

Manchester University NHS Foundation Trust

Annual Report and Accounts

1st April 2023 to 31st March 2024

Manchester University NHS Foundation Trust
Annual Report and Summary Accounts –
1st April 2023 to 31st March 2024

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Introduction from the Group Chairman

Each year, when I write this introduction, I think back to the previous 12 months and reflect on the challenges we faced, and what we have achieved. Every year I am amazed by all that has been accomplished.

In April 2023, we knew we had a challenging year ahead of us. Our waiting list for those requiring treatment, including operations and diagnostic tests, were too long as a result of the backlog of care which built up during the Covid pandemic. We were seeing ever-increasing numbers attending our Accident and Emergency Departments. And we knew that our financial position would be extremely challenging with significant savings required in order for us to breakeven at the end of the year.

However, we also knew that we were fortunate to have more than 28000 people working for us who would do their best for the people we serve, ensuring that we would provide the best possible care and that we would make the best use of the resources available to us. Our staff are our strongest asset and we are very proud of, and grateful for, their continued knowledge, expertise and professionalism.

As you will see in this annual report, not only have we have continued to delivery high quality care and made significant inroads into our waiting lists, and we managed within the current challenging financial situation being felt across the NHS. You will also read about some of our highlights of the year, including the work of the MFT Charity which can only achieve what it does through the generosity of donors who provided £5.7m to the Charity this year.

I look forward to what lies ahead in 2024/25 with optimism. Many challenges remain but the last year has shown what we can achieve when we share the same values and ambition, and work together to make a positive difference to the lives of local people.

Introduction from Chief Executive

I joined Manchester University NHS Foundation Trust (MFT) in April 2023, excited to lead an organisation of this size and scale, and with so many opportunities to improve the health of people in Manchester, Greater Manchester, and beyond. Whilst there have been challenges throughout the year, I am very proud of the way we have maintained our focus on what is important – providing timely, high quality care to all those in need of the services we provide.

We know that when we are able to quickly assess, and start treatment for, patients who require emergency care, it improves their experience and their outcomes. In 2023/24, we saw a 10.5% improvement in the number of patients that have been seen and treated in our emergency departments within four hours. This improvement is against a backdrop of a 9% increase in attendances when compared to the previous year.

With a clear focus throughout the year on clinical prioritisation and improving efficiency, we have reduced the number of people on our waiting list by 17,000. We have also significantly reduced the number of patients waiting longer than 78 weeks, and then 65 weeks, throughout the year. This was despite seeing an increase in referrals in a number of specialties and the need to reschedule a further 25,000 appointments due to industrial action. There has been a further reduction in the number of cancer patients waiting for treatment. Further information about our operational performance can be found in the Performance section of this report.

The financial context in which we operate has been challenging during 2023/24 but we have made progress and fully delivered a very significant efficiency programme. This has been delivered with all of the necessary safeguards for the quality and safety of our services and has meant that we have 'lived within our means' over the year. All the detail of our budget, and what it has been spent on, can be found in our annual accounts at the end of this annual report.

The past year has been a significant period of stabilisation and improvement since the deployment of Hive, our single electronic patient record, across all our hospitals and managed clinical services. A software implementation of this scale will always present some teething problems but there has been a huge amount of progress made, and we are leading the way on several initiatives which will allow us to realising the full potential of Hive. Over 400,000 patients are now signed up to the MyMFT app which enables them to access elements of their patient record and have more control over their care.

We have seen continued progress in our research and innovation activity over the last 12 months, with an impressive series of pioneering studies and infrastructure developments. An example of one such development is our new HealthTech Research Centre (HRC) in Emergency and Acute Care. Our colleagues at the HRC will develop innovative technology support for urgent and emergency care patients, benefitting patients locally, and nationally. More detail of our work in this field can be found in the Research and Innovation section of this report.

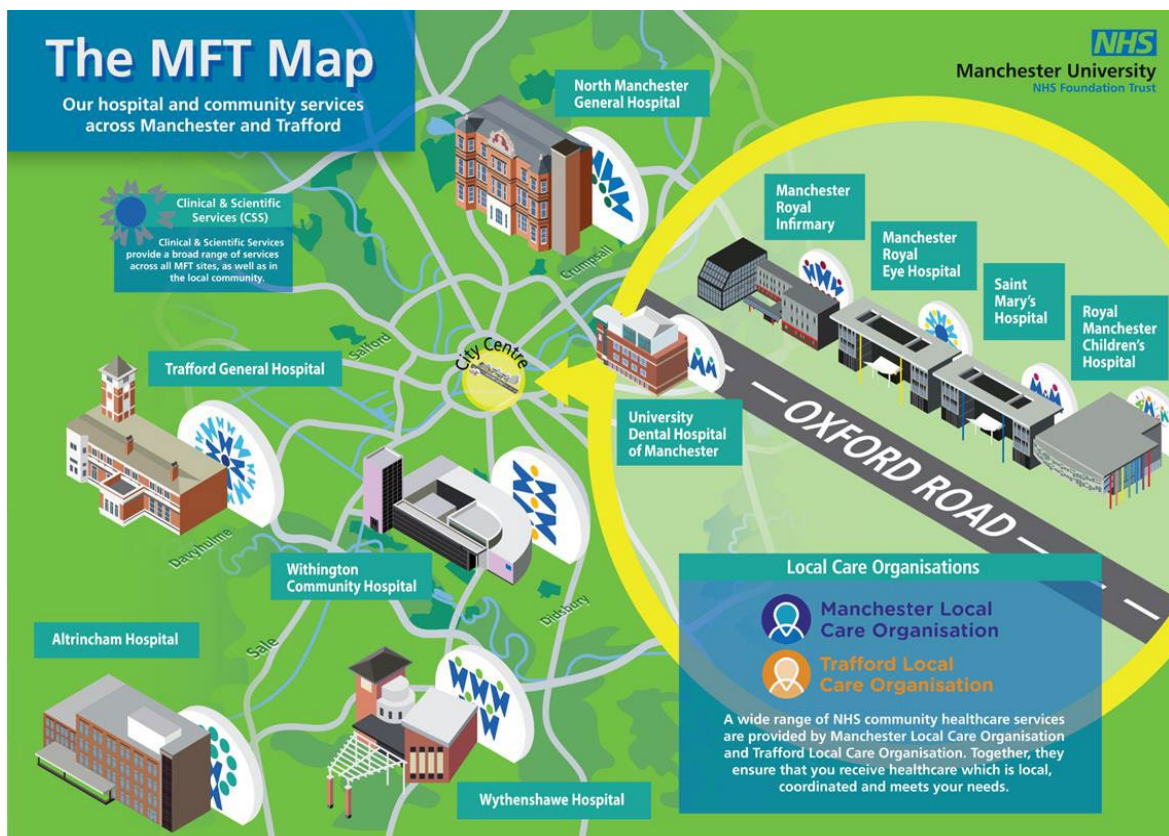
We can only provide the right care and experience for our patients by giving our staff the support they need to do their job to the best of their abilities and by taking steps to improve the workplace environment. We have continued to build our staff health and wellbeing offer and this year we saw a significant increase in our NHS Staff Survey response rate with nearly 40% of our workforce sharing their views on how we can give them the support they need and deserve. We also saw improvements in a number of key indicators within the survey feedback. While there is yet more we can do, the feedback was encouraging and we will use this to inform our work to make MFT the employer of choice for those wishing to begin or continue a career in the NHS.

Finally, I'd like to pay tribute to all our staff who have worked so hard throughout the year. Every one of you, no matter what your role, has contributed to what we have achieved. On a daily basis, I continue to be amazed by the care you provide and the dedication you show.

Introduction to MFT

Manchester University NHS Foundation Trust was created in 2017 to ensure that people in Manchester and Trafford receive the same high standard of care regardless of where they are treated. Whilst our organisation is still relatively young, our hospitals and services have been working to improve the health of people in Greater Manchester and beyond for over 200 years.

Today, our organisation is made up of 10 hospitals and 2 Local Care Organisations delivering the full range of hospital and community services. These range from local care provided in people's homes, hospital services like accident and emergency and outpatient care, mental health services for young people, through to major surgery or highly specialised medicine. We provide care for people before they are born right through to the end of their lives. Our size and the breadth of our services gives us a unique opportunity to provide high quality, integrated care, offer varied and rewarding career and training opportunities and deliver world-class research and innovation.



We provide local hospital and integrated community care to around 850,000 people in Greater Manchester, mostly from Manchester and Trafford, and are the biggest provider of specialised services in England. Many of our services are the largest in the country – some are the largest in Europe – with people coming from across the United Kingdom to receive care at our hospitals.



We are one of the largest acute trusts in the UK With over 28,000 staff and a yearly budget of more than £2.6 billion. We have an important role in the education and training of healthcare professionals including:

- 800 medical students
- 6,400 student nurses, midwives and allied health professionals (such as physiotherapists)
- 1,200 doctors in training

MFT is the leading trust for research in the North West of England, recruiting more people to research studies than any other provider in the region, with the second highest number of participants recruited nationally.

Our services are delivered through the following management units:

Royal Manchester Children’s Hospital (RMCH) - RMCH is a specialist children’s hospital and provides general, specialised and highly specialist services for children and young people across the whole of MFT.

Saint Mary’s Managed Clinical Service (SMMCS) – SMMCS is a specialist women’s

hospital as well as being a comprehensive Genomics Centre and provides general and specialist medical services for women, babies and children across MFT.

Manchester Royal Eye Hospital (MREH) – MREH is a specialist eye hospital and provides inpatient and outpatient ophthalmic services across MFT.

University Dental Hospital of Manchester (UDHM) – UDHM is a specialist dental hospital and provides dental services across MFT.

Manchester Royal Infirmary (MRI) – MRI is an acute teaching hospital and provides general and specialist services including vascular, major trauma, kidney and pancreas transplant, haematology, cardiac services and sickle cell disease.

Wythenshawe, Trafford, Withington and Altrincham (WTWA) Hospitals – Wythenshawe is an acute teaching hospital and provides specialist services including cardiac services, heart and lung transplantation, respiratory conditions, breast care services. Trafford Hospital is home to the Manchester Elective Orthopaedic Centre as well as specialist rehabilitation services. Withington and Altrincham hospitals principally provide out-patients services.

North Manchester General Hospital (NMGH) - NMGH provides a full range of general hospital services to its local population and is the base for the region's specialist infection disease unit.

Clinical and Scientific Services (CSS) – CSS provides laboratory medicine, imaging, allied health professional services, critical care, anaesthesia and perioperative medicine and pharmacy across MFT.

Manchester Local Care Organisation (MLCO) – MLCO provides Manchester's NHS Community Health and Adult Social Care services.

Trafford Local Care Organisation (TLCO) - TLCO provides Trafford's NHS Community Health and Adult Social Care services.

Research and Innovation (R&I) – R&I with patients, universities, industry and others take the best new ideas from cutting-edge science, and use them to create new tests and treatments that benefit patients more quickly

We work with partners in the wider health and care system, across the NHS, Local Authorities and the voluntary, charitable and social enterprise sector as part of the Greater Manchester Integrated Care Partnership.

- Manchester and Trafford Local Care Organisations provide NHS and adult social care to local people, in partnership with Local Authority colleagues.
- We work closely with local NHS and VCSE colleagues as part of locality boards in

Manchester and Trafford, as well as with other Greater Manchester Localities.

- We are part of the Greater Manchester Trust Provider Collaborative which brings together providers from across the city-region.
- We have strong relationships with our university partners, working together on research and education.
- Our size and scale allows us to proudly host organisations such as
 - Health Innovation Manchester
 - The Manchester National Institute for Health Research (NIHR) Biomedical Research Centre and Clinical Research Facility
 - The North West Genomic Laboratory Hub and Genomic Medicine Service Alliance
- We work with partners in industry on research, innovation and local development, for example through our CityLabs developments.

Our local communities

Whilst we provide services to people from all over England, the majority of people using our services come from Greater Manchester, particularly Manchester and Trafford. Greater Manchester is a vibrant and diverse place. Over the years it has led the world in social, cultural, technological and industrial revolutions. Today, it has a thriving local economy with higher growth and employment than England as a whole. But it is also a place of significant inequality, with some of the most deprived areas in the country and health outcomes that are worse than the England average.

In Manchester:

- Estimated 569k people live in Manchester in 2023 – growth of 13% since the 2011 census. 615k people expected to live in Manchester by 2043.
- Life expectancy at birth of 75.6 (10 year variation depending on the ward you live in).
- Young population but aging; >50% increase in over 65s by 2043.
- 51% of residents are from Black, Asian or other non-white British ethnic groups.
- Healthy life expectancy of 61.2 / 59.7 (M/F)
- 48,555 children living in relative poverty
- 122 small areas in the most deprived 10% of areas nationally. 0 in the least deprived 10%.
- 43.3% of year 6 children living with overweight or obesity
- 1 in 10 people diagnosed with hypertension

- 6.6% people diagnosed with diabetes

In Trafford:

- The population has grown by 3.7% between 2011 and 2021. Much of that growth has come in the older age groups.
- Life expectancy at birth of 80 (10 year variation depending on the ward you live in)
- 13% of >65s live alone.
- Most population are white (77.8%), down from 85.5% in 2021.
- Healthy life expectancy of 66.3 / 66.9 (M/F)
- 7 small areas in the most deprived 10% of areas nationally. 31% of small areas are in the least deprived.
- 32.5% of year 6 children living with overweight or obesity
- 14 out of 100 people diagnosed with hypertension (range 7.5% to 20% by GP practice)
- 6.7% people diagnosed with diabetes

Highlights of 2023/24

Below is a selection of some of the highlights from the past year.

In May 2023:

To mark International Nurses Day, we celebrated the story of Joanne Timperley, a paediatric oncology and haematology matron at RMCH. At aged 26, Joanne was diagnosed with hearing loss, but this has never impacted her ability to deliver the best possible care for her patients and their families. Her passion for nursing has never wavered and she is proud that advancements in treatment has resulted in more patients surviving and living better adult lives. [Read the full story here.](#)

The next phase of 'Project Red', MFT's ambitious £40million pound transformation of MRI's Emergency Department, was launched.

Over 450 colleagues from across MFT took to the streets of Manchester as part of the annual "Blue Wave" in the Great Manchester Run helping to raise money for Manchester Foundation Trust Charity.

Sarah Hennessey, Specialist Nurse in Chronic Cough, won the silver award for 'Respiratory Nurse of the Year' at the prestigious British Journal of Nursing Awards.

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

The Primary Care Heart Failure Project was crowned the winner of the 'Most Impactful Project Addressing Health Inequalities' at the HSJ Partnership Awards 2023.

In June 2023:

Andrew Potts, a retired police officer from Denton, shared his journey after being diagnosed with lung cancer. He received a letter inviting him to visit one of our Targeted Lung Health Check mobile units outside his local supermarket. The mobile units are produced with Macmillan Cancer Improvement Partnership and is an NHS England project to help make health care as accessible as possible for patients' benefit. [Read the full story here.](#)

Victoria Prentis, the Attorney General, visited Saint Mary's Sexual Assault Referral Centre to see the new-world class facilities that is offered to survivors of rape and sexual assault. It offers aftercare services, both forensic and counselling based to those affected, and

dedicated Independent Sexual Violence Advisors are on hand to support victims through the justice process. [Read the full story here.](#)

In July 2023

This year we commemorated the 75th birthday of the NHS. As Trafford General is the birthplace of the service, we celebrated in a number of ways:

- BBC Radio Manchester broadcast their Breakfast show live from Trafford General and was given a tour by Professor Bill Stephens, one of our former consultants who knows the extensive history of the hospital. [Listen here.](#)
- Alma Engstrom was the first baby born at MFT on the 75th anniversary. She came to the world at 1:45am on Wednesday 5 July and was born at Wythenshawe Hospital. [Read the full story here.](#)
- Caitlin Kirwan, a pharmacy assistant at the hospital, shared how she joined our trust thanks to a supported internship, a programme designed to help people with learning difficulties to find work. Caitlin, who was actually born at Trafford General, has a condition called global learning delay, which means that she must learn at her own pace, and has praised the support she has received from her co-workers. [Read the full story here.](#)
- MFT sites were lit up in blue, and Chairman, Kathy Cowell, raised the Union flag and the NHS flags in celebration of NHS75.
- Two frontline colleagues were nominated to attend a celebratory reception at Number 10 Downing Street. Laura Kelly, an ECMO Lead Nurse at Wythenshawe Hospital's Cardiothoracic Critical Care Unit, attended on behalf of MFT.
- Manchester Cathedral held a service of thanksgiving on Saturday 8th July. Reverend Rogers Govender, Dean of Manchester extended an invitation to MFT colleagues. The Whitworth gallery showcased LS Lowry's famous Ancoats Hospital Outpatients' painting to mark NHS 75. Chairman Kathy Cowell officially opened the exhibition.

Lime Arts, MFT's multi award-winning arts and health organisation, celebrated its 50th anniversary with a Manchester Cultural Partnership Award for its Create+ programme. Since 1973 Lime Arts has ensured patients and staff are at the heart of compassionate creative projects, drawing on the rich cultural legacy of arts in health in Manchester. Later in the year, the Lime Art Create+ programme won the 'Best Health & Wellbeing Initiative' award at the Manchester Culture Awards. The awards profile the fantastic arts, cultural and creative activities across Manchester.

Grace Henderson, Veterans Integrated Hospital Care Programme Manager, was shortlisted for the Outstanding Achiever of the Year award at this year's British Ex-Forces in Business Awards. This category recognises an outstanding business achievement from somebody who used to serve in the forces.

In August 2023:

Kathy Cowell, our Chairman, met with The Pankhurst Centre, based on Oxford Road, for the annual handing over of the 'sash' rent. The centre was the birthplace of the Suffragette movement which campaigned to win women the same voting rights as men and went on to change history. The ceremony symbolises the yearly rent paid by the Pankhurst Trust to their landlord, in the form of a handmade sash. [Read the full story here.](#)

An innovative genetic test, developed by MFT's researchers, that can help prevent newborn babies from going deaf if treated with a common antibiotic, is now being used in routine clinical practice in maternity settings across MFT. It's estimated that 1,700 babies a year will be tested, and so far, has prevented the hearing loss of six babies in Greater Manchester.

Professor Stephen Playfor, Consultant at MFT, was recognised by the Greater Manchester Health and Care Champions Awards for his dedication to delivering and developing high quality services for critically ill children, commitment to his patients and colleagues and his research into critical care – which ultimately led to saving children's lives across the country.

In September 2023:

To mark Organ Donation Week, we shared the story of two brothers, Joe and Sean Roe and the UK Living Kidney Sharing Scheme. Sean is a former rugby player and was sadly diagnosed with kidney failure back in 2015. His brother Joe was not a direct match, so he donated his kidney to the sharing scheme instead, meaning that Sean moved up on the transplant list. They underwent their operations in rooms next door to each other at Manchester Royal Infirmary and have praised the top-level care they received. [Read the full story here.](#)

In 25th September we celebrated a significant step forward in the redevelopment of North Manchester General Hospital by opening our brand new 980 space multi-storey carpark and cycle hub. The carpark and cycle hub are part of the enabling works to support the [North Manchester General Hospital redevelopment project](#). [Read the full story here.](#)

September 2023 marked one year since MFT's Trust-wide electronic patient record (EPR) system, Hive, went live. Although there were some expected challenges in Hive's first year, the new EPR had a positive impact in its first 12 months – with huge strides taken in the

areas of patient safety and experience, internal connectivity, efficiencies and more. To reflect on Hive's first year, we launched our [Hive Insights and Benefits report for 2022/23](#), which provided a glimpse into MFT's EPR journey and highlighted some of the key activities that took place.

In October 2023:

Rosie Naylor became a hospital nurse after receiving treatment at RMCH six years ago. Rosie spent 12 months in hospital and spent six months in a wheelchair undergoing tests and treatments for an undiagnosed condition. Her family were supported by Ronald McDonald House and have spoken about how much this helped them during such a difficult time. Rosie is now in her final year studying to be a nurse at University of Salford and is training in the hospital which cared for her. [Read the full story here.](#)

In November 2023:

Ollie Hart shared his story about the lifesaving care given to him by Royal Manchester Children's Hospital after he suffered some of the worst burns staff had ever seen. He featured in national news where his family described the amazing care they received and Sam McNally, Consultant Burns Surgeon, explained the complexity of the incredible work her and her colleagues did. Ollie's recovery has gone so well that he is back to playing football and living his life as he did before. [Read the full story here.](#)

The Long Service awards took place to celebrate long standing colleagues. In 2023, we celebrated the dedication of colleagues marking milestones for 20, 30 and 40 years of service. Events were held across all sites for 281 colleagues with 6,750 years of combined NHS service.

Babies with a rare and fatal genetic condition 'Wolman disease' now receive life-saving treatment on the NHS thanks to MFT's clinical research. The world-first trials took place at the NIHR Manchester Clinical Research Facility at Royal Manchester Children Hospital, in collaboration with the Manchester Centre for Genomic Medicine at Saint Mary's Hospital.

Patrick Vundule, Sexual Health Nurse, and Narinder Saini, Lead Nurse, were invited to attend the King's Reception for International Nurses and Midwives at Buckingham Palace in November. The event was held to honour the hard work and commitment shown by international nurses across the UK.

As part of a new £42m government funding scheme, The National Institute for Health and Care Research (NIHR) awarded MFT just short of £3m to create the NIHR MFT HealthTech

Research Centre (MFT-HRC). This is one of 14 HRCs across England and will transform urgent and emergency care.

Our Trafford Elective Hub was granted accredited status by the Getting it Right First Time (GIRFT) scheme that recognises high performing elective hubs.

In December 2023:

Suzi and Joe Poulton “achieved their dream of starting a family” after using the Manchester Antenatal Vascular Service (MAViS) at Saint Mary’s Hospital. They praised our colleagues and the service following a heartbreaking five-year journey, having previously lost two babies. Our team helped Suzi to successfully give birth to baby Erin, who Suzi and Joe subsequently named after lead midwife Natalie Barry, giving Erin her the middle name Natalie. [Read the full story here.](#)

Saint Mary’s MCS reached over 1,100 expectant mothers involved in the GBS3 study, a global trial examining the efficacy of comprehensive Group B Streptococcus (GBS) testing for all pregnant women. Led by Mr Sachchidananda Maiti, Consultant Obstetrician, the study aims to reduce the risk of life-threatening infections in newborns.

Julie Mullings, Lead Nurse at Northenden Health Centre, was nominated for the Queen Elizabeth the Queen Mother Award for Outstanding Service for her passion and commitment. Plus, Julie was recognised at the Queen’s Nurse Institute Award Ceremony for her enduring impact on the nursing profession.

TV Icon Mr. Motivator teamed up with MFT to create a home exercise video to help improve the fitness of patients who’ve experienced heart failure. The programme will support patients to reach the fitness levels required to undergo a heart transplant. [Read more here.](#)

Dr Steven Rogers, Senior Clinical Vascular Scientist, has been appointed as Vice-President and President Elect of The Society for Vascular Technology of GB and Ireland. Passionate about research, Dr Rogers said: “I hope to use my new position to highlight the importance of research to our profession.”

In January 2024:

A pair of twins, dubbed ‘the miracle twins’ by Royal Manchester Children’s Hospital surgeons, celebrated the New Year five years on from their successful surgery having been born with a very rare condition. Evie and April Hardiker were born with Oesophageal Atresia with Tracheo-Oesophageal Fistula, a condition where the oesophagus (food pipe) is not connected to the stomach which can lead to serious complications. They were the smallest

twins with the condition ever operated on by our surgeons and have stayed in touch with staff ever since. [Read the full story here.](#)

Royal Manchester Children's Hospital's Neuromuscular Centre was awarded the Centre of Excellence by Muscular Dystrophy UK, for outstanding care and promoting best practices nationally.

Mandy Burns, Chief Executive of Institute of Health Records and Information Management (IHRIM), and Head of Patient Services at MFT, received the Royle Mansell award at the 75th Anniversary Celebration. Recognising her 35+ years of dedication to Health Information Management, the award highlights her outstanding contributions to the institute and healthcare professions.

In January we officially began delivering the Salford Contraception and Sexual Health Service following a successful tendering process. This vital service will help to tackle the increase of sexually transmitted infections in Salford and improve outcomes for young people.

In February 2024:

Olivia Hamer, one of the youngest Specialist Cardiac Physiologists at Wythenshawe Hospital's North-West Heart Centre, shared her career journey so far as part of National Apprenticeships Week. Olivia detailed her path from degree apprentice to where she is now and offered advice for others thinking of doing an apprenticeship. [Read the full story here.](#)

Waheeda Abbas, Lead Midwife at North West Genomic Medicine Service Alliance (hosted by MFT), received the national Chief Midwifery Award for her dedication to advancing genomics in midwifery which has transformed patient care.

Ngozi Edi-Osagie, Neonatologist at Saint Mary's Hospital, and Professor Simon Ray, Cardiologist at Wythenshawe, were appointed to National Clinical Director roles. As National Clinical Directors, they'll be ensuring that services are meeting the targets of the NHS Long Term Plan.

Recent groundbreaking research found that a single dose of the antibody, Nirsevimab could help cut hospital admissions for RSV (Respiratory Syncytial Virus) among babies by 83%. The study was led by Professor Clare Murray, Consultant in Respiratory Paediatrics at Royal Manchester Childrens Hospital, in collaboration with the Saint Mary's MCS. 77 babies took part in the study.

We announced our partnership with Sparkle, the national transgender and gender diverse charity, based in Manchester. As leading experts on transgender and gender diverse issues,

Sparkle will be a key partner for the Trust as we continue to enhance our understanding of issues faced within the LGBTQIA+ community, and how we can optimise the care we give to transgender and gender diverse colleagues and patients across our services.

The Trafford Elective Surgical Hub, based at Trafford General Hospital gained NHS England's Getting It Right First Time (GIRFT) accreditation for its high standards in clinical and operational practice. The Hub plays a key role in reducing waiting times and carries out around 250 procedures a week. The operations patients typically have there include hip and knee replacements, hernia repairs, as well as a range of gynaecological surgery, ear nose and throat surgery and more. [Read the full story here.](#)

In March 2024:

We launched the country's first specialist unit for patients in the North West living with a rare blood disease. The new Sickle Cell Unit, based at Manchester Royal Infirmary, is the first of its kind in the country and will support patients living with sickle cell disease in Greater Manchester, Lancashire and Cumbria. Kayna Baugh, a sickle cell patient, was interviewed for the piece, [read the full story here.](#)

MFT held its first ever Sustainability Conference. The event showcased the commitment the Trust's sustainability, and included a keynote speech by Dr Mahmood Bhutta, Professor of Sustainable Healthcare at Brighton and Sussex Medical School. Chairman, Kathy Cowell concluded by providing awards to teams participating in the [Green Impact programme.](#)

MFT achieved 'Bronze status' in LGBTQ+ inclusion through the Rainbow Badge Accreditation Scheme.

Our strategy and priorities

During 2023/24 we developed our new five-year strategy for MFT: *Where Excellence Meets Compassion*, with input from our colleagues, patient representatives, governors and external partners. The new strategy confirms our mission of:

Working together to improve the health and quality of life of our diverse community

It sets out our updated aims, the key challenges and opportunities facing us and the actions we plan to take over the coming years.

At the same time as developing our strategy we refreshed our MFT values to make them more meaningful, both in how we describe them and how we all demonstrate them in our actions. This was part a wider piece of work we are doing to change and improve the culture of our organisation.

This single strategy will help us to be clear with ourselves, our communities and our partners about what we are trying to achieve, the things on which we will focus and some of the ways that we will turn our values into action.

The new strategy was approved at the Board of Directors meeting on the 18th March 2024 and can be found at <https://mft.nhs.uk/trust-strategy-2024-29-where-excellence-meets-compassion/>



During 2023/24, the year covered by this Annual Report, the Trust's Strategic Aims for 2023/24 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 values underpin 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. For the 2023/24 financial year the values we were working to were:

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

These aims and values have underpinned our achievements in 2023/24 that are described in this report.

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 2023/2024, 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 wide range of clinical diseases, whilst supporting local and national priorities for life sciences, ensuring patients from around the world are benefitting from MFT's world-leading expertise.

Growing the GM R&I Infrastructure

MFT hosts one of the largest and diverse National Institute for Health and Care Research (NIHR) portfolios in the country, comprised of:

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

At the end of March 2024, Professor Ian Bruce, Director of Manchester BRC stood down from the role following a hugely successful seven years in post, including leading the BRC through two successful bids which has more than doubled the funding and increased the geographical reach and research themes. Professor Anne Barton, Honorary Consultant Rheumatologist at MFT, replaced Professor Bruce as Director of Manchester BRC on April 1 2024.

In November 2023 it was announced a new NIHR Research Delivery Network (RDN) will support the successful delivery of health and social care research in England. Under the new changes, 12 NIHR Regional Research Delivery Networks (RRDNs) will be established across England from October 1 2024.

MFT will host the North West Regional Research Delivery Network (NW RRDN) and as part of this transition, the existing NIHR Greater Manchester and North West Coast Local Clinical Research Networks will merge to form a single service covering the whole region, serving more than seven million people.

Under the new structure, the RRDN will serve the entire North West which presents an enormous opportunity as it will become the nation's biggest research network with a population larger than many European countries.

It was also announced in November 2023 that from April 1 2024, MFT will host the NIHR HealthTech Research Centre (HRC) in Emergency and Acute Care to develop innovative technology solutions for better diagnosis, treatment, and care for people across our region, transforming urgent and emergency care.

Following a successful bid in the summer of 2023, the award of £3m from the NIHR to create Manchester HRC will build on the success of our own MFT Diagnostics and Technology Accelerator (DiTA) and ensure that state-of-the-art technologies are assisting our clinicians to diagnose diseases earlier and ensure appropriate treatments are provided sooner to our patients from GM and beyond.

As with the Manchester BRC and Manchester CRF, Manchester HRC will be led by a leading MFT researcher – Dr Tim Felton, Honorary Consultant in Intensive Care and Respiratory Medicine.

MFT's varied hosted infrastructure enables closer working with partner NHS trusts and academic institutions, providing greater opportunities to involve more people from across GM, and beyond, in research and innovation. It allows closer working with wider areas of the GM infrastructure to ensure we are tackling the grand research and innovation challenges for our local communities, and national priorities, and positions GM as an international powerhouse for research and innovation.

All of the NIHR infrastructure hosted within Greater Manchester participates in the Manchester R&I Oversight Board, co-chaired by MFT's Group Chief Executive.

Research Overview

We aim to give as many people as possible 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, products, and procedures.

In 2023/2024:

- 19,614 participants were recruited to research studies
- 1,119 clinical studies were active during the whole or some of the year, with 253 new studies started in 2023/2024
- 491 Principal Investigators led research across MFT
- 1,394 colleagues were trained in Good Clinical Practice (training which equips staff to conduct trials safely and correctly)

In 2023/24 MFT was ranked:

- First for overall recruitment in Greater Manchester
- First for overall recruitment to commercial studies in Greater Manchester
- Eighth highest recruiter for all NHS acute trusts nationally
- Second highest recruiter to commercial studies for all acute trusts nationally

Work continues within our electronic patient record, Hive, to ensure we identify patients who would be eligible for our open research studies. In critical care, we are piloting an automatic notification to the research team when patients become eligible for a particular trial. This is necessary because entry to the trial is time sensitive, so quick notice improves the chances of recruitment in the timeframe rather than the patient missing the research opportunity.

R&I research participants are also making the most of the patient portal, MyMFT, with a high percentage of them signed up to receive their study documentation and results.

Equality, Diversity, and Inclusion (EDI) is essential for ensuring that R&I provides the answers for all our patients and communities. For MFT to be the best place to work in R&I, it is essential that we build a team with a variety of backgrounds, skills, and perspectives, 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 which exemplifies best practice regarding Equality, Diversity, Human Rights (EDHR) and Inclusion, and to recognising and challenging all forms of prejudice, including being an organisation which opposes racism.

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

Leading the world in research

Sight-saving research

MFT continues to lead the way in cutting-edge and world-first treatments and trials, ensuring our patients, participants, and communities are receiving the very latest in clinical advancements and innovations.



Barbara Johnson, from Stockport, was the first person in the world enrolled onto a research study delivered at Manchester Royal Eye Hospital that could help some of the millions of people worldwide living with glaucoma – a leading cause of irreversible blindness.

Barbara Johnson, first global participant for the MAGIC study (pictured)

According to the Royal College of Ophthalmologists more than 700,000 people in the UK have glaucoma, which is caused by high pressure inside the eye.

The ‘Multicentre Glaucoma Study Investigating Standalone Canaloplasty’ (MAGIC) study is evaluating a surgical treatment called canaloplasty which aims to expand the eye’s natural drainage channels to improve the flow of fluid from inside the eye and lower the eye pressure. Canaloplasty treatment may be able to reduce or stop eye drops, result in better eye pressure, require fewer hospital follow ups, and reduce the likelihood of sight loss.

“I recently became a great grandma for the first time, and of course I was really excited that I was able to see my new great grandson. It’s really important to me that I keep on top of my treatment for glaucoma as we can’t take our vision for granted. I want to be able to watch my grandchildren and great grandson grow up.”

Pioneering breast cancer study

A pioneering cancer research project launched in memory of Girl’s Aloud singer Sarah Harding, recruited its first participants at Nightingale Centre at Wythenshawe Hospital.

First woman takes part in Sarah Harding breast cancer research trial

Comment



Robert Oliver

Friday 25 Aug 2023 5:40 pm



A cancer research project started in memory of late **Girls Aloud** singer **Sarah Harding** officially has its first trialist, with work now under way.

The British singer, born in Berkshire and raised in Greater Manchester, died in September 2021 aged 39 **after being diagnosed with breast cancer**.

The BCAN-RAY (Breast Cancer Risk Assessment in Young Women) has been set up following Sarah's dying wish to find new ways to spot the signs of the disease earlier and stop it cutting lives like hers short.

The study is recruiting 1,000 women aged between 30 and 39 years old. 250 will be women who have been diagnosed with breast cancer, with no family history of the disease. They will be studied alongside 750 women in the same age group who have not had breast cancer, and who also have no family history of the disease.

Catherine Craven-Howe (pictured), first participant in the BCAN-RAY study

BCAN-RAY will be one of the first research studies in the world to identify new ways to predict the risk of younger women getting breast cancer.

"Although I don't have breast cancer and I don't have a history of it in my family, I know just how important clinical trials and research are. I hope my participation will help devise a simple test to detect the likelihood of breast cancer for young women like me in the future".

Protecting babies from deadly infection

More than 1,100 pregnant women at Saint Mary's Managed Clinical Service at North Manchester General Hospital (NMGH) took part in a rapid beside test to protect newborns from life-threatening illnesses which can be passed onto babies during birth.

Group B Streptococcus (GBS), a type of bacteria, is the most common cause of life-threatening infection in newborn babies in the UK. Approximately one in four pregnant women in the UK carry GBS, often without realising it, and there is a 50 per cent chance that the baby will be exposed to GBS during birth.

The current UK strategy for testing for GBS is 'risk factor-based screening' which offers antibiotics to women during labour. Sixty-five per cent of UK newborn babies who develop early onset GBS infection have mothers who had no risk factor.



The GBS3 study, funded by the NIHR, is the first trial of its kind in the world and the results will help to determine whether routine testing should be introduced in the UK.

“This swab is a fantastic step forward in reassuring mums and protecting newborns from infection. It was a really simple process, the test took seconds, and the results came back very quickly. It was comforting to know that because of this I could be treated with antibiotics straightaway, to minimise the risk to my daughter”.

Amy Winters (pictured with daughter Lilah), GBS3 study participant

Research into reality

All research and innovation delivered at MFT aims to have a positive real-world benefit and impact – turning it into a reality for our patients. This can include greater understanding of a disease, changes to the way clinical care is delivered, a reduction in health inequalities, or a brand new treatment that is changing or saving lives.



Babies and toddlers with a rare and fatal genetic condition can now receive life-saving treatment on the NHS for the first time thanks to world-first clinical research studies carried out at NIHR Manchester CRF at Royal Manchester Children’s Hospital (RMCH) in collaboration with the Manchester Centre for Genomic Medicine at Saint Mary’s Hospital.

Lysosomal acid lipase deficiency, also known as Wolman disease, is a rapidly progressing and life-threatening rare, genetic condition that causes multi-organ damage and a build-up of fat in cells in the liver, heart, blood vessels, and digestive system. Without treatment, infants with Wolman disease normally do not live to see their first birthday.

An enzyme replacement therapy, sebelipase alfa (Kanuma®), is the first treatment available on the NHS for Wolman disease. This follows more than a decade of trailblazing research and innovation at RMCH, with a multi-disciplinary team providing the best treatment, care and clinical studies for babies born with the condition.

To date, more children have received lifesaving treatment for Wolman disease from the team in Manchester than anywhere else in the world.



Hashir Nawaz (pictured at the start of his treatment and recently on his eighth birthday) was diagnosed with Wolman disease aged three months. Hashir started treatment in January 2016, first as part of a clinical trial at the NIHR Manchester CRF at RMCH, and then via a compassionate access scheme (access to the medicine outside of a clinical trial). Hashir receives the treatment once every two weeks.

Vulnerable newborns at Manchester hospitals are first to benefit from rollout of genetic test to prevent hearing loss



Following the successful and pioneering Pharmacogenetics to Avoid Loss of Hearing (PALOH) study at Saint Mary's Hospital, the innovative genetic test that prevents newborn babies from going deaf if treated with a common antibiotic, is now being used in routine clinical practice in maternity settings across MFT.

Using a simple cheek swab, the test can identify in 26 minutes whether a critically ill baby admitted to intensive care has a gene change that could result in permanent hearing loss if they are treated with a common emergency antibiotic, Gentamicin.

The rapid point of care test, developed by researchers from MFT, working with Manchester company genedrive plc, was extended to NMGH and Wythenshawe Hospital, part of Saint Mary's Managed Clinical Service in July 2023.

This introduction follows the conditional recommendation of the test by the National Institute for Health and Care Excellence (NICE) in 2023 and it is estimated that approximately 1,700 babies a year will be tested at MFT.

Life after treatment

In last year's Annual Report (2022/23), we featured two-year-old Teddi Shaw, who became the first child in the UK to receive NHS life-saving gene therapy treatment, Libmeldy® for the fatal disorder metachromatic leukodystrophy (MLD) at MFT.



Teddi began her treatment in June 2022 at only 12 months old and was discharged back to her home in Northumberland four months later. Just over one year on from the procedure Teddi returned to MFT for a follow up appointment with specialists at RMCH and the Manchester Centre for Genomic Medicine at

Saint Mary's Hospital to monitor the progress of the treatment.

The consultation involved a neurological examination observing Teddi's condition and abilities, ensuring she is developing in line with a typical toddler, along with a blood test to monitor her enzyme levels, and an MRI scan to check that her brain continues to develop without features of MLD. Specialists examined the test results to confirm that the treatment continues to work well.

Bringing Greater Manchester research together

Babies at MFT were part of groundbreaking research into Respiratory Syncytial Virus (RSV) - one of the leading causes of hospitalisation in all infants worldwide and affects 90 per cent of children before the age of two. It is estimated that among children in the UK, RSV accounts for around 450,000 GP consultations, 29,000 hospitalisations and 20 to 30 deaths per year, the majority occurring in babies.

The NIHR supported HARMONIE study at MFT was led by RMCH in collaboration with Saint Mary's MCS, and has shown an 83 per cent reduction of hospitalisations for RSV in infants who had an injection of the antibody nirsevimab. A single dose also reduced hospitalisations due to severe chest infections caused by RSV by 76 per cent and decreased hospitalisation for all chest infections by 58 per cent.

Across Greater Manchester, all NHS trusts delivering the study were brought together by MFT to create a regional HARMONIE forum of shared learning and support to ensure smooth delivery of the study.

A world-class environment for healthcare innovation

As we continue to build a world-class environment for healthcare innovation at MFT in our mission to be the NHS Trust partner of choice for industry collaboration, we are ensuring the key R&I principles of sustainability and reducing health inequalities are driving our activity.

We have developed a joint working partnership with the Association of British HealthTech Industries (ABHI) to drive forward our collaborative working relationship as part of our strategy to optimise our offer for industry partners.

We have also created a collaborative "Innovation Exchange" with partners at Oxford University Hospitals and Chelsea and Westminster Hospital NHS Foundation Trust. Membership has now grown to include other NHS Trusts and is being used to co-design objectives and as a vehicle for engaging with policy makers.

We received a further five years of funding from Manchester City Council to support the Greater Manchester Enterprise Zone, which comprises two sites at Manchester Science Park and Citylabs campus. We also visited Montreal at the invitation of the Quebec Government Office in London to build closer links between Manchester and Quebec, with MFT's innovation offer, including access to Europe's largest clinical academic campus, at the heart of the discussions.

We have capitalised on the success of our Clinical Data Science Unit (CDSU) by expanding the team, deepening our relationship with Health Data Research UK, and embedding patient and public transparency through the new established Data Trust Committee. Following ethical approval by the Health Research Authority (HRA), we have created a streamlined overarching research database meaning that data-driven projects can move swiftly to initiation, whilst still maintaining robust governance.

Since the Health Foundation award in 2021, the Innovation Hub has made substantial progress in its mission to build culture, capability, and engagement around innovation adoption in MFT– aligning individual elements of our innovation infrastructure to provide enhanced value through their combined strength. This has included creating a framework for consistent innovation implementation across the Trust.

Patients, participants, and our communities are at the heart of everything we do. The Innovation Hub partnered with Vocal - a not for profit organisation hosted by MFT to bring people and health research together – to develop a series of principles around Patient and Public Involvement, Engagement, and Participation (PPIEP) specifically for innovation, building on expertise and knowledge developed around research studies.

As we grow into next year the links with the Innovation Hub will strengthen the HRC's ability to support adoption and implementation of new technologies.

Sustainability

Sustainability is a foundation of Research and Innovation, and the R&I Sustainability Team is committed to delivering low and high impact actions against the nine key sustainability objectives identified in the MFT Green Plan and the Green NHS framework.

All Green Impact projects, Carbon Literacy for Healthcare pledges, and other workstreams that embed those objectives and are led by R&I Sustainability Advocates to achieve maximum impact and ensure coordinated delivery.

Since our R&I Sustainability Team was brought together in 2022, and with the valuable support and active engagement of our R&I colleagues, we successfully managed to save over 290 tons of CO₂e. Our R&I Consumables project has been tremendously successful, saving 45,000 unused and unwanted items from clinical trials kits. These have either been redistributed amongst R&I and other MFT departments or donated to clinical education teams and the Hilditch group for further redistribution outside the UK.

Since November 2022 we have achieved more than £33,000 savings by reclaiming, reusing, and redistributing office furniture and other office supplies, increasing our carbon handprint – the positive impact we make to reducing our waste, minimising our reliance on supply chain and transport of goods, and raising awareness through networking and staff education and training.

This supports R&I's commitment to promoting our sustainability objective and the MFT Green Plan, as well as enhancing MFT's green credentials, and will continue as a new Green Impact Project from April 2024.

We place great emphasis on staff education and training, and in 2023/24 delivered four Carbon Literacy for Healthcare (CLP) training sessions and received more than 60 individual and team pledges and commitments from R&I colleagues to drive new ideas and projects forward. We have brought CLP training inhouse and it is now available on the MFT e-Learning Hub.

Our top priority over the next five years is to embed sustainability as core business across R&I.



MFT 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, businesses, charitable trusts and foundations who have all helped us to raise £5.7m in 2023/24.

Highlights of the year include May's Manchester Charity Dragon Boat Challenge in which 17 teams competed in heats whilst raising funds for our family of hospitals. And in the same month our Great Manchester Run Team MFT runners were out in force yet again, with 444 members of Trust staff taking part in the iconic event's impressive NHS Blue Wave.

In August, young fundraisers, best friends and Pride of Britain Award winners Hughie and Freddie helped us to launch our Play Appeal to revamp the rooftop play area at Royal Manchester Children's Hospital. After 14 years of happy memories and use by our patients, the well-loved rooftop needed to be completely overhauled to bring it back to life for many more young patients to enjoy for years to come.

Further highlights include our Heroes at the Hyatt Abseil in September, where our supporters faced the challenge of an eye-watering 170ft sponsored abseil, and our annual family-friendly, sponsored Lantern Walk which took place at Heaton Park in November.

In December long-term partner Peninsula Group's year-long matched funding initiative came to an end. The 'Making a Difference... Together' initiative, in support of Royal Manchester Children's Hospital, saw the HR and employment law business commit £100,000 of its £1million fundraising pledge to match-fund monies raised by other companies. A total of 30 small-to-medium sized businesses took part in the campaign, with Peninsula Group matching the funds raised by each, to the value of £5,000 per company, helping their support to go even further.

In February, Hughie and Freddie were back on our TV screens, appearing in a very special edition of BBC Breakfast. The show, which was broadcast live from the children's hospital, celebrated the successful closure of the Play Appeal, Hughie's end of treatment, and the pair's overall fundraising efforts in support of the hospital since Hughie's leukaemia diagnosis in late 2020.

The commitment and generosity of every single one of our supporters, no matter what the value, has enabled us to make a real and lasting difference throughout our family of hospitals and clinical services, benefitting our patients, their families and our staff.

Investing in innovative new technology to improve eye care and treatment

Charitable funding has enabled us to purchase a new state-of-the-art eye scanner, making Manchester Royal Eye Hospital the first in the UK to use this vital new equipment since its arrival in 2023.

The ultra-wide field OCT angiography machine will improve patient care by offering immediate scans to look for potentially blinding disease. The new equipment offers not only a less invasive procedure but also provides a more comfortable experience, particularly for patients who are nervous or scared of needles.

The provision of sleep safe initiatives for vulnerable babies

Thanks to our donors we have also been able to support the provision of several sleep safe initiatives for our Vulnerable Baby Prevent and Protect Service, run by Manchester Local Care Organisation. The Service's specialist team of five provide community services across the region and work alongside other agencies to prevent infant deaths. The team work with families to offer a bespoke care plan for pregnant women or mums with an infant under the age of 12 months old.

Charitable funding has provided safer sleep guidance booklets as well as 120 baby sleeping bags which are given to families who access the service. Many of the families are very open about financial struggles and are extremely grateful for the essential baby items made possible through charitable funding.

The provision of musical projects to enhance creativity and communication for young patients

The generosity and commitment of our supporters has also enabled a year-long extension of the Creativity, Resilience, Enablement and Wellbeing (CREW) musical project, which aims to provide a healing platform for patients at Galaxy House, the inpatient mental health unit at Royal Manchester Children's Hospital. The project helps young patients to develop core life skills such as self-confidence, self-esteem, and communication. It also gives young people the chance to develop and showcase their creative and positive selves through music which can help to re-establish their identity, whilst also providing an opportunity to tell their story in a way that they may not be able to through conventional therapies.

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, their families, and our staff.

How to support us

There are many ways in which people can continue to support our hospitals and services, 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 people who have passed away. The funds are used to improve facilities or buy equipment that will benefit patients throughout our hospitals, so creating something very positive out of a sad personal loss.

Legacy support

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

Follow us to find out more

You can also support us by following us on social media

Facebook & LinkedIn: Manchester Foundation Trust Charity

X (formerly Twitter): @MFT_Charity

Instagram: @MFTCharity

Or by visiting mftcharity.org.uk to sign up to our regular e-newsletters.

Performance Report

Overview of our performance: Group Chief Executive's summary

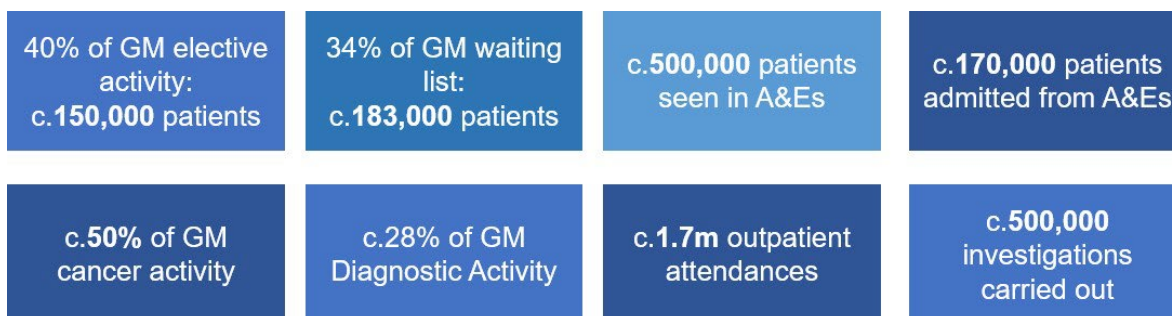
MFT provides health and care services to communities across Manchester and beyond, through our Hospitals, Managed Clinical Services (MCS) and Local Care Organisations. We are also proud to be at the forefront of international health research and innovation, and to be a leading teaching and training Trust. Further information about the Trust can be found in the *Introduction to MFT* section of this report.

Our services include emergency & critical care departments, inpatient wards, outpatient facilities and community and social care – and the Trust is a major transplant centre providing support for Cardiac, Thoracic, Pancreatic, Renal, Corneal and Stem Cell transplants. MFT is the single biggest provider of specialised services in England, with patients coming from across the country to receive care at our hospitals.

Throughout 2023/24, MFT have continued to focus their efforts on recovering performance across national standards for elective and urgent care following the pandemic – whilst maintaining a focus on patient safety and access throughout multiple and sustained periods of industrial action. Demand on our urgent and emergency care services has remained high – on average 1,400 patients are seen in our Emergency Departments every day.

To support our elective recovery we have held a relentless focus on treating patients and minimising waits over 65 weeks by March 24. This was achieved by daily grip on management of our waiting lists across all hospitals and MCS and regular assurance meetings, together with collaborative working with other providers across Greater Manchester, giving greater choice for our patients and enabling them to be seen and treated quicker.

Below is a high level summary of our annual activity across urgent and elective care for 2023/24:



In the financial year ending 31st March 2024, MFT had an income of £2.8bn and expenditure of £2.8bn and, as such, delivered a breakeven position against its agreed control total with the Greater Manchester Integrated Care Board and NHS England. Individuals, community groups, companies and organisations have shown unwavering support for our MFT Charity, raising £5.7m during 2023/24.

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.

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 of Directors' Scrutiny Committees monitor the principal risks relevant to their scope and review them at each meeting. 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 2023/24 were as follows:

1. Failure to maintain essential standards of quality, safety, and patient experience
2. Failure to improve operational performance
3. Failure to meet regulatory expectations, and comply with laws, regulations, and standards
4. Failure to effectively address issues affecting staff experience
5. Failure to effectively plan for, recruit, and retain a diverse workforce with the right skills

6. Failure to implement and embed infrastructure plans including digital and estates
7. Failure to embed the Trust's approach to value and financial sustainability
8. Failure to work with system partners to address health inequalities, and deliver social value and sustainability
9. Failure to expand MFT's research and innovation capability and capacity
10. Failure to deliver the required transformation and integration of services

More information about MFT's risk management process is available in the *Annual Governance Statement* in this report

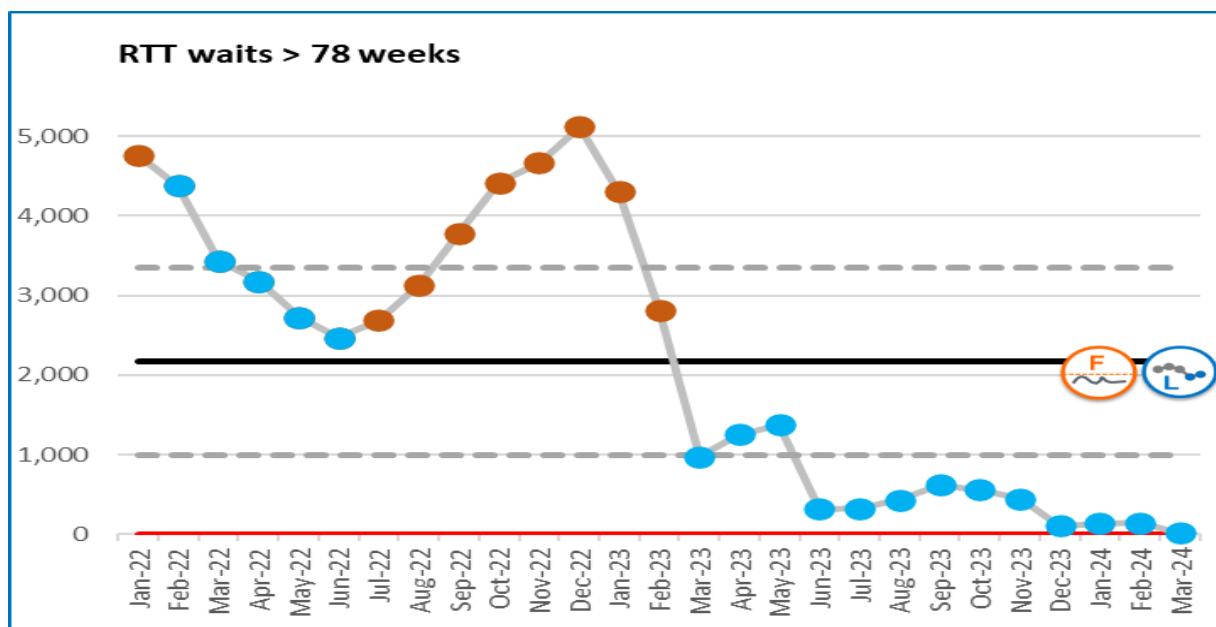
Analysis of our performance

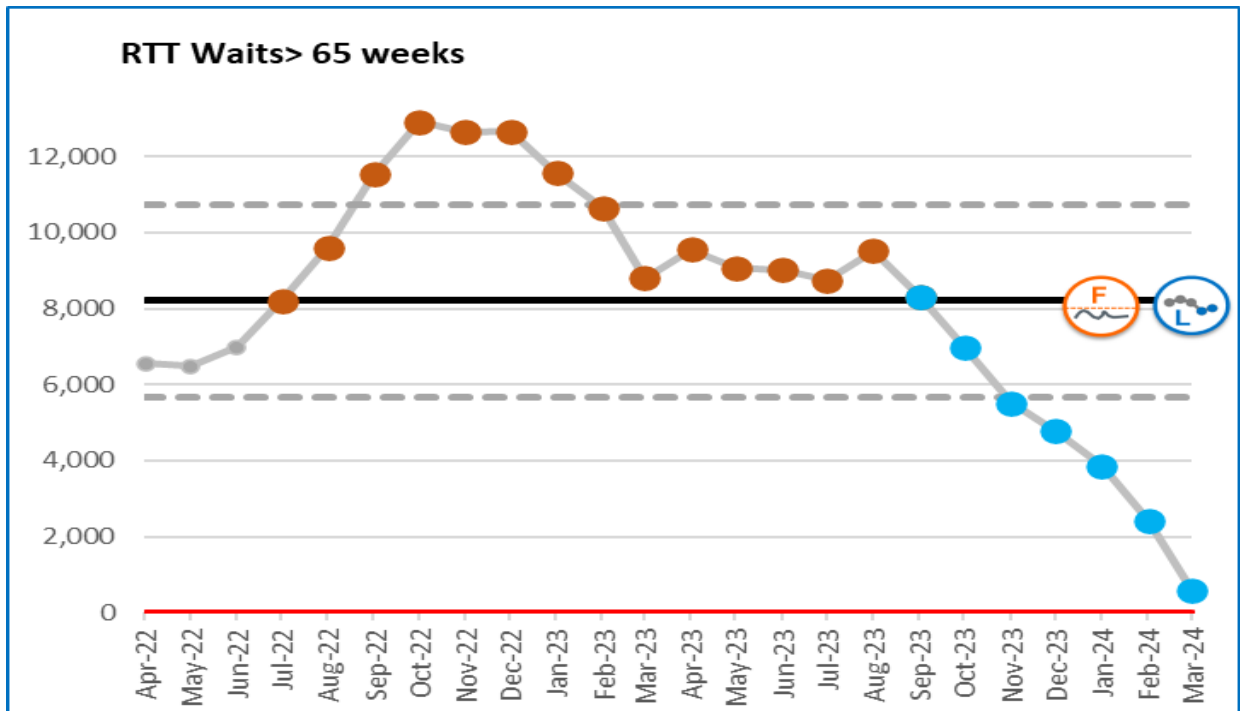
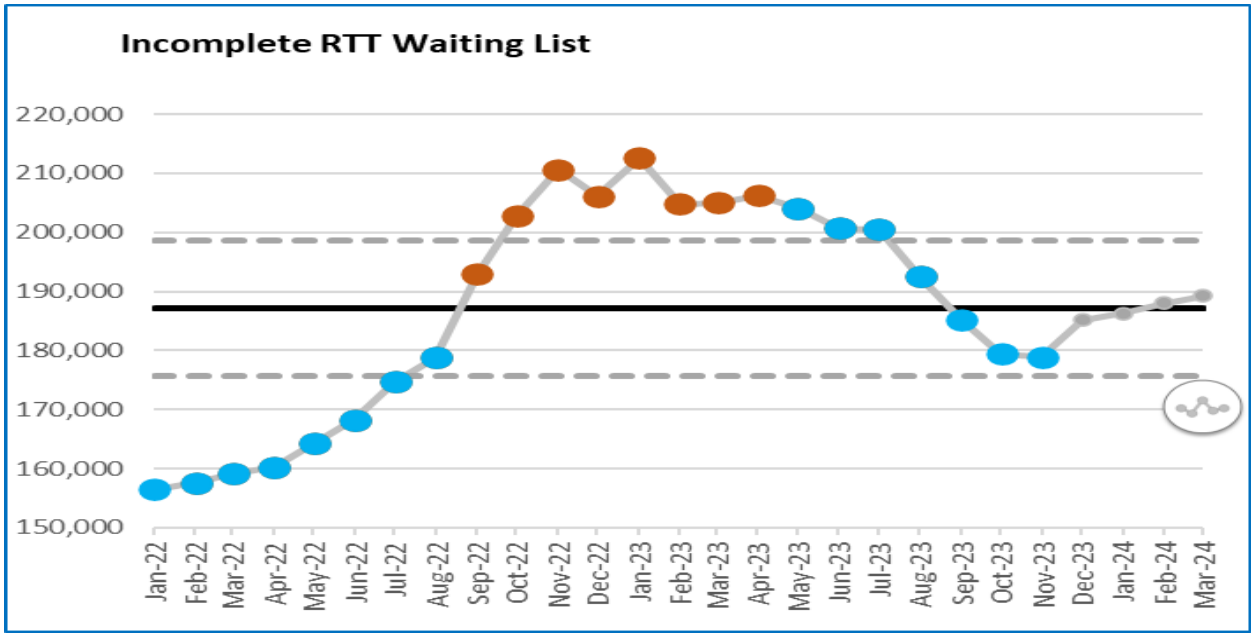
Performance against operational targets

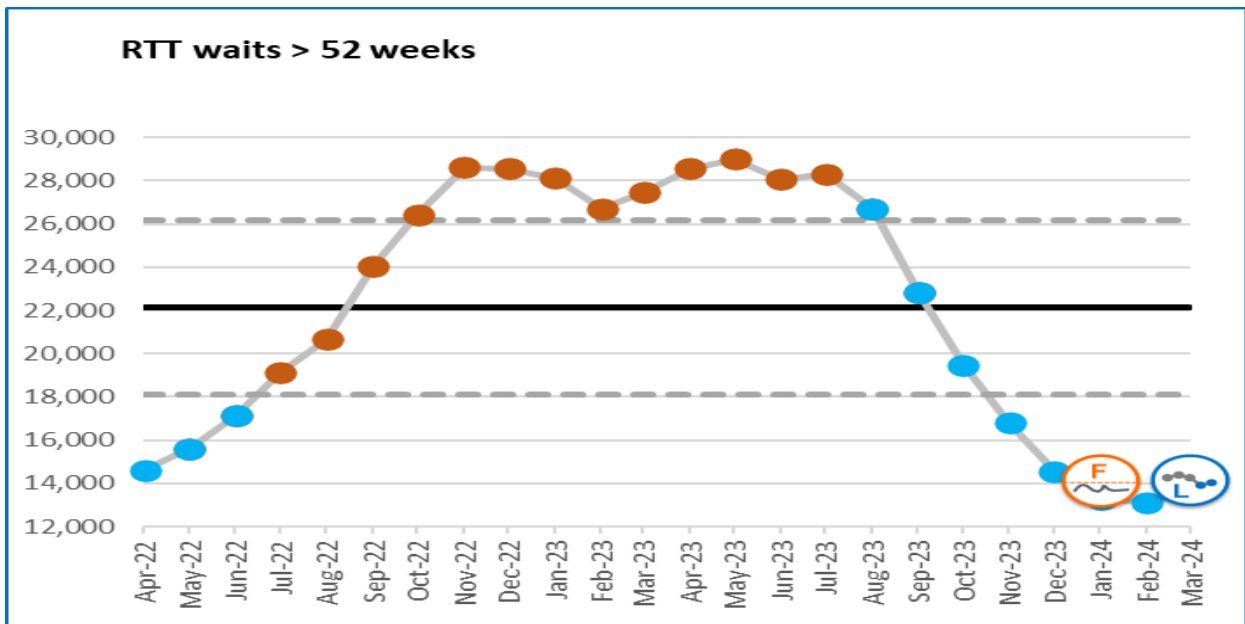
Waiting times

The Trust started with a waiting list size of 204,986 in April 2023, and in line with national guidance, focused on treating those patients, who are clinically the most urgent and had the longest waits as a priority.

Key Performance Indicator	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	23/24 YTD	22/23 - 23/24 VAR
Total List Size (validated)	206,226	204,094	200,682	200,545	192,554	185,106	179,363	178,857	185,125	185,713	187,969	189,288	189,288	-7.7%
> 65 week waiter	9,553	9,071	9,017	8,748	9,519	8,313	6,963	5,522	4,777	3,723	2,426	578	578	-93.4%
>78 week waiters	1,254	1,372	312	321	426	618	545	442	101	127	142	15	15	-98.5%
104 Week Waits	12	4	4	1	2	1	0	0	0	0	0	0	0	-100.0%







MFT's waiting list in March 2024 was 188,185, reducing by c.17,000 patients during 2023/24. There were 15 patients waiting over 78 weeks in March 2024 due to either patients awaiting a corneal graft, being medically unfit, or choosing a later appointment date. Over 560 patients had been waiting over 65 weeks at the end of March from a total cohort of 143,000 patients at the start of April 2023.

The good progress made in reducing our longest waits has been in spite of the multiple periods of industrial action taking place across 2023/24 year. Despite our best efforts to mitigate the loss of operating lists and clinics, 25,529 appointments required rescheduling. In addition, a number of services have transferred to MFT from the Northern Care Alliance as part of the disaggregation of services from the former Pennine Acute Hospital Trust, which has added to our waiting list.

A number of improvements identified in-year will continue to be embedded into 2024/25, to support a continuing reduction in patients waiting. MFT are committed to have zero patients waiting over 65 weeks by end of September 2024. This is to be delivered through a number of initiatives. Improving productivity across our elective pathways has been a key focus of our plans in 2023/24 and will continue into 2024/25.

Expanding elective capacity at our Trafford Elective Hub has been key to supporting our elective delivery. The hub has focused on delivering High Volume, Low Complexity (HLVC) procedures and we obtained Getting it Right First Time (GIRFT) Surgical Hub Accreditation in the Autumn 2023.

Improvements over the year have included consolidating good practice theatre processes, improving flow through surgical pathways, and embedding a 23 hour surgical model. We

have increased the number of sessions offered at the hub which has increased our activity from 140 to 200 patients per week.

Throughout 2023/24 the outpatient improvement programme has focused on clinical optimisation, introduction of fast pass and self-scheduling for patients, the roll out of MyMFT, and optimising our pathways using Hive, our new electronic patient record system. Further increasing the ability for patients to self-schedule appointments is a key focus of our plans for 2024/25 to improve choice and convenience along with optimising and standardising our advice and guidance services to provide timely care for patients and avoid unnecessary hospital visits.

We engaged with over 135,000 patients as part of our validation exercise to check if patients wish to remain on our waiting list. We had 87% of patients respond with 8% of respondents opting to be removed from the waiting list.

We also contacted 14,000 patients waiting above 40 weeks as part of the Patient Initiated Digital Mutual Aid Scheme (PIDMAS) to offer treatment at alternative Providers.

Diagnostic tests

MFT has reduced the number of patients waiting over 6 weeks for a diagnostic test by 10,000, despite a 5% increase in demand. This is a key enabler for our elective recovery programme alongside the roll out of the Community Diagnostic Centre (CDC) programme at Withington where additional diagnostic capacity has been opened including new CT and MR scanners. The MFT CDC Hub is open 7 days a week and a CDC spoke in Harpurhey opened in March 2024.

Improvement plans at diagnostic modality level were mobilised and these will be maintained into the new financial year as the Trust works towards achieving no more than 10% of patients waiting over six weeks for their diagnostics by March 2025. Work is currently underway to reduce diagnostic DNA rates and a predictive artificial intelligence tool is being piloted. The MFT CDC navigators are undertaking engagement with a variety of community groups so that barriers to access can be identified and resolved.

Cancer

Referrals for suspected cancer have increased by 4% this year in comparison to 2022/23, although there is variability both month-on-month and between tumour groups, with some groups showing significantly higher increases.

The focus this year has been on making significant progress in reducing the number of patients waiting over 62 days, which has seen an overall downward trend. At the end of March the backlog was 241, a 71% decrease from April 2023 and this exceeded our plan

for a backlog of 267.

The Faster Diagnosis Standard means patients should receive a diagnosis within 28 days from referral. The increase in demand has meant that performance against this standard has been difficult to achieve, averaging 70% across the year against the national standard of 75%. However, in February 2024, as the backlog reduced, the standard of 75% was achieved for the first time during the year.

Sustaining delivery of these standards alongside improvement to the 62-day treatment standard is a priority for 2024/25. A number of service improvements are planned including having a single point of access for referrals, increasing 'straight to test' referral, increasing one-stop services, reducing the time for the first appointment, and working towards delivering best practice timed pathways for diagnostics.

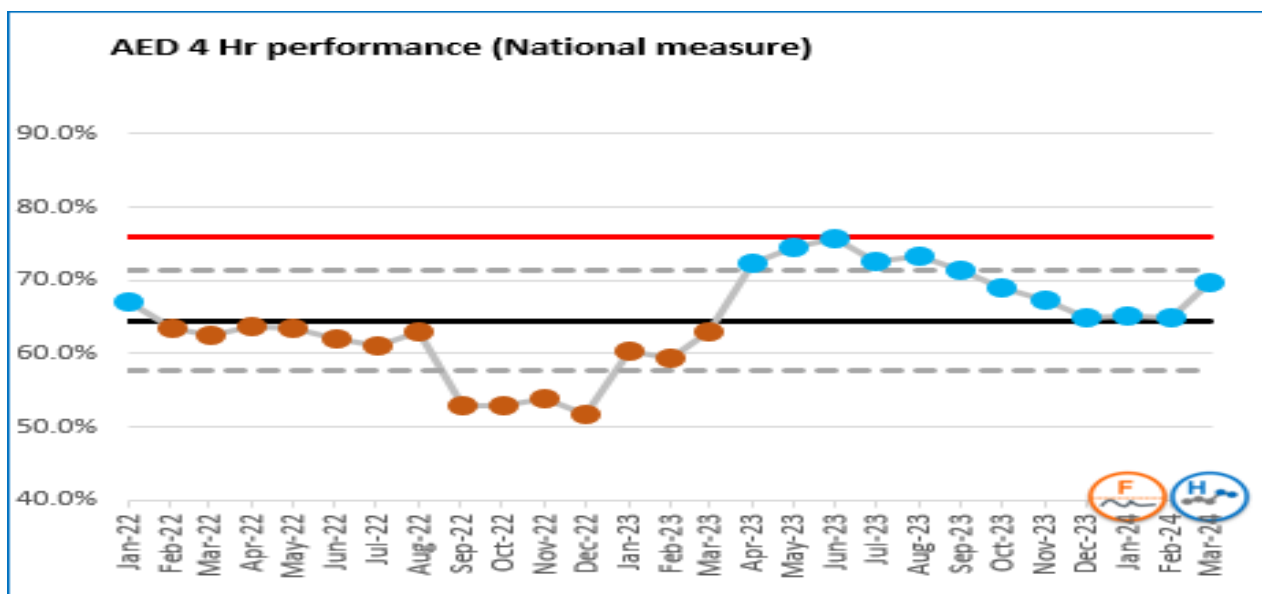
			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
MFT	62 Day backlog	Trajectory	299	320	315	305	292	312	325	345	355	367	315	267
		Actual	352	379	358	346	378	396	374	333	410	359	267	241
	FDS Performance	Trajectory			70.5%	72.7%	74.0%	75.3%	76.8%	78.2%	79.5%	80.8%	82.1%	83.5%
		Actual	71.9%	74.2%	74.1%	71.9%	69.7%	68.2%	65.5%	68.6%	69.6%	61.1%	75.0%	
	31-Day Performance	Trajectory				79.4%	80.2%	81.3%	82.9%	84.3%	82.2%	85.4%	86.4%	93.3%
		Actual	77.6%	78.9%	78.2%	82.2%	84.1%	79.1%	79.9%	85.2%	81.5%	74.8%	86.8%	
	62-Day Performance	Trajectory				51.0%	52.5%	54.2%	55.9%	57.5%	59.4%	60.9%	62.5%	64.3%
		Actual	59.6%	53.6%	57.9%	47.6%	51.9%	44.5%	46.7%	52.2%	49.1%	40.30%	43.70%	

Urgent and emergency care activity

MFT sees, on average, 1,400 patients through its A&E departments per day of which around 28% are subsequently admitted.

In 2023/24 attendances rose by 9%, with admission via A&E increasing by 7% over winter 2023/24 compared to the same period in 2022/23. Despite this, MFT's 4 hour performance improved by 10.5%, with a full-year performance of 69.5%, compared to last year's 59%.

MFT were the most improved Trust nationally on 4hr performance but we are committed to improving on this throughout 2024/25 to deliver as a minimum the national standard of 78% by March 2025.



Key Performance Indicator	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	23/24 YTD
Total AED Attends (All types)	38,567	43,592	42,955	42,930	39,720	42,689	45,414	44,167	42,835	44,169	42,701	45,518	515,257
Four Hour Performance (95%)	72.3%	72.6%	75.8%	72.6%	73.2%	71.3%	69.1%	67.3%	65.0%	65.2%	65.0%	67.9%	69.7%
GM performance	69.3%	69.8%	70.9%	69.5%	68.1%	66.6%	64.1%	64.2%	61.8%	61.5%	62.6%	65.5%	66.2%
EME Admissions	6,145	6,702	6,551	6,557	6,404	6,584	6,794	6,631	6,720	6,413	6,068	6,608	78,177
EME Admissions via AED	5,307	5,636	5,503	5,558	5,343	6,103	5,842	5,789	5,869	5,828	5,234	5,783	67,795
SDEC Attendances	6,062	7,285	7,691	7,735	7,495	7,525	8,235	8,164	7,306	7,982	7,490	8,259	91,229
Ambulance HOLDS	13	18	1	4	10	9	26	15	26	38	19	19	198
NWAS handovers within 15 minutes (%)	50.4%	55.1%	55.8%	56.2%	51.5%	52.6%	48.6%	47.4%	44.7%	44.9%	43.9%	44.2%	49.8%
Handover Delays over 60 minutes	90	77	48	65	40	77	86	117	235	178	131	149	1,293

MFT commenced their winter planning in July 2023 and held a series of engagement sessions with staff across the hospitals and community services within Manchester and Trafford throughout August and September. Plans were developed, scrutinised and assured through MFT's Board of Directors and the Quality and Performance Scrutiny Committee.

Performance relating to ambulance handover and turnaround times has improved significantly this year, with 1,293 delays over 60 minutes, 80% fewer than in 2022/23 when there were 6,470 delays. Ambulance handovers within 15 minutes has also improved by 12.4%.

We recognise the importance of ambulance handover times as a key safety issue as it allows the release of ambulances back on the road to respond to priority cases. North Manchester General Hospital recorded the best average ambulance turnaround times in the country during November 2023, following sustained improvement throughout the year. MRI and Wythenshawe joined NMGH within the top 7 hospitals in the North West for ambulance handover times across 2023/24. North Manchester General Hospital continues to remain in the upper quartile on performance.

MFT streamed 10,500 patients (28%) more patients through our Same Day Emergency Care (SDEC) pathways between October and March 2024, which supported our winter resilience plans. This means more patients were seen quickly, by the right clinician, first time.

Our Hospital@Home (H@H) programme has been the cornerstone of our emergency care and flow plans this year. The programme has supported 3,800 patients, who would otherwise have been in a hospital bed, in their place of residence. The service increased capacity by an equivalent of 166 beds per day by the end of the year and, in March 2024, we 90% of these beds were utilised. Plans are in place to increase occupancy again and further expand the service in 2024/25.

In October, MFT started to report on the national Discharge Ready metric, which measures how timely a patient is discharged following a clinical assessment of being ready for discharge. Since then we have, on average, discharged 88.7% of patients on the same day as their 'discharge ready' date which is better than the national average of 86.1% across the same period.

A system-wide summit and Urgent Care Deep Dive are planned in early 2024/25 to agree delivery of a scaled and systematic approach towards wider 'one team' partnership working, to fully embed and optimise the hospital at home capacity, and to support continuous improvement in urgent care performance. We are also in the process of implementing a new electronic bed management system, one of a few Trusts nationally who received national funding to support it. This system will give greater visibility of our capacity across the hospitals and in the community which will help to ensure patients are discharged or stepped down into an appropriate care setting as quickly as possible.

Financial performance

During the financial year ending 31st March 2024, MFT had an income of £2.8bn and expenditure of £2.8bn and, as such, delivered an adjusted financial performance surplus of £452k 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 2024, including those items that are excluded from our control total due to national guidance, was a deficit of £83.9m (2022/23 £72.9m deficit).

The statutory reported deficit includes:

- £38.2m (2022/23 £69.3m) of impairments
- £46.0m technical adjustments (2022/23 nil) relating to the changed basis of accounting for the Trust's PFI liabilities in 2023/24 on first adoption of the leasing standard, IFRS 16, as required by national guidance
- £0.2m (2022/23 £1.7m) of donated and granted asset depreciation/ income.

The NHSE financial regime for 2023/24 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 2023/24.

During the year to 31st March 2024, we delivered £136.4m of waste reduction against a plan of £136.4m.

The Trust spent £112.1m in 2023/24 on capital schemes (including £1.2m from donated and granted assets and £5.0m on assets capitalised as Right of Use Assets under the leasing standard, IFRS 16), of which £88.1m was on buildings, £9.7m was invested in new equipment, and £14.4m was spent on the Trust's information technology.

The Board approved a Financial Plan for 2024/25 that aims for a surplus of £3.6m (excluding the impact of the application of IFRS 16 to the Trust's PFI liabilities), again at a control total level, but recognises there needs to be a significant increase in productivity and efficiency across the Trust, 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 2024 was £133.7m (£241.0m at 31st March 2022). This reflects a significant decrease in cash during 2023/24. The cash balance is expected to continue to fall in 2024/25 and future years, as required investments in Trust estate and other assets continue.

MFT Charity

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

Important events after the financial year end (2024/25)

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.

Quality Account

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

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

<https://www.nhs.uk>.

The dual functions of a Quality Account are to:

Summarise our improvements against the quality priorities we set ourselves for 2023/24.

Outline the quality priorities we set ourselves going forward for 2024/25.

Scope of the Quality Account

This report sets out the performance of Manchester University NHS Foundation Trust (MFT; the Trust) on core quality account indicators compared to the previous year and our quality priorities for the year 2024/25. We have engaged with our Governors in setting these priorities and, similar to last year, these are aligned to our Quality and Safety Strategy.

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

Highlights from Our Quality and Safety Strategy

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

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

Our Quality and Safety Strategy is an enabler of our Trust's vision which is to 'work together to improve the health and quality of life of our diverse communities'. It is supported through the Trust's organisational development of work, is fundamental to 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 which are to:

- Work with partners to help people live longer, healthier lives:
- Provide high quality, safe care with excellent outcomes and experience:
- Be the place where people enjoy working, learning and building a career:
- Ensure value for our patients and communities by making best use of our resources; and
- Deliver world class research and innovation that improves people's lives.

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

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

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

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

These aims are:

1. Our care is safe: we continuously, systematically, and consistently prioritise patient safety in everything we do.

2. Our care is effective: our patients are provided with the best possible clinical outcome based on their individual circumstances and demonstrate a culture of continuous improvement and learning.
3. We are caring: Respect, dignity, kindness, and compassion are at the core of our service provision.
4. Our care is responsive: our services are quick and convenient to use and responsive to individual needs.
5. We are well led: the Quality and Safety strategy is underpinned by high quality leadership.
6. We make our data count and measure for improvement.
7. We are confident that our care is of high quality, and we understand, contextualise, and manage risk consistently.

Part Two: Quality Priorities and Performance

Overview of our quality priorities

This section of the report presents progress made against the 2023/24 priorities and our priorities for the upcoming year as we continue to recover from the pandemic. We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of care that we provide. We know that embedding our values enables our staff to demonstrate key behaviours that leads to safer care; listening to patients and colleagues, responding proactively where there are concerns, and being caring and supportive when things do go wrong. We will continue to focus on these principles to achieve the best care for our patients and families.

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

In 2023/24 our quality priorities were to:

- Priority 1:** To understand and reduce unwarranted variation in outcome, experience, and safety across the organisation for patients accessing our services for urgent or emergency care or triage (including maternity) or who are waiting for elective or cancer care or diagnostic services.
- Priority 2:** To optimise the safety of invasive and operative procedures undertaken across the Trust.

- Priority 3:** To support effective patient involvement and optimise consent processes through the implementation of shared decision making.
- Priority 4:** To ensure safe and effective medication management throughout all services provided by the Trust.
- Priority 5:** To understand and reduce unwarranted variation in outcome, experience, and safety across the organisation for patients being discharged from our services.
- Priority 6:** To ensure the actual or potential impact of inequality is explicitly considered through the ongoing work to implement the Quality and Safety Strategy, including the implementation of the Patient Safety Incident Response Framework

Progress against 2023/24 quality priorities

Priorities 1 and 5: During 2023/24 we have progressed this agenda by undertaking several initiatives to understand inequalities and unwanted variation in outcomes, including:

- Each hospital has a nominated lead for health inequalities.
- Development of a series of pathway projects to help us understand variation and reduce inequity in access and outcomes for specific pathways of care including bowel cancer, rheumatology, cancer rehab and renal.
- Development of a Trust wide dashboard which highlights variation in access, outcomes and experiences across services and population groups.
- Roll out of the 'Make Every Contact Count' pilot in several areas including a project on making housing referrals from paediatrics into Manchester housing team to address damp and mould in homes to support patients with wider issues that contribute to their poor health.
- Partnership with Citizens Advice Manchester to support patients with financial hardship and support safe discharge.
- Organisational wide focus on improving communication and health literacy.

More details on the above initiatives can be seen on page XX in the Trust Annual Report

Priority 2: Ensuring the safety of patients undergoing invasive and operative procedures was, and remains, a key safety improvement priority across the Trust and is reflected in

each hospital site / Managed Clinical Service (MCS) / Local Care Organisation (LCO) Patient Safety Incident Response Plan.

Our improvement focus has been on understanding and optimising the reliability of the systems and processes that we have in place using human factors methodology and a systems approach to learning and responding (as described in the national patient safety strategy). The implementation of our Electronic Patient Record in 2022 has significantly improved our insight into the safety of our procedures, and our understanding of how well we are applying national safety standards to them. During 2023/24 our focus was on the effective implementation of National Safety Standards for Invasive Procedures (NatSSIPS2) in procedures that occur in outpatients and at the patient's bedside. We reviewed the risk associated with over 3,500 procedures and stratified the safety standards accordingly.

We have also worked to implement the learning from Never Events and near miss never events (where the incident is prevented) where it is evident that our safety barriers or controls can be strengthened. We have been using a range of methodologies to help us, including cultural assessment tools and Functional Resonance Analysis Methodology (FRAM). We believe our profile of Never Events in 2023/24 (4) compared to previous years (average 11), and our near miss events, has demonstrated a positive change in our levels of risk and this was reflected in our strategic risk exposure during the year. We will continue to focus on enabling the safety of invasive procedures across the Trust during 2024/25, with exciting and innovative projects focusing on the impact of noise and distraction and safety culture.

Priority 3: We are committed to ensuring patients of all ages are supported to make the right decision about their procedure and treatment. We do this through ensuring the right consent processes are in place. In the last year we have initiated a number of programmes of work to strengthen our consent processes across the Trust. Below are some of the initiatives which have either been completed or are underway:

We have undertaken a review with our young people through the Youth Forum to explore factors that we should consider when healthcare professionals are seeking consent from young people.

A scoping exercise has been completed across all our hospitals to understand our approach to obtaining consent when treatment involves multiple specialists.

We have worked with our service users to develop consent video logs which will support our staff and promote good consent practice across our Trust.

We have reviewed and re-written our consent policy incorporating the outcomes of the various initiatives including the views of young people and service users.

We translated the shared decision-making survey questionnaire into the five most spoken languages across the Trust to ensure that the views of patients for whom English is not their first language is captured.

We achieved the 2023/24 Shared Decision-Making Commissioning for Quality and Innovation (CQUIN) which means our patients feel we involve them in Shared-Decision-Making.

We are working to include Patient Decision Aids in our electronic patient record (Hive) to further strengthen Shared Decision Making and Consent.

Priority 4: The Trust has established medicines safety improvement programmes which focus on the safe use of opioids at discharge, prescribing of warfarin, prescribing of antibiotics including gentamicin, administration of time critical medicines (medicines that need to be given at a certain time to make sure they are safe or work effectively, for example medicines for Parkinson's disease and insulin) and the safe management of medicines at discharge.

Audit of the safe and secure storage of medicines is undertaken across all clinical areas where medicines are stored to assess our compliance against the Royal Pharmaceutical Society standards. A new Medicines Electronic Governance (MEG) audit platform was introduced in April 2023, which provides real time reporting of audit results to support prompt action to be taken in response to issues or concerns raised in the audits. The results demonstrate over 90% compliance across the Trust which means we are meeting the standards set by Royal Pharmaceutical Society. Quarterly assurance reports are presented by each hospital/managed clinical service to their Quality and Safety Committee and Medicines Safety Committee.

Priority 6: During 2023/24 we have worked to understand if and why patient safety events are experienced unequally. The Trust published an Inequalities Strategy in 2023/24, and we have supported the implementation of that strategy, using the Safety Oversight System element of our Patient Safety Management System. This allowed us to develop our understanding, using a range of patient safety data and intelligence to help us. An example which has influenced Trust- wide prioritisation came through our analysis of our reported patient safety incidents, where we proactively look for evidence that there is learning in relation to the impact of inequality. This approach generated a significant amount of learning and helped us identify a key safety improvement priority for 2024/25 relating to effective

communication, particularly when we are using interpretation and translation services to support safe care and treatment. We have also undertaken a review of our approach to the management of medical devices, identifying areas where there may be inequality in the effective use of the devices.

Our 2024/25 quality priorities

As seen in the progress update, work is still underway to address and achieve most of the 2023/24 priorities. We knew these objectives were ambitious when we set them in 2023/24, therefore in agreement with our Governors we are carrying forward these priorities to 2024/25 with the addition of a new priority relating to Infection Prevention and Control (IPC).

Here are our 2024/25 priorities:

1. To continue 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.
2. To continue to optimise the safety of invasive and operative procedures undertaken across the Trust.
3. To continue to support effective patient involvement and optimise consent processes through the implementation of shared decision making.
4. To continue to ensure safe and effective medication management throughout all services provided by the Trust.
5. To continue to understand and reduce unwarranted variation in outcome, experience, and safety across the organisation for patients being discharged from our services.
6. To continue to ensure the actual or potential impact of inequality is explicitly considered through the ongoing work to implement the Quality and Safety Strategy, including the implementation of the Patient Safety Incident Response Framework
7. To deliver our IPC Strategy to support continued focus on prevention and control of attributable alert organisms (Hospital acquired infections)

Friends and Family Test - Patients

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

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

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

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

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

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

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

During 2023/24, the Quality and Patient Experience team have:

- Publicised the updated FFT guidance, collaborated with each Hospital/MCS/LCO to increase FFT response rates and promote the FFT survey.
- Delivered a targeted awareness campaign to promote the Patient Experience platform tool.

- Continued to publicise the importance of FFT to staff and patients with 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 Patient Experience Team's visibility and address issues on the spot.

FFT Feedback from our Patients - Some of our patients' comments



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

Table 1: FFT Response and Results 2023-2024

Friends and Family Test Response and Results 2023/24			
Area	Response Rate 23/24	Percentage Positive	Percentage Negative
Inpatients	21.97%	94.00%	2.62%
Emergency Departments	11.57%	81.52%	12.89%
Outpatients	N/A*	97.53%	1.00%
Maternity	N/A*	95.97%	2.00%
Community	N/A*	98.61%	0.43%

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

Plans for 2024/25

- Continue to gather as much feedback as possible to improve the care of our patients.
- Continue to collaborate with each Hospital/MCS/LCO to increase FFT response rates and promote the FFT survey.
- Continue to provide support and training for staff using the CIVICA Patient Experience Platform

Friends and Family Test - Staff

As well as asking patients for their feedback, NHS Trusts also ask their staff if they would recommend the Trust as a provider of care to their family or friends in the NHS Staff Survey. In the 2023 survey, 63.55% of staff said they would recommend the Trust to their friends and relatives. This is an increase of 4.99% from the 2022 results and continues an upward trend from 2021. Compared to other Acute and Acute Community Trusts, we are slightly above the sector average.

Staff are also asking if the care of patients/service users is the organisation's top priority. In 2023 71.46% of respondents agreed that this was the case; this has also improved since 2022 and is in line with 2021 results.

Action Plans and Next Steps

In order to continue to improve staff experience with a focus on getting the foundations right for everyone, the approach taken to responding to previous results will continue in 2024. In 2023 Staff Survey response plans have taken a different approach to previous years to recognise the accelerated shift required to move the dial on our staff experience. Several strategic workshops have now been held with senior leaders from across the Trust in order to work collectively to tackle longstanding staff experience challenges. This new way of working has enabled leaders, for the first time, to consider at a system level what needs to change to deliver a sustainable shift. The 2023 results will be included in Accountability Oversight Framework discussions with the support of Trust Executive Directors. This will also be monitored via the model hospital data.

Complaints, Concerns and Compliments

Complaints data is reported monthly to members of our Trust Board of Directors. In addition, we publish in-depth quarterly complaints reports and an annual complaints report. Table 2 shows the number of formal complaints and Patient Advice Liaison Service (PALS) concerns received from 1st April 2023 to 31st March 2024, with Table 3 detailing a breakdown of formal complaints by service for 2023/24.

Table 2: Formal Complaints and PALS Concerns.

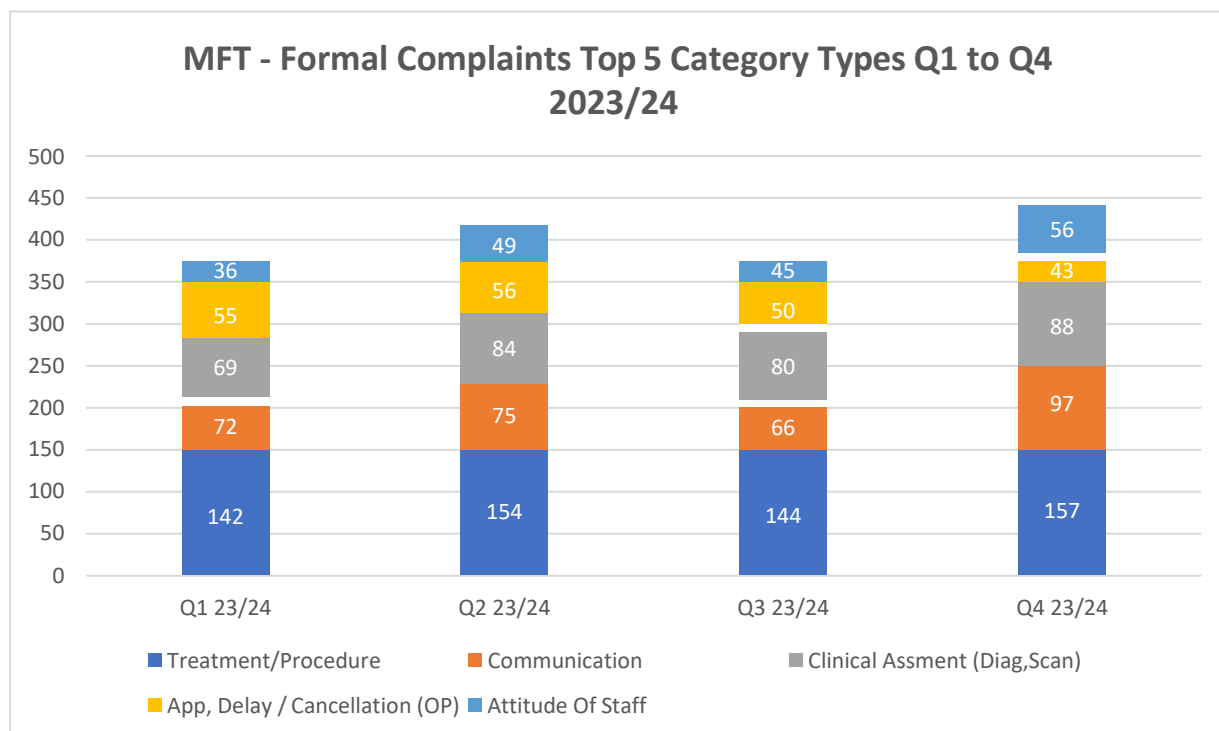
	2023/24
1. Formal Complaints	2107
2. PALS Concerns	8972

Table 3: Formal Complaints received by Service.

	2023/24
Inpatient	632
Outpatient	1062
A&E	315
Maternity	56
Mental Health	4
Other	15
Other Community Health	23

The themes and trends from complaints are reviewed at a number of levels. Each Hospital / MCS / LCO / Corporate Service 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. Treatment / Procedure was the main category of complaints. The Trust-wide top 5 categories for 2023/24 are displayed in Graph 1

Graph 1: Formal Complaints – Top 5 categories for 2023/24



Parliamentary and Health Service Ombudsman (PHSO)

If a patient or representative remains dissatisfied following completion of the local resolution process for a complaint (the first stage of the NHS complaints procedure), they can self-refer their complaint to the PHSO. The PHSO will then assess their complaint and may decide to undertake a further investigation. Table 4 provides the number and outcome of the Trust's PHSO cases during 2023/24.

Table 4: Current and closed PHSO cases

Closed during 2023/24	Fully upheld	Partially upheld	Not upheld	Current cases still under investigation
10	1	4	5	11

PALS and Complaints Quality Improvements during 2023/24

Complaints Review Scrutiny Group (CRSG)

The CRSG process scrutinises complaints investigated and responded to by the Trust and contributes to the learning from these complaints, to improve patient experience and drive

positive change through open dialogue and reflection. The management teams from the Hospitals/MCSs/LCO presented a case based upon a complaint they had received. Learning and associated actions identified from the cases were discussed, and assurance was provided that complaints are investigated with appropriate action taken when needed.

The CRSG, chaired by the Corporate Director of Nursing for Quality and Patient Experience, and supported by a Non-Executive Director and Governor, met on 14 occasions during 2023/24, reviewing 21 complaints in total.

PALS and Complaints Education Programme

During 2023/4, the Complaints Team delivered 31 Complaints Investigation and Response Letter Writing Training sessions. These sessions helped to improve the quality of complaint responses with an associated reduction in the rate of re-opened complaints.

To increase the awareness of PALS across the Trust, the PALS team facilitated 10 educational sessions as part of the Team Leader Senior Clinician Leadership and Management Programme, Ward Manager and Senior Nurse meetings and to medical and dentistry undergraduates at the University of Manchester.

Further training is planned to be delivered across all Hospitals/MCSs/LCO/Corporate Services in 2024/25, including new Local Resolution Training aimed at supporting staff to resolve concerns at a ward and department level.

Patient and Public Involvement Group

The PALS and Complaints Team are working with the Patient Experience Team, to create a Patient and Public Involvement Group. This will provide an opportunity for patients and members of the public to provide qualitative feedback on current Trust services, communications, and processes, and to input and affect future service changes and improvement projects.

Complaints Satisfaction Survey

Understanding the experience of the complainant, during and after a complaint investigation, is considered good practice. By listening to feedback from complainants about the quality of the services they have received, the Trust can make changes and improve our processes and procedures.

During 2023/24 the Complaints Team devised a new Complaints Satisfaction Survey, which can be completed online, via the post or over the telephone, to make it easier for patients and representatives to provide feedback on complaints handling at the Trust.

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

The collection of complaint EDI data is important to ensure representation and experiences of individuals from diverse backgrounds are captured. The Trust is committed to ensuring all patients and representatives have equal access to providing feedback on services and having an accessible PALS and Complaints service is fundamental to this.

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

In addition to the above, the PALS and the Complaints service continue to establish collaborative working relationships with charitable, voluntary and community organisations to increase PALS awareness in Greater Manchester.

During 2023/24, a new PALS poster has been created which is available in different languages and PALS leaflets are also being updated. Also, this year, the PALS office at Trafford General Hospital re-opened, making it easier for patients and representatives to raise concerns in person on different Trust sites.

Our Digital Maturity – Hive Electronic Patient Records

Our Hive Electronic Patient Record system, powered by Epic technology, went live across the Trust in September 2022. Hive has replaced hundreds of electronic and paper-based systems, enabling us to hold a single Trust-wide record for each patient. In addition to Hive, a new online patient portal and mobile app called MyMFT also went live, empowering patients to take greater control of their healthcare.

Over the past year we have worked to stabilise and embed Hive across the Trust and now staff are beginning to feel more comfortable with the system, we expect to see more benefits realised and an improved experience for staff and patients alike.

Hive continues to be the key enabler for patient safety, and as a clinically led, operationally delivered and digitally enabled programme, the transformation it brings is touching every single part of the organisation.

A snapshot of the benefits Hive has introduced have been highlighted below, and our [Hive Insights and Benefits Report for 2022/23](#) goes into further detail on these benefits and our plans for further improvement moving forwards.

Visibility of Data: Hive has improved the way staff share information with each other, increasing the visibility of data such as referrals, patients' previous attendances and lab results. Hive also provides our clinicians with the latest information, improving discharge decisions and results acknowledgment compliance.

The Care Everywhere feature allows staff to view a patient's health record when they have received care at other hospitals that also use Hive, anywhere in the world.

Patient Empowerment and Improved experience: Over 360k patients have been empowered to take more control over their care by signing up to MyMFT, our innovative patient portal. Available online and via mobile app, MyMFT allows users to manage their own care, care of a loved one, view test results and efficiently reschedule appointments.

With MyMFT's Proxy Access feature, patients can choose to provide a caregiver, family member or loved one with access to their MyMFT account so they can be supported with their healthcare. A dedicated under 16's form to request proxy access digitally has also been launched to support secure and efficient requests.

Patient Safety: Hive is helping us to deliver safer care. Digital data track boards help us to manage discharge processes safely and more efficiently. Significant enhancements have also been made to medicines optimisation with electronic prescribing, barcode medication administration, and dispensing information now being all in one place.

Work is ongoing to pinpoint areas of the system which can be developed to further improve patient safety, with new blood transfusion and predictive analytics processes due to be introduced in 2024.

Improved workflow and pathways: Hive has allowed us to improve and streamline our patient pathways, with a single patient transfer list helping us to address and reduce wait times.

A new pre-operative process and workflow is also helping to improve theatre utilisation and electronic scheduling at the Trafford Elective Hub, improving efficiency.

Care Quality Commission

MFT is required to register with the Care Quality Commission (CQC) and its current registration status is fully registered with no conditions. MFT has had no conditions on its registration. The CQC did not take enforcement action against MFT during 2023/24.

MFT has not participated in any investigations by the CQC. The Trust works closely with the CQC on maintaining high quality services. The Trust has not participated in any CQC reviews or inspections in the reporting period 2023/24. However, in March 2022/23 CQC inspected Maternity Services at each of the following three sites:

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

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

At the time of developing the 2022/23 Quality Account, the Trust had not received the final inspection report with its rating. On 28th July 2023, the CQC published its inspection report. Although the report highlighted areas of good and outstanding practice, the overall rating for maternity services was downgraded from *Good* to *Requires Improvement*. An action plan was developed following receipt of the report to address the actions set out in the report.

Table 5: Saint Mary's Hospital CQC Rating

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Inadequate Mar 2023	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement. Mar 2023	Requires improvement. Mar 2023
Neonatal services	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Requires improvement. Mar 2023

In March 2024, the CQC conducted an unannounced visit at our Children Adolescent Mental Health Service (CAMHS) to monitor compliance of the Mental Health Act. This was not an inspection but a monitoring visit. This means the ratings for the service were not considered during this visit. Several good practice findings were identified during the visit, an example of this was that the ward had an autism champion who led on communication resources and tools such as social stories and visual timetables for autistic patients. Although the report highlighted areas of good practice, the report also highlighted areas requiring improvements. The team have developed an action plan in response which addresses all the suggested improvements.

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 2023 deadline for submitting its 2022/23 IG compliance self-assessment against the NHS Data Security and Protection Toolkit (DSPT) standards. The Trust published its 2022/23 DSPT as “Standards Met”.

Data Quality

MFT submitted records during 2023-24 (up to end of Jan 24) to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.7% for admitted patient care,
- 99.8% for outpatient care, and
- 98.4% for accident and emergency care

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

- 99.8% for admitted patient care.
- 99.7% for outpatient care, and
- 100% for accident and emergency care

Clinical Research and Innovation

Please see Research and Innovation section of this report.

National and local clinical audits

National Audits

The national clinical audits that the Trust was eligible to participate in during 2023/24 are shown in table 6. It is important to note that the final overall total number of data submission to some national audits have been affected by the implementation of Hive. The Informatics team have reviewed and are taking the necessary actions to address this to ensure full participation in all relevant national audits.

Table 6: National Audit submission

Title	No. of cases	% Of relevant cases	Notes
Adult Respiratory Support Audit	MRI 0 NMGH 20 WTWA	MRI N/A NMGH 100% WTWA	MRI unable to submit due to staffing resource. Audit not included in the 2024/25 national audit programme.
Breast and Cosmetic Implant Registry (BCIR)	NMGH 52	NMGH 100%	
British Hernia Society Registry	MRI 2 WTWA	MRI WTWA	Awaiting confirmation of % submitted
Case Mix Programme (CMP)	CSS	CSS	
Cleft Registry and Audit Network (CRANE)	RMCH 80	RMCH 90%	Not all applicable cases provided consent to be included
Emergency Medicine QIPs - Care of Older People	MRI 55 NMGH 100 WTWA	MRI Unknown NMGH 50% WTWA	% based on RCEM expectations
Emergency Medicine QIPs - Mental Health (Self-Harm)	MRI 99 NMGH 240 WTWA	MRI Unknown NMGH 100% WTWA	Awaiting confirmation of % submitted
National Audit of Inpatient Falls (NAIF)	MRI 14 NMGH 4 WTWA 22	MRI TBC NMGH 100% WTWA TBC	Awaiting confirmation of % from clinical leads

Title	No. of cases		% Of relevant cases		Notes
National Hip Fracture Database (NHFD)	MRI		MRI		
	NMGH	416	NMGH	100%	
	WTWA		WTWA		
Improving Quality in Crohn's and Colitis (IQICC) (<i>prev. IBD Registry</i>)	MRI	0	MRI	N/A	Could not submit due to impact of Hive-EPR implementation.
	RMCH	0	RMCH		
	WTWA		WTWA		
UK Renal Registry Chronic Kidney Disease Audit	MRI	0	MRI		Due to submit by the end of March
UK Renal Registry National Acute Kidney Injury Audit	MRI	0	MRI		Due to submit by the end of March
National Core Diabetes Audit	MRI	0	MRI	N/A	Trust unable to participate until issues with Hive EPR are resolved. Some NMGH submissions made manually
	NMGH	93	NMGH	20%	
	WTWA	0	WTWA	N/A	
National Diabetes Foot Care Audit	MRI	TBC	MRI		
	NMGH	9	NMGH	100%	
	WTWA		WTWA		
National Diabetes Inpatient Audit Harms (NADIA)	MRI	TBC	MRI		
	NMGH	5	NMGH	Unknown	
	WTWA		WTWA		
National Diabetes in Pregnancy Audit	SMH	185	SMH	100%	
Adult Asthma Secondary Care	MRI	155	MRI	Unknown	
	NMGH	113	NMGH	100%	
	WTWA		WTWA		
Chronic Obstructive Pulmonary Disease (COPD)	MRI	395	MRI	Unknown	
	NMGH	223	NMGH	100%	
	WTWA		WTWA		

Title	No. of cases		% Of relevant cases		Notes
Paediatric Asthma Secondary Care	ORC	150	ORC	100%	
	NMGH	73	NMGH	100%	
	WTWA	29	WTWA	100%	
Pulmonary Rehabilitation	MRI	78	MRI	Unknown	NMGH - lack of resource capacity to submit all cases
	NMGH	15	NMGH	TBC	
	WTWA		WTWA		
National Audit of Cardiac Rehabilitation	NMGH	TBC	NMGH	TBC	
	WTWA		WTWA		
National Audit of Care at the End of Life (NACEL)	MRI	TBC	MRI	TBC	
	NMGH	TBC	NMGH	TBC	
	WTWA	TBC	WTWA	TBC	
National Audit of Dementia	MRI	40	MRI	100%	
	NMGH	82	NMGH	100%	
	WTWA		WTWA		
National Audit of Dementia – Spotlight Audit	MCLO	TBC	MCLO	TBC	Community / primary care only
National Audit of Metastatic Breast Cancer	WTWA		WTWA		
National Audit of Primary Breast Cancer	WTWA		WTWA		
National Cardiac Arrest Audit	CSS		CSS		
Myocardial Ischaemia National Audit Project (MINAP)	MRI	TBC	MRI	TBC	Data continues to be submitted up to May/June Deadline
	NMGH	152	NMGH	100%	
	WTWA	TBC	WTWA	TBC	
National Adult Cardiac Surgery Audit	MRI	TBC	MRI	TBC	Data continues to be submitted up to May/June Deadline
	NMGH	TBC	NMGH	TBC	
	WTWA	TBC	WTWA	TBC	
National Audit of Cardiac Rhythm Management (CRM)	MRI	TBC	MRI	TBC	Data continues to be submitted up to May/June Deadline
	NMGH	TBC	NMGH	TBC	
	WTWA	TBC	WTWA	TBC	
National Audit of Mitral Valve Leaflet Repairs (MVLRL)	MRI	TBC	MRI	TBC	Data continues to be submitted up to May/June Deadline
	NMGH	TBC	NMGH	TBC	
	WTWA	TBC	WTWA	TBC	

Title	No. of cases		% Of relevant cases		Notes
National Audit of Percutaneous Coronary Interventions (PCI)	MRI NMGH WTWA	TBC TBC TBC	MRI NMGH WTWA	TBC TBC TBC	Data continues to be submitted up to May/June Deadline
National Congenital Heart Disease Audit (NCHDA)	MFT		MFT		Data continues to be submitted up to May/June Deadline
National Heart Failure Audit	MRI NMGH WTWA	TBC 134 TBC	MRI NMGH WTWA	TBC TBC TBC	Data continues to be submitted up to May/June Deadline
The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	MRI WTWA	TBC TBC	MRI WTWA	TBC TBC	
National Audit of Seizures and Epilepsies in Children & Young People (Epilepsy 12)	ORC NMGH WTWA	55 17 24	ORC NMGH WTWA	100% 21% 83%	Figures so far for 2023, updated figures expected
NHSBT - Audit of NICE Quality Standard QS138	CSS		CSS		
NHSBT - Bedside Transfusion Audit	CSS		CSS		
National Early Inflammatory Arthritis Audit (NEIAA)	MRI	TBC	MRI	TBC	
National Emergency Laparotomy Audit (NELA)	MRI NMGH WTWA	93 69	MRI NMGH WTWA	72% 100%	
National Bowel Cancer Audit (NBOCA)	MRI WTWA	TBC	MRI WTWA	TBC	
National Oesophago-Gastric Cancer Audit (NOGCA)	MRI	TBC	MRI	TBC	Patients referred for further treatment to SRFT and Christie FT
National Joint Registry	MRI	TBC	MRI	TBC	

Title	No. of cases		% Of relevant cases		Notes
National Lung Cancer Audit	MRI NMGH WTWA	TBC TBC	MRI NMGH WTWA	TBC TBC	
National Maternity and Perinatal Audit (NMPA)	SMH	Unknown		Unknown	Data provided automatically by NHS
National Neonatal Audit Programme (NNAP)	SMH		SMH		
National Ophthalmology Audit (NOD)	MREH		MREH		Trust unable to participate until issues with Hive EPR are resolved.
National Paediatric Diabetes Audit (NPDA)	RMCH		RMCH		Submission due in May, issues with Hive have led to delays
National Prostate Cancer Audit (NPCA)	MRI WTWA		MRI WTWA		
National Vascular Registry	MFT	513	MFT	Unknown	
Paediatric Intensive Care Audit Network (PICANet)	RMCH	840	RMCH	100%	
Sentinel Stroke National Audit Programme (SSNAP)	MRI MTLCO WTWA	211	MRI MTLCO WTWA	76%	
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	CSS		CSS		
Society for Acute Medicine Benchmarking Audit (SAMBA)	MRI NMGH WTWA	53 TBC	MRI NMGH WTWA	Unknown TBC	
Trauma Audit & Research Network	MRI NMGH RMCH WTWA	161 0	MRI NMGH RMCH WTWA	N/A	Incomplete data submission due to unavailability of the national data submission portal.
UK Cystic Fibrosis Registry	RMCH WTWA	184 85	RMCH WTWA	100% 100%	

Local clinical audits

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

Dental radiography reporting by clinicians in the RMCH - re-audit: It is important that dental radiographs are documented in patient records as it helps in the identification of dental conditions. Following the introduction of Hive, a system has been put in place to ensure the outcome of the dental radiograph is always documented in Hive. Additional actions such as training on where to document on Hive and discussions at morning huddles have helped to increase compliance of this standard showing an improvement from limited assurance in the previous audit to full assurance in the re audit.

An Audit of the Paediatric Diabetes Pathway in a Child and Adolescent Mental Health Service (CAMHS): - A diagnosis of Type 1 Diabetes for a child or young person has an emotional impact on the family as a whole and as such it is therefore important that they receive emotional support and have timely access to information following the diagnosis. Following the outcome of the initial audit which showed limited assurance, a re-audit showed improvements in all areas. This was linked to the corrective actions that were put in place following the initial audit such as: a new referral process and sharing feedback from the psychoeducational group on the Digitbete platform (diabetes information website). This re audit has shown an improvement from a very limited assurance to significant assurance.

Cappuccini Audit: The Cappuccini test is a six-question audit designed to pick up any issues relating to supervision of anaesthetists in training and non-autonomous SAS grade doctors. Although the initial audit demonstrated a good assurance level, actions were put in place to ensure greater assurance could be given regarding patient safety. These actions included emphasising the joint responsibility of trainee and supervisor to have a brief discussion before the start of a theatre list and clarify means of communication, changes to anaesthetic charts to include a box for named supervisor, providing a Vocera/ DECT phone for trainees running solo and arrangements for consultants to carry individual Vocera / DECT phones. These actions have shown an improvement in this re audit from a significant assurance to a full assurance.

Audit of HIV screening in patients attending the Whitworth Clinic: Following the NICE guidance (2016) it was identified by the Sexual Health department that not all women within the service were being screened for HIV. Therefore, a screening programme was initiated in the Whitworth clinic in March 2021 in collaboration with the Sexual Health department.

Following an initial audit, actions were put in place including staff education sessions, liaison with the gynaecology ward at Wythenshawe to improve the screening rate amongst women pre-operatively and clearer documentation of offer and acceptance of screening. These actions have shown to be successful with the following re audit showing significant assurance from limited assurance.

Completion of Procedure Notes and Local Safety Standards for Invasive Procedures (LocSSIPs) Forms: It is important that any baby undergoing an invasive procedure should have a completed procedure note/LocSSIPs form on Hive. This audit was conducted on all babies who underwent an invasive procedure on the neonatal unit at North Manchester General Hospital for the period of 3 months. Following the implementation of actions from the initial audit such as education (face to face teaching sessions) and educational posters in the neonatal unit doctors' office, this has improved the assurance of this audit from very limited assurance to full assurance.

Ophthalmic genetic Multi-Disciplinary Team (MDT) documentation audit: The Ophthalmic genetic MDT is a monthly meeting bringing together Clinical Geneticists, Ophthalmologists, Genetic Counsellors, and Clinical Scientists. The MDT is a key stage in the diagnostic pathway where patients' genetic results are discussed in relation to their clinical condition. It is important that the Ophthalmic genetic MDT meet the local guidelines for documentation of MDT discussions. Following the initial audit, actions were undertaken to improve compliance such as, modification of the current MDT summary proforma to include the named clinician responsible for any agreed actions, routine capture of attendance at the MDT and ensuring notes are stored securely with the summary record. Feedback of results to the genetic eye team and wider clinical team were also carried out. The re audit has shown an improvement in the assurance level from limited to significant assurance.

Re-audit on how drug allergy status is recorded for inpatients: NICE Clinical guidance CG183 covers diagnosing and managing drugs. It also makes recommendations on improving people's understanding of their drug allergies, and ensuring these are recorded properly in their medical records. Prescriptions issued in any healthcare setting should be standardised to record information on drugs to reduce the risk of drug allergies. An initial audit in October 2023 showed improvements were required in relation to documentation. As a result of the audit, teaching sessions were undertaken for doctors, nurses and pharmacists. A re-audit was undertaken in February 2024 which revealed a significant improvement in the documentation of signs and symptoms (Initial 47% vs re-audit 78%) and a marked improvement in documenting when a drug reaction occurs (0% vs 78%). There

was also clear documentation for patients whose allergy status could not be ascertained due to dementia, being drowsy, being unable to contact family etc.

Audit on the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process documentation on HIVE: The ReSPECT process creates a personalised recommendation for clinical care in emergency situations where a patient is not able to make decisions or express their wishes.

Following the implementation of Hive, the documentation of the ReSPECT process was on Hive and not paper based (as it was pre-Hive). As a result of the change, it was important to measure compliance according to Hospital/Trust policies.

The initial audit was undertaken when the Hive system was new which indicated clear areas of improvement in terms of lack of documentation on Hive throughout the ReSPECT process. This was linked to staff not being familiar with the process on Hive. As a result of the findings, areas that were lacking were identified and methods for improvement were presented to the specific teams including familiarisation of the complete ReSPECT process on Hive. A re-audit undertaken 4 months later showed a significant improvement in compliance, with good practice being identified in the correct and appropriate completion of ReSPECT forms.

Provision and Documentation of Mouth Care in Hospital: Admission to hospital can impact on the provision of good mouth care in elderly care patients. The results of the initial audit found that most patients were screened on admission and weekly assessments were conducted on the medical ward, although daily documentation of mouth care was variable. Actions were put in place following the audit which included presentation of the audit findings to staff and other initiatives to raise and spread awareness.

A second audit was performed which showed mouth care screening on admission was documented in most patient records - a standard maintained from the first cycle. There was considerable improvement in the proportion of patients having mouth care assessment on admission and weekly mouth care assessments compared to the first audit, particularly for surgical patients, and there was an overall improvement in documentation of oral health-related problems. In addition, a greater proportion of patients were seen with a toothbrush and toothpaste, though it is noted that over one third of patients brought their own products from home. In evaluating the patient experience fewer patients reported a change/worsening of their mouth care in hospital compared to the first audit with a similar proportion of patients reporting their oral health was maintained.

Re audit on RCEM Guidelines of Bronchial Asthma in Adults: The aim of the audit was to compare the current performance in the Emergency Department in the management of acute exacerbation of bronchial asthma in patients presenting with acute asthmatic attacks (moderate and severe) in August 2023. The outcome of the initial audit highlighted areas for improvement. Actions were implemented which resulted in positive improvements in the Emergency Department. A re-audit showed an improvement in several areas such as Peak Expiratory Flow Rate (PEFR), Vital signs, Nebulisations, GP follow up, and Oral prednisolone on discharge. PEFR is a predominant feature of good practice in assessing both severity and treatment effectiveness. The PEFR was assessed on 6.7% of patients in the first audit as compared to 62% of patients in the re-audit. This improvement has been as the result of regular teaching provided to the triage nurses.

Audit to review Venous thromboembolism (VTE) prophylaxis, anticoagulation and antiplatelets prescribing for inpatients and on discharge in thoracic surgery patients admitted for lung resection: The results of the audit identified good standards of VTE prescribing against national standards with 100% of VTE prescribing targets being met. The audit highlighted an area for improvement in relation to having a standard operating procedure for restarting antiplatelets and anticoagulation when removing chest drains.

Improving confidence in the set up and review of acute NIV (Non-Invasive Ventilation) amongst medical juniors at NMGH: Post-pandemic acute NIV related patient safety incidents at North Manchester General Hospital (NMGH - and throughout MFT) necessitated a project to improve confidence in the set-up and management of NIV amongst junior doctors. Equipment changes, issues around infection control, reduced face-to-face training and education of doctors and nurses, and increasing demand on services were all contributory factors identified. Teaching sessions using Plan, Do, Study, Act (PDSA) cycles after each session were utilised. A survey was conducted pre and post these sessions which measured staff confidence levels in the following:

- Determining indications for NIV
- Contraindications
- Escalation decisions
- Set up of NIV circuit.
- Initial NIV settings
- Re-evaluation of patient
- Adjustment of NIV settings.

The project resulted in a 96% improved rate of confidence.

Evaluating the impact of front door geriatric in-reach frailty services in A&E - a pilot

study: The project aimed to help develop an effective pathway for patients considered to be frail by performing a Comprehensive Geriatric Assessment (CGA) at the time of a patient's presentation in A&E. A three-week pilot of the pathway was undertaken by a small team comprising of a consultant, frailty Advance Care Practitioner, junior doctor, and a geriatric doctor. The team was based in the ED and worked alongside other teams in ED and various community teams. Data was collected by assessing completion of the domains within the CGA, and discharge data. The results were positive, with all appropriate patients having a CGA completed, 97% of the patients being screened for delirium, and a structured medication review being completed in 100% of cases (with 70 medications appropriately de-prescribed in total).

E-Discharge Summary audit: With the introduction of HIVE, a project was commenced to assess the quality of E-Discharge summaries, with the added feature of comparing differences in the quality of completion between the medical and surgical specialties at NMGH. This information is important for both the patient and their families, but also for the provision of information to any primary or community care a patient may receive. Five discharged patients from the 10 inpatient wards were randomly selected for a review of the quality of their discharge summaries. The 50 discharge summaries were measured against the 10 standards set out by the Royal College of Physicians. Of these 10 standards, six standards were found to score 96-98%, 2 were 90-94%, and 2 were 56-58%. For the latter two standards (General Quality of Communication and Admission Details), it was found that the primary contributing factor to a lower score was the overuse of abbreviations not otherwise clarified elsewhere in the summary. The overall average score for Quality of Discharge Summary Completion provided good assurance at 88% and highlighted where improvements were required. To address this an action was implemented to re-educate clinicians regarding the use of abbreviations within discharge summaries. This will be re-audited to assess improvements.

Venous Thrombo-embolism (VTE) assessments for emergency admission in general

surgery: Deep vein thrombosis (DVT) occurs when a blood clot forms in a deep vein, usually in the lower leg, thigh, or pelvis. Patient admitted to hospital are at increased risk of DVT and to prevent it they are given anti-embolism stockings to wear. In the audit, medical staff looked at 42 patients admitted in one week and checked to see if anti-embolism stockings were prescribed. Almost all, (95%), of patients their anti-embolism stockings prescribed and all of them had it prescribed within the first consultant review. This shows improvements from the first audit and reassurance to patients about their care.

Testicular Tumour Audit: Staff working in the Trust's pathology department took part in an audit that looked at whether any patients who were diagnosed with testicular cancer were referred to The Christie Hospital for treatment as per the NICE guidelines. In the initial audit it was found that, of the 50 cases in the audit, each case had been referred as recommended. The second audit (re-audit) also found that each case where a tumour had been identified had been referred to The Christie Hospital. This provided assurance that the correct pathway for these types of tumours was being followed and that patients were receiving the appropriate care.

The accuracy and clarity of orthodontic extraction letters: The Dental Hospital reaudited letters issued to patients who were requiring teeth extraction. This was to make sure that the letters continued to be clear and accurate with the patient's details, the correct details of the procedure and that it matched with the information contained in the patient's notes. Staff looked through 80 individual letters and found that each of the seven standards was met, showing improvements from the original audit.

Local Falls Standards: It is important that all patients who are at risk of falls are assessed correctly as this means that the correct treatment is prescribed, and the risk of falls is reduced. After a previous audit had shown that the audit tool did not provide a clear picture of the treatment of patients and the identification of risk of falls, the clinical team in the community put several actions in place. The actions included reviewing the audit tool and amending the initial assessment and the East Kent Outcome System (EKOS). The EKOS is a nationally recognised framework which promotes transparent, client focused, evidence-based care planning. The actions were implemented successfully as evidenced in the outcome of reaudit which demonstrated improvement from very limited assurance to significant assurance.

Quality Indicators

In table 7 you will see performance figures and, where available, comparative information so that you can see how well we are doing against a range of core quality indicators as compared to other NHS providers.

Table 7 (below): Core Quality Account indicators with comparable performance figures where possible.

Prescribed information	Data Source	2023/24	2022/23	National Average	Indicator Comments
The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	HSCIC	109.55 (Nov 22 – Oct 23)	95.44 (Oct 21 – Sep 22)	100	National target <100
Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Dr Foster	44.1% (Dec 22 – Nov 23)	45.0% (Nov 21 – Oct 22)	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	8.1% (Sep 22 – Aug 23)	8.5% (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	6.2% (Sep 22 – Aug 23)	7.1% (Sep 21 – Aug 22)		
Percentage of patients admitted to hospital risk assessed for VTE	Trust Data		Currently suspended for external reporting		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	29.41 (Apr 23 – Jan 24)	22.2 (Apr 22 – Dec 22)	25.2	National average based on 2021/22
Reduction of the number of Clostridium Difficile cases	Trust Data	237 (Apr 23 – Jan 24)	146 (Apr 22 – Dec 22)	N/A	Trust target no more than 174 cases a year
Maximum waiting time of two weeks from urgent GP referral to first out-patient appointment for all urgent suspected cancer referrals	CWT	67.67% (Apr 23- Jan 24)	56.18% (Apr 22-Jan 23)	82.10% 2021/22	National target
Maximum 31 days from decision to treat to start of subsequent treatment: Surgery.	CWT	73.43% (Apr 23- Jan 24)	75.68% (Apr 22-Jan 23)	84.50% 2021/22	National target
Maximum 31 days from decision to treat to start of treatment extended to cover all cancer treatments.	CWT	81.07% (Apr 23- Jan 24)	82.66% (Apr 22-Jan 23)	93.50% 2021/22	National target
Maximum 31 days from decision to treat to start of subsequent treatment: Chemotherapy.	CWT	88.06% don	91.25% (Apr 22-Jan 23)	98.80% 2021/22	National target
62-day wait for first treatment from urgent GP referral for all cancers	CWT	47.30% (Apr 23- Jan 24)	39.61% (Apr 22-Jan 23)	69.00% 2021/22	National target
62-day wait for first treatment from NHS Cancer Screening Service referral	CWT	61.03% (Apr 23- Jan 24)	72.15% (Apr 22-Jan 23)	72.60% 2021/22	National target
18 weeks maximum wait from point of referral to treatment (RTT) (non-admitted patients)	NHS England	51.74% (Feb 24)	47.19% (Jan 23)	63.08% (Dec 22)	National target
18 weeks maximum wait from point of referral to treatment (RTT) (admitted patients)	NHS England	46.57% (Feb 24)	55.73% (Jan 23)	70.60% (Dec 22)	National target
18 weeks maximum wait from patients not yet treated (RTT)	NHS England	47.98% (Feb 24)	39.43% (Jan 23)	58.00% (Dec 22)	National target

Maximum 6 week wait for diagnostic procedure	NHS England	34.24% (Feb 24)	52.55% (Jan 23)	31.28% (Dec 22)	National target
Maximum waiting time of 4 hours in A&E from arrival to admission, transfer, or discharge	Trust Data	70.05% (Apr 23 – Feb 24)	58.74% (Apr 22 – Jan 23)	72.40% (Jan 23)	National target
The number and, where available rate of patient safety incidents reported within the Trust in the reporting period.	Trust Data	55822 597.3	57698 602.4	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	131 0.23%	134 0.23%	N/A	N/A
Groin hernia surgery	NHS England		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	Discontinued in 2017
Hip replacement surgery and	NHS England		Ceased national collection in 2021	97.2% Oxford Hip Score (2020 – 21)	Discontinued in 2021
Knee replacement surgery	NHS England		Ceased national collection in 2021	94.1% Oxford Knee Score (2020 – 21)	Discontinued in 2021

Glossary of Definitions

<i>Care Quality Commission (CQC)</i>	The CQC is the primary regulator of quality of care in the NHS.
<i>Care Provider</i>	An organisation that cares for patients. Some examples of which are hospital, doctors' surgery or care home.
<i>Clinical</i>	Refers to the care environment.
<i>Clostridium difficile</i>	A type of infection. Symptoms of <i>C. difficile</i> infection range from mild to severe diarrhoea.
<i>Comprehensive Geriatric assessment</i>	A multidimensional holistic assessment of an older person which considers health and wellbeing and formulates a plan to address issues which are of concern.
<i>Condition</i>	An illness or disease which a patient suffers from.
<i>Core Values</i>	A group of ideals which the Trust believes all staff should exhibit – the Trust values Pride, Respect, Empathy, Consideration, Dignity and Compassion.
<i>DigitBete platform</i>	A platform which provides a wide range of clinically approved, age-appropriate resources to help with the self-management of Type 1 Diabetes.
<i>Emergency Readmissions</i>	Unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission.
<i>Harm</i>	An unwanted outcome of care intended to treat a patient.
<i>Hospital Standardised Mortality Ratio (HSMR)</i>	A system which compares expected mortality of patients to actual rate.
<i>Standardised Hospital Mortality Indicator (SHMI)</i>	A system which compares expected mortality of patients to the actual mortality (similar to HSMR).
<i>LCO</i>	Local Care Organisation. This includes TLCO (Trafford LCO) and MLCO (Manchester LCO)

<i>Length of stay (LOS)</i>	The number of days that a patient spends in hospital.
<i>(LocSSIPs)</i>	These are Local Safety Standards for procedures that are invasive.
<i>NHS Improvement (NHSI)</i>	NHSI authorises and regulates NHS Foundation Trusts. The organisation works to ensure that all Trusts comply with the conditions they have signed up to and that they are well led and financially robust.
<i>NICE</i>	National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care.
<i>NIHR</i>	National Institute for Health and Care Research - The nation's largest funder of health and care research, providing the people, facilities, and technology for research to thrive.
<i>NIHR Manchester BRC</i>	The NIHR Manchester Biomedical Research Centre (BRC) connects world-leading researchers based at The University of Manchester and four NHS Trusts in Greater Manchester.
<i>MCS</i>	Managed Clinical Services
<i>Mortality</i>	Mortality relates to death. In health care, it means death rate, or the number of deaths in a certain group of people in a certain period.
<i>MRSA</i>	Methicillin-Resistant Staphylococcus Aureus is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems. However, for some people it can cause infection that is resistant to several widely used antibiotics.
<i>Patient Safety Incidents</i>	Is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.
<i>Peak Expiratory Flow Rate</i>	Peak flow is a simple measurement of how quickly you can blow air out of your lungs. It's often used to help diagnose and monitor asthma.
<i>ReSPECT</i>	Recommended summary plan for emergency care and treatment. The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where someone is not able to make decisions or express their wishes.
<i>Strategy</i>	A healthcare strategy is a plan that guides the actions and goals of a healthcare organisation or system. It can help improve the quality, efficiency, and effectiveness of healthcare services, as well as address the challenges and opportunities in the changing healthcare environment.
<i>Venous thromboembolism (VTE)</i>	This is when a blood clot forms within a vein
<i>Vein</i>	A blood vessel that carries blood towards the heart
<i>Vocera</i>	A hands-free communication device used by healthcare professionals to communicate with each other easily in hospital.

Advancing equality, diversity and inclusion

In 2019, the Trust published '[Diversity Matters \(2019-2023\)](#)', a four-year strategy, aiming to be the best place for patient care and workplace excellence. The strategy is central to the Trust's Vision of 'improving health and well-being for our diverse population' and provides a framework for improving policies, processes and practices. The strategy is due to be refreshed in 2024 and consultation will be planned to take place with our patients, service users and workforce, to improve how we will deliver the three aims below for the next four years (2024-2028).

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

1. Improved patient access, safety and experience

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.



2. A representative and supported workforce

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.



3. Inclusive leadership

The results we are aiming for:

- ✓ Board members and senior leaders demonstrate their commitment to equality, diversity and inclusion.
- ✓ Board and Committee papers will identify equality-related impacts and how unfavourable effects will be reduced.



The information in the rest of this section refers to the calendar year of 2023.

Improved patient access, safety and experience

The first strategic aim is to improve patient and service user access, safety and experience. The Trust always wants to make sure that patients, their caregivers, families and service users have an experience with our services that is inclusive and accessible. The Trust considers how its decisions will affect equality in a variety of ways. These include consulting with diverse patients and service users on decision making and carefully examining our data through the Health Inequalities Group. This section details the activities that were carried out in 2023 towards achieving these objectives.

Diversity of Our Patients

The Trust recognises the diverse needs of our patients and service users and tracks demographic data to ensure safe and effective healthcare. Demographic details of the communities we serve can be found on pages 13 and 14 of this report.

Accessible Information Standard

The Accessible Information Standard (AIS) is a national requirement for health and social care providers to identify, record, flag, share and meet the information and communication support needs of individuals with disabilities, impairments or sensory loss. Since 1st August 2016, all organisations that provide NHS care and/or publicly funded adult social care have been legally required to follow the AIS. It aims to improve services by ensuring that information is easily readable, understandable and accessible, facilitating effective communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The Trust's AIS Steering Group brings together a diverse range of representatives from our hospitals and services across the Trust. A new action plan has been developed to identify the steps needed to ensure MFT is fully compliant with the standard. The Trust continues to build on this foundation by:

- working with different services, such as Interpretation and Translation, Learning and Development, Patient Experience, IT systems (HIVE), and Reception Managers to meet the needs of patients and service users
- working with reception managers to implement processes to identify individual's needs when interacting face-to-face
- providing training in the next 12 months for our workforce, to ensure our patients and service users receive the service they require

Disabled People's User Forum (DPUF)

The Trust's Disabled People's User Forum (DPUF). The purpose of DPUF is to listen to the views and experiences of disabled people and enable them to influence decision making within the Trust, ensuring we understand how these decisions will impact disabled people.

This forum also aims to improve the access, experience and quality of health care for disabled people within our hospitals and community services.

Some of the key discussions with the Forum in 2023 have included:

- Contribution to shaping the Diversity Matters Strategy for 2024-2028
- Involvement in the ongoing rollout of the new Hive system, specifically on how to make it accessible for all patients as part of AIS, leading to the implementation of mandatory stops for staff to ensure accurate recording of patient's needs for

communication. These include Braille, BSL, Easy Read and Large Font to name a few.

- Feedback on catering for patients including menu choices, crockery and communication during mealtimes.
- Feedback on posters and the accessibility of the PALS & Complaints process
- Feedback to enhance overall hospital accessibility, including discussions on signage size, waiting area space, colour contrast and clock updates.
- Feedback on making our new community diagnostic centres accessible to our patients.

Equality Delivery System (EDS)

NHS England (NHSE) introduced EDS, a national framework, to support NHS organisations in achieving better outcomes for both patients and staff. The EDS focuses on three domains: patient care, staff treatment and leadership, with 11 standards to assess and grade equality performance. The system was refreshed in 2022 and EDS version 3 (EDS3) was launched in 2023, with MFT being one of the national pilot sites for its implementation. Post-COVID, NHSE has identified five priority areas as below and introduced [Core20PLUS5](#) clinical areas to guide efforts in reducing Healthcare Inequalities. At MFT EDS has been rolled out across the following areas:

Domain	Service Area
Patients: Patient care pathways were reviewed to assess and enable equitable access, experience and outcomes	Saint Mary's Hospital Managed Clinical Service (SMHMCS)
Workforce	Employee Health and Wellbeing Services
Inclusive Leadership	Leadership at Group Level

The data and evidence against EDS outcomes have been compiled, presenting narratives about existing processes, systems and procedures related to patient care and workforce functions based on protected characteristics. The objective is to produce evidence demonstrating:

- analysis of service delivery by protected groups.
- engagement with the protected groups
- inclusion of equality in the governance and business process
- areas that require improvements and the relevant action plans

Service leads and the EDI team, self-assessed and graded the EDS assessment of services, based on evidence from clinics and departments. The external verification of the self-

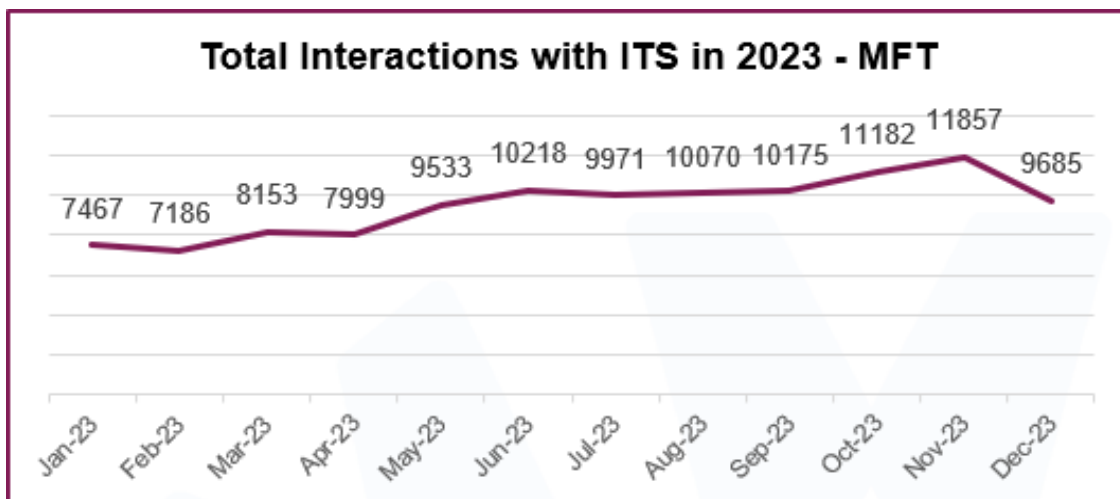
assessment and grading was conducted by an Equality and Diversity Practitioner.

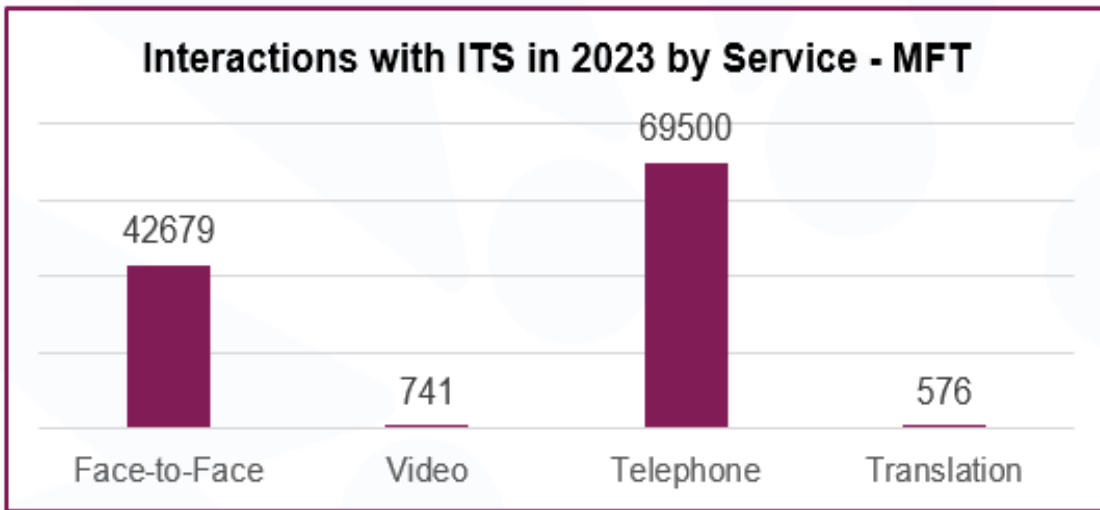
Interpretation & Translation Service (ITS)

The ITS handles bookings for interpreters and translation requests across MFT. They coordinate with departments, in-house interpreters and the Trust's external provider to fulfill these requests

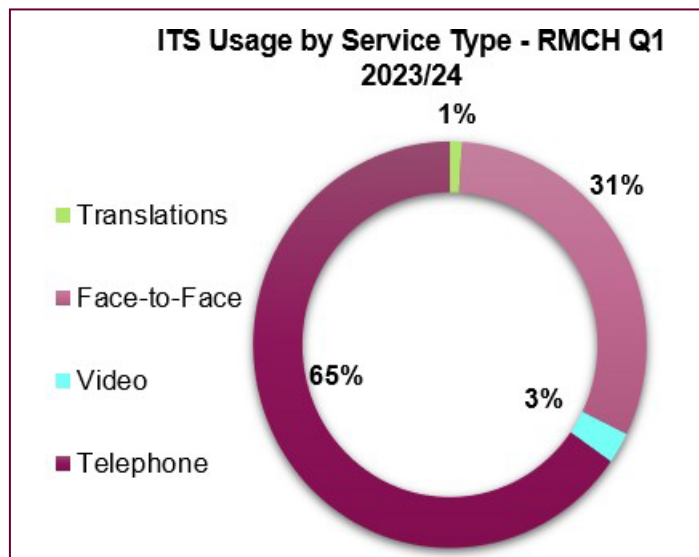
Use of Interpretation & Translation Services at MFT in 2023

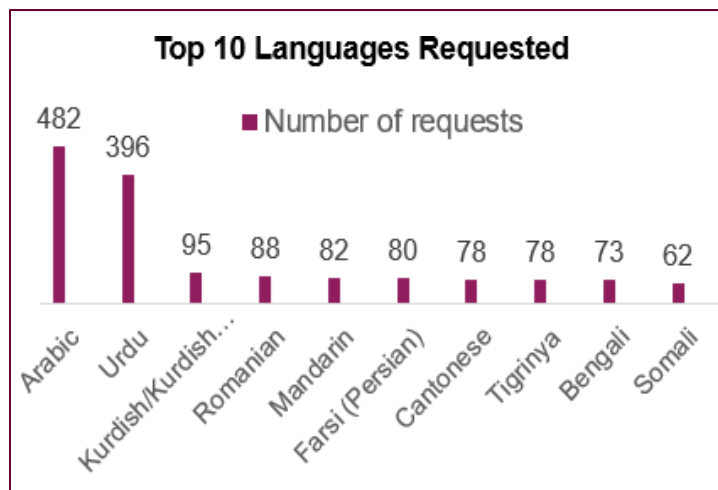
- 113,496 - Interactions, with requests for over 132 languages and dialects, for patients, their families and carers across the Trust.
- 42,679 - Requests for a Face-to-Face interpreter and 741 requests for a Video Interpreter.
- 576 - Requests for written translations for texts to be translated to/from 47 languages, including Braille and Easy-Read English.
- 741- Requests for a Video Interpreter.
- 69,500 - Phone calls with a Telephone Interpreter took place, for a total of 1,203,274.8 minutes (20,054 hours 33 minutes).
- 1,888- Requests for a BSL interpreter.





The Royal Manchester Children’s Hospital (RMCH) Patient Experience Team tackled staff awareness and communication gaps by promoting ITS. Feedback emphasised the need for better promotion to overcome language barriers. The initiative included staff training and resource distribution based on Q1 and Q2 data, focusing on the top 5 languages within the Race protected characteristic. Redesigned multilingual posters, a phrase list and inclusive communication aim to minimise reliance on family translators and reduce care delays.





The 'Do you need an interpreter?' initiative is helping communication for non-English-speaking families through a digital poster with translated phrases. It guides staff to the ITS page on the intranet. ITS then engages with staff and families through training presentations, walkarounds and multilingual posters with QR codes in departments and waiting areas. Ongoing efforts are driven by staff engagement insights and effective resource poster to empower service users to request ITS and help staff meet patient needs and rights.

Improving Accessibility to Patient Advice and Liaison Service (PALS) and Complaints Process

PALS at MFT provides confidential support for patients and relatives, addressing inquiries and concerns about Trust services. PALS and complaints processes for all patients and representatives, regardless of demographics or protected characteristics, are now being reviewed to enhance equality and accessibility in providing feedback. The following steps have been taken to improve accessibility to the PALS and Complaints process:

- Enhanced EDI form for accurate demographic data and identification of concerns in protected characteristics.
- Collaborative design for enhanced PALS communication, through multilingual posters and leaflets.
- Established a diverse Patient and Public Involvement Group, to gather valuable feedback from patients, families and their representatives, on updated/new communications, processes and service redesigns in Manchester. Additionally, formed the PALS and Complaints Accessibility Working Group to continuously improve service accessibility, ensuring ease of sharing concerns, compliments, feedback or providing compliments for everyone involved.

- Actively participating in the Trust's DPUF, AIS Group, Learning Disability Steering Group and serving on the Manchester Carers Partnership Board.
- Enhanced the complaints investigation and response writing training.
- Collaborating with the Trust's Consultant in Public Health to advance efforts in reducing health inequalities, particularly focusing on improving health literacy.
- Enhancing accessibility for Patient Feedback and Complaints through tailored communication options, website updates and online feedback integration.

Homelessness Response at MFT and HIVE Electronic Patient Record System Adjustments

In 2023, Trust's Homelessness Working Group, resumed its quarterly meetings. This group includes MFT hospital staff, Manchester Local Care Organisation (MLCO), Manchester City Council Housing Solutions Service and the local homeless voluntary and community sector. The focus is on creating patient-centered responses for homeless individuals following NICE guidance and addressing legislative elements of the Homelessness Reduction Act 2017. The Public Duty to Refer legislative obligations mandates MFT to collect homelessness information, crucial for avoiding organisational/reputational risk, enabling proper care planning and addressing health inequalities by understanding the impact on different populations accessing services.

The Working Group identifies and implements best practices for homeless or at-risk patients across MFT's departments, establishing audit methodology for data capture.

The HIVE EPR booking form now includes the following:

- Specific fields for AIS
- Homelessness status
- Armed Forces status

Hidden Disabilities- Sunflower Scheme

NICE guidance highlights the importance of making reasonable adjustments for individuals with hidden disabilities, as their challenges may not be readily seen. Acknowledging the potential challenges for patients with disabilities visiting the hospital, the University Dental Hospital of Manchester (UDHM) has chosen to adopt the 'Hidden Disabilities Sunflower' scheme to demonstrate our commitment to offering extra support and ensuring a positive experience for all patients. Through badges and improved spaces, the aim is to enhance the experience for patients and staff, aligning with our goal of patient-centric and inclusive healthcare.

MFT Learning Disability Strategy

MFT provides high-quality care for adults with learning disabilities and/or autism in various healthcare settings. The "Our Plan for People with Learning Disabilities and/or Autism, Their Families and Carers 2022-2025" outlines strategic priorities, with working groups involving professionals and patient carer forums. The priorities are:

- Respecting and protecting rights
- Inclusion & Engagement (including Communication)
- Workforce Skills and Development
- Learning Disability service standards and patient safety

Urdu-speaking Women's Exercise Group – AHP Physiotherapy

Our Musculoskeletal (MSK) Physiotherapy services in North Manchester address both acute and chronic MSK issues by accepting referrals from GPs, consultants and self-referring patients with a North Manchester GP. Acknowledging the unique needs of Urdu-speaking female patients with chronic pain, the service created the Women's Exercise Group. A 5-week course led by Senior Physiotherapists. With up to 10 weekly attendees, the program combines a holistic approach to managing MSK conditions through an exercise circuit and educational talks, facilitated by an Urdu interpreter. After an initial appointment, patients can choose the group or individual treatment, considering cultural preferences by having female physiotherapists and an Urdu interpreter for maximum engagement. After physiotherapy classes, patients can opt for referral to Physical Activity Referral Scheme (PARS), offering diverse community classes, including women-only sessions with interpreters.

Falls Awareness Sessions to Support Chinese Community

To address the specific needs of the Chinese community in Central Manchester, the Falls Team initiated tailored falls awareness sessions with a bi-lingual physiotherapist which significantly increased participation and engagement. Participants underwent a six-month OTAGO program, focusing on strength and balance exercises, with regular reviews to monitor progress and prevent isolation. This initiative aligns with our commitment to culturally sensitive and accessible healthcare services.

Transgender Patient Care Policy and Toolkit

The Trust is improving care for transgender patients with a new policy and toolkit. This helps staff meet specific needs, providing patient-centered, respectful and flexible responses. The policy covers definitions, names, titles, pronouns, legislations and managing patient information related to trans status. Continuous updates align it with the HIVE system,

including considerations for pregnancy in trans men. E-learning modules in HIVE help clinicians record relevant patient information.

NHS Rainbow Badge Accreditation Scheme 2023

In 2022, MFT joined the NHS Rainbow Badge Accreditation Scheme, a national pilot with 40 Trusts. Having achieved bronze status in 2021, the scheme assesses LGBTQ+ inclusion efforts at various stages. Transitioning from a pledge-based to an assessment model, it aims to reduce healthcare barriers for LGBTQ+ individuals. MFT underwent a reaccreditation process from March to July 2023, incorporating awareness activities throughout the Trust. The feedback from the RBAS Accreditation process will be integrated into the revised MFT Diversity Matters Strategy, detailing specific actions and timelines.

A representative and supported workforce

As one of the largest Trusts in Greater Manchester, the Trust recognises the value of diversity among its staff. Having a representative workforce is a key strength and the Trust is committed to enhancing conditions, listening to staff and promoting fairness. By improving representation and upholding equality standards, the Trust aims to have a content workforce delivering top-quality care across its services. Beneath that are some examples of initiatives to support our diverse workforce.

EDI Allies

The EDI team actively promotes Equality, Diversity and Inclusion (EDI) through various EDI ally roles. These allies support the workforce, engage in discussions and plan initiatives for diversity and inclusion. They passionately advocate for underrepresented voices, driving systemic change and fostering an inclusive culture. These roles form a united network committed to celebrating diversity and embedding inclusion in the organisational culture.

Freedom to Speak Up (FTSU): Fostering Inclusivity and Diversity

The FTSU team at MFT provides an alternative avenue for staff to address patient safety or workplace concerns, promoting a culture where speaking up is routine. The FTSU champion network, consisting of over 70 volunteers, including the FTSU Guardian, offers support and advice to staff. There are over 70 FTSU champions, 20% of whom speak at least two languages (including Hindi, Tagalog, Malayalam, Arabic, Italian, Polish and Hausa) and nearly 30% identifying with one or more protected characteristics. This diverse team ensures that staff have someone relatable to speak to, fostering an inclusive culture at MFT. The ongoing goal is to provide support to staff who may find it challenging to speak up, creating a culture where everyone feels heard.

Staff Networks

The Trust is reviewing staff networks for all protected characteristics to enhance their support for staff and improve services through a diverse workforce. The Trust's Chief Executive meets quarterly with Staff Network chairs to assess progress and discuss improvements.

- The Armed Forces Staff Network helps to make the Armed Forces community employees feel acknowledged and guide them on support available. MFT have pledged their support to the [Step into Health](#) programme and have a team of dedicated individuals to guide with employment opportunities within MFT.
- The Black, Asian & Minority Ethnic (BAME) Staff Network Supports 7,000 BAME colleagues, addressing workplace inequalities, promoting leadership training and combating bullying and harassment. Despite successful events, our Annual Members Meeting highlighted the ongoing need for equality. We collaborate with senior management to address racism, seeking protected time to improve the working environment. Future plans include working with the EDI team to implement the [NHSE EDI Improvement plan](#) for enhanced diversity and inclusion.
- The Diverse Abilities Staff Network collaborates with members and allies to promote common causes, educate colleagues and raise awareness of diverse abilities in our workforce. The Network ensures staff voices are heard through the Disability Engagement Group, providing resources like a Neurodiversity wiki to support various disabilities.
- The Employee Carers' Network (ECN) provides support and resources for staff with unpaid carer responsibilities. The network aims to create a supportive and inclusive environment and offers a forum for addressing issues and concerns. Staff with unpaid caring responsibilities are encouraged to join and explore the: [Carer's Passport guidance](#) and FAQs available on People Place.
- The Faith and Belief Staff Networks incorporates all faiths and beliefs and promotes a better understanding of different faiths. Current established faith and belief subgroups at MFT include the Hindu and Muslim staff Networks. In 2024, goals include, expanding the faith staff network, implementing a new action plan and providing active ally training for diverse beliefs.
- The LGBTQ+ Staff Network fosters community among LGBTQ+ staff through interactive newsletters, enhanced virtual spaces and themed events. Collaborations with other networks, like the Greater Manchester Cycling Club 'Pride Out,' increase event attendance. Plans for 2023/24 include diversifying events to cater to varied interests.

Staff Engagement Groups

At the Trust, we have three staff engagement groups, covering four protected characteristics:

- Black, Asian and Minority Ethnic Staff Engagement Group
- Disability Staff Engagement Group
- LGBTQ+ Staff Engagement Group

The Staff engagement groups provides a forum for understanding issues of concern for specific staff groups, escalating issues and codesign of solutions.

Widening Participation - A Supported Internship

The Widening Participation Team at MFT deliver supported opportunities to attract the best of the talent Manchester has to offer. Their Supported Internship Programmes offer valuable employment opportunities for students aged 16-24 with disabilities. The goal is to enhance their employability skills through real-world work experience. MFT partnered with Manchester College, Pure innovations and Trafford college where the interns are on 3 ten-week placements and supported with on-site sessions and job coaches.

Community Recruitment Initiative

To address recruitment challenges in NHS community administration roles and alleviate capacity issues causing patient access delays, the Trust's Local Care Organisations (LCO) implemented a community-focused recruitment strategy. Developed with the Widening Participation Team at MFT, the strategy included one-stop-recruitment events in Trafford and North Manchester, held in accessible community spaces. These events streamlined the recruitment process, offering single interviews for various roles, with a focus on reaching traditionally excluded candidates. Promotion efforts involved posters in health centers, local shops and WhatsApp groups to engage diverse job seekers through word-of-mouth. The innovative recruitment strategy delivered substantial results

International Recruitment (Nursing, Midwifery and AHP)

One of the high-impact actions in the EDI Improvement Plan is to implement a comprehensive induction, onboarding and development programme for internationally recruited (IR) staff. The following tasks are being carried out at MFT:

- Before IR staff join, they receive clear communication and support regarding their employment conditions. This includes guidance on the latest home Office immigration policy, conditions for accompanying family members, financial commitments and future career options.
- The Trust is developing thorough onboarding programs for IR staff using best practices that measure the effectiveness of the welcome, pastoral support and

induction through indicators like turnover, staff survey results and cohort feedback.

- Line managers and teams at the Trust who welcome IR staff are maintaining their own cultural awareness to create inclusive team cultures that embed psychological safety.
- The Trust aims to provide IR staff with equal access to development opportunities available to the entire workforce. Line managers are actively assisting their teams, especially international staff, in accessing training and development opportunities. They are ensuring that the personal development plans prioritise reaching their full potential and include opportunities for career advancement.

Equality, Diversity and Inclusion (EDI) Training for the Workforce

MFT is focusing on instilling a cultural shift that values diversity as a strategic asset. This tailored approach ensures that workforce not only grasp the theoretical aspects of EDI but also gain practical insights that empower them to actively contribute to a more inclusive and equitable workplace. The EDI team in partnership with external training bodies delivered the following training for the workforce in 2023:

- Acas
- Prospect
- Enact
- LGBT Foundation
- CAHN
- WeSupportDeafAwareness

The Violence and Sexual Conduct Prevention and Response Steering Group

The Trust's Violence and Sexual Conduct Prevention and Response Steering Group is actively working on NHSE's directive regarding domestic abuse and sexual violence initiatives including:

- implementing the Sexual Safety in Healthcare Charter and addressing outcomes from the Group Chief Executive Listening Event on staff safety.
- taking action through the Sexual Conduct sub-group and Policy and Charter sub-group to meet national deadlines, enhance staff safety, and collaborate with Greater Manchester Police.

Neurodiversity Task & Finish Group

The Trust has a programme of work underway focusing on how to improve our support for candidates and colleagues with neurodiversity to reach their full potential in the workplace. Neurodiversity covers a range of conditions including Attention Deficit Disorder, Autism,

Dyslexia and Dyspraxia so flexibility and responsiveness are key. The programme of work focuses on attracting and supporting candidates through recruitment processes, adjusting learning, educational and training opportunities and improving our processes to be able to make reasonable adjustments quickly for example procurement of equipment. In addition, the training for managers and staff is being reviewed to enhance understanding of neurodivergent conditions and how to make reasonable adjustments to meet the needs of the candidate/employee.

Reasonable Adjustments

The Reasonable Adjustments Task and Finish Group at MFT secured funding through the Workforce Disability Equality Standard (WDES) Innovation Fund. This initiative, which was launched in November 2023, integrates a digital reasonable adjustments profile into the employee management system (Empactis). It aligns with national guidelines, documenting adjustments to support disabled staff, promoting retention and contributing to the NHS People Promise for inclusivity at MFT. The Employee Health and Wellbeing (EHW) service created a toolkit for managers and staff to support the needs of those with health or neurodiverse conditions. Bespoke webinars on reasonable adjustments are held with ACAS to raise awareness. The webinars have been highly popular, with over 120 staff attending the three sessions in 2023.

Pride in Veterans Standard - Fighting with Pride

In 2023 MFT obtained the Pride in Veterans Standard (Pivs) accreditation. This is a significant achievement and is a testament of our efforts to actively engage with and support the LGBTQ+ community, and the Armed Forces Community. Through adopting policies and practices that promote acceptance and equality, the Trust aims to be a safe haven where Armed Forces Veterans, and their families who identify within the LGBTQ+ community can thrive without fear of discrimination or prejudice.

Chaplaincy and Spiritual Care Service

The Chaplaincy and Spiritual Care service provides emotional and spiritual support to patients, carers and staff of all faiths. In 2023, they conducted over ten thousand patient visits. To address potential exclusion of LGBTQ+ individuals from traditional religious services, the service is actively working to create an inclusive and welcoming environment for everyone. To accommodate the significant Muslim population, chaplaincy hours were extended by making a part-time chaplain full-time. Educational activity during religious festivals, including Ramadan, Eid, Sukkot and Rosh Hashanah, raise awareness among staff and patients and a Sikh chaplain has been appointed to provide targeted support for Hindu, Sikh, Buddhist, and Jain individuals, actively involving volunteers from these

traditions.

People Place

The 'People Place' HR portal project is a web-based system accessible 24/7, empowering staff to find workforce-related information when they need it.. Adhering to NHS and government guidelines, the site features user-friendly navigation, screen-reader compatibility, accessible font and an 'Accessibility' section for further adjustments.

Inclusive leadership

The Trust's leadership strategy aligns closely with the MFT People Plan. It places a significant emphasis on establishing an inclusive and diverse workforce and requires managers and leaders to undergo training to equip them with the tools and skills necessary to prioritise diversity in their decision-making. The Trust's Leadership and Culture strategy outlines the approach to developing inclusive and compassionate leaders and it covers three core principles:

- **Compassionate Leadership** - The interaction between leaders and their team, where at the heart support and wellbeing is a central principle.
- **Inclusive Leadership** - Where everyone regardless of role is seen as a valued contributor and are fully responsible for their contribution to success.
- **Staff Engagement** - Creating an environment of trust, where all staff are empowered to drive improvement, thrive and operate at their best.

Through the following training, schemes and initiatives the Trust is building an inclusive and diverse workforce, that is equipped with the tools and skills to place diversity at the heart of their decision-making.

- ***EDI improvement plan*** : The Trust's EDI Improvement plan sets out targeted actions to address the prejudice and discrimination (direct and indirect) that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The Plan is about improving the experience of our people, benefiting retention and attracting new talent to help deliver the NHS Long Term Workforce Plan. This Plan is being reviewed regularly every quarter by the Group Executives Team.
- ***NHS Employers' Diversity In Health & Care Partners Programme 2023/24***: The Trust is participating in the NHS Employers' Diversity In Health & Care Partners Programme 2023/24. The Programme supports health and care organisations to create more inclusive workplace cultures, where the uniqueness of beliefs, backgrounds and ways of living are welcomed and celebrated. The year-long

programme includes a session for Board members on the strategic business case for EDI, four face-to-face interactive modules and specialist virtual masterclasses. The programme also provides access to leading industry experts, good practice, guidance, resources and networking opportunities.

- *The Culture and Leadership Programme:* This programme follows a comprehensive six-phase approach aimed at understanding, shaping, and implementing the desired future culture and strategy. The aim is to create a culture roadmap, embedding new practices to ensure a cohesive and effective transformation towards MFT's cultural and leadership goals.
- *The Reciprocal Mentoring Scheme:* This initiative links a senior leader with a 'Removing the Barriers' member to have regular 1 to 1 mentoring conversations. The sharing of lived experiences continues to have a positive impact on approaches taken by senior leaders. In return, the senior leaders share their wealth of knowledge and experience to support the Removing the Barriers members with their career development.
- *Anti-Racism Development Work:* The Trust is reviewing the approach to becoming an active anti-racist organisation. A workshop focused on race initially took place in October 2023 with the Group Management Board and Nurse Directors, followed by a more detailed workshop to explore how the Trust can actively create an anti-racist culture. The aim is to then adopt the [North West](#) BAME Assembly Anti Racism Framework, which guides and supports health organisation to achieve bronze, silver and gold accreditation against five themes:
 - Prioritise anti-racism
 - Understand lived experiences
 - Grow inclusive leaders
 - Act to tackle inequalities
 - Review progress regularly

Addressing health inequalities

Health inequalities occur when avoidable differences in health outcomes exist between different population groups. For example, life expectancy between the high and lowest income areas in Greater Manchester varies by more than 10 years; this health gap increases when you compare life expectancy across smaller areas e.g. street or neighbourhood level.

MFT has been prioritising work to reduce the health gap, emphasized through the focus on this important topic in MFT's new group strategy. Following a health inequalities away day in February 2023 which was attended by over 60 leaders across MFT, we outlined a number of key priorities for this work:

1. Embedding Equity into service delivery (adapting services to meet the needs of patients) and a focus on improving the social determinants of health
2. Integrating care around the needs of communities
3. Focus on improving staff health and wellbeing
4. Maximising the value MFT delivers for our communities through employment and supporting the local economy.

Some of the key indicators being monitored to track these priorities are detailed at the end of this section.

During 2023/24 there have been a number of successes to highlight:

Equity and the Social Determinants of Health

Partnership with Citizens Advice Manchester

MFT has successfully established a partnership with Citizens Advice Manchester. Funded by MFT charities at North Manchester General Hospital and the Royal Manchester Children's Hospital, from January 2024 Citizens Advice Outreach Workers have been based on these two sites. The team are providing financial and broader advice to patients and/or their families at the point of care, and more recently to MFT staff as well. Early outcomes have been very positive and the offer will be evaluated during 2024/25.

Focus on Communication

Throughout 2023/24 MFT has had a focus on improving how we communicate with patients, both verbally and in writing. This is important in reducing health inequalities as the average reading age of the population is approximately 9 years old, with some residents having lower reading levels than this average.

This work aims to ensure that teams are communicating in a way that residents can understand, ensuring they are able to access their care and understand and act on treatments and clinical advice/guidance. Through the workshops and training delivered during 2023/24 over 500 MFT colleagues have been reached to date, with over 30 coming forward so far to become health literacy champions, helping to progress work in their own services. Following the sessions, St Mary's Hospital has begun a series of listening events with local residents and staff to co-design our approach to how we communicate the induction of labour process.

Development of Data Dashboard

From the start of MFTs work to reduce health inequalities, improving our data and intelligence on this issue has been a priority to help us understand the problem and track if the work we are doing is making a difference.

During 2023/24 MFT launched its health inequalities dashboard, focusing on some of the core NHS operational metrics such as did not attend rates, urgent care usage, waiting times and referral rates to understand if there is variation in access to services by population groups. The image shows the landing page for the "did not attend" page.

Analysis has shown some variation in did not attend rates between groups and this has informed targeted resident engagement work during 23/24 to understand these barriers to access, informing service improvement work.

Integrating Care around the Needs of Communities

Manchester Local Care Organisation (MLCO) works with Manchester City Council, Primary Care Networks, and other local partners towards the achievement of our vision for neighbourhoods where 'Everyone in Manchester is able to live a healthy, happy and independent life in a thriving community with integrated public services working'. The Neighbourhood approach in Manchester ensures that all partners across public services come together and the Manchester Local Care Organisation is the delivery vehicle for health, care, and wellbeing, delivered through the Integrated Neighbourhood Teams (INTs).

Through the neighbourhood approach, public service partners in Manchester work together to deliver services to residents with a shared focus on the wider social determinants of health such as debt, poverty, anti-social behaviour, health and wellbeing advice and messaging. Early help is offered to adults faced with multiple disadvantage through VCSFE key workers, funded through Changing Futures.

The INTs provide health, care and wellbeing leadership and expertise. They work in

partnership with the Primary Care Networks (PCNs), VCSFE and other local partners using the Population Health Management methodology to drive targeted action to address health inequalities for Manchester residents. The 23/24 priorities have been hypertension, diabetes, and bowel cancer screening. The PHM approach will continue into 24/25 and will also be extended to address childhood asthma in 4 of our Neighbourhoods.

Staff Health and Wellbeing

MFT employs more than 28,000 people. 75% of our workforce reside in Greater Manchester and 44% in Manchester and Trafford, meaning our staff are also our patients. Unfortunately, some of our staff also experience health inequalities. The *Staff Report* section of this annual report explores the range of interventions the Trust has developed to support and improve staff health and wellbeing.

Delivering Value for Local Communities – Recruiting Differently

Gaining access to good employment is an important contributor to improved health. MFT has a widening participation team who work with communities and education providers to support residents to access education and employment opportunities, through a number of key programmes such as our long running pre-employment programme and supported internships.

In addition to the existing programme, during 2023/24 the team have worked with colleagues from across MFT, particularly clinical support services and the community diagnostic centre, in delivering community recruitment events. Residents didn't need to complete a full application prior to attending events that were held in community venues and were able to be interviewed for a number of potential posts and, if suitable, were offered a role that best suited their skill set. This approach reduced the barriers to recruitment and allowed local people access to roles that they may have found it difficult to apply for otherwise.

During 2023/24, 86 residents were appointed through 7 community recruitment events with the intention to scale this approach across the organisation where possible during 2024/25.

Priorities for the year ahead

Looking forward to 2024/25 and across our services there are a number of areas which MFT will prioritise:

MFT Group Priorities

- Continue the focus on Core20plus5 as well as on screening uptake and our progress towards becoming a Health Literate Organisation, building on the achievements from 23/24.

- Evaluating the impact of interventions we have developed so far and scaling good practice across the Trust; for example recruiting locally, or patient-centred approaches to appointment booking.
- Resident Participation – working with communities and VCSFE partners to build a culture of engagement and participation across the Trust that ensures residents and communities views are central to service developments and decision making.
- Make every contact count – developing interventions to support patients with wider issues that may be contributing indirectly to their health issues e.g. housing or financial issues.
- Health check and wellbeing offer for staff – developing an in house offer for our staff that acknowledges that many healthcare workers find it difficult to access healthcare for themselves around busy family and work commitments.
- Data and Intelligence - Continue to use data on health inequalities to drive equitable improvements in services, for example in reducing did not attend rates.

Each of our hospitals, Managed Clinical Services and Local Care Organisations have developed their own action plans to address health inequalities.

Wythenshawe, Trafford, Withington and Altrincham Hospitals

Our overarching goal is to enhance the health and wellbeing of our communities by addressing and reducing health inequalities for the populations we serve.

Our approach involves a thorough analysis of healthcare inequality data, with a particular emphasis on DNAs and cancellations. The insights gained from this analysis will inform the development of an action plan aimed at addressing any identified issues.

Furthermore, recognising the significant impact of health literacy on community health outcomes, we are committed to improving patient communication. This will be achieved through the implementation of a separate, comprehensive action plan.

Manchester Royal Infirmary

In 2024-25 MRI will focus on the MRI 'PLUS' population inclusion groups, working closely with our VCFSE partners to better design and tailor our services to tackle the gap in health access, experience and/or outcomes. Some of the key project areas are:

- Improving Waiting Lists Equitably – with a pilot focussed on renal patients which will use data on patients' health and healthcare utilisation to help risk stratify the waiting list.
- Trauma Informed Care – training staff in trauma-informed care to better meet the needs of our patients, and improve staff experience.

- Recruiting Differently - drawing on creative recruitment practice from across the Trust to develop a number of creative recruitment options that remove barriers to recruitment for our local population, with a pilot focussed on the Health Care Assistant role.

North Manchester General Hospital

Our goal at North Manchester is that our healthcare services are accessible to all, regardless of socioeconomic status, ethnicity, religion, or other factors.

This involves us working with communities to identify and then address any barriers to access and providing equitable care. Our role as an employer also gives us the opportunity to maximise the health and wellbeing of our workforce and we will offer a programme of health checks to employees.

We will promote the Core20PLUS5 (adults) approach to reducing healthcare inequalities with a particular emphasis on cardiovascular health and access to cardiovascular services. We will use analysis of healthcare inequality data, along with existing and new partnership forums, to support this work.

Saint Mary's Hospital Managed Clinical Service (MCS)

Within our annual plan, Saint Mary's MCS are prioritising the delivery of the inequalities action plan.

Across all divisions within the SM MCS a data driven approach is being used to identify inequalities and variations in care and outcomes. Data are now being triangulated from patient feedback, complaints and incidents to extract opportunities for learning and where health inequalities have been identified, actions will be put in place to address them.

SM MCS is also exploring the development of a training package to support teams to consider health literacy, and to strengthen the provision of appropriate information to different communities and individuals. Within Maternity Services, SM MCS are on target to deliver the Greater Manchester and Eastern Cheshire Maternity Equity and Equality plan.

In addition, Maternity Services will be working with the NHS Race & Health Observatory Learning Action Network which aims to tackle and close the gap seen in maternal mortality and morbidity between women from different ethnic backgrounds.

Manchester Royal Eye Hospital

In 2024/25 MREH's health inequalities priorities include:

- Reviewing patient communications to update and bring it in line with accessible standards.
- Using analysis of health inequality data to support our programme of outpatient improvement work ensuring we are supporting all patients to attend appointments
- Using predictive analytics to provide focussed support to patients who are struggle to attend outpatient appointments
- Continuing to develop our relationships with external partners such as Henshaws and the Royal National Institute of Blind People to ensure our services address inequalities and support our patients, carers and their families
- Continuing to work with services across Greater Manchester to ensure sustainable Ophthalmology services are available to all communities

Manchester University Dental Hospital

In 24/25 UDHM will raise awareness of health inequalities and provide training to frontline staff, as well as more formal training for managers that can be disseminated and shared with staff. Health inequalities related priorities for 24/25 are detailed below:

- Prioritising Children and Young People dental extractions, working with our partners across Greater Manchester.
- Using the MFT health inequalities dashboard to review data on our patient demographics, identifying and analysing the health inequalities of our patients and developing services as required to ensure they meet the needs of our patients.
- Review of all patient communications in line with the accessible standards document.
- Supporting local initiatives to provide Oral Health Education to the most deprived schools.
- Gaining feedback from staff on their experiences of health inequalities and how we can support them through our role as an employer.

Royal Manchester Children's Hospital

For 2024/25 the hospital is developing an approach to addressing CYP inequalities which will support the delivery of the overall MFT Strategy for addressing Health Inequalities. At the core of developing this will be:

- Engagement with the recently established (Sept 2023) Parent Carer Forum.
- Detailed analysis of both the population health indicators and challenges patients and families encounter in attending.

- Review of progress and further opportunities in the PLUS 5 key clinical areas (Asthma, Diabetes, Epilepsy, Oral Health, Mental Health).
- Working with all of MFT, ICB and Childrens Hospital Alliance partners to achieve the best outcomes.
- Focussing and/or accessing available funding to support delivery of programme initiatives.
- Communicating and further raising awareness and engagement with the workforce to achieve the objectives outlined in our plan.

Measuring Progress

In November 2023 NHS England issued guidance requiring that NHS Providers and Integrated Care Boards reported on progress against a number of key metrics linked to Core20plus5 (NHS England's framework for how the NHS can tackle health inequalities).

These metrics are reported in the table below, with additional metrics that have been derived from MFT's Health Inequalities Dashboard. It is intended that MFT will report on these same metrics in each annual report so that progress in key areas can be monitored.

Metric	Demographic	23/24	Pre Pandemic (Jan-19 to Feb-20)	Interpretation
Did Not Attend Rates for outpatient appointments	MFT average Most deprived Least deprived White British Non-white British	8.6% 11.2% 4.1% 7.7% 9.8%		Higher DNA rates amongst more deprived groups and some non-White British groups. Improving access for these groups is a priority going forward.
Urgent Care 4-hour performance (unadjusted)	MFT average Most deprived Least deprived White British Non-white British	68.2% 65.5% 64.9% 64.1% 76.1%		Some small variation across groups. Ethnic minority groups appear less likely to breach the 4hr target than White British.
Care pathways closed at 52 weeks or more	MFT average Most deprived Least deprived White British Non-white British	21.5% 22.1% 20.1% 21.2% 21.8%		Slight over representation for more deprived and non-white British waiting longer, which is being understood in more detail and may be linked to DNA rates above.
Elective Recovery	Average monthly activity: Over 18s Under 18s Most deprived 20%	19,607 2,958 8,659	18,208 3,249 8,125	NHS England requested metric Between the latest year and pre-pandemic we saw an increase in average elective activity per month for

population				
Least deprived 20%		2,790	2,736	the adult population and a decrease for the children and young person population, though a net increase overall across adults and children combined. The most deprived population account for the most activity, which is what we'd expect given the deprivation profile of Manchester. OHIDs work estimates MFTs catchment population is 89% white; this suggests that non-white groups are over-represented in terms of elective activity.
White ethnicity		13,733	12,450	
Non-white ethnicity		6,785	6,166	
Unknown ethnicity		2,046	2,841	

Emergency Admissions for U18s	Average monthly activity:	1,335	2,422	NHS England requested metric
	Most deprived 20% population	661	1,179	Between the latest year and pre-pandemic we saw an decrease in average emergency admissions per month for the under 18 population following pathway improvement work. The most deprived population account for the most activity, which is what we'd expect given the deprivation profile of Manchester. OHIDs work estimates MFTs catchment population is 89% white; this suggests that non-white groups are over-represented in terms of elective activity.
	Least deprived 20%	107	199	
	White British	635	989	
	Non-white British	556	704	
Unknown ethnicity	144	729		
Surgery for Dental Extractions for <10s *12 month time period Mar-23 to Feb-24	Extractions during the year	690*		NHS England requested metric
	Most deprived 20% population	310		Data shows that the most dental extractions are taking place in the most deprived 20% of the population, which aligns with what we know nationally. Challenging to interpret patterns by ethnicity to due to the large number of unknown/unrecorded ethnicity patients.
	Least deprived 20%	48		
	White British	231		
	Non-white British	280		
Unknown ethnicity	179			

Smoking Cessation Referrals	<i>Not available in time for this submission</i>			NHS England requested metric
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Conclusion

Tackling health inequalities continues to be a key priority for MFT and the work and evidence outlined in this report shows that progress is being made in this key area. There is excellent practice across the organisation; the challenge for 2024/25 and future years is to scale this to ensure that every service and the wider workforce are delivering on this agenda.

2024/25 promises to be an exciting year for our work to reduce inequalities and we look forward to reporting back on further progress in next year’s annual report.

Sustainability Performance 2023/24

This section outlines the progress achieved against our three-year [Green Plan](#) and provides an overview of our environmental sustainability governance, 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.

Highlights of this year's programme include:

- The launch of the new Sustainability Policy, which was ratified by the Estates and Facilities Group Management Board in April 2023. The policy defines MFT's commitment and strategy for minimising and managing its environmental impact and raises awareness amongst all staff groups. Different staff roles are assigned specific responsibility for delivery, and the policy helps all staff to operationalise action with environmental benefits.
- The first MFT Sustainability Conference was held in March 2024 to raise staff awareness and solidify the links between the sustainability agenda and delivering quality care. The event was championed by our Group Chief Executive, and attended by our Group Chairman, senior members of staff, and staff leading sustainable improvement projects.
- A large reduction in direct emissions was achieved from the decommissioning of piped nitrous oxide manifolds at several of MFT's hospital estates. Work started at Wythenshawe Hospital, expanding so each estate with a manifold has a multi-disciplinary project team led by local Sustainability Anaesthetics Leads, with completed decommissioning at four of five applicable estates.

Task Force on Climate-Related Financial Disclosures (TCFD)

In line with all NHS bodies, TCFD disclosures will be included in MFT sustainability annual reporting in a phased approach from 2023/24, which will include disclosure requirements of the governance pillar.

The board has oversight of climate-related issues through several avenues. The senior leadership team at MFT endorsed the Green Plan ahead of its release in 2022. The Trust Chairman, Kathy Cowell, is the Board Net Zero Lead and maintains oversight on progress against the Green Plan in quarterly updates from the Group Sustainability Team. Ahead of the Annual Report and the standalone Sustainability Annual Report, the Board of Directors receive an annual paper reviewing the year-to-date carbon emissions and quantitative

performance, qualitative performance in line with national Greener NHS mandatory reporting, and highlights from the current programme. Recommendations to the board in 2023/24 have included endorsing the inclusion of sustainability considerations in local priorities and hospital-level strategies, and ensuring sustainability messaging is strengthened within leadership communications to support the agenda. Group Chief Executive, Mark Cubbon, meets with the Sustainability Team quarterly to review progress against the Green Plan and provide support to embed the agenda across the Trust.

The Sustainability Policy assists all staff to understand the relevance and importance of sustainability and net zero carbon for the Trust, and their responsibility to address the ten areas of focus in their area of work. Management staff have specific roles and responsibilities outlined in the policy:

- The Climate Emergency Response Board (CERB), established in 2022, has hospital and group-level senior representation to provide leadership for strategically significant sustainability initiatives. The CERB meet quarterly to review the trust-level quarterly carbon footprint and update on strategic projects.
- Hospital Chief Executives and Directorate Managers are responsible to the CERB for ensuring the effective implementation of major sustainability initiatives and adherence to the Sustainability Policy in their hospital area.
- Ward Managers and Heads of Department are responsible for ensuring policy implementation and compliance at a local ward level (or equivalent).
- The Sustainability Steering Group (SSG) is a multidisciplinary group of Trust subject matter experts, who meet quarterly to evaluate and monitor operational progress against the Green Plan targets.
- Service-level Sustainability Leads have local strategic and operational oversight of specific sustainability opportunities relating to a particular function, department, or service unit of the Trust.

2023/24 Carbon summary

- MFT's Carbon Footprint (the emissions we directly control) has reduced by 3.6% since 2022/23 to 75,117 tCO₂e, (Figure 1 & Figure 2 below).
 - Energy continues to be the largest component, making up 84% of the carbon footprint, however gas and electricity use have both reduced marginally compared to last financial year, leading to a small saving of 77 tCO₂e despite an increase in the carbon intensity of the national electricity grid.

- The largest carbon savings were achieved from the reduction in use of pure Nitrous Oxide as a result of decommissioning nitrous oxide manifolds at multiple hospital sites. The anaesthetic and medical gases footprint is 1,850 tCO₂e less than last financial year (18% reduction).
- Waste tonnage has increased by 0.7%, but a change from last year in carbon factor methodology for general domestic has led to a large carbon reduction.
- The total business travel distance by rail and air has increased, whereas vehicular business travel distance (the largest part of our business travel footprint) has reduced. As a result, the business travel and transport portion of the carbon footprint has increased by 7.5%.
- The MFT Carbon Footprint Plus is 420,011 tCO₂e.
 - The largest contributor is the Supply Chain footprint, which is 76% of the Carbon Footprint Plus (Figure 3 below). The categories of spend with the highest associated carbon are construction, medical instruments and equipment, and business services.
 - The carbon footprint plus from baseline year 2019/20 can be seen in Figure 1, however, the methodology to calculate the supply chain element is not designed for year-on-year comparison, but rather to demonstrate scale.
- The number of patient contacts in 2023/24 increased by 17% and associated carbon emissions per patient contact have decreased (now 25.4 kgCO₂e compared to 31.0 kgCO₂e in 21/22), demonstrating that resources are being used more efficiently (Figure 4 below).

Figure 1. MFT Carbon Footprint Plus from Baseline

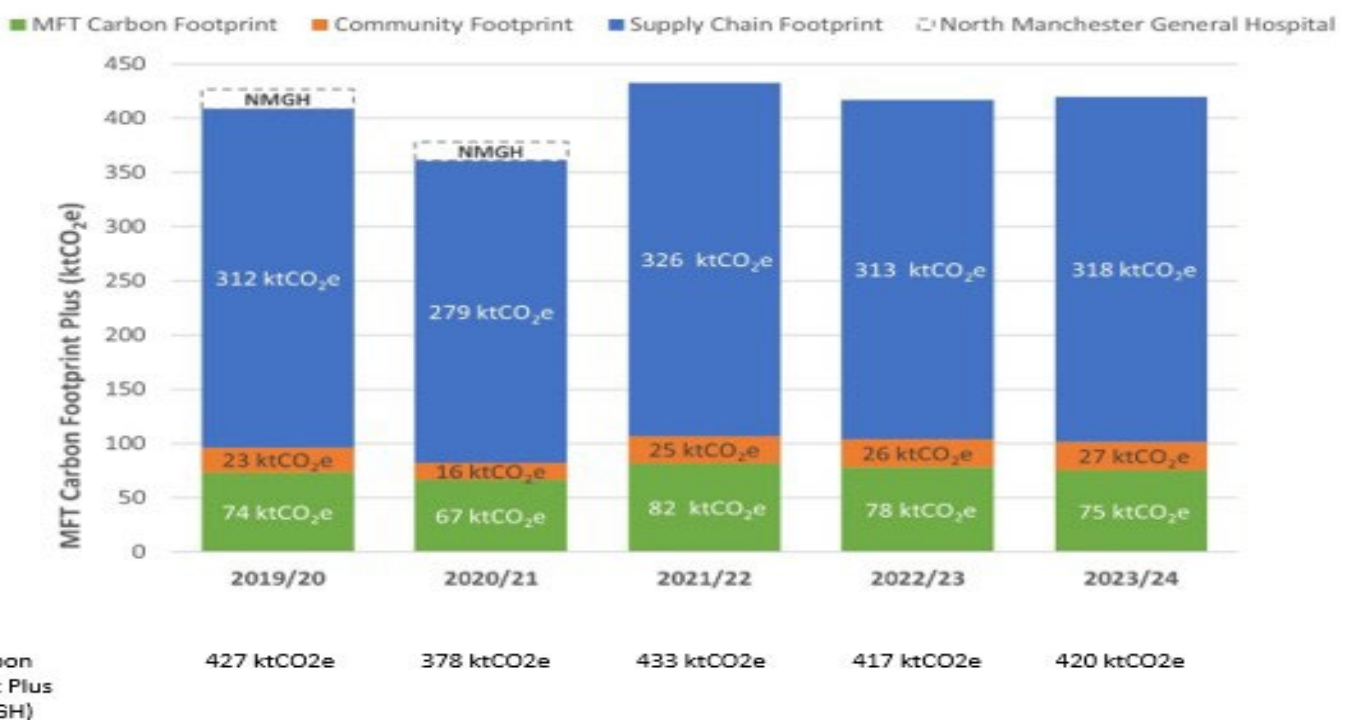


Figure 2. Carbon Footprint & Community Footprint Changes 2022/23 to 2023/24

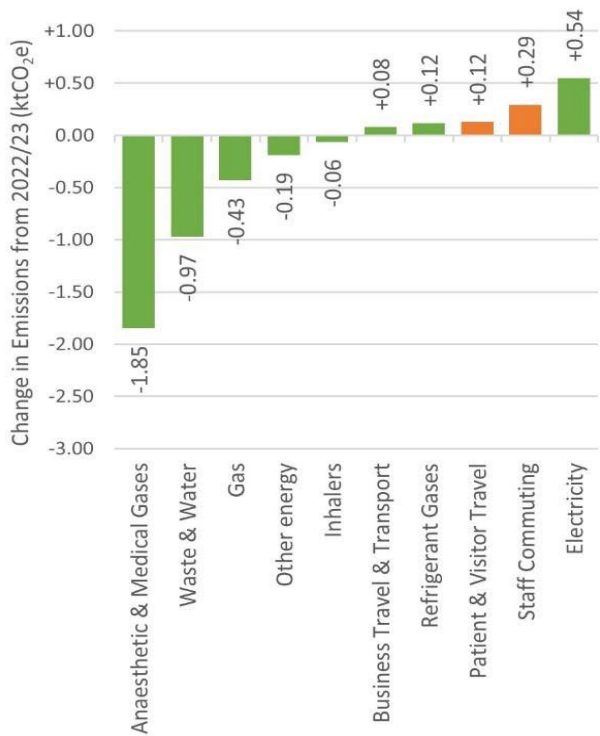


Figure 3. MFT Carbon Footprint Plus Composition 2023/24

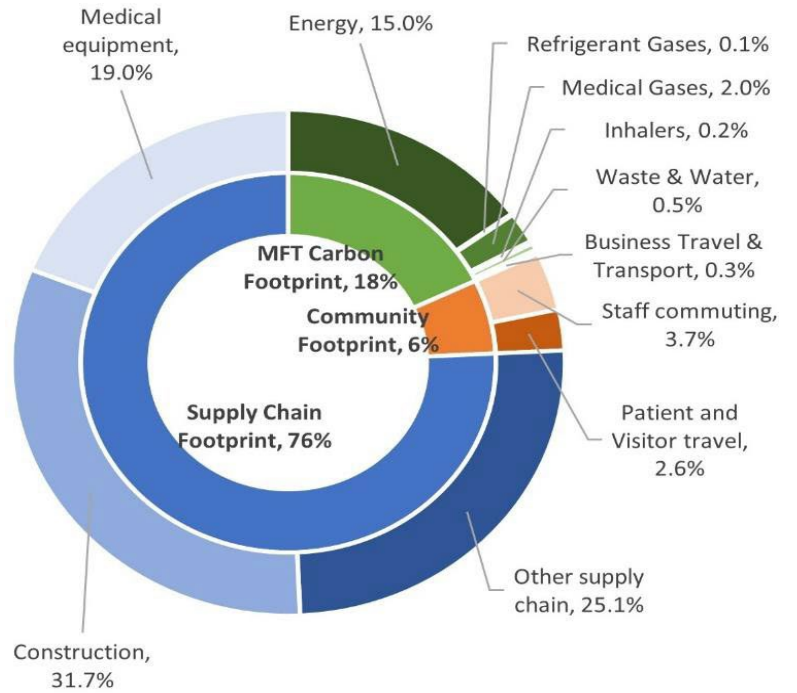
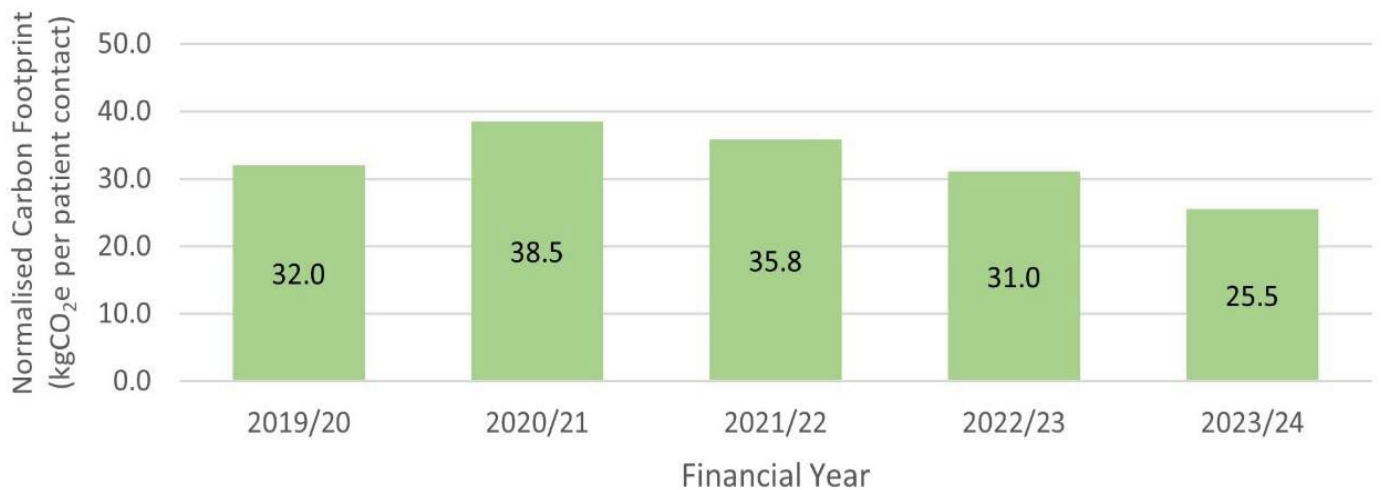


Figure 4. Annual Carbon Footprint per Patient Contact



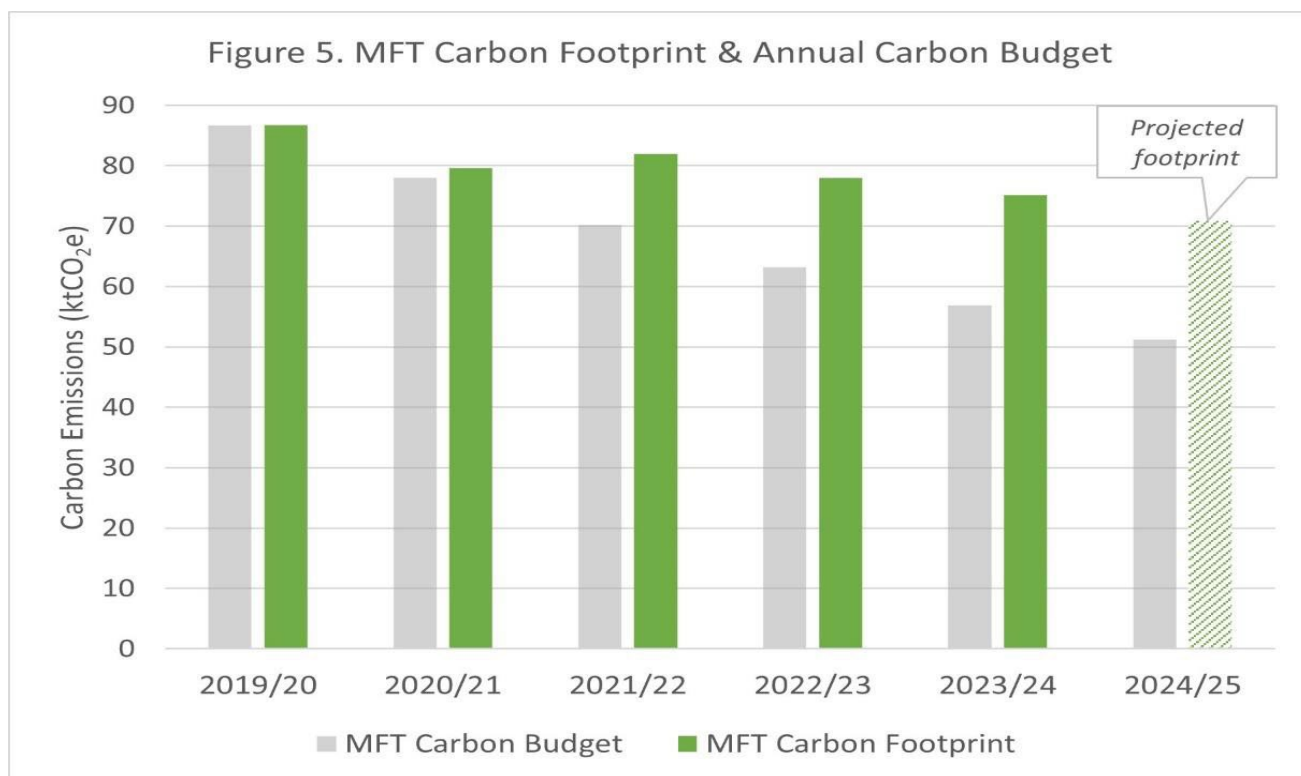
MFT Carbon Footprint Projections

The carbon budget specifically relates to those emissions we directly control, the Carbon Footprint, 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 (2019/20 - 2024/25) and this is referred to as the interim carbon budget.

- For a fourth consecutive year, the Carbon Footprint has exceeded our annual target, Figure 5. From the start of the interim budget, we have emitted an additional 46,252 tCO₂e than budgeted and left only 1.2% of the interim budget for the remaining financial year 2024/25.
- Projected emissions for 2024/25 indicate a decrease of 4,372 tCO₂e (or 6.2% reduction) on the 2023/24 Carbon Footprint from the decommissioning of further nitrous oxide manifolds, the roll-out of energy-efficient LEDs, and decarbonisation of the national electricity grid. This rate of reduction falls far short of our carbon budget trajectory. At this pace, we will use the entirety of the interim carbon budget by 25th April 2024, leaving 340 days with no assigned 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. The budget overspend at MFT mirrors the wider context of Greater Manchester Combined Authority, where emissions are consistently and significantly exceeding the region’s carbon budget.



Sustainable Models of Care

The Hospital@Home pathway expansion has been a significant step towards delivering targeted care locally, and MFT have taken part in a national pilot to model carbon hotspots in the pathway. Using the outcomes of this pilot, the operational teams will be working with the Sustainability Team to 'design out' the hotspots. Sustainability Leads were appointed within Infection Prevention Control, which are pivotal strategic appointments to ensure all sustainable care changes are carried out safely. MFT was awarded a £98,406 sustainability research grant from the Small Business Research Initiative (SBRI) Healthcare programme to create a sustainable framework for elective surgery hubs. The research will be conducted at Trafford General Hospital, with learning shared across the NHS.

Digital Transformation

To quantify the impact of HIVE, the Turnaround and Sustainability Teams have started to assess the environmental impacts of the system. The supply chain emissions from upgrading IT across the Trust were significant, however longer running impacts of paper reduction from the digital system have been proven, with 14 million fewer sheets purchased in the first year of HIVE. Further long-running impacts are being explored, including impacts on prescribing and medicine management, laboratory demand management, food waste, and theatre utilisation improvement, which all have links to efficient service delivery and resource optimisation. Health promotion and prevention is also being explored utilising HIVE: a project team of clinicians and IT specialists have been working to incorporate live air pollution alerts into patient records, to prompt education and discussion on how air pollution locally may affect patient health.

Supply Chain & Procurement

The AHP led walking-aid reuse programme has seen great success in 2023/24, as it is now embedded across the trust. An average return rate of 20% has been achieved, saving approximately 68 tCO₂e and £26,000 this year. An internal furniture reuse community has also been established, with 47 items of furniture, IT equipment, or office stationery relocated rather than disposed of. Finance and Procurement teams have been upskilling through Social Value Training to maximise the impact of social value scoring within tenders: to date, 30% of staff have completed the training. Furthermore, MFT Pharmacy and Sustainability Teams have been working alongside teams in Northern Care Alliance NHS Foundation Trust to develop an outpatient pharmacy tender with strong sustainability credentials to ensure the service is an example of best practice in collaboration and delivering sustainable outcomes.

Medicines

Nitrous oxide piped manifold decommissioning has been completed at Wythenshawe, Withington, Trafford General, and North Manchester General hospitals, with work underway at Oxford Road Campus hospitals. This action has been staggered from April 2023, which has saved 1,850 tCO₂e across the anaesthetics and medical gas footprint compared to last financial year. This is expected to rise next financial year with decommissioning complete at every site. 2023/24 is the first financial year with zero desflurane use, after significant work from Sustainable Anaesthetics Leads to gain consensus on the issue. In a UK first, anaesthetics leads worked with SageTech to extract and store obsolete supplies of desflurane, rather than leak it into the atmosphere, resulting in [a journal paper](#) to share best practice and duplicated action from other NHS trusts. A Sustainable Pharmacy Technician role has been created to address more efficient and sustainable processes for medicines and medicine management – the new technician is due to start in the new financial year.

Food & Nutrition

The “[food as medicine](#)” campaign, supported by Group Chief Nurse Cheryl Lenney, was launched this year to improve patient access to nutritious meals, and therefore aid their recovery and improve their experience while in hospital. Catering, nursing and dietetics teams came together to launch the campaign, starting with an engagement week in January to assess the current context and identify opportunities for improvement. In the long term, the campaign will support lower carbon care through swifter recovery. Providing high quality meals patients enjoy also helps to reduce food waste, which amounted to 403 tonnes in 2023/34. To support the campaign and meet best practice set out in the [new national standards for healthcare food and drink](#), two roles have been created within Estates & Facilities: a Food Safety and Quality Assurance Manager and Specialist Food Service Dietician.

Estates & Facilities

£5.3 million external funding was successfully won from the NHS Energy Efficiency Fund (NEEF) to upgrade lighting to lower carbon LEDs. The lighting will be installed across the trust, taking many sites to near 100% LED coverage and reducing electricity demand. Work has continued to develop a scheme to completely decarbonise energy infrastructure at Trafford General Hospital to create the UK’s first net zero hospital, and a full trust assessment of solar panel potential was conducted to understand how roll out to every suitable roof could impact electricity demand. These plans will be used in future funding bids. A waste segregation campaign was initiated alongside the rollout of a non-hazardous clinical

waste steam (tiger waste), starting at North Manchester, and expanding out to all trust sites producing clinical waste. The Waste Team have started work educating and encouraging staff to correctly segregate clinical and domestic waste, which will reduce costs and carbon associated with waste disposal.

Travel & Transport

A brand-new cycle hub has been opened as part of the multi-storey car park development at North Manchester General Hospital, providing staff with 100 secure cycle parking spaces as well as shower and locker facilities. The multi-storey car park also provides 36 electric vehicle charging sockets, so is now the largest fast charge hub in the North West. The [Making cycling e-asier](#) campaign ran until December 2023, which allowed 150 staff to borrow an e-bike for a month free trial to encourage mode shift to active travel. The [Healthy Travel Strategy](#) was launched to direct action of increasing active travel and reducing the negative environmental and health impacts of vehicle travel. Site based travel plans received accreditation by the Modeshift Stars programme, a centre of excellence for the delivery of effective travel plans. Across sites, 269 staff have accessed free bike maintenance sessions.

Climate Change Adaptation

Engagement on climate adaptation from the Emergency Preparedness, Resilience and Response (EPRR) Team has increased throughout the year, and as a result the Adverse Weather Plan has been updated to account for climate related extreme weather events. MFT took part in a pilot of the National Climate Change Risk Assessment tool produced by the central Greener NHS Team, with feedback used to create an improved tool for all NHS trusts to use. Representatives from MFT have been proactive participants in workshops organised by GMCA to develop a city-wide plan for a place-based, coordinated approach to adapting to the impacts of climate change. An introductory awareness raising workshop was organised by Estates colleagues, acting as a technical meeting to discuss localised estates approaches to reduce spend and maintenance related to climate change impacts.

Green Spaces & Biodiversity

A Trust wide biodiversity assessment was conducted by Sow the City, to identify and provide advice on the quality of green space at trust owned sites. The assessment resulted in nine recommendations to increase quantity and quality of green spaces, including specifics on ground management, staff engagement and wellbeing, and green prescribing. This was well received regionally, and the resulting report was circulated to Estates Managers across Greater Manchester to direct action. CSR gardening days were coordinated, including wildflower planting at North Manchester General Hospital. Furthermore, a gardening group has been established at the Royal Manchester Children's Hospital garden to improve staff

wellbeing, and maintain the garden. No Mow May was expanded to more sites after the success at Wythenshawe last year, and 45kg of honey was produced by the MRI rooftop beehives.

Workforce, Networks and System Leadership

The “Time To Act” brand identify was launched to promote the Sustainable MFT agenda and aid in staff awareness. The first Sustainable MFT Conference took place in March 2024, bringing together board members, senior leadership, sustainability leads, and those engaged in sustainable action. The conference raised awareness and celebrated staff led sustainable quality improvement projects through the Green Impact scheme, of which twelve teams received an award. Furthermore, the workshops conducted at the conference will be used to develop the next Green Plan. Two MFT members have chaired national Centre for Sustainable Healthcare networks, and our Head of Sustainability co-chaired the Shelford Sustainability Group, demonstrating our expertise and systems leadership.

Supporting delivery of Integrated Care Board plans

The Integrated Care Board is responsible for planning and commissioning the majority of NHS services across Greater Manchester. As one of our key partners, we work closely with the ICB. The ICB strategy sets out six core missions. The table below illustrates how MFT's strategic aims from 2023/24 aligned with those core missions.

MFT Strategic Aims	GM Integrated Care Strategy
<p>To focus relentlessly on improving access, safety, clinical quality and outcomes</p> <p>To improve continuously the experience of patients, carers and their families</p>	Recover core NHS and care services
<p>To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best</p> <p>To implement 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</p>	Support our workforce and our carers
To use our scale and scope to develop excellent integrated services and leading specialist services	Help people stay well and detect illness earlier
To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve	
To achieve and maintain financial sustainability	Achieve financial sustainability
To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda	<p>Helping people get into – and stay in - good work</p> <p>Strengthen our communities</p>

In 2023/24, the Trust's incurred capital expenditure of £62.1m against GMICB's approved capital allocation of £62.1m.



Mark Cubbon
Group Chief Executive
18th July 2024

Accountability Report

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 NHS Provider License.

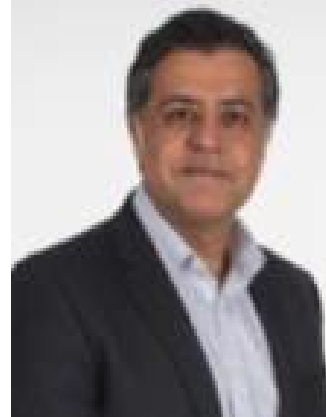
Board members (as of 31 March 2024)

 <p>Kathy Cowell OBE DL Group Chairman Read more</p>	 <p>Trevor Rees Group Deputy Chairman/ Non-Executive Director Read more</p>
 <p>Nic Gower Group Non-Executive Director / Audit Committee Chair Read more</p>	 <p>Christine McLoughlin Non-Executive Director / Group Senior Independent Director/ Read more</p>



Angela Adimora
Group Non-Executive Director

[Read more](#)



Gaurav Batra
Group Non-Executive Director

[Read more](#)



Professor Luke Georghiou
Group Non-Executive Director

[Read more](#)



Mark Gifford
Group Non-Executive Director

[Read more](#)



Damian Riley
Group Non-Executive Director

[Read more](#)



Mark Cubbon
Group Chief Executive

[Read more](#)



Julia Bridgewater MBE
Group Deputy Chief Executive

[Read more](#)



Jenny Ehrhardt
Group Chief Finance Officer

[Read more](#)



Miss Toli Onon
Joint Group Chief Medical Officer

[Read more](#)



Professor Jane Eddleston
Joint Group Chief Medical Officer

[Read more](#)





Professor Cheryl Lenney
Group Chief Nurse

[Read more](#)



Peter Blythin
**Group Director of Workforce &
Corporate Business**

[Read more](#)

 Darren Banks Group Chief Strategy Officer Read more	 David Furnival Group Chief Operating Officer (Board member until 8th th October 2023)
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In addition to the above, Gill Heaton was interim Chief Executive from the 1st April 2023 to the 3rd April 2023.

Board meeting attendance 2023/24

Y – attended meeting

X – did not attend

	May 2023	July 2023	Sep 2023	Nov 2023	Jan 2024	March 2024
Kathy Cowell Group Chairman	Y	Y	Y	Y	Y	Y
Mark Cubbon Group Chief Executive	Y	Y	Y	Y	Y	Y
Trevor Rees Deputy Chairman / Group Non-Executive Director	Y	Y	Y	Y	Y	Y
Angela Adimora Group Non-Executive Director	Y	X	Y	Y	Y	Y
Mark Gifford Group Non-Executive Director	Y	Y	Y	Y	Y	Y
Gaurav Batra Group Non-Executive Director	Y	X	Y	Y	Y	Y
Peter Blythin Group Executive Director of Workforce and Corporate Business	Y	Y	Y	Y	Y	X
Julia Bridgewater Deputy Chief Executive	Y	Y	Y	Y	Y	Y

	May 2023	July 2023	Sep 2023	Nov 2023	Jan 2024	March 2024
Darren Banks Group Director of Strategy	Y	X	Y	Y	Y	Y
Professor Jane Eddleston Joint Group Medical Director	X	X	Y	Y	X	X
Jenny Ehrhardt Group Chief Finance Officer	Y	Y	Y	Y	Y	Y
David Furnival Group Chief Operating Officer	X	X	Y	N/A	N/A	N/A
Luke Georghiou Group Non-Executive Director	Y	Y	X	Y	Y	Y
Nic Gower Group Non-Executive Director	Y	Y	Y	Y	Y	Y
Mark Gifford Group Non-Executive Director	Y	Y	Y	Y	Y	Y
Professor Cheryl Lenney Group Chief Nurse	Y	Y	Y	X	Y	Y
Chris McLoughlin Senior Independent Director / Group Non-Executive Director	X	X	X	Y	Y	Y
Miss Toli Onon Joint Group Medical Director	X	Y	Y	Y	Y	Y
Damian Riley Group Non-Executive Director	Y	Y	Y	Y	X	Y

Board of Directors' Register of Interests

Each year, at their May and November Board meetings, the Board of Directors receive a register of the interests of all Board members. These registers can be found in the Board packs for the relevant meetings available on the Trust's website.

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 2023/24, 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
- Risk Management and the Board Assurance Framework
- Standards of Business Conduct policy
- Counter-fraud reports
- DSP toolkit 22/23
- Cyber security
- Core financial controls
- Data quality: MUST assessments
- Insourcing
- Medical temporary staffing
- Demand and Capacity Planning
- Clinical service reconfiguration
- Theatre products
- Space allocation

- Waste reduction: Drug costs
- Resilient discharge
- PFI contract management
- Mental; Capacity Act and Deprivation of Liberty Safeguards
- Ockenden Review and response
- Nursery and Midwifery staff recruitment

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

Y – attended meeting

X – did not attend

	April 2023	June 2023	Sep 2023	Nov 2023	Feb 2024
Nic Gower (Chair) Group Non-Executive Director	Y	Y	Y	Y	Y
Angela Adimora Group Non-Executive Director	X	Y	X	X	Y
Gaurav Batra Group Non-executive Director	Y	X	X	Y	Y
Jenny Ehrhardt Group Chief Finance Officer	Y	Y	Y	Y	Y
Professor Luke Georghiou Group Non-Executive Director	X	X	Y	X	X
Mark Gifford Group Non-Executive Director	Y	Y	X	X	Y
Chris McLoughlin Group Non-Executive Director/Senior Independent Director	X	X	X	X	Y
Trevor Rees Group Non-Executive Director	Y	Y	Y	Y	X
Damian Riley Group Non-Executive Director	X	Y	Y	Y	Y

Information about the work of the other committees of the Board can be found in the annual Governance Statement section of this report.

Financial statements

The Audit Committee reviewed the financial statements for 2023/24 at its meeting in June 2024. 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 2023/24 audit of the MFT Group is £117,000 +VAT. Mazars did not perform any non-audit services in 2023/24.

Internal audit and anti-fraud services

KPMG are the Trust's Internal Auditors. They were appointed on the 1st April 2022 on a three-year contract.

Grant Thornton are the Trust's Counter Fraud Services. They too were appointed on the 1st April 2022 on a three year contract.

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 within this report.

Better Payment Practice Code

NHSE places a focus on all organisations' 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 2024 is shown below:

Better Payment Practice Code (BPPC)	YTD to 31/03/2024	
	By Number	By £'000
Non NHS		
Total bills paid in the year	306,492	1,534,424
Total bills paid within target	285,821	1,492,964
Percentage of bills paid within target	93.3%	97.3%
NHS		
Total bills paid in the year	9,510	277,372
Total bills paid within target	6,541	253,155
Percentage of bills paid within target	68.8%	91.3%
Total		
Total bills paid in the year	316,002	1,811,796
Total bills paid within target	292,362	1,746,119
Percentage of bills paid within target	92.5%	96.4%
Target	95.0%	95.0%
Distance from target	(2.5%)	1.4%

NHS England's well-led framework

Detail of MFT's arrangements to ensure that services are well-led not covered in this section can be found in the *Annual Governance Statement* and the *NHS Foundation Trust Code of Governance disclosures* within this report.

In order to independently assess MFT's culture, leadership, and governance, an external well led developmental review was commissioned during 2023 which has led to the Board of Directors identifying six themes to synchronise work on strategy, culture and values.

The first three themes - Strategy development, Leadership and culture; and Organisational Operating Model - inform programmes, underway or planned, to finalise the organisational strategy, progress leadership development and shape a culture which helps make MFT a great place for staff to work, train and feel valued. This in turn will inform the structures, systems and processes which reinforce strategy delivery, the required operating model, and the required cultural climate. As a result of this work, MFT's new organisational strategy was approved at the Board of Directors in March 2024.

The next three themes - Board governance and assurance systems; Workforce; and Improvement at scale - will ensure the Trust continues to have effective operating structures, systems and processes allied to good governance and strategy delivery. This will include active stakeholder engagement underpinned by a strong sense of collaboration.

Engaging with staff

During 2023/24, the Trust has had a focus on ensuring that a positive culture exists throughout the whole of MFT where people feel valued, engaged, and empowered to deliver improvements in their area of work. A series of listening events were held across the Trust during the summer of 2023 and formed a series of one-hour sessions led by the Group Chief Executive Officer. The sessions concentrated on four strategic priority areas - workforce, productivity, finance, and quality & patient safety. Staff were invited to submit questions and to have open conversations. Over 1,500 staff participated in these sessions from all areas of the Trust and themes were collated to inform improvement opportunities for the future.

To complement this, two '*MFT big conversations*' were added to promote staff experience and to gather further feedback on what matters to staff. The first covered digital leadership and included a month-long campaign to engage the entire organisation. This included masterclasses, focus groups, and a survey on what we need to do next as an organisation to build digital capacity / capability to improve staff and patient experience. The second conversation was themed 'collective leadership'. This included materials to aid local conversations between managers and staff on what collective leadership means to them. A masterclass led by Michael West CBE, attended by over four hundred staff, discussed the importance of compassionate leadership as a precursor to collective and inclusive leadership.

In addition, and partly in response to the 2022 national staff survey results, four Staff Experience Strategic Workshops were held to focus on key points of feedback from the survey.

Our Partners

MFT works closely with a number of other organisations to support delivery of our strategy. These partnerships include collaboration with colleagues from across primary care (for example, GPs), other hospitals, and Local Authorities, as well as from the voluntary, charitable, and social enterprises sector, through the Greater Manchester Integrated Care Partnership.

- Manchester and Trafford Local Care Organisations work alongside Local Authority colleagues to provide NHS and adult social care to local people. Through our Neighbourhood Teams and Hospital at Home services, we collaborate with primary care networks to establish more streamlined services and outcomes for patients.

- We work closely with local NHS and voluntary, community and social enterprise (VCSE) colleagues as part of locality boards in Manchester and Trafford, as well as with other Greater Manchester localities.
- We are part of the Greater Manchester Trust Provider Collaborative which brings together NHS providers from across the city-region.
- We have strong relationships with our university partners, working together on research and education.
- Our size, scale and expertise allow us to proudly host organisations such as: Health Innovation Manchester, with which we work closely on research and innovation.
 - Various National Institute for Health Research (NIHR) programmes including
 - The Manchester NIHR Biomedical Research Centre, The Manchester NIHR Clinical Research Facility, the NIHR HealthTech Research Centre and NIHR North West Regional Research Delivery Network.
 - The North West Genomic Laboratory Hub and Genomic Medicine Service Alliance.
- We work with a range of strategic partners on research, innovation and local development, for example through our CityLabs developments.

Consultation with local people

Patients, commissioners and Health Overview and Scrutiny Committees (OSCs) were engaged as part of the programme to disaggregate NMGH catchment patients from the former Pennine Acute Hospitals Trust (PAHT) and integrate these services into MFT. To support the disaggregation process, a GM Service Change Assurance Framework was developed by GM commissioners, MFT and the Northern Care Alliance. The framework includes development of a Service Change Proposal for each affected service as well as a process for patient engagement, completion of an Equality Impact Assessment, a Quality Impact Assessment and Travel & Access analysis.

In 2023/2024 this approach was followed for Urology, Trauma & Orthopaedics (T&O) and Ear, Nose & Throat (ENT). The Service Change Proposals for these services were developed in conjunction with the NCA and commissioners in the affected localities (Manchester, Salford, Bury, Rochdale and Oldham). The proposals were then presented to, and endorsed by, the OSCs in these localities. As part of this, a programme of patient engagement was undertaken for each service change including surveys in outpatient settings as well as bespoke engagement events. The changes were also discussed with

Health Watch groups and Manchester Patient & Public Advisory Group. Feedback from the engagement activities was used to shape the proposals, identify any potential adverse impacts for patients and protected characteristic groups and to develop any mitigations to these.

Urology and ENT changes were successfully implemented on 8th April 2024. T&O changes will be enacted in the coming year.

A handwritten signature in black ink, appearing to read 'Mark Cubbon', with a stylized, cursive flourish at the end.

Mark Cubbon
Group Chief Executive
18th July 2024

Remuneration report

Annual statement on remuneration

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 and Nominations Committee

The Trust has a Remuneration and Nominations Committee that advises the Board on appropriate remuneration and terms of service for the Group Chief Executive and Group Executive Directors. The Committee is a sub-committee of the MFT Board of Directors. The Committee is chaired by the Group Chairman.

The Committee's main purpose regarding remuneration 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/Managed Clinical Service/Local Care Organisation 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 September 2023 when the Remuneration Committee became the Remuneration and Nominations Committee. Membership includes:

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

Remuneration Committee – 12th July 2023

Present (Non-Executive Directors)	Kathy Cowell (Chair), Nic Gower, Trevor Rees, Luke Georghiou, Angela Adimora, Damian Riley.
Apologies	Gaurav Batra, Chris McLoughlin, Mark Gifford

The following agenda items were considered at the meeting:

- Chief Executive Performance Report 2022/23
- Executive Directors’ Performance Report 2022/23
- Very Senior Manager (VSM) Pay Group annual report

The Committee noted the exemplary performance of the Group Executive Directors and the two individuals who held the Group Chief Executive post in 2022/23. The Committee ratified the Chairman’s actions as presented in the VSM Pay Group annual report.

Remuneration and Nominations Committee – 9th October 2023

Present (Non-Executive Directors)	Kathy Cowell (Chair), Nic Gower, Trevor Rees, , Angela Adimora, Damian Riley, Gaurav Batra, Chris McLoughlin, Mark Gifford
Apologies	Luke Georghiou,

The following agenda items were considered at the meeting:

- Remuneration and Nominations Committee terms of reference
- Changes to the portfolios of the Group Executive Directors
- The salary for the substantive role of Chief Executive of WTWA
- The salary for the Group Director of Clinical Governance
- The recruitment process for the Group Chief Digital Officer and Group Chief Nurse
- The NHS Fit and Proper Person Framework
- National recommendations for the VSM pay awards for 2023/24

The Committee noted their new terms of reference, the changes to the portfolios of the Group Executive Directors, and the requirements oof the new Fit and Proper Person’s Test Framework. It was agreed that approval of the salary for the WTWA Chief Executive would

be taken at a later time once the requirements for the post were confirmed and the pay award for VSMs would be decided once NHSE had confirmed their recommendation in writing. The Committee ratified the Chairman’s actions regarding the salaries for the Group Director of Clinical Governance, the Group Chief Digital Officer and the Group Chief Nurse.

Remuneration and Nominations Committee – 20th December 2023

Present (Non-Executive Directors)	Kathy Cowell (Chair), Nic Gower, Trevor Rees, , Angela Adimora, Damian Riley, Mark Gifford, Gaurav Batra
Apologies	Luke Georghiou, Chris McLoughlin

The following agenda items were considered at the meeting:

- The Chief Executive mid-year performance report
- VSM pay awards for 2023/24
- VSM pay control submissions
- Key leadership appointments

The Committee noted the exemplary performance of the Group Chief Executive and the key leadership appointments. The Committee ratified the Chairman’s actions with regard to the VSM pay award for 2023/24, which was in line with NHS England’s recommendations, and the salaries for the posts considered by the VSM Pay Control Group.

Nominations Committee of the Council of Governors

The Council of Governors’ Nominations Committee is, 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 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) is subject to rigorous annual review.

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 and is in keeping with NHSE guidance. 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 2023. 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 Framework for Conducting Annual Appraisals of NHS Provider Chairs, issued by NHS England (updated April 2023).

In addition, Governors submitted their views on Group Non-Executive Directors and the Group Chairman to the Lead Governor and Group 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 2023.

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 Governor, who shared the report finding highlights with the Council of Governors' Nominations Committee (Panel of Governors) at its meeting held on 4th July 2023.

The following assurance was provided by the Group 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 12th July 2023:

- 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.

For the 2023/24 financial year, the Trust has taken notice of the Leadership Competency Framework guidance from NHS England and is utilising the proposed approach and templates for the appraisal of the Group Chairman.

Extension of the Terms of Office of Group Non-Executive Directors

The Terms of Office of the Chairman, Kathy Cowell, and one Group Non-Executive Director, Nic Gower, were due to expire on 19th December 2023.

The Council of Governors' Nominations Committee (Panel of Governors) held on 4th July 2023 considered:

- recommendations to reappoint Kathy Cowell until the 19th of December 2025 and to reappoint Nic Gower until the 19th December 2026 (following agreement from NHS England).
- recommendations to confirm the second year extension to the terms of office for Group Non-Executive Directors Trevor Rees and Chris McLoughlin in line with the terms of extension agreed the previous year.

Both recommendations had been supported by NHS England in line with due process.

Both recommendations were approved by the Council of Governors at their meeting on the 12th July 2023.

Appointment of a new Group Non-Executive Director

In response to the planned recruitment of an additional Group Executive Director to the Board of Directors, it was agreed to recruit an additional Group Non-Executive Director to ensure the balance of the Board of Directors continued to meet the requirements of the MFT Constitution.

An appointment process was undertaken supported by an external recruitment agency and involving members of the Council of Governors Nominations Committee (Panel of Governors). At their meeting on the 21st February 2024, the Council of Governors approved the recommendation of the Council of Governors Nominations Committee (Panel of Governors), held on the 13th February 2024, to appoint Samantha Liscio as a Group Non-Executive Director.

Remuneration of the Chairman and Non-Executive Directors

At their meeting on the 20th December 2023, the Trust's Remuneration and Nominations Committee accepted NHS England's recommendation to award a pay increase of 5% to staff on Very Senior Managers (VSM) pay scales.

At their meeting on 21st February 2024, the Council of Governors approved a recommendation from the Council of Governors Nominations Committee (Panel of Governors), held on the 13th February 2024, to award the same 5% increase to Group Non-Executive Directors.

Senior managers' remuneration policy

The remuneration of the Group Chief Executive, Executive Directors, and Very Senior Managers is determined by the MFT Remuneration and Nominations Committee considering market levels, key skills and responsibilities. The Trust's overarching approach is to ensure that senior managers' remuneration enables the Trust to recruit, motivate and retain individuals with the necessary skills, experience and ability, to support delivery of the Trust's strategic aims.

Future Policy Table

How the component supports the strategic aims of the Trust	How the component operates	Maximum potential value of the component	Description of framework used to access performance
Basic Pay			
Ensures the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives.	Basic pay is remunerated monthly and reviewed annually. Any changes are normally effective from 1 April each year. Such changes are proposed and approved via the MFT Remuneration and Nominations Committee. In exceptional circumstances, reviews of salary may take place outside of this cycle but are made by MFT Remuneration and Nominations Committee.	Change to basic salary is usually enacted as a percentage increase in line with national pay award guidance.	All Directors participate in annual performance reviews. The individual's agreed objectives are linked to the Trust's corporate objectives. The Trust does not operate a system of performance related pay. Failure to meet objectives is managed via Trust policies and performance frameworks.
Pension-related benefits			
Pension benefits (which may be opted out of) are part of the total remuneration of directors to attract high-calibre staff to enable the Trust to meet its strategic objectives.	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules (or alternative pension provider).	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules (or alternative pension provider). Pension entitlements are determined in accordance with HMRC.	Not applicable

On-call payment
Senior managers are entitled to receive on-call payment in line with on-call responsibilities, as per Trust policy
Benefits
The Trust operates a number of salary sacrifice schemes including childcare vouchers, bikes and a lease car scheme. These are open to all members of staff.
Travel expenses
Appropriate travel expenses are paid for business mileage in line with Trust policy

MFT's Executive Directors and Very Senior Managers 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 or bonuses, however, Executive salaries are subject to a 10% earn back element in accordance with NHSE guidance. Contracts for Directors do not contain any obligations which could give rise to or impact on remuneration payments or payments for loss of office.

The MFT pay structure for Directors comprises basic pay and pension related benefits. Directors are also entitled to receive on call payments, business mileage and access salary sacrifice schemes consistent with all other employees. All pay is taxed at source.

Director salaries are benchmarked using NHSE guidance and benchmarking data from comparative teaching hospitals. MFT's senior managers' remuneration policy 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.

Where salaries of very senior managers exceed £150,000 per annum, this is in accordance with NHS England guidance, relevant benchmarks and market conditions.

Performance of Directors is assessed and managed through annual appraisal against predetermined objectives along with monthly one to one reviews. 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 annual appraisal by the Chairman against predetermined objectives along with regular one to one reviews. 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 2023/24. 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 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 MFT Remuneration and Nominations Committee operates in accordance with the Trust's 'Equality & Diversity Policy in Employment'. This policy sets out our approach to equality in the workforce, including the use of equality impact assessments to underpin all policies/ procedures and service changes. The Trust has a Equality, Diversity & Inclusion Strategy - <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 Workforce 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.

Directors' remuneration (2023/24) (audited)

	SALARY	TAXABLE BENEFITS IN KIND	ANNUAL PERFORMANCE RELATED BONUSES	LONG-TERM PERFORMANCE RELATED BONUSES	ALL PENSION RELATED BENEFITS	TOTAL
	(Bands of £5,000)	(Rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000	£s	£000	£000,	£000	£000
Kathy Cowell, Group Chairman	70-75	0	0	0	0	70-75
Angela Adimora Group Non-Executive Director	15-20	0	0	0	0	15-20
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
Chris McLoughlin, Group Non-Executive Director/Senior Independent Director	20-25	0	0	0	0	20-25
Trevor Rees, Group Non-Executive Director	20-25	0	0	0	0	20-25
Mark Gifford, Group Non-Executive Director	15-20	0	0	0	0	15-20
Damian Riley Group Non-Executive Director	15-20	0	0	0	0	15-20
Mark Cubbon, Group Chief Executive	290-295	0	0	0	0	290-295
**Gill Heaton, Group Chief Executive	25-30	0	0	0	0	25-30

	SALARY	TAXABLE BENEFITS IN KIND	ANNUAL PERFORMANCE RELATED BONUSES	LONG-TERM PERFORMANCE RELATED BONUSES	ALL PENSION RELATED BENEFITS	TOTAL
	(Bands of £5,000)	(Rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000	£s	£000	£000,	£000	£000
Darren Banks, Group Director of Strategy	190-195	0	0	0	0	190-195
Peter Blythin, Group Executive Director of Workforce & Corporate Business	190-195	0	0	0	0	190-195
Julia Bridgewater, Group Deputy Chief Executive	220-225	0	0	0	0	220-225
Prof Jane Eddleston, Joint Group Medical Director	200-205	0	0	0	0	200-205
Jenny Ehrhardt, Group Chief Finance Officer	220-225	0	0	0	37.5-40	260-265
***David Furnival Group Chief Operating Officer	100-105	0	0	0	0	100-105
Cheryl Lenney, Group Chief Nurse	180-185	0	0	0	0	180-185
Miss Toli Onon, Joint Group Medical Director	215-220	0	0	0	0	215-220

**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, nominating instead that the University of Manchester receive it on his behalf.*

*** G Heaton Acting Group Chief Executive to 3rd April 2023*

**** D Furnival Chief Operating Officer to 8th October 2023*

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide

The pension benefit table provides further information on the pension benefits accruing to the individual.

Directors' remuneration (2022/23)

	SALARY	TAXABLE BENEFITS IN KIND	ANNUAL PERFORMANCE RELATED BONUSES	LONG-TERM PERFORMANCE RELATED BONUSES	ALL PENSION RELATED BENEFITS £000	TOTAL
	(Bands of £5,000)	(Rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000	£s	£000	£000	£000	£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
Chris McLoughlin, Group Non-Executive Director/Senior Independent Director	15-20	0	0	0	0	15-20

	SALARY	TAXABLE BENEFITS IN KIND	ANNUAL PERFORMANCE RELATED BONUSES	LONG-TERM PERFORMANCE RELATED BONUSES	ALL PENSION RELATED BENEFITS £000	TOTAL
	(Bands of £5,000)	(Rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000	£s	£000	£000	£000	£000
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
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

	SALARY	TAXABLE BENEFITS IN KIND	ANNUAL PERFORMANCE RELATED BONUSES	LONG-TERM PERFORMANCE RELATED BONUSES	ALL PENSION RELATED BENEFITS £000	TOTAL
	(Bands of £5,000)	(Rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000	£s	£000	£000	£000	£000
*** 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, nominating instead that the University of Manchester receives 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

Pensions (2023/24) (audited)

	Real increase/ (decrease) in pension at age 60	Real increase/ (decrease) in pension lump sum at age 60	Total accrued pension at age 60 at 31st March 2024	Lump sum at age 60 related to accrued pension at 31st March 2024	Cash Equivalent Transfer Value at 31st March 2024	Cash Equivalent Transfer Value at 31st March 2023	Real increase in Cash Equivalent Transfer Value
	Bands of £2,500	Bands of £2,500	Bands of £5,000	Bands of £5,000	To the nearest £1000	To the nearest £1000	To the nearest £1000
	£0	£0	£0	£0	£0	£0	£0
Mark Cubbon, Group Chief Executive	0	65 to 67.5	70 to 75	190 to 195	1,563	1,129	303
Jenny Ehrhardt, Group Chief Finance Officer	0 to 2.5	52.5 to 55	60 to 65	165 to 170	1,245	815	319
Toli Onon Joint Group Medical Director	0	27.5 to 30	80 to 85	230 to 235	2,099	1,771	123
David Furnival Group Director of Operations *	0	10 to 12.5	50 to 55	140 to 145	1,130	929	40
Darren Banks, Group Director of Strategy	0	0	50 to 55	155 to 160	1,253	1,205	0

All are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

Negative values are not disclosed in this table but are substituted with a zero.

*Real increase values based on period in Executive role only

The above tables only include details for directors who are currently members of the NHS scheme, the remaining directors have chosen not to be part of the pension scheme.

Pensions 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	50
Toli Onon Joint Group Medical Director	5 to 7.5	2.5 to 5	80 to 85	180 to 185	1,771	1,598	106
David Furnival Group Director of Operations	7.5 to 10	12.5 to 15	55 to 60	105 to 110	929	767	110

The above tables only include details for directors who are currently members of the NHS scheme, the remaining directors have chosen not to be part of the pension scheme.

Directors' expenses

The total number of Directors in office during 2023/24 was 19 (2022/23,19).

The number of Directors receiving expenses in 2023/24 was 2 (2022/23, 2).

The total amount of expenses paid to Directors in 2023/24 was £5,425.86 (2022/23, £707).

Governors' expenses

The total number of Governors in office during 2023/24 was 45 (2022/23,32).

The number of Governors receiving expenses in 2023/24 was 6 (2022/23,3).

The total amount of expenses paid to Governors in 2022/23 was £336.36 (2021/22, £160).

Fair pay multiples

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the Manchester University NHS Foundation Trust in the financial year 2023/24 was £292,500 (2022/23, £292,500). This is a change between years of 0%. This was 8.5 times the median remuneration of the workforce, which was £34,581.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. There were no bonuses or other payments made during 2023/24 relating to performance (2022/23 £Nil).

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £22,500 and £292,500 (2022/23 £12,500 to £292,500). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 6% (2022/23 5%). 0 employees received remuneration in excess of the highest-paid director in 2023-24. (2022/23: 0 employees).

The average % change from 2022/23 to 2023/24 in respect of employees of the entity taken as a whole is 5% (2022/23 4%).

The remuneration ratio has decreased from 8.9 in 2022/2023 to 8.5 in 2023/2024 as a result of the pay award processed in 2023/24. The highest paid director was new in post at the start of 2023/24 therefore an incremental pay increase has not been applied during the financial year.

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.

2023/2024	25th percentile	Median	75th percentile
Salary component of pay	£24,336	£34,581	£43,742
Total pay and benefits excluding pension benefits	£24,336	£34,581	£43,742
Pay and benefits excluding pension: pay ratio for highest paid director	12.0:1	8.5:1	6.7:1

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	12.7:1	8.9:1	7.0:1

Staff report

Average number of employees (WTE basis)

Full year 2023/24 (audited)

	Total	Permanent	Other
Trust	No.	No.	No.
Medical and dental	3,926	2,738	1,188
Administration and estates	3,498	3,491	7
Healthcare assistants and other support staff	7,965	6,914	1,051
Nursing, midwifery and health visiting staff	9,164	8,583	581
Scientific, therapeutic and technical staff	1,240	1,207	33
Healthcare science staff	2,723	2,651	72
Total average numbers	28,516	25,584	2,932

Please refer to the director's table in the remuneration report for the number of senior managers

Average number of employees (WTE basis)

Full year 2022/23

	Total	Permanent	Other
Trust	No.	No.	No.
Medical and dental	3,703	2,575	1,128
Administration and estates	3,444	3,429	15
Healthcare assistants and other support staff	7,942	6,857	1,085

Nursing, midwifery and health visiting staff	8,944	8,383	561
Scientific, therapeutic and technical staff	1,186	1,150	36
Healthcare science staff	2,567	2,506	61
Total average numbers	27,786	24,900	2,886

Workforce numbers and demographics as at 31 March 2024

WORKFORCE DEMOGRAPHICS	31-Mar-24		31-Mar-23	
	Headcount	% of Total Headcount	Headcount	% of Total Headcount
Additional Professional Scientific and Technical	1,200	3.9%	1,143	3.9%
Additional Clinical Services	5,479	17.7%	5,220	17.7%
Administrative and Clerical	6,283	20.3%	6,184	20.9%
Allied Health Professionals	2,155	7.0%	2,060	7.0%
Estates and Ancillary	1,513	4.9%	1,449	4.9%
Healthcare Scientists	1,121	3.6%	1,052	3.6%
Medical and Dental	2,926	9.5%	2,742	9.3%
Nursing and Midwifery Registered	10,181	33.0%	9,683	32.8%
Students	22	0.1%	22	0.1%
Grand Total	30,880	100.0%	29,555	100.0%
Full Time/Part Time				
Full Time	21,202	68.7%	20,181	68.3%
Part Time	9,678	31.3%	9,374	31.7%
Gender				
Female	24,070	77.9%	23,180	78.4%
Male	6,810	22.1%	6,375	21.6%
Disability				
No	23,178	75.1%	21,795	73.7%
Not recorded	6,307	20.4%	6,603	22.3%

Yes	1,395	4.5%	1,157	3.9%
Ethnicity				
BAME	8,699	28.2%	7,366	24.9%
Not recorded	3,152	10.2%	3,202	10.8%
White	19,029	61.6%	18,987	64.2%
Age				
16-20	136	0.4%	115	0.4%
21-30	6,622	21.4%	6,268	21.2%
31-40	9,040	29.3%	8,570	29.0%
41-50	6,935	22.5%	6,669	22.6%
51-60	5,993	19.4%	5,988	20.3%
61+	2,154	7.0%	1,945	6.6%

Senior Staff Gender Breakdown	Male	Female
Executive Directors	3	5
Non-Executive Directors	6	3

Staff Turnover	1 st April 2023 to 31 st March 2024	1 st April 2022 to 31 st March 2023
	11.20%	14.1%

Staff Sickness Absence	1 st April 2023 to 31 st March 2024	1 st April 2022 to 31 st March 2023
Sickness %	6.1%	6.3%
Average Working Days lost (per whole time equivalent)	22.0	22.7

Staff costs

Full year 2023/24 (audited)

	Total	Permanent	Other
Trust	£000	£000	£000
Salaries and wages	1,236,203	1,236,203	0
Social Security costs	128,549	128,549	0
Apprenticeship Levy	5,956	5,956	0
Pension cost - defined contribution plans (employer's contributions to NHS pensions)	136,449	136,449	0
Pension cost – employer contribution paid by NHSE on provider's behalf (6.3%)	60,515	60,515	0
Pension cost - other	0	0	0
Temporary staff - external bank	125,297	0	125,297
Temporary staff - agency/contract staff	29,495	0	29,495
Total Trust staff costs	1,722,464	1,567,672	154,792
NHS charitable funds staff	0	0	0
Total Trust and Group Staff costs	1,722,464	1,567,672	154,792

Full year 2022/23 (audited)

	Total	Permanent	Other
Trust	£000	£000	£000
Salaries and wages	1,186,359	1,186,359	0
Social Security costs	116,090	116,090	0
Apprenticeship Levy	5,281	5,281	0
Pension cost - defined contribution plans (employer's contributions to NHS pensions)	129,136	129,136	0
Pension cost – employer contribution paid by NHSE on provider's behalf (6.3%)	57,856	57,856	0
Pension cost - other	0	0	0
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	0	0	0
Total Trust and Group Staff costs	1,642,982	1,494,722	148,260

Trade Union facility time (2022/23)

Number of relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
49	45.79

Percentage of time spent on facility time by relevant union officials

Percentage of time	Number of employees
0%	12
1-50%	33
51%-99%	4
100%	0

Percentage of pay bill spent on facility time

Total cost of facility time	£153,382.47
Provide the total pay bill	£1,642,982,000.00
Percentage of the total pay bill spent on facility time	0.01%

Paid trade union activities

Time spent on paid trade union activities	9.00%
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Consultancy and other costs

During the year, MFT spent £1.9m on consultancy (£0.2m in the year to 31st March 2023).

Off payroll engagements

MFT seeks assurance about the tax arrangements of individuals engaged off-payroll and the information is recorded centrally. No individuals with significant financial responsibility will be engaged off-payroll. The Trust has a policy in this area that reflects HMRC IR35 Guidance along with best practice guidance from the Healthcare Financial Management Association.

MFT applies rigorous controls to all 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 2024 and earning more than £245 per day.

Highly paid off-payroll worker engagements at 31 March 2024

No. of existing arrangements as of 31st March 2024	1
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	1

Number of off-payroll workers engaged during the year ended 31st March 2024	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	62
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*

Exit packages 2023/24 (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	2	11	106	393
£10,001- £25,000	6	87	9	114
£25,001 - £50,000	3	89	4	135
£50,001 - £100,000	0	0	1	56
£100,001 - £150,000	0	0		
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	11	187	120	698

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 2023/24: 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*	129	610
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	2	88
Total	131	698

** 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 £88,946 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 £56,446, £32,500 and £44,473 respectively.

Exit packages 2022/23

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		
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	1	17	114	719

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.

Supporting our workforce

To support the health and wellbeing of our workforce, the Trust provides a comprehensive, proactive, and high-performing Employee Health & Wellbeing (EHW) Service. Our EHW Service is SEQOHS-accredited, which means that the services provided are safe, effective and of a high quality, with accreditation being externally awarded by the Faculty of Occupational Medicine (FOM). Within the EHW Service offer, staff benefit from access to a range of occupation health services, which are fully integrated within our comprehensive suite of health and wellbeing programmes.

There is a growing body of evidence demonstrating that looking after the health and wellbeing of the NHS workforce has a direct, positive impact on the care they deliver to patients. The internal EHW service offers a wide range of professional services and support for staff and managers that include both core services and enhanced health and wellbeing programmes.

Core service delivery focuses on the following elements:

- 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 potentially exposed to blood borne virus infection, sustained following accidental inoculation and contamination injuries.
- Occupational health advisory services
- Workplace assessments
- Rapid access interventions, including musculoskeletal advisory and treatment services, psychological therapies, post-trauma interventions 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.

Fitness for work Services

Our Fitness for Work (FFW) Service offers a multidisciplinary approach to case management advice and support – for both employees and managers. The service ensures that management referrals are processed efficiently and that employee consultations are carried

out within service performance targets. Service developments in 2023/2024 have focused on functionality enhancements to our occupational health system, Health Manager, the aim being to improve the end user experience and increase reporting functionality at an organisation and locality level. This work has allowed greater oversight of quality and performance – for both the FFW Service and our managers. Enhanced reporting provides greater insights as to the operational effectiveness of the management referral process and is helping to minimise and highlight any delays in providing support to employees, whether in or out of work (due to sickness absence). These enhancements have also enabled the service to reduce waiting times for appointments and therefore provide managers with timely management advice and guidance.

The EHW Service has also enhanced education programmes, specialist advice and treatment, where appropriate, in relation to Musculoskeletal (MSK) conditions. Recurrent funding for the programme was successfully awarded to the service in April 2023 as results showed that the enhanced service produced on average a 4-day quicker return to work and on average a 25% reduction in MSK sickness absence costs. For 2024, the MSK service will look to continue these improvements with a focus on preventative back care programmes and specific long term condition management programmes, aiming to reduce MSK absence.

Psychological wellbeing and mental health support

The EHW Psychological Wellbeing and Mental Health Service (PWMHS) provides comprehensive, preventative interventions that are evidence based and in line with professional guidance. Service activities are aimed at addressing the high rates of burnout and mental illness in NHS staff. The service utilises the skills and experience of in-house psychology and psychiatry experts. There is a stepped care model of support in place that aims to provide employees with access to timely interventions and support, which in turn reduces incidents, severity and length of mental health related absences. Staff are encouraged to seek early help and are provided with sustainable self-help support to enable them to remain in work. The aim of our programmes is to improve staff health and wellbeing, morale, and organisational resilience.

The service offers specialist interventions to assist with successful return to work following absence, as well as offering bespoke team interventions to high-risk areas (e.g., Critical Care and Emergency Departments). Other specialist interventions include suicide awareness, education, and professional support. The team deliver Critical Incident Debrief Pathway intervention. A specialist service providing professional support to employees and teams who, in the course of their work may be subjected to actual or threatened violence and aggression or any other untoward incident that may cause trauma, distress, or raise the

normal stress response in individuals. The pathway is clinically proven to reduce the negative impact of critical incidents and reduce the potential risk of long-term mental health issues.

In 2023/24 the PWMHS increased their preventative psychoeducational training courses to include Introduction to Neurodiversity, Understanding and Preventing Burnout, Compassion Focused Approach – An evidence Base for Building Resilience. These new courses aim to improve knowledge, awareness and encourage positive self-management or line-management of mental health and wider wellbeing related issues. The EHW service have conducted over 180 training and education sessions with 2132 staff in attendance across 2023/24.

Employee Assistance Programme

In addition to the in-house PWMHS offer above, MFT supports its staff by offering access to the Employee Assistance Programme (EAP), a 24-hour, 365-day support service to help support staff through life's challenges. The EAP can be used for support regarding a range of emotional issues such as stress, anxiety and depression as well as practical issues such as housing concerns, financial concerns, and alcohol issues. Where required, EAP provides immediate access to qualified and experienced counsellors, either face to face or over the phone, as well as online psychological support.

As part of the EAP offer, in 2023, a new health and wellbeing support app was launched. The app is available for all staff to download and provides an enhanced set of wellbeing tools and engaging features to support an individual's wellbeing and wellness. The features are designed to improve the user's mental and physical health by using personal metrics to set goals and achievements and includes –

- Interactive mood tracker - regular prompts to track mood, helping to identify patterns and trends to improve overall wellbeing.
- Improves Wellbeing - four-week plans to reach health goals and track daily progress.
- Mini health checks - check in using the health checks to assess your mental wellbeing.
- Personalisation – The app allows the user to personalise their homepage to ensure content and resources are tailored to need.

Via the app, users have 24/7/365 access to external counselling and wellbeing support. This can be achieved through, Live Chat, Video Call or Helpline (Telephone Call). If the user

doesn't feel comfortable speaking directly to a wellbeing counsellor but wants to ask a question, the apps AI platform will find the answers needed.

Clinical Services – protecting the workforce

The EHW Clinical Services Team follow national occupational health and public health guidance to provide timely professional advice and expertise to keep staff safe and healthy in work. The focus is to reduce health risks associated with working in a healthcare environment and minimise infection risks to the workforce and MFT patients. This can be achieved through immunisation and vaccination programmes, skin care advice and assessment and active management of infection control.

Health & Wellbeing Champions and Mental Health First Aiders (MHFA)

To help promote a positive health and wellbeing culture at work the EHW team oversee and support our Health and Wellbeing Champions and Mental Health First Aiders (MHFAs) programmes. These networks help to provide local advice, signposting and support to staff, whilst acting as an essential feedback mechanism, highlighting the current health and wellbeing needs of our workforce.

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, alongside their usual day-to day role. The MFT Wellbeing Champions Programme commenced in September 2021 and there are now 472 colleagues trained and active across all sites. To ensure consistent signposting, support and messaging takes place, all Wellbeing Champions must attend a 90-minute EHW overview session informing them of the health and wellbeing support that's available on a Trust-wide, as well as a regional and national level. In addition, the Champions attend a MFT Wellbeing Conversations training session and complete the Health Education England Health and Wellbeing Champions eLearning module.

To support the Champions, the EHW Service Programmes Team facilitate twice monthly support sessions, providing a safe online space for Champions to come together, share learning, be advised on wellbeing updates and develop professionally. Free to access development programmes of themed monthly online learning is also available from NHS England and Greater Manchester Health & Social Care.

The role of a MFHA is to provide initial support and sign-post guidance to any employee experiencing difficulties with their mental health while at work. MHFA's 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 EHW. Unlike Health and

Wellbeing Champions, MHFA's have protected time agreed with their line manager to provide these supportive conversations to staff in work who are experiencing difficulties with their mental health. There are currently 498 MHFA's across the MFT footprint and as a result of EHW commissioning an in-house instructor programme, there are currently 10 instructors providing monthly courses to increase this number further.

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 PWMHS 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.

In November 2023, the EHW team delivered three inaugural H&W Champion and MHFA CPD events across Oxford Road Campus, North Manchester General Hospital and Wythenshawe Hospital sites. The aim of the event was to bring together the MHFA and H&W Champions to provide targeted training and networking opportunities. As well as to thank colleagues for all their hard work in improving the mental health and wellbeing of their teams and wider colleagues. The sessions were led and delivered by EHW Service Specialists and our EAP Provider. 137 colleagues from the networks were able to attend and feedback confirmed that 98% of participants agreed that by attending the event they developed new skills and knowledge and found the networking opportunity valuable. Based on the positive feedback, the EHW team will continue to run these joint network events on a yearly basis.

Menopause Support

Menopause is a natural stage of life, and one that an individuals can experience very differently from the next. MFT staff may go through menopause without any noticeable symptoms, or they may have a stressful and difficult time, potentially impacting on work performance and attendance. MFT have made a commitment to become a Menopause Friendly Organisation as accredited by 'Henpicked'.

As an organisation we want to create an open and supportive culture should colleagues wish to discuss any aspect of their wellbeing including the menopause. Over the past year MFT Menopause Trainers facilitated 20 awareness sessions to a total of 219 members of staff. Via the Workforce Services 'People Place' Portal, staff can access a range of guidance, advice, support and resources. This includes recorded webinars, self-referral pathway into a Menopause Clinic and access to a five-week menopause CBT programme provided by our Employee Assistance Programme.

To gain a better understanding of the impact menopause is having on colleagues, the Trust is capturing sickness absence data specifically relating to menopause. Having a greater insight will enable more targeted and effective support programmes to be offered.

This year has also seen the start of bi-monthly menopause peer to peer support sessions. These online and face to face meetings are an opportunity for colleagues to informally come together and have open conversations about all aspects of menopause, whether it be relating to their journey, HRT or workplace adjustments.

Collaboration with GM system partners and wider national NHS colleagues

MFT's EHW service is considered to be a thought leader within NHS Occupational Health Services; piloting new innovations and using a multidisciplinary model to provide timely, high quality, expert advice and supporting of treatment (where clinically appropriate) to support the health needs of the workforce. Following the success of our EHW Service as a trailblazer for the 2023 National Growing Occupational Health and Wellbeing Strategy, the EHW team have taken part in numerous NHS England engagement events. This has enabled sharing of knowledge, lessons learnt and achievements with regional and national stakeholders, specifically relating to our musculoskeletal (MSK) service provision.

Operational Wellbeing Group

To develop and support a positive and productive health and wellbeing culture, MFT are adopting the NHS Health and Wellbeing Framework as their model of assessment, delivery and monitoring/evaluation. This Framework will underpin the work of the recently established Trust wide Operational Wellbeing Group. The framework targets the major factors which affect and could improve organisational health, namely management capabilities, job quality, social relationships at work, support for workers coping with health conditions or life stresses and promotion of workplace health.

Many factors influence the health and wellbeing of our diverse people and teams. Some of these, such as physical and mental health, are well understood. However, there are other factors such relationships, management skills and the environment that are fundamental to support our diverse NHS people in providing world class health care to our patients. There are seven health and wellbeing domains within the framework containing sixteen elements, these elements incorporating supporting evidence, case studies and critical questions for our organisation. At the centre of our model are our people and our patients. The domains are -

- Improving personal health and wellbeing – the proactive interventions and services that empower our people to manage their own health and wellbeing.

- Relationships - the ways our teams work together with civility, respect and care.
- Fulfilment at work – how our work at the NHS inspires our diverse people and how we support their growth and passion.
- Managers and leaders - how our leaders define, implement and embody a positive health and wellbeing culture and how they provide health and wellbeing support as part of their role.
- Environment - physical workspaces and the facilities available to our people to rest, recover and succeed.
- Data insights - our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them.
- Professional wellbeing support - the teams and services, like occupational health, who are available to support organisations and our NHS people's health and wellbeing.

Following the inaugural meeting, the Group agreed to initially focus on the 'Environment' domain. The working environment can have a significant impact on our health and wellbeing. Getting the basics right, such as clean restrooms, space dedicated for lunch/breaks and access to drinking water is vitally important and should not be underestimated. Additionally, all MFT colleagues need a work environment in which there is not only an absence of harmful conditions that can cause injury and illness but one that supports healthy choices and offers resources to actively encourage healthy behaviour.

Lime Arts

Lime is MFT's multi award-winning Arts and Health organisation with global recognition for excellence in the delivery of art + wellbeing projects in hospital and community healthcare settings. Each year Lime enables over 20,000 staff, patients and visitors direct access to the arts in all their vibrancy.

Greater Manchester has committed to becoming a creative health city region. This means that GM will be the first city region in the world to realise the power of creativity, culture and heritage in addressing inequities and improving the health and wellbeing of its residents. MFT will play a major role in the *GM Creative Health Delivery Plan* via its visionary and internationally acclaimed arts and wellbeing programme delivered by Lime. The GM Creative Health strategy was commissioned by Greater Manchester Integrated Care (NHS GM). It builds on A Social Glue, which was commissioned from Dr Clive Parkinson as part of the three-year Great Place programme at Greater Manchester Combined Authority

(GMCA). Lime is also partnering with *Creative Manchester*, one of the University of Manchester's four university-wide research platforms, which convenes groups on key interdisciplinary themes, including Creative Health, engaging with researchers in Creative practice, Health Economics, Applied Theatre, Nursing, Social Work, Organisational Psychology and other related fields.

Throughout 2023/24 Lime delivered 127 arts and wellbeing workshops aimed specifically at MFT staff, with a total of 770 MFT staff participants across those workshops, and 46 different teams covering Wythenshawe, Trafford, North Manchester, ORC + MLCO's.

Programme benefits include:

- Improved staff morale - Increase opportunities for skills development, boosting confidence, and resilience and improving communication.
- Improved staff wellbeing – provide opportunities for social interaction, stimulation, support the promotion of prevention and wellness activities, improve knowledge, increase self-esteem.
- Improved staff retention – reduced stress/anxiety, improved mental health, increased resilience, better communication.

Create+ is Lime's flagship award winning arts referral service for MFT staff. Delivered from the new Lime Arts + Wellbeing Centre, Create+ is the first NHS staff arts referral service in the UK, launched in 2022, which has developed an evidence base to demonstrate how accessing the arts improves personal wellbeing and self-care. Annually up to 90 MFT staff can participate on a 6-week course of visual arts + printmaking. Create+ is evaluated using MYCaW an individualised questionnaire that is validated against FACIT-SPEX-a 50 item Health-Related Quality of Life measure. During 2023/24 Lime delivered 90 workshops (15 x 6-week blocks) with a total 86 NHS staff completing the 6-week course. Evaluation has highlighted; 97.3% of participants rated the Create+ course as excellent or good, a statistically significant reduction in Perceived Stress Scores and improvement in ONS4 measures of wellbeing.

45% of participants at follow up felt that the Create+ programme had made them want to stay in their job and fewer people were intending to leave their role in the next 12 months. Watch a short commissioned film about Create+ and access the FULL Create+ Pilot Evaluation Report here: www.limeart.org/create

Lime's Create+ project won the Best Health + Wellbeing Initiative in Greater Manchester @ Manchester Culture Awards 2023 within the category of Promotion of Health and Wellbeing.

Lime's Create+ project was also shortlisted for the national Nursing Times Workforce Summit & Awards 2023 'Best Staff Wellbeing Initiative' category. The awards aim to tackle current workforce challenges as well as recognising those who have made a positive impact to the profession. The awards bring together the brightest talent in workforce planning and highlights those making a difference in recruitment, staff retention, wellbeing and inclusion.

Teambuilding – A continuation from the successful 'Create.Connect.Unwind' staff wellbeing programme established in 2020, Lime's increasingly popular series of teambuilding workshops delivered from the Lime Arts Studio have capacity to engage up to 1248 MFT staff each year. Artist led team-building workshops aim to improve productivity and motivation at work, taking MFT staff out of the clinical setting to help teams break down political and personal barriers, eliminate distractions, and have fun.

Financial Wellbeing

In the last 12 month, a range of resources have been identified and created to support staff to manage their own financial wellbeing and signpost them to additional support were needed. The Rewards and Benefits Hub Financial Wellbeing page, hosted on People Place, offers a library of infographics containing QR codes to direct staff to money-saving information. These are printable and Rewards and Benefit Champions across the Trust are encouraged to put them on notice boards for staff to access. The Rewards and Benefits Team work closely with mortgage advisors and the Department for Work and Pensions, to deliver webinars to support staff in managing their personal finances. The Hub has planned and delivered several campaigns throughout the year, to support staff with their financial wellbeing.

Staff have access to credit unions who act as responsible providers of savings and loans to support the wellbeing of our staff. Since October 2022, there has been an 18% increase in staff actively registering as credit union members, with 3.8% of our staff making use of their services to save and lend responsibly. The credit unions have delivered several webinars to encourage sound financial management and savings and discourage unaffordable debt, also offering staff the opportunity to consolidate current loans to ease the pressures of the cost-of-living crisis and take out sensible loans. During 2024, the Hub plans to drop in and visit wards and sites across MFT to update staff with limited access to an email or computer, on the financial wellbeing support available.

Staff experience and engagement

Historical National Staff Survey longitudinal results 2018/22 demonstrated there was a consistent decline in staff engagement scores over the last 5 years from 7.1 to 6.4.

To address this a new approach to engagement and recognition was created which included:

- A Staff Experience Oversight Board with all Exec members as members to drive governance and activity that matters to staff and to allocate resources where relevant.
- A series of Listening Well events with our CEO.
- An MFT Collaborative retreat programme on Staff Engagement to develop cross functional projects across the CEO and HR community to make a difference to the comments staff were telling us in surveys.
- A new branding around staff engagement called the MFT Big Conversation. This focused all our time and energy together as a Trust for a month-long campaign three times a year. Information packs were created with coaching questions for managers as a distributed engagement model.
- A new survey platform to be able to get broad data and insights on shortpulse surveys with focused micro questions as part of the MFT Big Conversations
- A multi-layered recognition programme based on peer-to-peer recognition including nominations called ShoutOuts to increase visibility, a set of badges created against the NHS Cultural Elements that were awarded to the best submissions and the receiver was termed a cultural ambassador.
- A group approach to ideas sharing working with our Innovation Team so staff can submit anonymous ideas for innovation and improvement and plans are to spread this further to other teams that receive improvement ideas.
- A new Digital platform to host the conversations called OpenDoor and help to benchmark the data and scores. This included a significant project on diversity data to feed into our EDI Team.

As part of the Collaborative approach six programmes of work were identified and developed to address feedback from the 2022 National Staff Survey results, these were around food provision, car parking and transport, flexible working, colleague community, support for managers and stretch opportunities.

Following the work outlined above, MFT achieved improvements for all the NHS People Promise elements and themes as measured in the NHS Staff Survey with overall Staff Engagement rising from 6.5 to 6.8, a 0.3 increase

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 NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale. These replaced the ten indicator themes used in 2020/21 and earlier years.

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.

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.

The response rate to the 2023/24 survey among trust staff was 39% showing a 9% increase (2022/23: 30%).

The number of completed questionnaires for 2023 was 11171, an increase from 8,304 in 2021.

Summary of performance

The number of completed questionnaires for 2023 was 11171, an increase from 8,304 in 2021.

MFT achieved improvements for all the NHS People Promise elements and themes as measured in the NHS Staff Survey with overall Staff Engagement rising from 6.5 to 6.8, a 0.3 increase. Within GM ICS, MFT was the most improved trust.

This indicates that the work is having an impact, however there is a lot more to do.

Scores for each indicator together with that of the average score in the benchmarking group for Acute, Acute and Community Trusts are presented below.

Indicators	2023/24		2022/23		2021/22	
	MFT Score	Benchmark average score	MFT Score	Benchmark average score	MFT Score	Benchmark average score
We are compassionate and inclusive	7.2	7.2	7.0	7.2	7.1	7.2
We are recognised and rewarded	5.9	6.0	5.5	5.7	5.7	5.8
We each have a voice that counts	6.6	6.7	6.4	6.6	6.6	6.7
We are safe and healthy	6.1	6.1	5.8	5.9	5.8	5.9
We are always learning	5.5	5.6	5.1	5.4	5.1	5.2
We work flexibly	5.9	6.2	5.6	6.0	5.7	5.9
We are a team	6.7	6.8	6.4	6.6	6.5	6.6
Staff Engagement	6.8	6.8	6.5	6.8	6.7	6.8
Morale	5.8	5.9	5.4	5.7	5.6	5.7

As in 2022 “We are compassionate and inclusive” is the highest scoring of all the People Promise themes and elements for MFT at 7.16 with the benchmarking average at 7.24.

“We are always learning” and “We are recognised and rewarded” showing the greatest positive percentage difference compared to 2022. However, as in 2022 these two themes are the two lowest ranking in the overall People Promise themes.

Future priorities and targets

The strategic approach has created a principle of collaboration across the Trust and the approach has broadened from staff survey retreats to many significant Organisational challenges such as productivity, efficiency and other topics lead by our CEO and Board.

With work activity driven by our Staff Experience Oversight Board with all Exec members as members to drive governance and activity that matters to staff and to allocate resources. They continue to meet quarterly and the programme of engagement activity continues.

Our platform OpenDoor staff can access wherever and whenever they wish through Trust or personal devices, meaning people connect when it works for them around shifts.

From initial launch to 25th April 2024 there have been over 20,000 ShoutOuts with high levels of engagement. We also have special shout out drives on calendar events such as National administration and professionals day which drove 1070 ShoutOuts in a 24 hour period.

The new ideas portal launched just over a month ago has already had 49 different innovation ideas submitted which are being taken forward.

The engagement programme has now shifted into an organisational culture programme and we have already scheduled 94 listening events this year and the CEO has recruited a team of change agents Trust wide to feed back the insights they gain on the 6 cultural elements to the Board. This programme also includes walkarounds, market stalls and use of digital surveying tools to ensure as many people can contribute as possible. This is on top of the work that is done in local hospitals.

The next MFT big Conversation in June is on the new MFT Values and Strategy and work is in train already to plan out the conversation and guidance for managers on how to relay to their teams.

Our attention for engagement is now on supporting Medical Staff and a bespoke programme of work will take place over the next 6 months using the Medical Engagement Survey, our culture programme and our MFT Big Conversation distributed engagement approach to ensure those voices are heard.



Mark Cubbon
Group Chief Executive
18th July 2024

Our Members

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 (*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*), Governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of our local system, the Greater Manchester Integrated Care System, which our NHS Foundation Trust is key part of.

A key benefit of being an NHS Foundation Trust (NHS FTs) is that a people from across the diverse communities that we serve, can become public members. with our membership community being made up of both Public Members (including local residents, patients, carers, and the wider public at large) and Staff Members (including our employees and other people who provide services to the Trust).

NHS FTs are public benefit corporations which have a Board of Directors. They are also democratic organisations in that public and staff members vote for, and if eligible i.e. aged 16 years or over, can stand to become elected representatives (Governors) of the Trust. Governors are also nominated from partner organisations.

Collectively, as a whole, the Council of Governors is 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.

Our Membership Aim & Key Priorities

Membership Aim:

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

Key Priorities:

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

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

- Key Trust information e.g. membership newsletters, invites and updates etc.
- Key Membership involvement opportunities e.g. voting for Governor representatives and/or standing for election as a Governor.

On 31st March 2024, we had 21,715 public members and 30,694 staff members, giving an overall total membership community of 52,409 members.

Public Membership

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

<i>Public Constituencies</i>	<i>Number of public members</i>
Manchester	7,822
Trafford	3,048
Eastern Cheshire	987
Rest of Greater Manchester	7,272
Rest of England & Wales	2,586
Total	21,715

We are committed to having a representative membership that truly reflects the communities that we serve and we welcome members from all backgrounds and protected characteristics.

Regular engagement with members (public and staff) and the wider public at large was undertaken as part as scheduled key membership calendar of events held throughout the past year including:

- *Governor Elections* – Candidate information pack, nomination form, posters and other election materials including personalised invitation letter from the Trust’s Chairman to stand for election alongside engagement materials included as part of associated voting packs
- Membership Newsletter – New electronic newsletter produced on a quarterly basis provides an insight into key Trust activities, information about membership events, Governor highlights and elections plus forward plan information and surveys.
- *Key membership events* - including Annual Members’ Meeting and Young People’s Event
- *Young people’s – ‘become a member’ and ‘governor’ posters and leaflets* –promoted at Young People’s Event and posted on the Trust’s website alongside across MFT’s hospital locations
- *Forward Planning/Membership Survey* - utilised by Governors during our Annual Members’ Meeting and Young People’s Event as an engagement tool to capture views around membership and planning priorities. Surveys also included in membership newsletter.
- *Health engagement opportunities:*
 - MFT’s Charities Event opportunities – regularly promoted on ‘Membership News’ webpage
 - Manchester Rare Conditions Centre questionnaire
- *Trust-wide/Hospital Engagement* – packs regularly sent to each Hospital/MCS and LCO to promote, membership, Governor elections, membership events (Annual Members’ Meeting and Young People’s Event) and membership newsletter.
- *Staff communications activity* - regular promotions posted by the Trust’s Communication Team to promote membership, Governor elections, membership events (Annual Members’ Meeting and Young People’s Event) and newsletters.
- *Council of Governors’ Meetings* – meeting dates promoted on website with in-person

meetings being open to the public.

- *Nominated Governors across all partner organisations* - promotional materials regularly sent to each Nominated Governor to promote, membership, Governor elections, membership events (Annual Members' Meeting and Young People's Event) and newsletters.
- *Internal and External Network Groups* - promotional materials regularly sent to Internal i.e. Equality Diversity & Inclusion, Volunteers, Chaplaincy Services, LGBTQ+ Networks, Learning Disability Forum, Patient Experience, Youth Forum, Charities and Widening Participation Teams in addition to External i.e. Caribbean and African Health Network, Schools/Colleges (circa. 200) to promote, membership, Governor elections, membership events (Annual Members' Meeting and Young People's Event) and newsletters.

Public Membership Analysis Table on 31st March 2024

Profile Group	Membership 2022/23	%	Membership 2023/24	%
Age				
0-16	401	1.8	116	0.5
17- 21	1,237	5.4	997	4.6
22+	19,815	87.0	19,369	89.2
Not Stated	1,325	5.8	1,233	5.7
Ethnicity				
White	14,860	67.3	14,484	66.7
Mixed	516	2.3	514	2.4
Asian or Asian British	2,885	13.1	2,911	13.4
Black or Black British	1,282	5.8	1,305	6.0
Other	303	1.4	310	1.4
Not Stated	2,234	10.1	2,191	10.1
Gender				
Male	9,681	43.8	9,488	43.7
Female	11,418	51.7	11,259	51.8
Transgender	4	<0.1	4	<0.1
Not Stated	977	4.4	964	4.4
Recorded Disability	1,978	9.0	2,004	9.2

Note: Although the 0–16-year-old membership group figure may appear low, the Trust's

membership base for this group is between the ages of 11-16 years.

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:

<i>Staff classes</i>	<i>Number of staff members</i>
Medical & Dental	2,968
Nursing & Midwifery	9,831
Other Clinical Staff	9,928
Non-Clinical & Support	7,947
Total	30,694*

** 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 & Membership Strategy

We have a 'Membership & Engagement Strategy' which 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 also 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 Membership Strategy is reviewed by MFT's Council of Governors.

The Trust strives to engage with members so that their contribution and involvement is

turned into tangible service benefits, thus improving the overall experiences of our patients. For example, as part of the Trust Manchester Rare Conditions Centre, members were invited to express an interest in joining their new Patient Public Involvement Group, which has been established to help improve research and healthcare services in rare conditions and help patients in the future.

Membership engagement is facilitated through our strong working relationship with our Governors and key membership communications.

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

On 20th September 2023, the Trust held its first in-person Annual Members' Meeting (with prior meetings being held virtually as a result of the COVID national emergency and associated social distancing rules).

The meeting theme was 'Your Health Matters' with stands showcasing the key work and achievements of our hospitals and community colleagues based on the health conditions related to the health inequalities agenda including 'hearts and hypertension', 'respiratory', 'cancer', 'maternity', 'mental health' and 'diabetes'. Interactive health sessions and information was also available to support attendees in staying well over the winter months.

The Trust's Directors presented key areas taken from the 2022/23 Annual Report and Accounts and outlined our plans for the future. A Membership Report which included the results of our 2023 Governor Elections/Nominations was also presented.

Governors also promoted their role and engaged with participants and invited them to take part in the Trust's forward planning survey 'MFT's Strategy'.

Personalised invitations were sent to all members alongside being widely promoted to the wider public at large. Our annual members' meeting information page can be found here: <https://mft.nhs.uk/member-meetings/annual-members-meeting-4/>

Young People's Event

Hosted by the Group Chairman another key Membership Event was our interactive Young People's Health Event which was held on 29th November 2023. This was again held in-person, specifically to engage with our young members, alongside a wider range of children and young people.

At the event, 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', alongside other NHS clinical and non-clinical services.

The role of Governor was also promoted to young members/participants with attending Governors directly engaging with individuals to seek their views around the membership and involvement interests on offer, in addition to providing an opportunity to discuss their health service planning priorities and improvement ideas.

Over 400 young people, students, teachers, staff, and their children attend with attendees including groups of students from various schools/colleges/universities from across Manchester and Greater Manchester.

The event was extremely successful, with positive feedback received including:

- *It was a successful day and had a lot of interested young people in the activities on offer'.*
- *'This is one of the most well-organised careers/engagement events I have attended so far'.*
- *'The children whom attended from our school, really enjoyed their time at the event and many found it useful to increase their awareness of allied healthcare roles'.*
- *'There was lots of variety in terms of stands, and the students really enjoyed speaking to a mixture of industry experts and university students.*
- *'The venue didn't feel overcrowded, and all students were able to visit each area to gather the information they needed to support them within their desired qualification'.*

See the video clip of the event for more information - <https://vimeo.com/913701919>

MFT Membership newsletter

Alongside key Trust news and events, the membership newsletter 'MFT News' provides updates around key membership and governor engagement and involvement initiatives and also key events and involvement opportunities.

The format of the newsletter was refreshed to become a quarterly electronic version and include online surveys about our forward plans including our Strategy and Values.

Film-clips and photos promoting our successful events are also a key feature – copies available via our 'Membership news' webpage - <https://mft.nhs.uk/the-trust/governors-and-members/membership-news/>

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 OR code: <https://secure.membra.co.uk/Join/MFT>

Membership application forms are also available on the Trust's website (www.mft.nhs.uk) by clicking the 'Become a Member of our Trust – Membership Form' button

Hard copies of the form are available from the Foundation Trust Membership Office (contact: ft.enquiries@mft.nhs.uk or 0161 276 8661).

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

Our Governors

Dr Ronald Catlow, Public Governor for Greater Manchester sadly passed away during his Governor term of office in 2023. MFT would like to thank Ronald for all his hard work over the years and his dedication to improving healthcare for the people of Greater Manchester. He is sadly missed.



The Board of Directors and Council of Governors have distinct roles. The Board is responsible for the direction, all aspects of operation and performance, and for effective governance of the Trust, with the Council of Governors being responsible primarily for seeking assurance about the performance of the Board 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 and participating in regular Governor and Members' Meetings/Events.

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

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

The Health & Care Act 2022 also 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, that the interests of members and the public are being considered in an appropriate manner and whether the Trust is at significant risk of breaching its conditions of its licence.

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

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

MFT's Council of Governors has also developed the following associated Vision and Values.

Vision

"Members (including public and staff), General Public and stakeholders – to be effectively represented by Governors who collectively connect and engage by supporting individuals to have healthy dialogues and seek appropriate and relevant performance assurance from the Board (via Non-Executive Directors)."

Values

Working Together

- We will participate in meetings and be committed to our role of Governor
- We will advise of our meeting/event availability and when participating in meetings/events, we will be on time
- We will read ahead and be prepared so we are able to contribute effectively
- We will strive to ensure that the interaction between the Board of Directors and the Council of Governors is seen primarily as being a constructive partnership seeking to work effectively together in our respective roles
- We will proactively engage with the Board of Directors in those circumstances when we have concerns

Dignity and Care

- We will support each other to work on our common objectives and collective beliefs, in keeping with our Governor Role/Code of Conduct

Everyone Matters

- We will listen to each other, allowing one person to speak at a time and give everyone the opportunity to contribute
- We will recognise time constraints and respect each other's time

Open and Honest

- We will create a friendly atmosphere and be polite and respectful to each other and those we interact with
- We will seek assurance and challenge positively.

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

Governor Constituency/Class/Partner Organisation		Number of Governor Posts
Public	Manchester	7
	Trafford	2
	Eastern Cheshire	1
	Greater Manchester	5
	Rest of England & Wales	2
	Total:	17
Staff	Nursing & Midwifery	2
	Other Clinical	2
	Non-Clinical & Support	2
	Medical & Dental	1
	Total:	7
Nominated	Local Authority (Manchester City Council and Trafford Council)	2
	Manchester University	1
	GM Integrated Care Board	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 2023/24, elections for seven Public Governors and three Staff Governors were held alongside new nominations being received for five Nominated Governors, from the Volunteer Services, Trafford Borough Council, Manchester BME Network, Manchester City Council and Greater Manchester Integrated Care Board. The elections for the Public and Staff Governors seats were held in accordance with the election rules as stated in our Constitution (July

2023). Appointed (Nominated) Governor nominations were also received in keeping with our Constitution (July 2023).

The Trust's Governor Election Turnout Data – 2023					
Date of Election	Constituencies/ Classes Involved	No. of Eligible Voters (Members)	No. of Seats Contested	No. of Candidates	Turnout
September 2023	Public Governor Elections				
	Manchester	7,842	4	22	5.1%
	Trafford	3,084	1	9	7.2%
	Rest of Greater Manchester	7,302	1	9	4.3%
	Eastern Cheshire	990	1	3	10.5%
	Staff Governor Elections				
	Non-Clinical & Support	6,772	1	8	7.0%
	Medical & Dental	2,856	1	2	12.0%
	Other Clinical	9,705	1	5	4.1%

With the exception of 2 late nominations received specifically for Manchester City Council and the Greater Manchester Integrated Care Board, successful candidates and nominees were announced at our Annual Members' Meeting on 20th September 2023 and formally commenced in post on 21st September 2023. 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 2023 with

Dr Michael Kelly (Public Governor – Manchester) being elected for a one-year term of office. Results were formally announced at the Council of Governors' Meeting on 22nd November 2023 with the Lead Governor formally commencing in post following closure of this meeting.

Governor interactions

The Council of Governors is encouraged to ensure 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. In addition, Governors receive public agendas and approved public minutes for each Board of Directors' Meeting.

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

Forward Plans

The Annual Plan for 2024/25 was approved by the Board in May 2024 and was developed with input from the Council of Governors representing the views of members and the public at large.

Governors are actively involved in the development of the Trust's forward plans, with dedicated sessions alongside a Governors' Forward Planning Workshop being held for Governors in order for their views to be considered, on behalf of members. Governors also receive a progress review update against the planning priorities that are set. Members views around health planning priorities were also invited as our Membership Events (Annual Members' Meeting and Young People's Event) and newsletter mail outs.

Governors' and members' views during the preparation of the next 2024/25 planning round will again be considered with key information being regularly presented/shared and comments invited.

Members of the Council of Governors 2023/24

As outlined in the Trust's Constitution (July 2023), 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 Abidi Nayyer	Manchester	3 years ending 2026
Dr Ivan Benett	Manchester	3 years ending 2025
Gill Hoad-Reddick	Manchester	3 years ending 2025
Dr Michael Kelly	Manchester	3 years ending 2026
Dr Helen Burgess	Manchester	3 years ending 2026

Elected Public Governors		
Ann Balfour	Trafford	3 years ending 2025
Dr Connie Chen	Trafford	3 years ending 2026
Chris Templar	Eastern Cheshire	3 years ending 2026
Colin Owen	Rest of Greater Manchester	3 years ending 2026
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
Sheila Otty	Rest of England & Wales	3 years ending 2024
Christine Turner	Rest of England & Wales	3 years ending 2025
VACANT	Manchester	
VACANT	Manchester	
VACANT	Rest of Greater Manchester	

At 31st March 2024, there were:

- 2 vacant Governor seats for the Manchester Public Constituency
- 1 vacant Governor seat for the Rest of Greater Manchester Public Constituency.

Public Governor departures during 2023/24

- Dr Syed Ali (Manchester) - Stepped down (September 2023)
- Dr Ronald Catlow (Rest of Greater Manchester) - RIP Deceased (November 2023)
- John Churchill (Manchester) - Stepped down (September 2023)
- Janet Heron (Manchester) – Stepped down (November 2023)
- Lisa Johnson (Manchester) - Stepped down (January 2024)
- Jane Reader (Trafford) - Stepped down (September 2023)
- Carol Shacklady (Rest of Greater Manchester) - Stepped down (September 2023)
- Cllr Julie Reid, stepped down from Public Governor (Manchester) role in September 2023 and was subsequently nominated by Manchester City Council (October 2023) to take up the Nominated Governor role for Manchester City Council.

Elected Staff Governors		
Name	Staff Class	Term of Office
Dr Neeraj Bhardwaj	Medical & Dental	3 years ending 2026
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 2026
Aysha Ahmad	Non-Clinical & Support	3 years ending 2025
Jerome Cook	Non-Clinical & Support	3 years ending 2026

Staff Governor Terms of Office departures during 2023/24

- Prof Ian Pearce (Medical & Dental) – Term ended (September 2023)
- Flo Emelone (Non-Clinical & Support) – Term ended (September 2023)

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

Nominated Governors		
Name	Nominating Organisation	Term of Office
Cllr Mike Cordingley	Trafford Borough Council	3 years ending 2026
Nazir Choonara	MFT Volunteer Services	3 years ending 2026
Lois Dobson	MFT Youth Forum	3 years ending 2024
Prof Anne-Marie Glenny	Manchester University	3 years ending 2025
Cllr Julie Reid	Manchester City Council	3 years ending 2026
Rev Charles Kwaku-Odoi	Third Sector Umbrella Organisation (currently Caribbean & African Health Network)	3 years ending 2024
Prof Manisha Kumar	GM Integrated Care Board	3 years ending 2026
Rohina Ghafoor	Manchester BME Network	3 years ending 2026

Nominated Governor departures during 2023/24

- Cllr Chris Boyes (Trafford Borough Council) - Stepped down (September 2023)
- David Brown (MFT Volunteer Services) - Stepped down (September 2023)
- Cllr Afia Kamal (Manchester City Council) – Stepped down (October 2023)
- Circle Steele (Manchester BME Network) – Stepped down (October 2023)
- Sarah Price (GM Integrated Care Board) – Stepped down (October 2023).

Declaration of Interests

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

Fit and Proper Person Checks

As defined by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or conditions on 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.

Meetings of the Council of Governors

Council of Governors' (COG) Meeting dates are promoted on our website (Members' Meetings - <https://mft.nhs.uk/the-trust/governors-and-members/members-meetings/>).

In keeping with statutory guidance which stipulations that at least four Council of Governors' Meetings are to be held each year. During 2023/24, four in-person meetings were held.

Governor participation at Council of Governor Meetings – 2023/24

Governor Name/Title	2023			2024
	2nd May	12th July	22nd Nov	21st Feb
Dr Syed Nayyer Abidi - Public Governor (Manchester)			X	X
Aysha Ahmad - Staff Governor (Non-Clinical & Support)	X	X	✓	✓
Esther Akinwunmi - Staff Governor (Other Clinical)	X	X	X	✓
Dr Syed Ali* - Public Governor (Manchester)	X	X		
Ann Balfour - Public Governor (Manchester)	X	✓	✓	✓
Dr Ivan Benett - Public Governor (Manchester)	✓	✓	✓	✓
Cllr Chris Boyes* - Nominated Governor (Trafford Borough Council)	✓			
Dr Neeraj Bhardwaj - Staff Governor (Medical & Dental)			✓	X
David Brown* - Nominated Governor (Volunteer Services)	X	✓		
Dr Helen Burgess - Public Governor (Manchester)			✓	✓
Dr Ronald Catlow* - Public Governor (Rest of Greater Manchester)	X	X		
Dr Constance Chen - Public Governor (Trafford)			✓	✓
Nazir Choonara - Nominated Governor (Volunteer Services)			✓	✓
Jerome Cook - Staff Governor (Non-Clinical & Support)			✓	X
Cllr Mike Cordingley - Nominated Governor (Trafford Borough Council)			✓	✓
Lois Dobson - Nominated Governor (Youth Forum)	✓	✓	✓	X
Flo Emelone* - Staff Governor (Non-Clinical & Support)	✓	✓		
Rohina Ghafoor - Nominated Governor (Manchester BME Network)			✓	X
Paul Gibson - Public Governor (Rest of Greater Manchester)	X	X	X	X
Prof Anne-Marie Glenny - Nominated Governor (Manchester University)	✓	X	✓	✓
Richard Harvey - Public Governor (Rest of Greater Manchester)	✓	X	✓	X
Janet Heron* - Public Governor (Manchester)	X	X		

Gill Hoad-Reddick - Public Governor (Manchester)	x	✓	✓	✓
Dr Michael Kelly - Public Governor (Manchester)	✓	✓	✓	✓
Prof Manisha Kumar - Nominated Governor (GM Integrated Care Board)			x	x
Rev Charles Kwaku-Odoi - Nominated Governor (Caribbean & African Health Network)	✓	x	✓	x
Harold Myers - Public Governor (Rest of Greater Manchester)	✓	✓	✓	x
Eunice Onwuamaegbu - Staff Governor (Nursing & Midwifery)	✓	✓	✓	x
Sheila Otty - Public Governor (Rest of England & Wales)	✓	x	✓	x
Colin Owen - Public Governor (Rest of Greater Manchester)			x	✓
Prof Ian Pearce* - Staff Governor (Medical & Dental)	x	x		
Sarah Price* - Nominated Governor (GM Integrated Care Board)	✓	✓		
Jane Reader - Public Governor (Trafford)	✓	✓		
Cllr Julie Reid - Public Governor (Manchester)	x	x	x	x
Karen Scott - Staff Governor (Nursing & Midwifery)	✓	✓	X	x
Carol Shacklady* - Public Governor (Greater Manchester)	x	✓		
Circle Steele* - Nominated Governor (Manchester BME Network)	x	✓		
Chris Templar - Public Governor (Eastern Cheshire)	✓	✓	✓	✓
Geraldine Thompson - Staff Governor (Other Clinical)	✓	✓	✓	✓
Christine Turner - Public Governor (Rest of England & Wales)	✓	✓	✓	x

**Retired Governor*

Key: Not Applicable	✓ - In Attendance	X - Non-Attendance
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MFT's Constitution (July 2023), 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 was also provided by Directors to members at the Trust's Annual Members' Meeting on 20th September 2023.

Board of Directors and Council of Governor interactions

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 (July 2023) outlining this process.

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' meetings 2023/24

The Council of Governors and Members of the Trust's Board of Directors (Executive and Non-Executive Directors) participate in these meetings which are chaired by the Trust Chairman.

During 2023/24, an overall total of four Council of Meeting were held via in-person and virtual forums with key items including:

- Operational Performance including long-waits, cancer, urgent care and diagnostics, Recovery and Winter Planning
- Workforce including sickness absence, industrial action and employee health and wellbeing
- Finance updates including Financial Plans

- Strategic and organisational developments
- Forward Planning updates including achievements made against planning priorities alongside priority setting for future plans including MFT Strategy and key elements of ICB plans
- Quality Account priority setting and updates
- Annual Report and Accounts including External Auditor Report
- Patient Experience, Quality, Safety and Never Events
- Infection Prevention and Control
- Maternity Service including CQC updates
- Risk Management overview.

Over the past year Governors, on behalf of Members, have again been instrumental in seeking assurances around the Trust's recovery programme with key assurance areas being raised in relation to urgent care services and facilities alongside appropriate hospital discharge initiatives. Waiting list times including support arrangements for patients and associated recovery plans including the Trafford Hub and Hospital@Home initiatives. Cardiac and Vascular service updates, Maternity services and improvement plans, Sickle Cell and transplant availability including corneal grafts. Diagnostic services improvement plans and HIVE support. The programme of work being progressed around the Health Inequalities agenda and the support available for minority groups. Collaborative working arrangements that are in place to support the Greater Manchester Integrated Care System with key health initiatives around smoking and HIV being key interest areas for Governors.

Staff survey findings, support and wellbeing arrangements and Freedom to Speak Up arrangements. Support available to staff as part of the 'Violence at Work' programme.

Dental care provisions for children and young people and health eating initiatives. Service provisions for children and young people and associated waiting times and transition arrangements in place when young people are being transferred into adult care.

Governance assurances were also sought in relation to the alignment of plans/strategies to ensure compatibility with the MFT Strategy development work alongside financial challenges and waste reduction initiatives. The development plans for North Manchester General and Wythenshawe Hospitals were also regularly requested.

Governor involvement

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 2023).

Alongside active involvement the Trust's Annual Planning process (see page XX) Governors also forwarded their views as part of the:

- MFT's Carer's Strategy (2023-26) Stakeholder Engagement Event (held in November 2023).
- New Hospital Programme Department of Health and Social Care and NHS England (June 2023).
- MFT's Engagement and Involvement Strategy Relaunch, Stakeholders' Engagement Event (January 2024).
- MFT Chaplaincy and Spiritual Care Strategy - Key Stakeholder Engagement Event (January 2024).

In addition to the membership events highlighted on pages XXX, Governors also participated in several other key Trust events during 2023/24 including the Volunteers Event (held in June 2023) and KidsDigiLabz Launch (September 2023).

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

Each year, Governor feed-back 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).

Governor panels were held throughout the past year to support several new Group NED appointments, with bespoke training being provided to Governor panel members to help them fulfil this key statutory duty. Training session included an overview of the NED recruitment, best practice methodology in assessment, bias in recruitment and key elements of the Governor role. More information is available in the *Remuneration report* section of this Annual Report.

Governor training and development

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. A full day programme of presentations is scheduled which includes, MFT Scene Setting, Group NED role and assigned duties, Strategy overview including collaborative working with GM ICB, Networking, Patient Safety & Quality, People's Plan and Visions & Values, Performance & Recovery, NHS Financial Landscape & MFT's Financial Overview, MFT's Estate Plans and North Manchester Strategy.

Governors also received a dedicated training focusing on the Governor role and duties alongside new developments across the wider NHS landscape. The training day was presented by external trainers as part of the NHS Provider organisation. In addition, a detailed overview of the Trust's Constitutional arrangements and associated governance requirements was provided to Governors 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 etc.

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.

To support key learning and further enhance Governor knowledge and skills and help them fulfil their key statutory role/duties, a number of development sessions were held during the

year with updates were provided on Patient Experience/Complaints Process, Health Inequalities, MFT Vision ideas, Research & Innovation and the Trust's Green Plan.

Governor Visits have also been held across North Manchester General Hospital and Trafford General Hospital sites. Visit programmes included an overview of key services, achievements and development plans alongside a tour of key specialist areas/services.

Governor training and development sessions will continue to be provided throughout the forthcoming year.

Board of Directors' meetings

Governors are invited to receive and attend Board of Directors' Meeting (and papers).

Governor participants directly observe the scrutiny, challenge and support demonstrated by Group Non-Executive Directors in relation to key Board performance metrics, with dedicated time being allocated following meeting closure for any associated questions to be forwarded and responded to by the Board (Group NEDs and EDs).

As part of the Trust's external Well-Led developmental review, a bespoke session was held with Governors to gather views on the leadership, culture, and whether the quality governance systems and processes are clear.

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, as updated in February 2023. 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. The Board of Directors is supported in its work by its Scrutiny Committees, each of which is chaired by a non-Executive director. Further details can be found in the Annual Governance Statement in this report.
- 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. Further details can be found in the Annual Governance Statement in this report.
- Assesses and monitors the culture of the organisation, taking notice of staff and patient feedback. Further details of this can be found in the Annual Governance Statement and Staff Report sections of this report.
- Has a balance of skills, experience, knowledge and independence 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 scrutinise the performance of the Group Executive management in meeting agreed goals and objectives and monitor performance reporting. If 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 an initial term of three years by the MFT Council of Governors. An extension in a Non-Executive Director's term of office for an additional period of three years requires approval by the Council of Governors and is dependent on satisfactory performance monitored through the annual Chair and Non-

Executive Director appraisal processes. Any further extension to a term of office requires approval by NHS England in addition to approval by the Council of Governors and is subject to a robust annual review/approval process. In 2023/24, it was agreed by NHS England and the Council of Governors to extend the term of office for the Group Chairman until December 2025 and to extend the term of office for the Group Non-Executive Director/Chair of Audit Committee until December 2026. It was also agreed to confirm the extension of the Group Non-Executive Director/Senior Independent Director and the Group Non- Executive Director/Deputy Chairman until December 2024.

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 a Lead Governor (Michael Kelly) In November 2023. The Lead Governor's main function is to act as a point of contact with NHS England, our independent regulator.

Further details of the work of the Council of Governors can be found in the 'Our Governors and members' section of this annual report.

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 July 2023) is available at <https://mft.nhs.uk/the-trust/the-board/mft-constitution/>, and was agreed 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 2023/24, 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.

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.

NHS GM 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.

MFT is an active member of the Greater Manchester Trust Provider Collaborative (TPC). The Chief Executive sits on the TPC CEO Group and MFT Directors are members of the relevant Director Groups. TPC is focussed on delivering the benefits of working at scale across Greater Manchester. Through TPC we are working on a range of projects to tackle shared challenges. These include:

- Sustainable services
- Urgent and emergency care
- Cancer
- Elective care
- Digital
- Productivity

We are also partners in the local provider collaboratives in Manchester and Trafford. These include primary, social care and mental health providers. The local collaboratives are focussed on vertical integration working together on issues such as urgent care, discharge and population health management.

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 the city of 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.

Effective mechanisms are in place with our commissioners to agree and manage fair and balanced contractual relationships including Involvement in key meetings established by the GMICB and NHSE Specialised Commissioning team. MFT has a dedicated Contracts and Income team that liaises between the Trust, our Hospitals/Managed Clinical Services/ Local Care Organisations and our 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 Hospital 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. Further developments are planned for the coming years.

NHSE System 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 3 by NHS England on the basis of the Trust being in Tier 1 of the national recovery programme for elective and cancer recovery, and the Greater Manchester ICB, and all Trusts within Greater Manchester, being placed in Tier 1 for urgent and emergency care performance. As at the end of March 2024, discussions are ongoing with the GM ICB to establish exit criteria.

Details on the Trust's response to the receipt of a Section 29 notice regarding our maternity services can be found in the *Annual Governance Statement* section of this annual report.

This segment is the Trust's position as at May 2024. 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/>

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
18th July 2024

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 2024 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 will, by their very nature, 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, the Group Chief Nurse, the Director of Clinical Governance and the Director of Corporate Business / Trust Board Secretary. Overseen by the Joint Group Medical Director, the Trust's 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/ Trust Board secretary supports the use of the Board Assurance Framework (BAF).

The Board of Directors routinely uses 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.

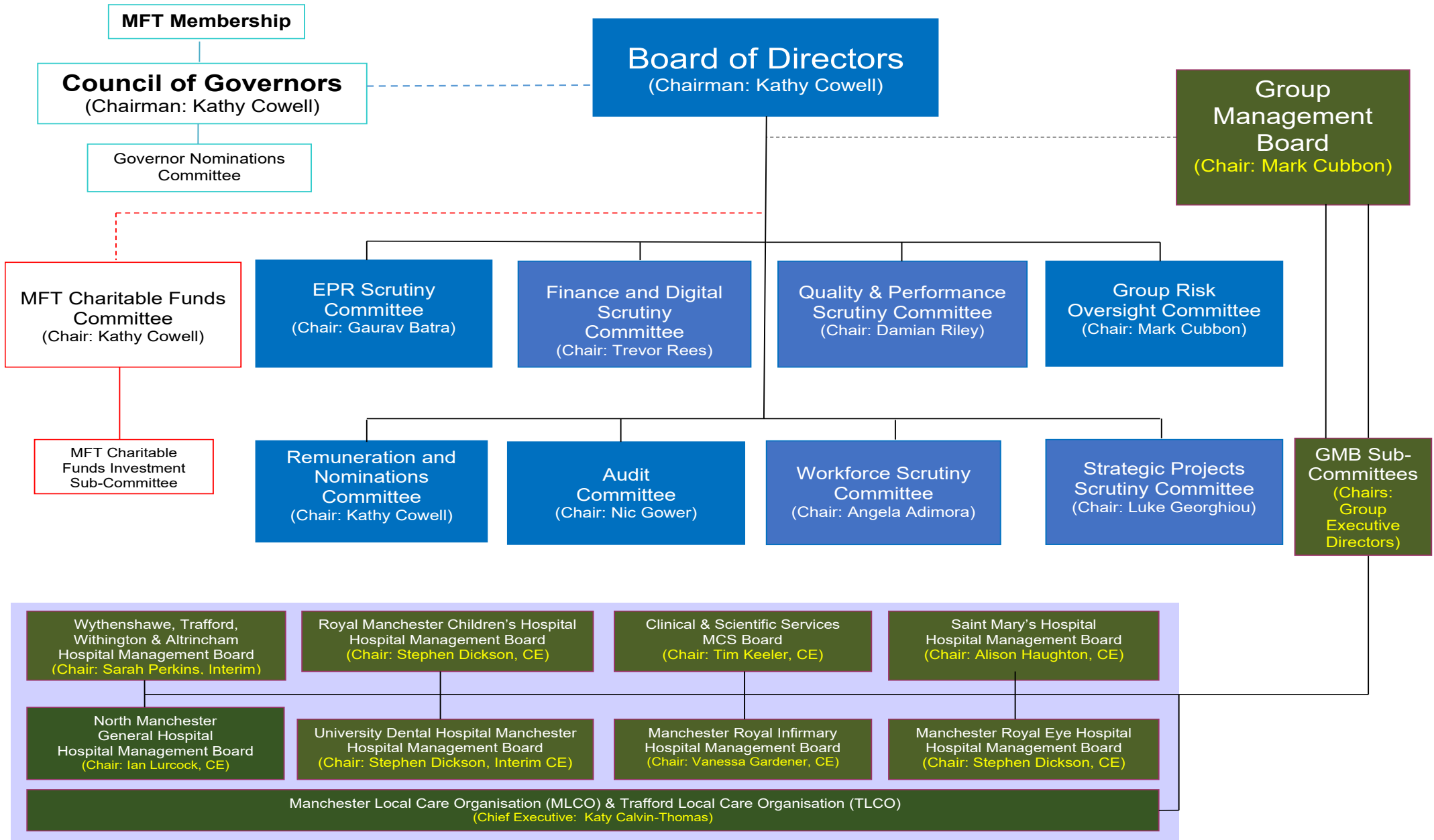
The Trust provides a comprehensive mandatory training programme, which includes risk management awareness and training. Training is delivered centrally and within individual organisations within the Trust. Training can be classroom-based with internal or external trainers, web-based or 'in-situ'; this 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.

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 2023/24, 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.

MFT's governance structure



MFT governance structure and the risk and control framework

The Trust has a well-established and effective Board and Board Scrutiny Committee structure with clear responsibilities and duties of each Committee, and reporting requirements, stated in its terms of reference.

The Board of Directors sets the strategic direction of the Trust and is responsible for: ensuring the quality, safety and effectiveness of services; monitoring performance against agreed goals and targets; providing effective financial stewardship; and setting a positive and open organisational culture.

The Trust's governance structure, and flow of information through it, enables the Board to receive assurance that it is delivering its duties. The Integrated Performance Report, Board Assurance Framework, and reports from each of its Scrutiny Committees, are key to providing the Board with assurance regarding delivery of its duties. Patient experience reports and evidence from staff survey/engagement exercises, combined with information gathered during Senior Leadership Walkrounds and other contact with staff and services, enable Board members to gain a rounded view of how the Trust is performing. In addition, external assurance is obtained through internal audit activity, externally managed patient and surveys, and visits and inspections from regulators.

The Board delegates specific areas of the Trust's responsibilities to the Scrutiny Committees for oversight, with each Committee's terms of reference specifying the areas of work delegated to it. The Scrutiny Committees monitor the principal and strategic risks affecting their areas of responsibility and use a more detailed version of the Integrated Performance Report to monitor progress against key metrics. Agendas are a combination of regular items, risk-related reports, and actions referred from other committees. Each Scrutiny Committee provides a report to the Board after each meeting.

Foundation Trusts are accountable to their members and the wider public and this is done via the Council of Governors which is responsible for holding the Group Non-Executive Directors to account for the performance of the Board of Directors. Governors also have responsibility to represent the views of the Trust's members and stakeholders, including the wider public, and partner organisations. The Council of Governors meets formally four times a year and receives assurance regarding the Board's performance from Group Executive Directors and Non-Executive Directors at each of their meetings.

The Executive Director Team Committee (EDTC) is the executive decision-making committee of the Trust, established to make management decisions to deliver the Trust's strategy and to implement the decisions of the Board. It is the forum where the Group Chief

Executive Officer, as Accountable Officer, receives assurance from the Group Executive Directors with regard to delivery of their responsibilities. The EDTC provides information and assurance to the Board, at each meeting, through the report of the Group Chief Executive Officer and specific reports furnished by Group Executive Directors

The Group Management Board (GMB) oversees the effective operational and strategic management of the Group including the achievement of statutory duties, clinical standards and targets, the delivery of high quality, patient-centred care, and delivery of the Group's key strategies. It is supported by a range of sub-committees, chaired by Group Executive Directors and consisting of representatives from the Hospitals/MCSs/LCOs and Corporate teams. The sub-committees seek assurance, escalate risks, and provide leadership on specific issues within their scope. They provide assurance to GMB through reports provided after each of their meetings.

Each Hospital/Managed Clinical Service/Local Care Organisation has its own governance structure which oversees operational delivery and manages risk at a site/service level. Assurance of the performance of each Hospital/Managed Clinical Service/Local Care Organisation is provided at Group level through the Accountability Oversight Framework which is in the process of developing into local Integrated Performance Reports to enable a consistent and comparable flow of assurance from ward to Board.

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 2023/24 and an enhanced iteration was approved by the Board of Directors in July 2023. 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 2023.

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 Senior Leadership Walkrounds, Quality Reviews, and 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 2023/24, an independent Internal Audit (review) was commissioned to provide assurance in relation to the effectiveness of the Trust's RMFS and the BAF. The outcome of this Internal Audit was 'Significant Assurance with minor improvement opportunities'. The recommendations will inform a further review of the RMFS and BAF in Q1 of 2024/25.

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.

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/Local Care Organisation Chief Executives** are responsible for the implementation of this Strategy within their clinical group. They 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.

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.

The Board of Directors' **Scrutiny Committees** support this process by monitoring management of the strategic risks relevant to their terms of reference.

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 Joint Group Medical Director and the Group Chief Nurse are 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 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/Managed Clinical Service/Local Care Organisation 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/Managed Clinical Service/Local Care Organisation, 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/Managed Clinical Service/Local Care Organisation AOF scores.

To support the AOF monthly cycle, a performance dashboard for each Hospital/Managed Clinical Service/Local Care Organisation has been developed that captures in one place the overarching Hospital/Managed Clinical Service/Local Care Organisation AOF score, individual domain scores and performance against the Key Performance Indicators that form each domain.

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:

- Integrated Performance Report metrics relevant to the committee's scope
- 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
- Maternity safety assurance including the Maternity Incentive Scheme
- Annual Accreditation Report
- Annual Infection Prevention Control (IPC) Report
- Annual Complaints Report
- Annual Safeguarding Report
- Patient Experience Reports (including patient surveys)
- EPRR core standards
- Strategic 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.

The **Workforce Scrutiny Committee**, chaired by a Group Non-Executive Director, oversees the delivery of 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:

- Integrated Performance Report metrics relevant to the committee's scope
- 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 and the EDI annual report
- Workforce Race Equality Scheme & Workforce Disability Equality Scheme data
- Gender pay gap information
- MFT's Apprenticeship Programme
- Strategic 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 and cyber security are being managed and controlled.

Examples of the key focus areas examined during 2022/23 included:

- Integrated Performance Report metrics relevant to the committee's scope
- Chief Finance Officer's Reports
- 2022/23 MFT Financial Plan (and associated updates)
- The Trust's Waste Reduction Programme
- Chief Informatics Officer's reports
- Management actions following the cyber security audit report
- Strategic risks aligned to the FDSC.

The BAF presents the key strategic aims of the Trust and associated principal risk, detailing the controls in place to manage the risks and the sources of assurance received regarding the risks. The strategic risks aligned with each principal risk, and the key workstreams associated with them, are also monitored through the QPSC, HRSC and FDSC.

The Integrated Performance Report is reviewed at every Board meeting to monitor the key metrics for operational performance, quality and safety, finance, and workforce. More detailed versions of the Integrated Performance Report are reviewed and interrogated at the relevant Board Scrutiny Committee. 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 as detailed above.

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 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 2023, 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.

Overview of the organisation's major risks

The Trust identified a number of significant risks during 2023/4. They are overseen through robust monitoring at the bi-monthly Risk Oversight Committee, chaired by the Group Chief Executive.

The key strategic risks and corporately managed risks with strategic oversight during the year related to:

Clinical quality impact of non-delivery of constitutional standards	Optimising Human/system interaction (patient safety)
Meeting national maternity recommendations	Optimisation of clinical systems-blood transfusion
Medicines storage	Informatics capacity
Maternity regulatory compliance	Urgent care and Flow
Elective care	Diagnostic delays
Cancer Pathways	Cryostorage DRM
Safe Disaggregation of Complex Services	Renal Dialysis capacity
Fire Safety Management Risk	Cyber Security
Decontamination	Asbestos management
NMGH estates infrastructure	Infrastructure impact of RAAC
Backlog maintenance funding	RMCH PED capacity and staffing capacity
Senior Medical Cover for Haematology/BMT/Oncology Services	Staff Psychological wellbeing
Delivering financial stability	GIDS RMCH MCS reputational risk
Histopathology service	Cardiac surgery waiting times
Thoracic theatre capacity	RMCH MRI Scanner

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 form the structure of the BAF and provide the principal risk infrastructure to which the strategic risks listed above are aligned. They are:

1. Failure to maintain essential standards of quality, safety, and patient experience
2. Failure to improve operational performance
3. Failure to meet regulatory expectations, and comply with laws, regulations, and standards
4. Failure to effectively address issues affecting staff experience
5. Failure to effectively plan for, recruit, and retain a diverse workforce with the right skills

6. Failure to implement and embed infrastructure plans including digital and estates
7. Failure to embed the Trust's approach to value and financial sustainability
8. Failure to work with system partners to address health inequalities, and deliver social value and sustainability
9. Failure to expand MFT's research and innovation capability and capacity
10. Failure to deliver the required transformation and integration of services

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 is 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/Managed Clinical Service/Local Care Organisation.

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.

Further information about the Trust's work on improving quality and our governance arrangements and processes 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/>

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
- Compliance with equality, diversity and human rights legislation
- Compliance with the NHS Pension Scheme.

Action taken by the Trust to mitigate these risks in the future is outlined below and elsewhere in the Annual Governance Statement.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC), and its current registration status is fully registered.

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. Throughout the year, the Board of Directors and the Quality and Performance Scrutiny Committee have closely monitored the improvements with maternity services. The Trust has hosted a number of external visits to

provide further assurance regarding the quality of maternity services and we are in discussions with the CQC to facilitate another inspection visit from them.

Further details of the Trust's engagement with the CQC during 2022/23 can be found in the Quality Account section of this report.

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 on the effects of climate change and severe weather and has developed a Green Plan following the guidance of 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. During 2023/24, we commissioned an external well led developmental review to review our arrangements and make recommendations to further strengthen them.

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

- Audit Committee, including reports from internal and external auditors
- Remuneration Committee
- Finance Scrutiny Committee
- Quality & Performance Scrutiny Committee

- Human Resources Scrutiny Committee
- Group Risk Oversight 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, further details can be found in the *NHS Foundation Trust Code of Governance disclosures* section of this annual 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.

MFT has a continuous focus on workforce matters as a central feature of its overall approach to business and strategic planning. Workforce data is analysed and applied to inform decisions about recruitment, staff deployment and financial planning.

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 very seriously and has a comprehensive Information Governance (IG) framework of policies and guidelines to ensure personal and corporate information is safeguarded, handled, and managed in accordance with UK GDPR / Data Protection Act 2018 and other statutory and legislative requirements.

The IG framework promotes confidentiality, integrity, and availability of personal data with a strong focus on security. It provides policy, guidance, and best practice for handling personal data legally, effectively, and efficiently to enable the provision of best possible healthcare to our patients; and provides the tools to empower staff to confidently handle the personal data that is necessary for their job role.

A fundamental component of the IG framework is cyber-security, and the Trust has robust measures and controls in place to maintain and improve cyber awareness and resilience of its IT infrastructure and manage the threat of cyber-attack and other IT vulnerabilities and security threats.

The NHS Data Security and Protection Toolkit (DSPT) is an on-line self-assessment tool that lets organisations measure their performance against the ten data security standards set by the NHS National Data Guardian. The annual completion of the DSPT allows the Trust to measure itself against the ten standards and demonstrate that information is handled correctly and protected from unauthorised access, loss, damage, and destruction.

The Trust published its 2022-2023 self-assessment against the DSPT standards on 30th June 2023 and achieved the status “standards met”. The Trust is working towards completion of its next self-assessment, to be published by 30th June 2024.

The IG framework is monitored and overseen by the Group Information 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 Senior Information Risk Owner (SIRO), providing assurance that information risks are effectively managed and mitigated.

Information Governance (IG) incidents includes data breaches under UK GDPR / Data Protection Act 2018 and breaches under the Security of Network Information Systems Regulations (NIS) 2018. All IG incidents are logged on the Trust’s local incident management system and are managed in accordance with the Trust’s incident management policy. The Trust uses the data security and protection incident reporting tool for those IG incidents that

meet or exceed the threshold for reporting externally to the Information Commissioner's Office (ICO), Department of Health and Social Care, NHS England, and the National Cyber Security Centre.

During financial year 2023/24 there was one incident that met the threshold for reporting to the ICO. This incident related to an email which was sent out with multiple patient email addresses being visible in the 'To' box. The ICO did not take any formal action and the Trust is implementing recommendations made by the ICO.

Data quality and governance

During 2023/24, the data within the system has informed the bi-monthly Board of Directors' Integrated Performance 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 Integrated Performance Report to identify any areas that require further scrutiny and assurance.

MFT uses the Hive EPR 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 internally and 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.

In line with Public Sector Internal Audit Standards, the Trust's internal auditors review aspects of data quality every year in support of their Head of Internal Audit opinion.

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 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 Oversight Committee, and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- Internal Audit Reports
- External Audit Reports
- Clinical Audit Reports
- Patient Surveys
- The NHS Staff Survey
- Royal College accreditation(s)
- Health and Safety Executive Inspection Reports
- Care Quality Commission Intelligent Monitoring Standards
- Care Quality Commission inspection reports
- Benchmarking reports
- PLACE assessments
- Senior Leadership Walk-rounds
- Clinical Pathology Accreditation
- Equality and Diversity Reports
- General Medical Council Reports.
- Reports produced by external organisations who have been commissioned by the Trust in 2023 to review our current arrangements.

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 Scrutiny 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.

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 the 18th June 2024 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 2023 to 31st March 2024.

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.

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 has continued to meet continues to meet to monitor the stabilisation phase of the programme and oversee benefits realisation.

Conclusion

No significant internal control issues have been identified.



Mark Cubbon
Group Chief Executive
18th July 2024

Independent 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 subsidiaries ('the Group') for the year ended 31 March 2024 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 material accounting policy information. 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 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, 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 2024 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 2023/24; 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 other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. 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 2023/24 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.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

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 non-compliance 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.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust and the Group is in compliance with laws and regulations, and discussing their 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 the Group which were contrary to applicable laws and regulations, including fraud.

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 posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, in particular in relation to accruals and provisions and significant one-off or unusual transactions.

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.
- Addressing the risks of fraud in revenue and expenditure recognition by performing testing of transactions around the year end.

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 February 2023.

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 2024.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in May 2024, we have identified the following significant weakness in the Trust’s arrangements for the year ended 31 March 2024:

Significant weakness in arrangements	Recommendation
<p>The Trust has previously met its savings targets through large amounts of non-recurrent savings, and its future savings plans represent a large proportion of its annual expenditure and are not fully identified.</p> <p>This is evidence of a significant weakness in arrangements for financial sustainability in how the Trust plans to bridge its funding gaps and identifies achievable savings and how the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities.</p>	<p>The Trust should seek to identify savings as early in the planning phase as possible and should continue to work across all levels of the Trust to fully explore, identify and agree achievable savings schemes that can be delivered on a recurrent basis to permanently reduce the cost base of the Trust.</p>

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 May 2024.

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 2023/24; 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 2023/24; 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.

A handwritten signature in blue ink that reads "Karen Murray".

Karen Murray, Key Audit Partner
For and on behalf of Forvis Mazars LLP

One St Peter's Square
Manchester
M2 3DE
19 July 2024

Annual Accounts

Foreword to the accounts

Manchester University NHS Foundation Trust

These accounts, for the period ended 31 March 2024, 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	18th July 2024

Manchester University NHS Foundation Trust

Annual accounts for the period ended 31 March 2024

Consolidated Statement of Comprehensive Income

		Trust 2023/24 £000	Group 2023/24 £000	Trust 2022/23 £000	Group 2022/23 £000
Operating income from patient care activities	2	2,526,167	2,526,167	2,386,163	2,386,163
Other operating income	2.1	283,511	287,968	264,461	266,865
Operating expenses	3, 4	<u>(2,797,021)</u>	<u>(2,802,810)</u>	<u>(2,672,987)</u>	<u>(2,678,343)</u>
Operating surplus/(deficit) from continuing operations		<u>12,657</u>	<u>11,325</u>	<u>(22,363)</u>	<u>(25,315)</u>
Finance income	6	9,561	10,376	4,673	5,509
Finance expenses	7	(105,986)	(105,986)	(46,612)	(46,612)
PDC dividends payable		-	-	(3,879)	(3,879)
Net finance costs		<u>(96,425)</u>	<u>(95,610)</u>	<u>(45,818)</u>	<u>(44,982)</u>
Other gains/(losses)	8.2	(156)	(238)	783	783
Losses arising from transfers by absorption		-	-	(5,461)	(5,461)
Deficit for the year from continuing operations		<u>(83,924)</u>	<u>(84,523)</u>	<u>(72,859)</u>	<u>(74,975)</u>
Deficit for the year		<u>(83,924)</u>	<u>(84,523)</u>	<u>(72,859)</u>	<u>(74,975)</u>
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8.1	-	-	-	-
Revaluations	27	14,486	14,486	65,984	65,984
Other reserve movements		-	-	(1)	(1)
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains / (losses) on financial assets designated at fair value through OCI	14	-	1,603	-	(1,649)
Total comprehensive income / (expense) for the period		<u>(69,438)</u>	<u>(68,434)</u>	<u>(6,876)</u>	<u>(10,641)</u>

The notes on pages 6 to 49 form part of these accounts.

Statement of Financial Position		Trust	Group	Trust	Group
		31 March 2024	31 March 2024	31 March 2023	31 March 2023
		£000	£000	£000	£000
	Note				
Non-current assets					
Intangible assets	9	12,324	12,324	11,368	11,368
Property, plant and equipment	10	933,029	933,072	903,907	903,957
Right of use assets	11	141,650	141,650	156,663	156,663
Investment property			,3		3
Other investments / financial assets	14	806	21,279	858	23,754
Receivables	17	18,330	18,330	17,315	17,315
Total non-current assets		1,106,139	1,126,658	1,090,111	1,113,060
Current assets					
Inventories	16	27,596	27,596	25,374	25,374
Receivables	17	142,422	142,828	157,393	157,412
Non current assets held for sale	15	210	210	210	210
Cash and cash equivalents	19	133,687	137,006	240,943	242,490
Total current assets		303,915	307,640	423,920	425,486
Current liabilities					
Trade and other payables	20	(391,086)	(391,232)	(474,125)	(474,392)
Borrowings	22	(43,476)	(43,476)	(36,700)	(36,700)
Provisions	24	(16,975)	(16,975)	(29,276)	(29,276)
Other liabilities	21	(33,744)	(34,994)	(51,880)	(54,284)
Total current liabilities		(485,281)	(486,677)	(591,981)	(594,652)
Total assets less current liabilities		924,773	947,621	922,050	943,894
Non-current liabilities					
Borrowings	22	(722,698)	(722,698)	(495,308)	(495,308)
Provisions	24	(9,231)	(9,231)	(11,423)	(11,423)
Other liabilities	21	(3,826)	(3,826)	(2,804)	(2,804)
Total non-current liabilities		(735,755)	(735,755)	(509,535)	(509,535)
Total assets employed		189,018	211,866	412,515	434,359
Financed by					
Public dividend capital	SoCIE	537,401	537,401	471,920	471,920
Revaluation reserve	SoCIE	177,882	177,882	163,396	163,396
Income and expenditure reserve	SoCIE	(526,265)	(526,265)	(222,801)	(222,801)
Charitable fund reserves	37		22,848		21,844
Total taxpayers' equity		189,018	211,866	412,515	434,359

The notes on pages 6 to 49 form part of these

accounts. Name: Mark Cubbon



Position: Group Chief Executive

Date: 18th July 2024

Statement of Changes in Taxpayers' Equity for the period ended 31 March 2024

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	471,920	163,396	(222,801)	412,515
Surplus/(deficit) for the year	-	-	(83,924)	(83,924)
Revaluations	-	14,486	-	14,486
Public dividend capital received	65,481	-	-	65,481
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(219,540)	(219,540)
Other reserve movements	-	-	-	-
Taxpayers' and others' equity at 31 March 2024	537,401	177,882	(526,265)	189,018

Under IFRS16 liabilities are remeasured to reflect the present value of future minimum lease payments including any change in lease payments made as a result of a change in index or rate. Prior to 1st April 2023, under IAS17, the lease liability was not remeasured for indexation changes and any difference between minimum lease payments measured at commencement, and the actual lease payments were charged to finance expenditure as contingent rent. The impact of this change to the SoCIE at 31st March 2024 was £219.5m.

Statement of Changes in Equity for the period 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 period ended 31 March 2024

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 2023 - brought forward	471,920	163,396	(222,801)	21,844	434,359
Surplus/(deficit) for the year	-	-	(83,924)	(599)	(84,523)
Revaluations	-	14,486	-	-	14,486
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	1,603	1,603
Public dividend capital received	65,481	-	-	-	65,481
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	<u>(219,540)</u>	-	<u>(219,540)</u>
Taxpayers' and others' equity at 31 March 2024	<u>537,401</u>	<u>177,882</u>	<u>(526,265)</u>	<u>22,848</u>	<u>211,866</u>

Under IFRS16, liabilities are remeasured to reflect the present value of future minimum lease payments including any change in lease payments made as a result of a change in index or rate. Prior to 1st April 2023, under IAS17, the lease liability was not remeasured for indexation changes and any difference between minimum lease payments measured at commencement, and the actual lease payments were charged to finance expenditure as contingent rent. The impact of this change to the SoCIE at 31st March 2024 was £219.5m.

Consolidated Statement of Changes in Equity for the period 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
Surplus/(deficit) for the year	-	-	(72,859)	(2,116)	(74,975)
Revaluations	-	65,984	-	-	65,984
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	(1,649)	(1,649)
Public dividend capital received	63,140	-	-	-	63,140
Public dividend capital repaid	-	-	-	-	-
Other reserve movements	-	<u>1</u>	<u>(2)</u>	-	<u>(1)</u>
Taxpayers' and others' equity at 31 March 2023	<u>471,920</u>	<u>163,396</u>	<u>(222,801)</u>	<u>21,844</u>	<u>434,359</u>

		Trust 2023/24 £000	Group 2023/24 £000	Trust 2022/23 £000	Group 2022/23 £000
Cash flows from operating activities					
Operating (deficit) / surplus		12,657	11,325	(22,363)	(25,315)
Non-cash income and expense:					
Depreciation and amortisation	3	63,441	63,448	54,909	54,916
Net impairments	8.1	38,172	38,172	69,281	69,281
Income recognised in respect of capital donations	2	(1,243)	(966)	(3,023)	(2,439)
(Increase) / Decrease in receivables and other assets		15,682	15,682	(73,791)	(73,791)
(Increase) / Decrease in inventories		(2,222)	(2,222)	(3,565)	(3,565)
Increase / (Decrease) in payables and other liabilities		(101,374)	(101,374)	91,379	91,379
(Decrease) / Increase in provisions		(14,621)	(14,621)	(25,712)	(25,712)
Movements in charitable fund working capital		-	(1,662)	-	(905)
Other movements in operating cash flows		-	-	(1)	(1)
Net cash flows from operating activities		10,492	7,782	87,114	83,848
Cash flows from investing activities					
Interest received		9,541	9,541	4,623	4,623
Proceeds from sales/settlements of financial assets/investments		150	150	-	-
Purchase of intangible assets		(1,927)	(1,927)	(6,792)	(6,792)
Purchase of PPE and investment property		(102,067)	(102,067)	(155,593)	(155,593)
Proceeds from disposal of non-current asset held for resale			-	3,095	3,095
Receipt of cash donations to purchase assets		1,036	759	6,172	5,588
Finance lease receipts (principal and interest)			-	20	20
Net cash flows from charitable fund investing activities		-	4,759	-	1,189
Net cash flows used in investing activities		(93,267)	(88,785)	(148,475)	(147,870)
Cash flows from financing activities					
Public dividend capital received	SoCIE	65,481	65,481	63,140	63,140
Loans from DHSC - received	22	-	-	2,600	2,600
Loans from DHSC - repaid	22	(10,791)	(10,791)	(8,291)	(8,291)
Repayment of other loans	22	(740)	(740)	(682)	(682)
Capital element of lease liability repayments		(9,742)	(9,742)	(9,960)	(9,960)
Capital element of PFI service concession payments		(27,770)	(27,770)	(14,497)	(14,497)
Interest on loans		(2,739)	(2,739)	(2,983)	(2,983)
Interest element of lease liability repayments		(1,416)	(1,416)	(1,396)	(1,396)
Interest paid on PFI service concession obligations		(33,385)	(33,385)	(42,414)	(42,414)
PDC dividend paid		(3,379)	(3,379)	(2,325)	(2,325)
Net cash flows from / (used in) financing activities		(24,481)	(24,481)	(16,808)	(16,808)
Decrease in cash and cash equivalents		(107,256)	(105,484)	(78,169)	(80,830)
Cash and cash equivalents at 1 April - brought forward		240,943	242,490	319,111	323,320
Cash and cash equivalents at 31 March	19	133,687	137,006	240,942	242,490

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 2023/24 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 31.

The accounting policies being followed for 2023/24 are unchanged from 2022/23 except for adaptation as a result of the application of IFRS 16 to PFI liabilities. This is being applied for the first time from 2023/24 as there was a specific exemption from applying the relevant principles of IFRS 16 to PFI liabilities in 2022/23 so that entities could focus on the rest of IFRS 16 implementation; the Trust implemented IFRS 16 in respect of leases in the 2022/23 financial year.

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 2024/25 prepared for Board and NHSE a cashflow which demonstrates sufficient cash balances for twelve months from the date of signing the accounts.

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

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 2024 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 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 2024 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). The Trust and the Group did not have any acquisitions or discontinued operations during the period to the 31st March 2024.

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 2024, 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 2024 with a valuation date of 31 March 2024, applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards and RICS UK National Supplement ('Red Book').

Notes to the Accounts - 1. Accounting Policies (Continued)

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. An additional increase of 1% in the land and building net book value of £780m would result in a revised net book value of £788m and an increase of 5% would result in a revised net book value of £819m.

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.

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.

For 2023/24 NHS contracts have been set on an Aligned Payment Incentive model which covers revenue comprising of both fixed and variable elements. The variable element includes almost all elective activity along with outpatients first attendances and procedures which are paid at nationally set prices, with performance being managed using the Elective Recover Fund (ERF) targets that are set nationally. Both the fixed and variable elements of the contract have all been inflated using the annual national cost uplift factor (CUF) for 23/24 based on a net 4.1% (CUF 5.2% less 1.1% efficiency). For other Non NHS contracts revenue is based on a mix of local priced arrangements which have been uplifted for inflation.

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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

HMT published valuation directions dated 19 October 2023 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2020 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2020 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2020 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/search?aggregated_field=valuation+reports.

Employer's pension cost contributions for all schemes are charged to operating expenses as and when they become due. For the year ended 31st March 2024 these contributions amounted to £196.964m (2022/23: £186.992m), as detailed in note 4. The employer's pension cost contributions for the year ended 31st March 2025 are estimated to be in the region of £202.87m.

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 1.10 below).

1.10 Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised if:-

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust or the Group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
- The item has a cost of at least £5,000; or

Notes to the Accounts - 1. Accounting Policies (Continued)

- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates, and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward, unit, project or service, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are grouped into categories based on similar asset lives, and the groups (categories) are treated as separate assets and depreciated over their own individual useful economic lives.

Measurement

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 impairment.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

Revaluation gains and losses

An increase arising on revaluation is taken to the Revaluation Reserve, except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to the Statement of Comprehensive Income (SoCI), to the extent of the decrease previously charged there. A revaluation decrease is recognised as an Impairment charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to operating expenditure. Gains and losses recognised in the Revaluation Reserve are reported as "Other Comprehensive Income" in the SoCI.

Impairments

In accordance with the GAM, impairments which are due to a loss of economic benefits or service potential in the asset are also charged to operating expenses. A compensating transfer is made from the Revaluation Reserve to the Income and Expenditure Reserve of an amount equal to the lower of:-

- (i) The impairment charged to operating expenses; or
- (ii) The balance in the Revaluation Reserve attributable to that asset before the impairment.

An impairment which arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances which gave rise to the loss are themselves reversed. Where, at the time of the original impairment, a transfer was made from the Revaluation Reserve to the Income and Expenditure Reserve, an amount is transferred back to the Revaluation Reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses, and reversals of "other impairments" as revaluation gains.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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.

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. The Useful Economic Lives applied to the Trust's and the Group's asset in 2023/24 are set out in the table below. Note 10.1 & note 13 to these Accounts gives further details of the Useful Economic Lives of the Trust's and the Group's Property, Plant and Equipment assets.

Economic Life of Non-Current Assets	2023/24	2023/24
	Minimum	Maximum
	Life	Life
	Years	Years
	Trust and	Trust and
	Group	Group
Purchased, Donated or Granted		
Software	2	15
Development expenditure	3	7
Buildings (Excluding Dwellings)	6	90
Plant and Machinery	2	25
Transport Equipment	6	10
Information Technology	3	10
Furniture and Fittings	3	10

Where assets are non-operational for a short period while management decide on their future use, they are retained at their current valuation, although depreciation ceases from the date they are taken out of use.

Finance leased assets are depreciated over the shorter of the useful economic life or the lease term, unless the Trust and the Group expect to acquire an asset at the end of its lease term, in which it is depreciated in the same manner as owned assets above.

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 IT projects they will be written down to their recoverable amount. All other IT assets in the course of construction will be reviewed for impairment 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 21), 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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. Assets funded from grants are treated in the same manner as Donated Assets (as outlined above), and in accordance with the principles of IAS 20.

1.15 Surplus Non-Current Assets - Held for Sale or to be Scrapped or Demolished

A Non-Current Asset which is surplus, with no plan to bring it back into use, is valued at Fair Value under IFRS 13, if it does not meet the requirements of IAS 40 in respect of investment properties, or IFRS 5 in respect of non-current assets held for sale.

In general, the following conditions must be met at the Statement of Financial Position date, for an asset to be classified as Held for Sale:-

- Management is committed to a plan to sell;
- The asset is available for immediate sale in its present condition;
- The sale is highly probable; and
- The asset is being actively marketed for sale at a price reasonable in relation to its Fair Value.

Following reclassification, Assets Held for Sale are measured at the lower of their existing carrying amount, and their "Fair Value less costs to sell". Assets are derecognised when all material sale contract conditions are met.

Property, Plant and Equipment that is to be scrapped or demolished does not qualify for recognition as Held for Sale. Instead, it is retained as an operational asset and its economic life is adjusted. Such assets are derecognised when they are scrapped or demolished.

1.16 Leases

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 became effective across the public sector from 1 April 2022. The transition to IFRS 16 was completed in 2022/23, in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

Leases entered into on or after the 1st April 2023 have been assessed under the requirements of IFRS 16.

The Trust has elected to apply the following recognition exemptions in applying IFRS 16:

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less as described in 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 as described in 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 1.11 instead.

Notes to the Accounts - 1. Accounting Policies (Continued)

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. The nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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)

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 IFRS 16, 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 IFRS 16. 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 and is measured initially at the same amount as the current value of the PFI assets. The subsequent measurement of the PFI liability was made under IAS17 until 1st April 2023 when the Trust implemented measurement in accordance with IFRS16.

The element of the annual Unitary Payment which is allocated as 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 PFI liability. Up to 31st March 2023 in accordance with IAS 17, this amount was not included in the minimum lease payments, but was instead treated as contingent rent and was expensed as incurred. In substance, this amount was a finance cost in respect of the liability, and was therefore disclosed as a contingent finance cost in the Statement of Comprehensive Income.

From 1st April 2023 under IFRS16, the PFI liability is remeasured to reflect indexation impacts, previously expensed as contingent rent, as part of the minimum lease payment. The PFI liability is remeasured each time there is an indexation linked change to the minimum lease payment for the asset.

The change in accounting policy has been applied using a modified retrospective approach with the cumulative impact of indexation to 1st April 2023 reflected in the PFI liability and taken to the income and expenditure reserve on 1st April 2023. Prior years are not restated. The impact of indexation change to minimum lease payments from 1st April 2023 is reflected in the PFI liability, and is charged to finance expenses within the Statement of Comprehensive Income at the point of the change in minimum lease payments.

All the impacts in relation to the application of IFRS 16 on the PFI liability are set out in notes 7.1 and 22.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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.

In 2023/24 and 2022/23, 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 26 to these Accounts, where an inflow of economic benefits is possible.

Contingent Liabilities are similarly not recognised in the Statement of Financial Position but, as with Contingent Assets above, are disclosed in Note 26 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 2023/2024 the only such Discount Rate applicable to the Trust or the Group was 2.45% (2022/2023: 1.7%) 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 25.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.22 Non-Clinical Risk Pooling

The Trust and the Group participate in the Property Expenses Scheme, and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust and the Group pay an annual contribution to the 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.

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 profit and loss. 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

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.

The Trust holds equity investments as financial assets measured at fair value through profit and loss. For those equity investments that are not quoted, cost has been applied as an appropriate estimate of fair value on the basis that there is a wide range of possible fair value measurements for these unquoted investments - as such, cost is the best and most reliable estimate of fair value of the investments in the absence of a quoted market value. For those investments that are quoted, the fair value of the equity investment is the share price at the balance sheet date.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

The Trust has designated the equity investments that are held by the Charity as financial assets held at fair value through other comprehensive income.

Impairment of Financial Assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through Other Comprehensive Income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition of Financial Assets and Liabilities

All Financial Assets are derecognised when the rights to receive cash flows from the assets have expired, or the Trust and the Group have transferred substantially all of the risks and rewards of ownership. Financial Liabilities are derecognised when the obligation is discharged or cancelled, or it expires.

1.24 Value Added Tax

Most of the activities of the Trust and the Group are outside the scope of VAT and, in general, output tax does not apply, and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category, or included in the capitalised purchase cost of Non-Current Assets. Where output tax is charged or input tax is recoverable, the transactions in question are recorded net of VAT in these financial statements and this applies to assets and liabilities as well as expenses.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.25 Foreign Currencies

The Trust's and the Group's functional and presentational currency is Sterling. The Trust and the Group do not record or trade in any transactions denominated in a foreign currency.

1.26 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised as assets in these financial statements, since the Trust and the Group have no beneficial interest in them. However, details of Third Party Assets held by the Trust and the Group are given in Note 18, in accordance with the requirements of the Treasury's Financial Reporting Manual (FRM).

1.27 Public Dividend Capital

Public Dividend Capital (PDC) represents Taxpayers' Equity in the Trust and the Group. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an Equity Financial Instrument within the meaning of IAS 32. 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 assets and any PDC dividend balance receivable or payable).
- less the average daily net cash balances held with the Government Banking Service (excluding balances held in GBS accounts that relate to short-term working capital facility).
- less the bonus Provider Sustainability Fund (PSF), (previously Sustainability and Transformation Funding) Receivable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Where the average of net relevant assets is negative, no dividend will be payable.

1.28 Losses and Special Payments

Losses and Special Payments are items which Parliament would not have contemplated when it agreed funds for the Health Service, or passed legislation. By their nature, they are items which ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way in which individual cases are handled.

Losses and Special Payments are charged to the relevant functional headings in operating expenditure, Note 3 in these financial statements, on an accruals basis. However Note 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 2023/24. 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 and is being applied by HMT in the FReM form 1 April 2025: early adoption is not permitted

IFRS 18 Presentation and Disclosure in Financial Statements - the standard was issued in April 2024 and applies to an annual reporting period beginning on or after 1 January 2027: not adopted

1.31 Accounting Standards Issued Which Have Been Adopted Early

No new accounting standards or revisions to existing standards have been early adopted in 2023/2024 by the Trust or the Group.

1.32 Operating Segments

Under IFRS 8, the Trust and the Group are required to disclose financial information across significant Operating Segments, which reflect the way the management runs the organisation. A significant segment is one which:-

- i) Represents 10% or more of the income or expenditure of the entity; or
- ii) Has a surplus or deficit which is 10% or more of the greater, in absolute amount, of the combined surplus of all segments reporting a surplus, or the combined deficit of all segments reporting a deficit; or
- iii) Has assets of 10% or more of the combined assets of all Operating Segments.

Significant central management and support services underpin all Trust activities, and the majority of activities are similar in nature. Research and Training (both less than 10% of turnover) similarly support the Trust's activities (with Training being integral to the provision of healthcare). The Trust therefore considers itself to operate with one segment, being the provision of healthcare services. This view is further supported by the fact that routine Finance Reports are presented to the Board on a Trust-wide basis, analysed by Pay, Non-Pay and Capital.

With regard to the Trust's subsidiary, the Manchester University NHS Foundation Trust Charity, for Group Accounting purposes the charity is considered to be a separate operating segment. The financial results of the Charity are separately disclosed in Note 37 to these financial statements, 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 transfer 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 2023/24 £000	Group 2023/24 £000	Trust 2022/23 £000	Group 2022/23 £000
Income from Patient Care Activities				
Aligned payment & incentive (API) income - Variable (based on activity)*	381,554	381,554	1,786,889	1,786,889
Aligned payment & incentive (API) income - Fixed (not variable based on activity)*	1,598,496	1,598,496		
High cost drugs income from commissioners	258,848	258,848	244,851	244,851
Other NHS clinical income	26,638	26,638	11,325	11,325
Community Services Income	187,880	187,880	172,575	172,575
Elective Recovery Funding (a)	-	-	50,760	50,760
Private Patient Income	2,059	2,059	2,295	2,295
Additional pension contribution (b)	60,515	60,515	57,856	57,856
Other Clinical Income (c)	8,986	8,986	7,803	7,803
Agenda for change pay award central funding (d)	1,191	1,191	51,809	51,809
Total income from Patient Care Activities	2,526,167	2,526,167	2,386,163	2,386,163
Of which:				
Related to continuing operations	2,526,167	2,526,167	2,386,163	2,386,163
Related to discontinued operations	-	-	-	-
Other Operating Income				
Research and Development	85,283	85,283	69,755	69,755
Education and Training	95,407	95,407	90,363	90,363
Non-Patient Care Services to Other Bodies	36,231	36,231	37,286	37,286
Reimbursement and top up Funding basis	10,054	10,054	10,149	10,149
Notional Income from Apprenticeship Levy	3,104	3,104	2,901	2,901
Receipt of capital grants and donations	1,243	966	3,023	2,439
Charitable and Other Contributions to Expenditure	850	850	665	665
Rental revenue from operating leases	1,885	1,885	1,794	1,794
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	595	595	4,134	4,134
Other Income (e)	48,859	48,859	38,745	38,745
Other - Charity	-	4,734	-	2,988
Total other operating income	283,511	287,968	264,461	266,865

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* During 2022/23 there was considerable organisational change both within the Commissioner landscape, whereby CCGs were abolished and transitioned into Integrated Care Boards and Localities, and with MFT implementing an Electronic Payment Record system (HIVE). Consequently it was agreed with both the newly formed Greater Manchester ICB and the NHS England pricing team that no Aligned Payment Incentive arrangements would form part of the 2022/23 NHS Contract (Schedule 3 B of the 2022/23 contract) and therefore no fixed and variable split values were agreed. Formal performance management reporting was agreed to be paused during the implementation of HIVE and revenue allocations were based on prior year contract values inflated for the current year's national cost uplift factor.

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 the year ended 31st March 2024 amounted to £2.455 billion or 97% of Income from Activities (2022/2023: £2.318 billion and 97%). CRS is arrived at by excluding 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. Funds received in 2023/24 of £69.0m (2022/23 £50.8m) are now reported within the Block contract / system envelope income category with the increase relating to a change in the commissioner allocations as per the national calculation.

(b) The Trust was notified of funding to cover the 6.3% (2022/23 6.3%) increased cost of the Employer Pensions Contribution. This was paid centrally by NHS England, for accounting purposes it is recognised as Income and Expenditure (see note 4) in the Trust accounts.

(c) This includes injury cost recovery scheme and overseas patient income.

(d) The Trust received funding to cover the estimated cost of the Agenda for Change pay offer in 2022/23. This was paid centrally by NHS England, for accounting purposes it was recognised as an accrual in the Trust accounts.

(e) Within Other Operating Income the following items are included in Other Income:

	2023/24	2023/24	2022/23	2022/23
	Trust	Group	Trust	Group
Other Income	£000	£000	£000	£000
Other Income (a)	33,897	33,897	27,272	27,272
Clinical Excellence Awards	4,215	4,215	4,110	4,110
Car Parking	5,656	5,656	2,796	2,796
Staff accommodation rental	204	204	196	196
Non-clinical services recharged to other bodies	831	831	508	508
Crèche Services	864	864	891	891
Clinical Tests	903	903	908	908
Catering	1,747	1,747	1,630	1,630
Pharmacy Sales	542	542	434	434
Total Other Income	<u>48,859</u>	<u>48,859</u>	<u>38,745</u>	<u>38,745</u>

(a) In 2023/24 Other income includes £1.9m PFI rental and £6.7m other rental income. In 2022/23 Other income included £1.8m PFI rental and £6.2m other rental income.

2.2 Operating Lease Income	Trust and Group 2023/24 £000	Trust and Group 2022/23 £000
Rents recognised as income during the period	1,885	1,794
Total	<u>1,885</u>	<u>1,794</u>
Future minimum lease payments due		
not later than one year	1,932	1,419
later than one year and not later than five years	8,224	3,065
later than five years	7,705	3,277
Total	<u>17,861</u>	<u>7,761</u>

2.3 Income from patient care activities (by source)	Trust 2023/24 £000	Group 2023/24 £000	Trust 2022/23 £000	Group 2022/23 £000
Income from patient care activities received from:				
NHS England	1,025,717	1,025,717	1,026,271	1,026,271
Clinical commissioning groups/ Integrated care boards	1,423,234	1,423,234	1,303,004	1,303,004
Other NHS providers	5,423	5,423	6,763	6,763
NHS other	-	-	-	-
Local authorities	39,534	39,534	35,465	35,465
Non-NHS: private patients	2,059	2,059	2,295	2,295
Non-NHS: overseas patients (chargeable to patient)	2,518	2,518	1,460	1,460
Injury cost recovery scheme	6,467	6,467	6,345	6,345
Non NHS: other	21,215	21,215	4,560	4,560
Total income from activities	<u>2,526,167</u>	<u>2,526,167</u>	<u>2,386,163</u>	<u>2,386,163</u>

2.4 Overseas visitors (relating to patients charged directly by the provider)	2023/24 £000	2022/23 £000
Income recognised this year	2,518	1,460
Cash payments received in-year	1,003	732
Amounts added to provision for impairment of receivables	1,200	259
Amounts written off in-year*	608	689

* 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	2023/24 £000	2022/23 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	40,764	35,918

2.6 Revenue not recognised this year	2023/24 £000	2022/23 £000
Revenue from contracts entered into as at the period end expected to be recognised:		
- within one year	35,246	40,139
- after one year not later than five years	2,324	13,255
- after five years	-	-
Total revenue allocated to remaining performance obligations	<u>37,570</u>	<u>53,394</u>

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	Group	Trust	Group
	2023/24 £000	2023/24 £000	2022/23 £000	2022/23 £000
Purchase of healthcare from NHS and DHSC bodies	27,176	27,176	36,107	36,107
Purchase of healthcare from non-NHS and non-DHSC bodies	36,069	36,069	29,352	29,352
Staff and executive directors costs (a)	1,680,829	1,680,829	1,600,327	1,600,327
Remuneration of non-executive directors	231	231	229	229
Supplies and services - clinical (excluding drugs costs)	262,111	262,111	250,530	250,530
Supplies and services - general	14,105	14,105	11,878	11,878
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	595	595	4,134	4,134
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	297,896	297,896	268,629	268,629
Consultancy costs	1,903	1,903	233	233
Establishment	16,728	16,728	19,375	19,375
Premises - business rates collected by local authorities (b)	(1,437)	(1,437)	7,859	7,859
Premises	47,968	47,968	42,500	42,500
Transport (business travel only)	4,666	4,666	6,012	6,012
Transport (including patient travel)	6,514	6,514	6,085	6,085
Depreciation on property, plant and equipment	60,875	60,882	53,388	53,395
Amortisation on intangible assets	2,566	2,566	1,521	1,521
Net impairments	38,172	38,172	69,281	69,281
(Decrease) / Increase in provision for impairment of receivables provisions arising / released in year	(157)	(157)	1,361	1,361
Change in provisions discount rate(s)	(364)	(364)	(1,871)	(1,871)
Fees payable to the external auditor (c)				
audit services- statutory audit	140	140	140	140
Charitable fund audit	-	18	-	18
Internal audit costs - non-staff	482	482	349	349
Clinical negligence	55,632	55,632	53,076	53,076
Legal fees	916	916	841	841
Insurance	867	867	1,150	1,150
Research and development - staff costs	38,198	38,198	36,566	36,566
Research and development - non-staff costs	38,654	38,654	32,653	32,653
Education and training - non-staff costs	6,457	6,457	8,436	8,436
Levy	3,104	3,104	2,901	2,901
Rentals under operating leases	11,002	11,002	7,574	7,574
Redundancy - staff costs	78	78	-	-
Redundancy - non-staff costs	-	-	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	78,913	78,913	69,251	69,251
Car parking & security	6,463	6,463	4,530	4,530
Hospitality	60	60	34	34
Other NHS charitable fund resources expended	-	5,764	-	5,331
Other (d)	67,503	67,503	48,556	48,556
Total	2,797,021	2,802,810	2,672,987	2,678,343
Of which:				
Related to continuing operations	2,797,021	2,802,810	2,672,987	2,678,343
Related to discontinued operations	-	-	-	-

Explanatory Notes

(a) Further details for pay expenditure are included in Note 4.

(b) Business rates credit to the accounts relates to a release of the business rates provision following a favourable conclusion of a rates review

(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 2023/24 Other costs include £33.7m computer software, £5.9m professional fees and £6.0m license fees. In 2022/23 Other costs included £18.4m computer software, £11.5m professional fees and £7.4m license 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)

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	1,236,203	1,186,359
Social security costs	128,549	116,090
Apprenticeship levy	5,956	5,281
Pension cost - employer contributions to NHS pension scheme	136,449	129,136
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	60,515	57,856
Temporary staff (including agency)	154,792	14 8,260
Total gross staff costs	<u>1,722,464</u>	<u>1,64 2,982</u>
Of which		
Costs capitalised as part of assets	3,359	6,089

This note does not include the remuneration for non-executive directors.

4.1 Retirements due to ill-health (Group)

During 2023/24 there were 32 early retirements from the trust agreed on the grounds of ill-health (13 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £1,918k (£1,287k in 2022/23).

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 have been the appointed external auditors for the Trust and the Group since the financial year 2018/19. Mazars LLP current contract commenced on the 1st December 2022, on a 2 year contract with the option to extend for a 12 month period.

In 2023/2024, 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 fund's annual accounts.

6 Finance income

Finance income represents interest received on assets and investments in the period.

	Trust	Group	Trust	Group
	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
Interest on bank accounts	9,541	9,541	4,623	4,623
Interest income on finance leases	20	20	50	50
NHS charitable fund investment income	-	815	-	836
Total finance income	<u>9,561</u>	<u>10,376</u>	<u>4,673</u>	<u>5,509</u>

7 Finance expenditure (Trust and Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
7.1 Interest expense:		
Loans from the Department of Health and Social Care	2,663	2,899
Other loans	24	31
Interest on lease obligations	1,416	1,396
Interest on late payment of commercial debt	-	-
Finance costs on PFI service concession arrangements		
Main finance costs on PFI schemes obligations	33,385	17,292
Contingent finance costs on PFI scheme obligations	-	25,122
Remeasurement of PFI / other service concession liability resulting from change in index or rate	<u>68,370</u>	<u>-</u>
Total interest expense	105,858	46,740
Unwinding of discount on provisions	<u>128</u>	<u>(128)</u>
Total finance costs	<u>105,986</u>	<u>46,612</u>

From 1st April 2023 IFRS16 has been applied in relation to the measurement of PFI liabilities. The change in accounting policy has been applied using a modified retrospective approach. As such, prior years are not restated.

Prior to this under IAS17, differences between minimum lease payments measured at commencement, and the actual lease payments because of a change in index or rate were charged to finance expenditure as contingent rent. Under IFRS16 contingent rent is removed and reallocated to interest payable and repayment of balance sheet obligation. The impact to finance costs at 31st March 2024 is the removal of £31.7m contingent rent and additional interest payable of £17m.

Under IFRS16 the impact of indexation change to minimum lease payments seen from 1st April 2023 is reflected in the PFI liability, and is charged to finance expenses. The impact seen in the financial year is £68.4m.

7.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Trust and Group)

	2023/24	2022/23
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-

8 Impairment and other gains or losses of assets

8.1 Impairment of assets (Trust and Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Not adding to service potential	75,868	79,697
Reversal of previous downward valuations	(44,569)	(43,980)
Changes in market price	<u>6,873</u>	<u>33,564</u>
Total net impairments charged to operating surplus / deficit	38,172	69,281
Impairments charged to the revaluation reserve	<u>-</u>	<u>-</u>
Total net impairments	<u>38,172</u>	<u>69,281</u>

8.2 Other gains or losses (Trust and Group)

	2023/24	2022/23
	£000	£000
Gain on disposals of assets held for sale	-	795
Losses on disposal of property, plant and equipment (sale or other derecognition)	(254)	0
Fair value gains/(losses) on financial assets and investments	<u>98</u>	<u>(12)</u>
Total other gains / (losses)	<u>(156)</u>	<u>783</u>

9 Intangible Assets

9.1 Intangible assets - 2023/24

Trust and Group	Software licences	Development expenditure	Intangible assets	Total
			under construction	
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	31,167	1,361	1,544	34,072
Additions	-	-	1,697	1,697
Impairments	(923)	-	-	(923)
Reclassifications	4,425	-	(1,677)	2,748
Disposals/derecognition	(19,598)	(1,361)	-	(20,959)
Valuation / gross cost at 31 March 2024	15,071	-	1,564	16,635
Amortisation at 1 April 2023 - brought forward	21,344	1,361	-	22,705
Provided during the year	2,566	-	-	2,566
Disposals/derecognition	(19,598)	(1,361)	-	(20,959)
Amortisation at 31 March 2024	4,312	-	-	4,312
Net book value at 31 March 2024	10,759	-	1,564	12,323
Net book value at 1 April 2023	9,823	-	1,544	11,367

9.2 Intangible assets - 2022/23

Trust and Group	Software licences	Development expenditure	Intangible assets	Total
			under construction	
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	23,956	1,361	11,973	37,290
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 - as previously stated	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	11,367
Net book value at 1 April 2022	4,133	-	11,973	16,106

10 Property, plant and equipment

10.1 Property, plant and equipment- 2023/24

Group	Buildings excluding dwellings								Charitable fund PPE assets	Total Group
	Land	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charity			
	Trust	Trust	Trust	Trust	Trust	Trust	Trust			
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Valuation/gross cost at 1 April 2023 - brought forward	19,876	724,263	51,498	336,709	917	104,735	20,407	127	1,258,532	
Additions	-	-	105,079	308	-	10	-	-	105,397	
Impairments	-	(75,868)	-	(2,283)	-	(3,667)	-	-	(81,818)	
Reversals of impairments	-	44,569	-	-	-	-	-	-	44,569	
Revaluations	57	(9,531)	-	-	-	-	-	-	(9,474)	
Reclassifications	-	76,814	(104,887)	13,165	-	12,160	-	-	(2,748)	
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	
Disposals/derecognition	-	-	-	(232,227)	(678)	(42,661)	(19,189)	-	(294,755)	
Valuation/gross cost at 31 March 2024	19,933	760,247	51,690	115,672	239	70,577	1,218	127	1,019,703	
Accumulated depreciation at 1 April 2023 - brought forward	-	-	-	272,765	739	61,067	19,927	77	354,575	
Provided during the year	-	23,960	-	14,653	22	11,731	144	7	50,517	
Impairments	-	-	-	-	-	-	-	-	-	
Revaluations	-	(23,960)	-	-	-	-	-	-	(23,960)	
Disposals/derecognition	-	-	-	(231,973)	(678)	(42,661)	(19,189)	-	(294,501)	
Reclassifications	-	-	-	-	-	-	-	-	-	
Accumulated depreciation at 31 March 2024	-	-	-	55,445	83	30,137	882	84	86,631	
Net book value at 31 March 2024	19,933	760,247	51,690	60,227	156	40,440	336	43	933,072	
Net book value at 1 April 2023	19,876	724,263	51,498	63,944	178	43,668	480	50	903,957	
Net book value at 31 March 2024										
Owned - purchased	19,878	363,270	51,690	55,528	156	40,179	270	43	531,013	
On-SoFP PFI contracts and other service concession arrangements	-	384,555	-	-	-	-	-	-	384,555	
Owned - donated/granted	55	12,422	-	4,699	-	261	67	-	17,504	
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	
NBV total at 31 March 2024	19,933	760,247	51,690	60,227	156	40,440	337	43	933,072	

10.2 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Group	Buildings excluding dwellings								Charitable fund PPE assets	Total
	Land	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charity			
	Trust	Trust	Trust	Trust	Trust	Trust	Trust			
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Subject to an operating lease	-	10,299	-	-	-	-	-	-	10,299	
Not subject to an operating lease	19,933	749,948	51,690	60,227	156	40,440	336	43	922,773	
NBV total at 31 March 2024	19,933	760,247	51,690	60,227	156	40,440	336	43	933,072	

The Trust's Land and Buildings were revalued by the District Valuer during 2023/24. The above figures are as per the valuation dated 31 March 2024 which applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2017 ('Red Book').

Of the £780m net book value of land and buildings subject to valuation, £760m 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.

£82m of impairment losses have been recognised, £76m 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 previous downward revaluations previously recognised in expenditure totalling £45m has been recognised on those assets that have increased in value following the revaluation by the District Valuer as at 31 March 2024.

10.3 Property, plant and equipment - 2022/23

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 2022 - as previously stated	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 *	-	-	153,061	551	-	54	-	-	153,666
Impairments	-	(79,697)	-	(2,554)	-	(29,130)	(229)	-	(111,610)
Reversals of impairments	-	43,980	-	-	-	-	-	-	43,980
Revaluations	-	46,302	-	-	-	-	-	-	46,302
Alignment of accounting policies following transfer by absorption	-	-	-	-	-	-	-	-	-
Reclassifications *	-	87,905	(156,573)	11,809	-	58,204	-	-	1,345
Transfers to assets held for sale	-	-	-	-	-	-	-	-	-
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 - as previously stated	-	-	-	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)
Alignment of accounting policies following transfer by absorption	-	-	-	-	-	-	-	-	-
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	480	50	903,957
Net book value at 1 April 2022	19,876	625,773	60,727	68,629	200	22,561	870	57	798,693
Net book value at 31 March 2023									
Owned - purchased	19,821	332,030	51,498	58,629	178	43,357	388	50	505,951
concession arrangements	-	380,671	-	-	-	-	-	-	380,671
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - donated/granted	55	11,562	-	4,009	-	311	92	-	16,029
Owned - equipment donated from DHSC 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	480	50	903,957

* Additions and reclassifications have been re-presented to increase additions by £2.7m with a corresponding decrease in reclassifications, to more accurately reflect in year additions.

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.

£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.

11 Right of use assets - 2023/24

Group & Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	140,389	26,668	139	167,196	52,297
Additions	2,583	2,280	146	5,009	2,034
Remeasurements of the lease liability	(9,858)	201	-	(9,657)	(2,224)
Valuation/gross cost at 31 March 2024	133,114	29,149	285	162,548	52,107
Accumulated depreciation at 1 April 2023 - brought forward	7,569	2,924	40	10,533	2,347
Provided during the year	6,073	4,199	93	10,365	3,128
Accumulated depreciation at 31 March 2024	13,642	7,123	133	20,898	5,475
Net book value at 31 March 2024	119,472	22,026	152	141,650	46,632

Net book value of right of use assets leased from other NHS providers

-

Net book value of right of use assets leased from other DHSC group bodies

46,632

Group & Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-	-
Recognition of right of use assets for existing operational leases on initial application of IFRS16 on 1 April 2022	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

-

Net book value of right of use assets leased from other DHSC group bodies

49,950

12 Leases - Manchester University NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

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 2023/24 £000	Trust 2023/24 £000
Carrying value at 1 April 2023	157,236	157,236
Lease additions	5,009	5,009
Lease payments (cash outflows)	(11,158)	(11,158)
Lease liability remeasurements (recognised in right of use asset)	(9,657)	(9,657)
Interest charge arising in year	1,416	1,416
Carrying value at 31 March 2024	142,846	142,846

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 £1,885k and is included within revenue from operating leases in note 2.2.

12.2 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which	Total	Of which
		leased from		leased from
		DHSC group		DHSC group
bodies:	bodies:			
31 March	31 March	31 March	31 March	
2024	2024	2024	2024	
£000	£000	£000	£000	
Undiscounted future lease payments payable in:				
- not later than one year;	11,409	2,699	11,409	2,699
- later than one year and not later than five years	37,862	10,799	37,862	10,799
- later than five years.	113,836	38,654	113,836	38,654
Total gross future lease payments	163,107	52,152	163,107	52,152
Finance charges allocated to future periods	(20,261)	(5,098)	(20,261)	(5,098)
Net lease liabilities at 31 March 2024	142,846	47,054	142,846	47,054
Of which:				
Leased from other NHS providers		3		3
Leased from other DHSC group bodies		47,051		47,051

	Group		Trust	
	Total	Of which	Total	Of which
		leased from		leased from
		DHSC group		DHSC group
bodies:	bodies:			
31 March	31 March	31 March	31 March	
2023	2023	2023	2023	
£000	£000	£000	£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

13 Economic Life of Non-Current Assets (Trust and Group)

Economic Life of Non-Current Assets	2023/24	2023/24	2022/23	2022/23
	Minimum Life Years	Maximum Life Years	Minimum Life Years	Maximum Life Years
	Trust and Group	Trust and Group	Trust and Group	Trust and Group
Purchased, Donated or Granted				
Software	2			
Development expenditure	3	15	3	15
Buildings (Excluding Dwellings)	6	7	3	7
Plant and Machinery	2	90	1	90
Transport Equipment	6	25	1	15
Information Technology	3	10	1	10
Furniture and Fittings	3	10	1	10
		10	1	10

The above asset lives relate to both intangible and tangible assets. The 2023/24 values represent useful lives, whereas 2022/23 values represent remaining lives.

14 Other investments / financial assets (non-current)

	Trust	Group	Trust	Group
	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	858	23,754	870	25,415
Acquisitions in year	-	56	-	-
Movement in fair value through profit and loss	98	98	(12)	(12)
Movement in fair value through OCI	-	1,603	-	(1,649)
Disposals	<u>(150)</u>	<u>(4,232)</u>	<u>-</u>	<u>-</u>
Carrying value at 31 March 2023	806	21,279	858	23,754

The Trust reviews all investments on a regular basis to ensure the fair value is reported in the Statement of Financial Position.

During 2023/24, the Trust disposed of its shareholding in Orchard Therapeutics. The consideration received was £150k and a gain of £98k relating to this investment was recognised in year.

15 Non-current assets held for sale and assets in disposal groups (Trust and Group)

	2023/24			2022/23
	Land £000	Buildings £000	Total £000	Total £000
Net Book Value at 1 April 2023	135	75	210	2,510
Assets sold in year	-	-	-	(2,300)
Assets classified as available for sale in year	-	-	-	-
Net Book Value at 31 March 2024	<u>135</u>	<u>75</u>	<u>210</u>	<u>210</u>

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 2023/24 the Trust received £595k of items purchased by DHSC (2022/23: £4,134k).

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 2024

	Drugs £000	Consumables £000	Consumables donated from DHSC group	Energy £000	Total £000
			bodies* £000		
Carrying Value as at 1 April 2023	8,197	16,419	0	758	25,374
Additions	250,584	39,218	595	2,447	292,844
Inventories Consumed (Recognised in Expenses)	(251,388)	(36,145)	(595)	(2,494)	(290,622)
Carrying Value at 31 March 2024	<u>7,393</u>	<u>19,492</u>	<u>0</u>	<u>711</u>	<u>27,596</u>

31 March 2023

	Drugs £000	Consumables £000	Consumables donated from DHSC group	Energy £000	Total £000
			bodies* £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	<u>8,197</u>	<u>16,419</u>	<u>0</u>	<u>758</u>	<u>25,374</u>

17 Receivables

	Trust	Group	Trust	Group
31			2023	2023
	£000	£000	£000	£000
Current				
Contract receivables - invoiced	63,709	63,709	39,003	39,003
Contract Receivables - not yet invoiced	49,801	49,801	93,334	93,334
Capital receivables	-	-	-	-
Allowance for impaired contract receivables / assets	(9,385)	(9,385)	(10,598)	(10,598)
Prepayments (non-PFI)	29,267	29,267	31,075	31,075
PDC dividend receivable	1,500	1,500	-	-
VAT receivable	7,439	7,439	4,509	4,509
funding from NHSE	71	71	70	70
Other receivables	20	20	-	-
NHS charitable funds receivables	-	406	-	19
Total current receivables	142,422	142,828	157,393	157,412
Non-current				
Contract Receivables - not yet invoiced	19,445	19,445	17,655	17,655
Allowance for impaired contract receivables / assets	(4,456)	(4,456)	(4,327)	(4,327)
Finance Lease Receivable	558	558	558	558
Other receivables	36	36	-	-
NHS charitable funds receivables	-	-	-	-
Clinician pension tax debtor (a)	2,747	2,747	3,429	3,429
Total non-current receivables	18,330	18,330	17,315	17,315
Of which receivable from NHS and DHSC group bodies:				
Current	73,241	73,241	92,511	92,511
Non-current	2,747	2,747	3,429	3,429

(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)

	2023/24	2022/23
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 Apr	14,925	14,467
Transfers by absorption	-	-
New allowances arising	-	-
Changes in existing allowances	(157)	1,361
Reversals of allowances (collected in year)	-	-
Utilisation of allowances (write offs)	(927)	(903)
Allowances as at 31 March	13,841	14,925

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	Group	Trust	Group
	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
At 1 April	240,943	242,490	319,112	323,320
Net change in year	(107,256)	(105,484)	(78,169)	(80,830)
At 31 March	133,687	137,006	240,943	242,490
Broken down into:				
Cash at commercial banks and in hand	653	3,972	264	1,811
Cash with the Government Banking Service	133,034	133,034	240,679	240,679
Total cash and cash equivalents as in SoFP and SoCF	133,687	137,006	240,943	242,490

Third Party Assets of £47k were held by the Trust as at 31 March 2024 (£45k held by the Trust as at 31 March 2023). These are excluded from the Trust's Cash and Cash Equivalents figures disclosed above.

20 Trade and other payables

	Trust	Group	Trust	Group
	31 March	31 March	31 March	31 March
	2024	2024	2023	2023
	£000	£000	£000	£000
Current				
Trade payables	84,686	84,686	81,854	81,854
Capital payables	37,381	37,381	34,281	34,281
Accruals	191,359	191,359	293,660	293,660
Social security costs	16,457	16,457	15,713	15,713
VAT payables	-	-	-	-
Other taxes payable	18,189	18,189	15,890	15,890
PDC dividend payable	-	-	1,879	1,879
Pension contributions payable	19,415	19,415	18,126	18,126
Other payables (a)	23,599	23,599	12,722	12,722
NHS charitable funds: trade and other payables	-	146	-	267
Total current trade and other payables	391,086	391,232	474,125	474,392
Total non-current trade and other payables	-	-	-	-
Of which payables from NHS and DHSC group bodies:				
Current (b)	28,144	28,144	33,800	33,800

(a) In 2023/24 Other payables include £14.5m relating to drug costs, £3.6m relating to temporary staff and £2.1m relating to the University of Manchester. In 2022/23 Other payables included £5.4m relating to temporary staff, £4.9m relating to drug costs and £1.3m relating to salary sacrifice schemes.

(b) The prior year comparative has been updated from £32,168k to £33,800k

21 Other liabilities	Trust	Group	Trust	Group
	31 March	31 March	31 March	31 March
	2024	2024	2023	2023
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	33,744	33,744	51,880	51,880
NHS charitable funds: other liabilities	-	1,250	-	2,404
Total other current liabilities	33,744	34,994	51,880	54,284
Non-current				
Deferred income: contract liabilities	3,826	3,826	2,804	2,804
Total other non-current liabilities	3,826	3,826	2,804	2,804
22 Borrowings				
	Trust	Group	Trust	Group
	31 March	31 March	31 March	31 March
	2024	2024	2023	2023
	£000	£000	£000	£000
Current				
Loans from DHSC	11,229	11,229	11,274	11,274
Other Loans	744	744	736	736
Lease liabilities	11,409	11,409	11,525	11,525
Obligations under PFI service concession contracts (excl. lifecycle)	20,094	20,094	13,165	13,165
Total current borrowings	43,476	43,476	36,700	36,700
Non-current				
Loans from DHSC	74,316	74,316	85,115	85,115
Other loans	2,260	2,260	3,008	3,008
Lease liabilities	131,437	131,437	145,711	145,711
Obligations under PFI service concession contracts (excl. lifecycle)	514,685	514,685	261,474	261,474
Total non-current borrowings	722,698	722,698	495,308	495,308

From 1st April 2023 IFRS16 has been applied in relation to the measurement of PFI liabilities. The change in accounting policy has been applied using a modified retrospective approach. As such, prior years are not restated.

Under IFRS16 liabilities are remeasured to reflect the present value of future minimum lease payments including any change in lease payments made as a result of a change in index or rate. Prior to 1st April 2023, under IAS17, the lease liability was not remeasured for indexation changes and any difference between minimum lease payments measured at commencement, and the actual lease payments were charged to finance expenditure as contingent rent. The impact of this change to PFI liabilities at 1st April 2023 was £287.9m reducing to £273.2m at 31st March 2024 due to higher levels of liability repayment.

23 Reconciliation of liabilities arising from financing activities (Trust and Group)

2023/24	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI schemes £000	Total £000
Carrying value at 1 April 2023	96,389	3,744	157,236	274,639	532,008
Cash movements:					
Financing cash flows - payments and receipts of principal	(10,791)	(740)	(9,742)	(27,770)	(49,043)
Financing cash flows - payments of interest	(2,716)	(23)	(1,416)	(33,385)	(37,540)
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022	-	-	-	219,540	219,540
Additions	-	-	5,009	-	5,009
Lease liability remeasurements	-	-	(9,657)	-	(9,657)
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	-	68,370	68,370
Application of effective interest rate	2,663	23	1,416	33,385	37,487
Carrying value at 31 March 2024	85,545	3,004	142,846	534,779	766,174
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 as at 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	157,236	274,639	532,008

24 Provisions for liabilities and charges (Trust and Group)

	Current	Non-Current	Current	Non-Current
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Pensions- Early departure costs	534	3,431	514	3,656
Pensions- Injury benefits	238	3,053	219	3,141
Other Legal Claims	1,480	-	2,166	0
Restructurings	30	-	2,815	0
Clinical Pensions Tax Reimbursement	71	2,747	70	3,429
Other	14,622	-	23,492	1,197
Totals	16,975	9,231	29,276	11,423

24.1 Provisions for liabilities and charges analysis

2023/24	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 2023	4,170	3,360	2,166	2,815	3,499	24,689	40,699
Transfers by absorption	-	-	-	-	-	-	-
Change in the discount rate	(142)	(222)	-	-	(608)	-	(972)
Arising during the year	644	388	-	-	-	11,184	12,216
Utilised during the year	(554)	(242)	(574)	(2,400)	(75)	(1,912)	(5,757)
Reversed unused	(224)	(50)	(112)	(385)	(181)	(19,339)	(20,291)
Unwinding of discount	71	57	-	-	183	-	311
At 31 March 2024	3,965	3,291	1,480	30	2,818	14,622	26,206
Expected timing of cash flows:							
- not later than one year;	534	238	1,480	30	71	14,622	16,975
- later than one year and not later than five years;	1,942	895	-	-	201	-	3,038
- later than five years.	1,489	2,158	-	-	2,546	-	6,193
Total	3,965	3,291	1,480	30	2,818	14,622	26,206

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 2023/24 and future years.

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 2024, £793.1k was included in provisions of NHS Resolution in respect of clinical negligence liabilities (31 March 2023: £847.3k)

26 Contingent liabilities

The Trust also has a contingent liability of £389k (£367k at 31 March 2023) which represents amounts in respect of claims managed by NHS Resolution, and locally managed employment tribunal cases.

27 Revaluation Reserve

	31 March 2024	31 March 2023
	Trust and Group	Trust and Group
	£000	£000
Revaluation Reserve at the beginning of the year	163,396	97,411
Transfer by absorption	0	0
Net Impairments	0	0
Revaluations	14,486	65,984
Other reserve movements	<u>0</u>	<u>1</u>
Revaluation Reserve at the end of the period	<u>177,882</u>	<u>163,396</u>

During 2023/24, a desktop valuation was completed by the District Valuer with a valuation date of 31st March 2024.

28 Related party Transactions (Trust and Group)

During the year some of the Board Members or members of the key management staff or parties related to them have undertaken material transactions with the Trust as presented in Note 28.1.

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.

The Chief Executive is a director for Oxford Road Corridor and a board member of Health Innovation Manchester

A Group Non-Executive Director is a Governor at the University of Salford

In addition, in the year-ended 31st March 2023, between the dates of 1st April 2022 and 1st May 2022, the post of Director of Estates and Facilities was filled on an interim basis by an individual, Mike Beevers, who also provided consultancy services to the Trust under a contract with Castor Consulting. For the month of April 2022, this individual received £4k remuneration as Interim Director of Estates and Facilities. In the period from 1st April 2022 to 1st May 2022 and the year to 31st March 2023, the consultancy services provided to the Trust by Castor Consulting amounted to £50k and £249k respectively (including VAT). This part of the disclosure note has been updated to include this comparative information in the 2023/24 financial statements.

28.1 Related party Transactions (Trust and Group) cont.

The Trust has entered into a number of transactions with the University of Manchester. The values of the Debtors and Creditors as at the 31st March 2024 and the 2023/24 Income and Expenditure transactions are provided in the table below:-

Name of Organisation	Debtor	Creditor	Income	Expenditure
	£'000	£'000	£'000	£'000
University of Manchester	2,965	2,754	11,551	24,514

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent department including:

- Department of Health and Social Care
- NHS England - including Core, North West Commissioning Hub and Greater Manchester Local Office
- Alder Hey Children's NHS Foundation Trust
- Bolton NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Northern Care Alliance NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside and Glossop Integrated Care NHS Foundation Trust
- The Christie NHS Foundation Trust
- East Cheshire NHS Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Mersey and West Lancashire Teaching Hospitals NHS Trust (formerly St. Helens and Knowsley Hospital Services NHS Trust, acquired RYY on NHS Cheshire and Merseyside ICB
- NHS Derby and Derbyshire ICB
- NHS Greater Manchester ICB
- NHS Lancashire and South Cumbria ICB
- NHS North East and North Cumbria ICB
- NHS Staffordshire and Stoke-on-Trent ICB
- NHS West Yorkshire ICB
- UK Health Security Agency
- NHS Resolution
- NHS Property Services
- Community Health Partnerships
- Supply Chain Coordination Limited

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 2024 for the Trust and the Group total £39m (31 March 2023 £26.2m) of which £38.6m relates to Property, Plant and Equipment (31 March 2023 £25.6m) and £0.4m relates to Intangible Assets (31 March 2023 £0.6m). 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 2024 (Nil in the year to 31 March 2023).

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 :

	Trust		Group	
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Gross PFI service concession liabilities	903,870	903,870	471,828	471,828
Of which liabilities are due				
- not later than one year;	51,733	51,733	29,504	29,504
- later than one year and not later than five years;	181,057	181,057	90,954	90,954
- later than five years.	671,080	671,080	351,370	351,370
Finance charges allocated to future periods	(369,091)	(369,091)	(197,189)	(197,189)
Net PFI service concession arrangement obligation	534,780	534,780	274,639	274,639
- not later than one year;	20,094	20,094	13,165	13,165
- later than one year and not later than five years;	64,967	64,967	31,770	31,770
- later than five years.	449,718	449,718	229,704	229,704

From 1st April 2023 IFRS16 has been applied in relation to the measurement of PFI liabilities. The change in accounting policy has been applied using a modified retrospective approach. Prior years are not restated.

Under IFRS16 liabilities are remeasured to reflect the present value of future minimum lease payments including any change in lease payments made as a result of a change in index or rate. Prior to 1st April 2023, under IAS17, the lease liability was not remeasured for indexation changes and any difference between minimum lease payments measured at commencement, and the actual lease payments were charged to finance expenditure as contingent rent. The impact of this change to PFI liabilities at 31st March 2024 is £273.2m

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 2024 £000	31 March 2024 £000	31 March 2023 £000	31 March 2023 £000
Total future payments committed in respect of the PFI service concession arrangements	2,888,702	2,888,702	3,282,828	3,282,828
Of which payments are due:				
- not later than one year;	146,875	146,875	147,293	147,293
- later than one year and not later than five years;	622,909	622,909	622,796	622,796
- later than five years.	2,118,918	2,118,918	2,512,739	2,512,739

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 2023/24 £000	Group 2023/24 £000	Trust 2022/23 £000	Group 2022/23 £000
Unitary payment payable to service concession operator	148,363	148,363	134,269	134,269
Consisting of:				
- Interest charge	33,385	33,385	17,292	17,292
- Repayment of balance sheet obligation	27,770	27,770	14,497	14,497
- Service element and other charges to operating expenditure	78,913	78,913	69,251	69,251
- Capital lifecycle maintenance	8,295	8,295	8,107	8,107
- Revenue lifecycle maintenance	-	-	-	-
- Contingent rent	-	-	25,122	25,122
- Addition to lifecycle prepayment	-	-	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-	-	-
Total amount paid to service concession operator	148,363	148,363	134,269	134,269

From 1st April 2023 IFRS16 has been applied in relation to the measurement of PFI liabilities. The change in accounting policy has been applied using a modified retrospective approach. Prior years are not restated.

Prior to this under IAS17, differences between minimum lease payments measured at commencement, and the actual lease payments because of a change in index or rate were charged to finance expenditure as contingent rent. Under IFRS16 contingent rent is removed and reallocated to interest payable and repayment of balance sheet obligation. The impact to unitary payments at 31st March 2024 is the removal of £31.7m contingent rent reclassified as additional interest payable of £17m and repayment of balance sheet obligation of £14.7m.

31.4 Impact of change in PFI / LIFT and other service concession arrangement accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis)	IAS 17 basis (old basis)	Impact of change
	2023/24	2023/24	2023/24
	£000	£000	£000
Unitary payment payable to service concession operator (total of all schemes)	148,363	148,363	-
Consisting of:			
- Interest charge	33,385	16,339	17,046
- Repayment of balance sheet obligation	27,770	13,165	14,605
operating expenditure excluding revenue	78,913	78,913	-
- Capital lifecycle maintenance	8,295	8,295	-
- Revenue lifecycle maintenance	-	-	-
- Contingent rent	-	31,651	(31,651)
- Addition to lifecycle prepayment - capital	-	-	-
- Addition to lifecycle prepayment - revenue	-	-	-

31.5 Impact of change in accounting policy on financial statement line items

	All schemes 2023/24 £000
2023/24 impact of change in PFI accounting policy - SoFP at 31 March 2024	
Increase in PFI / LIFT and other service concession liabilities receivable only)	(273,305)
	2,359
	<u>5,384</u>
Impact on net assets as at 31 March 2024	(265,562)
2023/24 impact of change in PFI accounting policy - SoCI:	
PFI liability remeasurement charged to finance costs	(68,370)
Increase in interest arising on PFI liability service costs)	(17,046)
Reduction in PDC dividend charge	31,651
	<u>7,743</u>
Net impact on surplus / (deficit)	(46,022)
2023/24 impact of change in PFI accounting policy - SoCIE:	
1 April 2023	(219,540)
Net impact on 2023/24 surplus / deficit	<u>(46,022)</u>
Impact on equity as at 31 March 2024	(265,562)
2023/24 impact of change in PFI accounting policy - SoCF:	
Increase in cash outflows for capital element of PFI / LIFT	(14,605)
Decrease in cash outflows for financing element of PFI / LIFT	14,605
Decrease in cash outflows for PDC dividend	<u>5,384</u>
Net impact on cash flows from financing activities	5,384

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 2024 is within Receivables from customers, as disclosed in the Trade and Other Receivables Note to these Accounts (Note 17). For the Group, the Charity's Income comes only from Donations, Legacies and Investment Income. Therefore the position of the Group is as for the Trust - the maximum exposure to Credit Risk is in respect of Receivables.

Market Price Risk

The Trust and the Group holds a number of investments at fair value and is therefore exposed to changes in the market price of these investments. This is not considered to be a significant risk to the Trust given the relative immateriality of the value of these investments and the Trust and Group's appetite to risk.

32.2 Carrying values of financial assets (Trust and Group)	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	121,932	-	-	121,932
Other investments / financial assets	-	806	-	806
Cash and cash equivalents	133,687	-	-	133,687
Consolidated NHS Charitable fund financial assets	3,725	-	20,473	24,198
Total at 31 March 2024	259,344	806	20,473	280,623

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 OCI	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

32.3 Carrying values of financial liabilities (Trust and Group)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	85,545
Obligations under leases	142,846
Obligations under PFI service concessions	534,779
Other borrowings	3,004
Trade and other payables excluding non financial liabilities	356,440
Provisions under contract	18,952
Consolidated NHS charitable fund financial liabilities	-
Total at 31 March 2024	1,141,566

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 leases	157,236
Obligations under PFI service concessions	274,639
Other borrowings	3,744
Trade and other payables excluding non financial liabilities	440,643
Provisions under contract	33,169
Consolidated NHS charitable fund financial liabilities	-
Total at 31 March 2023	1,005,820

Trade and other payables excluding non financial liabilities for the financial year ending 31 March 2023 have been represented to exclude social security and other taxes payable.

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 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
In one year or less	450,075	450,075	524,177	524,177
In more than one year but not more than five years	259,725	259,725	177,344	177,344
In more than five years	835,093	835,093	537,082	537,082
Total	1,544,893	1,544,893	1,238,603	1,238,603

32.5 Fair values of financial assets and liabilities

The fair value of all assets and liabilities is reported as being equal to their book value which the Foundation Trust consider to be materially the same as the fair value.

33 Losses and special payments

Group and trust	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Theft	-	-	-	-
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	968	968	651	904
Stores losses and damage to property	12	743	12	454
Total losses	980	1,711	663	1,358
Special payments				
binding arbitration award	4	60	2	15
Extra-contractual payments	-	-	-	-
Ex-gratia payments	66	39	54	135
Special severance payments	2	88	1	2
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	72	187	57	152
Total losses and special payments	1,052	1,898	720	1,510
Compensation payments received		-		-

Losses and Special Payments are reported on an accruals basis, excluding provisions for future losses.

There are no transactions reported within the table above in excess of £300K.

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 period ended 31 March 2024 the Trust has received £65.5m comprising £53.1m Buildings, £6.3m Medical Equipment and £6.1m IT (Period ended 31 March 2023: £63.1m comprising £35.3m Buildings, £7.5m Medical Equipment and £20.3m IT).

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

There are no known 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.

37 Consolidation of Charitable Funds - Reconciliation of Charity Accounts to Consolidation Figures - Statement of Financial Activities / Statement of Comprehensive Income

	Per Charity Accounts 2023/2024	Consolidation Consistency Adjustments year to 31st March 2024	Figures Used in Consolidated Accounts 2023/24	Per Charity Accounts 2022/2023	Consolidation Consistency Adjustments year to 31st March 2023	Figures Used in Consolidated Accounts 2022/23
	Total Funds £000	Total Funds £000	Total Funds £000	Total Funds £000	Total Funds £000	Total Funds £000
Income From:						
Donations and Legacies	4,734	0	4,734	2,988	0	2,988
Investments	815	0	815	836	0	836
Total	5,549	0	5,549	3,824	0	3,824
Expenditure on:						
Raising funds	2,412	0	2,412	2,490	0	2,490
Charitable activities	5,132	(1,478)	3,654	2,538	912	3,450
Total	7,544	(1,478)	6,066	5,028	912	5,940
Net (loss)/gain on investments	1,521	0	1,521	(1,649)	0	(1,649)
Net income/(expenditure)	(474)	(1,478)	1,004	(2,853)	(912)	(3,765)
Net movement in funds	(474)	(1,478)	1,004	(2,853)	(912)	(3,765)
Total Funds Brought Forward	16,196	(5,648)	21,844	19,049	(4,736)	25,609
Total Funds Carried Forward	15,722	(7,126)	22,848	16,196	(5,648)	21,844

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 notes 37 and 38.

Consolidation of Charitable Funds - Reconciliation of Charity Accounts to Consolidation Figures - Statement of Financial Position
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	Per Charity Accounts	Consolidation Consistency Adjustments	Figures Used in Consolidated Accounts	Per Charity Accounts 2022/2023	Consolidation Consistency Adjustments year to 31st March 2023	Figures Used in Consolidated Accounts 2022/23
	31st March 2024 £000	31st March 2024 £000	31st March 2024 £000	31st March 2023 £000	31st March 2023 £000	31st March 2023 £000
Fixed Assets						
Tangible Assets	43	0	43	50	0	50
Investments	20,476	0	20,476	22,899	0	22,899
Debtors	0	0	0	0	0	0
Total Fixed Assets	20,519	0	20,519	22,949	0	22,949
Current Assets						
Debtors	406	0	406	19	0	19
Cash at Bank and in Hand	3,319	0	3,319	1,547	0	1,547
Total Current Assets	3,725	0	3,725	1,566	0	1,566
Current Liabilities						
Creditors Falling Due Within One Year	(8,472)	7,076	(1,396)	(8,145)	5,474	(2,671)
Net Current Assets	(4,747)	7,076	2,329	(6,579)	5,474	(1,105)
Total Assets less Current Liabilities	15,772	7,076	22,848	16,370	5,474	21,844
Non - Current Liabilities						
Provision for Liabilities and Charges	(50)	50	0	(174)	174	0
Total Net Assets	15,722	7,126	22,848	16,196	5,648	21,844
Funds of the Charity				Re-presented	Re-presented	Re-presented
Restricted Income Funds	7,936	7,126	15,062	9,498	5,648	15,146
Unrestricted Income Funds	6,753	0	6,753	7,268	0	7,268
Revaluation Reserve	1,033	0	1,033	(570)	0	(570)
Total Charity Funds	15,722	7,126	22,848	16,196	5,648	21,844

The re-presentation of 2022/23 comparative funds of the charity values follows a review of fund restrictions during the Charity audit process.

