

**Manchester University NHS Foundation Trust
Annual Report and Accounts
1st April 2018 to 31st March 2019**



Manchester University NHS Foundation Trust
Annual Report and Summary Accounts - 1st April 2018 to 31st March 2019

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Contents

	Page
1 Welcome from our Group Chairman and Group Chief Executive	6
• 1.1 Highlights of 2018/19	8
• 1.2 Service developments	15
• 1.3 Improving patient and staff experience	15
• 1.4 Research and Innovation	16
• 1.5 Our Charity	19
2 Performance Report	
• 2.1 Overview of performance	21
• 2.2 Performance analysis	34
3 Accountability Report	
• 3.1 Directors' Report	44
• 3.2 Remuneration Report	54
• 3.3 Staff Report	84
• 3.4 NHS Foundation Trust Code of Governance disclosures	96
• 3.5 Regulatory ratings	101
• 3.6 Statement of Accounting Officer's responsibilities	102
• 3.7 Annual Governance Statement	104
4 Quality Report	118
5 Auditors' Reports	272
6 Foreword to the Accounts	278
7 Annual Accounts	279

Note: Throughout this report where comparisons are made with 2017/18 data, these are for the six months from 1st October 2017 (when MFT was formed) to 31st March 2018.

1. Welcome and highlights of 2018/19

Welcome from our Chairman and Chief Executive

We are very proud to introduce this report for 2018/19, and to share with you the achievements of our first full year in operation. Manchester University NHS Foundation Trust (MFT) was launched on 1st October 2017 bringing together nine hospitals plus community services and providing a once in a lifetime opportunity to deliver even better services for the people of Manchester, Trafford and beyond.

The overriding reason for the merger was to make sure every person using our hospitals and community services receives the same excellent experience and quality of care, no matter where they live or where they access care.

Over the past 12 months, we have seen many examples of staff working together to improve standards of care for patients and their families. Examples of significant improvements range from lithotripsy (to remove kidney stones) and urgent gynaecology services to the better management of patients suffering a fractured neck of femur (broken hip).

Across MFT, staff have been working really hard to develop single services that build on the strengths of our predecessor organisations. Behind the scenes significant work has also taken place to consolidate the systems, policies and processes that support the day-to-day operation of such a major organisation.

We are also looking forward to welcoming North Manchester General Hospital to MFT as the final element of delivering a Single Hospital Service for the people of Manchester. The Board aims to complete the transaction in the second half of 2019/20 subject to due diligence, agreement of financial plans and approval of business cases.

All this activity has taken place against a challenging backdrop. Like other NHS Trusts, we face increasing demand on our services, workforce challenges and financial pressures. Despite this, our staff have continued to deliver outstanding care whilst also developing single services and delivering service transformation. We would like to thank them for their outstanding efforts and support in establishing MFT, and for their enthusiasm and commitment to maintaining and improving services for our patients.

We were delighted to receive our CQC ratings for MFT in March. The inspection was carried out within the first 12 months of our merger and was the largest comprehensive inspection ever carried out in the NHS by the CQC. The CQC's assessment is that MFT is a **Good** organisation with a significant number of **Outstanding** features. In particular:

- Manchester Royal Eye Hospital and the University Dental Hospital of Manchester were rated **Outstanding**.
- Critical Care and Child and Adolescent Mental Health Services were rated **Outstanding**.
- There were 24 individual indicators rated **Outstanding** for individual key lines of enquiry across the Group.

In 2018, we also had the privilege of celebrating the 70th anniversary of the NHS, which was inaugurated at Trafford General Hospital on 5th July 1948. Our staff, patients, members, volunteers, fundraisers, partner organisations and many others shared their memories, gratitude and pride in the NHS. It was a truly memorable day, and showed that the founding principles of the NHS remain firmly at the heart of what we do.

Building on this tremendous legacy, we look forward to continuing the development of MFT over coming months and years. We are excited about the potential for us to reduce variation in care so that all patients can get the same standard of service no matter where they are in MFT. Together we can achieve an international reputation and exceed all expectations across patient care, education and training, and research and innovation for the benefit of our patients.



Kathy Cowell OBE DL
Group Chairman

Sir Michael Deegan CBE
Group Chief Executive

1.1 Highlights of 2018/19

April 2018

A team at Trafford Hospital is transforming the way shoulder surgery patients receive physiotherapy, by using a series of personalised computer video games to help patients exercise and track their recovery progress at home. The Virtual Physiotherapy (ViP) project aims to improve patient experience while also making physiotherapy programmes more efficient and so increasing the number of patients who can be treated by physiotherapists.

<https://mft.nhs.uk/2018/05/25/manchester-team-transforms-physiotherapy-through-games-technology/>

An MFT and University of Manchester research team has discovered a gene which could hold the key to predicting which liver disease patients are at high risk of further liver damage. It also presents a new target for developing drugs to prevent liver damage, and a potential marker to detect people with undiagnosed liver disease.

<https://research.cmft.nhs.uk/news-events/gene-discovery-could-help-prevent-liver-disease-deaths>

May 2018



Phase 1 of the new Emergency Department expansion at Wythenshawe Hospital opened its doors on 16th May, helping to enhance patient experience and care. Improvements in this first phase of the development include 25 new majors cubicles, a new reception and waiting area with improved triage and ambulance bays.

<https://mft.nhs.uk/wythenshawe/first-stage-of-wythenshawe-hospitals-emergency-department-expansion-opens-to-patients/>

Congratulations to Manchester Royal Infirmary's Emergency Department Team, named 'Hospital Student Placement of the Year' at the 2018 national Student Nursing Times Awards. The department sees over 100,000 patients every year and was praised for providing a supportive structured learning environment, giving students the opportunity to work across multi-disciplinary teams and areas.

<https://mft.nhs.uk/2018/05/03/national-award-win-for-mri-emergency-team/>

Specialist sight-saving NHS eye care has been brought to the high street by Manchester Royal Eye Hospital in a new initiative, one of the first of its kind in the UK. Two community eye clinics have been opened, in the Cheetham Hill shopping centre, North Manchester, and in Wythenshawe civic centre in South Manchester. This is part of a ground-breaking approach to deliver high quality hospital expertise for patients closer to where they live.



<https://mft.nhs.uk/royal-eye/specialist-eye-care-made-more-accessible-for-patients/>

We marked the one year anniversary of the Manchester Arena Bomb Attack on 22nd May. There was a minute's silence at 2.30pm. The Multifaith Centre at MRI and Hospital Chapel at Wythenshawe held a day of reflection. There was also a Cathedral Service and a number of representatives from MFT attended. Michelle Milner, Deputy Director of Nursing for RMCH, read a poem at the service.

June 2018

Three MFT colleagues received awards from the Queen in her Birthday Honours List.

- Gilly Robinson, a Consultant Nurse who specialises in acquired brain injuries, received an MBE for services to children's nursing.
- Wythenshawe Hospital's Macmillan Information and Support Centre Manager Debbie Smith received a BEM.
- Former colleague Agimol Pradeep was also awarded a BEM. She led important research into identifying methods to raise awareness of organ donation in the South Asian community during her time with us.

The MFT Charity launched its £4m iMRI Scanner Appeal at the end of June to revolutionise brain surgery at Royal Manchester Children's Hospital (RMCH). Our specialist neurology teams at RMCH treat thousands of patients every year, many of whom require complex brain surgery. Currently scans are taken before surgery and sometimes MRI scans are required during surgery. This Appeal will help to change that by transforming surgical care at the Children's Hospital.

<https://mft.nhs.uk/2018/06/20/childrens-hospital-launches-appeal-to-transform-brain-surgery-for-young-patients/>

July 2018

We celebrated the NHS 70th anniversary on 5th July with events across MFT. All our Hospitals and Managed Clinical Services had arranged Big7Tea events which included storyboards of each of the hospitals. There was a focus on Trafford as the birthplace of the NHS and a Blue Plaque was unveiled by Greater Manchester Mayor Andy Burnham.



MFT was also involved in a number of media activities leading up to the anniversary, including: Songs of Praise featuring Trafford staff, a BBC documentary featuring Renal services at MRI and BBC Radio 5 Live broadcasting from Trafford General Hospital on the morning of 5th July. Representative members of MFT staff attended a service at Westminster Abbey at noon and a choral concert at York Minster in the evening.

<https://mft.nhs.uk/2018/07/05/nhs70-mayor-commemorates-trafford-general-hospitals-place-in-history/>

A ground-breaking partnership between academia, industry and the NHS working with global diagnostics firm QIAGEN was announced. The joint project will create and support up to 1,500 jobs – adding almost £150m to Manchester’s economy over a decade. QIAGEN’s base will be in the new Citylabs complex on our Oxford Road Campus.

<https://mft.nhs.uk/2018/07/11/new-world-leading-precision-medicine-campus-set-to-open-in-manchester/>

August 2018

A research team at Wythenshawe Hospital recruited the first UK patient to a study evaluating a new treatment for cystic fibrosis, a genetic condition affecting more than 10,000 people in the UK.

<https://research.cmft.nhs.uk/news-events/wythenshawe-researchers-recruit-1st-patient-in-uk-to-cystic-fibrosis-study>

Four MFT clinicians were promoted to Manchester Academic Health Science Centre (MAHSC) Honorary Clinical Chairs in the Faculty of Biology, Medicine and Health at the University of Manchester: Dr Titus Augustine, Dr Jane Eddleston, Dr Sandip Mitra and Dr Akbar Vohra

September 2018



The Trust’s Annual Members’ Meeting was held on 25th September and attracted the best ever attendance by staff and public members. There were presentations from our Directors about the 2017/18 Annual Report & Accounts plus our future plans, with newly elected and nominated Governors being formally announced at the meeting. The theme was ‘70 Years On – Continuing to Shine’. Staff from our hospitals ran information stands

showcasing our achievements in patient care, treatment and research and the progress we have made since the Trust was established on 1st October 2017

October 2018

The Manchester Local Care Organisation won the 'Working Across Systems' award at the HPMA North West awards, while our Research and Innovation division scooped three awards at the Greater Manchester Clinical Research Awards, including a lifetime achievement award for Charles Hay.

One of the Manchester ‘Bee in the City’ sculptures arrived at Manchester Royal Eye Hospital on 15th October. Celebrating the 25-year partnership between MREH and the Henshaws charity, the 'Bee-yond Expectations' sculpture is sensory themed with tactile and multi-sensory elements.

<https://mft.nhs.uk/2018/10/12/manchester-bee-will-create-a-buzz-at-the-eye-hospital/>



MFT was formally awarded the contract for the NW Genomics Laboratory Hub service and eight specialist testing categories. Across the North West, we have invested in creating an excellent infrastructure for clinical genomic testing and the success of the bid will enable the partners to work as a single North West Genomics Laboratory Service to share expertise and specialist knowledge. This will significantly enhance genetic testing in patients with rare and inherited diseases and for patients with cancer, helping to provide accurate diagnosis and treatment
<https://mft.nhs.uk/2018/10/03/north-west-genomics-partnership/>

Wythenshawe Hospital became the first hospital in Greater Manchester to pilot the CURE programme in acute care. CURE is a comprehensive tobacco addiction treatment service being offered to every inpatient at the hospital, meaning the smoking assessment for inpatients will also be changing. This will mean we provide better support for patients who smoke by offering standardised treatment pathways.
<https://mft.nhs.uk/2018/10/02/wythenshawe-hospital-becomes-first-in-the-uk-to-offer-addiction-treatment-to-all-patients-who-smoke/>



November 2018

The lung team at Wythenshawe Hospital won the Acute or Specialist Services Redesign category in the Health Service Journal (HSJ) Awards on 21st November for their innovative work to enable earlier diagnosis of lung cancer
<https://mft.nhs.uk/2018/11/22/lung-team-at-wythenshawe-hospital-receive-prestigious-hsj-award-for-rapid-service-for-cancer-patients/>

Congratulations also to two other teams at Wythenshawe Hospital, who won in the Respiratory Nursing and Continence Promotion and Care categories at the Nursing Times Awards.
<https://mft.nhs.uk/2018/11/02/double-win-for-mft-at-nursing-times-awards/>

MFT won the Green Champion – for Best Practice in the healthcare sector award recognising Environmental Best Practice at this year's Green Apple Environment Awards, hosted by the Green Organisation.
<https://mft.nhs.uk/2018/11/13/mft-win-at-green-apple-awards/>

Congratulations on the great work of the MFT Inclusion Team and our consultants, who won the Greater Manchester Caribbean & African Health Networks partnership award.

At the end of November, MFT was named as one of a very small number of centres in the UK to offer a revolutionary new cancer treatment (CAR-T), widely regarded as the most exciting cancer treatment development in decades. We will be able to offer the ground-breaking treatment to both children and adults and are unique in this regard. The treatment will be delivered in Royal Manchester Children's Hospital and Manchester Royal Infirmary (MRI).

December 2018

The renal research team at MRI were praised for exceptional recruitment to the H4RT trial which aims to improve outcomes for patients with kidney disease. The trial reached its recruitment target well ahead of schedule, with MRI the second best performing site in the UK.

January 2019

Congratulations to Claire Stevens, Consultant in Paediatric Dentistry at the University Dental Hospital of Manchester, who was awarded a CBE in the Queen's New Year's Honours List in recognition of her commitment to improving children's oral health nationally.

<https://mft.nhs.uk/2019/01/03/manchester-dental-consultant-to-receive-cbe-in-new-years-honours/>



MFT was chosen as the preferred provider for Trafford Community Services following an external tender process. The procurement moderation panel was very impressed with the work and vision of MFT and felt the Trust demonstrated its expertise and experience in delivery to meet the needs of Trafford's people and its commissioners. The due diligence and approvals process is underway, ahead of MFT being awarded the contract to take over from Pennine Care NHS Foundation Trust and deliver services across Trafford during 2019.

As a result of the MFT Stroke Single point of access being implemented, our Stroke services have been awarded a Quality Improvement Champion Award by the Sentinel, Stroke National Audit Programme (SSNAP). The award recognised the benefits of the single point of access, including reducing delays, improving timely access to stroke specialist rehabilitation, and reducing length of stay for stroke patients.

Around 1,000 patients with heart failure across Greater Manchester will be monitored by a new digitally-enhanced service that will use data from existing implantable devices to transform care and better meet their needs. The new digital innovation project builds on the existing heart failure and device service provide by the Manchester Heart Centre at MRI.

<https://mft.nhs.uk/2019/01/31/new-digitally-enhanced-service-heart-failure/>

Couples in Manchester and Edinburgh were invited to take part in a ground-breaking international study trialling a new form of male contraception – a daily gel which suppresses sperm production. The study is being led in the UK by Saint Mary's Hospital and the University of Edinburgh.

<https://mft.nhs.uk/2019/01/31/male-contraception-put-to-the-test-in-manchester-and-edinburgh/>

The new purpose-built paediatric area in the Emergency Department (ED) expansion at Wythenshawe Hospital opened to patients on 30th January. It is part of a wider £17 million development project which will eventually double the size of the original

<https://mft.nhs.uk/2019/02/13/new-childrens-ed-for-wythenshawe-hospital/>

February 2019

A new film was released to share some of our achievements during MFT's first year in operation. Watch the film here: <https://mft.nhs.uk/2019/02/11/mft-update-our-1st-year-of-operation/> and use this link www.bit.ly/2FJFHEm to access a full report on Year One.

March 2019

Clinicians at Wythenshawe Hospital took part in the launch of a new initiative to help improve early diagnosis for lung cancer and other respiratory conditions across North and East Manchester. Manchester's 'Lung Health Checks' will tackle poor early diagnosis and survival rates for lung cancer by providing quick, easily accessible screenings for those deemed at higher risk of lung conditions.



The project will utilise ultra low-dose CT scanners in first-of-their-kind mobile units, delivered in partnership by Wythenshawe Hospital, Manchester Health and Care Commissioning (MHCC), Cobalt and Siemens Healthineers.

Well done to MFT teams for being shortlisted for prestigious national awards:

- Our Midwifery team who were shortlisted for Midwifery Service of the Year in this year's prestigious Royal College of Midwives Awards. <https://mft.nhs.uk/2019/01/11/rcm-service-of-the-year-nomination-for-mft-midwives/>
- The Manchester Royal Eye Hospital team shortlisted in the HSI Partnership Awards Best Pharmaceutical Partnership category for innovating the delivery and capacity expansion of macular services. <https://mft.nhs.uk/2019/01/22/hsi-partnership-award-nomination-for-eye-hospital/>
- The Lung Health Check Programme team, nominated in the Cancer Care Team category at this year's British Medical Journal Awards (which they subsequently won) <https://mft.nhs.uk/2019/02/20/lung-health-check-team-up-for-national-award/> and in the Cancer Care Initiative of the Year at the Patient Safety Awards 2019 (the results will be announced in July 2019).



We also held the annual MFT Excellence Awards on 8th March, recognising individual staff and teams who go above and beyond to make sure our patients and their families receive outstanding care.

The overall winners were the Emerge team within our Child and Adolescent Mental Health Services (CAMHS), who were presented with the Chief Executive's Award. CAMHS were

also rated as 'Outstanding' in MFT's recent CQC inspection.

MFT's efforts to ensure our frontline staff were vaccinated against flu during winter 2018/19 were recognised at the NHS Flu Fighter Award ceremony on 26th March. Colleagues from the Employee Health and Wellbeing Team and Wythenshawe, Trafford, Withington and Altrincham Hospitals represented MFT, which was shortlisted for the 'Most Improved' category. To reach the finals was a fantastic achievement, with over 100 Trusts submitting entries. Our flu programme was underpinned by excellent teamwork and strong leadership across the Trust – we vaccinated a total of 11,333 (76.28%) frontline healthcare workers across MFT.

Congratulations to Dr Anna Sharman, Wythenshawe Hospital Radiology Consultant, who won Patient Experience Professional of the Year at the Patient Experience Network National Awards.



1.2 Service developments

The merger is already delivering benefits to both our patients and staff, with early examples including:

- Neonatal nursing rotation: this initiative gives nursing staffing from Wythenshawe Hospital and St Mary's Hospital an opportunity to work across the different services within MFT
- Imaging services: Imaging and Nuclear Medicine colleagues across sites are working together to combine protocols and procedures to ensure consistent standards are being met across all areas of work
- Fellowship programme: The combined Trauma and Orthopaedic service is leveraging its size and scope to create a fellowship programme.
- MFT Frailty Standards: A set of standards for the care of frail patients have been agreed that cross all MFT sites and services.
- Shared capacity for trauma surgery: At times of high demand for trauma surgery and longer waiting times at Manchester Royal Infirmary (MRI), some patients have been transferred to Wythenshawe Hospital for their surgery.
- Gynaecology Multi-Disciplinary Teams: Cross site endometriosis and urogynaecology Multi- Disciplinary Teams have been established, improving patient access to specialists and increased capacity across MFT
- Gynaecology shared elective capacity: Over 100 elective patients have chosen to transfer their care from Saint Mary's to Wythenshawe where they will be seen more quickly.
- Fractured neck of femur improvements: The implementation of a shared approach to fractured neck of femur governance has led to improvements in key metrics at Wythenshawe Hospital and MRI.
- Urgent care recruitment: A joint recruitment programme to fill specialist urgent care roles is being carried out across the Trust.
- Microbiology centralisation: The Microbiology lab will be centralised from Wythenshawe into a new, state of the art facility at Oxford Road with associated benefits.

1.3 Improving patient and staff experience – rolling out “What Matters to Me”

“What Matters to Me” was introduced to the Oxford Road Campus in 2016 as a new person centred approach to patient experience. It is based on extensive work with patients and staff to identify what is important to them when both receiving and delivering services.

The key themes of “What Matters to Me” emerged from talking to patients and staff:



Positive communication
Environment
Organisational culture
Professional excellence
Leadership
Employee wellbeing

Since the merger, work by the programme team is helping to ensure “What Matters to Me” is rolled out across all our hospitals and services, so that it is:

- Integrated with our new MFT core values
- Embedded in key strategies
- Included in the staff appraisal process
- Included in key events
- Part of the recruitment process
- Part of the accreditation process
- Threaded through education programmes.



The programme is aligned to Bee Brilliant, a Trust-wide quality improvement tool which enables nursing and midwifery teams to share good practice and celebrate success. Bee Brilliant also inspires and facilitates change projects within the clinical setting.

1.4 Research and Innovation

MFT is at the forefront of healthcare research, innovation and life-sciences in the UK. Through both clinical and commercial expertise and funding, we have developed a ground-breaking infrastructure of clinicians, industry and academic partners to nurture clinical and commercial success and provide new products and services.

The Research and Innovation (R&I) Division’s goal is to underpin each hospital, every service, and all staff, by being at the forefront of research and innovation. 2018/19 saw great developments in achieving this ambition.

As we continue to grow the benefits from our multiple research sites across the new MFT footprint, including a greater patient cohort to take part in research studies and an accelerated adoption of research and innovation into routine clinical practice, we have established an integrated Research Office, coupled with integrated Research Delivery across the Oxford Road Campus and Wythenshawe Hospital sites.

We have also more clearly defined what we see as MFT Innovation, bringing it closer to research within the Division, raising greater awareness of innovation through our Hospital Research and Innovation Managers, a refreshed governance and reporting structure, and embedding innovation as part of MFT culture.

Our impact

Throughout the year a number of first in UK trials have taken place across our hospitals, including;

- a study investigating a new treatment for people with severe Hypertriglyceridemia (Shtg) at risk of developing acute pancreatitis.
- a study comparing current treatment for complex abdominal aortic aneurysms
- a study evaluating a new treatment for cystic fibrosis.
- a study testing a new fully adjustable surgical implant to drain excess eye fluid caused by glaucoma.

During the Trust's NHS70 celebrations we highlighted the impact of research and innovation throughout the history of MFT's hospitals, including the UK's first professor of rheumatology, Jonas Kellgren, immortalised at the MRI's Kellgren Centre for Rheumatology.

February saw the launch of MFT's Diagnostics and Technology Accelerator (DiTA), as local and national delegates from across the NHS, healthcare, industry and universities heard how DiTA will support evidence generation and commercialisation between the NHS and industry across In Vitro Diagnostics (IVDs) and medtech.

The excellence and expertise of our staff was again recognised with numerous awards, including an impressive four awards at the Greater Manchester Clinical Research Awards, including: Research Team of the year, Research Practitioner of the Year, a special award for Outstanding Industry Engagement, and a Lifetime Achievement award for Professor Charles Hay.

Through a landmark Department for International Trade (DIT) BioBridge we have begun collaboration with the world's largest medical complex, The Texas Medical Center (TMC). Through this partnership we hope to not only explore the latest world-leading and life-changing medical advances, but to increase the scale and pace at which we can turn these innovations into everyday realities for our patients, both in Manchester and beyond.

Our National Institute for Health Research (NIHR) infrastructure, Manchester Biomedical Research Centre (BRC) and Manchester Clinical Research Facility (CRF) completed successful second years conducting translational research to transform scientific breakthroughs into life-saving treatments and diagnostic tools for patients.

The Public Programmes Team is a specialist unit advising on and delivering patient and public involvement and engagement (PPIE) across Greater Manchester, nationally and internationally. Hosted by the R&I Division and partnered with The University of Manchester, the team leads PPIE for the NIHR Manchester BRC and NIHR Wellcome Trust Manchester CRF, and supports several other NIHR infrastructure and research teams.

In the last year they:

- delivered 30 PPI meetings involving 159 patient contributors, supporting 61 research projects; digitally, 32 involvement requests have included 83 patient and public contributors.
- published five papers relating to PPIE methodology and impact.
- ran 50+ collaborative events, engaging over 4,500 people face to face.
- established a cross BRC public engagement grant scheme and funded two projects.
- made 350,000 social media impressions, had 6318 engagements and saw a 58% increase in followers.
- delivered 49 training events to 236 researchers and 7 public contributors
- worked with Greater Manchester BME network to co-deliver a two day Community Sandpit resulting in six funded projects, 40 trusted relationships with new community groups, and a BAMER Research Advisory Group.

- supported the development of a Health Inequalities Steering Group.
- were selected as a testbed for the NIHR Public Involvement National Standards.
- presented to the DHSC Science, Research and Evidence Directorate.
- worked with Wellcome, UNESCO and WHO to contribute to the development of international standards in community engagement.

Case Study:

Manchester patients are first in the UK to trial new glaucoma treatment

Bernie, from Preston, was diagnosed with advanced glaucoma in her late 50s and for 15 years had been using eye drops to help manage the condition. However, this had led to further problems.

Bernie said: “I was allergic to the preservatives in the standard issue glaucoma eye drops. My optometrist would prescribe me an alternative but I suffered terribly with swollen and itchy eyes, I looked like I have done ten rounds with Mike Tyson!”

As a result Bernie opted to take part in a research study at Manchester Royal Eye Hospital and became the first person in the UK to be fitted with eyeWatch technology. The eyeWatch device is the first ever glaucoma device that allows post-operative flow adjustment in clinic. This innovative mechanism reduces the risk of under and over-drainage that can occur with current drainage devices, reducing potential side effects or the need for further surgery.

Since taking part in the trial Bernie said: “I now feel empowered to know that I no longer need to take a ‘wait and see’ approach to the management of my glaucoma. Taking part in this research has given me a new lease of life.”



1.5 Our Charity

Over the past 12 months we have seen some fabulous fundraising taking place in support of our family of hospitals. Thanks to the dedication and commitment of individuals, community groups, companies and organisations, £6,427,894 has been raised by our Charity in 2018/19.

This fantastic generosity and support enables the Charity to support excellence in treatment, research and care for over 1.6million patients, and their families, who use our hospitals each year.

Highlights of the year include fundraising activity throughout our hospitals in recognition of the 70th anniversary of the NHS in July, the launch of our dedicated charity for Wythenshawe Hospital and the launch of our iMRI Appeal which aims to raise £4m to equip a state-of-the-art intra-operative MRI (iMRI) scanner suite that will transform brain surgery at Royal Manchester Children's Hospital.

Thanks to our donors we have been able to fund a number of projects throughout our hospitals this year. Examples include:

The provision of Giggle Doctors and Magic Makers at Royal Manchester Children's Hospital

Having the time and opportunity for play and recreation is essential for children and families going through medical treatment; it increases motivation and self-esteem, and provides a welcome relief from potentially distressing or even painful



procedures. Therapeutic play can aid the recovery process, and being able to play and laugh whilst in hospital helps create a feeling of normality in what otherwise may be a daunting, alien environment.

The Giggle Doctors and Magic Makers, skilled professional children's entertainers, bring this all-important fun and laughter to the bedsides of poorly children, tailoring their programmes to the individual needs of the child and making a huge difference to their time in hospital.

Improvements to the Delivery Unit Day Room at Saint Mary's Hospital

The Delivery Unit at Saint Mary's Hospital includes two bays and a day room, used by women due to undergo elective caesarean sections. We want our patients to have the best possible experience throughout their surgery, and the creation of a relaxing, patient-friendly environment is crucial in this.

The day room was formerly drab and uninviting, but charitable funds will now transform this area into a warm, welcoming place in which our patients, and their partners or other family members, can feel calm before their admission to theatre.

Celebrity Support

The Charity feels very privileged to receive the support of many celebrities who lend a hand by getting involved in events and campaigns and help us to raise awareness of our cause.

Our thanks this year go to best-selling children's author and TV star David Walliams, celebrity chef Gino d'Acampo and entrepreneur and long term supporter, former BBC Dragon Theo Paphitis for their support of Royal Manchester Children's Hospital in 2018/19.



Thanks also go to Coronation Street stars Antony Cotton, Victoria Ekonoye, Samia Longchambon, Katie McGlynn, Catherine Tyldesley and Brooke Vincent. We would also like to thank Manchester City footballer Fabian Delph, Hits Radio presenter Mike Toolan, Milkshake! TV presenter Olivia Birchenough, racing driver Andy Meyrick and Youtube sensations Max and Harvey for their support this year.

The Charity has also been fortunate enough to enjoy the support of both Manchester City and Manchester United Football Clubs.

A big thank you

Thank you to everyone who has supported the Charity over the last year. Your support really does make a lasting difference to all of our patients, young and old, and to their families, each year.

How to support us

There are many ways in which people can support any one of our family of nine hospitals, by giving their money, time or talent.

Making a donation or fundraising

To make a donation please visit www.mftcharity.org.uk/donate or call the fundraising team on 0161 276 4522. You can also support our hospitals by taking part in an event or organising your own fundraising activity.

Gifts in memory

Many thousands of pounds are donated each year to our hospitals in memory of patients who have died. The funds are used to improve facilities or buy equipment that will benefit our patients, so creating something very positive out of a sad personal loss.

Legacy support

Legacy gifts provide the Charity with a valuable income source that can allow us to plan for the future and benefit as many patients as possible. A legacy can be left to a specialist area of work in accordance with the donor's wishes – even the smallest legacy can have a lasting impact on our work across our family of hospitals.

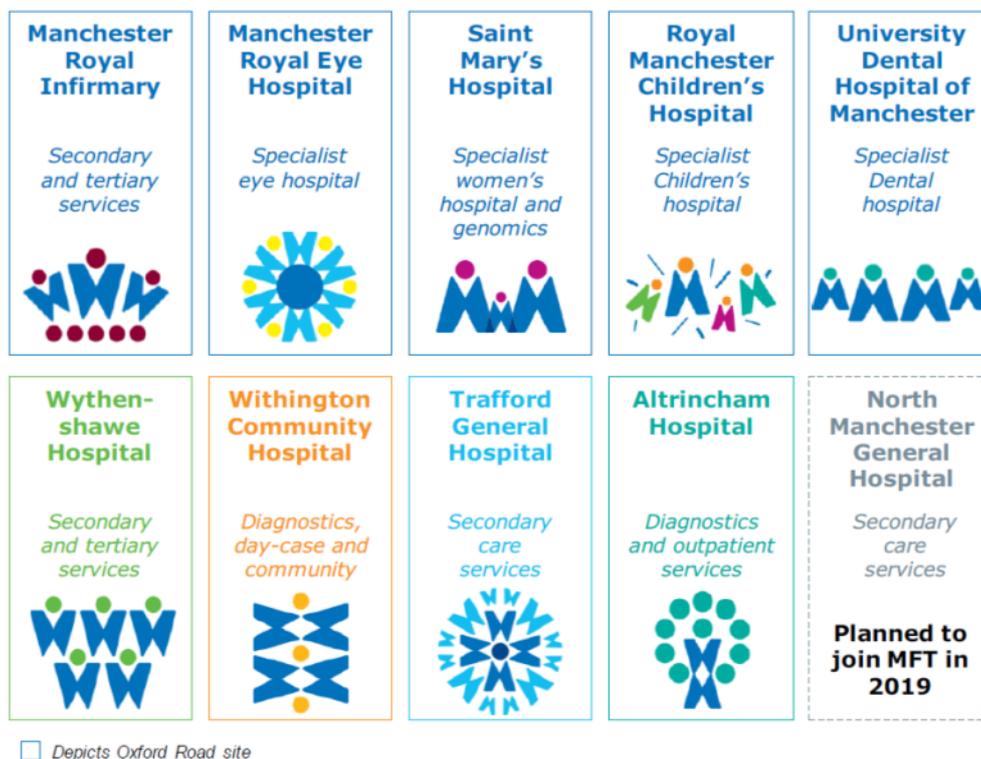
2. Performance Report

2.1 Overview of our performance

Introduction to MFT

Manchester University NHS Foundation Trust (MFT) was formed in October 2017 by the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). We provide community and secondary care services to the populations of Manchester and Trafford, and specialist services to patients from Greater Manchester (GM), the North West and the rest of the UK.

The Trust comprises nine hospitals and operates as a ‘group’ as shown below. The expected addition of North Manchester General Hospital (NMGH) to the group within the next 12 months will make MFT the sole provider of hospital services in the city of Manchester.



We are a large and complex organisation with an annual turnover of around £1.7 billion. We have approximately 2,500 beds across our nine hospital sites and are one of the biggest employers locally, with over 20,000 staff.

MFT has eight operational units: five of these are described as Managed Clinical Services, two are hospitals and one is the hosted Manchester Local Care Organisation. Of the five Managed Clinical Services, four are associated with a distinct physical site, whilst one manages services across multiple sites.

The five Managed Clinical Services (see chart below) are accountable for the delivery and management of a defined group of clinical services taking place on any site within MFT.

Their role includes the operation of Clinical Standards Groups for their areas of specialty, setting clinical standards and developing evidence-based guidelines and pathways across the Trust.

Managed Clinical Service	Services	Clinical standards development function
Clinical & Scientific Services (CSS)	Anaesthesia, Critical Care, Pathology, Radiology et al	Yes
Manchester Royal Eye Hospital (MREH)	Adult & Paediatric Ophthalmology	Yes
Royal Manchester Children's Hospital (RMCH)	Children's Services	Yes
Saint Mary's Hospital (SMH)	Women's Services & Neonatology	Yes
University Dental Hospital of Manchester (UDH)	Dental Surgery & Oral Medicine	Yes

The other two operational units (see chart below) are the hospital sites of Manchester Royal Infirmary (MRI) on the Oxford Road campus, and the multiple hospital sites of Wythenshawe, Trafford General, Withington and Altrincham Hospitals (WTWA) managed by the senior leadership team based out of Wythenshawe Hospital.

The two operational units of MRI and WTWA each deliver many clinical services to adults which they share in common, such as Emergency Medicine, Urology and Cardiac Surgery, but which are operationally managed independently by each site

Hospital Site	Services include:	Clinical standards development function within hospital site
Manchester Royal Infirmary (MRI)	Adult Medical & Surgical Services including Cardiac & Respiratory	No
Wythenshawe, Trafford, Withington & Altrincham (WTWA)	Adult Medical & Surgical Services including Cardiac & Respiratory	No

MFT is also one of the major academic research centres and education providers in England. Research and Innovation is at the heart of everything we do.

It enables us to ensure that our patients have access to the latest high-quality care and clinical trials, to attract the best staff and in turn to deliver the best outcomes for patients. It also enables us to attract investment and develop relationships with industry to our mutual benefit.

Our Trust hosts and is a statutory partner in the Manchester Local Care Organisation (MLCO). Through the MLCO, we provide community services to the population of Manchester. The remaining three partners, (each with a 25% stake) Manchester City Council, Manchester Primary Care Federation and the Greater Manchester Mental Health FT, provide social care, primary care and mental health services.

Key facts about our Trust



Our vision and values

A key priority for the merger planning and implementation process was to give our new Trust a sense of identity that staff could relate to and feel part of. The development of MFT's new vision and values was part of a major Trust-wide programme with our staff, and included input from patients and partners.

Our Vision

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

Our Values

Together Care Matters

Everyone Matters
Working Together
Dignity and Care
Open and Honest

<https://mft.nhs.uk/the-trust/our-vision-and-values/>

Together Care Matters

Staff quickly engaged in this work and related strongly to the new vision and values. This has been clearly demonstrated through the regular staff surveys we undertake. For example, in Quarter 2 of 2018/19, 89% of MFT staff reported that they were aware of the MFT values.

The people we serve

We are responsible for the provision of local hospital services to the populations of Manchester and Trafford, covering a combined population of c.776,000 people. Beyond this, our reach extends across GM, regional and national populations.

Many of our secondary and tertiary (specialist) services treat patients from across GM. For several tertiary services, such as cardiac surgery, we are the sole provider across Greater Manchester. This covers a population of over 2.8 million and an area of approximately 25 miles square.

We offer many regional services across the North West (e.g. cochlear implants) and, for certain services, across the whole North of England and Scotland. Several of our most specialist services are nationally commissioned (e.g. Aspergillosis) and serve patients across the UK and internationally.

The health needs of Manchester and Trafford

Manchester has one of the UK's youngest, fastest growing and most diverse populations. Yet it suffers disproportionately from issues of deprivation, poor health, low life expectancy, and high levels of health inequality across the city.

More than one-third of the circa 540,000 population is aged between 20-34, with the young population largely focused around the city centre and the elderly population concentrated towards the more suburban areas of South Manchester. Over 40% of the population is from non-white ethnic groups, compared to 20% across the country.

Life expectancy in Manchester is among the worst in the country, ranking 325th out of 326 English Local Authorities (LAs) for men (75.6 years), and 326th of 326 for women (79.8 years). For both males and females, a child born in Manchester can expect to live for four years less than the national average.

This varies widely across the city, with a difference in life expectancy of 8.5 years for men and 7.1 years for women between the most and least deprived areas in the city.

Manchester’s health problems are broad. It has the highest premature mortality rates in England for each of: cardiovascular disease, respiratory disease and cancers considered preventable. It also ranks 320th of 326 against the same metric for liver disease considered preventable. Poor health stretches across the demographic in the city, with infant mortality more than double the national average (318th of 326 local authorities (LAs) in England).

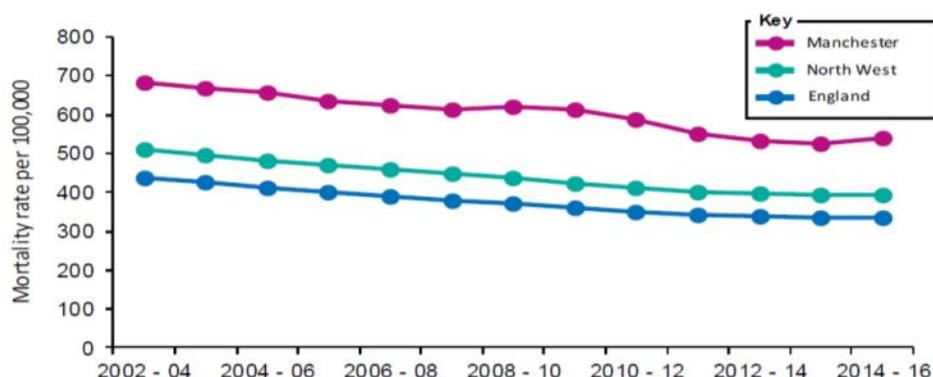
Around 25% of the population live in income-deprived households reliant on means-tested benefits. This compares to 15% in England, placing Manchester 320th out of 326 LAs. There are also serious challenges related to alcohol consumption, drug misuse and tobacco smoking in the city, as well as an emerging issue of childhood obesity.

Key facts include:

- 22% of the adult population of Manchester are regular smokers, positioning Manchester 319th of 326 LAs – significantly above the 14.9% average across England
- In 2016/17, Manchester ranked 270th of 326 LAs for alcohol related hospital admissions; 16% higher than the national average
- Over one quarter of children in Year 6 are obese, significantly higher than the national average (19.1%), and ranking Manchester 310th of 326 LAs in England.

Progress has been made over the last five years, with Manchester reducing the rate of premature deaths faster than the national average (with particularly large improvements to liver health). However, cardiovascular and respiratory health in the city continue to be left behind, with outcomes declining despite significant improvements at a national level.

Under 75 mortality rates per 100,000 of the population from all causes considered preventable, 2002-2016



The health and wellbeing of people in Trafford is, on the whole, better than the England average. Life expectancy for men (80.0 years) and women (83.7 years) are both better than the England averages of 79.5 years and 83.1 years respectively.

Infant mortality and premature mortality rates are similar to the England average, and improving at a comparable pace. In addition, lifestyle determinants are significantly better for the Trafford population:

- An estimated 12.7% of adults in Trafford are smokers
- The rate of hospital admissions for alcohol related conditions is similar to the England average
- Childhood obesity among year 6 pupils is lower (16.0%) than the England average.

However, significant health inequalities persist throughout Trafford. The gap in life expectancy between the most and least deprived areas of Trafford is 10.4 years for men and 8.2 years for women. The most deprived areas of Trafford suffer from a level of poor health similar to that experienced in the pockets of deprivation across Manchester. In these areas of Trafford, premature deaths, infant mortality and the lifestyle determinants of health pose very similar challenges to those faced in Manchester.

Working closely with our partners

MFT is proud to work alongside a wide range of partner organisations to help deliver outstanding care to the people of Manchester and beyond.

Manchester Health and Care Commissioning is the single body which brings together the NHS and Manchester City Council and is responsible for commissioning both health and social care services in Manchester. The equivalent organisation for Trafford is **Trafford Together for Health and Social Care**.



MFT is a partner in the **Greater Manchester Health and Social Care Partnership**.

In April 2016 Greater Manchester took charge of its health and care system as one Partnership spanning NHS and local government, commissioners and providers of both physical and mental health. In doing so, it embarked upon the most radical health and

care transformation programme in the country.

Our city-region has one of the fastest growing economies in the country and yet people here die younger than people in other parts of England. Devolution of Health and Social Care was about changing that for the better.

Three years on since Greater Manchester Health and Care Partnership took charge of the £6bn spent on health and care, it is starting to turn the tide on the causes of poor health for the 2.8m people here, as well as having an impact across wider policy areas.

Since 2016 Greater Manchester has:

- Reduced stillbirth rates – this is equal to 23 fewer babies a year stillborn.

- Increased the number of children who are “school ready” - around 200 more children were deemed to be at a “good level of development” in school year 1 in 2018/19, compared to the previous year. This is 68% of Greater Manchester children and a 2% improvement. The England average is 71.5%.
- Reduced smoking rates significantly faster than the national average. This has been achieved through measures including treating hospital patients, cutting the proportion of mothers smoking at the time of giving birth twice as fast as the national average and achieving a 64% quit rate by providing vape kits to social housing tenants.
- Helped more than 3,200 long-term unemployed people back to work by providing support to those with health conditions or disability to find and sustain work.
- Enabled 85% of families who have been part of Greater Manchester’s local Troubled Families programme not to go on to require any form of statutory intervention from children’s social care during the 12 months after the engagement with the family has ended.
- Improved access to primary care with more GP appointments in early evening and weekends and wider pharmacy services.
- Improved cancer survival rates to almost the national average and recruited 5,000 community ‘cancer champions’. By 2017, 150 more patients were estimated to be living with cancer for a year or longer, compared with 2016. People have also been diagnosed and treated earlier. The proportion who needed emergency care for more advanced cancer dropped from 24% to less than 20% and in 2017/18, 85% started treatment within 62 days of being referred to a cancer specialist, which was higher than in England as a whole (82.2%).
- Raised standards in care homes through its “teaching care homes” scheme and seen an increase in care homes rated as ‘good’ and ‘outstanding’.
- Significantly improved access to mental health services including some of the best access rates in the country for children and young people, new eating disorders services, support for new Mums and better crisis care.

Plans are now underway to build on these successes and consider how Greater Manchester will address the challenges it still faces. These are explored in the documents ‘Taking Charge the next five years (our prospectus)’, and the ‘White Paper for Unified Public Services’. More detailed implementation plans will be developed with stakeholders and the public over summer 2019.

Taking Charge the next five years (our prospectus) - <http://www.gmhsc.org.uk/wp-content/uploads/2019/03/GMHSC-Partnership-Prospectus-The-next-5-years-pdf.pdf>

Prospectus summary - <http://www.gmhsc.org.uk/wp-content/uploads/2019/03/GMHSC-Partnership-Summary-Prospectus-.pdf>

White Paper for Unified Public Services

https://www.gmcvo.org.uk/system/files/13a_gm_model_white_paper_draft_v1.8.6_clean.pdf



The **Manchester Local Care Organisation (MLCO)** is a partnership between the City Council, Commissioners and providers, including MFT, with responsibility for the delivery of out-of-hospital care and improved community-based health services aimed at

preventing illness and caring for people closer to home. It is hosted by MFT and community healthcare staff are deployed to MLCO.

The partners agreed to develop a legally binding ten-year Partnering Agreement, which commits all parties (MFT, MHCC, Manchester City Council, Manchester Primary Care Partnership and Greater Manchester Mental Health NHS Foundation Trust) to the delivery of the LCO agenda and the transformation of out of hospital services. The Partnering Agreement came into effect on 1st April 2018, and established the MLCO.

The MLCO is a virtual organisation responsible for the delivery of a range of services including community health services and adult social care. As the organisation develops over an agreed three-year phased approach, the range of services that will be delivered through it will grow to include Mental Health and Primary Care.

The benefits which will be delivered through the MLCO include:

- Improved health outcomes.
- People having a better experience of care.
- Local people being independent and able to self-care.
- Better integrated care and use of resources.
- Fewer permanent admissions into residential/nursing care.
- Fewer people needing hospital-based care.

MFT is also a leading **research and teaching Trust**. We have a large number of clinical academics who are recognised as leaders in their field. We work closely with our main academic partner, the University of Manchester, and with industry partners through developments such as Citylabs 1.0. We host the Manchester Biomedical Research Centre (BRC) and are a founding partner of Health Innovation Manchester, which works with innovators to discover, develop and deploy new solutions that improve the health and wellbeing of Greater Manchester's 2.8m citizens. Our Oxford Road campus is located on Corridor Manchester, acting as the translational engine room and driving all stages of the innovation pipeline from idea generation to adoption and engagement.

We provide undergraduate and postgraduate medical and dental education, as well as pre- and post-registration training across a range of professional staff groups. We provide much of this in partnership with local higher education institutes including The University of Manchester, Manchester Metropolitan University and Salford University.

Monitoring and managing risk

MFT faced a number of risks during 2018/19, including clinical risks such as access to treatment or tests, financial sustainability and organisational risks such as cyber security, access to patient records and complying with building regulations.

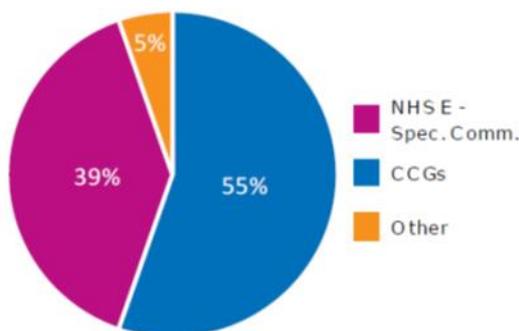
A detailed summary of the risks, and information on how they were managed, is in the Annual Governance Statement on pages 104-117.

Our operating performance

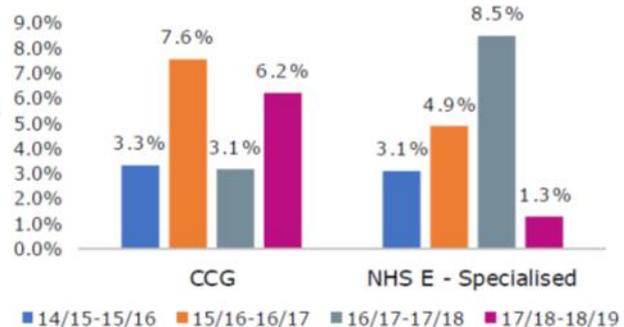
We are one of the largest Trusts in England, with an income of over £1.6bn per year. With the addition of North Manchester General Hospital in 2019/20, we will become the largest Trust in England. Over half (55%) of our income comes from local and regional Clinical Commissioning Groups (CCGs), while 39% is from specialised services, commissioned by NHS England (NHSE). Our clinical income has continued to grow year on year.

These charts show a breakdown of our income and how it has changed over the last five years:

Income by commissioner, 2018/19

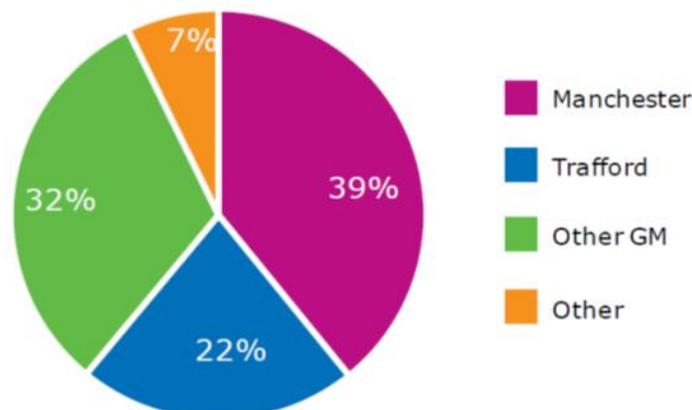


Income growth, 2014/15 to 2018/19



Over 60% of our patients live in Manchester and Trafford, with around 32% coming from other areas of Greater Manchester and the remaining 7% from areas further afield.

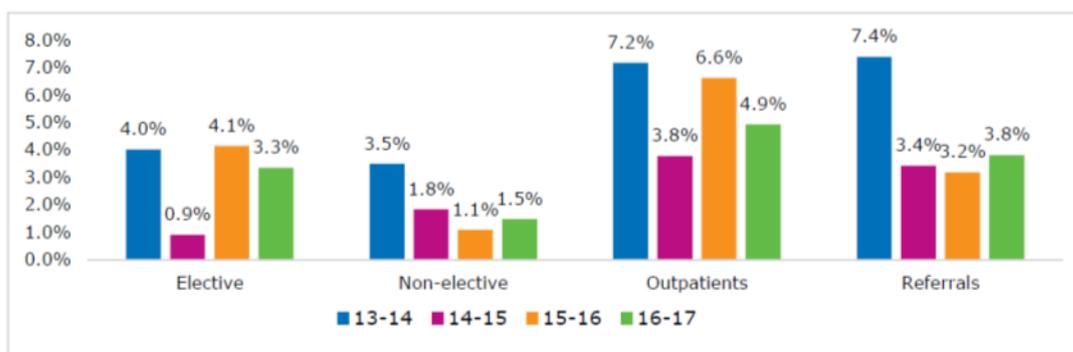
Referrals by geography (based on patient home address), 2017/18



Demand for our services continues to grow. Over the last five years:

- Referrals increased at 5.6% a year.
- Growth in elective (planned) services has averaged 3.1% a year.
- Non-elective activity grew by 2.0% a year.
- Outpatient activity grew by 4.4% a year.

Annual growth in activity, 2013/14 to 2016/17



We expect the reconfiguration of acute services across Greater Manchester to result in additional activity and income over the next five years. Decisions already made will see MFT:

- Taking on all high-risk elective and emergency general surgery for Manchester and Trafford.
- Becoming the arterial hub for vascular surgery for the whole of Greater Manchester.
- Undertaking specialist urology cancer surgery for the whole of GM.

Our clinical service strategy to expand the reach and breadth of our specialist services portfolio should also result in activity and income growth. At the same time, we hope to generate a gross reduction in the pattern of A&E attendances, emergency admissions and elements of outpatient care, as patients are treated closer to home, in the community and virtually. This should mean that non-elective income will fall in overall terms.

Our financial performance

MFT had an income of £1.707 billion and expenditure of £1.640 billion in 2018/19. The Trust's financial out-turn (before finance costs) for the year to 31st March 2019 was an operating surplus of £67.194 million, with a surplus for the period after finance costs of £26.785 million. This performance substantially exceeded the plan for the period.

The Trust's financial plan for 2018/19 was to achieve a Use of Resources rating of '2' (with '1' being the best score achievable and '4' being the worst score). The results delivered at the end of the year achieved a rating of '1', as a result of our Capital Service Cover Rating and Income and Expenditure Margin being better than plan.

During the year to 31st March 2019, we delivered £41.8m of savings against a plan of £51.0m.

The Trust spent £54.2m in 2018/19 on capital schemes, of which £33.9m was on our estate, £8.7m was investment in new equipment and £11.6m was expenditure on the Trust's information technology.

The Board has approved a Financial Plan for 2019/20 which contains a forecast surplus of £13.8m for this financial year, in line with the Control Total set for the Trust by NHS Improvement. As a result, the Trust's planned Use of Resources rating under NHS Improvement's Single Oversight Framework will remain at '2' (the second strongest level) in 2019/20.

MFT Charity

We are also the Corporate Trustee to the MFT Charity (registration no 1049274) and have sole power to govern the financial and operating policies of the Charity so as to benefit from the Charity's activities for the Trust, its patients and its staff. The Charity is therefore considered to be a subsidiary of MFT and has been consolidated into the accounts in accordance with International Financial Reporting Standards. The accounts disclose the Trust's financial position alongside that of the Group, which is the Trust and the Charity combined. A separate set of accounts and annual report are prepared for the Charity to submit to the Charities Commission.

Looking ahead

Since the autumn of 2018, work has been ongoing to develop a new Clinical Service Strategy for MFT.

This strategy will address both the challenges we face, including:

- Increasing demand and changing patient expectations.
- Financial and staffing pressures.
- Changes to national and local policy.
- Variation in services and standards across MFT.
- Constraints on capacity and space.

and also the opportunities that local and national developments offer:

- Data and digital – using information and communication technologies to help address health problems
- Personalised medicine – care tailored to the health needs of the individual
- Devolution – the coming together of health and social care organisations across Greater Manchester to improve the health, wealth and wellbeing of the 2.8 million people living here.
- Single Hospital Service – the benefits of being a large, single organisation.

The MFT Group Service Strategy comprises five pillars, as shown in this graphic. Collectively they form our strategic framework.



Below this, all of our clinical teams are creating individual clinical service strategies. As we develop these new strategies, we will ensure that our patients, their families and our Foundation Trust members have an opportunity to contribute their views and help us to shape future services and how they are delivered

Infrastructure development

To deliver this vision for our clinical services, it is of course important that we have sufficient clinical accommodation in the right place across all our sites.

On the Wythenshawe Hospital site, a master planning exercise has been undertaken which sets out a bold vision for the redesign of the whole campus which would see the development of brand new clinical buildings. This is an extremely exciting opportunity for MFT and the entirety of our services and staff, especially as we deliver single services across all our hospitals. The Wythenshawe masterplan is a long term vision and is dependent on securing clinical and other income.

The Oxford Road Campus has already benefitted significantly from investment made into new hospital buildings, specifically the opening of the new hospitals in 2009 at a cost of around £500m. Further future planned investments include:

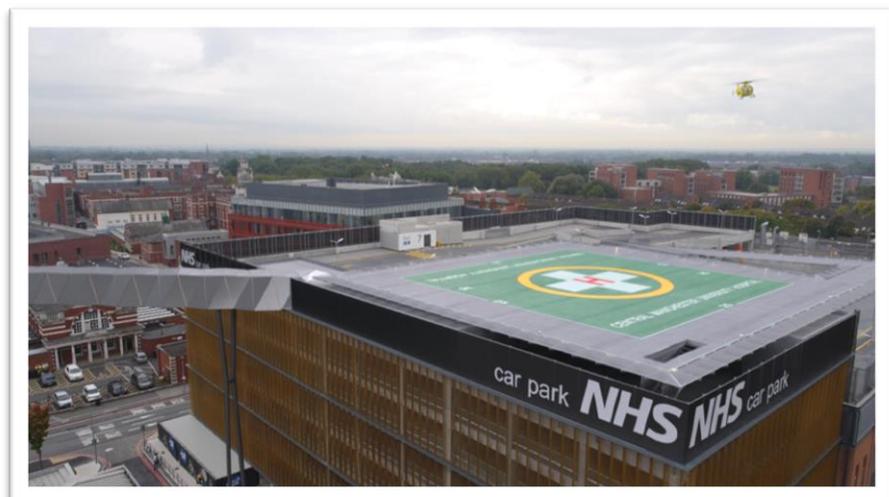
- Project RED – the £31 million programme to redevelop the Adult A&E Enabling works have already commenced and will continue through 2019, with Emergency Department works starting in 2020.

- £10 million for theatre redevelopment in MRI.
- The Helipad – this £7 million charitable programme of works will see the first NHS Helipad in the city centre open in spring 2020.
- Healthier Together - investment totalling £10 million.
- RMCH - paediatric ED redevelopment which is in the design phase.
- RMCH - iMRI development work which is ongoing – a £16m investment overall.

The Trafford and Withington Hospital sites also have a key role in enabling us to maximise the use of our estate. Non-clinical space will be returned to clinical use to help us treat more patients on these sites.



Project RED



Oxford Road Campus helipad

2.2 Analysis of our performance

Operational performance

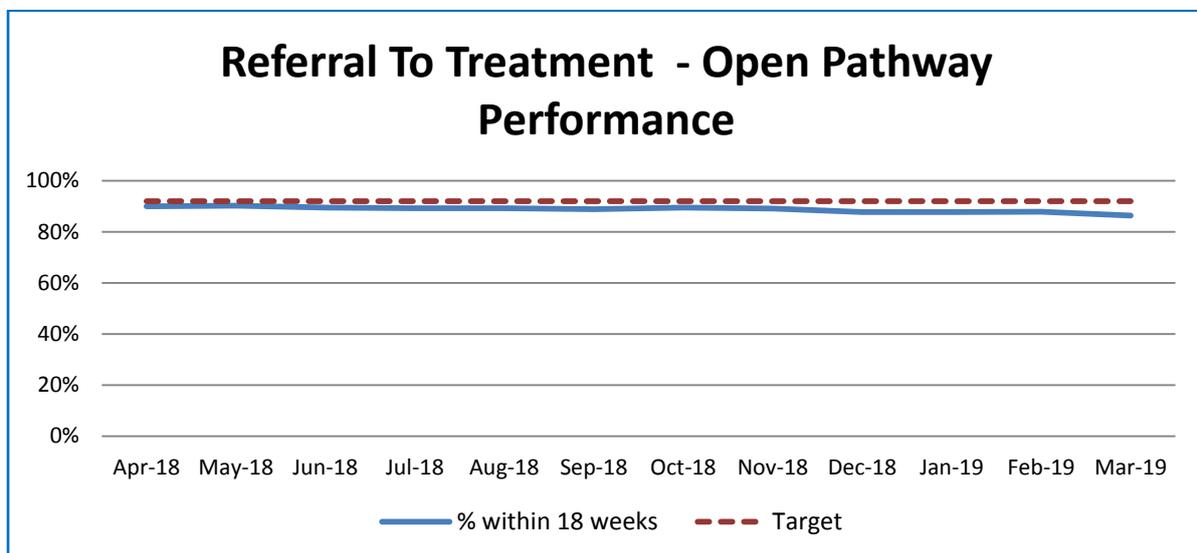
2018/19 has been a challenging year for MFT with a continued rise in demand for our urgent and elective care services, which has placed constraints on the capacity across services. Whilst MFT is focused on delivering timely access to services for our patients, our performance has been reflective of the national position with the key national access standards underachieved in the year.

The focus for MFT has been on maintaining patient safety. There have been no 12 hour trolley waits in our Emergency Departments and we have achieved a strong performance for timely ambulance handover. In addition we delivered our commitment to reduce long waits for planned treatment in line with national requirements, have seen improvement in diagnostic waiting times for paediatric endoscopy, and have maintained performance against eight of the nine national cancer standards.

Waiting times

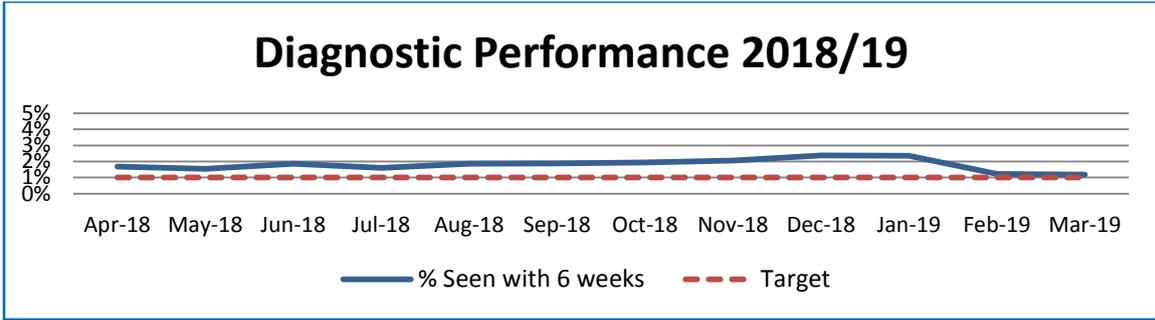
During 2018/19 the Trust has under-achieved the referral to treatment (RTT) 92% incomplete standard with performance in line with the national picture. MFT has placed considerable focus on the patient quality indicator to treat all long wait patients (over 52 weeks), with a commitment to deliver a 50% reduction by March 2019.

The challenge to meet the national standard of 92% remains, with an 11% increase in RTT 18/19 referrals placing significant pressure on capacity to meet higher demand.



Diagnostic tests

Whilst MFT has delivered improvement in some of the tests which comprise the basket of 15 diagnostics scans, performance has remained marginally outside the 1% threshold. Adult endoscopy and paediatric MRI remain the key challenges, with plans in place to deliver improved capacity.



Cancer

MFT consistently achieved all Cancer Standards, with the exception of 62 Day, in 2018/19. Performance stabilised across the year with no further deterioration, despite a 21% increase in cancer referrals, which consume significant diagnostic resources.

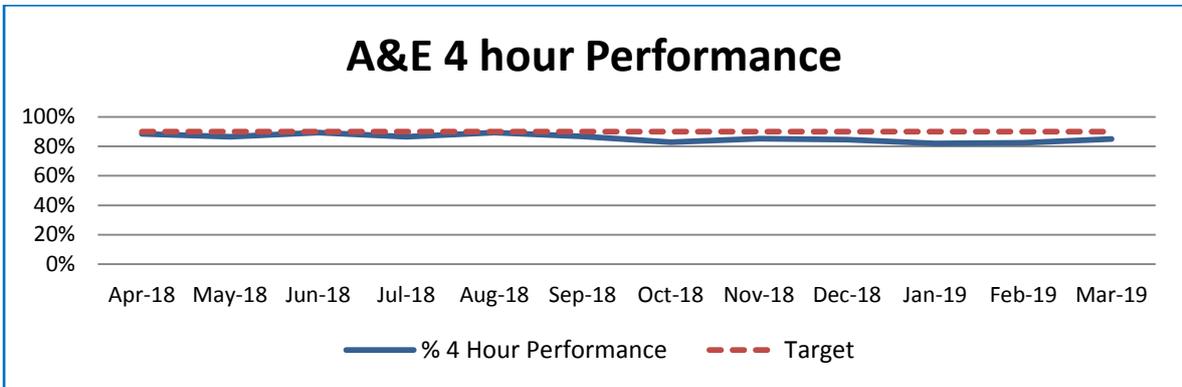
Within the MFT Group there is strong performance, and our Wythenshawe, Trafford, Withington and Altrincham (WTWA) hospitals have consistently achieved all cancer standards. In addition, MFT has implemented a number of innovations and we are working with system partners to support resilience of cancer pathways and deliver better patient experience and outcomes.

A&E activity

The reduced levels of non-urgent attendance (-2.3%) and increased levels of higher acuity urgent attendance (+1.56%) and admissions have challenged delivery of the four hour standard across the Emergency Departments within the Group.

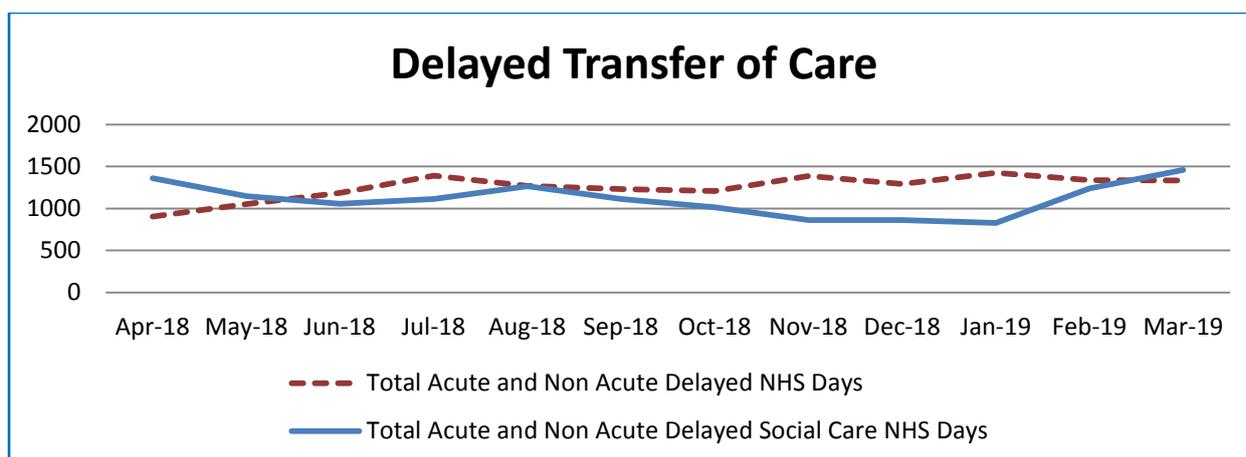
MFT’s performance is reflective of the national trend, and we rank third in Greater Manchester for highest overall performance. The focus on safety has remained pivotal in our Hospitals’ plans and has included:

- mutual aid to support clinical priority diverts, which has resulted in higher numbers of out of area admissions
- ambulance handover of 30 minutes being consistently achieved
- joint working with Greater Manchester Mental Health NHS Foundation Trust to reduce the waiting time of our most vulnerable mental health patients, which has improved by 23%
- putting new models of primary care streaming in place for adult services.



Delayed Transfer of Care

A Greater Manchester target for delayed transfers of care remains at 3.3% of occupied NHS bed days. MFT has improved the efficient use of beds and reduced the number of NHS and Social Care bed day delays (-3226) compared to 2017/18. Along with a focus on our longest stay patients, this has improved length of stay within the Manchester Royal Infirmary by five days. MFT continues to work with our partners including the Manchester Local Care Organisation to deliver further improvement, although capacity out of hospital remains a key challenge.



Infection Control

Infection Control is closely monitored by the Group Chief Nurse with actions in place to reverse any upward trends to within target.

Infection control incidents of *Clostridium Difficile* decreased from 138 reported incidents in 2017/18 to 110 in 2018/19. *MRSA Bacteraemia* reported a slightly higher number of incidents, increasing from 7 in 2017/18 to 10 in 2018/19.

See pages 145-149 in the Quality Report for more information about infection control.

Accident & emergency attendances

A&E attendances	410,912
Clinic attendances	3,256
Total	414,168

In-patient/day case activity

In-patient (non-elective)	134,653
In-patient (elective)	31,932
Day cases	137,913
Total	304,498

Day cases as a % of elective activity	81.20%
Day cases as a % of total activity	45.29%

In-patient waiting list

	In- patient	Day case	Total
Total on waiting list	3,910	18,087	21,997
Patients waiting 0-12 weeks	2,435	12,881	15,316
Patients waiting 13-25 weeks	965	3,549	4,514
Patients waiting over 26 weeks	510	1,657	2,167

Outpatient activity

Outpatients first attendances	493,483
Outpatients follow-up attendances	1,294,027
Total	1,787,510

Bed usage

Average in-patient stay = 4.67 days

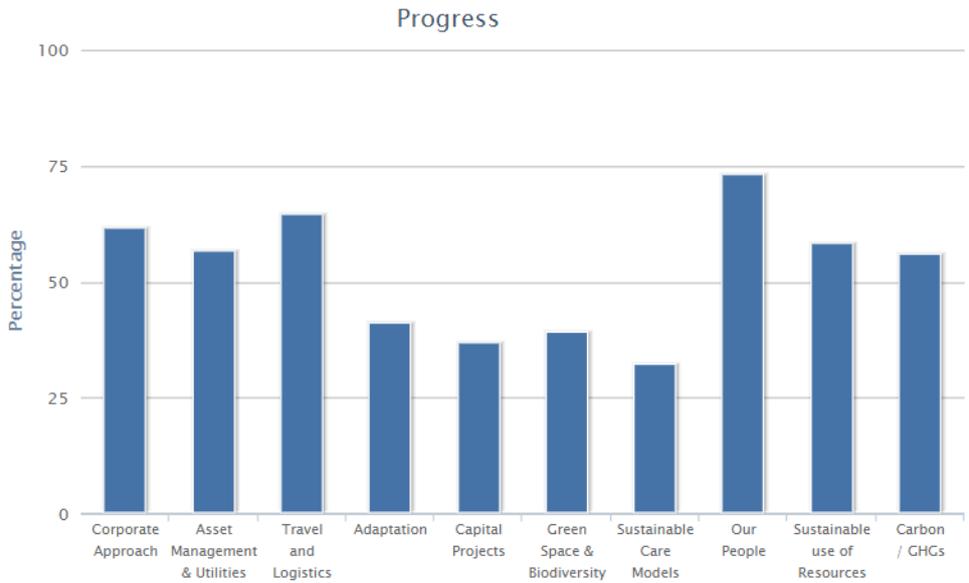
Sustainability performance

At MFT, we are committed to being a leader in sustainable healthcare, by reducing environmental impact, protecting our natural environment, empowering staff and operating responsibly, enhancing social value and collaborating with our stakeholders across the system to generate the best quality of life for all those who live and work within the communities we serve.

In November 2018, the Board approved our Sustainable Development Management Plan (SDMP) 2018-2023, 'The Masterplan' - the first one for MFT. This ambitious strategy sets out our overarching goals and objectives against the 10 modules of the Sustainable Development Assessment Tool (SDAT), as outlined in the graph below.

To support the summary contained within this annual report, we have produced a more detailed stand-alone sustainability report for 2018/19 which you can find on the Trust's website at <https://mft.nhs.uk/the-trust/reports-and-publications/>.

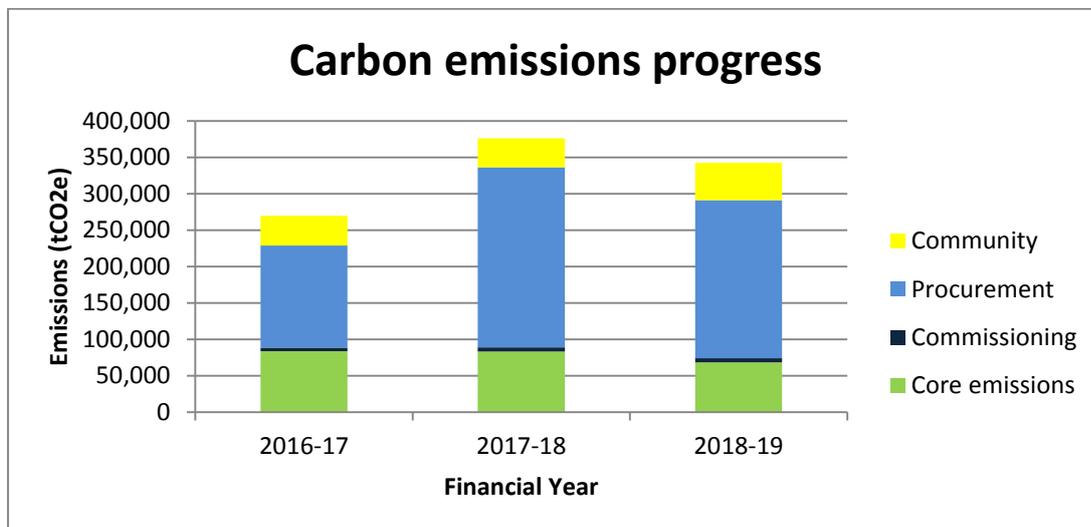
We measure our qualitative sustainability performance using the SDAT. The last assessment was undertaken in March 2019, achieving a score of 54%. This represents a 3% increase since 2018, with the key areas of improvement including Sustainable Care Models and Our People.



The UN Sustainable Development Goals (SDGs) are a collection of 17 global goals and 169 targets covering a range of social and economic issues. As evidenced by our SDAT assessment, we are starting to contribute to the following goals.



In our strategy, we set a target of reducing our total carbon footprint by 3% each year benchmarked against gross internal floor space and patient contact. These targets enable MFT to work towards the zero carbon by 2038 commitments made by the Greater Manchester Mayor, whilst acknowledging that more work is required to ensure we meet these targets.



Between 2017/18 and 2018/19, total carbon emissions reduced by 9%, with the biggest variance occurring within procurement.

Asset management & utilities

We have continued to deliver a comprehensive programme of energy and water saving schemes across our Estate. We have implemented a number of smart lighting upgrades and other LED lighting schemes. A major energy infrastructure upgrade for the Wythenshawe site which includes a CHP (Combined Heat and Power) and lighting upgrades has been approved and construction work has commenced.

Sustainable use of resources

Public area recycling has been successfully rolled out across the majority of the Estate. We have continued to deliver Warp It, the Trust's reuse programme for unwanted but serviceable items and equipment. This has generated an additional £52,445 of cost savings, and 0.22 tonnes of carbon savings. We have implemented consistent high quality waste auditing and feedback processes across MFT.

Climate change adaptation

We updated our climate change adaptation plan in line with the latest climate projections and we are forming a group to govern this area of activity. We are also supporting the 'Playing Our Full Part' climate change strategy workstream for the City of Manchester.

Travel and logistics

We carried out the first annual staff travel survey for MFT, establishing a new baseline modal split for staff commuting, and are delivering a range of actions to reduce single occupancy car travel and increase active travel. We installed four additional electric vehicle charging points and worked in partnership with Manchester Metropolitan University to carry out air quality monitoring across the MFT Estate.

Sustainable models of care

We worked closely alongside some of the Theatres staff to produce a sustainability toolkit which will be rolled out further in the next financial year. This included a training session on sustainable anaesthesia which was trialled in one of the Hospitals.

Our people



We delivered a fifth round of our flagship sustainability behaviour change programme Green Impact, with 42 teams across MFT participating.

We also trialled the Operation TLC project, which involves staff delivering simple actions (turn off, lights out, control temperatures) in two Hospitals. Together these projects have saved £80,000.

Social, community, anti-bribery and human rights performance

At MFT we believe that we have a responsibility to work with the communities we serve and act as a responsible organisation in everything we do. This includes how inclusive we are as an organisation, ensuring our services meet the needs of our diverse communities to employing people who live local to our services.

Community Partnerships

MFT is working to develop and strengthen new and existing links with partners from the voluntary, community and social enterprise (VCSE) sectors in Manchester and Trafford, to improve patient experience, service delivery and co-ordination. We also aim to provide joined up and seamless care/continuing care pathways for our patients and service users.

Programmes of work include working in partnership with the Royal Voluntary Society to provide the Home From Hospital support service to eligible patients, developing departments in the Trust to become third party Hate Crime Reporting Centres, supporting the ongoing work of the Manchester Homelessness Strategy, and close collaboration with organisations such as CAHN (Caribbean African Health Network) and Trafford Strong Communities Board.

Widening participation at MFT

This year has seen an expansion in MFT's Widening Participation activity which aims to inspire our future workforce while supporting members of our local community to gain employment. We have increased the number of opportunities all our programmes. We now host over 100 pre-employment learners a year as well as 30 Supported Interns.

Supported Internships are employment-based courses giving students with special educational needs and disabilities the opportunity to develop employability skills. They are based in real work places and involve working alongside other working people. The Internship prepares learners for employment, builds confidence and abilities, and helps them gain independence. These programmes are co-ordinated in partnership with The Manchester College, Pure Innovations and Trafford College.

We have also increased the number of work experience placements offered to learners from local colleges with six cohorts for our nursing based programme and three cohorts for our Taste of Medicine programme. Our Trust supports over 600 learners a year across these planned programmes and those hosted by individual staff and departments.

MFT has increased the number of NHS Career Ambassadors and we deliver a programme of insight days and skills clubs for local schools and colleges to learn about careers in the NHS. MFT continues to host the GM NHS Careers & Engagement Hub which supports learners and schools to understand the careers available in healthcare; the Hub team won the national award for Collaborative Partnerships from the Careers & Enterprise Company in July 2018.

Tackling Modern Day Slavery

MFT is doing everything it can to ensure slavery plays no part in the services we run and our supply chains. We are also working to make sure we are protecting the communities we serve from the impact of modern day slavery. MFT as a partnership organisation was involved in the development and roll-out of 'Staying Safe Manchester Modern Slavery & Human Trafficking Strategy 2018 to 2020.

As part of delivering the five priorities identified in the strategy, multi-agency training will be commissioned by the Safeguarding Boards for all partners across Manchester. MFT has worked with the police modern slavery unit, immigration and border force along with our social care colleagues in the development of the Manchester Strategy.

MFT Procurement is clear that it expects all potential suppliers to the Trust to be fully compliant with the provisions of the Modern Day Slavery Act and be able to evidence this compliance.

MFT also works with the wider Non-Governmental (NGO) and private sector organisations in Greater Manchester Groups Modern Slavery Network, led by the Co-operative Groups. This network aims to develop and share good practice, support victims into work and ensure that Greater Manchester is leading the way on prevention of Modern Slavery and Human Trafficking.

Equality, Diversity and Human Rights

2018 saw the continued integration of the Equality, Diversity and Human Rights Function as part of the Single Hospital Service integration as well as moving forward on some key pieces of work. Governance for Equality, Diversity and Human Rights has been established with an MFT Group level committee and hospital site/managed clinical services and corporate groups.

Our Trust carried over 250 equality impact assessments on policies and services to ensure that the development of the new single hospital service meets the needs of the diverse communities we serve.

We partnered with AccessAble to create 384 online access guides to our wards and departments for our services users. These access guides can be viewed via this link - <https://www.accessable.co.uk/organisations/manchester-university-nhs-foundation-trust>

Phase one of a disability awareness training pilot has been delivered with 233 staff being trained on Autism Awareness, Deaf Awareness, Learning Disabilities Awareness, Mental Health Conditions Awareness, and Visual Awareness. Phase two of the training pilot will be delivered in 2019. We have reviewed our position and are developing action plans to implement the Accessible Information Standard, to improve information and communication provision to patients and service users who have a disability or sensory loss.

We hosted our first equality conference as MFT in March 2018 and we chose to focus on accessibility. The conference was dedicated to exploring how we as a new Trust can address future accessibility challenges, by engaging with our communities, patients and staff members. Over 150 staff, service users, and community organisations attended the conference and over 60 pledges were made to improve MFT's accessibility. We have continued to work with staff over the subsequent months to support the achievement of these pledges.

Caribbean and African Network Partner of the Year

In our first year as a single hospital service, MFT was delighted to be awarded Partnership of Year by the Greater Manchester Caribbean and African Health Network (CAHN). The Award was presented at CAHN's first Black History Month Gala Dinner. The teams at CAHN and MFT have been working together to develop a partnership that address the health inequalities faced by the Caribbean and African communities in Greater Manchester, focusing work on key areas including dementia, cardio vascular health, transplant and organ donation, HIV and IVF.



Important events after the financial year end

There were no other events following the Statement of Financial Position date, either requiring no disclosure or resulting in a change to the financial statements of the Trust or the Group.

Going concern assurance

After making enquiries, the directors have a reasonable expectation that Manchester University NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.



Sir Michael Deegan CBE
Group Chief Executive
22nd May 2019

3. Accountability Report

3.1 Directors' Report

The MFT Board of Directors comprises Executive and Non-Executive Directors who have joint responsibility for every decision of the Board, regardless of their individual skills or roles. The Board is collectively responsible for discharging the powers and for the performance of the Trust.

The Executive Directors were appointed because of their business focus and operational/management experience within and outside the health and care sector. Their skills are complemented by the business, finance, education and other experience provided by the Non-Executive Directors, who also have strong links with the local community. All Directors are subject to an annual review of their performance and contribution to the management and leadership of the Trust.

MFT regularly reviews the skills and expertise of the Board and considers there to be a balance of appropriate skills amongst the Board members, ensuring balance, completeness and appropriateness to the requirements of the Trust.

The Board of Directors is responsible for preparing the Trust's annual report and accounts. We believe that the report and accounts is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess MFT's performance, business model and strategy.

In preparing this report, the Directors have ensured that so far as we are each aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all steps necessary to make ourselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Each Director has also:

- Made such enquiries of his/her fellow Directors and of the Trust's auditors for that purpose and
- Taken any steps required by his/her duty as a Director of the Trust to exercise reasonable care, skill and diligence.

The Board of Directors is responsible for determining the Trust's:

- Strategy, business plans and budget.
- Policies, accountability, audit and monitoring arrangements.
- Regulation and control arrangements.
- Senior appointment and dismissal arrangements.

The Board is also responsible for approving the Trust's annual report and accounts and ensuring that MFT acts in accordance with the requirements of its Foundation Trust license.

Board of Directors' Profiles

A number of Executive and Non-Executive Directors held posts at MFT's predecessor Trusts, Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).

With the exception of Professor Jane Eddleston (1st September 2018) and Professor Luke Georghiou (1st June 2018), they were all appointed to substantive posts with MFT with effect from December 2017. Professor Robert Pearson was appointed as Joint Medical Director in December 2017 and retired from the Trust on 31st August 2018.



Kathy Cowell OBE DL, Group Chairman

Kathy was Chairman at CMFT from November 2016 until the merger in 2017, having previously been a CMFT Non-Executive Director from March 2013 and Senior Independent Director since March 2016.

In addition to her role as Trust Chairman.

Read more at: <https://mft.nhs.uk/people/kathy-cowell-obe-dl/>



Barry Clare, Group Deputy Chairman

Barry was previously Chairman of UHSM and is a pioneering healthcare business leader with extensive experience in the healthcare industry sector.

Read more at: <https://mft.nhs.uk/people/barry-clare/>



Sir Michael Deegan CBE, Group Chief Executive

Mike was previously Chief Executive at CMFT, having also held the post of Chief Executive at Warrington Hospital and then North Cheshire Hospitals NHS Trust.

Read more at: <https://mft.nhs.uk/people/sir-michael-deegan-cbe/>



Darren Banks, Group Director of Strategy

Darren became Director of Strategy at CMFT in April 2006 and has led a number of major organisation-wide initiatives, including the successful Foundation Trust application in 2009 and the acquisition of Trafford Healthcare Trust in 2012.

Read more at : <https://mft.nhs.uk/people/darren-banks/>



Julia Bridgewater, Group Chief Operating Officer

Julia joined CMFT in September 2013 as Chief Operating Officer, from Shropshire Community Trust. She had previously served as Chief Executive at the University Hospital of North Staffordshire NHS Trust from 2007 to 2012.

Read more at: <https://mft.nhs.uk/people/julia-bridgewater/>



Professor Jane Eddleston, Group Joint Medical Director

Jane is a Consultant in Intensive Care Medicine and Anaesthesia in Manchester Royal Infirmary. She has extensive Clinical and Managerial experience in Critical Care and Acute Care and is the Chair of the Clinical Reference Group for Adult Critical Care.

Read more at: <https://mft.nhs.uk/people/dr-jane-eddleston/>



Gill Heaton OBE, Group Deputy Chief Executive

Gill was previously Deputy Chief Executive at CMFT. She has worked as a senior nurse in various clinical areas, such as intensive care and medical wards and has held senior management posts in large acute Trusts.

Read more at: <https://mft.nhs.uk/people/gill-heaton-obe/>



Margot Johnson, Group Director of Workforce and Organisational Development (OD)

Margot has worked in the NHS for almost 40 years, mostly within Human Resources. She has been an HR Director in a teaching hospital for over 14 years, and was previously the Executive Director of HR and Corporate Services at CMFT.

Read more at: <https://mft.nhs.uk/people/margot-johnson/>



Professor Cheryl Lenney, Group Chief Nurse

Cheryl is the professional lead and is accountable for Nursing and Midwifery on the Board of Directors. She has over 35 years' experience as a nurse and a midwife, and has worked for MFT and its predecessor organisations since 2002.

Read more at: <https://mft.nhs.uk/people/professor-cheryl-lenney/>



Miss Toli Onon, Group Joint Medical Director

After training in obstetrics and gynaecology and cancer immunology, Toli became a consultant at UHSM in 2003. She was appointed as UHSM Medical Director in November 2016.

Read more at: <https://mft.nhs.uk/people/miss-toli-onon/>



Adrian Roberts, Group Chief Finance Officer

A Chartered Certified Accountant, Adrian previously held the role of Executive Director of Finance at CMFT from May 2007. Prior to that, he had 16 years' experience as an NHS Director of Finance, predominantly in Stockport.

Read more at: <https://mft.nhs.uk/people/adrian-roberts/>



John Amaechi OBE, Group Non-Executive Director

John is a psychologist, organisational consultant and high-performance executive coach. He is a New York Times best-selling author and a former NBA basketball player.

Read more at: <https://mft.nhs.uk/people/john-amaechi-obe/>



Professor Dame Sue Bailey OBE DBE, Group Non-Executive Director

After studying medicine and psychiatry at the University of Manchester, Sue worked as a Child and Adolescent psychiatrist for over thirty years. Her national health policy and research work has focused on how to improve health care delivery through education and training of practitioners. Read more at: <https://mft.nhs.uk/people/professor-dame-sue-bailey-obe-dbe/>



Dr Ivan Benett, Group Non-Executive Director

Ivan has worked as a GP in Central and South Manchester for 30 years and has also worked at Royal Manchester Children’s Hospital. He trained in Manchester and was a junior doctor at Saint Mary’s Hospital and the Manchester Royal Infirmary. Read more at: <https://mft.nhs.uk/people/dr-ivan-benett/>



Professor Luke Georghiou, Group Non-Executive Director

Luke is the University of Manchester’s Deputy President and Deputy Vice-Chancellor. Prior to this he was Vice President for Research and Innovation, helping the University to drive forward its research, business engagement and commercialisation agendas. Read more at: <https://mft.nhs.uk/people/professor-luke-georghiou/>



Nic Gower, Group Non-Executive Director

The majority of Nic’s professional career as a Chartered Accountant was spent as a partner in PricewaterhouseCoopers LLP specialising in audit and assurance. Alongside providing professional services to his clients, he undertook leadership roles in quality, risk management and change management. Read more at: <https://mft.nhs.uk/people/nic-gower/>



Christine McLoughlin, Group Non-Executive Director/Senior Independent Director

Chris was a staff nurse at Manchester Royal Infirmary in the 1980s, subsequently becoming a social worker based in a community team in central Manchester. She went on to hold key senior leadership positions with Manchester City Council and Stockport Metropolitan Borough Council. Read more at: <https://mft.nhs.uk/people/christine-mcloughlin/>



Trevor Rees, Group Non-Executive Director

Trevor is a Chartered Accountant with over 20 years’ experience of working with the NHS and other publicly funded/not for profit organisations, providing financial audit and advisory services. He has worked with both Provider and Commissioner organisations in the NHS. Read more at: <https://mft.nhs.uk/people/trevor-rees/>

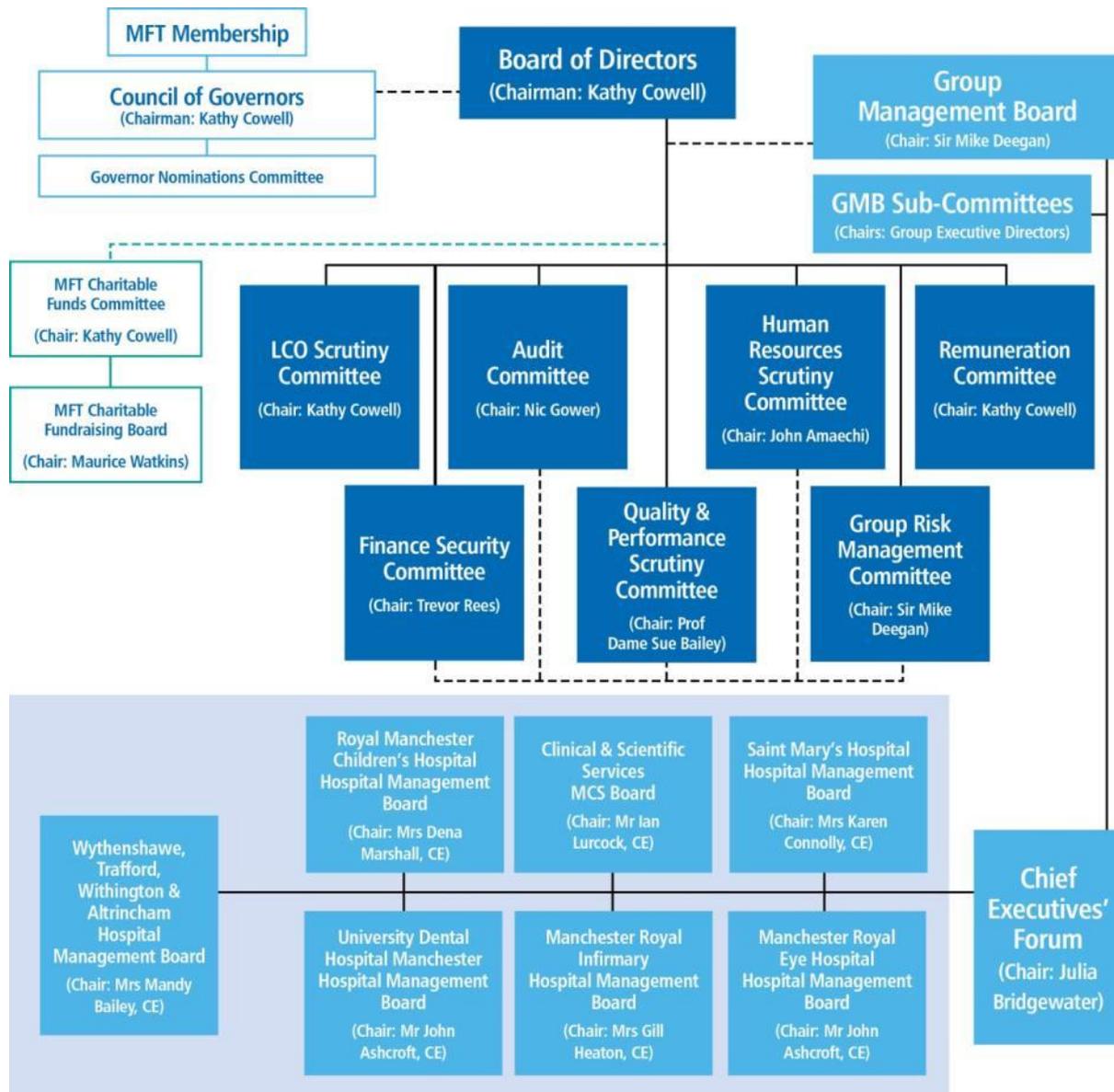
Board meeting attendance 2018/19

	May 18	Jul 18	Sept 18	Nov 18	Jan 19	March 19
Kathy Cowell Group Chairman	√	√	√	√	√	√
Barry Clare Group Deputy Chairman	√	√	X	√	√	√
Sir Michael Deegan Group Chief Executive	√	X	√	√	√	√
Darren Banks Group Director of Strategy	√	√	√	√	√	√
Julia Bridgewater Group Chief Operating Officer	√	√	√	√	√	√
Professor Jane Eddleston Group Joint Medical Director (appointed 1/9/18)			√	√	√	√
Gill Heaton Group Deputy Chief Executive	√	√	√	√	X	√
Margot Johnson Group Director of Workforce and Organisational Development	√	√	X	√	√	√
Cheryl Lenney Group Chief Nurse	√	X	√	√	√	√
Miss Toli Onon Group Joint Medical Director	√	X	X	√	√	√
Professor Robert Pearson Group Joint Medical Director (retired 31/8/18)	√	√				
Adrian Roberts Group Chief Finance Officer	√	√	√	√	√	√
John Amaechi Group Non-Executive Director	√	√	√	√	X	√
Group Professor Dame Sue Bailey Group Non-Executive Director	√	√	√	√	√	√
Dr Ivan Benett Group Non-Executive Director	√	√	√	√	√	√
Professor Luke Georghiou Group Non-Executive Director (appointed 1/6/18)		√	√	X	√	√
Nicholas Gower Group Non-Executive Director	√	√	√	√	X	√
Chris McLoughlin Group Non-Executive Director/Senior Independent Director	X	√	√	√	√	√
Trevor Rees Group Non-Executive Director	√	√	√	√	√	√

√ attended the meeting, X did not attend the meeting, not applicable

Board Sub-Committees

Chaired by the Non-Executive Directors and the Group Chief Executive, these committees provide oversight of the full breadth of MFT’s clinical and non-clinical activities. The diagram below shows the sub-committee structure:



The Trust maintains a Register of Interests for **Directors**, which is open to the public and can be accessed on our website at <https://mft.nhs.uk/the-trust/the-board/register-of-directors-interests/>

We also maintain a Register of Interests for **Governors**, which is open to the public and can be downloaded from this page: <https://mft.nhs.uk/the-trust/governors-and-members/council-of-governors/>

To communicate with the Board of Directors or the Governors, please contact the Director of Corporate Services/Trust Secretary by email trust.secretary@mft.nhs.uk or telephone 0161 276 6262.

Financial compliance

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

The Better Payment Practice Code requires the Trust and Group to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Trust processes all ordering and receipting of goods and services via our electronic purchase to pay system. Our compliance with the Better Payment Practice Code is as follows:

	2018/19 Number	2018/19 £000	Six months to March 2018 Number	Six months to March 2018 £000
Non-NHS				
Total bills paid in the year	242,483	920,503	126,233	468,392
Total bills paid within target	209,360	815,679	113,578	439,877
Percentage of bills paid within target	86.3%	88.6%	90%	93.9%
NHS				
Total bills paid in the year	10,824	193,636	6,315	103,374
Total of bills paid within target	7,251	163,329	4,152	95,566
Percentage of bills paid within target	67%	84.3%	65.7%	92.4%
Total				
Total bills paid in the year	253,207	1,114,139	132,548	571,766
Total of bills paid within target	216,611	979,008	117,730	535,443
Percentage of bills paid within target	85.5%	87.9%	88.8%	93.6%

No payments were made under the Late Payment of Commercial Debts (Interest) Act in 2018/19.

Statement about section 43(2A) of the NHS Act 2006

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires the income from the provision of goods and service for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. Manchester University NHS Foundation Trust has complied with this requirement and is satisfied the income received from provision of non-NHS goods and services does not have any significant impact on the provision of NHS goods and services for the purposes of the health service in England.

In preparing this report, the Directors have ensured that so far as they are each aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all the necessary steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The Board ensures services are well-led through a number of arrangements MFT has in place to govern service quality, including our Board Assurance Framework, internal Quality Reviews, Quality Committee, Clinical Effectiveness Committee and Clinical Accreditation Programme. These are explained in more detail in the Annual Governance Statement on page 104 onwards.

The Directors use NHS Improvement's quality governance framework to help them reach an overall evaluation of the Trust's performance, internal control and board assurance framework and a summary of action plans to improve the governance of quality.



Audit Committee Report

The Audit Committee is made up of Non-Executive Directors and is chaired by Nic Gower. The Trust's external auditor, internal auditor, counter fraud specialist and Trust officials attend Committee meetings. The Chairman of the Trust is not a member but attends selected meetings by invitation.

It has primary responsibility for monitoring the integrity of the financial statements, assisting the Group Board of Directors in its oversight of risk management and the effectiveness of internal control, oversight of compliance with corporate governance standards and matters relating to external and internal audit.

The Committee provides the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across MFT. The Committee receives regular reports and updates from both the internal and external auditors to assist in assessing the extent to which robust and effective internal control arrangements are in place and regularly monitored. The system of internal control is designed to identify and understand risk to which the Trust is exposed and to manage such risk to reasonable level - the Board recognises that no system of internal control can eliminate all risks that the Trust is or may become exposed to.

The Committee's terms of reference are available from the Director of Corporate Services & Trust Board Secretary.

Audit Committee attendance 2018/19

	23 rd May 2018	5 th Sept 2018	7 th Nov 2018	6 th Feb 2019
Non-Executive Directors - Core Members				
Nic Gower (Committee Chairman)	√	√	√	√
Ivan Benett	x	x	x	x
Barry Clare	x	x	x	x
Chris McLoughlin	√	x	√	x
Trevor Rees	√	√	√	√
Non-Executive Directors – Open Invitation				
John Amaechi	√	√	√	√
Sue Bailey	√	√	√	X
Luke Georghiou	N/A	x	√	√

The Trust Chairman Kathy Cowell was in attendance at the Audit Committee meeting on 23rd May 2018.

Financial statements

The Audit Committee reviewed the financial statements for 2018/19 at its meeting on 22nd May 2019. There were no significant issues for the Audit Committee to consider.

For the 2018/19 year the Committee reviewed the following significant risks:

- Over-ride of management controls.
- Fraud in the recognition of revenue which is a prescribed risk for all audits under auditing standards, with particular reference to the introduction of IFRS15 regarding revenue recognition at the Trust.
- Valuation of the Trust's property assets, particularly land and buildings.

The significant risks were considered in tandem with presentation of the external audit plan, the audit completion report and discussions with the external auditor.

External auditor

The Council of Governors has the statutory responsibility for the appointment of the external auditor, and this process is led by a sub-group of Governors supported by Trust officers. Following a rigorous procurement and evaluation process, on 13th November 2018 the Council of Governors endorsed the recommendation of the sub-group that Mazars LLP should be appointed as the Trust's external auditors for a period of two years from 1st December 2018, with the option to extend for two further twelve month periods, subject to satisfactory annual review. Mazars' performance will be subject to an annual effectiveness review – the first review is planned for November 2019.

The audit fee for the 2018/19 audit of the MFT Group, including the Quality Account, is £103,000. Mazars did not perform any non-audit services in 2018/19.

Internal audit and Counter Fraud services.

The Trust outsources internal audit and counter fraud work. KPMG were appointed to provide internal audit and MiAA to provide anti-fraud services for two years with effect from 1st April 2018, following a procurement process which was completed in March 2018. The procurement process was managed by the Group Procurement Director and followed the Trust's procurement policies.

The internal auditors are responsible for undertaking the internal audit functions on behalf of the Trust. The Head of Internal Audit reports to each meeting of the Audit Committee on the audit activity undertaken. The Committee reviews and approves the Internal Audit Strategy and Plan and monitors progress including rigorous follow-up of recommendations. Additional information about internal audit is set out in the Annual Governance Statement (on page 115).



Sir Michael Deegan CBE
Group Chief Executive
22nd May 2019

3.2 Remuneration Report

Annual statement on remuneration by the Chairman

The Trust has a Remuneration Committee which advises the Board on appropriate remuneration and terms of service for the Chief Executive and Executive Directors. This Remuneration Report describes how the Trust applies the principles of good corporate governance through this Committee in relation to Directors' remuneration, as required by the Companies Act 2006, Regulation 11 and Schedule 8 of the Large and Medium-Sized Companies and Groups (Accounts and Reports) Regulations 2008 and elements of the NHS Foundation Trust Code of Governance.

Remuneration Committee (of the MFT Board of Directors)

The MFT Remuneration Committee is a sub-committee of the MFT Board of Directors. The Committee is chaired by the Group Chairman, Mrs Kathy Cowell OBE DL.

The Committee's main purpose is to set rates of remuneration, terms and conditions of service for any staff on locally determined conditions of service including: the Group Chief Executive, Group Executive Directors, Hospital/MCS Chief Executives and Directors, i.e. those people in senior positions having authority or responsibility for directing or controlling the major activities of the Trust.

The Group Chief Executive and the Director of Workforce and Organisational Development (OD) are also in attendance, when required, to provide information on Directors' performance and a review of general pay and reward intelligence including comparative data on Directors' salaries and NHS guidance on pay and terms and conditions, as requested. Individuals do not participate in any discussion relating to their own remuneration.

The Committee has clear terms of reference which are regularly reviewed.

Membership includes:

- The Group Chairman of the Trust's Board of Directors.
- All Group Non-Executive Directors.

The Remuneration Committee met four times in 2018/19 and the key decisions reached at the meetings in 2018/19 included:

- Agreeing the pay frameworks for Executive Directors and their direct reports.
- Agreeing the individual salaries for those staff on local pay frameworks.
- Agreeing the annual pay uplift for the small number of other staff on local pay.
- Receiving a report from the Group Chief Executive on the performance of Group Executive Directors.
- Receiving a report from the Group Chairman on the performance of the Group Chief Executive.

Remuneration Committee meetings

Meeting date	Present	Apologies	In attendance
17 th April 2018	<ul style="list-style-type: none"> • Mr John Amaechi – Group Non-Executive Director • Professor Dame Sue Bailey - Group Non-Executive Director • Mrs Kathy Cowell (Chair) – Group Chairman • Mr Nic Gower - Group Non-Executive Director • Mrs Chris McLoughlin - Group Non-Executive Director • Mr Trevor Rees - Group Non-Executive Director 	<ul style="list-style-type: none"> • Dr Ivan Benett – Group Non-Executive Director • Mr Barry Clare – Group Deputy Chairman 	<ul style="list-style-type: none"> • Mr Peter Blythin - Director of Single Hospital Service • Sir Mike Deegan (part meeting) – Group Chief Executive • Mr Alwyn Hughes (part meeting) - Trust Board Secretary • Mrs Margot Johnson (part meeting) - Executive Director of Workforce & OD • Ms Rachel Coppock (part meeting) - Directorate Manager, SARC (Saint Mary's Hospital)
10 th September 2018	<ul style="list-style-type: none"> • Mr John Amaechi • Professor Dame Sue Bailey • Dr Ivan Benett • Mrs Kathy Cowell (Chair) • Mr Nic Gower • Mrs Chris McLoughlin • Mr Trevor Rees 	<ul style="list-style-type: none"> • Mr Barry Clare 	<ul style="list-style-type: none"> • Mrs Helen Farrington – Deputy Director of Workforce & OD • Mr Alwyn Hughes
10 th October 2018	<ul style="list-style-type: none"> • Professor Dame Sue Bailey • Mr Barry Clare • Mrs Kathy Cowell (Chair) • Mr Nic Gower • Mrs Chris McLoughlin • Mr Trevor Rees 	<ul style="list-style-type: none"> • Mr John Amaechi • Dr Ivan Benett • Professor Luke Georghiou - Group Non-Executive Director 	<ul style="list-style-type: none"> • Mr Peter Blythin
14 th January 2018	<ul style="list-style-type: none"> • Professor Dame Sue Bailey • Dr Ivan Benett • Mr Barry Clare • Mrs Kathy Cowell (Chair) • Mrs Chris McLoughlin • Mr Trevor Rees 	<ul style="list-style-type: none"> • Mr John Amaechi • Mr Nic Gower 	<ul style="list-style-type: none"> • Sir Mike Deegan (part meeting) • Mr Alwyn Hughes (part meeting) • Mrs Margot Johnson

For clarity, the components of remuneration are:

- **Base salary-** individual base salaries are reviewed annually. For Group Executive Directors account is taken of the Department of Health and Social Care guidance on Very Senior Managers Pay.
- **Pensions-** some, but not all, Group Executive Directors participate in the NHS Superannuation Scheme.

Nominations Committee of the Council of Governors

The Group Non-Executive Directors are not employees of the Trust. They receive no benefits or entitlements other than fees and are not entitled to any termination payments. The Trust does not make any contribution to the pension arrangements of Group Non-Executive Directors.

The terms of office for Group Non-Executive Directors at the Trust are managed in accordance with NHSI's Code of Governance, i.e. any term beyond six years (two three-year terms) will be subject to rigorous review and subject to annual reappointment.

The Nominations Committee of the Council of Governors has a responsibility to consider the structure, size and composition of the Board of Directors and make recommendations for any changes. It is also, with external advice as appropriate, responsible for the identification and nomination of new Group Non-Executive Directors, and the remuneration of Group Non- Executive Directors.

There was no uplift to the remuneration of the Group Chairman and Group Non-Executive Directors considered by the MFT Council of Governors during 2018/19.

Appointment of a new Group Non-Executive Director

When appointing new Group Non-Executive Directors to the Board during 2018/19, the Trust engaged Veredus (External Recruitment Agency) to act as its recruitment advisors to identify, and encourage applications from potential candidates who met the constitutional requirements for membership of the Trust.

A Nominations (Appointments) Panel of the Council of Governors was held on **2nd May 2018** and included:

- Chair of Committee: Mrs Kathy Cowell, Group Chairman
- Committee Member: Mrs Jayne Bessant, Public Governor (Manchester)
- Committee Member: Ms Rachel Koutsavakis, Staff Governor (Non-Clinical & Support)
- Committee Member: Cllr Chris Boyes, Nominated Governor (Trafford Borough Council)
- External Assessor: Mrs Wyn Dignan, Chair of North West Ambulance Service (NWAS)

Sir Michael Deegan, Group Chief Executive, was in attendance.

The following recommendation was made by the Nominations (Appointments) Panel to the Council of Governors at their meeting held on **16th May 2018**, at which the Panel's recommendation was approved:

- The Council of Governors approved the Nominations (Appointments) Panel's recommendation that **Professor Luke Georghiou** be appointed as Group Non-Executive Director for Manchester University NHS Foundation Trust for an initial period of three years from the earliest possible start date.*

**The start date was subsequently agreed as 1st June 2018*

Group Chairman & Group Non-Executive Directors' Appraisal Process:

It is important that there is a clear, fair and open performance review process for all Group Non-Executive Board Members that takes account of both individual accountability lines and the essential input of Governors.

Performance Reviews (Appraisals) are undertaken on an annual basis with the following key aim/outcomes being expected:

- Appraisal – evaluation of performance, opportunity to build on strengths and address any identified development needs.
- Raises overall standards of governance.
- Key principles:
 - Hold to account for performance
 - Set appropriate objectives consistent with role
 - Identify learning and development needs
 - Support succession planning and the management of the Group Non-Executive talent pool.
- All information is confidential within the agreed distribution of the process.

The appraisal process for the Group Chairman and Group Non-Executive Directors is a tried and tested process in the former CMFT Legacy Organisation since 2009.

An external appraisal specialist was appointed by the Trust Board Secretary (with support from the Lead Governor) to undertake an independent 360° appraisal of the Group Chairman in May/June 2018. This individual is a Chartered Member of the CIPD and provides a Resourcing & Human Capital Solutions Consultancy Service established in 2005. She is known to the organisation and has been involved in Chairman Appraisals for a number of years. The fee for the independent input received was £1,200.

In addition, a Governor questionnaire fed in views on Group Non-Executive Directors and the Group Chairman to the Lead Governor and Senior Independent Director (SID) respectively. The SID confirmed the process adopted and the key headlines covered in the report with the Council of Governors' Nominations Committee (Panel of Governors) at its meeting on 9th July 2018.

The Group Non-Executive Directors performance review process was facilitated by the Group Chairman and following a robust, fair, clearly defined and transparent process which took the views of Governors into account, a Group NED Performance Report was produced, with the Group Chairman discussing final sign off with the Lead Governor, who shared the report findings highlights with the Council of Governors' Nominations Committee (Panel of Governors) at its meeting on 9th July 2018.

In conclusion, the following recommendation was made by the Panel of Governors to the Council of Governors at their meeting held on **17th July 2018**, at which the Committee's recommendation was approved:

- The Council of Governors ratified the confirmation of the Senior Independent Director, the Lead Governor and the Council of Governors' Nominations Committee (Panel of Governors) that the agreed appraisal process had taken into account all views and that Performance Reports had been received for the Group Chairman and each Group Non-Executive Director.

Senior Managers' Remuneration policy – future policy table

Consideration	Salary/fees	Taxable benefits	Annual performance related bonus	Long term related bonus	Pension related benefits
<i>Support for the short and long-term strategic objectives of the Foundation Trust</i>	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	Not applicable	Not applicable	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives
<i>How the component operates</i>	Monthly remuneration	None disclosed	Not applicable	Not applicable	Contributions are made in accordance with the NHS Pension Scheme
<i>Framework used to assess performance</i>	Trust appraisal process	None disclosed	Not applicable	Not applicable	Contributions are made in accordance with the NHS Pension Scheme
<i>Performance measures</i>	Based on individual objectives agreed with line manager	None disclosed	Not applicable	Not applicable	Not applicable
<i>Performance period</i>	Annual, linked to the individual's increment date	None disclosed	Not applicable	Not applicable	Not applicable
<i>Amount paid for minimum level of performance and any further levels of performance</i>	Remuneration committee calculated pay levels using criteria based on: -changes in responsibilities -cost of living increases	None disclosed	None paid	Not applicable	Contributions are made in accordance with the NHS Pension Scheme

Consideration	Salary/fees	Taxable benefits	Annual performance related bonus	Long term related bonus	Pension related benefits
<i>Explanation of whether there are any provisions for recovery of sums paid to directors, or provision for withholding payment</i>	Any sums paid in error may be recovered	None disclosed	None paid	None paid	Not applicable

Senior managers' remuneration policy

MFT's Executive Directors are employed on contracts of employment whose provisions are consistent with those relating to other employees within the Trust. There are no components within the remuneration relating to performance measures, bonuses or benefits in kind. Contracts for Directors do not contain any obligations which could give rise to or impact on remuneration payments or payments for loss of office.

The MFT executive pay structure is very simple. There is basic pay and no other elements. All pay is taxed at source. There are no bonus payments – however, Executive salaries are subject to a 10% earn back element in accordance with NHSI guidance.

Salaries have been benchmarked against NHSI guidance. The remuneration policy for other senior managers (those reporting directly to Executives) provides a progression ladder between the pay of other employees and that of Executive Directors. MFT did not consult with employees when preparing the senior managers' remuneration policy, but did consult with individuals about how the application of the policy would apply to them.

Executive Directors of the Trust are employed on a permanent contract basis. Required notice periods are six months, except for the Group Chief Executive whose notice period stands at twelve months.

Where salaries of very senior managers exceed £150,000 per annum, this is in accordance with NHSI guidance and benchmarks and they are appropriate to match the market rate.

Performance of the Executive Directors is assessed and managed through regular appraisal against predetermined objectives along with monthly one to one reviews with the Group Chief Executive.

Similarly, the Chairman holds monthly one to one's with the Group Chief Executive. Any deficit in performance is identified during these regular meetings. Serious performance issues are managed via our organisational performance capability management policy.

Performance of the Non-Executive Directors (including the Deputy Chairman) is assessed and managed through regular appraisal by the Chairman against predetermined objectives along with regular one to one reviews with each NED. Any deficit in performance is identified during these regular meetings along with opportunities for regular professional development.

Appraisals led by the Chairman - for the Group Chief Executive and Non-Executive Directors – are used as an opportunity to identify continuing professional development needs. No performance payment element has been paid to any of the Trust's Executive Directors during the second 2018/19. Equally, there have been no payments to either Executive or Non-Executive Directors for loss of office.

There are no special contractual compensation provisions for early termination of Executive Directors' contracts. Early termination by reason of redundancy is subject to the normal provisions of the Agenda for Change (AfC): NHS Terms and Conditions of Service Handbook (Section 16). For those above the minimum retirement age, early termination by reason of redundancy is in accordance with the NHS Pension Scheme. Employees above the minimum retirement age who themselves request termination by reason of early retirement are subject to the normal provisions of the NHS Pension Scheme.

The principles for determining how payments for loss of office will be approached would be determined by the circumstances of the loss of office and would all be considered on a case by case basis by the Remuneration Committee and would be discussed with NHSI in advance.

Expenses

Directors

- The total number of Directors in office during 2018/19 was 20 (six months to March 2018, 20)
- The number of Directors receiving expenses in 2018/19 was 8 (six months to March 2018, 8)
- The total amount of expenses paid to Directors in 2018/19 was £3,755.84 (six months to March 2018, £2,005).

Governors

- The total number of Governors in office during 2018/19 was 35 (six months to March 2018,31)
- The number of Governors receiving expenses in 2018/19 was 15 (six months to March 2018,13)
- The total amount of expenses paid to Governors in 2018/19 was £2025.42 (six months to March 2018, £1,643).

Directors' Remuneration
Salaries for 2018/19 (audited)

	Salary £000 (Bands of £5,000) £000	Taxable benefits in kind	Annual performance -related bonuses	Long-term performance related bonuses	All pension related benefits (Bands of £2,500) £000	Total Bands of £5,000) £000
Kathy Cowell, Group Chairman	65-70	0	0	0	0	65-70
Barry Clare, Group Deputy Chairman	15-20	0	0	0	0	15-20
John Amaechi, Group Non- Executive Director	15-20	0	0	0	0	15-20
Chris McLoughlin, Group Non- Executive Director/Senior Independent Director	15-20	0	0	0	0	15-20
Dr Ivan Benett, Group Non- Executive Director	15-20	0	0	0	0	15-20
Nic Gower, Group Non- Executive Director	20-25	0	0	0	0	20-25
Prof Luke Georghiou, Group Non- Executive Director	10-15					10-15
Dame Sue Bailey, Group Non-Executive Director	15-20	0	0	0	0	15-20
Trevor Rees, Group Non- Executive Director	15-20	0	0	0	0	15-20
Sir Mike Deegan, Group Chief Executive	265-270	0	0	0	205- 207.5	475-480
Gill Heaton, Group Deputy Chief Executive	160-165	0	0	0	0	160-165

	Salary £000 (Bands of £5,000) £000	Taxable benefits in kind	Annual performance -related bonuses	Long-term performance related bonuses	All pension related benefits (Bands of £2,500) £000	Total Bands of £5,000) £000
Silas Nicholls, Group Deputy Chief Executive (left the Board 31 st March 2018)	0-5	0	0	0		0-5
Prof Bob Pearson, Joint Group Medical Director (left the Board 31 st August 2018)	55-60	0	0	0	0	55-60
Miss Toli Onon, Joint Group Medical Director	180-185	0	0	0	12.5-15	195-200
Adrian Roberts, Group Chief Finance Officer	195-200	0	0	0	405- 407.5	600-605
Julia Bridgewater, Group Chief Operating Officer	195-200	0	0	0	222.5- 225	415-420
Margot Johnson, Group Director of Workforce & OD	165-170	0	0	0	375.5- 380	545-550
Cheryl Lenney, Group Chief Nurse	165-170	0	0	0	0	165-170
Darren Banks, Group Director of Strategy	165-170	0	0	0		165-170
Prof Jane Eddleston Joint Group Medical Director (joined the Board 1 st Sept 2018)	100-105					100-105

**Professor Georghiou commenced his role as Group Non-Executive Director on 1st June 2018 and has elected not to receive his remuneration for this post, but has nominated that the University of Manchester receives it on his behalf.*

The salary disclosed for Professor Pearson and Professor Eddleston is for the period for which they were members of the Board.

Salaries for the six months to 31st March 2018

	Salary £000 (Bands of £5,000) £000	Taxable benefits in kind	Annual performance -related bonuses	Long-term performance related bonuses	All pension related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Kathy Cowell, Group Chairman	30-35	0	0	0	0	30-35
Barry Clare, Group Deputy Chairman	20-25	0	0	0	0	20-25
John Amaechi, Group Non- Executive Director	5-10	0	0	0	0	5-10
Chris McLoughlin, Group Non- Executive Director/Senior Independent Director	5-10	0	0	0	0	5-10
Dr Ivan Benett, Group Non- Executive Director	5-10	0	0	0	0	5-10
Nic Gower, Group Non- Executive Director	5-10	0	0	0	0	5-10
Dame Sue Bailey, Group Non-Executive Director	5-10	0	0	0	0	5-10
Trevor Rees, Group Non- Executive Director	5-10	0	0	0	0	5-10
Roger Barlow, Group Non- Executive Director	0-5	0	0	0	0	0-5
Sir Mike Deegan, Group Chief Executive	105-110	0	0	0	0	105-110
Gill Heaton, Group Deputy Chief Executive	65-70	0	0	0	0	65-70

	Salary £000 (Bands of £5,000) £000	Taxable benefits in kind	Annual performance -related bonuses	Long-term performance related bonuses	All pension related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Silas Nicholls, Group Deputy Chief Executive	90-95	0	0	0	25-27.5	115-120
Prof Bob Pearson, Joint Group Medical Director	65-70	0	0	0	0	65-70
Miss Toli Onon, Joint Group Medical Director	85-90	0	0	0	47-50	135-140
Adrian Roberts, Group Chief Finance Officer	75-80	0	0	0	17.5-20	95-100
Julia Bridgewater, Group Chief Operating Officer	85-90	0	0	0	20-22.5	105-110
Margot Johnson, Group Director of Workforce & OD	65-70	0	0	0	15-17.5	85-90
Cheryl Lenney, Group Chief Nurse	75-80	0	0	0	0	75-80
Darren Banks, Group Director of Strategy	65-70	0	0	0	15-17.5	85-90

The figures included in the comparatives for the six months from 1st October 2017 to 31st March 2018 have been represented for £72k of pay arrears paid in 2018/19 but relating to 2017/18.

Pensions for 2018/19 (audited)

	Real increase/ (decrease) in pension at age 60	Real increase/ (decrease) in pension lump sum at age 60	Total accrued pension at age 60 at 31st March 2019	Lump sum at age 60 related to accrued pension at 31 st March 2019	Cash Equivalent Transfer Value at 31 st March 2019	Cash Equivalent Transfer Value at 31st March 2018	Real increase in Cash Equivalent Transfer Value
	Bands of £2,500	Bands of £2,500	Bands of £5,000	Bands of £5,000			
	£000	£000	£000	£000	£000	£000	£000
Mike Deegan, Group Chief Executive	10-12.5	30-32.5	65-70	195- 200	1,525	1,125	366
Julia Bridgewater, Group Chief Operating Officer	17.5-20	55-57.5	80-85	250- 255	1,933	1,483	405
Adrian Roberts, Group Chief Finance Officer	17.5-20	55-57.5	80-85	245- 250	1,851	1,253	560
Margot Johnson, Group Director of Workforce & OD	17.5-20	52.5-55	75-80	235- 240	1,764	1,207	521
Miss Toli Onon, Joint Group Medical Director	0-2.5		55-60	145- 150	1,185	1,017	138

The above table gives Pension Benefits accruing from the NHS Pension Scheme up to 31st March 2019 - as Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of Pensions for these Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the Pension Scheme benefits accrued by a Scheme Member at a particular point in time. The benefits valued are the member's accrued benefits, and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a Pension Scheme, or arrangement to secure Pension Benefits in another Pension Scheme, or arrangement when the member leaves a Scheme, and chooses to transfer the benefits accrued in their former Scheme. The Pension figures shown relate to the benefits which the individual has accrued as a consequence of their total membership of the Pension Scheme, not just their service in a senior capacity within this Trust and this Group, to which the disclosure applies.

The CETV figures and other Pension details include the value of any Pension Benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional Pension Benefit accrued to the member as a result of their purchasing additional years of Pension Service in the Scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued Pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another Pension Scheme or arrangement), and uses common market valuation factors for the start and end of the period.

Pensions for the six months to 31st March 2018

	Real increase/ (decrease) in pension at age 60	Real increase/ (decrease) in pension lump sum at age 60	Total accrued pension at age 60 at 30th Sept 2017	Lump sum at age 60 related to accrued pension at 30th Sept 2017	Cash Equivalent Transfer Value at 30th Sept 2017	Cash Equivalent Transfer Value at 31st March 2018	Real increase in Cash Equivalent Transfer Value
	Bands of £2500	Bands of £2500	Bands of £5000	Bands of £5000			
	£000	£000	£000	£000	£000	£000	£000
Silas Nicholls, Group Deputy Chief Executive	0 to 2.5	0 to 2.5	30 to 35	70 to 75	482	450	30
Julia Bridgewater, Group Chief Operating Officer	0 to 2.5	2.5 to 5.0	70 to 75	210 to 215	1483	1454	22
Adrian Roberts, Group Chief Finance Officer	0 to 2.5	2.5 to 5.0	60 to 65	185 to 190	1253	1228	19
Margot Johnson, Group Director of Workforce & OD	0 to 2.5	0 to 2.5	55 to 60	175 to 180	1207	1167	34
Miss Toli Onon, Joint Group Medical Director	2.5 to 5.0	2.5 to 5.0	50 to 55	145 to 150	1017	948	64

	Real increase/ (decrease) in pension at age 60	Real increase/ (decrease) in pension lump sum at age 60	Total accrued pension at age 60 at 30th Sept 2017	Lump sum at age 60 related to accrued pension at 30th Sept 2017	Cash Equivalent Transfer Value at 30th Sept 2017	Cash Equivalent Transfer Value at 31st March 2018	Real increase in Cash Equivalent Transfer Value
Darren Banks, Group Director of Strategy	0 to 2.5	0 to 2.5	40 to 45	95 to 100	615	605	7

Fair pay multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The remuneration of the highest paid director in the Trust in the financial year 2018/19 was £270,000 (six months to 31 March 2018, £227,500). This was 9.1 times (six months to 31 March 2018, 7.9 times) the median remuneration of the workforce, which was £29,608 (six months to 31 March 2018, £28,746). The change in the median salary calculation for 2018/19 compared to the previous year is due to the increase in salary of the highest paid director.

In 2018/19, 0 employees (six months to 31 March 2018, 0) received remuneration in excess of the highest paid director. Remuneration ranged from £17,451 to £252,500 (six months to 31 March 2018, £14,700- £214,000).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Exit packages 2018/19

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	8	48	56
£10,000- £25,000	1	6	7
£25,001 - £50,000	0	1	1
£50,000 - £100,000	1	0	1
£100,000 - £150,000	0	0	0
£150,000 - £200,000	1	0	1
Total	11	55	66

	Agreements Number	Total Value of Agreements £000
Contractual payments in lieu of notice	55	286

For the six months to 31st March 2018

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	4	24	119
£10,000- £25,000	2	1	39
£25,001 - £50,000	0	1	34
£50,001 - £100,000	3	0	172
£100,001-£150,000	0	0	0
£150,001-£200,000	1	0	186
Total	10	25	550

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	2	47
Contractual payments in lieu of notice	24	96

Sir Michael Deegan CBE
Group Chief Executive
 22nd May 2019

Our Members and Governors

As an NHS Foundation Trust, we are accountable to our members (who include our patients, local residents, staff and stakeholders), with members being able to influence the Trust's decision-making processes and forward plans. By directly involving our members in this way means that we are able to respond, much more quickly and effectively, to the identified needs of our patients and their families and ultimately achieve and deliver a patient-centred National Health Service, via the provision of high quality care, which is shaped by the needs and wishes of patients/public and staff.

Another key benefit of being an NHS Foundation Trust is that those living in the communities, that we serve, can become public members with MFT's membership community being made up of both Public Members (including local residents, patients and carers) and Staff Members (including MFT's employees and other people who provide services to the Trust).

Foundation Trusts are democratic organisations in that Public and Staff Members vote for and can stand to become elected representatives (Governors) who, in turn, are responsible for representing the interests of members and partner organisations. Governors also hold Non-Executive Directors to account for the performance of the Board of Directors. FTs are therefore accountable to their members through their elected and nominated Governors.

MFT'S membership aim and key priorities

Membership aim:

- For the Trust to have a representative membership which truly reflects the communities that it serves with Governors actively representing the interests of members as a whole and the interests of the public.

Key priorities:

- **Membership Community** – to uphold our membership community by addressing natural attrition and membership profile short-falls.
- **Membership Engagement** – to develop and implement best practice engagement methods.
- **Governor Development** – to support the developing and evolving role of Governor by equipping Governors with the skills and knowledge in order to fulfil their role.

Membership Community - ensuring that our public membership is diverse and representative of the communities that we serve enables a wide-range of people, from various backgrounds, locations and profile groups, to regularly receive:

- Key Trust information e.g. membership newsletters, invitations and updates.
- Key Membership involvement opportunities e.g. voting for Governor representatives and/or standing for election as a Governor in addition to participating in surveys and attending events.

On 31st March 2019, we had 23,214 public members and 23,473 staff members, giving an overall total membership community of 46,687 members.

Public Membership

Public membership is on an opt-in basis, being free of charge and is open to anyone who is aged 11 years or over and resides in England and Wales. Our Public Member constituency is subdivided into five areas:

<i>Public Constituencies</i>	<i>Number of public members</i>
Manchester	8,550
Trafford	3,355
Eastern Cheshire	842
Rest of Greater Manchester	7,850
Rest of England & Wales	2,617
Total	23,214

The map below illustrates the Public Member Constituencies for Manchester, Trafford, Eastern Cheshire and Rest of Greater Manchester areas. Areas that fall outside these constituencies are captured in the Rest of England and Wales Constituency.



We are committed to having a representative membership that truly reflects the communities that we serve and we welcome members from all backgrounds and protected characteristics. In order to facilitate this, the Trust has established a Governors' Membership & Engagement Sub-Group which has been actively involved in developing MFT's Membership and Engagement Strategy alongside public membership recruitment plans/initiatives, with a detailed review of MFT's public membership profile being undertaken by this Sub-Group in January 2019.

As a result of this review, public membership profile gaps were identified, with a targeted public member recruitment campaign being held during February/March 2019. The focus of this campaign was to recruit additional, new members to address profile short-falls alongside attaining a total public membership in line with staff membership numbers. The campaign concluded in mid-March 2019 with over 2,000 new public members being successfully recruited across several targeted profile groups namely: young people (11–16 and 17–21 years) and males in addition to the following Ethnic Groups; White including Gypsy or Irish Traveller and Other, Arab and Chinese.

The Board of Directors monitors how representative our membership is and the level and effectiveness of membership engagement as part of the annual reporting process. The Governors' Membership & Engagement Sub-Group supports the Board of Directors in this process and has identified engagement success factors/measures.

Going forward, this Sub-Group will further assist in this monitoring process by reviewing membership diversity and engagement trends each year, via an 'Annual Membership & Engagement Report'. Two Group NEDs are also substantive members of this Sub-Group and report key membership information to the Board of Directors. The Council of Governors receive key updates from Sub-Group members at their quarterly Governors' Performance Assurance Meetings.

Public Membership Analysis Table at 31st March 2019

Profile Group	Membership 2017/18	%	Membership 2018/19	%
Age				
0 – 16	588	2.7	847	3.6
17 – 21	1,174	5.4	1,266	5.5
22+	18,381	84.6	19,578	84.3
Not Stated	1,591	7.3	1,523	6.6
Ethnicity				
White	14,974	68.9	15,755	67.9
Mixed	459	2.1	515	2.2
Asian or Asian British	2,303	10.6	2,803	12.1
Black or Black British	1,065	4.9	1,243	5.4
Other	204	0.9	266	1.1
Not Stated	2,729	12.6	2,632	11.3
Gender				
Male	9,085	41.8	10,303	44.4
Female	11,431	52.6	11,740	50.6
Not Stated	1,218	5.6	1,171	5.0
Recorded Disability	1,860	8.6	2,199	9.5

Note: Although the 0 – 16 year old membership group figure may appear low, the Trust's membership base for this group is between the ages of 11 – 16 years.

Total Public Membership (31st March 2019) = 23,214 (includes 1,523 members with no stated age, 2,632 members with no stated ethnicity and 1,171 members with no stated gender).

Staff Membership

Staff membership is open to individuals who are employed by the Trust under a contract of employment including temporary or fixed-term (minimum of 12 months) or exercising functions for the Trust with no contract of employment (functions must be exercised for a minimum of 12 months).

All qualifying members of staff are automatically invited to become members, as we are confident that our staff want to play an active role in developing better quality services for our patients. Staff are, however, able to opt out if they wish to do so.

The Staff Member Constituency is subdivided into 4 staff classes:

<i>Staff classes</i>	<i>Number of staff members</i>
Medical & Dental	2,136
Nursing & Midwifery	6,874
Other Clinical Staff	7,459
Non-Clinical & Support	7,004
Total	23,473*

** This figure includes clinical academics, facilities management contract staff and full head counts which include bank staff and staff on zero hours contracts*

Membership engagement/benefits

Members are given a voice with their views/opinions being valued and whose support and involvement is vital to our future success:

- Having a voice, through Governors (their elected representatives), which ultimately helps us to shape our future service provisions to more meet members', and their family's needs
- On behalf of members, Council of Governors sit around table with the Board of Directors and share both their and member's views during decision-making processes and when formulating future plans
- Membership is completely free
- Once a member, the individual decides how involved they want to be.

The Trust strives to actively engage with members so that their contribution and involvement is turned into tangible service benefits thus improving our overall experiences for patients. Membership engagement is facilitated via our strong working relationship with our Governors and by developing engagement best practice methodologies, with key membership events being each year including our Annual Members' Meeting and Young People's Event:

- Annual Members' Meetings – event providing members with interactive health information. Our most recent event (25th September 2018) had the theme '70 Years On – Continuing to Shine'. Staff hosted health stands showcasing our achievements since the new Trust was created (1st October 2017) and the benefits for our patients of the Single Hospital Service being delivered across Manchester and beyond.



- Annual Young People’s Event – event promoting young people’s health, NHS careers, volunteer and involvement opportunities in addition to interactive demonstrations e.g. basic first aid, plaster of paris (orthopaedic) techniques and correct hand-washing procedures.



Members’ event information can be found on the Trust’s website, via the ‘Members’ Meeting’ webpage - <https://mft.nhs.uk/the-trust/governors-and-members/members-meetings/>

Members and the public are also provided with the following involvement opportunities:

- Talking to and engaging with Governors, at our membership events or via our Foundation Trust Membership Office.
- Participating in interactive membership questionnaires/surveys, available at events or via our website and/or membership newsletter.
- Joining our Youth Forum (if aged 11 – 21 years).
- Becoming a Hospital Volunteer (if aged 16 years or over).
- Receiving information about our hospital charities and becoming involved in fundraising events.
- Sharing views on our future priorities and participating in our ‘Forward Planning’ process.
- Sharing views and opinions about our hospital services.
- Receiving information and updates about the Trust’s plans, services and achievements through our MFT News membership newsletter and via our Membership/Governor webpages.

We support the engagement process by issuing Governors with bespoke ‘Governor Engagement Packs’ in preparation of our key membership events with packs including questionnaires and key engagement materials to facilitate direct face-to-faced engagement between Governors and event attendees.

How to become a member

We are committed to establishing a truly representative membership and we welcome members from all backgrounds and protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (this is not exclusive of other diverse backgrounds).

Membership application forms are on the Trust's website (www.mft.nhs.uk) by clicking the 'Become a Member of our Trust – Membership Form' button with hard copies being available from the Foundation Trust Membership Office (contact: ft.enquiries@mft.nhs.uk or 0161 276 8661).

As part of the NHS membership application process, individuals are asked to supply their personal data, with any data that is supplied being used only to contact them about the Trust's Membership or other related issues and will be processed for these purposes only. A copy of MFT's privacy notice can be found on the Trust's website <https://mft.nhs.uk/privacy-policy/>

Changes to your membership details or cancelling your membership

As part of the membership application process, the Department of Health asks NHS Foundation Trusts to capture information in relation to ethnicity, language and disability status so that we can be sure that we are representing all sections of our communities. We therefore ask membership applicants to disclose this information during the application process. All information collected is confidential, in keeping with Data Protection rules, and is not released to third parties. Informational changes or membership cancellations are forwarded to the Foundation Trust Membership Office (contact details on page 77).

Help us to reduce our carbon footprint

Our Trust has an action plan to reduce our carbon footprint and save valuable natural resources. One of our sustainability commitments is to reduce the number of documents that we print, and we hope that members will help us to achieve this. Members are encouraged to receive information via e-mail by providing their email address to the Foundation Trust Membership Office (contact details on page 77).

Our Council of Governors

The Board of Directors and Council of Governors have distinct roles. The Board is responsible for the direction, all aspects of operation and performance, and for effective governance of the Trust, with the Council of Governors being responsible primarily for seeking assurance about the performance of the Board.

Our Council of Governors was established following the creation of MFT on 1st October 2017. The Board of Directors is committed to understanding the views of Governors and Members by holding and attending regular Governor and Members' Meetings/Events.

As set out in the Health & Social Care Act (2012), the two key duties of the Council of Governors are to:

- represent the views and interests of members of the Trust as a whole and the interests of the public.
- hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

In a recent MFT Governor Survey (September 2018), 100% of those Governors that responded stated that "*they have a clear understanding of role of Governor*".

From these key duties, we have developed the following Governor aim and key objectives:

Aim

Governors proactively representing the interests of members as a whole and the interests of the public via active engagement and effectively holding the Non-Executive Directors, both individually and collectively, to account for the performance of the Board of Directors.

Objectives

- **Governor Engagement** – Governors to be proactive in developing and implementing best practice membership and public engagement methods.
- **Governor Assurance** – Governors to act as the conduit between the Foundation Trust Board of Directors and members and the wider public by conveying membership and public interests and providing Board performance assurance.
- **Governor Development** – the Foundation Trust to support the developing and evolving role of Governor by equipping Governors with the skills and knowledge in order to fulfill their role.

We have 32 Elected and Nominated Governors on our Council of Governors, the majority of whom (24 out of 32) are directly elected from and by our members. The table below outlines the composition of our Council of Governors

Governor Constituency/Class/Partner Organisation		Number of Governor Posts
Public	Manchester	7
	Trafford	2
	Eastern Cheshire	1
	Greater Manchester	5
	Rest of England & Wales	2
	Total:	17
Staff	Nursing & Midwifery	2
	Other Clinical	2
	Non-Clinical & Support	2
	Medical & Dental	1
	Total:	7
Nominated	Local Authority (Manchester City Council and Trafford Council)	2
	Manchester University	1
	Manchester Health & Care Commissioning Group	1
	Trust Volunteer	1
	Trust Youth Forum	2
	Manchester Council for Community Relations or Manchester BME Network	1
	Third sector umbrella organisation (currently Caribbean & African Health Network)	1
	Total:	8

In 2018/19, elections for three Public Governors were held in accordance with the NHS Provider's election rules (incorporated into MFT's Constitution – October 2017), alongside nominations being received for two new Nominated Governors, one from Manchester Health & Care Commissioning Group and one from the Caribbean & African Health Network.

MFT's Governor Election Turnout Data - 2018					
Date of Election	Constituencies Involved	Number of Eligible Voters (Members)	Number of Seats Contested	Number of Contestants	Election Turnout
September 2018	Public – Rest of Greater Manchester	7,219	1	12	7.9%
	Public – Rest of England & Wales	2,439	2	5	6.5%

Successful candidates and nominees were announced at our Annual Members' Meeting held on 25th September 2018 and formally commenced in post following closure of the meeting. More information about our Governor Elections and Annual Members' Meeting can be found under the 'Governor and Membership' section of our website <https://mft.nhs.uk/the-trust/governors-and-members/>

Lead Governor elections were held during October/November 2018 with Jayne Bessant (Public Governor – Manchester) being elected for a one year term of office. Results were formally announced at the Council of Governors' Meeting held on 13th November 2018 with the new Lead Governor formally commencing in post following closure of this meeting.

The Council of Governors is encouraged to ensure its interaction and relationship with the Board of Directors is appropriate and effective with Governors holding our Group Non-Executive Directors (individually and collectively) to account for the performance of our Board of Directors by ensuring that they act so that we do not breach the terms of our authorisation. In addition, Governors receive agendas and approved minutes and are encouraged to attend each Board of Directors' Meeting.

Governors are responsible for feeding back information about the Trust i.e. its vision, forward plan (including its objectives, priorities and strategy) and its performance to members and the public. In the case of Nominated Governors, this information is fed back to the stakeholder organisations that nominated them. Governors are, in return, also responsible for communicating back to the Board of Directors the opinions canvassed, ensuring the interests of our members and the public are represented.

In order to support Governors with this process, in 2018 a 'Forward Plan Survey' was developed alongside a new membership webpage 'Our Forward Plans' <https://mft.nhs.uk/the-trust/governors-and-members/our-forward-plans/>. Members' and the general public's views were encouraged, with the survey being widely available via MFT's inaugural membership newsletter 'MFT News'. Key membership/public views were captured and shared with Governors as part of the '2018 Membership Forward Plan Report'.

Directors gave consideration to both Members' and Governors' views at their Annual Forward Planning Workshop (held in January 2019).

Members of the Council of Governors 2018/19

As outlined in the Trust's Constitution (October 2017), an elected Governor may hold office for a period of up to three years with Transitional Governors holding office for a period determined in accordance with the Trust's Constitution (Annex 3.1).

In a recent MFT Governor Survey (September 2018), 100% of those Governors that responded "*felt proud to be a Foundation Trust Governor*".

Elected Public Governors		
Name	Public Constituency	Term of Office
Jayne Bessant*	Manchester	3 years ending 2020
Dr Michael Kelly*	Manchester	3 years ending 2020
Suzanne Russell*	Manchester	3 years ending 2020
Sue Rowlands*	Manchester	3 years ending 2020
Janet Heron*	Manchester	2 years ending 2019
Dr Syed Ali*	Manchester	2 years ending 2019
John W Churchill*	Manchester	2 years ending 2019
Jane Reader*	Trafford	3 years ending 2020
Christine Turner*	Trafford	2 years ending 2019
Chris Templar*	Eastern Cheshire	3 years ending 2020
Ivy Ashworth-Crees*	Rest of Greater Manchester	3 years ending 2020
Cliff Clinkard*	Rest of Greater Manchester	3 years ending 2020
Stephen Caddick*	Rest of Greater Manchester	2 years ending 2019
Paula King	Rest of Greater Manchester	3 years ending 2021
Sheila Otty	Rest of England & Wales	3 years ending 2021
VACANT (election to be held Summer 2019)	Rest of England & Wales	3 years

*Transitional Public Governor

Public Governor Terms of Office Ended during 2018/19:

- Dave Edwards* (Rest of Greater Manchester) – Resigned (May 2018)
- Andrew Whyte* (Rest of England & Wales) – Resigned (July 2018)
- Dr Anthony Nixon* (Rest of England & Wales) – Stepped down (September 2018)
- Karen Morris* (Rest of Greater Manchester) – Resigned (December 2018)
- Dr William O'Neill (Rest of England & Wales) – Resigned (February 2019)

*Transitional Public Governor

Elected Staff Governors		
Name	Staff Class	Term of Office
Dr Matthias Schmitt*	Medical & Dental	3 years ending 2020
John Cooper*	Nursing & Midwifery	2 years ending 2019
Jacky Edwards*	Nursing & Midwifery	3 years ending 2020
Alix Jodrell-Banks*	Other Clinical	2 years ending 2019
Geraldine Thompson*	Other Clinical	3 years ending 2020
Rachel Koutsavakis*	Non-Clinical & Support	2 years ending 2019
Colin Owen*	Non-Clinical & Support	3 years ending 2020

*Transitional Staff Governor

A Nominated Governor may hold office for a period of up to three years with Governors being nominated by a number of partner organisations and groups:

Nominated Governors		
Name	Nominating Organisation	Term of Office
Cllr Chris Boyes	Trafford Borough Council	3 years ending 2020
Dr Jenny Myers	The University of Manchester	3 years ending 2020
Cllr Tracey Rawlins	Manchester City Council	3 years ending 2020
Circle Steele	Manchester BME Network	3 years ending 2020
Brooke Taylor	MFT Youth Forum	3 years ending 2020
Graham Watkins	MFT Volunteer Services	3 years ending 2020
Rev Charles Kwaku-Odoi	Third Sector Umbrella Organisation (currently Caribbean & African Health Network)	3 years ending 2021
Dr Denis Colligan	Manchester Health and Care Commissioning	3 years ending 2021

You can contact Governors through our Foundation Trust Membership Office in the following ways:

By Post:

Freepost Plus RRBR-AXBU-XTZT

MFT NHS Trust

Oxford Road

Manchester M13 9WL

By Phone: 0161 276 8661

(office hours 9.00 am to 5.00 pm, Monday to Friday; answering machine outside these hours)

By E-mail: ft.enquiries@mft.nhs.uk

Declaration of Interests

The Governors' Declaration of Interest Register is updated on an annual basis and formally recorded at a Council of Governors' Meeting. The register discloses the details of any company directorships or other material interests held by Governors. None of our Council of Governors hold the position of Director and Governor of any other NHS Foundation Trust. More information about our Council of Governors and associated register is available on the Trust's website – 'Meet our Governors' webpage (<https://mft.nhs.uk/the-trust/governors-and-members/council-of-governors/>).

Governor attendance at Council of Governor Meetings – 2018/19

Council of Governors' Meetings are open to members and the public to attend with meeting dates and papers being found on our website (Members' Meeting - <https://mft.nhs.uk/the-trust/governors-and-members/members-meetings/>). During 2018/19, four Council of Governors' Meetings were held.

In a recent MFT Governor Survey (September 2018), 100% of those Governors that responded felt that "*the Council of Governors meets sufficiently regularly enough to discharge its statutory duties*".

Governor	Council of Governors' Meetings			
	2018			2019
	16th May	17th July	13th November	12th February
Dr Syed Ali – Public Governor (Manchester)	x	x	✓	✓
Ivy Ashworth-Crees – Public Governor (Rest of Greater Manchester)	✓	x	✓	✓
Jayne Bessant – Public Governor (Manchester)	✓	✓	✓	✓
Chris Boyes – Nominated Governor (Trafford Borough Council)	✓	✓	✓	x
Stephen Caddick – Public Governor (Rest of Greater Manchester)		✓	✓	✓
John W Churchill – Public Governor (Manchester)	✓	x	x	x
Cliff Clinkard – Public Governor (Rest of Greater Manchester)	✓	✓	✓	✓
Dr Denis Colligan – Nominated Governor (Manchester Health & Care Commissioning)			x	x
John Cooper – Staff Governor (Nursing & Midwifery)	x	x	✓	x
David Edwards – Public Governor (Rest of Greater Manchester)*	✓			
Jacky Edwards – Staff Governor (Nursing & Midwifery)	✓	x	x	✓
Janet Heron – Public Governor (Manchester)	✓	x	✓	✓
Alix Joddrell-Banks – Staff Governor (Other Clinical)	x	x	x	x
Dr Michael Kelly – Public Governor (Manchester)	✓	✓	✓	✓
Paula King – Public Governor (Rest of Greater Manchester)			✓	✓
Rachel Koutsavakis – Staff Governor (Non-Clinical & Support)	x	✓	✓	x
Rev Charles Kwaku-Odoi – Nominated Governor (Caribbean & African Health Network)			✓	✓
Karen Morris – Public Governor (Rest of Greater Manchester)*	✓	✓	✓	
Dr Jenny Myers – Nominated Governor (University of Manchester)	✓	x	x	x
Dr Anthony Nixon – Public Governor (Rest of England & Wales)*	✓	x		
Dr William O'Neill – Public Governor (Rest of England & Wales)*			✓	x
Sheila Otty – Public Governor (Rest of England & Wales)			✓	✓
Colin Owen – Staff Governor (Non-Clinical & Support)	✓	✓	✓	✓
Tracey Rawlins – Nominated Governor (Manchester City Council)	x	x	x	x
Jane Reader – Public Governor (Trafford)	✓	✓	✓	✓
Sue Rowlands – Public Governor (Manchester)	✓	✓	✓	✓
Suzanne Russell – Public Governor (Manchester)	✓	✓	x	✓
Dr Matthias Schmitt – Staff Governor (Medical & Dental)	✓	✓	✓	✓
Circle Steele – Nominated Governor (Manchester BME Network)	✓	x	✓	x
Brooke Taylor – Nominated Governor (Youth Forum)	x	x	x	x

Governor	Council of Governors' Meetings			
	2018			2019
	16th May	17th July	13th November	12th February
Chris Templar – Public Governor (Eastern Cheshire)	✓	✓	✓	✓
Geraldine Thompson – Staff Governor (Other Clinical)	✓	✓	✓	✓
Christine Turner – Public Governor (Trafford)	✓	✓	✓	✓
Graham Watkins – Nominated Governor (Volunteer Services)	x	x	x	✓
Andrew Whyte – Public Governor (Rest of England & Wales)	✓			

*Retired Governor

✓attended the meeting, X did not attend the meeting, not applicable 

MFT's Constitution outlines the clear policy and fair process for the removal from the Council of Governors of any Governor who consistently and unjustifiably fails to attend the meetings of the Council of Governors. It also makes provision for the disclosure of interests and arrangements for the exclusion of a Governor, declaring any interest, from any discussion or consideration of the matter in respect of which an interest has been disclosed.

In keeping with statutory requirements the Trust each year, at a Council of Governors' Meeting, provides Governors with the following documents: MFT's Annual Report and Accounts and any report of the auditors on them. An Annual Report overview is also presented by Directors to members at the Trust's Annual Members' Meeting which is also open to the public.

Group Executive Director attendance at Council of Governors' Meetings 2018/19

The Trust Chairman is responsible for leadership of both the Board of Directors and the Council of Governors and ensures that the views of Governors and members are communicated to the Board. The interaction between the Board of Directors and the Council of Governors is seen primarily as a constructive partnership, seeking to work effectively together in their respective roles.

As set out in NHS Improvement's Code of Governance for NHS Foundation Trusts, there is a requirement for a mechanism to be in place to resolve disagreements between the Board of Directors and Council of Governors with MFT's Constitution (October 2017) outlining this process.

Group Board of Directors	Council of Governors' Meetings			
	2018			2019
	16th May	17th July	13th November	12th February
John Amaechi – Group Non-Executive Director	x	x	x	x
Professor Dame Susan Bailey – Group Non-Executive Director	✓	x	x	x
Darren Banks - Group Director of Strategy	✓	✓	✓	✓
Dr Ivan Benett – Group Non-Executive Director	✓	✓	✓	✓
Julia Bridgewater - Group Chief Operating Officer	x	✓	✓	✓
Barry Clare – Group Deputy Chairman/Non-Executive Director	✓	✓	x	x
Kathy Cowell – Group Chairman	✓	✓	✓	✓
Sir Michael Deegan - Group Chief Executive	✓	✓	✓	✓
Professor Jane Eddleston - Group Joint Medical Director			✓	x
Professor Luke Georghiou – Group Non-Executive Director		✓	x	✓
Nic Gower – Group Non-Executive Director	✓	x	✓	✓
Gill Heaton - Group Deputy Chief Executive	✓	✓	✓	x
Margot Johnson - Group Executive Director of Workforce & Organisational Development	✓	✓	✓	✓
Professor Cheryl Lenney - Group Chief Nurse	✓	x	✓	✓
Chris McLoughlin – Group Senior Independent Director/Non-Executive Director	x	✓	x	✓
Miss Toli Onon - Group Joint Medical Director	✓	x	✓	✓
Trevor Rees – Group Non-Executive Director	x	x	x	✓
Adrian Roberts - Group Chief Finance Officer	✓	✓	x	x

✓ attended the meeting, X did not attend the meeting, not applicable

Governors in action

The Council of Governors has a number of statutory powers, including the appointment of the Group Chairman, Group Non-Executive Directors and the Trust's External Auditors.

The Council of Governors discharged these duties when it met four times during 2018/19, and at a fifth statutory event, the Annual Members' Meeting on 25th September 2018.

Governors are the link between our members and the wider public, determining their needs/views on the delivery of our services, and our Directors who make the decisions and hold responsibility for our services. In order to enhance this process, and to provide further support in relation to the Council of Governors' role/key duties, in 2018 the Group Chairman led a review, which was supported by Governors, and which resulted in the development of a new 'Governor Meeting Framework'. The new meeting structure included the establishment of the following non-statutory meetings:

- **Governors' Performance Assurance Meetings** - attending Directors hold discussions with Governors in order to understand their views on the Trust's performance and provide details of actions in place to improve performance where required. Governors are actively encouraged to provide feedback on the Trust's Board Performance Report (Board Assurance Reports) with a view to ensuring that the right level of detail/information is provided, appropriate assurances are received and/or action is taken in relation to the associated report themes: '*Safety, Patient Experience, Operational Excellence, Workforce & Leadership, Strategy and Finance*'. These meetings have been established to support Governors in holding Non-Executive Directors to account for the performance of the Board of Directors by reviewing the Trust's performance across patient quality, clinical effectiveness, patient experience, finance and productivity.
- **Governors' Membership & Engagement Sub-Group** - supports the Trust to recruit, retain and engage with members, ensuring a representative base is established which accurately portrays the diverse communities that MFT serves. Membership engagement best practice methodologies are regularly reviewed, developed and supported by our Governors, alongside actively developing, monitoring and reviewing the Trust's Membership & Engagement Strategy.
- **Governors' Patient Experience Sub-Group** - supports the Trust's 'What Matters to Me' philosophy on matters relating to patient experience and quality by advising on key patient areas such as accessibility, customer focus, front of house/reception areas, interpretation services, patient information, and developing meaningful involvement with patient partnership groups.
- **Governors' Staff Experience Sub-Group** - supports the Trust's 'Workforce and Organisational Development Strategy' and on matters relating to staff experience and well-being, receiving key information in relation to staff survey/Pulse check findings in addition to workforce data (including equality and diversity data) and Staff Recognition Awards.

In addition to establishing the above non-statutory meetings, during 2018/19, a programme of bespoke visits was specially arranged for Governors which provided a unique opportunity for MFT staff to showcase their services and facilities. This enabled Governors to ultimately learn more about the expert range and quality of services MFT delivers, alongside providing a forum for Governors to engage with a wide-range of staff.

Governors also had the opportunity to speak to Care Quality Commission (CQC) inspectors during the Trust's CQC inspection in October 2018 and again were encouraged to share their and members' views and experiences of the Trust.

Reviewing the performance of the Group Non-Executive Directors

Each year, Governor feedback is invited via a questionnaire and/or Lead Governor contact, in relation to the performance of the Group Chairman and Group Non-Executive Directors with the resulting key findings being directly fed into their respective appraisal process.

Governor development and training

In order to accurately inform the Governor development process, a 'Governor Effectiveness and Performance Questionnaire' has been developed with the associated, key findings, being taken forward as part of a bespoke programme of Governor Development Sessions (chaired by the Group Chairman). At these sessions, a range of topics are discussed for example performance against the Trust's forward plan key priorities, an annual report and accounts overview, NHS health plans and associated programmes of work etc.. Governors are also formally presented with the finalised 'Quality Report' alongside key patient and staff experience information. They are encouraged to proactively engage with Directors, raising any concerns or issues and offer their views and suggestions for consideration.

During 2018/19, the key Training & Developmental areas provided to Governors included the Governor Meeting Framework development, Trust's Vision and Values, Evolving Role of Governor, Effective Team Working, North Manchester General Hospital Acquisition Updates, Manchester Local Care Organisation Updates, Service Strategy Plans, Quality Report Priorities and Metric Identification and Outlook/E-mail basic training.

Governors will continue to be regularly appraised of developments in relation to several major on-going health programmes including Single Hospital Service (SHS), Manchester Local Care Organisations (MLCO) and Manchester and Trafford Locality Plans. Ongoing training and development sessions will also be provided to Governors throughout 2019/20 and again will be informed via the 'Annual Governor Effectiveness and Performance Questionnaire' key findings.



3.3 Staff report

WORKFORCE DEMOGRAPHICS	31 March 2018		31 March 2019	
	Headcount	% of Total Headcount	Headcount	% of Total Headcount
Staff Group				
Additional Professional Scientific and Technical	993	4.8%	1,071	4.9%
Additional Clinical Services	3,552	17.3%	3,891	17.7%
Administrative and Clerical	4,659	22.6%	4,899	22.3%
Allied Health Professionals	1,174	5.7%	1,297	5.9%
Estates and Ancillary*	932	4.5%	1,073	4.9%
Healthcare Scientists	747	3.6%	760	3.5%
Medical and Dental	1,801	8.8%	1,897	8.6%
Nursing and Midwifery Registered	6,691	32.5%	7,036	32.1%
Students	21	0.1%	21	0.1%
Grand Total	20,570	100%	21,945	100%
Full Time/Part Time				
Full Time	13,867	67.4%	14,747	67.2%
Part Time	6,703	32.6%	7,198	32.8%
Gender				
Female	16,367	79.6%	17,468	79.6%
Male	4,203	20.4%	4,477	20.4%
Disabled				
No	13,368	65.0%	14,984	68.3%
Not recorded	6,672	32.4%	6,356	29.0%
Yes	530	2.6%	605	2.8%
Ethnic Group				
BME	3,664	17.8%	4,206	19.2%
Not recorded	1,761	8.6%	1,814	8.3%
White	15,145	73.6%	15,925	72.6%
Age				
16-20	152	0.7%	139	0.6%
21-30	4,493	21.8%	4,857	22.1%
31-40	5,309	25.8%	5,677	25.9%
41-50	5,013	24.4%	5,286	24.1%
51-60	4,462	21.7%	4,718	21.5%
61+	1,141	5.5%	1,268	5.8%

Staff Turnover	1st April 2017 to 31st March 2018	1st April 2018 to 31st March 2019
	13.2%	12.5%

Staff Sickness Absence	1st April 2017 to 31st March 2018	1st April 2018 to 31st March 2019
Sickness %	4.8%	4.8%
Average Working Days lost (per wte)	10.8	10.9

Senior Staff Gender Breakdown	Male	Female
Executive Directors	3	6
Non-Executive Directors	6	3

Staff costs

Full year 2018/19

	Total	Permanent	Other
Trust	£000	£000	£000
Salaries and wages	726,167	726,167	0
Social Security costs	66,904	66,904	0
Apprenticeship Levy	3,571	3,571	0
Pension cost - defined contribution plans (employer's contributions to NHS pensions)	82,915	82,915	0
Pension cost - other	79	79	0
Temporary staff - external bank	47,378	0	47,378
Temporary staff - agency/contract staff	30,918	0	30,918
Total Trust staff costs	957,832	879,636	78,196
NHS charitable funds staff	790	790	0
Total Trust and Group Staff costs	958,622	880,426	78,196

Six months to 31st March 2018

	Total	Permanent	Other
Trust	£000	£000	£000
Salaries and wages	342,820	341,502	1,318
Social Security costs	30,288	30,288	0
Apprenticeship Levy	1,490	1,490	0
Pension cost - defined contribution plans (employer's contributions to NHS pensions)	39,575	39,575	0
Pension cost - other	30	30	0
Temporary staff - external bank	17,634	0	17,634
Temporary staff - agency/contract staff	18,478	0	18,478

Total Trust staff costs	450,315	412,885	37,430
NHS charitable funds staff	661	661	0
Total Trust and Group Staff costs	450,976	413,546	37,430

Staff policies and actions applied during the year:

Workforce Disability

Our Trust is a Disability Confident employer. As part of this, Human Resources has a clear process in place to manage applicants with a disability through the recruitment process which includes guaranteeing an interview for applicants that meet the minimum requirement for the role and supporting disabled staff in the workplace through reasonable adjustments to remain in employment or find suitable alternative work.

MFT is proud that it is the largest NHS provider of Supported Internships and has operated a Supported Internship programme for over seven years in partnership with a local non-profit support provider called Pure Innovations, as well as The Manchester College and Trafford College. The Trust now hosts 30 interns a year across the Trafford, Oxford Road and Wythenshawe sites.

Learners undertake a number of different placements in different departments over the course of an academic year as well as academic and employability training in a classroom setting on site. The scheme typically sees around 50% of learners gaining paid employment at the end of the programme although the 2017/18 cohort saw over 60% gain employment.

Communicating and consulting with our staff

Ensuring effective employee relations are maintained remains a key objective for MFT. We have a Partnership Agreement which outlines the framework for consultation and collective bargaining, to assist our managers, staff and Trade Union representatives work collaboratively and improve working relationships. Core functions include facilitating the Joint Negotiating and Consultation Committees for medical and non-medical staff groups, as well as providing assistance in discipline, grievance and dignity at work processes.

We have undertaken a series of service reviews and restructuring exercises this year to integrate services and drive efficiencies. A number of these are still in progress and will be completed over the coming months.

Looking after our staff (occupational health and health and safety)

The Employee Health and Wellbeing (EHW) Service provides a range of professional services to individuals and managers. Services include:

- Management referral assessments to support attendance and fitness for work.
- Advice on rehabilitation and adjustments at work.
- Immunisation and vaccination screening programmes.
- Clinical management of staff who sustain accidental inoculation and contamination injuries.
- Workplace risk assessments and health surveillance programmes.

- Rapid access interventions including counselling, physiotherapy and osteopathy.
- Annual influenza vaccine campaign for health care workers providing direct patient care (the 2018/19 programme ensured that 63.04% of frontline healthcare workers (10,632 staff) received the flu vaccine).
- Health and wellbeing initiatives targeting and raising awareness on specific health issues.

The EHW Psychological Wellbeing teams provide support to individuals and teams on managing under pressure, building emotional resilience and maintaining healthy and effective team working.

An Employee Assistance Programme - EAP (including Counselling Services) - is in place providing all staff with access to a range of services which are available 24 hours a day, 7 days a week. The service is independent and confidential, providing advice and support on a range of issues and resources via telephone and an Online Health Portal.

Supporting our staff through change

We have introduced a high performing team framework in conjunction with Affina Organisational Development to build our capacity for developing effective team-based working to manage change and to deliver high quality care, operational performance and engagement.

Team Leaders are guided through the foundations of effective team working using an evidence-based online tool called the 'Affina Team Journey', supported by a Team Coach who helps them to use and apply this tool and learning. The nine stages of the team development journey include: assessing team potential using a diagnostic questionnaire, developing team identity and objectives and supporting positive communication and decision-making. At each stage Team Leaders are provided with team assessment tools, with automated online reporting, and briefings for team development activities.

Where multi-professional teams work together patient satisfaction is higher, health care delivery is more effective with better communication and higher levels of innovation, together with lower levels of staff stress, absenteeism and turnover. High performing teams are better able to navigate change.

Together with the Advancing Quality Alliance (AQuA) we have continued to offer a change capability-building curriculum to support our commitment to continuous improvement and innovation.

Leadership development activity

At MFT we have developed our Leadership and Improvement offer with a range of programmes.

Our LEAD programme supports those taking on, or aspiring to, new leadership roles with a three day programme giving an overview of leadership skills leading to Institute of Leadership and Management endorsed certificate.

This is followed by a suite of optional modules for staff members to design their own development programme based on their own needs and aspirations.

We are the Greater Manchester hosts for the NHS Leadership Academy Mary Seacole programme for first line leadership, which combines online learning, forums, 360 feedback and three workshops for a comprehensive overview of leadership and management. The programme is being accessed by a range of professionals across the Greater Manchester region.

We have expanded our clinical leadership offer with our programme for Newly Appointed Consultants and launched a new Clinical Leadership Programme for experienced Consultants.

In addition, we have expanded our Apprenticeship programmes to include the MFT General Management Graduate Scheme which provides an opportunity for 16 trainees every two years to complete a senior leaders' masters apprenticeship. In partnership with Manchester Metropolitan University, in the last year 60 staff have been progressing on the Chartered Management Degree Apprenticeship.

Our future plans include developing these offers further and bringing them together under a Leadership and Improvement Academy with supporting talent development plans.

Recognising staff excellence

The MFT Excellence Awards is our annual Trust staff recognition scheme, showcasing the range of incredible staff accomplishments under categories such as Unsung Hero, Clinical Team of the Year, Brilliant Ideas, Equality, Diversity and Inclusion Champion and Patient Choice.

Together with representatives from clinical areas receiving Gold accreditation as part of our Improving Quality Programme, finalists in 11 awards were recognised and their achievements celebrated at a sponsored award ceremony in March 2019.

Supporting staff to 'Speak Up'

Freedom to Speak Up is a national programme that supports staff, student, Governors and patients to raise concerns. Effective speaking up arrangements help to protect patients and improve the working experience of NHS staff. Our Trust Board has a key role in making sure MFT has a culture where people can raise concerns safely, and in December 2017 they reviewed their responsibilities and accountability for making sure everyone can speak up. See pages 184-85 of this report for more information about the role and activities of our 18 Freedom to Speak Up Champions.

Preventing fraud and corruption

We are committed to reducing the level of fraud, bribery and corruption both within MFT and the wider NHS and aim to eliminate all such activity as far as possible. We are required to comply with the NHS Counter Fraud Authority Standards for Providers and have an Anti-Fraud, Bribery and Corruption Policy in place which encourages anyone having reasonable suspicions of fraud, bribery or corruption to report them.

Our agreed work programme to combat fraud, bribery and corruption was followed, in accordance with the agreed Anti-Fraud Work Plan and included a range of awareness exercises; local and national proactive exercises; reviews of policies and procedures; and conducting investigations where suspected or apparent fraudulent activity has been identified and seeking financial redress where appropriate.

Trade Union Facility Time disclosures

The following information was submitted to the Government Trade Union Facility Time Publication Service in line with the Trade Union (Facility Time Publication Requirements) Regulations 2017.

Relevant Union Officials

Number of employees who were relevant union officials (01/04/18-31/03/19)	FTE employee number
72	66.9

Percentage of time relevant union officials spent on facility time

Percentage of time spent on facility time (01/04/18-31/03/19)	Number of employees
0%	0
1-50%	66
51%-99%	3
100%	3

Percentage of pay bill spent on facility time

Percentage of the total pay bill spent on facility time (01/04/18-31/03/19)	Data
Total cost of facility time	£272,642.71
Total pay bill	£887,600,000
Percentage of the total pay bill spent on facility time: (Calculated as: (total cost of facility time ÷ total pay bill) x 100)	0.03%

Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours:	45.19%
--	--------

(Calculated as: total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100)

Consultancy and other costs

During the year, MFT spent £3,200k on consultancy (£1,910k in the six months to 31st March 2018).

Off payroll engagements

MFT seeks assurance about the tax arrangements of individuals engaged off-payroll and the information is recorded centrally. No individuals with significant financial responsibility will be engaged off-payroll. The Trust has a policy in this area that reflects HMRC IR35 Guidance along with best practice guidance from the Healthcare Financial Management Association. MFT applies rigorous controls to all aspect of discretionary spend, including consultancy support that would potentially be captured as 'off-payroll.' All proposed engagements are reviewed and IR 35 compliance confirmed prior to commencement.

For all off-payroll engagements for the period 1st April 2018 to 31st March 2019 for more than £245 per day and that last for longer than six months

No. of existing arrangements as of 31 st March 2019	0
Of which	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1st April 2018 and 31st March 2019, for more than £245 per day and that last for longer than six months:

No. of new engagements, or those that reached six months in duration, between 1st April 2018 and 31st March 2019	0
Of which	0
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	30
No. engaged directly (via Personal Services Company contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency/assurance purposes during the year	10

No. of engagements that saw a change to IR35 status following the consistency review	0
--	---

For all off-payroll engagements for the six months to 31st March 2018 for more than £245 per day and that last for longer than six months:

No. of existing arrangements as of 31st March 2018	0
Of which	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1st October 2017 and 31st March 2018, for more than £245 per day and that last for longer than six months:

No. of new engagements, or those that reached six months in duration, between 1st October 2017 and 31st March 2018	0
Of which	0
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via Personal Services Company contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency/assurance purposes during the year	9
No. of engagements that saw a change to IR35 status following the consistency review	0

The number of individuals that have been deemed 'board members and/or senior officers with significant financial responsibility' during the period is zero (six months to 31st[†] March 2018 zero).

Staff engagement - our approach

The Trust staff survey is MFT's primary method for measuring organisational culture. This includes how well-led staff are and whether they feel sufficiently supported to enable them to fulfil their potential. This can be best described as staff experience.

The culture we seek to create is described in the 'MFT Leadership and Culture Strategy' (2017). The overall aim of this strategy is to develop a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people, improving the health of our local population.

The MFT approach to staff engagement combines Group level strategy and activities with hospitals and services leading on the development of staff engagement locally. Staff provide feedback on their experiences through their local team structure and through surveys. In addition to the annual staff survey, this includes Pulse Surveys three times per year and the new Culture of Care survey, part of MFT's internal accreditation process.

Following the analysis of the 2017 staff survey results, the following priority areas for 2018 were agreed by the Group Board:

- Staff engagement (particularly supporting staff to implement improvements).
- Quality of appraisals.
- Effective team-working.
- Health and wellbeing.
- Equal opportunities and discrimination.

NHS Staff Survey 2018

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions, with the indicator scores being the average of those.

The 2018 survey was the first conducted as Manchester University NHS Foundation Trust, and as a new organisation historical data for surveys prior to 2017 is not provided by the National Co-ordination Centre. The response rate to the 2018 survey amongst Trust staff was 35%. The indicative response rate in 2017 was 37%, based on data from our predecessor organisations.

Summary of survey performance

The scores for each indicator together with that of our survey benchmarking group, combined acute and community trusts, are presented below. The benchmarking data used in the table is taken from the national 2018 NHS staff survey results website.

The indicative MFT data for the 2017 staff survey has been provided by Staff Survey National Co-ordination Centre and is included in our benchmark report.

	2018/19		2017/18		2016/7	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.1	9.1	9.0	9.1	N/A	9.2
Health and wellbeing	6.0	5.9	5.9	6.0	N/A	6.1
Immediate managers	6.8	6.8	6.7	6.8	N/A	6.8
Morale	6.2	6.2	N/A	New indicator in 2018	N/A	New indicator in 2018
Quality of appraisals	5.3	5.4	5.2	5.4	N/A	5.3
Quality of care	7.5	7.5	7.4	7.5	N/A	7.6
Safe environment – bullying and harassment	8.3	8.1	8.2	8.1	N/A	8.2
Safe environment – violence	9.6	9.5	9.6	9.5	N/A	9.5
Safety culture	6.8	6.7	6.7	6.7	N/A	6.7
Staff engagement	7.1	7.0	7.0	7.0	N/A	7.0

As in previous years, the overall staff engagement score is based on three factors:

- recommendation of the organisation as a place to work/receive treatment (advocacy)
- staff motivation at work (motivation)
- contribution towards improvements at work (involvement).

The staff engagement score increased from 7.0 to 7.1 (rounded), with all three staff engagement factors having seen an improvement in scores.

Overall, MFT has improved in 8 out of the 9 Key Themes where data is available for 2017. MFT is around average across all 10 themes, scoring 0.1 – 0.2 higher than the sector average for 5 of the 10 Key Themes and 0.1 lower in one: Quality of Appraisals.

Summary of performance against priority areas

- Staff engagement

Scores for all 9 questions that contribute to the Key Theme Staff Engagement score increased on 2017; 8 of these increases were identified as statistically significant (2 out of 3 for questions about implementing improvements).

- Quality of appraisals

Scores for all 4 questions that contribute to the Key Theme Quality of Appraisals score increased on 2017, 2 of which were statistically significant.

- Effective team working

Team working is not a Key Theme. However, the two questions previously linked to the former 'effective team working' Key Finding both recorded a statistically significant increase in scores.

- Health and wellbeing

Scores for all 5 questions that contribute to the Key Theme Health and Wellbeing increased on 2017, of which four were identified as statistically significant.

- Equal opportunities and discrimination

Scores for all 4 questions that contribute to the Key Theme Equality, Diversity and Inclusion score increased on 2017. Two of these increases were statistically significant.

Future priorities and targets

The workforce Group-level actions planned for 2019/20 that will address the priority areas for improvement identified by staff in the survey, and further build on existing strengths, are outlined in our Workforce Strategy and Implementation plan, Leadership and Culture Strategy and new Equality, Diversity & Inclusion strategy. Hospital and Managed Clinical Services specific actions are outlined in the Annual Plans for each and are aligned to the Group plans.

For 2019 the priority areas for improvement will focus on the key themes below with the aim to achieve above average scores against our benchmark group:

- Staff engagement particularly supporting staff to implement improvements.

This will include the continuation of a regular programme of staff engagement sessions led by the Group Chief Executive, and the introduction of a revised quality improvement (QI) training programme, with the long term aim of training 50% of staff in basic QI techniques.

- Quality of appraisals

Following extensive consultation, a new non-medical appraisal process and paperwork will launch in April 2019, with a quality audit to assess staff experience of appraisal on a rolling basis.



- Quality of care.

We will continue the programme of quarterly MFT Bee Brilliant Quality events, providing opportunities to celebrate good practice and develop improvements. The 'What Matters to Me' approach to improving patient experience will be further developed and we will continue to embed the Affina Team Journey approach to team development.

- Immediate managers

A Leadership and Improvement Academy will be established and a bespoke MFT leadership competency framework implemented and incorporated into personal development plans.

- Health and wellbeing

We will continue to realise the benefits from the integration of the employee health and wellbeing services of our predecessor trusts, including reviewing the service delivery model for a Rapid Access Physiotherapy Service to alleviate musculoskeletal problems; providing a comprehensive education programme, including understanding stress, mindfulness and our Fast Track Accessibility Programme; and using events with external partners to promote staff health and wellbeing, including the Great Manchester Run and Park Run.



- Equality, Diversity & Inclusion

Plans include the implementation of a BME leadership programme, delivery of the MFT Attraction strategy - with a particular focus in developing expertise in recruitment from under-represented groups - and the launch of the new MFT Equality and Diversity Strategy.

Feedback on staff experience and engagement will continue to be measured through our programme of Pulse and culture of care surveys, and reported to the Group Board each quarter through our Accountability Oversight Framework.

3.4 NHS FT Code of Governance disclosures

Manchester University NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The MFT Board of Directors and Council of Governors are committed to continuing to operate according to the highest corporate governance standards.

In order to do this, the **Board of Directors**:

- Meets formally on a bi-monthly basis in order to discharge its duties effectively. Systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery.
- Regularly reviews the performance of the Trust against regulatory and contractual obligations and approved plans and objectives. Relevant metrics, measures and accountabilities have been developed in order to assess progress and delivery of performance.
- Has a balance of skills, independence and completeness that is appropriate to the requirements of the Trust.

All Directors have a responsibility to constructively challenge the decisions of the Board. Non-Executive Directors (NEDs) scrutinise the performance of the Executive management in meeting agreed goals and objectives and monitor the reporting of performance.

Where a Board member does not agree to a course of action it is minuted. The Chairman should then hold a meeting with the Non-Executive Directors with the Executive Directors present. If the concerns cannot be resolved this should be noted in the Board minutes.

NEDs are appointed for a term of three years by the Council of Governors. The Council of Governors can appoint or remove the Chairman or the NEDs at a general meeting. Removal of the Chairman or another Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.

The Chairman ensures that the Board of Directors and the Council of Governors work together effectively and that Directors and Governors receive accurate, timely and clear information that is appropriate for their respective duties.

The **Council of Governors**:

- Represents the interests of the Trust's members and partner organisations in the local health economy in the governance of the Trust.
- Acts in the best interests of the Trust and adheres to its values and code of conduct.
- Holds the Board of Directors to account for the performance of the Trust and receives appropriate assurance and risk reports on a regular basis.

Our Governors are consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan.

The Council of Governors meets on a regular basis so that it can discharge its duties, and the Governors have elected a Lead Governor, Jayne Bessant. The Lead Governor's main function is to act as a point of contact with NHSI, our independent regulator.

The Directors and Governors continually update their skills, knowledge and familiarity with the Trust and its obligations, to fulfill their role on various Boards and Committees.

Our Constitution (available at <https://mft.nhs.uk/the-trust>), which was agreed and adopted by the Council of Governors, outlines the clear policy and fair process for the removal from the Council of Governors of any Governor who consistently and unjustifiably fails to attend the meetings of the Council of Governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties.

The performance review process of the Group Chairman and NEDs involves the Governors. The Senior Independent Director supports the Governors through the evaluation of the Chairman. Each Executive Director's performance is reviewed by the Group Chief Executive who in turn is reviewed by the Chairman. The Chairman also holds regular meetings with NEDs without the Executives present.

Independent professional advice is accessible to the NEDs and Trust Board Secretary via the appointed independent External Auditors, and a Senior Associate at a local firm of solicitors. All Board meetings and Board Sub-Committee meetings receive sufficient resources and support to undertake their duties.

The Group Chief Executive ensures that the Board of Directors and the Council of Governors of MFT act in accordance with the requirements of propriety or regularity. If the Board of Directors, Council of Governors or the Chairman contemplates a course of action involving a transaction which the Group Chief Executive considers infringes these requirements, he will follow the procedures set by NHSI for advising the Board and Council for recording and submitting objections to decisions. During 2018/19 there have been no occasions on which it has been necessary to apply the NHSI procedure.

MFT staff are also required to act in accordance with NHS standards and accepted standards of behaviour in public life. The Trust ensures compliance with the Fit and Proper Person (FPP) requirement for the Board of Directors. All existing Directors completed a self-declaration and this exercise is repeated annually. All new appointments are also required to complete the self-declaration and the full requirements of the FPP test have been integrated into the pre-employment checking process.

The Trust holds appropriate insurance to cover the risk of legal action against its Directors in their roles as directors and as trustees of the MFT Charity.

Relationship with stakeholders and duty to co-operate

MFT has well-developed mechanisms for engagement with third party bodies at all levels across the organisation. These include regular arrangements such as standing meetings, and time-limited arrangements set up for a specific purpose.

Greater Manchester (GM) Devolution has continued to change the landscape significantly and a well-established set of governance arrangements ensure co-operation and close working across the whole of the GM health and social care system.

The Board ensures that effective mechanisms are in place and that collaborative and productive relationships are maintained with stakeholders through:

- Direct involvement – e.g. attendance at Board-to-Board and Team-to-Team meetings, attendance at Partnership Board meetings.
- Chair involvement – e.g. attendance at Manchester Health & Wellbeing Board.
- Feedback – e.g. from the Council of Governors and in particular nominated Governors.
- Board updates on Strategic Development.
- Board Assurance report - delivery of key priorities (many of which rely on good working relationships with partners).

The following information describes some of the arrangements in place with our key stakeholders.

Commissioners

Effective mechanisms to agree and manage fair and balanced contractual relationships include:

- A range of executive team-to-executive team and board-to-board meetings with key commissioners:
 - Manchester Health and Care Commissioning.
 - The Christie.
- A dedicated Contracts and Income Team that liaises between the Trust, our hospitals and commissioners.

Other providers

The GM Provider Federation Board, which is part of the GM Devolution arrangements, facilitates joint and joined-up working across all GM providers. In addition to this MFT has established partnership boards with other providers, such as Alder Hey NHS Foundation Trust, which have representation from Executive and Non-Executive Directors.

City of Manchester (NHS and Manchester City Council)

Collaborative working arrangements exist across the City Council, the providers and the CCGs. These include:

- Health and Wellbeing Board - Manchester Health and Wellbeing Board brings together representatives from Manchester City Council, acute Trusts, CCGs, the mental health Trust, Public Health and Healthwatch.
- Health and Wellbeing Executive – as above.
- Manchester Provider Board - brings together acute Trusts, GP federations, pharmacy, mental health Trust, Manchester City Council and the voluntary sector, all working together on the development of out-of-hospital services.

Academic institutions

The Trust has a strong relationship with its key academic partner, The University of Manchester (UoM), and there are joint committees that support activities such as clinical appraisals, research and education.

MFT has function links with Manchester Metropolitan University and Salford University to support training of nurses, allied health professionals (AHPs) and scientists, and some specific research collaborations.

The Trust is a founder member of the Manchester Academic Health Science Centre, which brings together research-active hospitals and UoM to deliver improvements in healthcare, driven from a platform of research excellence.

Health Innovation Manchester, whose remit is to drive forward the adoption of innovations to improve healthcare, is located in Citylabs on our Oxford Road campus. It was established in 2015/16 to create a compelling shop window for external stakeholders and potential customers to access the Greater Manchester NHS ecosystem and MFT has representation on the governance board.

Industry

The Trust has a range of industry interfaces that encompass both large corporates and SMEs. These collaborations and partnerships enable us to acquire new equipment, facilities and services using a shared risk approach.

Our approach to selecting and securing our industry partners is to choose the best partner to help us to further improve our delivery of care and business efficiencies. For example the Trust has a 10-year relationship with Bruntwood to provide a range of property and estates related services. We also have a long term agreement with Roche to provide laboratory equipment (diagnostics) and Fresenius for renal services.

Through an informal joint venture with Manchester Science Partnerships (MSP) and TRUSTECH, MFT operates a medtech centre that provides early stage incubation space for NHS spin-outs and SMEs that wish to co-develop novel healthcare solutions with the Trust.

The Trust and MSP are also working together to develop the next phase of the Citylabs development on the former Saint Mary's site. The £60m, 220,000 sq ft expansion is due to complete at the end of 2020. It will house SMEs and large companies which are developing new products and services relevant to our core services, including laboratory diagnostics, genomics, digital health and clinical trials. A major collaboration with global diagnostics firm QIAGEN will see the company making Citylabs its base, bringing jobs and investment to Manchester.

Education

MFT continues to be the lead sponsor of Manchester Health Academy in Wythenshawe, which is rated Good by OfSTED. The Academy has a sound financial position and is well regarded for its support to local students.

The links with MFT help to promote further career opportunities for students. They benefit from access to a comprehensive range of NHS expert practitioners and their working environment. As one of Manchester's biggest employers, MFT is committed to improving the life chances for the students in the Academy. Students not only have the opportunity to gain insights into the career opportunities in the medical, clinical, nursing and technical health areas, but also to access the diverse support trades and services essential to the life of MFT. The focus of health runs through all aspects of student life and learning at the Academy.



3.5 NHSI Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care.
- Finance and use of resources.
- Operational performance.
- Strategic change.
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust has been placed in segment 2 by NHS Improvement. This segmentation information is the Trust's position as at 31st March 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here. During the period the Trust achieved the following:

Finance Risk Ratings

Area	Metric	2018/19				October to March 2017/18 part year score	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	2	4	4	4	2	3
	Liquidity	1	2	2	1	1	2
Financial efficiency	I&E margin	1	2	3	3	1	2
Financial Controls	Distance from financial plan	1	2	2	2	1	2
	Agency spend	2	2	3	2	2	2
Overall scoring		1	3	3	3	1	2

3.6 Statement of Accounting Officer's responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Manchester University NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Manchester University NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Manchester University NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess Manchester University NHS Foundation Trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act.

The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Sir Michael Deegan CBE
Group Chief Executive
22nd May 2019

3.7 Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Manchester University NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that MFT is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the policies, aims and objectives of MFT.
- Evaluate the likelihood of those risks being realised and the impact should they be realised and
- Manage them efficiently, effectively and economically.

The system of internal control has been in place in Manchester University NHS Foundation Trust for the year ended 31st March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust leadership plays a key role in implementing and monitoring the risk management process and the chart on page 49 shows the MFT governance structure.

The Group Chief Executive chairs the **Group Risk Management Committee** and actual risks scoring 15 or above are reported to the Committee. Risk reports are received from each responsible Director, Hospital/MCS CEO and Group Executive Director, with details of the controls in place and actions planned and completed against which assessment is made by the Committee.

This Committee provides the Board of Directors with an assurance that risks are well managed with the appropriate mitigation and plans in place. Reports demonstrate that the risk management reporting process includes all aspects of risk, clinical and non-clinical.

The **Audit Committee** monitors assurance processes and seeks assurance across all risks in order to provide independent assurance to the Board of Directors that risks have been properly identified and appropriate controls are in place.

The risk appetite is determined by the Board and monitored by the Audit Committee to ensure that the risks faced are consistent.

The Board has designated the Joint Group Medical Directors as the lead Executives and Chairmen of the **Quality and Safety Committee**. This Committee sets the strategic direction for quality and safety for MFT. It is responsible for developing the organisational strategy for quality and safety in line with national/international evidence based practice and standards.

This Committee also ensures that MFT has the structures, systems and processes it needs in order to achieve its key clinical objectives, and that they are monitored and performance managed. A significant amount of work has been undertaken to develop clinical effectiveness indicators across all our Hospitals and Managed Clinical Services (MCS).

A Trust risk management training programme has been designed and delivered which undergoes an annual evaluation process. The risk management team includes a training post dedicated to risk management training.

The Trust has operational risk and safety meetings at all levels which review high level incidents alongside incident trends so that lessons can be learnt for the future. We have developed robust mechanisms for recording untoward events and learning from them.

As part of our Clinical Effectiveness Performance Framework, each Hospital and MCS records its activity and performance against the key clinical effectiveness indicators and produces a summary for discussion at their hospital/service review. Areas of good practice are collected on a corporate basis and shared throughout the organisation. MFT is also represented on a number of national and regional working groups.

The Trust has a well-established **Quality and Performance Scrutiny Committee** which provides assurance on the Trust's work on quality (Patient Safety & Patient Experience) and performance (all key performance measures excluding Workforce & Finance). The Committee is Chaired by a Non-Executive Director who identifies areas that require more detailed scrutiny, arising from national reports, Board Reports, the Board Assurance Report, patient feedback and public interest issues.

Examples of areas examined this year include:

- 'Never Events - Action Plans to Mitigate Risks'.
- 'Incident Reporting – A Review 12 Months Post-Merger'.
- 'MFT Outpatients Improvement Programme'.
- 'The Outcome of the Transcatheter Aortic Valve Replacement (TAVI) Review'.
- 'Lessons Learnt from the Review of the Wythenshawe & MRI Urgent Care Pathways'.
- 'Lessons Learnt following a Recent Paediatric Inquest'.

This ensures a level of detailed review, challenge and learning in areas of identified risk.

The **Human Resources Scrutiny Committee** reviews MFT's Human Resources Strategy and monitors the development and implementation of the key workforce deliverables. Examples of key areas of focus during 2018/19 include:

- 'Values & Behaviours – Challenging Poor Behaviour and Hate Crime'.
- 'Hospital/MCS Plans to achieve Appraisal Compliance Standards'.
- 'Staff Health & Wellbeing – Supporting Staff'.
- 'Management of Absenteeism within the Organisation'.
- 'GMC Survey and emerging themes and related action plans'.
- 'Workforce Disability' and 'Workforce Race Equality Standards'.
- 'Quarterly Reports from the Guardian of Safe Working Hours'.

The Board Assurance Framework outlines the key strategic aims of the Trust and associated risks with plans to achieve aims and mitigate risk. Key workstreams associated with this are also monitored via the HR Scrutiny committee for assurance.

The workforce and leadership section of the Board assurance report is reviewed by the Board on a monthly basis to monitor the key workforce metrics, such as attendance, vacancies, mandatory training and appraisal compliance. Monthly performance monitoring is also undertaken as part of the Trust's Accountability Oversight Framework process, whereby Executive Directors review key workforce metrics and delivery plans for each Hospital/MCS site.

Safer staffing reports for nursing and midwifery are submitted to the Board during the year, in line with regulatory requirements.

In line with NHS Improvement guidance the Developing workforce safeguards recommendations will be implemented in 2019/20, in order to support a consistent approach to workforce decision-making.

The Board of Directors also seeks assurance about the performance and risk management strategy of a key external partnership, the Manchester Local Care Organisation (MLCO), through the **MLCO Scrutiny Committee**. Examples of key areas of focus during 2018/19 include:

- 'The MLCO Governance Framework'.
- 'Mobilisation of integrated Neighbourhood Teams'.
- 'Quality, Safety & Assurance'.
- 'System Escalation – Progress'.
- 'Additionality of the Winter Resilience Plan to the wider system'.

The risk and control framework

A risk management process covering all risks has been developed throughout the organisation at all levels with key indicators being used to demonstrate performance. The whole system of risk management is continuously monitored and reviewed by management and the Board in order to learn and make improvements to the system.

The Trust's management structure has established accountability arrangements through a scheme of delegation covering both corporate and hospital/service arrangements. This is reflected in the corporate and Hospital/MCS work programmes/key priorities and the governance arrangements within the Trust.

The responsibilities of each Executive Director are detailed below:

Group Deputy Chief Executive

- Assumes responsibilities for the Group Chief Executive in his absence.
- Responsible for developing integrated care across acute, community and local authority boundaries with the City of Manchester.

Group Chief Nurse

- Responsible and accountable for leading professional nursing, patient experience and engagement.
- The Trust's Director of Infection Prevention and Control.
- Chairs the Group Infection Control Committee and Group Safeguarding Committee.
- Responsible for ensuring compliance with statutory requirements regarding safeguarding children and vulnerable adults.

Group Chief Finance Officer

- Responsible for the wide range of interrelated work programmes around finance, contracting, information and strategic planning.
- Responsible for developing and overseeing delivery of financial plans across the Trust for current and future financial years, ensuring these are integrated with operational and service delivery requirements.
- Holds regular meetings with local commissioners and with the North West Specialised Commissioning Team, maintaining dialogue across service delivery and planning issues including forward projections, significant developments within individual services and strategic service changes.
- Responsible for developing and delivering on any transactions which may be contemplated by the Board, which may extend the scope of the Trust's activities and responsibilities.
- The Senior Information Risk Officer for the Trust.

Joint Group Medical Directors

- Responsible for leading on patient safety and clinical effectiveness, research and innovation and medical education.
- Chair the Clinical Advisory Committee, the Quality & Safety Committee, the Research Governance Committee and the Informatics Strategy Board.
- Responsible for ensuring the Trust is compliant with the Human Tissue Act.
- The Responsible Officers for the Trust for the revalidation of doctors with the General Medical Council, and the Trust's Caldicott Guardians.

Group Director of Workforce & Organisational Development

- Provides strategic direction and leadership on a range of corporate functions to enable delivery of the highest quality of services to patients.
- Provides strategic advice to the Group Chief Executive and Board of Directors on all employment matters.
- Chairs the Workforce & Education Committee.
- Responsible for developing, implementing and monitoring a comprehensive Workforce Strategy ensuring that employee recruitment, retention, leadership, motivation and effectiveness are maximised.

- Responsible at Board level for effective internal and external communications ensuring at all times the appropriate positive projection of the Trust through the media.
- Responsible to the Board for its secretariat function, Governors and membership, to include support for its various meetings and internal processes.

Group Chief Operating Officer

- Responsible for the successful delivery of clinical operations in the Trust, playing an active role in the determination and implementation of corporate strategies and plans.
- Has responsibility for four key elements:
 - Operational leadership of all hospitals and services.
 - Performance management and delivery of all national and local targets.
 - Modernisation and process redesign of Trust clinical and business Processes.
 - Business continuity management (including emergency planning).
- Provides effective management of the Trust on a day-to-day basis, ensuring the provision of appropriate, effective high quality patient-centered care, which meets the needs of patients and can be achieved within the revenues provided.
- Chairs the Hospital/MCS CEO Forum and the Trust Cancer Committee.
- Contributes to the development and delivery of the wider Trust agenda, including implementation of the Trust's strategic vision.

Group Executive Director of Strategy

- Responsible for all aspects of strategic planning and for providing a robust framework for the development of corporate and service strategy.
- Produces the Operational Plan submission to NHS Improvement and maintains the on-going compliance relationship NHSI, through monitoring submissions and exception reporting as required.
- Chairs the Service Strategy Committee.
- Manages many of the Trust's major stakeholder relationships and works closely with our hospital leadership teams to ensure appropriate strategic positioning to deliver our vision.
- Plays a pivotal role as a member of the Greater Manchester Health and Social Care Partnership and helps to shape the future governance arrangements linked to this historic agreement.

Our **Risk Management Strategy** provides us with a framework that identifies risk and analyses its impact for all hospitals and services for significant projects and for the organisation as a whole. The completion of Equality Impact Assessments is part of this process.

Any hazard identified is analysed against its severity and the likelihood of it occurring. This determines the overall risk ranking and ensures there is a common methodology across the organisation. The strategy clearly sets out the individual and corporate responsibilities for the management of risk within MFT.

Implementation of the strategy ensures the Board is informed about significant risks and is then able to communicate these effectively to external stakeholders.

The Risk Management Strategy is disseminated throughout MFT and to all local stakeholders and is reviewed every two years. There is increasing involvement of key stakeholders through mechanisms such as the Quality Reviews, the annual Clinical Audit and Risk Management Fair and Governors' learning events.

Each Hospital and MCS systematically identifies, evaluates, treats and monitors action on risk on a continuous basis. This work is then reported back through the local and corporate risk management and governance frameworks.

This also connects the significant risks (those appraised at level 15 or above on the risk framework) to the organisation objectives and assesses the impact of the risks.

The outcome of the local and corporate review of significant risk is communicated to the Group Risk Management Committee so that plans can be monitored. All Hospitals and MCSs report on all categories of risk to both the Group Risk Management and Quality & Safety Committees.

The Group Risk Management Committee undertakes further evaluation of the risks presented and their action plans and updates the Assurance Framework so that at any given time the significant risks to the organisation are identified. Risk Management and Assurance Framework processes are closely aligned and the Assurance Framework is dynamic and embedded in the organisation.

All identified risks within the organisation are captured in the Risk Register. This document also contains the detailed risk assessments and resulting action plans associated with the external assurance sources detailed under 'review of effectiveness'. The Board is therefore able to monitor progress against such action plans. Risk assessment is a fundamental management tool and forms part of the governance and decision making process at all levels of the organisation.

The Joint Group Medical Directors and Group Chief Nurse work closely on the alignment of patient safety and the patient experience. Clinical risk assessment is a key component of clinical governance and forms part of the Risk Register.

The Trust also has established arrangements to advise and engage with both the Manchester and Trafford Health & Wellbeing Overview and Scrutiny Committees when there are proposed service changes which may impact on the people who use our services. We endeavour to work closely with patients and the public to ensure that any changes minimise the impacts on patients and public stakeholders.

As a Foundation Trust, we also inform our Council of Governors of proposed changes including how any potential risks to patients will be minimised. The Group Chief Executive makes regular reports to the Governors on the position against all of the Trust risks scored at 15 or above. Progress on mitigation is Red/Amber/Green rated and shared with the Governors.

Overview of the organisation's major risks

The Trust identified a number of significant risks during 2018/19. These have been or are being addressed through robust monitoring at the bi-monthly Risk Management Committee, chaired by the Chief Executive. More detail on work to mitigate these risks can be found in the Performance Report on page 34 onwards.

Summary of high level risks we faced during 2018/19

Risk	Category	Status
Group delivery of the RTT 18 weeks standard and risk of 52+ week breaches	Clinical	Ongoing
Timely access to Emergency Services – meeting the 4 hour standard	Clinical	Ongoing
Lack of dedicated ambulance provision for Connect North West Neonatal	Clinical	Ongoing
SMH Obstetric capacity	Clinical	Ongoing
Safe and Secure Storage of Medicines	Clinical	Ongoing
Never events	Clinical	Re-introduced March 2019
Communication of diagnostic test and screening test results	Clinical	Ongoing
Trauma & Orthopaedic Services – failure to meet requirements highlighted by the Royal College of Surgeons review of governance systems and processes	Clinical	Ongoing
Delivery of the 6 week wait diagnostic target (for 15 tests).	Clinical	Ongoing
Adult Congenital Heart Services	Clinical	Ongoing
Timely access to cancer services - Delivery of the 62 day standard	Clinical	Ongoing
Paediatric Urgent and Emergency Care Capacity and Demand	Clinical	Ongoing
Risks relating to financial sustainability	Financial	Ongoing
C5447 - Regulatory Compliance Evidence	Organisational	Ongoing
Availability and Management of Patient Records on the Central site	Organisational	Ongoing
Cyber security	Organisational	Ongoing
Appraisal compliance	Organisational	Ongoing
Compliance with Building Regulations (Electrical Compliance and Fire Stopping)	Organisational	Ongoing
Critical Care Monitoring Station (RMCH)	Organisational	Downgraded
'EU Exit' No Deal	Organisational	New

Quality governance arrangements

Compliance with Care Quality Commission (CQC) registration was monitored through a number of Trust Committees but the main Committees are the Quality & Performance Scrutiny Committee and the Group Risk Management Committee. The Quality Report for 2018/19 describes the key elements of the Trust's quality governance arrangements (see page 126 onwards).

MFT undertakes a programme of internal quality reviews, which are structured using both the core standards and key lines of enquiry. These reviews - along with the internal and clinical audit programmes, the ward accreditation programme and the hospital review process - all provide assurance on compliance with the CQC Standards of Care.

All Hospitals and MCS report risks via an electronic system and risks are escalated up to the Group Risk Management Committee above a score of 15. These risks are mapped against the key priorities on the Board Assurance Framework. This can be mapped to the CQC Standards.

The quality of performance information is subject to an annual audit which evaluates the key processes and controls for managing and reporting the indicators.

Care Quality Commission

MFT is required to register with the CQC and our current registration status is fully registered with no conditions. The CQC has not taken enforcement action against the Trust during 2018/19, nor did MFT participate in any special reviews or investigations by the CQC. A planned CQC inspection of the Trust took place in autumn 2018, and the rating of 'Good' for MFT was awarded in March 2019.

Hospital/MCS Review Process

A review process has been established through which each Hospital/MCS is assigned an overall monthly Accountability Oversight Framework (AOF) Level which determines the level of recognition, intervention and support required. The AOF levels range from 1 (low risk) to 6 (high risk). A Hospital rated 1 will have earned autonomy; as the level of risk increases there is a corresponding and proportionate increase in the level of scrutiny, intervention and action that is required.

The frequency of performance review meetings between the Group Executive Directors and the Hospital/MCS Executive team ranges from six monthly (lowest risk) to monthly (highest risk). The Hospital/MCS AOF level is a composite score of performance against the six domains: Safety, Patient Experience, Operational Excellence, Finance, Workforce & Leadership; and, Strategy.

Each domain comprises a range of key performance indicators (KPIs) that align to regulatory and organisational requirements. In addition, any soft intelligence available to the Group Executives will be taken into consideration.

Assurance Framework

The Assurance Framework structures the evidence on which the Board of Directors depends to assure it is managing risks which could impact on MFT's key priorities.

Review of economy, efficiency and effectiveness of the use of resources

We invest significant time in improving systems and controls to deliver a more embedded range of monitoring and control processes.

The in-year use of resources is closely monitored by the Board of Directors and the following committees:

- Audit Committee.
- Remuneration Committee.
- Finance Scrutiny Committee.
- Quality & Performance Scrutiny Committee.
- Trust Risk Management Committee.
- Human Resources Scrutiny Committee.

MFT employs a number of approaches to ensure best value for money (VFM) in delivering its wide range of services. Benchmarking is used to provide assurance and to inform and guide service redesign. This leads to improvements in the quality of services and patient experience as well as financial performance.

The Trust is compliant with the principles and provisions of the NHS Foundation Trust Code of Governance following an annual review with Board members. The Board's statement on compliance is contained in detail on page 96 onwards of this report.

We have also undertaken risk assessments and have a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). MFT ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. See pages 37-39 for more information about our sustainability plans.

Information governance

MFT has a comprehensive Information Governance (IG) framework of best practice policies and guidelines to ensure personal and corporate information is safeguarded, handled and managed in line with data protection legislation and NHS national standards and guidelines. The IG framework provides the tools to enable MFT staff to confidently handle the personal data that is necessary for their role effectively and efficiently.

The Group Information Governance Board (GIGB) is responsible for monitoring MFT compliance and progress against the Information Governance agenda, and the NHS Data Security and Protection Toolkit (DSPT).

The GIGB supports the Group Chief Executive as Accountable Officer of the Trust and the Executive Senior Information Risk Owner (ESIRO) via the Senior Information Risk Owner (SIRO) in providing assurance, through the Annual Governance Statement, that information risks are effectively managed and mitigated.

The GIGB formally reports to the Group Informatics Strategy Board as part of the information governance assurance process.

During 2018/19 MFT has:

- Reviewed its IG framework to ensure compliance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).
- Embedded Data Protection Impact Assessments (DPIA) as part of the assessment process for sharing information with external NHS Trusts and other organisations.
- Continued with its IG programme to strengthen Information Governance practices within the hospitals and departments.
- Developed its Information Asset Register and associated data flows.
- Continued its service improvement in key IT infrastructure and raising the organisation's understanding through appropriate guidance, to reduce the incidence and impact of cyber risk.
- Submitted a Cyber Essentials plus action plan update to NHS Digital for ratification.
- Had an active role, contributing and supporting Information Governance initiatives, within Greater Manchester and nationally.

MFT completed the NHS Data Security and Protection (DSP) toolkit for 2018/19 and has met the standard for all assertions apart from one. We submitted an improvement plan for that one assertion, which has been reviewed and agreed by NHS Digital.

Information Governance breaches are managed in line with our incident management policy. Serious information governance breaches are also managed in line with the NHS Guide to the Notification of Data Security and Protection Incidents.

The table below shows a summary of all Information Governance incidents for the period 1st April 2018 – 31st March 2019.

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	6
B	Disclosed in error	87
C	Lost in transit	0
D	Lost or stolen hardware	3
E	Lost or stolen paperwork	46
F	Non-secure disposal - hardware	1
G	Non-secure disposal - paperwork	7
H	Uploaded to website in error	3
I	Technical security failing (including hacking)	6
J	Unauthorised access/disclosure	24
K	Other	84

There was one incident in the above period at a level which required reporting to the Information Commissioner's Office (ICO). This incident has now been closed by the ICO.

The principal risks to compliance with the NHS foundation trust condition 4 (FT Governance)

The principal risks to compliance with the NHS FT Condition 4 are outlined below. Action taken by the Trust to mitigate these risks in the future is outlined elsewhere in the Annual Governance Statement.

- Compliance with Care Quality Commission registration requirements
MFT is fully compliant with the registration requirements of the Care Quality Commission.
- Compliance with equality, diversity and human rights legislation
Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
- Compliance with the NHS Pension Scheme
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Annual Quality Report

In compliance with the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended), the Directors are required to prepare Quality Reports for each financial year. NHS Improvement (exercising powers conferred on Monitor) issues guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual. The MFT Quality Report for 2018/19 is on page 118 onwards.

Information on organisational performance is available to Board members and Governors through the online Board Assurance Framework system, in a clear Red, Amber, Green (RAG) rated graphical format. Each Executive Director has responsibility for a range of indicators related to their areas of operation, and monitors progress on resolving any issues identified.

The data within the system feeds the monthly Board of Directors integrated Trust Board Assurance Report that comprises quality, patient safety and experience, operational performance, human resources and financial performance. The report provides oversight of trends and historical performance, individual Hospital and MCS performance, highlights areas of risk, factors impacting on performance and the actions being taken to bring performance back to the required standard.

In addition, the outputs from the monthly AOF process are reported to the Group Executive Team, Trust Quality and Performance Scrutiny Committee and Group Management Board. This enables the Quality and Performance Scrutiny Committee to use this intelligence alongside the Trust Board Assurance Report to identify any areas that require further scrutiny and assurance.

MFT uses a reporting and analysis system to support the management of services and performance. This system is available to all staff from Board to ward, who can view it on a daily basis and access up to date performance information. The system is used to support our internal governance structure and any performance reporting required by external organisations.

In addition, our clinical and operational staff use the information to produce bespoke reports which analyse patient activity and assist with planning and administration as well as performance management tracking. Using this information tool reinforces that performance management is part of everyone's job.

To support assurance of the accuracy of reported KPIs through the Trust internal audit programme and the external audit programme, a number of Board Assurance metrics are selected every year for testing. The outcomes of this testing are reported to the MFT Audit Committee and actions are put in place based on the recommendations to drive continuous improvement in data quality.

In addition, this is supplemented by further audits throughout the year, undertaken by the performance team and Hospitals, to provide assurance of maintaining and improving levels of data quality. Over the last three years there has been a particular focus on KPIs for the A&E four hour wait standard, Referral to Treatment 18 weeks, Cancer and Diagnostics.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within our Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Quality Report included in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Group Risk Management Committee, the Audit Committee, the Quality & Performance Scrutiny Committee, and the HR Scrutiny Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by other major sources of assurance such as:

- Internal Audit Reports
- External Audit Reports
- Clinical Audit Reports
- Patient Surveys
- Staff Survey
- Royal College accreditation(s)
- Health and Safety Executive Inspection Reports
- Care Quality Commission Intelligent Monitoring Standards

- PLACE assessments
- Senior Leadership Walk-rounds
- Clinical Pathology Accreditation
- Care Quality Commission - registration without conditions
- Equality and Diversity Reports
- General Medical Council Reports.

The Trust applies a robust process for maintaining and reviewing the effectiveness of the system of internal control. A number of key groups, committees and teams make a significant contribution to this process, including:

- **Board of Directors**

The statutory body of the Trust is responsible for the strategic and operational management of the organisation and has overall accountability for the risk management frameworks, systems and activities, including the effectiveness of internal controls.

The Terms of Reference and responsibilities of all Board Sub-Committees are reviewed regularly in order to strengthen their roles in governance and focus their work on providing assurances to the Board on all risks to the organisation's ability to meet its key priorities.

- **Audit Committee**

The Audit Committee provides an independent contribution to the Board's overall process for ensuring that an effective internal control system is maintained and provides a cornerstone of good governance. The Audit Committee monitors the assurance processes of all other Board Committees (see also the Audit Committee report on pages 52 to 53).

- **Internal Audit**

Internal Audit provides an independent and objective opinion to the Accounting Officer, the Board and the Audit Committee, on the degree to which MFT's systems for risk management, control and governance support the achievement of the Trust's agreed key priorities.

The Internal Audit team works to a risk based audit plan, agreed by the Audit Committee, and covering risk management, governance and internal control processes, both financial and non-financial, across the Trust. The work includes identifying and evaluating controls and testing their effectiveness, in accordance with Public Sector Internal Audit Standards.

A report is produced at the conclusion of each audit and, where scope for improvement is found, recommendations are made and appropriate action plans agreed with management. Reports are issued to and followed up with the responsible Executive Directors.

The results of audit work are reported to the Audit Committee which plays a central role in performance managing the action plans to address the recommendations from audits. Internal audit reports are also made available to the external auditors, who may make use of them when planning their own work.

In addition to the planned programme of work, internal audit provide advice and assistance to senior management on control issues and other matters of concern. Internal Audit work also covers service delivery and performance, financial management and control, human resources, operational and other reviews.

Based on the work undertaken, including a review of the Board's risk and assurance arrangements, the Head of Internal Audit Opinion concluded in May 2019 that "*significant assurance with minor improvements required*" could be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

- **Clinical Audit**

The Clinical Audit Department oversees the development and delivery of an annual Clinical Audit Plan. This plan includes mandatory national audits, locally agreed priority audits and monitoring audits in respect of external regulation and accreditation.

The calendar is presented to the Trust Audit Committee and provides assurance on both clinical outcomes and compliance with guidance such as that provided by the National Institute for Health & Care Excellence (NICE) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

The Trust registered 332 local clinical audits during 2018/19, which took place across all our Hospitals and Managed Clinical Services with their results disseminated and action taken in response.

Data Validation is undertaken through data quality checks, audits (internal and external), hospital scrutiny groups, variance checking, extensive daily reporting and analysis. These checks are reflected through the Data Quality dashboard.

Conclusion

All significant internal control issues have been identified in this statement as part of the Risk and Control Framework section.

The Board confirms that it is satisfied that, to the best of its knowledge and using its own processes and having regard to NHS Improvement's Quality Governance Framework (supported by Care Quality Commission information, our own information on serious incidents and patterns of complaints) MFT has effective arrangements for monitoring and continually improving the quality of healthcare provided to our patients.



Sir Michael Deegan CBE
Group Chief Executive
22nd May 2019

4 Quality Report

Part One – Welcome and Overview

Statement on Quality from Sir Mike Deegan, Group Chief Executive
Introduction from Professor Jane Eddleston, Miss Toli S Onon, Joint Group Medical Directors and Professor Cheryl Lenney, Group Chief Nurse

Part Two – Statements of Assurance from the Board and Priorities for improvement

Overview of Priorities

- NHS Outcomes Framework

Quality of Assurance

- Information Governance assessment
- Payment by Results
- Data Quality

Quality Indicators

- SHMI
- PROMS
- Readmission to hospital within 28 days of discharge
- Responsiveness
- Friends and family Test-Staff
- Venous Thromboembolism (VTE)
- CQUINs

Outstanding leadership at all levels

- Board to Ward /AOF
- Care Quality Commission

Providing the Right Care First Time, every time - delivered by staff with the right skills and knowledge

- Safety – incidents safety monitoring measurements
- Clinical risks
- Learning from deaths (mortality)
- Being Open- Duty of Candour
- Infection Prevention and Control
- Falls
- AKI
- Staffing (Nursing and Medical)
- Rota gaps and improvement plan
- NHS Resolution Claims

Providing Quality of Care that matters to patients and their families and caring for the wellbeing of staff

- What Matters to Me
- Ward accreditations
- Nutrition and hydration

- Complaints, Concerns and Compliments
- End of Life Care (EOLC)
- Transition of Care for Young People
- Friends and family Test-patients

Achieving the best outcomes for every patient

- Research
- Clinical audit
- NCEPOD
- Medical Education
- Medical Appraisal and Revalidation
- Single Hospital- purpose and benefits

Hearing and being responsive to patients, the public and staff voice at every level of the organisation

- 7 Day Services
- Freedom to Speak Up (F2SU)
- Volunteers

Our Hospitals, Community Service and Clinical Scientific Services

- Manchester Local Care Organisation
- Manchester Royal Eye Hospital
- University Dental Hospital of Manchester
- Wythenshawe Hospital
- Trafford General Hospital
- Withington Community Hospital
- Altrincham General Hospital
- Manchester Royal Infirmary
- Saint Mary's Hospital
- Royal Manchester Children's Hospital
- Clinical Scientific Services

Appendix 1- National Clinical Audit

Glossary of definitions

Part three – Other Information

Performance of the Trust against selected indicators

Feedback from Governors

Commissioners' Statement

Feedback from Healthwatch Manchester and Healthwatch Trafford

Feedback from the Manchester and Trafford Health and Wellbeing Scrutiny Committees

Statement of Directors' responsibilities in respect of the Quality Report

Independent Assurance Report to the Council of Governors of Manchester University

NHS Foundation Trust on the Annual Quality Report

Part 1: Welcome and Overview

Introduction from the Group Chief Executive Officer

I am very pleased to introduce the first Annual Quality Report of the Manchester University Foundation Trust (MFT). The Trust was established on 1st October 2017, I am proud to present a number of achievements made across our first year set out in this report alongside our commitments to further improvement that we will build upon in 2019/20.



The primary purpose of the establishment of MFT was to improve the quality of care of the people of Manchester, Trafford and the wider communities we serve. I am delighted to report that a number of those improvements are already being seen. For example, patients in need of kidney stone removal now have quicker access to non-invasive lithotripsy treatment following the introduction of a combined lithotripsy service between the MRI and Wythenshawe Hospital. Patients needing kidney stone removal wait no longer than four weeks.

Information on key quality and safety metrics for the organisation is presented and I am able to report that many areas across the organisation have shown an improvement, or maintenance of standards, through a period of significant change. One set of indicators on which we place a particular focus are mortality metrics as this information helps us to understand outcomes of care. These metrics have improved across 2018/19 (page 127 onwards). We have also made significant improvements in acute care reducing the number of cardiac arrests in our hospitals and improving sepsis survival rates.

I am also pleased to note that there has been an overall reduction in serious harm. However, I am aware that we do not always get things right and we are working with patients and their families to learn when things go wrong to ensure the same mistakes are not made. We will work hard on continuing this improvement across the coming years.

We are firmly committed to the continued development of a safety culture across the organisation and work is now underway to look at the behaviours that support our vision and values across 2019/20.

All our staff across the organisation continue to work really hard in what at times can be challenging circumstances; you will see in this report a number of actions we are taking to increase our staffing numbers and make MFT an employer of choice. One of those work streams is the development of new support roles. We welcomed our first cohort of 70 Nursing Associates who have registered with the NMC in February 2019 following the first national pilot scheme which we commenced in January 2017. The Nursing Associate will support the Registered Nursing workforce in clinical practice; the role is a welcome addition to the clinical teams.

We aim to provide high quality, safe care to every single one of our patients and, to that end, have continued to focus on the improvements that matter to our patients and staff most.

Through our work on 'What Matters to Me', Freedom to Speak Up Guardian, Patient Safety Forums and many other mechanisms we heard from people who use our services, staff and stakeholders throughout the year.

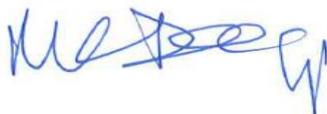
As an example, the University Dental Hospital Manchester conducted a telephone survey using text messaging to understand what was important to the patients using the service. The information is being used to help shape future services.

We have continued our programme of Ward Accreditation and I was pleased to note that in 2018/19 just over 80% of our wards received either silver or gold ratings indicating good and excellent care.

Finally, I am especially proud to report that the organisation was inspected by the Care Quality Commission in October and November 2018 and received a rating of Good overall. A team of over 100 inspectors undertook the largest inspection ever undertaken anywhere in the NHS over a period of 6 weeks. The detail on the inspection report can be read on pages 132-135, and I am pleased to report that the organisation overall was rated as Good for both leadership and quality of care.

The CQC inspect our services using 5 key lines of enquiry, Safe, Caring, Effective, Responsive and Well-led. I am particularly proud that our organisation received a rating of Outstanding for Caring Services; this is a fantastic achievement and one which I know is of particular importance to our patients, families and staff.

I am pleased to confirm that the Board of Directors have reviewed the full 2018/19 Quality Report and confirm that to the best of our knowledge it is a true and accurate reflection of our performance.



Sir Michael Deegan CBE
Group Chief Executive
22nd May 2019

Statement from the Joint Group Medical Directors and Group Chief Nurse

We are delighted to welcome you to our Manchester University NHS Foundation Trust first full year quality report. We have set out here our achievements in our first year, what we would like to do better and our quality priorities for the coming year.

Since the merger of the Central Manchester University Hospital NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust, to become Manchester University NHS Foundation Trust on 1st October 2017, we, as Joint Group Medical Directors and Group Chief Nurse, have worked together to ensure that the focus on quality and safety has been maintained throughout.

In 2018/19 the MFT Board of Directors set out a number of strategic objectives for the year; the first of those objectives is:

To improve patient safety, clinical quality and outcomes

That objective has been core to what we set out to achieve in our first full year as a Trust.

2018/19 has been a hugely challenging year for the NHS as a whole. Manchester University NHS Foundation Trust had to deal with many of those challenges. As with last year, challenging financial targets coupled with increased pressures on services such as our Emergency Departments have meant our staff have had to work even harder to deliver high quality care.

It is with immense pride that we are able to set out in this report that, as well as working hard to deliver excellent patient services in the face of those challenges, our teams have also brought together a newly- merged organisation safely and realised many of the patient benefits from the merger.

The case for the merger set out the benefits to quality, safety and patient and staff experience as:

Quality and Safety

- ✓ Reduce variation in the effectiveness of care.
- ✓ Reduce variation in the safety of care.
- ✓ Develop appropriately specialised clinicians.
- ✓ Reduce variation in the access to specialist care, equipment and technologies.

Patient Experience

- ✓ Provide more co-ordinated care across the city (and reduce fragmentation).
- ✓ Enhance the work of the Local Care Organisation to transfer care closer to home.
- ✓ Improve patient access and choice.
- ✓ Improve access to services and reduce duplication (and thus unnecessary trips to hospital).

Workforce

- ✓ Improve the recruitment and retention of a high quality and appropriately skilled workforce.
- ✓ Support the requirement to provide a seven day service.
- ✓ Reduce reliance on bank and locum/agency staff, and increase continuity of care from a substantive workforce.
- ✓ Support teams to meet the needs of current and future demand for services.

We are pleased to report that with very few exceptions, performance across key safety and quality indicators has continued to improve throughout our first full year.

At the beginning of this year we set out a number of aims; one of these was to achieve a 'Good' or 'Outstanding' Care Quality Commission (CQC) rating across all of our services. This year our staff worked with the CQC in the undertaking of the biggest comprehensive inspection ever of a NHS Trust, which resulted in an overall rating of 'Good' for quality of care and 'Outstanding' for our approach to care overall (see the later section on the CQC inspection).

We started the year as usual with an extensive work programme to achieve ambitious targets. We are pleased to say we achieved many of these and where we have not completely met our target we continue to work to make improvements.

At the beginning of the year we stated our commitment to improving quality and safety and set out the following broad objectives which are presented in more detail later in this Quality Report.

These objectives are aligned with the Care Quality Commission (CQC) quality domains; and provided us with a solid framework on which to build our improvement work with the patient/service user at the centre.

Safe	We aim to deliver safe care: Right care first time, every time.
Caring	We will treat all of our patients/service users and each other with kindness and respect: Providing the quality of care that matters to patients and their families.
Effective	Our patients/service users will get the best outcomes as a result of evidence based care: Best outcomes for every patient.
Responsive	We will listen– and respond, changing and improving when we need to: Hearing the patient, public and staff voice at every level of the organisation.
Well-led	Our leadership teams will be visible, supportive and create a culture where everyone can speak and everyone is heard: Exemplary leadership at all levels.

This report sets out in detail what we have done to meet those objectives and we are pleased to present the following headlines:

- ✓ Our services were rated overall as 'Outstanding' for caring by the CQC.
- ✓ We again reduced serious harm from patient safety incidents, meeting our stated aim of a 5% reduction.
- ✓ Our staff survey indicated that safety culture continues to improve.

- ✓ The CQC noted that the organisation had an open, transparent and positive learning culture.
- ✓ Our mortality indicators show that we continue to have fewer deaths than expected.
- ✓ Our infection rates are low.
- ✓ Our harm free care indicators are better than the national average for falls, pressure ulcers and Catheter Associated Urinary Tract Infections.

There are some areas where we still need to improve and the report details how we are going to do this. In particular we are disappointed to report that we had 5 'never events' in the year.

Never events are a nationally defined patient safety incident where safety procedures exist that should prevent the incident from occurring if they are followed. The Trust has reported 2 misplaced naso-gastric tubes, 1 wrong side anaesthetic block, 1 incorrect side implant (a wrist plate) and the connection of a patient to air instead of oxygen. Whilst many other Trusts have reported these incidents, we are seeking to eliminate them and want to see no further occurrences going forward.

In 2019/20 we would like to set out the following key priority areas for inclusion in our work plan:

- ✓ Reduction in avoidable deaths.
- ✓ Effectively identify and manage all quality and safety risks.
- ✓ Create a culture where people can speak up, report concerns and be open - and learn when things go wrong.
- ✓ Eliminate Never Events.
- ✓ Eliminate avoidable infections.
- ✓ Reduce the number of falls that result in harm to patients.

We are very proud of the care we provide here at MFT and of all of our staff who deliver that care, whether they are in clinical patient/service user-facing roles or non-clinical supporting roles.

We would like to take this opportunity to thank all of our staff and our partners involved in the delivery of care for their hard work and very much look forward to another successful year ahead as we continue to work together to provide the highest level of quality, safety and patient experience into 2019/20 and beyond.



Professor Jane Eddleston
Joint Group Medical Director



Miss Toli Onon
Joint Group Medical Director



Professor Cheryl Lenney
Group Chief Nurse

Part two – Statements of Assurance from the Board and priorities for improvement

Overview of Priorities

In 2018/19, we sought to improve performance across many areas of care. In the following section we present those areas of work with performance data. The Trust uses indicators to inform and monitor the quality agenda. Data is used to triangulate quality, workforce and financial indicators on a monthly basis at a number of different forums and at every Board of Directors meeting.

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 Group Chief Nurse. They have set six clinical quality priorities for 2019/20 and these are:

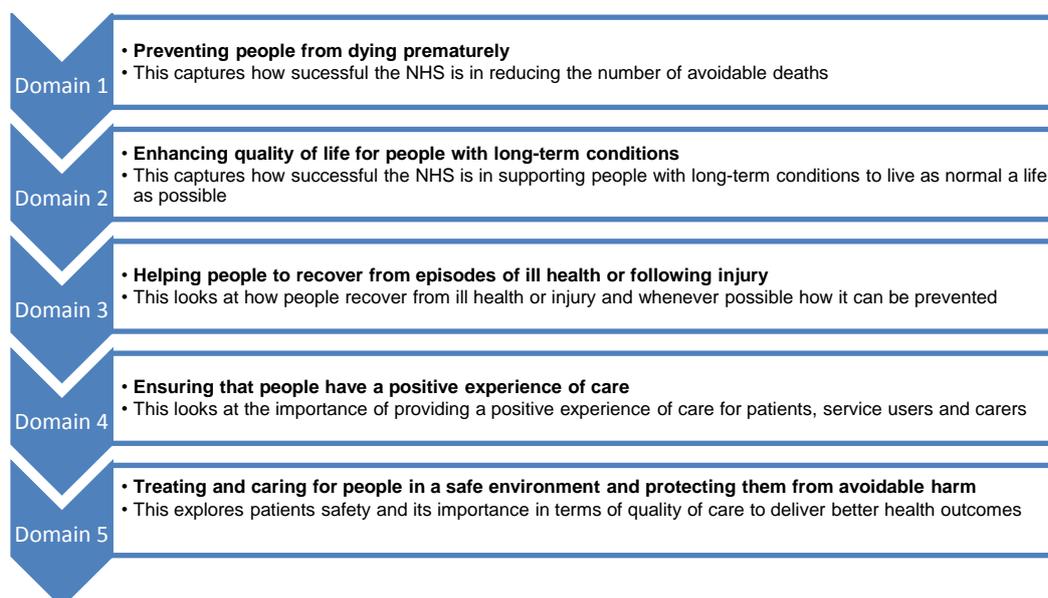
- ✓ Reduction in avoidable deaths.
- ✓ Effectively identify and manage all quality and safety risks.
- ✓ Create a culture where people can speak up, report concerns and be open; and learn when things go wrong.
- ✓ Eliminate Never Events.
- ✓ Eliminate avoidable infections.
- ✓ Reduce the number of falls that result in harm to patients.

These priorities have been set in response to the following:

- Discussion with our Governors.
- Internal assessment such as Ward accreditation which involve discussion with patients, visitors and staff.
- External review, such as our CQC Comprehensive Inspection Report.

NHS Outcomes Framework

The NHS Outcomes Framework is a set of indicators designed to improve standards of care. These indicators are grouped under 5 key areas. This is so that all organisations are clear about performance in these areas and that comparisons can be made.



In this report, you will see performance figures and, where possible, comparative information so that you can see how well we are doing alongside our other NHS colleagues.

Quality Indicators and Assurance

Information Governance assessment

The NHS Information Governance (IG) toolkit has now been replaced by the NHS Data Security and Protection (DSP) toolkit and the deadline for the 2018/19 Information Governance (IG) assessment submission is 31st March 2019. The new DSP toolkit does not have a percentage score nor a colour rating.

Payment by Results

Manchester University NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Data Quality

Manchester University NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which:

- included the patient's valid NHS number was:
99.5% for admitted patient care
99.7% for outpatient care and
96.7% for accident and emergency care.
- included the patient's valid General Medical Practice Code was:
99.8% for admitted patient care
99.6% for outpatient care and
99.1% for accident and emergency care.

Manchester University NHS Foundation Trust will be taking the following actions to improve data quality:

- Implementation of a data quality kite mark framework to drive improvements in completeness, timeliness, and quality.
- Improved governance and oversight through launch of a new trust wide Data Assurance Group.
- Construction of a MFT Data Quality policy incorporating elements from the of the pre-merger Data Quality policies and standards from UHSM and CMFT.
- Creation of a single trust wide Patient Master Index to support cross-site patient care.
- RTT pathway data assurance programme to support management of pathways.

During 2018/19 Manchester University NHS Foundation Trust provided and/or subcontracted all relevant health services. Manchester University NHS Foundation Trust has reviewed all the data available to it on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Manchester University NHS Foundation Trust for 2018/19.

Manchester University NHS Foundation Trust's monetary total for income in 2018/19 conditional on achieving quality improvement and innovation goals was £28.4m and a monetary total for the associated payment in 2017/18 was £17.1m*.

**Please note there is no comparable 12 months figure as MFT was created through a merger on 1st October 2017, therefore 2017/18 figures are for legacy the Central Manchester University Hospitals NHS Foundation NHS Trust*

Commissioning for Quality and Innovation (CQUINs)

A proportion of Manchester University Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Manchester University Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at the NHS England Commissioning for Quality and Innovation (CQUIN) web page (<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>).

Summary Hospital –Level Mortality Indicator (SHMI)

SHMI, is a way of measuring hospital mortality. It is based on all patient deaths including those which happen up to 30 days following discharge from hospital. It relies heavily on accurate record keeping and coding.

The Manchester University NHS Foundation Trust intends to take the following actions to improve its SHMI, and hence the quality of its services, by a combination of measures to strengthen the underlying data through a clinical record management improvement plan.

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: The position is reported at the Trust Mortality Review Group with analysis provided in a corresponding mortality indicator report. Areas of concern by diagnosis, site, or service are highlighted and reviewed by the group. External reports such as AQUA, are shared and explored, with third party support/analysis commissioned where appropriate. The position, alongside other leading mortality indicators, is monitored locally within the Trust reporting portal to consultant level. The measure is included in both Board Assurance and internal Accountability Oversight Framework reporting. SHMI is derived from the Trust activity and diagnosis data, assured through clinical coding audit. MFT is currently at level 3 IG assurance for its clinical coding quality.

The SHMI data is subject to internal audit as part of the auditor's review of this report. The result is detailed in the Auditors' Report.

Indicator	Outcomes	MFT 2018/19	National Average 2018/19	MFT 2017/18 Full year	Highest Performing Trust 2018/19	Lowest Performing Trust 2018/19
SHMI	To be less than 100	93.02%	100	*No data available	69.17	126.81

**There are no comparative figures for the full financial year 2017/18, as MFT was established on 1st October 2017.*

Patient Reported Outcome Measures (PROMs)

These measures relate to outcomes reported by patients on groin hernia surgery, varicose veins surgery, hip replacement surgery and knee replacement surgery. For the reporting period 2018/19, no PROMS data for the Trust has yet been published. The results for this period should be published in November 2019. It is therefore not possible to provide any data on this domain, for this reporting period.

The percentage of patients readmitted to a hospital within 28 days of being discharged from a hospital

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: Extensive reporting is available on the Trust information portal and is now included within the Trusts Accountability Oversight Framework

The Manchester University Hospital NHS Foundation Trust	Outcomes	Relative risk 2017/18 Full year	Relative risk 2018/19	Actual risk 2018/19	Expected 2018/19	Super Spells 2018/19	Rate 2018/19
Aged 0-15	To reduce admissions and improve health	No data	101.3	5,973	5,897	69,039	8.7%
Aged 16 or over		No data	97.6	17,320	17,754	222,225	7.8%

**There are no comparative figures for the full financial year 2017/18, as MFT was established on 1st October 2017.*

Manchester University NHS Foundation Trust Responsiveness to the personal needs of its patients during 2018/19

The 2018 survey results where this data is pulled from are not yet available from the CQC. Therefore there is no data to present in this report.

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: It is a quarterly requirement and is incorporated annually into the NHS Staff Survey. The survey is independently managed on behalf of MFT. The data reproduced below was generated by the National Co-ordination centre for the staff survey

In the 2018 NHS Staff Survey, 75% of staff reported that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Trust.

The percentage of patients who were admitted to hospital risk assessed for venous thromboembolism (VTE) during 2018/19

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: Completion of a VTE risk assessment is recorded in a range of electronic systems and the paper case note. Completion recorded in the casenote is identified and captured electronically as part of casenote coding by the Trust Clinical Coding team. Data is reported daily on the Trust reporting portal. Any exclusions to the indicator are agreed by the Medical Directors' office. The reported position and management of VTE is overseen by the Trust VTE committee.

Indicator	Outcomes	MFT 2017/18 Full year	MFT 2018/19	National Average 2018/19	Highest Performing Trust 2018/19	Lowest Performing Trust 2018/19
VTE Assessment	To risk assess 95% of appropriate patients	No data	95.04%	95.65%	100%	54.86%

**There are no comparative figures for the full financial year 2017/18, as MFT was established on 1st October 2017.*

The rate, per 100,000 bed days of cases of clostridium difficile infection reported within Manchester University Foundation Trust amongst patients aged 2 or over in 2018/19.

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: Incidents are managed through an electronic system (Ulysses), with monitoring, investigation and management via a dedicated Trust Infection Prevention Control & Tissue Viability team.

Reporting is provided to clinical boards with deep dive analysis where necessary. The measure is included in both Board Assurance and internal Accountability Oversight Framework reporting.

Manchester University NHS Foundation Trust intends to take the following actions to improve this indicator and so the quality of its service. Please see the section on Infection Control beginning on page 145.

Indicator	Outcomes	MFT 2017/18 Full year	MFT 2018/19	National Average 2018/19	Highest Performing Trust 2018/19	Highest Performing Trust 2018/19
Clostridium Difficile infection per 100,000 bed days	To reduce C. Difficile infection	No data	13.8	Not available	Not available	Not available

**There are no comparative figures for the full financial year 2017/18, as MFT was established on 1st October 2017.*

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has a policy that requires all staff to report incidents electronically on a web based system. This system collates and reports the data. The process is subject to regular audit and is currently rated as 'significant assurance'. Manchester University NHS Foundation Trust intends to take the following actions to improve this indicator and so the quality of its service, see section on Clinical Incidents on page 140.

Comparison with other Trusts

We report all our Patient Safety Incidents to NHS Improvement (NHSI) and we are monitored alongside all other acute hospital Trusts. Data is made available from NHS England in six month groupings. The information table below provides details of the latest published data. (April-September 2018)

Area	MFT	Highest Reporting (Total) Trust	Lowest Reporting (Total) Trust	Average
Number of Incidents	18,172	23,692	566	5,583
Rate of incidents reported per 1000 bed days	53.03	107.4	13.1	-
Number Resulting in Severe harm or death	41	87	0	18.9
Percentage Resulting in Severe harm or death	0.23%	0.36%	1.2%	0.34%

The Trust reported to the NRLS a total of 18,172 incidents during the period of April 2018–September 2018. This places us in the top 2 nationally for acute trusts in terms of the total numbers of incidents that are reported.

**There are no comparative figures for the full financial year 2017/18, as MFT was established on 1st October 2017.*

Commissioning for Quality and Innovation (CQUINs)

A proportion of Manchester University Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Manchester University Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at the NHS England Commissioning for Quality and Innovation (CQUIN) web page (<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>).

Outstanding leadership at all levels

From Ward to Board – the golden thread

Manchester University NHS Foundation Trust is a large organisation. It has circa 20,000 staff and a complex structure of hospitals and community services each containing numerous wards and departments.

Each of us working here in the Trust, in whatever service, discipline or level of seniority has responsibility for the quality of care received by all of our patients and their loved ones. The Board of Directors has overall responsibility for the quality of the service. One of the challenges faced by all organisations of this size is how we ensure that messages are communicated effectively in such a large and complex service. It is hugely important that any staff member is able to communicate a good idea or a concern to their colleagues or up to the Board of Directors if necessary and equally important that the Board can get messages to staff and other stakeholders. How we do this is sometimes referred to as ‘Board to Ward, the golden thread’.

There are many ways that the organisation ensures that messages are effectively communicated and these include:

- ✓ Committees and groups – the Trust has a governance structure designed to ensure that messages can be communicated and effective decisions made at the right level.
- ✓ Freedom to Speak Up – the Trust has appointed a Freedom to Speak Up Guardian to ensure that a culture is in place whereby staff feel able to raise concerns whenever needed.
- ✓ Chief Executive Engagement sessions – an opportunity for all staff to meet the Chief Executive and his team and raise any issues they have directly with them.
- ✓ Team structures.
- ✓ Newsletters and briefings.

- ✓ The Trust Risk Register – any member of staff can contribute to this and it is reviewed regularly.
- ✓ This Risk Register informs the Board Assurance Framework a document which provides information on strategic risks and mitigation.
- ✓ The Accountability Oversight Framework contributes to our Board Governance structure and is the process by which the Group Executive Directors oversee Hospital and Managed Clinical Service's (MCS) performance. The process recognises good performance and also identifies areas of risk, enabling Group resources to support improvement in areas of greatest need. The process is underpinned by key performance indicators across the domains of Safety, Patient Experience, Operational Excellence, Workforce and Leadership, Finance and Strategy. With the regularity and depth of review and scrutiny proportionate to the level of Hospital/MCS performance.
- ✓ Senior Leadership walk rounds – members of the Board of Directors visit wards and departments to discuss issues with staff, patients and their visitors.
- ✓ The Trust Incident Reporting System – this is an online system open to all staff to report any incidents or safety concerns they have.
- ✓ The Trust Excellence Reporting System – it is equally important that good practice is recognised and shared.
- ✓ The Staff Survey and 'Pulse Check' – these are the national and local staff opinion checks.

Through our organisational development programme and embedding of the Trust values and behaviours, MFT seeks to strengthen this 'golden thread' at every opportunity and we will continue to do this in 2018/19.

CQC Comprehensive Inspection

It is with great pride that we report the Care Quality Commission (CQC) overall rating for both quality of care and leadership for Manchester University NHS FT as 'Good'.



The CQC undertook their inspection of the Trust core services in October/November 2018. This was the largest comprehensive inspection ever undertaken by the CQC with over 100 inspectors visiting all of the Trust sites, including the newly formed Manchester Local Care Organisation, over a period of six weeks.



During their inspection, they visited all of our services and undertook a separate review of the Group leadership team to establish whether the Trust was 'Well led'. This inspection commenced within days of the organisation's first full year of establishment and we were pleased to present to the CQC many of the patient and staff benefits of the merger in our evidence.

The CQC rate all services against 5 key lines of enquiry (KLOE), the overall ratings for those KLOE are set out below. The ratings are given in 4 levels, outstanding, good, requires improvement and inadequate. We are particularly proud that the CQC found our approach to care as 'Outstanding' overall.

Group Level Well-led	Good					Good
	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	
OVERALL GROUP	Good	Good	Outstanding	Good	Good	Good

The CQC inspected 11 of our Hospitals and Services and the overall ratings for each are set out below. We are delighted that three were rated as outstanding and seven were rated as good. One Hospital was rated as requiring improvement.

Hospital / MCS	Key Lines of Enquiry					Overall
	Safe	Effective	Caring	Responsive	Well-Led	
Wythenshawe Hospital	Good	Good	Outstanding	Requires Improvement	Good	Good
Manchester Royal Infirmary	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Royal Manchester Children's Hospital	Good	Good	Outstanding	Good	Good	Good
Saint Mary's Hospital	Good	Good	Outstanding	Good	Good	Good
Manchester Royal Eye Hospital	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
University Dental Hospital Manchester	Outstanding	Outstanding	Good	Requires Improvement	Outstanding	Outstanding
Trafford General Hospital	Good	Good	Good	Good	Good	Good
Withington Community Hospital	Good	Good	Good	Good	Good	Good
Altrincham Hospital	Good	Not rated	Good	Good	Good	Good
Manchester Local Care Organisation	Good	Good	Good	Good	Good	Good
Child and Adolescent Mental Health Services	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Good	Good	Good

In total, across the 11 Hospitals and Services, 42 core services were reviewed and rated. A core service is a component part of a Hospital or Service such as Medicine, Maternity or Community Dentistry. The CQC break each service down into its parts and inspect each individually. Across the 42 core services inspected, the ratings were as follows:

- 7 were rated as Outstanding
- 29 were rated as good
- 6 were rated as requiring improvement.

The CQC report can be found here in full:
<https://www.cqc.org.uk/provider/R0A/reports>

It is a lengthy report detailing many positive and outstanding findings. As expected with such a comprehensive review, the report also notes a number of areas for improvement and the Trust was disappointed that one of its hospitals, the Manchester Royal Infirmary, was rated as requires improvement overall. The Hospital has developed a detailed plan and aims to be rated as good or outstanding in the near future.

The detailed ratings for core services are included for each Hospital and Service in their individual reports on pages 187-244.

Here are some examples of the CQC findings:

What the Trust is doing well.....

- ✓ High level of leadership experience, capability, capacity and integrity.
- ✓ Outstanding ratings for 'caring' across many areas.
- ✓ A mostly positive response to the merger and new arrangements from staff.
- ✓ A good safety culture with high levels of reporting and strong evidence of learning.
- ✓ Many examples of learning from complaints.
- ✓ A compelling vision at core service and strategic level.
- ✓ Clear statement on vision and values that was well understood by staff.
- ✓ Clear roles and responsibilities and sound systems to support good governance.
- ✓ Effective systems for the management of risk.
- ✓ Staff consistently stated that finance did not take priority over patient safety.
- ✓ Good examples of staff engagement.
- ✓ Medicines were mainly managed well and stored safely.
- ✓ The environment was mostly clean.
- ✓ Infection rates are low.
- ✓ Care was effective and based on evidence/best practice.
- ✓ Good Multi-Disciplinary Team working evident across most areas.

What the Trust needs to do better.....

- ✗ The paper and electronic health record needs to improve.
- ✗ Recording of maintenance and management of medical equipment.
- ✗ Mandatory training compliance for all staff.
- ✗ Compliance with some clinical protocols such as the World Health Organisation Surgical Safety Checklist for surgery.
- ✗ Staffing levels in the Emergency Departments at MRI, Wythenshawe Hospital and Trafford Hospital.
- ✗ Staffing in some other areas of the Trust.
- ✗ Consistent patient access to treatment in a timely way.
- ✗ Staff appraisal rates.
- ✗ Manchester Royal Infirmary – Urgent and Emergency Services, Surgery and Outpatients.
- ✗ Wythenshawe Hospital – Urgent and Emergency Services.
- ✗ Trafford Hospital – Urgent and Emergency Services.
- ✗ Withington Community Hospital – Outpatients.

The recommendations above include a series of 'must do' actions or 'requirement notices' where they found there was a breach of the regulations. These actions are a priority on the plan and we will work closely with the CQC to evidence we have addressed the issues in a timely way.

The Trust has a detailed plan in place and is making the improvements the CQC have advised. We aim to move all services rated as requiring improvement to good or outstanding in the coming months.

In future the CQC will re-inspect services on the basis of the Trust's previous ratings and the latest information they have to decide which services to inspect alongside their annual inspection of the well-led key question. The maximum intervals for re-inspection are:

- Two years for core services rated as requiring improvement.
- Three and a half years for core services rated as good.
- Five years for core services rated as outstanding.

The CQC will take into account the Trust's own assessment of the quality of its core services. If the organisation is of the view that services have improved, the CQC will re-inspect on request.

We look forward to working with the CQC over the coming year to further improve all of our services.

Providing the Right Care First Time, every time delivered by staff with the right skills and knowledge

In this section we will detail some of the programmes of work designed to improve patient safety and clinical outcomes.

Patient Safety Measurement

The Trust is continuing its programme of patient safety improvement and this year has developed a more comprehensive approach to the measurement and monitoring of safety performance. Using a model developed by the Health Foundation, we have developed across the year a suite of locally designed metrics based on 5 different broad categories specific to each of our hospitals. These metrics have been developed to give a broad view of safety and the ability to drill down to understand further the causes of harm and attributes of safe care.



The 5 categories are:

Past harm: Has patient care been safe in the past?

Reliability: Are our clinical systems and processes reliable?

Sensitivity to operations: Is care safe today?

Anticipation and preparedness: Will care be safe in the future?

Integration and learning: Are we responding and improving?

These metrics are used to inform improvement work and use more locally developed, and thus meaningful, safety metrics.

Clinical Risk

The Manchester University NHS Foundation Trust has clearly set out in its Risk Management Strategy its appetite for risk, those risks that the organisation will tolerate and those it will not. Patient Safety is one of those risks for which the organisation has a very low tolerance, and everything possible will be done to address them. Health care does not come without risk and the Trust takes every care to understand and rate these risks in accordance with a scoring system. All risks are scored on a basis of 1 -25, with those scored at 15-25 being the highest level risks.

The table below gives examples of the risk appetite assessment.

Appetite Level (Tolerance)	Guidance	Example
Low	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe options, or willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return	Patient Safety

Appetite Level (Tolerance)	Guidance	Example
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes	Workforce Planning
High	Prepared to consider / eager to seek all options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks in order to secure a successful outcome / meaningful reward/return	Business Development

Through the year, the Trust records risks on the Trust Risk Register. The risk register is used to ensure that staff are aware of risks and that actions are being taken to mitigate those risks. A small number of those risks are deemed serious enough (those scoring at 15-25) to require a regular report to the Group Risk Management Committee. This committee is attended by Executive and Non-Executive Directors and reports are made on progress to reduce the risk. It is chaired by the Group Chief Executive.

The risk register is by its nature a changing document and the Trust sets out to mitigate and reduce all risks to patient safety as quickly as possible. Set out below are the patient safety risks reported at the highest level in 2018/19 and a summary of work to address them.

Risk	Mitigation
Access to Services	<p>Urgent Care:</p> <ul style="list-style-type: none"> ✓ Resilient Staffing in the Emergency Department. ✓ Work with frail patients on admission avoidance. ✓ Attendance avoidance at Emergency Departments through promoting the use of ambulatory care pathways. ✓ Working to improve timeliness of discharge and patient flow. ✓ Working with system partners to ensure patients are in the right care setting and reducing the number of long length of stay patients ✓ Capital schemes to increase and improve the environment of adult and paediatric Emergency Departments. ✓ Implementation of best practice and working with NHSI to access expertise. <p>Elective Access:</p> <ul style="list-style-type: none"> ✓ Cancer – Focus on pathway improvement and implementation of national/regional best practice, increasing outpatient and diagnostic capacity to meet continuing growth in demand. ✓ Diagnostic standard – improvement has been delivered in 2018 as a result of action taken, further step change improvement required linked to actions to increase short and long term capacity within Adult Endoscopy and Radiology for Paediatric MRI. ✓ RTT/52 Week waits – RTT programme in place throughout 2018 with a support work plan, actions focus on increasing capacity, innovation/transformation to implement new models of care, IT solutions and upgrade of the PAS. Action taken in 2018 mitigated 52 week waits in a 4 month period.

Risk	Mitigation
	<ul style="list-style-type: none"> ✓ Internal and external audit undertaking a data quality review of reporting for cancer, along with diagnostics and A&E 4 hour wait in Q4 in line with the audit programme. ✓ Improvement in induction of labour pathways and increase in maternity staffing.
Adult Congenital Heart Disease Service (ACHD)	<ul style="list-style-type: none"> ✓ Three monthly planning of consultant and nursing support. ✓ Agreed interim pathways for acute and non-acute referrals. ✓ Agreement of a networked ACHD service across the North West of England, with a single ACHD consultant team provided through Liverpool Heart and Chest Hospital (LHCH). ✓ MFT will employ its own nursing workforce to ensure that there is a specialist ACHD nursing presence 5 days per week. This will ensure that any ACHD in-patients can be seen by an ACHD specialist nurse to support MFT cardiology team. ✓ Nurse led clinics. ✓ North West ACHD Helpline in place. ✓ All contacts approach; i.e. if a patient has a pacemaker and comes for a routine pacemaker device check, this is used as an opportunity for a review and any concerns to be escalated.
Communication of screening and diagnostic test results	<ul style="list-style-type: none"> ✓ Establishment of a multi—disciplinary forum to address the risks. ✓ Development of local pathways for the communication of test results. ✓ Identification of high risk tests for focused work. ✓ Proposal has been written and will create and roll out electronic sign off of results across all hospitals on the Oxford Road Campus <ul style="list-style-type: none"> Filing function made available in Chameleon functionality to: <ul style="list-style-type: none"> - Set up individual clinical inbox results - Re-Route wrongly attributed results - Create groups of clinicians with shared inbox to allow cross-cover for filing Training to ensure all clinical teams are able to use new functionality
Patient Records Management	<ul style="list-style-type: none"> ✓ Funded Chameleon roadmap in place for 2018/19 in Capital programme with deliverables which improve visibility of patient information. Pace and content of delivery increased. ✓ The Trust is working towards a fully electronic solution in the coming years. ✓ Improvements to notes tracking.
Paediatric Critical Care Monitoring	<ul style="list-style-type: none"> ✓ Equipment purchased and risk downgraded.
Medicines Management and Security	<ul style="list-style-type: none"> ✓ Medicines Security audits are carried out quarterly by Pharmacy staff in ward areas and fed back to divisions. ✓ All cupboards used are fixed to the wall and lockable. ✓ Medicines Policy specifies that new or redesigned Clean Utility rooms or any cupboards being purchased for the storage of medicines must be approved by the Chief Pharmacist and have medicines storage cupboards that meet the British Standard. ✓ Medicines Policy specifies that all incidences of faulty/broken locks on medicine cupboards must be logged and reported.

Risk	Mitigation
	<ul style="list-style-type: none"> ✓ Medicines Policy specifies that reconciliation of all medicine keys for each ward/department must be made a minimum of daily and preferably at each shift change and that the Trust Drug Key Reconciliation Monitoring Booklet must be completed. ✓ Medicines Policy specifies that Digilock codes are changed regularly and following any incident on the direction of the ward/department manager, with records kept. ✓ Mandatory Training includes information on safe and secure storage of medicines. ✓ Medicines storage and security training provided by Pharmacy for nursing staff, AHPs and midwives on induction. ✓ Trust-wide Safe and Secure Medicines Task and Finish Group established to improve Trust compliance with Medicines Storage and Security standards.
Orthopaedic Services at MRI	<ul style="list-style-type: none"> ✓ Commission of an external review and action on recommendations. ✓ Fortnightly improvement group meeting established. ✓ Oversight of action plan by Orthopaedic programme board Chaired by the Chief Executive of WTWA. ✓ Statement of case approved for 2 additional Trauma & Orthopaedic Consultants, locum in place pending start date. ✓ Otho-geriatrician Consultant and middle grade appointed to commence in Q1 2019/20. ✓ Daily Trauma Oversight in place across all MFT sites. This enables capacity to be flexed as required and waiting times for surgery and number of outliers to be monitored and actioned as indicated. ✓ New Consultant of the Week rota in place at MRI site, improved visibility and Consultant decision-making. ✓ Additional trauma lists in place. ✓ Daily Consultant-led ward rounds in place. ✓ All Trauma lists now Consultant led.
Neonatal Transport Services – this risk is associated with the availability of Neonatal Transport Ambulances by the North West Ambulance Service	<ul style="list-style-type: none"> ✓ Telephone advice from transport clinicians to assist with pre-transport stabilisation. ✓ Use of dedicated transport car to take staff to referring unit to assist with stabilisation prior to arrival of ambulance vehicle. ✓ Work with NWS to improve current ambulance provision prior to formal process to procure dedicated ambulance provision (currently being reviewed by NHS England, CCGs and ambulance service commissioners). ✓ Provision of single NWS ambulance personnel working from Saint Mary's Hospital base to drive dedicated neonatal ambulance during weekdays 10.00 until 20.00, which may produce some improvement in response times. ✓ Use of helicopter to take transport team to remote hospital neonatal unit to commence earlier stabilisation process for highest risk infants.
Never Events	<ul style="list-style-type: none"> ✓ Changes to protocols for naso-gastric tube management. ✓ Multi-disciplinary safety workshop. ✓ Review of the Hospital guidelines on Safe Procedures. ✓ Learning from Never Events incidents has been shared across the organisation and includes internal safety alerts and a range of articles in Safety Matters @MFT and Safety One Liners.

Risk	Mitigation
	<p>The Site/MCS Medical Directors agreed at the September 2018 MD Forum to champion dissemination of learning from Never Events as well as other measures to raise awareness and reduce risk of recurrence.</p> <ul style="list-style-type: none"> ✓ Development of Local Safety Standards for Invasive Procedures (LocSSIPs). ✓ Simulation and Human Factors training.

Clinical Incidents

Incident reporting

In 2018/19 the Trust harmonised the incident reporting systems from both legacy Organisations- Wythenshawe and Central Manchester NHS Trust into a new single incident reporting and management system. In total 37,520 Patient Safety Incidents were reported, which is comparable with the combined reporting from both legacy organisations for the previous year (38,023).

Learning from Incidents

Organisations that report more incidents usually have a better and more effective safety culture demonstrated by high numbers of no harm or near miss incidents. It is vital that staff feel comfortable to report when errors occur so that learning can be shared, improvements made and reoccurrence prevented.

Of all the incidents reported, 89% were no harm/near miss compared to a national average of 77.6%. The rate of serious harm incidents reported (per 1,000 bed days) has also slightly decreased from 0.09 to 0.08 (this includes some incidents that are unconfirmed).

After every incident we review what happened and where possible make changes to prevent the same thing happening again, examples of some of the actions following incidents are given below.

- Safe Procedure Improvement Initiative.
- A Specialist Paediatric Acute Kidney Injury Service was introduced at RMCH.
- Purchase of specialist infusion pumps to reduce medication administration errors.
- Reviewed provision of urogynaecology services across the Trust.
- Development of evidence based protocol for sampling tissue during bronchoscopy.

Serious Harm Incidents

Whilst our aim is to increase incident reporting it is also to reduce the levels of serious harm. The table below demonstrates that the total number of serious harms has decreased slightly from the previous year (a number of incidents are still under investigation so this figure may change). Patient falls account for over half of our serious harm incidents (36).

Year	Serious Harm Confirmed	Under Investigation	Total
2017/18	72	4	76
2018/19	54	10	64

Lessons Learned: Communication & Feedback



2019: continuing our commitment to patient safety and learning from both error and excellence.
Key messages this month include medicines safety.



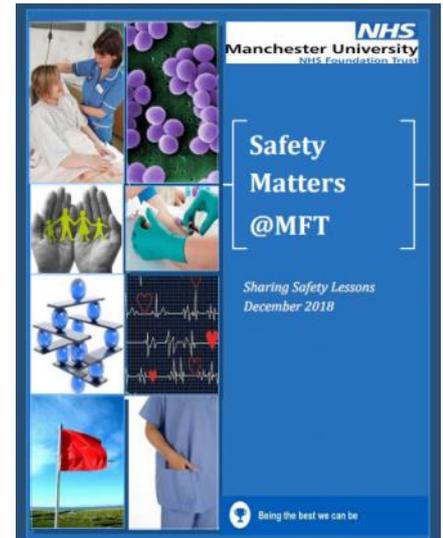
Medicines Safety—The Yellow Card Scheme
This scheme is an early warning system for suspected adverse drug reactions. Events are reviewed with the aim of improving medicine safety information for clinicians and patients. Currently these events are reported on our incident system, reviewed by pharmacy and then reported separately to the scheme.
What is changing?
MFT is piloting a new process to gather more timely information on suspected adverse drug reactions. This will mean that events will be directly uploaded to the scheme from our incident system following pharmacy review.

What does this mean for incident reporters?

If you report a patient allergic to treatment/adverse drug reaction incident you will be asked some additional details for yellow card reporting including the drug and suspected reaction.

To communicate learning and feedback from incidents we produce a twice yearly electronic publication accessible to all staff entitled **Safety Matters @MFT**. This contains information around learning from various types of incidents, patient safety issues and initiatives, improvements and general risk and governance updates.

This year we continued to produce a monthly patient safety bulletin called **Safety One Liners** which shares information, initiatives and good practice across the Organisation.



We also have a system for learning from successes called Excellence Reporting with 1338 of these reported this year. The majority of these relate to exceptional care with a number regarding innovation in patient care and increasing patient safety culture. We will be developing systems to support structured learning from these further next year.

Training for Patient Safety

Training is available for staff to help improve and engage in a culture of safety including, Human Factors - Patient Safety, Being Open and Duty of Candour and Root Cause Analysis. This training and feedback helps staff to understand how errors can occur and what we can do to help prevent this.



Never Events

A Never Event is described by NHS England as a serious largely preventable Patient Safety Incident that should not occur if the available preventative measures have been implemented. There are 14 different types of Never Events and best practice for preventing these is set nationally. We have risk assessments and measures in place to prevent them however despite this we had five Never Events reported in 2018/19.

A range of actions have been implemented or are in progress as a result of incidents including a new MFT Safe Procedure Policy, implementation of a time out before insertion of implants and review of covers on air outlets.

All Hospitals have undertaken work on assessing all invasive procedures and focusing on developing and implementing local safety standards for the highest risk areas.

Type of Patient Safety Incidents Reported

A breakdown of the top ten types of patient safety incidents is detailed in the table below. The highest reported incident type is Treatment/Clinical Care which is consistent with the previous year. This is followed by Medication Errors, Clinical Assessment/Diagnosis and Access, Admission and Discharge all of which have seen an increase in this financial year. The Medication Safety Committee and its work program has been updated to further enhance group wide learning from these types of errors.

Incident Categories*	2017/18 Total	2018/19 Total	Increase / Decrease
Treatment/Clinical Care	6556	6818	↑
Medication Errors	4347	4691	↑
Access, Admission, Transfer, Discharge	4025	4484	↑
Clinical Assessment incl. Screening	2567	4455	↑
Falls	4210	4054	↓
Communication and Documentation	4303	3495	↓
Human Resources/Staffing	3541	2414	↓
Pressure Ulcers	3291	2053	↓
Maternity	1772	1663	↓
Medical Devices/Equipment	1095	1383	↑

* Movement in categories may be as a result of mapping/harmonisation between legacy systems.

Learning from Deaths

The Trust seeks to learn all it can about the quality of care it delivers and make improvements on the basis of that information. To that end there is in place a comprehensive programme of review of care of the patients who die. These reviews are designed to help us learn from both excellence and where standards might need improving. In order that as an organisation we are open and transparent about care received, where improvement is needed this information is shared with families and loved ones.

Families or loved ones can request a care review following a death through our Bereavement Services Team and in 2018/19 a number of these requested reviews were undertaken. Some families fed back that this had been extremely useful in helping them understand what had happened to their loved ones.

The Trust aims to review around 10% of all deaths; in 2018/19 we achieved 16%. In addition to randomly selecting 10% there are a number of types of death that are subject to mandatory review, these include:

- Any patient with a recognised learning disability.
- Any patient under 18 years.
- Any maternal death.
- Any death where a patient safety incident has been investigated.

The Trust has a Learning from Deaths Strategy and Policy which contains further detail on the types of reviews undertaken and how we use them. All of our reviews inform improvement and it is not necessarily the case that we review a death because we think there is a problem, our experience is that there is much to learn from the care of patients overall.

All of our reviews are given a score which indicates whether on balance the death was felt to be avoidable or not. In 2018/19 the number of deaths thought to have been potentially avoidable at that time were 4 out of 498 reviews. This information is reported to the Board of Directors at the public Board meeting.

In 2018/19 positive findings included:

- ✓ Very few deaths of the total reviews were defined as potentially avoidable.
- ✓ Improvements to sepsis management.
- ✓ Good end of life care.
- ✓ Good management of complex surgery.
- ✓ Good input from palliative care team.
- ✓ Improvement in palliative care coding.
- ✓ More rapid response to possibility of sepsis.

We also found that the following improvements were required:

- ✗ Poor communication – particularly record keeping.
- ✗ Medicines contraindication.
- ✗ Pre-operative assessment.
- ✗ Serious harm from falls.
- ✗ Improved capacity for urgent surgery.
- ✗ Detailed review of deaths for patients with a recognised learning disability.

The Trust undertook the following action in response to learning:

- ✓ Increased consultant presence on orthopaedic wards and improved ortho-geriatric support.
- ✓ Continuation of Human Factors training, focus on communication and non-technical skills.
- ✓ Improvements to mentoring arrangements in cardiac surgery at the Manchester Heart Centre.
- ✓ Falls Team review of all falls and sharing of learning.
- ✓ Trust wide changes on nutrition support for patients who are nil-by-mouth.
- ✓ Education for medical staff on the management of patients with Parkinson's Disease when nil-by-mouth.
- ✓ Improvements to sepsis management.
- ✓ Improvements on the management of hypokalaemia (low potassium levels).
- ✓ Improvements to the management of nutrition.
- ✓ Review of pre-operative preparation processes.
- ✓ Improvements made to the process of reviews of deaths of patients with an identified learning disability.

As well as our internal review systems the rate of observed death is monitored externally and that information published as data. The most common indicator in use is something called the Standardised Hospital Mortality Indicator (SHMI).

This indicator is used to compare hospitals with each other and as the name suggests is a standard measure of observed versus expected death. The average score of 100 is rebased every year and the score should be on or below the 100 mark. The Trust current score at March 2019 is 93.02 indicating that there have been fewer deaths than expected overall.

During 2018/19 2,987 of MFT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 765 in the first quarter
- 696 in the second quarter
- 765 in the third quarter
- 761 in the fourth quarter.

By 31/03/2019, 498 case record reviews and 16 investigations had been carried out in relation to 2,987 of the deaths included above.

498 case record reviews and 16 investigations completed after 2018/19 which related to deaths which took place before the start of the reporting period.

In 10 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 183 in the first quarter
- 97 in the second quarter
- 157 in the third quarter
- 61 in the fourth quarter.

Four deaths, representing 0.1% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 3 representing 0.4% for the first quarter
- 1 representing 0.1% for the second quarter
- 0 representing 0% for the third quarter
- 0 representing 0% for the fourth quarter

These numbers have been estimated using a Structured Judgement Review Process.

Duty of Candour (Being Open)

The Trust is committed to promoting a culture of openness and transparency across all areas of its activities and as such communicating honestly and sympathetically with patients and their families/carers when things have gone wrong.

In line with the findings of the Francis Report (2013) we believe that patients, their families/carers should receive a meaningful and sincere apology of regret for any harm that has occurred. This process involves being open, honest and transparent.

In November 2014 The Statutory Duty of Candour came into force. This supports the requirement for clinicians to be open and candid with patients about avoidable harm and for safety concerns to be raised.

Our policy is that following any incident resulting in harm information must be given to the patient and or their relatives as soon as possible after the event. This can range from informing them of the error to sharing our investigation findings and actions planned. We monitor completion of this for moderate and above harm incidents. This demonstrates that staff have a great awareness and understanding of the process and that there are effective systems in place to meet the statutory Duty of Candour arrangements. We provide Duty of Candour training for staff.

The Trust has a Freedom to Speak up Guardian who is supported by a number of Champions across all hospital sites and managed clinical services. Please see pages 184-185 for more details on the Freedom to Speak Up initiative.

Infection Prevention Control and Tissue Viability

Hand Hygiene – focus on practice



It is universally agreed that performing hand hygiene correctly and at the right time is the most effective measure in reducing Healthcare Associated Infections (HCAI). The Trust expects all staff to comply with good hand hygiene practice at all times.

Over the last 12 months the Infection Prevention and Control (IPC) team supported the participation in two national initiatives focusing on infection prevention and control. These included the World Health Organisation (WHO) Save Lives: It's in your hands – prevent sepsis in healthcare where

the emphasis was on using the WHO 5 moments to clean hands to avoid sepsis in healthcare and raising awareness in our patients to challenge staff regarding hand hygiene.

The second initiative was International Infection Control week in October 2018. During this week the Infection Prevention and Control/Tissue Viability (IPC/TV) team used a timeline developed by the team to highlight the changes in infection prevention and control over the last 100 years. The timeline was used in travelling roadshows across the Trust.



Both campaigns received positive feedback from both staff and members of the general public who participated.



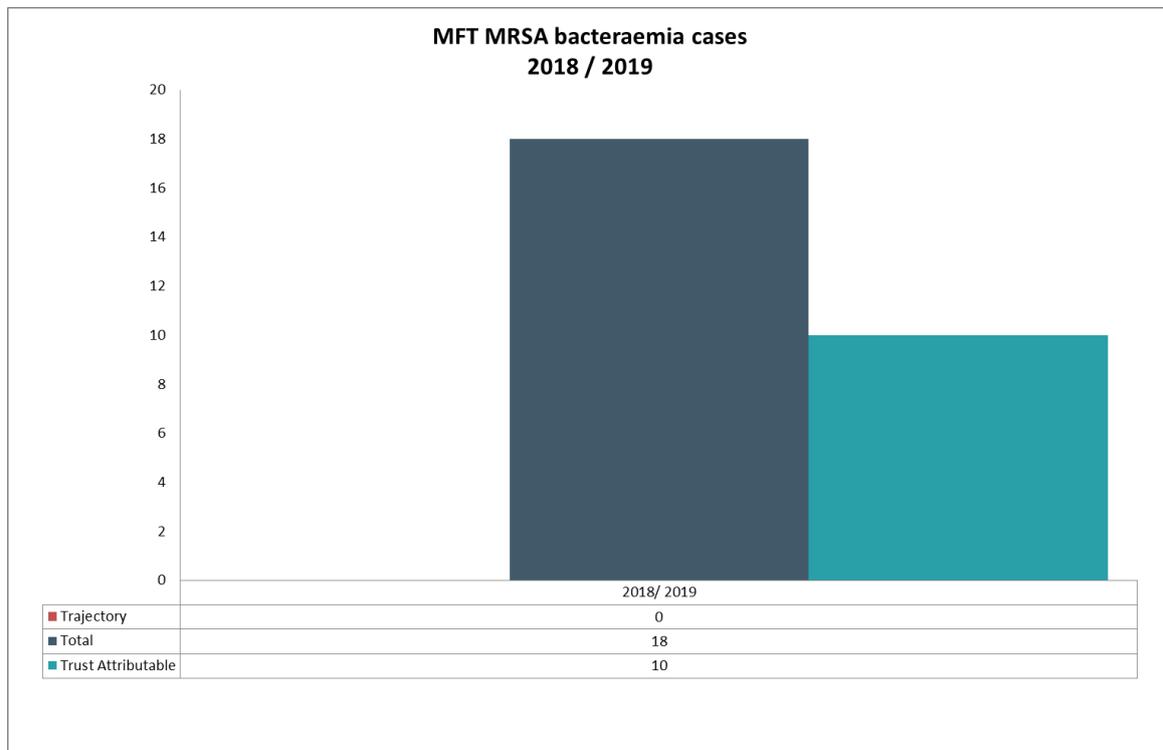
The IPC Team also supported the Hospitals/MCS across the Trust to refresh their local hand hygiene initiatives providing advice, training and a range of resources that involved staff in fun, interactive hand hygiene training sessions.

Healthcare Acquired Infections

The Trust places great importance upon preventing avoidable healthcare acquired infections (HCAI). In its first year, the Trust has reported a combined total of 10 attributable Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia and 110 attributable incidents of *Clostridium difficile* infection (CDI).

Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia

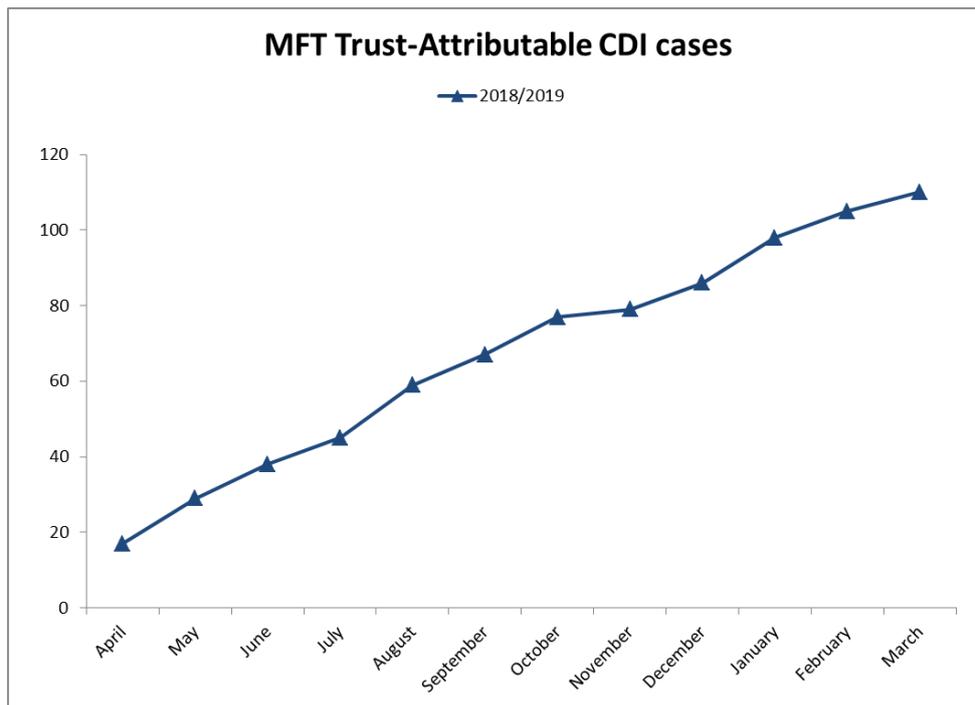
The Trust has a zero tolerance approach to avoidable MRSA bacteraemia. All cases are fully investigated and presented at local accountability meetings where any learning points are discussed and action plans determined to prevent further cases. There were a total of 10 incidents of MRSA bacteraemia attributed to the Trust during 2018/2019, and a further seven cases attributed to the community.



Clostridium difficile Infection (CDI)

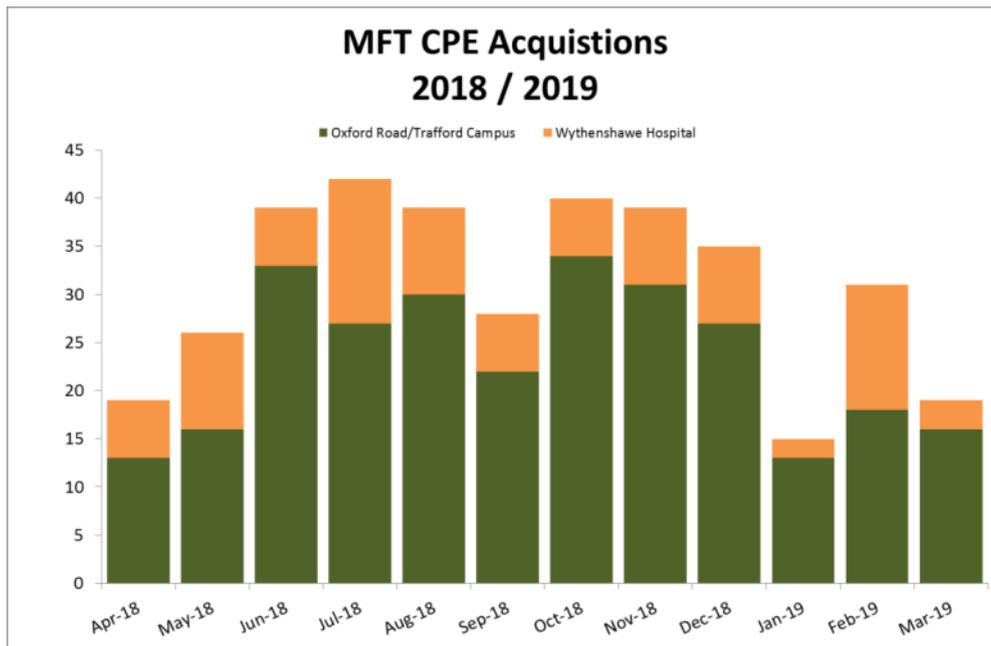
Clostridium difficile is a bacterium that often exists harmlessly in the bowel: in some instances, this can be the cause of healthcare associated diarrhoea following antibiotic use and can lead to serious and fatal infection. Each CDI case is reviewed to determine whether it was linked to a lapse in the quality of care provided to our patients. These are presented on a monthly basis at a peer review meeting with the Clinical Commissioning Group (CCG).

An objective of no more than 103 CDI cases was set by NHS Improvement for 2018/2019. 110 cases were reported, with only 35 of these demonstrating a lapse in the quality of care at the time of reporting.



Carbapenemase Producing Enterobacteriaceae (CPE)

Carbapenemase-producing Enterobacteriaceae (CPE) is the name given to gut bacteria which have developed resistance to a group of antibiotics called carbapenems. Infections caused by CPE may be more difficult to treat, requiring different combinations of antibiotics or long treatment lengths. Great efforts have been made by the Trust and our partner organisations to understand how CPE is able to spread and how it affects patients. The Trust has lead on and contributed to studies which have global significance and have been published in peer-reviewed journals. MFT has seen a total of 372 new cases identified in 2018/2019.



Gram-Negative Bloodstream Infections (GNBSI)

There is an established group from across the whole healthcare economy which includes representatives from the Trust IPC Team to oversee the joint approach to achieving the objective to reduce the number of incidents of Gram-negative bacteraemia (GNBSI), by 50% by 2020. Key points of action include:

- **Investigation of incidents of GNBSI** - at MFT we review all incidents of GNBSI to inform local action plans within each Hospital/MCS. At the wider Group level, the Surveillance Team from MFT are helping to develop a cross health sector data surveillance pilot of a cohort of patients who have developed a GNBSI in Primary and Community care.
- **Focus on reducing Urinary Tract Infection (UTI) and Catheter Associated UTI (CAUTI)** – there is a focus on prevention by raising awareness about hydration; there was a Nutrition Hydration Week 11th – 17th March across MFT.

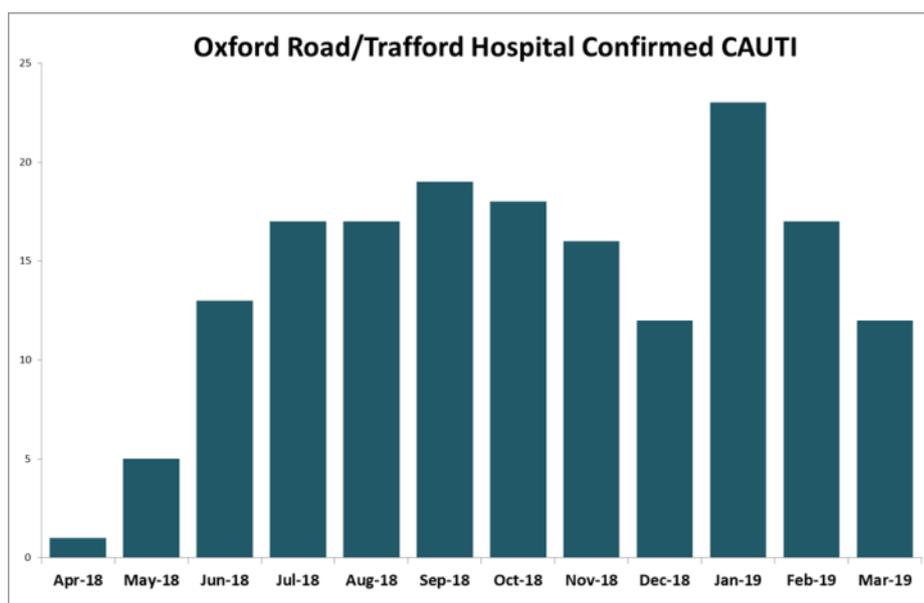
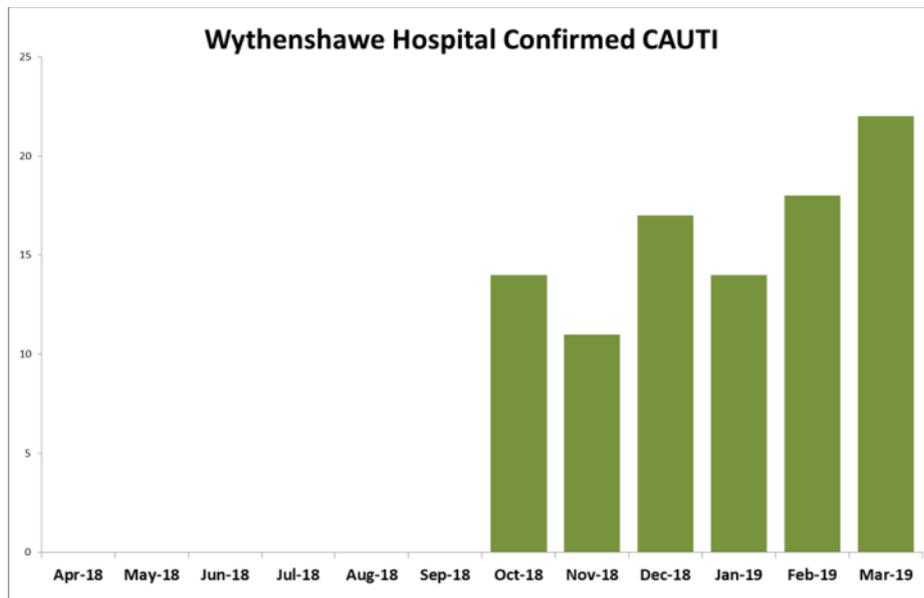


Within the wider Health Economy there are plans to engage with United Utilities to facilitate hydration messages to the public. There are also plans to develop patient/public awareness sessions in Spring/Summer. All incidents of Catheter Associated Urinary Tract Infection (CAUTI) are monitored, investigated and reviewed. Lessons learned and actions are incorporated into local Infection Control work plans.



- **Antimicrobial Resistance**- the Trust has an Antimicrobial Stewardship Committee which includes representatives from Public Health England (PHE), Clinical Commissioning Group (CCG) and Primary Care. This group is liaising with Primary Care and the Community care teams to advise on the appropriate management of patients with recurrent urinary tract infection (UTI).

The Trust Sepsis Group also includes representation from the CCG and a local General Practitioner. They are currently in the process of developing a diagnostic bundle that will facilitate early diagnosis and identification of microbial resistance in patients with sepsis, including GNBSI.



Influenza

Activity at MFT in the 2017/18 flu season reflected the national picture, with high levels of influenza related admissions across all sites in comparison to the previous two seasons presenting challenges for service delivery. Lessons learned from last year were incorporated into the plan for the 2018/19 flu season and included:

- **Patient management** - a rapid testing service for flu was implemented in November 2018. This significantly reduced the turnaround time for obtaining results providing near real time data to support bed management and patient flow.

- **Flu guidance** - including control measures, clinical management and testing pathways (in line with national guidance) were widely circulated to the clinical teams and published on the Trust intranet.
- **Extended laboratory testing** times- and the provision of additional IPC team support was initiated in January in response to increased activity and was maintained until activity reduced.

Staff flu vaccination campaign

The Healthcare Workers Flu vaccination Programme was launched on 1st October 2018. The programme plan was led and managed by the Group Employee Health and Wellbeing (EHW) Service, working in partnership with Hospitals/Managed Clinical Services, Infection Control and Communication teams supported the successful delivery of the programme across MFT.

The programme included targeting messages to engage and encourage uptake of the vaccination in staff including weekly flu messages on iNews, social media campaigns, screen savers and bespoke hospital communication. Over 170 flu champions were recruited to vaccinate and ensure availability to all staff across MFT and this was supported by the EHW team. In addition clinics were used at key events for example the Nursing, Midwifery and Allied Health Professionals Conference and staff induction. The EHW Service also offered 'pop up clinics' across MFT and open access drop-in clinics in EHW (between 8am – 4pm) every weekday since the launch of the programme.

The vaccination campaign had Executive leadership provided by both the Group Chief Nurse and Group Executive Director of Workforce. Across MFT a total of 13,890 staff (64.12%) received the vaccine, of which 11,339 staff (76%) were Frontline Healthcare Workers. This exceeded the Department of Health target of 75%. The success of this year's programme received National recognition as the Trust has been shortlisted for the NHS Employers Flu Fighter Award in the 'Most Improved' Category.



Pressure Ulcer Prevention and Management

The Trust is committed to continuing to improve on reducing acquired pressure ulcers through the development of a trust wide strategy.

The accountability for the reduction in pressure ulcer is with the Hospital/MCS/MLCO Directors of Nursing/Midwifery who are responsible for the monitoring, reporting and management of pressure ulcers.

From April 2018 the incident reporting systems merged which allows comparison of incidents of reported pressure ulcers across all sites.

NHS improvement published new guidance in June 2018 on the reporting and monitoring of pressure ulcers. A gap analysis identified there were eight areas for action relevant to the Trust which have been actioned.

Tissue Viability (TV) Education

The Tissue Viability Team has continued to provide support to clinical staff on pressure ulcer prevention and management.

Training sessions across the MFT site have been provided to student nurses and clinical staff within the acute and community services. Training has been delivered in several subject areas incorporating:

- Pressure ulcer prevention and management including grading and reporting
- Dynamic mattress usage.
- Leg Ulcer management.
- Wound assessment.
- Dressing choice.



The Tissue Viability Team took part in an International event 'Stop the Pressure' day in November 2018, for the sixth year running. The team visited patients and staff in the clinical areas promoting pressure relief

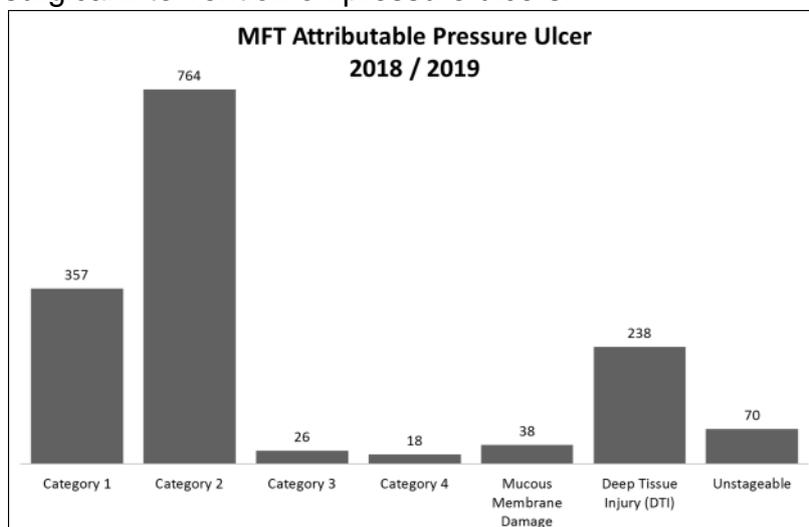


National developments

In 2018 NHS England and NHS improvement commissioned the Academic Health Science Networks to scope the development of a national wound care strategy to improve the provision and reducing variation in care in relation to pressure ulcers, lower limb ulcers and surgical wounds. The trust has registered as a key stakeholder to ensure they can have an impact on patient care pathways.

Further improvements

- Within the community setting we are evaluating the documentation and improving patient pathways on pressure ulcer prevention.
- The TV team are working with the University of Manchester on several initiatives regarding leg ulcer management, electronic records and surgical intervention on pressure ulcers.



Falls

Across England patient falls continue to be the most frequently reported patient safety incident in acute hospitals. When patients are admitted into hospital there are a number of contributory factors that increase the risk of patients falling including; a new environment, frailty, susceptibility to delirium, dehydration or changes in the patient's usual mobility. Although not all falls are preventable, early identification of risk factors and early implementation of interventions can reduce the likelihood of serious falls occurring by up to 30%.

The Trust is committed to reducing patient harm through the reduction of patient falls and this is set out within the objectives of the MFT Quality and Safety Strategy. Comparative data with the former legacy organisations indicates the Trust has demonstrated a reduction in the number of patient falls in 2018-19. The Trust is committed to reducing the number of patient falls further in 2019-20.

Local management of falls

There is a robust process in place for reporting and investigating falls. Any identified increase in falls incidents on any of our wards, Hospitals/Managed Clinical Services are analysed closely to identify any key themes and lessons to be learnt. Falls with serious harm are monitored through a comprehensive High Level Investigation (HLI) process and are presented at Accountability Panels chaired by Directors/ Deputy Directors of Nursing/Midwifery.

Operational Falls Improvement Programme

We have put the following systems in place to improve our management of falls.

- Falls Task & Finish Groups and Harm Free Care Accountability meetings have been established to review systems and processes and identify opportunities to strengthen and improve practice to deliver a reduction in falls.
- A quarterly Group Harm Free Care Meeting has been established to promote cross-site learning and integrated working to identify themes and agree practice improvements.

Operational Improvements (2018/19)

- Development of the MFT Falls Policy, which will be launched in Quarter 1 (2019/20).
- We have developed and launched a Patient Safety Video which staff can view through the Patient Hospedia (Bed-side information video).
- Development of Falls Awareness eLearning and Post-Falls Management training.

Strategic Falls Improvement Programme

- A Trust-wide Falls Collaborative, the '**Manchester Falls Collaborative**' has recently been commissioned by the Chief Nurse led by the Deputy Chief Nurse. The intention of the collaborative is to map and draw together research and innovation relating to falls prevention and management, share and spread best practice, improve patient outcomes across the city. The first meeting was held on 5th September 2018 and has been followed by a number of workshops that have brought together a range of professionals, managers and agencies. The Collaborative will direct MFT's Falls Improvement Programme.

The Acute Kidney Injury (AKI) problem

Acute kidney injury (AKI) is when the kidney suddenly stops functioning well, resulting in difficulties in clearing excess water, electrolytes and toxins. It is very common amongst hospitalised patients, occurring in 1 in 5 acutely admitted patients in most hospitals in the UK. Whilst some (two thirds) of these patients come to hospital with AKI (community acquired), a significant proportion is still developed during their inpatient stay (hospital acquired AKI). Patients with AKI stay longer in hospital and have a much increased mortality.

A National (NCEPOD) audit in 2009 and a local audit in MRI in 2014 showed consistently poor AKI care including delays in detection and inconsistent management of cases. Recognising the urgency and importance of the problem, Manchester Royal Infirmary set up the Manchester Acute Kidney Injury Team (MAKIT) in 2014 to improve AKI detection, care and outcomes.

MAKIT AKI Improvement Programme

Starting with the MRI, MAKIT has since 2015 implemented a Multifaceted Quality Improvement (QI) Programme for AKI including; education and awareness for staff and patients, developing bespoke automated live electronic alerts for new cases of AKI using a local algorithm (The Manchester AKI algorithm), and implementing AKI Specialist Nurse guided management using a Priority Care Checklist (PCC). The education was given to small groups of staff using a standard set of key messages.

The MAKIT QI Programme has seen significant improvements in AKI care processes and patient outcomes. Recognition of AKI within 24hrs has improved from 52% to 100% and has remained consistent since 2016; there has been 34% reduction in AKI incidence, 26% reduction in AKI length of stay (LoS) and a 42% reduction in AKI days (time to recovery).

MAKIT (the team is shown below) has been recognised nationally as a leading AKI programme winning several awards. The full work was published in the British Medical Journal (Quality) in 2017 Various NHS Trusts across the country have adopted elements of the MAKIT approach. Following successful implementation at MRI, MAKIT has focused on the spread of improvement across MFT hospitals.



ACUTE KIDNEY INJURY PRIORITY CARE CHECKLIST (PCC)				
Name : _____		Hospital No: _____		
AKI Stage : ____		Cr Result : ____		
Ward : _____		Baseline Cr: ____ (Date: _____)		
		PCB Date : _____		
Doctor to tick when completed	Priority Care Action	Tick		Guidance
	1. Ascertain baseline creatinine (Lowest in last 6 months)	Done		If no Cr results in last 6 months ring GP
	2. Identify cause for AKI	Done		Document possible cause(s) in medical notes *
	3. Perform fluid assessment	Done		Minimum of daily fluid assessment
	4. Investigate for cause & consequences	Done		1 -Sepsis Markers # 2- Venous Bicarb or ABG *
	5. Consider catheterisation	Done	NA	1- All stage 3 2 - Obstruction suspected
	6. Renal & bladder ultrasound scan	Done	NA	1- All stage 3 2 – Suspected obstruction (NICE Guidelines <24hrs)
7. Consider referral to renal	Done	NA	1- Stage 3 Unclear Cause 2- Suspected Intrinsic Renal Disease 3- No Improvement > 24hrs 4- Dialysis may be Required	
Nurse	8. Fluid balance charts	Done		1- Strict Intake and output chart until further notice 2-Daily weights
	9. Perform & document urine dipstick	Done		1- MSSU(Infection Suspected) 2 - ≥ 2+ protein Send Urine-PCR
Pharmacist	10. Perform drug review	Done	NA	1-Stop nephrotoxins (ACE-I ,ARB, NSAID) 2 -Dosage review (antibiotics, diuretics, LMWH)
* Refer to Acute Kidney Injury Guidelines under Resources on Trust Intranet.				
# Refer to Sepsis Guidelines				
Doctor Name/Sign: _____			Position/Bleep: _____	

Spread of AKI Improvement across the Trust

Saint Mary's and Manchester Royal Eye Hospital

The improvement work at both these hospitals on the Oxford Road campus commenced in 2015, a few months after successful implementation at MRI. All new AKI cases are similarly detected, followed by AKI specialist nurse implementation of the PCC. Care process and outcome improvements are monitored alongside the MRI.

Trafford Hospital

A bespoke system was developed for Trafford Hospital in 2016. This involves a daily electronic detection from laboratory data of all new cases of AKI. These cases are highlighted at the morning bed management and medical handover meeting, with the relevant medical team charged with implementing the AKI Priority Care Checklist.

AKI detection is 100% at Trafford, with no AKI serious clinical incidents recorded since implementation.

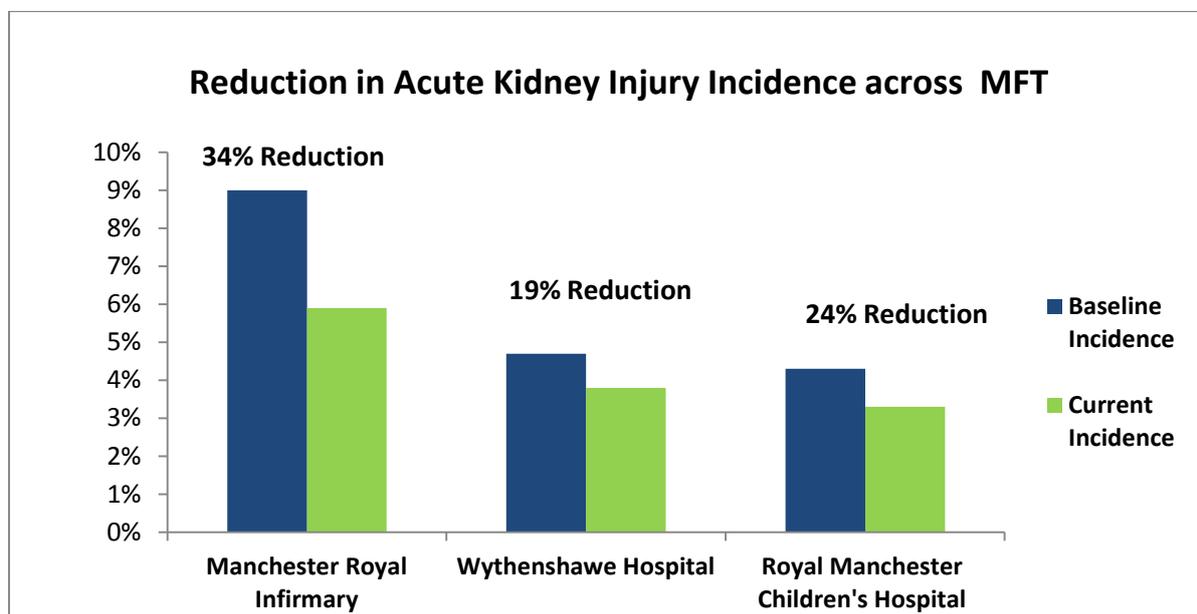
Royal Manchester Children's Hospital

A similar specialist nurse based AKI Improvement Model with electronic alerts, PCC and education has been implemented at the RMCH since May 2018. Early results are very positive with a 24% reduction in AKI incidence and a 34 % reduction in hospital acquired AKI. Recognition of AKI within 24hrs has improved from 42% to 100%. There has also been a 15% reduction in the length of time patients stay in hospital which has mirroring the early improvements seen at the MRI.

Wythenshawe Hospital

Prior to the merger of both legacy organisations (Central Manchester University Hospitals and University Hospital South Manchester), two specialist nurses provided an AKI in-reach service at Wythenshawe hospital. Following the merger, the AKI specialist teams across both sites merged and are working to harmonise the AKI care processes, systems and outcome monitoring. An electronic alert has been implemented with the specialist nurses following up all new cases and helping local teams implement the AKI PCC, now integrated into the electronic patient record (EPR).

Recognition of AKI within 24 hours has improved from 67% to 100%. There has been 19% reduction in AKI incidence. MAKIT is currently working on installing IT systems to automatically monitor and report AKI metrics similar to all the hospitals on the Oxford Road site.



Staffing

Nursing and Midwifery

MFT has continued to focus on the recruitment and retention of nursing and midwifery staff to support the safe and effective delivery of care. Against the national shortage of nursing and midwifery workforce, we have made a significant reduction in the number of vacant posts over the last 12 months.

MFT has continued to attract high quality applicants through the 'Proud to Care' recruitment campaign which has ensured that we have access to prospective applicants in social media at local and national recruitment events. Partnership with local Higher Education Institutes has enabled MFT to proactively attract nursing and midwifery students.

Our workforce

- There has been a reduction of 120 whole time equivalent (wte) vacancies compared to the same period in 2017/18 equating to an increase of 335wte nursing and midwifery staff in post.
- The 12 month rolling turnover of nursing and midwifery staff has reduced by 1.5%.
- 87% of nurses and midwives remain working at MFT one year after joining the organisation.
- The average registered nurse/midwifery fill rate is 83.5%.



International recruitment

MFT has a successful International Recruitment Programme which has resulted in an increase in the number of International Nurses joining MFT. A total of 144 staff commenced in post since April 2018. This is a significant increase on the number of nurses recruited in previous years (compared to 40 nurses the previous year).

MFT is regarded by the National Midwifery Council (NMC) as being an exemplar site in successful delivery of the International Recruitment (IR) Objective Structured Clinical Examination (OSCE) programme which the nurses are required to complete with an overall pass rate of 99%. The IR OSCE is designed to assess a nurse's or midwives' ability to competently apply their professional nursing or midwifery skills and knowledge in the UK. It is set at the level expected of nurses and midwives as they enter the profession (at the point of registration).

Nursing Associates

In September 2016, the legacy Trust (Central Manchester Foundation Trust) became a pilot site to train and develop the role of the Nursing Associate which became a regulated role by the Nursing and Midwifery Council from January 2019. This programme has continued in the new Trust- MFT. The Nursing Associate will not replace the Registered Nursing workforce but will underpin the workforce and address the gap between Nursing Assistant and Registered Nurses. The first cohort of 70 Nursing Associates completed their training programme in February 2019.

There are currently 132 Trainee Nursing Associates in training across the Trust of which 80 are due to qualify in April 2020. Up to 120 Trainees will be recruited each year moving forward with an April and September cohort.

Medical Staffing

The Trust is working with North Manchester and has successfully recruited to a number of Consultants in Obstetrics and Gynaecology. Work is also on-going with regarding a recruitment campaign for hard to fill Consultant vacancies across North, Central and South Manchester, in areas such as Emergency Medicine and Acute Medicine.

The Trust has recently been successful in an application to issue GMC Sponsorship and appoint Medical Training Initiative Doctors (MTI's) into the Trust, following our own in-house scheme. The MTI scheme is an entry route for overseas doctors to join the NHS. The posts are for a fixed period of time, and at the end of the placement, the doctor will return to their own healthcare system.

Previously both the Tier 5 employment visa and GMC sponsorship, required for this type of post, has been undertaken in partnership with various with Royal Colleges, whom all had their own process, sometimes leading to delays. This new process will give MFT one process to follow, with much of the process being in house, therefore streamlining the activities and steps in the process, shortening the timeline in getting the MTI applicant into post.

The first cohort of Physician Associates commenced in March 2018 at MFT. There are 25 posts on the Wythenshawe Campus and 10 at the Oxford Road Campus, in a number of specialties including, Respiratory Medicine, Urgent Care, Care of the Elderly, Cardiology and General Surgery. The benefit to MFT of having Physician Associates working alongside our other clinical staff, is that we have increased the skill mix in some clinical areas, which improves patient flow, provides the teams with more time with patients and their families, and helps to reduce waiting times. This positive impact also leads to less reliance on locum staff, therefore a reduction in complaints involving locums, and critical incidents involving temporary staff.

A new Temporary Staffing Strategy has been introduced for Medical Locums. There are a number of work streams relating to Temporary Staffing currently progressing which include additional work/bank rates harmonisation and the negotiation of agency rate cards and commission rates to demonstrate a Trust reduction.

Weekly dashboards are being developed to enable the Management Teams to understand their spend, and therefore target areas for reduction. An internal Medical Bank is to be relaunched, to improve the internal supply of temporary staff, which will help to maintain consistency and ensure patient safety.

There has been a change to the 'Lead Employer' who employs and oversees the placement of junior medical staff on behalf of health Education North West (HENW), to the Trust as part of their training rotations. Some of the early changes to communication streams between the Lead Employer and the Trust have enabled the Directorate Management teams to be more proactive in the planning of appropriate staffing levels, and the management of vacancies.

Plans to improve gaps on Doctors' rota

As an organisation we do all we can to ensure that we have the right number of doctors on each given shift, by ensuring all shifts are covered with the right amount of doctors. Not having the right number of staff on duty can lead to staff fatigue. Significant staff fatigue is a hazard both to patients as well as the staff themselves. We take the safety of our patients very seriously and as such a key element for the Trust is ensuring safe staffing levels across clinical areas.

Recruitment and retention of doctors is a challenge across the NHS. Within the Trust, on average 9.7% of posts for doctors in training have remained unfilled during the year. This, together with the challenges of recruiting non-training grade doctors means we have to have a co-ordinated approach to identify realistic solutions to staffing difficulties.

Significant work is being undertaken across the Trust in developing action plans to address rota gaps. This includes:

- Proactive use of bank and agency to improve staffing levels. Within the last year, 20,336 shifts were filled by locums or agency staff.
- Active recruitment of doctors from overseas by individual specialities.
- Successful application to become an 'approved sponsoring body' by the General Medical Council hence facilitating the recruitment of identified doctors from overseas to the Trust.
- Appointment of other clinicians such as Physician Associates. Physician associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team.
- Review of doctors' job plans to improve both recruitment and retention of staff.

Providing Quality of Care that matters to patients and their families and caring for the wellbeing of staff

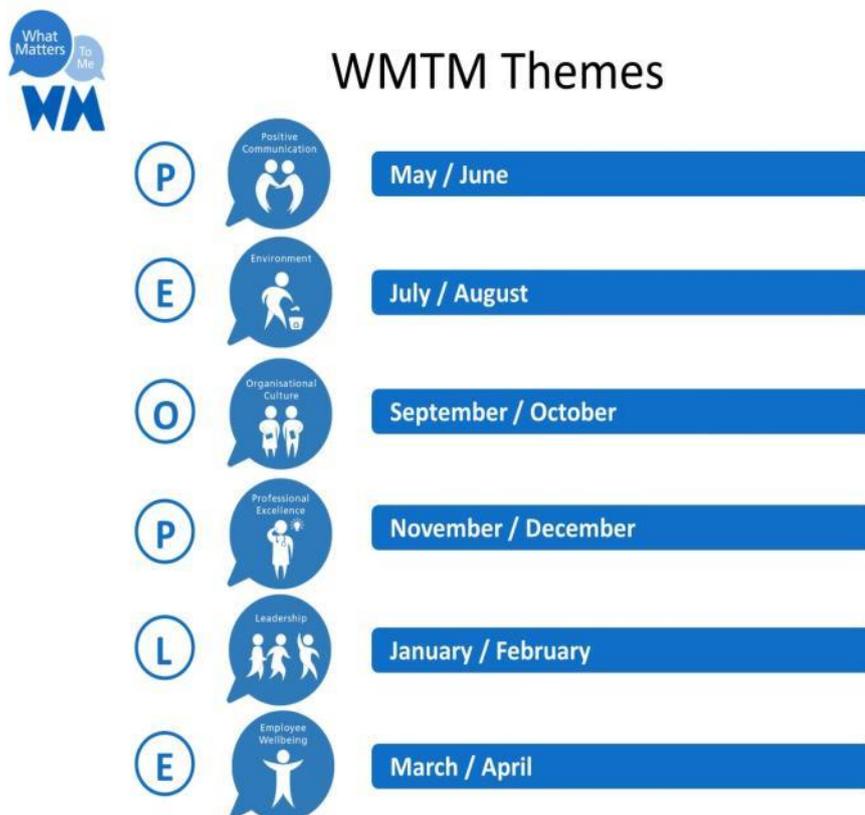
In this section we will detail some of the systems and methods in which we capture the views of our patients and staff, and how we use this information to ensure patients have outstanding care.

What Matters to Me: Trust Patient Experience Programme

Patient experience is one of the three dimensions of quality alongside patient safety and clinical outcomes¹. The Trust Quality and Safety Strategy outlines that improving the experience for patients, carers and their families is one of the goals of the Trust and is influenced by every member of staff, in every staff group in the organisation.

‘What Matters to Me’ (WMTM) has been developed across the Trust as our approach to patient experience and aligns closely with core strategies such as the Leadership and Culture Strategy and the Trust Values and Behaviours. The programme aims to ensure that we treat every patient as an individual and encourages staff to ask patients **‘what matters’** to them as they travel through our services. It encourages staff to listen and to respond to the needs of the patients.

There are six key elements to the WMTM programme. The programme has a specific element it focuses on each month. These key elements are all underpinned by other organisational strategies and are connected to the Trust’s values and behaviours.



¹ <https://www.gov.uk/government/publications/high-quality-care-for-all-nhs-next-stage-review-final-report>

The bi-monthly themes of the **'What Matters to Me'** key elements have provided a framework to focus events and planned improvement initiatives throughout the year. Below are some of the examples of the events and improvement initiatives:

- **Positive Communication:** Recruitment of two **'What Matters to Me'** Educators, supported by Charitable Funding, have, in collaboration with the Organisational Development and Training (ODT) Team and members of the Trust Administrative and Clerical Teams co-designed a 'First Impressions Training Programme' for Administrative and Clerical Staff. This programme recognises the key interface that Administrative and Clerical staff have with patients at their first point of contact with the organisation. The 'face-2-face' aspect of the Programme was piloted in summer 2018. With development of a supporting e-learning module, the Programme was rolled out in autumn 2018.
- **Professional Excellence:** Historically, patients who were admitted for elective endoscopic investigations and treatments, once ready to go home, were seen and discharged by a member of the medical team. Other responsibilities by the medical team often led to delays in discharging these patients and a subsequent delay for patients awaiting admission. **"What Matters to Me"** feedback was used to identify what mattered to patients about their discharge and this supported the development of a new Nurse Criteria Led Discharge Service. A comprehensive training and competency package for senior nurses was developed to support this. Ongoing feedback will be used to continue to improve the service.

We have undertaken the following activities during 2018/19:

- Launched our **'What Matters to Me'** Patient Experience Survey to all Hospitals.
- Shared **'What Matters to Me'** patient video stories at the commencement of Board of Directors Meeting and other Group-wide meetings such as Cancer Board.
- Shared **'What Matters to Me'** articles in our internal newsletter with staff to support the embedding of this approach to personalised patient experience.
- Purchased extra handheld devices to support the collection of patient experience surveys electronically.
- Provided education and training for staff on how to use the devices to ensure staff are equipped with the skills to utilise them effectively.
- Held regular "Tweetathons" to encourage people to share information and celebrate individual progress with the campaign through the use of the hashtag **#WMTM**.
- Developed an electronic resource pack available on the Trust Learning and Resource hub, including resources specific for Children and Young People and in six different languages, based on the most commonly spoken languages (English, Urdu, Punjabi, Cantonese, Arabic and Polish).
- Embedded **'What Matters to Me'** as part of Corporate Induction for new staff and the new Consultant Leadership Programme, with the new consultants being encouraged to utilise **'What Matters to Me'** for the improvement element of the programme.

The impact of the **WMTM** approach will continue to be measured through existing metrics, undertaking targeted and bespoke work with teams in response to analysis of the data as required.

Ward and Department Accreditation

Accreditation is one of the mechanisms used in the Trust to provide assurance for ensuring high quality care and the best patient experience. It is a well-established and embedded process within the Trust's assurance processes.

The MFT accreditation programme is a process that drives continuous improvement and recognition of excellence.

The process is underpinned by Improving Quality Programme and supported by the Group Values and Behaviours Framework, '**What Matters to Me**' patient experience

programme and the Nursing, Midwifery and Allied Health Professional Strategy.

Progress
made in
2018/19

- Development and roll out of the MFT accreditation process
- Evaluation of all standards and processes to ensure alignment to the clinical area/ services provided and CQC key lines of enquiry
- 54 areas awarded gold

The process is designed to provide consistency of assessment whilst allowing adequate flexibility to adjust the process based on the differences between the clinical areas.

In 2018/19 the hospitals and Managed Clinical Services, including the Manchester Local Care Organisation, underwent a new accreditation assessment process which took the best from both of the previous accreditation processes from both previous organisations USHM and CMFT.



Each area is required to display details of their performance and their improvement programme on their local Improving Quality Board.

Accreditation Results April 2018 – March 2019

For the 2018/19 Accreditation schedule, 154 accreditations have been undertaken, the results of which are detailed in Table 1

**Table 1: MFT Accreditation Results
April 2018 – March 2019**

MFT– Accreditation Results 2018/19		
	Number	Percentage
Gold	54	35%
Silver	70	46%
Bronze	29	19%
White	0	0%
Total	153	100%



Nutrition and Hydration

Mealtimes Matter

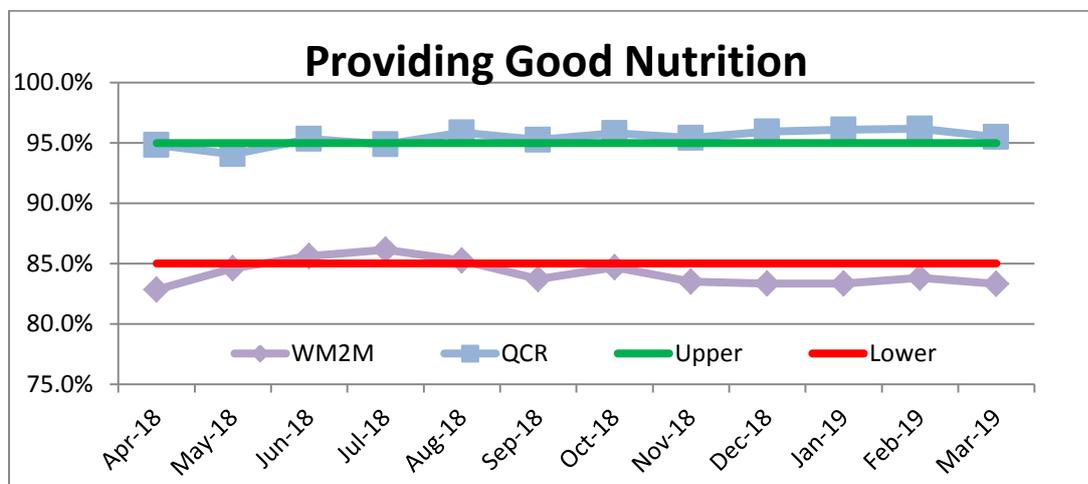
Good nutrition is fundamental to our health and wellbeing especially during periods of illness or frailty. As an organisation, through the review of incidents we have identified issues where patients' nutritional needs were not always met. The Trust is committed to the provision of food that supports the care and treatment our patients receive.

A Nutrition and Hydration Strategy for MFT has been developed and launched in the National Nutrition and Hydration Week on 15th March 2019. The Strategy outlines how we believe that **making mealtimes matter** is a crucial component in ensuring patients receive a **personalised dining experience**, which in turn will facilitate the individuals return to health in whatever context that is for the individual patient.

Patient experience data related to **what matters** to patients in relation to food is collected and triangulated utilising a variety of methods including:

- Quality Care Round (QCR).
- **What Matters to Me** patient experience survey (WM2M).
- Incidents.
- Complaints.

Graph1. Trust QCR/ WM2M patient experience survey – Providing Good Nutrition

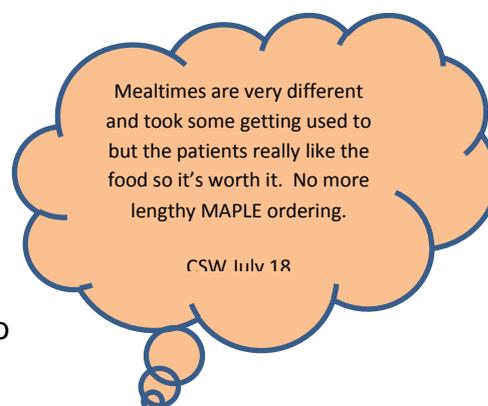


Staff Experience

Establishing *what matters to staff* related to the meal time service has been fundamental in developing a **Good to Great** action plan which focuses on those aspects of patient dining crucial in facilitating a personalised dining experience.

Quality Improvement Programme: Nutrition Case Study 1

The Acute Medical Unit (AMU) at Manchester Royal Infirmary is an extremely busy, fast paced ward where the speed of patient flow through the department often meant that patients had very little choice of food, resulting in a poor mealtime experience that was not personalised. In addition, staff were spending a large proportion of time ordering food using the MAPLE ordering system for patients that had often transferred to other wards before the meal was actually served.



Utilising the Trust Improving Quality Programme methodology (IQP) staff on AMU worked with the Facilities Matron, Sodexo and Estates & Facilities to introduce a "**Choose at the Mealtime Service**" meaning all patients are offered a choice of food at mealtimes rather than being offered the meal potentially chosen by the previous patient.



Case Study 2

Patients cared for on Ward 36 and 37 at Manchester Royal Infirmary are regularly transferred to the Acute Kidney Unit (AKU) for haemodialysis. Patient experience feedback identified that patients were not satisfied with the meal time service. Using the IQP methodology it was identified that patients were often missing a warm meal because they were absent from the ward at the time meals were being served.

Staff on Wards 36 and 37 worked with the Facilities Matron, Sodexo and Estates & Facilities to ensure that patients transferring to AKU at mealtimes were offered a 'kidney kind' hot meal on their return.

Observational Meal Time Audits

A programme of observational mealtime audits, have been rolled out across all hospitals which have provided a source of rich data to identify additional areas for service improvement resulting in:

- The introduction of a patient dining web page allowing staff a forum for accessing information about nutrition and the MAPLE food ordering system
- The introduction of meal time standards poster across the Trust
- The introduction of resources to support improvement work including protected meal times, red tray and jugs
- The regular review of menus and the introduction of a vegan menu.

Accreditation

The Accreditation process is part of the Trust's quality assurance mechanism where wards, departments or services are assessed against a set of standards. The mealtime process is assessed as part of the Accreditation process. Wards scoring Bronze for the meal time process are offered the support of the Facilities Dining Matron in identifying areas for quality improvement.

Continuation of Good to Great 2019/20

- Continue to use local data, to identify areas that require bespoke interventions that would provide a **personalised dining experience** for all patients based on the unique needs of each individual/clientele groups.
- Continue to support clinical areas with IQP methodology to enable teams to identify, plan and implement improvements related to the meal service.
- Continue to review existing menus to ensure that they remain relevant to the client group.
- Align current practice with national guidelines for hospital food standards.

Ensuring adequate hydration

On average, water makes up around 60% of total body mass in adult males and between 50-55% in females². Alterations with this fluid and subsequent electrolyte balance can lead to serious consequences. Mild to moderate dehydration can lead to both physical and mental deterioration, with severe dehydration where there is a decrease of more than 15-20% of water in the body. This can be very dangerous.

² <https://www.nutrition.org.uk/healthyliving/hydration/healthy-hydration-guide.html>

A hydration working group has been established since 2014, with the aim of ensuring all patients who have factors that influence hydration will be identified and monitored and early recognition of any issues identified.

The implementation of the 'Hydration Pathway' ensures all patients are assessed daily for any factors that may affect their hydration and monitored according to their individual needs, with regular reviews allowing for early escalation of hydration any issues.

This approach to monitoring patient hydration, together with staff education and support, has resulted in improved compliance with fluid balance monitoring standards, as well as significant improvements in identifying patients at risk of dehydration, and an increase in patients with acute kidney injury commencing appropriate monitoring.

Other areas of work have included the development of patient information leaflets and urine colour charts, used to educate patients and relatives about the importance of maintaining hydration and how they can help monitor themselves for signs of dehydration.

An annual 'Hydration Day' helps to raise the awareness of the importance of hydration across the Trust, allowing for the education of staff and the public.

Continuation of Good to Great 2019/20:

- Continue to audit compliance with the Hydration Policy standards.
- Support improving quality projects in specific clinical areas.
- Continued focus on education of staff and public.
- Continue with Acute Kidney Injury prevention and management.
- Hydration pathway and associated assessment forms to be captured electronically for more immediate recognition and escalation.

Formal Complaints, PALS Concerns and Compliments

Complaints data is reported monthly to members of the Trust Board of Directors, and the Clinical Commissioning Group. In addition, we publish in-depth quarterly and an annual Complaints Reports.

This table shows number of Formal Complaints, PALS concerns and Compliments received from 1st April 2018 to 31st March 2019.

Table 1: Formal complaints, PALS concerns and compliments

	1 st April 2018 – 31 st March 2019
Formal Complaints	1,589
PALS Concerns	5,907
Compliments	392

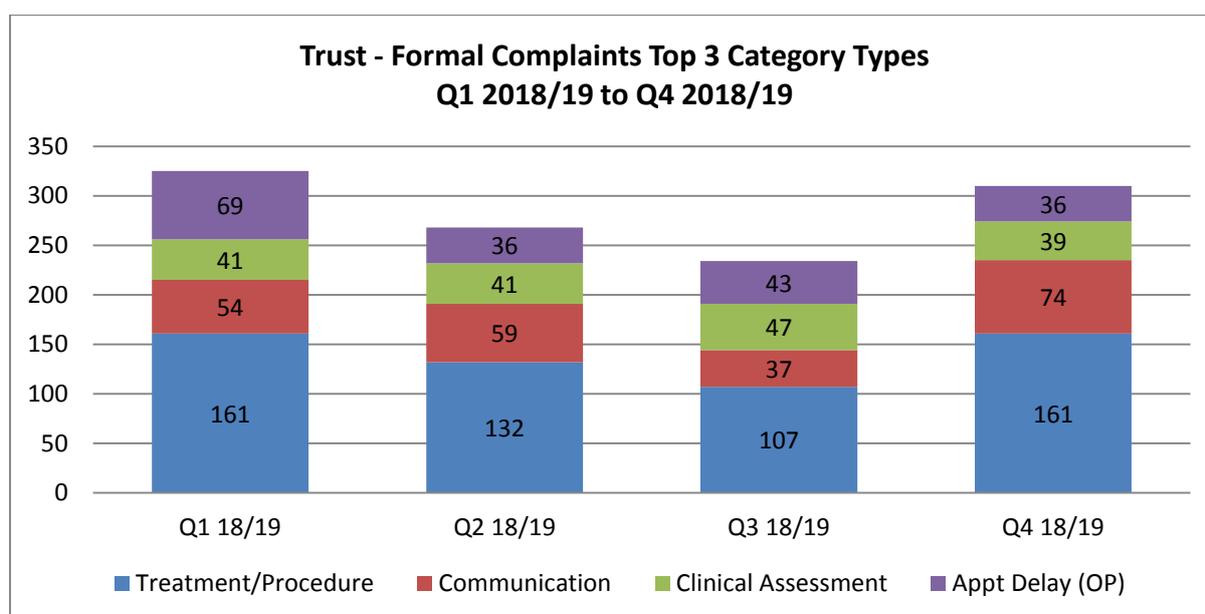
Table 2: Formal complaints received in context of clinical activity

		1 st April 2018 – 31 st March 2019
Inpatients	Formal complaints received(FC)	534
	Finished Consultant Episodes (FCE)	438,411
	Rate of FCs per 1000 FCEs	1.22
Out-patients	Formal complaints received (FC)	721
	Number of appointments	2,482,635
	Rate of FCs per 1000 appointments	0.29
A&E	Formal complaints received (FC)	141
	Number of attendances	410,916
	Number of FCs per 1000 attendances	0.34

The themes and trends from complaints are reviewed at a number of different levels. Each Hospital/MCS/MLCO looks at local complaints on a regular basis as part of their weekly complaint review meetings and monthly Quality Forums. As mentioned above, analysis of complaint themes and trends is provided in Quarterly Complaints Reports to the Board of Directors.

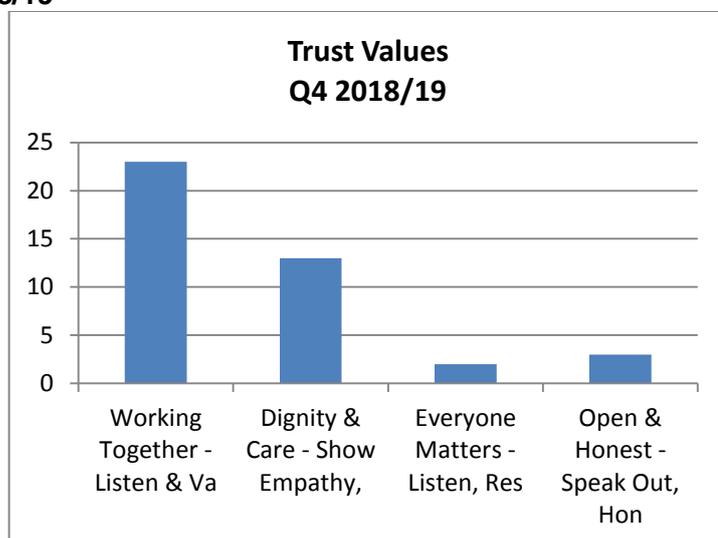
The Trust-wide top 3 categories for 2018/19 are shown in Graph 1 below.

Graph 1: Formal Complaints - Top 3 categories by Hospital/MCS/MLCO for 2018/19



The Trust-wide themes for MFT Trust Values from Quarter 4, 2018/19 are shown in Graph 2 below.

Graph 2: Formal Complaints: Theming of complaints to MFT Trust Values for Quarter 4, 2018/19



Parliamentary and Health Service Ombudsman (PHSO)

We seek to answer complaints fully and resolve issues but sometimes this doesn't happen. If a complainant remains dissatisfied following completion of the local resolution process for a complaint (the first stage of the NHS complaints procedure), they can refer their complaint to the PHSO. The PHSO will then assess their complaint and may decide to undertake a further investigation.

Table 3 provides the number and outcome of the Trust PHSO cases closed during 2018/19.

Table 3: Closed and current PHSO cases

	Current cases under investigation at end of period	Closed cases during period	Number fully-upheld	Number partly-upheld	Number not-upheld/withdawn
1 st April 2018 to 31 st March 2019	13	34	1	15	18

Patient feedback via Care Opinion and NHS Choices

During 2018/19, the Trust has continued to provide individual responses to all patient feedback received by Care Opinion or NHS Choices websites. If ongoing care is affected, the relevant clinical staff respond promptly to address the concern in order to improve the patient's experience. Local teams use the learning from this feedback to make any identified service improvements.

Complaints, PALS concerns, compliments & the complaint handling service Improvement Programme (2018/19)

Work continued during 2018/19 to align and unify the complaints processes of the two legacy Trusts.

The new MFT Trust Compliments, Concerns and Complaints Policy has been written and circulated widely across the Trust.

The Corporate PALS team have updated the 'Customer Services' section on the new Trust Website.

The Trust's Patient Experience Matters PALS Leaflet advising patients/carers how they can provide feedback was updated in 2018/19. The Easy Read Patient Experience Leaflet has been developed with service users from the Learning and Disability Patient, Parent and Carer Forum.



Themes from complaints have been aligned to the new MFT Trust Everyone Matters, Working Together, Dignity & Care and Open & Honest.

Values:

Following the devolution of accountability for complaints management in Quarter 1, 2018/19, which included Quality Control processes and monitoring to the Hospitals/MCS/MLCO, the Chief Executives' performance is monitored at a Group level via the Accountability Oversight Framework (AOF). The Corporate team have continued to provide support to Hospital/ MCS teams in managing and responding to complaints in a timely manner, specifically for those that have gone above 41 days.

PALS and Complaints Education Programme

A programme of educational sessions for frontline staff has been developed and delivered to staff across the Trust.

Complainants' Satisfaction Survey

On 1st November 2016, a National Complaints Satisfaction Survey was introduced which looks at all the complaints that have been responded to. The survey, based upon the '**My Expectations**³', was developed by the Picker Institute and is sent to complainants following the final Trust response. The Survey is sent to complainants covering all our Hospitals/MCS/MLCO and during Quarter 4, 2018/19 18 responses to the survey were received.

Survey results from Quarter 4 of 2018/19 indicate:

- 77.78% of complainants felt that they received acknowledgement of their complaint within an acceptable timeframe.
- 72.22% of complainants felt that they were taken seriously when they first raised a complaint.
- 66.67% of complainants felt that the Trust summarised the main points of their complaint correctly.
- 61.11% of complainants found it easy to make their complaint.

³ http://www.ombudsman.org.uk/__data/assets/pdf_file/0007/28816/Vision_report.pdf

- 58.82% of complainants received the outcome of their complaint within the given timescale.
- 50% of complainants felt confident that future care would not be negatively affected by making a complaint.
- 41.18% of complainants felt that their complaint was handled professionally by the Trust.
- 37.50% of complainants were satisfied with the recommendations in response to their complaint.

Comments received include the following:

- *I tried to make a complaint via the junior doctor and was dismissed. I really didn't want to complain but because she was so rude and dismissive I felt I had no choice to make things formal.*
- *We were advised that reply/summary would be early July. We received it 1 October. 8 points were raised - 1 recommendation made. Lack of holistic approach - not addressed.*
- *I am receiving better care from my treatment unit now.*
- *Summarising the main points in my letter helped. The recommendations made by the department were clear and this was the aim of my complaint - to improve future care and patient's experience.*
- *The correct procedures should have been followed. Felt the organisation tried to cover up what had happened rather than investigate properly.*
- *Easy to access and understand. Stream lined process. Things were dealt with easily and informative all questions answered in a timely manner.*
- *Very disappointed and still feel dissatisfied, daughter not been helped in anyway by complaining just traumatised further.*
- *Excellent communication from the outset with process explained very clearly. I cannot fault the way in this was handled.*

Next Steps

Utilising the Trust Strategy of **WMTM** the Patient Service Team will continue to develop and improve the complaints handling process to be responsive to complaints and fully utilise all learning opportunities for the service.

End of Life Care (EOLC)

End of life care is a difficult time for families and patients. As an Organisation we seek to support families during this very difficult period.

The End of Life teams at both former organisations have been working closely together in order to achieve a more standardised service, taking the best from both former hospitals and the MLCO. The work has included revision and harmonisation of the Palliative and End of Life Care Strategy for adults and Children.

The Trust has developed working groups and work programmes monitored through the End of Life Oversight Group to ensure improvements in care are delivered. End of Life Care plans are based on national guidance such as National Institute of Clinical Excellence (NICE). Previous audits have demonstrated improvements in the delivery of care of the deceased and compliance with the end of life care plan standards.

Having created a new Trust policy for care of the deceased, a robust education and training programme is to be launched in March 2019 across the Hospitals and following completion, the care of the deceased audit (compliance with the new policy) will be undertaken covering all sites late in 2019.

The End of Life service has implemented a 7 day per week palliative care nursing and Consultant service. Support is offered to patients in their end of life pathway with initiatives such as the implementation of 'Comfort' observations and the 'butterfly bag' initiative which involves offering families bags including cards for families to provide feedback to staff.

The Trust end of life service has participated in National Transformation programme on Advance Care Planning (ACP) and Rapid Discharge, National Dying Matters Week across all Hospitals. The 2018 National Audit of care at the end of life audit was undertaken in 2018 which demonstrated that the Trust had performed well.

A comprehensive programme of audit of the standards was implemented in 2018 as part of the Trust's End of Life improvement work programme. The standards look at the support given to patients and families at such a difficult time with the aim to provide choices to achieve a good death. Families have raised funds to purchase items to achieve improvements to the family rooms and counselling areas, creating a more welcoming environment which means patients can spend more time with their loved ones achieving their wishes at the end of life.

Following the Trust comprehensive CQC inspection, End of Life Care was rated as "Good" for adults and children.

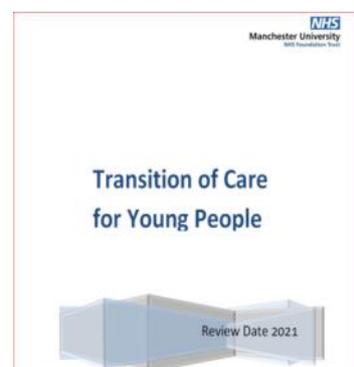
Transition of care for Young People

Transition of care for young people, is a process of preparing young people with long term and complex health conditions moving from children's to adult health services. As a Trust, we recognise that adolescence and young adulthood is a time of physical, psychological, educational and social change, therefore ensuring transition is effective from children's to adult health services for young people and their carers.

This year we have continued to build on the work undertaken by individual specialties on transition to ensure and achieve a consistent approach to Transition across the Trust. This work has been overseen by the Transition of Care for Young People Operational Group.

Achievements and Progress so far

- The Trust has a Strategy for "Transition of Care for Young People". The aim of the Strategy is to provide a consistent, safe and a high transition service that enables young people and carers to move into adult services with minimal disruption to their care and a good patient and carer experience of the change. The views and comments from young people are incorporated in the Strategy.



- The National Institute of Clinical Excellence (NICE) published guidance on Transition of Care for Young People which had a number of recommendations for NHS Trusts to implement. The aim of the guidance is to help young people and their carers have a better experience of transition by the way it is planned and carried out. In order to assess how compliant we were as a Trust in meeting these recommendations, our services involved in children and young people's transition carried out a gap analysis against the recommendations. We are pleased to report that all 32 services completed the gap analysis and the results showed more than 50% of the recommendations were already in place across all transition services. Where gaps were identified, action plans to address those gaps have been developed and services are working towards addressing the gaps in the coming months. Monitoring of progress against the action plans is done through the Transition of Care for Young People Operational Group.
- The Trust has appointed a Consultant Nurse for Transition whose role is to support the delivery of the Transition Strategy, working with services to ensure Transition practices are consistent across the Trust.
- A Transition Specialist Nurse has been appointed to work specifically with young people with complex needs and those on long term ventilation to help and improve the transition process.
- We have also worked with services to implement "You're Welcome Standards". These are a set of standards produced by the Department of Health in 2007 and have since been reviewed. The updated standards ensure that wherever young people receive care, the environment is suitable to their needs as they are not children or adults.
A gap analysis on these standards were also undertaken alongside the gap analysis against NICE guidance as mentioned above.
- As part of the Care Quality Commission's (CQC) comprehensive inspection of the Trust, we are proud to report Transition was rated as "Good" overall and across all the five CQC domains: Caring, Safe, Well-led, Responsive, Effective.

Plans for 2019/20

- ✓ Implement actions from the gap analysis action plans across all relevant services.
- ✓ Create a repository on the Trust staff intranet site to store all the transition tools so staff can access these easily.
- ✓ Support to create developmentally appropriate transition programmes and plans/health passports in partnership with young people and their carers, which can be linked to education and social care transition plans where appropriate.
- ✓ Continue to involve young people in service changes relating to Transition.
- ✓ Develop an animated version of the Transition Strategy.
- ✓ Continue to take part in local and national projects on Transition.
- ✓ Work with external charitable organisations to seek funding to employ another transition nurse specialist.

Friends and Family Test-- Patients



The Friends and Family Test (FFT) is an important feedback tool which can be utilised by people who use the NHS to provide feedback on their experience. It is a standardised national question which asks patients whether they would recommend the NHS service they have used to friends and family who need similar treatment or care.

Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The question is based on a six point answer scale which ranges from 'extremely likely' to 'extremely unlikely'.

FFT results are published monthly on the NHS England and the NHS Choices websites.

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

The Trust uses a variety of ways to capture FFT from our patients. This includes FFT postcards, hand held electronic devices, bedside TVs, online surveys and SMS text messaging.

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

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

During 2018/19

- The Quality Improvement Team and Patient Experience Teams have worked collaboratively with staff across the organisation to promote FFT.
- A new electronic system was implemented across our wards and departments to enable teams to review FFT feedback and specifically individual comments in almost real time.
- The development of new FFT cards, which support the gathering of more detailed feedback from all of our patient groups.
- The provision of the FFT question as a separate icon on the hand held electronic devices, making it easier for our patients to complete the FFT question on their discharge.

Plans for 2019/20

- To continue to implement easy read surveys for patients.

FFT Feedback from our patients



The feedback we receive helps us to inform our improvement work and celebrate our success. For example include the expanding of visiting time to meet the needs of families and carers.

Table 1: FFT Response and Results April 2018 – March 2019

Friends and Family Test Response and Results 2018/2019		
Area	Response Rate 2018/2019	Percentage of patients who were 'likely' and 'extremely likely' to recommend our services.
Inpatients	20.8%	97.1%
Emergency Departments	16.0%	86.4%
Outpatients	N/A	95.5%
Community	N/A	98.9%
Maternity Services	N/A	98.7%

Achieving the best outcomes for every patient

In this section we will detail some of the work and initiatives we have undertaken to ensure we reduce health inequalities across the city of Manchester. It also covers how through research, education, participation in National Guidance we improve clinical and quality outcomes for our patients.

Single Hospital – the Creation of Manchester University NHS Foundation Trust (MFT)

Service Review

The principle of significantly changing the way that hospital and community services are provided in Manchester was first established in late 2015, in the Manchester Locality Plan. This work was led by Manchester Health and Care Commissioners (MHCC) in partnership with the Manchester Health and Wellbeing Board. It was initiated as a response to the challenges faced by health and social care providers. This led to an ambitious programme of work set out to revolutionise the provision of healthcare across Manchester and Trafford.

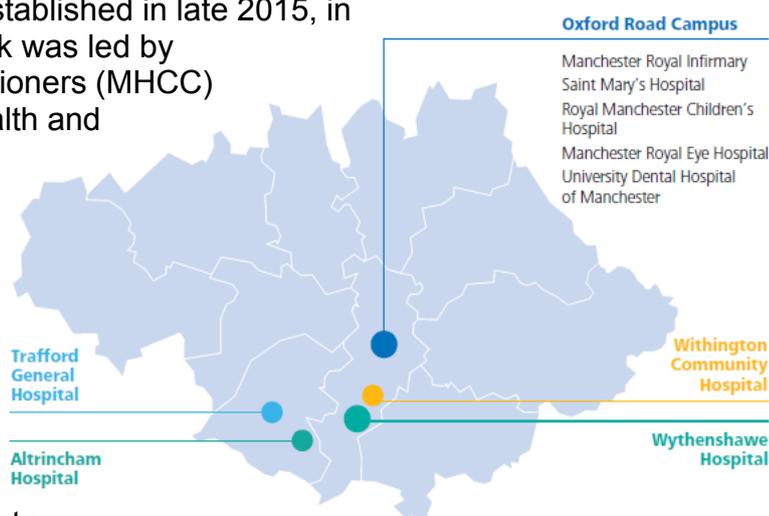
A review, led by Sir Jonathan Michael, identified that a Single Hospital Service was a key mechanism to address issues with fragmented care and poor health inequalities across the city of Manchester. The development of a Single Hospital Service promised to deliver equal access to and standards of care across the city, meaning all patients could access high quality services, regardless of where they resided.

As a result, Manchester University Foundation Trust (MFT) was created on 1st October 2017 following the merger of Central Manchester University Foundation Trust (CMFT) and University Hospitals of South Manchester (UHSM). It is one of the largest acute Trusts in England, employing over 20,000 staff. The Trust is responsible for running a group of nine hospitals across six distinct geographical locations and for hosting the Manchester Local Care Organisation.

Acquisition of North Manchester General Hospital

The second phase (Project 2) of the Single Hospital Service is to welcome North Manchester General Hospital (NMGH) into Manchester University Foundation Trust, with a target transaction date of no later than April 2020.

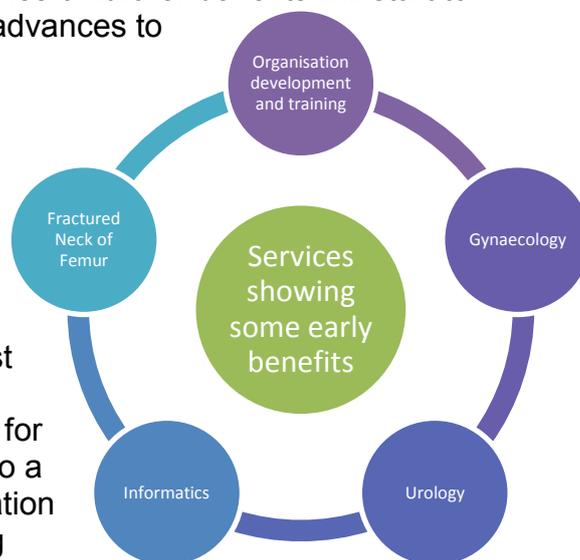
Residents of North Manchester are recognised as having some of the worst health issues in England and clinical outcomes across the conurbation vary dramatically. The acquisition of NMGH will see a standardisation of care to help eradicate any unnecessary differences or duplication in Manchester services.



Benefits

The vast number of anticipated patient benefits was a key driver for the merger of the legacy Trusts to form MFT. Through a series of documentation such as the Competitions and Market Authority (CMA) Patients Benefits Case, the Full Business Case and the Sir Jonathan Michael review, a variety of patient and staff benefits were outlined and were used to form the rationales for the creation of our Trust. As programme plans continue to evolve, a whole series of further benefits will start to emerge which will see large scale changes and advances to MFT's services.

At the end of the first year of the merger, we are already seeing some benefits from some of our services. This provides an indication as to the scale of improvements MFT can deliver:



Gynaecology

An additional dedicated urgent gynaecological list has been introduced at Wythenshawe Hospital. Before the merger, patients who needed surgery for an urgent gynaecological condition were added to a general theatre list with the possibility their operation could be delayed due to emergency cases taking priority. Women who need surgery after a miscarriage are getting faster treatment in less than 2.5 days on average instead of 4 days before the merger.

Urology

Patients in need of kidney stone removal now have quicker access to non-invasive lithotripsy treatment following the introduction of a combined lithotripsy service between the Manchester Royal Infirmary and Wythenshawe Hospital. Patients needing kidney stone removal wait no longer than four weeks. Before the merger, some patients waited six weeks or more.

Fractured neck of femur

An improved rehabilitation pathway has been developed by Therapy and Nursing Teams for Trafford residents. Patients receiving Fractured Neck of Femur surgery at Wythenshawe Hospital, who meet set criteria, are now able to be transferred to Trafford General Hospital to receive rehabilitation as well as the medical care they need. Patients can recover in a specialist environment closer to home and this enables better outcomes, shorter lengths of stay and improved patient experience.

Organisational development and training

Following the merger, the Trust has been approved as a host organisation for the Mary Seacole Leadership Programme. The Trust was selected due to its increased size, capacity and commitment to providing excellent health leadership development.

Informatics

Since the establishment of Manchester University Foundation Trust (MFT), work has commenced to improve quality and efficiency in the hospitals through the establishment of coordinated Informatics systems and processes and the use of digital technology to reduce variation across hospital sites. The informatics team at MFT has implemented a number of systems to create a suite of tools enabling teams to work collaboratively across sites, assist with clinical decision-making and improve operational efficiencies.

For example, there is now an online portal (The Hive) which contains data/reports on our performance on a number of measurements such as A&E waiting times, discharge times, assessing patients for the risk of developing Venous Thrombolysis Emboli (VTE) to name a few. This is a live system which means clinicians and managers can review performance on a regular basis, taking the necessary actions to address any concerns.

Research

The Trust is at the forefront of healthcare research, innovation and life-sciences in the UK. Through both clinical and commercial expertise and funding, we have developed a ground-breaking infrastructure of clinicians, industry, and academic partners to nurture clinical and commercial success and provide new products and services.

Through pioneering research and innovation we aim to give as many patients as possible the opportunity to shape and take part in clinical studies and evaluations, with them regularly becoming the first-in-the-UK, and often the world, to have the opportunity to trial new treatments

Research and Innovation - Our Impact

- Professor Rick Body has been leading a study into safely assessing patients with chest pains using a portable T-MACS decision aid whilst being treated by paramedics.
- Manchester researchers save lives by using a diagnostic test to detect sepsis caused by yeast *Candida*; part of an eight year programme from the NHS Mycology Reference Centre at Wythenshawe Hospital.
- Mr Leon Au and his team have been taking part in the first UK to trial of a new glaucoma treatment- eyeWatch.

Ensuring quality across our research infrastructure

As we continue to grow the benefits from our multiple research sites across the new organisation, we have established an integrated Research Office across the Oxford Road Campus and Wythenshawe Hospital sites. Being a bigger Trust means we have a greater patient cohort to take part in research studies.

Research Infrastructure

We continue to host a wide range of National Institute for Health Research (NIHR) infrastructure, including:

- NIHR Biomedical Research Centre
- NIHR Clinical Research Facility
- NIHR Clinical Research Network

This enables closer working relationships with partner Trusts and organisations and provides a greater platform to involve more people in our research from across Greater Manchester and beyond.

We are also host to Health Innovation Manchester, Greater Manchester's academic health science and innovation system. Their aim is to make Greater Manchester one of the most innovative health and social care systems around the world.

Research Studies

The number of patients receiving relevant health services provided or subcontracted by MFT in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 20,847. Over 757 clinical studies were active during this period, with 303 new studies approved this year.

You can learn more about the impact of our research and innovation, including an inspirational story from one of our patients on page 17, or follow the Research team on Twitter (@MFT_Research).

Local Clinical Audit

The reports of 332 local clinical audits were reviewed by Manchester University NHS Foundation Trust between April 2018 and the end of March 2019 and Manchester University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- After completing an audit looking at appointments in a clinic St Mary's Hospital plan to increase the number of appointments available by offering more appointments during school holiday times.
- Our pharmacists completed an audit looking at antibiotics given to patients at Trafford who were having hip surgery. Installation of a new antibiotic app on smartphones was recommended to provide easy access to current antibiotic guidance.
- Nurses who look after children with Rheumatology audited the drugs used for this condition, and plan to organise a visit to a Hospital in Birmingham using a new system to identify any shared learning.
- Manchester Royal Infirmary audited patient notes to ensure that entries by medical staff included the name and role. As a result one idea was to make sure that all the Doctors had their own name stamps to use when writing in patient notes which would save time and ensure that names could be read easily.
- An audit on resuscitation at Wythenshawe Hospital identified the need to present training in a more accessible way. Junior doctors can now access and view a podcast which explains how to complete resuscitation forms accurately.
- Following an audit by the Children and Adolescent Mental Health Service (CAMHS), practitioners changed the way they communicated with young people using the service so that appointments were sent by text or telephone rather than by letter.

- Nurses working in our community services treating children with asthma audited the way the nursing staff checked inhalers. As a result, information given to parents was changed to include a clear message to bring inhalers to clinic appointments.
- The Dental Hospital looked at patient satisfied with the time taken to perform x-rays between root canal treatments. One action was to consider training more staff in the use of x-ray equipment and encourage the involvement of Nurses with x-ray training.

National Confidential Enquiries into Patient Outcome and Death (NCEPOD)

NCEPOD is an organisation which ensures patients are given the right standard of care. They do this by clinicians on behalf of NCEPOD reviewing the medical records of patients who have undergone medical or surgical care and using the relevant clinical standards and research findings to assess and determine if the care provided was appropriate. Reports on these studies are published and sent to all NHS organisations.

As a Trust we take part in NCEPOD studies because we are keen in ensuring our patients get the best standard of care. When we receive reports from NCEPOD we share the reports with our doctors and nurses across the relevant hospitals, review any recommendations and put in place actions to address these.

During 1st April 2018 – 31st March 2019, three National Confidential Enquiries covered relevant health services that the Trust provides.

During that period Manchester University NHS Foundation Trust participated in 100% of National Confidential Enquiries which it was eligible to participate in. The National Confidential Enquiries that Manchester University NHS Foundation Trust was eligible to participate in from 1st April 2018 – 31st March 2019 were:

- Pulmonary Embolism Study
- Acute Bowel Obstruction
- Long Term Ventilation.

The National Confidential Enquiries that Manchester University Foundation Trust participated in, and for which data collection was completed during 1st April 2018 – 31st March 2019 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

NCE Study	Eligible	Participated	% Submission	Status
Pulmonary Embolism Study	Yes	Yes	Submission period still open	Open
Acute Bowel Obstruction	Yes	Yes	Submission period still open	Open
Long Term Ventilation	Yes	Yes	Submission period still open	Open

Medical Education

Library Services

The Trust Library Services provide a service to all staff, and students on clinical placements across the Trust. Library services are in Wythenshawe hospital and Oxford Rd campus. The service underpins education and training by providing access to the latest knowledge, information, and evidence published across a number of disciplines: medicine, nursing, and allied health. It supports learning to improve care through staff being able to gain up to date knowledge. In 2018, the library service achieved an accreditation score of 91% against national standards (Library Quality Assurance Framework), in the first submission as a merged service (Wythenshawe and Oxford Rd Campus).

During 2018, the Libraries at Oxford Road Campus and Wythenshawe Hospital upgraded study furniture to include charging sockets and enabled wider use of portable technology. This, alongside the use of self-service terminals, electronic resources and some 24 hour access, provides users a modern, transferable service.

The library team are supporting numerous local publications and research projects, now working with the Nursing, Midwifery and Allied Health (NMAHP) team. Library staff also support the National Institute for Health Research/Wellcome Trust Clinical Research Facility, tracking publication outputs from NIHR/Wellcome funded research.

Postgraduate Medical Education

After completing a medical degree, our doctors undertake a 2 year Foundation Doctor training placement. This is followed by a number of years working as a Specialty Trainee either in our hospitals or in a General Practice.

The results of the annual General Medical Council National Training Survey indicated that seven of our departments were in the top 10 nationally for trainee satisfaction.

We have been working closely with our external stakeholders (Health Education North West) and our staff to further improve the experience of our junior doctors. The Oxford Road Campus and Wythenshawe Hospital Post Graduate Medical Education Teams recently merged to create a Trust wide team. We will continue to work collaboratively with trainees and trainers to promote and improve practice and deliver a high quality training programme for doctors at all levels. The team remains committed to delivering educational outcomes that will enhance the futures of its trainee doctors and, through them, improve the quality of patient care.

Undergraduate Medical Education

The two Undergraduate education campuses (Oxford Road Campus & Wythenshawe Hospital) are working in partnership with the Division of Medical Education – part of the Faculty of Biology, Medicine and Health at The University of Manchester – to train over 700 undergraduate medical students each academic year on our hospital sites. The MBChB degree is a 5 year course at the University of Manchester.

During the past academic year, the Undergraduate Medical Education teams have:

- organised clinical placements and teaching sessions
- recruited for clinical examinations - Objective Structured Clinical Examinations (OSCEs) and
- supported students with welfare and professionalism issues amongst a range of other core functions



All students are supported and supervised by our consultants, as well as by other medical staff, nurses and other healthcare professionals. Their experience is closely monitored to ensure it meets the teaching and learning specifications defined by the University of Manchester and that it enables students to graduate successfully. Over 90% of our 5th year medical students passed their final year exams to successfully complete their degree course.

In addition to the above, the following services are also provided by the Medical Education Division.

SAGE & THYME workshops

SAGE & THYME is a reminder that provides a memorable structure for conversations, based on the evidence behind effective communication skills: Setting – Ask – Gather – Empathy – Talk – Help - You – Me – End.

The SAGE & THYME model is designed to give patients and their relatives' time to talk through any concerns or uncertainties and help them understand the support that is available to them. SAGE & THYME helps staff to care for both patients and their relatives by giving them the training on how to communicate effectively, honestly and compassionately.

The Trust runs this workshop for its own staff and for other organisations around the UK. Other hospitals have been very much interested in the programme and have bought the licence to run the programme. Eight licences have been sold in the last year. The total number of organisations delivering SAGE & THYME training across the country is in excess of 65. The University of Manchester Medical School and School of Nursing have recently adopted the Sage & Thyme training and are currently teaching the course to their students. SAGE & THYME was nominated and shortlisted in the Patient Dignity Category in the Nursing Time Awards in 2018.

Simulation and Human Factors Centre

We provide simulation based education across the Trust both within the clinical areas and in a dedicated simulation centre. There is a multidisciplinary team that oversees the delivery of simulation across the organisation.

By the end of March 2019, the centre will have provided approximately 550 sessions of activities. We run the National Centre for the Surgical Cardiac Advanced Life Support Course (CALS) and recently became a centre of excellence for the CALS Course.

CALS- UK have chosen the simulation centre as the preferred centre to deliver the train the trainer's course, in the UK. Also see section on Training for Patient Safety.

GP Engagement Sessions

The GP engagement programme is designed to provide practicing GPs with helpful advice on how to treat conditions that patients present with in their GP practices. The GP steering group invites consultants from hospitals to discuss health conditions that are relevant to in the community setting e.g. diabetes. The objective of the programme is to support GPs caring for patients within our communities and also to improve referrals into Hospital.

Physician Associates

Physician associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team.

For the last three years the Trust has been teaching physician associate students from University of Manchester. Since March 2018, 22 have taken up employment, with a further 13 to commence employment end of March 2019. We have worked closely with Health Education England, the Faculty of Physician Associates and other Trusts who have embedded this role previously in order to ensure our governance meets national standards. The feedback so far has been excellent with their role attributing to improving patient flow and early discharge. The government has approved the plan for Physician Associates to be professionally registered. Once guidance on this is received the Trust will ensure all Physicians are registered.

International Volunteering in Gulu, Uganda

The Trust has run a link in Gulu, Uganda for over 12 years to support staff who wish to take part in an international volunteering role. The link is a partnership with Health Education England, University of Manchester, Gulu Regional Referral Hospital and Gulu University. This year, six doctors, two physios, one nurse and two education staff and a biomedical engineer took part in this initiative. They volunteered in different roles such as training, clinical experience and research. We had a successful grant from the Tropical Health Trust and our volunteers helped deliver training to 1,200 Ugandan staff.

Participants' evaluation of the programme has indicated success for the scheme as follows:

- Improved resilience.
- Improved leadership.
- Improved communication skills.
- Improved knowledge in communicable diseases.
- Improved knowledge in other cultures.

Medical Appraisal and Revalidation

Revalidation was formally launched in the U.K. in January 2013 and is the process by which all licenced doctors are required to demonstrate, on a regular basis, that they are up to date and fit to practise in their chosen field and able to provide a good level of care.

Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by both their employer and the General Medical Council (GMC).

Licensed doctors have to revalidate every five years, by having an annual appraisal based on the GMC's Good Medical Practice framework. The Trust's appraisal and revalidation process is managed operationally by the Responsible Officer (RO); a role established in statutory legislation and currently part of the Group Medical Director's remit. The revalidation process is based on a recommendation from the RO to the GMC that the doctor is up to date and fit to practise. In order to make this recommendation, the RO must be assured that:

- The doctor has had annual appraisals that include all domains of their work (including in the independent sector).
- Any concerns about the doctor raised through the appraisal have been brought to the attention of the relevant medical line manager and successfully addressed.
- The doctor has undertaken feedback evaluation of their work, including feedback from both colleagues and patients, and that this has been discussed with their appraiser.
- That there are no outstanding concerns about the doctor's performance or professional conduct known to the Trust.

Medical appraisal is at the heart of revalidation; it is where a doctor's performance is reviewed against four areas that are set out by the GMC. These are:

- Knowledge, skills and performance.
- Safety and quality.
- Communication, partnership and teamwork .
- Maintaining trust.

The Trust standard is for 90% of doctors to have completed an annual appraisal by the end of each financial year. We are pleased to report we have met the Trust target over 90% of our doctors have completed their appraisal.

Following the merger, work has been ongoing to ensure the processes and policies for appraisal and revalidation are unified and equitable across all of our hospital sites. A new combined policy has been developed and approved by the Joint Local Negotiating Committee (JLNC) and the Workforce Education Committee.

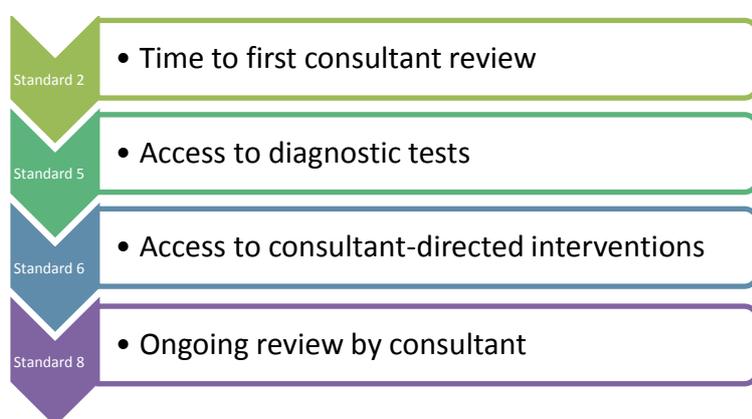
Appraisals are currently conducted via two different electronic systems, Equiniti and PReP. Having undertaken a detailed review led by the Group Associate Medical Directors for Appraisal and Revalidation to assess our two current systems against other revalidation management systems in use across the country, we believe that changing to a new single electronic system across MFT will have important added advantages for all medical appraisees and appraisers. The new system identified is called Strengthened Appraisal and Revalidation Database (SARD) and it was implemented Trust wide on 1st April 2019.

Hearing and being responsive to patients, the public and staff voice at every level of the organisation

Our Trust is committed to listening to its staff, patients and the public and this may be by responding to National Guidance or from local needs. This section provides some examples on some of the ways in which we do this.

Seven Day Services

The seven day services programme is designed to ensure that patients who are admitted as an emergency, receive high quality consistent care, whatever day they come into hospital. There are ten clinical standards for seven day services which define what hospitals should achieve if they have seven day services in place, regardless of when patients are admitted. Four of these 10 clinical standards have been identified as priorities which hospitals should aim to meet. This is on the basis of their potential to positively affect patient outcomes. The four priority standards are:



These standards are to ensure patients:

- Don't wait longer than 14 hours to initial consultant review.
- Have a diagnostic tests performed within
 - 24-hours for non -urgent tests,
 - 12 hours for urgent tests and
 - One hour for critical patients
- Get access to a specialist, and interventions directed by a consultant.
- With high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

The Trust was selected by National Health Service Employers (NHSE) as an early adopter of the four priority clinical standards with the target of implementing 90% of each of the standards by April 2017. The last audit showed the Trust is exceeding the 90% target for Clinical Standards 5, 6 and 8. For Standard 2, the current achievement is at 81% which is a slight reduction from the previous audit which saw performance at 90%. Further work is therefore required to ensure this target is consistently met.

The main area of non-compliance is within Paediatrics. Changes are being made to the working patterns with Royal Manchester Children's Hospital to introduce hot weeks to ensure consistent consultant cover across the week and ensure all patients receive an appropriate consultant review within 14 hours of admission.

The audit results also highlighted a cohort of patients who could have been excluded from the audit had it been there was an appropriate clinical pathway for these patients who do not need to see a consultant. Pathways are now being developed for a cohort of conditions which will improve the compliance against Standard 2.

Freedom to Speak Up

The Trust is fully committed to being open and transparent and urges all staff, patients and visitors to report patient safety concerns. There are a number of ways in which this can be done, including the Trust incident reporting system which is one of the best used in the NHS.

To further encourage reporting and learning the Trust participates in the National Freedom to Speak Up Campaign.

Freedom to Speak Up is a national programme that supports staff, students, governors and patients raise concerns. Having the right processes and systems in place creates a more open and supportive culture that encourages staff to raise any issues of patient care, quality or safety. It also improves the working experience of NHS workers.



Every Trust has a Freedom to Speak up Guardian and at MFT in 2018, we appointed a new Freedom to Speak Up Guardian, David Cain. To support him we recruited 18 Freedom to Speak Up Champions. The champions are from a diverse range of backgrounds and discipline from across the Trust; from nurses to administrative colleagues. They are representative of the Trust's workforce.

For the National Speak Up Month in October 2018, MFT launched the Freedom to Speak Up Champions and our new Raising Concerns policy. The champions and Guardian have been out and about across the Trust encouraging people to speak up. Training has been built in the new staff induction programme in order to ensure all staff know how to raise a concern from the moment they join MFT. Our Trust Board has a key role in making sure MFT has a culture where people can raise concerns safely and in December, they reviewed their responsibilities and accountability for making sure everyone can speak up at MFT.



In 2018/2019 the Trust had 84 concerns raised through the Freedom to Speak Up programme, this means that the work we are doing through our Freedom to Speak Up Programme is proving to be effective and more people are contacting the Guardian or Champions to ask for support.

Feedback is provided directly to people who raise concerns either face to face or via a follow up email. This is undertaken by the Champions or Guardian before any case is closed.

Volunteers 2018/2019

Volunteers make a personal difference to patients, relatives and visitors through the help they provide to our frontline teams and in the direct support they offer.

Our team of dedicated volunteers in the Trust make a real difference to our patients and visitors, and provide a unique contribution to improving the patient experience.

Our Volunteer roles vary from meet and greet and wayfinding to more specifically designed roles including:

- Activity Roles: supporting and talking to patients in the clinical area across all services, including Critical Care and Emergency Departments.
- Dining Buddies.
- Administration support across many departments.
- Breastfeeding support peers-supporting women with feeding in St Marys Hospital across Oxford Rd Campus and Wythenshawe.
- Chaplaincy Volunteers.
- Royal Voluntary Service (RVS) volunteers.
- PALS Volunteers.



We have a week dedicated to volunteers "Volunteers" Week. It creates a chance to say thank you for the fantastic contribution our volunteers make across the Trust. To acknowledge the importance of the role and commitment our volunteers were presented with a Certificate of Recognition signed by the Trust Chairman during Volunteers' Week 1st-7th June 2018.



As part of the NHS 70th Birthday Celebrations, our volunteers were invited to a celebratory tea party to thank them for their valued contribution. The tea party was opened by Chairman Kathy Cowell.



National Awards

During 2018/2019 our Volunteers were shortlisted for the prestigious national 'Help-Force' Champions National awards, in the following categories:

- **Partnership Working in Volunteering:** The Macmillan Cancer Information and Support Centre, based at Wythenshawe Hospital .
- **Innovation in Volunteering:** Roy Williams (R.I.P.) and the 'iPad Wayfinding Team'.

Both awards recognise the contributions and achievements of initiatives involving volunteers that make a significant contribution to the experience of our patients and staff across the Trust.

The 'iPad Wayfinding' system won the Innovation in Volunteering Category. This system, created by the late Senior Volunteer Roy Williams includes an A-Z Directory for Meet and Greet volunteers, accessed through the use of iPads. The iPads incorporate 350 photographs together with written directions to wards and departments in Manchester Royal Infirmary, Royal Eye Hospital, Saint Mary's Hospital and Royal Manchester Children's Hospital. This provides a fast and effective way to locate wards and departments for patients and visitors.



Priorities for the 2019/2020

The Patient Services Team will continue to develop the Volunteer Service to ensure it provides a high quality service that supports both patients and staff across all our hospitals and services.

Our Hospitals and Community Services

Our Trust has nine hospitals and a Community Service (Manchester Local Care Organisation (MLCO):

- Manchester Royal Infirmary
- Wythenshawe Hospital
- Saint Mary's Hospital
- Royal Manchester Children's Hospital
- Trafford General Hospital
- Manchester Eye Hospital
- University Dental Hospital Manchester
- Altrincham General Hospital
- Withington Community Hospital.

Although each of our hospitals has a unique identity they all share one aim: to be the best at what they do.

Manchester Local Care Organisation (MLCO)

Manchester Local Care Organisation is Manchester's pioneering new health and Social care organisation established in April 2018. We aim to improve the health of local people by working across traditional organisational boundaries as one

community team, by bringing together NHS community health and mental health, primary care and social care in the city.



Almost 3,000 staff from Manchester's adult and children's NHS community teams and adult social care teams now work for MLCO. For the first time, Nurses, social workers, health visitors, therapists, support staff and many other health and care professionals are now part of one single organisation, working in new ways in neighbourhood and citywide teams to ensure that our services are the best they can be and that care is better co-ordinated around people's needs. This includes the development of a range of new ways of working in the community using the latest international evidence and technology to support care.

MLCO is a partnership organisation comprising of Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, Manchester Health & Care Commissioning and the Manchester Primary Care Partnership. All MLCO staff are employed by one of our partner organisations and work in the MLCO. In practice this means that we deliver all community health services in Manchester for adults, children and specialist adult services including dental and learning disability services. During this past year we have been working on delivering our vision and mission of "*Leading Local care, improving lives in Manchester, with you*".

Our vision, our way of working

Manchester Local Care Organisation is a pioneering public sector organisation, bringing together NHS community health and mental health services, primary care and social care services in the city. We have been set up to make a positive contribution to help people in Manchester live longer and enjoy better health than many do now.



Our **mission** sums up what we do

Leading local care, improving lives in Manchester, with you

Our **vision** is simple

We believe that, by working together, we can help the people of Manchester to:

- ➔ Have equal access to health and social care services
- ➔ Receive safe, effective and compassionate care, closer to their homes
- ➔ Live healthy, independent, fulfilling lives
- ➔ Be part of dynamic, thriving and supportive communities
- ➔ Have the same opportunities and life chances - no matter where they're born or live.



There are **4** key ways we will make this happen with our staff and the people of Manchester

1. PROMOTING HEALTHY LIVING

Helping people to stay well through prevention - supporting them to lead healthier lives and tackling health issues before they escalate.

2. BUILDING ON VIBRANT COMMUNITIES

Using all the resources available in the wider communities people live in and identify with in a true neighbourhood approach, improving population health and wellbeing.

3. KEEPING PEOPLE WELL IN THE COMMUNITY

Helping people who have existing health needs and complex health issues to stay as well as possible in their homes through 12 integrated neighbourhood based teams and our citywide services.

4. SUPPORTING PEOPLE IN AND OUT OF HOSPITAL

Ensuring community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely, as soon as they are ready if they do need time in hospital.

10 years, 10 outcomes

How will we know we have made a difference in Manchester? By 2028 there's a number of things that we will have seen by working as one team across the city:

- ✓ We will have improved the number of people supported to stay well
- ✓ We will see fewer people dying early from preventable conditions
- ✓ Avoidable non-elective (unplanned) hospital activity will be reduced
- ✓ The overall costs of care packages will have reduced
- ✓ We will benefit from improved collaborative working in the city
- ✓ The outcomes that matter to local people will have improved
- ✓ We will have reduced variation in outcomes and access by place
- ✓ There will be reduced variation in outcomes and access by communities of identity
- ✓ The number of children who are school ready will have improved
- ✓ There will be more economically active households in Manchester.

How we work with our teams

Our community health and social care staff are part of a team that:

- ➔ • Break new ground in the delivery of safe, person-centred health and care
- Focus on the wellbeing of everyone living and working in Manchester
- Listen to people and learn from each other by focusing on what's important.

How we work with local people

As an organisation we are committed to:

- ➔ • Involving the people and communities of Manchester in designing services
- A neighbourhood approach to wellbeing, connecting people to groups and resources around them
- Starting by asking what matters to people, not what is the matter with them.

MLCO Quality Priorities for 2018/19 (Year One)

Ensure a safe transition and a safe start

It was important that whilst we changed the way we are structured it did not impact on the care that we provide as a community health care service provider. We have put in place governance and assurance arrangements that allow us to demonstrate that we are a safe and effective organisation and that we are working with our partners effectively. Alongside the rest of MFT we have been inspected by the CQC in October 2018. No serious issues were raised during the inspection and we are delighted to report we were rated as “Good”.

Improve lives through population health and primary care

We know that the people of Manchester have worse health and wellbeing outcomes than many of those in the rest of the country. We have needed to think differently in how we support people to live well with long term conditions and exploring the opportunities for prevention. We have designed our services around the 12 neighbourhoods to address the needs of the people who live within the neighbourhoods. The neighbourhoods are managed in 3 localities:

North Locality

- Cheetham, Crumpsall
- Higher Blackley, Harpurhey, Charlestown
- Miles Platting & Newton Heath, Moston, City Centre
- Ancoats, Clayton & Bradford.

Central Locality

- Ardwick, Longsight
- Chorlton, Whalley Range, Fallowfield
- Gorton North, Gorton South, Levenshulme
- Moss side, Hulme, Rusholme.

South Locality

- Old Moat, Withington
- Didsbury East, Didsbury West, Burnage, Chorlton Park
- Baguley, Sharston, Woodhouse Park
- Brooklands, Northenden.

High Impact Primary Care (HIPC) is a new service between health and social care with the aim of wrapping care around some of our most vulnerable residents who have complex health and care needs and are frequent users of hospital-based services. It is operating in two out of three localities.

The core team is led by a GP, who works with a nurse practitioner, social worker, community connector (a person who is able to link people into other services including voluntary services) and pharmacy practitioner. It helps link people into a wider range of services in their community keeping people in their communities and keeping them well and reduces their need to use hospital based services such as A&E.



During the last year the service has resulted in a 75% reduction in emergency admissions amongst post discharge patients that are being cared for by the HIPC teams.

Redesign core services

The Clinical Advisory Group, comprised of system leaders including consultants, GPs, service and social care leaders and professionals has been created. The focus of 2018/2019 has been on system wide clinical priorities including:

- Respiratory Disease
- Diabetes
- Urgent care
- Frailty
- Neighbourhoods
- Population health
- Home and residential care.

The work which began in 2017/18, redesigning core services, has continued into 2018/19 with the expansion of Discharge to Assess and Crisis Response across the city.

Early work from **Didsbury East & West, Burnage and Chorlton Park INT** early implementer has found:

 improved communication between health and social care teams

 better understanding of roles, speeding up of assessments and more joint visits

 better coordinated care for local residents

Discharge to Assess (D2A) aims to reduce the length of time people need to stay in hospital by offering support in the community whilst they return to their previous level of independence.

Crisis Response help people who are having a health or social care crisis remain at home whilst their immediate care needs are addressed instead of going into hospital.

The case studies below show the impact these services are having on people's lives.

Performance and updates at a glance:

High Impact Primary Care (HIPC)

Three pilot HIPC programmes across the city providing GP led, integrated community care to most vulnerable residents who are high users of other services.

- User targets for November and December met with 463 and 540 residents accessing HIPC.
- Increase to 623 residents accessing HIPC in January (against target of 670).
- Significant reductions in use of other services by users.
- 75% of clients have had no emergency activity post discharge.

75%
reduction in
emergency activity
post discharge
amongst HIPC
cohort of patients.

Escalation and patient flow support

Joint work with the team at Manchester Royal Infirmary to support discharge of patients medically fit for discharge back to community settings with the right support. This work is also ongoing in Wythenshawe Hospital.

- Programme of work since August 2018.
- Ongoing identification of patients who have been in the hospital for long waiting to be discharged.
- coordination of work to expedite discharge
- Joint health and social care approach through MLCO team.
- Over 150 patients successfully discharged with combined length of stay of almost 16,000 bed days.
- Contributed to average MRI length of stay reducing by around five days.

As at 1 March 2019

154 super stranded and stranded patients discharged with a combined length of stay in hospital of

16,000 days

Contributing to a reduction of around five days in average inpatient length of stay at MRI.

Manchester Community Response (MCR)

This is an umbrella term for six programmes of work including Community Crisis Response, Discharge to Assess, Reablement and others that provide short term care to help prevent hospital admission/expedite discharge.

- Central Manchester Crisis Response Team was launched in Nov 2018 to take North West Ambulance amber pathway referrals.
- South Manchester crisis response team was launched in December 2018 to provide community referrals from certain parts of the hospital for example Accident & Emergency department.
- Discharge to Assess programmes running in North and South Manchester.

Central Community Crisis Response Nov-Feb

209 accepted amber referrals from NWS

177 patients treated in community and avoided A&E/admission

South Community Crisis Response team Dec- Feb

108 referrals accepted from GPs/urgent care and treated in community

Integrated Neighbourhood Teams (INTs)

12 neighbourhood teams, co-locating health and social care services around populations of 30 to 50 thousand residents.

Each has a leadership team including an overall lead and GP, nursing, social care and mental health leads. Progress so far:

- Recruitment to all Integrated Neighbourhood Teams overall leads complete.
- All 12 GP leads in place as well as nurse and mental health leads.
- Estates work to complete hub bases for each INT progressing with 6 complete and others underway/in negotiation.
- Didsbury East and West, Burnage and Chorlton Park INT has been an early implementer at Withington Community Hospital since November 2018.

Here are some examples and case studies of work taking place across Manchester Local Care Organisation Services (MLCO):

<p>High Impact Primary Care - wrapping care around the most vulnerable service users</p>	<p>High Impact Primary Care (HIPC) provides care and support to people with complex health and care needs. The HIPC teams are led by a GP, working alongside a nurse, social worker, wellbeing adviser and pharmacist.</p> <p>Mrs H is a service user with multiple issues including alcohol dependency, hearing and sight impairment, anxiety, depression and multiple long-term health conditions. The team provided weekly support. With their support, Her drinking has significantly reduced, she has agreed to go to residential detox and other health issues have been addressed by the team. Her attendance at A&E has reduced from once every day to around once every three weeks. Family relationships have improved greatly; her children and grandchildren now come to visit for the first time.</p>
<p>Central Crisis Response - taking cases from paramedics and caring at home</p>	<p>The Central Community Crisis Response team was launched in November 2018. They provide a service where NWS paramedics attending 999 calls can call the crisis team in to see the patient rather than take them to A&E. The crisis team attend suitable calls and provide up to 72 hours of care.</p> <p>One of the service users said: "My experience with the crisis team has been outstanding. The team has been utterly professional, helpful and compassionate throughout my interaction with them. I appreciated being able to undertake various health checks in my home, like blood tests and various physical examinations without having to go to A&E."</p>
<p>Joint working through Neighbourhood Teams is better coordinating services</p>	<p>Manchester Local Care Organisation's Didsbury East and West, Burnage and Chorlton Park Integrated Neighbourhood Team (INT) has been an early implementer of our new model of neighbourhood working across the city.</p> <p>The biggest single difference staff are reporting is the better exchange of information on a daily basis. A great example was the district nurses going out to elderly service user who had a high level of dementia and mobility issues. They sadly found that their main carer and spouse couldn't provide the care they previously had done and 24-hour care was going to be needed. The case was discussed by the teams that day and were able to get the social care and nursing needs assessments completed in a day and the right care in place a couple of days later. In the past, assessments could take over a week to complete.</p>

Where do we need to improve?

The MLCO has achieved a lot over the last year and we are very proud of our contribution to the health and wellbeing of the people of Manchester. We want to continue to improve our services at scale and pace. It is important that we can offer the people of Manchester the same care and services no matter where they live.

In 2019/2020 we will continue to expand Manchester Community Response including Discharge to Assess and Crisis Response and HIPC to all areas of Manchester. We want to offer all our patients harm free care and we are striving for zero avoidable harm. In 2018/2019, 12 pressure ulcers have occurred where it was agreed we may have prevented some of the damage. We want to reduce the number of people acquiring a pressure ulcer whilst in our care. We will continue to develop our systems to support harm free care.

This includes introducing the NHS Safety Thermometer into all relevant services and a standardised approach to management across all the localities.

Ensuring that people have a good experience of our service is of great importance to us. To help us capture people's experience we are developing our methods for measuring people's experience and improving where we identify opportunities.

What does 2019/2020 look like?



During 2019/2020 MLCO will continue to:

- Mobilise integrated neighbourhood teams to provide care and support in their own homes and neighbourhoods including widening HIPC and MCR offers.
- Develop Primary Care Networks with GP practices.
- Focus on providing harm free care to the people we care for.
- Develop our quality improvement methods to support staff to provide innovative care and support to people.

Care Quality Commission Inspection (CQC)

MLCO, as part of MFT, was subject to a comprehensive CQC inspection in October 2018. MLCO has been rated as “GOOD” in all five CQC domains - safe, effective, caring, responsive, well-led and across all services - adults, children & young people, inpatient, end of life and dental. Of the 30 total domains, (including the overall score) 29 were rated as Good and one as Requires Improvement.

Having a CQC inspection just six months into a new organisation was a significant challenge. We were bedding in a new culture, new ways of working and how we want to do things as a Local Care Organisation – including our objective of a ‘safe start’ in year one. It was also a great opportunity to showcase what we want to do, the quality of the care we provide and the improvements made to services. Inspectors fed back that they saw compassionate care delivered across our services and the feedback from service users, families and carers alike was overwhelmingly positive.

To address our areas of improvement we have developed a comprehensive improvement plan that will support us to achieve this. The CQC recognised that we have challenges in some of our children's services particularly in relation to being able to respond in a timely manner. These are areas that are nationally recognised such as difficulty to recruit to areas, including health visiting and community paediatrics. We are working with our commissioners and services to look at how we can deliver our services differently and also how we can improve recruitment as we would like to reduce the length of time people have to wait to be seen in these services.

Manchester Royal Eye Hospital

Manchester Royal Eye Hospital (MREH) is one of two specialist eye hospitals in the UK and is one of the largest eye hospitals in Europe. It was founded in 1814 and in 2014 celebrated its 200th anniversary.



MREH has a number of services based on the main site on Oxford Road. The Hospital has an Emergency Eye and large outpatient departments, a suite of 5 theatres, day case and pre assessment services; macular treatment service and a 17 bedded inpatient facility.

The Hospital also has its own dispensing opticians and provides Optometry services (eye testing, low visual aid assessments, diagnostic services) and Orthoptic services with trained Allied Health Professionals who specialise in disorders of the eye movements and diagnostic procedures related to the disorder of the eye and visual system.



In addition to services based at MREH Oxford Road site ophthalmic services are provided at:

- Withington Community Hospital (Cataract Surgery).
- Trafford Hospital (Macular services).
- Altrincham Hospital (Outpatient clinics).

In addition to the above services the MREH has opened two services in the North and South of Manchester offering macular treatment and outpatient services. We have service agreements with five other Acute Trusts across Greater Manchester for some of our clinicians to support the delivery of Ophthalmic Services across Greater Manchester.

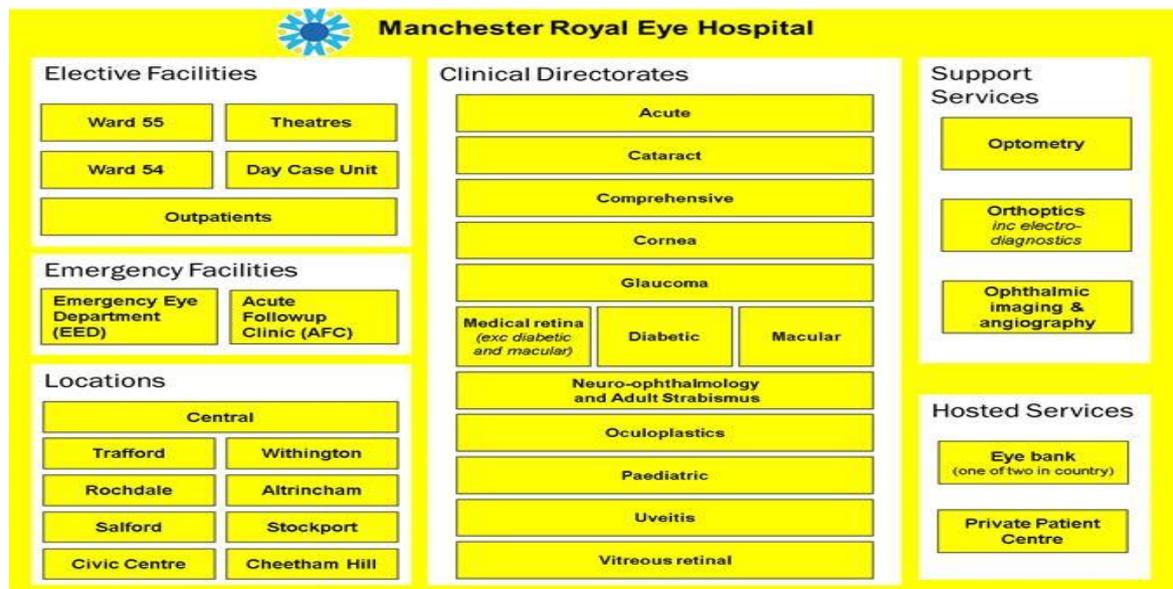
Key facts and figures 2018/19:

- 25,155 Emergency Department attendances plus 1,136 follow ups following emergency attendances.
- Saw 34,135 new outpatients and 112,107 follow-up outpatients.
- Undertook 10,062 elective surgeries and 1,252 emergency surgeries.

In addition to the services mentioned above, we take pride in our research and MREH has an internationally recognised research programme; some of which is resulting to translatable patient benefits such as I-ray therapy and the bionic eye. I-Ray therapy is a form of treatment where patients receive a one off dose of radiation to complement their existing treatment of Age Related Macular Degeneration and as such reducing the need for repeated ocular injections.

The MREH was one of five world-wide centres leading the way in the development of the 'bionic eye' which was an implant to the back of the eye which enabled the patient to recognise shapes of contrasted colour.

The MREH has the following services, facilities and Directorates:



What we are proud of

Safe	<p>Lower than national rates of endophthalmitis</p> <p>National recognition for Eye Emergency Department</p> <p>Gold awarded to Day Cases, Altrincham and macular services via the Trust accreditation process</p>
Caring	<p>Best Interest clinics for patients with dementia and learning disabilities</p> <p>Patient pagers allowing patients who come for appointments the freedom to wait either in the atrium or restaurants</p> <p>Daily musical entertainment in the main waiting area of the hospital</p> <p>Regular programme of events in the atrium for example world Orthoptic Day, Glaucoma Awareness Week</p> <p>Development of various pathways e.g. Autism and Transition (children moving to Adult services) in order to improve the care provided to this group of patients</p>
Effective	<p>“One stop shop” where all tests are done on the day during one appointment and patients then seen by an ophthalmologist</p> <p>Use of virtual clinics. These are clinics where patients with stable eye conditions attend appointments for tests. The results are then reviewed by a consultant ophthalmologist and a decision made on future management of their condition</p> <p>Our patients attending the emergency service are seen within the 4 hour national target</p> <p>Appointment of Eye Clinical, Liaison Officer (ECLO) to provide support in clinics</p> <p>Member of the UK Ophthalmic Alliance</p>
Responsive	<p>Offer services across 6 main sites to increase accessibility to the people we serve</p> <p>Continued development of relationships with Henshaws (an organisation that offers support services for patients with visual impairment) , Royal National Institute for the Blind (RNIB), Macular Disease Society</p> <p>Nationally leading on new treatments/practice e.g. Optometry Led Glaucoma Assessment (OLGA) where new patients diagnosed with glaucoma are assessed and treated by optometrists</p> <p>Macular patients seen within 60 minutes and consistently good feedback from patients through the Friends and Family Test (FFT) scores</p>

	<p>Development of specialist nurse roles for glaucoma, uveitis, vitreo –retinal Development and implementation of the I-ray service. Patients receive a one off dose of radiation therapy to complement their ongoing treatment for age related macular degeneration</p>
<p>Well-led</p>	<p>Clear governance and engagement processes – staff forums, fortnightly emails from CEO, quarterly newsletter Thank you cards individually handed by the CEO to staff/teams nominated by colleagues where individual and / or team performance went above and beyond custom practice; where there have been great innovations to practice and also where directed changes in culture have led to greater patient safety and staff wellbeing. Senior leadership walk round to all ophthalmic services by senior management team and senior nurses Best staff engagement scores and highest number of excellence reports Multi-disciplinary team looking at patient experience of our services and where improvements can be made</p>

Some of our celebrations throughout the year





Areas for improvement and what we are doing about these:

- Patients lost to follow up within outpatient services. This relates to a number of incidents reported where patients have not received follow up outpatient appointments which has led to them not being reviewed in the clinically appropriate time scale, in a small number of cases this has led to irrecoverable sight loss.
 - Appointment of Failsafe and Liaison Specialist Nurse who over sees incident reporting and provides a point of contact for patients.
 - Exploring the development of electronic systems to replace paper outcome forms.
 - Development of processes to ensure that outcome forms are completed correctly and returned to reception so that patients are given the appropriate appointment within the correct clinical timescales.
- Medical record unavailability:
 - Continue to work with Trust colleagues looking at the availability of a suitable electronic patient record (EPR).
- Future ophthalmic services
 - Continue to provide ophthalmic services working with Greater Manchester commissioners to look at finance and ensuring a safe, accessible and quality service.

Some of our future plans 2019/20

- Continue to work with stakeholders at a local and national level – Henshaws, Royal National Institute of Blind People (RNIB) and Macular Disease Society to ensure that the Hospital continues to make a significant contribution to improving the health and well-being of the 50,000 people with a visual impairment across Greater Manchester and ensuring consistent standards of care.
- We are working with Henshaws to run a Living with Sight Loss programme at MREH which commenced in March 19 to provide support to patients who have been registered as visually impaired.
- Identification of a new permanent site for Trafford Macular Treatment Centre transferring services from the mobile unit.

- Continue to develop and promote feedback from our service users utilising the “What Matters to Me” process and ensuring that patients concerns are addressed at the point of contact. Continue to promote eye health through health awareness events held in our Hospital Atrium and in our locality based healthcare facilities.
- Celebration and recognition of our staff and the work they do ensuring good safe patient care though the Going the Extra Mile Awards, promotion of excellence awards and thank you cards.
- Continue to develop transition services using the “Ready Steady Go” document supporting children identified with chronic long term ophthalmic conditions move into adult ophthalmic services.
- Continue to engage children, young people and families with specifically designed age appropriate information leaflets about ophthalmic conditions.
- Continue to develop the closed Facebook group for children, young people and families with specific ophthalmic conditions, providing a support network.

Care Quality Commission Inspection (CQC)

Mr John Ashcroft, Chief Executive Officer for Manchester Royal Eye Hospital, is pleased and proud to announce that following the CQC inspection of ophthalmic services in October 2018 Manchester Royal Eye Hospital was rated overall as “*Outstanding*” in 4 of the 5 CQC standards (Key Lines of Enquiry) and “*Good*” for the safe care it provides to patients attending the Hospital. This reflects the hard work of the staff working at Manchester Royal Eye Hospital.

The Hospital was rated “*Outstanding*” in its care of patients with visual impairment and staff providing understanding in how this diagnosis can affect patients and carers lives and where patients and carers could access both practical and psychological support.

One of the things the CQC advised us to improve is how we manage our patients’ records- ensuring they are always available during clinic appointments. Over the next 12 months the Eye Hospital will focus on improving standards of documentation completion in line with Trust policies to ensure that patients receive high standards of care on all contacts with the Hospital.

University Dental Hospital Manchester

The University Dental Hospital Manchester (UDHM) is one of fourteen specialist dental hospitals in England and is co-located with the University of Manchester Dental School. The Hospital provides an Emergency Dental service and a large range of dental services such as orthodontics, restorative treatments, oral surgery, dental implants and oral medicine.

The UDHM offers a service from the Peter Mount Building on the Oxford Road site and in addition has:

- A Head and Neck oncology service.
- Oral biopsy clinics.
- Trauma clinics and restorative surgery clinics for patients who have undergone oral cancer surgery.

In addition to the main Hospital site, the UDHM provides services from Trafford Hospital and undertakes oral surgery at Manchester Royal Infirmary and Royal Manchester Children's Hospital.

The UDHM works with dental service providers and partners to ensure the provision of quality dental care and services across Greater Manchester.

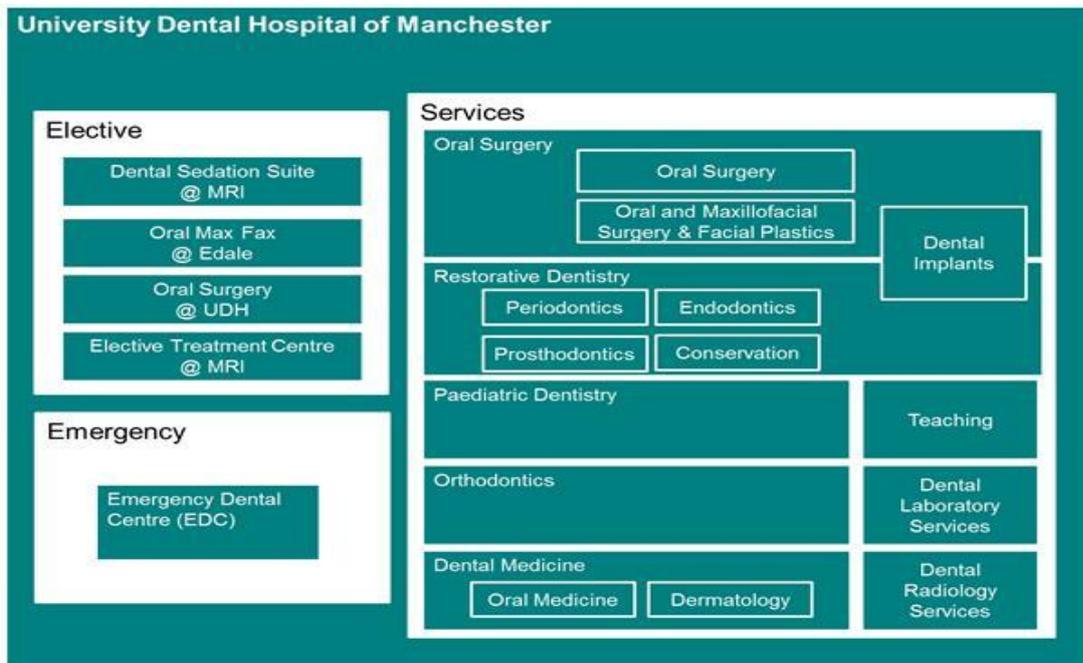
The Dental Hospital also hosts the Cochrane Oral Health Research Review Group, resulting in translatable patient benefits such as the "Mouth Care Matters" programme to reduce risks from pneumonia due to poor oral health.

Key facts and figures 2018/19:

- 2345 emergency attendances and 15 patient follow-up post emergency attendances
- Saw 22,632 new patients and 54, 874 follow up outpatients.
- Performed 5,417 elective and 4 emergency surgical procedures.

The UDHM has the following services, facilities and Directorates:





What we are proud of:

What we are proud of	
Safe	<p>No never events since 2012- see page 141 for definition of never events</p> <p>Leading nationally on safer surgery checklist for dentistry</p> <p>Strong culture of audit and incident reporting</p> <p>The whole of UDHM awarded Gold by the Trust accreditation process for the second year running</p> <p>Electronic records system in place which reduces the need for paper records</p> <p>Strong relationship with the University of Manchester</p>
Caring	<p>Special Care service for patients with additional needs</p> <p>UDHM hosts the Manchester Hypodontia (developmental absence of teeth) Clinic, which provides specialist dental care for patients and advice to general dental services</p> <p>Consistent positive feedback through the Friends and Family test (FFT) from patients attending the Emergency Dental Clinics</p> <p>Lead Mouth Care Matters initiative for Trust</p>
Effective	<p>Launched a number of nurse-led clinics such as smoking cessation clinics, nurse led telephone review clinics and nurse led oral hygiene clinics</p> <p>Increased number of telephone lines for patients to use to access the hospital</p> <p>Member of the Association of Dental Hospitals</p> <p>Continued contribution to the speciality specific Managed Clinical Network groups</p>
Responsive	<p>Follow up telephone clinics to improve access for patients</p> <p>Routinely offering out of hour clinics</p> <p>Strong commitment to “What Matters to Me” with focus groups and action plans</p>

	<p>Using the principles of “What Matters to Me”- the UDHM conducted a telephone survey using text messaging to understand what was important to the patients using the service. The data will be used to help shape future services</p>
<p>Well-led</p>	<p>Clear governance & engagement processes Staff led development of values into behaviours Strong staff engagement scores Promotion of excellence reports Clear governance and engagement processes – staff forums, fortnightly emails from CEO, quarterly newsletter Thank you cards individually handed out by CEO – nominated by colleagues where individual and / or team performance went above and beyond custom practice; where there have been great innovations to practice and also where directed changes in culture have led to greater patient safety and staff wellbeing. Senior leadership walk round schedule to all dental services by senior management team and senior nurses</p>

Some of our celebrations throughout the year





Areas for improvement and what are we doing about these?

- Improvement on the infrastructure:
 - Development of a business case for a new hospital and school and interim measures to take to mitigate estate and equipment risks.
- Insufficient instrumentation:
 - Rolling programme of £10 thousand per month to spend on instruments.
 - Replacement of aged equipment with disposable equipment so that staff are not reliant on aging equipment.
- Long waits for paediatric dentistry where a general anaesthetic is required:
 - Continue to work with commissioners, the Children's Hospital to ensure theatre capacity is maximised.

Our plans for 2019/20

- UDHM is to continue to work in partnership with stakeholders at local and national level to ensure that the Hospital is making a significant contribution to improving oral health and wellbeing across Greater Manchester and a lead around patient safety in dentistry nationally.
- Celebration and recognition of our staff and the work they do ensuring good safe patient care via the GEM awards, promotion of excellence awards and thank you cards.
- Continue to develop and promote feedback from our service users utilising the "What Matters to Me" process and ensuring that patients concerns are addressed at the point of contact.
- Develop a business case for a new Hospital and dental school.
- Maintain staff engagement and promote a positive proactive culture.
- Continue to develop Mouth care Matters to support inpatients across MFT.

Care Quality Commission Inspection (CQC)

Mr John Ashcroft, Chief Executive Officer for the University Dental Hospital Manchester (UDHM) is pleased and proud to announce that following the CQC inspection of dental services in October 2018, the University Dental Hospital Manchester was rated overall as "*Outstanding*". This reflects the hard work of the staff working at the University Dental Hospital Manchester.

The Hospital was commended for its high level of involvement with staff, patients, families and other healthcare professionals which had led to a number of service improvements such as “mouth care matters”. The work with paediatric patients led to a reduction of incidents of pneumonia on the critical care ward.

Although we were rated as “*Outstanding*”, the CQC suggested a number of recommendations which over the coming months we will focus on addressing. One of these will be to focus on working with commissioners to reduce the waiting times for paediatric patients awaiting dental surgery under general anaesthetic.

Wythenshawe Hospital

Wythenshawe Hospital is a major acute teaching hospital located in South Manchester providing local and specialist services.



Wythenshawe is the provider of choice for our local population as well as a provider of choice for patients beyond including Trafford, East Cheshire and Stockport. We provide a range of Specialised Commissioned services including

cardiothoracic surgery, transplantation and breast care services. In addition we host a number of Nationally Commissioned services including National Aspergillosis, regional Burns and are one of only 5 sites in the UK to provide ECMO- (extracorporeal membrane oxygenation). Our ECMO unit uses a cutting edge technique to take over patients' heart and lung functions to allow these organs to recover.



Our major research programmes focus on cancer, heart and lung disease, wound management and medical education. We have one of the largest respiratory academic departments in the country and are involved in a significant portfolio of trials. We are also the site of Europe's only breast cancer prevention service.

Key facts and figures 2018/19:

- 93,279 Emergency Department attendances- 1,331 more than last year.
- 430,256 Outpatient attendances – 20,066 higher than last year.
- 71,689 surgical procedures –5.6% more compared to last year.

Emergency Department Redevelopment

The development of the new Emergency Department (ED) at the Wythenshawe site continues, with the department accepting its first patients in May 2018, the opening of the new six-bed resuscitation area in December 2018 and that of the purpose-built paediatric area in February 2019. Within this new area, we now have a triage cubicle and eight

majors/minors cubicles, an audio and visually separate resuscitation room, improved treatment area specifically designed for patients aged between 0 and 16 years old, with a separate waiting and play area.



The ED development provides a significant improvement to the clinical environment and means that our patients are able to be seen and assessed in more appropriate clinical areas, improving our patients' experience of attending the department.

Leading the way

CURE Project launched at Wythenshawe Hospital



The CURE programme was launched at Wythenshawe Hospital, on the first day of October 2018, a nationwide stop-smoking challenge which encourages smokers to get support to quit. From now on all patients admitted to Wythenshawe Hospital will be prescribed medication to tackle their addiction to tobacco and offered intensive support to help them stay smoke-free during their stay at hospital and once they go home.

Following the initial six month phase at Wythenshawe Hospital, CURE is due to be rolled out in hospitals across Greater Manchester by 2020. As well as transforming thousands of lives, the initiative will free up thousands of hospital beds each year and save the NHS in Greater Manchester an estimated £10m a year.



Lung Health Check scheme piloted by MFT in 2018 rolled out by NHS England

The Lung Health Checks scheme developed by the Respiratory team at Wythenshawe Hospital was piloted by MFT last year and has now been rolled out by NHS England. The pilot scheme in Manchester helped identify more cancers quickly, as well as picking up a range of other health conditions including COPD.

The pilot, offering free health checks and on-the-spot scans, proved so successful it quadrupled the early diagnosis rates for lung cancer. The team have been nominated in the Cancer Care Team category at this year's BMJ Awards.

The RAPID programme which stands for 'Rapid Access to Pulmonary Investigations and Diagnosis' is a new project launched by the lung cancer team based at Wythenshawe Hospital to dramatically reduce the time taken to complete investigations for patients where there is any suspicion of lung cancer. RAPID service provided at the North West Lung Centre enables patients attending the chest clinic to receive same day CT scanning and bronchoscopy, resulting in rapid detection, diagnosis and treatment.

National Recognition

The lung team were named winners in the Acute or Specialist Services Redesign category, for their innovative work to enable earlier diagnosis of lung cancer, at the HSJ Awards.

Lung cancer – supermarket scans boost early diagnoses

2,500 smokers and ex-smokers tested using mobile CT scanners in busy supermarket car parks

46 cancers found – around one for every scanning day of the pilot

8 out of 10 cancers found at stage 1 or 2

This quadrupled the early diagnosis rates for cancer in Manchester

9 out of 10 people with lung cancer were offered potentially curative treatment

Pilot being rolled out across north Manchester – the area with the highest number of lung cancer deaths among the under-75s in England

www.england.nhs.uk/cancer/strategy

Wythenshawe Hospital's Macmillan Breast Cancer Rehabilitation team, were also nominated in the Acute or Specialist Services Redesign category and their Breast Cancer Rehabilitation Project was shortlisted for the Improving Care with Technology category at the HSJ Awards.

Wythenshawe's Interstitial Lung Disease (ILD) team received the Respiratory Nursing award. They established a collaborative network of nurses and Allied Health Professionals with an interest in ILD to provide care closer to home for patients with Idiopathic pulmonary fibrosis on antifibrotic treatment. This helped cut difficult journey times for patients with severe debilitating lung disease requiring oxygen therapy.



Domini Mullins, Advanced Surgical Care Practitioner at Wythenshawe Hospital, collected the Continence Promotion and Care award, in recognition of her innovative nurse-led bladder and bowel service.

Colorectal Cancer Patient Experience

The Colorectal Cancer Team have transformed their care of people living with and beyond cancer to fully implement all elements of the nationally recommended 'Recovery Package'.

The Team redesigned their care and support of cancer survivors and have introduced several improvements for patients which include:

- Nurse-led follow-up - now about 40% patients.
- Holistic needs assessment (HNA) and care planning – more consistent use based on agreed protocol/individual needs; now using Macmillan's electronic-HNA.
- Health and Well-being Events – high attendance (75-80%); jointly run with other tumour groups and now offered much earlier at 1-month post-op; patients report still feeling more confident to self-manage one-year after.
- Treatment summaries – using standard templates co-produced with patients
- Patients are risk assessed as how much they can manage their care. This helps in reducing the number of clinic visits.
- Follow-up Co-ordinator introduced as first point of contact supporting rapid re-access.

Patient involvement throughout has been pivotal to the achievement of improved outcomes, better experience, demand management and more efficient/effective use of resources.

Safe and Effective Discharge



We continued to support the #endPjparalysis movement, with the aim to enable our patients to get up, dressed and moving in order to prevent deconditioning. During the year staff from many of the wards across the hospital participated in the 70 day challenge.

Our patients enjoyed a range of activities including gardening or encouraging patients to walk the equivalent of Manchester to Buckingham Palace prior to the Royal Wedding. Wythenshawe also introduced the **EAT, DRINK, MOVE** campaign further aimed at preventing deconditioning and enabling independence for all patients.

Eat: as poor nutrition and hydration not only harms a person's health and wellbeing, it can also reduce their ability to recover and leads to increased admissions to hospitals and care homes.

Drink: About 60% of our body is made up of water and that we should drink 2 litres of water a day to keep us healthy. Medical evidence shows that staying hydrated can assist in preventing conditions such as: pressure ulcers, heart disease, diabetes, and low blood pressure. It is also recognised that staying hydrated helps to keep you alert and feel generally healthier

Move: Staying in bed can affect wellbeing and physical function including increased risk of falls due to muscle weakness.

SAFER Standards

Wythenshawe Hospital continues to embed the SAFER Standards; a set of simple rules that routinely help improve patient flow, patient experience and reduce length of stay across adult inpatient wards.



Going for Gold

So far **11** wards out of 31 have achieved a 'GOLD' award through the Ward accreditation Scheme. This process measures clinical area's improvement journey and ensures high quality care and the best patient experience.

Gold Wards: F4 North, F14, Opal House, NWVU, F11 – PITU, Pearce, F5 & F2 Day case, Burns unit, A2 & A6.



Complaints, Friends and Family Test

To help us respond to complaints more effectively and timely and share learning more effectively about what went wrong, we have developed new roles to provide dedicated support to clinical teams and have worked hard to reduce the backlog of complaints. In the next year we hope to see a reduction in our complaints response time.



Improving Patient Safety

Falls

We implemented a number of initiatives across the hospital during the year focused on the prevention of patient falls whilst in hospital.

During Quarter 3 Professional Excellence theme of the MFT Bee Brilliant campaign Clinical teams either considered what they could do to reduce the number of patient falls or improving mouth care.



Issues highlighted for improvement include:

- Falls prevention training/awareness.
- Risk assessment and care planning.
- Medications and falls.
- Patient Focused Rounding.
- Supporting patients with cognitive impairment.

Emergency Bleep Meetings

In March 2019 with support from colleagues from Manchester Royal Infirmary we have introduced Emergency Bleep Meetings; the purpose of these meeting is to provide learning and improvements in clinical outcomes through discussion, debate and review of emergency bleep calls and incidents related to delays in recognition and management of the deteriorating patient. It is anticipated that this will result on a reduction in the number of Emergency calls generated and improvements in clinical outcomes.



The 'What Matters to Me' philosophy was rolled out across Wythenshawe Hospital during 2018, the principles are embedded into every interaction with our patients with the aim is to understand what is important to them so that personalised care is delivered. We also use the themes from feedback comments to influence our service improvement initiatives.

Looking ahead: Plans for 2019/20

We will be working to deliver the Clinical Strategy which includes the Wythenshawe 'Masterplan' an ambitious long term plan to improve the clinical environment across Wythenshawe for our patients and staff, providing state of the art facilities.

We will continue to work closely with the wider Trust to develop our services across Manchester Foundation Trust including the introduction of single service models to standardise how patients receive care, while other work will be focussed on implementing new models of care. These changes are all expected to create benefits for patients through improved outcomes, improved quality of care, and reduced length of stay (LOS), reduced duplication and improved patient experience.

Continued focus and collaboration with our social service partners to ensure our patients move through our services as safely and quickly as possible. We know that for many of our patients, it is better for them to be out of hospital, when they no longer need our medical care.

We understand that carers and volunteers are vital to the wellbeing of our patients. We are launching a 'carers campaign' in the next couple of months where each ward will have a designated area for carers to relax and get information of how they can access support from volunteer services and services such as social services. We aim to provide support so that carers will talk to us on admission if they are not coping etc, so that this can positively impact on length of stay and patient experience.

Care Quality Commission Inspection (CQC)

Following a comprehensive inspection by the CQC in October 2018, Wythenshawe Hospital was rated overall as “Good” and was also given an ‘*Outstanding*’ rating for the care we provide to our patients. One of the many areas of outstanding practice highlighted by inspectors was the high level of care and compassion demonstrated by our staff towards our patients.

This is a testimony to our staff and demonstrates the hard work being undertaken to focus on patient safety and patient experience which has led to improvements in the quality of care for our patients and their families. This provides a fantastic base on which to develop and continue our journey to becoming an outstanding hospital.

Action plans are being developed to address the areas in which we need to continue to improve, such as the flow of patients through the hospital, focus also continues on ensuring our patients who require additional support needs are met consistently and compliance with mandatory training to ensure our staff have the required knowledge and skills to continue to deliver high quality, safe care.

Trafford General Hospital

Trafford General Hospital provides a range of services, including a nurse led urgent care facility, general and specialist medicine, general and specialist surgery, a paediatric hospital service for children and young people and a range of outpatient and diagnostic services for adults and children.



Trafford Hospital serves a population of approximately 226,600 people residing in the surrounding area of Trafford, Altrincham and Greater Manchester. Trafford is integrated in to Wythenshawe, Withington and Altrincham hospital sites, creating WTWA hospitals as part of the MFT Group.

Key facts and figures 2018/19:

- 58,756 Urgent Care attendances- 3.6% less than last year.
- 134,583 Outpatient attendances – compared to 130,633 last year.
- 17,498 surgical procedures –compared to 13,923 last year.



Dementia Friends

Throughout the year Trafford Hospital has continued to raise awareness of patients living with dementia. We have made over 120 Dementia Friends at Trafford Hospital since April 2018, the aim of Dementia Friends is to increase understanding about dementia and inspire people to take action to support people living with dementia in their community.

Our staff have been considering the stigma people living with dementia can experience and how the language we use about dementia can help to reduce this. We recognise the importance of working in partnership with carers and have launched John's Campaign. John's Campaign is an initiative which focuses on extending visiting rights for family carers of patients with dementia in hospital. The guiding principles for John's campaign are:

- Carers should have access to the patient whenever they are needed.
- The patient's needs are at the centre of this access principle.
- Carers should be welcomed.
- Carers have a right but not a duty to be with the person they care for.
- Carers are there to nurture the patient and not to nurse.



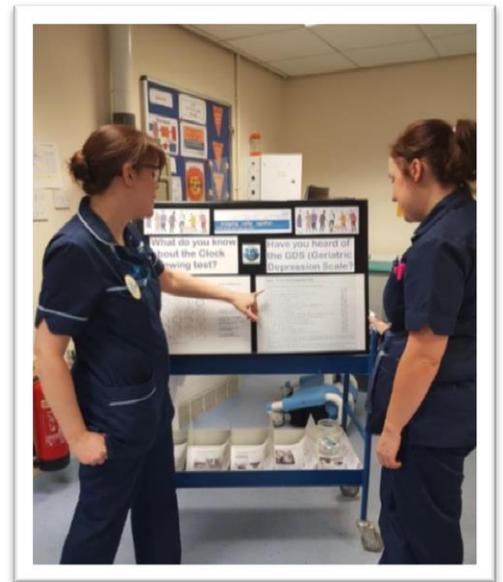
Handmade for Dementia kindly began supporting Trafford Hospital in January 2019 by providing cannula sleeves for patients who may be distressed by seeing their cannula or may not understand why it is needed and attempt to remove it. These are available across all our patient areas.

Focus on Frailty

As part of the Managing Frailty Together launch, the Dementia Specialist team delivered a roadshow where information and advice was given to staff regarding assessment of cognition and mood which is part of the Comprehensive Geriatric Assessment.

Providing the right support to our patients

Wards 2 and 4 at Trafford General Hospital (TGH) received the Elderly Charter Mark. The award recognises a dedication to improving the quality of essential care of older people and good care provision, as identified by patients themselves. It includes recognition on excellent nutritional care and privacy & dignity standards.



Improving patient safety



Falls

Bay Tagging is a system which has been introduced to help reduce falls amongst our patients whilst in hospital. Bay tagging is where a member of staff is assigned as the nominated individual to oversee patients who have been assessed as being at risk of falling. The nominated member of staff will remain in the designated area to oversee patients in an attempt to prevent them coming to harm.

The process of Bay Tagging involves having the 'Keep Me Safe' badge to wear whilst in the designated cohort bays. Bay Tagging has been successfully rolled out at Trafford Hospital through comprehensive engagement with the Ward Managers and Matrons who have cascaded the falls risk reduction initiatives to their wider teams.

Getting it right - Always Events

We recognised that our patient experience of cancellation of their operation both on the day and before the day of their surgery was an area of concern for our team. Working collaboratively with NHS England in the Always Event Programme we have been focusing on cancellation of orthopaedic surgery to understand the patient experience of this in order to support and design how the future service should develop.

The changes we have made include:

- Introduction of estimated time to theatre, theatre/ward team brief communication form and improved communication to all patients during morning patient focused rounding.
- Ward coordinator monitors expected times and gains update from theatre when expected time has been exceeded by 30 minutes and provides update to the patient.
- Improve information available to patients prior to admission to set expectations and provide information on how possible delays/cancellations will be communicated. This includes:
 - Review of the Ward 12 information on the trust website.
 - Review of the language used in patients' letters and the detail included to set expectations.
 - Review Joint Education class for patients planned to come in for hip/knee replacements to bring up to date and change language used to make patient friendly.
 - Introduction of cancellation escalation guidelines to ensure reasons are reviewed by senior team promptly and potential ways to prevent the cancellation have been exhausted.

Following introduction of the estimated time to theatre we have seen an improvement in our Friends and Family (FFT) results from an average of 94% to 98% of patients stating that they would recommend us to friends and family. We have also seen a reduction in the number of complaints

Improving outcomes

A team at Trafford Hospital is transforming the way shoulder surgery patients receive physiotherapy, by using a series of personalised computer video games to help patients exercise and track their recovery progress at home. The Virtual Physiotherapy (VIP) project aims to improve patient experience while also making physiotherapy programmes more efficient and so increasing the number of patients who can be treated by physiotherapists.

Safeguarding patients

During mid-2018 it became apparent that there was a cohort of vulnerable patients on the orthopaedic and neurology rehabilitation wards. While staff had adequate training in adult safeguarding issues, additional support and advice was required to ensure best practice standards were adhered to. The adult safeguarding team at Wythenshawe Hospital developed a support package which included a regular weekly on-site presence, enhanced support to the ward teams and one-on-one training.

Improving the experience of patients with a learning disability

Trafford Hospital pre-operative assessment nursing team identified that patients with a learning disability were not consistently accessing a pre-operative assessment in preparation for their elective surgery.

Reasonable adjustment meetings were established and are held monthly to provide an opportunity to plan future patient admissions and discuss and feedback following a previous patient's past admissions.

The meetings provide an opportunity to discuss patients' needs and collaborate with key members of the community and hospital teams, to understand the care and treatment proposed and how to facilitate this.

Creating individualised care through the reasonable adjustments process has demonstrated positive communication and enhanced the experience and of our patients and carers.

Individualised reasonable adjustments are agreed to ensure what matters to patients is incorporated into their care and examples of some of these are:

- Pre administration of medication in the community prior to admission.
- Picture cards to support familiarisation of staff or environment or equipment.
- Environmental assessments: lighting, furniture position, staff dress code adjusted, noise levels, location of ward bed or side room provision.
- Direct admission to theatre to minimise potential distress or duration of wait for theatre.
- Dedicated theatre list with staff identified and briefed on patient needs.
- Supportive recovery in anaesthetic room.
- Discharge facilitated from recovery area.

Going for Gold

Two wards out of 6 across Trafford have so far achieved a 'GOLD' award through the Ward accreditation Scheme. This process measures a clinical area's improvement journey and ensures high quality care and the best patient experience.

Gold Wards: Ward 2, Ward 12 Manchester Orthopaedic Centre and Day Case Unit.

Silver Wards: Ward 3 INRU, Ward 4, Ward 6, Ward 11, Outpatients department, Theatres and the Urgent Care Centre.

Across Trafford Hospital we continue to use the 'What Matters to Me' philosophy when we interact with all our patients with the aim to understand what is important to them and utilise this framework to gather information from our patients and staff to help us improve our services.



Looking ahead: Plans for 2019/20

- Standardisation of patient pathways for Trauma & Orthopaedics elective hip and knee replacements: review of enhanced recovery standards and alignment of current care pathway variations, implementation of AQuA standards for Hip and knee replacements.
- Hyponatraemia (low sodium) best practice in post-operative in orthopaedic patient – intention is to create surgical guidelines to reduce the number of unnecessary investigations to reduce excess lab testing, foresee this will impact on and reducing delayed discharge and reduction in length of stay.
- Focus on fragility patients that can be identified pre op: staff training and development, oversight of orthopaedic patients by Clinical Nurse Specialist as inpatients at Trafford aiming to optimise care.
- Continue to harmonise processes across sites for learning from deaths. The national Structured Judgement Review tool will be implemented to review medical deaths at Trafford General Hospital. This will be a multi- disciplinary process emphasising learning and focusing on improvements in care.

Care Quality Commission Inspection (CQC)

We are pleased to report that following the CQC comprehensive inspection in October 2018, Trafford General Hospital achieved an overall ‘Good’ rating. This is a fantastic achievement given the changes the hospital has been through during the previous 12 months. The inspectors particularly noted that patients received compassionate care from staff which supported their privacy and dignity.

However, it was also recognised that there are still areas for improvement. Action plans are being developed to address these with a focus on compliance with the surgical safety checklist, improving compliance with mandatory training and safeguarding training and timeliness on how we manage our complaints. Trafford will continue to build on these results with the aim of becoming an outstanding hospital for our patients and families.

Withington Community Hospital

Withington Community Hospital provide specialist care to those patients requiring diagnostic treatment, some types of day surgery and community services.



Withington Hospital provides elective day case surgery for the following specialties: burns and plastics, urology, general surgery and vascular surgery and cataract surgery undertaken by a team from the Manchester Eye Hospital in a dedicated cataract suite.



There are two theatres on site as well as a significant number of procedure rooms. One-stop services are provided for urology referrals as well as hosting a bowel screening programme.

Key facts and figures 2018/19:

- 1,158 Surgical procedures undertaken – compared to 849 last year.
- 86,567 Outpatient attendances – 424 fewer than last year.

Early diagnosis of cancer project.

The project, known as Query Cancer, treats patients at a 'one-stop' clinic which aims to deliver a diagnosis of cancer as quickly as possible, while reassuring the majority of patients who do not have cancer. Query Cancer aims to halve from 14 days to 7 days the current waiting time between a GP referral and a hospital appointment, and give the majority of patients a diagnosis on the same day.

Experts agree that late diagnosis is one of the main reasons behind England's – and Greater Manchester's – poor cancer survival rates: early diagnosis allows for more treatment options and a greater chance of survival.

Under the Query Cancer scheme, family doctors refer patients on a suspected cancer pathway. Referrals are reviewed by specialists who select suitable patients for referral to a multidisciplinary diagnostic centre (MDC), based at Withington Community Hospital.

The diagnostic centre is sufficiently flexible to call on the expertise of a range of specialists aiming to confirm or exclude cancer on the same day.

This speeds up the process of diagnosis and spares patients having to make a number of journeys to see clinicians.

Positive Patient Feedback

Data from patients through the Friends and Family Test (FFT) for Withington shows positive feedback with Urology Day Case, Audiology, Dermatology and the Treatment Centre; all reporting 100% of patient who provided feedback would recommend the services.

Focus on infection prevention - Clean Hands

In August 2018, our staff focused on infection prevention with the Clean Hands Campaign. Recognising that hand hygiene is the single most important means of preventing the spread of infection.

Staff signed pledges to support the Trust's commitment to prevention and control of healthcare associated infections (HCAIs).

The goal is to comply with the World Health Organisation '5 moments for hand hygiene', which has been adopted as a standard model for hand hygiene compliance guidance and training across MFT.

The 5 moments are

- Before patient contact.
- Before a clean or aseptic procedure.
- After contact with body fluid exposure risk.
- After patient contact.
- Following contact with the patients' surroundings.



Improving Outpatient Standards

Withington Community Hospital introduced the outpatient standards which detail how we expect our staff to treat patients and visitors and each other, before, during and after any clinic visits.

Staff across Withington Community Hospital have been working to raise awareness and embed the standards into everyday practice for the benefit of our patients and staff.

Outpatient Standards

Before Clinic

We will supply clear information about the appointment and what to expect

We will offer you choice on where and how we deliver your care whenever possible

Your clinic appointment will not be cancelled at less than 4 weeks notice except in exceptional circumstances. In the event of a cancellation we will rebook your appointment



Transforming care for the future

The 'What Matters to Me' philosophy was rolled out across Withington Community Hospital during 2018, the principles are embedded into every interaction with our patients with the aim to understand what is important to them so that personalised care is delivered. We also use the themes from feedback comments to influence our service improvement initiatives.



Refurbished Café

June saw the reopening of the newly refurbished Café at Withington Community Hospital, 'The Hive', with a new menu for visitors and staff to enjoy.

Looking ahead: Plans for 2019/20

- Review the site utilisation to support improvements in waiting times for treatment.
- We will continue to build on the improvements we have made on patient access, and patient experience.

Care Quality Commission Inspection (CQC)

We are pleased to announce that following the CQC comprehensive inspection in October 2018, Withington Community Hospital achieved an overall 'Good' rating. This is a fantastic achievement and recognises the dedication of our staff to provide quality care to our patients. We will continue to build on this result and focus on further improving our services for our patients. Action plans have been developed to address areas identified for improvement with a focus on the capacity and responsiveness of the sexual health clinic.

Altrincham General Hospital

Altrincham Hospital is a purpose-built facility providing a high quality, modern, user-friendly environment for patients and staff and a range of general and specialist outpatient and diagnostic services.



The minor injuries unit at the Altrincham Hospital site is a nurse led walk in service, open 7 days a week including bank holidays with the exception of Christmas day, Boxing Day and New Year's Day.



Altrincham Outpatients Department (OPD) is a busy, nurse led department that provides a wide range of general and specialist outpatient clinics (including specialist clinics from Manchester Royal Eye Hospital and Trafford Audiology, that are both run and managed by a small on site team) for assessment and treatment of a variety of conditions, whilst interacting with other diagnostic services. All the services at Altrincham Hospital aim to offer the highest possible standard of care at all times, while actively respecting the dignity, privacy, confidentiality and individual needs of all patients, their families and carers.

Key facts and figures 2018/19:

- 16,975 Minor Injuries attendances- 291 more than last year.
- 21,794 Outpatient attendances –compared to 20,773 last year.

Improving Phlebotomy waiting times

The trust responded to complaints and poor patient experience due to the phlebotomy clinic waiting times and overcrowding by introducing an appointment system from November 2018.

This spread the number of patients arriving throughout the day with early appointments being given to patients who need to fast. Early patient and staff feedback has been positive, including no further complaints since the appointment system was implemented.

There are also plans in place to move the clinic to a larger area with more waiting room space and for local GPs to offer evening clinics at hub sites.



We have introduced the Outpatient standards (see page 218 above) which detail how we expect our staff to treat patients and visitors and each other, before, during and after any clinic visits.

Staff at Altrincham General have been working to raise awareness and embed the standards into everyday practice for the benefit of our patients and staff.



Patient safety

Falls prevention at Altrincham

We have implemented several measures to help promote falls prevention including

- signage on the stairs to 'hold the rails'
- signage on the chairs with wheels 'for staff use only'
- signage in the toilets 'please call, don't fall'.

We have also improved the lighting in the accessible toilets as it was pointed out that the patients with impaired vision were struggling.

The stairs in the hospital have a distinguishing yellow panel on the first and last step and all other steps have a white edge to support patients with visual deficiencies.



The Bee Brilliant board also has some tips and hints of how patients can help us to reduce the risk of them falling whilst in hospital for example, advising staff if you have a history of falls or require assistance, making sure your glasses are clean and used as prescribed. It also has some data about the long and short term prevention of falls for example, eating well – staying healthy, using appropriate walking aids and wearing appropriate footwear.

As part of our ongoing health promotion programme we have posters next to the lifts and stairwells, which promote the benefits of keeping fit by taking the stairs and aims to encourage patients and staff to take the stairs as research shows general fitness helps prevent falls.

Positive patient feedback

100% of our patients who visited the outpatient Department at Altrincham said they would recommend us to their family and friends.



Altrincham Hospital continues to use the 'What Matters to Me' philosophy to understand what is important to our patients and staff. This framework enables us to improve our services based on the information and feedback received



Going for Gold

Altrincham Outpatients Department (OPD) and Manchester Royal Eye Hospital OPD achieved a 'GOLD' award through the Ward accreditation Scheme. This process measures clinical area's improvement journey and ensures high quality care and the best patient experience.

Looking ahead: Plans for 2019/20

- We will continue to ensure effective site utilisation to support improvements in waiting times for treatment.
- We will continue to build on the improvements we have made on patient access, and patient experience.

Care Quality Commission Inspection (CQC)

We are pleased to confirm that following the CQC comprehensive inspection in October 2018, Altrincham Hospital achieved an overall 'Good' rating. We are very proud of this achievement which is a testimony to the hard work and dedication of our staff. We will continue to build on this result and focus on further improving our services for our patients. Action plans are being developed to address areas identified for improvement including continued focus on improving the compliance with mandatory training and safeguarding training to ensure our staff have the required knowledge and skills to deliver the high level of care we aspire to.

Manchester Royal Infirmary

Manchester Royal Infirmary, founded in 1752, is a large teaching hospital that is part of Manchester University NHS Foundation Trust. The hospital provides a full range of local and specialist services including emergency care, critical care, general medicine including elderly care, surgery and outpatient services.



We provide a wide range of services including: cardiac, cancer, clinical immunology, cochlear implants, diabetes, emergency & urgent services, endocrinology, endoscopy, ear nose and throat, gastroenterology & hepatology, general surgery, general/geriatric/acute medicine, haematology, hepato-pancreato-biliary, oral maxillo-facial, orthopaedics, renal, respiratory, rheumatology, sexual health, supportive & palliative care, urology, transplantation, vascular surgery and walk in centre.

Our clinical services are grouped into three Divisions: Surgery, Medicine and Specialist Medicine. These Divisions are responsible for the day-to-day management and delivery of services within their areas in line with strategies, policies and procedures. Each Division is headed by a Clinical Head of Division, Divisional Director and Head of Nursing.

Our Executive Directors are:

- Mrs Vanessa Gardener, Chief Executive
- Dr Jon Simpson, Medical Director
- Mrs Dawn Pike, Director of Nursing
- Mrs Stella Clayton, Director of Human Resources and Organisational Development
- Mrs Sarah Perkins, Director of Operations
- Mr Phil Heywood and Mrs Selena Bealing, Joint Directors of Finance
- Mr Stuart Moore, Director of Strategic Planning.



Manchester Royal Infirmary is delighted welcome Mrs Vanessa Gardener as Chief Executive. For the past five years, Mrs Gardener was Chief Transformation Officer at MFT and has a strong focus on delivering high quality patient treatment and care, with an impressive research and innovation programme. All staff at Manchester Royal Infirmary deliver the Trust Vision and work within the Values and Behaviours Framework.

Key facts and figures 2018/19:

- 105,860 patients attended the Emergency Department at the Manchester Royal Infirmary.
- 353,133 patients attended an outpatient appointment across all services provided by the Manchester Royal Infirmary.

Care Quality Commission Inspection (CQC)

Following our recent CQC rating, the Manchester Royal Infirmary team are proud of the fact that the care we provide to our patients and families was rated as Good, as well as the fact that our End of Life Services and Medicine have delivered significant changes for our patients, families and staff resulting in these services have been rated as Good having previously been rated as Requires Improvement. In terms of the overall result we have had time to reflect and together are working to address the areas highlighted in the report. Patient Safety is a key focus and the Manchester Royal Infirmary team will be undertaking a review of our Clinical Governance arrangements and supporting theatres and urgent care to address the areas for improvement identified by the CQC.

Our commitment has always been and will continue to be that throughout Manchester Royal Infirmary to ensure that we aim to meet the individual needs of our patients and families every day. Quality improvement actions commenced immediately following the comprehensive inspection in October 2018 and work is underway to embed improvements. Progress on all our planned improvements and actions is monitored by the Manchester Royal Infirmary Executive team. We have will be embedding during 2019/20 our MRI Always Events – Raising Our Standard to ensure that every member of staff focuses on key areas.

The Manchester Royal Infirmary team are passionate about developing and transforming services to deliver the best possible care for our patients, demonstrated by the 12 Wards which achieved a 'GOLD' award through the MFT Accreditation Scheme in the last year. The process is underpinned by the Improving Quality Programme and supported by the Values and Behaviours Framework and the Nursing, Midwifery and AHP Strategy.

Our services – highlighting some of our services across MRI:

Cardiology

Manchester Heart Centre is a major provider of cardiac care to over 10,000 new patients a year. We treat patients not only from Greater Manchester and the wider North West region but also North Wales and the Isle of Man. Specialist services include adult congenital heart disease care, Blackouts clinics (believed to be the first in the world) as well as multidisciplinary genetic clinics.

In 2018/19 the Manchester Heart Centre undertook over 4800 interventional cardiac procedures and over 120 Transcatheter aortic valve replacement implantations (TAVI)

Emergency Department

The adult Emergency Department at Manchester Royal Infirmary is accredited as a level 1 Trauma Centre, receiving major trauma from across Greater Manchester. This unit is one of the largest Emergency Departments in the country with around 110,000 new attendances each year.



The adult Emergency Department is currently the focus of an unprecedented capital investment (£30 million) to redevelop the adult unit over the next three years to further improve the quality of care we provide to our patients.

Gastroenterology and Hepatology

Manchester Centre for Gastroenterology and Hepatology offers a comprehensive range of services for patients, including general gastroenterology, hepatology, pancreatology, inflammatory bowel disease, advanced endoscopy and nutrition.

Many patients with gastroenterological problems undergo investigations with endoscopy (camera examinations of the bowel); others are referred to the X-ray department for investigations or procedures, for example liver biopsy under ultrasound guidance. Some patients may be treated at our GI Physiology unit, and gastroenterology patients may also be referred to our Nuclear Medicine department.

The Endoscopy Suite has been refurbished providing comfortable single sex facilities for patients undergoing endoscopy procedures. The modern, high-tech equipment available allows for the most up-to-date procedures (such as Endoscopic Retrograde Cholangio-Pancreatography - ERCP, Spyglass endoscopy, Endoscopic Ultrasound, Double Balloon Enteroscopy and Capsule endoscopy) to be carried out on patients.



Haematology

The Haematology Directorate is the first adult centre to achieve the JACIE accreditation for a revolutionary new treatment called CAR-T cell therapy. This revolutionary new treatment for lymphoma, or blood cancer, reprogrammes the patients' own blood cells to attack their cancer cells. This new treatment has the added benefits that once reprogrammed the blood cells will naturally reproduce, making new cancer killing cells, meaning the treatment can last for months or years.

The department is now one of three units in the country currently accepting patients for this revolutionary new treatment. Four patients so far have either commenced treatment or are in the pre-treatment phase. As there is a shortage of centres able to offer this treatment, one patient had been referred from Scotland and one from Northern Ireland.

Haematology undertook 138 Hematopoietic stem cell transplants in 2018/19.

Renal Care

Delivery of renal care within Greater Manchester is organised on a hub (centre) and spoke model and divided between the East and West sectors.



Manchester Royal Infirmary (MRI) is the centre for the East Sector, providing comprehensive renal care for approximately 1.4 million people living in North, South and Central Manchester, Tameside & Glossop, Stockport, South Trafford and South Cheshire. Services provided at MRI include outpatient, in-patient, pre-dialysis, peritoneal dialysis, haemodialysis, and Lipid aphaeresis. The department manages over 100 renal failure patients per year, supporting their physical and psychological care.

Supportive & Palliative Care Team

The team provide care, advice and support to individuals, families and carers ,who are affected by life-limiting conditions either as in-patients across Oxford Road Campus or via our out-patient clinic.

Our multidisciplinary team specialise in the management of physical symptoms as well as providing emotional, psychological and holistic support. They work closely with other clinical teams across organisations and can provide a link to additional services.



These include Chaplaincy & Spiritual Support Teams, Welfare Rights, Community Macmillan Teams, Volunteer Groups and Hospice services (in-patient and day-care). We link closely with our colleagues in the local community in particular in Central and North Manchester, with these teams meeting with us on at least a weekly basis in our multidisciplinary teams.

The Northern Sexual Health Centre

The Northern Sexual Health, Contraception & HIV Service is a partnership led by MFT, together with Pennine Acute Hospitals NHS Trust (PAHT). It provides integrated sexual and reproductive health services across the city of Manchester, and also for the boroughs of Stockport, Tameside and Trafford. The integrated service offers routine, intermediate and specialist sexual and reproductive health provision, including the testing and treatment of sexually transmitted infections, contraception and emergency contraception.



The Northern Sexual Health Centre has introduced online appointment booking to the drop-in clinics it provides. Previously, due to the high demand, there were queues outside the centre onto Upper Brook Street which has an obvious impact on patient confidentiality and experience. The queues have now ceased and feedback so far has been excellent.

Transplantation Service

The service consistently delivers a higher number of Paediatric transplants than any other UK centre and outperforms other units with excellent results. We celebrated the 50th anniversary of paediatric transplants in Manchester with 669 transplants since the 18th March 1969. During 2018/19, we delivered 28 paediatric kidney transplants. The team has the highest number of live donor transplants (18) in paediatric patients and the highest number of cadaveric nationally.

We are one of the biggest UK Transplant centres for kidneys with over 6,000 transplants undertaken at the MRI. This year we have delivered 225 kidney transplants using live donors (51) and cadaveric (174), with 31 pancreas and 8 islet transplants in the past year.

Our workforce

Manchester Royal Infirmary continues to recruit through clear attraction and retention strategies in order to ensure safe staffing is provided in our services.

Our medical workforce are being supported, in particular in the non-consultant grade workforce and with opportunities such as appointing Advanced Nurse Practitioners and Physicians Associates to ensure services are safely delivered and staff feel supported.



Nursing workforce recruitment and retention strategies continue to receive support through our Proud to Care campaign. A number of successful recruitment events have been held throughout the year. International recruitment has seen international nurses arrive in March 2019 and additional nurses are due to arrive throughout the year.

The new role of Nursing Associates has made a significant contribution to the Nursing workforce at Manchester Royal Infirmary, with colleagues celebrating successful completion of their Trainee Nursing Associate programme.

Patient Safety & Experience

The MRI has a culture of learning from issues regarding patient safety or patient experience feedback. Engaging with lessons learned and sharing learning is a strong focus within the Manchester Royal Infirmary. It not only helps frontline staff to establish stronger relationships with patients, families and carers, but also helps frontline staff to understand the patient, in the context of their own life and the things that are most important to them.

The hospital holds monthly Sharing Safety Forums, which are a multi-disciplinary forum where cases are presented and discussions are encouraged to understand how learning can be shared and implemented across the hospital.

As a result of a number of complaints being received within the Emergency Department which raised concerns regarding pain relief, an improvement work programme was undertaken. This included having an identified staff member to lead on the project and undertake an internal audit to review the provision of pain relief.

In the first instance this project has focused on the provision of pain relief at the triage stage. Following the audit, the ED team have introduced a process whereby at triage, and having received pain relief, patients are provided with a postcard to advise them on what steps to take if the pain relief has not been sufficient. This includes directions on how to alert the ED team so that the relevant steps can then be taken. The initial patient feedback on this process has been positive.

Following a Serious Incident investigation into an incident whereby a patient's next of kin (NOK) was not informed of their relative's death, a change of process has meant that Medical Certificates of Cause of Death (MCCD) and Cremation Forms are now kept in the ED and collected on a work day by Bereavement Centre staff. This mitigates against the occasional delay in completion of MCCD and cremation forms and also provides another checking mechanism regarding NOK notification.

We actively encourage feedback in various ways across the hospital. Patient and carer stories are collected for presentation at Hospital Board, Hospital Quality and Patient Experience and Divisional meetings, and as part of quality improvement work.

Patient flow and length of stay

The hospital has been leading on the implementation of the SAFER Patient Flow Bundle, devised by NHS improvement, across the MRI site. This care bundle blends five elements of best practice which aim not only to improve length of stay and flow, but also to improve safety through the consistent senior oversight of care planning and decision making and consistent, systematic review of patients pathways through the board round process.

The SAFER bundle includes:

S– Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A– All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F– Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E– Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R– Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – 'stranded patients') with a clear 'home first' mind-set.

Within this workstream the use of Clinical Utilisation Review (CUR) data was recognised as an integral part of expediting flow. Ward-based Board rounds summarise a patient's journey to date and allow teams to determine what is required that day for the patient's care to progress. The use of the CUR data supports the clinical teams in making decisions in moving the patient along in their journey in a timely, effective manner to safely discharge them home.

Saint Mary's Hospital

Our overall aim is to:
Deliver clinically excellent care to women, families and individuals across Manchester and beyond, by providing safe, innovative, evidence based, efficient and sustainable services.



Saint Mary's
Hospital



Who are we? 2,217 medical, nursing, midwifery and scientific staff supported by an essential clerical team across 5 distinct specialties;

Where do we Shine? The Provision of Specialist Services because 'Everybody Matters'

The **Obstetric Division** have supported **13,628** women to give birth, provided care to **14,262** women on a range of personalised antenatal pathways including more than **22 specialist clinics**.

We have seen a reduction in Stillbirth rates year on year now **10% below** comparable Maternity Units



The MAViS clinic (Manchester Antenatal Vascular Clinic) celebrated five years of specialist care for women with chronic/pregnancy-related high blood pressure.

We have introduced a midwife led clinic with dietician input to support women who have an existing weight problem or raised Body Mass Index (BMI)

Introduced a midwifery sonographer led clinics to provide help and support for women with smaller than expected babies for their gestational age

Our neonatal service is one of the busiest in the country providing over **32,192 care days** to neonates in **88 cots** with over half requiring either high dependency or intensive care.

We have admitted over **1600 infants** and provided over **13,000 days** of neonatal intensive and high dependency care, representing more than half of all the neonatal activity in Greater Manchester.

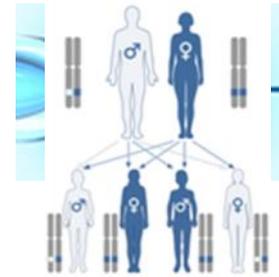
The regional Neonatal Surgical Services are co-located with Neonatal Medicine and children's services providing continuity of care and access to experts in their fields.



The Connect NW (largest neonatal transport service in England) is based within MFT, ensuring safe and expert transport of preterm babies across the North West.

The **Gynaecology Division** investigates, diagnoses and treats conditions related to women's health. From 1st April 2018 to 31st March 2019, the team cared for **27,760 inpatients and provided 190,980 outpatient appointments**. The team have also supported **13,497** women in the Early pregnancy and Emergency Gynaecology Units.

We have one of the largest Human Fertilisation and Embryology Authority licensed assisted conception units in the UK which also provides fertility preservation services for men & women with a cancer diagnosis. This year we have delivered over **1,200 cycles of IVF** and established the UK's largest Sperm bank.



The Genomics Division

The Manchester Centre for Genomic Medicine is one of the largest and most comprehensive multidisciplinary unit in the UK and Europe:

- We participated in the **100,000 Genome Project**, a nationwide project collecting hereditary information from NHS patients, which is being used to increase the understanding of the causes of diseases, and develop the best treatments and care.
- We have been part of an international team of scientists and doctors which has identified a family of five new genetic diseases which are likely to affect more than 1 in 5000 children.
- Cementing our role in the North West, we successfully led the bid for and have been awarded the Genomic Laboratory Hub Contract for the North West
- Celebrated the development and implementation of a point-of-care test to avoid antibiotic related hearing loss in new born babies.

“Having been your patient for 20 years I feel I can safely say what an immeasurable benefit I have had from being in your care. I have found you comforting, plain speaking and caring in a way I have not experienced with another healthcare professional. It is an absolute gift for any person to be treated in this way knowing that my best interest has always been served. It is difficult to articulate my appreciation of you, being there every step of my life journey.”

Sexual Assault and Referral Centre (SARC) Directorate SARC supported over 1600 victims of sexual violence across the North West in 2018/19.

The centre accepts emergency or self-referrals from adults who have been raped or sexually assaulted. The team provides care to adult and child victims of sexual abuse from areas across Manchester and Cheshire and has recently began the management of the SAFEplace Merseyside service.



“Without you, I know none of us would have coped, I know you have helped victims in the past and you will carry on supporting victims, you are truly one in a million ... we can never thank you enough.”

What are we proud of?

Listening and responding

We introduced the What Matters to Me (WM2M) programme three years ago and have asked both our women and staff their views at every opportunity along with the Friends and family Test. Overwhelmingly women tell us they feel safe, well cared for and involved in all aspects of their care planning.



Prioritising our actions for our patients

- Through the WM2M feedback, patients expressed real concerns about delays in the Induction of Labour (IOL) pathway so we have introduced a new IOL pathway to reduce the waiting times and it is really working. We also introduced theatre lists on a Saturday for elective caesarean sections.
- Poor continuity of care? We have integrated the antenatal and ultrasound services at Wythenshawe Hospital. The two services go hand in hand in the management of pregnant ladies but used to be managed through two separate reception desks at Wythenshawe. Now it's joined up, therefore improving the patient experience.
- Again in responses to patient feedback and complaints, we have created an additional Gynaecology Urgency Operating list at Wythenshawe therefore reducing the length of time women have to wait for surgery.
- We are developing our plans to address key elective treatment and cancer targets within gynaecology recognising how important this is.



Making the environment right for care and reducing risk

- The Ward Accreditation process checks that the environment of care we provide is safe, caring, responsive, efficient, and well led, and we are very proud to say that the majority of our service areas are rated GOLD. Our very shiny Silver wards aim to be GOLD this year.
- Patients expressed concerns about our staffing levels and we have increased our midwifery staffing and provided a 24/7 consultant presence on our units. We have also recruited more Consultants and support a large number of students from all specialities.
- Our award winning services for bereaved families are available across the Hospital and our Rainbow Clinic supports women who have lost a baby in the next pregnancy.

Celebrating achievements: Our staff are our best resource!

This year we were shortlisted for a number of awards including:

- Royal College of Midwifery (RCM) Annual Midwifery Awards.
- The SANDS Award for bereavement care.
- Tommy's Healthcare hero.

In addition one of our Professors, Dian Donnai, received the American Society of Human Genetics Award.

Our Key Priorities in 2019/20

Working Together - Reducing Waiting Times

- Listening and responding to our patients' concerns about waiting times, we will focus on our delivery plans to improve performance against key elective treatment and cancer treatment targets within gynaecology to ensure our patients receive the care they need in a timely manner.



- The development of a gynaecology ambulatory care centre will change the delivery of gynaecology elective care across Manchester, to ensure all patients have equitable access to quality, safe care delivered in the most appropriate setting in the most efficient way.
- Working together with the team at Christie's Hospital we will deliver the single service model for gynaecology oncology across Greater Manchester.



Implementing the Maternity Transformation Programme

The Obstetric team are focusing on being able to offer women more choice and personalised care across the Greater Manchester area. Remodelling our Midwifery led unit and merging the community midwifery provision to provide a more flexible and accessible service.

Ensuring access to the most up to date genomics testing and research in the North West

The team will focus on joining up laboratory testing across the whole of the North West and co-ordinate genetic testing across England, providing a flagship service for future generations.



Improving neonatal cot capacity



There are increasing demands on the neonatal service, so we have focused on improving how the neonatal cot capacity at the Wythenshawe site is used.

The aim is to ensure the New-born Service is using its collective capacity effectively, to enable the service to accept all the babies from across the North West who require access to the highly specialist care it is able to provide.

Relocating Sexual Assault Referral Centre (SARC) to the Peter Mount building

We are relocating SARC from its current home to a better building - the Peter Mount Building. This building is more modern, stable and will be a long term home from which the SARC service can continue to develop, in order to retain its status as a National exemplar provider of sexual assault support services.



Care Quality Commission Inspection (CQC)

Mrs Karen Connolly, Chief Executive Officer for Saint Mary's Hospital Managed Clinical Services is delighted and proud to be able to share that following a comprehensive inspection by the CQC in October 2018, Saint Mary's Hospital was rated overall as Good and Outstanding for the Care we provide. This includes the Maternity Services and Neonatal Services at Wythenshawe hospital. This is a real testimony to how hard everyone has worked to integrate the services and gives us a solid foundation on which to build our journey to outstanding.

We performed consistently across all of our domains of the inspection and performed particularly well in demonstrating our caring approach and our focus on meeting the needs of patients with individual needs.

In the coming months, we need to maintain our focus on improving compliance with mandatory training and safeguarding training to ensure we continue to achieve consistently high levels of completion and ensure our staff have the necessary skills to ensure that they can deliver the highest levels of care that they aspire to.

Royal Manchester Children’s Hospital (RMCH)

The Royal Manchester Children’s Hospital (RMCH) is one of the largest and busiest Children’s Hospitals in Europe and provides speciality healthcare to children and young people across Manchester, the North West and Wales. Following the formation of the new Manchester University NHS Foundation Trust in 2017, we now also provide Paediatric services at Wythenshawe Hospital and Trafford Hospital.



Our aims

Manchester University Foundation Trust		Royal Manchester Children’s Hospital	
<p>To improve the health and quality of life of our diverse population by building an organisation that:</p> <ul style="list-style-type: none"> • Excels in quality, safety, patient experience, research, innovation and teaching • Attracts, develops and retains great people • Is recognised internationally as a leading healthcare provider 		<p>#OurFamilyCaringForYours</p> <ul style="list-style-type: none"> • To provide world-class care for children and young people across Greater Manchester, the North West and beyond • To be a centre of excellence for education, research and innovation • To make a significant contribution to the health and wellbeing of children and young people 	
Everyone Matters	Working Together	Dignity and Care	Open and Honest

Key facts and figures 2018/19:

- The Hospital currently has 371 beds open across RMCH, Wythenshawe Starlight Unit, Trafford Children’s Resource Centre and Child Adolescent Mental Health Service (CAMHS).
- RMCH is nationally and internationally recognised for our work across 22 highly specialised care services for children and young people across the North West and beyond.
- We have over **275,000** patient visits each year.
- Our CAMHS was recently rated as ‘Outstanding’ by the CQC and is unique amongst children’s hospitals with inpatient, complex and community care services.
- Our wards and departments are supported by a workforce of 2,000.
- Our Paediatric Emergency department based on the Oxford Road site, receives around **50,000** children through its doors every year.

- Our Paediatric Critical Care department cares for up to 29 children at any one time across both the Paediatric Intensive Care and the High Dependency Unit, providing highly specialised care to some of our most vulnerable children across a number of specialities.

Patient Safety Culture

At RMCH we believe that patient safety is everyone's business and are committed to creating a safety culture across the hospital. We recognise that in healthcare things can sometimes go wrong and believe that we should use this to learn and improve our services in the future. As a result of this commitment we have developed a number of safety projects;



- We have reviewed all of our medicine storage across the hospital to ensure that we store and supply medicines safely.
- We have developed a pathway for all staff to follow in the recognition and management of patients who are deteriorating.
- We have introduced an Acute Kidney Injury alert system for patients who are at risk of long term kidney damage.
- We have implemented robust systems for reviewing and learning from serious incidents so that we can share learning across all of our wards and departments.
- We actively encourage appropriate escalation of concerns from patients, carers and staff.

Safety Initiatives

During 2018/19 we have introduced a number of initiatives that are improving safety.

Recognising and Reducing Acute Kidney Injury (AKI)

RMCH became the first children's hospital in the UK to introduce a system for alerting staff to the potential for AKI so that it can be recognised and treated earlier. We have created and issued guidelines, introduced an electronic alerting system and employed an AKI Nurse Specialist to better recognise and treat potential or actual AKI. Since the changes we have seen a huge reduction in the incidence of AKI and much shorter recovery times for those patients who do experience it. See page 153 for more information on AKI.

Stamp out Sepsis

The Sepsis 6 campaign is a national project which aims to reduce avoidable harm to patients. This is achieved by earlier recognition of the signs and symptoms of sepsis in hospitals using a specially designed Sepsis 6 Toolkit. RMCH have committed to being part of this campaign and we have been working closely with our colleagues across the Trust to improve how we monitor our patients for Sepsis.

We have seen great improvements over the last twelve months in our use of the Sepsis 6 toolkit and in December 2018, Ward 85 won an award for most improved ward. This is a fantastic achievement and demonstrates our commitment to keeping our patients safe.

Infection Control - Flu Fighters Campaign

The 2018/2019 RMCH flu campaign has been extremely successful with over 81% of front line workers vaccinated, the highest rate in Manchester Foundation Trust (MFT). Our team of vaccinators were publically thanked by the RMCH Senior Leadership Team and certificates given marking their achievement. As a result, the Trust has been shortlisted for most improved trust in NHS Employers Flu Fighter Awards 2019.

Patient Experience

We have also introduced new services and initiatives to improve patient experience.

MAGiC

The MAGiC vascular access service is a new, multi-disciplinary service operating out of the radiology department. The team includes anaesthetists, surgeons, a radiologist, theatre staff, radiographers, a scheduler and a lines specialist nurse. The team are responsible for managing patient referrals to the vascular access service. They accept, assess and list the referrals, organise the lists, advising on options for vascular access. They also provide support to patients, parents and ward staff, improving care and maintenance of vascular access devices, dealing with complications and improving the governance around vascular access devices.

Since its introduction in December we have already carried out 74 procedures, hugely reducing waiting times for patients, speeding up treatment and freeing space in the Emergency Theatre for other cases to proceed more quickly.



Proton Beam Therapy Service Launches

Over the last twelve months, RMCH have been working alongside The Christie's NHS Hospital to develop a Proton Beam Therapy service for children and young people with Cancer. This means that from March 2019, RMCH patients who are suitable for Proton Beam Therapy can have the treatment here in the UK.

Our new Proton Therapy Suite is purpose made and has child friendly spaces which we are sure will have a positive impact on our children and young people's experience at what is a very difficult time. The team at RMCH continue to support these families and have regular contact in order to

offer support, additional treatments and investigations.

Hospital24

In the last few weeks we have made a huge change to the way our Hospital is organised at night and at the weekend. We have ensured that the highly specialised areas of critical care, haematology and oncology have dedicated rotas of staff to support them. We have also employed a team of Nurses to help Doctors care for the needs of patients out of hours. We expect the change to lead to improvements in both safety and patient experience, and also for our staff through better sharing of workload amongst the expanded team, giving them more time to care and train.

You're Welcome standards

The British Youth Council, Association for Young People's Health (AYPH) and Youth Focus North West have developed 7 key quality criteria to ensure that NHS Hospitals, provide young people with friendly health services that support young people. Here at RMCH we are committed to meeting these standards and over the last twelve months have set out a number of actions to achieve this:

- You're Welcome has been rolled out across RMCH and across the wider hospital recognising that young people use our services right into adulthood.
- Our Consultant Nurse for Transition now chairs our You're Welcome meetings every other month to monitor these standards.
- We have You're Welcome Champions on every ward and department supporting young people to make positive choices about their healthcare.

What matters to me?

At RMCH we are committed to listening to our patients and families and value the feedback we receive so that we can improve our services in the future. Children and families across the hospital are encouraged to provide feedback through a number of patient feedback routes. These include the Friends and Family Test and "What Matters to Me" feedback.

This feedback is then reviewed by Ward Managers and Matrons so that they can make improvements to our children, young people and families' hospital experience. All of our wards display this feedback on their What Matters to Me boards so that families and patients can see that we listen and respond to feedback.

Planning for the Future

During 2018/19 we have further developed our vision for children and young people's services for MFT (RMCH). Working together as an integrated children's hospital with the other specialist, adult, clinical and scientific services within MFT, we are firmly committed to putting patients and their families at the heart of our thinking around our future growth and the development of our services.

We are actively engaging and involving children, young people and their families in our plans and the design of changes to our hospital environment and services. In parallel, we are also engaging with our partners across Greater Manchester, the North West and also nationally to ensure the Trust and specifically RMCH is positioning at the forefront of children and young people's care.

Finally, in 2018/19 we gained first stage approval for £30m of investment to both expand our Paediatric Emergency Department and build another Operating Theatre with an integrated MRI Scanner. These plans will be developed through 2019/20.

Care Quality Commission Inspection (CQC)

RMCH was delighted to be rated as "Good" by the CQC in its latest comprehensive inspection. This rating included acknowledgement that our Surgery and Child & Adolescent Psychiatry services are "Outstanding". Overall, the Hospital was also rated as *Outstanding* for the ways in which we care for our patients, recognising the efforts our staff go to in order to meet the individual needs of our patients and their families. Our services at Trafford Hospital and Wythenshawe Hospital were also rated as "Good".

The Inspectors spoke to over 200 staff during their visits as well as many patients, families and carers. They reported that all staff were extremely welcoming and very proud of their Hospital and each other.

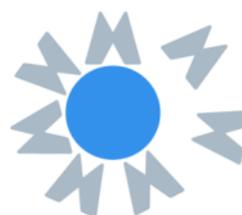
The CQC made a number of recommendations on things we could further improve and we are developing an action plan to deliver them in full. In many areas, these were actions that we had already begun, including planning for example a large expansion of our Emergency Department.



Clinical and Scientific Services (CSS)

Clinical and Scientific Services (CSS) at Manchester University NHS Foundation Trust are made up of five Divisions:

- Imaging.
- Pharmacy.
- Anesthesia/ Critical Care (including resuscitation and acute care).
- Laboratory Medicine.
- Allied Health Professionals (AHP) including Specialist Ability Centre.



CSS also includes the work of the Bereavement Services, Medical Engineering and Maintenance (MEAM) and Infection Control. These divisions work across the nine MFT hospitals and in the community to deliver high quality care to patients at all stages of their treatment and care. Over all the services and sites within CSS we currently have 1, 127,883 patient and family contacts a month.

Division/ Area	Contacts
Radiology investigations (including Nuclear Medicine)	35,000
AHP – Physiotherapy, Occupational therapy, Dietetics, Orthotics, Podiatry, Speech therapy, Audiology (Inpatients and Outpatients)	62,500
Operations per month (Anaesthetics)	4,500
Pain Clinic Appointments	250
Number of patient per month admitted to General and Cardiac Critical Care Units	330
Laboratory tests and services	1,000,100
Neurophysiology tests	400
Patients discharged with medications supplied by Pharmacy	22,000
Patient Contacts with Infection Control and Tissue viability	830
Bereavement Support	1973

What we are proud of.....

Harvey's Gang

Harvey's Gang was launched at the West Sussex NHS Trust after a visit by a boy called Harvey to his Blood Transfusion Laboratory. The scheme offers tours of laboratories to children who are unwell to help them understand their condition and have the opportunity to ask questions about where their sample goes and how it is tested.



Laboratory Medicine and Ward 84 in the Children's Hospital have developed a programme that encourages patients to visit the laboratories.

The laboratories welcomed their first member of the gang, Emilia, and her family this year. These tours aim to give an understanding of where your blood goes, why it might go so many times and how it helps the staff decide on their treatment.



These visits continue, allowing more children to gain a better understanding of their treatment and the workings of a hospital lab.

Pre-Operative Anaemia Clinic

A nurse-led service to rapidly access, treat and manage anaemia before surgery is improving outcomes and patient experience at the MRI. The 12 month pilot programme for patients undergoing major abdominal cancer surgery proved so successful that it has been expanded to other specialties.



By improving haemoglobin levels, the service aims to reduce the need for blood transfusions, improve symptoms of lethargy and breathlessness and patients' ability to exercise and reduce postoperative critical care stays and the time patients need to stay in hospital. Our ambition is to expand the service to other specialties.

"The Service has improved patient safety and will ultimately improve patient outcomes." Ben Hormung, Consultant General and Colorectal Surgeon.

National Macmillan Service Improvement Excellence Award

People living with hepatobiliary and pancreatic cancer (HPB) can often suffer from significant weight and muscle loss at diagnosis. This can lead to high complication rates and poor outcomes after surgery. To make patients fitter, better prepared for their surgery and strong enough to deal with post-surgical treatment a unique pre-habilitation programme has been developed at Manchester Royal Infirmary.



This programme offers a package of physiotherapy and nutritional support, empowering the patients to take responsibility for their own care by providing diet and exercise plans tailored to individual needs. This ensures that patients are physically and mentally stronger for their operation. They also offer rapid access to their clinic, ongoing telephone support and the opportunity to attend gym sessions where patients receive support from meeting patients with similar challenges.

First biography vision scanner instant at MRI

The first commercial installation of the Biograph Vision took place in October 2018 as part of the Trust's continuous commitment to offering patients access to the latest technology in medical imaging.

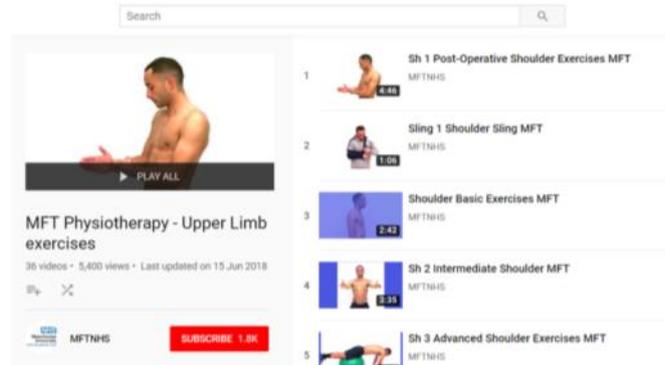




This scanner improves accuracy and therefore improves patient experience and outcomes— allowing greater accuracy in the imaging. The scanner can help diagnose and stage cancers, and monitor the effectiveness of treatment. It can also perform specialised studies of the heart, as well as advanced neurological imaging for disorders of the brain such as Alzheimer's disease.

Technology in health care-YouTube

Technology is becoming increasingly used in healthcare. The Physiotherapy Services are using this to help support rehabilitation and recovery whilst improving patient experience through making web base exercise videos available to patients via YouTube.



This has enhanced the use of traditional style paper leaflets by improved understanding of the correct technique, compliance with home exercise programmes and accessibility for patients to view the exercises anywhere and anytime.

PHARMASSIT

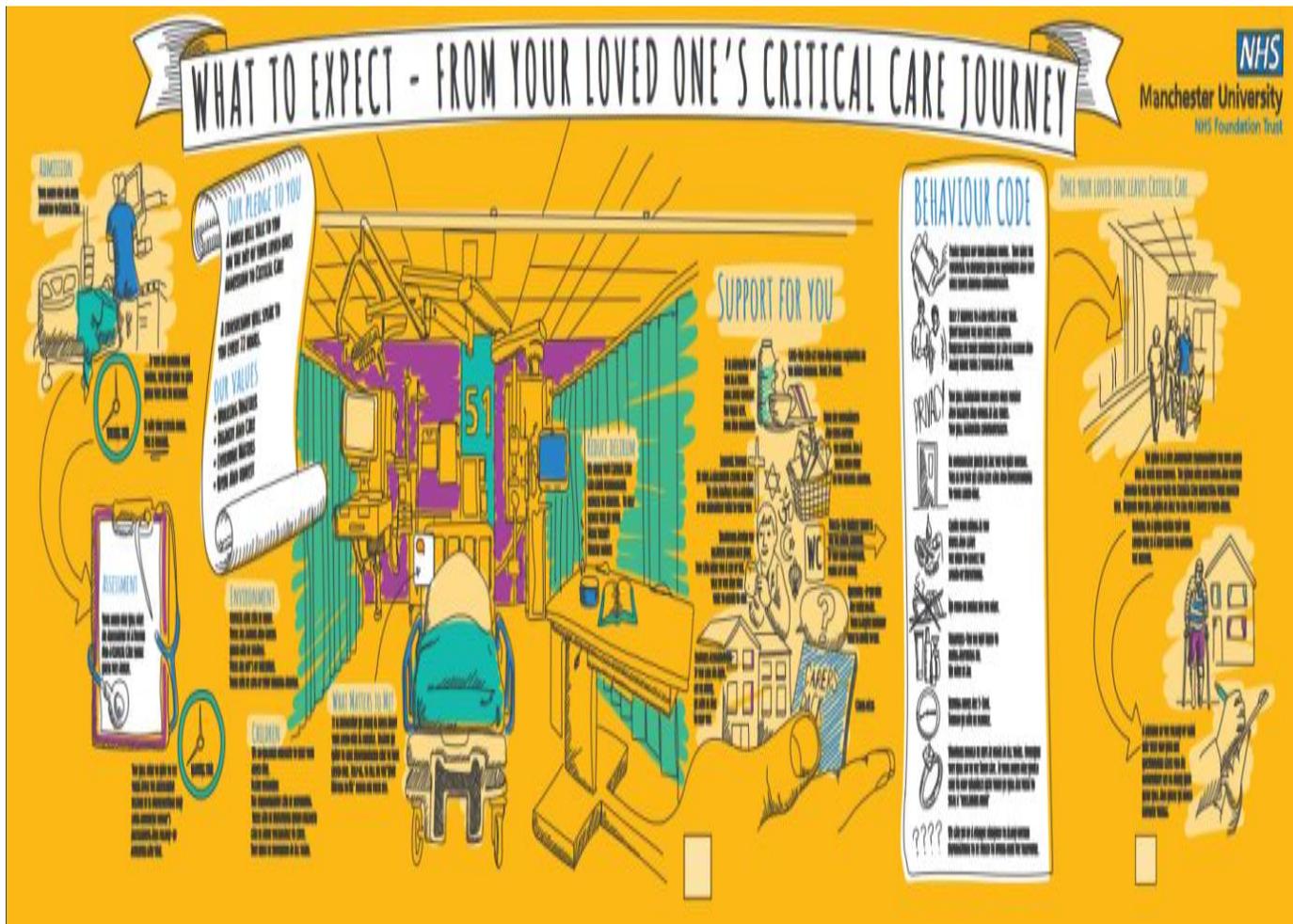
The Pharmacy department at Wythenshawe has used innovative IT solutions for a number of years to deliver a flexible pharmacy service that is responsive to patient need.



This year it has been developed further and now all medications are ordered via laptops at the patient bed side and electronically transferred to the dispensary. This allows for a paper free dispensing system and has reduced the time for medication to be available which promotes early discharge and improves quality of patient care. The roll out of this system has now begun across the Oxford Road Campus.

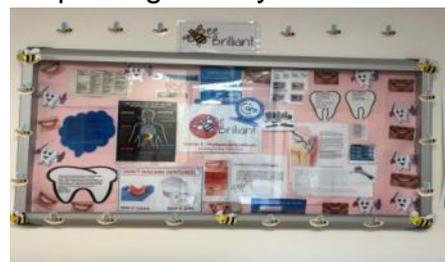
'Small Change, Big Difference'

This initiative was launched as part of the **'What Matters to Me'** MFT Patient Experience Programme. Following the launch, Adult Critical Care at the Oxford Road Campus were successful in their bid for funding for **'Relatives Matter'** - the production and fitting of artwork in the main visitors' room. The artwork was developed in collaboration with patients and their families, who told us what was important to them.



Bee Brilliant is the flagship event of the Improving Quality Team.

Each quarterly themed event aims to improve patient care and clinical quality by inspiring and motivating staff while sharing information and ideas. The Cardiac Surgery Unit won first prize in the Trust Improving Quality Programme Quarter 3 theme of **'Professional Excellence – Delivering the Best Patient Care'** for their improvement work on oral hygiene. Second prize also went to another service in CSS: the Pain Management Service for their work on falls and oral hygiene.



Improving survival to discharge after a cardiac arrest

Resuscitation, acute care training and improving technology has meant continued and sustained improvements in key areas:

- Return of spontaneous circulation before the arrival of the cardiac arrest team is 30%, with survival at the time of the arrest at 74%.
- Discharge survival rate is 40% which is 9% higher than predicted for a hospital with our patient cohort. This trend continues to improve.



Areas of Improvement/looking ahead to 2019/20

Improving Staff and Patient Experience

Through promoting patient and staff feedback it is our aim that all our services will be collecting information, ideas and data from our patients and staff to help us identify what matters to them and how we can continue to use feedback to further improve quality of care by:

- Extending patient experience surveys using the available technology across all professions and services.
- Continue to value and utilise feedback from our staff surveys to improve patient and staff experience utilising the CSS Communication Strategies and employee health and well being initiatives.
- Develop a library of patient and staff stories which will further enhance our shared learning and commitment to the trust values and strategies for the services we offer.



Developing a Quality and Safety Dashboard

Within CSS we collect data and information from a variety of sources over the next 12 months we will bring this data together by:

- Analysing our past safety figures, how reliable our services are and how sensitive we are to patient and staff needs in order to continue to protect the future safety and quality of care we give our patients.

Review the benefits of integration of hospitals and services to drive improvement in quality and safety

We will continue to share best practice and lessons learnt by:

- Promoting effective communication across hospitals and services through joined structures, strategies, policies and processes to identify and implement best practice.

Care Quality Commission Inspection (CQC)

Mr Ian Lurcock, Chief Executive Officer for Clinical and Scientific Services (CSS), Managed Clinical Services is delighted and proud that the CQC rated our Critical Care Services **Outstanding**, which is the highest rating that a service can achieve and an excellent endorsement of the safe, high-quality care that colleagues provide to our patients and their families.

In addition, some of our services were highly praised for demonstrating outstanding practice. These services include the Paediatric Mortuary in providing excellent facilities for visitors and for their caring approach to deceased children and their families; and Pharmacy services for their innovative use of staff both within the Emergency Department at MRI and for Medicine Administration technicians on some surgical wards.

We performed consistently across all of our domains of the inspection and performed particularly well in demonstrating our caring approach and our focus on meeting the needs of patients with individual needs. We have achieved this by continuing to integrate our services to support all of our Hospitals in improving patient flow and capacity. In CSS we are proud of our contribution to improving staff capability across the Trust by providing training and support in various areas such as infection control, pain management, resuscitation, acute illness management and end of life care.

In the coming months ahead, we particularly need to continue to make improvements to the management and maintenance of our medical equipment across all sites in order to ensure all are managed within their indicative planned service date and ensure that we develop our staff through good quality appraisals. There is a robust action plan in place to address this.

Appendix 1: National Clinical Audits

During 2018/19, 51 national clinical audits covered relevant health services that Manchester University NHS Foundation Trust provides. During that period Manchester University NHS Foundation Trust providers participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits that Manchester University NHS Foundation Trust was eligible to participate in during 2018/19 are as follows (see table 1). The national clinical audits that Manchester University NHS Foundation Trust participated in during 2018/19 are as follows (see table 1).

The national clinical audits that Manchester University NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry, (see table 1).

The reports of 15 national clinical audits were reviewed by the provider in 2018/19 and Manchester University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- In relation to time to theatre for non- elective cases the appointment of 6 new Consultant surgeons is underway
- Improvement of the management of diabetes on wards by development of ward based diabetes champions/leads and the development of diabetes in reach team
- Improving management of sepsis via a monthly audit of sepsis across all specialities. Results are shared with the clinical teams and actions taken forward

The reports of 332 local clinical audits were reviewed by the provider in 2018-19 and Manchester University Hospitals Foundation Trust intends to take the following actions to improve the quality of healthcare provided, (see Local Clinical Audit section page 177 onwards).

Title	Site	No. of Cases	% Cases Submitted
Adult Cardiac Surgery Audit (ACS)	MRI	738	100%
	WTWA	193	100%
BAUS Urology Audit: Female Stress Incontinence	MRI	1	% Unknown
	WTWA	8	100%
BAUS Urology Audit: Radical Prostatectomy	MRI	0	
	WTWA	0	
BAUS Urology Audit: Cystectomy	MRI	0	
	WTWA	7	100%
BAUS Urology Audit: Nephrectomy	MRI	51	100%
	WTWA	64	100%
BAUS Urology Audit: Percutaneous Nephrolithotomy	MRI	30	100%
	WTWA	16	100%

Title	Site	No. of Cases	% Cases Submitted
Cardiac Rhythm Management (CRM)	MRI WTWA	871 1261	100% 100%
Case Mix Programme (CMP)	CSS Trafford WTWA	3584 407 1457	100% 100% 100%
Elective Surgery (National PROMS Programme)	MFT	Not Available	
Fall and Fragility Fractures Audit Programme (FFFAP) - Hip Fracture	MRI WTWA	202 335	100% 100%
Fall and Fragility Fractures Audit Programme (FFFAP) - Inpatient Falls	MRI WTWA	In Progress	
Feverish Children (care in emergency departments)	RMCH	107	100%
Inflammatory Bowel Disease (IBD) Programme Biologics Audit	MRI RMCH WTWA	140 Not participated Not participated	% Unknown
Learning Disability Mortality Review Programme (LeDer)	MRI WTWA	2 11	100% 100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE UK)	St Mary's (SMH at Wythenshawe)	150	100%
Trauma Audit & Research Network (TARN)	MRI RMCH WTWA	697 170 491	100% 100% 100%
National Asthma and COPD Audit Programme	MRI Trafford WTWA	571 0 143	% unknown % unknown
Acute Myocardial Infarction (MINAP)	MRI WTWA	1127 608	100% 100%
National Audit of Breast Cancer in Older Patients	WTWA	Report due May'19	100%
National Audit of Cardiac Rehabilitation	MRI WTWA Trafford	214 604 284	100% 100% 100%
National End of Life Care Audit (NACEL)	MRI/ Trafford WTWA	47 37	% Unknown % Unknown
National Audit of Intermediate Care	MLCO	168	100%
National Audit of Percutaneous Coronary Interventions (PCI)	MRI WTWA	3156 3905	100% 100%
National Audit of Seizures and Epilepsies in Young Children (Epilepsy 12)	RMCH WTWA	76	% unknown

Title	Site	No. of Cases	% Cases Submitted
National Bowel Cancer Audit (NBOCA)	MFT	220	100%
National Cardiac Arrest Audit (NCCA)	ORC WTWA	110 115	100% 100%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	MRI Trafford WTWA	103 55 58	100% 100% % Unknown
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs Following Major Injury (NCASRI)	MRI	No applicable patients	
National Comparative Audit of Blood Transfusion Programme	SMH RMCH MRI/CSS MRI/CSS WTWA WTWA	9 (FFP) 22 (FFP) Data Collection May'19 (MH) 30 (O-Neg) 10 (MH) 20 (O-Neg)	100% 100% 100% 100% 100%
National Congenital Heart Disease (CHD)	MRI	67	100%
National Diabetes Audit - Adults	MRI WTWA	In Progress	N/A
National Emergency Laparotomy Audit	MRI WTWA	151 154	100% 100%
National Heart Failure Audit	MRI Trafford WTWA	302 38 378	100% 100% 100%
National Joint Registry (NRJ)	MRI Trafford WTWA	99 1109 535	% Unknown 100% 100%
National Lung Cancer Audit	MRI/WTWA	591	100%
National Maternal and Perinatal Audit (NMAP)	St Mary's (SMH at Wythenshawe)	34,393	100%
National Neonatal Audit Programme (NNAP)	St Mary's (SMH at Wythenshawe)	1641	100%
National Oesophago-gastric Cancer (NAOGC)	MFT	213	100%
National Ophthalmology Audit	MFT	3,056	100%
National Paediatric Diabetes Audit (NPDA)	RMCH Trafford WTWA	In Progress	

Title	Site	No. of Cases	% Cases Submitted
National Prostate Cancer Audit	MFT	505	100%
National Vascular Registry	MFT	52 (Carotid) 58 (AAA)	% Unknown % Unknown
Paediatric Intensive Care (PICANet)	RMCH	1166	100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	MRI	1200	100%
	SMH	180	100%
	RMCH	214	100%
	Trafford	144	100%
	WTWA	300	100%
Sentinel Stroke National Audit Programme	MRI	159	100%
	Trafford	119	100%
	WTWA	170	100%
Serious Hazards of Transfusion (SHOT) UK National Haemovigilance Scheme	MRI/CSS	3	100%
	WTWA	9	100%
Seven Day Hospital Services (Nov 2018)	MFT	708	100%
Surgical Site Infection Surveillance Service	MFT	5	100%
UK Cystic Fibrosis Registry	RMCH	222	100%
	WTWA	414	100%
Vital Signs in Adults (Care in Emergency Departments)	MRI	143	100%
	WTWA	50	100%
VTE risk in lower limb immobilisation (care in emergency departments)	MRI	113	100%
	WTWA	50	100%
National Audit of Anxiety and Depression	RMCH	No applicable patients	

Glossary of Definitions

Approved Sponsoring body by GMC	Doctors from abroad are required to be registered by the General Medical Council before they can work in the UK. The Trust is able to sponsor doctors registration with the GMC.
AKI	Acute Kidney Injury- harm to the kidney
Care Quality Commission (CQC)	The CQC is the primary regulator of quality of care in the NHS
Care Provider	An organisation that cares for patients. Some examples of which are hospital, doctors, surgery or care home
Clinical	Relating to the care environment
Clostridium difficile	A type of infection. Symptoms of <i>C. difficile</i> infection range from mild to severe diarrhoea
Condition	An illness or disease which a patient suffers from
Core Values	A group of ideals which the Trust believes all staff should exhibit – the Trust values Pride, Respect, Empathy, Consideration, Dignity and Compassion.
CQUIN	Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specialised areas of care.
Emergency Readmissions	Unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission
Harm	An unwanted outcome of care intended to treat a patient
Hospital Standardised Mortality Ratio (HSMR)	A system which compares expected mortality of patients to actual rate
Standardised Hospital Mortality Indicator (SHMI)	A system which compares expected mortality of patients to actual mortality (similar to HSMR)
Length of stay (LOS)	The amount of days that a patient spends in hospital
NHS Improvement (NHSI)	NHS I authorises and regulates NHS Foundation Trusts. The organisation works to ensure that all Trusts comply with the conditions they have signed up to and that they are well led and
Mortality	Mortality relates to death. In health care mortality rates means death rate.

MRSA	Methicillin-resistant Staphylococcus aureus is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems. However, for some people it can cause infection that is resistant to a number of widely
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Reviews the management of patients, by undertaking confidential surveys and research.
Patient Safety Incidents	Is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care
Pressure Ulcer	<p>Sometimes known as bedsores or pressure sores, are a type of injury that affect areas of the skin and underlying tissue, caused when the affected area of skin is placed under too much pressure. They can range in severity:</p> <p>Grade One – Discolouration of intact skin not affected by light finger pressure Grade Two – Partial thickness skin loss or damage Grade Three – Full thickness skin loss involving damage of subcutaneous tissue Grade Four – Full thickness skin loss with extensive destruction and necrosis (dead tissue)</p>
Patient Reported Outcome Measures (PROMs)	Tools which help us measure and understand the quality of the service we provide for specific surgical procedures. They involve patients completing two questionnaires at two different time points, to see if the procedure has made a difference to their health.
Venous thromboembolism (VTE)	A blood clot formed within a vein
Vein	A blood vessel that carries blood towards the heart

PART Three: Other Information

Performance of the Trust against selected metrics

The following information sets out the Trust's performance against 10 important indicators which have been selected in conjunction with the Governors, other key stakeholders and the Board of Directors. You will see that the information is presented to show results over the full year 2018/19, with six months' data available for 2017/18. This is because the Trust was created on October 1st 2017 and therefore was only six months old in the financial year 2017/18.

		Data Source	2018/19	2017/18 1 st Oct- March 31st	National Average 2018/19	Indicator Comments
Patient Safety Measures	Improvement in VTE risk assessments carried out	Trust Data	94.04%	95.66%	95.4%	95% of all eligible patients to be risk assessed for VTE
	Reduction in hospital acquired grade 3 or 4 pressure ulcer	Trust Data	4	11	Not available	Trust goal is reduce the occurrence year on year
	Reduction in serious patient safety incidents resulting in actual Harm (those graded at level 4 or 5)	Trust Data	11(confirmed level 4 harm) 0 confirmed Level 5 harm)	38	Not available	Data across MFT and from both legacy organisation in the last two years show a reduction in harm by 21%
Clinical Effectiveness	Reduce hospital standardised mortality ratio (HSMR)	Dr Foster	85.5	88.91	100	National target <100
	Reduce Summary Hospital Mortality Indicator (SHMI)	HSCIC	93.02	98.51	100	National target <100
Patient Experience Measures	Increase overall satisfaction expressed with pain management	National Audit Data (via Trust Board Assurance Report)	90.09%	91.7% Oct 17-Feb 18)	Not available	Trust goal is to improve patient satisfaction year on year
	Increase overall satisfaction expressed with fluids and nutrition provided	National Audit Data (via Trust Board Assurance Report)	84.3%	94.8% Oct 17-Feb 18)	Not available	Trust goal is to improve patient satisfaction year on year
	Increase overall satisfaction with the cleanliness of the ward or department	Trust Data	90.7%	95.59%	Not available	Trust goal is to increase and maintain cleanliness of ward department

Performance of the Trust against National Priorities and Core Standards

		Data Source	2018/19	2017/18 1 st Oct- March 31st	National Average	Indicator Comments
Infection Control	Reduction of the number of Clostridium Difficile cases	Trust Data	110	70	Not available	Trust goal no more than 105 cases
	Clostridium Difficile Infection per 100,000 bed days in patients aged 2 or over	Trust Data	13.8	21.0	Not available	
	Reduction of the number of MRSA cases	Trust Data	10	2	Not available	Trust goal is 0 avoidable cases
Cancer Waiting Times	Maximum waiting time of two weeks from urgent GP referral to first out-patient appointment for all urgent suspected cancer referrals	Exeter System	94.2%	95.02% (Oct 17-Jan 18)	92%	National %
	Maximum 31 days from decision to treat to start of treatment extended to cover all cancer treatments	Exeter System	98.1%	98.23% (Oct 17-Jan 18)	96.8%	National %
	Maximum 31 days from decision to treat to start of subsequent treatment: Surgery	Exeter System	97.2%	97.94% (Oct 17-Jan 18)	93.2%	National %
	Maximum 31 days from decision to treat to start of subsequent treatment: Chemotherapy	Exeter System	100%	100% (Oct 17-Jan 18)	97.1%	National %
	62 -day wait for first treatment from urgent GP referral for all cancers	Exeter System	80.5%	82.7% (Oct 17-Jan 18)	79.1%	National % (awaiting validation)
	62 -day wait for first treatment from NHS Cancer Screening Service referral	Exeter System	92.4%	96.37% (Oct 17-Jan 18)	88.1%	National % (awaiting validation)
	Referral To Treatment	18 weeks maximum wait from point of referral to treatment (RTT) (non-admitted patients)	UNIFY 2	86.9%	76.3%	87.6%
18 weeks maximum wait from point of referral to treatment (RTT) (admitted patients)		UNIFY 2	71.8%	89.8%	71.5%	
18 weeks maximum wait from patients not yet treated (RTT)		UNIFY 2	86.4%	90.2%	86.7%	
Urgent Care (Trust Total)	Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	Trust Data-Board assurance	85.7%	86.5%	88.0%	Trust goal is to meet national target
Diagnosis waiting time	Maximum 6 week wait for diagnostic procedure	UNIFY 2	1.8%	2.3%	2.5%	

Statement of Directors' responsibilities for the quality report

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report. In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

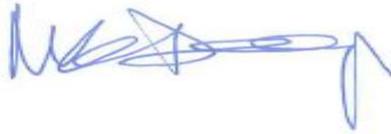
- The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance detailed requirements for quality reports 2018/19.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to May 2019.
 - papers relating to quality reported to the board over the period April 2018 to May 2019.
 - feedback from Governors, dated 14th May 2019.
 - feedback from commissioners dated May 2019.
 - feedback from local Healthwatch organisations, dated 20th May 2019 (Manchester and Trafford).
 - feedback from Overview and Scrutiny Committees, dated 7th May 2019 (Manchester) and 24th May 2019 (Trafford).
 - the Trust's complaints report published under Regulations 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2018.
 - the latest national patient survey, for 2018.
 - the latest national staff survey, dated February 2019.
 - the Head of Internal Audit's annual opinion of the Trust's control environment, dated 22nd May 2019.
 - CQC inspection report, dated March 2019.
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board



**Kathy Cowell OBE DL
Group Chairman**



**Sir Michael Deegan CBE
Group Chief Executive**

22nd May 2019

Statements from Governors, Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Feedback from the MFT Council of Governors

On behalf of the Council of Governors, I would like to express how proud we are of the results of the recent CQC inspection which are detailed in the Quality Report. We extend our thanks to all MFT staff and the leadership teams, for working so hard to achieve such a wonderful outcome during MFT's first 12 months in operation. We are also grateful to MFT's many volunteers for their contribution to the inspection process.

Particular congratulations go to the hospitals and managed clinical services which were rated as 'Outstanding' by the CQC. In assessing MFT's services overall, the CQC followed five key lines of enquiry, asking if the Trust is Caring, Safe, Effective, Responsive and Well-led. Governors were very pleased that Caring was rated 'Outstanding' with the other four measures all rated 'Good'.

A key strategic objective set by the MFT Board of Directors for 2018/19 was to improve patient safety, clinical quality and outcomes with Governors regularly monitoring progress against this objective, as part of their quarterly Governors' Performance Assurance Meeting.

At the annual Governors' Forward Planning Workshop (28th January 2019), Governors supported NHSI's recommendation and approved 'Summary Hospital-Level Mortality Indicator (SHMI)' as a quality metric (chosen by Governors), to be tested by the Trust's external auditors (Mazars) to see if the numbers/data reported by the Trust are accurate. SHMI is based on all patient deaths, including those which happen up to 30 days following discharge. This quality indicator was chosen because it is reported on in the Quality Report, is linked to patient outcomes and covers a wide range of specialties. The SHMI indicator for 2018/19 is 93.02%, meeting the target of being below the national average of 100.

Looking at other national quality standards within this Quality Report, Governors would particularly like to commend MFT staff on the fact that between 86.4% and 98.9% of patients responding to the Friends and Family Test said they were 'likely' and 'extremely likely' to recommend MFT's services.

We appreciate that there is always room for improvement, and Governors have continued to monitor activity across MFT to further enhance the patient experience during 2018/19. One way we do this is through our three Governor Sub-Groups which cover Patient Experience Membership and Engagement, and Staff Experience.

I am pleased to note how effectively these Sub-Groups have come together to develop detailed work programmes. They play an important role in helping the Council of Governors to seek assurance on the performance of MFT, hold the Non-Executive Directors to account and represent the interests of members.

The Patient Experience Sub-Group has a specific remit to monitor issues around patient services and the quality of care and my colleague Christine Turner outlines their feedback on the Quality Report below.

Jayne Bessant
Lead Governor, MFT Council of Governors
16th May 2019

Making excellent patient experience a priority

The Governor members of the Patient Experience Sub-Group focus on all aspects of the Trust's approach to quality, ensuring that providing the highest standard of care to patients and their families remains a top priority at MFT.

We believe that the successful implementation of the 'What Matters To Me' programme has been key to embedding a person-centred approach to caring for patients and their families across MFT. Patient and staff feedback has demonstrated very clearly to us that staff feel empowered to focus on the individual's needs and so provide personalised care to every patient. This undoubtedly contributed to the CQC rating of 'Outstanding' for the Caring quality measure.

Listening to patient feedback and learning from complaints is important if the Trust is to continue to improve the quality of care. Governors have welcomed progress on aligning the complaints processes following the merger, enabling MFT to take the best practice from both former organisations to enhance the complaints process. There is also planned investment in a new Patient Advice and Liaison Service (PALS) facility at Wythenshawe Hospital. Governors in the Sub-Group will continue to monitor progress on addressing the top four themes mentioned in complaints: treatment/procedure, communication, clinical assessment and delayed outpatient appointments.

Regular updates to the Sub-Group have shown Governors that both staff and patients are keen to play their part in constantly improving services and care. The MFT Transformation Team has led a major piece of work around transforming Outpatient services in areas such as accessibility, communication and information, appointment follow-up and reducing the number of people failing to attend appointments.

Governors were also impressed by the significant programme of work which culminated in the launch of the MFT Nutrition and Hydration Strategy 2019-2022 in March 2019. This innovative framework underpins the move towards providing a personalised dining experience for all patients, as outlined in the Quality Report.

Meeting the needs of individual patients is essential at every stage of their journey through MFT's services, and the Sub-Group would like to commend the work done by teams supporting young patients as they move into adult services.

We were glad to see that all 32 of MFT's adult services which accept young patients, aged 16 to 25, have already implemented more than 50% of the recommendations in the National Institute of Clinical Excellence (NICE) guidance on Transition of Care for Young People. Governors in the Patient Experience Sub-Group will continue to monitor the progress of the implementation.

Christine Turner
Chair, MFT Council of Governors Patient Experience Sub-Group
14th May 2019

Commissioners

Manchester Health and Care Commissioning
24th May 2019

MHCC Response to Manchester University NHS Foundation Trust (MFT) Quality Account 2018/19

Manchester Health and Care Commissioning (MHCC) is the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, adult social care and public health services in the city of Manchester. MHCC would like to thank MFT for their detailed and comprehensive account of their hard work to improve the quality and safety of services for the patients and communities they serve.

Manchester University NHS Foundation Trust (MFT) was formed on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). This was the first step in the development of a single hospital service.

MHCC would like to commend MFT for achieving a rating of good following the comprehensive CQC inspection in October to November 2018. This is a significant achievement given the merger of the two Trusts in October 2017. Achieving a rating of outstanding for caring very much reflects the ethos of the Trust.

Of particular note are the two hospitals and two services rated as outstanding – the Eye and Dental Hospitals and Child and Adolescent Mental Health Services and Critical Care Services.

Quality Account aims

MHCC is pleased to see MFT set ambitious objectives for improving quality. These ambitious objectives align closely with themes from serious incidents, complaints and national and MHCC priorities.

We welcome the focus on the Manchester Local Care Organisation and each Hospital as separate entities with a reflection on last year achievements and the identification of improvements to be made in 2019/20. This really brings home the scale and pace of the improvements.

Patient experience

The continued focus on patient experience through the strategy- What matters to me is a positive progression of the work to ensure patient experience is captured and acted on. MHCC were pleased to see the details in relation to improvement streams that have developed from this work. The focus on nutrition and hydration, protected mealtimes and end of life care is positive and provides tangible examples of improvements made due to patient feedback. Further focus is needed to ensure complaints are answered in a timely manner.

Patient safety

MFT continues to report high numbers of patient safety incidents per 10,000 bed days, this indicates a willingness to report and learn (an assumption supported by the staff survey results). Over 95% of these incidents reported are low level harm or no harm incidents. The CQC described a culture of reporting and learning from incidents within MFT as having a strong focus on patient safety and an open culture for reporting incidents. MFT have also maintained above 95% harm free care.

MHCC is pleased to see the renewed focus on Never Events as a Quality Account aim and was pleased to note through the MHCC walk round process the system and operational changes that have been instigated since these events have happened.

Of particular note as an example of best practice is the Falls Collaborative that MFT have established. This collaborative includes membership from MHCC, CCG partners, Public Health and staff at all levels across the organisation both in and out of hospital. This system wide approach to falls prevention and harm prevention is innovative and aspiring in its scope and ambition.

Clinical Effectiveness

MFT have some notable areas of good practice where they have introduced innovative programmes of work that have impacted positively on patient outcomes and mortality. These include:

The CURE programme- a programme to support inpatient smokers to quit through intensive support and medication.

The Lung Health Check programme, making a measurable impact on early detection and outcomes for lung cancer patients (for which MFT won National Cancer Team of the Year 2019 at the British Medical Journal Awards.) The Macmillan Cancer Improvement Programme with all systems partners including MFT supported this in the pilot stage with MHCC and MFT working together to develop the model.

Sepsis work- focused work on improving early detection and treatment

Acute Kidney Injury- focused work on improving early detection and treatment

Mortality

MHCC commends MFT on remaining below expected for the national risk adjusted mortality measures the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI).

MHCC is pleased to see that MFT continues to prioritise reducing avoidable deaths in 19/20. We are confident that the patient safety culture within the Trust underpinned by robust systems and processes to review and learn from deaths will enable MFT to achieve this aim.

Urgent care

Although meeting the 4 Hour A&E constitutional targets continues to be challenging, we have seen areas of improvement in urgent care. These include:

- MFT have adopted the principals of the Greater Manchester ambulance handover standards. This has resulted in improved ambulance handover performance across all acute sites, thus reducing patient risk and improving patient experience.
- Adoption of service enhancements, such as GP streaming at Wythenshawe hospital, additional imaging lists, frailty at the front door, and working with partners on community admission avoidance interventions.

- Embedding of clinical utilisation review (CUR) system and national patient flow principles, in order to improve flow through better communication, data sharing and clinical coding.
- A continued focus on reducing long length of stays, by working in collaboration with our system partner organisations on discharge planning, in order to ensure patients are discharged safely and appropriately when medically fit.

Cancer Performance

The benefits of the 2017 merger have developed in 2018/19, allowing the sharing of practice between sites and move to single quality surveillance process. MFT has not met the national standard for 62 day urgent GP referral in 2018/19. Additional support from the MFT cancer board to support recovery is in place. There have been improvements in processes and pathways to deal with the increased cancer demand. Specialties have demonstrated determination to sustain improvements and challenge working processes to meet the national standards.

MFT implemented the Macmillan funded pilot of community based lung cancer screening with MHCC, which has led to a national change in NHS policy.

Waiting times

MFT have undertaken a large programme of work to improve waiting times and access to services. The focus has been on patient safety, prioritisation of patients based on clinical need and waiting times, and proactive communication. This work has been supported by MHCC and will remain a focus in the coming year.

Manchester Local Care Organisation

Manchester Local Care Organisation (MLCO) was established in April 2018, bringing together NHS community health and mental health, primary care and social care in the city. The MLCO aims to improve the health of local people by working across traditional boundaries as one community team.

MHCC would like to commend MLCO for achieving a rating of good following the comprehensive CQC inspection in October to November 2018. This is a significant achievement given the inspection took place just six months into the new organisation being established. The area of improvement identified by CQC includes the recognition of challenges in some of the children's services particularly in relation to being able to respond in a timely manner. The MLCO is working to improve this to reduce the length of time people wait to be seen.

MHCC has agreed to coproduce a service development plan with the MLCO during 2019/2020 which includes 5 key areas: -

1. Integrated Neighbourhood Teams (INTs)
2. Waiting list management of community and non-consultant led services
3. Further enhancement of a quality assurance framework that provides sufficient oversight against the standards set out in the contract
4. Co-production of a suite of measures for Children and Young Peoples' Services to be included in the MLCO contract

5. Adult Social Care measures are to be co-designed in collaboration with partners for inclusion in the contract.

MHCC is pleased to see MFT set ambitious objectives for improving quality which closely align with the improvement plan. During 2019/2020 MLCO will continue to:

- Mobilise integrated neighbourhood teams to provide care and support in their own homes and neighbourhoods including widening High Impact Primary Care (HIPC) and Manchester Community Response (MCR) offers
- Develop Primary Care Networks with GP practices
- Focus on providing harm free care to the people they care for
- Develop its quality improvement methods to support staff to provide innovative care and support to people.

The Integrated Neighbourhood Teams (INTs) will be formed from teams within existing community health and care services and they will provide services to a defined cohort of the population in each neighbourhood, working with other local services to take a strengths based approach. They will work with communities, using existing assets (people, facilities, and services) and local intelligence to develop an understanding of the community within which they are based to help to drive higher quality services and improved outcomes for people. The development of Primary Care Networks will see services configured around the needs of the local population with GP practices working closely with partners in order to offer the local population more personalised, co-ordinated health and social care.

MHCC is committed to working with the MLCO in an inclusive and innovative manner to deliver new ways of working in neighbourhood and citywide teams. This will ensure that services are the best they can be and that care is coordinated around peoples' needs.

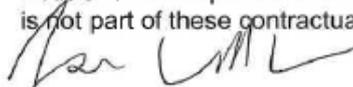
As a member of the MLCO Partnership we will continue to invest capacity in the MLCO to ensure its success and to deliver on the outcomes for 2019/20.

Conclusion

As commissioners, we have worked closely with MFT over the course of 2018/19, meeting with the Trust regularly to review the organisations' progress in implementing its quality improvement initiatives and merging from two organisations into one. As the delivery of health care continues to evolve and as we move closer toward a single hospital provider we are committed to engaging with the Trust in an inclusive and innovative manner to support continuous improvement in the health and care of the people of Manchester.

We will continue to build on our relationship with the Trust as we move forward into 2019/20.

MHCC is not responsible for verifying data contained within the Quality Account; that is not part of these contractual or performance monitoring processes.



Ian Williamson,
Chief Accountable Officer, Manchester Health and Care Commissioning
May 2019



Sir Mike Deegan
Chief Executive
Manchester University NHS Foundation Trust
Trust Headquarters, Cobbett House Manchester Royal Infirmary Oxford Road
Manchester M13 9WL

20th May 2019

Dear Mike,

RE: Manchester University Foundation Trust (MFT or the Trust) Quality Account 2018 - 2019 request for contribution from Healthwatch Manchester & Trafford

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

As per our previous responses Healthwatch would like to see an 'easy-read' version of the Quality Account this year for wider public distribution.

Please send no further versions of future accounts with missing data as we can only comment on the final draft.

The following are issues noted by our Quality Accounts Team member who reviewed version 2 of this account:

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

- Some necessary information is missing in this version due to lack of availability.
- A table of contents is needed for the first few pages.
- The 'percentage of patients re-admitted to a hospital within 28 days of being discharged from a hospital' data is hard to evaluate without comparative data.
- The diagram on page 19 is not very clear, the white text lacks clarity.
- It is hard to evaluate the MRSA data without other comparative data.
- The 'WMTM themes' images are quite small and cannot be seen clearly.
- The MFT accreditation colours require an explanatory key so that the reader can better understand the difference between each accreditation.
- There is some inconsistent formatting of data (for example page 106 where blue and orange text is not formatted in the same way as in other sections and is not dated).
- The diagram on page 112 requires a label and a descriptor.

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

- The Trust's 'SHMI' data was lower than the national average
- The organisation has achieved an overall rating of 'Good' for quality of care and 'Outstanding' for their approach to care overall.
- 75% of frontline healthcare workers received vaccinations.

- The amount of formal complaints made are clearly a small fraction of the number of appointments/finished consultation episodes.
- There has been a clear reduction in the acute kidney injury incidence rates across MFT.
- The percentage of patients likely/extremely likely to recommend the Trusts' services has remained above 95% in most departments apart from the emergency departments.
- The "What matters to me" patient experience survey appears to be the right step in ensuring that the Trust is meeting the needs of patients.
- The Trust is clearly creating value in the community and in other organisations as exemplified by its GP engagement sessions, International Volunteering links and SAGE & THYME workshops.
- Over 90% of doctors have completed their annual appraisal.
- Women who require surgery after a miscarriage are now getting treatment in 2.5 days on average instead of the 4 days prior to the merger.
- The Trust is meeting 3 out of 4 priority standards.
- The HIPC led to a 75% reduction in emergency admissions
- The Trust is clearly running the Manchester Royal Eye hospital well as it has lower rates of endophthalmitis than the national rates (although figures would allow the reader to make a better judgement), sees patients attending the emergency service within 4 hours and has the best staff engagement scores and highest number of excellence reports.
- The University Dental hospital was rated as outstanding by the CQC.
- The Lung Health check scheme has been successful and quadrupled early diagnosis rates for lung cancer.
- Several teams and individuals at Wythenshawe site have been nominated for and won awards.
- RMCH was rated as outstanding for its care for patients and their surgery and child & adolescent psychiatry services.
- We were pleased about the process in relation to the run up of the takeover of Pennine community services.
- We have had had regular updates on the progress the Trust has made in terms of integration via the Health Scrutiny Committee, which we regularly attend.
- The Trust has also been actively involved in the Local Care Alliance development
- We were pleased to see the CQC ratings, particularly those areas rated as 'outstanding'.
- We were pleased to see the level of focus on transition from children to adult services. We need to see the linkages on transition in CAMHS also, another service rated as 'outstanding'.
- We were pleased to have been involved in engagement activities regarding improving specialist services across a range of specialisms.
- Good on dementia care and particularly being able to recruit large numbers of volunteers at Trafford
- In Trafford we were pleased with the response we had from the Trust in relation to improving Phlebotomy Services, which has been of significant concern to many of our residents.
- Trafford Hospital - we commend the attention given to oral health as a major contributing factor to improved health and wellbeing.

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

- Manchester Royal Infirmary received the 'Requires Improvement' CQC rating in several areas including 'Safe' and 'Effective'. Healthwatch anticipates a review of the plans and aims that the Trust will set in place to increase Manchester Royal Infirmary's rating.
- 39% of complainants reported difficulty in make a complaint to the Trust.
- 41% of complainants did not receive a response to their complaint within the published timescale.
- Less than 50% of complainants reported that their complaints were handled professionally by the Trust and only 40% of complainants were satisfied with the recommendations in response to their complaints.
- 6 core services out of 42 were rated as 'Requiring Improvement'
- Using the data available, except for the month of October, it is clear that the number of falls reported by the Trust is greater this year than last year.
- 12 pressure ulcers are reported to have occurred which the Trust could have prevented or minimised.
- Data management still appears to be an area of improvement for the Trust.
- Wythenshawe Hospital needs to ensure compliance with mandatory training for staff to ensure all staff are adequately skilled and have the required knowledge to deliver safe, high quality care. This recommendation is again issued for Trafford General Hospital, Altrincham hospital and Saint Mary hospital.
- Only 11 out of 31 wards received the 'Gold' award in Wythenshawe. There is no mentioned of other ward ratings.
- Concerned about performance particularly around ED services at Trafford but we hope that the ED redevelopment will improve current performance.
- We would hope to see direct contact with Public Health Departments in relation to reductions of falls in hospitals.
- Some of the data requirements remain challenging but this could be expected in a newly formed large Trust and we hope to see improvement in 2019/20.

Many thanks to our Quality Accounts Team members who worked on providing a response to this year's account.

We look forward to receiving a copy of the finalised Quality Account for 2018 - 2019.
Yours sincerely,



Neil Walbran
Chief Officer
Healthwatch Manchester



Andrew Latham
Chief Officer
Healthwatch Trafford

Overview and Scrutiny Committees



Councillor John Farrell
Chair of the Health Scrutiny Committee

7 May 2019

Dear Manchester University NHS Foundation Trust,

Manchester City Council Health Scrutiny Committee - Response to Manchester University NHS Foundation Trust Quality Account 2018/19

As Chair of the Health Scrutiny Committee I would like to thank you for the opportunity to comment on the Manchester University NHS Foundation Trust Draft Quality Account for 2018/19. Copies of the draft quality account were circulated to all members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Statement from the Group Joint Medical Directors and Group Chief Nurse sets a tone of directness and transparency in the draft Quality Account and the statement identifies key achievements and priorities for the coming year. Throughout the report examples are provided, such as the description of the Seven Day Services and 'From Ward to Board' programme of activities to demonstrate that the Trust is responsive to patients, the public and staff voice at every level of the organisation. The Committee recognised the stated commitment that is evidenced throughout the report to improving the experience of patients, their families and carers and welcomed the 'What Matters to Me' initiative to inform and drive improvements.

We would like to congratulate you on achieving a Care Quality Commission rating of 'Good' for the Trust as a whole and a rating of 'Outstanding' for Caring and we welcomed the comments provided by the inspectors confirming they had witnessed compassionate care being delivered across services.

We recognise that the CQC rating represents a significant achievement when considering that the inspection was undertaken twelve months into the new organization and the challenge this must have presented. The Committee shared your disappointment that one of the hospitals, the Manchester Royal Infirmary, was rated as 'Requires Improvement' overall and we note that it is reported that a detailed plan has been developed to address the issues identified during the inspection.

We further noted the distinct sections within the document relating to the activities and achievements for each individual hospital site. The description provided of the areas identified for improvement and the future plans for 2019/20 are useful as this will allow for chronological and organisational comparisons to be made in future Quality Accounts. However, noting the previous comments in regard to the CQC findings we noted that this information for the Manchester Royal Infirmary had not been provided in the draft document. It is anticipated that the information will be added later and included in the final published report.

The Committee note the information provided to the reader regarding the Single Hospital Service and we continue to support the ambitions and rationale for the establishment of a Single Hospital Service to address issues of fragmented care and poor health inequalities across the city of Manchester. At our meeting of 5 February 2019 we had considered a progress report on this issue and Members welcomed the opportunity to question senior representatives from the Trust about the acquisition of North Manchester General Hospital. The Committee expressed their disappointment at the length of time taken to incorporate North Manchester General Hospital into the City of Manchester Single Hospital Service and the Health Scrutiny Committee will continue to monitor this as this development progresses.

We further welcome the establishment of the Manchester Local Care Organisation, noting that despite this being a recent development the benefits of delivering coordinated care and services via multi-disciplinary teams is already beginning to be realised. The Committee welcomed the information provided that described that the High Impact Primary Care service has delivered a 75% reduction in emergency admissions amongst post discharge patients that are being cared for by these teams.

The Committee noted that not all of the statistical performance and comparison data was available in the draft report and as a result our comments on this Quality Account are not as thorough as would ideally be the case. It is anticipated that the data will be added later, but to present a draft for comment at this stage, with such limited data, does not assist external bodies to scrutinise the draft Quality Account effectively.

The Committee noted the inclusion of a list of acronyms that had been provided and commented that this is useful to assist the lay reader to understand the document.

Overall the draft Quality Account is very positive and reflects the successful operation of a complex organisation serving many service users and patients in an efficient and compassionate manner. The Committee would like to express their gratitude and appreciation to all staff at the Trust for their continued hard work and dedication to improving the health outcomes of Manchester residents.

Councillor John Farrell
Chair of the Health Scrutiny Committee

Trafford Health Scrutiny Committee
24th May 2019

On behalf of the Trafford Health Scrutiny Committee I would like to thank Manchester Foundation Trust for their work and their efforts to improve standards and care across the board. The Committee have received regular updates about the integration of UHSM FT and CM FT. Within these updates the ongoing integration of North Manchester Hospital with the Trust has raised some concerns for the Committee given the amount work required to overcome the difficulties in amalgamating the hospital with MFT without disruption the rest of the Trust's services.

In addition, an ongoing full picture of both the positives and negatives would be valuable. Whilst this report is admirably transparent, there have been occasions over the past year where the Committee has felt that only the positive outcomes are being relayed to them, and they are missing out on the realistic fuller picture.

With that, the Health Scrutiny Committee would like to convey our thanks to the dedicated health professionals who work tirelessly to deliver the best possible outcomes for all Trafford patients.

Kind regards,

Cllr Rob Chilton

Independent auditor's report to the Council of Governors of Manchester University NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Manchester University NHS Foundation Trust to perform an independent assurance engagement in respect of Manchester University NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2018/19; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality set out in the Detailed Requirements for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to April 2019;
- Papers relating to quality reported to the Board over the period April 2018 to May 2019;
- Feedback from Commissioners, dated May 2019;
- Feedback from governors, dated 14 May 2019;

- Feedback from local Healthwatch organisations, dated 20 May 2019 (Manchester and Trafford);
- Feedback from Overview and Scrutiny Committee, dated 7 May 2019;
- The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2018
- The latest national patient survey, for 2018;
- The latest national NHS staff survey dated February 2019;
- Care Quality Commission inspection, dated March 2019;
- The Head of Internal Audit’s annual opinion over the trust’s control environment, dated 22 May 2019; and
- Any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Manchester University NHS Foundation Trust as a body, in reporting Manchester University NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate that it has discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Manchester University NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Manchester University NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2018/19; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

Signed:



Karen Murray

Director, for and on behalf of Mazars LLP

Date: 24 May 2019

Chartered Accountants and Statutory Auditor
One St Peter's Square
Manchester
M2 3DE

Independent auditor's report to the Council of Governors of Manchester University NHS Foundation Trust

Opinion on the financial statements

We have audited the financial statements of Manchester University NHS Foundation Trust ('the Trust') and its subsidiaries ('the Group') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income (Trust and Group), the Statement of Financial Position (Trust and Group), the Statement of Changes in Taxpayers Equity (Trust and Group), the Statement of Cash Flows (Trust and Group), and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as interpreted and adapted by the Government Financial Reporting Manual 2018/19 as contained in the Department of Health and Social Care Group Accounting Manual 2018/19, and the Accounts Direction issued under section 25(2) of Schedule 7 of the National Health Service Act 2006 ("the Accounts Direction").

In our opinion, the financial statements:

- give a true and fair view of the state of the Trust's and the Group's affairs as at 31 March 2019 and of their income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006 and the Accounts Direction issued thereunder.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's or Group's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) we identified, including those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key audit matter

Our response and key observations

Revenue recognition

Auditing standards include a rebuttable presumption that there is a significant risk in relation to the timing of income recognition, and in relation to judgements made by management as to when income has been earned.

The pressure to manage income to deliver forecast performance in a challenging financial environment increases the risk of fraudulent financial reporting leading to material misstatement and means we are unable to rebut the presumption.

We consider specific risks in relation to revenue recognition to be in the following areas:

- recognition of income and receivables around the year end;
- recognition of Provider Sustainability Fund (PSF) income during the year; and
- recognition of Research and Development (R&D) deferred income arising from the introduction of IFRS15 in 2018/19.

We undertook a range of substantive procedures including:

- testing of income around the year-end to ensure transactions are recognised in the correct financial year;
- testing year-end receivables to ensure transactions are recognised in the correct financial year;
- testing of PSF income by agreement to NHS Improvement year-end funding notification;
- reviewing intra-NHS reconciliations and data matches provided by the Department of Health and Social Care as a means of identifying under-recorded income and for testing individual mismatches above our trivial threshold ;
- with regard to income recognition; review of management oversight of material accounting estimates, review of changes to accounting policies and test and challenge of accounting estimates; and
- review and testing of management's first time application of IFRS15 Revenue from contracts with customers as applied to research and development income;

Our work provided the assurance we sought in respect of this key audit matter.

Property valuations

Land and buildings are the Trust's highest value assets. Management periodically engage the District Valuer, as an expert, to assist in determining the current value of property to be included in the financial statements.

Management concluded that formal engagement of the District Valuer was not required for 31 March 2019. There is a high degree of estimation uncertainty and changes in the value of property may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Department and Health and Social Care Group Accounting Manual.

We liaised with management to update our understanding on the approach taken by the Trust in its valuation of land and buildings, which included review and challenge of the methodology that the Trust uses in valuing an alternative site as part of its modern equivalent asset (MEA) valuation. Our work also included review of the underlying data on the fixed asset register.

We reviewed and considered:

- management's accounting policy for land and buildings valuation, and adherence to that policy;
- management's assessment that land and buildings have not undergone material movement since the last formal valuation date of 31 March 2018;
- management's assessment that service provision and floor space have not significantly altered during 2018/19 in a way that would impact on the MEA and alternate site valuation.

We corresponded with the District Valuer to understand the valuation basis.

We also considered evidence of regional valuation trends.

Our work provided the assurance we sought in respect of this key audit matter.

Our application of materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures on the individual financial statement line items and disclosures, and in evaluating the effect of misstatements, both individually and on the financial statements as a whole. Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Overall materiality	Trust	Group
	£23.279m	£23.318m
Basis for determining materiality	Approximately 1.4% of operating expenses of continuing operations.	
Rationale for benchmark applied	Planned operating expenses of continuing operations was chosen as the appropriate benchmark for overall materiality as this is a key measure of financial performance for users of the financial statements.	
Performance materiality	£16.295m	£16.322m
Reporting threshold	£0.3m	£0.3m

An overview of the scope of our audit

As part of designing our audit, we determined materiality and assessed the risk of material misstatement in the financial statements. In particular, we looked at where the Accounting Officer made subjective judgements such as making assumptions on significant accounting estimates.

We gained an understanding of the legal and regulatory framework applicable to the Trust and Group and the sector in which they operate. We considered the risk of acts by the Trust and Group which were contrary to the applicable laws and regulations including fraud. We designed our audit procedures to respond to those identified risks, including non-compliance with laws and regulations (irregularities) that are material to the financial statements.

We focused on laws and regulations that could give rise to a material misstatement in the financial statements, including, but not limited to, the National Health Service Act 2006.

We tailored the scope of our audit to ensure that we performed sufficient work to be able to give an opinion on the financial statements as a whole. We used the outputs of our risk assessment, our understanding of the Trust's and Group's accounting processes and controls and its environment and considered qualitative factors in order to ensure that we obtained sufficient coverage across all financial statement line items.

Our tests included, but were not limited to:

- obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by irregularities including fraud or error;
- review of minutes of board meetings in the year; and
- enquiries of management.

As a result of our procedures, we did not identify any Key Audit Matters relating to irregularities, including fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are discussed under 'Key audit matters' within this report.

Other information

The directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the Audit Committee which we consider should have been disclosed.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust/Group is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust/Group to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2018/19; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement

We are required to report to you if, in our opinion:

- The Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2018/19; or
- The Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements

We have nothing to report in respect of these matters.

Reports to the Regulator and in the public interest

We are required to report to you if:

- We refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006 because we have a reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency; or
- We issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

The Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1)(d) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Use of the audit report

This report is made solely to the Council of Governors of Manchester University NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of Manchester University NHS Foundation Trust and Manchester University NHS Foundation Trust Group in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Karen Murray
For and on behalf of Mazars LLP

One St Peter's Square
Manchester
M2 3DE

24 May 2019

FOREWORD TO THE ACCOUNTS

These Accounts for the year ended 31 March 2019 have been prepared by Manchester University NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006, in the form in which NHS Improvement, the Independent Regulator of NHS Foundation Trusts, has, with the approval of the Treasury, directed.

These Accounts have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement and the Group Accounting Manual issued by the Department of Health and Social Care.

After making enquiries, the Directors have a reasonable expectation that the Trust and the Group have adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the Going Concern basis in preparing the Accounts.



STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2019

		2018/19	2018/19	Six months to 31 March 2018	Six months to 31 March 2018
		Trust	Group	Trust	Group
NOTE		£000	£000	£000	£000
Operating Income from Continuing Operations	2	1,706,807	1,709,055	826,834	830,123
Operating Expenses of Continuing Operations	3	(1,639,613)	(1,642,518)	(789,325)	(790,676)
Operating Surplus before finance costs		67,194	66,537	37,509	39,447
Finance Costs:					
Finance Income	6	791	1,204	211	509
Finance Expense - Financial Liabilities	7	(41,009)	(41,009)	(19,903)	(19,903)
Other gains / (losses)	11	1,647	1,647	0	0
Public Dividend Capital Dividends Payable	1.27	(1,838)	(1,838)	(854)	(854)
Net Finance Costs		(40,409)	(39,996)	(20,546)	(20,248)
Surplus for the period prior to transfers by absorption		26,785	26,541	16,963	19,199
Net assets transferred to MFT upon transfers by absorption	1.33	0	0	192,673	210,686
Net assets transferred from Wythenshawe Hospital Charity to MFT Charity	1.33	0	0	0	5,617
Surplus for the period		26,785	26,541	209,636	235,502
Other Comprehensive Income					
Amounts that will not be reclassified subsequently to income and expenditure:					
Impairments	22	0	0	(73)	(73)
Revaluations	22	0	0	7,148	7,148
Other Reserve Movements	SOCTE	0	0	0	(49)
Amounts that will subsequently be reclassified to income and expenditure:					
Other Reserve Movements	SOCTE	0	543	0	(429)
Total Other Comprehensive Income		0	543	7,075	6,597
Total Comprehensive Income for the Period		26,785	27,084	216,711	242,099

The Trust's reported surplus after impairments was £26.8m. The reported surplus includes £66.9m of Provider Sustainability Fund income, £2.4m donated and granted asset income/depreciation and £50.1m impairments.

On 1 October 2017 Manchester University NHS Foundation Trust (MFT) was formed from the merger of Central Manchester University NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). A six month set of accounts was therefore required from the date of the merger to the 31 March 2018. The comparatives included in this set of accounts are for that six month period only.

The Notes on Pages 5 to 43 form part of these Accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019

		31 March 2019 Trust £000	31 March 2019 Group £000	31 March 2018 Trust £000	31 March 2018 Group £000
Non-Current Assets					
Intangible Assets	9	4,120	4,120	4,397	4,397
Property, Plant and Equipment	10	594,723	594,805	617,672	617,767
Investment Property	11	0	3	0	3
Investments	11	2,513	22,063	866	19,873
Trade and Other Receivables	14	4,969	4,969	5,591	5,841
Total Non-Current Assets		606,325	625,960	628,526	647,881
Current Assets					
Inventories	13	16,462	16,462	17,026	17,026
Trade and Other Receivables	14	128,934	129,865	132,368	132,999
Non-Current Assets Held for Sale	12	210	210	210	210
Cash and Cash Equivalents	16	154,563	160,113	119,896	125,688
Total Current Assets		300,169	306,650	269,500	275,923
Current Liabilities					
Trade and Other Payables	17	(175,645)	(176,074)	(163,762)	(164,152)
Borrowings	18	(19,780)	(19,780)	(22,286)	(22,286)
Other liabilities	19	(20,400)	(20,400)	(22,635)	(22,635)
Provisions	20	(15,858)	(15,858)	(23,052)	(23,052)
Total Current Liabilities		(231,683)	(232,112)	(231,735)	(232,125)
Total Assets less Current Liabilities		674,811	700,498	666,291	691,679
Non-Current Liabilities					
Trade and Other Payables	17	(2,600)	(2,600)	(2,601)	(2,601)
Borrowings	18	(407,793)	(407,793)	(423,858)	(423,858)
Other liabilities	19	0	0	(5,252)	(5,252)
Provisions	20	(8,815)	(8,815)	(7,251)	(7,251)
Total Non-Current Liabilities		(419,208)	(419,208)	(438,962)	(438,962)
Total Assets Employed		255,603	281,290	227,329	252,717
Financed by Taxpayers' and Others' Equity					
Public Dividend Capital	SOCTE	204,780	204,780	203,291	203,291
Revaluation Reserve	22	45,408	45,408	45,408	45,408
Income and Expenditure Reserve	SOCTE	5,415	5,415	(21,371)	(21,371)
Charitable Fund Reserves	SOCTE	0	25,687	0	25,388
Total Taxpayers' and Others' Equity		255,603	281,290	227,329	252,717

The accounts on pages 1 to 43 were approved by the Trust on 22 May 2019 and signed on its behalf by

Signed:



Date: 22 May 2019

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Year to 31 March 2019		Public Dividend Capital Trust £000	Revaluation Reserve Trust £000	Income and Expenditure Reserve Trust £000	Charitable Fund Reserve Charity £000	Total Group £000
	NOTE					
Taxpayers' and Others' Equity at 1 April 2018		203,291	45,408	(21,371)	25,388	252,717
Surplus for the year	SOCI	0	0	26,785	(244)	26,541
Fair value gains/(losses) on financial assets mandated at fair value through OCI	32	0	0	0	543	543
Total Comprehensive Income	SOCI	0	0	26,785	299	27,084
Public Dividend Capital (PDC) received	31.1	1,489	0	0	0	1,489
Taxpayers' and Others' Equity at 31 March 2019	SOFP	204,780	45,408	5,415	25,687	281,290

Six months to 31 March 2018		Public Dividend Capital Trust £000	Revaluation Reserve Trust £000	Income and Expenditure Reserve Trust £000	Charitable Fund Reserve Charity £000	Total Group £000
	NOTE					
Opening transfers by absorption on 1 October 2017		0	0	210,686	0	210,686
Transfers by absorption: transfers between reserves		192,673	38,333	(249,019)	18,013	0
Taxpayers' and Others' Equity at 1 October 2017		192,673	38,333	(38,333)	18,013	210,686
Surplus for the year (excluding opening transfer by absorption)	SOCI	0	0	16,963	7,853	24,816
Fair value gains/(losses) on financial assets mandated at fair value through OCI	32	0	0	0	(429)	(429)
Total Comprehensive Income	SOCI	0	0	16,963	7,424	24,387
Revaluations	10.1	0	7,148	0	0	7,148
Net impairments	10.1	0	(73)	0	0	(73)
Public Dividend Capital (PDC) received	31.1	10,618	0	0	0	10,618
Other Reserve	33	0	0	0	(49)	(49)
Taxpayers' and Others' Equity at 31 March 2018	SOFP	203,291	45,408	(21,371)	25,388	252,717

Descriptions of the nature and purpose of each of the above Reserves is given at Note 31 to these Accounts.

Revaluations for the Trust relate to Property, Plant and Equipment, whereas those of the Charity relate to Investments.

Public Dividend Capital received in the year from the Department of Health and Social Care comprised £1.489m for IT Schemes

STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED 31 MARCH 2019

		2018/19	2018/19	Six months to	Six months to
	NOTES	Trust	Group	31 March 2018	31 March 2018
		£000	£000	Trust	Group
				£000	£000
Cash Flows From Operating Activities					
Operating Surplus from Continuing Operations	SOCI	67,194	66,537	37,509	39,447
Operating Surplus		67,194	66,537	37,509	39,447
Non-Cash Income and Expense					
Depreciation and Amortisation	3	27,441	27,454	14,335	14,340
Net Impairments	3	50,060	50,060	21,725	21,725
Non-Cash Donations/Grants Credited to Income	2.1	0	0	(1,477)	(1,477)
Decrease in Inventories	13	564	564	913	913
Decrease/(Increase) in Trade and Other Receivables		4,611	4,611	(28,494)	(28,494)
Increase in Trade and Other Payables		18,713	18,713	7,450	7,450
Decrease in Other Liabilities	19	(7,487)	(7,487)	(1,495)	(1,495)
(Decrease)/Increase in Provisions	20	(5,644)	(5,644)	2,702	2,702
Movements in charitable fund working capital		0	(11)	0	403
NHS Charitable funds - other movements in operating cash flows		0	0	0	152
Other movements in operating cash flows		(1)	(1)	(74)	(74)
Net Cash Generated From Operations		155,451	154,796	53,094	55,592
Cash Flows From Investing Activities					
Interest Received	6	791	791	211	211
Purchase of Intangible Assets	9	(611)	(611)	(405)	(405)
Purchase of Property, Plant and Equipment		(58,919)	(58,919)	(39,859)	(39,859)
Sale of Property, Plant and Equipment		0	0	5,025	5,025
Receipt of Cash Donations to Purchase Capital Assets		0	0	1,478	1,478
NHS Charitable funds - net cash flows from investing activities		0	413	0	97
Net Cash Used In Investing Activities		(58,739)	(58,326)	(33,550)	(33,453)
Cash Flows From Financing Activities					
Public Dividend Capital Received	SOCTE	1,489	1,489	10,618	10,618
Movement in loans from the Department of Health and Social Care	18	(7,233)	(7,233)	(2,738)	(2,738)
Movement in other loans	18	(788)	(788)	(552)	(552)
Capital Element of Private Finance Initiative Obligations	18 & 26.3	(11,200)	(11,200)	(5,257)	(5,257)
Interest Paid		(3,069)	(3,069)	(1,572)	(1,572)
Interest Element of Private Finance Initiative Obligations		(37,997)	(37,997)	(18,345)	(18,345)
Public Dividend Capital Dividends (paid)/refunded		(3,247)	(3,247)	542	542
Net Cash Used In Financing Activities		(62,045)	(62,045)	(17,304)	(17,304)
Increase in Cash and Cash Equivalents	16	34,667	34,425	2,240	4,835
Cash and Cash Equivalents at Start of Financial Period (1 April 18)	16	119,896	125,688	117,656	120,853
Cash and Cash Equivalents at End of Financial Period (31 March 19)	16	154,563	160,113	119,896	125,688

Notes to the Accounts - 1. Accounting Policies

1.1 Accounting Policies and Other Information

NHS Improvement is responsible for issuing an Accounts Direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), agreed with the Secretary of State. Consequently, the following the Accounts have been prepared in accordance with the 2018/19 GAM issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) and the Treasury's Financial Reporting Manual (FRM), to the extent that they are meaningful and appropriate to NHS Foundation Trusts. Where the GAM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust and the Group (see Note 1.4 below in respect of Consolidation and Group Accounting), for the purpose of giving a true and fair view, has been selected. The particular policies adopted by the Trust and the Group are described below. They have been applied consistently in dealing with items considered material in relation to these Accounts.

1.2 Accounting Convention

These Accounts have been prepared under the historical cost convention, modified to account for the revaluation of land, buildings and investments, by reference to their most recent valuations. Plant, equipment and intangible assets are held at historic cost. The Accounts are presented rounded to the nearest thousand pounds.

1.3 Going Concern

After making enquiries, the Directors have a reasonable expectation that the Trust and the Group have adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the Going Concern basis in preparing these Accounts.

1.4 Consolidation of Subsidiaries and Group Accounting

The Trust is the corporate trustee to Manchester University NHS Foundation Trust Charity (MFT Charity). The MFT Charity is a charity registered (No.1049274) with the independent regulator, the Charity Commission, to whom it is accountable. The Trust has assessed its relationship to the Charity and determined it to be a subsidiary, the Trust has the sole power to govern the financial and operating policies of the Charity, so as to obtain benefits from the Charity's activities for itself, its patients and its staff.

The MFT Charity's statutory accounts are prepared to 31 March 2019 in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard 102 (FRS 102). On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions as follows:

- The Charity's individual statements and notes to the Accounts are adjusted firstly for one difference in Accounting Policy. This relates to expenditure accounted for on a commitment basis which is not permitted under the Trust's and the Group's Accounting Conventions, as set out above; and
- The Charity's individual statements and notes to the Accounts are adjusted in respect of transactions and balances which have taken place between the Trust and the Charity. These intra company balances and transactions are eliminated on consolidation and the resulting figures for Income and Expenditure; gains and losses; assets and liabilities; reserves; and cash flows, are then consolidated with those of the Trust, to form the Group Accounts.

Notes to the Accounts - 1. Accounting Policies (Continued)

These Accounting Policies apply to both the Trust and the Group. The MFT Charity's latest Audited Accounts, which have been prepared in accordance with the UK Charities Statement of Recommended Practice (SORP)*, can be obtained from the Charity Commission website. Accounts for the financial year ending 31 March 2019 have also been prepared by the Charity, and will be submitted to the Charity Commission.

* The Charities SORP is based on UK Financial Reporting Standard 102 (FRS 102).

The MFT Charity is based at the following address:-
Citylabs, Maurice Watkins Building, Nelson Street, Manchester. M13 9NQ.

As a subsidiary of the Trust, the Charity is able to transfer funds to the Trust, providing that this funding is over and above what the NHS would normally provide, and is in line with the objects of the Charity.

The MFT Charity is the Trust's sole subsidiary. Its financial performance is detailed in notes 32 and 33 to the accounts.

1.5 Acquisitions and Discontinued Operations

Activities are considered to be "acquired" only if they are taken on from outside the public sector. Activities are considered to be "discontinued" only if they cease entirely. They are not considered to be "discontinued" if they transfer from one NHS body to another (see also Note 1.33). The Trust and the Group did not have any acquisitions and discontinued operations during the year to 31 March 2019.

1.6 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Trust's and the Group's Accounting Policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities, and for other areas, where precise information is not readily apparent from any source. The estimates and associated assumptions are based on historical experience and other factors which are considered to be relevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continually reviewed and updated. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period, or in future periods, as well as that of the revision, if required.

Key Judgements and Sources of Estimation Uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:-

Valuation of Land and Buildings

The valuation of the Trust's land and buildings is subject to estimation uncertainty. Independent valuers provided advice on valuations, as at 31 March 2018, of the Trust's and the Group's land and building assets (estimated financial value and estimated remaining useful life), applying a Modern Equivalent Asset method of valuation for an optimised building and alternate site with regards to land. This is based on a theoretical configuration of facilities on the Trust main hospital sites, providing a more efficient and compact design. The Trust considers that in line with the GAM this is an appropriate basis. More detail of the valuation and the carrying amounts of the Trust's Land and Buildings is included in note 10. Management are satisfied that the 31 March 2018 valuation remains appropriate as at 31 March 2019 by reference to relevant valuation indices.

Financial value of provisions for liabilities and charges

The Trust and the Group make financial provisions for obligations of uncertain timing or amount at the date of the Statement of Financial Position. These are based on estimates, using as much relevant information as is available, at the time the financial statements are prepared. They are reviewed to confirm that the values included in the financial statements best reflect the current relevant information, and where necessary, the values of the provisions are amended. More detail on this area is given in Note 1.21.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.7 Income

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability in note 19.

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Income from the sale of Non-Current Assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.8 Employee Benefits

1.8.1 Short-Term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from the employee.

1.8.2 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes or the National Employment Savings Trust (NEST). Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions or NEST website at:-

www.nhsbsa.nhs.uk/pensions and <https://www.nestpensions.org.uk>.

Notes to the Accounts - 1. Accounting Policies (Continued)

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting Valuation - NHS Pension Scheme

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full Actuarial (Funding) Valuation - NHS Pension Scheme

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) Scheme Provisions - All Schemes

Employer's pension cost contributions for all schemes are charged to operating expenses as and when they become due. In 2018/19 these contributions amounted to £82.9m (six months to 31 March 2018 £39.6m), as detailed in note 4. The estimated level of contributions for the full financial year 2019/20 equate to £88.6m.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.9 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that, they have been received, and is always measured (at least initially) at the cost of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a Non-Current Asset, e.g. property or equipment (see Note 1.11 below).

1.10 Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised if:-

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust or the Group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
- The item has a cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates, and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward, unit, project or service, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are grouped into categories based on similar asset lives, and the groups (categories) are treated as separate assets and depreciated over their own individual useful economic lives.

Measurement

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets held for their service potential are measured subsequently at current value in existing use.

Notes to the Accounts - 1. Accounting Policies (Continued)

Land and buildings used for the Trust's services are stated in the Statement of Financial Position at their revalued amounts, being the current value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are undertaken with sufficient regularity to ensure that carrying amounts are not materially different to those that would be determined at the end of the reporting period. Current values are determined as follows:

Land is valued on an alternate site basis using market value for existing use. The area of this alternate site is of sufficient size for the optimally designed building using the optimal site method referred to below.

Specialised operational buildings are measured on a modern equivalent asset basis. In agreement with the District Valuer, the NHS Foundation Trust has applied an 'optimal site' valuation which recognises any efficiencies that could be obtained if the site were to be rebuilt, whilst allowing the current level of service provision to be maintained. The valuation of buildings managed and maintained by the Trust's PFI partner exclude VAT. Operational buildings are considered for impairment.

Non operational buildings are tested for impairment to ensure the carrying value does not exceed the recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and its value in use.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at current value in existing use. Assets are revalued, and depreciation commences, when they are brought into use.

Equipment assets are carried at Depreciated Historic Cost, as this is not considered to be materially different from current value in existing use.

Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, and it is probable that additional future economic benefits or service potential will flow to the Trust and the Group, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to a specification appropriate for its economic life, the expenditure is treated as a revenue expense.

Revaluation gains and losses

An increase arising on revaluation is taken to the Revaluation Reserve, except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to the Statement of Comprehensive Income (SoCI), to the extent of the decrease previously charged there. A revaluation decrease is recognised as an Impairment charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to operating expenditure. Gains and losses recognised in the Revaluation Reserve are reported as "Other Comprehensive Income" in the SoCI.

Impairments

In accordance with the GAM, impairments which are due to a loss of economic benefits or service potential in the asset are also charged to operating expenses. A compensating transfer is made from the Revaluation Reserve to the Income and Expenditure Reserve of an amount equal to the lower of:-

- (i) The impairment charged to operating expenses; or
- (ii) The balance in the Revaluation Reserve attributable to that asset before the impairment.

An impairment which arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances which gave rise to the loss are themselves reversed. Where, at the time of the original impairment, a transfer was made from the Revaluation Reserve to the Income and Expenditure Reserve, an amount is transferred back to the Revaluation Reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses, and reversals of "other impairments" as revaluation gains.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.11 Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's and the Group's business, or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and the Group; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Expenditure on research; internally-generated goodwill; brands; mastheads; publishing titles; customer lists and similar items are not capitalised: they are recognised as Operating Expenses in the period in which they are incurred.

Expenditure on development is only capitalised where:-

- the project is technically feasible to the point of completion, and will create an Intangible Asset;
- the Trust and the Group intend to complete the asset and sell or use it;
- the Trust and the Group have the ability to sell or use the asset;
- the economic or service delivery benefits can be demonstrated;
- the Trust and the Group have adequate resources to complete the development;
- and the development costs can be reliably measured.

Software

Software which is integral to the operation of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, for example application software, is capitalised as an Intangible Asset.

Measurement

Intangible Assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point at which it is capable of operating in the manner intended by management. Subsequently, Intangible Assets are measured at current value in existing use. Revaluation Gains, Losses and Impairments are treated in the same manner as for Property, Plant and Equipment (see Note 1.11). The amount initially recognised for internally-generated Intangible Assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated Intangible Asset can be identified, the expenditure in question is written off through the Statement of Comprehensive Income in the period in which it is incurred. Internally-developed software is held at Historic Cost to reflect the opposing effects of increases in development costs, versus technological advances.

1.12 Depreciation, Amortisation and Impairments

Freehold land is not depreciated, as it is considered to have an indefinite life.

Property, Plant and Equipment which has been reclassified as "Held for Sale" ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Otherwise, depreciation and amortisation are charged to write off the cost or valuation, less any residual value, of Property, Plant and Equipment and Intangible Non-Current Assets, over their estimated useful lives, in a manner which reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust and the Group expect to obtain economic benefits or service potential from the asset. This life is specific to the Trust and the Group, and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed periodically, with the effect of any changes being recognised on a prospective basis. Note 10.3 to these Accounts gives details of the Useful Economic Lives of the Trust's and the Group's Property, Plant and Equipment assets.

Where assets are non-operational for a short period while management decide on their future use, they are retained at their current valuation, although depreciation ceases from the date they are taken out of use.

Finance leased assets are depreciated over the shorter of the useful economic life or the lease term, unless the Trust and the Group expect to acquire an asset at the end of its lease term, in which it is depreciated in the same manner as owned assets above.

Notes to the Accounts - 1. Accounting Policies (Continued)

If there has been an impairment loss, the asset is written down to its recoverable amount, with the loss charged to the Revaluation Reserve to the extent that there is a balance on the Reserve for the asset and, thereafter, to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount, but capped at the amount which would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there, and thereafter to the Revaluation Reserve.

1.13 Donated Assets

Donated Non-Current Assets are capitalised at their fair value on receipt, with the corresponding receipt credited to the Statement of Comprehensive Income, in accordance with the principles of IAS 20, unless the donor has imposed a condition that the future economic benefits embodied in the donation are to be consumed in a manner specified by them. In this case, the donation is deferred within liabilities (note 19), and carried forward to future financial years, to the extent that the condition has not yet been met. Donated Assets are subsequently valued, depreciated and impaired as described above for purchased assets.

1.14 Government and Other Grants

Government Grants are grants from Government bodies, other than income from NHS bodies for the provision of services. Revenue Grants are reported through the Statement of Comprehensive Income to match the expenditure incurred. Capital Granted Assets are treated in the same manner as Donated Assets (as outlined above), and in accordance with the principles of IAS 20.

1.15 Surplus Non-Current Assets - Held for Sale or to be Scrapped or Demolished

A Non-Current Asset which is surplus, with no plan to bring it back into use, is valued at Fair Value under IFRS 13, if it does not meet the requirements of IAS 40 in respect of investment properties, or IFRS 5 in respect of non-current assets held for sale.

In general, the following conditions must be met at the Statement of Financial Position date, for an asset to be classified as Held for Sale:-

- Management is committed to a plan to sell;
- The asset is available for immediate sale in its present condition;
- The sale is highly probable; and
- The asset is being actively marketed for sale at a price reasonable in relation to its Fair Value.

Following reclassification, Assets Held for Sale are measured at the lower of their existing carrying amount, and their "Fair Value less costs to sell". Assets are derecognised when all material sale contract conditions are met.

Property, Plant and Equipment that is to be scrapped or demolished does not qualify for recognition as Held for Sale. Instead, it is retained as an operational asset and its economic life is adjusted. Such assets are derecognised when they are scrapped or demolished.

1.16 Leases

The Trust considers the leases it has entered into in line with IAS 17 Leases. Under IAS 17, leases of property, plant and equipment are classified as either finance leases or operating leases, according to their characteristics as set out in the standard. As well as this, in applying IFRIC 4 - determining whether an arrangement contains a lease, collectively significant rental arrangements that do not have the legal status of a lease but convey the right to use an asset for payment are accounted for under the Trust's lease policy, where fulfilment of the arrangement is dependent on the use of specific assets.

Finance leases

The Trust assesses the terms of each individual lease agreement to determine whether substantially all the risks and rewards of ownership are borne by the Trust.

Where substantially all of the risks and rewards of ownership of a leased asset are borne by the Trust or the Group, the asset is recorded as Property, Plant and Equipment, and a corresponding liability is recorded. The value at which both the asset and the liability are recognised is the lower of the Fair Value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of return on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of Property, Plant and Equipment.

The annual rental is split between the repayment of the liability and a finance cost. This annual finance cost is calculated by applying the implicit interest rate to the outstanding liability, and is charged to finance costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the arrangement is discharged or cancelled, or when it expires.

Notes to the Accounts - 1. Accounting Policies (Continued)

Operating Leases

Leases other than Finance Leases are regarded as Operating Leases, and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are treated as a reduction to the lease rentals, and reflected in operating expenses over the life of the lease.

Leases of Land and Buildings

Where a lease is for land and buildings, the land component is separated from the building component, and the classification for each is assessed separately. Leases of land are treated as Operating Leases.

1.17 Private Finance Initiative (PFI) Transactions

The Treasury has determined that public bodies shall account for infrastructure PFI schemes, where the public body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement, as service concession arrangements, following the principles and requirements of IFRIC 12. Therefore, in accordance with IAS 17, the Trust and the Group recognise their PFI asset as an item of Property, Plant and Equipment, together with a corresponding finance lease liability to pay for it.

The annual PFI unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:-

- a) Payment for the fair value of services received - recognised in operating expenses;
- b) Payment for the PFI asset, including finance costs (charged to the Statement of Comprehensive Income) and, if applicable, prepayments for assets not yet in operational use; and
- c) Payment for the replacement of components of the asset during the contract, known as "lifecycle replacement".

Services Received

The fair value of services received in the year is recorded under the relevant expenditure headings within operating expenses.

PFI Assets

The Trust's PFI assets are recognised as Property, Plant and Equipment when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's and the Group's approach for each relevant class of asset, in accordance with the principles of IAS 16.

PFI Liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets, and is subsequently measured as a Finance Lease Liability in accordance with IAS 17.

The element of the annual Unitary Payment which is allocated as a Finance Lease Rental is applied to meet the annual finance cost, and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease, in accordance with IAS 17. This amount is not included in the minimum lease payments, but is instead treated as contingent rent, and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability, and is therefore disclosed as a contingent finance cost in the Statement of Comprehensive Income.

Notes to the Accounts - 1. Accounting Policies (Continued)

Lifecycle Replacement

An element of the annual unitary payment is allocated to lifecycle replacement, and is pre-determined for each year of the contract, by reference to the operator's planned programme of lifecycle replacement.

1.18 Inventories

Inventories (Stocks) are valued at the lower of cost and net realisable value, with the exception of both Pharmacy inventories, which are valued at average cost, and Inventories recorded and controlled via the Materials Management System, which are valued at current cost. This is considered to be a reasonable approximation to net realisable value due to the high turnover of stocks. The following methods are used to measure the different types of inventories:-

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using either the first in, first out (FIFO) method or the weighted average cost method where inventory systems support that approach.

1.19 Cash and Cash Equivalents

Cash is defined as cash in hand, and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments which mature in 3 months or less from the date of acquisition, and which are readily convertible to known amounts of cash with insignificant risk of change in value.

1.20 Contingencies

A Contingent Asset is a possible asset which arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust or the Group. Contingent Assets are not recognised in the Statement of Financial Position, but are disclosed at Note 21.1 to these Accounts, where an inflow of economic benefits is possible.

Contingent Liabilities are similarly not recognised in the Statement of Financial Position but, as with Contingent Assets above, are disclosed in Note 21.1 to these Accounts, unless the probability of a transfer of economic benefits is remote. Contingent Liabilities are defined as:-

- a) Possible obligations arising from past events, whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's or the Group's control; or
- b) Present obligations arising from past events, but for which it is not probable that a transfer of economic benefits will arise, or for which the amount of the obligation cannot be measured with sufficient reliability.

Where the time value of money is material, Contingencies are disclosed at their present value.

1.21 Provisions

The Trust and the Group provide for legal or constructive obligations which are of uncertain timing or amount at the Statement of Financial Position date, on the basis of the best possible reliable estimate of the expenditure and when it is considered probable that there will be a future outflow of resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using one or more of the Discount Rates published and mandated by the Treasury.

In 2018/19 the only such Discount Rate applicable to the Trust or the Group was 0.29% for Post Employment Benefits - specifically the costs of Pensions and Injury Benefits, for which the Trust and the Group are obliged to pay.

NHS Resolution (NHSR) (the new operating name for NHS Litigation Authority) operates a risk pooling scheme (the Clinical Negligence Scheme for Trusts or CNST), under which the Trust and the Group pay an annual contribution to the NHSR which, in return, settles all Clinical Negligence Claims. Although NHSR is administratively responsible for all Clinical Negligence cases, the legal liability remains with the Trust and the Group. The total value of Clinical Negligence provisions carried in its Accounts by the NHSR, on behalf of the Trust and the Group, is disclosed at Note 20.2.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.22 Non-Clinical Risk Pooling

The Trust and the Group participate in the Property Expenses Scheme, and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust and the Group pay an annual contribution to the NHR, and in return receive assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims, are charged to operating expenses as and when the liability to make payment arises.

Other commercial insurance held by the Trust and the Group includes that for (building) contract works, motor vehicles, personal accidents, and group travel (for clinical staff required to work off-site, as well as overseas travel). The annual premium and any excesses payable are charged to Operating Expenses as and when the liability arises.

1.23 Financial Assets and Financial Liabilities

Recognition

Financial assets and financial liabilities arise where the Trust or Group is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by Office of National Statistics.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and Measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost, or fair value through income and expenditure

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Notes to the Accounts - 1. Accounting Policies (Continued)

Financial assets and financial liabilities at fair value through Profit and Loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

As at 1 April 2018, on first adoption of IFRS 9 (Financial Instruments), the Trust holds equity investments as financial assets measured at fair value through profit or loss. For those equity investments that are not quoted, cost has been applied as an appropriate estimate of fair value on the basis that there is a wide range of possible fair value measurements for these unquoted investments - as such, cost is the best and most reliable estimate of fair value of the investments in the absence of a quoted market value. For those investments that are quoted, the fair value of the equity investment is the share price at the balance sheet date.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

The Trust has designated the equity investments that are held by the Charity as financial assets held at fair value through other comprehensive income

Impairment of Financial Assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through either Profit and Loss or Other Comprehensive Income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition of Financial Assets and Liabilities

All Financial Assets are derecognised when the rights to receive cash flows from the assets have expired, or the Trust and the Group have transferred substantially all of the risks and rewards of ownership. Financial Liabilities are derecognised when the obligation is discharged or cancelled, or it expires.

1.24 Value Added Tax

Most of the activities of the Trust and the Group are outside the scope of VAT and, in general, output tax does not apply, and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category, or included in the capitalised purchase cost of Non-Current Assets. Where output tax is charged or input tax is recoverable, the transactions in question are recorded net of VAT in these financial statements and this applies to assets and liabilities as well as expenses.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.25 Foreign Currencies

The Trust's and the Group's functional and presentational currency is Sterling. The Trust and the Group do not record or trade in any transactions denominated in a foreign currency.

1.26 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised as assets in these financial statements, since the Trust and the Group have no beneficial interest in them. However, details of Third Party Assets held by the Trust and the Group are given in Note 16, in accordance with the requirements of the Treasury's Financial Reporting Manual (FRM).

1.27 Public Dividend Capital

Public Dividend Capital (PDC) represents Taxpayers' Equity in the Trust and the Group. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an Equity Financial Instrument within the meaning of IAS 32.

A charge reflecting the cost of capital utilised by the Trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as:-

- the average of the opening and closing value of all liabilities and assets (excluding donated assets and any PDC dividend balance receivable or payable).
- less the average daily net cash balances held with the Government Banking Service (excluding balances held in GBS accounts that relate to short-term working capital facility).
- less the bonus Provider Sustainability Fund (PSF), (previously Sustainability and Transformation Funding) Receivable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Where the average of Net Relevant Assets is negative, no Dividend will be payable.

1.28 Losses and Special Payments

Losses and Special Payments are items which Parliament would not have contemplated when it agreed funds for the Health Service, or passed legislation. By their nature, they are items which ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way in which individual cases are handled.

Losses and Special Payments are charged to the relevant functional headings in operating expenditure, Note 3 in these financial statements, on an accruals basis. However Note 30.1 to these financial statements, disclosing the Trust's and the Group's Losses and Special Payments, is compiled directly from the Losses and Compensations Register, which reports financial amounts on an accruals basis, with the exception of provisions for future losses.

1.29 Corporation Tax

Under s519A ICTA 1988 Manchester University NHS Foundation Trust is regarded as a Health Service body, and is therefore exempt from taxation on its Income and Capital Gains. Section 148 of the 2004 Finance Act provided the Treasury with powers to disapply this exemption. Accordingly the Trust and the Group are potentially within the scope of Corporation Tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits exceed £50,000 per annum.

Activities such as staff and patient car parking and sales of food are considered to be ancillary to the core healthcare objectives of the Trust and the Group (and not entrepreneurial), and therefore not subject to Corporation Tax.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.30 Accounting Standards Which Have Been Issued But Have Not Been Adopted

There are no Accounting Standards issued by the International Accounting Standards Board (IASB) or the International Financial Reporting Interpretations Committee (IFRIC), which are applicable to the Trust and/or the Group which have been adopted by the Department of Health and Social Care Group Accounting Manual (GAM), but which have not been adopted within these Accounts. However, the following Standards have been issued or amended by the IASB or IFRIC up to the date of publication of the GAM, but have not yet been adopted by the GAM, and therefore also not yet adopted by the Trust and/or the Group:-

Change Published	Financial Year for Which the Change First Applies	Impact
IFRS 16 - Leases	Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.	The Trust holds a number of leases (as disclosed in note 5.1). Each lease will have to be assessed under the new standard and appropriate accounting treatment will be applied. Any changes to accounting treatment as a result of the adoption will have to be applied to prior periods.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.	IFRS 17 is not expected to have any significant impact on the financial results of the Trust
IFRIC 23 Uncertainty over Income Tax Treatments –	Application required for accounting periods beginning on or after 1 January 2019.	IFRS 23 is not expected to have any significant impact on the financial results of the Trust.

1.31 Accounting Standards Issued Which Have Been Adopted Early

No Accounting Standards issued have been adopted early by the Trust or the Group.

1.32 Operating Segments

Under IFRS 8, the Trust and the Group are required to disclose financial information across significant Operating Segments, which reflect the way the management runs the organisation. A significant segment is one which:-

- i) Represents 10% or more of the income or expenditure of the entity; or
- ii) Has a surplus or deficit which is 10% or more of the greater, in absolute amount, of the combined surplus of all segments reporting a surplus, or the combined deficit of all segments reporting a deficit; or
- iii) Has assets of 10% or more of the combined assets of all Operating Segments.

Significant central management and support services underpin all Trust activities, and the majority of activities are similar in nature. Research and Training (both less than 10% of turnover) similarly support the Trust's activities (with Training being integral to the provision of healthcare). The Trust therefore considers itself to operate with one segment, being the provision of healthcare services. This view is further supported by the fact that routine Finance Reports are presented to the Board on a Trust-wide basis, analysed by Pay, Non-Pay and Capital.

With regard to the Trust's subsidiary, the Manchester University NHS Foundation Trust Charity, for Group Accounting purposes the charity is considered to be a separate operating segment. The financial results of the Charity are separately disclosed in Note 33 and 34 to these financial statements, and these statements meet the IFRS 8 requirements for operating segment disclosures.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.33 Transfers of Functions to and From Other NHS Bodies: Transfers by Absorption

On 1 October 2017 Manchester University NHS Foundation Trust (MFT) was formed through a merger between Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). At this date all functions transferred to MFT. Due to this being a transfer within the NHS this was accounted for as a transfer by absorption

For functions which were transferred to the Trust and/or the Group from another NHS body, the assets and liabilities transferred were recognised in these financial statements as at the date of transfer. The assets and liabilities were not adjusted to Fair Value prior to recognition. The net gain or loss arising, corresponding to the net assets or liabilities transferred, was recognised within the Statement of Comprehensive Income under "Gain/(Loss) From Transfers by Absorption". Any adjustments required to align acquired assets or liabilities to the Trust's and the Group's Accounting Policies were applied after initial recognition, and taken directly to Taxpayers' Equity.

For Non-Current Assets transferred to the Trust and the Group from other NHS bodies, the cost and accumulated depreciation/amortisation balances, from the transferring entity's financial statements, were preserved on recognition in the Trust's and the Group's statements. Where the transferring body recognised Revaluation Reserve balances attributable to the assets in question, the Trust and the Group made a transfer from their Income and Expenditure Reserve, to the Revaluation Reserve, to maintain transparency within Public Sector Accounts.

For functions which the Trust or the Group transferred to another NHS body, the assets and liabilities transferred were derecognised from the financial statements as at the date of transfer. The net loss or gain, corresponding to the net assets or liabilities transferred, was recognised as Non-Operating Expenses or Income, and as above was titled a Gain or Loss from Transfer by Absorption, in the Statement of Comprehensive Income. Any Revaluation Reserve balances attributable to assets derecognised were transferred to the Income and Expenditure Reserve.

2 Operating Income

2.1 Operating Income (by Type)

	2018/19 Trust £000	2018/19 Group £000	Six months to 31 March 2018 Trust £000	Six months to 31 March 2018 Group £000
Income from Activities				
Elective Income	210,821	210,821	102,674	102,674
Non-Elective Income	266,716	266,716	130,927	130,927
First Outpatient Income	73,581	73,581	36,628	36,628
Follow up Outpatient Income	100,960	100,960	49,317	49,317
A&E Income	45,900	45,900	21,974	21,974
High cost drugs income from commissioners	100,605	100,605	65,764	65,764
Other NHS Clinical Income	491,117	491,117	233,206	233,206
Community Services Income	102,024	102,024	43,006	43,006
Provider Sustainability Fund income*	66,892	66,892	30,546	30,546
Private Patient Income	2,423	2,423	1,130	1,130
Other Clinical Income	20,927	20,927	4,044	4,044
Total Income from Activities	1,481,966	1,481,966	719,216	719,216
Other Operating Income				
Education and Training	67,340	67,340	36,819	36,819
Research and Development **	57,794	57,794	22,309	22,309
Non-Patient Care Services to Other Bodies	38,935	38,935	17,906	17,906
Income in respect of employee benefits accounted on a gross basis	9,878	9,878	3,786	3,786
Receipt of capital grants and donations	3,157	0	1,477	1,477
Charitable and Other Contributions to Expenditure	900	683	413	413
Rental revenue from operating leases	1,671	1,671	754	754
Other Income ***	45,166	43,008	24,155	24,155
Other - Charity	0	7,780	0	3,289
Total Other Operating Income	224,841	227,089	107,618	110,907
Total Operating Income	1,706,807	1,709,055	826,834	830,123

Commissioner Requested Services

The Trust is required by its Commissioners to provide services which ensure service users have continued access to vital NHS services, known as Commissioner Requested Services (CRS). CRS in 2018/19 amounted to £1,405m or 96% of Income from Activities) (six months to 31 March 2018 £683m and 95%). CRS is arrived at by excluding Provider Sustainability Fund income (previously Sustainability and Transformation Funding), Private Patient Income and Other Clinical Income from Total Income Received from Activities.

* The Trust has been notified that it has been awarded £66.9m of Provider Sustainability Funding in the year to 31 March 2019. The Trust received £20.4m in cash in the year, with the remaining £46.5m due in 2019/20.

** Research and Development income in 17/18 has been adjusted by £853k. This value was previously included in Other Income and related to Property Rentals. This element of the Property Rentals income related to Research and Development such that the 2017/18 and 2018/19 values are consistent.

*** Within Other Operating Income the following items are included in Other Income:

	2018/19 Trust £000	2018/19 Group £000	Six months to 31 March 2018 Trust £000	Six months to 31 March 2018 Group £000
Other Income				
Other Income	29,036	26,878	14,693	14,693
Clinical Excellence Awards	4,683	4,683	2,595	2,595
Car Parking	6,353	6,353	3,415	3,415
Property Rentals	2,132	2,132	712	712
Staff accommodation rental	258	258	38	38
Crèche Services	894	894	480	480
Clinical Tests	174	174	645	645
Staff contributions to employee benefit schemes	903	903	586	586
Estates Recharges	259	259	499	499
Catering	121	121	304	304
Pharmacy Sales	353	353	188	188
Total Other Income	45,166	43,008	24,155	24,155

2.2 Operating Lease Income

	2018/19 Trust and Group £000	Six months to 31 March 2018 Trust and Group £000
Rents recognised as income during the period	1,671	754
Contingent rents recognised as income during the period	0	0
Total	1,671	754
Future minimum lease payments due not later than one year	1,740	1,671
later than one year and not later than five years	5,909	6,497
later than five years	4,567	5,718
Total	12,216	13,886

2.3 Operating Income (by Source)

	2018/19 Trust £000	2018/19 Group £000	Six months to 31 March 2018 Trust £000	Six months to 31 March 2018 Group £000
Income From Activities				
Clinical Commissioning Groups	765,998	765,998	361,930	361,930
NHS England	586,770	586,770	300,465	300,465
Foundation Trusts	0	0	1,271	1,271
Department of Health and Social Care	13,588	13,588	56	56
NHS Trusts	0	0	254	254
NHS other (including Public Health England)	343	343	1,652	1,652
Local Authorities	29,581	29,581	14,636	14,636
Provider Sustainability Funding	66,892	66,892	30,546	30,546
Private Patients	2,423	2,423	1,136	1,136
Overseas Patients (Non-Reciprocal)	2,120	2,120	383	383
NHS Injury Costs Recovery Scheme	5,219	5,219	3,903	3,903
Non-NHS Other	9,032	9,032	2,984	2,984
Total Income From Activities	1,481,966	1,481,966	719,216	719,216

2.4 Overseas Visitors Income (Patients Charged Directly by the Trust)

	2018/19 Trust and Group £000	Six months to 31 March 2018 Trust and Group £000
Income Recognised in the Year	2,120	383
Cash Received in the Year	337	134
Amount Added to Provision for Impairment of Receivables	644	58
*Amounts Written Off in the Year	341	2,718

Write-offs have been undertaken following extensive debt collection exercises and review of the probability of recovery. Overseas tariff guidance is followed, whereby CCGs underwrite 50% of the invoice value (75% of standard tariff).

**2018/19
Trust and
Group
£000**

2.5 Additional information on contract revenue (IFRS 15) recognised in the period

Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	4,843
Revenue recognised in the reporting period from performance obligations satisfied (or partially satisfied) in previous periods	0
Total	4,843

2.6 Revenue not recognised this year

Revenue from contracts entered into as at the period end expected to be recognised:	
- within one year	20,400
- after one year not later than five years	-
- after five years	-
Total	20,400

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from:-

- (i) contracts with an expected duration of one year or less and
- (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

3 Operating Expenses	2018/19	2018/19	Six months to	Six months to
	Trust	Group	31 March 2018	31 March 2018
	£000	£000	£000	£000
Purchase of healthcare from NHS and DH bodies	18,973	18,973	3,847	3,847
Purchase of healthcare from non-NHS and non-DH bodies	14,462	14,462	4,573	4,573
Staff and executive directors costs *	930,400	931,190	439,378	440,039
Remuneration of non-executive directors	229	229	127	127
Supplies and services - clinical (excluding drugs costs)	181,914	181,914	99,280	99,280
Supplies and services - general	10,288	10,288	4,999	4,999
Drug costs	149,928	149,928	77,698	77,698
Consultancy costs	3,200	3,200	1,910	1,910
Establishment**	23,961	23,961	12,965	12,965
Premises - business rates collected by local authorities	7,219	7,219	5,373	5,373
Premises**	30,603	30,603	17,103	17,103
Transport (including patient travel)	6,472	6,472	2,610	2,610
Depreciation on property, plant and equipment	26,553	26,566	13,857	13,862
Amortisation on intangible assets	888	888	478	478
Net impairments	50,060	50,060	21,725	21,725
(Decrease) in provision for impairment of receivables	468	468	(192)	(192)
Change in provisions discount rate(s)	(332)	(332)	211	211
Audit fees payable to the external auditor:-				
i) audit services- statutory audit	102	113	134	138
ii) other auditor remuneration (external auditor only) ***	11	11	14	14
Internal audit costs	279	279	169	169
Clinical negligence	37,465	37,465	17,214	17,214
Legal fees	2,113	2,113	398	398
Insurance	399	399	375	375
Research and development - non staff costs	31,417	31,417	9,968	9,968
Research and development - staff costs *	23,646	23,646	9,247	9,247
Education and training - non staff costs	4,680	4,680	4,763	4,763
Rentals under operating leases ****	14,149	14,149	5,313	5,313
Redundancy	308	308	1,608	1,608
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	59,453	59,453	32,350	32,350
Car parking & security	2,163	2,163	1,105	1,105
Hospitality	67	67	151	151
Losses, ex gratia & special payments *****	0	0	62	62
Other NHS charitable fund resources expended	0	2,091	0	681
Other	8,075	8,075	512	512
Total	1,639,613	1,642,518	789,325	790,676

* Further details included in Note 4.

** Establishment costs for 2017/18 have been re-stated to include £6.6m of costs which were included previously classified as Premises costs.

*** Other auditor remuneration (external auditor only) are payments for services received in addition to Statutory Audit services and are set out in more detail in Note 5.3.

**** The Trust's Operating Expenses include payments made in respect of Operating Leases as set out in Note 5.

***** Losses and special payments are reported in the expenditure categories to which they relate. These are also reported in Note 30.1, Losses and Special Payments.

4 Employee benefits	2018/19	2018/19	Six months to	Six months to
	Trust	Group	31 March 2018	31 March 2018
	£000	£000	Trust	Group
Salaries and wages	726,167	726,167	342,820	342,820
Social security costs	66,904	66,904	30,288	30,288
Apprenticeship levy	3,571	3,571	1,490	1,490
Employer's contributions to NHS pensions	82,915	82,915	39,575	39,575
Pension cost - other	79	79	30	30
Temporary staff (including agency)	78,196	78,196	36,112	36,112
NHS charitable funds staff	0	790	0	661
Total staff costs	957,832	958,622	450,315	450,976
Of which				
Costs capitalised as part of assets	3,572	3,572	1,690	1,690
Net staff costs	954,260	955,050	448,625	449,286

This note does not include the remuneration for non-executive directors.

4.1 Early Retirements Due to Ill-Health

During the year to 31 March 2019 there were 13 early retirements from the Trust (and the Group) agreed on the grounds of ill-health (six months to 31 March 2018, 0). The estimated additional pension liabilities will be £466k in 2018/19 (six months to 31 March 2018, 0) and the costs of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

5 Operating Lease Expenditure	2018/19	Six months to 31 March 2018
	Trust and Group	Trust and Group
	£000	£000
Minimum lease payments	14,149	5,313
Contingent rents	0	0
Less sublease payments received	0	0
	<u>14,149</u>	<u>5,313</u>

5.1 Arrangements Containing an Operating Lease	2018/19	Six months to 31 March 2018
	Trust and Group	Trust and Group
	£000	£000
Future Minimum Lease Payments Due:		
Not later than one year	14,381	10,773
Later than one year and not later than five years	49,379	43,554
Later than five years*	17,364	18,888
Total	<u>81,124</u>	<u>73,215</u>

The future minimum lease payments are in respect of 217 operating leases, of varying contract values and terms.
*The comparative figures for later than five years has been restated.

5.2 Auditor's Liability

There is no limitation on the auditor's liability for the audit of the Trust's annual accounts. There is a liability cap of £5m in place for the audit of the Charitable fund accounts.

5.3 Other Audit Remuneration

Mazars LLP, are the newly appointed external auditors for the Trust. Mazars LLP contract commenced on the 1st December 2018, on a 2 year contract with the option to extend for a 12 month period.

In 2018/19, there were no services provided by the external auditors, Mazars LLP, other than the statutory audit for the Trust's Annual Accounts and Annual Report, Charity Accounts and the Quality Account.

The cost of auditing the Annual Accounts and Report is shown under the heading of 'External Audit Fees for Services - Statutory Audit' and the Quality Account fee shown separately under the category 'Other External Auditor remuneration', both in Note 3.

6 Finance Income	2018/19	2018/19	Six months to	Six months to
	Trust	Group	31 March 2018	31 March 2018
	£000	£000	Trust	Group
			£000	£000
Interest on bank accounts	791	791	211	211
NHS charitable fund investment income	0	413	0	298
	<u>791</u>	<u>1,204</u>	<u>211</u>	<u>509</u>

7 Finance Costs

	2018/19	Six months to
	Trust and	31 March 2018
	Group	Trust and
	£000	Group
		£000
Interest on Loans from the Independent Trust Financing Facility	2,894	1,499
Interest on bank loans	104	51
Total interest costs	<u>2,998</u>	<u>1,550</u>
Unwinding of discount on provisions	14	8
Interest on Obligations under PFI		
Contracts:		
- Main Finance Cost	20,317	10,474
- Contingent Finance Cost	17,680	7,871
Total Interest on Obligations under PFI	<u>37,997</u>	<u>18,345</u>
Total Finance Costs	<u>41,009</u>	<u>19,903</u>

8 Impairment of Assets (Property, Plant & Equipment and Intangibles)

	2018/19	Six months to
	Trust and	31 March 2018
	Group	Trust and
	£000	Group
		£000
Net impairments charged to operating surplus resulting from:		
Obsolescence/consumption of economic benefits	50,060	4,793
Changes in market price	0	16,932
Total impairments charged to operating surplus	<u>50,060</u>	<u>21,725</u>
Total net impairments charged to revaluation reserve	0	73
Total impairments and reversals	<u>50,060</u>	<u>21,798</u>

9 Intangible Assets

9.1 Intangible Assets

31 March 2019	Software Licences - Purchased Trust and Group £000	Intangible Assets under Construction Trust and Group £000	Development Expenditure (Internally Generated) Trust and Group £000	Total Trust and Group £000
Gross Cost at 1 April 2018	19,758	405	1,361	21,524
Additions - Purchased	0	591	0	591
Additions - Purchased from cash donations or grants	20	0	0	20
Reclassifications	647	(647)	0	0
Gross Cost at 31 March 2019	20,425	349	1,361	22,135
Amortisation at 1 April 2018	15,766	0	1,361	17,127
Provided During the Period	888	0	0	888
Amortisation at 31 March 2019	16,654	0	1,361	18,015
Net book value as at 31st March 2019	3,771	349	0	4,120
Net book value as at 1st April 2018	3,992	405	0	4,397

31 March 2018	Software Licences - Purchased Trust and Group £000	Intangible Assets under Construction Trust and Group £000	Development Expenditure (Internally Generated) Trust and Group £000	Total £000
Gross Cost at 1 October 2017	0	0	0	0
Transfers by absorption	19,758	0	1,361	21,119
Additions - Purchased	0	405	0	405
Reclassifications	0	0	0	0
Gross Cost at 31 March 2018	19,758	405	1,361	21,524
Amortisation at 1 October 2017	15,288	0	1,361	16,649
Transfers by absorption	478	0	0	478
Provided During the Period	0	0	0	0
Impairments	0	0	0	0
Amortisation at 31 March 2018	15,766	0	1,361	17,127
Net book value as at 31st March 2018	3,992	405	0	4,397
Net book value as at 1st October 2017	4,470	0	0	4,470

10 Property, Plant and Equipment

10.1 Property, Plant and Equipment

31 March 2019	Land	Buildings	Dwellings	Assets Under	Plant and	Transport	Information	Furniture	Total	NHS	Total	
		Excluding		Construction	Machinery	Equipment	Technology	and		Charitable		
		Dwellings		Trust	Trust	Trust	Trust	Trust		Fittings		Funds
		Trust		Trust	Trust	Trust	Trust	Trust		Trust		Assets
	£000	£000	£000	£000	£000	£000	£000	£000	£000	Charity	£000	Group
Cost or Valuation at 1 April 2018	14,523	510,943	529	49,392	227,852	607	48,531	19,850	872,227	127	872,354	
Additions	0	0	0	41,027	7,232	0	2,237	31	50,527	0	50,527	
Additions donated	0	0	0	1,337	1,800	0	0	0	3,137	0	3,137	
Impairments charged to operating expenses	0	(48,266)	0	0	0	0	(1,794)	0	(50,060)	0	(50,060)	
Reclassifications	0	56,926	0	(56,926)	0	0	0	0	0	0	0	
Cost or Valuation at 31 March 2019	14,523	519,603	529	34,830	236,884	607	48,974	19,881	875,831	127	875,958	
Accumulated Depreciation as at 1 April 2018	0	0	529	0	202,691	606	32,360	18,369	254,555	32	254,587	
Provided During the Period	0	20,574	0	0	3,416	0	2,153	410	26,553	13	26,566	
Depreciation at 31 March 2019	0	20,574	529	0	206,107	606	34,513	18,779	281,108	45	281,153	
Net book value as at 31st March 2019	14,523	499,029	0	34,830	30,777	1	14,461	1,102	594,723	82	594,805	
Net book value as at 31st March 2018	14,523	510,943	0	49,392	25,161	1	16,171	1,481	617,672	95	617,767	

The Trust has not undertaken a full valuation as at 31 March 2019. Management have reviewed the relevant valuation indices as at 31 March 2019 and is satisfied that the 31 March 2018 valuation remains appropriate.

10 Property, Plant and Equipment

10.1 Property, Plant and Equipment

31 March 2018	Land Trust £000	Buildings Excluding Dwellings Trust £000	Dwellings Trust £000	Assets Under Construction Trust £000	Plant and Machinery Trust £000	Transport Equipment Trust £000	Information Technology Trust £000	Furniture and Fittings Trust £000	Total Trust £000	NHS Charitable Funds Assets Charity £000	Total Trust and £000
Cost or Valuation at 1 October 2017	0	0	0	0	0	0	0	0	0	0	0
Transfers by absorption	17,040	575,256	529	37,675	223,076	607	47,095	19,850	921,128	127	921,255
Additions	0	5,938	0	31,159	1,783	0	1,436	0	40,316	0	40,316
Additions donated	0	506	0	833	139	0	0	0	1,478	0	1,478
Reversal of impairments credited to operating expenditure	2,485	2,265	0	0	0	0	0	0	4,750	0	4,750
Impairments charged to operating expenses	(4,889)	(97,631)	0	0	0	0	0	0	(102,520)	0	(102,520)
Impairments charged to the revaluation reserve	0	(73)	0	0	0	0	0	0	(73)	0	(73)
Revaluations	(113)	7,261	0	0	0	0	0	0	7,148	0	7,148
Reclassifications	0	17,421	0	(20,275)	2,854	0	0	0	0	0	0
Cost or Valuation at 31 March 2018	14,523	510,943	529	49,392	227,852	607	48,531	19,850	872,227	127	872,354
Accumulated Depreciation as at 1 October 2017	0	0	0	0	0	0	0	0	0	0	0
Transfers by absorption	0	67,775	529	0	199,487	606	30,255	18,091	316,743	27	316,770
Provided During the Period	0	8,270	0	0	3,204	0	2,105	278	13,857	5	13,862
Impairments	0	(70,305)	0	0	0	0	0	0	(70,305)	0	(70,305)
Reversal of impairments credited to operating expenditure	0	(5,740)	0	0	0	0	0	0	(5,740)	0	(5,740)
Depreciation at 31 March 2018	0	0	529	0	202,691	606	32,360	18,369	254,555	32	254,587
Net book value as at 31st March 2018	14,523	510,943	0	49,392	25,161	1	16,171	1,481	617,672	95	617,767

The Land and Buildings were revalued by the District Valuer in the 2017/18 Annual Accounts. The above figures are as per the valuation dated 31 March 2018.

10.2 Property, Plant and Equipment Financing	Land	Buildings Excluding Dwellings	Dwellings	Assets Under Construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture and Fittings	Total	NHS Charitable Funds Assets Charity	Total Trust and Group
	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net Book Value - 31 March 2019											
Owned	14,447	199,445	0	28,447	27,627	1	14,457	932	285,356	82	285,438
On-balance sheet PFI contracts and other service concession arrangements	0	291,519	0	6,383	0	0	0	0	297,902	0	297,902
Government Granted	0	825	0	0	0	0	0	0	825	0	825
Donated	76	7,240	0	0	3,150	0	4	170	10,640	0	10,640
NBV Total at 31 March 2019	14,523	499,029	0	34,830	30,777	1	14,461	1,102	594,723	82	594,805

Property, Plant and Equipment Financing	Land	Buildings Excluding Dwellings	Dwellings	Assets Under Construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture and Fittings	Total	NHS Charitable Funds Assets Charity	Total Trust and Group
	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Trust and Group
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net Book Value - 31 March 2018											
Owned	14,446	199,656	0	37,055	23,314	1	16,168	1,283	291,923	95	292,018
On-balance sheet PFI contracts and other service concession arrangements	0	300,764	0	8,215	0	0	0	0	308,979	0	308,979
Government Granted	0	1,470	0	3,135	0	0	0	0	4,605	0	4,605
Donated	77	9,053	0	987	1,847	0	3	198	12,165	0	12,165
NBV Total at 31 March 2018	14,523	510,943	0	49,392	25,161	1	16,171	1,481	617,672	95	617,767

10.3 Economic Life of Non-Current Assets	2018/19	2018/19	2017/18	2017/18
	Minimum Life Years Trust and Group	Maximum Life Years Trust and Group	Minimum Life Years Trust and Group	Maximum Life Years Trust and Group
Purchased, Donated or Granted				
Software	5	7	5	7
Development expenditure	5	7	5	7
Buildings (Excluding Dwellings)	1	90	1	90
Plant and Machinery	1	15	1	15
Transport Equipment	1	10	1	10
Information Technology	1	10	1	10
Furniture and Fittings	1	10	1	10

The above asset lives relate to both intangible and tangible assets.

11 Investments

31 March 2019	Trust £000	Charity £000	Group £000
Carrying Value as at 1 April 2018	866	19,010	19,876
Fair value gains	1,647	0	1,647
Movement in Fair Value	0	543	543
Carrying Value as at 31 March 2019	2,513	19,553	22,066

31 March 2018	Trust £000	Charity £000	Group £000
Carrying Value as at 1 October 2017	0	0	0
Transfers by absorption	866	13,770	14,636
Fair value gains (including transfer in from Wythenshawe Charity)	0	5,669	5,669
Movement in Fair Value	0	(429)	(429)
Carrying Value as at 31 March 2018	866	19,010	19,876

The Trust reviews all investments on a regular basis to ensure the fair value is reported in the Statement of Financial Position.

12 Non-Current Assets Held for Sale in Disposal Groups and Surplus Assets

As at 31 March 2019 the Trust and the Group held one asset for sale, valued at £210k (31 March 2018 £210k). This consists of both land and buildings situated in Manchester.

The Trust holds no surplus assets.

13 Inventories

31 March 2019	Drugs Trust and Group £000	Consumables Trust and Group £000	Energy Trust and Group £000	Total Trust and Group £000
Carrying Value as at 1 April 2018	5,873	10,808	345	17,026
Additions	128,469	28,914	0	157,383
Inventories Consumed (Recognised in Expenses)	(128,369)	(29,510)	(68)	(157,947)
Total	5,973	10,212	277	16,462

31 March 2018	Drugs Trust and Group £000	Consumables Trust and Group £000	Energy Trust and Group £000	Total Trust and Group £000
Carrying Value as at 1 October 2017	0	0	0	0
Transfers by absorption	5,414	12,172	353	17,939
Additions	99,396	30,821	601	130,818
Inventories Consumed (Recognised in Expenses)	(98,937)	(32,185)	(609)	(131,731)
Total	5,873	10,808	345	17,026

14 Trade and Other Receivables

Current	31 March 2019		31 March 2018	
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Contract Receivables NHS - invoiced*	31,705	31,705	0	0
Contract Receivables other - invoiced*	17,485	17,485	0	0
Contract receivables - not yet invoiced*	69,150	69,150	0	0
Trade Receivables - NHS*	0	0	62,018	62,018
Trade Receivables - other*	0	0	6,736	6,736
Accrued Income*	0	0	41,763	41,763
Other Receivables*	0	0	13,423	13,423
Allowance for other impaired receivables	(6,361)	(6,361)	(5,757)	(5,757)
Prepayments	10,211	10,211	9,802	9,802
PDC Dividend Receivable	555	555	0	0
VAT Receivable	6,189	6,189	4,383	4,383
NHS charitable funds: trade and other receivables	0	931	0	631
Total Current Trade and Other Receivables	128,934	129,865	132,368	132,999
Non-Current	31 March 2019		31 March 2018	
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Contract Receivables*	4,441	4,441	0	0
Accrued Income*	0	0	5,199	5,199
Allowance for other impaired receivables	0	0	(136)	(136)
Finance lease receivables **	528	528	528	528
NHS charitable funds: trade and other receivables	0	0	0	250
Total Non-Current Trade and Other Receivables	4,969	4,969	5,591	5,841

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets.

This replaces the previous analysis into Trade Receivables, Accrued Income and Other Receivables. IFRS 15 is applied without restatement therefore the comparative analysis of receivables, have not been restated under IFRS 15.

** The Finance lease receivable in the analysis above relates to the amount due in relation to the Citylabs 1 land and building.

15 Allowances for credit losses	31 March 2019
	Trust and Group
	£000
Allowances at 1 April 2018 brought forward	5,893
New allowances arising	468
Total allowances for credit losses	6,361

IFRS 9 and IFRS 15 are adopted without restatement. Therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the prior period disclosure.

15.1 Allowances for credit losses	31 March 2018
	Trust and Group
	£000
At October 2017	0
Transfer by absorption	6,085
Decrease in Provision	(192)
Total allowances for credit losses	5,893

16 Cash and Cash Equivalents

31 March 2019	Trust £000	Charity £000	Group £000
Balance at 1 April 2018	119,896	5,792	125,688
Net Change in the Period	<u>34,667</u>	<u>(242)</u>	<u>34,425</u>
Balance at 31 March 2019	<u>154,563</u>	<u>5,550</u>	<u>160,113</u>

Comprising:-

Commercial Banks and Cash in Hand	167	5,550	5,717
Cash With the Government Banking Service	<u>154,396</u>	<u>0</u>	<u>154,396</u>
Cash and Cash Equivalents as per Statement of Financial Position	<u>154,563</u>	<u>5,550</u>	<u>160,113</u>

31 March 2018	Trust £000	Charity £000	Group £000
Balance at 1 October 2017	0	0	0
Transfers by absorption	117,656	3,197	120,853
Net Change in the Period	<u>2,240</u>	<u>2,595</u>	<u>4,835</u>
Balance at 31 March 2018	<u>119,896</u>	<u>5,792</u>	<u>125,688</u>

Comprising:-

Commercial Banks and Cash in Hand	132	5,792	5,924
Cash With the Government Banking Service	<u>119,764</u>	<u>0</u>	<u>119,764</u>
Cash and Cash Equivalents as per Statement of Financial Position	<u>119,896</u>	<u>5,792</u>	<u>125,688</u>

Third Party Assets of £24k held by the Trust as at 31 March 2019 (£12k held by the Trust as at 31 March 2018). These are excluded from the Trust's Cash and Cash Equivalents figures disclosed above.

17 Trade and Other Payables

Current	31 March 2019		31 March 2018	
	Trust £000	Group £000	Trust £000	Group £000
Trade payables	42,325	42,325	43,977	43,977
Capital payables	4,242	4,242	9,497	9,497
Accruals	91,325	91,325	72,850	72,850
Social security and other taxes payable	29,011	29,011	24,027	24,027
VAT payables	266	266	240	240
PDC dividend payable	0	0	854	854
Accrued interest on loans	0	0	722	722
Other payables	8,476	8,476	11,595	11,595
NHS charitable funds: trade and other payables	0	430	0	390
Total Current Trade and Other Payables	<u>175,645</u>	<u>176,075</u>	<u>163,762</u>	<u>164,152</u>

Non-Current	31 March 2019 Trust and Group £000	31 March 2018 Trust and Group £000
Accruals	<u>2,600</u>	<u>2,601</u>
Total Non-Current Trade and Other Payables	<u>2,600</u>	<u>2,601</u>

18 Borrowings	31 March 2019	31 March 2018
	Trust and Group	Trust and Group
	£000	£000
Current		
Loans from Independent Trust Financing Facility	7,775	10,333
Loans from other entities	777	753
Obligations Under Private Finance Initiative Contracts	11,228	11,200
Total	19,780	22,286

	31 March 2019	31 March 2018
	Trust and Group	Trust and Group
	£000	£000
Non-Current		
Loans from Independent Trust Financing Facility	92,942	96,966
Loans from other entities	1,876	2,688
Obligations Under Private Finance Initiative Contracts	312,975	324,204
Total	407,793	423,858

18.1 Reconciliation of liabilities arising from financing activities	DHSC loans	Other loans	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2018	107,299	3,441	335,404	446,144
Impact of implementing IFRS 9 on 1 April 2018*	714	8	0	722
Cash movements:				
Financing cash flows - payments and receipts of principal	(7,233)	(788)	(11,200)	(19,221)
Financing cash flows - payments of interest	(2,957)	(112)	(20,319)	(23,388)
Non-cash movements:				
Application of effective interest rate	2,894	104	20,317	23,315
Carrying value at 31 March 2019	100,717	2,653	324,203	427,573

* The interest accrued on loans at the 31 March 2018 has been included in the opening balance of the Trust's borrowings at 1 April 2018 in line with the requirements of IFRS 9. This was previously included in accruals.

19 Other liabilities	31 March 2019	31 March 2018
	Trust and Group	Trust and Group
	£000	£000
Current		
Other Deferred Income	20,400	22,635
Total	20,400	22,635
Non-Current		
Other Deferred Income	0	5,252
Total	0	5,252

20 Provisions for Liabilities and Charges

	Current	Non-Current	Current	Non-Current
	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	Trust and Group	Trust and Group	Trust and Group	Trust and Group
	£000	£000	£000	£000
Pensions- Early departure costs	589	4,189	708	4,652
Pensions- Injury benefits	108	1,643	1,340	462
Other Legal Claims	928	0	862	0
Restructurings	715	1,297	1,860	430
Other	13,518	1,686	18,282	1,707
Totals	15,858	8,815	23,052	7,251

20.1 Provisions for Liabilities and Charges Analysis

2018/19	Pensions- Early departure costs Trust and Group £000	Pensions Injury benefit Trust and Group £000	Other Legal Claims Trust and Group £000	Restructurings Trust and Group £000	Other Trust and Group £000	Totals Trust and Group £000
As at 1 April 2018	5,360	1,802	862	2,290	19,989	30,303
Change in Discount Rate	(263)	(69)	0	0	0	(332)
Arising During the Period	245	114	66	11	2,333	2,769
Utilised During the Period	(573)	(101)	0	(119)	(1,812)	(2,605)
Reclassified	0	0	0	0	0	0
Reversed Unused	0	0	0	(170)	(5,306)	(5,476)
Unwinding of Discount	9	5	0	0	0	14
At 31 March 2019	4,778	1,751	928	2,012	15,204	24,673
Expected Timing of Cashflows:						
- Not Later Than 1 Year	589	108	928	715	13,518	15,858
- Later Than 1 Year and Not Later Than 5 Years	3,842	475	0	1,297	1,686	7,300
- Later Than 5 Years	347	1,168	0	0	0	1,515
Total	4,778	1,751	928	2,012	15,204	24,673

2017/18	Pensions- Early departure costs Trust and Group £000	Pensions Injury benefit Trust and Group £000	Other Legal Claims Trust and Group £000	Restructurings Trust and Group £000	Other Trust and Group £000	Totals Trust and Group £000
As at 1 October 2017	0	0	0	0	0	0
Transfer by absorption	5,635	1,923	852	484	18,699	27,593
Change in Discount Rate	191	0	0	0	20	211
Arising During the Period	7	4	89	1,879	5,917	7,896
Utilised During the Period	(314)	(127)	0	(23)	(1,859)	(2,323)
Reversed Unused	(165)	0	(79)	(50)	(2,788)	(3,082)
Unwinding of Discount	6	2	0	0	0	8
At 31 March 2018	5,360	1,802	862	2,290	19,989	30,303
Expected Timing of Cashflows:						
- Not Later Than 1 Year	708	1340	862	1,860	18,282	23,052
- Later Than 1 Year and Not Later Than 5 Years	2,553	462	0	430	1,707	5,152
- Later Than 5 Years	2,099	0	0	0	0	2,099
Total	5,360	1,802	862	2,290	19,989	30,303

Pensions - Early Departure Costs per above relates to sums payable to former employees having retired prematurely due to injury at work. The provision is based upon current and expected benefits advised by the NHS Pensions Agency and the computed life expectancies of pension recipients.

Other legal claims - based on professional assessments, which are uncertain to the extent that they are estimates of the likely outcome of individual cases. Due to the dates of settlement of claims, are based on estimates supplied by NHS Resolution and/or legal advisors.

Restructurings - relates to estimate cost for various service re-design/transformation schemes, which have been committed to by the Trust. These relate to pay-protection and redundancy costs which are anticipated to be settled within a one year period.

Other provisions are made in respect of a number of unconnected liabilities. The Trust has taken professional advice, and used its best estimates in arriving at the provisions. These include provision for potential litigation for contractual obligations and for permanent injury benefits. The expected timing of the cash flows shown above is estimated from the best information available to the Trust at this point in time, but these are uncertain.

The provisions note for the period ended 31 March 2018 has been reanalysed to separately identify the injury benefits provision.

20.2 Clinical Negligence Liabilities

Included in the provisions of NHS Resolution at 31 March 2019 is £232,651k (31 March 2018, £398,235k) in respect of Clinical Negligence liabilities of the Trust and the Group.

21 Contingent Liabilities and Assets

21.1 Contingent Liabilities

The Trust has identified a level of material uncertainty in the prevailing HMRC guidance and its application to specific circumstances, which bears on the VAT recovery position of one of the Trust's contracts for the supply of services. An estimate has been made of the reasonably foreseeable liability which the Trust can expect to face in relation to this uncertainty and this estimate is provided for in the Trust's Statement of Financial Position. Given the ongoing significant uncertainty attached to the HMRC guidance and its applicability to the Trust's contract, the potential liability faced by the Trust may be estimated in the order of £3.0m greater than the amount provided for. However, management considers that a liability at that level has a significant lower probability of materialising and is taking all practical steps to minimise the Trust's exposure on this matter.

The Trust faces a number of claims from suppliers and other parties, including a putative contractual claim from a supplier. Management are satisfied that appropriate provision has been made in the financial statements for these issues.

The Trust also has a contingent liability of £214k (£248k at 31 March 2018) which represents the amount notified by NHS resolution to include in our accounts as a contingent liability.

22 Revaluation Reserve

	31 March 2019	31 March 2018
	Trust and	Trust and
	Group	Group
	£000	£000
Revaluation Reserve at the beginning of 1 April 2018	45,408	0
Transfer by absorption	0	38,333
Impairments	0	(73)
Revaluations	0	7,148
Revaluation Reserve at the end of the period	45,408	45,408

The revaluation was completed by the District Valuer with a valuation date as at 31st March 2018.

The Trust has not undertaken a full valuation as at the 31 March 2019, but has reviewed the indices available from the District Valuer to confirm the basis of valuation remains appropriate.

23 Related Party Transactions (Trust and Group)

Manchester University NHS Foundation Trust is a public interest body, a Department of Health and Social Care (parent of the group) Group body, authorised by Monitor (known as NHS Improvement since 1 April 2016), the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with the Trust.

One Non-Executive Director is Deputy President and Deputy Vice-Chancellor of the University of Manchester; and another Non-Executive Director is an independent co-opted member of the audit committee of the University of Manchester.

One Non-Executive Director is a council member of the University of Salford.

The Group Chairman and Chief Executive are board members for Manchester Academic Health Science Centre, a research and innovation body hosted by the Trust.

One Executive Director's spouse is the Head of Finance at NHS Specialist Commissioning North of England.

One Executive Director of the Trust is a director of Manchester Health Ventures, a wholly owned subsidiary of the Trust. The company was dormant in the year to 31 March 2019.

The Trust has entered into a number of transactions with the University of Manchester, the University of Salford and Manchester Academic Health Science Centre.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent department including:

- Department of Health and Social Care
- NHS England - North West Commissioning Hub
- NHS England - Core
- NHS Bolton CCG
- NHS Bury CCG
- NHS Eastern Cheshire CCG
- NHS Heywood, Middleton And Rochdale CCG
- NHS Manchester CCG
- NHS Oldham CCG
- NHS Salford CCG
- NHS Stockport CCG
- NHS Tameside And Glossop CCG
- NHS Trafford CCG
- NHS Wigan Borough CCG
- NHSE Greater Manchester Local Office
- Health Education England
- NHS Resolution
- Greater Manchester Mental Health NHS FT
- Salford Royal NHS FT
- The Christie NHS FT
- Public Health England

In addition, the Trust has had a number of material transactions with other Government Departments and other Central and Local Government bodies, with the greatest amounts relating to Manchester City Council, HM Revenue and Customs, and the NHS Business Services Authority (Pensions Division).

24 Contractual Capital Commitments

Commitments under Capital Expenditure contracts at 31 March 2019 for the Trust and the Group total £12.9m (31 March 2018 £17.5m) of which £12.7m relates to Property, Plant and Equipment (31 March 2018 £16.8m) and £0.2m relates to Intangible Assets (31 March 2018 £0.7m).

25 Finance Lease Obligations

Neither the Trust nor the Group had any obligations under Finance Leases in the year to 31 March 2019 (0 in the six months to 31 March 2018).

26 On-Statement of Financial Position Private Finance Initiative (PFI) Contracts

26.1 Total Obligations for On-Statement of Financial Position PFI Contracts

The predecessor Trusts entered into two Private Finance Initiative contracts which transferred to MFT on 1 October 2017.

In 1998, University Hospital of South Manchester NHS FT entered into 35 year PFI contract with South Manchester Healthcare Limited which expires in 2033. The contract covers the build and operation of two buildings at Wythenshawe hospital – the Acute Unit and the Mental Health Unit.

The Acute Unit consists of an Accident and Emergency department, a burns unit, coronary care unit, intensive care unit, six operating theatres, five medical and five surgical wards, an x-ray department, fracture clinic and renal department.

The Mental Health Unit provides adult and older people's outpatient and inpatient Mental Health services. The Trust sublets the Mental Health Unit to Manchester Mental Health and Social Care Trust. This agreement is treated as an operating lease and the income received is included within operating income.

In 2033, at the end of the PFI contract, the two buildings covered by the contract will transfer from South Manchester Healthcare Ltd to the Trust.

In December 2004, the Central Manchester University Hospital NHS Foundation Trust entered into a 38 year arrangement with Catalyst Healthcare (Manchester) Ltd under the Government's Private Finance Initiative (PFI).

The scheme involved the build and operation of four significant hospital developments on the Trust's Oxford Road Campus at an overall cost of approximately £500m.

In 2042, at the end of the agreement, ownership of the four properties (Manchester Royal Infirmary, Manchester Children's Hospital, Manchester Eye Hospital and St Mary's Hospital) transfers from Catalyst Healthcare (Manchester) Ltd to the Trust.

	31 March 2019	31 March 2018
	Trust and	Trust and
	Group	Group
	£000	£000
Gross PFI Liabilities	637,003	670,833
Of Which Liabilities are Due:		
Not Later Than One Year	36,723	36,817
Later Than One Year, Not Later Than Five Years	142,364	144,062
Later Than Five Years	457,916	489,953
Less Finance Charges Allocated to Future Periods	(312,800)	(335,429)
Net PFI Liabilities	324,203	335,404
Net PFI Obligation		
Not Later Than One Year	11,228	11,200
Later Than One Year, Not Later Than Five Years	51,561	49,571
Later Than Five Years	261,414	274,633
	324,203	335,404

26.2 On-Statement of Financial Position PFI Commitments

The Trust is committed to making the following payments for on-Statement of Financial Position PFI obligations:-

	31 March 2019	31 March 2018
	Total	Total
	Trust and	Trust and
	Group	Group
	£000	£000
Within One Year	119,720	116,051
2nd to 5th Years (Inclusive)	500,619	492,547
Later Than 5 Years	2,745,280	2,869,584
Total	3,365,619	3,478,182

26.3 PFI - Amounts Payable to Service Concession Operator

	2018/19	Six months to
	Total	31 March 2018
	Trust and	Total
	Group	Trust and
	£000	Group
		£000
Unitary payment payable to service concession operator (total of all schemes)		
Consisting of:		
- Interest charge	20,317	10,474
- Repayment of finance lease liability	11,200	5,259
- Service element	59,453	32,350
- Capital lifecycle maintenance	7,636	4,423
- Contingent rent	17,680	7,871
Total	116,286	60,377

27 Events Following the Statement of Financial Position Date

There were no other events following the Statement of Financial Position date, either requiring disclosure, or resulting in a change to the financial statements of the Trust or the Group.

28 Financial Instruments

IFRS 7 requires disclosure of the role which Financial Instruments have had during the period in creating or changing the risks which a body faces in undertaking its activities. Because of the continuing service provider relationship which the Trust has with its Commissioners, and the way in which those Commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, Financial Instruments play a much more limited role in creating or changing risk for the Trust than would be typical of listed companies, to which these standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and Financial Assets and Liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities. For the Group, the MFT Charity does hold investments, and is therefore exposed to a degree of financial risk. This risk is carefully managed by pursuing a cautious, low risk Investment Strategy, and by monthly reviews of the performance of investments.

The Trust's Treasury Management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions, and policies agreed by the Board of Directors. Similarly, for the Group the Treasury Management of the MFT Charity's investments is carried out by the Charity Finance Team, following the policies set down by the Trustee, and subject to the approval of the Charitable Funds Committee. The Trust's and the Group's treasury activities are also subject to review by Internal Audit.

Liquidity Risk

Net operating costs of the Trust are funded under annual Service Agreements with NHS Commissioners, which are financed from resources voted annually by Parliament. The Trust largely finances its capital expenditure from internally generated cash, and funds made available by the Department of Health and Social Care. Additional funding by way of loans has been arranged with the Foundation Trust Financing Facility to support major capital developments. The Trust is, therefore, exposed to liquidity risks from the loan funding - however these risks are approved, and comply with NHSI's Risk Assessment Framework. For the Group, the Charity finances all of its expenditure from the resources which have been donated to it, and therefore faces no liquidity risk.

Currency Risk

The Trust and the Group are principally domestic organisations with the overwhelming majority of their transactions, assets and liabilities being in the UK and Sterling based. The Trust and the Group have no overseas operations, and therefore have low exposure to currency rate fluctuations.

Interest Rate Risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. The Trust is not, therefore, exposed to significant interest rate risk. For the Group, the Charity has interest bearing bank balances, which are subject to variable rates of interest. However, all other financial assets, and 100% of financial liabilities, of the Charity carry nil rates of interest. The Charity's bank balances represent approximately 1% of the Group's total Net Assets, and so the Group is not exposed to significant interest rate risk.

Credit Risk

The majority of the Trust's Income comes from contracts with other public sector bodies, and therefore the Trust has low exposure to credit risk. The maximum exposure as at 31 March 2019 is within Receivables from customers, as disclosed in the Trade and Other Receivables Note to these Accounts (Note 17). For the Group, the Charity's Income comes only from Donations, Legacies and Investment Income. Therefore the position of the Group is as for the Trust - the maximum exposure to Credit Risk is in respect of Receivables.

Market Price Risk

The Trust and the Group holds a number of investments at fair value and is therefore exposed to changes in the market price of these investments. This is not considered to be a significant risk to the Trust given the relative immateriality of the value of these investments and the Trust and Group's appetite to risk.

29 Carrying values of financial assets

29.1

Carrying values of financial assets under IFRS 9	31 March 2019			Total book value £000
	Trust and Group			
	Held at amortised cost £000	Held at fair value through other comprehensive income £000	Held at fair value through profit and loss £000	
Trade and Other Receivables Not Including Non-Financial Assets	116,948	0	0	116,948
Other Investments	0	0	2,513	2,513
Cash and Cash Equivalents	154,563	0	0	154,563
Trust total	<u>271,511</u>	<u>0</u>	<u>2,513</u>	<u>274,024</u>
Charitable Fund: financial assets	6,480	19,550	0	26,030
Group total	<u>277,991</u>	<u>19,550</u>	<u>2,513</u>	<u>300,054</u>

Fair Values of Financial Assets at 31 March

Fair Values at 31 March 2018	Book Value Trust £000	Book Value Group £000
Non-Current Trade and Other Receivables Excluding Non-Financial Assets	5,591	5,841
Other Investments	866	19,876
Total at 31 March 2018	<u>6,457</u>	<u>25,717</u>

29.2 Carrying values of financial liabilities under IFRS 9

	Other Financial Liabilities	
	31 March 2019	31 March 2018
	Trust and Group £000	Trust and Group £000
	Held at amortised cost	Held at amortised cost
Borrowings Not Including Finance Leases and PFI Obligations	103,370	110,740
Obligations Under PFI Contracts	324,203	335,404
Trade and Other Payables Not Including Non-Financial Liabilities	148,968	145,284
Provisions Under Contract	12,579	19,106
Trust total	<u>589,120</u>	<u>610,534</u>
Charitable Fund: financial liabilities	429	390
Group total	<u>589,549</u>	<u>610,924</u>

29.3 Maturity of Financial Liabilities

	31 March 2019		31 March 2018	
	Trust £000	Group £000	Trust £000	Group £000
In One Year or Less	171,985	171,985	176,808	177,198
In More Than One Year But Not More Than Two Years	19,542	19,542	19,438	19,438
In More Than Two Years But Not More Than Five Years	73,096	73,096	64,707	64,707
In More Than Five Years	324,926	324,926	349,581	349,581
Total	<u>589,549</u>	<u>589,549</u>	<u>610,534</u>	<u>610,924</u>

30 Losses and Special Payments

30.1 Losses and Special Payments Incurred

	2018/19		Six months to 31 March 2018	
	Number of Cases Trust and Group Number	Value of Cases Trust and Group £000	Number of Cases Trust and Group Number	Value of Cases Trust and Group £000
Bad Debts and Claims Abandoned	476	399	918	2,730
Stores losses	12	71	6	34
Compensation Payments Under Legal Obligation	1	9	1	14
Ex Gratia Payments	59	69	36	52
Totals	548	548	961	2,830

Losses and Special Payments are reported on an accruals basis, excluding provisions for future losses.

31 Taxpayers' and Others' Equity

31.1 Public Dividend Capital

Public Dividend Capital (PDC) represents the Department of Health and Social Care's equity interest in the Trust, i.e. it is a form of long term Government finance which was initially provided to the Trust when its two predecessor organisations were founded as NHS Trusts in 1991, enabling it to acquire its assets from the Secretary of State for Health at that time.

Occasionally specific Capital Expenditure, can be funded by additional PDC being issued to the Trust. During the year the Trust has £1.489m for IT Schemes.

As outlined at Note 1.28 to these Accounts, a PDC Dividend of 3.5% per year is payable by the Trust to the Department of Health and Social Care in respect of the value of the Trust's Average "Net Relevant Assets".

31.2 Revaluation Reserve

The Revaluation Reserve represents differences between the latest valuations of the Trust's land and buildings and their cost, less depreciation to date of the buildings, as outlined in Note 1.10.

31.3 Income and Expenditure Reserve

The Income and Expenditure Reserve represents the accumulation of all surpluses and deficits made by the Trust since its inception.

31.4 Charitable Fund Reserves

The Charitable Fund Reserves are made up as follows:-

- Restricted Funds are those funds which have been donated, with specific purposes stipulated for the use of the Funds.
- Unrestricted funds are those funds which have been donated, and can be used for any appropriate purpose.
- Revaluation Reserve, which reflects the difference between the latest valuation of the Charity's Investments, and the original sums of money invested. The Statement of Financial Activities shows the change in value in the current financial year. The Statement of Financial Position shows the cumulative unrealised gain since the initial investment was made.

32 Consolidation of Charitable Funds - Reconciliation of Charity Accounts to Consolidation Figures - Statement of Financial Activities / Statement of Comprehensive Income

	Per Charity Accounts 2018/19	Consolidation Consistency Adjustments year to 31 March 2019	Figures Used in Consolidated Accounts 2018/19	Per Charity Accounts six months to 31 March 2018	Consolidation Adjustments six months to 31 March 2018	Figures Used in Consolidated Accounts six months to 31 March 2018
	Total Funds £000	Total Funds £000	Total Funds £000	Total Funds £000	Total Funds £000	Total Funds £000
Income From:						
Donations and Legacies	7,780	0	7,780	3,289	0	3,289
Investments	413	0	413	298	0	298
Total	8,193	0	8,193	3,587	0	3,587
Expenditure on:						
Raising funds	1,634	0	1,634	5,708		5,708
Charitable activities	6,586	217	6,803	814	(5,171)	(4,357)
Total	8,220	217	8,437	6,522	(5,171)	1,351
Net (loss)/gain on investments	543	0	543	(429)	0	(429)
Losses on disposals of assets	0	0	0	(52)	0	(52)
Net income/(expenditure)	516	(217)	299	(3,416)	5,171	1,755
Transfer to Greater Manchester Mental Health Charity	0	0	0	(48)	0	(48)
Transfer from Wythenshawe Charity to MFT Charity	0	0	0	5,669	0	5,669
Net movement in funds	516	(217)	299	2,205	5,171	7,376
Total Funds Brought Forward	17,578		25,388	11,675		18,012
Total Funds Carried Forward	18,094		25,687	13,880		25,388

Note 1.4 details the reason for the requirement to adjust the values relating to the Charity, when consolidating into the Group Accounts.

The main adjustment is due to the Charity Accounts being completed following the accounting rules detailed in the Statement of Recommended Practice (SORP). This includes accounting for expenditure including any commitments made. The Group accounts are based on International Financial Reporting Standards (IFRS), which does not include the commitment accounting. Therefore, for the purpose of the consolidation the Charity accounts are amended for this difference. These are the consolidation adjustments included note 32 and 33.

33 Consolidation of Charitable Funds - Reconciliation of Charity Accounts to Consolidation Figures - Statement of Financial Position

	Per Charity Accounts	Consolidation Consistency Adjustments	Figures Used in Consolidated Accounts	Per Charity Accounts	Consolidation Adjustments	Figures Used in Consolidated Accounts
	31 March 2019 £000	31 March 2019 £000	31 March 2019 £000	31 March 2018 £000	31 March 2018 £000	31 March 2018 £000
Fixed Assets						
Tangible Assets	82	0	82	95	0	95
Investments	19,554	0	19,554	19,010	0	19,010
Debtors	0	0	0	250	0	250
Total Fixed Assets	19,636	0	19,636	19,355	0	19,355
Current Assets						
Debtors	931	0	931	631	0	631
Cash at Bank and in Hand	5,550	0	5,550	5,792	0	5,792
Total Current Assets	6,481	0	6,481	6,423	0	6,423
Current Liabilities						
Creditors Falling Due Within One Year	(7,560)	7,130	(430)	(11,465)	11,075	(390)
Net Current Assets	(1,079)	7,130	6,051	(5,042)	11,075	6,033
Total Assets less Current Liabilities	18,557	7,130	25,687	14,313	11,075	25,388
Non - Current Liabilities						
Provision for Liabilities and Charges	(463)	463	0	(434)	434	0
Total Net Assets	18,094	7,593	25,687	13,879	11,509	25,388
Funds of the Charity						
Restricted Income Funds	10,908	7,593	18,501	7,905	11,509	19,414
Unrestricted Income Funds	3,822	0	3,822	3,972	0	3,972
Revaluation Reserve	3,364	0	3,364	2,002	0	2,002
Total Charity Funds	18,094	7,593	25,687	13,879	11,509	25,388

Details about each of the three Funds within the Charity's Reserves are given in Note 31.4.

We would like to thank everyone who has contributed to producing this report.

For further information about the organisation, visit our website: www.mft.nhs.uk