Improve@MFT

Quality Improvement Week Information Pack

14–18 September 2026



Better is possible when we improve together...

Manchester University NHS Foundation Trust

14–18th SEPTEMBER 2026

QUALITY IMPROVEMENT WEEK

CELEBRATE CHANGE

Showcase improvement stories and recognise the colleagues and teams making a difference.

SHARE LEARNING

Share practical tools, useful resources and what teams have learned through testing change.

IMPROVE TOGETHER

Help more people connect with Improve@MFT and take one achievable next step.

Whether you lead improvement, support a local project, are testing some small changes or are simply curious about making things better – the 2026 national QI Week is an invitation to get involved!

#QIWeek 2026

This year's QI Week theme – "QI is for everyone"

Celebrating change. Sharing learning. Improving together.

NHS Manchester University NHS Foundation Trust

Quality Improvement Week takes place from **14–18 September 2026**. First launched by Solent NHS Trust in 2023 as a way to bring people together to celebrate and share quality improvement, it has since grown into a national movement, with more than 50 organisations now taking part. **This year, MFT is pleased to be joining them!**

At MFT, we'll use the week to **celebrate change, share learning and improve together**. Across the week, we'll showcase improvement stories from across the Trust, share practical tools and ideas, recognise colleagues and teams making a difference, and help more people connect with **Improve@MFT** – our home for all things improvement at MFT.

Whether you are new to improvement or you are looking for resource sand support to take your improvement work to the next level, you can explore our offer by visiting our Improvement Hub: **Improvement MFT - Home**

#QIWeek 2026

Already doing improvement work?
Share your story here: MS Form
We well be sharing a selection of your stories and updates throughout the week on our comms channels

Curious to get started with an improvement idea and need some support?
Book in for a chat with one of our improvement coaches: BOOK CLINIC

GET INVOLVED! How to celebrate our local MFT improvement heroes and superstar projects

Manchester University NHS Foundation Trust

- Want to send a shout out to someone who really smashed it on an improvement project this year?
- Want to tell people about some fantastic work your team did to improve things in the past year?

Fill in this simple form and let's make improvement visible!



Share your Improvement story or send us your Shout Outs here: MS Form

IMPROVEMENT SHOUT-OUTS

Recognise people and teams through six simple categories.

- **Celebrating Change**
  A team that improved something meaningful
- **Sharing Learning**
  Someone who helped others learn
- **Improving Together**
  Collaboration across teams or services
- **Practical Curiosity**
  A useful question followed by a test
- **Patient Value**
  Better care or experience
- **Staff Experience**
  Work made easier or better

Digital recognition: certificates, SharePoint features and senior leader mentions.

Our QI Week Calendar:

One event, one action, every day!

NHS Manchester University NHS Foundation Trust

At MFT, we know how busy our teams are so we have designed a simple, accessible programme that makes it easy to take part. Across the week, colleagues can **share improvement stories, recognise others through shout-outs, access practical resources and celebrate the changes making a difference across MFT**.

DAY	THEME	MAIN EVENT	ONLINE MEETING LINKS	ACTION STAFF CAN TAKE
MON 14th	QI is for everyone	Quality Improvement Week @ MFT - Virtual Launch	11:00 -11:30 am https://teams.microsoft.com/meet/374774260168382?p=NzD7bus6sLqqiOAREQ	Visit the MFT Improvement sharepoint hub; answer one improvement question
TUE 15th	Celebrating change	Introduction to Improvement - 30 Minute online Taster Session	09:00 am - https://teams.microsoft.com/meet/331912072731776?p=pGrx8qZ00h3Kq2JotQ 13:30 pm - https://teams.microsoft.com/meet/325663785172048?p=Vcdn4o5WBBTocZ9Eqx	Submit a story via MS Form
WED 16th	Sharing learning	Practical QI tools coaching session – 30 minute online drop-in	09:30 am – https://teams.microsoft.com/meet/338195797529526?p=f4TtIlZGb4qEtk3R8f 13:00 pm - https://teams.microsoft.com/meet/372778250455673?p=DqYdWZrUE5Cnq7achx	Download and use one tool
THU 17th	Improving together	Improvement Stands in MRI, EYE, SMH and RMCH Atriums on sharing and spreading Improvement	11:00-13:00 – in person events	Pop down and chat with us!
FRI 18th	What next?	30-minute wrap-up, shout-outs, Improvement Montage and next steps	13:00 – 13.30 https://teams.microsoft.com/meet/362826382245315?p=DOOg8f8zNJtoaxSGIQ	Choose one next step

What's going on this week outside MFT?

Explore the national QI Week programme

Manchester University NHS Foundation Trust

Nationally, QI Week 2026 will bring together NHS organisations from across the country to celebrate improvement, share learning and connect people working to make care better.

The programme includes **more than 40 webinars from organisations across the country**, covering practical QI methods, improvement culture, co-production, lived experience, leadership and examples of improvement in action.

You can explore these resources and find links to the webinars here: **QI Week | The Academy of Research and Improvement**
(scroll down to see their flipbook day-by-day agenda!)





Explore QI Week

Improve@MFT

RESOURCES:

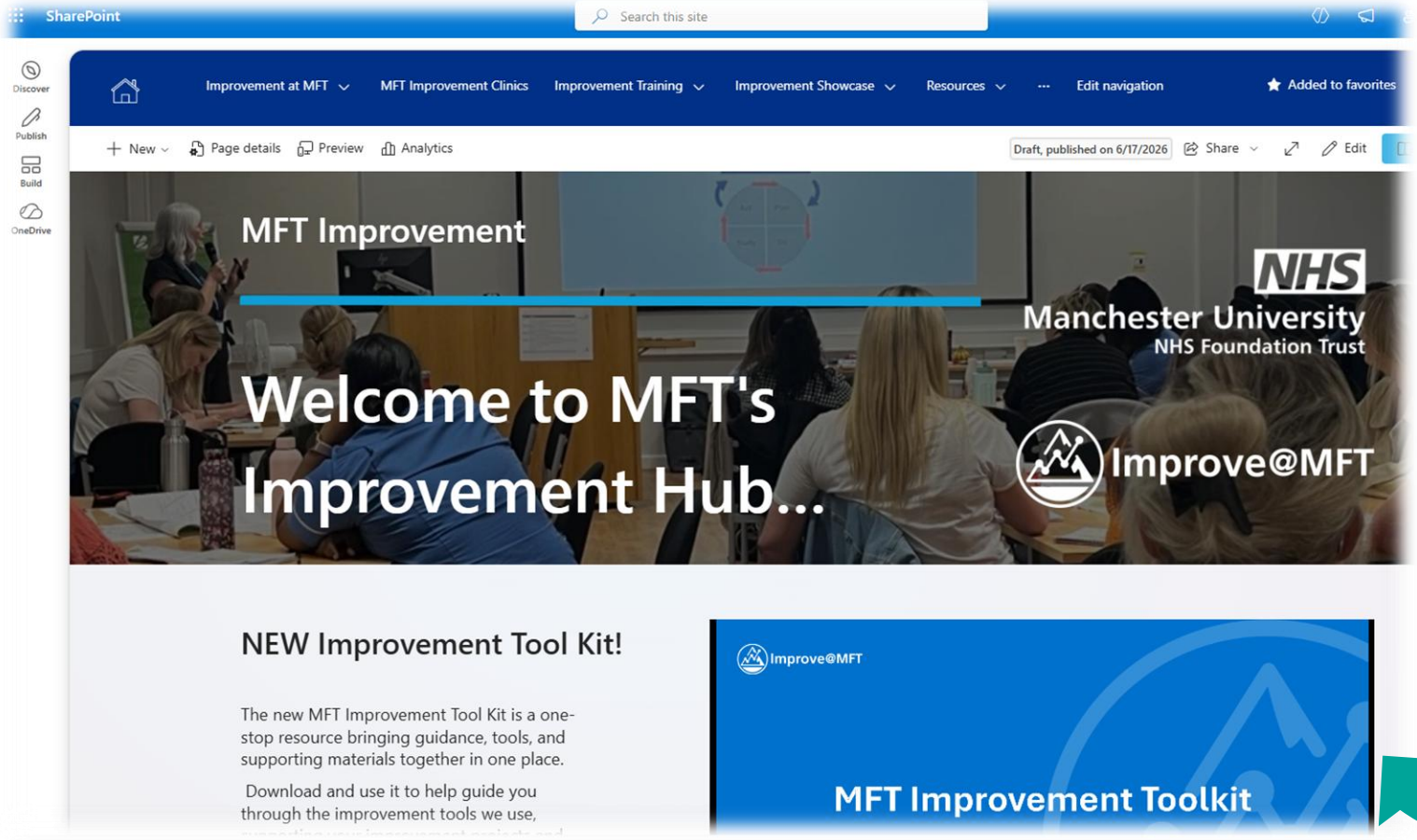
Printable posters to let staff know what support is on offer to help their improvement work

The Improve@MFT digital hub

The home of everything 'improvement' at MFT

Manchester University NHS Foundation Trust

Whether you are new to improvement or you are looking for resources, fresh ideas or support to take your improvement work to the next level, explore the help on offer at MFT by visiting our Digital Hub:
Improvement MFT – Home or email Improve@mft.nhs.uk for advice



Our Toolkit contains all the most commonly used improvement tools at MFT, with step-by-step guidance of how you can apply them in your work areas – try it today!

Download our Improvement Tool Kit:
Click here

Resources to print

Want to get yourself or your team trained up in improvement? Its free for MFT staff!

Please print these posters out and put them up in your staff areas – just click the links below

Manchester University NHS Foundation Trust



[2026 Pathfinders Poster with date]



[2026 Pathfinders Poster Online]



[Pathfinder No Dates]

Resources to print

Did you know we also hold 121 coaching sessions for anyone working on an improvement project?

Please print these out and put them up in your staff areas.

- ❑ Getting stuck with a project?
- ❑ Running out of steam or ideas?
- ❑ Hitting a brick wall and don't know what to do next?
- ❑ Or is your project doing brilliantly but you don't know how to share your great ideas with others?

COME TO AN IMPROVEMENT CLINIC!

Our improvement coaches are here for you – just book on via the link on this poster



2026 Improvement Clinic Poster



2026 – SharePoint QR Poster

Improve@MFT

IMPROVEMENT RESOURCES:

Case study examples of real MFT improvement projects

(Find more on the Improvement digital hub!)

Improvement Project Example

Manchester University NHS Foundation Trust

Reducing DNA rates and reducing health inequalities
December 2025

Manchester University NHS Foundation Trust

1. Identify the problem

What is the problem?

Life expectancy in Manchester is the second lowest in the UK. with men averaging 74.8 years and women 79.2 years. Social determinants such as income, communication barriers, comorbidities, and transport access contribute to this health gap and influence whether people engage with healthcare services.

DNAPredict helps by targeting support to those who need it most. AI identifies patients at high risk of missing appointments, which enables teams to reach out to identify and overcome barriers to attendance. However, it is very resource intensive. During 2024 we needed to call 14 high risk patients to prevent one DNA. This is the main barrier to wider adoption.

What are we trying to achieve?

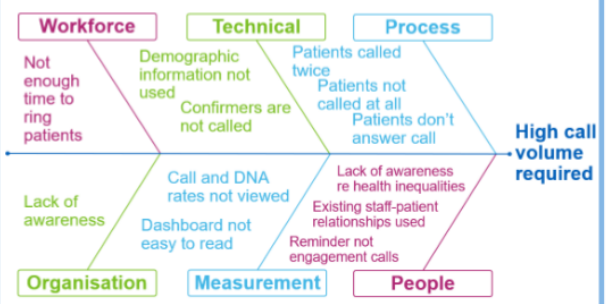
We want to prevent more DNAs with fewer calls.

Project Team

Role	Name of person or group
SRO	Ceyda Mogulkoc-Zhuang
Public Health Lead	Simon Watts
Research Lead	Louise Laverty
Clinical Lead	Anthony Wilson
Patient Engagement	Ashley Derbyshire
Data Lead	Tom Jones
Improvement Lead	Sam Evans

2. Understand why

What is causing the problem?



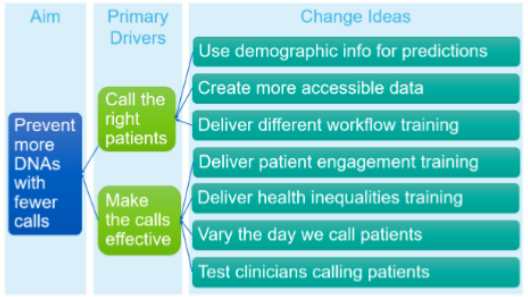
4. Test change ideas

Tests of change

Test	Outcome	Action
Call patients on weekdays not weekends	52% of calls were answered at NMGH on weekdays versus 44% at weekends	Adopt
Publish monthly newsletter	October newsletter received 120 unique views from a distribution list of 234	Adopt
Call theatre patients	The DNA rate for high-risk TESH patients reduced from 44% to 14%	Adopt
Produce SPC charts for each Department	Positive feedback from Departmental Managers	Adapt

3. Plan change ideas

What changes can we make that will result in improvement?



How will we know if the changes are an improvement?

Measure type	Measure definition	Collection plan
Process	Calls required per DNA avoided	Hive dashboard
Outcome	DNA rate for high-risk patients	Hive dashboard
Outcome	DNA rate for patients who experience health inequalities	Index of multiple deprivation IMD)
Balancing	Clinic overruns	Locally per clinic

5. Sustain what works

What have we learned?

Making data visible to front line staff generated ideas for improvement. Developing an improvement community enabled these ideas to be surfaced and tested. Ongoing feedback, iteration, and refinement with staff and patients is essential to ensure digital tools evolve to meet operational needs.

What will we do next?

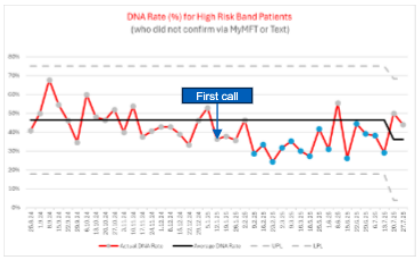
We will:

- Roll out DNAPredict for theatres across MFT
- Deliver better predictions using demographic information
- Test calling patients who confirmed their attendance digitally
- Analyse the impact of clinicians calling patients
- Avoid some patients being called twice, or not at all

Are the changes making an improvement?

What does the data tell us?

- The number of calls required per DNA avoided has reduced from 14 in 2024, to 8 in 2025 (fewer calls are required per DNA avoided)
- The percentage of high-risk patients called has increased from 5% in 2024, to 14% in 2025 (more calls are being made)
- The reduction in the DNA rate for high-risk patients was 7% in 2024, and 12% in 2025 (more DNAs are being prevented)
- MFT DNA rate for high-risk patients is 43% - with DNAPredict we can reduce that to 31% (see SPC chart to the right as an example)



Read more about this story here:
[Project A3]

Improvement Project Example

Manchester University NHS Foundation Trust

A3 for Benign Gynaecology – Community Pathway Redesign

Date: 09/12/25

1. Identify the problem

What is the problem?

Problem statement

Women across Greater Manchester face fragmented access to Gynaecology, sexual health, menopause, and contraception services. Many are required to attend hospital-based appointments that could be delivered more effectively in the community. The lack of community provision is increasing RTT wait times and placing additional pressure on secondary and tertiary centers, delaying care for patients who most need specialist treatment.

What are we trying to achieve?

SMART aim statement

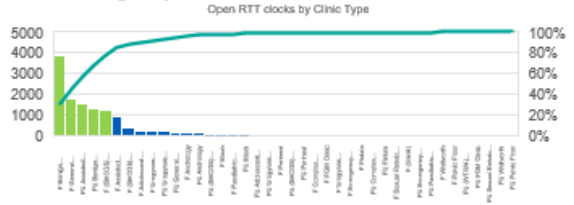
By March 2026, we will have tested a new model for community benign gynaecology services across four GP sites in Greater Manchester, treating 2,000 benign patients closer to home and ensuring timely access to the right clinician. We will also expand the tier two service at Withington Health Clinic with four GPs with special interest.

Project Team

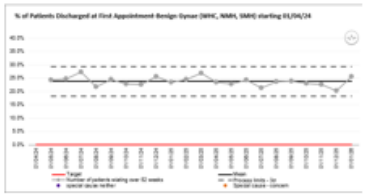
Role	*Name*
Lead Clinician	Yara Mohammed
Lead Nurse	Emma
Directorate manager	Alex Daly
Improvement	Alex Close
Strategy	Kat Goodman

2. Understand why

What is causing the problem?



Benign Gynaecology alone accounts for around 41% of patients on the RTT waiting list (31% first appointments and 10% follow-ups), making it the most logical priority for significant pathway redesign. This along with the priorities set out in the 10-year plan to move care into the community from hospitals indicate the importance of this work.



On average 23% of benign patients are discharged at their first hospital appointment. Many of these patients can be managed safely in the community, giving them faster, more convenient care.

In the Tower Hamlets model, only 25% of referrals require secondary care. To shape the future model, further work is needed to understand what proportion of Gynaecology patients could be managed in the community. The initial focus will be on benign patients who meet tier two triage criteria, with additional analysis required to determine the wider number and proportion of patients suitable for community-based care.

3. Plan change ideas

What changes can we make that will result in improvement?



How will we know if the changes are an improvement?

Measurement Plan

#	Measure	Measure type	Operational definition	Frequency	Who will collect?	How will the data for each measure be collected?
1	RTT Performance – 52-week performance	Outcome	• Number of benign gynaecology patients waiting over 52 weeks from referral for their treatment. • Number of patients that have had treatment in Tier two who have breached 52 weeks.	Weekly	MFT Operational Performance team	Performance Team Documents - Performance Reports - All Documents
2	RTT Performance – 18-week performance	Outcome	• % of benign gynaecology patients receiving a treatment within 18 weeks of referral.	Weekly	MFT Operational Performance team	Performance Team Documents - Performance Reports - All Documents
3	RTT Performance - Number of weeks to treatment	Outcome	• Average weeks wait for treatment for patients receiving care through Tier two and GM pilot.	Weekly	MFT Operational Performance team	
4	Number of benign gynae patients being seen by GP	Outcome	• Number of patients receiving care within receiving care within community settings via the GM pilot. • Number of patients receiving care by GPs within Tier two at Withington	Weekly	• GPs / ICB • Ops team MFT	• Shared spreadsheet • Clinic activity using GP clinic codes on InterPrimeRR
5	Proportion of patients discharged from tier two and GM pilot	Process	• % of patients who were discharged by GPs stationed at Withington Tier 2. • % of patients who were discharged by GPs taking part in the GM pilot.	Weekly	• Ops team MFT • GPs / ICB	
6	Number of follow up appointments offered by GPs	Process	• Number of follow up appointments offered with community settings (GM pilot) • Number of follow up appointments offered by GPs within Withington Tier Two.	Weekly	• GPs / ICB • Ops team MFT	
7	Patient experience	Balancing	• Formal complaint themes • Informal complaint themes • Specific Tier Two and community GM pilot patient experience questionnaire responses	Weekly	• Lead nurse • Admin leads • GPs to distribute. Lead nurse to review	• Formal complaints routes • Informal complaints routes • Microsoft form given to patients within GP settings
8	Number of DNAs in the community	Balancing	Number and % rate of DNAs in community settings	Weekly	ICB / Individual GP practices	• Monitored by GP practices and reported via shared spreadsheet
9	Number and details of patients being transferred to into MFT consultant-led care from GM pilot and tier two gynaecology	Balancing	• Patient details including NHS number and weeks wait for patients that are transferred back into consultant-led care from GM pilot and Tier Two gynaecology.	Weekly	GP surgeries to collect	
10	% of patients discharged at first appointment	Balancing	• Patients within Tier two Withington service s			

Discussions are still ongoing with the ICB regarding outcome measurement and official KPIs. However, in line with our aim to move care closer to home and monitor RTT outcomes, the team has developed a measurement plan to track patient outcomes and efficiency and productivity.

4. Test for Change Ideas

Pilot pathway includes:

- Expansion of the Withington Community Women's Health Hub (from 1 to 4 GPs)
- Introduction of new community pathway in four Greater Manchester locations.
- Implementation of a triage process to redirect suitable patients to GPs with Special Interest in community settings.
- Ongoing patient experience surveys and outcome measurement to evaluate this test for change over the coming months.



5. Sustain what works

What have we learned?

Tier two services within the Withington Health Hub have already contributed to supporting the RTT position, and the planned expansion will be closely monitored. The ICB is working closely to track outcomes from the Greater Manchester pilot to ensure impact is measured effectively

What will we do next?

After expansion of the benign pilot, it is likely that urogynae conditions such as incontinence will be moved into community setting also in line with best practice tariff guidelines.

Read more about this story here:
Project A3

Improvement Project Example

Manchester University NHS Foundation Trust

Title: RMCH Spinal Service – Pathway redesign approach
Owner: Jez Sheppard

ImproveMFT — Manchester University NHS Foundation Trust

Identify the Problem: Background

What is the problem? The spinal service at Royal Manchester Children's Hospital (RMCH) is currently facing significant operational and clinical pressures, including long surgical waiting lists, limited pre-operative and theatre capacity, bed and staffing constraints, and pathway inefficiencies. This programme aims to deliver a sustainable improvement plan across the full pathway, enhancing patient flow, reducing RTT breaches, and improving clinical outcomes.

The overall vision for the Spinal Service is supported by three pillars: capacity and demand planning (including ward reconfiguration), alignment of the Greater Manchester (GM) vision and strategy, and pathway redesign.

These components are interlinked to deliver a cohesive, forward-looking service model that addresses both local and regional needs effectively.



MFT Pathway redesign: 5 step approach

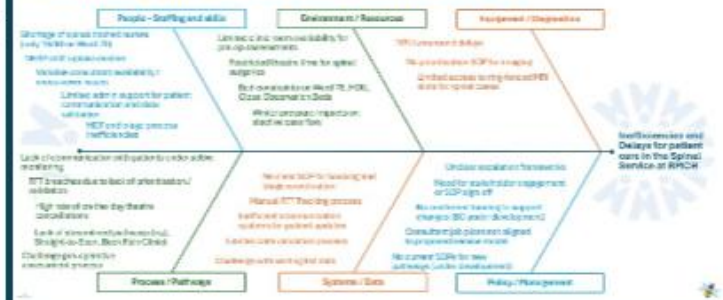


Outcome measure: Baseline



Improvements seen to date thanks to hard work of the team but still unlikely to reach the target.

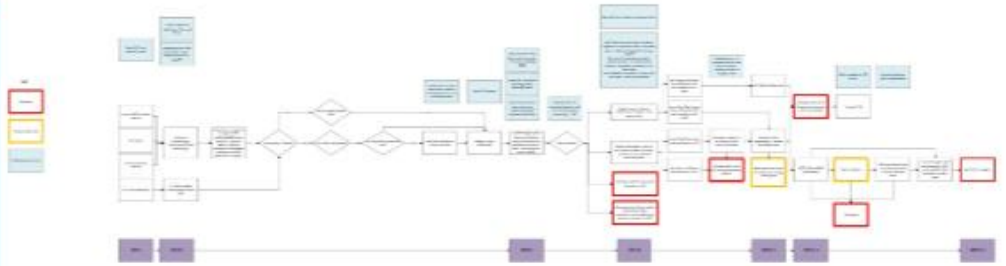
Understanding Why: Cause and Effect (Fishbone) Diagram



Planning Change Ideas: Driver Diagram



Test Change Ideas: Agreed pathway



SMART Aim

To reduce RTT breaches and enhance clinical outcomes in the spinal service at RMCH by April 2026, creating a sustainable and efficient care pathway

Goals

- Improve capacity for spinal clinics, pre-ops, and surgery
- Implement best practice pathways
- Reduce RTT breaches and on the day theatre cancellations
- Validate and prioritise the waiting list effectively
- Improve communication with patients on active monitoring
- Strengthen MDT and triage processes

Team

- SHCG SLT, RMCH SLT, Divisional triumvirate, SHCG Head of performance, RMCH Spinal consultants, Matron

Meeting Frequency

Weekly Spinal improvement group

Read more about this story here:
[Project A3]