Manchester University NHS Foundation Trust
Annual Report and Accounts
1st April 2022 to 31st March 2023

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1 Manchester University NHS Foundation Trust

1.1 Welcome from our Chairman and Chief Executive

The last three years have seen Manchester University NHS Foundation Trust (MFT), and the wider NHS, face unprecedented challenges as they have responded to the impact and legacy of the COVID-19 pandemic.

Whilst the focus of the country has moved on, and restrictions to the way we live our daily lives have now been lifted, 2022/23 still saw large numbers of patients in our hospitals with COVID-19. Indeed, at times in January 2023, we had over 420 patients with the virus in our hospital beds, not far from the peak of the pandemic when the numbers reached 450. On top of this, a severe strain of flu circulated towards the latter end of 2022 that put further pressure on our services and impacted staff absence rates.

Within this context, a key priority for us this year was to focus on our elective recovery programme, ensuring that those patients who, as a result of the pandemic had been waiting long periods for hospital treatment, were seen as quickly as possible. We were successful in delivering the national target of eliminating our 104-week waiting list by the end of June 2022. We then turned our focus on patients who had waited for up to 78 weeks. This work will continue over the next two years, as we seek to return to pre-pandemic waiting list levels.

Alongside the focus on elective care, we have seen increased demand on our urgent and emergency care services and, at times, people have had to wait longer in our Emergency Departments than we would want. This has been due to the large numbers of people attending for treatment, and the challenge in promptly discharging medically fit patients for whom suitable care is not available in their homes or local residential or nursing homes.

Despite these very challenging circumstances, MFT has continued to deliver outstanding care to the thousands of people who use our services every week. Patient safety has remained our overriding priority and the efforts of our 28,000+ staff have been nothing short of heroic. Despite having worked in very difficult circumstances over the last three years, they continue to go above and beyond, driven by their determinations to make sure every single patient receives the best possible care. Our commitment to invest in our staff, detailed in our MFT People Plan, has continued throughout the year. Meanwhile, our ambition to be the first-choice employer for anyone starting their career, or seeking new opportunities in the NHS, continues to drive the way we function as a Trust.

In September, we successfully launched our new Electronic Patient Record, Hive. It has already helped us to deliver better, more co-ordinated care. At the same time, it is providing patients with greater control over their own care through the use of the MyMFT app. Hive will provide us with many more benefits over the coming years, transforming the way we organise our waiting lists and ensuring we make maximum use of the capacity in our hospitals. This will enable patients to be seen by the most appropriate health professional sooner.

Other significant successes over the year include the launch of our Manchester Rare Conditions Centre and the continued development of our ground-breaking research and innovation work. MFT is now at the forefront of this field, delivering hundreds of research trials each year and translating that research into new life-saving medical interventions.

The huge achievements from over the last year would not have been possible without the efforts of our staff, who continue to provide excellent and compassionate care to all of our patients, despite the challenges this year has thrown at us. They are, without doubt, our strongest asset, and we are very proud of and grateful for their continued dedication and professionalism.

Finally, we'd like to recognise the enormous contributions of two of our leaders who left us at the end of 2022/23. Gill Heaton, our Group Deputy Chief Executive, started as a student nurse at Manchester Royal Infirmary in 1976 and leaves a huge legacy from her time with us, including overseeing the development of the new hospitals on our Oxford Road campus, which were completed in 2009. Sir Mike Deegan, MFT's Group Chief Executive, stepped down this year after more than 20 years in the role. Mike's achievements are too numerous to mention, but he will be remembered as an inspirational leader, who has transformed the healthcare services that are available to the people of Greater Manchester and beyond.

Mark Cubbon, formerly Chief Delivery Officer for NHS England and Chief Executive of Portsmouth Hospitals NHS Trust, joined the Trust on April 4th as our new Group Chief Executive. Mark began his career as a nurse in Trafford General Hospital, Manchester Royal Infirmary and Withington Hospital, and returns to Manchester to lead MFT and ensure we continue to provide the best services possible for our patients, their families, and the local communities we serve.

Kathy Cowell OBE DL
Group Chairman

Mark Cubbon
Group Chief Executive

1.2 An introduction to Manchester University NHS Foundation Trust (MFT)

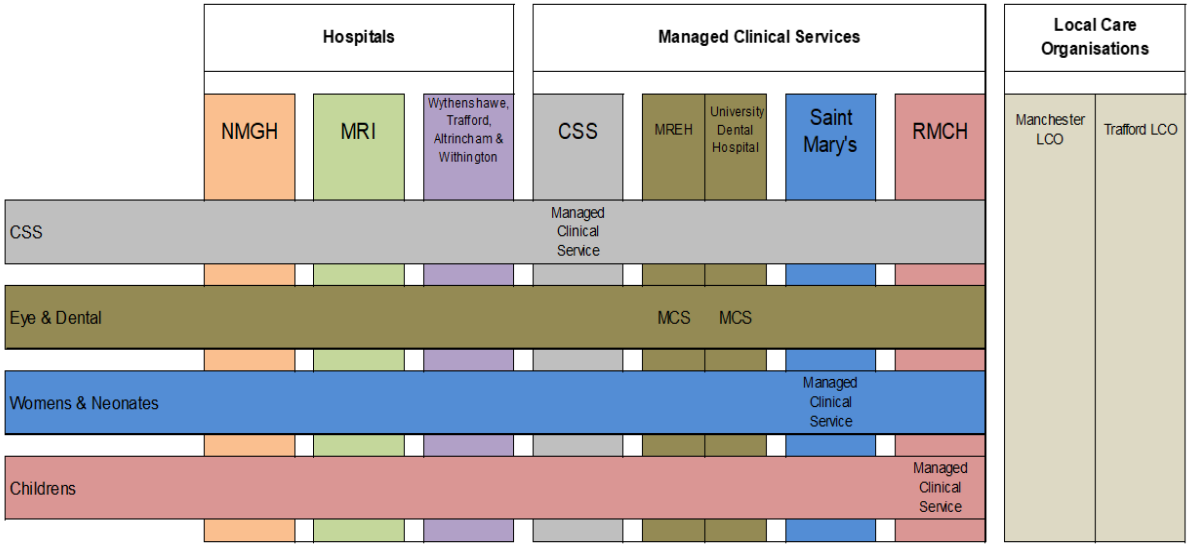
Manchester University NHS Foundation Trust (MFT) was formed on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). Until April 2021, it was responsible for running a family of nine hospitals across six separate sites, providing a wide range of services from comprehensive local general hospital care through to highly specialised regional and national services. From 1st April 2021, a tenth hospital, North Manchester General Hospital, joined the Trust.

We are the main provider of hospital care to approximately 790,000 people in Manchester and Trafford, and the single largest provider of specialised services in North West England. We are also the lead provider for a significant number of specialised services, including breast care, vascular, cardiac, respiratory, urology cancer, paediatrics, women's services, ophthalmology and genomic medicine.

Beyond Greater Manchester, we also have significant responsibilities for providing specialist services commissioned by the NHS England Specialised Commissioning Team.

MFT is a large and complex organisation, with around 2,600 beds across our sites. We are one of the biggest employers locally – we currently employ more than 28,000 staff.

Our clinical services are managed through ten operational units, as shown in the graphic below:



The operational units are described as Hospitals, Managed Clinical Services and Local Care Organisations.

Hospitals are responsible for the management and delivery of the services on a particular site.

Managed Clinical Services are responsible for the management and delivery of a group of clinical services, whichever site they are delivered on within MFT. Most Managed Clinical Services are also responsible for a hospital site.

The structure aims to facilitate clear accountability based on each hospital site, drive standardisation across hospitals, and exploit the synergies between services that might sit across different hospital sites.

Our vision, strategic aims and values
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 internationally-recognised as a leading healthcare provider.

The Trust's Strategic Aims for 2022/2023 were to:

- Focus relentlessly on improving access, safety, clinical quality and outcomes
- Continuously improve the experience of patients, carers and their families
- Make MFT a great place to work; where we value and listen to our staff, so that we attract and retain the best employees
- Implement our People Plan, supporting our staff to be the best they can be, developing their skills and building a workforce that is fit for the future
- Use our scale and scope to develop excellent integrated services and leading specialist services
- Develop our research and innovation activities to deliver cutting-edge care that reflects the needs of the populations we serve
- Achieve and maintain financial sustainability
- Work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda.

Our set of values underpins the delivery of our vision and strategic aims. They are the principles or standards that guide our behaviour. Commitment to our values is fundamental in determining the quality and safety of our patients and staff.

Our values - Together Care Matters:
Our vision and values define the purpose, culture and beliefs of our organisation. The Trust engaged with over 5,000 colleagues to help develop our values:

- Everyone matters
- Working together
- Dignity and care
- Open and honest

Our Hospitals, Managed Clinical Services and Local Care Organisations

Manchester Royal Infirmary
Manchester Royal Infirmary (MRI) has been providing care for over 250 years, having been founded with just 12 beds in 1752. It has become the city's largest

general hospital, providing an extensive range of specialist services, including the Heart Centre, which is a major provider of cardiac services in the region and specialises in cardiothoracic surgery and cardiology.

MRI works in an integrated way with other hospitals/MCSs in the MFT Group, and is a significant hospital in its own right, with 762 inpatient/day-case beds over 35 wards, 54 critical care beds, 18 operating theatres and four (will reduce to three in the coming year) catheter labs. It deals with 140,000 A&E attendances, over 310,000 outpatient attendances and more than 80,000 inpatients/day cases a year. (Note – figures change from year-to-year).

The facilities are a mixture of 1980s development and more recent expansions. The emergency department, outpatient department and most of the wards date from the 1990s. The PFI accommodation from 2009 contains certain specialised wards and departments, such as Manchester Heart Centre, renal and haematology/BMTU. The rehabilitation unit (Patrick Cryne) has also been recently developed.

The MRI has grown to become a major research and teaching hospital working with Manchester University's Medical School. It is also a regional and national centre for services as diverse as renal medicine, kidney and pancreas transplants, haematology/bone marrow transplant, vascular, major trauma, liver and pancreas surgery, rheumatology and sexual health/HIV care.

Saint Mary's Managed Clinical Service

Saint Mary's Hospital (SMH) was founded in 1790 and, over the years, has successfully developed a wide range of world-class medical services for women, babies and children, as well as a comprehensive Genomics Centre and an internationally-recognised teaching and research portfolio. Saint Mary's also provides forensic and counselling services through the Sexual Assault and Referral Centre and Safe Place Merseyside. The team provides the highest standards of care for patients and their families from the North West and beyond.

Saint Mary's Managed Clinical Service delivers care from 296 inpatient beds across 16 wards and 109 neonatal cots, providing intensive, high dependency and special care across three sites. Each year, the team at Saint Mary's delivers over 16,500 babies, undertakes 2,486 surgical procedures, provides care for 2,028 sick newborn babies and supports 243,000 outpatient and antenatal appointments. (Note – figures change from year-to-year). Our leading services are tailored to meet the needs of the local population, and also those who are referred to the Hospital with complex medical conditions from Greater Manchester, the North West and beyond.

Saint Mary's has over 2,800 staff members, including doctors, nurses, midwives, scientists, clinical and non-clinical support staff, working across maternity, gynaecology, genomics, SARC and neonatal at three main locations and across the wider regional footprint, enabling care to be provided at more suitable locations that are accessible to a wider population.

As a teaching hospital, Saint Mary's is committed to the teaching of medical staff and has close links with the University of Manchester Medical School.

The Old Saint Mary's building on Oxford Road houses the Sexual Assault and Referral Centre, as well as the Trust's Department of Reproductive Medicine, which was established in 1982 and was the first fully NHS-funded In Vitro Fertilisation (IVF) unit in the UK.

Each year, the department provides around 1,200 cycles of IVF treatment, 500 cycles of frozen embryo replacement (FER), 100 cycles of insemination with partner or donor sperm (IUI) and 200 fertility preservation procedures for males and females.

It also contains our Andrology laboratory, which provides diagnostic clinical pathology services, one of the largest long-term sperm banks for cancer patients in the UK and houses the UK's national external quality assurance for Reproductive Science (UK NEQAS RS).

Royal Manchester Children's Hospital

The foundations of Royal Manchester Children's Hospital (RMCH) can be traced back to 1829. Until relatively recently, the hospital's services were provided in three different hospitals across the city: Saint Mary's, Pendlebury and Booth Hall. In 2009, the hospitals merged and moved into a brand new, state-of-the-art hospital, alongside the other Manchester University Hospitals on Oxford Road, creating the largest single-site children's hospital in the UK.

The new hospital has 371 beds, with an additional 60 neonatal cots, providing specialist healthcare services for children and young people throughout the North West, as well nationally and internationally. This provides the opportunity to deliver integrated services for families, from prenatal care through to birth and beyond.

The hospital sees around 185,000 patients each year across a range of specialist services, including oncology, haematology, bone marrow transplant, burns, genetics and orthopaedics.

University Dental Hospital of Manchester

The University Dental Hospital of Manchester (UDHM) is one of the major teaching hospitals in the UK, undertaking the training of postgraduate and undergraduate dental students, student dental nurses and hygienist therapists. In all, a dental team of approximately 300 staff works in the hospital, attending to more than 90,000 patients every year.

The hospital provides specialist treatment and the highest standard of care for patients of Greater Manchester in several areas, including oral and maxillofacial specialties, restorative dentistry, and child dental health. It also provides teaching and training for dental and oral healthcare students and organises and produces high quality research.

Manchester Royal Eye Hospital

Manchester Royal Eye Hospital (MREH) has provided world-class ophthalmic care to people in Manchester, the surrounding region and the UK since its inception in 1814. It is one of the largest eye teaching hospitals in Europe.

The hospital is designed to provide a wide range of eye services for both adults and children, through a variety of outpatient services and regular treatments for inpatients, which are carried out by consultant surgeons, who are leaders in their respective fields of ophthalmology. The facilities and services include the Emergency Eye Centre, Acute Referral Centre, Ophthalmic Imaging, Ultrasound Unit, Electrodiagnosis, Laser Unit, Optometry, Orthoptics, the state-of-the-art Manchester Eye Bank and Ocular Prosthetics.

MREH also runs community clinics in Wythenshawe and Cheetham Hill.

Wythenshawe Hospital
Wythenshawe Hospital is a major acute teaching hospital located in South Manchester. The earliest site was for the Baguley Sanatorium in 1902, from which the hospital later developed. It is the second largest acute hospital in Greater Manchester and is recognised as being a centre of clinical excellence, providing district general hospital services and specialist tertiary services to the local community and beyond.

Wythenshawe Hospital provides a maximum of 796 beds across multiple clinical specialties. There are also 24 theatres across the site with dedicated cardiothoracic facilities. There is a dedicated regional burns unit and other Greater Manchester-wide services are based at Wythenshawe. The North West Lung Centre and North West Heart Centre are both based at Wythenshawe, with the former housing the UK National Aspergillosis Centre.

The hospital's field of specialist expertise include, cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer, and breast care services. The hospital is recognised regionally and nationally for the quality of teaching, research, and development. Its major research programmes focus on clinical and academic strengths in cancer, lung disease, cardiovascular, wound management, and medical education. Wythenshawe Hospital was one of the founding members of the Manchester Academic Health Sciences Centre.

Withington Community Hospital
Withington Community Hospital is in West Didsbury, South Manchester and provides specialist care to patients requiring diagnostic treatment, day surgery and community services via the main hospital, Buccleuch Lodge and Dermott Murphy Centre.

The original hospital was once the largest teaching hospital in Europe due to its affiliation with the University of Manchester. Following a decision in the late 1980s to have only one hospital serving South Manchester, many services were transferred to Wythenshawe Hospital and the old hospital was demolished and rebuilt as a treatment and diagnostic centre. The new hospital on the current site was officially opened by Princess Anne in September 2005. In 2022, the hospital saw the installation of two new scanners to boost its diagnostic capacity.

WCH has approximately 350 full time staff and sees around 155,000 patients every year. The main specialisms include dermatology, urology, audiology, ear nose throat

(ENT) and therapies. It also hosts services from other NHS hospitals and partners. There is one theatre and a large Outpatients Department on-site.

Both Buccleuch Lodge and Dermott Murphy Centre operate from older estates built in the 1970s.

Trafford General Hospital
Trafford General Hospital was opened in 1948 by Aneurin Bevan and is the birthplace of the NHS. The Hospital has approximately 230 inpatient beds, providing a range of services to patients within its community. This includes general and specialist medicine; general and specialist surgery; a paediatric hospital service for children and young people; cardiology; elderly care; dermatology and rheumatology.

The Hospital employs around 1,352 staff, who serve a population of approximately 226,600 people located in the surrounding area of Trafford, Altrincham and Greater Manchester.
There is an Urgent Care Centre (UCC), providing treatment for adults and children, who need non-life-threatening care. The centre can be visited for the treatment of a wider range of conditions, from minor injuries and illnesses to suspected fractures and wounds.

Trafford Hospital is a designated ‘green’ site, with dedicated and protected capacity to reduce waiting lists across the Trust.

Altrincham Hospital
Altrincham Hospital opened in 2015 and 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 Hospital is situated in the borough of Altrincham and serves a population of approximately 226,600 people, who live in Trafford, Altrincham, and Greater Manchester. The hospital has no overnight stay beds.

The Hospital has a minor injuries facility and renal dialysis unit and provides outpatient services for both adults and children.

North Manchester General Hospital
North Manchester General Hospital was acquired by the Trust on the 1st April 2021 and is located to the north of Manchester City Centre. It was built as a workhouse in the 1800s and comprises 27 hectares of land. The hospital was formed in 1975 through an amalgamation of Crumpsall Hospital, Springfield Hospital and Delaunays Hospital.

The hospital employs around 2,000 staff members, who provide a full range of general and acute surgical services, including an accident and emergency department, and a specialist infection disease unit. The site has also recently developed its neonatal, maternity and labour and children’s wards, as well as its intermediate care facilities.

NMGH experiences day-to-day challenges in its operation due to the age of the large majority of the estate. The urgent need for substantial investment has been

recognised in the Government's New Hospital Programme, and £70 million funding has already been approved to start the required decants, demolitions and enabling works in readiness for the delivery of the new NMGH masterplan proposals.

Local Care Organisations

The Manchester Local Care Organisation (MLCO) and Trafford Local Care Organisation (TLCO) bring together a wide range of community health, mental health, and social care services in and around the city. They are the largest integrated health and social care workforce under one organisational arrangement and offer an extensive range of NHS community roles for children and adults, such as health visiting, community therapy services, intermediate care, school nursing, community and district nursing and Allied Health Professionals. Their services are delivered in patient's homes, health clinics and GP surgeries to ensure the healthcare received is coordinated and meets patients' needs.

The community teams are made up of around 3,000 employees that includes community nurses, physiotherapists, occupational therapists, speech, and language therapists, and many more roles.

Clinical and Scientific Services

Our Clinical and Scientific Services Managed Clinical Service employs a workforce of over 5,000 staff and manages a budget of over £350m. It contributes to the delivery of all the Hospitals/Managed Clinical Services/LCOs described above by providing the following services across the whole of MFT:

- Allied Health Professionals
- Anaesthesia, critical care, and perioperative medicine
- Imaging, including medical engineering and maintenance
- Infection, prevention and control
- Laboratories
- Mortuary and bereavement services
- Pharmacies and medicines optimisation
- Resuscitation

1.3 Highlights of 2022/23

April 2022

A world-first genetic test to establish if newborn babies are vulnerable to deafness if treated with a commonly used antibiotic was developed through research led by **Saint Mary's Hospital, UoM**, Manchester-based firm, genedrive Plc, and supported by **Manchester BRC**. The pioneering Pharmacogenetics to Avoid Loss of Hearing (PALOH) study takes just 26 minutes for the bedside machine to identify whether a critically ill baby admitted to intensive care has a gene that could result in permanent hearing loss if they are treated with Gentamicin.

May 2022

Hundreds of staff and fundraisers took part in the Team **MFT** Blue Wave at the Great Manchester Run. Over 450 staff tackled the 10k course from the city centre, round Old Trafford, and back again. The atmosphere was outstanding, with teams and individuals encouraging each other to run or walk the course and posting wonderful photos on social media.

A £40 million transformation started at **Manchester Royal Infirmary's** Emergency Department and theatres. The main entrance of the Emergency Department was temporarily relocated and a modular building was opened to help improve patient access. **Read the full story**

A brave teenager was surprised with a Pride of Manchester award in his hospital bed by a YouTube star. Liam Preece was unable to attend the ceremony to pick up the Teenager of Courage Award, due to receiving undergoing treatment for bone cancer, so one of his favourite YouTubers, Vikkstar 123, visited him at **Royal Manchester Children's Hospital** and gave him his award. **Read the full story**

Manchester Royal Infirmary was one of just ten trusts nationally to be selected to offer Sickle Cell patients a new treatment called Crizanlizumab. Delivered by a transfusion drip, it binds to a protein in the blood cells and prevents the restriction of blood and oxygen supply, which leads to a sickle cell 'crisis.' Gloria Adebisi Ademolu started her treatment in May. She says pain caused by the crisis while she was growing up stopped her from going out and cost her friendships. However, the medication has given her a new aim in life – she now feels so confident, she wants to visit the North Pole! Fellow patient, Sanah Shaikh, who described a crisis as feeling as if she was on fire, said that the new treatment has 'given her wings.'

June 2022

The **Trust-wide Tuberculosis team**, in partnership with GTD Healthcare and **Manchester Health and Care Commissioning**, were shortlisted in the HSJ Awards for their work on screening adults and children, who were fleeing from conflict in Afghanistan, for Tuberculosis and blood borne viruses. The team were nominated in three categories for quickly mobilising a screening programme.

The **Wythenshawe Department of Anaesthesia** achieved Royal College of Anaesthetist (RCOA) Anaesthetic Clinical Services Accreditation (ACSA). The accreditation process involved two years of hard work by colleagues across the general and cardiac anaesthetic departments and the **Trust.**

July 2022

The team running the Major Trauma Nursing Course and Mentorship Programme were named as finalists for a national award, thanks to their innovative work during the pandemic. After noticing a gap in training, the team developed a bespoke course mapped to national competencies, which included skills sessions on airway management, spinal brace fitting, log rolling and simulation sessions. The team also launched a suite of e-learning modules and mentorship scheme to support education within major trauma.

Omar Mohamed was awarded the Learning For Work Award at the Manchester Adult Education and Skills Plan (MAESSP) Awards. He first joined **MFT** via the pre-employment programme and moved on to a six-month placement as part of the Government's Kickstart programme. After making a great impression with the team, Omar has secured a permanent position with the R&I team as part of the Development Pathway Scheme.

Dr Chris Orsborne, Clinical Research Fellow in Cardiovascular Imaging at **Wythenshawe Hospital**, was awarded the British Cardiovascular Society Young Investigator Award at the society's 2022 conference. The prize was awarded for his study, A Novel Internally Validated Risk Prediction Model for Adverse Cardiac Outcome in Fabry Disease.

RMCH's Paediatric Intensive Care Unit (PICU) research team received a national award for their commitment to critical care research. The team was recognised at the recent Intensive Care Society (ICS) and the National Institute for Health and Care Research Clinical Research Network (NIHR CRN) 2022 Awards.

August 2022

MFT's Joint Group Medical Director, Professor Jane Eddleston, became the first female doctor to receive a prestigious national award. The Faculty of Intensive Care Medicine presented its Gold Medal to Professor Eddleston - the first time the honour had been given to a female doctor. The award citation highlighted Professor Eddleston's contributions to patient care, professional leadership and research, saying that 'many working in intensive care medicine today have been influenced by her and many patients and services have benefitted from her vision and drive for improvement.'

September 2022

On September 8th, **MFT** successfully went live with Hive, a fully integrated Electronic Patient Record (EPR) system that provides a single Trust-wide hospital record for every patient. It has joined up care between the MFT hospitals and services by streamlining hundreds of electronic and paper-based systems. Hive is an ongoing programme of transformation and a key enabler for Trust-wide improvements within clinical quality, patient safety and staff and patient experience. The Trust also launched online patient portal and mobile app, MyMFT, which empowers patients to take greater control of their healthcare.

Nurse, Mini Karrupan, from **Manchester Royal Infirmary** told her story about receiving a kidney transplant as part of Organ Donation Week. Mini is of Indian heritage, which made finding an organ match more challenging due to the fact donation levels are lower within Black, Asian and Minority Ethnic communities. Mini praised the care she received from her colleagues, including Mr Rajinder Singh and Professor Titus Augustine. **Read the full story**

Kathy Murphy, Director of Nursing at **Saint Mary's MCS**, scooped the prestigious national Chief Midwifery Officer's Gold Award for her outstanding work and contributions to midwifery services. Now in her 40th year of working for the NHS as a nurse and midwife, Kathy was presented with the award by Professor Dunkley-Bent, Chief Midwifery Officer for England, at a small ceremony at Saint Mary's Hospital on Oxford Road. **Read the full story**

October 2022

The National Institute for Health and Care Research (NIHR) Manchester Biomedical Research Centre (BRC), hosted by **MFT**, received a £59.1 million award - the largest single research award given by the NIHR to the city region. The funding will help to translate its scientific discoveries into new treatments, diagnostic tests and medical technologies to improve patients' lives in Greater Manchester, and beyond, over the next five years.

A **Wythenshawe Hospital** doctor won a celebrated international prize in recognition for his work in respiratory research. Dr Alexander Mathioudakis, a Clinical Research Fellow, was awarded the European Respiratory Society (ERS) Early Career Member Award in Barcelona, at the society's 2022 Conference.

Manchester Royal Infirmary celebrated 270 years since staff discharged the very first patient on October 23rd, 1752. MRI Chief Executive, Vanessa Gardner, and MRI Medical Director, Dr Leonard Ebah, joined Chairman, Kathy Cowell, to mark the special milestone. **Read the full story**

Two teams at **Wythenshawe Hospital** were winners and highly commended at the Greater Manchester Cancer Awards Ceremony.

The Targeted Lung Health Check Programme received the Highly Commended for Outstanding Care Award, and the One Stop Lung Cancer Clinic won the Patient Choice Award. It was also Highly Commended within the Outstanding Care Award category.

MFT received a Gold Award from the Ministry of Defence for its commitment to supporting the armed forces community in the workplace. MFT was one of 65 NHS Trusts in the UK to receive this accreditation. Key colleagues from across the Trust, including staff veterans and MFT's Chairman gathered to mark this proud achievement. **Read the full story**

To highlight Baby Loss Awareness Week, BBC North West Tonight broadcasted a series of news segments over several days. This included an interview with Professor Alex Heazell and the Lynch family, who took part in a successful research study at The Rainbow Clinic in **St Mary's Hospital.** Sinead had a rare immune disorder and after receiving treatment at the clinic, was able to conceive her child, Ardal. **Learn more**

BBC North West Tonight also featured a piece on the innovative approach to children's surgery, where patients are treated using the **'walk in, walk out' service** instead of being admitted for an overnight stay. Consultant Paediatric ENT Surgeon, Neil Bateman, and patient, Henry, and his mum, Louise, discussed the many benefits of this approach, which includes reduced anxiety.

November 2022

Manchester University NHS Foundation Trust, The University of Manchester and QIAGEN celebrated the launch of their strategic partnership, with ambitious plans in the pipeline for the tri-party agreement. The collaborative agreement between the three organisations was formalised earlier this year, and provides a great opportunity to build on Greater Manchester's reputation as a world-class health innovation and life sciences hub.

The Manchester Chronic Cough Service based at **Wythenshawe Hospital** scooped two awards at the Nursing Times Awards for their innovative approach to supporting and treating patients with urinary incontinence and chronic cough. MFT was recognised with two awards, Continence Promotion and Care and Respiratory Nursing.

A baby boy born at **Saint Mary's Wythenshawe** was the first to be part of the NIHR funded SurfON (Surfactant Or Not) research study in Manchester that could help the recovery of pre-term babies (born two to six weeks before their due date) with serious breathing difficulties. Babies born even a few weeks early may not be fully developed, and often have breathing complications that can be severe. Some babies need to go on to a ventilator soon after birth. Others do not, but still need support with their breathing. **Read the full story**

Gillian Elms, Macmillan Counsellor and Psychological Support Coordinator at **MFT**, was an award winner at the Macmillan Professionals Conference and Awards ceremony in London. Gillian received the Quality Improvement Excellence award, which is aimed at recognising individuals, who have made significant improvements within services that are provided for people with cancer.

Dr Binita Kane, Respiratory Consultant at **Wythenshawe Hospital**, was named South Asian Leader of 2022 at the Asian Professionals National Alliance NHS awards. She was honoured for her outstanding work on co-founding South Asian Heritage Month and 'her work on the partition of India and Pakistan, general drive and enthusiasm for celebrating the culture and heritage of Asians of all backgrounds and for ensuring that the history of British people of South Asian descent is rejuvenated and people are educated on the richness of that heritage.'

North Manchester General Hospital opened a garden for its intensive care patients. After receiving treatment for pneumonia in ICU, Victor Lund, discussed the garden idea with staff at NMGH. Victor opened the garden in a small ceremony with staff – he described it as being 'magical.' **Read the full story**

December 2022

The PALOH study was awarded the inaugural New Statesman Positive Impact in Healthcare Award 2022, an award that celebrates change for better across a range of areas in society through innovation, compassion or strong leadership.

Maria Moseley, a former **MREH** patient, thanked staff for saving her eyesight, so she could continue her charity work. Maria is one of the founders of the When You Wish Upon A Star charity, which is dedicated to taking sick children on trips of a lifetime. So far, Maria has taken around 1,700 children to visit Father Christmas in Lapland. **Read the full story**

As part of communications work to mark the contribution of staff when many people are not at work, two midwives, Chloe Meddings and Dorcas Holondo, discussed working at **St Mary's Hospital** on Christmas Day. The Manchester Evening News interviewed them as part of a series on essential workers. **Read the full story**

Research participants in Manchester have been providing excellent feedback after the **NIHR's** state-of-the-art Greater Manchester Research Van visited the home of Manchester United Football Club.

The purpose-built vehicle, which is managed and operated by **MFT**, has been pivotal in delivering research studies across Greater Manchester. This includes the pioneering ID LIVER project, which aims to save lives by developing a new clinical system that will enable earlier, more accurate and potentially life-saving diagnoses..

Wythenshawe Hospital's Acute Intensive Care Unit (AICU) team won the 2023 Association of Anaesthetists Innovation Prize for their unique PPE (Personal Protective Equipment) COVID-19 solution to keep healthcare workers safe and improve patient experience. Bubble-PAPR was developed as part of a research study in partnership with frontline healthcare staff and colleagues at The University of Manchester and Designing Science Ltd.

Professor Charlotte Skitterall, Group Chief Pharmacist at **MFT**, was awarded an MBE for services to pharmacy in the New Year's Honours List.

Doctor David (Chas) Mangham, a Consultant Pathologist at **MRI**, was also recognised with an MBE for services to forensic science.

February 2023

The Faculty of Physician Associates held their annual conference, and colleagues from **MFT** won two of the three national awards available. Physician Associate of the Year 2022 was awarded to Ben Minogue, who is a PA in Burns and Plastics at **Wythenshawe Hospital**, and the PA Contribution Award 2022 was presented to the PA Operations Team.

A 19-month-old baby girl called Teddi became the first child in the UK to receive **life-saving gene therapy treatment** for the fatal disorder, metachromatic leukodystrophy. The revolutionary gene therapy, known by its brand name Libmeldy®, has a list price of £2.8 million and was the most expensive drug in the world when NHS England negotiated a significant confidential discount last year to make the treatment available to NHS patients – it remains the most expensive drug licensed in Europe.

Following the successful PALOH research study, a genetic test to prevent newborn babies going deaf was conditionally recommended by the National Institute for Health and Care Excellence (NICE) for use within the NHS. It is being rolled out to

two further MFT hospitals, **North Manchester General Hospital** and **Wythenshawe Hospital** during 2023.

A woman, who had lung cancer and was saved by a doctor at **Wythenshawe Hospital**, talked about her illness and why smokers should quit. Leigh Webber, who is 60-years-old, is now well almost six years after her diagnosis. A video was also made for World Cancer Day/Make Smoking History in partnership with Greater Manchester Health and social care partners. **Watch the video**

A little girl was given a live-saving operation by **Royal Manchester Children's Hospital** after her mother was told she only had 12 hours to live. Doctors gave her an emergency tracheostomy. She now makes monthly visits to the Walk In-Walk Out Theatre, where she has made great friends with the doctors and nurses there. Her story was published in the Manchester Evening News. **Read the full story**

Professor Neil Mortensen, President of the Royal College of Surgeons, visited **MFT** to see some of the pioneering work being done to transform and recover elective care services. He said: "The Trafford elective hub is a fantastic example of surgical teams using innovative ways to reduce waiting times for some of the most common procedures." **Read the full story**

March 2023

MFT partnered with the University of Manchester and Health Innovation Manchester to bring a multi-million pound health innovation accelerator to Greater Manchester. Part of £100 million Government investment, it is aimed at accelerating the growth of three high potential innovation clusters across the UK, which will ensure Greater Manchester further builds on its reputation as a major, globally-competitive centre for research and innovation.

One year-old baby, Max Weston from Chesterfield, became the youngest child to receive a revolutionary brain injection to fight terminal Batten's Disease. The illness causes the brain to shut down between the age of five and ten. Max underwent treatment at **Royal Manchester Children's Hospital.** **Read the full story**

The paper for the Greener Operations - James Lind Alliance (JLA) - Priority Setting Partnership (PSP) is published on BMJ Open.

The PSP is a national project hosted by **MFT** and funded with a grant from MFT Charity with approval at Trust Board level. Believed to be the first project of its kind in sustainable healthcare, it has set research priorities to help achieve NHS Net Zero objectives using the established JLA process. **Read the published paper**

To mark the completion of major refurbishment and expansion works at **Wythenshawe Hospital's** Emergency Department operating theatres and to celebrate the hospital's 50th birthday this year, WTWA held an official ribbon-cutting ceremony with MFT Chairman, Kathy Cowell, WTWA's Senior Leadership Team and theatre colleagues.

The new theatres will play an important role in achieving national recovery targets and have been designed with patients in mind.

The NIHR's more than £74 million award to Greater Manchester's research was officially launched at an event at Manchester's Whitworth Art Gallery.

The £59.1million awarded to **Manchester BRC** and £15.5 million to **Manchester CRF** to improve people's lives and reduce health inequalities through translational and experimental research was celebrated at the event, which was opened by Andy Burnham, Mayor of Greater Manchester, and featured a series of keynote speakers.

1.4 Shaping our strategy and priorities for the future

MFT Service Strategy
The Trust's Clinical Service Strategy was developed in 2018/19 following the creation of MFT. The strategy comprises an overarching Group Service Strategy and a series of individual Clinical Service Strategies. The Group Service Strategy sets out, at a high level, our vision for how services should develop over the next five years. The individual Clinical Service Strategies describe in more detail the development path for individual services over the next five years.

Given the developments that have taken place since it was completed in 2019, the overarching Group Service Strategy has been reviewed to identify if there are any changes that now need to be made to our long-term plans. The key considerations were:

- **The COVID-19 pandemic** – this has had a significant impact on society, exacerbated inequalities and affected the economic outlook for the country. It changed the shape of our services and the way in which we work with other providers and wider system partners. It has had an obvious impact on demand for our services, creating operational and financial pressures whilst also expediting innovation in some areas
- **The establishment of Integrated Care Systems** – this has meant changes to NHS structures and a different approach to the commissioning and provision of services, as well as a drive for integration across the NHS and local authorities
- **Hive** - our Electronic Patient Record was one of the biggest transformation programmes that we have ever undertaken. It involved widespread change and improvement in every part of the organisation. Following go-live the next stage will be to ensure we capitalise on the potential of the EPR to support the delivery of improved clinical quality, patient and staff experience, increase operational efficiency and help drive research and innovation.

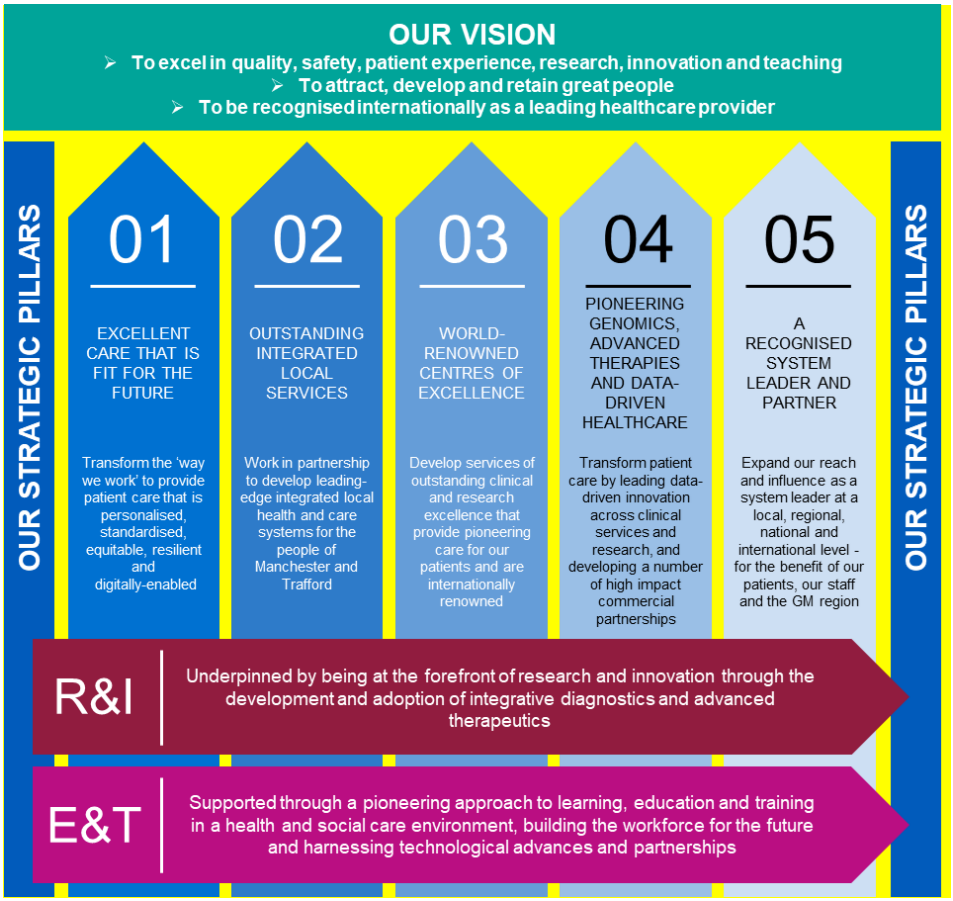
The review showed that the broad direction of travel has not fundamentally changed, but that the following now need to be reflected in the strategy:

- **Inequalities** - the COVID-19 pandemic highlighted and exacerbated the health inequalities experienced by sectors of our society. In building back, we must ensure that we do all we can to address this. This is part of providing care that is fit for the future and has been added to Pillar 1 in the diagram below
- **Resilience** – the pandemic reminded us that our services can come under unprecedented pressure at any time. It highlighted that even then, due to the nature of healthcare, we need to be able to continue to function as far as possible. We saw there are ways in which services are provided, such as the physical configuration of our facilities and the use of technology that can help. We now need to adopt this learning, so that we are as well placed as possible to cope with any future pandemic or similar major incident. This is also part of providing care that is fit for the future and has been added to Pillar 1
- **Using Hive and the ICS to deliver our ambitions** – Hive is reflected in how we will deliver under Pillar 1 – excellent care that is fit for the future, and the

ICS in how we will deliver under Pillar 2 – outstanding integrated local services

- **Gene therapy and advanced therapeutics** - is an important defining feature of our service portfolio. It increases the range of potential treatment options for the population we service. It is also the platform from which we can develop as a leader in data-driven healthcare. Pillar 4 – pioneering genomics, advanced therapies and data-driven healthcare has been expanded to reflect this.

A revised overarching Group Service Strategy has been produced to reflect these changes. The graphic below shows the five pillars of the strategy:



A programme for refreshing the individual Clinical Service Strategies in a phased manner over the next 18 to 24 months has been developed.

1.5 Service developments

Hive – Transforming how we care
In the early hours of 8th September 2022, MFT successfully went live with Hive, our fully integrated Electronic Patient Record (EPR) system. Powered by tried-and-tested Epic software, Hive has streamlined hundreds of electronic and paper-based systems, enabling MFT to hold a single Trust-wide record for each patient. Alongside Hive, a new online patient portal and mobile app called MyMFT also went live, empowering patients to take greater control of their healthcare.

Hive Goes Live
Hive's Go Live was the largest EPR implementation in Europe and the second largest go-live worldwide. The Hive Programme team worked collaboratively with colleagues from across MFT, Community Services, Primary Care and neighbouring Trusts on a comprehensive critical path to ensure the delivery of a safe and efficient Go Live. This included:

- The delivery of face-to-face training for over 30,000 staff, which was provided by 120 full-time trainers and MFT Peer Trainers, alongside e-learning sessions
- Rigorous system testing, as well as the testing of thousands of existing and new digital devices
- The migration of over 4 million records
- A significant operational readiness programme, with dedicated resources from clinical, nursing, transformation and operational teams.

During the Go Live period, a robust governance structure was put in place to ensure patient safety was upheld. At the forefront of this was a 24/7 Command and Control Centre, which ran with Executive-level oversight for five weeks.

As staff adapted to new ways of working, on-the-ground support was provided by a wide-reaching network of almost 4,000 super users and floor walkers. These key roles were made up of existing staff, who knew their specialisms and departments, as well as Epic experts and colleagues from other Trusts, who had implemented Epic previously.

Go Live was only the beginning of the journey. From October 2022 to March 2023, the programme entered a Stabilisation phase to ensure MFT was stable, safe and preparing for the transition to business-as-usual activities and benefits realisation.

Ongoing transformation
Hive is much more than the launch of a new EPR system, it is an enabler for change. It is a clinically-led, operationally-delivered, and digitally-enabled transformation programme that will bring ongoing improvements in clinical quality, patient safety, and patient and staff experience for years to come. Since the introduction of Hive there are already some key areas where early benefits have been realised:

***Transparency*:** Having an integrated system with increased visibility of information such as referrals, previous visits, and test results significantly improves efficiency and transparency.

***Integration*:** Sharing patient information with other Epic sites across the UK is improving patient care.

Letters: Standardised discharge letters have reduced duplication and improved accuracy whilst our letter turnaround in Outpatient Clinics is now less than seven days.

***Patient empowerment*:** Almost 200,000 patients are embracing digital healthcare and taking more control of their care by signing up to MyMFT.

***Patient safety*:** Positive Patient Identification with Bar Code Medication Administration avoided 36 critical medicine administration errors since Go Live.

***Sustainability*:** We have truly become a 'digital Trust', with fewer paper records being requested, less printing taking place and less paper being used - all contributing to our sustainability goals.

Single Service Hospital

One of the key drivers for creating the Single Hospital Service for Manchester was that we would be able to eliminate unwarranted variation across the MFT sites and raise standards to the level of the best by implementing best practice single clinical and operational pathways, protocols and processes.

We would do this by creating single services that bring together what were previously separate clinical teams into one larger clinical team serving the whole of MFT, irrespective of site. This does not mean that services will be centralised on one site – services will continue to be provided across sites as they are now, but will be delivered by clinicians, who are part of the same team.

The benefit of larger clinical teams is that they are better able to:

- Address gaps in service provision
- Deliver 7-day services
- Enable staff to sub-specialise
- Enable the delivery of a more comprehensive postgraduate and undergraduate education experience
- Provide a choice of work locations and rotations across a range of specialties to gain skills.

In turn, this will improve clinical care and enable us to attract and retain staff. Our Managed Clinical Services already work as single services e.g. RMCH-run children's services single services across all of the MFT sites.

In 2022/23, we have focussed on those services delivered by the Hospitals (MRI, WTWA and NMGH) that would benefit from being run as single services.
All of the services delivered across MRI, WTWA and NMGH were identified and prioritised as high, medium or low priority for transitioning to a single service. The following were prioritised to become single services in phase 1 – by March 2023:

- Cardiac services
- Vascular services
- GI services
- Orthopaedics
- Urology
- Breast services
- Infection services
- Head & neck

All of these services are now single services. All of the staff belong to a single clinical team with a single clinical lead and a Single Service Board oversees the delivery of the service.

Transformation
Leading and supporting the Operational Readiness and Change Programmes to support the launch of Hive EPR, which took place in September 2022, was a primary focus for the Transformation team in 2022/23.

The implementation of the new EPR system introduced new ways of working and the implementation of new care pathways across the Trust that had been designed by frontline teams and combined best practice, the evidence base and experience to design the best approach for MFT.

The Transformation team worked with the Hospital/MCS and Hive teams to develop and implement the required change programmes. Alongside the Hive programme, the Transformation Team continued to work with hospital and MCSs to continue to develop and deliver the transformation plans across Urgent Care, Outpatients, Elective Care and Booking and Scheduling by:

- Developing standardisation
- Improving operational processes
- Enhancing virtual models of care, including virtual appointments and wards
- Delivering sound and effective change management and supporting and developing teams through change.

Looking forward to 2023/24, the transformation programme will focus on delivering the operational and clinical priorities of the organisation. There will be a single, overarching aligned transformation plan for MFT, of which Hive will be a key enabler.

The focus is no longer about implementing Hive but delivering organisational priorities with the support of Hive. The Transformation plan will focus on:
- Delivering clinical safety standards
- Elective care delivery (including outpatients)
- Urgent care.

1.6 Developing our estates and facilities

The Trust's exciting plans for the redevelopment of the North Manchester General Hospital site are now well underway following the approval of the Strategic Regeneration Framework in March 2021. The new NMGH project is part of the government's New Hospital Programme.

MFT Chairman, Kathy Cowell, gave the demolition teams a helping hand, joining NMGH Chief Executive, Ian Lurcock, at the Limbert House site. The demolition of Limbert House and the former Trust HQ buildings have now made way for two major construction projects on-site.

GMMH's North View project is due to be completed next year, and the Trust's own multi-storey car park and cycle hub will be operational in Autumn 2023. This is all part of a comprehensive masterplan for the site, which will include a new district general hospital at the heart of the plans.

As part of the on-site construction work, the Trust is working closely with contractor, Morgan Sindall, to maximise opportunities for training, learning and employment.

The on-site Knowledge Quad provides a dedicated facility to help local people access jobs on-site. More than 200 local people have worked on the construction of the car park and cycle hub so far.

The project's schools' engagement programme has also delivered an extensive outreach project, delivering 132 hours of volunteering from the team in local schools and colleges.

£40 million A&E transformation project

Construction on the Manchester Royal Infirmary's (MRI) Emergency Department (ED) redevelopment is continuing to progress well, with the works planned to complete in spring 2025. MFT Chairman, Kathy Cowell, and MRI Chief Executive, Vanessa Gardener, attended the ground-breaking ceremony in May 2023.

The £40 million renovation project will boost the capabilities of MRI, which is a Major Trauma Centre for Greater Manchester and part of Manchester University NHS Foundation Trust (MFT). Upgraded facilities will include an expanded and improved Emergency Department, with ten (up from six) resuscitation bays, 27 (up from 16) major cubicles, and 29 (up from 20) cubicles for minor cases.

Plans also include the creation of six new operating theatres, which will support the hospital's developing role as a regional centre for specialist surgery.

Wythenshawe theatres

MFT successfully completed the theatre development at Wythenshawe Hospital, which provided three additional state-of-the-art operating theatres that will enable the hospital to deliver its clinical strategy. The scheme wasn't without its challenges - the construction was a two-storey extension above the live Emergency Department, which the Project Team delivered without any disruption to the clinical services below.

Radiology MES

MFT has embarked on a ten-year managed equipment service for all of the radiology equipment across the MFT estate. Since signing the contract, we have delivered 12 equipment replacements across the MFT estate, including seven digital x-rays, fluoroscopy and angiography. In contract year 2023-24, we are planning to deliver an additional 18 equipment replacements, including an additional MRI scanner at Wythenshawe, a Lithotripter suite and four CT scanners; two at Wythenshawe and North Manchester General Hospital (NMGH), respectively. We are currently working on 14 replacements at the Oxford Road Campus (ORC) with our PFI partners.


Bone Marrow Transplant Unit

June 2022 saw the successful handover of the Bone Marrow Transplant Unit (BMTU) and Manchester Royal Infirmary (MRI), which saw the expansion and modernisation of the BMTU to enable new treatments, such as CAR-T be offered to the patients of Greater Manchester and across the North West. This new facility was delivered through the COVID-19 pandemic and provides 34 single occupancy isolation rooms.


1.7 Research and Innovation

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

Throughout 2022/2023, the skills, expertise, and experience of our staff, coupled with our world-class facilities and hosted Research and Innovation (R&I) infrastructure across Greater Manchester, have contributed to major global developments in the understanding and treatment of a wide range of clinical diseases while supporting local and national post-pandemic priorities for life sciences, ensuring patients from around the world are benefitting from MFT's world-leading expertise.

Developing our R&I infrastructure
MFT hosts one of the largest National Institute for Health and Care Research (NIHR) portfolios in the country that comprises:

- NIHR Manchester Biomedical Research Centre (Manchester BRC)
- NIHR Manchester Clinical Research Facility (Manchester CRF)
- NIHR Clinical Research Network Greater Manchester (CRN GM)
- NIHR Applied Research Collaboration Greater Manchester (ARC GM)

Led by MFT researchers, both Manchester BRC and Manchester CRF have recently completed their 2017-2022 funding rounds. Following a successful application process, both were awarded increased funding for the next five years (2022-2027) to drive forward experimental medicine and transform scientific breakthroughs into diagnostic tests and life-saving treatments.

Manchester CRF was awarded £15.5 million from the NIHR for 2022-2027 (a 24% uplift) to further grow its experimental medicine provision across Greater Manchester within MFT and with partners at The Christie NHS Foundation Trust and Northern Care Alliance NHS Foundation Trust. Manchester CRF's world-class facilities and staff are now operating at six sites across Greater Manchester, including four at MFT:

- Manchester Royal Infirmary
- Royal Manchester Children's Hospital
- North Manchester General Hospital
- Wythenshawe Hospital

Manchester BRC was awarded £59.1 million from the NIHR for 2022-2027 – the largest single research award given by the NIHR to the city region, and more than double the previous award. This will allow Manchester BRC – hosted by MFT and The University of Manchester (UoM) – to increase research capacity by expanding its partnership to include five NHS trusts: Blackpool Teaching Hospitals NHS Foundation Trust; The Christie NHS Foundation Trust; Greater Manchester Mental

Health NHS Foundation Trust; Lancashire Teaching Hospitals NHS Foundation Trust and the Northern Care Alliance NHS Foundation Trust.

The new funding also allows Manchester BRC to increase research into cancer, dermatology, hearing health, musculoskeletal and respiratory into further areas of relevance to our diverse populations, which include heart disease, mental health and rare conditions. This will ensure that communities across our region's urban, rural and coastal settings will now be able to participate in cutting-edge research.

The awards for both began in late 2022, with the formal launch taking place in March 2023 at Manchester's Whitworth Art Gallery.

The event was opened by Andy Burnham, Mayor of Greater Manchester, followed by key speakers from across the GM R&I infrastructure and partnerships.

The UK Clinical Research Facility Network (UKCRF Network), also hosted by MFT, was awarded £2.4 million funding by the NIHR to support research studies over the next five years.

The UKCRF Network works in collaboration with 54 Clinical Research Facilities based within NHS Trusts across the UK and Ireland.

Research overview
We aim to provide as many people as possible with the opportunity to influence, design and take part in clinical studies and evaluations. MFT research participants are regularly the first in the UK, and often the first in the world, to trial new treatments and procedures.

MFT clinical research study portfolio 2022/23

- 18,895 participants recruited to research studies
- 1,377 clinical studies were active during the whole or some of this period, with 279 new studies started in 2022/23
- 156 external researchers were enabled to conduct research across MFT via research passports.

MFT local and national rankings 2022/23

- First for overall recruitment in Greater Manchester
- First for overall recruitment to commercial studies in Greater Manchester
- Fourth top recruiter for all NHS trusts nationally.

NIHR Performance in Initiating and Delivering Clinical Research (PID)
The NIHR collects data on initiating and delivering research from NHS service providers in England that undertake clinical research. This includes trusts that conduct NIHR-funded research and those that deliver studies on the NIHR Clinical Research Network (CRN) Portfolio.

The most recent national league tables show that MFT performed in the top four of League 1 for both initiation and delivery. It has maintained this status for the last four successive quarters.

A Hive of research and innovation
Research formed an integral part of the launch of Hive in September 2022. All clinical trials and studies requiring patient consent were registered on the Electronic Patient Record (EPR) along with active participants. This meant that from day one, all patients taking part in research trials were ‘flagged’, increasing research visibility and patient safety.

Work is continuing to ensure R&I can use all of the Hive research tools for maximum patient benefit. This will mature over the next few years into a valuable resource that will be used by our clinicians to undertake patient research.

No R&I without EDI
Equality, Diversity and Inclusion (EDI) is essential to ensuring R&I provides the answers for all of our patients and communities. For MFT to be the best place to work in R&I, it is crucial we build a team with a variety of backgrounds, skills and perspectives, and a place where everyone is welcome.

The more inclusive we are, the better our work will be. We are committed to delivering services and supporting a workforce that exemplifies best practice, regarding Equality, Diversity, Human Rights (EDHR) and Inclusion, and recognises and challenges all forms of prejudice. This includes being an organisation that opposes racism.

The R&I EDHR Group links in with MFT EDI initiatives and provides monthly updates to R&I and research active staff. It also holds regular workshops and events.

In the summer of 2022, we welcomed the next generation of health data scientists through the Health Data Science Black Internship Programme. The programme is aimed at helping kickstart the careers of recently graduated Black people, or those in their undergraduate years, by providing opportunities to work on health data science projects.

The Innovation Team, supported by Manchester BRC, supported three interns in taking their first steps into this rapidly expanding and exciting field.

World-leading research
Despite the challenges and disruptions created by the COVID-19 pandemic, MFT has continued to lead the way in delivering world-first treatments and trials.

World's first participant in the next generation of COVID-19 protection

The world's first participant was recruited to a new COVID-19 study that was delivered at the NIHR Manchester CRF at Manchester Royal Infirmary. The SUPERNOVA study is investigating a drug that combines two long-acting monoclonal antibodies (laboratory produced protein molecules that act like natural antibodies to fight infections) that specifically target the COVID-19 virus and may provide important protection for people with a weakened immune system.

The research team involved with the SUPERNOVA study (L–R): Ginu Varghese, Deputy Nurse Manager Manchester CRF, Manju Juby, Nurse Manager, Francis Jasiewicz, Clinical Trials Fellow, Mehrdad, the world's first participant; Pavenjit Nandhra, Senior Clinical Research Nurse and Smitha Joseph, Senior Clinical Research Nurse, Manchester CRF.

Early results of gene therapy trial for ‘childhood dementia’ show promise

An MFT-developed gene therapy, produced in partnership with UoM and Orchard Therapeutics, has shown promising early results in a proof-of-concept study for Sanfilippo disease (also known as childhood dementia). Four out of five patients in the study have gained cognitive skills in line with development in healthy children after being given the investigational drug. Some children had normal speech acquisition and were able to carry out complex play requiring concentration, which is typically not seen in children with Sanfilippo.

Remote heart alert system saves patients from hospitalisation

Researchers at MFT and UoM have developed a new heart failure remote alert system for implanted heart devices that has proven to dramatically reduce the number of hospitalisations and improve patient care with minimal staffing time. Supported by the British Heart Foundation, a new remote monitoring pathway called TriageHF Plus, acts like a risk detection tool and takes advantage of the health data routinely collected by pacemakers and implantable cardioverter defibrillators.

First UK participant recruited to study investigating the leading cause of irreversible blindness

Charu Amin, who lives in central Manchester, was formerly a lab technician at Wythenshawe Hospital, part of MFT.

The first UK participant, Charu Amin, from Manchester, was recruited to a research study that could potentially help millions of people living with a condition that can lead to irreversible blindness.

Delivered at Manchester Royal Eye Hospital, part of MFT, the Trident Study is investigating the best treatment for glaucoma.

Researchers hope that the information gained through the trial will reveal if one treatment has any advantage over another and help inform future clinical care.

Life-changing impact of Flash blood glucose monitoring for Type 1 Diabetes

A new study led by MFT and UoM has revealed the ‘life-changing’ benefits of Flash glucose monitoring for people with Type 1 Diabetes, compared to standard finger-prick testing.

Type 1 Diabetes is a serious and life-long condition in which the body does not produce enough of the hormone, insulin, which allows the body to absorb glucose (sugar) in the blood to fuel the body. Patients using Flash monitoring showed improved blood glucose levels closer to the target range, reducing their risk of serious short and long-term complications.

Research in reality

Rare cancer treatment changed, thanks to major clinical trial
MFT-led research has changed the treatment received by patients for a rare bone cancer. Following the trial, which tested two treatment plans for chemotherapy (where medicine is used to kill cancer cells) for Ewing sarcoma, a rare bone and soft tissue cancer, patients are now receiving more effective treatment as standard care.

Genetic test to prevent newborn babies going deaf recommended by NICE
A world-first genetic test to establish if newborn babies are vulnerable to deafness if treated with a commonly used antibiotic, was developed through research led by Saint Mary's Hospital, UoM, Manchester-based firm, genedrive Plc, and supported by the NIHR Manchester BRC.

The pioneering Pharmacogenetics to Avoid Loss of Hearing (PALOH) study takes just 26 minutes for the bedside machine to identify whether a critically ill baby admitted to intensive care has a gene that could result in permanent hearing loss if they are treated with Gentamicin. The new test means that babies found to have the genetic variant can be given an alternative antibiotic within the 'golden hour.' It is expected the test could save the NHS £5 million every year by reducing the need for other interventions, such as cochlear implants.

Following the successful research study, the test has been conditionally recommended by the National Institute for Health and Care Excellence (NICE) for use within the NHS. It will be rolled out to two further MFT hospitals, North Manchester General Hospital and Wythenshawe Hospital in 2023.

Case study - First baby receives life-saving gene therapy on the NHS at Royal Manchester Children's Hospital
A 19-month-old baby girl called Teddi became the first child in the UK to receive a life-saving gene therapy treatment for the fatal disorder, Metachromatic Leukodystrophy (MLD).

Teddi with mum, Ally at her bedside whilst being treated and cared for at Royal Manchester Children's Hospital.

The revolutionary gene therapy, known by its brand name, Libmeldy®, has a list price of £2.8 million. It was the most expensive drug in the world when NHS England negotiated a significant confidential discount last year to make the treatment available to NHS patients. It remains the most expensive drug licensed in Europe.

Libmeldy is now available on the NHS as a specialist service, delivered by RMCH in collaboration with Manchester's Centre for Genomic Medicine at Saint Mary's Hospital, both part of MFT. Manchester is one of just five European sites and the only site in the UK that is administering the treatment.

The genetic disease causes severe damage to the affected child's nervous system and organs, resulting in a life expectancy of between just five and eight years.

19-month-old Teddi and big sister Nala, three, were both diagnosed with MLD in April 2022, but unfortunately, Nala was not eligible for the treatment as the clinical guidance requires the gene treatment to be administered before the irreversible damage caused by the disease, progresses too far.

Sisters, Nala and Teddi, were both diagnosed with MLD in April 2022.

The life-saving gene therapy works by removing the child's stem cells and replacing the faulty gene that causes MLD before re-injecting the treated cells into the patient.

Teddi was the first person in the UK to receive the treatment outside of a clinical trial, which started when she was 12 months old. Now, several months on from the procedure, Teddi has fully recovered from the transplant and is showing no signs of the devastating disease she was born with.

"*In April last year, our world was turned upside down when not one, but both of our daughters were diagnosed with MLD. Being told our first daughter, Nala, wasn't eligible for any treatment, would continue to lose all functions and die extremely young was the most heart-breaking and hardest thing to come to terms with.*

"*However, amongst the pain, there was hope for our youngest daughter, Teddi. We were told that a new gene therapy treatment had, luckily, recently been made available on the NHS.*

"*We are extremely privileged that Teddi is the first child to receive the treatment on the NHS, and grateful that she has the opportunity to lead a long and hopefully normal life. Without this treatment, we would be facing both our children being taken away.*

"*We would like to say a huge thank you to our specialists, doctors and nurses and all of the staff at Royal Manchester Children's Hospital, who have been fantastic in caring not just for Teddi, but us as a family.*" **- Teddi and Nala's mother, Ally Shaw.**

This story really demonstrates how early phase research is turned into a treatment reality for our patients at MFT, which will save the lives of many children in years to

come and provide hope for many families. The story received major national and international media attention across broadcast, print and online media, with Professor Wynn taking part in numerous interviews. You can read more about the treatment on the MFT website.

Professor Rob Wynn and Professor Simon Jones, Consultant in Paediatric Inherited Metabolic Disease at the Manchester Centre for Genomic Medicine and Clinical Director of NIHR Manchester Clinical Research Facility at RMCH both feature in a 30-minute documentary, produced by the BBC that follows the family's story.

Professor Simon Jones, Consultant in Paediatric Inherited Metabolic Disease at the Manchester Centre for Genomic Medicine at Saint Mary's Hospital with Teddi at RMCH.

Bittersweet Medicine on BBC iPlayer is available to watch until February 2024.

National recognition for local excellence

PICU research team receives prestigious national award

The Paediatric Intensive Care Unit (PICU) research team from Royal Manchester Children's Hospital (RMCH), was one of two winners at the Intensive Care Society (ICS) and the National Institute for Health and Care Research Clinical Research Network (NIHR CRN) 2022 Awards.

The ICS and NIHR CRN Awards recognise and celebrate those making outstanding contributions to clinical research, particularly in relation to NIHR CRN portfolio research studies from all professions in intensive care.

The RMCH PICU Research Team was recognised for its success in aligning to the CRN portfolio to deliver critical research studies in children.

Double national award win for Manchester Chronic Cough Service

The Manchester Chronic Cough Service at MFT scooped two awards at this year's Nursing Times Awards for its innovative approach to supporting and treating patients with urinary incontinence and chronic cough.

The team was recognised with two awards - Continence Promotion and Care and Respiratory Nursing.

Set up 20 years ago, the tertiary service based within the North West Lung Centre at Wythenshawe Hospital is one of the largest specialist services, with patients being referred regionally and nationally.

Wythenshawe doctor receives major international early career research honour
Dr Alexander Mathioudakis, a Clinical Research Fellow based at Wythenshawe Hospital, and Manchester BRC researcher, was awarded the European Respiratory Society (ERS) Early Career Member Award in Barcelona, at the society's 2022 Conference.

The ERS is the largest scientific and clinical organisation in respiratory medicine globally. Every year, it presents the award to one early career respiratory researcher in celebration of their academic achievement and contribution to the ERS.

MFT doctor receives prestigious heart research honour
Dr Chris Orsborne, Clinical Research Fellow in Cardiovascular Imaging, was awarded the British Cardiovascular Society Young Investigator Award at the society's 2022 Conference.

The award was established by the British Cardiovascular Society to recognise excellence among young researchers intending to pursue a career in cardiovascular clinical medicine or research.

National award for Manchester-led COVID-19 innovation
Wythenshawe Hospital's Acute Intensive Care Unit team won the 2023 Association of Anaesthetists Innovation Prize for their unique PPE (Personal Protective Equipment) COVID-19 solution to keep healthcare workers safe while improving the patient experience.

Bubble-PAPR, a low cost, sustainable, hood integrated-powered, air-purifying respirator (PAPR), was developed as part of a research study in partnership with frontline healthcare staff and colleagues at The University of Manchester and Designing Science Ltd.

The celebrated national award recognises the importance of innovation in healthcare for the benefit of patient safety, patient care and improvements within the hospital workplace.

National recognition for Manchester-led research that could save the hearing of hundreds of babies each year
The PALOH study was also awarded the inaugural New Statesman Positive Impact in Healthcare Award 2022 – an award that celebrates change for better across a range of areas in society through innovation, compassion or strong leadership.

Bringing research closer to our communities
The Greater Manchester Research Van, which was introduced in December 2021, has been pivotal to the delivery of research studies across Greater Manchester. This includes the pioneering ID LIVER project, which aims to save lives by developing a new clinical system that will enable earlier, more accurate and potentially life-saving diagnoses.

The purpose-built, one-stop mobile facility reached Old Trafford in December 2022. Research participants were asked to complete a brief survey about their experience

of taking part in research on the Greater Manchester Research Van - 100% said they would prefer to take part in research using the van, rather than attending a hospital appointment. They all also fed back that taking part in research on the van was more accessible and easier.

MFT and our hosted R&I Infrastructure continue to have a national reputation as a leader in public and patient involvement and engagement in research and innovation.

Building on last year's NIHR Race Equality Public Action Group (REPAG) framework pilot, we have continued to work with Vocal, a not-for-profit organisation hosted by MFT in partnership with UoM. We have developed a series of recommendations aimed at better serving our diverse communities, fostering improved race relations, and ultimately, improving healthcare delivery, as well as ensuring the diversity of our workforce is representative of this too.

A world-class health innovation hub

Greater Manchester's reputation as a world-class health innovation and life sciences hub was further solidified through a strategic partnership between MFT, UoM and the global life sciences and diagnostics company, QIAGEN.

The tri-party agreement strengthened the existing close collaboration between the three organisations, which includes QIAGEN's Global Centre of Excellence for Precision Medicine based within Citylabs 2.0, at MFT's Oxford Road Campus.

The partnership was formally opened by the Mayor of Greater Manchester, Andy Burnham, at a celebration event at Citylabs 2.0.

MFT will also be instrumental in developing and accelerating Greater Manchester's capacity to detect and diagnose cancers, and other health conditions that disproportionally affect the city region's population, following the formation of a new strategic partnership with UoM and Siemens Healthineers.

MFT also partnered with UoM and Health Innovation Manchester to bring a multi-million-pound health innovation accelerator to Greater Manchester. Part of £100 million Government investment, it is aimed at accelerating the growth of three high-potential innovation clusters across the UK, which will ensure Greater Manchester becomes a major, globally competitive centre for research and innovation.

The health innovation accelerator will focus on tackling some of the most challenging disease areas through early diagnosis, using novel approaches and holistic treatment aligned to people's specific needs.

R&I for the future

Our Ten Principles of R&I include a focus on sustainability for both our staff and resources.

For the first time, R&I was able to offer five Houghton Dunn Fellowships to promote the development of highly motivated clinical research and innovation future leaders from across Manchester.

Lasting for six months (from February 2023), these pump-prime awards prepare excellent candidates for externally funded research fellowships or other research and innovation funding.

The awards included three ring-fenced fenced areas to fund research:

- Into conditions affecting children and young people
- Into rare conditions
- Conducted by Nursing, Midwifery and Allied Health Professionals (NMAHPs).

This year, we established the R&I Sustainability Team to drive our sustainability agenda at a local level, linking in with the wider MFT sustainability initiatives. This has included plans to make R&I carbon literate and using the Green Impact Challenge to help shape our goals and projects.

Projects are underway to establish environmentally sustainable changes to the way we work, in the hope they will translatable across the whole of R&I, and potentially, trust-wide. This includes the Greener Operations Priority Setting Partnership at Wythenshawe Hospital. Peri-operative practice covers care before, during and after an operation, which are among the most resource-intensive healthcare interventions. The NHS has committed to achieving Net Zero emissions by 2040, with an interim 80% reduction in emissions by 2032. Healthcare professionals at Wythenshawe Hospital have joined forces with the James Lind Alliance (JLA) to set up a Priority Setting Partnership (PSP) focused on sustainable peri-operative practice.

1.9 Our Charity

Over the past year, we have seen some incredible fundraising taking place in support of our family of hospitals. We've received an enormous amount of support from individuals, companies, community groups and organisations, who have helped us raise £3.99 million in 2022/23.

Highlights of the year include our Team MFT runners at the Great Manchester Run, in which 441 of our hospital colleagues took part in the impressive NHS Blue Wave. We also continued to fundraise for our Build to Beat Breast Cancer Appeal, in partnership with Prevent Breast Cancer. The appeal aims to raise funds for a national training academy for breast cancer professionals on our Wythenshawe Hospital site. The public appeal for the new facility launched in April 2023.

Further highlights include our Lantern Walk event in November, where we asked our supporters to join us for a family-friendly walk around the autumnal surroundings of Heaton Park while raising funds for our hospitals. The event was a huge success, and we raised an incredible £31,782. We also returned to Sale Water Park this year for the Manchester Charity Dragon Boat Challenge. We were delighted to have 11 boats competing in support of our Charity at the event in May and raised just over £17,900.

In December, our long-term corporate partner, Peninsula Group, announced they had hit their three-year pledge to raise £2 million for Royal Manchester Children's Hospital. The global employment law consultancy firm initially set themselves the goal of raising £1 million back in 2019. A year later, inspired by the hard work and dedication shown by the NHS during the COVID-19 pandemic, they announced their intention to double their pledge. The money, which has been raised by employee fundraising, employer-matched funding and sponsorship, will help to provide state-of-the-art intra-operative Magnetic Resonance Imaging (iMRI) equipment, which will revolutionise neurosurgical care at Royal Manchester Children's Hospital.

Also in December, long-term supporters and Pride of Britain winners, Hughie Higginson and Freddie Xavi, appeared on BBC Breakfast on Christmas Day. The 12-year-old best friends have been fundraising for Royal Manchester Children's Hospital ever since Hughie was diagnosed with Acute Lymphoblastic Leukaemia in September 2020. The pair appeared on BBC Breakfast to talk about their most recent fundraising challenge - to run 1km around each Premier League and English Football League club. The boys' story resonated with the audience so much that over £40,000 was raised on their online fundraising page in the hours after the event. Since they started fundraising, the pair have raised more than £290,000 for the hospital.

The commitment and generosity of every single one of our supporters has enabled the Charity to make a real and lasting difference throughout our whole family of hospitals and clinical services, benefitting our patients – young and old, their families and our staff. Examples include:

The provision of an ECG machine for cardiac rehabilitation patients
Charitable funding has enabled us to purchase an ECG machine for the cardiac rehabilitation service at Wythenshawe Hospital, which sees around 700 adult patients a year, following a heart attack, heart surgery, heart failure and transplants. Patients attending a nine-week exercise course will benefit from the new machine that monitors their heart rate during and after exercise and detects abnormal heart rhythm, known as arrythmia.

Enabling the physio team to monitor patients' heart rates in real-time is extremely beneficial as they can detect when an arrythmia is in a danger zone and any potential problems. This allows the team to take immediate action by consulting with the specialist heart clinical teams.

The ECG machine is helping to improve our patients' quality of life, providing reassurance of their health and building their confidence, so they are able to enjoy their leisurely hobbies again.

The provision of a Youth Service for young patients transitioning to adult services
Charitable funding has also enabled us to launch a new service that supports our young patients across a number of specialisms as they transition from paediatric care at Royal Manchester Children's Hospital to adult services. The service, which we have been able to fund for a two-year period, employs four youth workers, who act as advocates for our young patients and support integration for their individualised care. The service has also been able to establish a youth club, which is open to all patients at Royal Manchester Children's Hospital, offering them the opportunity to meet patients going through a similar experience to their own.

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 our patients, families and staff.

How to support us
There are many ways in which people can continue to support our hospitals, by giving their money, time or talent.

Making a donation or undertaking a fundraising activity
To make a donation please visit www.mftcharity.org.uk 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 allows 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.

Follow us to find out more

You can also support us by following us on social media:

Facebook and LinkedIn: Manchester Foundation Trust Charity
Twitter: @MFT_Charity
Instagram: @MFTCharity

More details about our work and how you can help us, as well as details of how to sign up to our regular e-newsletters, can be found here: www.mftcharity.org.uk/

2. Performance Report

2.1 Overview of our performance

MFT's performance in 2022/23: Group Chief Executive's summary
The MFT Group provides health and care services to communities across Manchester and beyond, through our Hospitals, Managed Clinical Services and Local Care Organisations. We are also proud to be at the forefront of international health research and innovation, and to be a leading teaching and training Trust. Further information about the Trust and our aims can be found in the Introduction to MFT section of this report beginning on page 8 of this report.

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 great healthcare provider.

Since its formation in July 2022, we have worked under the Greater Manchester Integrated Care System and have developed our plans and exercised our functions, in accordance with its six 'missions':

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

In line with the rest of the NHS, the legacy of the COVID-19 pandemic has had a significant impact on our operational performance during 2022/23, creating large numbers of patients requiring care and treatment. This is a challenge we share with our partners within the Greater Manchester Integrated Care System, and we are working closely together to ensure local people receive the best possible care.

MFT delivered 40% of the elective activity delivered across Greater Manchester during the year, and our waiting lists accounts for 38% of the Greater Manchester total waiting list. 45% of births in Greater Manchester occurred in MFT's hospitals and we provided 1.7m outpatient appointments over the year. As we have worked through the year to address the challenges we have faced, safety has remained MFT's key priority, with all patients being clinically assessed and prioritised.

Demand on our urgent and emergency care services has remained high – on average 1,400 patients are seen in our Emergency Departments every day. Also, in November and December, we saw record attendances at our Paediatric Emergency department in the Royal Manchester Children's Hospital due to the wave of respiratory diseases and Strep A, a bacterial infection which saw an out-of-season increase.

Referrals for suspected cancer have increased to 124% from pre-COVID levels during 2022/23, with variability both month-on-month and between tumour groups and sites. We have made significant progress in reducing the number of patients waiting over 62 days for treatment on a cancer pathway, reducing by 48% since its peak in September. This means patients are being diagnosed and treated faster than previously, despite there being more than double the number of referrals compared to previous years.

Despite all of our work this year, local people are still having to wait longer than we would wish for our services. We have robust plans in place to significantly reduce our waiting lists during 2023/24 and will continue to deliver our Cancer Improvement Plan throughout the year.

In the financial year ending 31st March 2023, MFT had an income of £2.6bn and expenditure of £2.6bn and, as such, delivered a breakeven position against its agreed control total with the Greater Manchester Integrated Care Board and NHS England. We also delivered our capital expenditure in line with the capital allocation agreed with Greater Manchester Integrated Care Board. Individuals, community groups, companies and organisations have shown unwavering support for our MFT Charity, raising nearly £4 million during 2022/23.

The people we serve

We are responsible for providing local hospital services to the populations of Manchester and Trafford, a combined population of around 776,000 people. Beyond this, our reach extends across Greater Manchester, the North West and the wider UK.

Many of our secondary and tertiary (specialist) services treat patients from across GM, covering a population of over 2.8 million. For several tertiary services, such as cardiac surgery, we are the sole provider across GM.

We also 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 inequalities between the north and south of England are regularly highlighted in national statistics. Levels of poor health in Manchester and Trafford contribute to demand for hospital and community health services. Manchester is the 6th most deprived local authority in England. Around 43% of areas within the city are classed as being in the most deprived 10% of areas in England (Source: IMD 2019). The proportion of the population from a non-White British ethnic group is twice the average for English local authorities as a whole. The number of different ethnic groups living in Manchester is higher than any other UK city outside of London (Source: 2011 Census).

In 2019, just over a quarter of Manchester residents are estimated to have been born outside of the UK and just under one in five were non-UK nationals (Source: ONS Annual Population Survey). It is estimated there are over 200 languages spoken in the city.

Life expectancy at birth for both men and women in Manchester is the 5th lowest in England - a boy born in Manchester can expect to live over eight years less than a boy born in the most affluent parts of England. A girl can expect to live around seven years less.

Just under 50% of the population of Manchester is aged under 25, higher than the average for England as a whole (Source: ONS Mid-Year Estimates).

Over the next ten years, the resident population of Manchester is projected to increase. Forecasts produced by Manchester City Council suggest there will be around 662,000 people living in the city by 2028. The city council's forecasts indicate that the annual population growth rate in Manchester is likely to be greater than that assumed by the ONS in its subnational population projections. A more accurate picture of the current and future size of the local population once data from the 2021 Census is published.

The health of people in Trafford is varied compared with the England average. About 11.6% (5,085) children live in low income families. Life expectancy for both men and women is higher than the England average. (Source: PHE Trafford Health profile 2019).

In Year 6, 17.7% (492) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 51*, worse than the average for England. This represents 28 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and smoking in pregnancy are better than the England average. (Source: PHE Trafford Health profile 2019).

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 Partnership Board (MPB)
Manchester Partnership Board brings together the senior leaders of Manchester City Council, primary care, MFT, Greater Manchester Mental Health Trust and the VCSE from across the city. Its role is to focus on shared priorities; those areas where, by working together, we can improve the health and wellbeing of the people of Manchester.

Manchester Provider Collaborative (MPC)
Manchester Provider Collaborative brings together MFT, Manchester City Council, primary care and Greater Manchester Mental Health Trust to lead the detailed design and delivery of integrated services across Manchester.

Trafford Locality Board (TLB)
Trafford Locality Board brings together the senior leaders of Trafford Local Authority, primary care, MFT and Greater Manchester Mental Health Trust and the VCSE from across Trafford. Its role is to focus on shared priorities; those areas where, by working together, we can improve the health and wellbeing of the people of Trafford.

Trafford Provider Collaborative
Trafford Provider Collaborative brings together MFT, Trafford Local Authority, primary care and Greater Manchester Mental Health Trust to lead the detailed design and delivery of integrated services across Trafford.

Greater Manchester Integrated Care Board
Greater Manchester Integrated Care Board ICB) is a statutory NHS organisation responsible for developing plans in collaboration with NHS Foundation Trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area.

Greater Manchester Integrated Care Partnership
Greater Manchester Integrated Care Partnership is a committee between the Greater Manchester ICB and all of the Greater Manchester local authorities. It brings together partners concerned with improving the care, health and wellbeing of the population, including Healthwatch, public health, adult and children's social services, primary care and the VCSE. The ICP is producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the area.

Greater Manchester Provider Federation Board (PFB)
Greater Manchester Provider Federation Board brings together all of the NHS providers across GM to achieve the benefits of working at scale across multiple localities to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Clinical networks
There is a range of clinical networks covering areas, such as cardiovascular disease and children and young people, operating across Greater Manchester or the whole of the North West. Their focus is to improve quality, improve health outcomes and address unwarranted variations in health and care services for the population.

Shelford Group
The Shelford Group is a collaboration between ten of the largest teaching and research NHS hospital trusts in England. They provide a comprehensive range of services - from community care for local populations to highly specialised care for patients nationwide. The group aims to create value for members and the wider health system through mutual learning, policy development and system leadership.

Research and innovation partnerships
As a leading research and teaching Trust, MFT has 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.

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 2.8 million 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 institutions, including The University of Manchester, Manchester Metropolitan University and Salford University.

Working collaboratively with patient groups, statutory services and other local organisations is key to helping provide improved health care to the communities we serve.

Monitoring and managing risk
The Directors have identified a range of principal risks that could have an impact on the effective delivery of the Trust's strategic aims.

These risks are managed actively through a Corporate Strategic Risk Register and are used to contextualise assurance within the Board Assurance Framework. The Group Risk Oversight Committee reviews all strategic risks bi-monthly, ensuring appropriate mitigation is in place and assuring its effectiveness. The Board Committees and their Sub-Committees are sighted on the principal risks relevant to their scope and review them as required by the lead Director. This review and oversight contributes to the level of assurance associated with the delivery of the Trust's strategic aims.

The Trust's principal risks in 2022/23 were as follows:

- Failure to maintain the quality of services
- Failure to achieve sustainable contracts with Commissioners
- Failure to sustain an effective and engaged workforce
- Failure to deliver the benefits of strategic partnerships
- Failure to maintain operational performance
- Failure to maintain a safe environment for staff, patients and visitors
- Failure to maintain financial sustainability
- Failure to meet regulatory expectations, and comply with laws, regulations, and standards
- Failure to deliver the required transformation of services
- Failure to continually learn and improve the quality of care for patients.

More information about MFT's risk management process is available in the Annual Governance Statement beginning on page 176 of this report.

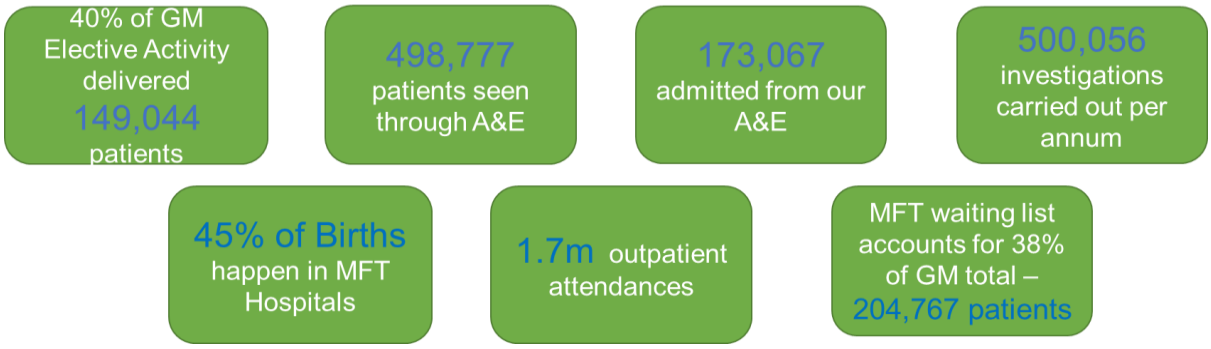
Important events after the financial year end (2023/24)
There were no events following the Statement of Financial Position date, either requiring disclosure, or resulting in a change to the financial statements of the Trust or the Group.

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, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

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 Charity Commission in line with the required deadlines.

2.2 Analysis of our performance

Performance against targets
MFT is the largest provider of specialist services in England, covering a population of 2.8 million. Below is a high level summary of our annual activity across urgent and elective care for 2022/23:



Throughout 2022/23, MFT have focused their efforts on recovering performance across national standards for elective and urgent care whilst continuing to manage peaks in COVID-19 demand.

To support our elective recovery partnership, working with other providers across Greater Manchester has given greater choice for our patients, enabling them to be seen and treated quicker.

The implementation of our new Electronic Patient Record system (Hive) in September 2022 impacted on a number of our key performance metrics. This was expected, given the scale of the change programme and staff familiarising themselves with the new system.

Trust priorities included maintaining safe urgent care pathways. Meanwhile, our clinical teams continued to review waiting lists, which included conducting potential harm assessments for the longest-waiting patients.

Waiting times
The Trust started with a waiting list size of 160,262 in April 2022, and in line with national guidance, focused on treating those patients, who are clinically the most urgent and the longest waits first.

Our overall waiting list has continued to grow throughout the year, but significant progress has been made by the Trust in reducing the number of patients waiting above 78+ weeks to zero by March 2023, which increased as a direct result of the pandemic.

The good progress made in reducing our longest waits has unfortunately been significantly impacted by the industrial action in March, despite our best efforts to mitigate the loss of operating lists and clinics. There were therefore 973 patients waiting more than 78 weeks at the end of March, which was around 300 more than had been planned. To support this reduction, a number of improvements have been made over the year that will continue into 2023/24. They include:

- Establishing Trafford General Hospital as a Surgical Hub for MFT, which is separated from emergency services. As a result, tests and operations can continue in one place, unaffected by increased pressure in other parts of the hospital, such as COVID-19 and flu

- Moving to a patient-initiated follow-up model, which means patients can initiate an appointment when they need one, freeing up capacity to see more patients in outpatients

- Expanding advice and guidance services for GPs, with around 1,500 referrals being managed through this route, providing timely care for patients and avoiding unnecessary hospital visits.

Key Performance Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total List Size (validated)	160,262	164,237	168,225	174,700	178,754	192,938	202,765	210,692	206,187	212,572	204,767	204,986
52 Week waits	14,613	15,608	17,112	19,146	20,664	24,127	26,425	28,616	28,572	28,116	26,718	27,466
% waits >52 weeks	9.1%	9.5%	10.2%	11.0%	11.6%	12.5%	13.0%	13.6%	13.9%	13.2%	13.0%	13.4%
>78 week waiters	3,177	2,728	2,466	2,689	3,137	3,776	4,420	4,671	5,124	4,302	2,819	973

We have also contacted over 39,000 patients as part of our validation exercise to check if they wish to remain on our waiting list. To date, this has resulted in 10% of respondents opting to be removed from the waiting list following a clinical review.

Diagnostic tests

Patients are waiting longer for a diagnostic test compared with the waiting time before COVID-19 occurred. There has been a 3.2% increase in demand on diagnostics in emergency care, and with a focus on cancer, this has impacted on the waits for patients waiting for routine tests. Good progress has been made in improving the turnaround times within CT and MRI scans for patients on a cancer pathway – waiting times have reduced from 13 to eight days since September 2022. Improvement plans are in place, which have increased capacity over weekends and maximised the use of the Community Diagnostic Centres for Imaging and Endoscopy services. Plans are also in place to improve these waits during 2023/24 and work towards achieving no more than 5% of patients waiting over six weeks for their diagnostics by March 2025.

Cancer

Referrals for suspected cancer have increased to 124% from pre-COVID-19 levels during 2022/23, although there is variability both month-on-month and between tumour groups and sites. We have made significant progress in reducing the number of patients waiting over 62 days for treatment on a cancer pathway, reducing by 48% since its peak in September. This means patients are being diagnosed and treated faster than before, despite there being more than double the number of referrals compared to previous years.

The areas that continue to be particularly challenged due to volumes are Head & Neck and Skin and Lower Gastrointestinal tumour groups. For any new GP referrals, we are now delivering within the two-week window for the majority of our cancer sites, with an improvement from 50% to 80% of patients now being seen within two weeks. This has been achieved by increasing clinical capacity over a weekend,

improving diagnostic pathways, and using capacity at the Christie for Gynaecology and Urology cancer patients, as well as the independent sector to maximise endoscopy capacity.

The new cancer standard, the Faster Diagnosis Standard, introduced in 2021, means patients should receive a yes/no to cancer within 28 days. Whilst we have been concentrating on reducing the backlog of long-waiting patients, performance against this standard has not been achieved.

However, delivery of this standard is a priority focus for 2023/24, with a number of service improvements planned to support patients receiving a timelier diagnosis, including:

- Implementation of the best-timed pathways, which includes the use of FIT testing in the colorectal pathway
- Increasing and prioritising diagnostic and treatment capacity, including ensuring that new diagnostic capacity, particularly via community diagnostic centres (CDCs), is prioritised for urgent suspected cancer

An overall cancer improvement plan is in place that encompasses the provision of MFT's Clinical Support Services diagnostics, alongside general cancer pathway improvements.

Key Performance Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
MFT Two week wait breast symptomatic (93% target)	12.6%	30.6%	16.3%	16.6%	23.5%	18.9%	12.7%	19.2%	40.3%	75.6%	79.8%
Two week wait performance Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
MFT Two week wait performance (93% target)	53.0%	61.6%	57.2%	55.1%	54.1%	43.9%	40.5%	54.2%	63.5%	67.8%	79.5%
MFT Two week wait Activity	3,624	4,446	4,182	4,705	5,043	3,924	4,557	5,487	4,081	4,468	4,451
MFT Faster Diagnosis (75% target)	46.9%	56.0%	42.9%	55.1%	61.0%	54.2%	61.7%	65.2%	67.5%	64.9%	75.7%
MFT 31 day Performance (96% target)	88.5%	84.1%	84.9%	86.2%	85.2%	77.8%	78.2%	87.7%	80.4%	65.4%	85.1%
MFT 62 days performance (85% target)	48.6%	30.9%	40.6%	44.0%	44.4%	32.6%	29.7%	37.6%	44.2%	33.9%	47.4%

Urgent and emergency care activity

MFT sees, on average, 1,400 patients through its A&E departments per day, inclusive of adults and paediatrics, of which around 34% (470) patients are subsequently admitted. Performance against the A&E four-hour standard remained largely stable through April to August 2022 at 62.7%. However, this dipped to 53% in September as a result of the migration to the new Electronic Patient Record (EPR) system and remained static throughout October to December. While this is, in part, a result of staff familiarising themselves with the new EPR system, the main challenges have been emergency pressures experienced across Greater Manchester throughout this time.

During the week commencing 19th December 2022, MFT, alongside all other Trusts in GM, declared an OPEL Level 4, which is the highest level of escalation as a result of emergency and urgent care pressures. This coincided with the week of the ambulance industrial action on Wednesday 21st December. MFT enacted a command-and-control structure and utilised Business Continuity Incident principles to support and coordinate activities to de-escalate the situation.

Key Performance Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Four Hour Performance	64.7%	63.5%	62.1%	61.1%	63.1%	52.9%	53.0%	53.2%	51.6%	60.4%	59.3%	62.9%
EME Admissions	9,783	9,832	9,947	9,688	9,102	9,165	7,401	6,739	6,940	6,940	6,490	6,260
EME Admissions via AED	7,855	8,002	8,014	7,632	7,430	7,310	6,976	6,396	6,441	6,051	6,136	5,643
4 to 12 hour waits post DTA	3,462	2,828	3,273	3,646	3,629	2,964	4,083	4,011	3,564	3,041	3,212	3,155
12 hour waits post DTA	127	21	68	9	47	197	450	449	523	524	162	102
Total waits in AED over 12 hours	3,183	2,947	3,335	3,972	3,714	5,219	5,939	5,337	5,681	3,715	3,311	3,164
Ambulance HOLDS	153	108	66	92	85	210	209	172	138	44	19	36
Handover Delays over 60 minutes	508	387	760	599	669	657	667	609	762	291	287	274
No Reason To Reside (snapshot)	299	301	351	348	394	344	351	381	348	325	384	330

Patients presenting through our A&E departments are sicker and are therefore staying longer in our hospitals. As a result, there has been an increase in the number of patients needing on-going care, either through nursing homes, intermediate care or back in their own homes once discharged.

Specific challenges have also been felt across paediatrics, with the Royal Manchester Children's Hospital A&E Department seeing record numbers of attendances due to the wave of respiratory viral diseases and Strep A in November and December. This unusual seasonal peak in Strep A infections coincided with national pressures across paediatric intensive care beds. In addition, and partly as a consequence of the pandemic, hospitals have also seen an increase in mental health attendances, which are often very complex, resulting in patients spending considerable amounts of time in the A&E department.

Being able to release our ambulance crews back on the road quickly has been one of our priorities, and whilst this has been challenged, there have been some improvements over the year. MFT have an ongoing improvement programme with North West Ambulance Services. Work to date has involved developing a pathway for ambulances to take patients straight to our Same Day Emergency Care services and therefore bypass A&E, along with developing and implementing a rapid Ambulance Handover Safety Checklist.

These emergency pressures continued throughout January, although we started to see these ease from mid-January, which were helped by additional winter bed capacity opening across our adult Hospitals and other schemes in the community to support discharge. As a result, we have seen an improvement in the number of patients being seen, treated, and discharged within four hours, and subsequently quicker ambulance handover times. The focus on safety remains paramount and is maintained by several factors, including delivery of the safety standards within A&Es and undertaking safety audits alongside root cause analysis for long wait patients.

To support flow through our A&E department, the Manchester Royal Infirmary opened a Transfer & Discharge Unit in November, which runs across the seven days to facilitate patients awaiting admission or transport home from an outpatient clinic or ambulatory care setting and patients being discharged from ward areas. This has reduced delays for patients waiting to be transferred from a critical care bed which, in turn, has improved access for the most critically ill patients.

Same Day Emergency Care (SDEC) is one of the many ways the NHS is working to provide the right care, in the right place, at the right time for patients, and provides specialist care for patients without the need for hospital admissions. All of our

hospitals have SDECs in place across seven days. Clinicians are working to increase the number of pathways that would benefit from this service and standardise them across all hospitals. Plans are in place to ensure we have implemented services with a minimum opening of 12 hours per day which are taking direct ambulance attendances.

Another key development is the establishment of virtual wards. They allow patients to get the care they need at home safely and conveniently, rather than being in hospital. MFT clinical teams work with community colleagues to create a multidisciplinary team. This team supports the safe management of suitable patients who are attending A&E at home, by making sure they receive the right wraparound care needed to avoid admission.

There are a number of pilot schemes underway, with Primary Care and A&E clinical teams working together to reduce demand and these efforts will continue into 2023/24. Across the MRI, GPs are supporting the triage processes to help signpost patients to the right care, first time. Wythenshawe are developing a Same Day Emergency Care pathway for patients presenting to A&E with a respiratory disorder, and North Manchester General Hospital have GPs working alongside the Acute Medical team in their same day care unit.

No Reason to Reside

Reducing the number of patients, who are sufficiently fit to be discharged, but remain in hospital, has been a significant focus over the past year. This cohort of patients is known as No Reason to Reside.

Led by our Manchester Local Care Organisation, there is an improvement programme in place to improve discharges out of hospital. As part of this programme, a ‘back to basics’ pilot has been undertaken on one ward at the MRI. It has resulted in a 1.5 day reduction in the length of stay, and a 25% reduction in the number of patients needing nursing home care. Plans are now being put in place to roll out to all wards across MFT during 2023/24, with the aim to have 19 wards completed by end of June 2023.

High levels of patients with No Reason to Reside remain a pressure across MFT and the wider Greater Manchester system. Further activities continue to be undertaken to further reduce the pressure.

Infection prevention and control

During the past year, the focus has been on remobilising hospital services while mitigating the risks associated with respiratory viruses and other healthcare associated infections (HCAI). We are moving towards a broader strategy of managing seasonal respiratory viral infections, including COVID-19, as well as other infections, such as Influenza and RSV.

The Trust Infection Prevention and Control (IPC) & Tissue Viability (TV) team has continued to advise and support patients and staff at all levels of the organisation throughout this phase of the pandemic.

The Team is led by Dr Rajesh Rajendran, the IPC's Associate Medical Director, and Assistant Chief Nurse, Michelle Worsley. The team has 58 WTE staff working across the ten MFT hospital sites and Community Services. The team has supported the trainee Advanced Clinical Practitioner (ACP) programme in IPC. MFT are ground-breaking in relation to training ACP within the IPC speciality.

One of the most rewarding aspects has been the positive engagement with colleagues across the Trust in providing the safest care possible for our patients while navigating an ever-changing healthcare landscape.

IPC remains a high priority at MFT, and we have a strong commitment to reducing avoidable harm due to HCAI. HCAI rates are closely monitored by the Group Chief Nurse and actions have been put in place to address any exceedances and return rates below the Trust's trajectory.

Healthcare-acquired incidents of Clostridium Difficile infection remain similar to the previous year, from 179 reported incidents in 2020/21 to 157 in 2022/23. The number of Trust-attributable MRSA bacteraemia has increased from ten attributable cases in 2021/22 to 13 in 2022/23.

Our financial performance

During the financial year ending 31st March 2023, MFT had an income of £2.6bn and expenditure of £2.6bn and, as such, delivered a breakeven position against its agreed control total with the local ICB and NHSE.

When we consider the statutory financial accounts for MFT, the Trust's financial outturn for the year to 31st March 2023, including those items that are excluded from our control total due to national guidance, was a deficit of £72.9m (2021/22 £11.3m deficit).

The statutory reported deficit includes:

- £69.3m (2021/22 £91.4m) of impairments
- £5.5m net loss on absorption during the year, including assets transferred to other NHS Trusts of £5.7m (2021/22 £3.8m) and a gain on absorption of IT assets from Northern Care Alliance for £0.2m (2021/22 £81.7m from Pennine Acute Healthcare NHS Trust following the acquisition of North Manchester General Hospital)
- Income from re-imbursement and top-up funding of £5.6m (2021/22 £7.4m)
- £2.4m (2021/22 £5.5m) of donated and granted asset income/depreciation.

The NHSE financial regime for 2022/23 focussed on recovering elective activity, reducing waiting lists and the continued drive to prevent unnecessary hospital admissions. The move away from Payment by Results was further reflected in the way funding flows worked in 2022/23, as was the move away from the COVID-19 funding regime that was still in place in the second half of 2021/22.

During the year to 31st March 2023, we delivered £117.2m of waste reduction against a plan of £117.2m.

The Trust spent £153.7m in 2022/23 on capital schemes (including £3.0m from donated and granted assets and excluding £25.1m on assets capitalised as Right of Use Assets under the new leasing standard, IFRS 16), of which £85.8m was on buildings, £14.8m was invested in new equipment, and £53m was spent on the Trust's information technology, which included the investment in our new EPR system, Hive.

The Board approved a Financial Plan for 2023/24 that aims for a break-even position, again at a control total level, but recognises there needs to be a significant increase in productivity and efficiency of infrastructure and staff, and a further increase in waste reduction schemes achieved in the year. for this to be possible.

The Trust's cash balance at 31st March 2023 was £241m (£319.1m at 31st March 2022). This reflects a significant decrease in cash during 2022/23. The cash balance is expected to continue to fall in 2023/24 and future years, as required investments in Trust estate and other assets continue.

Overview of the organisation's major risks

The Directors identified, and supported, the management of a number of significant risks, during 2022/23. They have been, or are being, addressed through robust monitoring at the bi-monthly Group Risk Oversight Committee, chaired by the Group Chief Executive.

At the time of writing this report, there are 10 principal risks that have been assessed as impacting on the delivery of the Trust's Strategic Aims and being actively managed by the organisation. They are current in-year risks but will require ongoing management into the future. They are related to:

- Failure to maintain the quality of patient services
- Failure to sustain an effective and engaged workforce
- Failure to maintain operational performance
- Failure to maintain financial sustainability
- Failure to deliver the required transformation of services
- Failure to achieve sustainable contracts with commissioners
- Failure to deliver the benefits of strategic partnerships
- Failure to maintain a safe environment for staff, patients, and visitors
- Failure to meet regulatory expectations, and comply with laws, regulations, and standards
- Failure to continually learn and improve the quality of care for patients.

The key corporate risks identified and actively mitigated during the year related to:

- Implementation of the Hive Electronic Patient Record (including staff training)
- Operational performance
- Maternity services
- Medicine storage
- Human/system interactions
- Histopathology capacity
- Estate issues at North Manchester General Hospital
- Informatics capacity

- Paediatric Haematology/Bone Marrow Transplant/Benign Haematology/Oncology service capacity
- MR scanner capacity at Royal Manchester Children's Hospital
- Asbestos management
- Decontamination of re-usable invasive equipment
- Physical & staff capacity at Royal Manchester Children's Hospital
- Cyber attacks
- Cardiac surgery capacity
- Staff health and wellbeing
- Theatre capacity to deliver elective recovery programme
- Fire risks
- Delivery of recommendations from national maternity reports
- Timeliness of diagnostics
- Delivery of the financial plan 2022/23
- Delivery of cancer recovery programme.

A range of mitigating actions have been developed and are recorded on the Risk Register, along with the details of the action plan lead and the date for completion of these actions. These risks are monitored bi-monthly at the Group Risk Oversight Committee, and progress is also evaluated in line with the processes detailed in the Annual Governance Statement later in this report. Information in relation to the mitigation of these risks and assurance associated with its effectiveness, can be found throughout this Annual Report.

As described within the Annual Governance Statement, the escalation and management of all risks is defined within the Risk Management Framework and Strategy (RMFS), supported by a clear policy and governance infrastructure. The RMFS was used to effectively manage this range of both in-year and ongoing (which require management into the future) risks to the achievement of the strategic aims.

Quality Account

NHS England and Improvement has advised NHS Foundation Trusts that they do not need to provide a Quality Account for 2022/23 as part of this document. However, to ensure openness, and to provide readers with all of the relevant information and insight on MFT's performance against quality priorities, an edited version of the Quality Account can be found on the following pages.

What is a Quality Account?
All NHS providers in England have a statutory duty to produce an annual report about the quality of services they deliver. This is called the Quality Account.

The Quality Account aims to drive quality improvement within the NHS and increase public accountability. This is done by getting NHS organisations to review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to you about how the improvements will be made and monitored over the next year.

Quality consists of three areas that are essential to the delivery of high quality services:

- How safe is the care (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience).

Scope of the Quality Account

This report sets out our performance on core quality account indicators compared to the previous year and our quality priorities for the year 2023/24. We have engaged with our Governors in setting these priorities, which are aligned to our Quality and Safety Strategy.

Our main focus remains to provide a safe, effective and positive patient experience.

Highlights from Our Quality and Safety Strategy

We have a Quality and Safety Strategy that sets the direction for the delivery of quality services within our organisation for the next three years. It supports and builds upon our Trust's proven delivery of high quality services, whilst supporting its ambition for continuous improvement of services and sustainable growth.

The strategy sets out an approach that aims to put quality right at the heart of everything we do in order to deliver our ambition to be an 'outstanding' organisation. It ensures that quality services are delivered in response to the specific requirements of our patients, staff, commissioners, and carers and the public and regulators. Core to this Strategy is our Trust's values and related behaviours. It describes a consistent and integrated approach towards providing quality services across the Trust.

Our strategy sets out the framework within which the Trust leads, directs and delivers high quality services. It is an enabler of our Trust's vision and is supported

through the Trust's organisational development of work. It underpins the Trust's performance and reputation and is fully endorsed by our Trust Board.
An explicit focus on quality and safety is at the core of our vision and strategic objectives. They are aimed at:

- Focusing on improving access, safety, clinical quality and outcomes
- Continuously improving the experience of patients, carers and their families
- Making MFT a great place to work, where we value and listen to our staff, so that we attract and retain the best
- Implementing our People Plan, supporting our staff to be the best that they can be, developing their skills and building a workforce fit for the future
- Using our scale and scope to develop excellent integrated services and leading specialist services
- Developing our research and innovation activities to deliver cutting-edge care that reflects the needs of the populations we serve
- Achieving and maintaining financial sustainability
- Working with partners and playing our part in addressing inequalities, creating social value and advancing the wider green agenda.

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

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

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

We have identified seven quality and safety aims to support the delivery of this strategy, each of which will have a specific implementation plan supported by the Trust's annually developed and reviewed Operational Plan, each with defined governance to support monitoring and assurance processes.

These aims are:

- **Our care is safe:** we continuously, systematically and consistently prioritise patient safety in everything we do
- **Our care is effective:** our patients are provided with the best possible clinical outcome based on their individual circumstances and demonstrate a culture of continuous improvement and learning
- **We are caring:** respect, dignity, kindness and compassion are at the core of our service provision

- **Our care is responsive:** our services are quick and convenient to use and responsive to individual needs
- **We are well led:** the Quality and Safety Strategy is underpinned by high quality leadership
- **We make our data count**: and measure for improvement
- **We are confident that our care is of a high quality:** and we understand, contextualise, and manage risk consistently.

Every year, specific quality and safety priorities will be identified for and included in the Trust's Quality Account and Annual Report.

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

Each year, we are required to define a number of quality priorities that, this year, we have aligned to our Quality and Safety Strategy.

In 2022/23, our priorities were to:

- Understand and reduce unwarranted variation in outcome, experience and safety across the organisation for similar services (the implementation of Hive is a key enabler for this priority)
- Implement the National Patient Safety Strategy in full to optimise patient safety learning through the delivery of the Trust's Patient Safety Profile and Plan aligned to the Trust-wide Quality and Safety Strategy
- Deliver an effective IPC Strategy to support recovery from COVID-19 and a continued focus on prevention and control of other healthcare-acquired infections
- Deliver excellence in patient experience through the MFT quality and patient experience programme and the implementation of the National Patient and Public Involvement in Patient Safety Framework.

Our 2023/24 priorities:

We will be carrying forward some of our priorities from 2022/23 to 2023/34. Our 2023/24 priorities are to:

- Understand and reduce unwarranted variation in outcome, experience and safety across the organisation for patients accessing our services for urgent

or emergency care or triage (including maternity) or who are waiting for elective or cancer care or diagnostic services

- Optimise the safety of invasive and operative procedures undertaken across the Trust
- Support effective patient involvement and optimise consent processes through the implementation of shared decision-making
- Ensure safe and effective medication management throughout all services provided by the Trust
- Understand and reduce unwarranted variation in outcome, experience and safety across the organisation for patients being discharged from our services
- Ensure the actual or potential impact of inequality is explicitly considered through the ongoing work to implement the Quality and Safety Strategy, including the implementation of the Patient Safety Incident Response Framework.

In addition to the above priorities, we will continue our ongoing work to support recovery from the COVID-19 pandemic.

Friends and Family Test – patients

The Friends and Family Test (FFT) is an important feedback tool that can be used by people, who use the NHS to provide feedback on their experience. It is a standardised national single question survey that asks patients whether they would recommend the NHS service they have used to friends and family, who need similar treatment or care. FFT results are published monthly on the NHSE and NHS Choices websites and monitored by the CQC as part of their inspection process. FFT results are included in the Trust's Board Assurance reports. FFT performance, including qualitative comments provided by patients is accessible via the CIVICA Patient Experience Portal.

FFT is also an important source of information that provides information about What Matters to Patients in relation to the care and treatment they receive. It is important that patients are given the opportunity to complete the FFT survey, so that they can add comments about their experience. The feedback informs continuous improvements and transformation of services to provide a high quality patient experience. To maximise feedback from the FFT, responses are captured through a variety of different methods, including FFT cards, tablet devices, Hospedia bedside entertainment screens, online surveys and SMS text messaging.

The survey question is based on a six-point answer scale that ranges from 'extremely likely' to 'extremely unlikely'.

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 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 2022/2023, the Quality and Patient Experience Team has:

- Publicised the updated FFT guidance and collaborated with each Hospital/MCS/LCO to increase FFT response rates and promote the FFT survey
- Initiated collaboration with Voluntary Services, which has involved targeting areas that have low response rates in relation to collecting quality FFT feedback
- Delivered a targeted awareness campaign to promote the relaunch of the Patient Experience platform tool and rebrand of the FFT survey design across the Trust
- Ensured a successful transition of all ward areas are included in the new platform, including any new areas and encompassing northern MLCO and TLCO services
- Continued to promote an emphasis on the free text elements of the FFT, ensuring they are prioritised at ward and corporate level, as critical feedback can highlight opportunities for improvement
- Continued to publicise the importance of FFT to staff and patients, with an emphasis around the rebrand and using pop-up banners and posters
- Focused on a specialty area or a trigger point to promote the FFT/engaging with users where numbers of responses fall too low
- Explored the introduction of improvement thresholds to increase uptake
- Introduced dedicated 'ward walks' to increase the visibility of the Patient Experience Team and address issues on the spot.

FFT patient feedback - some of the comments we have received

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

Table 1: FFT response and results April 2022 – YTD February 2023

Friends and Family Test response and results 2022/2023			
Area	Response rate 22/23	Percentage positive	Percentage negative
Inpatients	14.06%	95.85%	1.44%
Emergency Departments	6.06%	73.35%	19.39%
Outpatients	N/A*	95.97%	1.92%
Maternity	N/A*	93.00%	4.53%
Community	N/A*	99.03%	0.30%

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

Plans for 2023/2024

We aim to continue to gather as much feedback as possible to improve patient care.

Friends and Family Test (staff)

Applies to staff, who are 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.

In the 2022 NHS Staff Survey, 58% of staff reported that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Trust.

Action plans and next steps

Staff Survey response plans have taken a different approach to previous years. This is in recognition of the accelerated shift required to move the dial on our staff experience. A number of strategic workshops have been held with senior leaders from across the Trust in order to work as a collective system team and tackle longstanding staff experience challenges. This new way of working has enabled leaders, for the first time, to consider what needs to change to deliver a sustainable shift at a system level. It has also increased the focus on getting the foundations right for everyone as the ‘critical path’ to improving staff experience. A programme of work is underway to support a holistic ‘listening well’ organisational strategy.

A holistic ‘listening well’ organisational engagement plan has been developed to support the new Group Chief Executive Officer during the first six months in role. The approach has been taken based on NHS England Listening Well guidance best practice. This guidance supports the Staff Survey 2022 themes around meaningful

listening and engagement and the opportunity to use digital enablement tools to support deeper, faster, and more inclusive communication and engagement with everyone.

More information can be found in the organisational Engagement Plan, which is currently being considered by Executive colleagues and will be shared widely in due course for visibility.

The 2022 results will be included in Accountability Oversight Framework discussions that will be led by the Group Chief Operating Officer, with the support of Group Executive Directors. This will also be monitored via the model hospital data.
To support a consistent approach to action planning and goal setting, a revised Staff Survey Action Plan Playbook has been circulated to managers. This will support leaders and managers to work through a four-stage process in developing their plans.

The ongoing work will also continue locally across Hospitals/MCSs/LCO/Corporate Services to create a feel-good factor for staff.

Complaints, concerns and compliments

Complaints data is reported monthly to members of our Board of Directors. In addition, we publish in-depth quarterly complaints reports and an annual complaints report. Table 2 shows the number of formal complaints and PALS concerns received between 1st April 2022 and 31st March 2023.

Table 2: Formal complaints and PALS concerns

	2022/23
Formal complaints	2021
PALS concerns	8673

Table 3: Formal complaints received by service

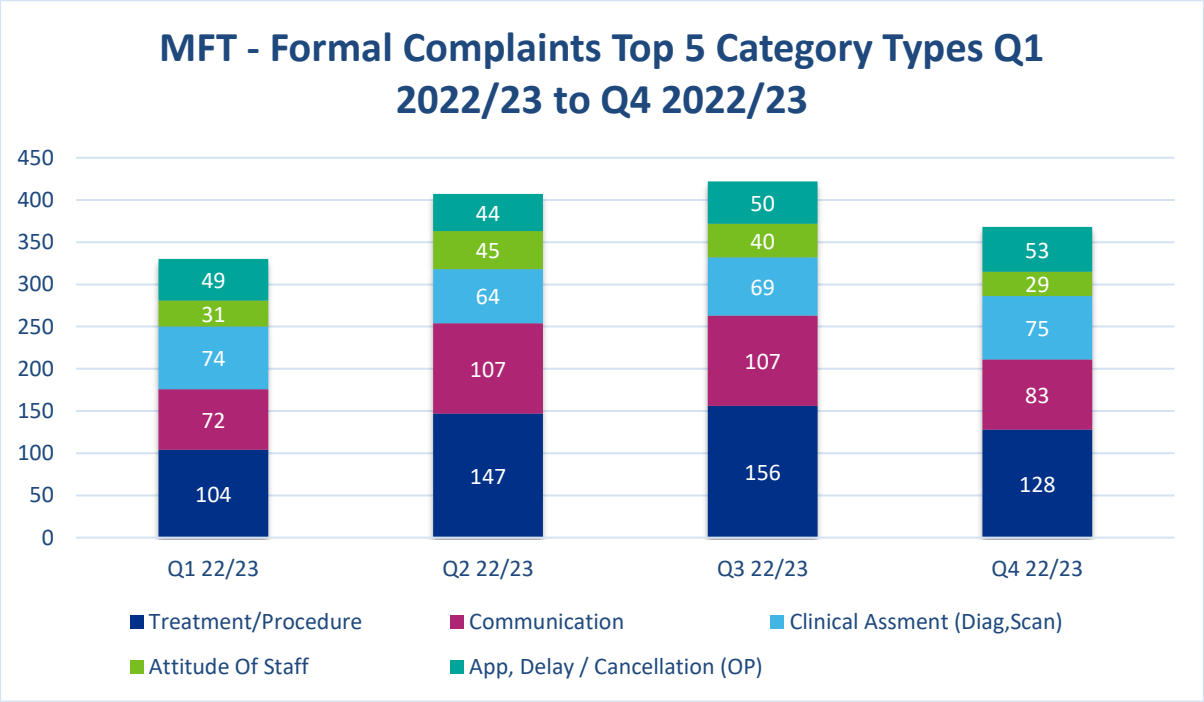
	2022/23
Inpatient	624
Outpatient	919
A&E	314
Community Hospitals	2
Maternity	39
Mental Health	16
Other	65

Other Community Health	42

The themes and trends from complaints are reviewed at a number of levels. Each Hospital/MCS/LCO consider local complaints on a regular basis as part of their weekly complaint review meetings and monthly Quality Forums. Further analysis of complaint themes and trends is provided in the Board of Directors' quarterly and annual Complaint Reports.

The Trust-wide top 5 categories for 2022/23 are displayed in the graph below:

Formal complaints – Top 5 categories for 2022/23



Parliamentary and Health Service Ombudsman (PHSO)

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 self-refer their complaint to the PHSO. The PHSO will then assess their complaint and may decide to undertake a further investigation. Table 4 below provides the number and outcome of our Trust PHSO cases closed during 2022/23.

Table 4: Current and closed PHSO cases

	Current cases under investigation	Closed during 2022/23	Fully upheld	Partially upheld	Not upheld
2022/23	6	1	1	0	0

PALS and Complaints Quality Improvements during 2022/23

Advanced telephone system

A new advanced telephone system was implemented in the PALS and Complaints Department in March 2023. This new system was identified as being necessary, as a result of feedback from complainants. It has been implemented to improve telephone access to the PALS and Complaints Department and responsiveness to calls.

The new telephone system provides the PALS and Complaints Manager and the Customer Service Manager with a 'live' electronic dashboard to monitor the number of calls received and the level of responsiveness. This allows performance to be monitored and any proactive support and improvements made, as deemed necessary.

Enhanced Equality Diversity and Inclusion (EDI) data quality collection

The complaints EDI monitoring form has been updated to capture the protected characteristics under the Equality Act, and in line with data fields on Hive. EDI data is now collected directly from Hive when the patient is the complainant, following advice and approval from the Trust's EDI and Information Governance Teams aimed at improving the data collection percentage.

Hospital/MCS/LCO/Corporate Services complaint KPI meetings

Weekly Hospital/MCS/LCO/Corporate Services Complaints KPI meetings now include PALS, as well as complaints, and the structure of these meetings has been standardised across the Trust. This will ensure all Hospitals/MCSs/LCO/Corporate Services are monitoring their complaints and PALS KPIs, enabling timely updates to be provided to the Corporate Complaints Team. Since these improvements have been made, there has been an associated increase in the number of PALS concerns being responded to within 10 working days.

Complaints Review Scrutiny Group

To assist with the Complaints Review Scrutiny Group (CRSG) lending itself to improve patient experience, work was completed during 2022/23 to implement quality improvements. In line with the improvements to the CRSG, the Terms of Reference have been updated, a Standard Operating Procedure developed and implemented, and data parameters agreed and set.

The Complaints Review Scrutiny Group (CRSG), chaired by the Corporate Director of Nursing for Quality and Patient Experience and supported by a Non-Executive Director, met eight times in 2022/23. At each CRSG, the management teams from two different Hospitals/MCSs/LCO each presented a case, with learning and associated actions identified from the four cases that were discussed. Assurance, that complaints are investigated and appropriate action is taken when needed, was also provided.

PALS and Complaints Education Programme

During 2022/23, the Complaints Team delivered Complaints Investigation and Response Letter Writing Training whilst the PALS Team facilitated educational sessions as part of the Team Leader Senior Clinician Leadership and Management Programme. Further training is planned to be delivered across all Hospitals/MCSs/LCO/Corporate Services in 2023/24, with a full timetable due to be published on the Trust's learning hub.

During 2022/23, the PALS and Complaints MFT E-Learning Customer Service package was launched on the Trust's learning platform. This continues to be advertised through the Trust's communication channels. Attendance data and user feedback will be reviewed in 2023/24 and on an ongoing basis.

Complaints Satisfaction Survey

Understanding the experience of the complainant, during and after a complaint investigation, is considered good practice. By asking the complainant about their experiences about the quality of the services they have received, the Trust can use this feedback to make changes and improve its processes and procedures.

Feedback from complainants during 2022/23, included concerns regarding difficulties contacting PALS via telephone, and compliments for the support and re-assurance provided by PALS staff for patients and relatives during difficult times.

Following receipt of this feedback, the PALS and Complaints Manager and Customer Service Manager undertook a thorough review of case handling and identified areas for learning. As a result of this, a new telephone system has been implemented, as previously discussed, and there will be a change in process to how voicemails and calls are returned directly by the PALS and complaints handlers to increase overall responsiveness.

Continued areas for improvement and development during 2023/24 include:

- Update the PALS and Complaints sections on the Trust website and create a new online PALS contact form
- Update PALS and complaints leaflets, posters and banners
- Follow the 'Ask, Listen, Do' commitment to help improve the experiences of people with a learning disability, autism, or both, when using the Trust's PALS and complaints service
- Implement changes to the complaints process in accordance with the new PHSO Complaints Standards, which are due to be enforced in April 2024
- Explore the introduction of a PHSO/Complaints 'upheld' Learning Sub-Group
- Explore the introduction of a Patient and Public Involvement Complaints Focus Group

- Establish collaborative working relationships with charitable, voluntary and community organisations to increase PALS awareness in Manchester
- Reopen the PALS office at Trafford General Hospital
- Audit the PALS process to identify areas for improvement
- Explore electronic document signing, with a view to improving the consent request process
- Deliver training sessions on the Ulysses Customer Services module (training to be delivered by Complaints Team Leaders).

Our digital maturity – Electronic Patient Records (Hive)

On the 8th September, MFT went live with Hive, a fully integrated Electronic Patient Record (EPR) system that provides a single Trust-wide hospital record for every patient. Alongside Hive, a new patient portal and mobile app, MyMFT, also went live, empowering patients to take greater control of their healthcare.

Through Hive, we aim to:

1. **Increase patient safety** - by providing accurate and accessible information within one Trust-wide record for each patient.
2. **Improve patient experience** - by standardising the experience across the Trust and giving patients more control over their care with MyMFT.
3. **Support better clinical decision-making** - and allow more time for patient care, as staff can access the information they need to care for patients, wherever and whenever they need it.

In the six months since Go Live, there are already some key areas where early benefits have been realised:

Transparency and visibility: having an integrated system with increased visibility of data, such as referrals, previous encounters and lab results has significantly improved efficiency and transparency, leading to better outcomes.

Safeguarding: in Hive, safeguarding concerns-related information is easily accessible, and with electronic notes, documentation cannot go missing. One safeguarding lead commented: “We think it’s great so far, we’re in a good starting place.”

Patient empowerment: over 150,000 of our patients are feeling empowered to take more control of their care by signing up to MyMFT – their dedicated online patient portal.

Patient safety: real-time updates in an efficient one-page ‘track board’ means staff can easily track warnings and trends in the Emergency Department, which supports patient safety.

Sustainability: we are already seeing the benefits of moving away from paper and print-based systems whilst decommissioning hundreds of legacy digital systems and further contributing to our sustainability goals.

Care Quality Commission

Manchester University NHS Foundation Trust (MFT) is required to register with the Care Quality Commission (CQC), and its current registration status is fully registered with no conditions. MFT has had no conditions on its registration. The CQC did not take enforcement action against MFT during 2022/23.

MFT has not participated in any investigations by the CQC. The Trust works closely with the CQC on maintaining high quality services.

In the reporting year, the Trust has participated in a CQC review and an inspection. In January 2023, the CQC undertook a review of the use of the Mental Health Act (MHA) in all of our A&E departments, namely Manchester Royal Infirmary (MRI), North Manchester General Hospital (NMGH) and Wythenshawe. The review explored compliance with the provisions within the Mental Health Act, relating to patients being brought to the departments as a place of safety (under Section 136). Feedback from the CQC following the review did not highlight any concerns or actions for the Trust.

In March 2023, the CQC inspected Maternity Services at each of the three sites between 7th and 9th March. The sites were:

- Saint Mary's Oxford Road (7th March)
- Saint Mary's Wythenshawe (8th March)
- Saint Mary's North Manchester (9th March).

The inspections were conducted in line with the CQC national maternity inspection programme across the country. The programme aims to provide an up-to-date UK-wide view of the quality of hospital maternity care and gain a better understanding of what is working well to support learning and improvement at a local and national level.

Following the inspections, the Trust was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement due to the service not:

- Operating an effective and timely triage process to protect women, birthing people and newborns
- Facilitating timely access to appropriate treatment and birth settings for women, birthing people and newborns
- Always having enough sufficiently skilled and experienced midwifery and medical staff to appropriately assess and care for women and birthing people and mitigate risks in a timely manner.

Due to these concerns, the CQC notified the Trust of their intention to issue a Warning Notice under Section 29a of the Health and Social care Act 2008.

The Trust has produced and submitted a comprehensive compliance action plan related to the specific concerns. An Executive-led Maternity Oversight Group, co-chaired by the Group Chief Nurse and Group Deputy Chief Executive, was established to oversee and assure the response to the CQC. The Trust provided the CQC with detail and evidence of the improvements made by their deadline of the 23rd June 2023.

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

Information Governance (IG)

The Trust met the 30th June 2022 deadline for submitting its 2021/22 IG compliance self-assessment against the NHS Data Security and Protection Toolkit (DSPT) standards and published its 2021/22 DSPT as 'Standards Met.'

Accuracy of data - data quality

Manchester University NHS Foundation Trust submitted records during 2022-23 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 that included the patient's valid NHS number was:

- **99.2%** for admitted patient care
- **99.6%** for outpatient care
- **95.4%** for Accident and Emergency care.

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

- **99.6%** for admitted patient care
- **99.3%** for outpatient care
- **98.2%** for Accident and Emergency care.

Clinical research and innovation

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

Throughout 2022/23, the skills, expertise and experience of our staff, coupled with our world-class facilities and hosted Research and Innovation (R&I) infrastructure across Greater Manchester (GM), have contributed to major global developments in the understanding and treatment of a range of clinical diseases. They have also

supported local and national post-pandemic priorities for life sciences, ensuring patients from around the world are benefitting from MFT's world-leading expertise.

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

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

National and local clinical audits

National audits

The national clinical audits that the Trust was eligible to participate in during 2022/23 are shown in Table 5. It is important to note that the final overall total number of data submission to some national audits have been affected by the Hive implementation.

Table 5: National audit submission

Title	No. of cases	% of cases submitted	Notes
Transurethral Resection and Single instillation intravesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT)	WTWA - 45	WTWA – 100%	Data collection ongoing until end of June 2023.
Case Mix Programme (CMP)	CSS – 4938	CSS – 100%	
Cleft Registry and Audit Network (CRANE)	RMCH - 45	RMCH – 100%	
Emergency Medicine QIPs - Care of Older People	MRI - TBC WTWA - TBC	MRI - TBC WTWA - TBC	Data collection ongoing until October 2023
Emergency Medicine QIPs - Mental Health (Self-Harm)	MRI - TBC WTWA - TBC	MRI - TBC WTWA - TBC	Data collection ongoing until October 2023
Emergency Medicine QIPs - Pain in Children	RMCH - TBC WTWA - TBC	RMCH - TBC WTWA - TBC	
National Audit of Seizures and Epilepsies in Children & Young People (Epilepsy 12)	RMCH ORC – 65 NMGH – TBC WTWA – TBC	RMCH ORC– 100% NMGH –TBC WTWA – TBC	
National Audit of Inpatient Falls	MFT - 16	MFT – 94%	
National Hip Fracture Database (NHFD)	MRI – 43 WTWA – 516 NMGH - 383	MRI 100% WTWA 100% NMGH 100%	
National Bowel Cancer Audit (NBOCA)	MRI – TBC WTWA – 153	MRI – TBC WTWA –100%	MRI data still being validated

National Oesophago-Gastric Cancer Audit (NOGCA)	MFT – N/A	MFT – N/A	Diagnosis only now at MFT
Inflammatory Bowel Disease (IBD) Audit -Inflammatory Bowel Disease (IBD) Biological Therapies Audit	MRI – 0 WTWA -TBC RMCH – 0	MRI – N/A WTWA –TBC RMCH – N/A	MRI – Unable to submit due to staffing issues in the IBD team. Issue now resolved – staff appointed into post. RMCH unable to submit due to licence expiry
National Diabetes Foot Care Audit	MRI - 117 WTWA - 32 NMGH - 21	MRI – 100% WTWA -100% NMGH - 100%	
National Diabetes Inpatient Audit Harms (NADIA)	MRI - TBC NMGH – 0 WTWA – 29	MRI - TBC NMGH - N/A WTWA –100%	Awaiting NHS Digital to provide figures
National Core Diabetes Audit	MRI – TBC WTWA – 0 NMGH – 0	MRI – TBC WTWA – N/A NMGH – N/A	NGMH did not submit due to clinical pressures WTWA did not submit due to Diamond system not available
National Diabetes in Pregnancy Audit	SMH - 193	SMH - 100%	
Adult Asthma Secondary Care	MRI - 94 WTWA – 17 NMGH - 109	MRI - 100% WTWA – 15% NMGH- 100%	Post at WTWA currently vacant
Chronic Obstructive Pulmonary Disease (COPD)	MRI – 393 WTWA – 285 NMGH – 448	MRI – 100% WTWA – 60% NMGH – 100%	Post at WTWA currently vacant
Paediatric Asthma Secondary Care	RMCH – 114	RMCH – 100%	
Pulmonary Rehabilitation	MRI – 20 WTWA - 129 NMGH – 30	MRI - 20 WTWA –100% NMGH – 100%	On target for 100% of expected cases by audit deadline 13/05/2023
National Audit of Breast Cancer in Older People (NABCOP)	WTWA – 807	WTWA – 100%	Due to HIVE includes cases from April to Sept 2022
Breast and Cosmetic Implant Registry (BCIR)	NMGH – TBC	NMGH - TBC	
National Audit of Cardiac Rehabilitation	WTWA - 552 NMGH – 195	WTWA –100% NMGH –100%	Data validation ongoing – Final data available in June
National Audit of Care at the End of Life (NACEL)	MRI – 28 WTWA – 34	MRI - 56% WTWA - 100%	
National Audit of Dementia	MRI – 50 WTWA – 80 NMGH -100%	MRI – 100% WTWA –100% NMGH –100%	NAD audit continues into 23/24
National Cardiac Arrest Audit	CSS – 106	CSS – 100%	Awaiting data from Q4
Myocardial Ischaemia National Audit Project (MINAP)	WTWA – 387 MRI - 931	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Adult Cardiac Surgery Audit	WTWA – 598 MRI - 410	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Audit of Cardiac Rhythm Management (CRM)	WTWA – 354 MRI - 859	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23

National Audit of Percutaneous Coronary Interventions (PCI)	WTWA – 985 MRI - 1378	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Congenital Heart Disease Audit (NCHDA)	MRI - 129	MRI 100%	Data submission closes after validation on 30.06.23
National Heart Failure Audit	WTWA – 156 MRI - 338	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Early Inflammatory Arthritis Audit (NEIAA)	MRI – 0 WTWA – 10	MRI – N/A WTWA – Unknown*	MRI did not submit in 22/23 due to capacity issues. *WTWA - Not possible to determine as % of cases
National Emergency Laparotomy Audit (NELA)	MRI – 58 WTWA - 89	MRI – Unknown WTWA – Unknown	Q4 data not yet available
National Joint Registry	MFT – 1006	MFT – 100%	
National Lung Cancer Audit	MRI – TBC WTWA - TBC NMGH - TBC	MRI – TBC WTWA –TBC NMGH – TBC	Data unavailable at present
National Ophthalmology Audit NOD	MREH - TBC	MREH - TBC	We will not receive the data for the 2022/23 NHS year until June 2023
National Maternity and Perinatal Audit (NMPA)	NMGH – Unknown*	NMGH - 100%	*Provided automatically by NHS Digital, actual number unavailable
National Neonatal Audit Programme (NNAP)	SMH - 3362	SMH – 100%	All data is extracted by NNAP via BADGERNET
National Paediatric Diabetes Audit (NPDA)	RMCH - TBC NMGH - TBC	RMCH - 100% NMGH - 100%	NPDA cannot confirm final numbers until June
National Prostate Cancer Audit (NPCA)	MRI – 123 WTWA – 153	MRI – 100% WTWA –100%	
National Vascular Registry	MFT - 465	MFT - 100%	
Paediatric Intensive Care Audit Network (PICANet)	RMCH - 916	RMCH - 100%	
UK Renal Registry (UKRR)	MRI - 7084	MRI – 100%	
Sentinel Stroke National Audit Programme (SSNAP)	MRI – 191 WTWA – 177 MTLCO - 54	MRI – 100% WTWA –100% MTLCO -100%	
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	CSS - 19	CSS - 100%	
Society for Acute Medicine Benchmarking Audit (SAMBA)	MRI – 87 WTWA – TBC NMGH – 30	MRI – Unknown WTWA – TBC NMGH –100%	
Society for Acute Medicine Benchmarking Audit (SAMBA)	MRI – 50 WTWA – 51 NMGH –100	MRI – 100% WTWA –100% NMGH –100%	
Trauma Audit & Research Network	MRI – 819 RMCH - 262 WTWA – 433 NMGH – 0	MRI – 100% RMCH – 100% WTWA –100% NMGH – N/A	NMGH not active in 22/23 due to capacity
UK Cystic Fibrosis Registry	RMCH – 210	RMCH – 100%	

	WTWA - 418	WTWA –100%	
UK Parkinson's	MTLCO – 20 MRI – 30 WTWA – 20	MTLCO 100% MRI – 100% WTWA –100%	

Local clinical audits

The reports of local clinical audits were reviewed by the Manchester University NHS Foundation Trust in 2022/23. Some examples of audit outcomes from the programme are listed below:

- Physiotherapists in the muscular-skeletal (MSK) department at Trafford General Hospital reaudited one of the MSK service standards. The standard relates to physiotherapists providing patients with information on health priorities, assessments and interventions and ensuring this is reflected in the patients' clinical records. The outcome of the audit showed an improvement in compliance from the previous audit, as the majority of patients received this advice. However, not all patients had documentary evidence of this in their records, therefore additional team training sessions were put in place with respective teams to address this
- The Cardiology Team at Manchester Royal Infirmary looked at a number of their patients with pre-existing heart conditions, who required a dental check-up before their operations to reduce the risk of infection. The audit result showed that for all the patients they looked at, all of them had, had the assessment, and for three quarters of the patients, it had taken place within the correct time period. This was an improvement in the results compared to a similar audit that was undertaken the previous year
- It's important for some younger patients to receive a pregnancy test before they undergo a procedure for a several reasons. After a previous audit showed low level of compliance, the Clinical Team at Royal Manchester Children's Hospital had put actions in place to make sure that in these cases, the relevant information was recorded. These actions included developing a guideline, providing pregnancy testing kits and offering patient information leaflets, which were written with help from the youth forum. A re-audit showed an improvement in the compliance level
- Safe Place Merseyside is a service that aims to provide a comprehensive service to men, women and young people aged 16 and above, who have been raped or sexually assaulted. The team audited their checklist, which assists them in providing a high quality service. Overall, their results had improved from very limited to significant assurance since the previous audit
- The Podiatry Team in the Manchester Local Care Organisation looked at how well they were following NICE guidelines when examining diabetic patients with foot ulcers. They looked at records for over 70 patients at five different clinics to assess if standards were being met. Overall, they found the results provided them with significant assurance that they were meeting the

standards, which was an improvement from the original audit where the assurance was very limited.

Core Quality Account Indicators

This section contains performance figures and, where possible, comparative information, so that you can see how well we are doing alongside our other NHS colleagues.

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

Prescribed information	Data source	2022/23	2021/22	National average	Indicator comments
The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	HSCIC	99.6 (Dec 21 – Nov 22)	94.07 (Dec 20 - Nov 21)	100	National target <100
Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Dr Foster	36.9% (Jan 22 – Dec 22)	44.1% (Jan 21 - Dec 21)	40%	
The percentage of patients aged 0-15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Dr Foster	8.5% (Nov 21 – Oct 22)	8.9% (Nov 20 – Oct 21)	10.8% (Sep 21 – Aug 22)	
The percentage of patients aged 16 or above readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Dr Foster	6.9% (Nov 21 – Oct 22)	7.8% (Nov 20 – Oct 21)	7.8% (Sep 21 – Aug 22)	
Percentage of patients admitted to hospital risk assessed for VTE	Trust Data	Currently suspended for external reporting	89.18%	95.63% - Q1 2019/20 (not submitted since)	95% of all eligible patients to be risk assessed for VTE

The rate per 100,000 days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over	Trust Data	27.14	27.55	16.2	National average based 2021/22 year
The number and, where available, rate of patient safety incidents reported within the Trust in the reporting period.	Trust Data	57787 679 per 10,000 bed days	46501 536 per 10,000 bed days	N/A	N/A
The number and percentage of such patient safety incidents that resulted in severe harm or death (levels 4 and 5)	Trust Data	141 0.24%	92 0.20%		
Groin hernia surgery	NHS England	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Discontinued in 2017
Varicose vein surgery	NHS England	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Discontinued in 2017
Hip replacement surgery and	NHS England	Ceased national collection in 2021	97.2% Oxford Hip Score (2020 – 21)	97.2% Oxford Hip Score (2020 – 21)	Discontinued in 2021
Knee replacement surgery	NHS England	Ceased national collection in 2021	91.9% Oxford Hip Score (2020 – 21)	94.1% Oxford Knee Score (2020 – 21)	Discontinued in 2021

Advancing equality, diversity and inclusion and addressing health inequalities

Diversity Matters is our equality, diversity and inclusion strategy for 2019-2023. It outlines our ambition to be the best place for patient experience, and to work. It is central to achieving MFT's vision of 'improving health and wellbeing for our diverse population'.

The strategy provides a framework for action that is focused on the following three aims:

1. Improved patient access, safety and experience.
2. A representative and supported workforce.
3. Inclusive leadership.

These aims are underpinned by a set of objectives and results that will be achieved during the four-year strategy:

Improved patient access, safety and experience	A representative and supported workforce	Inclusive leadership
We will: • Consider how our decisions will affect equality and reduce unfavourable effects. • Know who uses our services by equality and their experiences and reduce any differences that we find. • Carry on working towards the Accessible Information Standard. • Make sure that people with learning disabilities and autism get treatment, care and support. • Be the first Trust in the country to deliver Pride in Practice. This is recognition from the LGBT Foundation. • Make our way-finding and signage easier.	**We will:** • Consider how our decisions will affect equality and reduce unfavourable effects. • Know who our staff are by equality and their experiences and reduce any differences that we find. • Take a zero tolerance approach to bullying, abuse and harassment. • Work towards being a Disability Confident Lead employer. • Increase ethnic diversity at Board and senior management levels.	**We will:** • Board members and senior leader will champion equality and divers Some examples include: ◦ Talk about equality, diversity and inclusion ◦ Engage their staff ◦ Understanding how our decisior will affect equality and reduce unfavourable effects ◦ Have equality, diversity and inclusion objectives in their local delivery plans ◦ Use inclusive leadership competencies in recruitment and appraisal.
The results we are aiming for: • Everyone who needs to can use Trust services. • Individual people's health and care needs are met. • When people use Trust services they are free from harm. • People report positive experiences of Trust services.	**The results we are aiming for:** • Staff are free from harassment, bullying and physical violence. • Staff believe that the Trust provides equal opportunities. • Staff recommend the Trust as a place to work and receive treatment.	**The results we are aiming for:** • Board members and senior leader demonstrate their commitment to equality, diversity and inclusion. • Board and Committee papers will identify equality-related impacts and how unfavourable effect will reduced.

Our 'Diversity Matters' strategy will be reviewed in the first quarter of 20023/24 with our ability to analyse data by protected characteristics considerably enhanced as a result of our Hive Electronic Patient Record (EPR).

Improved patient access, safety and experience

We want to continue to create a culture of care based on positive attitudes, welcoming the diversity of patients, their families, carers and service users and meeting their diverse needs. We will continually look to improve by embedding inclusion into everyday practice and at the heart of policy and planning.

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Case study - The Manchester Sickle Cell and Thalassaemia Service Steering Group

During 2022, the Manchester Sickle Cell and Thalassaemia (MSCT) Service Steering Group worked to improve patient care across community services and the Clinical Haematology Centre at Manchester Royal Infirmary.

The improvements made within the MSCT Service were informed by the findings of the national No One's Listening inquiry, which presented some of the shortcomings of the healthcare sector in relation to providing care for patients, who are affected by sickle cell and thalassaemia.

Numerous improvements, all aimed at improving patient care, were implemented in 2022. They included:

- Refurbishments at The Manchester Sickle Cell and Thalassaemia Centre on Denmark Road, aimed at improving the environment for both staff and patients, started in 2022 and are continuing to be implemented in 2023
    - The centre has also adopted a 'one-stop shop' approach, which includes voluntary sector partners, and is aimed at reducing the number of visits patients need to make

- The Community Sickle Cell Team increased its staffing levels to better enable the delivery of safe and effective care
    - It also re-established and strengthened its links with other Trust services, such as haemoglobinopathy, enabling greater joined-up care for patients to be delivered.

In addition to the work that is already underway, Manchester Local Care Organisation (MLCO) is developing a proposal for a voluntary sector-led community engagement group. This is being funded by the Trust charity and will build on the national engagement events held in Manchester in 2021 to better understand the issues faced by people living with sickle cell and thalassaemia and their families.

The engagement will ultimately lead to the development of a service strategy for sickle cell and thalassaemia that has been co-produced by staff, people living with sickle cell and thalassaemia and the voluntary and community sector. Procurement of a voluntary sector organisation to lead this work is underway and work will start in 2023. Through these combined efforts, the Trust aims to strengthen the bonds between specialist and community sickle cell and thalassaemia services to continue to improve patient care.

Case study – The Jim Quick Ward at Wythenshawe Hospital

Opened in 2002, the Jim Quick Ward, named after one of its early patients, offers specialised care for patients undergoing heart and lung transplants and support for their families and loved ones.

In 2022, the ward had to find solutions to provide the best possible care for a patient, who was under the age of 18 and needed an urgent heart transplant. It was an unusual occurrence for the ward due to the fact it usually caters for adults.

The ward staff provided care that was clinically appropriate and fit for the needs and lifestyle of the young person. In the first instance, the patient was reviewed by a multidisciplinary team of professionals, who fully assessed their needs and circumstances. For example, a social worker was engaged early on and assessed the patient's home environment and suitability. Additionally, the ward psychologist assessed mental health and any underlying needs the patient might have. One of the outcomes of these assessments was the patient engaging with the Chaplaincy Team for spiritual care.

The ward staff also provided a range of adjustments to help the patient adapt to their ward stay. For example, the:

- Patient was cared for in a side room, which meant that a family member could be with them. Additionally, the ward staff provided a bed for the family member so they could rest and/or spend the night
- Family member was also given access to temporary accommodation that had private access to facilities, such as a bathroom with a shower
- Patient received protected time with minimum interruptions so they could focus on tasks, such as studying and calls with family and friends.

The patient's friends were allowed to spend protected time in the day room and socialise with the patient without interruptions. This also helped minimise any anxiety they may have experienced in relation to visiting their friend in hospital.

These efforts resulted in the patient and their family feeling safe and cared for in an otherwise foreign environment, which helped mitigate their initial anxieties. The patient received a successful heart transplant and recovered in the same ward before being discharged approximately four weeks after surgery.

The patient and their family expressed gratitude to the staff for their care and compassion, and for adapting to their circumstances to provide a safe space in preparation for a difficult procedure.

The Trust believes in Dignity and Care as one of its core values; that good quality care extends to being compassionate and doing whatever is necessary to provide a comfortable and dignified environment for patients to feel safe and well cared for. The Jim Quick Ward team embodies the Trust's values and beliefs by going the extra mile for every patient.

Case study - The Long-Term Conditions Programme: Diabetes

The Long-Term Conditions (LTCs) programme has two key objectives:

1. Shifting care and support upstream into neighbourhoods and communities.
2. Reducing long-standing inequalities in Manchester.

COVID-19 significantly impacted healthcare services and continues to have a disproportionate effect on people from minority ethnic communities and people living with chronic diseases, such as Type 2 Diabetes. For instance, the pandemic interfered with the annual GP checks and hospital outpatient appointments that are a vital part of the care provided for people with diabetes. As services are reimagined

and redesigned in new digital forms, it is more important than ever that we do not further exacerbate existing inequalities.

Using data collected in primary care, the LTC programme can analyse differences in diabetes prevalence and hospital activity in a neighbourhood or primary care network by ethnicity. Using a population health management approach, it established a project to tackle entrenched inequalities in diabetes outcomes. The initiative identified people from an African Caribbean Black British background in one of our neighbourhoods for early adoption of this change in approach.

Through the project, the programme engaged with the Caribbean African Health Network (CAHN) and BHA for Equality to inform on a series of focus groups with Black British diabetes patients from the neighbourhood to gather feedback on their experiences of care and support. From these conversations, a shared understanding emerged of the vital elements that support people with diabetes to remain healthy and well, which the LTC team supports and encourages. In addition, current services and provisions can be analysed and consideration given to the changes that need to happen. Working with people and community groups will enable the programme to co-create and deliver an action plan of change that improves health outcomes and reduces diabetes inequalities.

Although the project is ongoing, the feedback and contribution from local patients and community groups has been positive and focused on making substantive changes to improving people's diabetes care, support and outcomes.

Throughout the remainder of the year, additional focus groups are planned. The feedback will continue to inform action plans to tackle the identified inequalities in Type 2 Diabetes outcomes.

Accessible Information Standard - progress to date
What we achieved in 2022/23:

- The AIS was integrated into the new Electronic Patient Record system, Hive
- Staff received training to ask patients if they have any accessible information requirements
- Patients' AIS requirements can now be recorded on the Hive system, using the national AIS codes
- Any AIS needs are flagged on Hive, so that they are easily visible to staff for future letters and appointments
- Appointment letters ask patients to contact us in advance if they have any accessible information requirements
- The Local Care Organisations started a pilot in November 2022 to implement AIS within their local systems.

Case study – Learning Disability and Autism Safeguarding Team
A patient required a Magnetic Resonance Imaging (MRI) scan, which involved them drinking a set amount of fluid before the procedure. The Community Learning

Disability (LD) team contacted the Learning Disability and Autism Safeguarding Team for support and advice to ensure that the patient's MRI scan was successful.

The LD and Autism Safeguarding Team contacted the Radiology Department to gain further insight into the requirements for the MRI scan. Contact was then made with the patient's parent to understand the reasonable adjustments required to enable the patient to access the intervention. As a result, the team provided a longer appointment time and a quiet area for the patient and parent to sit and support the fluid intake that was required for the scan. Additionally, the parent could take along objects for distraction therapy. The LD and Autism Safeguarding Nurse attended the appointment to support the patient and ensure adequate fluid intake, aiding the successful scan.

The patient drank the fluid with support from their parent and the specialist team, which enabled the scan to be carried out. The LD and Autism Safeguarding Team provided distraction and further encouragement to aid the safe administration of the fluid.

The experience was greatly received by both the patient and their parent, with formal feedback provided in an email.

This positive outcome supported further successful encounters with the hospital. The LD and Autism Safeguarding Team has since liaised with the Community Team to review more cases that may require input/reasonable adjustments. The LD and Autism Safeguarding Team has since been empowering staff within those areas to adjust patient care plans, where necessary.

Case study – University Dental Hospital of Manchester's transfer of the complex special care list to the Dental Sedation Suite (DSS)

Patients with a wide range of complex needs, including learning disabilities (LD) and autism, coupled with severe dental anxiety, are referred to the special care clinic. This group of patients are vulnerable, especially if they require conscious sedation to facilitate dental treatment.

Supporting patients with their fear and anxiety is challenging. Effective communication and rapport with carers/family is crucial to tailoring a plan that fits patients' needs. Occasionally, with some of our complex care patients, their fear, vulnerability and anxiety becomes heightened, possibly due to past experiences. This can lead to a loss of trust in the dentist providing their care.

The University Dental Hospital of Manchester (UDHM) successfully transferred the complex special care list from UDHM to the Dental Sedation Suite (DSS) based within the Manchester Royal Infirmary (MRI). The UDHM provides a dedicated service for patients with a wide range of additional needs and employs a dedicated Consultant for Special Care Dentistry.

The decision to transfer the service from the main UDHM site to the DSS was based on providing reasonable adjustments for patients with health and welfare needs before and after dental treatment. In addition to delivering a gold standard patient experience, UDHM sought to provide a more efficient and improved patient service.

The DSS team provides a supportive care package that considers future treatment planning for patients with complex needs, including dental anxiety and LD. For example, patients with significant dental anxiety are provided with a calm non-dental waiting area to reduce anxiety levels. In addition, the suite offers a recovery room for patients. There is also a quiet space that is used to help alleviate patients' anxiety before treatment. Consideration is also given to service users with mild to severe systemic diseases and a high body mass index (BMI) indicator of 40+ with access to supportive services within the broader hospital team.

Moving the service to the main hospital site also presented opportunities to provide more holistic and integrated care to patients with diverse needs. For instance, patients needing haematology plans before and after treatment can access the Trust's Haematology department, which is located at the same hospital site. The close proximity also allows for closer coordination with theatre teams and departments, such as oral surgery and maxillofacial, facilitating a more comprehensive multidisciplinary team approach to patient care.

The transfer to the MRI allowed for a more seamless service across multiple specialties. Patients reported increased satisfaction with the service's ease of use and the consideration given to their needs, with feedback consistently staying above 95%. The DSS is keen to facilitate a broader dental nursing team approach within the department and share the knowledge and skills amongst the team. In addition, the department has identified LD and autism champions, who are providing critical support in promoting the newly-developed LD and autism care plan for dental outpatients.

Case study – Royal Manchester Children's Hospital - Focused Support Team for young people with mental health needs and learning difficulties

The Focused Support Team (FST) is a specialist team based at the Royal Manchester Children's Hospital (RMCH) that provides a range of specialist support and care to children and young people with learning disabilities (LD), autism and mental health needs prior to and during hospital admission. The team is made up of LD, paediatric and mental health nurses and care support workers.

The team provides crucial support for children in need of specialised input. This involves providing a range of activities, such as bespoke training for care professionals within the trust; individualised care plans and risk assessments; therapeutic interventions; working collaboratively with extended MDTs; facilitating effective communication methods and identifying and supporting with the implementation of reasonable adjustments for planned or unplanned admissions.

In the last year, the Focused Support Team won the Equality, Diversity and Inclusion Champion award at RMCH, showcasing their dedication on improving the quality of care for young adults with specialised needs, and their unwavering support to the children's hospital clinical teams. Moving forward, the team is eager to continue challenging pre-established norms and cultures, providing support for young people in acute settings, fostering deeper relations with parents/carers and community services, and embedding data at the heart of their mission to provide each patient with tailored plans and individual support. With the implementation of Hive, the Trust's new Electronic Patient Record, FST, is eager to utilise various digital tools to

better target young people with mental health, autism and learning disability needs, and reduce the number of unfavourable outcomes, such as reduced attendance rates for outpatient appointments.

The ‘Was Not Brought’ programme
FST has been involved in ‘Was Not Brought’, a programme commissioned to understand the reasons why children and young people with neurodiversity do not attend appointments.

By liaising with the group informatics department, appointment data was obtained, and the team contacted 35 families to gather information on the reasons for not attending outpatient appointments. Themes, that can be turned into actions to provide support, were also developed. For example, one of the themes that arose from the data collection was improper signage and facilities for young wheelchair users. The team is now working with outpatient areas to implement improvements to the outpatient waiting areas. This includes implementing visuals and better signposting of wheelchair-accessible waiting spaces.

Other themes included service and staffing barriers, as well as a lack of resources, such as toys or quiet waiting areas, which the team are working on addressing. The team has developed links within the hospital and community services to increase awareness of FST and has seen an increase in the number of children and young people and their families asking for support. A range of support has been developed for parents and carers and young people accessing the site. This includes providing supportive visuals for their route to departments and implementing reasonable adjustments, which have all seen positive responses.

Was Not Brought has been nominated for a Health Service Journal (HSJ) award across the 11 hospitals that make up the Children's Hospital Alliance (CHA). FST is proud to represent Manchester University NHS Foundation Trust together with the Children's Hospital Network in recognition for our paediatric services.

Mobile sensory trolleys and working across multiple sites
As a managed clinical service, Royal Manchester Children's hospital must ensure equal opportunities for care across its numerous units in the Greater Manchester area. Through the Was Not Brought programme, FST received funding to improve services, and as part of their mission to ensure equitable patient experience across multiple sites, they opted to purchase four mobile sensory trolleys. They are called Voyagers and offer an alternative resource to areas with limited access to a sensory room. They also offer a flexible approach to using space in departments without impacting the delivery of clinical services. The input from the various teams enables collaborative working relationships and a more harmonious service offer across multiple sites.

A representative and supported workforce
The Trust aims to be an employer of choice that recruits and develops staff fairly, taking appropriate action whenever necessary, so that talented people choose to join, remain, and develop within the Trust. Strong equality, diversity and inclusion at all levels will underpin consistently good patient care across all services.

Case study – Staff Living with COVID-19 policy
The COVID-19 pandemic presented a set of unique challenges that not only impacted patients, but also the staff providing their care. Due to high infection rates, the Trust and the entire NHS workforce saw an increased risk of infection, which led to lower levels of staffing due to sickness. The Trust required a solution to protect staff against the risk of infection and minimise transmission.

The Trust developed a Staff Living with COVID-19 policy that looked at providing guidance on how to best mitigate the risk of infection and best practices on how both staff and their departments can manage the illness in case of infection.

The guidance set out how MFT staff, workers and students should continue testing for COVID-19 and the revised pay arrangements for COVID-19 absences. The Trust developed this guidance based on Government guidance from UK Health Security Agency (UKHSA) and NHS England.

In order to mitigate health inequalities and provide a more supportive solution, an equality impact assessment was carried out that identified the following risks:

- Older staff members are at a higher risk of developing COVID-19 and more severe versions of the illness. Older people are more likely to be frail and have comorbidities and underlying health conditions. These factors mean that people in these groups are at a higher risk of poorer outcomes
- Staff with learning disabilities or mental conditions might struggle to understand the guidance and access help
- Black and Asian Minority Ethnic (BAME) staff are at higher risk of developing COVID-19, in part, due to lower levels of vaccine uptake.

The Trust developed guidance for departments to carry out a number of activities to support staff. This included implementing a standardised COVID-19 risk assessment to capture any underlying risks and factor in any needs staff members may have. The guidance also included measures to provide regular testing amongst clinical staff and free testing for all staff, who were symptomatic. Staff with disabilities also received support from their managers, departments and working groups across the Trust to better capture their needs. Additionally, the policy set out a transition process to return to a standard working pattern and ensure staff were supported throughout the process.

The Trust is committed to ensuring staff have safe working conditions and that their underlying risks and individual needs are met. The policy is an example of actions we have taken to mitigate risks and understand how different people groups might be disproportionately affected by illness and how to best support them in a fair and equitable manner.

Case study – A fair and inclusive recruitment process
The Trust understands that staff are the most important and valuable resource, and that good recruitment practices significantly contribute to the well-functioning of the organisation. To develop a fair recruitment process, a policy was developed that incorporated fairness and equality at the core of its values. For instance, there are occasions whereby a 'positive action' approach may need to be adopted to support

under-represented groups to overcome disadvantages when competing with other applicants.

The purpose of the policy is to promote and maintain fair and effective recruitment and selection procedures across the Trust and ensure they are carried out to an agreed standard, comply with legislation, follow best practice guidance, contribute to effective risk management, provide equality, act responsibly and meet the requirements of the NHS Employment Check Standards.

An equality impact assessment was conducted to capture the risks and needs of potential candidates with protected characteristics. The following themes emerged from the assessment:

- Certain protected characteristics, such as age, gender, sexual orientation or pregnancy status can negatively impact the candidates' likelihood of receiving job offers. To tackle this, the equality information is not visible to recruitment managers at any point of the application or selection process, with the specific aim to remove bias against minority groups. In addition, the policy states that any shortlisting or interviews must be undertaken by at least two people to reduce the risk of bias
- People with disabilities may have difficulties using online forms or engaging with the recruitment process. The Trust has a process in place to provide paper applications upon request and capture reasonable adjustments within the selection methods. Additionally, the Trust also operates a Guaranteed Interview Scheme for applicants, who identify with a disability and meet all essential shortlisting criteria
- Candidates who identify as Black, or Asian Minority Ethnic (BAME) are statistically less likely to be appointed from shortlisting compared to their white counterparts. To mitigate this, the policy adheres to the Removing the Barriers Programme, a set of initiatives that aims to provide more employment opportunities for BAME staff, especially at more senior levels. For example, the E3 secondment scheme is an initiative designed to give ring-fenced secondment opportunities to BAME staff at banding level 8a and above
- Applicants from lower socio-economic backgrounds may be reluctant to apply for employment with the Trust. The Widening Participation Programme seeks to mitigate this through a range of activities, which includes providing internships in association with local colleges, partnerships with local and national organisations, and the use of Government initiatives, such as the Kickstart programme.

Providing a more inclusive and equitable recruitment process that takes candidates' needs and identities into consideration enables the Trust to become a more inclusive and diverse workplace. These efforts are consistently monitored through updated action plans, collaboration with staff engagement groups and the publication of workforce data reports, such as the Workforce Race and Disability Equality Standards. The Trust is committed to continuously improving our processes to mitigate inequalities and be a fairer employer.

Case study – Disability Staff Engagement Group
The Disability Staff Engagement Group has had many positive achievements in 2022, but possibly the one action that impacts on the greatest number of disabled staff is the changes that have been made to Blue Badge Disabled Parking at Trust car parks. During 2021, the Disability Staff Engagement Group was consulted by the Car Parking Team on how disabled access to suitable parking could be achieved/improved. The Group shared feedback on multiple occasions and the Car Parking Team worked on implementing it.

A year on from the consultation, the Trust has seen the implementation of a new and improved system for disabled parking that properly accommodates the needs of disabled colleagues. Staff who are Blue Badge Holders can now park in on-site car parks for free. More disabled parking bays have also been made available.

Accessibility Adjustments Panels (AAP) have also been put in place to ensure that there is a fair and transparent process for car parking reasonable adjustments.
All of these changes have been welcomed and celebrated by the Disability Staff Engagement Group, who will continue to work with the Car Parking Team to ensure that new innovations in car parking in 2023 are accessible to disabled staff.
The Disability Staff Engagement Group has highlighted the importance of direct ongoing communication with staff, who fall under the Equality Act 2010 definition of disability, to understand and tackle the barriers that are being encountered within the workplace. The Disability Staff Engagement Group looks forward to continuing to play a key role in influencing decision-making to improve workforce disability equality throughout 2023.

Case study - The Black, Asian & Minority Ethnic (BAME) Staff Network
The MFT Black, Asian & Minority Ethnic Staff Network is proud to join other Staff Networks and staff members in providing our colleagues with a safe space to form a community.

One of the network's priorities is to make the dream of inclusion a reality for Trust staff. We cannot afford to wait to evidence inclusion through policies, practice, verifiable outcomes, attraction, retention and culture indicators in the workplace.

The Black, Asian & Minority Ethnic Staff Network supports several initiatives designed to tackled inequalities in the workplace, such as the Removing the Barriers Programme and the Be.Inclusive at MFT Campaign.

It was evident from a member meeting that focused on The Progress of Workforce Race Equality Standard at MFT, that more work is needed to promote equality and inclusion in the workplace.

The Black, Asian & Minority Ethnic Staff Network is committed to playing its part in bringing Black, Asian and Minority Ethnic staff voices to the forefront of the equality, diversity and inclusion conversations being held within the Trust and nationally.

Case study - Widening Participation Team
The MFT Widening Participation Team aims to increase and diversify our workforce through targeted engagement with our local communities.

As one of the largest employers within the Manchester local authority, the Trust has a civic duty as an anchor organisation to support local organisations by developing a 'home grown' model that addresses short- and long-term recruitment challenges.

In support of the Trust and NHS people plans, we aim to tackle health inequalities, and support the health and wellbeing of our local population by addressing the social determinants of health, such as unemployment and low income, and support local people into good jobs, in line with the Building Back Fairer Marmot report. Diversity and inclusion is at the heart of the Widening Participation team, with efforts being made to provide equal opportunities to our diverse wider community.
The Widening Participation team aims to achieve these ambitious objectives through three main areas of activity:

1. Insight.
2. Experience.
3. Employability.

Insights and experience
The COVID-19 pandemic had a long-lasting impact on health services, including our widening participation offer, with face-to-face work experience being suspended for two full financial years.

We pivoted our offer to virtual and in-school/college delivery, so that we could still support aspiring healthcare students. In the efforts to expand virtual opportunities, we saw a 568% increase in virtual work-related learning placements and in-college work experience for 5th year medics in schools. 100% of learners, who completed a virtual placement and responded to our survey, agreed or strongly agreed that they feel more confident and informed in relation to their health and social care careers of choice. Out of 1,257 total participants, 62% declared themselves as Black, Asian or Minority Ethnic, and 8% declared having a disability.

Employability
Our Pre-Employment Programme supports local unemployed people into jobs within the Trust. It is a nine-week programme, consisting of four weeks college-based training at the Manchester College, and a work placement that lasts for 30 hours-a-week for five weeks. We work with numerous referral partners to support learners in a variety of placements, including nursing, laboratory, and pharmacy assistants. This year, we saw an increase of 96 learners starting placements, representing a 770% increase. Out of those, 92% progressed to employment. 51% of participants were from areas that are within the top decile of the Indices of Multiple Deprivation. 90% of participants were from the top four deciles.

Kickstart is a flagship Department for Work and Pensions (DWP) programme launched in December 2020 to counter the impact of the pandemic on young people's employment prospects. The scheme aimed to have employers create new six-month fixed term roles for 16 to 25-year-olds, who receive Universal Credit. In return, DWP contributes to the young person's salary, employer contributions and onboarding costs. From January 2021 to April 2022, we saw 53 young people supported. To date, 26 young people have completed their six-month contract. Out

of those, 19 have remained in employment with the Trust, with five moving to a higher band and three moving to bank work.

Supported internships are employment-based study programmes for 16 to 24-year-olds with special educational needs and disabilities. The Trust now hosts circa 40 interns a year across the NMGH, Trafford, Oxford Road and Wythenshawe sites, making it one of the largest employer hosts in the country. Out of the 40 interns, 45% identified as Black, Asian or Minority Ethnic, aiding in our mission to provide equality of opportunity for students from diverse backgrounds. The September 2021-2022 cohort are the first in three years to learn in Trust classrooms and undertake hospital placements. It is predicted that 50 to 60% of the learners will gain paid employment at the end of the programme.

Veterans and armed services
The Widening Participation team is leading on activities designed to support The Armed Forces Community, including serving personnel, reservists, veterans, and their families. The Trust has received several accreditations in recognition for our commitment to our armed forces, such as the Silver Award for the Ministry of Defence (MoD) Employer Recognition Scheme (ERS), NHS Employers Step into Health (SiH) Pledge, and the Veterans Covenant Healthcare Alliance (VCHA). The Widening Participation Team continues to engage and build partnerships with numerous external partners and organisations in order to further develop our support to our Armed Forces.

Case study – Clinical and Scientific Services anti-bullying and harassment
The MFT Antibullying and Harassment group, led by a Clinical and Scientific Services (CSS) representative, developed an engagement pack for Kindness Day and Antibullying and Harassment Week in November 2022. The information was designed to help teams hold conversations on what kindness looks like and how to develop a more positive culture.

The pack was distributed via the Trust intranet and utilised across several CSS teams to enable reflection on various topics. Some subjects included identifying incivility and discussing how individuals and teams can pledge to contribute to kinder cultures at work.

As a result, one team identified that certain uncivil behaviours had become more frequent over the last few years. The team leader held a session to explore the pressures that could lead to an uncivil culture and the impact on individuals, team and patients. The results enabled the team to pinpoint observed acts of incivility and consciously avoid such behaviours by making individual and team pledges to commit to a civil culture.

Case study – Diverse Recruitment Panels Scheme
The Diverse Recruitment Panels Scheme aims to improve the equity of our interview and assessment centre processes by ensuring there is ethnic diversity on recruitment panels. In September 2020, the Trust introduced a mandatory requirement for all interviews and assessment centres, for roles at Bands 8a and above, to have at least one member from a Black, Asian, or Minority Ethnic background on the interview or assessment centre panel.

To facilitate this requirement, the Trust invited Black, Asian and Minority Ethnic staff to become part of a pool of people, who could be invited to join interviews and assessment centre panels. The model has worked well, with current compliance with the mandatory requirement at 87%, and the feedback from both managers and Removing the Barriers members being positive. In 2023, we will be exploring the impact the introduction of this requirement has had on our Workforce Race Equality Standard Indicator 2.

Inclusive leadership

The Trust understands that inclusive leaders recognise and value the unique perspectives and experiences of all staff and create opportunities for all to contribute and succeed. This can foster a sense of belonging and engagement among team members and lead to increased creativity, innovation, and collaboration.

While there is a clear role for senior managers to deliver the Equality, Diversity and Human Rights agenda, the Trust also recognises the importance of every staff member feeling empowered to practice inclusive leadership across the organisation and throughout all levels of decision-making.

Case study – Clinical and Scientific Services Inclusive Leadership

The Clinical and Scientific Services (CSS) is a Managed Clinical Service (MCS) with a hugely diverse workforce comprising nearly 5,000 staff, including Allied Health Professionals, Doctors, Nurses, Radiographers, Pharmacists, Technicians, Healthcare and Biomedical Scientists, Engineers, and Administrative and Support colleagues working across every site in the Trust.

We take great pride in the diversity of our professions and workforce. That is why we recognise the value of each profession their role in supporting patient treatment. CSS celebrates each profession on dedicated celebration days and encourages a sense of community across the board.

CSS is proud to have a diverse workforce, both in profession and cultures which brings a richness to the MCS. After reflecting on conversations with leaders throughout CSS, the team realised that additional training around inclusive leadership should be added to existing training, particularly sessions around leadership theory and leading through change.

In 2022, the team updated the training and engagement offers of both sessions to include inclusive communication models and preferences for international recruits. This has been piloted in two areas to assess impact and quality of training.

Leaders who have joined the updated sessions fed back that the training has helped them to understand their own behaviour and assess how they could engage with their teams in a more effective and inclusive way.

The team has realised that many of the leadership practices can be biased to UK/Western preferences, and by looking at inclusive leadership practices they were able to update the training to better skill leaders throughout CSS.
CSS intends to continue to design all future training leadership training with diversity and inclusion in mind. Through inclusive leadership, the Trust aims to attract and retain a diverse workforce, which will ultimately benefit the quality of our care.

Be.Inclusive at MFT
All staff have a contribution to make in order for equality, diversity and inclusion to flourish. This is why the Trust has launched its Be.Inclusive at MFT campaign as a call to action for all 28,000 staff to become Inclusionists and get involved in the Trust's inclusion journey.

Be.Inclusive will help create inclusive services and workplace environments by promoting a sense of belonging for staff and meeting the diversity of our patients. The campaign was launched in May 2022 to coincide with the Equality, Diversity and Human Rights Week, and comprises three inter-related workstreams Learn, Celebrate and Inspire.

The campaign has been endorsed by NHS Employers, including Paul Deemer, Head of Diversity and Inclusion at NHS Employers:

"*NHS Employers are delighted to support and endorse the Be.Inclusive campaign at Manchester University NHS Foundation Trust. We know that diversity is a fact and inclusion is an act – and this campaign is a fantastic example of how each one of you can make a small – but collectively significant – difference to the working lives and health outcomes of your staff and patients.*"

Every single act, every single action is valuable. These actions together will build an inclusive culture where all colleagues and patients are welcomed and safe to be who they are.

To date, more than 1,500 colleagues have signed up to become MFT Inclusionists, people dedicated to playing an active role in promoting inclusion. The following two case studies were submitted to the Be.Inclusive newsletter in 2022 and demonstrate how staff are being equality, diversity and inclusion leaders within their areas.

Case study 1 - Saint Mary's Hospital Newborn Intensive Care Unit
Being an Inclusionist is about promoting inclusion so that our staff feel they belong as their authentic selves. To date, 115 members of staff from across Saint Mary's Hospital have signed up to support the campaign.

An example of good practice includes the Practice Education Team at the Newborn Intensive Care Unit (NICU) – Oxford Road Campus. They have created a Where Is Home Map to show the diversity of the team working across Newborn Services.

Case study 2 – Morning Huddle positive thought of the day
During the pandemic, Withington Community Hospital Staff Nurse, Anita Taylor's team expressed a need for positive news. Anita responded by taking a book of positive sayings to work that contained a thought of the day that was shared during their morning huddles.

Members of the team took turns reading the thoughts and said that it helped them to start each day positively and distracted them from their worries. This small action allowed for some positive reinforcement to take place at the start of each day and led to colleagues finding comfort and a sense of belonging. Even the smallest of actions can have a significant positive impact on people when carried out with compassion and empathy.

Sustainability performance

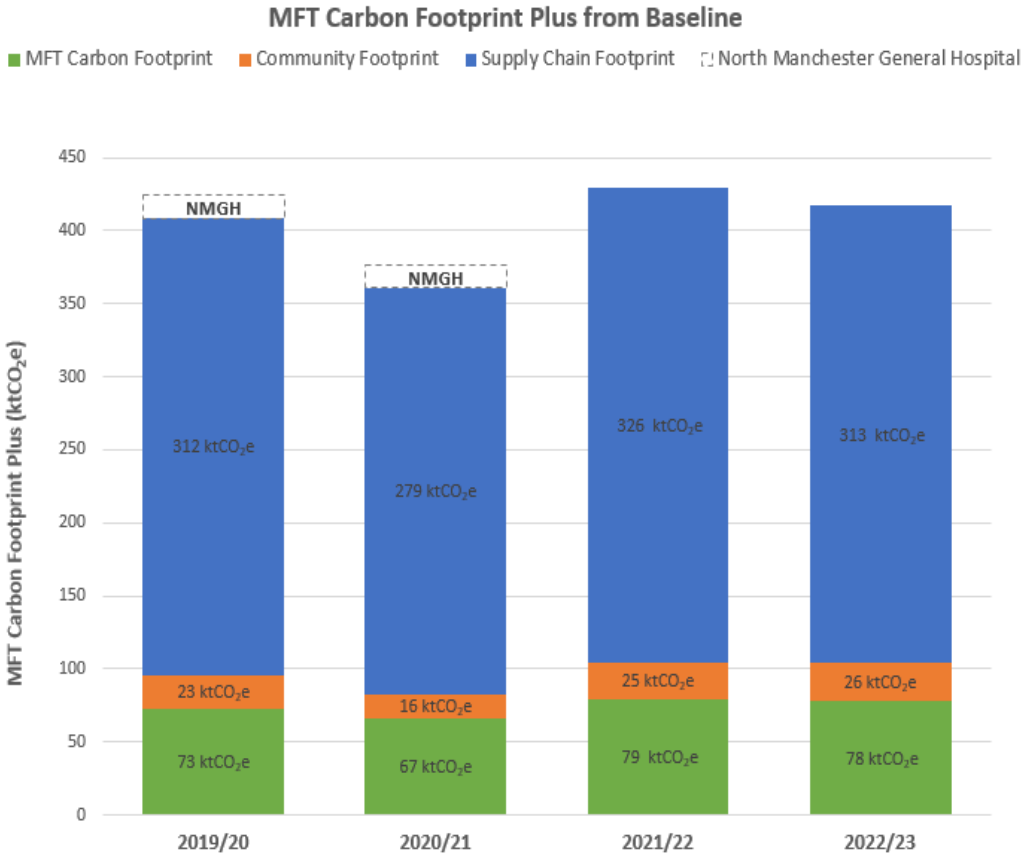
This section outlines the progress achieved towards our three-year Green Plan. It also provides an overview of our carbon footprint and highlights from the key areas of focus. A separate standalone sustainability report provides further detail, including plans for the forthcoming financial year.

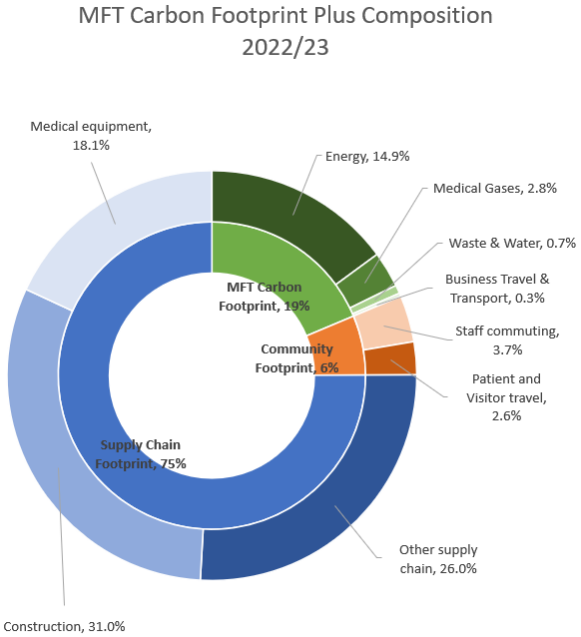
In May 2022, a new MFT sustainability governance group, the Climate Emergency Response Board, was established with senior representation from across the organisation. Chaired by the Chief Operating Officer, this group focuses on progressing strategic opportunities for carbon reduction and more effectively integrating sustainability within high level workforce and service delivery priorities.

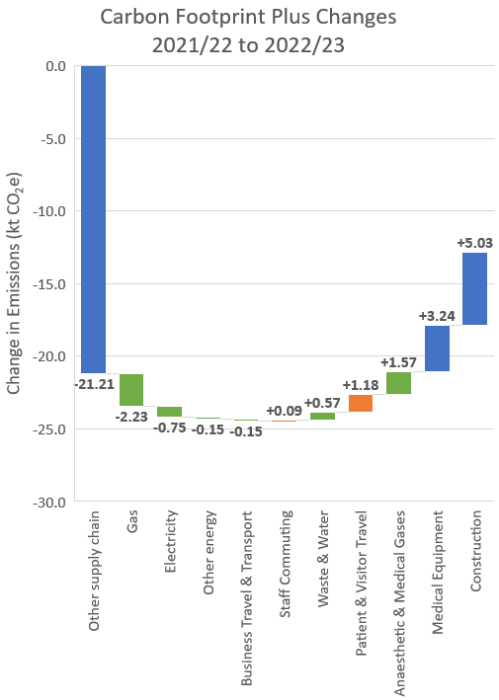
Enhanced engagement and leadership for sustainability, specifically within clinical teams, has been a key development this year. This commitment is facilitating carbon reduction initiatives in areas, such as anaesthesia, respiratory care, laboratory medicine and microbiology.

2022/23 carbon summary

- The MFT Carbon Footprint Plus is 416,883 tCO_2e, a 3% reduction from 2021/22. This is due to a sharp rise in our supply chain footprint, which is now 75% of the Carbon Footprint Plus, with the largest rises attributable to reduced expenditure on business services and commissioned health and social care services
- MFT's Carbon Footprint has reduced by 1.4% to 77,846 tCO_2e, with energy continuing to be the largest component within our direct control. Reduced gas use in addition to falls in the national carbon intensity of electricity has resulted in energy carbon savings of 3,124 tCO_2e, an annual reduction of 4.8%. A proportion of these carbon savings have been offset by increased use of nitrous oxide and Entonox, causing total anaesthetic and medical gas emissions to increase by 1,566 tCO_2e (5.7%). Waste tonnage has increased by 2.5%, but updated carbon factors have caused an exaggerated increase in emissions of 35.5%, the equivalent of 678 tCO_2e
- The number of patient contacts in 2022/23 increased by 9.8%, and the associated carbon emissions per patient decreased (now 31.0 $kgCO_2e$ compared to 34.5 $kgCO_2e$ in 2021/22). This demonstrates that resources are being used more efficiently.







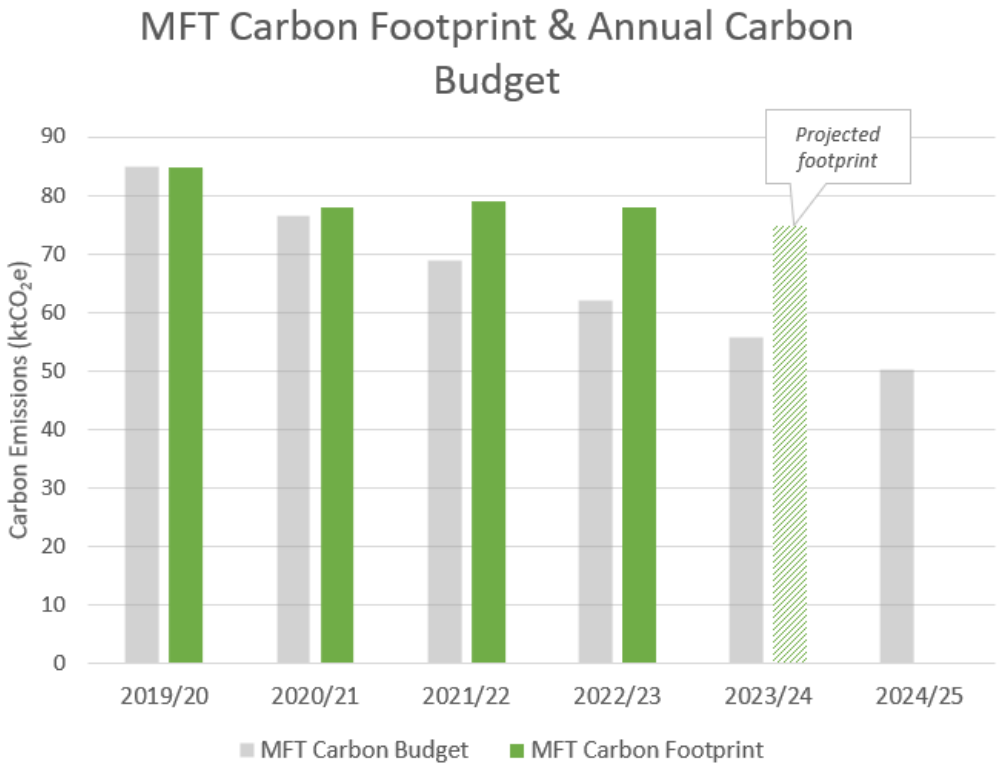
MFT carbon footprint projections

The carbon budget specifically relates to those emissions we directly control, and the budget requires an ambitious 10% year-on-year carbon reduction (in line with the Greater Manchester Combined Authority target). Our current carbon budget spans

our baseline year to the end of the existing Green Plan (19/20 - 24/25) and this is referred to as the interim carbon budget.

- The 2022/23 MFT carbon footprint is 77,846 tCO_2e, which for a third consecutive year exceeds our annual target. Accounting for the previous year's performance within this interim budget, we are now 13% beyond our target emissions for 2022/23. Having emitted 27,474 tCO_2e more than budgeted over this four-year period, this now leaves 78,423 tCO_2e remaining within the interim budget
- Current projected emissions for 2023/24 indicate a decrease of 3,104 tCO_2e, equivalent to a 4% reduction on the 2022/23 carbon footprint. This is a consequence of benefitting from the full impact of widescale energy infrastructure improvements that were completed in 2022/23, and the planned decommissioning of further nitrous oxide manifolds. This rate of reduction falls short of our carbon budget trajectory. At this pace, we will not meet our interim carbon budget.

Whilst we remain focused on delivering net zero for our carbon footprint by 2038, further work is required to understand how the current overshoot affects our longer-term carbon budget, and which activities can be accelerated.



Sustainable models of care - this innovative Greener Operations research project, led by MFT clinicians, concluded in June to provide a top 10 list of priorities for further research into sustainable perioperative care. This initiative received national recognition through a special award from the Association of Anaesthetists. MFT nursing leads launched a 'gloves off' campaign in August 2022 to highlight the unnecessary use of single use non-sterile gloves in patient care, improving hand hygiene and reducing plastic consumption. Since October 2022, MFT has been

hosting a national clinical fellow with GIRFT to improve the efficiency of day cases in high volume, low complexity procedures. This initiative will reduce unnecessary bed days, making our clinical care less resource intensive and support quicker patient recovery times.

Digital transformation - the introduction of Hive in September 2022, marked a major milestone for MFT. This comprehensive Electronic Patient Record system was launched to consolidate and improve our digital infrastructure for patient care. Whilst new reporting systems are continuing to be established, Hive will ultimately facilitate the use of much more sophisticated datasets that will improve what we buy, how we prescribe and how we care for patients.

Supply chain and procurement - in November 2022, a new Sustainable Procurement Working Group was established to embed net zero issues and sustainability opportunities within the Finance and Procurement team. Over £55 million in tenders are now incorporating action for climate change, and a new Procurement Partners Programme with key suppliers is creating a robust framework to influence our supply chain, using our purchasing power to make tangible environmental improvements. New processes led by MFT physiotherapists have established a successful scheme for walking aid recycling that is encouraging greater return rates of frames and crutches and reducing the demand for new products.

Medicines - the decommissioning of the Wythenshawe Hospital Nitrous Oxide manifold marked a major milestone for sustainable anaesthesia practice at MFT. With new mobile manifolds implemented in November 2022, this new and more efficient practice will save 2,100 tCO_2e and £18,000 through avoiding leakages and pharmacy costs. Annual emissions from all anaesthetic gases have increased by 15% in 2022/23, due to increases in elective care and improved quality data for consumption at North Manchester General Hospital. Further decommissioning of all other MFT manifolds in 2023/24 is estimated to counteract this. Respiratory pharmacists have led a sustainable quality improvement project aimed at improving staff education around low carbon inhalers and good inhaler techniques. This is supporting improved patient care, more efficient prescribing and reducing the carbon impact of inhalers.

Food and nutrition – we participated in a national pilot with the Waste and Resources Action Programme (WRAP) to investigate food waste on wards. Facilities, ward and catering teams measured the extent of patient food waste at ward level, and are now implementing measures to save money, cut carbon and improve patient experience. With a food waste collection infrastructure now in place at all sites with inpatient facilities, we have seen a 29% annual increase in this waste stream. By redirecting this waste to a lower carbon waste disposal route, we are reducing emissions. This work has also highlighted further opportunities to eliminate food waste at source.

Estates and facilities - energy emissions have fallen in 2022/23, predominantly due to the reduced use of natural gas across our sites (by 4.6%). This reduced demand has been the consequence of milder weather, as well as lower total outputs from our gas-fuelled Combined Heat and Power units (CHPs). A total of £7.5 million net zero estates improvements was completed in 2022/23, which encompassed LED lights, insulation improvements, solar panels and low carbon heat pumps. The full carbon-saving potential of this infrastructure will be realised in 2023/24.

Waste tonnages have increased overall by 2.5%, although when incorporating the rise in patient contacts, waste per patient has fallen. We have increased annual recycling rates, improving from our baseline of 17% to 21%, in 2022/23. A staff consultation was undertaken to inform the roll-out of new recycling facilities, due to be launched in 2023/24. Large-scale campus redevelopment plans have stalled due to national funding delays, but present significant opportunities to achieve a net zero estate.

Travel and transport – a new working group for Healthy Travel was established in November 2022, bringing together a multi-disciplinary staff group to address the environmental, wellbeing, financial and infrastructure aspects of staff and patient travel. We've successfully opened four new cycle storage facilities, with external funding adding 54 new spaces. We also launched a flagship e-bike pilot for staff in partnership with Cycling UK in February 2023. We continue to promote travel-related staff benefits to facilitate financial savings through sustainable travel and have limited our staff car salary sacrifice offer to ultra-low and zero emission cars only.

Climate change adaptation - having experienced a major heatwave in the summer of 2022, more focused efforts are now being made to prepare our infrastructure and processes for future climatic events, e.g. improved access to water fountains to avoid the need for bottled water. We are trialling an NHSE climate change risk assessment, which is part of a regional Greener NHS pilot. This is facilitating a more holistic approach to climate change adaptation, integrating the risk of heatwaves, droughts, floods and storms within existing plans and processes to prepare our buildings and services more effectively.

Green spaces and biodiversity - MFT continues to have dedicated voluntary staff members, who are promoting and improving our green spaces and the biodiversity of our estate. The staff beekeeping team has expanded the MFT bee population to four rooftop hives, improving pollination in the local area and producing over 120lbs of honey. Our patient garden in the MRI stroke rehab unit has been profiled nationally, showcasing how green spaces can be used to support patient recovery. Our Estates departments championed No Mow May, adjusting our grounds maintenance schedule in May 2022 to support biodiversity.

Workforce, networks and system leadership - our sustainability engagement programmes have been enhanced through greater involvement of clinically-experienced staff in 2022/23. We continue to provide high quality resources to educate the workforce through monthly webinars and newsletters. We also offer individual and team-based staff engagement programmes in which prizes are awarded and recognition is given for local sustainable behaviours. This included £18,000 of sustainability micro-grants being allocated to local departments to

implement innovative ideas for saving resources and improving patient care. MFT staff continue to proactively address net zero in the NHS across clinical, practitioner and management-level networks. In autumn 2022, we hosted showcased our Green Plan initiatives to national and international visitors.

Mark Cubbon
Group Chief Executive
29th June 2023

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 are fair, balanced and understandable and provide 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 sure we are 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

Non-Executive Directors, Sue Bailey and Barry Clare, stood down on the 12th September 2022 and the 19th December 2022, respectively. Following an extensive selection process, Damian Riley was appointed to the Board as a Non-Executive Director on 20th December 2022, and Mark Gifford was appointed on 28th February 2023.

Sir Mike Deegan retired as Group Chief Executive on the 17th February, with Gill Heaton acting as Group Chief Executive from the 18th February until the 3rd April 2023 when Mark Cubbon joined as substantive Group Chief Executive

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.
Read more

Trevor Rees
Group Deputy Chairman/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. Trevor became **Group Deputy Chairman** on the departure of Barry Clare.
Read more

Angela Adimora
Group Non-Executive Director
Angela has varied Change, Transformation, Strategy and HR experience gained from across different industries. She is currently the Senior HR Operations Director at GXO and leads both BAU and multi-million pound transformation and technical change programmes.
Read more

Gaurav Batra
Group Non-Executive Director
Gaurav has nearly 30 years of broad commercial experience, gained across a variety of industries, including consumer and business services internationally. Since 2018, Gaurav has been building a portfolio of roles in organisations with long-term visions, and making a meaningful contribution to society.
Read more

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

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

Mark Gifford

Group Non-Executive Director

Mark is the Chief Executive of the National Citizens' Service. Prior to that, he held a number of senior leadership positions within the John Lewis Partnership.

Read more

Christine McLoughlin

Group Senior Independent Director/Non-Executive 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

Damian Riley
Group Non-Executive Director
Damian has 35 years' experience as a clinician and senior manager in the NHS. He has worked as a GP serving diverse communities, as Regional Medical Director for NHS England (North), and as an Executive Medical Director of two large Acute Hospital Trusts in the North West.
Read more

Mark Cubbon
Group Chief Executive (from 3/4/23)
Mark became Group Chief Executive on the 3rd April 2023, joining MFT from his role as Chief Delivery Officer at NHS England. Prior to that, Mark held senior leadership positions in a number of NHS Trusts, including Chief Executive of Portsmouth Hospitals NHS Foundation Trust. Mark began his career as a nurse, working at Trafford General Hospital, Withington Hospital, and Manchester Royal Infirmary.
Read more

Julia Bridgewater MBE
Group Deputy Chief Executive & Senior Responsible Officer for Hive
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

David Furnival

Group Chief Operating Officer

David was Deputy Chief Operating officer, and Group Director of Estates and Facilities at MFT, prior to acting up to the role of Group Director of Operations from September 2021 when Julia Bridgewater took on the role of Senior Responsible Officer for the Hive Electronic Patient Record programme. David attends every Board meeting as a non-voting member.

Read more

Jenny Ehrhardt

Group Chief Finance Officer

Jenny joined the NHS in 2000 on the Graduate Management Training Scheme and has worked across many different organisations since then, mainly in Acute Trusts. She was appointed Group Chief Finance Officer for Manchester University Foundation Trust in May 2020, following an eight-month period as Deputy Chief Finance Officer.

Read more

Miss Toli Onon

Joint Group 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

Professor Jane Eddleston
Joint Group 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

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

Peter Blythin
Group Director of Workforce & Corporate Business
Peter joined CMFT in 2016 to manage the merger that formed MFT, and was appointed to the MFT Board in April 2019. After working as a nurse in clinical practice, he held Executive Director roles for over 20 years in a variety of leadership positions. He has previously held a national position as the Director of Nursing for the Trust Development Authority and worked at the Department of Health.
Read more

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

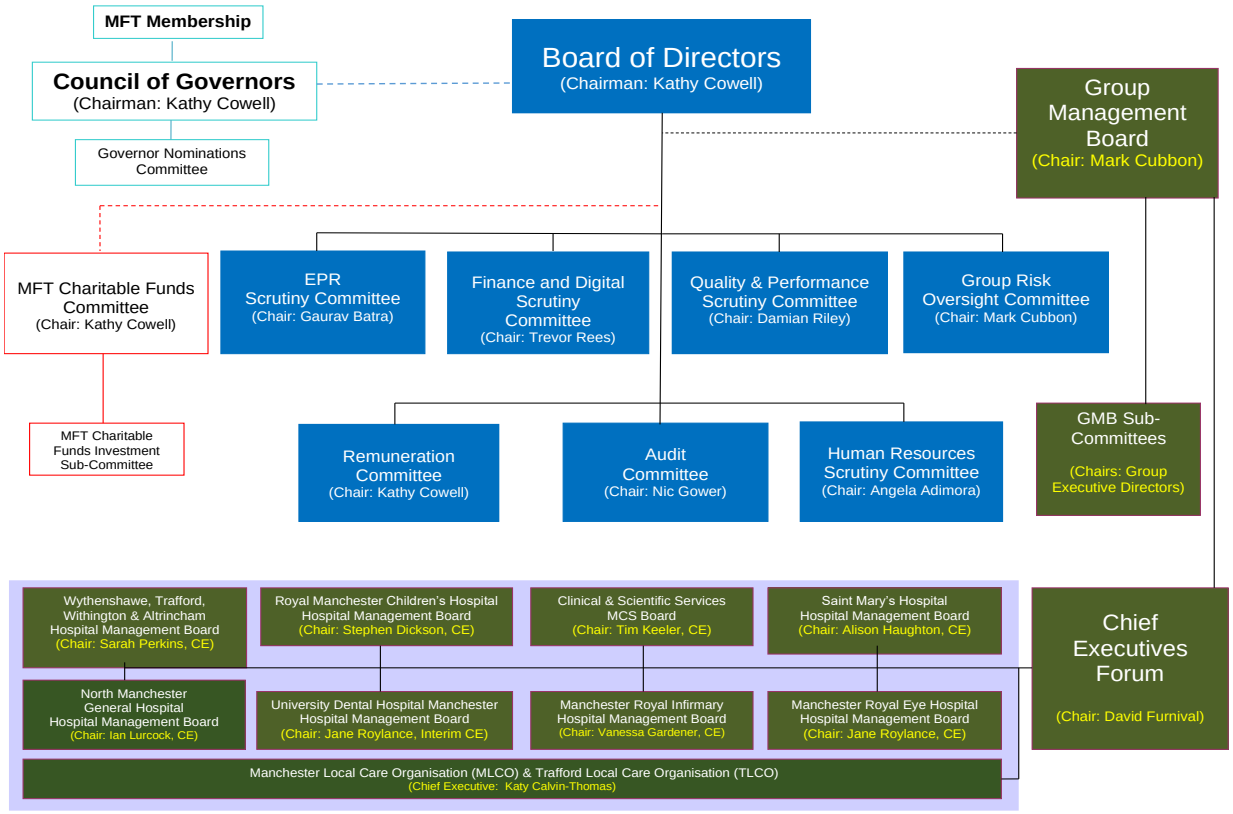
Board meeting attendance 2022/23

	March 22	May 22	July 22	Sep 22	Nov 22	Jan 23	March 23
Kathy Cowell Group Chairman	✓	✓	✓	✓	✓	✓	✓
Angela Adimora Group Non-Executive Director	✓	✓	✓	✓	✓	✓	✓
Professor Dame Sue Bailey Group Non-Executive Director	✓	✓	✓				
Darren Banks Group Director of Strategy	x	✓	x	✓	✓	✓	✓
Gaurav Batra Group Non-Executive Director	✓	✓	x	✓	✓	✓	✓
Peter Blythin Group Executive Director of Workforce and Corporate Business	✓	✓	✓	✓	✓	✓	✓
Julia Bridgewater Group SRO for Hive Programme	✓	✓	✓	✓	✓	✓	✓
Barry Clare Group Non-Executive Director	✓	✓	✓	✓	x		
Sir Michael Deegan Group Chief Executive	✓	✓	✓	✓	✓	✓	
Professor Jane Eddleston Joint Group Medical Director	✓	x	✓	✓	✓	✓	✓
Jenny Ehrhardt Group Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
David Furnival Group Chief Operating	✓	✓	✓	✓		✓	✓

	March 22	May 22	July 22	Sep 22	Nov 22	Jan 23	March 23
Officer					✓		
Professor Luke Georghiou Group Non-Executive Director	✓	✓	✓	✓	✓	✓	x
Nicholas Gower Group Non-Executive Director	✓	✓	✓	✓	x	✓	✓
Mark Gifford Group Non-Executive Director							✓
Gill Heaton Group Deputy Chief Executive	✓	x	✓	✓	✓	x	✓
Professor Cheryl Lenney Group Chief Nurse	✓	✓	x	✓	✓	✓	✓
Chris McLoughlin Group Non-Executive Director/Senior Independent Director	✓	✓	x	✓	✓	x	x
Miss Toli Onon Joint Group Medical Director	✓	✓	x	✓	✓	✓	✓
Trevor Rees Group Non-Executive Director	✓	✓	✓	x	✓	✓	✓
Damian Riley Group Non-Executive Director						✓	✓

✓ Attended the meeting
X Did not attend the meeting
Not applicable

Board sub-committees



Audit Committee

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

The Committee 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 Business & Trust Board Secretary.

During 2022/23, the Committee reviewed the following areas:

- Proposed amendments to the Trust's standard financial instructions and Scheme of Reservation and Delegation
- Declarations of interest
- MFT's Annual Report and annual accounts
- Appointment of MFT's internal and external auditors and counter-fraud service
- NMGH baseline review
- Risk Management and the Board Assurance Framework
- Infection control
- Medicines management
- Standards of Business Conduct policy
- Counter-fraud reports
- DSP toolkit 21/22
- OFSTED follow up 21/22
- Learning from patient harm 21/22
- Medical devices
- Well-led self-assessment
- Response to FOI requests
- Elective recovery: theatre allocation
- Cyber security: Governance review – SIRO assurance
- Mandatory training
- Improving financial sustainability.

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

Audit Committee attendance 2022/23

	April 2022	June 2022	Oct 2022	Feb 2023
Angela Adimora Group Non-Executive Director	✓	✓	✓	X
Professor Dame Sue Bailey Group Non-Executive Director	✓	✓	✓	
Gaurav Batra Group Non-executive Director	X	✓	X	✓
Barry Clare Group Deputy Chairman	✓	✓	✓	
Jenny Ehrhardt Group Chief Finance Officer	✓	✓	✓	✓
Professor Luke Georghiou Group Non-Executive Director	✓	✓	X	✓
Nic Gower Group Non-Executive Director	✓	✓	✓	✓
Mark Gifford Group Non-Executive Director				
Chris McLoughlin Group Non-Executive Director/Senior Independent Director	X	X	✓	X
Trevor Rees Group Non-Executive Director	✓	✓	X	X
Damian Riley Group Non-Executive Director				✓

✓ Attended the meeting
X Did not attend the meeting
Not applicable

Financial statements

The Audit Committee reviewed the financial statements for 2022/23 at its meeting on 20th June 2023. There were no significant issues for the Audit Committee to consider.

External auditor

Mazars are MFT's external auditors and their current term of two years is due to expire on 13th November 2024, with an option to extend for a further year. The audit fee for the 2022/23 audit of the MFT Group is £103,000 +VAT. Mazars did not perform any non-audit services in 2022/23.

Internal audit and anti-fraud services

The Trust outsources internal audit and anti-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, with an option for a further two-year extension that has been implemented. A tender process for both services post April 2022 took place in early 2022.

The result of the tender process was that KPMG were appointed a new three-year contract for internal audit, and Grant Thornton were appointed to replace MiAA, also on a three-year contract. Both contracts commenced on 1st April 2022.

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 beginning on page 176 of this report.

NHS England's well-led framework

An overview of how MFT's arrangements in place to ensure that services are well-led can be found in the Code of Governance disclosures on page 169 of this report and the Annual Governance Statement beginning on page 176.

Better Payment Practice Code

NHSE places a focus on all organisation's performance against the Better Payment Practice Code (BPPC). The target for all NHS organisations is to pay 95% of invoices within payment terms. An extract of MFT's submission for year-to-date on 31st March 2023 is shown below:

Better Payment Practice Code (BPPC)	YTD to 31/03/2023 By Number	By £'000
Non NHS		
Total bills paid in the year Total bills paid within	293,043	1,479,130
target	272,292	1,432,859
Percentage of bills paid within target	**92.9%**	**96.9%**
NHS		
Total bills paid in the year Total bills paid within	8,754	260,307
target	5,938	237,947
Percentage of bills paid within target	**67.8%**	**91.4%**
Total		
Total bills paid in the year Total bills paid within	301,797	1,739,437
target	278,230	1,670,806
Percentage of bills paid within target	**92.2%**	**96.1%**
Target	95.0%	95.0%
Distance from target	***(2.8%)***	***1.1%***

Mark Cubbon
Group Chief Executive
29th June 2023

3.2 Remuneration Report

Annual statement on remuneration by the Chairman
The Trust has a Remuneration Committee that advises the Board on appropriate remuneration and terms of service for the Group Chief Executive and Group 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/LCO 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 Group Executive Director of Workforce & Corporate Business 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.

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.

The Committee has clear terms of reference that are regularly reviewed (most recently in May 2023). Membership includes:

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

During 2022/23, the Committee held three meetings:

Remuneration Committee – 10th May 2022

Present (Non-Executive Directors)	Kathy Cowell (Chair), Chris McLoughlin, Barry Clare, Angela Adimora
Apologies	Gaurav Batra, Luke Georghiou, Nic Gower and Trevor Rees
In attendance	Peter Blythin, Nick Gomm, Rowena Burns (Chair of Health Innovation Manchester) (for two items)

Agenda items:

- Revised Very Senior Manager (VSM) Pay Framework Principles
- Proposed cost of living salary increases for Health Innovation Manchester Executives on VSM contracts 2019/20 – 2021/22
- Proposed increase to the salary range for the Health Innovation Manchester Digital Innovation Director (DID) role.

The Remuneration Committee approved the revised VSM pay framework principles. Discussions were held, and decisions made regarding the pay uplift for the four HInM executives, and the new upper limit for the remuneration of HInM's Digital Innovation Director.

Remuneration Committee – 5th July 2022

Present (Non-Executive Directors)	Barry Clare, Kathy Cowell (Chair), Nic Gower, Chris McLoughlin, Trevor Rees, Luke Georghiou, Angela Adimora
Apologies	Gaurav Batra, Sue Bailey
In attendance	Peter Blythin, Mike Deegan (for 1 item), Nick Gomm

Agenda items:

- Executive Directors' performance report
- Chief Executive performance report
- Salary Adjustment for Deputy Chief Informatics Officer – Acting Up to Chief Informatics Officer
- Proposed salary for the Director of Group Financial Reporting, Planning and Transactions.

The Remuneration Committee noted the exemplary performance of both the Group Chief Executive and the Executive Directors. Discussions were held, and decisions made, for the proposed salaries for the Deputy Chief Informatics Officer – Acting Up to Chief Informatics Officer and the Director of Group Financial Reporting, Planning and Transactions.

Remuneration Committee – 8th November 2022

Present (Non-Executive Directors)	Angela Adimora, Kathy Cowell (Chair), Luke Georghiou, Nic Gower, Chris McLoughlin, Trevor Rees
Apologies	
In attendance	Peter Blythin, Nick Gomm, Mike Deegan (for one item)

Agenda items:

- Executive Directors' mid-year performance report
- Group Chief Executive mid-year performance report
- Salary adjustment for the Saint Mary's Chief Executive
- Proposed salary for the Group Chief Operating Officer
- Annual pay uplift for Group Executive Directors, direct reports of Group Executive Directors, and other Senior Managers on non-Agenda for Change (AfC) terms and conditions
- Appointment of the replacement Group Chief Executive.

The Remuneration Committee noted the strong performance of both the Group Chief Executive and the Executive Directors within the challenging context facing the NHS.

Discussions were held, and decisions made, on the annual pay uplift for those on non-Agenda for Change terms and conditions and the salary adjustment for the Saint Mary's Chief Executive, the proposed salary of the Group Chief Operating Officer.

The Committee approved the appointment of the new Group Chief Executive and agreed his salary, noting the need for ministerial opinion.

Nominations Committee of the Council of Governors
The Council of Governors' Nominations Committee 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.

In keeping with statutory requirements, whilst the Council of Governors' Nominations Committee makes recommendations, it is the Governors who are responsible at a general meeting for the appointment, re-appointment and removal of the Chairperson and the other Non-Executive Directors.

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 NHSE/I's Code of Governance, i.e. any term beyond six years (two three-year terms) will be subject to rigorous annual review.

Group Chairman & Group Non-Executive Directors' Appraisal Process
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 used in MFT's legacy organisations 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 during May and June 2022.

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 £1,600+VAT.

The Trust continues to embrace the spirit of the new Framework for Conducting Annual Appraisals of NHS Provider Chairs, issued by NHS England in Autumn 2019.

In addition, Governors submitted their views on Group Non-Executive Directors and the Group Chairman to the Lead & Staff Governor and Senior Independent Director (SID) respectively. The SID confirmed the process adopted and the key headlines covered in the report had been shared with the Council of Governors' Nominations Committee (Panel of Governors) at its meeting on 4th July 2022.

The Group Non-Executive Directors' performance review process was facilitated by the Group Chairman, and following a robust, fair, clearly defined and transparent process that took into account the views of Governors. A Group NED Performance Report was produced, with the Group Chairman discussing final sign-off with the Lead & Staff Governor, who shared the report finding highlights with the Council of Governors' Nominations Committee (Panel of Governors) at its meeting held on 4th July 2022.

The following assurance was provided by the Senior Independent Director and Lead Governor and supported by the Council of Governors' Nomination Committee (Panel

of Governors) to the Council of Governors at their general meeting held on 13th July 2022.

- *Group Senior Independent Director - the performance review process has been completed satisfactorily, taking into account all views received, with no performance-related recommendation*
- *Being required Lead Governor - due process had been followed and that the performance review process has been completed satisfactorily, taking into account all views received, with no performance-related recommendation being required.*

The Council of Governors concurred with this assurance.

Extension of the Terms of Office of Group Non-Executive Directors
The Terms of Office of four Group Non-Executive Directors - Barry Clare, Sue Bailey, Chris Mcloughlin and Trevor Rees - officially expired on 19th December 2022. Barry Clare stepped down on that date, and Sue Bailey stepped down on the 12th September 2022 to take up a role on the Greater Manchester Integrated Care Board.

The Council of Governors' Nominations Committee (Panel of Governors) held on 4th July 2022, considered the recommendations to reappoint Chris McLoughlin and Trevor Rees to be re-appointed as MFT Group Non-Executive Directors until 19th December 2024, with the second year being subject to a satisfactory performance appraisal in 2023.

The rationale for proposing this was that:

- Both are experienced, knowledgeable, and high-performing Board members, holding important roles as the Senior Independent Director (SID) and the Chair of the Finance Committee, respectively.
- MFT has seen significant change and disruption over the last three years as a result of the addition of NMGH to the MFT family and the impact of the pandemic. This will continue over the next two years, at least, as the new GM Integrated Care System beds in and system-wide governance arrangements are established. This meets the 'exceptional circumstances' requirement for an additional year in office after the prescribed six years' maximum.
- Should only one extra year be agreed for Chris and Trevor, then MFT would be facing a situation where, in 2023, the Chairman, the Audit Chair, the SID, and the Chair of the Finance Committee would all be due to end their tenures at the same time. This would potentially remove a wealth of knowledge and experience from the Board and would be significantly destabilising at a time when MFT will still be recovering from the impact of the pandemic and driving wide scale strategic change in Manchester and beyond. Terms of Office for Non-Executive Directors were staggered when MFT was established to specifically mitigate this risk.
- Non-Executive Directors' performance is evaluated each year through the appraisal process, which includes feedback from Governors. Both were rated as 'Outstanding' in their 2022 appraisal by the Chairman, and this established robust performance appraisal process will continue in the coming years.

Should there be a significant performance issue highlighted in either's appraisal in 2023, then the proposed extension until December 2024 would be reassessed and considered by the Council of Governors at their meeting in July 2023.

The following recommendation, made by the Panel of Governors to the Council of Governors at their general meeting held on 13th July 2022, was unanimously approved:

Chris McLoughlin and Trevor Rees to be re-appointed as MFT Group Non-Executive Directors until 19th December 2024, with the second year being subject to a satisfactory performance appraisal in 2023.

Appointment of two new Non-Executive Directors

In keeping with the MFT Constitution, the Trust is required to ensure that: "The number of the Directors may be increased provided always that at least half of the Board, excluding the Group Chairman, comprises Group Non-Executive Directors."

The MFT Board of Directors currently has eight Group Executive Director roles (one role which is a joint role) and eight Group Non-Executive Directors (excluding the Group Chairman). The departure of two Group Non-Executive Directors (Barry Clare and Sue Bailey) created an imbalance in the MFT Board's composition and directly contravene the Trust's statutory requirements. It was therefore necessary for the Trust to appoint two new replacement Group Non-Executive Directors by 19th December 2022.

The following recommendation, made by the Panel of Governors to the Council of Governors at their general meeting held on 13th July 2022, was unanimously approved:

To proceed with the appointment of two new Group Non-Executive Directors to replace Sue Bailey and Barry Clare.

A recruitment process was undertaken for two Group Non-Executive Directors, using an external search company. Following an in-depth recruitment process (undertaken between end of July – mid-November 2022), the Council of Governors' Nominations Committee (Panel of Governors) participated in the long-listing and short-listing processes and were fully involved in the formal interview process. Additional Governor representatives also participated in the two Stakeholder Engagement Groups, held on 8th November 2022, which supplemented the interview process held on the 9th November 2022.

No candidate was successful from this initial selection process, so further applications were sought and an additional selection day was held on the 6th December 2022; where Dr Damian Riley was selected for consideration and approval by the Council of Governors.

The following recommendation was made by the Council of Governors' Nominations Committee (Panel of Governors) to the Council of Governors at their meeting held on 14th December 2022, which was unanimously approved.

The Appointment/Interview Panel recommends that Dr Damian Riley be appointed as Group Non-Executive Directors for Manchester University NHS Foundation Trust for an initial period of three years from 20th December 2022.

The external search company were asked to identify further candidates for the final Non-Executive Director vacancy on the Board of Directors. This led to another selection day on the 2nd February 2023, at which Mark Gifford was selected for consideration and approval by the Council of Governors.

The following recommendation was made by the Council of Governors' Nominations Committee (Panel of Governors) to the Council of Governors at their meeting held on 2nd February 2023 and was unanimously approved.

The Appointment/Interview Panel recommends that Mark Gifford be appointed as Group Non-Executive Directors for Manchester University NHS Foundation Trust for an initial period of three years from 20th December 2022.

Remuneration of the Chairman and Non-Executive Directors

The remuneration of the MFT Group Chairman and the Group Non-Executive Directors was uplifted by 1.1% in 2019/20 following approval by the MFT Council of Governors on 5th November 2019, and by 1.03% in 2020/21 by the MFT Council of Governors on 30th March 2021. These increases were the same as the pay uplift for the Group Executive Directors for the years in question. There was no pay uplift awarded to the Chairman and Non-Executive Directors for the year 2021/22.

On 19thJuly 2022, the Government announced the pay award for NHS staff under the remits of the NHS Pay Review Body (NHS PRB) and the Doctors and Dentist Review Body (DDRB). In addition to the pay uplift for staff on Agenda for Change pay scales, this included a 3% increase for all Very Senior Managers (VSMs) and Executive Senior Managers (ESMs), with a further 0.5% to ameliorate the erosion of differentials and facilitate the introduction of the new VSM pay framework, as recommended by the Senior Salaries Review Board (SSRB).

In November 2022, the Board of Directors' Remuneration Committee agreed to follow these recommendations and award a pay uplift of 3% (effective from 1st April 2022) to the MFT Group Executive Directors and other VSMs.

On 6th December 2022, a Governor Remuneration Panel met to discuss the matter, and to consider replicating the approach taken previously by supporting a 3% pay uplift for the year 2022/23 for the Chairman and Non-Executive Directors, in line with that received by Group Executive Directors and other VSMs. The Governor Remuneration Panel, which was quorate and made up of two elected Governors (one public and one staff) and two Nominated Governors, supported the proposed pay uplift.

The following recommendation was made by the Council of Governors' Nominations Committee (Panel of Governors) to the Council of Governors at their meeting held on 14th December 2022 and was approved by a majority of the Governors:

In line with the recommendation of the Governor Remuneration Panel, the Council of Governors is asked to approve a 3% pay uplift for the year 2022/23 for the Chairman and Non-Executive Directors, in line with that received by Group Executive Directors and other VSMs. The award will be backdated to 1st April 2022.

Senior Managers' Remuneration policy – future policy table

Consideration	Salary/fees	Taxable benefits	Annual performance related bonus	Long term related bonus	Pension related benefits
Support for the short and long-term strategic objectives of the Foundation Trust	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
How the component operates	Monthly remuneration	None disclosed	Not applicable	Not applicable	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	Trust appraisal process	None disclosed	Not applicable	Not applicable	Contributions are made in accordance with the NHS Pension Scheme
Performance measures	Based on individual objectives agreed with line manager	None disclosed	Not applicable	Not applicable	Not applicable
Performance period	Annual, linked to the individual's increment date	None disclosed	Not applicable	Not applicable	Not applicable
Amount paid for minimum level of performance and any further levels of performance	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
Explanation of whether there are any provisions for recovery of sums paid to directors, or provision for withholding payment	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 Trust has an Equality & Diversity Policy in Employment that sets out its approach to equality in the workforce. All workforce policies in line with the policy have an equality impact assessment undertaken. The Trust set out its new Equality, Diversity & Inclusion Strategy in October 2019 https://mft.nhs.uk/the-trust/equality-diversity-and-inclusion/ .

Monitoring of the impact of the strategy at an operational level is undertaken at the Group Equality, Diversity & Inclusion Group; the HR Scrutiny Committee monitors against the strategic aims. The Board annually accepts the Gender Pay report which outlines how MFT is performing against the national Gender Pay reporting framework.

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 NHSE guidance.

Salaries have been benchmarked against NHSE 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 NHS England 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 2019/20. 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 NHS England in advance.

Directors' Remuneration

Salaries for 2022/23 (audited)

	Salary £000 (Bands of £5,000)	**Taxable benefits in kind** (Rounded to nearest £100)	**Annual performance related bonuses**	**Long-term performance related bonuses**	**All pension related benefits £000** (Bands of £2,500)	**Total £000** Bands of £5,000)
Kathy Cowell, Group Chairman	65-70	0	0	0	0	65-70
Barry Clare, Group Deputy Chairman (Left 19/12/22)	10-15	0	0	0	0	10-15
Angela Adimora Group Non-Executive Director	15-20	0	0	0	0	15-20
Dame Sue Bailey, Group Non-Executive Director (Left 12/9/22)	5-10	0	0	0	0	5-10
Gaurav Batra Group Non-Executive Director	15-20	0	0	0	0	15-20
*Prof Luke Georghiou, Group Non-Executive Director	0	0	0	0	0	0
Nic Gower, Group Non-Executive Director	20-25	0	0	0	0	20-25

	Salary £000 (Bands of £5,000)	**Taxable benefits in kind** (Rounded to nearest £100)	**Annual performance related bonuses**	**Long-term performance related bonuses**	**All pension related benefits £000** (Bands of £2,500)	**Total £000** Bands of £5,000)
Chris McLoughlin, Group Non-Executive Director/Senior Independent 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	290-295		0	0		290-295
***Gill Heaton, Group Deputy Chief Executive	180-185	0	0	0	0	180-185
Darren Banks, Group Director of Strategy	180-185	0	0	0	0	180-185
**Peter Blythin, Group Executive Director of Workforce & Corporate Business	190-195	0	0	0	0	190-195
Julia Bridgewater, Group Deputy Chief Executive/ SRO - Hive programme	210-215	0	0	0	0	210-215

	Salary £000 (Bands of £5,000)	**Taxable benefits in kind** (Rounded to nearest £100)	**Annual performance related bonuses**	**Long-term performance related bonuses**	**All pension related benefits £000** (Bands of £2,500)	**Total £000** Bands of £5,000)
Prof Jane Eddleston, Joint Group Medical Director	195-200	0	0	0	0	195-200
Jenny Ehrhardt, Group Chief Finance Officer	210-215	1,900	0	0	72.5 - 75	285-290
*** David Furnival Group Chief Operating Officer	180-185	1,300	0	0	135 - 137.5	315-320
Cheryl Lenney, Group Chief Nurse	165-170	0	0	0	0	165-170
Miss Toli Onon, Joint Group Medical Director	210-215		0	0	77.5 - 80	290-295

***** Professor Luke Georghiou commenced his role as Group-Non-Executive Director on 1st June 2018 and has elected not to receive his remuneration for this post and has nominated that the University of Manchester receive it on his behalf.
****** G Heaton was Acting Group Chief Executive 16th February 2023 to 3rd April 2023 on a part-time basis
*** D Furnival became substantive Group Chief Operating Officer on 4th October 2022

Salaries for 2021/22

	Salary £000 (Bands of £5,000)	Taxable benefits in kind (Rounded to nearest £100)	Annual performance related bonuses	Long-term performance related bonuses	All pension related benefits £000 (Bands of £2,500)	Total £000 Bands of £5,000)
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
Angela Adimora (from 20/12/21)	0-5	0	0	0	0	0-5
John Amaechi, Group Non-Executive Director (left 17/12/21)	10-15	0	0	0	0	10-15
Dame Sue Bailey, Group Non-Executive Director	15-20	0	0	0	0	15-20
Gaurav Batra (from 20/12/21)	0-5	0	0	0	0	0-5
Dr Ivan Benett, Group Non-Executive Director (left 17/12/21)	10-15	0	0	0	0	10-15
Prof Luke Georghiou, Group Non-Executive Director	0	0	0	0	0	0
Nic Gower, Group Non-Executive Director	20-25	0	0	0	0	20-25
Chris McLoughlin, Group Non-	15-20	0	0	0	0	15-20

	Salary £000 (Bands of £5,000)	Taxable benefits in kind (Rounded to nearest £100)	Annual performance related bonuses	Long-term performance related bonuses	All pension related benefits £000 (Bands of £2,500)	Total £000 Bands of £5,000)
Executive Director/Senior Independent Director						
Trevor Rees, Group Non-Executive Director	15-20	0	0	0	0	15-20
Sir Mike Deegan, Group Chief Executive	330-335		0	0	0	330-335
Gill Heaton, Group Deputy Chief Executive	170-175	0	0	0	0	170-175
Darren Banks, Group Director of Strategy	175-180	0	0	0	0	175-180
Peter Blythin, Group Executive Director of Workforce & Corporate Business	190-195	0	0	0	0	190-195
Julia Bridgewater, Group Chief Operating Officer	220-225	0	0	0	0	220-225
Prof Jane Eddleston Joint Group Medical Director	190-195	0	0	0	0	190-195
Jenny Ehrhardt, Group Chief	205-210	0	0	0	55-60	245-250

	Salary £000 (Bands of £5,000)	Taxable benefits in kind (Rounded to nearest £100)	Annual performance related bonuses	Long-term performance related bonuses	All pension related benefits £000 (Bands of £2,500)	Total £000 Bands of £5,000)
Finance Officer						
David Furnival (with effect from 20/09/21)	90-95	0	0	0	145-150	240-245
******Cheryl Lenney, Group Chief Nurse	170-175	0	0	0	0	170-175
Miss Toli Onon, Joint Group Medical Director	205-210		0	0	55-60	260-265

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

******Salary includes non-recurrent payments during 2021/22 for untaken annual leave.

*** D Furnival, Group Director of Operations from 20th September 2021, attends Board meetings as a non-voting member

The benefits and related CETVs do not allow for a potential future adjustment arising from the McCloud judgement.

Pensions for 2022/23

	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 2023	Lump sum at age 60 related to accrued pension at 31st March 2023	Cash Equivalent Transfer Value at 31st March 2023	Cash Equivalent Transfer Value at 31st March 2022	Real increase in Cash Equivalent Transfer Value
	Bands of £2,500	Bands of £2,500	Bands of £5,000	Bands of £5,000			
	£0	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Jenny Ehrhardt Group Chief Finance Officer	2.5 to 5	0 to 2.5	55 to 60	100 to 105	815	720	44
Toli Onon Joint Group Medical Director	5 to 7.5	2.5 to 5	80 to 85	180 to 185	1,771	1,598	98
David Furnival Group Director of Operations	7.5 to 10	12.5 to 15	55 to 60	105 to 110	929	767	104

The added disclosure requirement is contained in an update to the FT ARM, which is now available

The above table gives Pension Benefits accruing from the NHS Pension Scheme up to 31st March 2023. 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.

The method used to calculate CETVs has changed to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2020. If an individual was entitled to a GMP, this will affect the calculation of the real increase in CETV which has been reported. This is more likely to affect individuals who are members of the 1995 Section and 2008 Section of the NHS Pension Scheme.

Pensions for 2021/22

	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 2022	Lump sum at age 60 related to accrued pension at 31st March 2022	Cash Equivalent Transfer Value at 31st March 2022	Cash Equivalent Transfer Value at 31st March 2021	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**
Jenny Ehrhardt Group Chief Finance Officer	2.5 to 5	0.0 to 2.5	50 to 55	95 to 100	720	659	58
Darren Banks Group Director of Strategy	0	0	55 to 60	125 to 130	1,019	1,281	0
Toli Onon Joint Group Medical Director	2.5 to 5.0	0.0 to 2.5	75 to 80	170 to 175	1,598	1,493	97
David Furnival Acting Group Director of Operations	7.5 to 10	12.5 to 15	45 to 50	90 to 95	767	633	131

Directors' expenses

- The total number of Directors in office during 2022/23 was 19 (2021/22 - 21)
- The number of Directors receiving expenses in 2022/23 was 2 (2021/22 - 2)
- The total amount of expenses paid to Directors in 2022/23 was £707 (2021/22 - £637).

Governors' expenses

- The total number of Governors in office during 2021/22 was 32 (2021/22,30)
- The number of Governors receiving expenses in 2021/22 was 3 (2021/22, 0)
- The total amount of expenses paid to Governors in 2021/22 was £160 (2021/22, £0).

Fair pay multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation.

The full time equivalent annual remuneration of the highest paid director in Manchester University Hospitals NHS Foundation Trust in the financial period was £292,500. This was 8.9 times the median remuneration of the workforce, which was £32,934.

The remuneration ratio has decreased from 10.5 in 2021/2022 to 8.9 in 2022/2023 as a consequence of the non-recurrent pay elements included in 2021/22 for the highest paid director, in line with the policy on Directors' remuneration. The % salary change from the previous year for the highest paid director includes a 3% salary increase, which is an inflationary increase however, the previous year included other non-recurrent changes that were not included in 2022/23 which has resulted in a year on year decrease of 12%. The salary increase for the highest paid director at the mid-point of the band in 2022/23 is 4%. There were no bonuses or other payments made during 2022/23 relating to performance.

In 2022/23, no employees (2021/22, 0 employees) received remuneration in excess of the highest paid Director. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind and any severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce. The range of staff remuneration during 2022/23 is between £12,500 and £292,500. The average % change from 2021/22 to 2022/23 in respect of employees of the entity taken as a whole is 4%.

2022/2023	25th percentile	Median	75th percentile
Salary component of pay	£21,647	£27,055	£40,257
Total pay and benefits excluding pension benefits	£23,177	£32,934	£41,659
Pay and benefits excluding pension: pay ratio for highest paid director	12.7	8.9	7.0

2021/2022	25th percentile	Median	75th percentile
Salary component of pay	£21,777	£31,534	£40,057
Total pay and benefits excluding pension benefits	£23,785	£31,565	£43,251
Pay and benefits excluding pension: pay ratio for highest paid director	14.8	10.5	8

Exit packages 2022/23 (audited)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s
<£10,000	0	0	101	401
£10,001-£25,000	1	17	8	111
£25,001 - £50,000	0	0	5	207
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	0	0
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	**1**	**17**	**114**	**719**

Exit packages 2021/22 (audited)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s
<£10,000	1	6	64	262
£10,001-£25,000	1	10	5	76
£25,001 - £50,000	0	0	2	60
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	1	110
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	**2**	**16**	**72**	**508**

Redundancy and other departure costs have been paid in accordance with the provisions of the 1995/2008 and 2015 schemes.

Exit costs in this note are the full costs of departures agreed in the year. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages 2022/23: Non-compulsory departure payments	**Agreements number**	**Total value of agreements** £000s
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice*	113	717

Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	1	2
Total	**114**	**719**

* any non-contractual payments in lieu of notice are disclosed under “non-contractual payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and £2,449 relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

The maximum, minimum and median values of the special severance payments are all £2,449.

Exit packages 2021/22

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s
<£10,000	1	6	64	262
£10,001-£25,000	1	10	5	76
£25,001 - £50,000	0	0	2	60
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	1	110
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	2	16	72	508

Exit packages 2021/22: non-compulsory departure payments	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirement contractual costs	2	114
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	70	394
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
Total	**72**	**508**

Mark Cubbon
Group Chief Executive
29th June 2023

3.3 Our Members and Governors

As an NHS Foundation Trust, our Council of Governors has a responsibility to represent the interests of our members and the public. Under new legislation introduced in October 2022 (Addendum to Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors: System Working and Collaboration: Role of Foundation Trust Councils of Governors*)* to further support collaboration between organisations and the delivery of better, joined-up care, Governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which MFT is part of.

In terms of membership, a key benefit of being an NHS Foundation Trust is that members of the wider public/diverse population, including the communities that we serve, can become public members. MFT's membership community is made up of both public members (including local residents, patients, carers and the wider public at large) and staff members (including MFT employees and other people who provide services to the Trust).

Public and staff members vote for, and can stand to become, elected Governors of the Trust. The Council of Governors are also responsible for holding Non-Executive Directors to account for the performance of the Board of Directors. FTs are therefore accountable to their members (public and staff) through their elected and nominated

Governors. Some Governors are also nominated from partner organisations and collectively as a whole.

Our Council of Governors

Remembering Ivy Ashworth -Crees and Colin Potts
Public Governors who sadly passed away in August 2022

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. The Council of Governors is primarily responsible for seeking assurance about the performance of the Board and representing the interests of members and the public at large.

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 regular meetings and events for Governors and Members.

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.

New legislation (Health & Care Act 2022) requires Governors to form a rounded view of the interests of the public at large and seeks to place the legal duties of the Council of Governors in the context of system working and collaboration.

In terms of holding to account, this is in relation to seeking assurances that due process is being followed; the interests of members and the public are being considered in an appropriate manner, and whether the Trust is at significant risk of breaching the conditions of its licence.

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 England 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 (February 2021) outlining this process.

The Council of Governors ensures its interaction and relationship with the Board of Directors is appropriate and effective. Governors hold 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. Governors receive public agendas and approved public minutes for each Board of Directors' meeting and are invited to attend the meetings.

Governors are responsible for feeding back information about the Trust - 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 that the interests of our members and the public at large are represented.

Governors are actively involved in the development of the Trust's annual plan, with dedicated sessions being held for Governors in order for their views to be considered, on behalf of members. Governors also receive a progress review report against the planning priorities that are set.

Our Governors

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

The Trust's Governor Election Turnout Data – 2022					
Date of Election	Constituencies / Classes Involved	Number of Eligible Voters (Members)	Number of Seats Contested	Number of Contestants	Election Turnout
September 2022	**Public Governor Elections**				
	Manchester	8,138	3	21	6.3%
	Trafford	3,214	1	9	8.9%
	Rest of Greater Manchester	7,530	3	7	5.5%
	Rest of England & Wales	2,557	1	3	5.6%
	Staff Governor Elections				
	Non-Clinical & Support	9,362	1	10	9.8%
	Nursing & Midwifery	8,681	2	4	6.6%
	Other Clinical	10,177	1	7	5.9%

Nominated	Local Authority (Manchester City Council and Trafford Council)	2
	Manchester University	1
	GM Integrated Care Board (replacing 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 2022/23, elections for eight Public Governors and four Staff Governors were held alongside new nominations being received for three Nominated Governors, from the University of Manchester, Manchester City Council and Greater Manchester Integrated Care Board.

Our Board of Directors can confirm that elections for the Public and Staff Governors seats were held in accordance with the election rules as stated in our Constitution Appointed (Nominated) Governor nominations were also received in keeping with our Constitution.

Successful candidates and nominees were announced at our virtual Annual Members' meeting on 20th September 2022 and formally commenced in post on 21st September 2022. More information about our Governor Elections and Annual Members' Meeting can be found at: https://mft.nhs.uk/the-trust/governors-and-members/

Lead Governor elections were also held during October/November 2022, with Geraldine Thompson (Staff Governor – Other Clinical) being elected for a further one-year term of office. Results were formally announced at the Council of Governors' meeting on 23rd November 2022, with the Lead Governor formally commencing in post following closure of this meeting.

Members of the Council of Governors 2022/23
As outlined in the Trust's Constitution (February 2021), an elected Governor may hold office for a period of up to three years.

Elected Public Governors		
Name	**Public Constituency**	**Term of office**
Dr Syed Ali	Manchester	3 years ending 2023
Dr Ivan Benett	Manchester	3 years ending 2025
John Churchill	Manchester	3 years ending 2023
Janet Heron	Manchester	3 years ending 2025
Gill Hoad-Reddick	Manchester	3 years ending 2025
Dr Michael Kelly	Manchester	3 years ending 2023
Cllr Julie Reid	Manchester	3 years ending 2023
Ann Balfour	Trafford	3 years ending 2025
Jane Reader	Trafford	3 years ending 2023
Chris Templar	Eastern Cheshire	3 years ending 2023
Ronald Catlow	Rest of Greater Manchester	3 years ending 2025
Paul Gibson	Rest of Greater Manchester	3 years ending 2024
Richard Harvey	Rest of Greater Manchester	3 years ending 2025
Harold Myers	Rest of Greater Manchester	3 years ending 2025
Carol Shacklady	Rest of Greater Manchester	3 years ending 2023
Sheila Otty	Rest of England & Wales	3 years ending 2024
Christine Turner	Rest of England & Wales	3 years ending 2025

Public Governor Terms of Office ended during 2022/23:

- Ann Kerrigan (Manchester) – stepped down (September 2022)
- Lisa Watson (Manchester) – stepped down (September 2022)
- Margaret Clarke (Trafford) – stepped down (September 2022)
- Ivy Ashworth-Crees (Rest of Greater Manchester) – deceased (RIP) (August 2022)
- Colin Potts (Rest of Greater Manchester) – deceased (RIP) (August 2022)

Elected Staff Governors		
Name	**Staff Class**	**Term of Office**
Prof Ian Pearson	Medical & Dental	3 years ending 2023
Karen Scott	Nursing & Midwifery	3 years ending 2025

Eunice Onwuamaebgu	Nursing & Midwifery	3 years ending 2025
Esther Akinwunmi	Other Clinical	3 years ending 2025
Geraldine Thompson	Other Clinical	3 years ending 2023
Aysha Ahmad	Non-Clinical & Support	3 years ending 2025
Flo Emelone	Non-Clinical & Support	3 years ending 2023

Staff Governor Terms of Office ended during 2022/23:

- John Cooper (Nursing & Midwifery) - stepped down (September 2022)
- Rachel Koutsavakis (Non-Clinical & Support) - stepped down (September 2022)

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 2023
David Brown	MFT Volunteer Services	3 years ending 2023
Lois Dobson	MFT Youth Forum	3 years ending 2024
Prof. Anne-Marie Glenny	Manchester University	3 years ending 2025
Cllr Afia Kamal	Manchester City Council	3 years ending 2025
Rev Charles Kwaku-Odoi	Third Sector Umbrella Organisation (currently Caribbean & African Health Network)	3 years ending 2024
Sarah Price	GM Integrated Care Board	3 years ending 2025
Circle Steele	Manchester BME Network	3 years ending 2023

Nominated Governor Terms of Office ended during 2022/23:

- Dr Shruti Garg (The University of Manchester) - stepped down (September 2022)
- Cllr James Wilson (Manchester City Council) - stepped down (May 2022)

All Membership and Governor-related enquiries are directed through the Foundation Trust Membership Office.

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 Meet our Governors page on the Trust's website.

Fit and Proper Persons checks
As defined by Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or condition on G4 of the Trust's Licence, Governors are required to meet the Fit and Proper Persons Test.

In keeping with new legislation (NHSE's Code of Governance – October 2022), the Governors' Fit and Proper Person's Register is updated on an annual basis, with all associated checks being undertaken and cleared for MFT's Council of Governors.

Council of Governor meetings
Council of Governors' (COG) meeting dates are promoted on our website.

In keeping with statutory guidance, which stipulates that at least four Council of Governors' meetings are to be held each year, six meetings were held via virtual and in-person formats during 2022/23.

Governor participation at Council of Governor meetings – 2022/23

Governor	Council of Governors' meetings					
	2022					2023
	25th May	13th July	7th November	23rd November	14th December	8th February
Aysha Ahmad – Staff Governor (Non-Clinical & Support)			✓	x	✓	✓
Esther Akinwunmi – Staff Governor (Other Clinical)	✓	✓	x	✓	✓	✓
Dr Syed Ali – Public Governor (Manchester)	✓	x	✓	✓	✓	✓
Ivy Ashworth-Crees* – Public Governor (Rest of Greater Manchester)	x	x				
Ann Balfour – Public Governor (Manchester)			x	x	✓	✓
Dr Ivan Benett – Public Governor (Manchester)			x	✓	✓	✓
Chris Boyes – Nominated Governor (Trafford Borough Council)	✓	✓	✓	✓	✓	✓
David Brown – Nominated Governor (Volunteer Services)	x	✓	✓	x	✓	x
Dr Ronald Catlow – Public Governor (Rest of Greater Manchester)	✓	✓	✓	x	✓	x
John W Churchill – Public Governor (Manchester)	x	✓	x	x	x	x
Margaret Clarke* – Public Governor (Trafford)	✓	✓				
John Cooper* – Staff Governor (Nursing & Midwifery)	x	x				
Lois Dobson - Nominated Governor (Youth Forum)	✓	x	✓	✓	✓	✓
Flo Emelone – Staff Governor (Non-Clinical & Support)	✓	✓	x	x	x	✓
Dr Shruti Garg* – Nominated Governor (UoM)	✓	x				
Prof Anne-Marie Glenny – Nominated Governor (UoM)			✓	x	✓	✓
Paul Gibson - Public Governor (Rest of Greater Manchester)	x	✓	✓	x	x	x
Richard Harvey – Public Governor (Rest of Greater Manchester)			✓	✓	✓	✓
Janet Heron – Public Governor (Manchester)	✓	✓	x	✓	✓	✓
Dr Gill Hoad-Reddick – Public Governor (Manchester)			✓	✓	✓	✓
Cllr Afia Kamal – Nominated Governor (Manchester City Council)			✓	✓	✓	x
Dr Michael Kelly – Public Governor (Manchester)	x	✓	✓	✓	✓	x
Ann Kerrigan* – Public Governor (Manchester)	✓	✓				
Rachel Koutsavakis* – Staff Governor (Non-Clinical & Support)	x	✓				
Rev Charles Kwaku-Odoi – Nominated Governor (CAHN)	x	✓	✓	x	x	✓
Harold Myers – Public Governor (Rest of Greater Manchester)			✓	✓	✓	x

Eunice Onwuamaegbu – Staff Governor (Nursing & Midwifery)			✓	✓	✓	✓
Sheila Otty – Public Governor (Rest of England & Wales)	✓	✓	✓	✓	✓	✓
Prof Ian Pearce – Staff Governor (Medical & Dental)	✓	x	x	x	x	✓
Colin Potts* – Public Governor (Rest of Greater Manchester)	x	x				
Sarah Price – Nominated Governor (GM Integrated Care Board)			✓	✓	x	✓
Jane Reader – Public Governor (Trafford)	✓	x	✓	✓	✓	x
Cllr Julie Reid – Public Governor (Manchester)	x	x	x	x	✓	x
Karen Scott – Staff Governor (Nursing & Midwifery)			✓	x	✓	✓
Carol Shacklady – Public Governor (Manchester)	✓	✓	✓	✓	✓	✓
Circle Steele – Nominated Governor (Manchester BME Network)	✓	✓	✓	x	x	✓
Chris Templar – Public Governor (Eastern Cheshire)	✓	✓	✓	✓	✓	✓
Geraldine Thompson – Lead & Staff Governor (Other Clinical)	✓	✓	✓	✓	✓	✓
Christine Turner – Public Governor (Rest of England & Wales)	✓	✓	✓	✓	✓	✓
Lisa Watson – Public Governor (Manchester)	x	x				
Cllr James Wilson* – Nominated Governor (Manchester City Council)						

Key: Not Applicable	□- In Attendance	X - Non-Attendance	• Retired governor

MFT's Constitution (February 2021), 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/participate in the meetings of the Council of Governors and 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, at a Council of Governors' Meeting each year, the Trust provides Governors with MFT's Annual Report and accounts and any report of the auditors on them.

An Annual Report overview is also provided by Directors to members at the Trust's Annual Members' meeting, which was also available to the public to view virtually (website film clips) from 20th September 2022.

Group Executive Director participation at Council of Governor meetings – 2022/23

Group Board of Directors	**Council of Governors' meetings**					
	2022					2023
	25th May	13th July	7th November	23rd November	14th December	8th February
Angela Adimora – Group Non-Executive Director	✓	✓		x		✓
Professor Dame Susan Bailey* – Group Non-Executive Director	x	✓				
Darren Banks - Group Director of Strategy	x	x		x		✓
Gaurav Batra – Group Non-Executive Director	x	x		x		x

Peter Blythin – Group Executive Director of HR and Corporate Business	✓	✓	✓	x	✓	✓
Julia Bridgewater - Group Executive/SRO Hive Programme	✓	✓		✓		✓
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	✓		✓		✓
Jenny Ehrhardt - Group Chief Finance Officer	x	✓		✓		✓
David Furnival – Group Chief Operating Officer	✓	✓		x		✓
Professor Luke Georghiou – Group Non-Executive Director	x	x		x		x
Mark Gifford – Group Non-Executive Director						
Nic Gower – Group Non-Executive Director	x	✓		x		✓
Gill Heaton - Group Deputy Chief Executive	x	x		✓		✓
Professor Cheryl Lenney - Group Chief Nurse/DIPC	x	x		✓		✓
Chris McLoughlin – Group Senior Independent Director/Non-Executive Director	✓	✓		x		x
Miss Toli Onon - Group Joint Medical Director	✓	x		x		x
Trevor Rees – Group Non-Executive Director	✓	x		✓		✓
Damian Riley – Group Non-Executive Director						✓

Retired Director*

Key: Not Applicable	✓- In Attendance	X - Non-Attendance

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 discharges its statutory duties at its meeting of the Council of Governors

Council of Governors' (COG) meetings

The Council of Governors and Members of the Trust's Board of Directors (Executive and Non-Executive Directors) usually participate in these meetings, which are chaired by the Trust Chairman. Statutory requirements are performed with associated key presentations being received at meetings.

As outlined in the Governor Declaration of Interest process, any Governor, who has an interest in a matter to be considered by the Council of Governors, shall declare such interest to the Council of Governors and:

- shall withdraw from the meeting and play no part in the relevant discussion or decision; and
- shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

In keeping with MFT's Constitution (February 2021), members of the public may be excluded from all or part of a meeting for special reasons. Council of Governors' meetings are usually open to the public and are held in two parts - a public part (open to staff/public members in addition to members of the general public) and a private part, which is open to Governors and designated Board members in order to approve (or not) key appointments.

During 2022/23, six Council of Meetings were held via in-person and virtual forums with key items including:

- Capacity, demand and recovery
- Workforce
- Finance updates, including financial plans
- Forward planning updates, including achievements made against planning priorities alongside priority setting for future plans
- Quality Account priority setting and updates
- HIVE (Electronic Patient Record) updates
- Annual Report and accounts (including external auditor report)
- Risk overview.

Governors were also regularly appraised around the ongoing progress and implementation of the NHS Health & Care Act (2022) by both internal and external presenters.

Over the past year, Governors, on behalf of Members, sought assurances around the Trust's recovery programme, with key assurance areas being in relation to patient experience, demand and capacity, waiting times, referrals and accessibility to emergency and elective services and diagnostic procedures. Other key areas of assurance included patient discharge, Electronic Patient Record (Hive) staff training, staff support and wellbeing initiatives/plans.

Regular Chairman's surgeries are also held with Governors to provide additional support, learning and networking opportunities.

Governors actively participated in the Trust's Patient Led Assessment for the Care Environment (PLACE), which included undertaking assessments and providing their feedback across various Trust hospital sites/wards alongside key community locations (assessments undertaken during October and November 2022).

Governors also shared their views as part of the Trust's Carer's Strategy Stakeholder Engagement Event (held in November 2022) and provided user feedback as part of a dedicated My MFT/HIVE support session.

Alongside being actively involved in the Trust's annual planning process, Governor comments also helped inform the validation process/communications for the Trust's Waiting List Policy.

In addition to the membership events, Governors participated in several other key Trust events during 2022/23. They included these June 2022 events - Volunteers Event, Armed Forces Event and Rare Conditions Centre Event.

Regular Chairman's Surgeries are held with Governors to provide additional support, learning, networking, and engagement opportunities. Key involvement activities are welcomed and progressed, as and when, other relevant opportunities arise.

Council of Governors' Nominations Committee, including review of the performance of the Group Non-Executive Directors

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

Chaired by the Lead Governor, as part of this process, a panel of Governors is also constituted each year (Council of Governors' Nominations Committee), which is supported by the Group Senior Independent Director (in relation to the Group Chairman's 360-degree appraisal process), to receive detailed performance feedback. This Committee, in return, formally reports back to the full Council of Governors (formal Council of Governors' Meeting) the Committee's assurances/recommendations.

Other Council of Governors' Nominations Committees are also convened (as and when required) in relation to Group Chairman and Group Non-Executive Directors appointments, terms of office, and remuneration, alongside External Auditor appointments and again report back to the full Council of Governors their assurances/recommendations when seeking statutory approvals at their general meeting (formal Council of Governors' Meetings). More information is available in the Remuneration report.

New Governor introduction session with the Group Chairman and key Trust Officers

All new Governors are invited to participate in an introduction meeting with the Group Chairman, alongside Group Non-Executive Directors and fellow Governor colleagues.

Key information is provided in relation to the NHS and MFT, including its organisational structure and associated governance and support arrangements, plus MFT's Governor Meeting Framework.

Governors also received dedicated training that focused on the Governor role and duties, alongside new developments across the wider NHS landscape. The training day is provided by external trainers as part of the NHS provider organisation. In addition, in-house training is provided that includes a detailed overview of the Trust's constitutional arrangements and associated governance requirements, including Code of Conduct, Fit & Proper Persons checks, declaration of interests, communication, engagement and recruitment practices, media and social media, Governor Meeting Framework, and ground rules.

As part of the Trust's New Governor induction, networking opportunities between new Governors and existing Governor colleagues, are regularly held, with a Governor Buddy system also being established to provide additional support and engagement opportunities.

An orientation meeting is also held with the Group Chairman to provide any additional support to new Governors alongside providing an opportunity for key areas of the Governor role to be discussed and further learning and training provided, as required.

Governor training and development
Several summer and winter Governor development sessions were also held during 2022/23. To support key learning and further enhance Governor knowledge and skills, and help them fulfil their key statutory role/duties, development session updates were provided around Maternity Services, North Manchester Strategy, staff health & wellbeing, including LIME Art initiatives and workshops, the Resilient Discharge Programme, legal and communications in public hearings, the Risk and Assurance process alongside Patient Safety, the People's Plan, including the Trust's vision and values, North Manchester General and Wythenshawe's Masterplans, alongside the Emergency Department redevelopment plans for MRI & RMCH.

Governors also received dedicated key learning sessions in relation to the NHS Health & Care Act (2022), which was provided by internal and external presenters. Governor training and development sessions will continue to be provided throughout the forthcoming year.

MFT'S membership aim and key priorities
The overall membership aim for MFT is to have a representative membership that truly reflects the communities it serves, with Governors actively representing the interests of members as a whole and the interests of the public.

Our key priorities in terms of membership are as follows:

- *Membership community* – to uphold our membership community by addressing natural attrition and membership profile short-fallings
- *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 to fulfil their role.

On 31st March 2023, we had 22,080 public members and 31,030 staff members, resulting in an overall total membership community of 53,110 members.

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

Public constituencies	*Number of public members*
Manchester	7,981
Trafford	3,141
Eastern Cheshire	1,021
Rest of Greater Manchester	7,403
Rest of England & Wales	2,534
Total	**22,080**

The map below illustrates the public member constituencies for Manchester, Trafford, Eastern Cheshire and rest of the Greater Manchester areas. Areas that fall outside of 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 we serve, and we welcome members from all backgrounds and protected characteristics.

New membership communication and recruitment initiatives continued to be developed and deployed throughout the past year to encourage members of the public to consider becoming a member of MFT. These included:

- The development of an updated/re-formatted online application form and associated QR code and link to make the application process easier to complete. https://secure.membra.co.uk/Join/MFT
- A new online email updater was developed and promoted to enable individuals to more readily update their membership communication preferences and receive paperless information (via email)
- A new Member Portal was also created and promoted to also enable individuals to make changes to their membership record directly. This new facility involves registering to access a secure portal system and being able to change details anywhere, at any time e.g. including general information, preferences and involvement/engagement interests. Changes are automatically captured and membership records updated. It is also possible to cancel memberships via the portal
- These new membership initiatives were promoted to members via a personalised/direct mailing (via email and hard copy). As part of the engagement process, members were encouraged to highlight their involvement areas of interest and promote membership to their friends, family and colleagues.

Regular engagement with members (public and staff) and the wider public was implemented as a scheduled key membership calendar of events, which included:

- *July – September: Governor elections* – a candidate information pack and nomination form, posters and other election materials, including a personalised invitation letter from the Trust's Chairman to stand for election, were used. Further engagement materials were also put in voting packs.

- *August: Membership newsletter* – the newsletter shared details about key Trust highlights that have occurred over the past year, membership events, Governor actions and elections and forward planning information.

- *September and November: Key membership events, including an Annual Members' Meeting and young people's event* – invitation letters were sent to members and promoted across all Trust Hospitals and on the Trust's website:
    - *September* - virtual Annual Members' Meeting – a series of film clips provided by the Group Chairman, Group Chief Executive and Group Chief Finance Officer, that looked back at 2021/22 and outlined plans for the future, were shared. A Membership Report was provided by the Lead Governor, which included the results of the 2022 Governor Elections/nominations and promoted Trust membership.
    - *November* – a young people's event was held to promote involvement opportunities to young people, including membership of the Trust and youth forum, as well as volunteering and work experience opportunities. The Governor role was also promoted by engaging directly with Governor representatives. Insight was also shared about clinical and non-clinical NHS careers and receiving health and wellbeing advice.

- *November – present day: Young people's 'become a member' and 'governor' posters and leaflets* – were refreshed, updated and promoted at the young people's event and posted on the Trust's website and across MFT's Hospital locations.
- *November: Young people's membership survey* – was updated and utilised by Governors during the young people's event as an engagement tool to capture views around membership and planning priorities.
- *Various timelines: Health engagement opportunities*
    - *October* - Big Conversation Survey – NHS GM Integrated Care.
    - *May, June, September, November and March* - MFT's charities event - opportunities were regularly promoted on the membership news web page.
    - *February* - Manchester Rare Conditions Centre questionnaire.
- *July – November: Trust-wide/Hospital engagement* – packs were regularly sent to each Hospital/MCS and LCO to promote membership, Governor elections, membership events (Annual Members' Meeting and young people's event) and the membership newsletter.
- *Various timelines: MFTime staff newsletter, intranet/website and social media platforms, including WhatsApp, Twitter and Facebook, etc.* - regular promotions were posted on social media by the Trust's Communication Team

to promote membership, Governor elections, membership events (Annual Members' Meeting and young people's event) and newsletters.

- *February, May, July and November: Council of Governors' meetings* – meeting dates were promoted on the website, with in-person meetings being open to the public.
- *Various timelines: Nominated Governors across all partner organisations* - promotional materials were regularly sent to each nominated Governor to promote, membership, Governor elections, membership events (Annual Members' Meeting and young people's event) and newsletters.
- *Various timelines: Internal and external network groups* - promotional materials were regularly shared internally i.e. Equality Diversity & Inclusion, Volunteers, Patient Experience, Youth Forum, Charities and Widening Participation Teams, and externally i.e. Caribbean and African Health Network, Schools/Colleges (circa. 200). The materials were aimed at promoting membership, Governor elections, membership events (Annual Members' Meeting and young people's event) and newsletters.
  Ongoing basis: Public membership welcome letter and involvement (preferences) form – a refreshed and updated welcome letter and digital involvement form, that can be completed and returned electronically, is sent to all new public members upon joining the Trust. Personalised invitation letters tailored to meet individual member's needs are also sent to individual members based on their identified involvement preferences.

Public membership analysis table at 31st March 2023

Profile group	Membership 2021/22	%	Membership 2022/23	%
Age				
0-16	401	1.8	231	1.0
17- 21	1,237	5.4	1,106	5.0
22+	19,815	87.0	19,469	88.2
Not stated	1,325	5.8	1,274	5.8
Ethnicity				
White	15,407	67.7	14,860	67.3
Mixed	528	2.3	516	2.3
Asian or Asian British	2,921	12.8	2,885	13.1
Black or Black British	1,278	5.6	1,282	5.8
Other	301	1.3	303	1.4
Not stated	2,343	10.3	2,234	10.1
Gender				
Male	9,989	43.8	9,681	43.8
Female	11,766	51.7	11,418	51.7
Transgender	0	-	4	<0.1
Not stated	1,023	4.5	977	4.4
Recorded disability	2,020	8.9	1,978	9.0

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

Total public membership (31st March 2023) = 22,080 (includes 1,274 members with no stated age, 2,234 members with no stated ethnicity, 977 members with no stated gender).

The Board of Directors monitors how representative our membership is and the effectiveness of membership engagement as part of the annual reporting process.

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 four staff classes:

Staff classes	*Number of staff members*
Medical & Dental	3,005
Nursing & Midwifery	8,727
Other Clinical Staff	10,408
Non-Clinical & Support	8,890
Total	**31,030***

** 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 and Membership Strategy
We have a Membership and Engagement Strategy that outlines how patients, carers, members of the public and the local communities that we serve can become more involved by becoming members of our Trust.

The strategy defines our membership community, outlining how we recruit, retain, engage, support and involve our membership. It also explains how we deliver effective member communication and evaluate membership recruitment and engagement success.

In addition, the strategy outlines the Governor (membership representatives) role and duties alongside the key areas to support and develop the evolving role of Governors. The composition of MFT's Council of Governors is also included alongside the review process for the composition of the Trust's Group Non-Executive Directors. The strategy is reviewed by MFT's Council of Governors.

Membership engagement/benefits
Members' views are valued and their support and involvement is vital to our future success. Membership is completely free and, once a member, the individual decides how involved they want to be. They have a voice through Governors (their elected representatives) which ultimately helps us to shape our future service provisions to more meet members' needs, as well as their family's needs. On behalf of members, the Council of Governors directly engage with the Board of Directors to share both

their and members' views during decision-making processes and when formulating future plans

The Trust strives to engage with members so that their contribution and involvement is turned into tangible service benefits, thus improving the overall experience of our patients. Membership engagement is facilitated through our strong working relationship with our Governors and the membership engagement activities described above.

Whilst the past few years have proved challenging due to COVID-19, our Governors have continued to carry out their role with commitment and enthusiasm. The Trust's robust governance processes ensured that all statutory requirements were met.

Annual Members' Meeting
Following positive feedback from Governors, members and the wider public over the past couple of years, the Trust once again provided a virtual format for the 2022 Annual Members' Meeting.

As part of the virtual meeting, the Trust's Directors produced a series of films that covered the 2021/22 Annual Report and Accounts and outlined our plans for the future. A Membership Report, which included the results of our 2022 Governor Elections/Nominations, was also produced.

A personalised invitation was sent to all members alongside being widely promoted to the wider public at large for viewing on 22nd September 2022.

The film clips can be viewed here: https://mft.nhs.uk/member-meetings/annual-members-meeting-3/

As part of the meeting format, viewers were invited to watch the films and submit any questions or feedback to the Trust Board Secretary.

Young people's event
Hosted by the Chairman and organised by the Membership Team, an interactive young people's health event was held in November 2022 to provide a forum to engage with our young members, alongside the wider general public.

Membership and involvement opportunities were promoted to participants, with interactive stands being provided to highlight the Trust's Youth Forum, volunteering charities and NHS Careers Hub, as well as other NHS clinical and non-clinical services.

The role of Governor was also promoted to young members/participants. Some Governors attended the event and directly engaged with attendees, seeking their views around the membership and involvement interests on offer. They also talked to them about their health service planning priorities and improvement ideas.

More than 300 young people, students, teachers, staff and their children attended. This also involved groups of students from various schools/colleges/universities from across Manchester and Greater Manchester.

The young people's event was extremely successful and generated plenty of positive feedback:

Membership newsletter (including feedback from the NHS Love Letter campaign)

Alongside key Trust news and events, the membership newsletter, MFT News, provides updates on key membership and Governor engagement and involvement initiatives and promotes key membership events and opportunities.

The recent edition of the newsletter included a feature that focused on the positive sentiments that have been received by members and the wider public following the 2021 Love Letter to the NHS campaign.

As part of this campaign, participants were invited to share what they appreciated most about the NHS. People were also given the opportunity to sign up and become a public member of MFT.

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).

An online form can be found and completed via the following link and/or QR code: https://secure.membra.co.uk/Join/MFT

Membership application forms are also available on the Trust's website. Click the Become a Member of our Trust – Membership Form button.

Hard copies of the form are available from the Foundation Trust Membership Office, which can be contacted at: 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 being processed for these purposes only. A copy of MFT's privacy notice can be found on the Trust's website.

Member Portal - enables members to directly change, update or cancel 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 that is collected is kept confidential, in keeping with Data Protection rules, and is not released to third parties.

Informational changes for public and staff members, alongside membership cancellations, can be managed through our Member Portal. Alternatively, people can contact the Foundation Trust Membership Office via email (ft.enquiries@mft.nhs.uk) or telephone (0161 276 8661) to change their details or cancel their membership.

Helping to reduce our carbon footprint – membership email updater as part of MFT's Green Plan

Our Trust has a Green Plan to ensure we play our part in meeting the NHS' commitment to be net zero carbon by 2040. To support this, we would like to reduce the amount of paper we use by sending information to our members by email. Registered members with a valid email address are encouraged to support this initiative by providing a valid email address.

3.4 Staff report

A key priority for MFT is to support our 28,000+ staff by developing 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 complemented by our Hospitals, Managed Clinical Services and Local Care Organisations leading on the development of staff engagement locally. There are local engagement forums in place across sites and services to gather staff opinion. For example, the Staff Experience, Inclusion & Belonging, Divisional Wellbeing Group and Senior Leadership Team engagement sessions for staff to share their experiences and what is important to them. Outside of these forums, there are also various other channels to engage with staff and gather their opinions across the Trust. For example, through Senior Leadership Team walkarounds, listening events and roadshows.

There is a wealth of ongoing work taking place locally across the Trust to help create a feel-good factor for staff. A lot of the work focusses around staff recognition and acknowledging staff for their contributions to the Trust to boost morale. Examples include: employee/team/leader of the month initiatives; staff awards; newsletters celebrating staff achievements; celebrations of professional days and staff thank you cards from Hospital/MCS/LCO/Corporate Services Senior Leadership Teams. Other local initiatives include: festivals of belonging; wellbeing rooms; Queen's Platinum Jubilee celebrations; Kindness Weeks; allyship training and Lets Talk about Race workshops to foster an inclusive culture.

NHS Staff Survey
The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. It is one of the Trust's primary methods by which organisational culture is measured through data received by the workforce. The 2022 results will form part of the work. The survey will measure how well we support the wellbeing of our workforce, and whether they feel sufficiently supported to enable each member of our staff to reach their full potential. This is essential to maintaining improved organisational performance.

It asks NHS staff in England about their experience of working for their respective NHS organisations. Since 2021, the survey questions have been aligned with the NHS People Promise, which sets out the things that would most improve employees' working experience, in their own words.

The survey results are measured against the seven People Promise elements and two themes of Staff Engagement and Morale and designed to track year-on-year progress.

All summary indicators, the People Promise element scores, theme scores and sub-scores - are scored on a 0 to ten-point scale and reported as mean scores. A higher score always indicates a more favourable result.

At MFT, the response rate to the 2022 survey amongst Trust staff was 30%, equal to 2021. The number of completed questionnaires for 2022 was 8,304, an increase from 7,951 in 2021.

Summary of performance
Despite the breadth of ongoing work to engage staff and make MFT a great place to work, the MFT 2022 National Staff Survey results show that in comparison to the previous year, there has been a decline in the overall MFT staff engagement score. This indicates that there is still a significant amount of work to be done to address the key challenges that are having a negative impact on the workforce.

Overall, MFT has seen a decline in most areas since 2021, with 'we are safe and healthy' and 'we are always learning' remaining the same. Staff engagement and morale has continued to decline since 2020.

	2021 MFT	**2022 MFT**	**2022 Benchmarking Group**
We are compassionate and inclusive	7.1	7.0	7.2
We are recognised and rewarded	5.7	5.5	5.7
We each have a voice that counts	6.6	6.4	6.6
We are safe and healthy	5.8	5.8	5.9
We are always learning	5.1	5.1	5.4
We work flexibly	5.7	5.6	6.0
We are a team	6.5	6.4	6.6
Staff engagement	6.7	6.5	6.8
Morale	5.6	5.4	5.7

Fig 1. MFT People Promise Benchmarking Overview compared to 2021.

The benchmarking group is Acute and Combined Acute and Community Trusts, and the data is taken from reports supplied by the Survey Co-ordination Centre (SCC).

Looking after our staff
To support our workforce, the Trust provides a comprehensive, proactive, and high-performing Employee Health & Wellbeing (EHW) Service. It is SEQOHS-accredited, which means that the services provided are safe, effective and of a high quality. The accreditation is externally awarded by the Faculty of Occupational Medicine (FOM). Our Employee Health and Wellbeing Service includes our occupational health provision, which is fully integrated within the wider EHW Service offer.

Our internal EHW service offers a wide range of professional services and support for staff and managers that includes both core services and enhanced health and wellbeing programmes.

Core services include:

- Management referral assessments to support attendance and fitness for work

- Advice on rehabilitation and adjustments at work
- Immunisation and vaccination programmes
- Clinical management of staff, who sustain accidental inoculation and contamination injuries
- Workplace risk assessments and health surveillance programmes
- Rapid access interventions, including musculoskeletal advisory and treatment services, counselling, psychological therapies and physiotherapy
- Vaccination campaigns (Flu and COVID-19) for all staff
- Health and wellbeing initiatives targeting and raising awareness of specific physical and mental/psychological health issues
- COVID-19 specific programmes e.g., risk assessment advice for managers and staff.

The EHW Psychological Wellbeing and Mental Health Team provides support to individuals and teams on managing under pressure, building emotional resilience and maintaining healthy and effective team working. The Team also delivers a range of services to support teams and individuals following work-related critical incidents and trauma.

An Employee Assistance Programme - EAP (including Counselling Services) - is also in place via an external provider, which provides all staff with access to a range of services, which are available 24 hours a day, seven days a week. The service is independent and confidential and provides resources, advice and support on a range of issues via telephone and an online health portal.
A comprehensive programme of health and wellbeing initiatives and training and education programmes are delivered by the EHW service. Key developments over 2022/23 include:

Health and Wellbeing Champions
Health and Wellbeing Champions are individuals from all demographics and roles, who promote, identify, and signpost their colleagues to local, regional and national health and wellbeing support offers. This is intended to be taken on as a responsibility in addition to their day-to-day role. Since the rollout of the MFT Wellbeing Champions Programme in September 2021, there are now 348 colleagues trained and active across all sites. To ensure consistent signposting, support and messaging takes place, champions must attend a one-hour Employee Health and Wellbeing Service overview session. This session informs them of the health and wellbeing support that's available on a Trust-wide, as well as a regional and national level. It is also recommended that champions attend the MFT Wellbeing Conversations training and complete the Health Education England Health and Wellbeing Champions eLearning module.

Mental Health First Aiders
The role of a Mental Health First Aider (MFHA) is to provide initial support and sign-post guidance to any employee experiencing difficulties with their mental health while at work. MHFAs also play a crucial role in destigmatising mental health problems within the workplace by raising awareness and promoting national and local campaigns, with the support of the Employee Health and Wellbeing Service. In June 2022, EHW commissioned an in-house instructor programme, delivered by Mental

Health First Aid England, to increase the number of trainers from two to ten, supporting EHW's vision to train and maintain one MHFA for every ten employees. The new cohort of MHFA course instructors are based across MFT hospitals and services, allowing for local delivery of regular MHFA courses.

As of December 2022, there were 370 trained Mental Health First Aiders across the MFT footprint. Key health and wellbeing updates and information are cascaded via MHFAs via their MS Teams network, and MHFAs are invited to attend one of 5 monthly support sessions facilitated by the Psychological Wellbeing and Mental Health Team. To provide more structure around the content of the support sessions, a calendar for the year has been developed, with each month focusing on a specific topic aligned with the wider EHW health and wellbeing calendar.

Menopause support

The menopause is a natural stage of life, and one that the workforce can experience very differently. MFT staff may go through it without any noticeable symptoms or they may have a stressful and difficult time. Hot flushes, night sweats, mood swings and other troublesome symptoms can affect all aspects of daily life for some of our staff, including work performance and attendance. MFT have made a commitment to become a Menopause Friendly Organisation as accredited by Henpicked.

The EHW team successfully secured £12,000 funding from the MRI fellowship fund to enable awareness and training for all staff on menopause. To date, 30 members of staff have completed the training programme and are now able to conduct menopause awareness sessions across their respective localities. The awareness sessions, aimed at all staff, cover:

- Why we are talking about menopause now
- What it is, the symptoms and ways of managing them
- Employment law and reasonable adjustments
- How to have a supportive conversation
- Planning and preparation for attendees on how to run sessions and detailing common questions with answers

Initial feedback has rated the sessions as 4.5/5 stars, with 83% of respondents now feeling 'very confident' or 'extremely confident' about understanding menopause, after attending the session. To date, across 15 Menopause Awareness sessions, 636 staff have attended. Menopause support posters have been widely disseminated through communications, advertising dates, awareness and accessible support.

The EHW team are now scoping potential referral pathways into clinical services to support staff, who may be severely affected by the menopause. This includes referral pathways into the Northern Sexual Health Services (Hathersage Road), which will facilitate Menopause advice and guidance from a Consultant in Community Gynaecology and Reproductive Health regarding Menopause discussions between staff and their GP.

Looking to the future, EHW are working with Workforce Information to add menopause as a sickness-related reason on Absence Manager. By recording menopause-related absences accurately, MFT can gain a better understanding of

the impact menopause is having on colleagues and put the necessary support in place.

EHW will also aim to identify funding streams to ensure becoming a menopause friendly-accredited organisation becomes a reality and will look to sign the Menopause Workplace Pledge in a move that demonstrates a commitment to ensuring employees experiencing the menopause feel well informed and supported while at work.

Reasonable Adjustments Toolkit
The EHW Rehabilitation Service has led the creation of a Reasonable Adjustments and Return to Work toolkit. This is a guide for managers and staff when considering the needs of staff with health or neurodiverse conditions. The EHW team recommends that managers, in discussion with staff members, utilise the toolkit, the guidance resources within it and suitable Trust policies when implementing reasonable adjustments or supporting staff with a return to work after a period of absence. The toolkit also highlights when and where to seek additional guidance from specialist advisory services such as EHW, HR and external provisions.

Neurodiversity support and advice
In addition to the reasonable adjustments and return to work toolkit, the EHW service has produced a guidance and support for neurodiversity in the workplace, with the intention to raise awareness, support ongoing conversations and provide both employees and managers with some tools and information. The guide seeks to encourage a common understanding of neurodiversity, highlighting the talents and strengths of neurodiverse individuals, as well as the challenges they may face in the workplace. A better understanding will help remove any barriers that may exist, celebrate talents and differences and foster a more inclusive work environment.

Rapid access physiotherapy services
In October 2021, MFT received funding from NHS England as part of a programme of service enhancements to be delivered under the NHS England Growing OH programme. MFT are one of the four national ‘trailblazers’ that are supporting the development of the national five-year strategy for Growing OH and Wellbeing within the NHS.

The MFT EHW programme is aimed at improving current musculoskeletal sickness absence rates and supporting employees to improve their physical and psychological wellbeing in work by providing them with timely access to physiotherapy advice and treatment.

In December 2021, the EHW service launched an enhanced rapid access physiotherapy service for all MFT staff, who are either off work with a musculoskeletal issue or in work but struggling with their condition. Employees are triaged by an occupational health physiotherapist through a virtual appointment, within 48 hours of making their self-referral. They are then either signposted to self-help management materials, provided with virtual physiotherapy appointment(s) or, if clinically indicated, receive face-to-face physiotherapy at their closest EHW physiotherapy clinic. In May 2022, EHW launched the Absence Support Service as

part of phase two of the programme, which focussed on providing timely clinical advice and treatment (if appropriate) for all MSK-reported absences.

Evidence of the positive impact the EHW MSK Service has had has been detailed in a successful business case for future funding, using data sourced from ESR and Absence Manager. Absence data for the past three years demonstrates that since the implementation of the Absence Support Service over the past 12 months, the upward trend in MSK absence has been reversed to a downward trend. Data shows that the length of MSK absences has reduced on average by 11 days per absentee – since the implementation of the Absence Support Service.

MSK absence costs have reduced from £23,000 to £17,000 a day, and by maintaining a 0.2% reduction in days lost, there is a potential cost saving of £180,000 per month, which equates to £2.16 million a year.

As a consequence, the Trust has supported additional funding to continue this service.

WORKFORCE DEMOGRAPHICS	31 March 2023		31 March 2022	
	Headcount	% of Total Headcount	Headcount	% of Total Headcount
Staff Group				
Additional Professional Scientific and Technical	1,143	3.9%	1,066	3.7%
Additional Clinical Services	5,220	17.7%	4,866	17.1%
Administrative and Clerical	6,184	20.9%	6,224	21.9%
Allied Health Professionals	2,060	7.0%	1,952	6.9%
Estates and Ancillary	1,449	4.9%	1,424	5.0%
Healthcare Scientists	1,052	3.6%	940	3.3%
Medical and Dental	2,742	9.3%	2,526	8.9%
Nursing and Midwifery Registered	9,683	32.8%	9,458	33.2%
Students	22	0.1%	23	0.1%
Grand Total	**29,555**	**100%**	**28,479**	**100%**
Full Time/Part Time				
Full Time	20,181	68.3%	19,274	69.2%
Part Time	9,374	31.7%	8,576	30.8%
Gender				
Female	23,180	78.4%	22,555	79.2%
Male	6,375	21.6%	5,924	20.8%
Disability				
No	21,795	73.7%	20,950	73.6%
Not recorded	6,603	22.3%	6,498	22.8%
Yes	1,157	3.9%	1,031	3.6%
BME				
BME	7,366	24.9%	6,363	22.3%
Not recorded	3,202	10.8%	2,625	9.2%
White	18,987	64.2%	19,488	68.4%
Age				
16-20	115	0.4%	121	0.4%
21-30	6,268	21.2%	6,190	21.7%
31-40	8,570	29.0%	7,832	27.5%
41-50	6,669	22.6%	6,560	23.0%
51-60	5,988	20.3%	5,904	20.7%
61+	1,945	6.6%	1,872	6.6%

Staff Turnover	1st April 2022 to 31st March 2023	1st April 2021 to 31st March 2022
	14.1%	13.2%

Senior Staff Gender Breakdown	Male	Female
Executive Directors	4	6
Non-Executive Directors	5	6

Staff sickness absence

Staff Sickness Absence	1st April 2022 to 31st March 2023	1st April 2021 to 31st March 2022
Sickness %	6.3%	5.8%
Average Working Days lost (per wte)	22.7	20.9

Staff costs
Full year 2022/23 (unaudited)

	Total	Permanent	Other
Trust	£000	£000	£000
Salaries and wages	1,186,359	1,186,359	0
Social Security costs	116,090	116,090	
Apprenticeship Levy	5,281	5,281	
Pension cost - defined contribution plans (employer's contributions to NHS pensions)	129,136	129,136	
Pension cost – employer contribution paid by NHSE on provider's behalf (6.3%)	57,856	57,856	
Pension cost - other			
Temporary staff - external bank	107,169		107,169
Temporary staff - agency/contract staff	41,091		41,091
Total Trust staff costs	**1,642,982**	**1,494,722**	**148,260**
NHS charitable funds staff			
Total Trust and Group Staff costs	**1,642,982**	**1,494,722**	**148,260**

Workforce Race and Equality Statistics (WRES)
The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months has declined for both white and all other ethnic groups since 2021. The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion has declined for white staff and improved for all other ethnic groups. The percentage of staff experiencing discrimination at work from managers/team leaders or other colleagues in the last 12 months has shown an increase for white staff and a decline for all other ethnic groups.

Workforce Disabilities Equality Standards (WDES)
There has been a decrease in the percentage of staff with a long-term condition experiencing harassment, bullying and abuse from managers (22.3% to 21.6%) and from other colleagues (from 29.9% to 27.1%). However, there has been a decline for both those with and without a long-term condition, who believe that MFT provides equal opportunities for career progression or promotion.

Successes to build upon include appraisals and helping staff to do their job better, with a need to focus on having clear objectives for their work.

There has been an increase in staff feeling they receive the respect from their colleagues and that the people they work with are understanding and kind to each other, are polite and treat each other with respect.
There has also been a decrease in the number of staff personally experiencing harassment, bullying and abuse from patients/service users, relatives or other members of the public, managers and colleagues.

Since the 2021 Staff Survey results, engagement strategies and plans have been implemented across the whole MFT footprint. This is in response to feedback, to complement the NHS People Plan and align to our MFT People Plan, with the focus on the lived experience of staff, whilst supporting policy, practice and leadership to be more compassionate and inclusive.

In 2022, seven local questions were added in relation to Hive, MFT's Electronic Patient Record (EPR) system. These questions will be included in the future annual national Staff Survey to track staff experience directly related to the progressive implementation of Hive and associated benefits realisation, using the 2022 baseline data.

Intelligence obtained from local staff engagement activity, staff forums and polls and listening events suggests that the key challenges to staff currently relate to the following factors:

- Dissatisfaction with the 2022 pay award
- Operational pressures, compounded by staff shortages, sickness levels, industrial action, waiting lists etc.
- Financial pressures associated with the current economic climate
- Dissatisfaction with the reintroduction of car parking charges
- Dissatisfaction with opportunities for flexible and agile working
- Hive implementation pressures
- Dissatisfaction with out-of-hours food provision.

Although some of these factors are not immediately within the Trust's control, for example, in relation to the agenda for change pay rates or the current economic climate, they all constitute important hygiene factors that, if unaddressed, will lead to an increasingly dissatisfied workforce. A focus on supporting sustainable improvements that our staff can see and feel is a priority in improving staff experience, through collective leadership, to achieve breakthroughs that matter and through enacting transformational, not just transactional change.

In addition to ensuring that hygiene factors are in place for our staff, some of the interventions that Hospital/MCS/LCO Chief Executives and HRD colleagues have proposed to make a positive difference for staff include:

- Robust onboarding and exceptional local induction
- Clarity surrounding the reality of the role and expectations
- Clear processes for mentorship, coaching and buddying for all staff for a defined period post-recruitment
- Better support for staff around transport to and from work and car parking
- Development of an internal careers service that supports staff and makes internal moves easier across the MFT footprint
- A focus on supporting frontline workforce capacity in the service planning framework (reducing avoidable turnover, reducing avoidable absence, recruitment to vacancies and workforce redesign)
- Enhanced rewards and benefits offer, including enhanced financial wellbeing support.

The Staff Engagement and Recognition Steering Committee continues to focus on staff experience and engagement through activities, such as the MFT Big Conversation, Shout Out campaigns and bespoke staff surveys. This complements the local and national Staff Survey action plans that inform the MFT People Plan ‘we feel valued and heard’ deliverables.

The established operational group and super-user network continues to drive activity agreed through the steering committee.

OpenDoor

To enable a more interactive and dynamic staff engagement experience, MFT introduced a technology-based solution through the OpenDoor Staff Engagement and Recognition digital platform in January 2022. The functionality benefits staff experience by supporting the established MFT Big Conversation and organisational bespoke surveys, alongside the OpenDoor peer-to-peer recognition platform, Shout Outs. The platform supports the quantitative and qualitative measure of staff engagement and staff experience through pulse surveys, with access to real-time data at local and organisational level that can help identify key issues where support and actions can be put in place immediately.

The OpenDoor digital platform also has the capacity to provide a 24/7 means for staff to provide feedback and put forward suggestions for improvement aligned to our values and MFT People Plan. Access is through a number of methods, including email prompts, URL, QR codes and the MFT Connect app, making it accessible to all staff.

MFT Big Conversation

The MFT Big Conversation aims to encourage conversations that matter most to MFT staff. Each topic runs for one month, with supporting resources and activity to generate Trust-wide conversations. The real-time surveys provide instant access to dynamic data to inform immediate engagement and recognition at local and Trust-level.

The conversations are aligned to the MFT People Plan themes and sub-themes to ensure there is correlation and connection with the five themes and 15 subthemes.

During the last 12 months, MFT has engaged staff around ‘digital readiness and confidence’ to support Hive readiness digital literacy, as well as ‘choose kindness’ to encourage focussed conversations that help break down barriers, increase awareness and build confidence in reporting incidents and raising concerns.

Bespoke Pulse Surveys
Bespoke surveys have also been used to support wider workforce engagement and initiatives, for example, Administrative Professional Day 2022. This conversation targeted a specific staff group, Admin and Clerical, to understand what is important to this staff group, as well as celebrate the value staff bring to our overall performance.

Shout Outs
Shout Outs enable colleagues to recognise the work and support of their teammates by sending direct and personalised short messages of thanks or recognition directly to the individual through the platform. The Shout Out categories are aligned to the six cultural values that form the MFT People Plan enabling strategy - Leadership and Culture. This provides measurable cultural data that feeds into the impact of the People Plan. An extensive resource bank has been developed and curated to support the ongoing promotion and engagement of the Shout Out functionality at local and Trust-level. Promotional and bespoke posters and leaflets, Shout Out cards and email signatures are some examples of the resources that have been developed. Shout Out cultural ambassador badges will support future engagement activity in 2023.

Feedback on staff experience and staff engagement will continue to be measured though the use of local pulse surveys, mandated National Quarterly Pulse surveys and the annual National Staff Survey, along with other engagement activity.

An overview of the 2022 survey results, publicly available from 09/03/23, has been undertaken by the Group Executive Director of Workforce and Corporate Business in the context of existing workforce policies and initiatives, including the MFT People Plan. The work will involve Group Executives, senior leaders across MFT and Staff Side colleagues. The 2022 results will also be included in Accountability Oversight Framework discussions led by the Group Director of Operations, with the support of Group Executive Directors.

In addition, the results have been disseminated to Hospitals/MCSs/LCOs and Corporate Leadership Teams to consider, reflect and develop action plans. Action plans are now aligned to localised versions of the MFT People Plan, “All here for you, together we can.’

To support a consistent approach to action planning and goal setting, a Staff Survey Action Plan Playbook has now been established that supports leaders and managers to work through a four-stage process in developing their plans. The playbook covers: how to lead staff engagement; the four enables of engagement; how to develop staff survey action plans; example actions and resources and action plan templates. This

collection of resources enables local Hospitals/MCSs/LCOs to take ownership of their data and produce evidence-based plans that can be directly measured at a cultural level through agreed staff engagement indicators.

The MFT leadership and culture programme of work that underpins the MFT People Plan has been updated in line with national changes and based on MFT Staff Survey insights to ensure a targeted measurable approach is taken to embedding a culture of compassion, inclusion and staff engagement.

An MFT line manager framework, Managing@MFT, is in place, which is aimed at helping and supporting line managers at all levels to understand the expected standards, as well as access the necessary learning, resources and support. The People Promise element also forms part of the appraisal system to help with staff development.

It is evident that it is extremely difficult to motivate and satisfy our workforce, within the context of the current challenges staff are facing. Therefore, the Trust has taken early and direct action to resolve, where possible, in mitigating against these challenges, and to ensure that hygiene factors around rewards and benefits, support with travel and parking and out-of-hours hot food provision are appropriately satisfied.

In response to the 2022 National Staff Survey results, the Group Executive Director of Workforce & Corporate Business has already taken steps to respond to the feedback. This has subsequently resulted in the delivery of Staff Survey Strategic Retreat workshops for Hospital/MCS/LCO Chief Executives, HRD, Group HR, Rewards and Benefits, Organisational Development and Employee Health and Wellbeing colleagues to discuss and agree next steps to ensure that MFT is a great place to work in line with the ambitions in the MFT People Plan – 'all here for you together we can.' The outputs from these workshops will be used to inform survey response plans and enable future action planning.

The survey results and response plan detail will be integrated, along with other Group level communication and engagement activities, to inform a meaningful organisational engagement, communication and visibility plan for 2023/24.

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: The information below is for the period 1st April 2021 to 31st March 2022.

Relevant union officials

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent employee number*
49	46.43

Percentage of time relevant union officials spent on facility time

Percentage of time	*Number of employees*
0%	13
1-50%	34
51%-99%	2
100%	0

Percentage of pay bill spent on facility time

First Column	*Figures*
Provide the total cost of facility time	£120,702.33
Provide the total pay bill	£1,353,323,000.00
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours 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* 506.50/6838.25 x 100	*7.41%*

Consultancy and other costs

During the year, MFT spent £233,000 on consultancy (£3.3 million in the year to 31st March 2022).

Staff exit packages

Please see the Remuneration Report for details.

Off payroll engagements
MFT seeks assurance about the tax arrangements of individuals engaged off-payroll and the information is recoded 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 aspects of discretionary spend, including consultancy support that would potentially be captured as 'off-payroll.' All proposed engagements are reviewed and IR35 compliance confirmed prior to commencement.

The following tables apply to all off-payroll appointments engaged during the year ending 31st March 2023 and earning more than £245 per day.

Highly paid off-payroll worker engagements at 31 March 2023

No. of existing arrangements as of 31st March 2023	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

Number of off-payroll workers engaged during the year ended 31st March 2023	0
Of which:	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
*Number of engagements reassessed for compliance or assurance purposes during the year	69
Of which: number of engagements that saw a change to IR35 status following review	0

***** *This figure represents total HMRC IR 35 Assessments completed on new suppliers completed to enable status determination*

3.5 NHS Foundation Trust Code of Governance disclosures

Manchester University NHS Foundation Trust (MFT) 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's 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 Trust's performance 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. Group Non-Executive Directors (Non-Executive Directors) scrutinise the performance of the Group Executive management in meeting agreed goals and objectives and monitor performance reporting. Where a Board member does not agree to a course of action, it is minuted. Should this occur, the Group Chairman would then hold a meeting with the Group Non-Executive Directors with the Executive Directors present. If the concerns could not be resolved, this would be noted in the Board minutes.

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

The Group 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, four times a year, so that it can discharge its duties. The Governors elected the Lead Governor (Geraldine Thompson) for a third term In November 2022. The Lead Governor's main function is to act as a point of contact with NHS England, our independent regulator.

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

Our MFT Constitution (last reviewed and updated in February 2021 and available at https://mft.nhs.uk/the-trust/the-board/mft-constitution/, was agreed and adopted by the Council of Governors. It 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 that prevents the proper exercise of their duties.

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

Independent professional advice is accessible to the Group Non-Executive Directors 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 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 Group Chairman contemplated a course of action involving a transaction that the Group Chief Executive considered infringed these requirements, he would follow the procedures set by NHS England for advising the Board and Council for recording and submitting objections to decisions. During 2022/23, there have been no occasions on which it has been necessary to apply the NHS England 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 changed 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. They have been maintained, and added to, since the introduction of the Greater Manchester Integrated Care Partnership (GMICP) and GM Integrated Care Board (GMICB), also known as NHS Greater Manchester Integrated Care (NHSGM) in July 2022.

The GMICP brings together all health and social care partners across Greater Manchester and wider public sector and community organisations to improve the health and wellbeing of the 2.8 million people who live in Greater Manchester. It connects NHS Greater Manchester, the Greater Manchester NHS Trusts and NHS providers across the whole of primary care with the Greater Manchester Combined Authority, 10 local councils and partners across the Voluntary, Community, Faith, and Social Enterprise (VSCFE) sector, the 10 local Healthwatch and the Trades Unions.

NHSGM is the Integrated Care Board for Greater Manchester and is responsible for making decisions about health services across Greater Manchester and in the ten boroughs and cities.

The Greater Manchester Provider Federation Board is the GM provider collaborative. We work closely with provider partners on strategic planning, operational decisions and performance improvement (e.g. mutual aid). Whilst we work with colleagues at a place level in Manchester and Trafford, notably through our Local Care Organisations, we also work with locality colleagues in other parts of GM whose residents access our services, particularly those boroughs that North Manchester General Hospital serves. We support research and innovation across GM hosting NIHR activities and Health Innovation Manchester.

The Greater Manchester Provider Federation Board brings together all of the NHS providers across GM to achieve the benefits of working at scale across multiple localities to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

The Manchester Partnership Board brings together the senior leaders of Manchester City Council, primary care, MFT, Greater Manchester Mental Health Trust and the VCSE from across the city. Its role is to focus on shared priorities; those areas where, by working together, we can improve the health and wellbeing of the people of Manchester.

The Manchester Provider Collaborative brings together MFT, Manchester City Council, primary care and Greater Manchester Mental Health Trust to lead the detailed design and delivery of integrated services across Manchester.

The Trafford Locality Board brings together the senior leaders of Trafford Local Authority, primary care, MFT and Greater Manchester Mental Health Trust and the VCSE from across Trafford. Its role is to focus on shared priorities; those areas where, by working together, we can improve the health and wellbeing of the people of Trafford.

The Trafford Provider Collaborative brings together MFT, Trafford Local Authority, primary care and Greater Manchester Mental Health Trust to lead the detailed design and delivery of integrated services across Trafford.

Effective mechanisms are in place with our commissioners to agree and manage fair and balanced contractual relationships including:

- A range of executive meetings with key commissioners:
    - Involvement in key meetings established by the GMICB
    - Manchester Health and Care Commissioning (until 30th June 2022)
    - Specialised Commissioning teams
- A dedicated Contracts and Income Team that liaises between the Trust, our hospitals and commissioners.

The Manchester Health and Wellbeing Board brings together representatives from Manchester City Council, MFT, CCGs, the mental health Trust, Public Health and Healthwatch.

MFT's Board of Directors ensures that effective mechanisms are in place and that collaborative and productive relationships are maintained with all stakeholders through:

- Direct involvement – e.g. attendance at Board–to–Board, Team-to-Team and Partnership Board meetings
- Chair involvement – e.g. attendance at the 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).

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 established 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 1 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. 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 ten-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.

The Trust and Manchester Science Partnerships has worked together to develop the next phase of the Citylabs development on the former Saint Mary's site. The £60 million, 220,000sq ft expansion was completed during the 2020/21 financial year. It now houses SMEs and large companies that 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, has seen the company making Citylabs its base, bringing jobs and investment to Manchester.

3.6 NHSE/I Single Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems, including providers, and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements.

By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- Objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- Additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation
The Trust had been placed in segment 2 by NHS England until it was informed by NHS England on the 6th March 2023 that this was changed to segment 3. The segmentation change was *"based on several areas of challenge and the requirement to move the organisation into the national recovery programme as a 'Tier 1' provider for both Elective and Cancer Recovery."*

This segment is the Trust's position as at May 2023. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/

3.7 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 England.

NHS England has given Accounts Directions which require [name] 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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, 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 England, 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 the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the Manchester University NHS Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Mark Cubbon
Group Chief Executive
29th June 2023

3.8 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 (MFT) 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 is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Manchester University NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to 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 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust is committed to the principles of good governance and understands the importance of effective risk management as a fundamental element of its governance framework and system of internal control.

We recognise that healthcare provision, and the activities associated with caring for patients, employing staff, providing premises and managing finances, are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a day-to-day basis throughout the Trust. We take action to manage risk to a level that is tolerable. We acknowledge that risk can rarely be totally eradicated, and a level of managed residual risk will be accepted. Risk management is therefore an intrinsic part of the way we conduct business, and its effectiveness is monitored by both our performance management and assurance systems.

As Accounting Officer for the Foundation Trust, I have overall responsibility for ensuring effective risk management arrangements are in place. I am supported by the Joint Medical Director, Director of Clinical Governance and the Director of Corporate Business and Trust Board Secretary. Overseen by the Joint Group Medical Director, the Director of Clinical Governance develops and manages the corporate approach to the management of risk, including the Risk Management Framework and Strategy, and the Director of Corporate Business supports the use of the Board Assurance Framework (BAF).

I routinely use the BAF, strategic risk register, local counter fraud service and internal and external audit, to ensure proper arrangements are in place for the discharge of our statutory functions and to detect and act upon any risks and ensure that the

Foundation Trust is able to discharge its statutory functions in a legally compliant manner. I chair the Group Risk Oversight Committee and I also delegate some key responsibilities to other Executive Directors. In addition, for selected roles, there is an identified Non-Executive Director sponsor.

The Trust provides a comprehensive mandatory training programme, which includes governance and risk management awareness and training. Training is delivered centrally and within individual organisations within the Trust. Training can be classroom-based with internal or external trainers, web-based or 'in-situ'; this sort of training often being developed following identification of potential risk in the way that care is being delivered through learning from incidents or proactive risk assessments. The Trust also has a clear commitment to individual personal development, and through all these mechanisms, staff are trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience.

The governance and risk management training programme is reviewed annually by the Director of Clinical Governance to ensure it remains responsive to staff needs. There is regular reinforcement of the requirements of the Mandatory Training Policy, and the duty of staff to complete training deemed mandatory for their role is a key element of the annual appraisal process. Monitoring and escalation arrangements are in place to enable the Trust to ensure targeted action in relation to areas or staff groups where performance is not at the required level.

We have continued with our focus on developing awareness and skills in relation to high quality and focused risk assessments and business continuity planning, amongst both clinical and non-clinical staff. An Integrated Governance and Risk Committee, established during 2021/22, supports the work.

Existing governance arrangements at Group Board and Sub-Board level continued to be refined and adapted throughout 2022/23, and there continues to be clear descriptions of accountability and responsibility throughout the organisation, designed to maintain good governance, despite the additional challenges and pressures presented by the ongoing pandemic. The governance infrastructure of the Trust during 2022/23 is presented on page 111.

The risk and control framework

We are committed to demonstrating an organisational philosophy that ensures risk management is aligned to strategic objectives, clinical strategy, business plans and operational management systems, and is implemented in line with the CQC's well led framework. We recognise that the specific function of risk management is to identify and manage risks that threaten our ability to meet our strategic objectives. We are clear, therefore, that understanding and responding to risk, both clinical and non-clinical, is vital in making the Trust a safe and effective healthcare organisation. We will identify risk as either an opportunity or a threat, or a combination of both, and will assess the significance of a risk as a combination of probability and consequences of the occurrence. All of our staff have a responsibility for identifying and minimising risk. This will be achieved within a progressive, honest and open culture, where risks, mistakes and incidents are identified quickly and acted upon in

a positive way.

The Trust's Risk Management Framework and Strategy (RMFS) was reviewed during 2021/22 and the new version was approved by the Board of Directors in May 2022. The strategy describes an integrated approach to ensure that all risks to the achievement of the Trust's objectives, are identified, evaluated, monitored and managed appropriately. It defines how risks are linked to one or more of the Trust's strategic operational objectives, and clearly defines the risk management structures, risk tolerance, accountabilities and responsibilities throughout the Trust. A new Risk Appetite Statement was approved by the Board in July 2022.

The Trust's RMFS also provides the Trust 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.

The RMFS is disseminated throughout MFT. There is increasing involvement of key stakeholders through mechanisms, such as the Quality Reviews Council of Governors' meetings. Implementation of the strategy ensures the Board is informed about significant risks and is then able to communicate them effectively to external stakeholders.

During 2022/23, an independent Internal Audit (review) was commissioned to provide assurance in relation to the effectiveness of the Trust's RMFS. The outcome of this Internal Audit was 'Significant Assurance with minor improvement opportunities'

The Trust has an established Board and Committee governance framework that supports the implementation of the RMFS. The Trust's Board of Directors is accountable for its delivery and has a collective responsibility to ensure that the risk management processes provide adequate and appropriate information and assurances relating to risks that threaten the achievement of the Trust's Strategic Aims. The Board is required to approve an annual self-certification to confirm that the risk management systems are effective and fit for purpose. This self-certification includes an assessment of risks that could adversely affect the terms of the Trust authorisation.

This accountability is underpinned by a committee and governance infrastructure that is designed to provide both effective and proportionate risk escalation and enable scrutiny of assurance (further details below).

The responsibilities of Trust individuals in relation to the implementation of the Risk Management Framework and Strategy are as follows:

The **Chair** is a Non-Executive Director, who chairs the Board of Directors and the Council of Governors, ensuring the appropriate and proportionate scrutiny of the risk management arrangements within the Trust.

Non-Executive Directors (Non-Executive Directors) are responsible for providing an additional layer of scrutiny to seek assurance of the effectiveness of the Trust risk

management and risk reporting systems. It is the responsibility of the Non-Executive Directors through the Board level committee structure to assure that risks are appropriately reflected in the delivery of the Trust's strategic priorities and business objectives.

Trust Governors provide an additional layer of assurance that strategic decisions taken by the Board are informed by the views and opinions of local people, patients and staff.

Group Executive Directors are responsible for the identification, assessment and management of risk within their own area of responsibility, as delegated by the Group Chief Executive. All Executive Directors oversee progress and provide position statements within the Board Assurance Framework for their areas of responsibility.

The **Group Director of Clinical Governance** is responsible for overseeing all elements of the implementation of the Risk Management Strategy across the Trust. They chair the Group Integrated Governance and Risk Committee.

The **Group Director of Corporate Business/Trust Board Secretary** is responsible for facilitating populating and updating the Board Assurance Framework.

The **Group Head of Health and Safety** oversee the implementation of the Trust's Health and Safety Strategy and provide specialist health and safety management, advice and training in order to achieve high standards of health and safety management throughout the Trust in line with its Health and Safety policies.

The **Hospital, Managed Clinical Service and Local Care Organisation Chief Executives** are responsible for the implementation of this Strategy within their organisation. They are expected to participate in the strategic development of risk management in the Trust through representation on the Group Risk Oversight Committee. This ensures that the Trust's strategy, policies, procedures, structure, and decision-making on risk management take into account the services provided by each Hospital Site, Managed Clinical Service and Local Care Organisation. They are responsible for ensuring that their organisation has established, approved, and assured risk management governance framework directly aligned to the Trust Risk Management Framework and Strategy to ensure a consistent approach to risk management throughout the organisation.

Clinical, non-clinical and corporate service managers are responsible for ensuring that risks in their area are identified, monitored and controlled according to the principles in this Strategy. They must allow time for risk issues to be included in governance meetings to support the effective identification, management and escalation of risk. Each service manager should identify a designated lead for risk management for their service.

The **Designated Lead** for risk management should ensure that staff are up to date with all risk management policies and documentation, and understand their responsibility for conducting risk assessments, agreeing any action plans to reduce/mitigate risk and for incorporating such plans into the business planning

process for their area. The designated lead should ensure that the training needs of the service have been assessed, adequate resource is available for the leadership role, and the responsibilities of the leadership role are fulfilled and included within performance reviews.

Department and ward managers are responsible for ensuring that staff in the workplace understand risk management issues, adhere to risk management policies and procedures, receive and provide feedback regarding incidents and risks, and adopt changes to practice accordingly.

All managers have a direct responsibility for the health, safety and welfare of staff and for ensuring a safe environment for the delivery of care. Managers must apply the Trust's Health and Safety policies and ensure that risks of this type are included within risk assessment, risk registers and action planning.

All staff, including those on temporary or fixed term contracts, placements or secondments, and contractors, must keep themselves and others safe. They have a responsibility for managing incidents and risks within their area of responsibility. They must commit to being made aware of their responsibilities and of the risk management process through:

- Induction into the Trust or into a new role
- Discipline or department-specific training
- Management and supervisory training
- Mandatory update training
- Awareness raising or ad-hoc events
- Inclusion in personal development plans and appraisal discussions.

All staff contribute to the identification of risk, either as part of risk assessment or in reporting any risks, hazards, adverse events or complaints. All staff should then comply with any action requiring them to reduce risks that have been identified.

The Group Chief Executive chairs the **Group Risk Oversight Committee**, and strategic risks, scoring 15 or above, are reported to the Committee. Risk reports are received from each responsible Director, Hospital/Managed Clinical Service (MCS)/Local Care Organisation (LCO) Chief Executives and Group Executive Director, with details of the controls in place and actions planned and completed against which assessment is made by the Committee.

The Group Risk Oversight Committee provides the Board of Directors with assurance that risks are well managed throughout the Group and the appropriate mitigation and plans are in place. Reports demonstrate that the risk management reporting process includes all aspects of risk, clinical and non-clinical. This committee continued to meet throughout the pandemic.

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 a Joint Group Medical Director and the Group Chief Nurse as the lead Executives and Joint Chairs of the **Quality & 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 continued to develop clinical effectiveness indicators across all of our Hospitals, MCSs and LCOs.

The Trust's Single Operating Model is underpinned by the Accountability and Oversight Framework (AOF), which contributes to the overarching Board Governance Framework, enabling the Group Board of Directors to fulfil its obligations and effectively run the organisation. The AOF is one of the key enabling processes to support the delivery of the MFT vision, strategic objectives and operational plan, and incorporates the key elements below:

- Fosters a culture of devolved decision-making and accountability
- Sets out how the Group Board of Directors and Hospitals/MCSs/LCOs will interact
- The framework supports the principle of earned autonomy in high performing Hospitals/MCSs/LCOs and the support provided to challenged sites
- An annual performance agreement process will formally capture the contribution of each Hospital/MCS/LCO to Group corporate objectives and targets for the year
- The framework operates a process of performance review, led by the Group Executive Team, which assesses the performance and risk of each Hospital/ MCS/LCO in delivering its plans and objectives and meeting agreed Key Performance Indicators (KPIs)
- Enables the corporate functions to identify potential support needs, by theme, as they emerge, allowing tailored support packages to meet the specific needs of each Hospital/MCS/LCO, and drawing on expertise from across the corporate functions.

The Trust's AOF process incorporates six domains: Safety, Patient Experience, Operational Excellence, Finance, Workforce & Leadership and Strategy. The process provides a holistic and transparent process for the monitoring of Hospital/MCS performance; all domains are equally weighted, with the exception of Safety, which is the override for monthly Hospital/MCS/LCO AOF scores.

To support the AOF monthly cycle, a performance dashboard for each Hospital/MCS/LCO has been developed that captures in one place the overarching Hospital/MCS/LCO AOF score, individual domain scores and performance against the Key Performance Indicators that form each domain.

Throughout the recovery period from the impact of the COVID-19 pandemic, the Trust's operational processes have focused on the appropriate treatment of patients, based on clinical priorities, and maximising availability of services through new

models of care. All transformational and operational teams are focused on delivering against the operational and recovery outputs, with clear reporting and accountability links through the EPRR structure.

The Trust has a well-established **Quality & Performance Scrutiny Committee (QPSC)** that 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 Group 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 the key focus areas examined at the QPSC during 2022/23 included:

- AOF summary reports and dashboard
- Never Events
- Patient Safety Incident Reporting, Management and Associated Learning
- Patient Safety Incident Response Framework
- MRI's Nutrition & Hydration Improvement Initiatives
- The Ockenden Report and MFT's Action Plan
- The NHS Resolution Maternity Incentive Scheme
- Decontamination
- Maintenance of Medical Equipment (MEAM)
- Annual Accreditation Report
- Annual Infection Prevention Control (IPC) Report
- Annual Complaints Report
- Annual Safeguarding Report
- Patient Experience Reports (including patient surveys)
- NHS Resolution Updates
- BAF risks aligned to the QPSC.

This ensures a level of detailed review, challenge and learning in areas of identified risk that had particularly been identified during the Trust's response to the pandemic.

During 2022/23, the Trust approved an enhanced Quality and Safety Strategy that strengthened its arrangements for Quality Governance to support the implementation of the National Patient Safety Strategy, with the implementation of a Patient Safety Management System, which enables effective patient safety insight, oversight, management, learning, improvement and assurance. This systematic approach to understanding and assuring patient safety is being implemented throughout the Trust.

The **Human Resources Scrutiny Committee (HRSC)**, chaired by a Group Non-Executive Director, reviews MFT's People Plan and monitors the development and implementation of the key workforce deliverables. Examples of the key focus areas examined during 2022/23 included:

- MFT Staff Survey, including the national Staff Survey results
- Employee health and wellbeing
- Mandatory training

- Staff appraisals
- MFT's Local Clinical Excellence Awards
- MFT's Gender Pay Gap
- The work of MFT's Freedom to Speak Up Guardian
- The work of MFT's Guardian of Safe Working
- Annual Medical Revalidation Report and Annual Statement of Compliance
- MFT's Workforce Race and Disability Equality Schemes
- Nursing & Midwifery Safer Staffing report
- Nurse & Midwifery Revalidation Report
- Diversity Matters, MFT's Equality, Diversity and Inclusion (EDI) Strategy 2019 – 2023, and the EDI annual report
- MFT's Apprenticeship Programme
- Annual HRSC Terms of Reference review
- Board Assurance Framework risks aligned to the HRSC.

The **Finance and Digital Scrutiny Committee (FDSC)**, chaired by a Group Non-Executive Director, examines the incidence, nature and potential impact of emerging or identified significant financial risks to the Group's ongoing position and performance, either in-year or forward-looking. It also examines the Trust's ongoing response to National Emergencies, Policies and Directives in relation to finance. It seeks and receives additional levels of assurance not routinely available within the confines of regular ongoing Group Board of Directors papers and discussion, together with scrutinising the specific turnaround or mitigation plans as developed, presented to and approved by the Group Board of Directors, in relation to managing the scale and impact of the identified risks.

The FDSC also oversees all matters regarding informatics, data, analytics and information technology in the Trust. This includes how risks to data security are being managed and controlled.

Examples of the key focus areas examined during 2022/23 included:

- Chief Finance Officer's Reports
- 2022/23 MFT Financial Plan (and associated updates)
- The Trust's Waste Reduction Programme
- MFTs investment in associated companies
- Chief Informatics Officer's reports
- Resilience of the Hive infrastructure
- Board Assurance Framework risks aligned to the FDSC.

The Board Assurance Framework (BAF) 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 through the QPSC, HRSC and FDSC.

The Board Assurance Report has been reviewed at Board meetings during 2022/23 to monitor the key metrics for patient safety, operational excellence, patient experience, and workforce. For 2023/24, the Board Assurance Report has been replaced by an Integrated Performance Report. Monthly performance monitoring is also undertaken as part of the Trust's Accountability Oversight Framework (AOF)

process, whereby Group Executive Directors review key metrics and delivery plans for each Hospital/MCS and LCO. 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.

Each Hospital, MCS and LCO 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 organisational 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 Oversight Committee so that plans can be monitored. All Hospitals, MCS and LCO report on all categories of risk to both the Group Risk Oversight Committee and Quality & Safety Committees.

The Group Risk Oversight 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. RMFS 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 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.

MFT also has established arrangements to advise and engage with both the Manchester and Trafford Health & Wellbeing Scrutiny Committees when there are proposed service changes that may impact on the people who use our services. The Trust endeavors 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.

At their meeting in December 2022, the Council of Governors received a full presentation detailing MFT's risk management processes and governance, along with an overview of the key risks facing the Trust, which were also presented to the Council of Governors in February 2023.

The principles of risk management and associated governance, as described within the Trust's RMFS and associated policies, were maintained throughout the

organisation's response to the COVID-19 pandemic. The Trust's risk register was used to proactively manage actual and latent risk caused by the pandemic itself, and the response that the organisation made. This ensured there was Trust-wide visibility of the risks being managed and wide engagement with understanding the effectiveness of mitigation put in place.

Overview of the organisation's major risks
The Trust identified a number of significant risks during 2020/21, with a particular focus on COVID-19-related risks. They have been or are being addressed through robust monitoring at the bi-monthly Risk Oversight Committee, chaired by the Group Chief Executive.

The Directors identified and supported the management of a number of significant risks during 2021/22, with a particular focus on risks associated with the COVID-19 pandemic response, and also on evaluating the impact of the response to the pandemic on the Trust's existing risk profile.

The key risks identified and actively mitigated during the year related to:

- Implementation of the Hive Electronic Patient Record (including staff training)
- Maternity services
- Operational performance
- Medicine storage
- Human/system interactions
- Histopathology capacity
- Estate issues at North Manchester General Hospital
- Informatics capacity
- Paediatric Haematology/Bone Marrow Transplant/Benign Haematology/Oncology services' capacity
- MR scanner capacity at Royal Manchester Children's Hospital
- Asbestos management
- Decontamination of re-usable invasive equipment
- Physical & staff capacity at Royal Manchester Children's Hospital
- Cyber attacks
- Cardiac surgery capacity
- Staff health and wellbeing
- Theatre capacity to deliver elective recovery programme
- Fire risks
- Delivery of recommendations from national maternity reports
- Timeliness of diagnostics
- Delivery of the financial plan 2022/23
- Delivery of cancer recovery programme.

As described within the section describing the Trust's capacity to handle risk, the escalation and management of all risks is defined within the RMFS, supported by a clear policy and governance infrastructure. The Framework was used to effectively manage this range of both in-year and ongoing (which require management into the future) risks to the achievement of the strategic aims.

At the time of writing this report, there are 10 principal risks that have been assessed as impacting on the delivery of the Trust's Strategic Aims and being actively managed by the organisation. They are current in-year risks but will require ongoing management into the future. They are related to:

- Failure to maintain the quality of patient services
- Failure to sustain an effective and engaged workforce
- Failure to maintain operational performance
- Failure to maintain financial sustainability
- Failure to deliver the required transformation of services
- Failure to achieve sustainable contracts with commissioners
- Failure to deliver the benefits of strategic partnerships
- Failure to maintain a safe environment for staff, patients, and visitors
- Failure to meet regulatory expectations, and comply with laws, regulations, and standards
- Failure to continually learn and improve the quality of care for patients.

A range of mitigating actions have been developed and are recorded on the Risk Register, along with the details of the action plan lead and the date for completion of these actions. These risks are monitored bi-monthly at the Group Risk Oversight Committee, and progress is also evaluated in line with the processes detailed elsewhere in this Annual Governance Statement. Information in relation to the mitigation of these risks and assurance associated with its effectiveness, can be found throughout this Annual Report.

Quality governance arrangements

Compliance with Care Quality Commission (CQC) registration was monitored through a number of Trust Committees. The main Committees are the Group Quality and Safety Committee, Quality & Performance Scrutiny Committee and Group Risk Oversight Committee.

All Hospitals/MCS/LCO report risks via an electronic system; Ulysses, and risks are escalated up to the Group Risk Oversight Committee above a score of 15.

The Trust has had an established Quality Review process in place since 2013/14, in response to the recommendations set out by the Francis, Keogh and Berwick reports earlier the same year (2013). Internal reviews are informed by extensive data packs that pull together key indicators reflecting the quality of care across each Hospital/MCS/LCO.

The Trust also has a well-established Improving Quality Programme (IQP) and Accreditation process in place that examine performance across four domains: leadership and culture of continuous improvement, environment of care, communication about and with patients and nursing processes: including medication management and the meals service.

Findings are mapped against agreed criteria for each standard and clinical areas are scored as white, bronze, silver or gold. Areas that consistently achieve a gold rating become eligible for an Excellence in Care Award, providing a gold rating is achieved in all domains. Patient experience survey data and quality of care data is used along with Accreditation outcomes to drive continuous improvement. The Board of Directors

receives regular reports on accreditation outcomes and an Annual Accreditation Report.

Care Quality Commission
The Trust is required to register with the Care Quality Commission (CQC), and its current registration status is fully registered with no conditions. The Trust is fully compliant with the registration requirements of the Care Quality Commission and has had no conditions on its registration. The Trust works closely with the CQC on maintaining high quality services in line with its dynamic monitoring approach.

Following an inspection of MFT's maternity services in March 2023, the Trust was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement in the following areas: triage, delays, and staffing. A regulation 29A (warning notice) was issued to MFT which required the Trust to make the significant improvements identified by the CQC by the 23rd June 2023. A comprehensive action plan related to the identified areas was developed and submitted to the CQC on the 31st March 2023. The Trust provided the CQC with detail and evidence of the improvements made by their deadline of the 23rd June 2023.

Further details of the Trust's engagement with the CQC during 2022/23 can be found in the Quality Account section of this report.

Managing conflicts of interest
The Trust has published an up-to-date register of interests on its website, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, as required by the *Managing Conflicts of Interest in the NHS* guidance. https://mft.nhs.uk/the-trust/the-board/register-of-directors-interests/

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.

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.

Net Zero
The trust has undertaken risk assessments and has plans in place that take account of the Delivering a Net Zero Health Service report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. Further information can be found in the Sustainable Performance section of this Annual Report.

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 to ensure economy, efficiency and effectiveness.

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 (Oversight) 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 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 169 of this report.

We have also undertaken risk assessments, and MFT's Green Plan has been approved, 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 met.

See the Performance Report section for more information about our sustainability plans and the Quality Account section for more information about our approach to ensuring quality and safety throughout the Trust.

Workforce strategies and staffing systems
MFT has a continuous focus on workforce matters as a central feature of its overall approach to business and strategic planning. This includes delivery of the clinical services strategy and, more recently, the Trust's response to COVID-19, including recovery planning. Detailed workforce data is used to inform workforce planning and modelling and reports are regularly submitted to the HR Scrutiny Committee.

Information is analysed and applied to inform decisions about recruitment, staff deployment and financial planning.

Developing Workforce Safeguards
The Trust is fully compliant with national requirements for monitoring and accounting for safe staffing levels associated with nursing, midwifery and doctors in training. Regular assurance reports are submitted to the HR Scrutiny Committee by the Group Chief Nurse and Group Joint Medical Directors. In addition, all business cases for service development that include workforce requirements are scrutinised to ensure proposed staffing levels are appropriate and safe.

Operationally, e-rostering is in place, which alerts when triggers are reached that may indicate compromised clinical staffing levels. This is complemented by 24-hour site manager shift supervision, the availability of incident reporting and a Freedom to Speak Up guardian and champions.

The Quality and Performance Scrutiny Committee and Group Risk Oversight Committee seek assurance on matters of safety and risk relating to safe staffing levels.

Information Governance

The Trust takes its data protection responsibilities seriously. Confidentiality and security is a cornerstone of its approach for the safe and secure handling of personal data and business information. It has a comprehensive Information Governance (IG) framework, which includes policies, codes of practice, standard operating procedures, guidance notes and templates that cover statutory and legislative requirements, NHS guidelines and good practice. These resources provide MFT staff with the necessary tools to handle personal data securely and confidently.

The IG framework promotes confidentiality, integrity, and availability of personal data, with a focus on security. It also provides guidance and best practice for handling personal data legally, effectively, and efficiently, enabling the best possible healthcare to be provided to patients.

The Trust takes the ongoing threat of cyber-attacks very seriously, and the cyber-security agenda is part of the Trust's IG framework. The Trust has robust measures and controls in place to raise cyber awareness, ensure resilience of its IT infrastructure and manage the threat of cyber-attacks and other IT vulnerabilities and security threats.

The Information Governance framework is monitored and overseen by the Group Informatics Governance Board (GIGB) and reports via the Group Informatics Strategy Board to the Group Management Board.

The GIGB supports the Group Chief Executive as Accountable Officer of the Trust and the Board-level Executive-SIRO via the Senior Information Risk Owner (SIRO) in providing assurance that information risks are effectively managed and mitigated.

The Trust completes and publishes an annual self-assessment, using the national NHS Data Security and Protection Toolkit (DSPT). The DSPT is aligned to the ten Data Security Standards set by the National Data Guardian. It allows MFT to measure itself against the standards and demonstrate that information is handled correctly and protected from unauthorised access, loss, damage and destruction.

The Trust completed and published its 2021/22 self-assessment against the DSPT standards on 30th June 2022 and achieved the status 'Standards Met.' It is currently working towards completing its next annual assessment and publication by 30th June 2023.

Information Governance breaches include data breaches under the Data Protection Act 2018/UK GDPR, and breaches under the Security of Network Information

Systems Regulations 2018 (NIS). All IG breaches are logged on the Trust's local incident management system and managed in line with the Trust's incident management policy. The Trust also uses the NHS Data Security and Protection Incident Reporting tool for IG breaches that meet or exceed the threshold for reporting externally to the Information Commissioner's Office, NHS Digital Data Security Centre and the Department of Health and Social Care.

During the financial year 2022/2023, there were two incidents at a level that were reported to the Information Commissioner's Office (ICO). These incidents related to:

- The discovery of an unauthorised device that was not owned by the Trust and had been installed in a room used by members of the public. The device was immediately removed, and a subsequent investigation determined it had not been used. The ICO closed the incident due to the fact no personal data had been processed
- An encrypted Trust laptop and a small number of patient letters were stolen from a car.

The ICO did not take any formal action and the Trust is implementing recommendations made 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.

- 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.

Action taken by the Trust to mitigate these risks in the future is outlined elsewhere in the Annual Governance Statement.

Annual quality report

NHS England and Improvement no longer require Quality Accounts to be included in an NHS Foundation Trust's annual report. However, to ensure openness and to provide the reader with all relevant information, MFT's performance against quality priorities and indicators within the Quality Account is covered within the Performance section of this report.

During 2022/23, the data within the system has informed the bi-monthly Board of Directors integrated Trust Board Assurance Report. 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, QPSC and Group Management Board. This enables the Quality &

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 that 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.

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 information provided 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 (Oversight) Committee, the Audit Committee, the QPSC, the HRSC and the FDSC 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 annually 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 beginning on page 111 of this report).

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 and followed up with the responsible Group Executive Directors.

The results of the 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 audits 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 on June 20th 2023 that a rating of 'Significant assurance with minor improvement opportunities' could be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control for the period 1st April 2022 to 31st March 2023.

Clinical Audit

The Clinical Audit teams in the Hospitals and MCS oversee 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).

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. See the 'National and local clinical audits' section within the Quality Account section of this report for more information.

Additional Scrutiny Committees

An Electronic Patient Record Scrutiny Committee, chaired by a Non-Executive Director, was established to review the £400 million programme to deliver the HIVE EPR programme. The Committee continues to meet to monitor the stabilisation phase of the programme and oversee benefits realisation.

Conclusion
No significant internal control issues have been identified.

The Board confirms that it is satisfied that, to the best of its knowledge and using its own processes and having regard to NHS England'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.

Mark Cubbon
Group Chief Executive
29th June 2023

4 Auditor's Report

Independent auditor's report to the Council of Governors of Manchester University NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Manchester University NHS Foundation Trust ('the Trust') and its subsidiary ('the Group') for the year ended 31 March 2023 which comprise the Trust and Group Statement(s) of Comprehensive Income, the Trust and Group Statement(s) of Financial Position, the Trust and Group Statement(s) of Changes in Taxpayers' Equity , the Trust and Group Statement(s) of Cash Flows, 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 accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2023 and of the Trust's and the Group's 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 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

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

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of 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 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 2022/23 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust and Group, we identified that the principal risks of noncompliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to income and non-pay expenditure transactions around the year end, posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust and Group which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in April 2021.

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.

Report on 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 2023.

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 under Schedule 10(1) 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, and to report where we have not been able to satisfy ourselves that it has done so. 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 work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Report on other legal and regulatory requirements

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 2022/23; 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 under the Code of Audit Practice
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 2022/23; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and
  Group and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

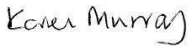
We have nothing to report in respect of these matters.

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

Key Audit Partner
For and on behalf of Mazars LLP

One St Peters Square
Manchester
M2 3DE

30th June 2023

5 Foreword to the Accounts

Manchester University NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Manchester University NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 
Name Mark Cubbon
Job title Group Chief Executive
Date 29th June 2023

6 Annual Accounts

Manchester University NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Consolidated Statement of Comprehensive Income

	Note	Trust 2022/23 £000	Group 2022/23 £000	Trust 2021/22 £000	Group 2021/22 £000
Operating income from patient care activities	2	2,386,163	2,386,163	2,190,559	2,190,559
Other operating income	2.1	264,461	266,865	282,305	284,151
Operating expenses	3, 4	(2,672,987)	(2,678,343)	(2,504,345)	(2,508,750)
Operating (deficit)/surplus from continuing operations		**(22,363)**	**(25,315)**	**(31,481)**	**(34,040)**
Finance income	6	4,673	5,509	154	679
Finance expenses	7	(46,612)	(46,612)	(40,718)	(40,718)
PDC dividends payable		(3,879)	(3,879)	(325)	(325)
Net finance costs		**(45,818)**	**(44,982)**	**(40,889)**	**(40,364)**
Other losses	8.2	783	783	(628)	(628)
Gains and losses arising from transfers by absorption		(5,461)	(5,461)	61,680	61,680
Corporation tax expense		-	-	-	-
Deficit for the year from continuing operations		**(72,859)**	**(74,975)**	**(11,318)**	**(13,352)**
Deficit for the year		**(72,859)**	**(74,975)**	**(11,318)**	**(13,352)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8.1	-	-	-	-
Revaluations	27	65,984	65,984	28,567	28,567
Other reserve movements		(1)	(1)	(1,841)	(1,841)
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains on financial assets designated at fair value through OCI	14	-	(1,649)	-	440
Total comprehensive (expense) / income for the period		**(6,876)**	**(10,641)**	**15,408**	**13,814**

The notes on pages 5 to 48 form part of these accounts.

Statement of Financial Position	**Note**	**Trust 31 March 2023 £000**	**Group 31 March 2023 £000**	Trust 31 March 2022 £000	Group 31 March 2022 £000
Non-current assets					
Intangible assets	9	11,368	11,368	16,107	16,107
Property, plant and equipment	10	903,907	903,957	798,636	798,693
Right of use assets	11	156,663	156,663	-	-
Investment property		-	3	-	3
Other investments / financial assets	14	858	23,754	870	25,415
Receivables	17	17,315	17,315	15,657	15,665
Total non-current assets		**1,090,111**	**1,113,060**	**831,270**	**855,883**
Current assets					
Inventories	16	25,374	25,374	21,809	21,809
Receivables	17	157,393	157,412	88,379	88,571
Non-current assets held for sale	12	210	210	2,510	2,510
Cash and cash equivalents	19	240,943	242,490	319,112	323,320
Total current assets		**423,920**	**425,486**	**431,810**	**436,210**
Current liabilities					
Trade and other payables	20	(474,125)	(474,392)	(382,849)	(382,926)
Borrowings	22	(36,700)	(36,700)	(24,001)	(24,001)
Provisions	24	(29,276)	(29,276)	(52,636)	(52,636)
Other liabilities	22	(51,880)	(54,284)	(59,360)	(62,687)
Total current liabilities		**(591,981)**	**(594,652)**	**(518,846)**	**(522,250)**
Total assets less current liabilities		**922,050**	**943,894**	**744,234**	**769,843**
Non-current liabilities					
Borrowings	22	(495,308)	(495,308)	(371,694)	(371,694)
Provisions	24	(11,423)	(11,423)	(13,903)	(13,903)
Other liabilities	22	(2,804)	(2,804)	(2,386)	(2,386)
Total non-current liabilities		**(509,535)**	**(509,535)**	**(387,983)**	**(387,983)**
Total assets employed		**412,515**	**434,359**	**356,251**	**381,860**
Financed by					
Public dividend capital	SoCIE	471,920	471,920	408,780	408,780
Revaluation reserve	SoCIE	163,396	163,396	97,411	97,411
Income and expenditure reserve	SoCIE	(222,801)	(222,801)	(149,940)	(149,940)
Charitable fund reserves		-	21,844	-	25,609
Total taxpayers' equity		**412,515**	**434,359**	**356,251**	**381,860**

The notes on pages 5 to 48 form part of these accounts.

Name: Mark Cubbon
Position: Group Chief Executive
Date: 29th June 2023

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**408,780**	**97,411**	**(149,940)**	**356,251**
Surplus/(deficit) for the year	-	-	(72,859)	**(72,859)**
Revaluations	-	65,984	-	**65,984**
Public dividend capital received	63,140	-	-	**63,140**
Other reserve movements	-	1	(2)	**(1)**
Taxpayers' and others' equity at 31 March 2023	**471,920**	**163,396**	**(222,801)**	**412,515**

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2022

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**258,929**	**63,492**	**(65,940)**	**256,481**
Surplus/(deficit) for the year	-	-	(11,318)	**(11,318)**
Transfers by absorption: transfers between reserves	65,489	5,352	(70,841)	**-**
Revaluations	-	28,567	-	**28,567**
Public dividend capital received	84,462	-	-	**84,462**
Public dividend capital repaid	(100)	-	-	**(100)**
Other reserve movements	-	-	(1,841)	**(1,841)**
Taxpayers' and others' equity at 31 March 2022	**408,780**	**97,411**	**(149,940)**	**356,251**

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**408,780**	**97,411**	**(149,940)**	**25,609**	**381,860**
Deficit for the year	-	-	(73,443)	(1,532)	**(74,975)**
Revaluations	-	65,984	-	-	**65,984**
Fair value losses on financial assets mandated at fair value through OCI	-	-	-	(1,649)	**(1,649)**
Public dividend capital received	63,140	-	-	-	**63,140**
Other reserve movements	-	1	582	(584)	**(1)**
Taxpayers' and others' equity at 31 March 2023	**471,920**	**163,396**	**(222,801)**	**21,844**	**434,359**

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2022

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**258,929**	**63,492**	**(65,940)**	**27,203**	**283,684**
Surplus/(deficit) for the year	-	-	(14,134)	782	**(13,352)**
Transfers by absorption: transfers between reserves	65,489	5,352	(70,841)	-	**-**
Revaluations	-	28,567	-	-	**28,567**
Fair value gains on financial assets mandated at fair value through OCI	-	-	-	440	**440**
Public dividend capital received	84,462	-	-	-	**84,462**
Public dividend capital repaid	(100)	-	-	-	**(100)**
Other reserve movements	-	-	975	(2,816)	**(1,841)**
Taxpayers' and others' equity at 31 March 2022	**408,780**	**97,411**	**(149,940)**	**25,609**	**381,860**

Statement of Cash Flows

	Note	**Trust 2022/23 £000**	**Group 2022/23 £000**	Trust 2021/22 £000	Group 2021/22 £000
Cash flows from operating activities					
Operating (deficit) / surplus		(22,363)	(25,315)	(31,481)	(34,040)
Non-cash income and expense:					
Depreciation and amortisation	3	54,909	54,916	35,906	35,913
Net impairments	8.1	69,281	69,281	91,430	91,430
Income recognised in respect of capital donations	2	(3,023)	(2,439)	(6,677)	(3,861)
(Increase) / Decrease in receivables and other assets		(73,791)	(73,791)	15,457	15,457
(Increase) / Decrease in inventories		(3,565)	(3,565)	1,019	1,019
Increase in payables and other liabilities		91,379	91,379	68,715	68,715
(Decrease) / Increase in provisions		(25,712)	(25,712)	18,758	18,758
Movements in charitable fund working capital		-	(905)	-	1,817
Other movements in operating cash flows		(1)	(1)	(3)	(3)
Net cash flows from operating activities		**87,114**	**83,849**	**193,124**	**195,205**
Cash flows from investing activities					
Interest received		4,623	4,623	154	154
Purchase of intangible assets		(6,792)	(6,792)	(22,275)	(22,275)
Purchase of PPE and investment property		(155,593)	(155,593)	(160,322)	(160,322)
Proceeds from disposal of non-current asset held for resale		3,095	3,095	-	-
Receipt of cash donations to purchase assets		6,172	5,588	5,994	3,178
Finance lease receipts		20	20	-	-
Net cash flows from charitable fund investing activities		-	1,189	-	(1,277)
Net cash flows used in investing activities		**(148,475)**	**(147,870)**	**(176,449)**	**(180,542)**
Cash flows from financing activities					
Public dividend capital received	SoCIE	63,140	63,140	84,462	84,462
Public dividend capital repaid	SoCIE	-	-	(100)	(100)
Loans from DHSC - received	22	2,600	2,600	2,600	2,600
Loans from DHSC - repaid	22	(8,291)	(8,291)	(8,291)	(8,291)
Repayment of other loans	22	(682)	(682)	(637)	(637)
Capital element of lease liability repayments		(9,960)	(9,960)	-	-
Capital element of PFI service concession payments	22	(14,497)	(14,497)	(12,284)	(12,284)
Interest on loans		(2,983)	(2,983)	(3,139)	(3,139)
Other interest		-	-	-	(1)
Interest element of lease liability repayments		(1,396)	(1,396)	-	-
Interest paid on PFI service concession obligations		(42,414)	(42,414)	(37,684)	(37,684)
PDC dividend paid		(2,325)	(2,325)	-	-
Net cash flows from / (used in) financing activities		**(16,808)**	**(16,808)**	**24,927**	**24,926**
Increase in cash and cash equivalents		**(78,169)**	**(80,830)**	**41,602**	**39,589**
Cash and cash equivalents at 1 April - brought forward		**319,112**	**323,320**	**271,199**	**277,419**
Cash and cash equivalents transferred under absorption accounting	2.7	-	-	6,311	6,311
Cash and cash equivalents at 31 March	19	**240,943**	**242,490**	**319,112**	**323,320**

Notes to the Accounts - 1. Accounting Policies and other information

1.1 Basis of Preparation

NHS England (NHSE) has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that 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. These accounting policies have been applied consistently with prior year except for the adoption of IFRS16 as detailed in note 12.5.

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 depreciated 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.

The Trust has robust processes relating to the Cashflow and has included in the financial plans for 2023/24 prepared for Board and NHSE a cashflow which demonstrates sufficient cash balances for twelve months from the date of signing the accounts.

The Trust has received confirmation from NHSE of the funding and cashflow processes to support the Trust while dealing with the COVID-19 pandemic. This includes arrangements for earlier receipt of cash and also top up funding to cover the increased costs due to the pandemic, ensuring the Trust does not have any loss of income during the future period.

Following this confirmation from NHSE, the Trust has reviewed the Going Concern status and the Trust continues to operate on this basis.

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 will be prepared to 31 March 2023 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

Notes to the Accounts - 1. Accounting Policies (Continued)

● 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. The classification of the investments follow the accounting standard IFRS9 and they are classified as fair value through through Other Comprehensive Income instruments.

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 2023 will be prepared by the Charity, and will be submitted to the Charity Commission.

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 objectives of the Charity.

The MFT Charity is the Trust's sole subsidiary.

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 Notes 1.33 & 2.7). The Trust and the Group did not have any acquisitions or discontinued operations during the year to 31 March 2023.

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 provide advice on valuations, as at 31 March 2023, 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 desktop valuation and the carrying amounts of the Trust's Land and Buildings is included in note 10.

The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023, applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards and RICS UK National Supplement, commonly known together as the Red Book.

Of the £744m net book value of land and buildings subject to valuation, £724m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets.

Notes to the Accounts - 1. Accounting Policies (Continued)

An increase of 1% in the land and building values would result in a net book value of £752m and an increase of 5% would result in a net book value of £781m

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.

Value of Leases under IFRS 16

The Trust has estimated the fair value or the current value in existing use of the right of use assets as being that represented by the rent reviews provided for in the lease agreements. This is on the basis that the rent reviews reflect changes in the market prices and conditions and there are no significant periods between the rent reviews provided in the lease arrangements.

Where there is no evidence of a contract for a property lease required for the provision of long term health care, the Trust has assumed the lease terms to be 25 years, unless there are specific circumstances which would require a different contract term to be more appropriate.

1.7 Revenue from contracts with customers

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).

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. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Further changes were made to the NHS funding regime in 2021/22, with the removal of most top-up and other re-imbursement income streams, and the introduction of the Elective Recovery Fund. These have changed the income available to the Trust, but the total envelope of funds remains of a similar size, such that the trust expects to be able to achieve it's financial target for the year.

Other income recognised due to the COVID-19 pandemic relates to donated Personal Protection Equipment (PPE) from the DHSC, this has been recognised as notional income of £4.134m in note 2.1.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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.

Apprenticeship Service Income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit

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. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

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.

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 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.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Notes to the Accounts - 1. Accounting Policies (Continued)

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

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account 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 to 20.6% of pensionable pay. The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

Employer's pension cost contributions for all schemes are charged to operating expenses as and when they become due. At the year end of 31st March 2023 these contributions amounted to £186.992m (2021/22: £174.181m), as detailed in note 4.

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).

Other expenditure recognised due to the COVID-19 pandemic relates to donated Personal Protection Equipment (PPE) from the DHSC, this has been recognised as notional expenditure of £4.134m (2021/22: £6.908m) in note 3. This cost has been funded by the notional income detailed in note 2.1.

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
- 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

Measurement
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.

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 held at depreciated replacement cost and 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

Property, Plant and Equipment assets 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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.

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 1.10). 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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.

Right of use 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.

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.

If there has been an impairment loss on assets in the course of construction for the Estates and major IT projects (Hive EPR) they will be written down to their recoverable amount. All other IT assets in the course of construction will be reviewed for imparirment at such time as they are brought into use.

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 17), 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.

Note 2.1 and Note 10.1 details the £0.683m of donated / granted equipment from DHSC and NHSE for COVID response in 2021/22- there have been no such donations in 2022/23. The majority of this equipment is ventilators for use in the Trust.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 Leases is effective across the public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards

On initial application the Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by The Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT.

Notes to the Accounts - 1. Accounting Policies (Continued)

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 The Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value.

These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee.

When this transfer does not occur, leases are classified as operating leases.

1.16.1 The Trust as Lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Income.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate. Where there is a change in a lease term or an option to purchase the underlying asset the Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified the Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Notes to the Accounts - 1. Accounting Policies (Continued)

Where existing leases are modified the Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

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 current 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 current 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.

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 :-

a) Pharmacy inventories - these are valued at average cost, and

b) Inventories recorded and controlled via the Materials Management System, these are valued at current cost.

This is considered to be a reasonable approximation to net realisable value due to the high turnover of stocks.

Notes to the Accounts - 1. Accounting Policies (Continued)

In 2022/23 and 2021/22, the Trust received inventories including personal protective equipment (PPE) from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

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

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 HM Treasury.

In 2022/2023 the only such Discount Rate applicable to the Trust or the Group was 1.7% (2021/2022: minus 1.3%) 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) 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.

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 NHSR, 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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, fair value through profit or loss or fair value through other comprehensive income.

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. In the current financial year the interest revenue is minimal as HM Treasury are no longer paying interest on the funds held in the Government Bank Accounts where the majority of the Trust's cash is deposited.

Financial assets and financial liabilities at fair value through profit or 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

The Trust holds equity investments as financial assets measured at fair value through income and expenditure. 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 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.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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 19, in accordance with the requirements of the Treasury's Financial Reporting Manual (FReM).

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. The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

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, COVID 19 assets COVID 19 PDC, HIP2 Assets under construction, Healthier Together assetsand 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 33 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

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2022/23. These Standards are still subject to HM Treasury FreM adoption.

IFRS 17 Insurance Contracts - The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM, therefore early adoption is not permitted.

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified, as NHS organisations are awaiting the release of HM Treasury guidance on how the standard will be applied to PFI arrangements.

1.31 Accounting Standards Issued Which Have Been Adopted Early

No new accounting standards or revisions to existing standards have been early adopted in 2022/2023 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, and these statements meet the IFRS 8 requirements for operating segment disclosures.

1.33 Transfers of Functions to and From Other NHS Bodies: Transfers 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 from patient care activities

2.1 Income from patient care activities (by nature)

	Trust 2022/23 £000	Group 2022/23 £000	Trust 2021/22 £000	Group 2021/22 £000
Income from Patient Care Activities				
Block contract / system envelope income	1,786,889	1,786,889	1,710,636	1,710,636
High cost drugs income from commissioners	244,851	244,851	236,563	236,563
Other NHS clinical income	11,325	11,325	2,218	2,218
Community Services Income	172,575	172,575	164,438	164,438
Elective Recovery Funding (a)	50,760	50,760	13,434	13,434
Private Patient Income	2,295	2,295	3,313	3,313
Additional pension contribution (b)	57,856	57,856	53,631	53,631
Other Clinical Income (c)	7,803	7,803	6,325	6,325
Agenda for change pay offer central funding (d)	51,809	51,809	-	-
Total income from Patient Care Activities	**2,386,163**	**2,386,163**	**2,190,559**	**2,190,559**
Of which:				
Related to continuing operations	2,386,163	2,386,163	2,190,559	2,190,559
Other Operating Income				
Research and Development	69,755	69,755	75,219	75,219
Education and Training	90,363	90,363	83,367	83,367
Non-Patient Care Services to Other Bodies	37,286	37,286	45,421	45,421
Reimbursement and top up Funding (e)	5,646	5,646	7,403	7,403
Income in respect of employee benefits accounted on a gross basis	10,149	10,149	8,741	8,741
Notional Income from Apprentiship Levy	2,901	2,901	3,041	3,041
Receipt of capital grants and donations	3,023	2,439	5,994	3,178
Donated Equipment from DHSC for COVID response	-	-	683	683
Charitable and Other Contributions to Expenditure	665	665	448	448
Rental revenue from operating leases	1,794	1,794	1,752	1,752
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	4,134	4,134	6,933	6,933
Other Income (f)	38,745	38,745	43,304	43,304
Other - Charity	-	2,988	-	4,662
Total other operating income	**264,461**	**266,865**	**282,305**	**284,151**
Of which:				
Related to continuing operations	264,461	266,865	282,305	284,151

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 2022/23 amounted to £2.318 billion or 97% of Income from Activities (2021/2022: £2.127 billion and 97%). 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.

Explanatory Notes

(a) The Elective Recovery Fund was created for 2021/22 to support NHS providers in starting to address the backlog in elective care caused by the response required by the Covid 19 Pandemic.

(b) The Trust has been notified of funding to cover the 6.3% increased cost of the Employer Pensions Contribution. This is paid centrally by NHS England, for accounting purposes it is recognised as Income and Expenditure (see note 5) in the Trust accounts.

(c) This includes injury cost recovery scheme and overseas patient income.

(d) The Trust has been notified of funding to cover the estimated cost of the Agenda for Change pay offer. This is paid centrally by NHS England, for accounting purposes it is recognised as an accrual in the Trust accounts.

(e) The top-up funding was introduced to support the finance regime allocations in recognition of increased costs as a consequence of COVID-19. This principally related to the period 1st April 2020 to 30th September 2020. Subsequently the income reduced and related to the runnning costs of the Nightingale Northwest Hospital and the additional costs of the vaccination effort. The Nightingale Hospital closed and was decommisioned in April 2021

(f) Within Other Operating Income the following items are included in Other Income:

	2022/23 Trust	**2022/23 Group**	2021/22 Trust	2021/22 Group
Other Income	**£000**	**£000**	£000	£000
Other Income	27,272	27,272	33,036	33,036
Clinical Excellence Awards	4,110	4,110	5,162	5,162
Car Parking	2,796	2,796	1,595	1,595
Non-clinical services recharged to other bodies	508	508	161	161
Staff accommodation rental	196	196	87	87
Crèche Services	891	891	1,036	1,036
Clinical Tests	908	908	547	547
Catering	1,630	1,630	1,342	1,342
Pharmacy Sales	434	434	338	338
Total Other Income	**38,745**	**38,745**	43,304	43,304

2.2 Operating Lease Income

	Trust and Group 2022/23 £000	Trust and Group 2021/22 £000
Rents recognised as income during the period	**1,794**	1,752
Total	**1,794**	1,752
Future minimum lease payments due		
not later than one year	**1,419**	1,762
later than one year and not later than five years	**3,065**	3,636
later than five years	**3,277**	6,220
Total	**7,761**	11,618

2.3 Income from patient care activities (by source)

Income from patient care activities received from:	**Trust 2022/23 £000**	**Group 2022/23 £000**	Trust 2021/22 £000	Group 2021/22 £000
NHS England	1,026,271	1,026,271	885,484	885,484
Clinical commissioning groups/ Integrated care boards	1,303,004	1,303,004	1,253,519	1,253,519
Other NHS providers	6,763	6,763	2,216	2,216
Local authorities	35,465	35,465	39,700	39,700
Non-NHS: private patients	2,295	2,295	3,313	3,313
Non-NHS: overseas patients (chargeable to patient)	1,460	1,460	1,699	1,699
Injury cost recovery scheme	6,345	6,345	4,626	4,626
Non NHS: other	4,560	4,560	2	2
Total income from activities	**2,386,163**	**2,386,163**	**2,190,559**	**2,190,559**

2.4 Overseas visitors (relating to patients charged directly by the provider)

	2022/23 £000	2021/22 £000
Income recognised this year	1,460	1,699
Cash payments received in-year	732	309
Amounts added to provision for impairment of receivables	259	126
Amounts written off in-year*	689	1,803

* Write-offs have been undertaken following extensive debt collection exercises and review of the probability of recovery. Overseas tariff guidance is followed, whereby CCGs/ICBs underwrite 50% of the invoice value (75% of standard tariff).

2.5 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	35,918	21,145

2.6 Revenue not recognised this year

Revenue from contracts entered into as at the period end expected to be recognised:	**31 March 2023**	31 March 2022
	£000	£000
- within one year	40,139	47,330
- after one year not later than five years	13,255	4,150
- after five years		
Total revenue allocated to remaining performance obligations	53,393	51,480

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	Trust 2022/23 £000	Group 2022/23 £000	Trust 2021/22 £000	Group 2021/22 £000
Purchase of healthcare from NHS and DHSC bodies	36,107	36,107	46,048	46,048
Purchase of healthcare from non-NHS and non-DHSC bodies	29,352	29,352	30,337	30,337
Staff and executive directors costs (a)	1,600,327	1,600,327	1,429,228	1,429,228
Remuneration of non-executive directors	229	229	231	231
Supplies and services - clinical (excluding drugs	250,530	250,530	227,985	227,985
Supplies and services - general	11,878	11,878	13,693	13,693
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response (b)	4,134	4,134	7,070	7,070
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	268,629	268,629	252,526	252,526
Consultancy costs	233	233	3,299	3,299
Establishment	19,375	19,375	18,526	18,526
authorities	7,859	7,859	7,885	7,885
Premises	42,500	42,500	49,012	49,012
Transport (business travel only)	6,012	6,012	3,342	3,342
Transport (including patient travel)	6,085	6,085	4,215	4,215
Depreciation on property, plant and equipment	53,388	53,395	35,101	35,108
Amortisation on intangible assets	1,521	1,521	805	805
Net impairments	69,281	69,281	91,430	91,430
Increase in provision for impairment of receivables	1,361	1,361	2,458	2,458
Change in provisions discount rate(s)	(1,871)	(1,871)	276	276
Fees payable to the external auditor (c)				
audit services- statutory audit	140	140	102	102
Charitable fund audit	-	18	-	11
Internal audit costs - non-staff	349	349	33	33
Clinical negligence	53,076	53,076	54,240	54,240
Legal fees	841	841	1,334	1,334
Insurance	1,150	1,150	792	792
Research and development - staff costs	36,566	36,566	32,725	32,725
Research and development - non-staff costs	32,653	32,653	41,112	41,112
Education and training - non-staff costs	8,436	8,436	9,805	9,805
Education and training - notional expenditure funded from Apprenticeship Levy	2,901	2,901	3,041	3,041
Rentals under operating leases	7,574	7,574	17,479	17,479
Redundancy - non-staff costs	-	-	508	508
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	69,251	69,251	66,932	66,932
Car parking & security	4,530	4,530	1,950	1,950
Hospitality	34	34	17	17
Other NHS charitable fund resources expended	-	5,331	-	4,387
Other (d)	48,556	48,556	50,809	50,809
Total	**2,672,987**	**2,678,343**	**2,504,345**	**2,508,750**
Of which:				
Related to continuing operations	2,672,987	2,678,325	2,504,345	2,508,750
Related to discontinued operations	-	-	-	-

(a) Further details for pay expenditure is included in Note 4.

(b) This is expenditure is for the personal Protective Equipment which the Trust has received directly from DHSC during the financial year to be used during the COVID pandemic. The cost of this has been funded as detailed in note 2.1 which provides details of the income to pay for this cost.

(c) 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.

(d) In 2022/23 Other costs include £7.4m licence fees and £11.5m professional fees. In 2021/22 Other costs included £7.4m general provisions and £7.9m professional fees.

Losses and special payments are reported in the expenditure categories to which they relate. These are also reported in Note 33, Losses and Special Payments.

4 Employee benefits (Trust and Group)

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	1,186,359	1,078,162
Social security costs	116,090	100,980
Apprenticeship levy	5,281	4,753
Employer's contributions to NHS pensions	186,992	174,181
Pension cost - other	-	-
Temporary staff (including agency)	148,260	109,166
Total gross staff costs	**1,642,982**	**1,467,242**
Of which		
Costs capitalised as part of assets	6,089	5,289

This note does not include the remuneration for non-executive directors.

4.1 Retirements due to ill-health (Group)

During 2022/23 there were 13 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £1,287k (£558k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

5 Audit arrangements

5.1 Other auditor remuneration (Trust and Group)

Mazars LLP are the appointed external auditors for the Trust and the Group. Mazars LLP contract commenced on the 1st December 2022, on a 2 year contract with the option to extend for a 12 month period.

In 2022/2023, there were no services provided by the external auditors, Mazars LLP, other than the statutory audit for the Trust's Annual Accounts and the Charity Accounts.

The cost of auditing the Annual Accounts is shown under the heading of 'Fees payable to the external auditor audit services- statutory audit' in Note 3. This charge detailed in Note 3 is inclusive of VAT.

5.2 Limitation on auditor's liability (Trust and Group)

There is no limitation on the auditor's liability for the audit of the Trust's or Charitable funds annual accounts.

6 Finance income

Finance income represents interest received on assets and investments in the period.

	Trust 2022/23 £000	Group 2022/23 £000	Trust 2021/22 £000	Group 2021/22 £000
Interest on bank accounts	4,623	4,623	154	154
Interest income on finance leases	50	50	-	-
NHS charitable fund investment income	-	836	-	525
Total finance income	**4,673**	**5,509**	**154**	**679**

7 Finance expenditure (Trust and Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23 £000	2021/22 £000
7.1 Interest expense:		
Loans from the Department of Health and	2,899	3,077
Other loans	31	20
Interest on lease obligations	1,396	-
Interest on late payment of commercial debt	-	1
Main finance costs on PFI schemes obligations	17,292	18,109
Contingent finance costs on PFI scheme obligations	25,122	19,574
Total interest expense	**46,740**	**40,781**
Unwinding of discount on provisions	(128)	(63)
Total finance costs	**46,612**	**40,718**

The interest on lease obligations listed above were recognised from 1 April 2022 as a result of the Trust's adoption of IFRS 16. In line with the standard we have not retrospectively adjusted the prior year comparatives and therefore there are no relevant comparison values disclosed. For further details on the adoption of IFRS 16 see Note 1.16.

7.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Trust and Group)

	2022/23 £000	2021/22 £000
Total liability accruing in year under this legislation as a result of late payments	-	1
Amounts included within interest payable arising from claims made under this legislation	-	1

8.1 Impairment of assets (Trust and Group)

	2022/23 £000	2021/22 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	69,281	91,430
Total net impairments charged to operating surplus / deficit	**69,281**	**91,430**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**69,281**	**91,430**

8.2 Other gains or losses (Trust and Group)

	2022/23 £000	2021/22 £000
Gain on disposals of assets held for sale	795	0
Fair value losses on financial assets and investments	(12)	(628)
Total other gains / (losses)	**783**	**(628)**

9.1 Intangible assets - 2022/23

Trust and Group	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	**23,956**	**1,361**	**11,973**	**37,291**
Additions	1,106	-	1,544	**2,650**
Impairments	-	-	(1,651)	**(1,651)**
Reclassifications	6,105	-	(10,322)	**(4,217)**
Valuation / gross cost at 31 March 2023	**31,167**	**1,361**	**1,544**	**34,073**
Amortisation at 1 April 2022 - brought forward	**19,823**	**1,361**	**-**	**21,184**
Provided during the year	1,521	-	-	**1,521**
Amortisation at 31 March 2023	**21,344**	**1,361**	**-**	**22,705**
Net book value at 31 March 2023	9,823	-	1,544	11,368
Net book value at 1 April 2022	4,133	-	11,973	16,107

9.2 Intangible assets - 2021/22

Trust and Group	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2021 - brought forward	**22,239**	**1,361**	**1,444**	**25,044**
Additions	1,717	-	24,923	**26,640**
Impairments	-	-	(17,785)	**(17,785)**
Reclassifications	-	-	3,391	**3,391**
Valuation / gross cost at 31 March 2022	**23,956**	**1,361**	**11,973**	**37,291**
Amortisation at 1 April 2021 - as previously stated	**19,018**	**1,361**	**-**	**20,379**
Provided during the year	805	-	-	**805**
Amortisation at 31 March 2022	**19,823**	**1,361**	**-**	**21,184**
Net book value at 31 March 2022	4,133	-	11,973	16,107
Net book value at 1 April 2021	3,221	-	1,444	4,665

10.1 Property, plant and equipment

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	Trust	Trust	Trust	Trust	Trust	Trust	Trust	Charity	Group
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**19,876**	**625,773**	**60,727**	**326,903**	**917**	**74,753**	**20,636**	**127**	**1,129,712**
Transfers by absorption	-	-	(5,717)	-	-	854	-	-	**(4,863)**
Additions	-	8,208	101,098	12,436	-	29,274	-	-	**151,016**
Impairments	-	(79,697)	-	(2,554)	-	(29,130)	(229)	-	**(111,610)**
Reversals of impairments	-	43,980	-	-	-	-	-	-	**43,980**
Revaluations	-	46,302	-	-	-	-	-	-	**46,302**
Reclassifications	-	79,697	(104,610)	(76)	-	28,984	-	-	**3,995**
Valuation/gross cost at 31 March 2023	**19,876**	**724,263**	**51,498**	**336,709**	**917**	**104,735**	**20,407**	**127**	**1,258,532**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**258,274**	**717**	**52,192**	**19,766**	**70**	**331,019**
Transfers by absorption	-	-	-	-	-	598	-	-	**598**
Provided during the year	-	19,682	-	14,567	22	8,423	161	7	**42,862**
Revaluations	-	(19,682)	-	-	-	-	-	-	**(19,682)**
Reclassifications				(76)		(146)			**(222)**
Accumulated depreciation at 31 March 2023	**-**	**-**	**-**	**272,765**	**739**	**61,067**	**19,927**	**77**	**354,575**
Net book value at 31 March 2023	**19,876**	**724,263**	**51,498**	**63,944**	**178**	**43,668**	**481**	**50**	**903,957**
Net book value at 1 April 2022	**19,876**	**625,773**	**60,727**	**68,629**	**200**	**22,561**	**871**	**57**	**798,693**
Net book value at 31 March 2023									
Owned - purchased	19,821	332,030	51,498	58,629	178	43,357	389	50	**505,951**
On-SoFP PFI contracts and other service concession arrangements	-	380,671	-	-	-	-	-	-	**380,671**
Owned - donated/granted	55	11,562	-	4,009	-	311	92	-	**16,029**
Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	-	-	-	1,306	-	-	-	-	**1,306**
NBV total at 31 March 2023	**19,876**	**724,263**	**51,498**	**63,944**	**178**	**43,668**	**481**	**50**	**903,957**

10.2 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	8,487	-	-	-	-	-	-	**8,487**
Not subject to an operating lease	19,876	715,776	51,498	63,944	178	43,668	481	50	**895,470**
NBV total at 31 March 2023	**19,876**	**724,263**	**51,498**	**63,944**	**178**	**43,668**	**481**	**50**	**903,957**

The Trust's Land and Buildings were revalued using a desktop revaluation by the District Valuer during 2022/23. The above figures are as per the valuation dated 31 March 2023 which applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2017 ('Red Book').

Of the £744m net book value of land and buildings subject to valuation, £724m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets.

During 2022/23, the Trust received IT assets via a transfer by absorption totalling £0.9m with a NBV of £0.3m. These assets were transferred from Northern Care Alliance NHS Foundation Trust. There was no consideration paid for these assets. In 2022/23 the Trust also transferred assets valued at £5.7m to other NHS trusts for Nil consideration.

£111.6m of impairment losses have been recognised. £29.1m relates to assets under construction where the capital expenditure incurred is not deemed to result in an increase in the service potential and therefore accounting carrying value of the asset. £79.7m relates to buildings where the capital expenditure incurred is not deemed to result in an increase in the service potential and therefore carrying value of the building. A reversal of impairment losses previously recognised in expenditure totalling £44.0m has been recognised on those assets that have been increased in value following the revaluation by the District Value as at March 2023.

The majority of the 2022/23 additions included as information technology assets above relate to the 2022/23 implementation of the Epic Electronic Patient Record system across the Trust as part of the development known as the Hive project. This has delivered a modern patient electronic record system for all parts of the Trust. While this system will deliver significant benefits to the Trust in the form of cost savings and patient experience and safety improvements, it is not a commercial investment proposition and as a result the value in use of the system is significantly less than the costs incurred to deliver it. Consequently an impairment loss of £29.1m has been recognised in 2022/23 (£19.4m of which relates to the Hive project). Nevertheless the project will deliver an overall positive cash impact and improvements in patient safety and experience over its life.

10.3 Property, plant and equipment

Group	Land Trust £000	Buildings excluding dwellings Trust £000	Assets under construction Trust £000	Plant & machinery Trust £000	Transport equipment Trust £000	Information technology Trust £000	Furniture & fittings Trust £000	Charitable fund PPE assets Charity £000	Total Group £000
Valuation / gross cost at 1 April 2021 - as previously stated	**16,563**	**511,460**	**53,849**	**265,271**	**512**	**59,834**	**19,615**	**127**	**927,231**
Transfers by absorption	5,976	58,860	(3,809)	43,360	191	3,227	758	-	**108,563**
Additions	-	1,841	128,446	20,363	214	14,919	263	-	**166,046**
Impairments	(875)	(103,071)	-	(2,091)	-	(11,297)	-	-	**(117,334)**
Reversals of impairments	-	43,689	-	-	-	-	-	-	**43,689**
Revaluations	512	9,923	-	-	-	-	-	-	**10,435**
Alignment of accounting policies following transfer by absorption	-	-	-	-	-	(3,227)	-	-	**(3,227)**
Reclassifications	-	103,071	(117,759)	-	-	11,297	-	-	**(3,391)**
Transfers to assets held for sale	(2,300)	-	-	-	-	-	-	-	**(2,300)**
Valuation/gross cost at 31 March 2022	**19,876**	**625,773**	**60,727**	**326,903**	**917**	**74,753**	**20,636**	**127**	**1,129,712**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**30**	**-**	**218,070**	**511**	**47,086**	**19,013**	**63**	**284,773**
Transfers by absorption	-	-	-	28,545	186	1,387	539	-	**30,657**
Provided during the year	-	18,102	-	11,659	20	5,106	214	7	**35,108**
Revaluations	-	(18,132)	-	-	-	-	-	-	**(18,132)**
Alignment of accounting policies following transfer by absorption	-	-	-	-	-	(1,387)	-	-	**(1,387)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**-**	**258,274**	**717**	**52,192**	**19,766**	**70**	**331,019**
Net book value at 31 March 2022	19,876	625,773	60,727	68,629	200	22,561	871	57	798,693
Net book value at 1 April 2021	16,563	511,430	53,849	47,201	1	12,748	602	64	642,458
Net book value at 31 March 2022									
Owned - purchased	19,806	279,496	60,727	61,514	200	22,250	753	57	**444,802**
On-SoFP PFI contracts and other service	-	336,017	-	-	-	-	-	-	**336,017**
Owned - donated/granted	70	10,260	-	5,539	-	311	118	-	**16,298**
Owned - equipment donated from DHSC and NHSE for COVID response	-	-	-	1,576	-	-	-	-	**1,576**
NBV total at 31 March 2022	**19,876**	**625,773**	**60,727**	**68,629**	**200**	**22,561**	**871**	**57**	**798,693**

The Trust's Land and Buildings were revalued by the District Valuer during 2021/22. The above figures are as per the valuation dated 31 March 2022 which applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2017 ('Red Book').

Of the £646m net book value of land and buildings subject to valuation, £626m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets.

During 2021/22, the Trust received land and building assets via a transfer by absorption totalling £81.7m. These assets were transferred from Pennine Acute Healthcare NHS Trust. There was no consideration paid for these assets.The Trust also transferred assets valued at £3.8m to other NHS trusts for Nil consideration.

£117m of impairment losses have been recognised. £103m relates to buildings where the capital expenditure incurred is not deemed to result in an increase in the service potential and therefore accounting carrying value of the building. A reversal of impairment losses previously recognised in expenditure totalling £44m has been recognised on those assets that have increased in value following the revaluation by the District Valuer as at March 2022.

11.1 Right of use assets - 2022/23

Group & Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**
IFRS 16 implementation - adjustments for existing operating leases / subleases at 1/4/22 (date of adoption of IFRS 16)	135,388	6,603	63	**142,054**	52,297
Additions	5,001	20,065	76	**25,142**	-
Valuation/gross cost at 31 March 2023	**140,389**	**26,668**	**139**	**167,196**	**52,297**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	**-**	-
Provided during the year	7,569	2,924	40	**10,533**	2,347
Accumulated depreciation at 31 March 2023	**7,569**	**2,924**	**40**	**10,533**	**2,347**
Net book value at 31 March 2023	**132,820**	**23,744**	**99**	**156,663**	**49,950**

Net book value of right of use assets leased from other NHS providers	20
Net book value of right of use assets leased from other DHSC group bodies	49,930

12 Leases - Manchester University NHS

This note details information about leases for which the Trust is a lessee.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

12.1 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 22.

	Group 2022/23 £000	Trust 2022/23 £000
Carrying value at 31 March 2022	**-**	**-**
IFRS 16 implementation - adjustment for existing operating leases	142,054	142,054
Lease additions	25,142	25,142
Lease payments (cash outflows)	(11,356)	(11,356)
Interest charge arising in year	1,396	1,396
Carrying value at 31 March 2023	**157,236**	**157,236**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 12.2. Cash outflows in respect of leases recognised on SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets is £1.8m and is included within revenue from operating leases in note 2.1.

-

12.2 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	11,644	2,571	11,644	2,571
- later than one year and not later than five years;	39,508	10,047	39,508	10,047
- later than five years.	125,444	43,723	125,444	43,723
Total gross future lease payments	**176,596**	**56,341**	**176,596**	**56,341**
Finance charges allocated to future periods	(19,360)	(6,186)	(19,360)	(6,186)
Net lease liabilities at 31 March 2023	**157,236**	**50,155**	**157,236**	**50,155**
Of which:				
Leased from other NHS providers		20	-	20
Leased from other DHSC group bodies		50,135	-	50,135

12.3 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	Group 2021/22 £000	Trust 2021/22 £000
Operating lease expense		
Minimum lease payments	17,479	17,479
Contingent rents	-	-
Less sublease payments received	-	-
Total	**17,479**	**17,479**

	31 March 2022 £000	31 March 2022 £000
Future minimum lease payments due:		
- not later than one year;	14,405	14,405
- later than one year and not later than five years;	23,966	23,966
- later than five years.	33,506	33,506
Total	**71,878**	**71,878**
Future minimum sublease payments to be received	-	

12.4 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.16.

Where an implicit rate could not be readily determined, lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

The impact to the Trust SoCI in 2022/23 caused by implementing IFRS16 was an increase in depreciation of £10.5m, increase in interest charges of £1.4m, and a reduction in operating lease costs of £11.4m giving a net charge of £0.5m.

12.5 Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	Group 1 April 2022 £000	Trust 1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022 - minimum future lease payments	**71,878**	**71,878**
Impact of discounting at the incremental borrowing rate		
IAS 17 operating lease commitment discounted at incremental borrowing rate	**64,646**	**64,646**
Less:		
Commitments for short term leases	(1,041)	**(1,041)**
Commitments for leases of low value assets	(5,227)	**(5,227)**
Other adjustments:		**-**
Differences in the assessment of the lease term	84,151	**84,151**
Other adjustments	(475)	**(475)**
Total lease liabilities under IFRS 16 as at 1 April 2022	**142,054**	**142,054**

13 Economic Life of Non-Current Assets (Trust and Group)

Economic Life of Non-Current Assets	2022/23 Minimum Life Years	2022/23 Maximum Life Years	2021/22 Minimum Life Years	2021/22 Maximum Life Years
	Trust and Group	Trust and Group	Trust and Group	Trust and Group
Purchased, Donated or Granted				
Software	**3**	**15**	5	14
Development expenditure	**3**	**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.

14 Other investments / financial assets (non-current)

	Trust 2022/23 £000	Group 2022/23 £000	Trust 2021/22 £000	Group 2021/22 £000
Carrying value at 1 April - brought forward	**870**	**25,415**	**1,498**	**23,800**
Acquisitions in year	**-**	**-**	**-**	1,803
Movement in fair value through income and expenditure	(12)	(12)	(628)	(628)
Movement in fair value through OCI	**-**	(1,649)	**-**	440
Disposals	**-**	-	**-**	-
Carrying value at 31 March 2023 (2022/23)/ 31 March 2022 (2021/22)	**858**	**23,754**	**870**	**25,415**

The Trust reviews all investments on a regular basis to ensure the fair value is reported in the Statement of Financial Position.

15 Non-current assets held for sale and assets in disposal groups (Trust and Group)

	2022/23 Land £000	2022/23 Buildings £000	2022/23 Total £000	2021/22 Total £000
Net Book Value at 1st April	**2,435**	**75**	**2,510**	**210**
Assets sold in year	(2,300)	-	(2,300)	-
Assets classified as available for sale in year	-	-	-	2,300
Net Book Value at 31st March	**135**	**75**	**210**	**2,510**

During 2022/23 the Trust sold the Stretford Memorial Hospital site for £3,095k that was classifed as held for sale in 2021/22. As at 31 March 2023 the Trust and Group held one asset held for sale valued at £210k. The asset is land and buildings held in Manchester.

16 Inventories (Trust and Group)

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £4,134k of items purchased by DHSC (2021/22: £6,908k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above and are included in the table below in the column marked *.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

31 March 2023

	Drugs	Consumables	Consumables donated from DHSC group bodies*	Energy	Total
	£000	£000	£000	£000	£000
Carrying Value as at 1 April 2022	**6,211**	**15,025**	**0**	**573**	**21,809**
Additions	**225,137**	**36,134**	**4,134**	**1,984**	**267,389**
Inventories Consumed (Recognised in Expenses)	**(223,151)**	**(34,740)**	**(4,134)**	**(1,799)**	**(263,824)**
Carrying Value at 31st March 2023	**8,197**	**16,419**	**0**	**758**	**25,374**

31 March 2022

	Drugs	Consumables	Consumables donated from DHSC group bodies*	Energy	Total
	£000	£000	£000	£000	£000
Carrying Value as at 1 April 2021	7,715	13,799	0	378	21,892
Transfer by absorption	0	722	162	52	936
Additions	225,989	31,006	6,908	913	264,816
Inventories Consumed (Recognised in Expenses)	(227,493)	(30,502)	(7,070)	(770)	(265,835)
Carrying Value at 31st March 2022	6,211	15,025	0	573	21,809

17 Receivables

	Trust	Group	Trust	Group
	31 March 2023	**31 March 2023**	31 March 2022	31 March 2022
	£000	**£000**	£000	£000
Current				
Contract receivables - invoiced	39,003	39,003	38,810	38,810
Contract Receivables - not yet invoiced	93,334	93,334	30,199	30,199
Capital receivables	-	-	-	-
Allowance for impaired contract receivables / assets	(10,598)	(10,598)	(10,814)	(10,814)
Prepayments (non-PFI)	31,075	31,075	17,754	17,754
VAT receivable	4,509	4,509	12,387	12,387
Other receivables	70	70	43	43
NHS charitable funds receivables	-	19	-	192
Total current receivables	**157,393**	**157,412**	**88,379**	**88,571**
Non-current				
Contract Receivables - not yet invoiced	17,655	17,655	15,941	15,941
Allowance for impaired contract receivables / assets	(4,327)	(4,327)	(3,653)	(3,653)
Finance Lease Receivable	558	558	528	528
NHS charitable funds receivables	-	-	-	8
Clinician pension tax debtor (a)	3,429	3,429	2,841	2,841
Total non-current receivables	**17,315**	**17,315**	**15,657**	**15,665**
Of which receivable from NHS and DHSC group bodies:				
Current	92,511	92,511	26,500	26,500
Non-current	3,429	3,429	2,841	2,841

(a) This debtor has been created following guidance received from NHSI for future cost for tax on clinicians' pensions. This is to be funded by NHS England and has a matching provision included in note 24.

18 Allowances for credit losses (Trust and Group)

	2022/23	2021/22
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 Apr	**14,467**	**13,649**
Transfers by absorption	-	578
New allowances arising	-	3,622
Changes in existing allowances	1,361	(1,164)
Utilisation of allowances (write offs)	(903)	(2,218)
Allowances as at 31 March 2023 (2022/23) and 31 March 2022 (2021/22)	**14,925**	**14,467**

19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Trust 2022/23 £000	**Group 2022/23 £000**	Trust 2021/22 £000	Group 2021/22 £000
At 1 April	**365,013**	**317,100**	**317,100**	**271,199**
Transfers by absorption	-	-	6,311	6,311
Net change in year	(78,169)	(80,830)	41,602	39,590
At 31 March 2023 (2022/23) and 31 March 2022 (2021/22)	**286,844**	**236,270**	**365,013**	**317,100**
Broken down into:				
Cash at commercial banks and in hand	264	1,811	530	4,738
Cash with the Government Banking Service	240,679	240,679	318,582	318,582
Total cash and cash equivalents as in SoFP and SoCF	**240,943**	**242,490**	**319,112**	**323,320**

Third Party Assets of £45k were held by the Trust as at 31 March 2023 (£47k held by the Trust as at 31 March 2022). These are excluded from the Trust's Cash and Cash Equivalents figures disclosed above.

20 Trade and other payables

	Trust 31 March 2023 £000	**Group 31 March 2023 £000**	Trust 31 March 2022 £000	Group 31 March 2022 £000
Current				
Trade payables	81,854	81,854	31,651	31,651
Capital payables	34,281	34,281	43,000	43,000
Accruals	293,660	293,660	250,513	250,513
Social security costs	15,713	15,713	15,077	15,077
VAT payables	-	-	266	266
Other taxes payable	15,890	15,890	13,932	13,932
PDC dividend payable	1,879	1,879	325	325
Pension contributions payable	18,126	18,126	17,291	17,291
Other payables	12,722	12,722	10,794	10,794
NHS charitable funds: trade and other payables		268		77
Total current trade and other payables	**474,125**	**474,393**	**382,849**	**382,926**
Total non-current trade and other payables	**-**	**-**	**-**	**-**
Of which payables from NHS and DHSC group bodies:				
Current	32,168	32,168	33,574	33,574

21 Other liabilities

	Trust 2023 £000	**Group 2023 £000**	Trust 2022 £000	Group 2022 £000
Current				
Deferred income: contract liabilities	51,880	51,880	59,360	59,360
NHS charitable funds: other liabilities	-	2,404	-	3,327
Total other current liabilities	**51,880**	**54,284**	**59,360**	**62,687**
Non-current				
Deferred income: contract liabilities	2,804	2,804	2,386	2,386
Total other non-current liabilities	**2,804**	**2,804**	**2,386**	**2,386**

22 Borrowings

	Trust 31 March 2023 £000	Group 31 March 2023 £000	Trust 31 March 2022 £000	Group 31 March 2022 £000
Current				
Loans from DHSC	11,274	11,274	8,826	8,826
Other Loans	736	736	678	678
Lease liabilities	11,525	11,525	-	-
Obligations under PFI service concession contracts (excl. lifecycle)	13,165	13,165	14,497	14,497
Total current borrowings	**36,700**	**36,700**	**24,001**	**24,001**
Non-current				
Loans from DHSC	85,115	85,115	93,307	93,307
Other loans	3,008	3,008	3,748	3,748
Lease liabilities	145,711	145,711	-	-
Obligations under PFI service concession contracts (excl. lifecycle)	261,474	261,474	274,639	274,639
Total non-current borrowings	**495,308**	**495,308**	**371,694**	**371,694**

The lease liabilities listed above were recognised on 1 April 2022 as a result of the Trust's adoption of IFRS 16, further details are set out in Note 23 below. In line with the standard we have not retrospectively adjusted the prior year comparatives and therefore there are no relevant comparisons. For further details on the adoption of IFRS 16 see Note 1.16.

23 Reconciliation of liabilities arising from financing activities (Trust and Group)

2022/23	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI schemes £000	Total £000
Carrying value at 1 April 2022	**102,133**	**4,426**	**-**	**289,136**	**395,695**
Cash movements:					
Financing cash flows - payments and receipts of principal	(5,691)	(682)	(9,960)	(14,497)	**(30,830)**
Financing cash flows - payments of interest	(2,952)	(31)	(1,396)	(17,292)	**(21,671)**
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022	-	-	142,054	-	**142,054**
Additions	-	-	25,142	-	**25,142**
Application of effective interest rate	2,899	31	1,396	17,292	**21,618**
Carrying value at 31 March 2023	**96,389**	**3,744**		**274,639**	**532,008**

2021/22	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI schemes £000	Total £000
Carrying value at 1 April 2021	**92,676**	**1,149**	**-**	**301,413**	**395,238**
Cash movements:					
Financing cash flows - payments and receipts of principal	(5,691)	(637)	0	(12,284)	**(18,612)**
Financing cash flows - payments of interest	(3,102)	(37)	0	(18,109)	**(21,248)**
Non-cash movements:					
Transfers by absorption	15,173	3,939	0	-	**19,112**
Application of effective interest rate	3,077	20	0	18,109	**21,206**
Other changes	-	(8)	0	7	**(1)**
Carrying value at 31 March 2022	**102,133**	**4,426**	**-**	**289,136**	**395,695**

24 Provisions for liabilities and charges (Trust and Group)

	Current	Non-Current	Current	Non-Current
	31 March 2023	**31 March 2023**	31 March 2022	31 March 2022
	£000	**£000**	£000	£000
Pensions- Early departure costs	514	3,656	533	4,651
Pensions- Injury benefits	219	3,141	222	4,432
Other Legal Claims	2,166	-	2,610	0
Restructurings	2,815	-	5,454	745
Clinical Pensions Tax Reimbursement	70	3,429	43	2,841
Other	23,492	1,197	43,774	1,234
Totals	**29,276**	**11,423**	**52,636**	**13,903**

24.1 Provisions for liabilities and charges analysis

2022/23	**Pensions: early departure costs**	**Pensions: injury benefits**	**Legal claims**	**Re-structuring**	**Clinician pension tax reimbursement**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2022	**5,184**	**4,654**	**2,610**	**6,199**	**2,884**	**45,008**	**66,539**
Transfers by absorption	-	-	-	-	-	-	**-**
Change in the discount rate	(708)	(1,163)	-	-	(3,078)	-	**(4,949)**
Arising during the year	384	200	185	1,200	3,661	12,989	**18,619**
Utilised during the year	(518)	(222)	(362)	(252)	(38)	(15,663)	**(17,055)**
Reversed unused	(105)	(48)	(267)	(4,332)	-	(17,645)	**(22,397)**
Unwinding of discount	(67)	(61)	-	-	70	-	**(58)**
At 31 March 2023	**4,170**	**3,360**	**2,166**	**2,815**	**3,499**	**24,689**	**40,699**
Expected timing of cash flows:							
- not later than one year;	514	219	2,166	2,815	70	23,492	**29,276**
- later than one year and not later than five years;	1,922	840	-	-	210	1,197	**4,169**
- later than five years.	1,734	2,301	-	-	3,219	-	**7,254**
Total	**4,170**	**3,360**	**2,166**	**2,815**	**3,499**	**24,689**	**40,699**

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 estimated 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.

Clinician Pension Tax Reimbursement - This relates to the cost incurred to Clinicians for the tax element due to changes relating to Pensions. This is to be funded centrally by NHS England and is anticipated to crystallise from 2022/23 and future years. There is an equivalent receivable included in Note 19.

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. 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.

25 Clinical negligence liabilities

At 31 March 2023, £847.3k was included in provisions of NHS Resolution in respect of clinical negligence liabilities (31 March 2022: £1,287,413k).

26 Contingent liabilities

The Trust also has a contingent liability of £367k (£383k at 31 March 2022) which represents amounts in respect of claims managed by NHS Resolution, and locally managed employment tribunal cases.

27 Revaluation Reserve

	31 March 2023 Trust and Group	31 March 2022 Trust and Group
	£000	£000
Revaluation Reserve at the beginning of the year	**97,411**	63,492
Transfer by absorption	**0**	5,352
Net Impairments	**0**	0
Revaluations	**65,984**	28,567
Other reserve movements	**1**	0
Revaluation Reserve at the end of the period	**163,396**	97,411

During 2022/23, a desktop valuation was completed by the District Valuer with a valuation date of 31st March 2023.

28 Related party Transactions (Trust and Group)

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.

The Chief Executive is a board member for Health Innovation Manchester.

The Group Chairman is a member of the General Assembly for the University of Manchester, one of the Non-Executive directors is the Deputy President and Deputy Vice-Chancellor and a Non-Executive Director is an Independent Co-opted member.

A Group Non-Executive Director is a Governor at the University of Salford

The values relating to the above information are not material transactions.

28.1 Related party Transactions (Trust and Group) cont.

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 values of the Debtors and Creditors as at the 31st March 2023 and the 2022/23 Income and Expenditure transactions are provided in the table below:-

Name of Organisation	Debtor	Creditor	Income	Expenditure
	£'000	£'000	£'000	£'000
University of Manchester	0	4,549	8,678	19,106
Manchester Academic Health Science Centre	0	0	0	0
University of Salford	0	20	84	326

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:
On 1 July 2022, integrated care systems (ICSs) became legally established through the Health and Care Act 2022, and CCGs were closed down therefore, all entities have been listed below:

Department of Health and Social Care
NHS England - including Core, North West Commissioning Hub and Greater Manchester Local Office
NHS Greater Manchester Integrated Care Board
NHS Bolton CCG
NHS Bury CCG
NHS Heywood, Middleton And Rochdale CCG
NHS Oldham CCG
NHS Salford CCG
NHS Stockport CCG
NHS Tameside And Glossop CCG
NHS Trafford CCG
NHS Wigan Borough CCG
NHS Cheshire and Merseyside Integrated Care Board
NHS Eastern Cheshire CCG
Health Education England
NHS Resolution
Greater Manchester Mental Health NHS FT
Salford Royal NHS FT
The Christie NHS FT
UK Health Security Agency (formerly Public Health England)
Manchester Health and Care Commissioning
Greater Manchester Health and Social Care Partnership

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).

29 Contractual capital commitments

Commitments under Capital Expenditure contracts at 31 March 2023 for the Trust and the Group total £26.196m (31 March 2022 £33.755m) of which £25.625m relates to Property, Plant and Equipment (31 March 2022 £26.098m) and £0.571m relates to Intangible Assets (31 March 2022 £7.657m). All these commitments are expected to be settled within the next 12 month period.

30 Finance Lease Obligations

Neither the Trust nor the Group had any obligations under Finance Leases in the year to 31 March 2023 (Nil in the year to 31 March 2022).

31 On-SoFP PFI service concession arrangements

31.1 On-SoFP PFI service concession arrangement obligations

The predecessor Trusts entered into two PFI 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.

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.

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position (note that prior year figures have been re-presented to include contingent rent):

	Trust	**Group**	Trust	Group
	31 March 2023 £000	**31 March 2023 £000**	31 March 2022 £000	31 March 2022 £000
Gross PFI service concession liabilities	**471,828**	**471,828**	**503,617**	**503,617**
Of which liabilities are due				
- not later than one year;	29,504	29,504	31,795	31,795
- later than one year and not later than five years;	90,954	90,954	98,331	98,331
- later than five years.	351,370	351,370	373,491	373,491
Finance charges allocated to future periods	(197,189)	(197,189)	(214,481)	(214,481)
Net PFI service concession arrangement obligation	**274,639**	**274,639**	**289,136**	**289,136**
- not later than one year;	13,165	13,165	14,497	14,497
- later than one year and not later than five years;	31,770	31,770	36,936	36,936
- later than five years.	229,704	229,704	237,703	237,703

31 On-SoFP PFI service concession arrangements (cont.)

31.2 Total on-SoFP PFI service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Trust	Group	Trust	Group
	31 March 2023 £000	31 March 2023 £000	31 March 2022 £000	31 March 2022 £000
Total future payments committed in respect of the PFI service concession arrangements	**3,282,828**	**3,282,828**	**3,054,160**	**3,054,160**
Of which payments are due:				
- not later than one year;	147,293	147,293	129,403	129,403
- later than one year and not later than five years;	622,796	622,796	529,061	529,061
- later than five years.	2,512,739	2,512,739	2,395,696	2,395,696

31.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Trust 2022/23 £000	Group 2022/23 £000	Trust 2021/22 £000	Group 2021/22 £000
Unitary payment payable to service concession operator	**134,269**	**134,269**	**128,186**	**128,186**
Consisting of:				
- Interest charge	17,292	17,292	18,109	18,109
- Repayment of balance sheet obligation	14,497	14,497	12,284	12,284
- Service element and other charges to operating expenditure	69,251	69,251	66,932	66,932
- Capital lifecycle maintenance	8,107	8,107	11,287	11,287
- Revenue lifecycle maintenance	-	-	-	-
- Contingent rent	25,122	25,122	19,574	19,574
Total amount paid to service concession operator	**134,269**	**134,269**	**128,186**	**128,186**

32 Financial instruments

32.1 Financial risk management

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. 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 Independent 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 2023 is within Receivables from customers, as disclosed in the Trade and Other Receivables Note to these Accounts (Note 14). 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.

32.2 Carrying values of financial assets (Trust and Group)

Carrying values of financial assets as at 31 March 2023

	Held at amortised cost	Held at fair value through profit and loss	Held at fair value through profit and loss	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	138,566	-	-	**138,566**
Other investments / financial assets	-	858	-	**858**
Cash and cash equivalents	240,943	-	-	**240,943**
Consolidated NHS Charitable fund financial assets	1,566	-	22,896	**24,462**
Total at 31 March 2023	**381,075**	**858**	**22,896**	**404,829**

Carrying values of financial assets as at 31 March 2022

	Held at amortised cost	Held at fair value through profit and loss	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	73,367	-	-	**73,367**
Other investments / financial assets	-	870	-	**870**
Cash and cash equivalents	319,112	-	-	**319,112**
Consolidated NHS Charitable fund financial assets	4,400	-	24,545	**28,945**
Total at 31 March 2022	**396,879**	**870**	**24,545**	**422,294**

32.3 Carrying values of financial liabilities (Trust and Group)

Carrying values of financial liabilities as at 31 March 2023

	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	**96,389**
Obligations under PFI service concessions	**274,639**
Obligations under leases	**157,236**
Other borrowings	**3,744**
Trade and other payables excluding non financial liabilities	**440,643**
Provisions under contract	**33,169**
Other financial liabilities	**-**
Consolidated NHS charitable fund financial liabilities	**-**
Total at 31 March 2023	**1,005,820**

Carrying values of financial liabilities as at 31 March 2022

	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	**102,133**
Obligations under PFI service concessions	**289,136**
Other borrowings	**4,426**
Trade and other payables excluding non financial liabilities	**353,249**
Provisions under contract	**56,701**
Consolidated NHS charitable fund financial liabilities	**-**
Total at 31 March 2022	**805,645**

32.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Trust	Group	Trust	Group
	31 March 2023	31 March 2023	31 March 2022	31 March 2022
	£000	£000	£000	£000
In one year or less	524,177	524,177	448,932	448,932
In more than one year but not more than five years	177,344	177,344	150,024	150,024
In more than five years	537,082	537,082	443,413	443,413
Total	**1,238,603**	**1,238,603**	**1,042,369**	**1,042,369**

33 Losses and special payments

Group and trust	2022/23 Total number of cases Number	2022/23 Total value of cases £000	2021/22 Total number of cases (Represented) Number	2021/22 Total value of cases (Represented) £000
Losses				
Theft	-	-	-	-
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	651	904	867	2,448
Stores losses and damage to property	12	454	12	62
Total losses	**663**	**1,358**	**879**	**2,510**
Special payments				
Compensation under court order or legally binding arbitration award	2	15	4	44
Extra-contractual payments	-	-	-	-
Ex-gratia payments	54	134	109	58
Special severance payments	1	2	3	124
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**57**	**152**	**116**	**226**
Total losses and special payments	**720**	**1,509**	**995**	**2,736**
Compensation payments received		-		-

Losses and Special Payments are reported on an accruals basis, excluding provisions for future losses.

There are no transactions above £300k during 2022/23 (2021/22: 1 transaction re: bad debts)

34 Taxpayers' and Others' Equity

34.1 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 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-ended 31st March 2023 the Trust has received £63.1m comprising £35.3m Buildings, £7.5m Medical Equipment and £20.3m IT (2021/22 £84.4m comprising £55.6m Buildings, £6.8m Medical Equipment and £22m IT Schemes).

As outlined at Note 1.27 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".

34.2 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.

34.3 Income and Expenditure Reserve

The Income and Expenditure Reserve represents the accumulation of all surpluses and deficits made by the Trust since its inception.

34.4 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.

35 Prior period adjustments

There have been no prior period adjustments.

36 Events after the reporting date

On the 2nd May 2023 the NHS Staff Council accepted the pay offer made by the government to Agenda for Change staff in England. DHSC informed NHS bodies of the estimated cost of the 2022/23 pay element and this amount was accrued as income and pay cost of £51.8m for the Trust. The cash payment was received on the 15th June 2023.

37 Consolidation of Charitable Funds - Reconciliation of Charity Accounts to Consolidation Figures - Statement of Financial Activities / Statement of Comprehensive Income

	Per Charity Accounts 2022/2023	**Consolidation Consistency Adjustments year to 31st March 2023**	**Figures Used in Consolidated Accounts 2022/23**	Re-presented Per Charity Accounts 2021/22	Re-presented Consolidation Consistency Adjustments year to 31st March 2022	Re-presented Figures Used in Consolidated Accounts year to 31st March 2022
	Total Funds £000	**Total Funds £000**	**Total Funds £000**	Total Funds £000	Total Funds £000	Total Funds £000
Income From:						
Donations and Legacies	**2,988**	**0**	**2,988**	**4,661**	0	**4,661**
Investments	**836**	**0**	**836**	**527**	0	**527**
Total	**3,824**	**0**	**3,824**	5,188	0	5,188
Expenditure on:						
Raising funds	**2,490**	**0**	**2,490**	**2,158**	**0**	**2,158**
Charitable activities	**2,538**	**912**	**3,450**	**4,033**	**1,030**	**5,063**
Total	**5,028**	**912**	**5,940**	6,191	1,030	7,221
Net (loss)/gain on investments	**(1,649)**	**0**	**(1,649)**	**440**	**0**	**440**
Net income/(expenditure)	**(2,853)**	**(912)**	**(3,765)**	(563)	(1,030)	(1,593)
Transfer to Greater Manchester Mental Health Charity			**0**			**0**
Transfer from Wythenshawe Charity to MFT Charity			**0**			**0**
Net movement in funds	**(2,853)**	**(912)**	**(3,765)**	**(563)**	**(1,030)**	**(1,593)**
Total Funds Brought Forward	**19,049**	**0**	**0**	**19,612**	**0**	**0**
Total Funds Carried Forward	**16,196**	**0**	**(3,765)**	19,049	**0**	**(1,593)**

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 31 and 32.

The Charity no longer differentiates between Oxford Road Campus (ORC) and Wythenshawe and operates as a single Manchester Foundation Trust Charity. Following a review of all fund restrictions applied to Wythenshawe funds, those funds with the definition of being designated have been moved to unrestricted and the presentation of the comparative figures for 2021/22 have been re-presented to reflect this

38 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	Re-presented Per Charity Accounts	Re-presented Consolidation Consistency Adjustments	Re-presented Figures Used in Consolidated Accounts
	31st March 2023	**31st March 2023**	**31st March 2023**	31st March 2022	31st March 2022	31st March 2022
	£000	**£000**	**£000**	£000	£000	£000
Fixed Assets						
Tangible Assets	**50**	**0**	**50**	**58**	**0**	**58**
Investments	**22,899**	**0**	**22,899**	**24,549**	**0**	**24,549**
Debtors				**0**	**0**	**0**
Total Fixed Assets	**22,949**	**0**	**22,949**	24,607	0	24,607
Current Assets						
Debtors	**19**	**0**	**19**	**200**	**0**	**200**
Cash at Bank and in Hand	**1,547**	**0**	**1,547**	**4,207**	**0**	**4,207**
Total Current Assets	**1,566**	**0**	**1,566**	4,407	0	4,407
Current Liabilities						
Creditors Falling Due Within One Year	**(8,145)**	**5,474**	**(2,671)**	**(9,591)**	**6,187**	**(3,404)**
Net Current Assets	**(6,579)**	**5,474**	**(1,105)**	(5,184)	6,187	1,003
Total Assets less Current Liabilities	**16,370**	**5,474**	**21,844**	19,423	6,187	25,610
Non - Current Liabilities						
Provision for Liabilities and Charges	**(174)**	**174**	**0**	**(374)**	**374**	**0**
Total Net Assets	**16,196**	**5,648**	**21,844**	19,049	6,561	25,610
Funds of the Charity						
Restricted Income Funds	**9,623**	**5,648**	**15,271**	**10,001**	**6,561**	**16,562**
Unrestricted Income Funds	**6,003**	**0**	**6,003**	**689**	**0**	**689**
Revaluation Reserve	**570**	**0**	**570**	**8,359**	**0**	**8,359**
Total Charity Funds	**16,196**	**5,648**	**21,844**	19,049	6,561	25,610

The re-presentation of 2021/22 comparative values is explained in note 36.