and partnership work across a range of stakeholders.

NMGH has, for some time, been operating under a number of challenging circumstances. Financial sustainability remains highly problematic and the hospital is working with a number of significant workforce issues. Parts of the estate and IT infrastructure require substantial improvement to facilitate the delivery of modern healthcare services. Moreover, the CQC inspection of NMGH in 2016 rated the site as 'Inadequate' and arrangements were put in place, through the management contract with SRFT and with the direct support of clinical teams from MFT in certain clinical areas, to improve the quality of services provided. The most recent (2018) CQC inspection shows that clinical quality issues have been stabilised –the site was rated as 'Requires Improvement' – and MFT intends to further improve the stability of NMGH through the acquisition process.

The process of 'disaggregating' NMGH from the remainder of PAHT is not without challenge. As a constituent part of PAHT, the NMGH site provides clinical services that, in many areas, deliver cross-site patient pathways across the Trust. In other words, patients and staff from NMGH may receive or deliver services at other sites within PAHT through established pathways of care. Similarly, patients/staff from other PAHT sites travel to NMGH for certain types of services. Corporate services at PAHT have also been largely centralised with limited site-specific management arrangements in place. This complexity is recognised by both MFT and SRFT and the organisations are working collaboratively to ensure a practical and equitable process of disaggregation can be delivered.

The MFT acquisition of NMGH will be governed by NHS I Transaction Guidance. Based on the criteria described in this guidance the transaction has been classed as 'significant' and will therefore be subject to a detailed NHS I review. This review will be a two stage process involving the development of a Strategic Case followed by the production of a Full Business Case. Further work may also be required to obtain clearance from the Competition and Markets Authority (CMA). The anticipated completion date for the acquisition is expected to be in Q3/Q4 of 2019/20.

4. Quality

Quality and Safety Strategy

The Trust aims to work with patients, staff and the communities we serve to improve the quality of services and we will continue to do this through 2018/19. The people who use our services and the staff who work here are central to the design and delivery of the new MFT Quality and Safety Strategy. Patient and staff feedback is sought regularly and the Trust's improving quality methodology is applied at local and corporate levels to address the issues identified.

The Quality and Safety Strategy will be launched in quarter 2 of 2018/19. Our aim is to apply clinical and academic research, education and teaching to the delivery of care; provided by people with the right skills, knowledge, attitude and behaviours. The Strategy will provide an overarching framework for a number of work programmes across the Trust and will be underpinned by the Trust's vision, strategic aims and values. It will align with other key strategies such as the Leadership and Culture Strategy, Transformation Strategy and Group Service Strategy.

The Quality and Safety Strategy will set out the following broad commitments, the detail of which will inform the quality priorities for the year:

SAFE	Right care, first time, every time
CARING	Providing the quality of care that matters to patients, carers and families
EFFECTIVE	Best outcomes for every patient
RESPONSIVE	Hearing the patient, public and staff voice at every level of the organisation
WELL-LED	Exemplary leadership at all levels

Monitoring Quality

The Trust is committed to understanding quality and safety performance through the effective measurement of and response to evidence based metrics. These metrics along with other information sources, such as patient and staff feedback, will be used to monitor the delivery and impact of the Quality and Safety Strategy throughout the year. Key quality and safety metrics are reflected in the Trust's Accountability Oversight Framework to support monitoring and continuous improvement at a Hospital/MCS level. The Accountability Oversight Framework sets out a number of metrics across six domains:

1. Safety
2. Patient Experience
3. Finance
4. Operational Excellence
5. Workforce and Leadership
6. Strategy

The assessments against these domains inform the score which in turn informs the decision-making rights of a Hospital or MCS. In addition, performance against identified quality and safety metrics is reviewed at all levels of the organisation including the Group Quality and Safety Committee and the Board of Directors. The safety metrics used are based on the model 'Measurement and Monitoring of Safety', developed by the Health Foundation, and fall into five broad categories:

1. **Has patient care been safe in the past?**
2. **Are our clinical systems and processes reliable?**
3. **Is care safe today?**

4. **Will care be safe in the future?**
5. **Are we responding and improving?**

The two legacy trusts were recently inspected by the CQC and findings were published in 2016. We anticipate that, as a new organisation, MFT will undergo a comprehensive CQC inspection in the next financial year as per the CQC regulations. We aim to achieve a good or outstanding rating across all of our services, we are however clear about the risks to quality that we face and how they are managed. The action plans arising from previous CQC inspections were a significant component of the Trust quality improvement plan in 2017/18. The Trust will continue to be responsive to the recommendations of internal and external quality reviews and inspections.

Management of Risk

The Group Risk Management Committee oversees the management of all high level risks to the delivery of the organisational strategic aims and key priorities and these are mapped on the Board Assurance Framework. A thematic review of current risks on the Trust's risk register highlights the following three overarching risks to clinical quality:

1. **Demand** – maintaining and improving the quality of clinical services with an increasing demand on services

2. **Clinical systems** – improving the quality of the clinical record and communication of diagnostic and screening test results

3. **Finance** – maintaining and improving the quality of clinical services within the current financial constraints

Risks that present a significant threat to the Trust objectives or that score 15+ are reported bi-monthly to the Group Risk Management Committee. Detailed plans are in place to mitigate against these risks.

Accountability

The primary mechanism for feedback on the progress of the Quality and Safety Strategy to stakeholders is our Quality Report, which is published annually as per statutory requirements.

All functions of the organisation play a role in the improvement of quality. However, there are a number of key committees and functions which oversee more explicitly the delivery of the Quality and Safety Strategy. The Quality and Safety Committee (jointly chaired by the Group joint medical director and chief nurse) is the main committee where progress is monitored. This committee reports to the Board of Directors via the Group Management Board, so there is a clear line of accountability. Additionally the Trust has a Quality and Performance Scrutiny Committee, chaired by a non-executive director, at which board members can drill down into the detail of particular metrics and hold the executive directors to account.

Whilst all executive directors have responsibility for the delivery of quality improvement, the named executive leads for quality are the Group joint medical directors and the chief nurse. Their clinical quality objectives for 2018/19 will be set out in the Quality and Safety Strategy.

Safety

The organisation will continue to participate in the national Sign Up to Safety Campaign.

The Association of Medical Royal Colleges' guidance on the responsible consultant has been fully taken into account and quality improvement work streams are fully aligned with the guidelines.

MFT Quality Improvement Plan

The inception of MFT has heralded a new and innovative approach to designing services to improve the quality of care, for the people of Manchester, Trafford and beyond.

Existing and new quality improvement plans to address the following will be delivered and further enhanced through the year:

- Improvements to the management of and response to national clinical audits
- Work to improve the care experience of patients with a mental health diagnosis
- Reviewing our approach to serious incidents
- Monitoring, acting on and learning from incidents and near misses
- A programme of work will continue to strengthen mortality review
- We will continue to act on national guidance and ensure that we implement evidence-based, best practice to improve outcomes, such as NCEPOD, NICE and national audit reports.
- There will be a sustained focus on continuous improvement of End of Life Care, following on from a programme of work undertaken during 2016/17 and 2017/18.
- Reducing harm will continue to be a focus of improvement work across the Trust; this year oral care will be embedded into the Trust's harm free care framework
- The Trust is committed to creating an environment in which people can enjoy their meals and drinks safely and comfortably. To ensure the Trust meets and exceeds patient nutrition and hydration requirements a Nutrition and Hydration Strategy will be launched.
- CQUINS for 2018/19 are being discussed with commissioners. The Trust will continue the programme of work undertaken on sepsis over the past two to three years to raise awareness, early detection and treatment of sepsis within A&E and other clinical areas.
- The Trust's Patient Experience Framework - 'What Matters to Me' - has been embedded throughout many services during 2017/18 and will be rolled out across all MFT services. This will include the development and introduction of a 'First Impressions training programme', for administrative staff, and continuing to embed the programme in a wide range of activities, such as induction, training and appraisals. The impact will continue to be measured through patient experience metrics.
- The Trust will introduce a new Quality of Care Round and Patient Experience Survey system in Q1 of 2018/19 to enable on-going audit of care quality and the collection of patient feedback, which will inform continuous quality improvement.
- Following the publication of the 'Better Births' Report, a Transformation Board has been established for Greater Manchester and Eastern Cheshire to support the implementation of actions in response to the recommendations of the review.

Seven day services

Both legacy trusts were early implementer sites and work will continue as a single organisation to deliver the 7 Day Services standards for urgent and emergency care as well as participating in the twice yearly national self-assessment survey administered by NHSE. MFT has formed a Joint 7 Day Services Assurance Group to deliver a collaborative approach towards the national self-assessment surveys. This Group has responsibility to assure the Board of Directors that the Hospitals/MCS have plans in place to deliver the ten standards ahead of the national target date of April 2020.

Quality Impact Assessment

The Trust Turnaround programme uses tools and templates prescribed by NHSI to assess the potential impact of projects on clinical quality and safety, clinical outcomes and patient experience. The QIA process is an integral part of the Turnaround Framework and the relevant sections of the framework are set out at Appendix B.

All project plans must include a range of Key Performance Indicators (KPIs), both financial and non-financial, that link to the quality of services or patient experience. These indicators inform a QIA to determine whether the project can go ahead based on the risk posed. Where possible, projects are expected to have a neutral or positive impact on quality as well as reducing costs; as a minimum quality must be maintained above essential standards.

The executive team, led by the chief nurse and Group joint medical directors, provide oversight to the QIA process. Hospital/MCS medical directors and directors of nursing review and monitor the progress of projects to ensure that the standards of quality and patient experience are maintained.

Triangulation of Quality with Workforce and Finance

The Trust utilises indicators extensively to inform and monitor the quality agenda. Data is used to triangulate quality, workforce and financial indicators, which are monitored by the Board of Directors.

The key indicators used in this process are set out in Appendix C.

5. Workforce & Organisational Development

Workforce Strategy

Our future workforce requirements are driven by our vision and strategic aims. Over the next year we will be reviewing our workforce and OD programme in the light of our developing organisational form and strategy.

The Trust has a People Strategy built around five key deliverables, each with a work plan:

1. Information and HR Policies
2. Workforce design
3. Planning and succession management
4. Attraction and recruitment
5. Motivating, involving and engaging our staff
6. Talent and performance improvement

As part of our ongoing programme of work to develop a compassionate, inclusive and high quality culture underpinned by exemplary leadership the Trust also has Leadership and Culture and Equality, Diversity and Inclusion (ED&I) strategies in place. The Leadership and Culture Strategy includes detailed implementation plans for the delivery against objectives focussed around our vision and values, learning and innovation, support and compassion, performance and teamwork.

Workforce Planning and Development

Our high level workforce requirements are estimated through the development of the Trust Workforce Plan that is submitted to Health Education England. This forms the over-arching framework within which Hospital/MCS HR & OD Directors work with the wider hospital leadership and HR and OD teams, clinicians and managers within to develop their local workforce plans. Local workforce plans are developed as part of the business planning process and are therefore closely linked to service and activity requirements. The local workforce plans are brought together and reviewed at Group level to ensure that they are deliverable and have the appropriate skill mix. The Group level workforce plan is reviewed as part of the annual planning process to ensure that it is affordable. Operationally, safe staffing tools that assess the requirements to deliver safe care are used by lead nurses to calculate staffing requirements on a day to day basis.

The Trust continues to focus on the development of a range of apprenticeships for all professionals and in 2018-19 a nursing associate and Graduate Management apprenticeships will be offered to staff. Plans to improve the use of the apprenticeship levy and support the ongoing development of our staff is detailed in the Trust's Apprenticeship Strategy.

Accountability

The Human Resources Scrutiny Committee, a sub-committee of the Group Board of Directors, provides assurance and monitors performance against the workforce plan in-year. The Board is kept informed about workforce risks and performance through the Board Assurance Framework and Board Assurance Report respectively.

Recruitment and Retention

We are focussed on developing attraction and retention strategies for all staff groups in order to:

- establish MFT as an employer of choice
- support workforce stability, sustainability and productivity
- ensure there are targeted workforce capacity and supply plans in place
- improve calibre and capability of staff
- provide excellent placements for graduates
- increase the number of medical students we host

We will continue to develop and implement high quality inclusive recruitment practices and processes that minimise delays to recruitment and support us to deliver ambitious plans to increase access to employment and opportunities for the local community. We also have on-going recruitment initiatives that target hard to fill posts and specialties or staff groups with high vacancies. This includes specific campaigns to present the Trust as an employer of choice both locally, nationally and internationally; Hospital/MCS based open days for nursing and midwifery staff and nursing assistants; and GM-wide schemes to support new role development such as the nurse associate. The Trust has a nursing and midwifery recruitment and retention strategy in place that details the actions required to ensure the trust meets evidence-based safe staffing establishments for nurses and midwives.

Medical Workforce

We have a Medical Workforce programme that oversees agency and locum spend, to reduce costs and minimise risks to patient safety associated with gaps in medical rotas. The programme aims to ensure:

- all individual job plans are approved and that team job plans are in place where appropriate
- a reduction in locum and agency spend
- a recurrent or persistent gaps in staffing are identified and addressed
- capability and capacity is improved within hospitals

The Trust ensures that the utilisation and booking of agency workers across all specialties is compliant with the requirements of NHSI where feasible, and we complete regular compliance reports as requested. Compliance with the national agency rate caps for medical staff is challenging due to market pressures, although price cap compliance is regularly secured in other clinical areas such as nursing and AHP's. The Trust is currently implementing Liaison Tempre as an electronic portal to secure medical agency workers via a direct engagement model and to develop an internal medical bank to enhance the supply of cost effective internal locums. Work is taking place across the two legacy organisations to agree common internal locum pay rates that will allow a single workforce bank to operate. The Trust has participated in some initial discussions with NHSI and local organisations for the development of a GM-wide collaborative bank.

Key priorities for 2018/19

Post Transaction Implementation Plans (PTIP)
We will continue to focus on the integration of our workforce, ensuring that Hospital HR & OD structures are in place, governance arrangements are established, the staff Health and Wellbeing service is integrated, payroll integration plans are in place and implementation has commenced. We will also have a plan in place to roll out electronic workforce systems and establish a single policy

development framework for all workforce policies, working in partnership with Trade Union representatives.

During 2018-19 we will begin to develop an integrated learning and education strategy which will include ensuring quality standards are established for all trainee placements and workplace training. The ED&I Strategy will be reviewed this year as part of the Trust's merger plans.

Medical workforce
A consultant recruitment campaign is in development to secure high quality candidates to work across the Single Hospital Service. These campaigns aim to inform both medium and long term workforce gaps and to reduce any dependence on agency staff. We are also a GMC approved sponsor.

We will be rolling out the Allocate electronic job planning system to improve the governance and accountability around consultant job plans.

We will also be continuing to implement developments around seven day services.

City-wide initiatives
We are part of the Manchester Local Workforce and Transformation Group (LWTG). LWTG includes Manchester commissioners, providers and local authority representatives and has developed a locality workforce and OD plan, which has four priority workstreams:

- *System Culture and Leadership* – building system capacity and capability to enable leaders to think, plan and work better together from a locality perspective. Outcomes: Improved collaboration, co-ordination and co-production of health and social care around the needs of the individual citizen;
- *Transforming the Workforce* – ensuring that workforce modelling, planning and ways of working are responsive to the emergent health and social care landscape. Outcomes: New ways of working towards a sustainable health and social care economy;
- *Workforce Supply and Capacity* – looks to understand the current workforce position at a system level and create a stable pipeline of health and social care workers in Manchester. Outcomes: Improved and timely access driving person-centred care for the people of Manchester;
- *Health and Wellbeing* – supporting and caring for staff in the workplace to enable high performance and productivity. Outcomes: A healthy, energised, motivated and engaged workforce at the heart of health and social care services in Manchester.

Equality, Diversity and Human Rights

Equality, diversity and inclusion are built into the Trust's vision and values, as well as our commitment to 'treating our customers safely, courteously and with dignity and respect'.

PTIP

The equality, diversity and human rights function at MFT is currently being integrated as part of the merger. We have an interim equality, diversity and human rights strategy for 2018/2019 that outlines our plans for integration as set out below. A crucial step is to develop a single equality and diversity strategy with patients, service users and our people. Once the new strategy is in place the Trust will set ambitious KPI's and targets to track progress against the delivery of the plan.

Day 1	Day 1-100	Year 1
A single EIA	A single equality and diversity governance structure	A single equality and diversity policy and strategy
	A single public sector duty report	A single approach to the Equality and Diversity Delivery System 2
		A single equality and diversity training strategy
		A single Accessible Information Standard plan
		A single Workforce Race Equality Standard

Monitoring Equality

The Trust is committed to understanding equality and diversity performance through the effective measurement of and response to evidence-based metrics. These metrics along with other information sources, such as patient and staff feedback, will be used to monitor the delivery and impact of the Equality, Diversity and Human Rights Strategy throughout the year. The Trust's AOF includes workforce equality and diversity metrics and thresholds relating to the recruitment and retention of staff of black and minority ethnic (BME) origin as follows:

- % BME appointments as proportion of overall appointments
- BME staff retention

The single equality and diversity strategy will include a reporting framework structured around four domains aligned to the Equality Delivery System 2, now part of the NHS England Standard Contract:

- Better health outcomes
- Improved patient experience and access
- A representative and supported workforce
- Inclusive leadership

Equality Impact Assessment

The Trust uses tools and templates based on national guidance and practice to assess the potential impact of policies, procedures, guidelines, projects and business plans on equality, diversity and human rights. The equality impact assessment process is an integral part of committee processes whereby committee reports and papers require an equality impact assessment registration number to confirm that equality impact assessment has been undertaken and quality assured. EIA is also a mandatory consideration for the single hospital service integration programme.

Workforce Equality and Diversity Initiatives

We are in the process of transforming the NHS in Manchester so that it serves patients fairly. A key task is to ensure that MFT is an employer of choice that recruits and develops staff fairly, taking appropriate positive action wherever necessary, so that talented people choose to join, remain and develop with the Trust. Patients are more likely to receive the services they need if staff are not only competent but are drawn representatively from the population served. MFT's workforce statistics are encouraging in that there has been steady improvement in appointing a workforce that reflects

the community it serves. This has been achieved through programmes including Reverse Mentoring to provide leadership and personal development opportunities for minority ethnic staff wishing to move into senior positions; the Diverse Panels Programme to build a more diverse workforce through recruitment; the Supported Internship Programme; the development of the Behaviours Campaign aimed at creating a trust wide culture based on MFT's values and tackling bullying and harassment; and promotion of Leadership Academy positive action initiatives.

However, there is more to do. Few staff identify as having a disability and few staff identify their sexual orientation. There are not enough people from BME communities in senior management positions or males in the workforce. The Staff Survey suggested disparities in experience of discrimination, harassment and bullying. Our gender pay gap is particularly impacted by doctors in senior positions. On 17 July 2018, the Trust is holding a seminar to determine how we can mitigate against known workforce inequalities and the future workforce inequalities we need to be prepared for. The seminar will review the initiatives that the Trust has undertaken to date, hear about successful initiatives from other organisations, embed lessons learned, and identify priorities and action plans.

The Trust is also part of the GM Authority Workforce Race Equality Standard initiative and the Manchester Workforce Inclusion initiative - both of which are looking at the issue on a system-wide level.

Internal accountability

All functions of the Trust play a role in advancing equality, diversity and human rights. However, there are a number of key functions which oversee more explicitly such as the Group Equality, Diversity and Human Rights Committee which reports through the Quality and Safety Committee to Group Management Board.

Whilst all executive directors have responsibility for advancing equality, diversity and human rights, there are named executive leads for equality, diversity and human rights from each Hospital/MCS who sit on the Group Equality, Diversity and Human Rights Committee.

External accountability

The Trust has a number of mechanisms for feedback on the progress of the Equality and Diversity Strategy from and to stakeholders. We publish an Equality and Diversity Report report annually in January as per statutory requirements. The single approach to the Equality and Diversity Delivery System 2, which is a Year 1 single hospital service integration deliverable, will include opportunity for community organisations to feed back to the Trust on our performance and priorities. We have a Disabled Patients' User Forum that meets quarterly.

6. Transformation

The transformation strategy sets out our ambition to reach top decile over three years by 'Transforming Care for the Future'.

The aim of our transformation strategy is to ensure that we:

- Continue to build upon and strengthen the transformation work already in place.
- Continue to build the capability of staff to understand change at a fundamental level through to advanced and expert level, ensuring that enough staff are adequately skilled in leadership and change to ensure a culture of continuous improvement.
- Ensure we are making best use of existing resources and corporate teams to support improvement and support the clinical teams and hospitals in a coherent way.
- Continue to co-ordinate projects to ensure lessons are shared - the organisation is large and therefore it becomes more important to share across the organisation as well as nationally and internationally.

During 2018/19 we will continue to work with patients and staff to embed our MFT operational excellence standards for outpatients, elective and emergency pathways. These are standards of care that should be expected for all patients no matter what hospital or service they are using. These standards help clinical teams to assess the care they give, demonstrating when they have best practice examples to share, or where they might need support for improvement. Our focus throughout the next 12 months is to work with Hospitals/Managed Clinical Services and clinical teams to realise the benefits of integration and our commitments are as follows:

Outpatients

- Harmonisation of standard operating procedures
- Embedding our MFT operational excellence standards for outpatients across all outpatient areas
- Accreditation of outpatient areas
- Introduce digital technologies to improve patient experience

Elective Pathway

- Roll out the enhanced recovery plus programme to all surgical areas
- Update and embed the revised MFT operational excellence standards for elective care in order to optimise costly estate such as theatres, catheter labs and endoscopy rooms
- Ensure the theatre accreditation covers the perioperative phase of the pathway

Emergency Pathway

- Standardise frailty pathways
- Embed our SAFER standards across all wards to improve flow through our hospitals and align to the ward accreditation process
- Comply with 7 day service standards

Integration

- Work with and ensure our programmes of work align to the Local Care Organisation
- Develop an elective Orthopaedic hub at Trafford General Hospital
- Consolidate our PPCI/heart rhythm/acute aortic surgery services
- Develop a single vascular arterial centre for Manchester
- Develop a single head and neck cancer service
- Develop a single point of access to our stroke service

Culture & Capability

- Develop a single improvement and leadership hub to systemise quality improvement
- Develop Hospital/MCS capability, building plans in line with the Keizer Permanente dosing formula to achieve a culture of continuous improvement
- Quarterly shared learning events to spread innovation
- Promote improvement networks

7. Informatics

Current Position

Single Hospital Service
Informatics' Day 100 deliverables have been achieved, with the exception of the Single Patient Master Index. A paper was approved at Group Informatics Strategy Board to deliver a multisite registration solution with Clinicom PAS as a single patient record.
Significant network remediation continues to be undertaken to enable seamless IT access between the Central and South sites.

Health Records
The health records transformation programme is ongoing, moving the organisation towards a terminal digit filing and scanning solution. This is a key enabler for the Single Hospital Service and also for Healthier Together.

Electronic Patient Record
In January 2018, Board of Directors approved a proposal to proceed to conduct an open procurement of a new EPR and PAS. Planning, stakeholder engagement and pre-procurement activities are underway with a view to publish the OJEU and start the procurement after Board of Directors meeting in May.

IT and Infrastructure
Following the merger, we have undertaken infrastructure assessments and work is underway to prioritise and implement the actions that have been identified. For example a single servicedesk tool has been implemented across sites and new processes are being developed to align IT services in preparation for the IT service merger. Furthermore significant improvements have been made in the virtual desktop environment for community and remote users.

Data Quality
We have developed a MFT strategy for delivering on the data quality diamond and kite marking across the new organisation. We are also reviewing the RTT processes across the organisation in order to improve performance.

Clinical Coding
The Informatics department has merged the clinical coding improvement programme schemes across Central and Wythenshawe sites. The training programme for clinical coders has been aligned across both coding teams, and we plan to standardise the audit approach so that one methodology is used.

Key Challenges for 2018/19

Single Hospital Service
The next stage of planning is underway to deliver a single patient identifier. There is also planning underway for the due diligence required for SHS project two, the acquisition of North Manchester General Hospital.

Clinical Systems and Corporate Systems
The consolidation process will continue in three stages

- Stage 1: Identifying organisational risk of critical systems not merging in year one

- Stage 2: Identify the top 15 critical services and examining the systems used within the services
- Stage 3: Prepare options appraisals to consolidate systems

Once these three stages are completed, the objective is to consolidate 25% of the priority list by the end of year one (September 2018). In addition, both corporate and clinical systems will be continued to be consolidated where possible and the asset register updated accordingly.

Capital Programme
Delivery of the capital programme over 18/19 will include, subject to business case approval:

- Clinical correspondence solution
- New PACS solution
- Deployment of patient self-service check-in kiosks
- Genomics laboratory systems consolidation
- CAMHS Electronic Patient Records
- Electronic Document Management System

Electronic Patient Record/Patient Administration System
- Procurement of, and organisational preparation for, a single EPR and PAS
- Planning of tactical roadmaps for existing Allscripts Sunrise and Chameleon products
- Preparation and implementation of PAS tactical solutions

IT and Infrastructure
- Bringing splinter IT groups into Group Informatics
- Consolidation of IT service desks
- Provision of patient Wi-Fi
- Consolidation of infrastructures to support MFT across sites.
- Implementation of single log-in solution across all sites
- Server upgrade for Wythenshawe laboratories

Clinical Coding
The clinical coding service will continue to work on standardising departmental processes and policies, deliver information governance coding audit standards, and embed working practices across the department.

Health Records
The transformation of health records to support cross-site working and patient care will continue.

Informatics
The Informatics team will be focusing on four key themes for 2018/19:

- Data quality
  - Integration with operational admin services
  - RTT improvements at the Central site

- Data Warehousing
  - Consolidation of the data warehouses from two to one
  - Development of the reporting portal

- Corporate Information
    - Expanded to clinical audit and local returns
    - CQUIN Monitoring
    - Standards review

- Business Analysis
    - Data analysis - proactive service improvement
    - Leadership role/relationship management
    - Development of capacity tools for operational management

Information Governance

The Information Governance team will continue to support high standards of privacy and confidentiality and ensure that there is an appropriate framework to achieve compliance across a range of areas including the Data Protection, Freedom of Information & Subject Access requests.

The team will ensure the embedding of the new European General Data Protection Regulations as they are enacted into UK law. Implementation of the new NHS Data Security & Protection Toolkit will be a key focus for 2018/19.

Group Informatics

- Support of the Manchester Locality and Manchester Care Record.
- Support of the newly formed LCO
- Support for GM Interoperability and Innovation hubs
- Introduction of KPI's into the department
- Development of robust governance and business case processes.
- Re-structure and management of change process to unify Informatics service

8. Finance

2018/19 Financial Plan

The Trust is forecasting a net deficit of £12.084m on a control total basis without Sustainability Funding (SF) for 2018/19. With the addition of £44.931m gross available SF, the Trust's resulting control total surplus is £32.847m for 2018/19.

Financial Forecast and Modelling

Run Rate and Financial Pressures

The Trust's financial plan for 2018/19 continues to aim for full delivery of the control total. This financial plan is built from the underlying run rate performance over 2017/18, tested against months 6 to 10 in particular.

Run Rate challenges

Hospitals' Run Rate over 2018/19: £49m
The elements impacting on the run rate challenges are:

- The accumulated scale of efficiency requirements brought forward for which Hospitals have not been able to fully identify sufficient delivery plans
- Shortfalls in delivery of activity and income in some Hospitals
- The excess costs of using medical agency and locum cover

2018/19 efficiency and funding challenges: £29m
The efficiency and funding reduction challenges comprise the below elements:

i. Pay settlements: £10m is provided for general 1% pay settlement, £5m for incremental progression and other specific quantified pay bill inflation. Pay settlement costs in excess of a 1% general settlement will be funded to the NHS nationally by Government.
ii. Prescribing and clinical consumables costs are forecast across Hospitals to increase by around £7m.
iii. Continuing reductions in funding for training and education - £2m.
iv. PFI operating costs and premises costs are forecast to increase by £5m.

The overall run-rate inflation and efficiency challenge for 2018/19 therefore equates to £78m, against which delivery plans of £66m are required, to secure a deficit before SF of £12m.

Activity and Contract Income assumptions/approach

The 2018/19 activity plan has been developed using the Trust's activity planning model which is deployed at hospital level.

For planned care activity the model used forecast activity from month 1-8 of 2017/18 together with a cross check to current run rates and then adjusted for the following:

- Waiting list movements which encompasses local and national performance standards e.g. RTT, cancer and diagnostic waiting times

- Underlying population and demographic trends based from the Office of National Statistics (ONS), with the key assumption that the health needs of the population will remain consistent with existing patterns

For unscheduled care the baseline was the forecast activity for the current year and then adjusted for underlying growth, population and demographic trends.

Service developments and transfers initiated by commissioners include:

- ➢ expansion of the neuro-rehabilitation service arising from the transfer of beds from Wrightington, Wigan and Leigh Foundation Trust
- ➢ introduction of a community infant feeding service commissioned by MHCC
- ➢ transfer of North Manchester's community services to the LCO
- ➢ implementation of the 'Healthier Together' Standards in line with the Greater Manchester strategy
- ➢ transfer of neonatal transport services from Liverpool Community
- ➢ closure of MLU services at Salford

An overview of the more notable changes to the plan for 2018/19 against forecast is as follows:

- Elective growth has arisen largely due to increased day case activity attributable to Endoscopy services (diagnostics 6 week target pressures)
- Growth in paediatric, urology and respiratory specialties.
- Non–elective plans now reflect updated run-rates including using months 6-10 period. This increase is representative in the paediatric, haematology, gastroenterology, cardiology and general medicine specialties.
- The outpatients movement is across a number of specialties that have either experienced capacity constraints during 2017/18 or are accounting for demand and backlog pressures. Main specialties include eye and dental specialties that were particularly affected by the impact of temporary shortfalls in consultant capacity during 2017/18
    - paediatrics addressing growth and waiting list pressures
    - gynaecology, clinical genetics growth pressures and the recognition of increased follow ups for metabolic disorders for complex patients
    - surgical Urology, ENT and respiratory specialities to address RTT /waiting list pressures
- Device cost pass throughs (ICDs /stents) are reduced to reflect the move to the national zero cost device procurement programme together with a reduction in blood costs following the recent procurement savings.
- A&E (net of pricing) has increased largely due to changes in acuity resulting in a change in case mix and income.
- Community includes the introduction of a new infant feeding service commissioned by MHCC (£0.5m), together with the transfer of North Manchester community services to the LCO (£16.8m) and a further £1.5m from MHCC for LCO investments.
- Other clinical income growth includes:-
    - increased neuro rehabilitation activity as referred to above
    - increase in transplantation activity and increased donor related charges
    - growth projections arising in the fertility service and respiratory services arising from the hospitals demand models

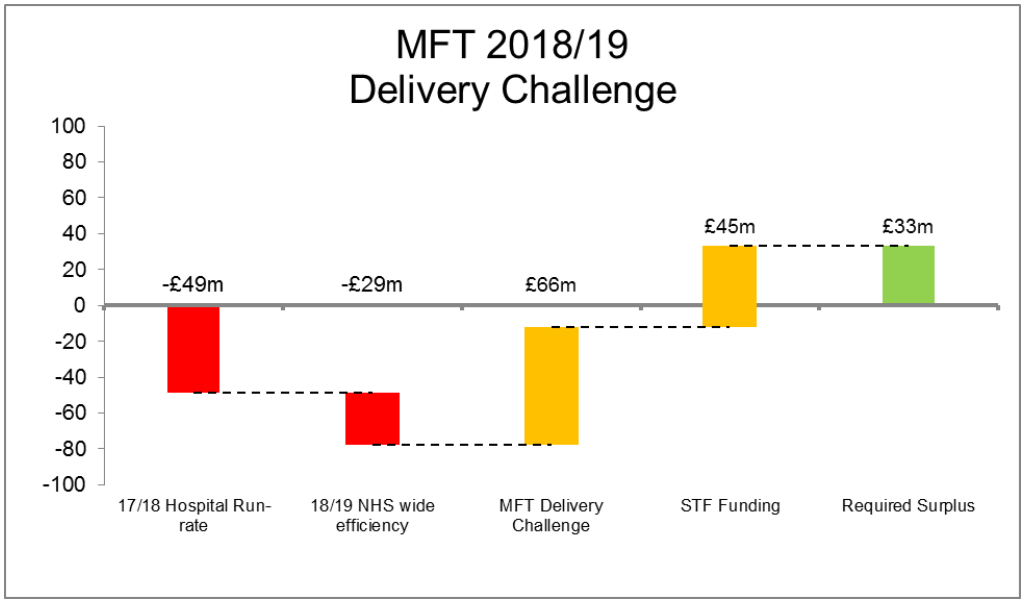
The 2018/19 financial plan reflects MFT hosting Health Innovation Manchester from 1st April 2018, previously hosted by Salford Royal NHS Foundation Trust, and includes additional income of £9.7m

The Financial Plan for 2018/19 also reflects additional income and expenditure in relation to the SHS Programme of £14.8m, enabling the standardisation and integration of care within Manchester and work towards the acquisition of North Manchester General Hospital.

Efficiency Savings for 2018/19

MFT 2018/19 Financial Delivery challenge

The aggregate financial delivery challenge for 2018/19 is £66m combining the underlying £49m run rate operating deficit and the £29m new efficiency challenge from which delivery plans return the position to a net deficit of £12m before SF.



Solutions continue to be identified and developed across Hospitals, MCS and Corporate areas to address the financial challenge, and include:

- £9.5m of full year effect from continuing delivery which began mid-year in 2017/18
- Planned new delivery for 2018/19, including £11.2m margin from recovery and growth in clinical income, additional non-clinical income schemes of £2.0m along with developing cost reduction schemes with indicative plan values of between £25m and £30m.

Hospitals are continuing to develop current and further delivery programmes for the savings required in 2018/19.

Risks to the Financial Plan

The detail from Hospitals' delivery plans identifies an emergent set of plans to bridge the financial delivery challenge, which would be consistent with the Board maintaining commitment to delivery of the control total set for the Trust – and in turn maintain access to the conditional SF of £44.931m.

To further mitigate against the risks, financial performance and achievement of the delivery programme will be monitored on a regular basis at both Hospital Board level and at the Finance

Scrutiny Committee (FSC). FSC will continue to oversee and scrutinise the achievement of the overall Financial Plan and progress with delivery programmes across Hospitals. Delivery risks will be reported and reviewed at this Committee.

Resultant income and expenditure plan

This plan for 2018/19 underpins acceptance of the requirements set out in the letter to MFT of 6 February 2018 and achieving a control total position of £32.847m. £44.931m of SF has accordingly been incorporated as income within MFT's financial plans and cash flow forecasts.

The high level Income & Expenditure Account for forecast outturn 2017/18 and the financial plan for 2018/19 is set out below.

	2017/18 Outturn	2018/19 Plan
	£m's	£m's
Operating Income		
Commissioner Income excl Cost Pass Through items	1,219.198	1,257.959
Cost Pass Through Income (Drugs and Haem)	121.529	121.929
Sustainability Funding	39.064	44.931
	1,379.791	**1,424.819**
Other Clinical Income - PPI/RTA/Overseas income	9.254	8.135
Education & Training	65.538	61.163
R&D	43.253	55.629
Other - Hospital Income	93.853	109.714
	211.898	**234.641**
Total Income	**1,591.689**	**1,659.460**
Operating Expenditure		
Pay	-887.575	-917.483
Non-pay	-598.198	-634.454
	-1,485.773	-1,551.937
EBITDA	**105.916**	**107.523**
Interest, Dividend & Depreciation		
Depreciation	-27.987	-30.226
Interest receiveable	0.313	0.443
Interest payable	-39.886	-41.138
PDC Dividend	-1.861	-3.755
	-69.421	-74.676
Net Position - Control Total Basis	**36.495**	**32.847**

	2017/18 Forecast	2018/19 Plan
	£m's	£m's
Excluded Items for Control Total Calculation - Initial Estimates		
Grant Income	2.073	6.585
Depreciation on Donated Assets	-1.011	-0.835
Additional 2016/17 STF received in 2017/18	0.419	
Impairment	-31.602	11.179
	-30.121	16.929
Initial "Bottom-line" Estimate of published Position	**6.374**	**49.776**
Overall Risk Rating	**1**	**2**

Capital Programme

Following rigorous review of the capital schemes, the indicative capital programme for 2018/19 is shown at a total value of £74.03m related to the following areas;

Scheme Descriptions	Total 18/19
Property and Estates Schemes	**£M**
Compliance Works	18.53
Property and Estates Development Schemes	11.86
Emergency Department - Wythenshawe	5.55
Helipad	5.25
Emergency Department - Central	4.00
Diabetes Centre	1.85
Emergency Department - Children's - Central	1.00
Subtotal Property and Estates Schemes	**48.03**
IM&T Schemes	
IM&T Strategy	5.02
Schemes Carried Forward From 2017/18	2.93
Electronic Patient Records (EPR)	2.10
IM&T Rolling Programme	1.56
Subtotal IM&T Schemes	**11.60**
PFI Lifecycle	7.50
Equipment Schemes	6.90
Total 2018/19	**74.03**

Capital expenditure plans have been prioritised to support delivery of the objectives of the Trust.

Key schemes include:

- Continued investment in the schemes to redevelop, expand and refurbish the Trust's Main Emergency Departments on both the Oxford Road and Wythenshawe sites. The total value included in the programme for these three projects is £10.55m. This will provide increased capacity and improve patient flow, thereby supporting the key strategic objective of safe, effective and timely care for patients.
- Funding for a rolling programme to address backlog maintenance, including the continuation of schemes relating the Health and Safety, along with Fire Stopping works.
- Procurement of, and preparatory work for, a Trust-wide Electronic Patients Record (EPR) system and continuing tactical short-term investments in current EPRs to provide the following benefits:
    - Clinical benefits – improving services to patients, increasing the reliability, safety and consistency of care, and promoting evidence-based practice;
    - Operational benefits – increasing the efficiency of patient flows and utilisation of resources, improving the user interface, reducing duplication and barriers to use, and supporting new Trust clinical pathways.

Funding for the ongoing medical equipment replacement programme which is prioritised using a risk-based approach, with a commitment to rolling replacement programmes.

The Trust's capital investment programme is funded from £6.6m of grants and charitable donations together with £67.43m of internally generated cash.

The uncertainty over any access to external financing facilities in 2018/19 has placed additional pressure on the capital programme. However, following a review a decision has been made to fund the high priority schemes to a level which is £25m beyond the internally generated funds in-year giving the capital investment required to progress the Trust's key objectives during 2018/19.

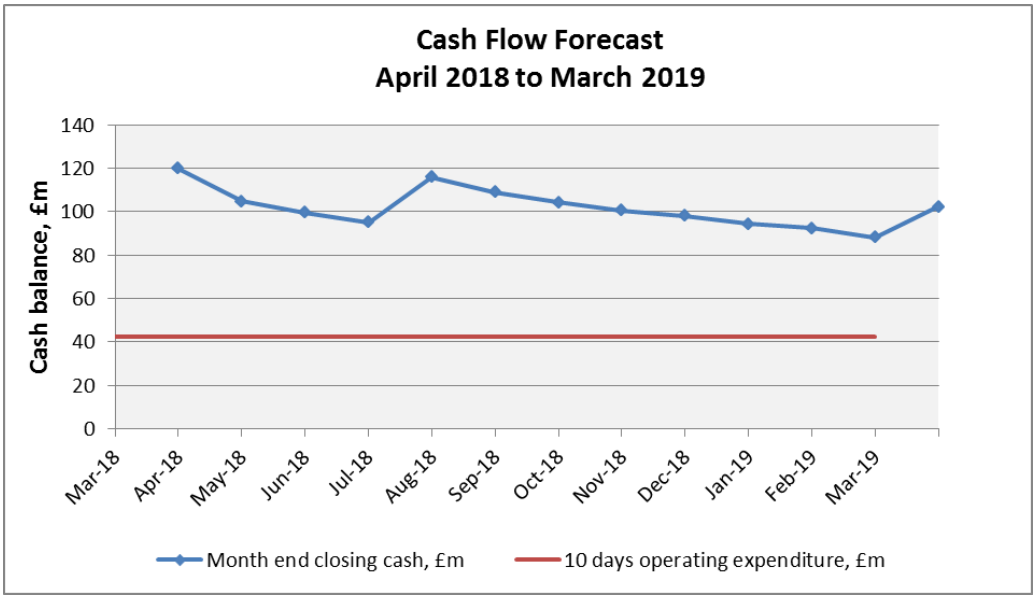
The timing and delivery of projects will remain under regular review.

Liquidity

The cash flow graph below is based on the forecast monthly cash receipts and outgoings and demonstrates the ability of the Trust to continue to meet its current obligations as these fall due in all reasonably foreseeable scenarios throughout the financial year 2018/19.

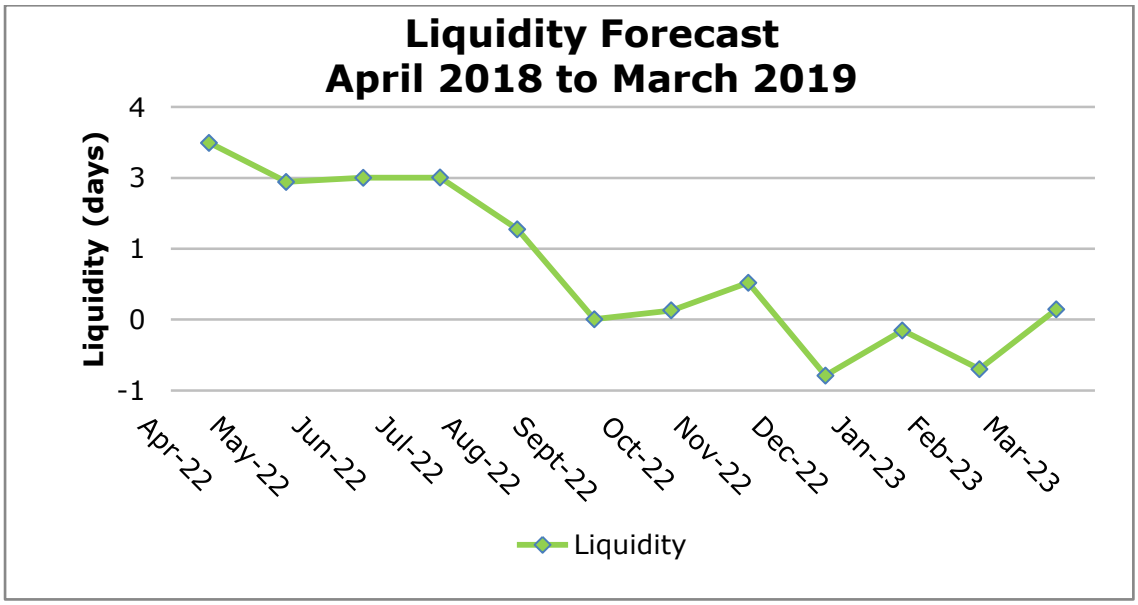
2018/19 Cash flow assumptions

The Trust's planned cash flow for 2018/19 recognises repayment commitments against existing DH loans and PFI liabilities, and also investment in the £74.03m capital programme. Whilst the cash flow plan shows a relatively strong level of cash is maintained through the year, there is an overall cash deterioration of £17.6m. Additional financing options will therefore continue to be pursued to further support investment into the future.



2018/19 NHSI Financial Plan Risk Rating

The profile of the forecast results give rise to a quarterly Capital Service Cover (CSC) rating of 4 for quarters 1 and 2, and improving to a 3 from quarter 3 onwards, and a liquidity rating of level 1 for quarters 1 and 2, level 2 for quarter 3 before improving to a level 1 gain for quarter 4 of 2018/19. The I&E Margin rating in year improves from a 3 rating for quarter 1 to a rating of 1 by quarter 4, based on the surplus planned, with the forecast variance from control total remaining at an overall rating of level 1 for quarters 1-4. The overall 'Use of Resource' is a level 3 for the Trust for quarter 1 and 2 of 2018/19, improving to a rating of 2 for the remaining two quarters if the outturn position is fully delivered.



9. Research & Innovation

MFT's vision is to improve the health and quality of life of our diverse population and to contribute to economic and social wellbeing. By developing and evaluating new treatments and technologies we will combine our research and clinical strengths to help us achieve this ambition. We work collaboratively with academic partners and industry to deliver the next generation of treatments and technologies and to ensure we develop a professional workforce that can meet the challenges of the future.

This year the will have a focus on three objectives. One is to establish a research and innovation structure and workforce across the organisation that supports the Hospitals/MCS in their research and in their development of innovative ideas. Our specific operational goals for the coming year are:

- Creation of a single research office
- Establish agreed workflows for research management IT system and the capture and exploitation of intellectual property
- Standardise all research, innovation and commercial policies and procedures
- Agree with Hospitals research management representation in their structures

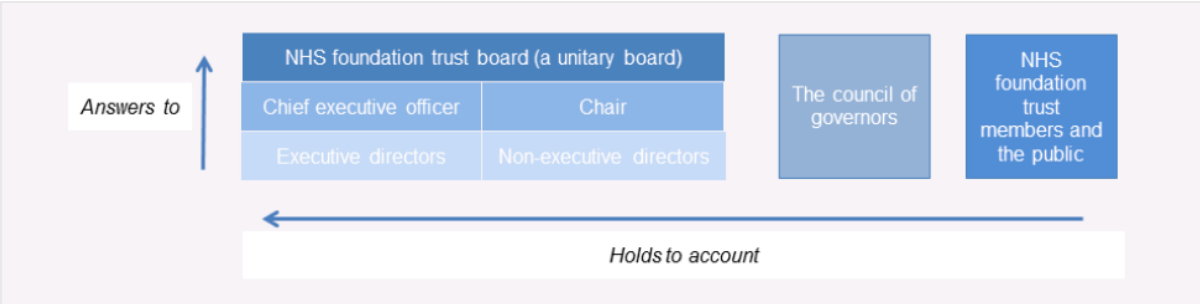
The second objective this year will focus on the development of partnerships, platforms and an embedded innovative culture to support all Hospitals/MCS in their research ambitions and in their ability to compete in the highly competitive commercial world of innovative diagnostics and medical devices and to unlock the potential of data through artificial intelligence and machine learning (AI/ML). These platforms will involve both academic and commercial partnerships in the areas of:

- Integrating health and bioinformatics research through use of health data and AI/ML working with our university and industry partners and the GM digital infrastructure
- Development of new healthcare solutions enabled by digital, AI/ML tools working closely with the medtech, digital and pharma industries; liaising with geographical partnerships including the Northern Health Sciences Alliance
- Supporting the group hospitals to access and implement novel solutions to their clinical and business problems; working closely with the group Transformation Team and Health Innovation Manchester
- Commencing the construction of Citylabs 2.0 and completing the design of Citylabs 3.0 and progressing the concept of Medipark at Wythenshawe as an integral part of their hospital masterplan; developing the business case for the redevelopment of the central campus education facilities and hotel
- Securing industry partnerships that help us to deliver these ambitions and that make significant contributions to the economic and social economy;

The third objective is to target major research and technology infrastructure funding to support the delivery of the above aims, including NIHR, UKRI, charities, Innovate UK and DCMS. To improve success rates, we will partner with the best in GM, UK and internationally including major industry partnerships.

10. Membership

As a Foundation Trust, MFT has a duty to establish a Council of Governors, elected directly by local people and staff to represent the constituent population. Governors are involved in shaping the future of services, and provide a core function in holding the Board of Directors to account as illustrated by the diagram below:



Board accountability, Your statutory duties: a reference guide for NHS foundation trust governors (Monitor)

Governor Elections

The majority of our governors are elected from and by our membership, and all qualifying members that are aged 16 years or over are able to nominate themselves to stand for election during the process. Elections are held each year for those posts where the term of office is ending, or the post-holder has resigned. All qualifying members are issued with ballot papers and vote for the candidate(s) that they wish to be elected to the Council of Governors.

During 2017, 24 governor seats were open for election with 77 valid candidates standing for election. All seats open for election were filled. During 2018, there will be a number of seats that will be open to election, and plans are in place for a further governor election campaign in summer 2018 in order to encourage members to stand.

At the start of the election process an invitation letter from our Group Chairman is sent out to all qualifying members. Elections are also promoted via:

- Membership newsletter and our governor election webpage
- Trust intranet and staff newsletters
- Comms to each Hospital/Managed Clinical Service
- Social media channels including the Trust's Twitter and Facebook accounts.

Governor Training and Development

Training and development for governors includes:

- An induction programme which in 2017/18 included an introductory meeting with our Group Chairman, a performance overview, a networking session with Group Non-Executive Directors and a tour of key locations within the Trust
- Role training session facilitated by external, independent training specialist
- Issuing of a bespoke governors' resource pack including support arrangements
- Regular governor meetings where topical health matters and links to MFT are discussed

- Holding an annual governors' forward planning workshop which in 2017/18 included a governor development session and overviews of the Trust's quality reporting, Single Hospital Service Plans for project two, strategic planning and development of the Trust's new values.

Governors will continue to be briefed regularly on several major on-going health programmes including Single Hospital Service (SHS), Local Care Organisations (LCO) and Manchester and Trafford Locality Plans, with regular key updates being issued to the Council of Governors so that governors can make appropriate informed decisions going forward.

Under the new merged organisation, the Group Chairman will continue to work with governors to develop a new framework for Governor Meetings, as well as future training and development plans, in order to support the needs of the new Council of Governors going forward.

The Trust recognises that it can be difficult for governors to engage with their members. We support and facilitate governor/public engagement through:

- Issuing bespoke membership and public Engagement Packs
- Holding major engagement events such as a Young People's Open Day and Annual Members' Meeting with questionnaires and engagement information packs issued to governors, to empower face-to-face engagement between governors and members.

The new MFT Council of Governors will work with the Trust to develop new membership engagement initiatives as part of the newly formed Governors' Membership & Engagement Sub-Group.

Membership Strategy

The Trust's total public membership is circa. 21,700 public members in addition to a staff membership of circa. 21,900, totalling an overall membership community of over 43,000.

We aim to ensure that our public membership is representative of the communities that we serve by addressing any natural attrition and membership profile gaps. This is facilitated each year by a targeted annual recruitment campaign. For example in early 2018, a review of the Trust's membership profile was undertaken; this data was used for a targeted recruitment campaign in February – March 2018. As part of this campaign, around 1,400 new public members were recruited to each targeted profile group namely: young people (11 – 16 and 17 – 21 years), adults (22 - 59 years), males, and specific ethnic groups.

The new Council of Governors will work with the Trust to develop a new Membership Strategy as part of the newly formed Governors' Membership & Engagement Sub-Group.

Hospital/Managed Clinical Service Key Priorities.

Appendix A

	KEY PRIORITIES FOR 2018/19 BY HOSPITAL/MANAGED CLINICAL SERVICE (MCS)	
MFT STRATEGIC AIMS	**Manchester Royal Infirmary (MRI)**	**Wythenshawe, Trafford, Withington, Altrincham (WTWA)**
To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner		
To improve patient safety, clinical quality and outcomes	Delivering operational excellence Continuously improving patient care Working towards outstanding	
To improve the experience of patients, carers and their families	Working towards outstanding	To improve patient experience Development of the Wythenshawe Site Masterplan Programme. Deliver the Wythenshawe Emergency Department development.
To develop single services that build on the best from across all our hospitals	Developing our clinical services	Embedding and delivery of core standards within the Health and Care Act To ensure that developments to the WTWA structures are implemented in an effective manner
To develop our research portfolio and deliver cutting edge care to patients	Working with our partners	Support the delivery of Group Director plans for Corporate areas Research – alignment with Group Strategy and delivery of key WTWA research priorities
To develop our workforce enabling each member of staff to reach their full potential	Becoming an employer of choice	Continue to create a flexible workforce
To achieve financial sustainability	Using our resources effectively	Delivery of the agreed 18/19 financial plan.

KEY PRIORITIES FOR 2018/19 BY HOSPITAL/MANAGED CLINICAL SERVICE (MCS)

MFT STRATEGIC AIMS	Royal Manchester Children's Hospital (RMCH)	Clinical Support Services (CSS)
To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	To continue to forge good working relationships across RMCH and Wythenshawe	Maintain operational/clinical management focus during transition to new reporting and accountability arrangements Implement an effective and visible clinical, nursing and operational leadership team deliver performance and safe/effective services. MCS Transformation to support Single Hospital Service (SHS), 7 day services, Local Care Organisation, Healthier Together, GM Hospital Pathology, Pharmacy and Radiology transformation and NHSI Hospital Pharmacy Transformation plans.
To improve patient safety, clinical quality and outcomes	To deliver on key major projects	Develop the capability and capacity to deliver the MFT Medicines Optimisation Strategy. Establish robust processes to ensure all key performance indicators are met and recovery plans are in place for areas of challenge e.g. MR capacity Establish an Improving Outcomes Guidance (IOG) fully compliant Haematological Cancer Diagnostic Partnership (HCDP) service.
To improve the experience of patients, carers and their families	To continue to improve the quality, safety and the experience of children, young people and their families/carers. To continue to work closely with MFT charity team To improve internal and external communications and engagement	Develop a service model which addresses the shortfall in Magnetic Resonance Imaging capacity which is currently experienced by both the Oxford Road and Wythenshawe sites. Continuation of the Clinical Sciences Building estates works (Oxford Road/ Wythenshawe) ahead of Managed Equipment Service re-equip. Continued reduction in the requirement for blood transfusion. Focus on reduction in cancellation of elective high risk surgery.
To develop single services that build on the best from across all our hospitals	To develop a five year clinical strategy	To effectively deliver the SHS integration workstreams to improve/standardise services & reduce variation. Supporting compliance with statutory & regulatory requirements in pharmacy, pathology and radiology Support and engagement with the IT Strategy - GM PACS procurement and EPR
To develop our research portfolio and deliver cutting edge care to patients	To ensure that research and innovation has a high profile	Reconfiguration of the cytology department and tender response submitted ahead of the 2019 human papillomavirus (HPV) conversion.
To develop our workforce enabling each member of staff to reach their full potential	To develop a team culture across RMCH/MCS To develop our workforce	Develop a communication and engagement strategy to ensure all staff are supported through the transition and informed of Trust/MCS developments. Deliver against our Human Resources Key Performance Indicators and the workforce strategy including the introduction of team job plans. Reduce locum spend via Bank, Variation Order use, recruit to turnover and a new Allied Health Professional/Healthcare Scientist direct hire contract.
To achieve financial sustainability	To achieve our financial and performance targets and other statutory requirements	Maintain effective financial management to ensure month/year end surplus and trading gap contribution delivered.

	KEY PRIORITIES FOR 2018/19 BY HOSPITAL/MANAGED CLINICAL SERVICE (MCS)		
MFT STRATEGIC AIMS	**University Dental Hospital of Manchester (UDH)**	**Manchester Royal Eye Hospital (MREH)**	**Saint Mary's Hospital**
To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	Transformation portfolio		Accountability oversight framework delivery work programme.
To improve patient safety, clinical quality and outcomes	Embedding and delivery of core standards within the Health and Care Act Promoting national leadership in patient safety Managed Clinical Networks and LCO	Embedding and delivery of core standards within the Health and Care Act. Deliver the Outpatient Improvement Programme. Deliver the Theatre Improvement Programme	CQC standards work programme. Development of Women's Health Ambulatory Care Centre. Embedding & delivery of core standards within Health and Care Act
To improve the experience of patients, carers and their families	Long-term estates requirement planning		Develop plans for relocation of Sexual Assault Referral Centre (SARC). Develop plans for relocation of IVF service. Continuation of 'What matters to me' patient and staff engagement.
To develop single services that build on the best from across all our hospitals	Commissioner engagement	Provide system leadership in GM	Continued development of the Obstetrics, Gynaecology, and Neonatal Managed Clinical Services.
To develop our research portfolio and deliver cutting edge care to patients			Mobilisation and delivery of the North West Genomics Hub Laboratory.
To develop our workforce enabling each member of staff to reach their full potential	Medical workforce development	Workforce Development	
To achieve financial sustainability	Service Line Reporting and income development	Sustain market position and extend where appropriate Ensure Financial Sustainability	

3. Project Quality Impact Assessment (QIA)

- Where possible, projects are expected to have a neutral or positive impact on quality as well as reducing costs or generating income. As a minimum they should not put the Trust at risk by bringing quality below essential standards.
- The potential risks that transformation, cost saving or income generating projects could have on the quality of services will therefore be assessed as part of the project planning stage, using the Quality Impact Assessment approach defined by the Department of Health.
- This approach aligns with the Trust's Risk Management Strategy, which details how the Trust identifies, manages and reduces risk across the organisation. A component of this is the risk matrix, which details the approach in assessing and mitigating risk across the Trust.
- The Trust has developed an Accountability Oversight Framework (AOF) to support delivery of the organisation's vision and strategic objective. Amongst other matters, the AOF promotes devolved decision making and autonomy subject to regular performance assessments.
- The QIA includes risks relating to a number of key clinical quality, patient experience and operational areas, as detailed in the table, right. This also includes a number of areas relating to equality. Project Managers are required to assess the project against each of these risk areas, assigning a risk score and detailing mitigating actions. Key questions for each of these areas are detailed in the appendix.
- Under the AOF, all QIAs are to examined and approved as part of each Hospital / MCS own Gateway Review process. Following which a desktop review will then be carried out by the Group Chief Nurse, Medical Director, Chief Operating officer and Human Resources Director. The purpose being to review hospital scoring and documentation of mitigating actions to reduce the impact risk.
- A further follow up session with a Hospital may be required if the Group desktop review identifies schemes they believe to be inappropriately scored, not sufficiently mitigated, or which do not sufficiently consider the impact on other hospitals/MCS.

Diagram: Risk Matrix

Severity	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1: Low	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2 :Slight	2 Very Low	4 Very Low	6 low	8 low	10 Medium
3: Moderate	3 Very Low	6 Low	9 Medium	12 Medium	15 High
4: Major	4 Very Low	8 Low	12 Medium	16 High	20 High
5 Catastrophic	5 Very Low	10 Medium	15 High	20 High	25 High

Diagram: Quality and Equality Impact Assessment: Risk areas

Corporate Functions
Patient Safety
Clinical Effectiveness
Patient Experience
Operational Effectiveness
Trust Reputation
Equality/Protected Character
Social Exclusion
Other
eQIA: Legislation/Regulation
eQIA: Equality/Protected Characteristics
eQIA: Social Exclusion

4

Triangulation Indicators

Appendix C

Finance
Continuity of Services Rating
Delivery of Financial Plan – All Divisions

Patient Experience
Clostridium Difficile - Lapse of Care
Complaint Volumes
Complaint Volumes - Reopened
Complaints - Outstanding
Complaints - Outstanding Beyond 40 Days
Complaints Resolved Within 25 Days
Complaints Unresolved Within 40 Days
Compliments
FFT % Extremely Likely
FFT A&E % Extremely Likely
FFT A&E Response Rate
FFT Inpatient % Extremely Likely
FFT Ward Response Rate
Food and Nutrition
Nursing Workforce – Plan Compliance
Nursing Workforce Day Hours – Plan Compliance
Nursing Workforce Night Hours – Plan Compliance
Pain Management
PALS - Concern

Patient Safety
Actual Harm Incidents: Level 4-5
Clostridium Difficile - Incidents
CPE New Positives
CPE Percentage Screened Positive
Crude Mortality
Crude Mortality - Elective
Crude Mortality - Non Elective
EWS Alert Response Rate
GMC Trainee Survey – Number of low scoring outliers
GMC Trainee Survey – Specialties meeting national average
Harm: Catheter Associated Urinary Tract Infection
Harm: Patient Falls
Harm: Pressure Ulcers
Harm: VTE
HSMR
Incidents: Patient Falls: Level 4-5
Incidents: Pressure Ulcers: Grade 3-4
Medication Errors: Level 4-5
Methicillin-resistant Staphylococcus Aureus
Never Events
Participation of Mandatory National Clinical Audits
SHMI
Regulatory Framework
Community Activity Data Completeness
Community Referral Completeness
Community RTT Completeness
Continuity of Services Rating
CQC Rating
Governance Risk Rating - Trust

Performance
18 Weeks Specialty Performance - Admitted
18 Weeks Specialty Performance - Incomplete
18 Weeks Specialty Performance - Non Admitted
A&E - 4 Hours Arrival to Departure
Average Inpatient LOS Days (Excl. Assessment Units)
Cancelled Operations 28 day Breaches
Cancer 31 Days First Treatment
Cancer 31 Days Sub Chemo Treatment
Cancer 31 Days Sub Surgical Treatment
Cancer 62 Days RTT
Cancer 62 Days Screening RTT
Cancer Urgent 2 Week Wait Referrals
Diagnostic Performance
DNA Rate: Follow-up Appointments
DNA Rate: New Appointments
Elective Actual vs Plan
Emergency Admissions - Short Stay
Emergency Admissions - Avg. LOS
Internal Governance Risk Rating – All Divisions
Outpatient Actual vs Plan
Percentage of Cancelled Operations
RTT - 18 Weeks(Admitted Patients)
RTT - 18 Weeks(Incomplete Pathways)
RTT - 18 Weeks(Non-Admitted Patients)

Ward View
Ward: Clinical Mandatory Training
Ward: Complaint Volumes
Ward: FFT Inpatient % Extremely Likely
Ward: Food and Nutrition
Ward: Incidents: Patient Falls: Level 4-5
Ward: Incidents: Pressure Ulcers: Grade 3-4
Ward: Medication Errors: Level 4-5
Ward: Nursing Workforce Non-RN Day Hours – Plan Compliance
Ward: Nursing Workforce Non-RN Night Hours – Plan Compliance
Ward: Nursing Workforce RN Day Hours – Plan Compliance
Ward: Nursing Workforce RN Night Hours – Plan Compliance
Ward: Pain Management
Ward: Sickness Absence
Ward: Turnover

Human Resources
Admin and Clerical Agency Spend
Appraisals
BME Staff Retention
Clinical Mandatory Training
Qualified Nursing & Midwifery Vacancies
Sickness Absence
Staff Retention
Time to Fill Vacancy
Time to Fill Vacancy - 3mth rolling
Turnover
Turnover - 3mth rolling