NHS
The Christie
NHS Foundation Trust

Annual report and accounts

2020/21

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Chair and Chief Executive's statement

Welcome to our Annual Report and Accounts for 2020/21.

This has been a year unlike any other. As the entire world has been consumed with the effects of the unprecedented and exceptional COVID-19 global pandemic, The Christie has responded in its usual committed and determined way to ensure cancer care has safely continued where possible throughout this unparalleled crisis.

As we started the year, we were only just beginning to realise how far reaching COVID-19 was to become and how it would affect everything we did.

The COVID-19 outbreak has affected each and every one of us and has been a very difficult and worrying time for our patients and our staff working tirelessly on the frontline.

Without a doubt, the strength of our underlying patient centred culture, highly motivated and compassionate staff, oncology expertise and organisational culture enabled us to respond in an agile and effective way to the new demands COVID-19 placed on us all. We continue to do all we can to make sure our patients get the treatment, information and support they need.

In agreement with other hospitals across Greater Manchester and Cheshire, early in the pandemic, The Christie became a protected site and led the work to set up a Greater Manchester Cancer Hub. Our operating theatres were made available for patients from other hospitals in our region to ensure that the most urgent patients continued to receive treatment in safety in our specialist theatres.

By considering each patient, balancing the risks of infection and treatment and moving to less risky treatments if appropriate, we have ensured that patient treatments have continued throughout for those who needed them most.

Screening, testing processes and infection control measures were quickly introduced and have been consistently adapted throughout the year, following all the emerging guidance to keep our patients and our staff as safe as possible.

Throughout the year we have been continually amazed by our patients, who have adapted to the necessary changes in the best spirit possible. We understand how difficult it has been to ask patients for example to attend important appointments alone and to restrict visiting, but everyone has responded with positivity and acceptance, remaining reassured by all we have done for the safety of those in our care.

Overnight, staff were faced with the hugest of challenges such as redeployment and being asked to change their roles, their hours or their place of work, and all did without hesitation. Online and telephone consultations have become the norm instead of the exception, and we have changed treatments where possible to ensure the safest care possible has continued.

We faced huge logistical challenges like introducing both staff and patient screening, and of course, the rollout of the new vaccine for COVID-19, which we were both delighted and relieved to be able to offer our staff in January, vaccinating more than 3,000 staff in just a few weeks.

Whilst it is important to recognise the impact that COVID-19 has had on our organisation, it is equally important to ensure that it does not define us nor overshadow another important year of progress and development for The Christie. Never content to stand still, we are continually striving to improve the care we offer to our patients and to develop our research and education.

As we look ahead to 2021/22 we know that there will be further challenges to face, in particular the need to respond to an increase in demand for our services from patients whose care may have been

delayed due to the pandemic. But with the vaccination programme for COVID-19 making a difference to the entire population, and hope on the horizon as restrictions start to lift, we look ahead with positivity.

We must remain as focused on our strategy in the year ahead. Our four key themes; Leading cancer care, The Christie experience, Local and specialist care, and Best outcomes remain as important as ever as we adapt to new circumstances and evolving demands.

This Annual Report contains many examples of our pursuit of innovation and progression towards being a world-class cancer centre.

Our proton beam therapy centre has continued building towards full capacity this year. This specialist form of radiotherapy treatment is already making a huge difference to patients who would have previously had to travel abroad for care, especially this year with the travel restrictions faced internationally. Since our Proton programme began, we have treated more than 400 patients. We are the largest radiotherapy provider in Europe, with one in 20 radiotherapy treatments delivered by The Christie. We are also one of just two cancer centres worldwide to offer both MR-linac and high energy proton beam therapy.

As important as these global developments are, local provision of cancer care is equally important. This year we were delighted to open the latest in a line of community based chemotherapy clinics, where clinically appropriate patients can receive gold standard Christie care nearer to their own homes. Our plans for a new Christie cancer centre in Macclesfield gathered pace as construction work began in July and our major fundraising campaign continued for this much-needed facility, which will be the third in our network of local radiotherapy centres.

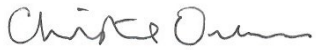
Another building project continuing to take shape is our new research facility, currently known as the Paterson Redevelopment Project, now under construction on our Withington site. This will be a purpose-built biomedical cancer research facility, allowing us to develop our research capability like never before. Hand in hand with our partners, The University of Manchester and Cancer Research UK, this new centre will help us achieve our ambition of leading the world in clinical trial recruitment, supporting the development of new and kinder cancer therapies.

Whilst some delays have been inevitable, research progress has not stopped. Despite the challenges we have faced, our programme of clinical trials has continued, giving patients access to new treatments and new hope.

Our world-renowned clinicians continue to be in demand across the globe for their knowledge and experience in cancer care and education. Our method of delivery has changed as we have embraced technology to deliver programmes and collaborate with others, we have been able to continue progres in both The Christie School of Oncology and The Christie International.

People often say The Christie is like a family, and just like a family, every person involved makes a valued contribution. None of our achievements would be possible without our staff, partners, governors, members, volunteers, charity, patients and so many others we work with across Greater Manchester and Cheshire, as well as nationally and internationally.

We would like to take this opportunity to say thank you to everyone in The Christie family for your commitment and dedication in our goal to provide the very best care for our patients. And of course for your continued support during the most difficult of years.



Christine Outram
Chairman

Roger Spencer
Chief Executive

About us

At The Christie our forward thinking nature and desire to constantly innovate our services for the benefits of patients guides everything we do. We have more than 100 years of expertise in cancer care, research and education, and we use our experience wisely to ensure we remain at the forefront of cancer care.

The Christie is one of Europe's leading cancer centres, treating over 60,000 patients a year. We provide a regional service and have ambitions nationally and internationally. We are based in Manchester and serve a population of 3.2 million across Greater Manchester and Cheshire, but as a national specialist around a quarter of our patients are referred to us from other parts of the country.

We employ approximately 3,000 staff and had an annual turnover last year of £352 million.

We are the largest radiotherapy provider in the NHS. We are also the largest provider in Europe, with one in 20 radiotherapy treatments delivered by The Christie. We are one of only two cancer centres worldwide to offer both MR-linac and high energy proton beam therapy.

We deliver chemotherapy treatment through the largest chemotherapy unit in the UK, as well as via 14 other sites, a mobile chemotherapy unit and in patients' homes.

We are a specialist tertiary surgical centre concentrating on rare cancers, specialist procedures and multidisciplinary cancer surgery. We are one of the largest HIPEC centres in Western Europe and one of only two in the UK to provide this treatment for appendiceal and colorectal tumours. We have one of the largest robotic centres in the UK and the largest complex pelvic cancer team in the UK.

The Christie NHS Foundation Trust was the first specialist trust to be rated as 'Outstanding' twice (in 2016 and 2018) by the health regulator the Care Quality Commission (CQC). It referred to The Christie as 'a leader in cancer care' and 'a pioneer in developing innovative solutions to cancer care.' The CQC praised the Trust's staff which it said 'go the extra mile to meet the needs of patients and their families' and that they were 'exceptionally kind and caring.'

Our expertise is widely sought. Nationally, The Christie's School of Oncology was the first of its kind in the UK to provide undergraduate education, clinical professional and medical education. Christie International allows us to share our learnings and reputation as a world-leading centre of excellence to generate revenue through offering guidance and commercial partnerships with the proceeds being invested into cancer services for NHS patients.

We are ranked as the most technologically advanced cancer centre in the world outside North America, and have been named, by the National Institute for Health Research, as one of the best hospitals providing opportunities for patients to take part in clinical research studies.

The Christie is one of Europe's experimental cancer medicine centres and an international leader in research and development with around 650 clinical studies ongoing at any one time. The NIHR Manchester Clinical Research Facility at The Christie provides a high quality, dedicated clinical research environment for our patients to participate in trials.

We are part of the Manchester Cancer Research Centre (MCRC) working with The University of Manchester and Cancer Research UK. The MCRC partnership provides the integrated approach essential to turn research findings in the laboratory into better, more effective treatments for patients. Building on Manchester's strong heritage in cancer research, the MCRC provides outstanding facilities where scientists, doctors

and nurses can work closely together. With our partners, we are currently building a new world class transformational research facility to replace the Paterson building which was destroyed by fire in 2017.

We are also one of seven partners in the Manchester Academic Health Science Research Centre. We share a common goal of giving patients and clinicians rapid access to the latest research discoveries, and improving the quality and effectiveness of patient care. There are only six health science centres in the country.

The Christie is home to a Lord Norman Foster designed Maggie's Centre which is based on our site and offers emotional and practical support to our patients and their families. Run by the Maggie's charity, it was the first of its kind in the North West.

Our charity is one of the largest NHS charities in the UK, providing enhanced services over and above what the NHS funds. It has over 50,000 supporters who helped raise £11,018,966 this year. With 81p in every pound raised going directly to the patients, we work hard to make sure that the money donated to us is spent where the hospital needs it most.

All of our achievements and successes are only possible due to our dedicated and specialist staff, hardworking volunteers, generous and loyal supporters and fundraisers and our interested and enthusiastic public members, all bringing with them a wealth of experience, knowledge and understanding.

The key issues and risks that could affect us as a Foundation Trust in delivering our objectives are managed on a monthly basis by our board assurance framework which can be viewed by the public board papers available on our website.

Our overall performance in 2020/21 has been excellent. The Christie is one of only eight specialist Trusts in England deemed to have maximum autonomy and no potential support needs by NHS Improvement. This places us in the top 15% of NHS providers in the country.

This Annual Report contains many examples of our pursuit of innovation and progression which embrace our vision for a truly world-class cancer centre.

Radiotherapy

During a year which saw the COVID-19 pandemic affect all areas in the health service, the radiotherapy department was not immune. However, not only did the service respond well to the pandemic but succeeded in doing so in a way that continued its tradition of innovation.

COVID-19 Response

As an immediate response, the department implemented the treatment management changes proposed by NICE and supported by the Royal College of Radiologists. These included deferrals for patients in certain diagnostic groups – predominantly those with breast and prostate cancers – as well as a drive to treat patients in as few attendances safely and effectively. The Trust was able to implement a five-attendance model for patients with low-risk breast cancers. This has seen between 40-50% of those we treat radically for breast cancer being offered a 5 fraction course rather than a 15 fraction course.

Also as a response to the pandemic, the service delayed some treatment courses in patients from low risk groups. Following the stabilisation of the service these patients were offered appointments and the delayed patients were all treated over the summer and early autumn period.

The service saw a change in its referral case mix, often as a result of changes in surgical pathways and a fall in the number of patients presenting to the NHS with symptoms. This led to 10% fewer patients being treated with radiotherapy and, with few fractions per course, saw a drop by quarter in attendances in 2020/21 as compared with 2019-20.

Service Innovation

Our radiotherapy department has continued with its tradition of supporting innovation and research in ensuring our patients have access to the latest equipment and treatments and access to the latest clinical trials. The service for example has developed a novel tool to automatically screen for Coronavirus infections using treatment CT scans.

Stereotactic Body Radiotherapy (SABR) has been further rolled out. SABR offers treatment in fewer attendances, meeting both COVID-19 needs and ensuring we offer cutting-edge radiotherapy both within and outside of the trial settings. This saw increased referrals for existing indications and an expansion to new treatment categories. The Trust is now offering Prostate-SABR for clinically selected patients and is now offering primary liver SABR and is preparing to offer pelvic re-irradiation using conformal and SABR techniques.

Deep Inspiration Breath-hold treatment has previously been limited both by the equipment in use and by patient compliance factors. This year has seen a significant investment in surface-guided technologies that are much more patient friendly and can support this important side effect reduction technique in many more patients. The first patient has begun her treatment pathway in Oldham and it is anticipated that all appropriate patients will benefit from the technique by the end of spring. This treatment option will ensure that the current COVID-19 responsive fraction patterns for breast cancer are more sustainable.

Service improvement has not been limited to pandemic response however. During the year, there has been significant development of the Macclesfield satellite radiotherapy service. Mirroring on-the-ground developments, the department's team have continued to prepare operationally for the new service which is planned for a 2021-22 opening.

Radiotherapy fractions

Figure 1 outlines the treatment activity levels in the calendar year 2020. March 2019 was the month where The Christie treated more fractions than any previously. However, the impact of the

pandemic was felt almost immediately and the reduction in treatment attendances occurring post-lockdown is clearly visible. Planning for the financial year 2021-22 has incorporated the best available evidence on cancer burden in the community and the potential impact of the pandemic on the demand for courses and attendances in radiotherapy.

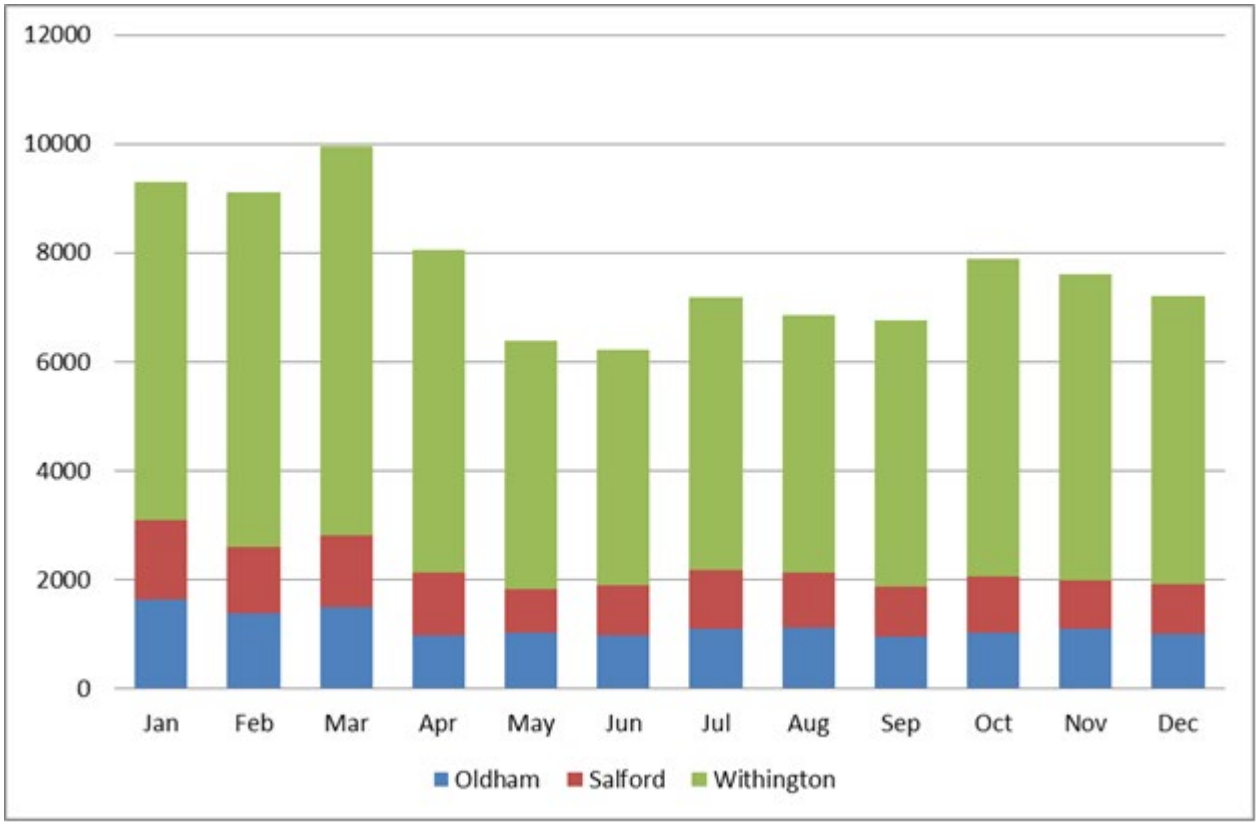


Figure 1: Radiotherapy treatments delivered 2020.

Magnetic Resonance (MR) linear accelerator

The MR-guided linac has seen significant development during the year. In addition to a key role in the SABR service expansion, which has seen the Prostate SABR treatment technique being offered, the unit has delivered an international first – the first long-course radical treatment for a gynaecological malignancy. In addition, the team have published in a number of high-impact scientific publications during the year continuing the department's role in promoting service improvement and the Trust's reputation as a clinical and technological leader.

Proton Beam Therapy Centre

The PBT Service has continued to grow in 2020/21, with 233 patients completing treatment YTD (February 2021). This growth outperforms the target set by NHS England (216) one month ahead of schedule. This has been of vital importance to the National PBT Programme as The Christie has been NHS England's only UK provider of PBT.

With 50-60% of future capacity devoted to clinical trials, the PBT service has worked collaboratively to develop a framework for clinical trials and evaluative commissioning studies. The service has opened 1 PBT trial and 2 further trials are funded. The centre is collaborating on the development of a further 15 trials and 4 NHS England evaluative commissioning studies – growth in this area is a key objective in the year to come.

Working with the University of Manchester and Christie School of Oncology, 4 Proton School courses have been delivered, the most recent of which being run on a virtual platform in response to COVID-19. The course attracted 105 delegates from 16 countries, enhancing the profile of the UK, the NHS and The Christie in the field of proton therapy.

Christie Medical Physics & Engineering

Christie Medical Physics & Engineering (CMPE) provides physics and engineering expertise for treatment and research at The Christie. In addition to providing and supporting core services at The Christie we provide medical physics services to other NHS trusts throughout the North West region and have clinical scientists, technologists and engineers at The Christie and the centres in Oldham and Salford.

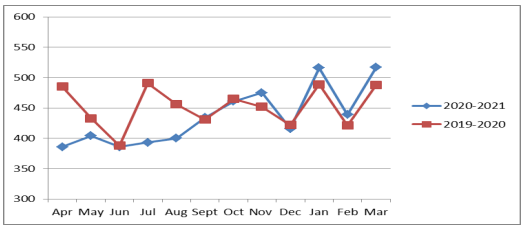
We are organised into several operational groups; radiotherapy physics, protons physics imaging physics and radiation protection, nuclear medicine and medical illustration.

The COVID-19 pandemic has had a very mixed and unpredictable effect on the diverse work of CMPE. Some activities have increased to support changes to diagnosis and treatment, others have continued almost unaffected and others have been temporarily paused at several points or the mode of delivery modified.

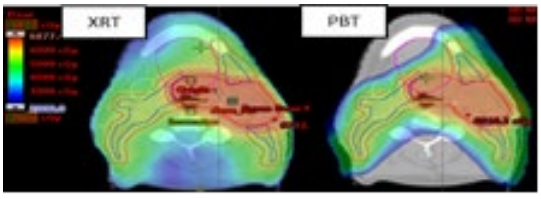
The imaging physics and radiation protection group include the specialist areas of diagnostic x-ray imaging, radiation protection, magnetic resonance imaging, ultrasound and optical radiation. The group supports activities at The Christie and also provides scientific support services to many hospitals in the North West and other private healthcare organisations.

The nuclear medicine group has continued to provide diagnostic nuclear medicine, PET-CT and molecular radiotherapy services at The Christie throughout 2020/21. Through our regional radiopharmacy, we have manufactured and provided radioactive tracers to The Christie and eight other nuclear medicine departments in the North West. The group also provides scientific and regulatory advice to those departments and others. The replacement of our existing SPECT/CT Gamma Camera commenced in 2020/21.

The radiotherapy physics group provides clinical, scientific, and engineering support to radiotherapy services at The Christie and at our Oldham and Salford centres for both photons and protons. Activity through the year has been affected by the pandemic and the chart below shows the number of treatment plans produced last year in comparison to the previous year for the photon service. However, it can be seen that activity has started to increase since January 2021.



The Christie is currently the sole provider of the UK Proton Beam Therapy service and the PBT physics team provide support to its clinical operation, and conduct research in order to further its development. In 2020/21 the physics team supported the service ramp-up in line with activity agreed with NHSE and developed novel techniques to enable the treatment of complex disease types. This included opening the first UK PBT clinical trial (Torpedo, see below) and other rare cases ahead of schedule.

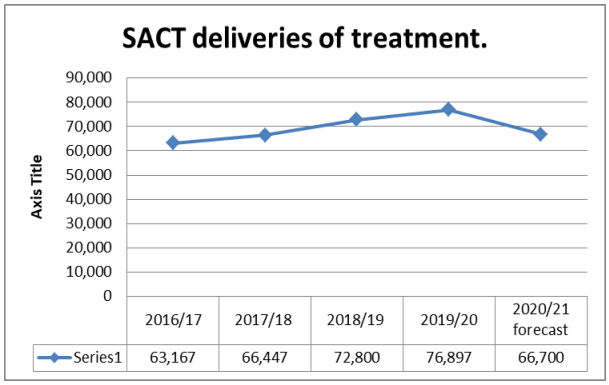


Systemic Anti-Cancer Treatment Service (SACT)

In 2019/20 over 76,000 SACT treatments were administered to patients across all our SACT treatment facilities, the development of new immunotherapy treatments for more disease groups and an increase in maintenance therapies meant that more patients were continuing on treatment for longer and increased planning was required to continue to manage this.

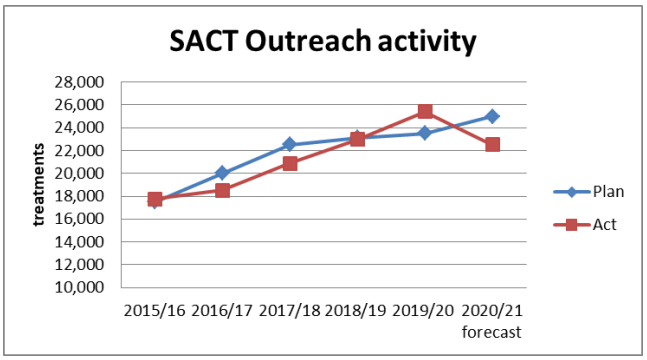
The first wave of the COVID-19 pandemic and the unknown effect of the virus for patients receiving SACT resulted in a reduction in diagnostic procedures, reduced GP referrals for Cancer symptoms and changes to treatment protocols. This resulted in far less than expected SACT activity for the first half of 2020/21 and the start of a very difficult journey for cancer patients throughout the UK.

Activity dropped considerably in the first few months of the year and only started increasing once more was known about the virus and its effects on patients receiving SACT. There has been an increase in activity over the last 6 months and referrals are steadily increasing. Staff in all our units have worked hard to ensure treatment services have continued throughout the pandemic.



A key part of our previous SACT strategy has been to provide more treatment closer to our patients' homes or where possible in the patient's home. During the pandemic these smaller local treatment services have provided reassurance for patients to continue their treatment and remain safe.

The development of our outreach chemotherapy services has resulted in improved patient experience, a reduction in patient travel time and has released capacity on the main hospital site. It has also helped reduce footfall at the main Withington site which has been important over the last few months.



Developments during 2020/21

- Pathway for patients receiving Immunotherapy developed so that more patients can receive treatment at home.
- Dr Kershaw's Hospice expanded to a 2 day service, increasing capacity for patients in the Oldham area.
- Increased capacity at Bolton to 3 days a week using our mobile unit.
- Macclesfield Development (to open Dec 21).
- Development of a virtual pre-treatment consultation for new patients.
- Increased capacity on the main site provided with the refurbishment of ward 3 to provide 12 additional treatment chairs.
- Expansion of our home care services.

Haematology

This year saw significant developments in the Haematology service with new complex treatments as well as new targeted treatments, which has resulted in the service adapting quickly while maintaining high standards of care. Like all services, there have also been changes to services required as a result of the COVID-19 pandemic.

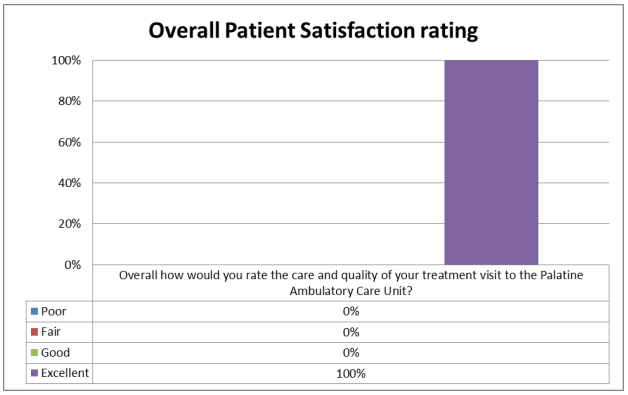
Our Haematology service provides inpatient, ambulatory, day case, apheresis and outpatient services in dedicated facilities at The Christie site.

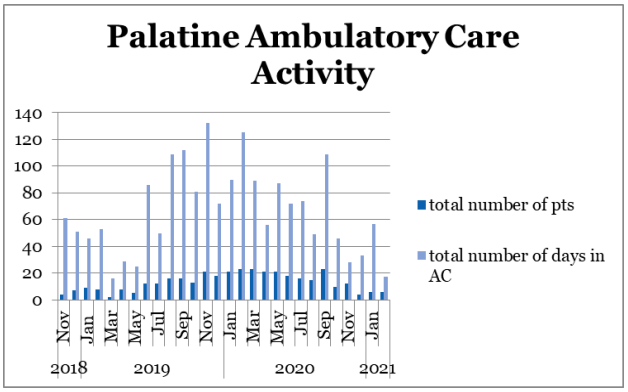
Haematology@Services

In December 2020, the Haematology service at Tameside transferred to being provided by The Christie to become our first full haematology @service, providing expert local Haematology service to the population of Tameside and Glossop. The Haematology management team is now working with East Cheshire NHS Trust to provide a similar model of care in Q2/3 of 2021/22.

Palatine Ambulatory care

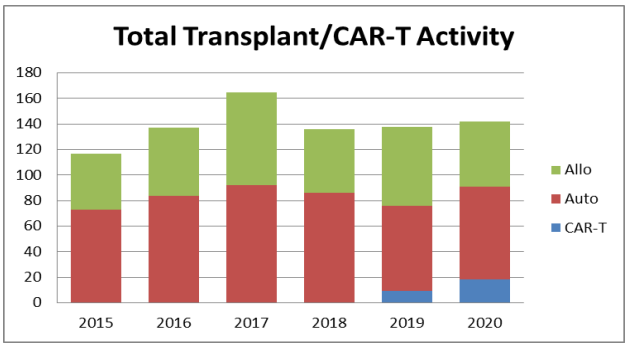
Our dedicated ambulatory care facility is for haematology and TYA patients undergoing treatments via 24 hour infusion pumps to enable them to have treatment at home or in a home like environment. This facility opened in November 2018 and has now treated over 370 patients. Patient satisfaction with treatment in ambulatory care has been extremely high. Due to COVID-19 restrictions, the growth in activity through ambulatory care has slowed, in particular with relation to transplant patients. However, this is expected to resume again as restrictions lift and there are plans for new protocols for ambulatory care in 2021.





CAR-T/Transplant

Despite adjustments that were required to safely manage high risk transplant patients during COVID-19, transplant activity has remained steady overall with the CAR-T service growing. This is expected to grow further in 2021/22 as new products become licenced.



Anaesthetics, Theatre and Surgery

Our directorate of Anaesthetics, Theatre and Surgery is a specialist tertiary centre that concentrates on rare cancers, specialist procedures and multi-disciplinary cancer surgery. In most cases, our teams of surgeons, anaesthetists, nurses and allied health care professionals work in a network across more than one hospital or community site.

Response to the COVID-19 Pandemic

In March 2020, in response to the national lockdown, our surgical, anaesthetic and theatre teams had to re-evaluate the clinical pathways for delivering clinical care. Cancer surgery was suspended for a short period of time whilst new clinical processes were put in place to ensure the safety of both patients and staff. Surgical activity was gradually reintroduced with agreed COVID-19 precautions and biosecurity measures in place. We introduced additional PPE and updated our training and essential advice.

All patients have been clinically reviewed and prioritised for surgery and there has been a reduction in the number of referrals across the year. Harm reviews of patients waiting longer than expected have been undertaken and no harm has been identified. This was only possible with the commitment and enormous flexibility of our staff, not only surgical, medical and nursing but all professionals facilitating patients' flow through the challenged and stretched system at the time.

Since May 2020, systematic and regular testing has been introduced for all staff involved in patient care as well as for all patients admitted to the hospital, which significantly reduced the risk of COVID-19 intra-hospital transmission. This continues to be monitored daily in the form of a COVID Safety Huddle to ensure that all patients' results are back before they proceed to surgery.

In addition to ensuring we continued to deliver safe cancer surgery for our patients, The Christie has been designated as a cancer surgery hub site along with Rochdale Infirmary within Greater Manchester. Over 400 patients have been referred for surgery via the surgical cancer hub supporting fair and equitable access to life saving cancer treatment across the system during the pandemic.

Our Services

We provide a crucial service to local, regional and national populations. Much of our work is based on rare and specialist cancers under the remit of specialised and highly specialised commissioning, whilst ensuring patients being treated non-surgically, within the comprehensive centre, are supported appropriately.

The following specialties are represented within the directorate:

- Anaesthetics and specialist oncology intensive care
- Colorectal and peritoneal oncology surgery
- Gynaecological surgery
- Plastic surgery
- Urological surgery

The critical care service at the Oncology Critical Care Unit (OCCU) complements a comprehensive array of cancer specialties including oncological surgery, clinical and medical oncology and haematology. The eight-bedded unit is a mixed Level 3/Level 2 service.

The Christie Private Care (TCPC) is a joint venture with a private health care provider (HCA) to improve and expand private patient services. In December 2020 we opened 2 new TCPC dedicated operating theatres, these have been used flexibly throughout the pandemic to provide additional capacity to the cancer surgery hub.

Clinical Support Services

Clinical Support Services play an important role across the entire Trust, working closely with other professionals and in many areas. The highly skilled teams are often leading in areas of innovation and research to ensure our patients' and families physical and emotional needs are met. Services offered are both clinical and non-clinical in nature and integrate with oncology treatment systems to enable improved outcomes for all.

Response to the COVID-19 Pandemic

The Support Services teams have demonstrated their resilience and transferable skills over the past 12 months by adapting services and creating new ways of working to support both patients and staff alike.

Our Services and their achievements

Nutrition and dietetics

The dietetic service has transferred much of its prehabilitation and outpatient activity to support the increased inpatient demand and the care and recovery of the surgical cancer hub cohort of patients.

The team have also continued to work alongside Salford Intestinal Failure Unit (IFU) to support the remote discharge pathway for patients discharging home on parenteral nutrition.

Physiotherapy/Occupational therapy (OT)

During the pandemic our Physio and OT teams risk assessed their patient cohort, transferred appropriate patients to virtual appointments and re-focused their teams to work in staggered shift patterns alongside the Medical and Nursing staff on our inpatient wards.

The team continued to provide vital support to patients requiring respiratory and Malignant Spinal Cord Compression (MSCC) specialised care on the Oncology Critical Care Unit.

Speech and language therapy

This year the department has adapted their service as patient footfall in the Trust has decreased, they continue to see patients face to face if clinically indicated but are now performing remote consultations.

The team have implemented a new model of treatment for patients with head and neck cancer, and as a result they now see patients before, during and after treatment in line with current evidence base and NICE guidelines.

Pathology

Pathology services at The Christie are provided by The Christie Pathology Partnership (CPP); a joint venture between SYNLAB and The Christie NHS Foundation Trust.

During the COVID-19 pandemic, The Christie Pathology Partnership have supported onsite rapid COVID-19 swab testing for all patient admissions at The Christie to enable safe and effective patient flow and bed management, supporting vital clinical management decisions.

CPP also provides the Bereavement and Mortuary Services. The expertise and management of our team helped the Nightingale Manchester set up their mortuary services during covid.

Transport and interpreters

The transport and interpreter services are integral to operational services across the Trust. With the reduced footfall during covid the transport service assisted in the delivery of medications to patients following their remote consultations.

Cancer Information Centre (CIC)

During COVID-19 the service has been working remotely utilising phone, email, and social media platforms. A key part of the team's role is to support patients experiencing hair loss through the side effects of treatment,

providing them with emotional support, information and advice. The wig service has been operating throughout the pandemic with appointments conducted either remotely or at an off-site salon which has remained open to provide support solely to the Christie patients in a COVID-19 safe way.

Chaplaincy

The chaplaincy team is committed to supporting patients at a time when they may be experiencing challenges around their beliefs and identity. They are trained to help people of faith, or any individual, with questions around spirituality, meaning and value. The chaplaincy team have continued to work on site throughout the pandemic and alongside supporting patients they have provided much needed spiritual support to staff at this challenging time.

Art Service

The art room offers patients, their care givers and our staff the opportunity to spend some time in a supportive and non-clinical safe environment.

The service has continued to run remotely through lockdown with Zoom art classes for patients. An art room closed Facebook group has also been established. Resources are available for staff on HIVE to support their mental health and wellbeing.

Complementary health and wellbeing

As a consequence of the COVID -19 pandemic, 2020 has seen the complementary health & wellbeing service revisit its care-pathway for patient support. As a consequence of the changes to our service, whilst touch therapies remain a key aspect of our work, they no longer take 'centre stage'.

Stress management and mindfulness techniques, hypnotherapy and use of essential oils in the form of aroma sticks to 'anchor' any feeling of relaxation, are now fundamental to each session, both face-to-face and virtual.

In addition to the change in process with regard to supporting patients, the team applied for and were given approval to re-purpose some of their charity funding to initiate a free staff service. Those working in patient-facing roles have been undertaking the role of carer and family support, following the Trust making the difficult decision to exclude relatives from the site. Employees required to work from home, were immediately excluded from social contact with colleagues, had to adapt to using their home as an office and often struggled with practical issues relating to technology. The staff service is run on a referral system, which to our knowledge is unique within the UK.

Psycho-Oncology

The Psychiatric Oncology service adapted to the increased mental health acuity of both inpatients and outpatients. The team set up both virtual and face to face assessment and treatment services for those patients requiring intensive support to facilitate their cancer treatment and beyond.

Despite the on-going difficulties during the pandemic and the impact of this on our patient's mental health, the psycho-oncology team has had an extremely productive year. The team embraced the challenges of supporting and engaging with patients virtually by moving to online and telephone counselling and psychiatry assessments and sessions, while still providing safe, timely, and effective outpatient and inpatient face-to-face mental health services for the trust. These changes provided an opportunity for the team to review its care pathways and they have made progress with modernising the services by moving towards electronic referral processes and patient reported outcome measures.

Pharmacy

Pharmacy continues to provide a high quality service to the Trust.

During the course of the COVID- 19 pandemic the pharmacy team played a key role in supporting our patients and clinicians.

In the early days of the pandemic, pharmacy staff worked closely with clinicians and clinical teams in reviewing all chemotherapy regimens and ensuring that changes to NICE guidance were introduced rapidly so that where possible we were able to reduce patient attendances at the Trust.

The pharmacy team rapidly established a system whereby patients could have their oral medicines delivered to them in their own homes, through the use of volunteer drivers and cars loaned to the trust by BMW. This service was established in a matter of weeks and meant for some of our patients isolating at home they still had a link with a member of the Christie team.

Pharmacy staff have been a key part of the Trust's staff vaccination programme, supporting fully the roll out of the vaccine and enabling the hospital to administer over 400 doses of vaccine a day.

As we move out of the pandemic and return to providing care to our patients, the pharmacy team are keen to continue to support and embed some of the necessary changes made as a result of the pandemic. Key objectives for the coming year include providing further support to patients receiving treatments in their own homes, and making sure that while they are not physically attending The Christie they continue to get help and information from the pharmacy team.

Inpatient Services

During the COVID-19 pandemic we continued to deliver a comprehensive oncology inpatient service.

Response to the Covid-19 Pandemic

At the outset of the pandemic, without exception the areas in Inpatient Services undertook many reconfigurations to ensure that the Trust was able to respond to the dynamic case mix of patients and support Greater Manchester acute Trusts with the management of oncology patients and oncology patients with COVID-19. This continues to be a success as the Trust has not deferred a patient to an acute Trust since July 2020 unless it was the patient's choice or clinically appropriate. Patient safety has been the priority and measures have been undertaken on wards to support Infection Prevention & Control with social distancing, PPE and increased cleaning in all areas.

Our Services and their Achievements

Acute Assessment Unit (AAU) opened in 2020 and replaced the Oncology Assessment Unit (OAU). The build of the new unit was expedited as part of the Trusts response to the COVID-19 pandemic and opened almost 12 months ahead of plan. The design incorporated additional side rooms for patients who require isolation as a result of their treatment or compromised immune system and or due to COVID-19 or suspected COVID-19 infection. This supported the Trust in ensuring elective departments were able to maintain 'Green' areas i.e. non COVID areas to continue to deliver treatments or surgery.

Acute Ambulatory Care Unit (AACU) is adjacent to the AAU and provides additional consultation rooms and clinical area for patients with acute oncology related problems. By co-locating these areas, unplanned care pathways and patient flow has been transformed as the purpose built environment has allowed the Trust to care for emergency admissions of 'red' or 'green' patients i.e. Christie patients with or without COVID-19. This resulted in prompt access to acute oncology treatment and lessened the burden on wider GM emergency and critical care services.

Acute Oncology Management Service (Hotline) is a 24hr telephone helpline service available to our patients, their carers and professionals for advice on management of the side effects and complications of cancer treatments. There has been investment to ensure that the workforce has the capacity and competency to respond to the increase in calls as patients sought guidance and reassurance relating to the COVID-19 pandemic. The hotline ensured that suspected COVID-19 positive patients are triaged and identified before accessing the hospital site.

Oncology Critical Care Unit (OCCU) has responded to the COVID-19 pandemic with the formation of OCCU escalation plans to increase our oncology critical care bed and workforce capacity. It has been challenging as not only has OCCU supported GM with additional surgical activity i.e. 'green' patients but it has continued to care for patients with COVID-19, i.e. 'red' patients who required level 2 or 3 care on OCCU. In accommodating these 'red' patients, the Trust has not added to the pressures the pandemic has placed on GM critical care units. This has ensured that patients with the most urgent or aggressive cancers across GM continued to receive safe and co-ordinated surgical and critical care.

Critical Care Outreach Team (CCOT) are a dedicated 24 hour service to support patients who become acutely ill within the Trust, initiating and providing expert clinical care to ensure that treatment is commenced as soon as a patient deteriorates. They have also been critical in supporting the OCCU escalation plans for the COVID-19 response.

Complex Discharge & Social Work is a multi-professional team who work closely with other professionals to support and facilitate discharges for patients with complex health and social care needs. In response to the COVID-19 pandemic the teams have had to learn and understand new processes within the region with regard to discharge planning.

Day of Surgery Admissions Unit (DOSA) opened in September 2020 and has allowed changes to be implemented to our theatre scheduling pathway allowing patients to be admitted on the day of surgery rather than requiring an overnight stay prior to their surgery whenever clinically appropriate. By decreasing length of stay additional inpatient bed capacity has been created to support elective oncology surgery to continue throughout the pandemic.

Infection Prevention and Control Team has been key to supporting the Trust through the pandemic with expert knowledge and guidance around the management of services, staff testing and staff vaccination programmes. This has resulted in very small numbers of COVID-19 as well as other infections.

Inpatient Oncology Wards have been required to reconfigure in order to maintain patient safety. This reconfiguration has also been vital to define how the Trust would safely increase OCCU capacity should the prevalence of patients requiring critical care support exceed current capacity. This has included establishing a 4th inpatient ward that has allowed the Trust to continue non-surgical elective activity predominately elective inpatient chemotherapy and interventional radiology procedures. This has made significant improvements for patient flow and patient experience.

There has been a greater focus on discharge planning using 'Red and Green' days. This is to ensure every day is a 'Green' day and patients are actively treated thereby are not spending unnecessary time in hospital.

Despite the pandemic, successful recruitment days have taken place attracting a high calibre of nursing staff ensuring that the Trust has had sufficient, stable workforce to deliver care.

Integrated Procedures Unit (IPU) brings together a number of patient services in one geographical location which includes procedures team, endoscopy, interventional radiology, ultrasound, one surgical operating theatre, pain management service, dressing clinics and plastic surgery outpatient clinics. In response to COVID-19 some IPU services were relocated in order to maintain patient safety and social distancing on the unit. A number of services paused temporarily or relocated to other areas within the hospital. The endoscopy service, for example, paused and recommenced in July 2020. Initially this impacted waiting lists however all delayed procedures were undertaken by December 2020. Additional endoscopy capacity has also been offered to the Greater Manchester surgical hub and this commenced in February 2021.

Supportive care includes management of physical and psychological symptoms and side effects across the continuum of cancer from diagnosis through treatment to post-treatment care. Over the last year, in response to the COVID-19 pandemic, the Supportive Care Team now offer more telephone and video patient consultations, increasing integrated working with primary care and community services.

Surgical Oncology Unit patients are admitted to undergo elective oncology surgery under the care of our specialists in urology, colorectal, gynaecology and plastics. The nursing and medical teams on the ward are highly skilled to provide safe care to patients who have had extensive surgery. They are supported by a number of specialist nursing teams including our Enhanced Recovery team who have made a significant impact on reducing the time patients are required to spend in hospital. All of which have contributed to ensuring capacity for surgical activity and maintaining a 'green' status to ensure patients have not been at risk of COVID-19 infections.

As a result of infection control measures during the pandemic, the ward reduced its bed capacity from 28 to 22 but has been supported by The Christie Private Care with additional bed capacity.

Radiology

The Directorate of Radiology is responsible for the service delivery of MRI, CT, plain radiographs, fluoroscopy and interventional radiology, ultrasound and PET-CT reporting. The department supports a range of disease related clinical Multidisciplinary Team Meetings (MDTs) with each having a lead consultant radiologist.

Response to the COVID-19 Pandemic

In response to the pandemic, the Trust re-evaluated clinical pathways for the delivery of diagnostic imaging and interventional radiology procedures. Steps were taken to reduce footfall across busy imaging departments. To support the reduction of footfall, the Radiology department rapidly implemented a seven-day service model. Despite these changes, some imaging requests were deferred. The process of deferral involved collaborative assessment between Radiology and referring clinical teams to ensure priority imaging requests were not unduly delayed. Clinical criteria were developed to assess, categorise and prioritise imaging requests, and these criteria were fully approved by senior clinical bodies within the organisation.

Unfortunately, these actions led to an imaging backlog, particularly in CT, MRI and ultrasound. Following the initial wave, the Radiology department entered a period of recovery and reintroduced deferred requests. Recovery required flexibility from all involved, including consistent weekend working to ensure the backlog was addressed efficiently.

The department worked closely with the Proton Beam Therapy department and independent providers to expand overall capacity. This work represents a positive example of the system making the most of available assets and capacity.

Whilst many restrictions relating to social distancing and infection control remain, the department has recovered well and has returned close to pre-COVID-19 activity levels.

The MRI service is a positive example of this recovery and data shows that the service quickly returned to pre-COVID-19 levels. This was made possible by proactive and innovative work from the MRI and Medical Physics teams.

Our Services and their achievements

As highlighted by the GIRFT report and Richards' Review, demand and capacity challenges are forecast to continue. Plans are in development to consider how we work and whether a different approach is required.

Reporting backlogs have not continued into 2020/21 due to flexibility of those reporting and the expedited roll-out of home reporting to all Consultant Radiologists in response to the pandemic and a number of Reporting Radiographers. The roll-out involved collaborative working between Radiology and Digital Services.

The department has recruited seven Band 6 radiographers, which is very positive in view of the national shortage. The department also appointed its first Assistant Practitioner and an Ultrasonographer. The development of new roles and progression opportunities remains firmly on the department's agenda.

We also have a vital role supporting research, through the provision of a comprehensive biopsy service and the reporting of clinical trial scans. Research activity continues to grow and the Radiology Department supports over 250 clinical trials. The department is also committed to developing Radiology-led research and is actively looking to increase capacity in this regard.

CT Scanning

We performed nearly 24,000 CT scans this year. CT is our highest volume service and the team worked hard to recover from the initial impact of

the pandemic. Whilst this involved collaboration with independent sector colleagues, the recovery has been internally driven. This is evidenced in activity numbers, which have returned close to pre-COVID-19 levels.

Plans remain in place for the redevelopment and relocation of the CT department, which will include the procurement of a hybrid interventional CT scanner.

MRI Scanning

We performed over 10,000 MRI scans this year. MRI recovered quickly and positively from the impact of the pandemic due to innovative work done to accelerate certain imaging protocols; the team has been working closely with other Trusts to share this learning and the team are scheduled to present the work at the next UKIO conference. The service is also working with another NHS Trust to provide MRI imaging capacity and support GM-wide recovery.

The MR team has also developed processes relating to the identification of brain metastases, which will help to improve the identification and communication of these findings.

Plain Radiography

Following changes to the delivery of outpatient clinics, plain radiography activity was lower this year. Despite this, the department performed almost 11,000 radiographs. This year, two radiographers have completed the Adult Chest Reporting postgraduate certificate (PG Cert) qualification. The department also appointed its first Assistant Practitioner.

Interventional Radiology (IR)

Early in the pandemic, interventional radiology facilities were limited to urgent and emergency cases only. The interventional service performed over 2,000 procedures in 2020/21 and activity has now returned to pre-COVID-19 levels.

Notable pathway improvements have been made alongside inpatient teams, including the introduction of a ward dedicated to elective chemotherapy and radiology patients. This development provides a route through which expertise can be shared with ward teams, thus improving patient care and experience.

The interventional team continue to innovate and develop their practice. For example, 2020/21 saw the service deliver the UK's first same-day SIRT procedure and recent NICE MTA approval for SIRT in advanced HCC will result in an expansion of this regional service. The IR team will also be hosting the national IOUK meeting at The Christie in May 2021.

Ultrasound

We have performed over 4,000 diagnostic and interventional US examinations this year. The department has appointed its first Ultrasonographer, who is undertaking a PG Cert in Ultrasonography alongside gaining practical experience within the department.

PET-CT Reporting

The department is responsible for Nuclear Medicine reporting, including reporting for the Greater Manchester Oncology PET-CT service. FDG PET-CT referrals in 2020/21 have been more than 10% lower than planned, though the service still performed more than 6000 scans.

The departments of Radiology and Medical Physics work closely together to ensure performance is on target to meet the requirements of the new PET-CT National Contract from April 2021. Performance has improved during 2020/21 reaching consistent record levels of reporting turnaround in 2021 on the back of increased focus on this service and an expansion of PET-CT reporting capacity. In support of this, the PET Academy continues to provide teaching and training modules.

Research and Innovation

As with many departments across the Trust, this has been an extremely challenging year for clinical research given the uncertainty and impact of the COVID-19 pandemic on our core business. Recruitment to clinical trials paused for 6 weeks early in the year but gradually restarted in May. The pandemic has provided opportunities and we have been able to play our part in COVID-19 related research and also showcase new areas of research at the Trust, such as critical care.

Despite COVID-19, early phase research has remained strong. By the end of the year, the experimental cancer medicine team had the largest number of studies open since its inception. In addition, research teams have continued to achieve the recruitment of the first patient to a number of UK, European and global clinical trials meaning that The Christie patients have had unique access to many pioneering therapies.

Partnerships

Effective partnerships remain at the core of everything we do. Working with the University of Manchester and Cancer Research UK, under the umbrella of the Manchester Cancer Research Centre (MCRC), clinicians and scientists from different disciplines have, despite, the pandemic, continued to work side-by-side to realise the shared goal of driving forward innovative research for the benefit of patients. The Christie is also the lead partner in the Manchester Academic Health Science Centre (MAHSC) cancer domain. The MAHSC is one of eight academic health science centres (AHSCs) in England. The Centre brings scientific discoveries from the lab to the ward, operating theatre and general practice, so patients benefit from innovative new treatments.

Innovation

We played our part in the national response to the pandemic by introducing COVID-19 related research to our portfolio of clinical trials. We recruited 378 patients through COVID-19 oncology studies – two of which are Christie sponsored. We also recruited over 2,500 patients to a psychological impact study, the second highest recruitment figure in the UK. Over 30 researchers have been involved and a dedicated nurse-led COVID-19 research team was established to oversee delivery.

Prof Corinne Faivre-Finn is leading the national COVID-RT Lung study: multicentre audit. This is capturing data from UK radiotherapy patients with stage I-III lung cancer. It includes 28 centres with data from 660 patients. Guidelines on reducing radiotherapy fractionation for lung patients were published at the start of the first wave of the pandemic and now COVID-RT Lung aims to capture how prescribed treatments and patient outcomes have changed.

COSMIC-19 is a med-tech trial using wearable technology to monitor patients in hospital with COVID-19 and using AI to develop algorithms to predict patients who will require escalation of care. COSMIC-19 is an example of a Christie-sponsored investigator-led trial that progressed from concept to trial opening within 4 months. Additional funding was awarded from The Christie Charity to support biomarker analysis for the study.

In the RECAP study, also awarded top-up funding by the Christie Charity, investigators led by Professor John Radford are evaluating wearable biosensors to monitor patients with suspected COVID-19 at home. It has been shown that physiological data can be transmitted wirelessly to a hospital based network and in a follow-on study (REACT) it is hoped that this approach can be used to improve the treatment of patients with sepsis following chemotherapy.

Infrastructure

iMATCH, the Advanced Therapy Treatment Centre (ATTC) hosted by The Christie and led by Professor Fiona Thistlethwaite was awarded £2.7 million for 1 year additional funding to take the programme through to March 2022. The funding from Innovate UK will enable the 12 partner iMATCH consortium to complete the original work programme, which has been delayed by COVID-19, and also to develop extension projects to run from March 2021 until March 2022.

Two grants from Friends of Rosie Grants have been secured to further research activities in Proton Beam Therapy and Head and Neck cancers. Dr Martin McCabe has secured a CRUK-SU2C New Discovery Challenge grant worth almost $1 million in collaboration with St Jude, UMCG and Royal Manchester Children's Hospital and Professor Janelle Yorke has received a £250,000 NIHR Research for Patient Benefit grant.

International

An expression of interest for a NIHR Global Health Research Group grant worth up to £3 million over 3-4 years has been submitted to help Kenyatta build a Comprehensive Cancer Centre in Kenya, helping to share knowledge and technologies in fields of early detection, genomics and oesophageal and HPB cancers.

Leadership

In November, Professor Fiona Thistlethwaite led a MION Transatlantic collaboration event with participants from USA, Canada and Manchester and in December Dr Colin Lindsay led a two-day meeting on RAS Mutations with involvement and talks from leaders from multiple international organisations.

The gynaecological oncology surgery department was recognised by the European Society of Gynaecological Oncology (ESGO) as an ESGO certified centre in ovarian cancer surgery.

Performance

Since April, 2834 patients have been consented to oncology studies and 1580 patients have been recruited. At the end of December 2020, our total patient recruitment figures were 24% lower than the previous year. In addition, a non-oncology COVID study – 'psychological impact of COVID-19 patients' - recruited a further 2873 Christie patients. While this is a clear outlier to normal recruitment activity, it will result in end of year recruitment numbers significantly exceeding previous years.

A rapid decrease in patient foot fall, initial challenges with service department capacity, availability of external services (e.g. ophthalmology), sponsor policy changes and limitations with trial monitor access all contributed to a significant challenge to restoring trial activity to pre-pandemic levels.

However, only 7 studies remained suspended due to COVID-19 and 346 studies are currently open to recruitment. In February 2021, new studies opened equalled levels from the same period last year and the number of approved Christie sponsored studies were also similar.

High impact patient case studies

Dean Colgan

Thanks to Pfizer's Javelin Renal 100 clinical trial Dean Colgan, a 60 year old patient from Leeds, is fit and well and his cancer is too small to measure on scans, just five years on from being diagnosed with kidney cancer with only months to live. After a GP visit for concerns he had bladder cancer, Dean was referred for an ultrasound at a local hospital where they discovered a tumour the size of a rugby ball that had obliterated his right kidney. He was diagnosed with renal cell carcinoma (kidney cancer) which had spread to his lungs, lymph nodes and pancreas.

In January 2016 he started on a clinical trial led by Professor Fiona Thistlethwaite for a new drug

combination that Pfizer was developing. It was the first time that a combination of the immunotherapy drug Avelumab and cancer growth blocker tablets known as tyrosine kinase inhibitors had been used to treat kidney cancer. A recent scan showed Dean's lymph nodes were back to normal, the cancer had been cleared out of his chest and the only two small areas of cancer remaining were too small to measure. Dean has been taking 'targeted therapy' tablets called Axitinib twice each day for nearly five years and was making fortnightly trips to The Christie for an infusion of the immunotherapy drug Avelumab for four years. Due to COVID-19, these visits reduced to once every four weeks over the last year.

When Dean started this trial, the combination of treatments was still in the early phases of evaluation (phase I). Since then, they have completed evaluation in a large phase III trial (Renal Javelin-101) which proved that the combination is more effective than the standard tablet therapy Sunitinib. Following these trial results, Avelumab and Axitinib were approved for widespread use in the NHS in September 2020. As a result, Dean can now access the tablets and four weekly infusions in Leeds, which is much closer to home. He will continue with these for as long as the drugs remain effective.

Sarah Hughes

Sarah Hughes, aged 37, from Shropshire was the first patient recruited at The Christie to a clinical trial which is investigating a new technique to treat cancer patients with solid tumours, using the body's own T cells that are genetically modified to fight the cancer.

The study, funded by GlaxoSmithKline (GSK), offers a new experimental treatment, using T cell immunotherapy, which may offer hope for patients with metastatic synovial sarcoma, a rare and incurable cancer affecting mainly young adults.

Sarah was diagnosed with a rare cancer in her right knee in June 2014. Doctors were forced to amputate her leg above the knee. Unfortunately, the cancer, called a synovial sarcoma, continued to spread, despite standard chemotherapy. In May 2020 she was offered the chance to take part in a clinical trial, which was being set up at The Christie. Her T cells were collected and sent to GSK's laboratories where they were genetically modified so they can recognise the cancer. The T cells were then infused back into her body in November.

This experimental and innovative approach consists of reprogramming the immune cells of a patient in order to fight the specific cancer. Cellular therapy represents one of the few potential advances over the past fifty years against this rare type of cancer, which accounts for less than 1% of all cancer cases in adults. This type of personalised medicine, may offer a glimmer of hope for patients and their families, given that chemotherapy, which is often very toxic, gives little results for this particular form of the disease.

School of Oncology

Like many services within the Christie, The Christie School of Oncology has faced a significant period of uncertainty and major transformation over the last year. At the beginning of the year the School focused on supporting the Trust to continue clinical services, with 80% of its staff volunteering to step outside their role and be redeployed, at the same time as continuing to deliver education programmes to support the expansion of vital critical care beds and provide skills to those who were redeployed. While this was going on, the School was also undertaking a programme to transform the way education could be delivered. Our year began with high levels of concern about the future, and it ends with a confident realisation that this offers an important opportunity for innovation, and that the School and its staff are able to quickly adapt to the most challenging of circumstances.

The Clinical Skills Team began and ended the year by providing much needed support to the Trust both through training and also through direct support to clinical services. At the beginning of the year, the team focussed on skilling up Trust staff, to ensure that they had the clinical skills necessary to deliver patient care. This included over 250 staff in up to 10 different clinical skills. The team also delivered a variety of training opportunities to ensure that services, including portering and catering, were supported.

The Medical and Pre-Registration Teams have undergone a re-structure and blended the educational strands of both medical and non-medical (postgraduate & undergraduate) education. This newly-formed team leads on education and support for both undergraduate and postgraduate medical and non-medical students and trainees throughout the organisation. Despite a short hiatus from formal education provision in the spring and summer months, placements and teaching resumed from August. Pre-registration students were deployed into the Trust and a wraparound support and training programme was provided, which has resulted in an excellent retention of these students into substantive posts.

In the summer, Dr Juliette Loncaster stood down as Post Graduate Medical Education Director and Dr Ruth Conroy completed her role as Associate Director. During their time in these roles, Juli and Ruth have driven and overseen a transformation in the education landscape. The high quality of training has seen The Christie progress to be one of the premier training centres in the country. Juli and Ruth were supported throughout by Louise Booth who towards the end of the year has moved on in her career to take a role in HEENW. We would like to take this opportunity to thank Juli, Ruth and Louise for their wonderful contribution to the School of Oncology in recent years.

The Education Events Team began the year by supporting the Trust response to the pandemic, whilst engaging with clients and reviewing reschedules and bookings. They preserved over 85% of activity through fast responses, flexible offers, and a commitment to the introduction of virtual and blended approaches. Activity ceased in March 2020, and following transformation resumed its new programme in September 2020, with an immediate response in terms of registration of participants which has more than doubled. Our clinical colleagues have been immensely supportive of this change, and their commitment has been rewarded by glorious feedback from across the globe. The team have since worked to procure a new online platform to deliver high quality virtual events, which enables multiple speakers onscreen, engagement with audiences through questions, speaker bios at the click of a button, linking to physical and virtual resources and sponsor opportunities. This success has ensured that the team are in a strong position to face the new year, with a host of new events.

The Education Centre has supported the events team in delivering these changes, enabling a blended approach through use of the lecture capture system in the auditorium. The restrictions onsite has led to considerable change for the service, who focused initially on supporting the essential training and then more recently on upgrading the equipment in the centre to provide many more opportunities for teachers and training to reach face to face and virtual audiences simultaneously.

GatewayC has gone from strength to strength during the pandemic, despite the majority of staff beginning the year by supporting Trust services. It has more than doubled its audience and now has over 9000 users and 20 courses. Key to its success was its agility to change its outputs and to support its Primary Care audience with COVID-19 educational content. National COVID-19 specific webinars were piloted with their success leading to national funding for a regular programme of events, and the development of "GatewayC live". The team have also been successful in winning a grant for a GM set of specific "Cancer Snapshots"; shot GM focused webinars followed by "5-facts-5-minute" snapshots of learning.

During the pandemic, The PET-CT Academy Education programme was largely converted from face to face into online learning, enabling many people to access the training events, and supporting Radiologists across the country to develop their PET-CT reporting skills. More than 130 radiographers and nuclear medicine technicians and almost 80 clinical assistants have undertaken technical training with the academy with more than 750 people accessing the positive patient experience course run by the team.

As well as supporting these two prestigious programmes, The Digital Learning Team has seen a significant increase in demand for its services this year, due to restrictions placed upon face-to-face education and training, as a result of COVID-19. Alongside supporting the pandemic response, the team have worked closely with School colleagues to develop essential learning; including the education of junior doctors and trainees, staff undertaking clinical skills development and learners at Manchester University. A key highlight for the team this year was securing a partnership with a leading global pharmaceutical company, supporting health care professionals in delivering effective remote consultations.

Another highlight of this year has been the success of Christie internal focused activities under the Christie Leadership Programme. This has included webinars delivered by key thought leaders in management and leadership thinking; this has proved to be a popular programme and contributed to the perception of the School having a creative and flexible approach to learning. These 90 minute bite size sessions supported well-being and resilience. To date over 200 colleagues have tuned in.

The Professional Education Team have been busy in continuing to support the workforce of the Trust, including the creation of a strategic and cohesive approach to Training Needs Analysis. The team has also been instrumental in securing funding for 60 Kickstart positions. This exciting project will offer roles for young adults (16 to 24 years) who are receiving Universal Credit. There will be 60 placements across clinical and non-clinical roles.

Clinical Supervision across the Trust has been reviewed and refreshed so that we can increase the pool of staff trained to deliver Clinical Supervision, including ongoing support for those trained; access to Supervision of the Supervisor and Masterclasses to enhance skills.

Despite the pandemic, clinical staff continue to enhance their specialist practice and technical skillset, by undertaking units forming part of the MSc Specialist Practice (Oncology) programme.

Funding also continued to be provided to support education programmes including Christie Proton School activity and Non-medical Prescribing courses.

Non-clinical colleagues continue to invest in their own professional development, attending such courses as the Professional Diploma in Dispensing Accuracy Checking, Applied Health and Safety, Digital Media and Communications and Leading, Learning and Development. Our catering colleagues continue to access a variety of food safety courses. Furthermore, colleagues continue to contribute to a well managed organisation by undertaking courses on Clinical Risk Management Training (accredited by NHS Digital) and increasing our capacity for Clinical Safety Sign off. The team also supports staff in accessing the on-line events delivered by the Education Events team.

Our Maguire Communication Skills Team are now delivering all their training via video conferencing. They have delivered virtual specialist communication courses and supported over 60 colleagues to complete these programmes including Enhanced Communication, Communicating with Colleagues, and Effective Telephone Consultations. The team, in partnership with the Professional Education team and the Digital Skills Team, have developed a new and innovative on-line 'Educating the Educator' Programme. This is designed for professional colleagues who deliver education across the Trust to support them in enhancing their teaching practice. The team were also able to support the COVID-19 pandemic by the development of training materials which were shared across Greater Manchester, and nationally.

The Library has responded to the pandemic by moving all training via video conference to ensure that our staff and researchers continue to be supported. In November 2020 the team, in partnership with the Medical Education Team, have launched BMJ Case Reports. Initial feedback from our clinical colleagues is very positive. The team were keen to ensure that Christie staff had access to evidence based resources in relation to COVID-19. The team were also excited to launch the 'UpToDate Anywhere App', which enabled clinical staff to access evidence and information at the point of need. The teams e-Resources Librarian presented at HEE National Conference on Artificial Intelligence and Virtual Reality, reflecting a further area of development across the team and the School.

Internationally, the School of Oncology has been involved in the creation and co-ordination of a Trustwide Global Health Group. The Group, in partnership with colleagues in Uganda, have submitted an ambitious bid to support educational development and partnership. Work has also taken place, in partnership with the International Team, in contributing to a cancer health project in China.

The School has seen a significant level of staffing change of this period. We have welcomed new members of staff who have enabled us to adapt to the challenges of the year, but have also brought new ideas, knowledge and skills, which are contributing significantly to our aspiration to be an international leader in cancer education and leadership.

The School of Oncology ends this extraordinary year in a position of strength; continuing to deliver high quality education and learning and responding to opportunities which have arisen. We look forward to the next year with enthusiasm, creativity and a continuing commitment to quality education.

Our financial performance 2020/21

Our ability to take care of our patients reflects the financial health of the organisation. Every penny that we spend is used to support the people we care for so it is really important that we manage our finances well.

The COVID-19 pandemic has had a significant impact on both our operational and financial performance.

As such, our financial result for the 2020/21 financial year should not be directly compared with previous years but represent the Trust's strong grip on managing its finances during this unprecedented time.

Financial highlights

Our regulator, NHS Improvement, sets out a comprehensive framework to assess and monitor the financial performance of NHS trusts. Financial performance is evaluated across several financial metrics to arrive at an overall 'use of resource' score, where 1 represents the lowest financial risk and 4 the highest level of risk.

In 2019/20, The Christie achieved the best financial rating available from NHS Improvement; a 'use of resource' score of 1. This assessment has been suspended during 2020/21 due to reasons relating to the COVID-19 pandemic described above; thus no comparative score is available.

Performance

The below table illustrates the Trust and Group's financial performance during 2020/21 financial year.
The Christie charity is a critical part of the organisation's overall financial wellbeing. In line with our accounting policy, we are required to consolidate our accounts with those of The Christie charity. This means that we present Group accounts which combine the charity and the Foundation Trust alongside the Foundation Trust's individual accounts.

It should be noted that are the financial results of the Trust operating under an altered income regime with exceptional costs to deliver services during the COVID-19 pandemic.

Our performance for the financial year ended 31st March 2021 is shown overleaf.

	Group			Trust		
	2020-21 actual	2019-20 actual	Year on year change	2020-21 actual	2019-20 actual	Year on year change
	£m	£m	£m	£m	£m	£m
Total income	364.9	359.7	5.2	365.9	352.3	13.6
Total operating expenditure (excluding depreciation and net impairments)	(333.4)	(317.6)	(15.8)	(333.8)	(317.9)	(15.9)
EBITDA*	**31.5**	**42.1**	**(10.6)**	**32.1**	**34.4**	**(2.3)**
Gain / (loss) on revaluation and disposal of investment assets	0.1	(0.1)	0.2	0.00	0.0	0
Gain / (loss) on disposal of assets	0	(0.0)	0	0	0.0	0
Depreciation and amortisation	(16.6)	(17.1)	0.5	(16.6)	(17.1)	0.5
Dividend	(7.3)	(7.4)	0.1	(7.3)	(7.4)	0.1
Net finance charge	(1.5)	(0.3)	(1.2)	(1.5)	(0.7)	(0.8)
Corporate tax expense	(0.0)	(0.1)	0	0.0	0.0	0
Share of Joint Venture (equity method)	4.5	6.0	(1.5)	4.5	6.0	(1.5)
Retained surplus (before exceptional items)	**10.7**	**23.1**	**(12.5)**	**11.2**	**15.2**	**(4.0)**
Exceptional items**	(9.7)	3.9	(13.6)	(9.7)	3.9	(13.6)
Retained surplus / (deficit)	**1.0**	**27.0**	**(26.1)**	**1.5**	**19.1**	**(17.6)**

Performance for the financial year ended 31st March 2021

* EBITDA is earnings before interest, tax, depreciation and amortisation

**Exceptional items represent building asset impairment and reversal of impairments

The results represent the previously described impact of the pandemic on levels of activity and overall cost across all areas of the organisation.

Activity and income

Unlike previous years, during the pandemic, the Trust was operating under the block income contract introduced across the whole of the NHS under the revised financial framework. This effectively fixed the level of income for the year with 'top up' payments to cover additional COVID-19 costs.

Provision of goods and services

Section 43(2A) of the NHS Act 2006 requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes; The Christie NHS Foundation Trust has met this requirement. Any surplus derived from the limited diversification of income has helped support the Trust in delivering high quality healthcare services for our patients.

Value for money and improved efficiency

Our total operating expenses for the Trust, excluding depreciation, amortisation and impairment, increased during the year to £333.8m. Of this £158.9m was spent on staffing, ensuring we continued to attract and retain over 3,200 staff.

Over £96.8m of our total operating expenses were spent on chemotherapy and other cancer treatment drugs and has helped ensure our patients continue to have access to the latest and most effective treatments.

Joint ventures

The Christie Clinic LLP was formed on 15th September 2010 and is a joint venture partnership with HCA (HCA International Limited) for the provision of private oncology activity. In 2017/18 the LLP was renamed The Christie Private Clinic LLP. The joint venture profit share in 2020/21 is £4.3m, as per the terms of the LLP membership agreement.

In June 2014 we entered into a joint venture partnership with Synlab UK, the UK division of one of the largest European independent providers of pathology services. The Christie Pathology Partnership LLP will allow the Trust to develop further its pathology services drawing on the European expertise of Synlab UK combined with the established cancer expertise at The Christie. The joint venture profit share in 2020/21 is £0.2m as per the terms of the LLP membership agreement.

Subsidiary companies

On 11th December 2017, The Christie Pharmacy Limited (Company Number: 11027496) was formed, to provide pharmacy dispensing services to the Trust. The company is a wholly owned subsidiary of the Trust and its financial performance is included in the consolidated group accounts.

For 2020/21 the principal impact for the group has been a financial surplus of £0.2m which is in line with the Trust's expectation.

Charitable funding

We are fortunate to be supported in our activities by The Christie charity. These funds are administered by a separate charity for which the Board of Directors acts as corporate trustees.

The charity is considered a subsidiary and therefore there is a requirement to consolidate its accounts with that of the Foundation Trust. The charity accounts will also continue to be reported in its separate annual report.

As with the majority of charities, the COVID-19 pandemic has had a significant impact on the

charity's income in the year with many of the fundraising events unfortunately cancelled. This has limited the income of the charity to approximately two thirds of the planned amount. Despite this, the charity has been able to support the Trust and maintain its financial commitments to the Trust during the year.

Over the past year, we spent £6.1m on capital projects from charitable grants and we received a charitable revenue contribution of £5.8m to enable us to enhance our services.

Value of our buildings and land

All property, plant and equipment are measured initially by cost. Our land and building assets are subsequently measured at fair value in line with our accounting policies. As part of this, the Trust's land value is based on an alternative site methodology. To ensure an independent and fair value of our estate we engage with the District Valuer, who reviews our asset values.

As a result of market factors, our property, plant and equipment has been down valued (impaired) by a net £9.7m at 31st March 2021.

Capital investment

Despite the COVID-19 pandemic, the Trust has been able to continue to invest in its estate and equipment assets with another comprehensive capital investment programme for 2020/21.

The development of an ambitious integrated research facility on the site of the fire damaged Paterson research building is progressing at pace. The Trust is working in partnership with the University of Manchester and Cancer Research UK to ensure Manchester remains at the forefront of research to support better outcomes for patients. Demolition of the previous site is underway, and plans are being finalised for the new development, which will be completed in 2022/23.

The Trust has continued to invest in information technology and the estate maintenance programme that ensures our infrastructure continues to support effective patient care.

In order to address the urgent changes to services during the COVID-19 pandemic, additional Public Dividend Capital (PDC) was made available to the NHS. We benefitted from £8.5m PDC to fund such capital expenditure and also received (at no cost) Personal Protective Equipment (PPE) and other medical equipment from the Department of Health and Social Care (DHSC).

Investment	NHS Funded Christie £m	NHS Funded PDC £m	Donated Christie Charity £m	Donated DHSC £m	Total £m
Land and Buildings	7.1	4.3	0	0	11.4
Assets under Construction	31.5	1.4	6.1	0	39.0
Plant and Machinery	3.2	0	0	0.2	3.4
Information Technology	1.3	0.2	0	0	1.5
Total	43.1	5.9	6.1	0.2	55.4

Cash flow and balance sheet

We ended the year with cash and investments balance of £151.8m (£212.0m for the group). This is a net increase on the previous year and reflects the balances generated through operational performance as well as cash as a loan from the University of Manchester to part fund the Paterson research building and drawings of previous surpluses from our joint ventures less payments for capital expenditure.

Public sector payment policy – better payments practice code

In accordance with the Better Payments Practice Code and government accounting rules, the Trust's payment policy is to pay creditors within 30 days of the receipt of the goods or a valid invoice, whichever is the later, unless other terms have been agreed. The Trust paid 95% of non-NHS trade invoices by value within 30 days.

Trading environment and financial risks

The COVID-19 pandemic has had, and continues to have a significant impact on the UK and worldwide. It has impacted on all of the Trust group operations and investments in 2020/21, however the extent and impact will vary across the group and investments and cannot yet be determined.

Going concern

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

External audit services

Grant Thornton LLP was appointed as our external auditor on 1st October 2017 for a period of three years with an extension of one year taken in 2020/21 as per the contract.

We incurred £96k, (£148k for the group) in audit service fees in relation to the statutory audit of our accounts for the period ending 31st March 2021.

Following procurement process, Grant Thornton has been appointed by the Council of Governors as the Trust's external auditors for the next three years.

Non-audit services provided by the auditor

Our external auditor provides non-audit services in limited circumstances in accordance with a policy recommended by the audit committee and approved by the council of governors. Auditor objectivity and independence are safeguarded for any non-audit services provided by the auditor by limiting the fees arising from such work in any one year to £50k + VAT and ensuring that different auditors carry out the work.

Grant Thornton LLP did not provide additional services relating to any non-audit related services during 2020/21.

Countering fraud and corruption

The Board of Directors attaches significant importance to the issue of fraud and corruption and has continued its increased investment during the year. Reported concerns have been investigated by our local counter fraud specialists in liaison with the NHS Counter Fraud and Security Management Service and the police as necessary.

We work hard to maintain an anti-fraud culture and have a range of policies and procedures to minimise risk in this area. A number of events were held over the year to highlight how staff can raise concerns and suspicions. As part of our mandatory training programme, we ask staff to complete anti-fraud awareness training.

Statutory framework

This is the fourteenth set of annual financial results prepared since we became a foundation trust on 1st April 2007. Consistent with our statutory status, these accounts have been prepared under a direction issued by the independent regulator NHS Improvement.

In undertaking NHS business transactions, the Trust has complied with the cost allocation and charging requirement set out in HM Treasury and Office of Public Sector Information Guidance.

Statement of disclosure to auditors

In accordance with the requirements of the Companies (Audit, Investigations and Community Enterprise) Act 2004, the Trust confirms that for each individual who was a director at the time that the director's report was approved, that:

- so far as each of the Trust directors is aware, there is no relevant audit information of which the Trust's auditor is unaware; and

- each director has taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

For the purposes of this declaration:

- relevant audit information means information needed by the Trust's auditor in connection with preparing their report; and
- that each director has made such enquiries of his/her fellow directors and taken such other steps (if any) for that purpose, as are required by his/her duty as a director of the Trust to exercise reasonable care, skill and diligence.

A year like no other

During 2020/21, much of our focus was on continuing to provide safe, quality services for our patients during an unprecedented global pandemic. As mentioned throughout this report, there are many examples of how both our patients and staff have adapted to the changes we had to implement, and of the dedication and determination of every single person in The Christie team to ensure our care has remained of the highest standard possible throughout.

We are proud that despite the pandemic altering the course of some of our plans, we have been able to continue our progression and innovation as we continue to develop our vision for a truly world-class cancer centre.

Our strategy at The Christie remains focused on four key themes; Leading cancer care, The Christie experience, Local and specialist care, and Best outcomes. Our desire is to always give the very best care and treatment to our patients and we work tirelessly to ensure everything we do is focused on this goal.

The best way we know our strategy is working is to listen to our patients, and we continue to perform in surveys and patient feedback exercises.

In July, the results of the national inpatient survey placed us in the highest band with results 'much better than expected'. The Christie was also one of only seven trusts nationally to have been consistently categorised as 'much better than expected' for three consecutive years. The Christie was rated 'better' than most other trusts in all but one section of the survey and received a highest score in England for the section score in relation to 'waiting list or planned admission'.

One of the biggest challenges this year for the NHS has been to continue to protect cancer services where possible through the pandemic, and at The Christie we have worked with our local partners to ensure patients have continued to get the treatment they need.

In December, our work with the Greater Manchester Surgical Cancer Hub was shortlisted for the prestigious 'Local COVID-19 Response Partnership Award' at the HSJ Partnership Awards 2021.

The Greater Manchester Surgical Cancer Hub was set up by the Greater Manchester Cancer Alliance in April in order to help keep vital cancer services running across Greater Manchester in the midst of the COVID-19 pandemic.

The hub allows urgent life-saving cancer surgeries to take place at The Christie and Rochdale Infirmary. Since the hub was set up more than 2,000 patients have received urgent cancer care during the COVID-19 pandemic with no recorded cases of the virus being reported as a result of them presenting for treatment.

The collaboration between Rochdale Infirmary and The Christie, brings together a full complementary cancer service treating breast, general surgery, gynaecology, plastics and urology cancers. The service helps to ease the pressure on other acute hospital sites across Greater Manchester by offering patients a range of urgent cancers for diagnosis, treatment and surgery.

This year saw the first ever patient in the world to be entirely treated for cervical cancer using a state-of-art radiotherapy treatment using the MR-guided linear accelerator (MR-linac) which is the first machine of its kind to do real-time MRI scans while it targets X-ray beams at tumours, making it more accurate and reducing side effects. Being able to more specifically target tumours and avoid more healthy tissue around them means the machine can use target X-rays

better. The £5.3M machine was part-funded by donations to The Christie charity.

We also developed surface guided radiotherapy (SGRT) across all our sites. This new treatment offers improved positioning and patient monitoring for breast patients and offers a means of DIBH deep inspiration breath-hold for patients to prevent cardiac toxicity.

The Christie is proud to be largest radiotherapy provider in the NHS. We are also the largest provider in Europe, with one in 20 radiotherapy treatments delivered at The Christie. We are one of only two cancer centres worldwide to offer both MR-linac and high energy proton beam therapy (the other is MD Anderson in Texas, US). In January this year, our proton beam therapy centre reached an important milestone when we treated the 2,000th person in the UK to be approved for NHS-funded PBT treatment.

During 2020/21, we have also seen the continued expansion of our services to provide chemotherapy closer to and in patients' homes, which has been particularly important as part of our drive to keep people safe during the pandemic. We opened a new chemotherapy site at Dr Kershaw's Hospice in Royton, expanding our chemotherapy locations to 14 across the region. We also developed new access points to our mobile chemotherapy unit in Bolton and Salford and expanded our nursing team, with more than 6,000 patients having benefited from having cancer treatment at or nearer home.

As our patient numbers continue to grow, providing care closer to home is becoming ever more important and this year our plans for a new Christie cancer centre in Macclesfield took shape with construction work starting in July. The new building will provide a purpose built unit for more than 1,500 patients attending up to 40,000 appointments every year.

Another new building project which took major strides forward this year was our new research facility, currently known as the Paterson Redevelopment Project (PRP), which is now being built at The Christie to replace the fire-damaged Paterson building, which will be a purpose-built biomedical cancer research facility bringing together three powerhouses of innovation – The Christie, The University of Manchester and Cancer Research UK.

Construction work is well underway on the new facility which will be home to several hundred scientists, doctors, nurses and support staff who will be at the heart of our ambition to lead the world in clinical trial recruitment, supporting the development of new and kinder cancer therapies.

Prior to the COVID-19 pandemic, our research and innovation team was already operating more than 650 clinical trials at any one time and was one of the biggest cancer clinical trials centres in Europe. Through our NIHR Manchester Clinical Research Facility at The Christie, staff and patients benefit from a large, high quality, dedicated clinical research environment where patients can participate in complex and early phase clinical trials.

Recruitment to clinical trials was temporarily paused earlier in the year but gradually restarted in May. But the pandemic has provided opportunities for research too. We have been able to play our part in COVID-19 related research and also showcase new areas of research at the trust such as critical care. Despite COVID-19, early phase research has remained strong. By the end of the year, with the experimental cancer medicine team had the largest number of studies open since its inception. In addition, research teams have continued to achieve the recruitment of the first patient to a number of UK, European and global clinical trials meaning that The Christie patients have had unique access to many pioneering

therapies.

Much of our research work is funded through donations and our charity has continued to support the work of the Trust through its fundraising activities and delivers projects, equipment and improvements that are over and above what the NHS funds.

Our charity has faced a difficult year, with many fundraising events and activities put on hold due to the pandemic. We remain incredibly grateful to those who have been able to support us throughout the year albeit in a way that is different to normal.

This year saw the continued growth of our School of Oncology. The Christie School of Oncology is a world class teaching centre, bringing together professional and pre-registration education, plus continuing professional development activities into one structure. This makes us uniquely able to support health care professionals at all stages of their career. It has also played a key role in helping Trust staff to retrain, at very short notice, to undertake new roles and duties in response to the COVID-19 pandemic. Overall there was a 25% increase in training sessions as staff quickly needed to learn new skills.

In April 2020 student nurses returned to the workforce as aspirant nurses. The Maguire Team created training in virtual consultations for consultants and managing emotion in telephone consultations, and contributed to GatewayC and Macmillan webinars on telephone and virtual consultations and managing emotion on the phone.

Alongside the School of Oncology, our Christie International arm continues to make progress, offering expertise and education to other cancer centres across the globe. This year, we marked an ongoing partnership with Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) in Kenya, celebrating the official opening of the hospital and signing a Memorandum of Understanding to demonstrate how the link will help improve cancer outcomes in the African nation.

Everything we achieve at The Christie is only possible because of our staff and their hard work and dedication. We continue to perform well in staff surveys, with the majority of employees saying they would recommend the hospital to family and friends.

The success of our clinicians also continues to be celebrated with many receiving praise regionally and nationally for their work. We were particularly proud in December that Dr Rao Gattamaneni, our recently retired clinical oncologist who had more than 40 years NHS service, was nominated for the NHS Parliamentary Awards 2020 and chosen as the North West Regional Winner in The Lifetime Achievement Award category.

As a Foundation Trust, we are accountable to the communities we serve, and as such our public members play an essential part in sharing their opinions, shaping our future and making a vital contribution to how our services are developed. We acknowledge their extremely valuable input.

This report looks back on the highlights of the last 12 months but also establishes our plans and aspirations for the year ahead.

Whilst there is still much uncertainty about how the COVID-19 pandemic will continue to impact on The Christie throughout the next 12 months we are as well prepared as possible to make sure patients get the treatment, information and support they need.

Screening will continue to play a vital role in this, as will our vaccination programme, which provides all our team with vital protection and

reassurance to our patients. Our vaccination programme, in January and March, was hugely successful with more than 3,000 members of staff all given the required two doses at specially set up vaccination hubs.

Without a doubt, the strength of our underlying patient centred culture, highly motivated and compassionate staff, oncology expertise and organisational culture will ensure that we can respond in an agile and effective way to the new demands.

As we look ahead to 2021/22 we know that there will be further challenges to face, in particular the need to respond to an increase in demand for our services from patients who have delayed contacting their GP about worrying symptoms of cancer and who are then referred to us at a later stage in their prognosis.

We are determined to continue to put patients at the heart of everything we do and do everything possible to provide the best possible treatment and care in the year ahead. We remain focussed on innovation and improvement to ensure that all of our services are truly world-class.

Focusing on the people who count

The Christie is committed to involving and informing both patients and the public about every aspect of our service.

We believe that such involvement helps us provide a service that meets the needs of our patients. By listening to what people think about what we do at The Christie, we understand what is important to our patients.

As part of our commitment, we promised to:

- Provide an extensive range of information to patients.
- Recruit, inform and engage with our members.
- Have a council of governors which has representatives from our public members.
- Hold quarterly council of governors meetings.
- Keep interested members of the public well informed of developments and news through our website, the media and other communication channels.
- Have a Freedom of Information (FOI) lead officer for all enquiries under the FOI Act
- Hold our regular board of directors meetings in public.
- Publicise our complaints procedure on our website and ensure that the investigation of any complaint is thorough and prompt.
- Pursue an open and positive relationship with the media.

Amidst a global pandemic: Our strategy

In March 2020, we prepared for the most serious challenge to our hospital, the NHS and the country that any of us have encountered in our lifetimes. The NHS established a command and control system which saw The Christie as the lead for the GM Cancer Hub. These arrangements have seen local organisations work together in a ways that have not been achieved in the past. At The Christie, while both patients and staff have been affected, this has not overwhelmed us thanks to both the arrangements put in place and especially the collective efforts of all staff.

We are enormously proud of the way in which staff responded and worked together to enable our important work to continue as far as possible in a safe way. Everyone played their part: front line workers who continued to see and care for our patients despite their own anxieties and the additional challenges; those who willingly took up different roles, whether to fill gaps in other teams or to quickly meet new requirements for screening and testing. Our estates and facilities staff rose to a succession of new challenges and the teams in Digital Services made many new developments possible in a very short space of time. Many others have made important contributions to this effort, including all who have been flexible and adapted to working from home, and a number of staff doing so while shielding themselves.

The impact of the pandemic

From late March 2020 onwards, we saw a reduction in systemic therapies including chemotherapy to under 70% normal levels; this reflected the need to protect patients by pausing or modifying treatment. This included elective transplant activity. The risks associated with Chemotherapy treatments were also an important consideration for these patients. Radiotherapy treatments continued but sometimes with modification to the regimens used. Treatments were deferred for some low risk categories which enabled additional patients to be accommodated where they could not undergo surgery. Brachytherapy treatments were placed on hold until anaesthetic and theatre resources could be made available. At the same time, we saw clinicians and physics staff adapt to planning radiotherapy by remote working at home.

Emergency and time critical surgery continued once the complex arrangements for safe practice were in place. Four theatres were run and in conjunction with the GM Cancer Hub our senior surgeons were able to ensure that the highest priority patients who needed surgery had their operations. Critical and acute care staff in conjunction with ward teams organised themselves to manage our COVID-19 suspected and COVID-19 positive patients.

Diagnostic radiology was a particular challenge in how to accommodate patients safely. In the early phase, we needed to avoid visits to the site as far as possible. Staff moved to working across the 7 day week to provide lists in ways that allowed a manageable flow of patients through the department. Radiologists also moved to undertaking home reporting.

Our outpatient department saw big changes to reduce the need for patients to attend hospital and to keep numbers of people moving through the area low to enable effective distancing. This included restrictions on accompanying carers with exceptions, use of telephone clinics - with some clinical staff working from home - and video conferencing.

Staff adapted to working with PPE, the application of social distancing and screening of all on entry to the hospital site. Research

activities and recruitment into new studies, were severely restricted for a time and staff were redeployed to support other parts of the organisation. Research is a vital part of The Christie so resumption of trials was a priority for us. Similarly our School of Oncology had to close down all planned visits, attachments and conferences, and our fundraising activities were similarly affected.

The road back to 'normality'

Coronavirus remains, along with the risk which that brings for us all. Our task now is to maintain stability and continue our activity as safely as we can. We must continue to be vigilant using screening and testing in a systematic way. The Christie will strive to be a 'COVID-19 protected' site as far as possible within carefully managed environments.

So while we all want 'business as usual', we can expect that many of the changes we have seen will need to continue for some time to come. Some challenges have brought new opportunities to test out new ways of doing things and we will capture the benefits from these.

All departments and teams have adapted to be able to deliver their services and their care in a different way. Staff have come together and supported each other through very unsettling times.

Our strategy remains, we are proud to deliver excellent care to cancer patients from the immediate population of 3.2 million people in the Greater Manchester and Cheshire area, and to a significant number of patients from across the country in need of some highly specialised treatments.

We are able to provide a service based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment care, research and education. Our focus and size enable us to uniquely deliver effective and efficient specialist care offering patients the best possible outcomes from our research programmes. This is enhanced by the support that we receive from The Christie Charity which enables us to provide a level of care and experience for patients above and beyond what is funded by the NHS.

Our strategy describes where we want to be as an organisation in the coming years. It was developed throughout 2017/18 following extensive consultation with patients, staff, governors and our board of directors. It sets out a clear vision of how we will transform cancer treatments, care & support and improve outcomes for our patients.

Within the strategy, we set ourselves four pledges to prepare for the future. These are:

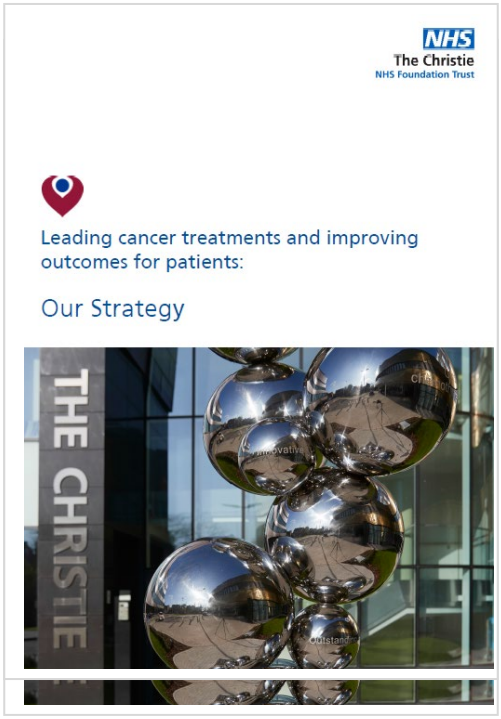
1. We will continue to lead the development of cancer treatment, research and education so that by 2025 we will be the leading organisation in the UK in reducing the burden of cancer.

2. We will build on the success of the patient and staff experience recognised by the CQC Outstanding rating. We will go further in understanding and acting upon the needs of our patients throughout and after their treatment.

3. We will further expand our networked care model and the breadth of services available in the communities to ensure fewer patients have to travel to receive the best care.

4. We will continue to offer the latest technology and develop new treatments for the future, making our data on outcomes of treatments available to the public.

We have made huge progress so far and through our ambitious strategy, we aim to further improve across these four pledges. Throughout this report, there are tangible examples of projects helping us achieve our goals and making a real difference to patient care.



Sustainability Report

As a forward thinking organisation, the Christie is committed to sustainable healthcare, by reducing our environmental impact, empowering staff, enhancing social value and collaborating with our stakeholders to generate the best health and quality of life for all who live and work within the communities we serve. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term. Demonstrating that we consider the social and environmental impact ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. Greater Manchester Health & Social Care Partnership (GMHSCP), of which the Trust is a member, recognised that climate change and wider environmental degradation are unprecedented threats to the health and wellbeing of our population and a climate emergency was declared on the 29th August by GMHSCP NHS providers.

As a part of the NHS it is our duty to contribute towards the level of ambition set out in in Delivering a 'Net Zero' NHS. The aim of which is to be the first net zero health care system in the world.

Policies

The Trust sustainable credentials/policies are being enhanced using the new NHS sustainable development unit sustainable development assessment tool (SDAT). The SDAT is an online self-assessment tool, which uses four cross cutting themes:

- Governance and policy
- Core responsibilities
- Procurement and supply chain
- Working with staff, patients and communities

The toolkit is being used as a baseline and will allow benchmarking for the Trust. The SDAT has been used to support reviewing and updating the Trust's Sustainable Development Management Plan (SDMP). The SDMP, once finalised and approved, will be used to ensure sustainable objectives are embedded within the Trust, to meet Government, NHS and local targets & timelines, measure progress and help make plans for the future. The Trust has appointed a sustainability manager to work collaboratively with colleagues across the Trust and provide expertise and guidance on sustainability. The sustainability manager will work with members of the sustainable development committee (SDC) to drive through the objectives and obligations required. The SDC includes staff from across the divisions and grades to provide a wide reaching network and skill set.

Following media programs on the effects of climate change, it is evident that staff want to be more sustainable. The Trust acknowledges its responsibility towards creating a sustainable future, and as a member of the GMHSCP, that the Climate Emergency is a health emergency. The Trust will help achieve the objectives by developing comprehensive ambitions with a new SDMP.

Whilst climate change is at the forefront of sustainability, most recently the Trust has fully recognised its responsibilities to the local community, particularly the regeneration of the area. The Trust is now actively supporting the Withington regeneration partnership and has joined its membership. Local businesses such as the leisure centre are participating in the health and wellbeing of staff by attending special events; a real partnership is developing. Policies will be developed to ensure this process is continued and embedded.

Energy

In April 2020, The Christie entered a new energy partnership with one of the UK's leading energy service providers Vital Energi. However due to COVID-19 restrictions, the signing of our 15-20 year guaranteed savings energy project, procured via The Carbon Energy Fund (CEF) was delayed until February 2021. An interim contract was agreed to cover this delay.

This exciting project will modernise the Trust's energy infrastructure and includes the installation of a new Combine Heat and Power (CHP) unit, refurbishment of plant rooms and steam distribution plus several energy conservation measures. The key objectives are to deliver the most cost effective and sustainable energy solution and to achieve the maximum level of cash release to the Trust.

To complement the CEF project, the Trust successfully applied for a grant under the government's Public Sector Decarbonisation Scheme. The £9.5 million awarded will provide the Trust with the capital required to fund projects which will reduce carbon emissions and energy bills. Schemes to deliver innovative equipment including heat pumps, battery storage, solar PV and LED lighting will support our long term strategy of converting our heating medium to low carbon heat generation technologies in order for us to support the NHS goal of net zero carbon emissions.

Greenhouse gas emissions

The Trust is committed to continuously reduce greenhouse gas emissions. The new SDMP will embrace the ambition set out in Delivering a Net Zero NHS, for the NHS to be the first net zero carbon healthcare system in the world.

Through the new SDMP the Trust will develop interim targets for carbon reduction to identify how we can meet net-zero commitments. This will be evidence based reductions.

Designing the built environment

Our designs for new capital developments maximise opportunities to reduce our environmental impact, improve our natural environment and make ready for a change to our climate, helping us create environmentally sustainable care. We recognise the importance of delivering on this agenda through the design and build process with all projects undergoing an environmental, risk and quality assessment. Our designers are assigned projects from our consultancy framework and have been selected to ensure that they fully develop our sustainability agenda.

Our capital planning team continues to process the capital programme while conforming to the guidelines of the toolkit, developed by the Sustainable Development Unit (SDU) to help cut carbon footprints and improve environmental performance.

Travel

The Trust aims to provide methods of travel which do not have a significant adverse impact on the environment or add to problems of congestion. The Christie Green Travel Plan (GTP) 2014-2030 was prepared in partnership with Manchester City Council (MCC). The aim of the GTP is to have 60% of staff using sustainable travel by 2030. This will be from a 2013 baseline of 34.7% of staff members commuting via sustainable travel. Data to monitor progress on modal shift is obtained annually through a survey of all site users.

The survey for 2020 indicated 45.57% of staff members commute via sustainable travel. As a result of the pandemic an increasing number of staff members have been working from home, the survey results demonstrate that 51.16% of staff members work from home at least once a fortnight. This includes 13.07% of staff members that have worked exclusively form home during the pandemic. The Trust will explore the long term potential for working from home.

In 2020, Transport for Greater Manchester awarded The Christie Green Travel Plan Platinum Standard in their Accreditation Scheme. The platinum standard is the highest accreditation standard. The Trust had previously been awarded Gold Standard in 2017 and 2018. This higher rating is recognition of the breadth of support to staff and visitors to travel more sustainably. The Trust achieved special praise for the work done to promote sustainable travel to new starters to develop a culture of sustainable travel. This is reflected in a continued reduction in single occupancy car journeys. The Trust also received praise for our cycle to work scheme that has had the cap increased to £6,000 to allow the purchase of electric bikes.

As we progress into 2021/22 a number of actions will commence to continue to support sustainable travel, including;

- Reviewing flexible working, including working from home.
- Increasing frequency of free cycle maintenance sessions from twelve per year to sixteen per year.
- Introducing EV pool vehicle.
- Increasing provision of EV charge points.

Waste

The Trust complies with waste regulations and obtains assurance to ensure segregating and consigning waste is undertaken with a full commitment to sustainability. Systems are in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

Waste stream minimisation and segregation legislation and guidance have been implemented in full across our whole site. External assurers undertake an annual audit, where the Trust is reported to be meeting legislative requirements.

The Trust produces data to satisfy the new NHS annual reporting manual for sustainability. Performance is continually assessed, via key performance indicators, evidence based department surveys, monthly scorecards and key issues reports. Increases in site activity and the emergent of a global pandemic have put additional pressure on waste service and has impacted on Trust targets. Trust targets are set in line with governmental requirements. Achieving the on-going targets related to CO2 emissions is crucial in the Trust's endeavour to fully embrace the NHS sustainability objectives. Achievement of the targets is met by adopting the waste management strategy of prevent, reduce, reuse, recycle and rethink.

In April 2019 the Trust installed dry mixed recycling consoles across the site. From April 2019 to April 2020 we have seen an additional 639kg of plastic waste recycled. For April 2020 to March 2021 the Trust is on course for 3 tonnes of plastic waste recycled.

The growth of our site and patient treatments and new procedures around PPE and there disposal due to a global pandemic will ultimately have an overriding effect on the amount of waste generated and our capacity for waste storage. Moving forwards, the Trust will assess waste storage facilities to ensure that the obligations of the Trust to the environment are achieved in full.

Catering and food waste

The catering department apply sustainability criteria to food suppliers and contractors. Sustainability is reviewed as part of all new contracts from day one. Removal of plastic from the food pathway has been a high priority over the last year, with the focus point on degradable packaging and re-usable sources.

Following on from the successful implementation of the reusable cup and drinking bottles in 2019, the catering department introduced in reusable food containers to reduce or eliminate single use plastic.

During the COVID-19 pandemic, the catering department have only used compostable options as take away alternatives.

The production of meat and other animal products places a burden on the environment; from crops and water required to feed the animals, to transport and the other processes involved. With this in mind, the catering department has included more vegan dishes within the restaurant facilities to support sustainability and demand.

The disposal of food wastage has been reviewed. Food digesters, whereby enzymes break down the food wastage into grey water for disposal into the drains, have been replaced with a food collection service. This company deliver the ultimate recycling service to the Trust with cutting-edge Anaerobic Digestion facilities to create renewable energy as well as nutrient-rich bio fertiliser.

Digital technology has been one of the other main drivers; to reduce the use of paper within the catering department. This technology has successfully replaced all manual paper based temperature recording, such as fridges/freezers, cooking and all cleaning tasks.

To the future, the catering department will offer healthier or more sustainable choices such as plant based options and utilise seasonal produce where possible.

Finite resource use – water

The Trust has an obligation to provide a hygienic and safe water system for patients, staff and visitors. Whilst maintaining this system to the highest standard, the efficient use of water is carefully considered on all refurbishments and new developments.

The Trust has continued to invest in the water system to improve safety. Some of these measures will have increased water consumption e.g. Kemper flow systems and Rada thermostatic taps. This has increased general consumption in some areas but measures have been taken in others to control the use of water.

Biodiversity action planning

The Christie understands that sustainable health requires not only effective medical treatments but also the value of green space and nature.

Major improvements have been made to the garden and other areas of public open space. Planters and hanging baskets have been introduced to the entrances to add a splash of colour to welcome patients, staff and visitors as they arrive. Shrubs and hedges have been cut back to make the site more inviting and safer and more flower beds have been introduced into the landscaping design.

Wildlife areas are being introduced in several locations including the path up to the Maggie's Centre, planted with lavender and other flowering perennials to attract bees, butterflies and other insects. Also, behind the children's day nursery is an educational seating area, bug house, woodland meadow and a small orchard with trees donated by a patient. Bird and bat boxes will be installed behind the multi-storey car park.

It is our strategy to provide sustainable development which maximises green space to give a feel good factor to as many people as possible.

Sustainable procurement

The Trust's procurement policies and procedures incorporate appropriate sustainability practices. Significant sustainable development aspects, opportunities and risks are identified and addressed when undertaking key procurement projects.

Procurement raises stakeholder awareness of and commitment to sustainable issues emphasising to project teams the importance of considering and taking into account sustainability

issues when formulating procurement requirements at pre-qualification stage, when developing specifications and at tender evaluation & award stage. This in turn encourages the adoption of suppliers that are sustainable.

In accordance with the Greening Government commitments the Trust aims to cut paper use year on year.

The Trust signed up to the NHS Plastics Reduction Pledge, committing to:

- By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the Government Consultation
- By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics
- By April 2021, go beyond these commitments, by reducing single-use plastic food containers and other plastic cups for beverages – including covers and lids.

Adaptation

The Trust has developed and implemented a number of policies and protocols in response to extreme weather events. These have been developed in partnership with other local agencies and include:

- Major incident plan
- Business continuity plan
- Evacuation plan
- Heatwave plan
- Winter plan

These are all operational plans that comply with the NHS England framework for emergency preparedness, resilience and response. Risk assessments and contingency plans are in place for specific events such as flooding and heatwave.

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population the Trust will be undertaking a climate change risk assessment. The results of which will be used to develop an adaptation strategy.

Awards and Accolades

At The Christie, we are very proud that our work is often recognised by our patients and our peers locally, regionally, nationally and even internationally. It is recognition which gives our staff due praise and attention. More importantly, it is a stamp of approval to demonstrate that the care and treatment we provide is of the highest of highest standards.

We remain proud of all our staff for their achievements, however this year we must note the lower volume of awards and accreditations we have received. Many awards schemes were understandably cancelled due to the emerging situation with COVID-19. Here at The Christie, as we focused all our efforts on continuing cancer care during the pandemic, submissions were put on hold for a time. Here is a selection of some of the achievements and accreditations we are proud of this year.

Dr Heather Williams awarded an MBE for services to diversity and inclusion in science

Dr Heather Williams, Consultant Medical Physicist for Nuclear Medicine at The Christie NHS Foundation Trust was awarded an MBE for services to diversity and inclusion in science. In 2012 Dr Williams established Science Grrl, a grassroots national network to celebrate and support women in science. Today she acts as one of two directors of the not-for-profit group, overseeing a range of national activities, co-ordinating the website and organising regular events across the UK.

Professor Fiona Blackhall received the 2020 Heine H. Hansen Award

Congratulations to Professor Fiona Blackhall who received the 2020 Heine H. Hansen Award, which is jointly bestowed by ESMO and the International Association for the Study of Lung Cancer (IASLC). The award, which recognises an individual's personal contribution to lung cancer research pays tribute to Professor Hansen, a thoracic oncology specialist.

Greater Manchester Surgical Cancer Hub shortlisted for the prestigious 'Local COVID-19 Response Partnership Award' at the HSJ Partnership Awards 2021

The Greater Manchester Surgical Cancer Hub was set up by the Greater Manchester Cancer Alliance in April in order to help keep vital cancer services running across Greater Manchester in the midst of the COVID-19 pandemic. The hub allows urgent life-saving cancer surgeries to take place at The Christie and Rochdale Infirmary.

The collaboration brings together a full complementary cancer service treating breast, general surgery, gynaecology, plastics and urology cancers. The service helped to ease the pressure on other acute hospital sites across Greater Manchester by offering patients a range of urgent cancers for diagnosis, treatment and surgery.

Dr Rao Gattamaneni awarded Lifetime Achievement Award

Dr Rao Gattamaneni, our recently retired clinical oncologist, was nominated for the NHS Parliamentary Awards 2020 and chosen as the North West Regional Winner in The Lifetime Achievement Award category.

Platinum standard accreditation for Sustainable Travel scheme

Transport for Greater Manchester awarded The Christie platinum standard in their Accreditation for Sustainable Travel scheme. The scheme praised our continued reduction in single occupancy car journeys and our staff scheme offering support to purchase electric bikes.

Bronze Award from Eco-Schools for The Christie Day Nursery

Children and staff at The Christie Day Nursery were very proud to receive the Bronze Award from Eco-Schools to recognise their achievement in working towards a sustainable lifestyle. The Eco-Schools Green Flag is an internationally

recognised award for excellence in environmental action and learning. The nursery now has an eco-committee of staff, children and parents called the Little Planet Savers.

Runners up in the RCNi Nurse Awards 2020

Sharon Woolley and her team of research nurses were runners up in this year's RCNi Nurse Awards 2020. They were one of only 61 entries shortlisted out of nearly 700 contenders. Sharon's team was a finalist in the Excellence in Cancer Research Nursing award for its entry 'Supporting the educational needs of clinical research staff in Greater Manchester'.

Digital Services staff shortlisted for Women in Tech Excellence Awards

Two of The Christie's Digital Services team beat hundreds of competitors to make it onto the shortlist for the coveted Women in Tech Excellence Awards this year. Tiegan Price and Nicola Warburton beat off a record number of nominations for the awards run by one of the industry's leading publications, Computing. Tiegan was shortlisted as the Rising Star of the Year: Public Sector and Universities category. Tiegan's manager, Nicola Warburton, Head of Product, was shortlisted in the Team Leader of the Year: SME category for the awards.

Finalist in the National Dementia Awards 2020

Congratulations to Lorraine Burgess, our Dementia Consultant Nurse, who was a finalist in the National Dementia Awards 2020 in the category of Best Dementia Practitioner.

Our generous supporters

The Christie Charity provides funds to The Christie NHS Foundation Trust to ensure cancer patients receive the highest level of treatment and care and have access to world leading research and equipment. The funds raised each year provide vital flexible income which allows the Trust to fund its major capital programme, its world class clinical research, purchase innovative equipment and also provide a range of practical, emotional and social support projects for patients and their loved ones which is over and above what is ordinarily available through NHS funding.

In the last year the charity sector as a whole has been significantly impacted as a result of COVID-19. The pandemic had a major effect on The Christie Charity and our ability to undertake regular fundraising activities.

Throughout this unprecedented year, our wonderful fundraising staff have been thrilled to assist clinical colleagues by redeploying into a variety of supportive duties, including patient and staff screening, portering, the staff testing scheme and delivering patient pharmacy medications.

We have adapted our fundraising to encourage our supporters to take part in virtual and online activities which have included online quizzes, virtual sporting event activities and drive in movie nights at Arley Hall in Cheshire. We launched our online charity shop and the year culminated in our online Christmas show which was viewed by over 2000 supporters. We have recently introduced our Christie Challenge encouraging supporters to take part in 6 exciting activities throughout the year.

Our ever loyal supporters have raised an amazing £10,297,252 and whilst this is significantly less than previous years, it is a major achievement considering the circumstances we have all faced and is undoubtedly testament to the strong relationship that exists between our patients, supporters and staff.

We hope that should all government social restrictions be removed in the later part of June 2021 that regular fundraising activities will be able to return starting with our Manchester to Blackpool Bike Ride on the 4th July 2021.

Our dedicated supporters help to ensure our patients and their families receive the best care and treatment and help us remain at the forefront of cancer research advancements. We really do value everything that our supporters do and we couldn't achieve everything we do without them.

Membership: Keeping people involved

Being a member is a way of showing your support for The Christie. Members can be patients, friends, relatives, staff and members of the public. We keep our members informed about the latest Trust news and invite them to special events, giving them a voice via the ability to elect their governor. By becoming a member, people can influence the way we deliver our services and future strategies.

Recruitment and representation

By the end of March 2021, The Christie's total membership was 14,561 members (including staff and volunteers). Having a large group of supporters providing a wide opinion base helps us to maintain a high profile for the Trust and develop the services we provide.

We use a variety of approaches to recruit members including through our membership newsletter, as a result of community engagement by our public governors and via social media and our website.

As a specialist tertiary centre, we feel our membership should reflect both the size and diversity of the population we serve and the activities we undertake. We monitor the age, gender and ethnic mix of our membership and would like to recruit more members particularly from underrepresented groups.

The council of governors, through its membership and community engagement committee, is responsible for ensuring that we have a representative, active and engaged membership. This is achieved through our three year membership strategy and supporting annual action plan. The strategy runs from April 2019 to March 2022.

Our governors have taken a proactive approach to engagement and go into the community and act as Christie ambassadors, being an open line of communication between the community and the hospital.

We have an established and increasing group of members who have joined our 'database' representing patients, carers and The Christie community. These members are invited to take part in focus groups to give us first hand feedback about our existing services and input into the ways in which we may wish to develop our services in the future. Our focus groups this year were limited due to the COVID-19 pandemic but at the end of 2020 we introduced our virtual focus groups. To date, topics have included; measuring what quality of life means to patients, wearable health monitoring devices and understanding the need of adults aged 65+ and their carers during cancer treatment.

There are two constituencies within the membership, as detailed below:

Public membership

This is open to anyone aged 16 or over, living in England and Wales. There are currently 13 areas within this constituency, 11 based on local government electoral boundaries within our network with the others covering the 'North West' and 'Remainder of England and Wales'. There is one governor for all public areas except Manchester and Cheshire, which each have two. At the end of March 2021 we had 11,214 public members.

Staff membership

Our staff and volunteers automatically become members as they join The Christie. The classes within the constituency are medical staff, nurses, other clinical professional staff, and non-clinical staff and volunteers. At the end of March 2021 we had 3,198 staff members and 149 volunteer members.

Public membership statistics

Public constituencies	Number of members
Bolton	607
Bury	726
Cheshire	1153
Manchester	1040
North West	1104
Oldham	553
Rochdale	595
Salford	853
Stockport	1301
Tameside and Glossop	731
Trafford	1040
Wigan	638
Rest of England	873
Total public members	**11.214**

Gender	
Male	1869
Female	1721
Unspecified	7624
Total	**11,214**

Figures are correct as at 31st March 2021

For further information on membership or to contact your governor, please contact:

Membership Office
The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX
Email: the-christie.members@.nhs.net
Website: www.christie.nhs.uk

Age	
0-16	5
17-21	10
22-49	476
50+	1515
Unspecified	9208
Total	**11,214**

Ethnicity	
White	2191
Mixed	31
Asian	170
Black	57
Other	21
Unspecified	8744
Total	**11,214**

Quality Report

Part 1: Statement on quality from the Chief Executive

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients. I am pleased to introduce this year's quality report which once again builds on our established foundations of delivering high quality services which continue to be rated as Outstanding by the Care Quality Commission.

2020/21 has been the most challenging year experienced by the NHS in memory. The COVID-19 pandemic has necessitated huge changes in the way services are organised and delivered. At The Christie we have continued to focus on the quality of care and treatment we give to our patients. Without a doubt, the strength of our underlying patient centred culture, highly motivated and compassionate staff, oncology expertise and organisational culture enabled us to respond in an agile and effective way to the new demands COVID-19 placed on us all. We continue to do all we can to make sure our patients get the treatment, information and support they need.

Our track record of publishing information on the quality of our services continues, with our integrated quality, finance and performance report published monthly which demonstrates our achievements on each of the three components of quality; patient experience, safety and effectiveness of care. This annual report shows the progress we have made over the past 12 months and our quality improvement plans for the future.

Through the on-going hard work and commitment of all our staff we continued to provide high quality care and services to our patients and their families. We continue to be one of the top scoring Trusts for quality of care in the national inpatient survey. During the course of 2020/21 we have continued to work hard on presenting readily available information for our patients about the quality of our services. Information screens outside each ward and department provide live information about safe staffing levels and achievement of safety standards. Feedback from our patients on the Friends and Family Test has consistently scored high as a recommendation of a place for care. During 2020/21 a quality accreditation programme for the wards continued and all of our wards have been accredited to 'Gold' standard, the best that can be achieved. All three of our radiotherapy centres have maintained The Christie Quality Mark accreditation which means our patients will have the same high standards of care whether they come to the main site at Withington or to the centres in Salford and Oldham. We are also implementing this same standard across our systemic anti-cancer therapy services at other sites.

The Board has a quality assurance committee which scrutinises, monitors and provides assurance on our quality programmes and further assurance is given by our governors' quality committee through which our council of governors supports and advises on current quality and priorities for the future. It is the voices of our patients and their families that really make the difference both in assuring us that we get it right most of the time and more importantly letting us know when we get it wrong and allowing us to make changes. We are extremely grateful to the many people who as health and

social care partners, governors, members, patient representatives and our patients take the time to support and advise us.

The Board of Directors is strongly committed to building on our existing high standards of quality and we aim to maintain our reputation for excellence throughout the coming years, especially at a time when any additional resources available to the NHS remain limited. Our results show that we provide high quality care and we want to maintain this through the implementation of our quality plan which is a supporting plan to our five year strategy.

I am pleased to present this report to you and to certify the accuracy of the data it contains.

Roger Spencer
Chief Executive Officer
25th June 2021

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Quality priorities for 2020/21

1. Improving Pressure Ulcer Management

We will continue to provide safe and effective skin care to patients and education and support to staff. This will be evidenced by:

- A 10% reduction in the number of patients who develop moisture associated skin damage (MASD) during admission based on the baseline data collected in 2019/20.
- There will be no more than 30 Category 2 pressure ulcers, (deep tissue injury and unstageable pressure ulcers) developed during admission.
- We will maintain our standard of no category 3&4 pressure ulcers developed during admission.

This quality improvement will be monitored and measured monthly through Friday FoCUS (Focus on Care Understanding Safety) meetings.

2. Improving patient safety and experience during a national pandemic through the use of digital technology

We will continue to provide safe and effective patients care and experience. This will be evidenced by:

- Increasing the number of outpatient follow up clinics undertaken using digital technology by 20% based on the 2019/20 baseline.
- Improve patient access to friends and family by introducing new digital technologies.
- We will triangulate patient experience through survey results, compliments, PALS and complaints contacts.

This quality improvement will be monitored and measured monthly through the Patient Experience Committee.

3. Improving the Pharmacy Experience

We will continue to reduce pharmacy waiting time and improve patient experience by introducing new models of delivery. This will be evidenced by:

- A 20% increase in the number of eligible patients utilising the pharmacy medication delivery service.
- We will evaluate patient experience through survey results, compliments, PALS and complaints contacts.

This quality improvement will be monitored and measured monthly through the Patient Experience Committee

1. Improving Pressure Ulcer Management

The target for 2020/21 is to have no more than 30 category 2 pressure ulcers, (deep tissue injury and unstageable pressure ulcers) and no category 3 & 4 pressure ulcers acquired during hospital admission.

With the new NHSI recommendation, we have started to report medical device-related pressure ulcers (MDRPU) separately, and they are included in the overall number of the pressure ulcers.

Number of patients with pressure ulcer acquired DURING admission
22 patients acquired pressure ulcers during an admission to the Trust which includes **13** medical device-related pressure ulcers.

Trust Performance
There have been no category 3 or 4 hospital-acquired pressure ulcers reported in 2020/21. We have met the target of no more than 30 pressure ulcers during the 2020/2021 financial year.

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Cat 2,DTI and unstageable	2	6	0	0	0	3	1	3	2	1	3	1	**22**

A Friday FoCUS meeting is held for all pressure ulcers acquired during admission to determine root cause, contributory factors, and identify learning for the organisation.

Themes
Themes arising from the root cause analysis (RCA) investigations have been identified as:
- Inaccurate calculation of pressure ulcer risk factors.
- COVID-19 patients acutely unwell and unable to move the mask or NG (4 patients).
- Inconsistent practice when conducting a head to toe skin inspection.
- Inconsistent practice when conducting a repositioning regime for patients at risk of pressure ulcers.
- Failure to initiate a repositioning regime for patients at risk of pressure ulcers.
- Lack of knowledge about skin changes at the end of life.

Improvement strategy
- Prevention and management of pressure ulcer training, proposed to be mandatory, will provide training for all levels of staff which will cover the SSKIN bundle, risk assessment, and pressure relieving equipment.
- E-learning has been developed and will be uploaded to the Electronic Staff Record (ESR).
- Prevention of medical device related pressure ulcer teaching continues and use of soft silicone under the oxygen tubing is introduced and is on-going.
- Teaching in place for skin changes at the end of life (SCALE).
- PURPOSE-T, a new risk assessment tool is also under development.
- Provide ongoing training for the Link nurses to disseminate the action plan on the ward regularly.

2. Improving patient safety and experience during a national pandemic through the use of digital technology

Introduction
In line with the national pandemic a key objective for the Trust was to improve patient safety using digital technology to reduce footfall to the hospital sites, enabling more patients to receive their care and treatment without the need to leave their homes. Delivery of this objective can be evidenced by:

- Increasing the number of outpatient follow up clinics undertaken using digital technology by 20% based on the 2019/20 baseline.
- Improve patient access to friends and family by introducing new digital technologies.
- We will triangulate patient experience through survey results, compliments, PALS and complaints contacts.

Given the significant need to reduce footfall to The Christie as a result of the pandemic, this led to many "non-essential" committee functions, including the Outpatient Improvement Board, being suspended. A large proportion of The Christie's clinical work is dependent on outpatient-based consultation and the Outpatient Improvement Board was re-convened from 24 April 2020.

Establishment of remote consultation
Prior to the pandemic, video consultation was not available for the majority of clinics at The Christie (but was being developed as part of the Proton Therapy service) and telephone consultation was not in routine use.

At the very start of the pandemic, as many consultations as possible were converted to telephone appointments. Significant changes in clinical and clinician practice were required to reduce face-to-face consultation in the hospital campus and thus reduce footfall. This required engagement via the Clinical Advisory Group and the re-established Outpatient Improvement Board as well as significant investment of time and resource from clinical teams to undertake administrative "vetting" to ascertain which patients were suitable for conversation to remote consultation.

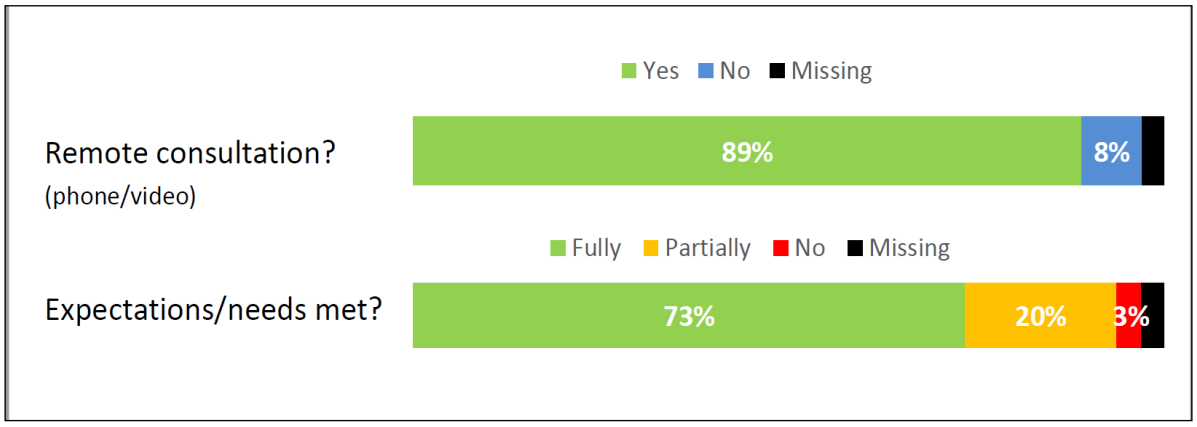
NHSE/I procured "Attend Anywhere" as a video consultation solution which was provided free-of-charge for the first year. The Christie Digital Services department developed a team to implement and deploy the solution to make this available as an alternative to "bridge the gap" between telephone and face-to-face consultation. In addition, software deployment work was also required to ensure the hardware infrastructure in Outpatient departments was appropriately equipped to facilitate video consultation. This was more complex than originally envisaged.

Uptake of remote consultation
Prior to the pandemic there was a very low baseline for virtual outpatient activity, 6% (based on Network Services activity 2019/20). Throughout the course of the pandemic the proportion of non face-face attendances in outpatient departments (Outpatient Department A, Oak Road Treatment Centre, Endocrine Unit, Palatine Treatment Centre and Haematology Outpatients) at the Trust was just below 40%. This is monitored on a Christie Data Insights dashboard.

Outcome and Findings
Feedback has been sought for both telephone and video consultation. It should be acknowledged that both patients and clinicians have been on a steep learning curve because of the need to rapidly deploy a different approach to consultation. The feedback has been shared with the Outpatient Improvement Board and is being used to refine our approach going forward. Generally, remote consultation has been better received than anticipated by many patients with the majority of

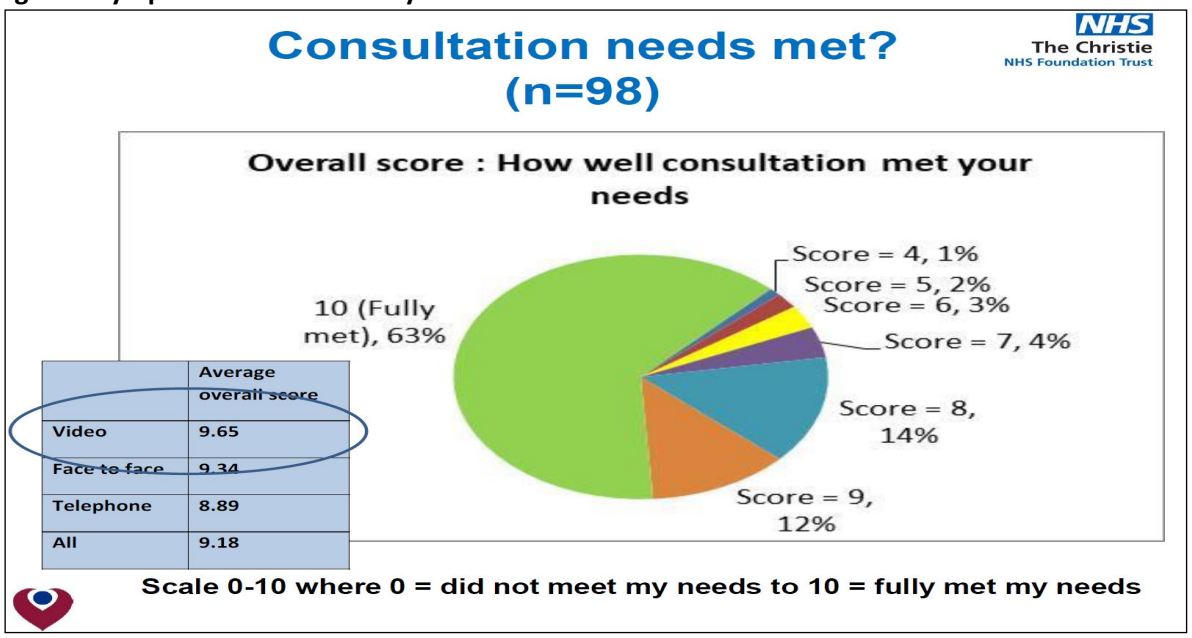
patients providing positive feedback about the remote consultation and its future use (figures 1 to 3). There was also evidence of remote consultations offering patients the chance to involve family and friends in the consultation too (figure 4). However, whilst some patients welcome the reduced need to attend hospital, others find attendance and seeing a clinician face to face very reassuring. The direction of travel for the future is very much to move towards a 'blended approach' to outpatient consultations where both patient preference and suitability of a consultation for a remote option is assessed.

Figure 1 Lung Cancer Patient Remote Consultation Feedback



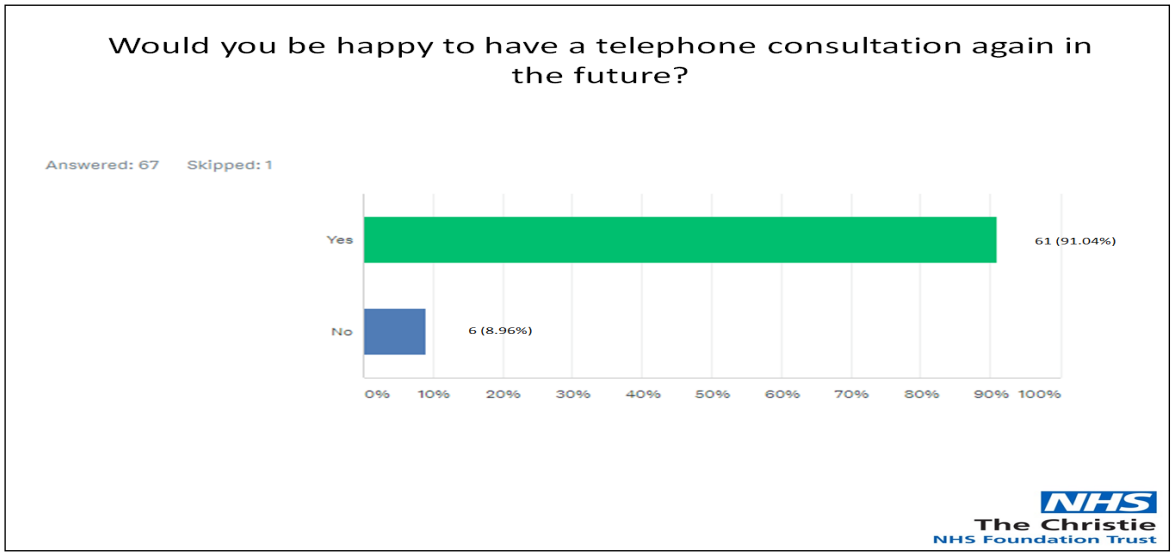
Source: Lung Cancer Patients Experience of changes to outpatient practice during COVID-19 pandemic (F. Gomes & S. Taylor, presented 23/03/21)

Figure 2 Lymphoma Patient Survey Remote consultation feedback



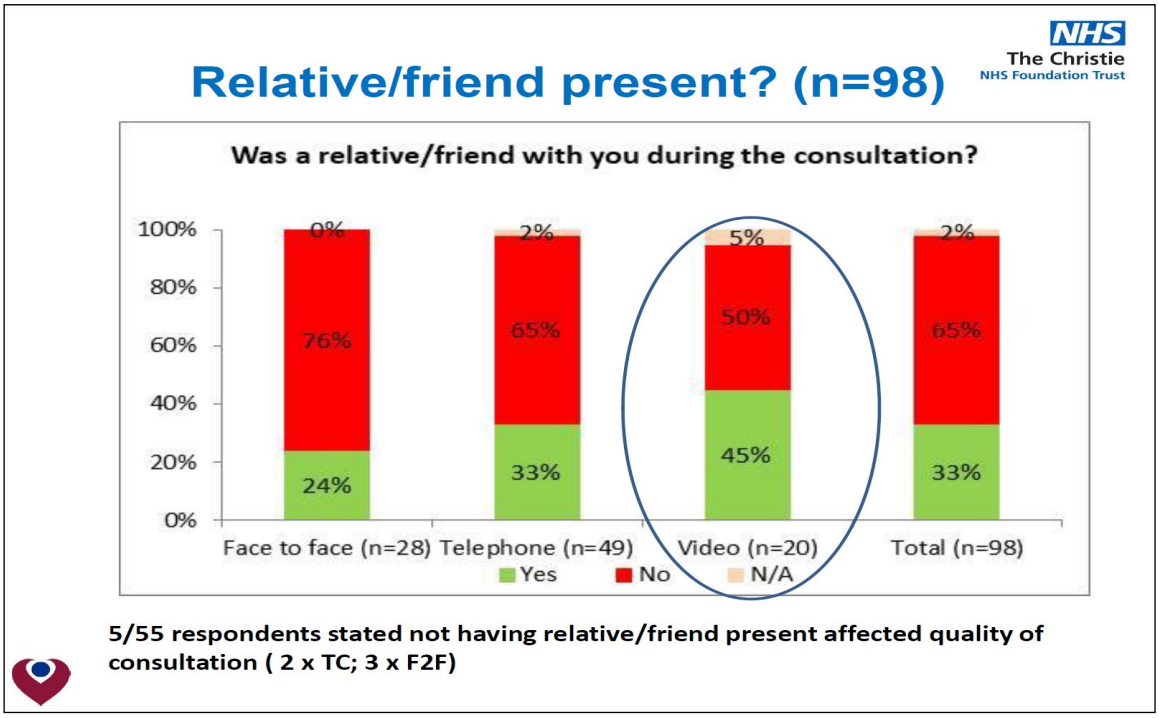
Source: Lymphoma Outpatient Consultation Patient Experience Survey 2020 (J. Gibson presented 15/02/21)

Figure 3 Telephone Survey Feedback regarding future use of telephone consultations



Source: OP Improvement Board Patient Telephone Clinic Survey August 2020

Figure 4 Lymphoma Patient Feedback regarding family/friends presence during consultation



Source: Lymphoma Outpatient Consultation Patient Experience Survey 2020 (J. Gibson presented 15/02/21)

Next Steps

The cancer care context

It should be recognised that most commissioning drivers for reform to outpatient care are based very much on a surgical model [New patient appointment – investigations to confirm diagnosis – do operation – check wounds have healed – discharge to primary care] which is very different to an oncology model of care where patients are usually supervised regularly during their treatment, require follow-up and may require subsequent treatment for relapse.

It should also be acknowledged that remote consultation is more suitable for:

- Some cancer diagnoses.
- Some stages of cancer treatment/follow-up.
- Some intensities of treatment and toxicity risk.
- Some patients who are more confident/need less support.

Moving forward, it is important to embed a blended approach to remote consultation to ensure this reflects both patient preference and suitability of a consultation for a remote option.

Improving the administrative processes

Converting appointments from face-to-face to virtual was initially very burdensome and error-prone with each clinic list requiring manual "vetting" by the clinical team in advance of the clinic to identify patients; appointments being changed on the hospital PAS system; and patients being contacted to inform/explain their appointment type. The decision-making has to be undertaken by the clinical team on an individual patient basis and the communication is often via a Clinical Nurse Specialist so that patient questions can be answered.

Unfortunately the outpatient reconciliation process is inexact and thus errors can still occur despite a new process to identify the type of follow up consultation required after each outpatient consultation. Work is ongoing to address these issues and remove the resultant barriers to further improvement and development. Solutions under consideration are:

- Revision of clinic templates to enable the routine booking for virtual consultations.
- Re-vamp of patient communications (letters and text messages) to ensure consistency and clarity regarding the type of consultation to which a patient is invited.

Conclusion

Clinical, administrative and digital teams have successfully implemented virtual consultation for some patients where clinically appropriate. The exact final ambition for this approach to ambulatory cancer care requires thought and refinement. In addition, to fully achieve this ambition, it is critical that the administrative system and process issues are addressed to enable the outpatient consultation function sufficient agility to flex between consultation types in response to patient need and clinical requirements.

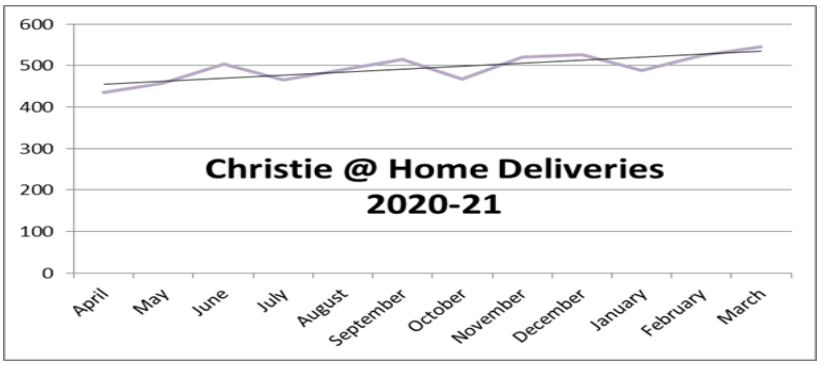
3. Improving the Pharmacy Experience

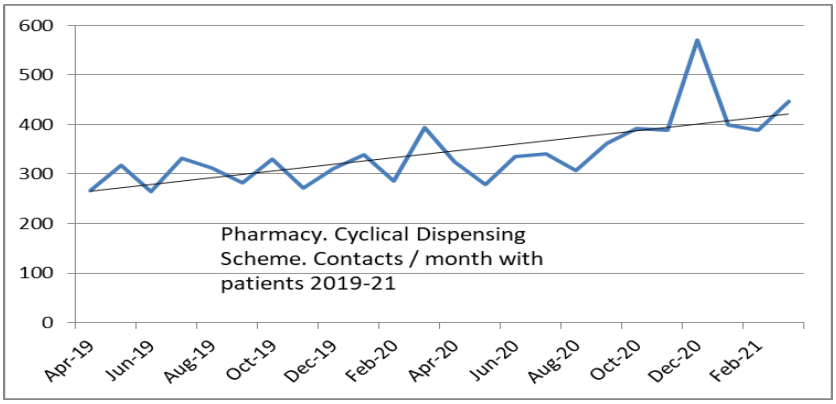
During 2020/21, the pharmacy department continued to support the home delivery of medicines to patients. The COVID-19 pandemic, if anything, increased the rate of this service development. In March 2021, over 700 patients had medicines delivered to their homes.

At the height of the pandemic in April - June 2020, the pharmacy team introduced a dedicated home delivery medicines service using cars loaned to the Trust by BMW and staff redeployed to the pharmacy team.

We continue to monitor the quality of the pharmacy survey. In 2020 it was not possible to conduct a patient survey, as during 2020 we took a number of actions to divert patients away from the pharmacy.

No formal complaints or PALs concerns regarding the pharmacy service were received during 2020/21.





2.2 Our quality ambitions for 2021/22

In deciding our quality ambitions for 2020/21, we undertook a range of approaches to agree the final three to be taken forward. It was agreed that we would carry over the same 3 quality ambitions for 2021/22 as we had in 2020/21.

The Management Board, a board comprising of Executive Directors, Clinical Directors and senior managers agreed the final three quality ambitions and these have been shared with the Council of Governors and with staff across the Trust through the team brief.

1. Improving Pressure Ulcer Management

We will continue to provide safe and effective skin care to patients and education and support to staff. This will be evidenced by:

- A 10% reduction in the number of patients who develop moisture associated skin damage (MASD) during admission based on the baseline data collected in 2019/20.
- There will be no more than 30 Category 2 pressure ulcers, (deep tissue injury and unstageable pressure ulcers) developed during admission.
- We will maintain our standard of no category 3&4 pressure ulcers developed during admission

This quality improvement will be monitored and measured monthly through Friday FoCUS (Focus on Care Understanding Safety) meetings.

2. Improving patient safety and experience during a national pandemic through the use of digital technology

We will continue to provide safe and effective patients care and experience. This will be evidenced by:

- Increasing the number of outpatient follow up clinics undertaken using digital technology by 20% based on the 2019/20 baseline.
- Improve patient access to friends and family by introducing new digital technologies.
- We will triangulate patient experience through survey results, compliments, PALS and complaints contacts.

This quality improvement will be monitored and measured monthly through Patient Experience Committee

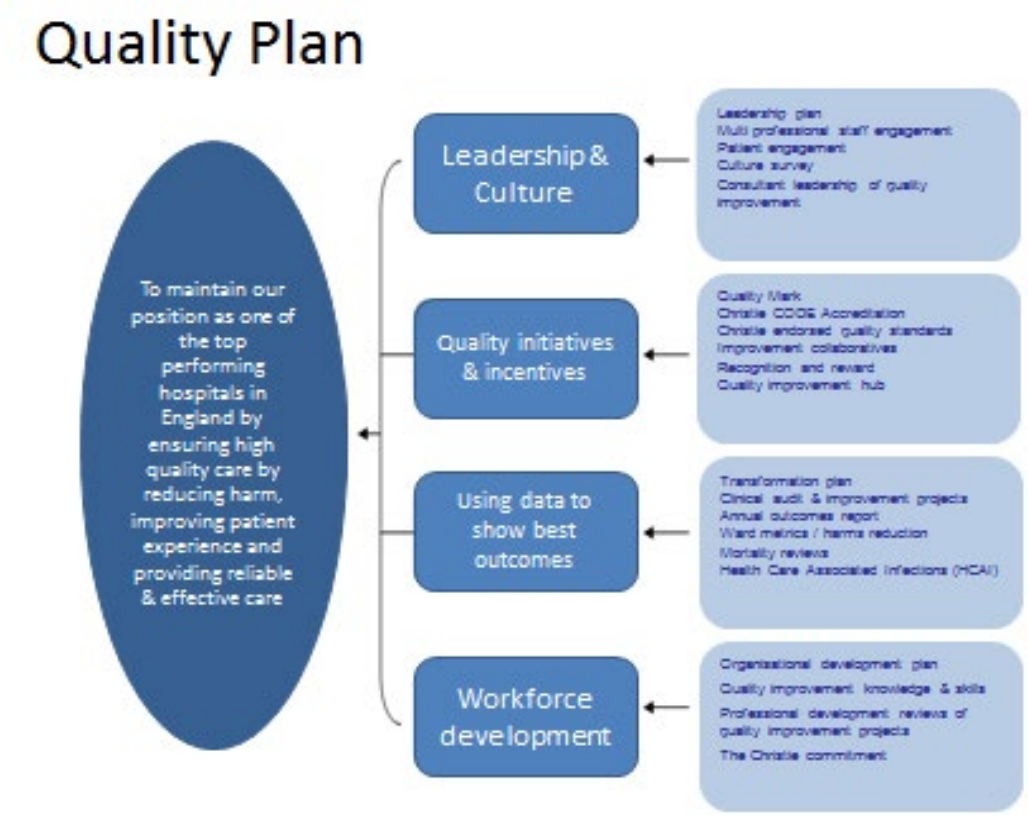
3 Improving the Pharmacy Experience

We will continue to reduce pharmacy waiting time and improve patient experience by introducing new models of delivery. This will be evidenced by:

- A 20% increase in the number of eligible patients utilising the pharmacy medication delivery service.
- We will evaluate patient experience through survey results, compliments, PALS and complaints contacts.

This quality improvement will be monitored and measured monthly through Patient Experience Committee

The Quality Improvements in the hospital are underpinned by our Quality Plan 2017/21. The driver diagram below sets out our overarching ambitions:



2.3 Statements of assurance from the Board

2.3.1 Review of services

During 2020/21 The Christie NHS Foundation Trust provided 14 relevant national health services:

1. Critical care
2. Haematology and transplantation
3. Specialist surgery
4. Endocrinology
5. Clinical oncology
6. Medical oncology
7. Acute oncology
8. Chemotherapy
9. Radiotherapy including intensity modulated radiotherapy (IMRT) and image guided radiotherapy (IGRT)
10. Brachytherapy and molecular imaging
11. Teenage and young oncology
12. Radiology
13. Christie Medical Physics & Engineering
14. Proton Beam Therapy

The Christie has reviewed all the data available to them on the quality of care in all 14 of these relevant services. This takes place through monthly performance reviews, at our Management Board and Risk and Quality Governance Committee.

The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of NHS services by The Christie for 2020/21.

2.3.2 Participation in clinical audits and national confidential enquiries

During 2020/21, 13 national clinical audits and 1 national confidential enquiries covered relevant health services that The Christie NHS Foundation Trust provides.

During 2020/21, The Christie participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Christie was eligible to participate in and participated in during 2020/21 are as follows:

1. Bowel cancer (NBOCAP)
2. ICNARC Intensive Care National Audit and Research Centre Case Mix Programme (CMP)
3. Lung cancer (NLCA)
4. National Cardiac Arrest Audit (NCAA)
5. National Emergency Laparotomy Audit (NELA)
6. National Prostate Cancer Audit
7. Oesophago-gastric cancer (NAOGC)
8. Nephrectomy audit (BAUS)
9. Radical prostatectomy audit (BAUS)

10. Cystectomy audit (BAUS)
11. Learning Disabilities Mortality Review (LeDeR)
12. National Acute Kidney Injury Programme (NAKIP)
13. National Comparative Audit of Blood Transfusion programme: Re-audit of patient Blood Management in Scheduled Surgery
14. NCEPOD Dysphagia in people with Parkinson's Disease

The national clinical audits and national confidential enquiries that The Christie participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audits and enquiries	Numbers submitted (eligible)	Percentage of Eligible Submitted
NBOCAP	83/83	100%
ICNARC (CMP)	630/630	100%
NLCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NCAA	10/10	100%
NELA	17/17	100%
NOGCA	476/476	100%
Nephrectomy	31/31	100%
Radical prostatectomy	133/133	100%
Cystectomy	28/28	100%
NPCA	Data submitted via COSD – recorded against Trust first seen	100%
LeDeR	3/3	100%
NCABT (PBMiSS)	43/43	100%
NAKIPg	5762/5762	100%
NCEPOD (DipwPD)	1/2	50%*

* the questionnaire length has been a barrier to completion

2.3.3 Participation in clinical research

The Christie has a long history of supporting research through its 100 plus year history; this was recognised in 2007 with the creation of a dedicated Research and Development Division, now Research and Innovation (R&I) Division. The R&I Division serve a population of 3.2 million and is the largest cancer research network in the country. The success of research is demonstrated by a varied portfolio of studies, strong recruitment of patients on to clinical trials and academic publications with a high impact.

Currently the portfolio of Christie research is made up of early phase clinical trials (31%), late phase clinical trials (46%) and other research including basic science, biobank and observational studies (23%). The number of patients receiving health services provided or sub-contracted by The Christie in 2020/21 that were consented during this period to participate in research was 5830. A COVID trial represented 2652 patients. This represents a 64% increase in consented patients from 2019/20, and a 10% decrease excluding the high recruiting COVID trial.

Since 2015/16 there has been a 37% increase in patients consented to research studies at The Christie. (150% if we include the COVID study)

2.3.4 Quality goals and the CQUIN framework

Due to the national COVID-19 pandemic, the 2020/21 contracting process was cancelled and the payment approach was amended. The element of funding that would traditionally have been conditional on achievement of CQUIN milestones was made unconditional for 2020/21.

2.3.5 Care Quality Commission

The Christie NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983. The Christie NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against The Christie NHS Foundation Trust during 2020/21.

2.3.6 CQC Responsive Inspection

The Christie NHS Foundation Trust has not been part of any responsive inspections during 2020/21. We have however continued regular engagement with the CQC in relation to the COVID -19 pandemic.

2.3.7 CQC Inspection Programme

The Christie NHS Foundation Trust was expected to undergo an unannounced routine inspection; however, this was paused due to the COVID-19 Pandemic.

2.3.8 Data Quality

The Christie is due to submit records during 2020/21 to the secondary uses service (SUS) for inclusion in the hospital episode statistics which are included in the latest published data. The percentage of records in the published data are as follows:

	% of records in published data which included the patient's valid NHS number	% of records in published data which included the patient's valid general practitioner registration code
Admitted patient care	99.9%	99.5%
Outpatient care	99.9%	99.3%
Accident and emergency care	Not applicable	Not applicable

2.3.9 Information Governance

The Christie NHS Foundation Trust's Data Security and Protection Toolkit compliance overall score for 2019/20 resulted in standards met. Mersey Internal Audit Agency, the Trust's internal auditors, provided substantial assurance to the evidence provided in the Data Security and Protection Toolkit.

The 2020/21 Data Security and Protection Toolkit assessment has been extended to a June 2021 final submission in recognition of the impact of the pandemic. The Trust is working towards continued compliance, with internal auditor verification in place.

2.3.10 Payment by Results / Information Governance

The Christie NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during the reporting period.

An IG clinical coding audit took place in November 2019, by the Trust's NHS Digital approved auditor the results of this audit are as follows:

	% Correct
Primary diagnosis	94.5%
Secondary diagnosis	91.5%
Primary diagnosis	94.2%
Secondary diagnosis	90.3%

2.3.11 Data quality

The Christie NHS Foundation Trust as part of its quality improvements programme will be taking the following actions to improve data quality:

- The Data Quality Group, a sub-committee of the Information Governance and Data Security Panel, continues to meet on a monthly basis.
- The Income and Data Project Manager continues to undertake specific Data Quality audits and change implementation projects.
- Worked, and continue to work, collaboratively with commissioners to respond to data challenges.
- Two Data Quality Officers have been employed by the Performance Team to; correct data quality errors, advise staff in the correct reporting of data in the Trust Patient Administration System (PAS).
- The Trust has introduced a mini-spine dashboard for the identification of Master Patient Index (MPI) discrepancies between the Trust MPI and the NHS National Spine.

2.3 Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average	National Highest/ lowest
The value and banding of the summary hospital-level mortality indicator ("SHMI") The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions.	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average	National Highest/ lowest
The Trusts patient reported outcome measures scores for: i. groin hernia surgery ii. varicose vein surgery iii. hip replacement surgery iv. knee replacement surgery	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average	National Highest/ lowest
The percentage of patients aged: i. 0 to 14 ii. 15 or over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital which forms part of the Trust.	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average	National Highest/ Lowest 2019/20
The Trust's responsiveness to the personal needs of its patients	Ensuring that people have a positive experience of care	81.4%	Available on NHS Digital August 2021	67.1%	H - 86.2% L – 54.4%
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients receiving a good experience of care whilst under the care of The Christie. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of patient satisfaction surveys and the National Friends and Family test.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average 2019/20	National Highest/ Lowest 2019/20
The percentage of staff employed by, or under contract to, the Trust who would recommend the trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	95.0% (Q1 & Q2. No data was collected in Q3 & Q4 suspended due to COVID)	This was suspended due to the COVID-19 Pandemic	80.8% (Q1 & Q2 Only)	H – 97.7% L – 52.6% (Q1 & (Q2 only)
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of staff who would recommend The Christie as an organisation that provides good quality care for their family or friends. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through quarterly Board level scrutiny of the outcomes of the National Staff Friends and Family Test.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average 2019/20	National Highest/ Lowest 2019/20
The percentage of patients admitted as an inpatient to the Trust who would recommend the trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	97.7%	This was suspended due to the COVID-19 Pandemic	95.6% (Apr-19 - Feb-20).	H – 99.7% L – 78.4% (Apr-19 - Feb-20).
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to the Trust who would recommend The Christie as an organisation that provides good quality care for their family or friends. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the National Friends and Family test.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average 2019/20	National Highest/ lowest 2019/20
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	Treating and caring for people in a safe environment and protecting them from avoidable harm.	97.0% (Q1-3 Submitted Nationally. Q4 local figures)	This was suspended due to the COVID-19 Pandemic	95.4% (Q1-3 National Figures	H - 100% L – 71.8%
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to The Christie that have had a full risk assessment of venous thromboembolism. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the results of the venous thromboembolism assessments on admission.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average 2019/20	National Highest/ Lowest 2019/20
Rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	55.9	National data not available	21.9	H – 85 L - 0
The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the results of the C.difficile numbers and through the monthly review with our commissioners.					

NHS Outcomes Framework	Indicator	The Christie Performance 2019/20	The Christie Performance 2020/21	National average 2019/20	National Highest/ Lowest 2019/20
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	3675 2 0.05%	2902 0 0.00%	51255 63 0.12%	H – 5861 L – 753 H – 17 L – 0 H – 0.42% L – 0%
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to record the incidences of patient safety, the rate of incidences and the percentage of severe harm or death of patient safety incidences within The Christie. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required This will be reviewed through the quarterly Patient Safety and Experience report.					

2.4 Staff who "Speak Up"

The Christie is fully committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak out. When staff feel confident and safe to speak up the following benefits are achieved:

- The Trust is made aware of situations that could potentially impact on patient care.
- The Trust has the opportunity to take action so that any detrimental consequence is avoided.
- The Trust has the opportunity to learn.
- Staff are able to share their anxiety about a situation and therefore reduce their stress.
- Staff feel a greater sense of engagement, inclusion and support for Trust values.

Every opportunity is taken to raise the profile of the importance of raising concerns and the support available and this has remained a priority during the pandemic. The Freedom to Speak Up service was referred to in daily bulletins, well-being guides, working from home support guide and within information related to COVID-19 risk assessments. Given the requirement to work from home for many staff, the Freedom to Speak Up Guardian has adapted the way in which they interact. This has included attending induction and medical inductions and other team meetings virtually, producing video introductions and adding information to the intranet.

It is important that staff are able to choose a way to raise their concerns in a way that is right for them and that they are confident they will be supported both during and after raising their concern. The message that they will not suffer any detriment as a result of raising their concern is of equal importance.

Staff are encouraged to speak with whoever they feel is most appropriate for them; this could be their manager, the Freedom to Speak Up Guardian, the HR team, any member of the Senior team or the non-executive director with a responsibility for Freedom to Speak Up. Those who receive the concern have a clear responsibility to listen, thank the person raising the concern and keep them updated with progress in a manner that is right for them. This could be by phone, email or face to face. In addition to the Freedom to Speak Up policy, The Christie, in partnership with trade union colleagues have developed a positive working relationships policy including a self-assessment tool which enables managers and members of staff to identify and tackle negative behaviours through a range of informal and formal mechanisms with the aim of tackling any issues or concerns at the earliest opportunity. The organisation's approach to supporting staff through this policy and subsequent breakfast seminar and educational events was recognised nationally and shortlisted for a 2019 HPMA Social Partnership Forum award for partnership working between trade unions and employers.

Those who raise concerns are asked for their views on their experience of raising a concern, including any detriment so that any shortcomings are identified and addressed.

In addition to learning from staff feedback, as a result of feedback from the national staff survey, and following the anti-bullying and harassment listening project which took place across the organisation, the Trust is developing an overarching strategy document focussed on bullying and harassment and the Trust approach.

Part 3: Other Information

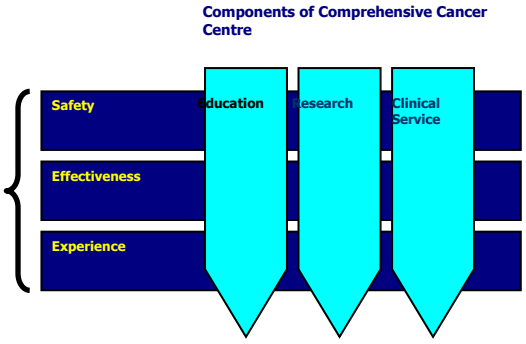
Review of quality performance in 2020/21

In February 2009, The Christie adopted a framework for quality reporting (see diagram) which provides the framework for monthly quality accounts reporting as part of our regular performance reports and this annual document. The Board of Directors believes that quality of care should where possible be reported and scrutinised frequently so that adverse trends can be identified early.

The monthly quality accounts for the Trust as a whole are reviewed at the Management Board with key senior clinical leaders, as well as the Directors of Research and Education. Quality metrics for individual divisions are reviewed as part of the regular performance review meetings with the executive team. Any matters of concern are followed up either through the divisional meetings or through the Risk and Quality Governance Committee.

The Board's Quality Assurance Committee is responsible for providing board assurance on these issues. Reports on quality of care are made to the Council of Governors meetings and a governor sub-committee on quality receives reports and assurance of the quality work of the Trust. The executive team regularly reviews the quality of care within the hospital through visits to clinical areas, through a programme of Executive walk rounds. Non-Executives and Governors also undertake regular visits to clinical areas to see at first hand the quality of care and environment and to hear directly from patients about their experience of the hospital.

This section of our quality accounts draws on monthly performance reports and includes additional annual indicators for which annual reporting is appropriate. The data is drawn from regular surveys, audits or routine data systems that have been established to provide a focus on and assurance about quality of care.



Patient experience

Satisfaction levels with care provided at The Christie are extremely high and all our efforts are directed towards ensuring the best possible experience for patients at a time of enormous stress and worry for them and their families.

PLACE Assessment

Due to the national COVID-19 pandemic, the 2020/21 PLACE assessments were cancelled.

Patient experience stories to the Board

Board meetings are held on the last Thursday of the month at 12.45pm. There are no meetings in February, July, August or December.

Date	Presenter	Topic
Thursday 30th January 2020	Olivia Samuel	Improvement in Outpatients
February	**No meeting**	
Thursday 26th March 2020	No presentation – COVID-19 meeting	
Thursday 30th April 2020	Julie Gray	Patient & staff screening
Thursday 25th June 2020	Dr Dan Saunders	Changes to outpatients due to COVID-19
Thursday 30th July 2020	Vidya Kasipandian / Tim Cooksley	AOAU
August	**No meeting**	
Thursday 24th September 2020	Dr Lip Lee	Clinical Oncology Response to COVID-19
Thursday 29th October 2020	Fiona Thistlethwaite & Michelle Davies	Clinical Research Facility – tour and update
Thursday 26th November 2020	Claire Adams & Yvonne Summers	SACT delivery and the impact of COVID-19
December	**No meeting**	
Thursday 28th January 2021	Dr Pavan Najran, Consultant Radiologist	Interventional Radiology – changes to services during the COVID-19 pandemic
February	**No meeting**	
Thursday 25th March 2021	Miss Eva Myriokefalitaki and Rachel Aziz	Surgical Services and the response to the COVID-19 pandemic

The Christie CODE

The Christie CODE is our framework for measuring the quality of care provided to patients through observation, clear documentation and patient and staff experience.

The CODE has enabled ward leaders and their teams to adopt quality assurance and improvement as the underpinning foundations of their everyday practice in a coherent, focused and systematic way, whilst supporting our culture of openness and candour.

This framework strengthens professional leadership, empowers doctors, nurses, allied health professionals and other team members to lead and deliver quality improvements at ward level for patient benefit.

There are 14 standards covering the fundamentals of nursing care, plus management and leadership. Each standard is based on current evidence of best practice, national legislation, and regulatory guidance.

The aim of the scheme is:

- To put patients at the centre of everything we do.
- To celebrate excellence.
- To demonstrate commitment to quality improvement.
- To have methodological rigour and draw on the evidence base in the development of standards and in the process used to assess levels of performance.
- To share best practice.
- To be inclusive of all multi-disciplinary staff who make a substantial contribution to the delivery of clinical care.

All six of our wards are accredited with 'gold' status and all of them have demonstrated maintenance of the CODE standards through annual re-accreditation, this process continued throughout the COVID-19 pandemic.

In 2020, two additional standards for diabetes care and end of life care were introduced into the accreditation process.

More information on The Christie CODE can be found at http://www.christie.nhs.uk/about-us/about-the-christie/christie-quality/the-christie-code-quality-scheme/

Quality Strategy 2017 – 2020

Everything we do at The Christie is directed at achieving the best quality care and outcomes for our patients and The Care Quality Commission rating of 'outstanding' was underpinned by our five year strategy which is underpinned by our plans for quality and workforce. Our plans affirm the organisation's commitment to improving quality and delivering safe, effective and personal care, within a culture of learning and continuous service improvement. Having delivered against the objectives at completion of the three year tenure of the 2014 – 2017 strategy and following consultation across the organisation, in September 2017 we launched the next three year plan for 2017 – 2020.

Aimed at staff, patients' carers and stakeholders this plan sets out how we will govern, measure, recognise, transform and improve quality in care, acknowledging the significant impact that excellent leadership, collaboration and the culture within our organisation has on the experience and outcomes for patients and the experience and empowerment of our staff.

We will continue to strengthen professional leadership, empowering doctors, nurses, allied health professionals and all our other clinical and non-clinical staff to lead and deliver quality improvements. This builds on the positive and proactive work that has already been undertaken to maintain patient safety, deliver effective treatments and enhance the patient experience. We will continue in our drive to improve the quality of care for our patients by ensuring cost effectiveness and efficiency through the creative use of finite resources. As with everything we do at The Christie, our service is underpinned by meaningful communication and the provision of care by compassionate, committed, and competent staff.

The plan is constructed around 4 broad objectives which will drive achievement of the Trust's five year strategy and continued delivery of patient safety, effective treatment and a positive patient experience:

- Outcome 1 – To ensure a Trust culture where high quality care and outstanding leadership are fundamental in all that we do.
- Outcome 2 – To promote and support quality initiatives and develop quality improvement incentives.
- Outcome 3 – To use data to demonstrate best outcomes and achievement of established standards.
- Outcome 4 - To ensure that the delivery of quality standards is inherent in the attitudes, behaviours and performance of the Trust workforce.

In 2020. the Board of Directors approved for the strategy to be rolled over for 12 months while the organisation focussed on the ongoing management of COVID-19 pandemic major incident response.

The Christie Quality Mark

Through the five year strategy, the Trust set out its ambition to deliver its services to a Christie quality mark standard that would be recognised by patients. With this ambition in mind, a patient focus group developed and agreed what the "Christie experience" meant to them in the form of 5 statements:

- We want to experience the same standard of care as if we were in The Christie@ Withington when we have chemotherapy and radiotherapy services;
- We want the same safe, clean environment with standards of pride as The Christie@ Withington;
- We want to be greeted with a warm welcome and where we are a returning patient to be recognised by staff;
- We want continuity of care by our doctors and nurses and to know that we are partners in all care and decision making;
- We want to recognise The Christie team in "The Christie@" sites.

The quality mark accreditation scheme was launched at the September 2014 Annual Members Meeting. Through the steering group which included patients, Governors, consultants and nurses the quality mark accreditation scheme was developed, piloted and implemented. Since its launch, the quality mark accreditations have been achieved for the following chemotherapy units: The Christie NHS Foundation Trust, Pennine Acute NHS Trust, Stockport NHS Foundation Trust, East Cheshire NHS Trust, Wrightington, Wigan & Leigh NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust, Tameside & Glossop Integrated Care NHS Foundation Trust and The Christie Mobile Chemotherapy Unit.

During 2017, the quality mark was developed further to include our radiotherapy services and during 2018 all three of our units at Withington, Oldham and Salford achieved quality mark accreditation.

Of the six chemotherapy units in the original group; The Christie NHS Foundation Trust, Pennine Acute NHS Trust, Stockport NHS Foundation Trust and East Cheshire NHS Trust successfully achieved their 3 yearly re-accreditation during 2018 and 2019, with the others scheduled to do so during

2020. However due to the ongoing management of the COVID-19 pandemic major incident response, re-accreditations planned for 2020 were postponed. The team have taken the opportunity to refresh the quality mark objectives and will re-launch toward the end of 2021 should the national restrictions permit.

Friends and Family Test

The NHS Friends and Family Test (FFT) is an important tool whereby The Christie receives direct, regular and real time feedback from our patients. This feedback is used to help shape and further improve our services for our patients.

The NHS Friends and Family Test was cancelled throughout the COVID-19 Pandemic. This recommenced in March 2021.

National inpatient survey 2019/20

The Christie has again received excellent results in the annual inpatient survey by the Care Quality Commission (CQC).

1156 patients of The Christie, who had a stay of at least one night and were discharged between April and July 2019, were sent a questionnaire, followed by two reminders. 649 patients responded. The response rate was 56% compared to a national average of 45%.

The Christie was one of nine Trusts categorised by the CQC as 'much better than expected' as the results indicated the patient experience was substantially better than elsewhere. The Trust also achieved the same banding in 2018, demonstrating consistently high levels of positive patient experience.

The Christie was rated 'better' than most other Trusts in all but one of the section scores and received a highest score in England for the section score in relation to '*Waiting list or planned admission*'.

The Christie was ranked in the 'better' than most other Trusts' category in 41 of the 61 questions (67%), 'about the same' for 20 questions and no questions were 'worse than most other Trusts'.

One question received a highest score in England from our patients;

- Did doctors talk in front of you as if you weren't there?

There were no results that showed a change upwards that was statistically significant, 5 questions showed a fall that was statistically significant:

- Did you get enough help from staff to wash or keep yourself clean?
- How would you rate the hospital food?
- Were you offered a choice of food?
- When you had important questions to ask a doctor, did you get answers that you could understand?
- Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)

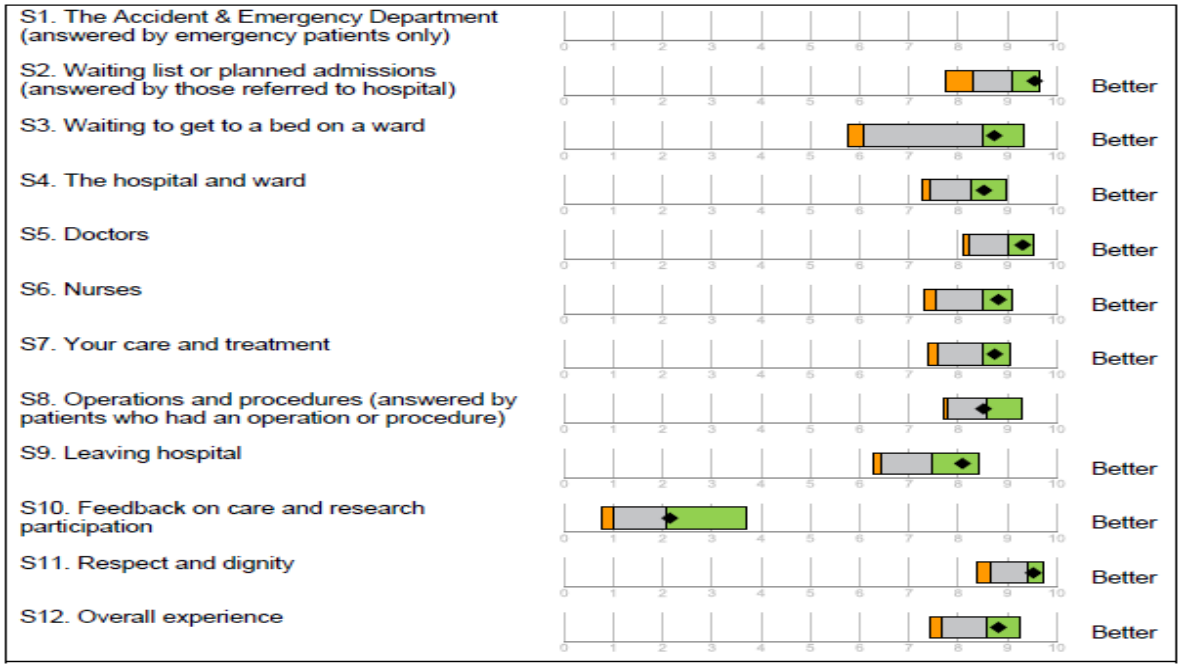
There were four questions that have been in the "same as most other Trusts" for the last four years.

- Were you ever bothered by noise at night from hospital staff?
- Discharge delayed due to wait for medicines/to see doctor/for ambulance?
- How long was the delay?
- During your hospital stay, were you ever asked to give your views on the quality of your care?

Patients rated their overall experience as 8.8/10

Section scores – CQC report

The following graph summarises the results, by section, in relation to all other Trusts. (The black diamond is the Trust score, if it lies in the green section then it is better than most other Trusts, the orange indicates the same as most other Trusts and the red is worse compared to other Trusts).



Following the 2019/20 survey, the results were discussed with key managers and at relevant Trust Committees. An action plan was developed and is monitored through the Patient Experience Committee. The outcome of the 2020/21 inpatient survey is expected in summer 2021.

Safer Staffing

The Safe Staffing levels indicator is a national quality measure that was introduced in 2014. It looks to measure and ensure that a hospital's nursing staffing requirements are being met. The measure focuses on two distinct groups of staff, registered nurses and non-registered care staff. The data collected each day for both Day & Night shifts allows a member of the public to see whether the actual number of staff on duty met what was planned on a ward. This data is then submitted at ward & Trust level nationally and is made visible on the NHS choices website as well as the Trust's internet site. The data is also made visible to patients and visitors in real-time on each ward.

The monthly data on our safe staffing levels and the six monthly reports can be seen in the public Board papers which can be seen at: or https://www.christie.nhs.uk/about-us/the-foundation-Trust/about-the-Trust/board-of-directors-meetings/

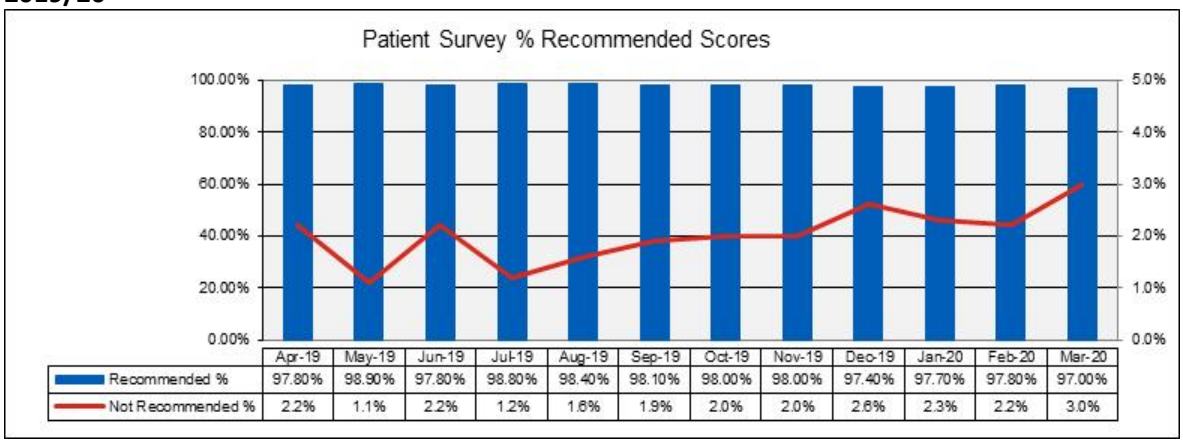
From May 2016, all acute Trusts with inpatient wards/units began reporting monthly care hours per patient day (CHPPD) data to NHS Improvement. CHPPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers and dividing the total number of patients at midnight. CHPPD is reported as a total and split by registered nurses and healthcare support workers to provide a complete picture of care and skill mix. CHPPD data is now being used for peer comparison to act as a 'sense check' on professional judgements concerning nursing requirement; and is reported to the board bi-annually.

3.1. Clinical Indicators - Patient Experience

3.1.1 Patient survey

Where available, comparative and benchmark data has been included and unless otherwise stated the indicators are not governed by standard national definitions and the source of the data is the Trusts local systems. Our internal surveys below show that high scores have been maintained in patient satisfaction in 2019/20. Due to the COVID-19 pandemic, the patient survey was put on hold. This will re-commence in April 2021.

2019/20



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Recommended %	97.80%	98.90%	97.80%	98.80%	98.40%	98.10%	98.00%	98.00%	97.40%	97.70%	97.80%	97.00%
Not Recommended %	2.2%	1.1%	2.2%	1.2%	1.6%	1.9%	2.0%	2.0%	2.6%	2.3%	2.2%	3.0%

3.1.2 Complaints

The grading system captures complaints into grades 1 – 5 as demonstrated below

1	2	3	4	5
►Query/suggestion ►Verbal concerns resolved by the end of the next working day ►Anonymous comment forms raising concerns	►Allegation that service received substandard ►Simple complaints which can be resolved quickly	► Single issue complaints with allegation of lack of appropriate care ► Serious complaints containing one issue ► Simple complaint where more than one complaint has been received regarding the same subject from different complainants	► Multiple issue complaints with allegations of lack of care ► Serious complaints containing more than one issue	► Multiple issue, complex complaints ► Serious complaint where more than one complaint has been received regarding the same subject from different complainants ► Risk to organisational reputation

Complaints by division 2020/21

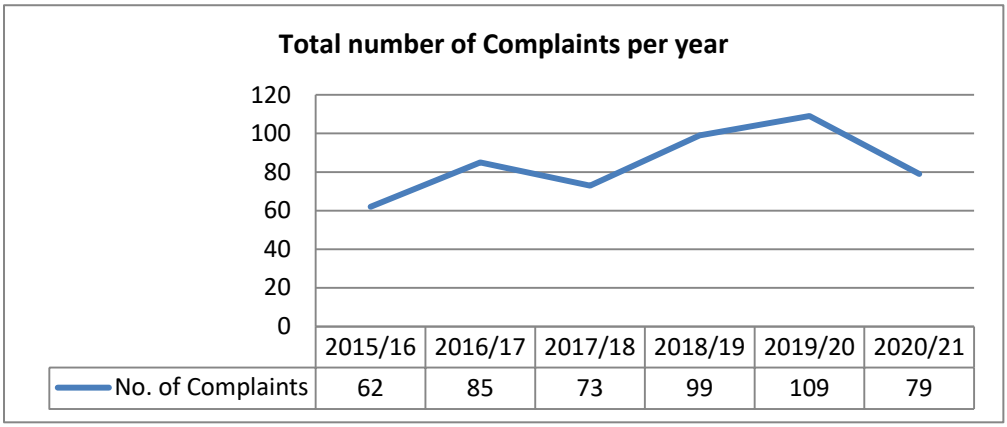
In 2020/21 The Christie received 79 complaints.

The graphs and tables below show the number of complaints received by each division. Where complaints involve a number of divisions, only the lead division is recorded

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Total
Network Services	0	27	23	4	0	54
Cancer Centre Services	0	13	7	2	0	22
Estates and Facilities	0	1	0	0	0	1
Research and Development	0	0	0	0	0	0
Other	0	0	2	0	0	2
Total	**0**	**41**	**32**	**6**	**0**	**79**

The above table depicts the grading of complaints at the time they are received into the Trust. The grades are reviewed as part of the investigation process and some are downgraded at the end of the investigation according to the outcome of the investigation.

The chart below shows a comparison of complaints received over previous financial years:



We continue to resolve complaints at source; our clinicians, matrons, ward sisters and charge nurses have a high profile on wards and in clinical departments where they focus on the patient experience and ensure continual improvement in care and service delivery on a day by day basis. All complaints are reviewed weekly by the executive directors and all new complaints are triaged through an executive review process so that there is a triangulation between incidents, claims and complaints.

63% of written complaint responses were sent within a timescale of 25 working days. However, when it was anticipated that the complaint response timescale would not be met, complainants were updated accordingly regarding any delays and a new expected timescale proposed.

One complaint was referred to the Parliamentary and Health Service Ombudsman (PHSO) between April 2020 and March 2021. There are currently two cases being investigated by the PHSO and we await the outcome of the same. No PHSO investigations have been concluded in the financial year 2020/21.

Complaints survey

The Christie has routinely sent complainants a questionnaire since August 2013 asking their views on how their complaint was handled and their opinion of the complaint response. The questionnaire was redesigned in August 2015 in line with The CQC report 'Complaints Matter' and Parliamentary Health Service Ombudsman 'My Expectations' 2015.

Unfortunately, the complaints survey was temporarily put on hold during the COVID-19 pandemic and therefore there is very little data this financial year to feedback from patients about the handling of their complaint and complaint response.

However, the feedback we have received has been positive overall with patients feeling that the Trust was understanding of their complaint and appropriate measures were put in place to resolve their issues and prevent them from happening again in the future.

As of 1st April 2021, the process for sending out complaints questionnaires has resumed.

Learning from Complaints 2020/21

The following table gives examples of complaints issues that have been raised and associated actions taken as a result:

Issues	Actions taken
Delays in referrals process.	Work process changed to ensure any referrals listed in the administration work list on the system without any instructions regarding an appointment are urgently flagged with the consultant or their secretary.
Unprofessional and rude attitude of reception staff.	Customer Service Training Courses have been initiated and staff are now having regular performance meetings.
Delays whilst waiting for treatment at ORTC.	SACT co-ordinator role created to monitor delays and communicate any delays effectively to patients. Reviewing a new booking system to account for these delays more accurately thereby enabling the team to improve of the delays experienced by patients. Also, reviewing a new scheduling system which will streamline the process and reduce delays.

Drug error – patient received extra dose of Pregabalin.	Incident discussed at Friday FoCUS (Focus on Care Understanding Safety) meeting and Safe Medicines Practice Committee for shared learning. Staff re-educated on the importance of: appropriate CBG monitoring, recording results, and acting on results outside of safe parameters via link nurses & Band 7 meeting.
Concerns raised about the availability of vegan friends food during inpatient stay.	ORTC sister spoken with dietetic manager and kitchen regarding vegan food provisions for patients attending chemotherapy.
Concerns with the physiotherapy department following patient's surgery and the negative effect this has had on their recovery.	Physiotherapy protocol amended for head and neck patients to now only provide exercises on day 2 post-op and physio's to emphasise that they should be carried out with extreme caution and preferably done 3 weeks after op once wound has healed.
Incorrect information given regarding the use of Portacaths when taking blood.	Staff re-educated regarding the portacath process during COVID-19 times.
Local resident concern that staff and contractors smoking outside his address.	Contractors asked to refrain from smoking and additional policing of the contractors to prevent this from happening.
Patient treated with radiotherapy on the wrong part of the breast.	The senior radiographers have commenced a three month checking process to ensure staff are following the checking procedures. Staff re-educated on this checking process.
Concern about hotline asking if patient was NHS or private – inappropriate.	Hotline team reviewing process so the system can flag up private patients so that AON do not have to ask patients if they are private or NHS.
Patient not provided with a CNS at first appointment and required this extra support.	Process change - all patients in the renal team are now introduced to, or given contact details for their CNS at their first appointment.
Key clinical assessments/observations were not undertaken during patient's first appointment.	Every patient now reviewed in the renal clinic will have a full set of clinical observations at every appointment.

3.2 Clinical indicators - Clinical Effectiveness

National and local clinical audits show that the care provided by The Christie is effective in prolonging life and reducing the pain and distress associated with cancer and its treatment.

As described in our 2019/20 quality accounts, outcomes such as mortality and complication rates after highly specialised, urological, gynaecological and colorectal surgery at The Christie have been reported to the Board of Directors and when published have set international benchmarks for standards of care. Similarly, outcomes of radiotherapy and chemotherapy for specific cancer types have shown care at The Christie to be of international standard. These results are published in professional journals and discussed at the Trust's regular mortality and morbidity meetings.

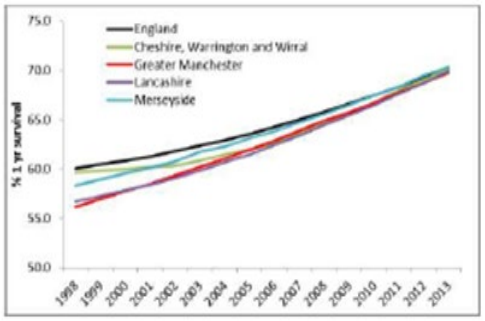
The Board of Directors receives a monthly presentation from a clinician describing a patient's story including the outcomes and effectiveness of the care that they provide. The Board of Directors also receives summary reports on the outcome measures. Reports are discussed at the quarterly morbidity and mortality meetings with the technical reports available to Board members if required.

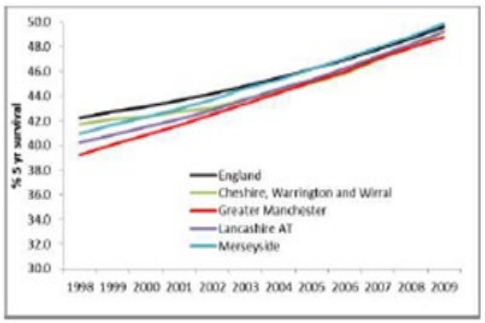
Cancer survival is dependent upon the type of disease, some cancers have worse prognosis than others e.g. lung cancer and therefore geographical differences in survival are often related to the relative incidence of poor prognosis cancers in that region. In the North West, there is a particularly high rate of lifestyle related cancers in particular smoking related cancers that have poor prognosis.

As a specialist cancer centre, The Christie only sees patients in specific parts of the patient pathway following diagnosis rather than at the point of diagnosis and may not see some patients at all depending on their type of cancer and the stage of their cancer at diagnosis. For some cancer types only the most advanced patients are referred to The Christie. For others, none of the most severe cancer patients are referred here. These differences need to be accounted for when benchmarking survival outcomes for Christie patients against national figures. Where national survival data are available by stage at diagnosis, we are able to show comparable if not better 1 year survival for our patients compared to the national average (Table 1). We also publish our own outcomes reports available for each cancer type.

3.2.1 Five year cancer survival

Figure 1: Trends in one and five year all cancer survival for the areas in the North West of England and for England as a whole.



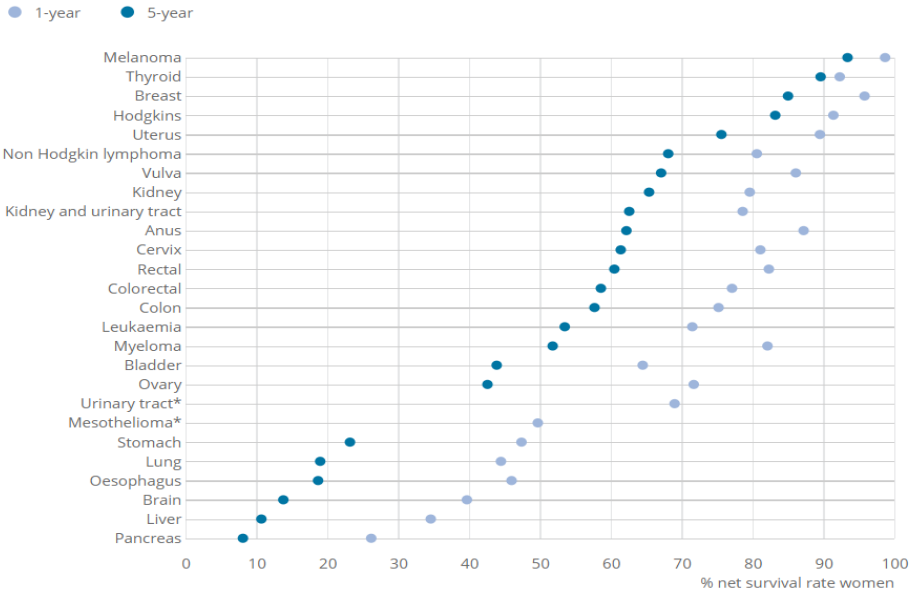


Data from Office for National statistics
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancersurvivalratescancersurvivaltrengiandadultsdiagnosed

		All Stage		Stage 1		Stage 2		Stage 3		Stage 4	
Colorectal	England	80.0%		96.0%		93.0%		88.0%		46.0%	
	Confidence Interval	80.0%	81.0%	96.0%	97.0%	93.0%	94.0%	87.0%	89.0%	45.0%	47.0%
	Christie Patients	84.3%		98.2%		95.5%		93.4%		62.9%	
	Confidence Interval	82.6%	86.0%	95.7%	100.0%	93.2%	97.8%	91.6%	95.2%	59.0%	67.1%
Lung	England	39.0%		84.0%		68.0%		46.0%		19.0%	
	Confidence Interval	38.0%	40.0%	83.0%	86.0%	66.0%	70.0%	45.0%	48.0%	18.0%	20.0%
	Christie Patients	49.4%		83.9%		70.1%		57.3%		25.8%	
	Confidence Interval	47.7%	51.2%	81.1%	86.7%	64.7%	76.0%	53.9%	61.0%	23.6%	28.1%
Prostate	England	97.0%		100.0%		99.0%		99.0%		85.0%	
	Confidence Interval	97.0%	97.0%			97.0%	100.0%	98.0%	100.0%	84.0%	87.0%
	Christie Patients	97.5%		99.6%		99.2%		99.1%		91.1%	
	Confidence Interval	96.8%	98.2%	99.2%	100.0%	98.1%	100.0%	98.3%	100.0%	88.7%	93.6%
Ovary	England	72.0%		94.0%		78.0%		69.0%		50.0%	
	Confidence Interval	71.0%	73.0%	91.0%	96.0%	72.0%	83.0%	67.0%	71.0%	47.0%	53.0%
	Christie Patients	85.0%		97.6%		91.7%		81.5%		75.6%	
	Confidence Interval	81.4%	88.8%	94.5%	100.0%	83.1%	100.0%	75.5%	87.9%	66.9%	85.5%

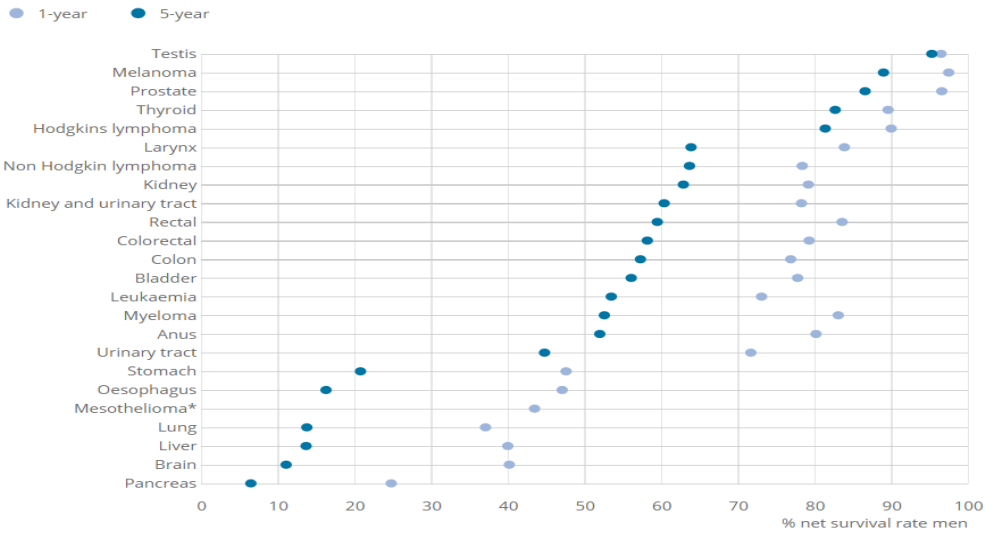
Table 1: One year survival by cancer type for The Christie and England as a whole. England data are based on patients diagnosed in 2012 (http://www.ncin.org.uk/publications/survival_by_stage). *Data for the Christie are for patients diagnosed between 2012 and 2015 (time periods vary between cancer types).*

3.2.2 Age-standardised net survival for men and women (aged 15 to 99 years) diagnosed with cancer in 2013 to 2017 and followed up to 2018, England



Source: Public Health England – National Cancer Registration and Analysis Service, Office for National Statistics

3.2.3 Age-standardised net survival for men and women (aged 15 to 99 years) diagnosed with cancer in 2013 to 2017 and followed up to 2018, England



Source: Public Health England – National Cancer Registration and Analysis Service, Office for National Statistics

Our aim is to provide leadership within Greater Manchester and Cheshire to improve awareness of cancer symptoms and to support earlier local diagnosis, for example through supporting screening programmes. We aim to work with the providers in Greater Manchester and Cheshire to ensure effective diagnostic, treatment and referral pathways to The Christie and to ensure, through our clinical audit and other mechanisms that the treatment we provide meets best evidence based practice guidelines.

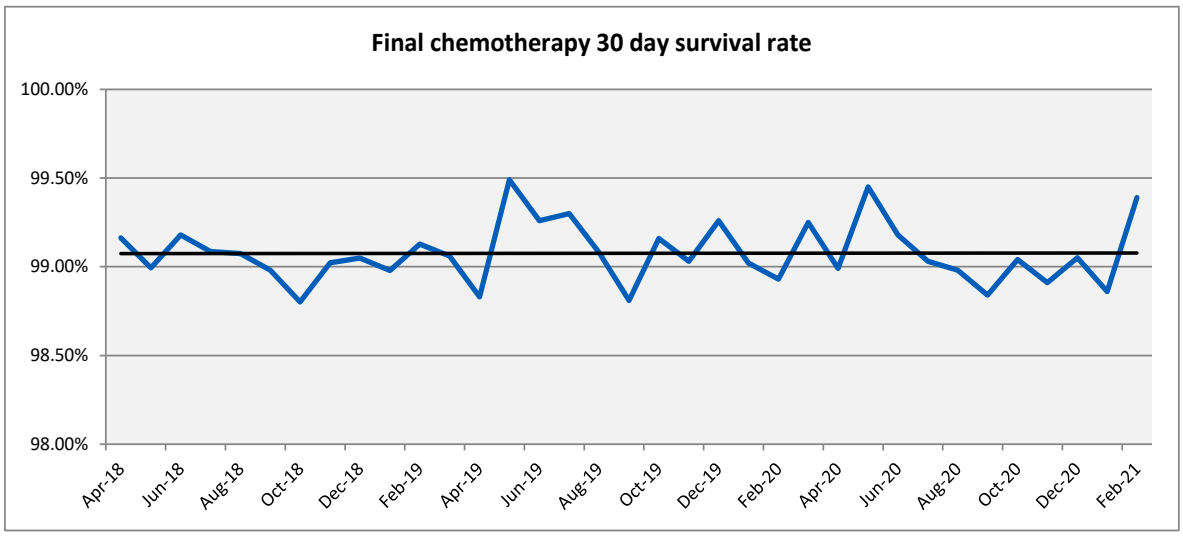
As the cancer centre, we have a responsibility to lead improvements in cancer services across Greater Manchester and Cheshire and whilst both one year and five year survival rates are the result of many factors other than the services provided by The Christie they are influenced by our services. We have the opportunity to support efforts at cancer prevention and earlier detection, as well as ensuring rapid diagnosis and referral when needed.

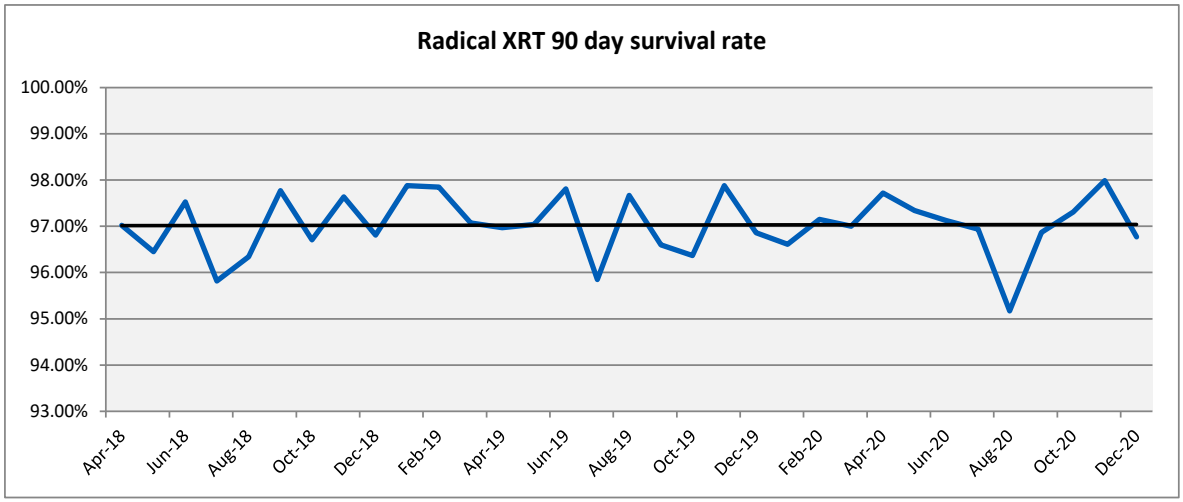
The table shows that for all cancer types the five year survival figures in Greater Manchester are similar to those for England as a whole. Differences between the figures do not reach statistical significance.

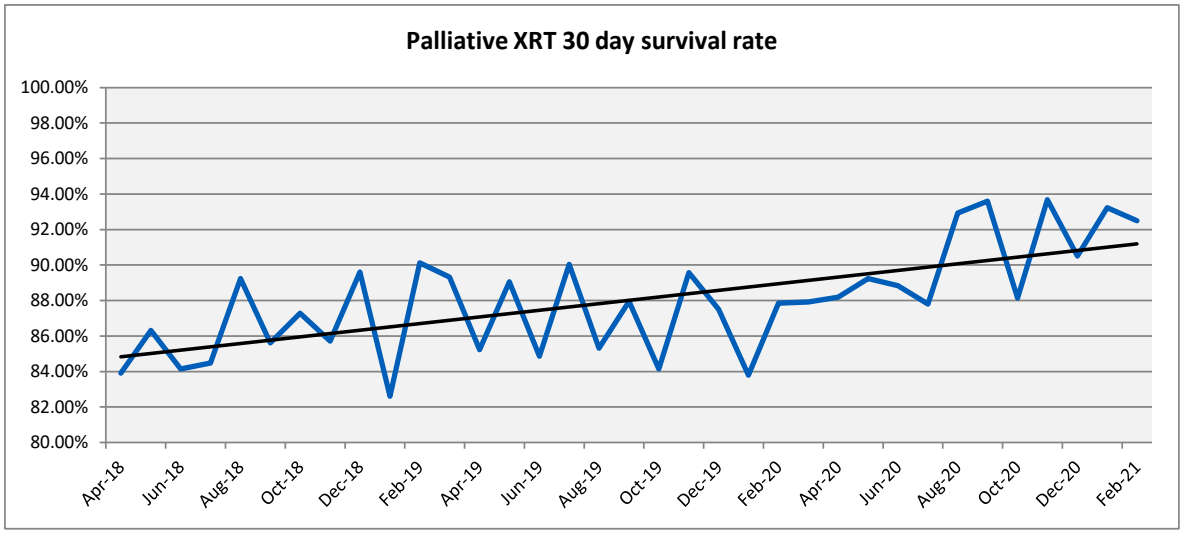
Demonstrating that our treatments are effective is very important as is demonstrating our contribution to improvements in cancer care across Greater Manchester and Cheshire. We have selected three indicators: the coverage of our clinical audit programme, examples of outcome data available and patient safety.

Clinical audit of our services provides data on the effectiveness and outcomes of care directly provided by The Christie. The audit programme is approved by the Board of Directors and the outcomes of individual audits monitored by the Clinical Audit Committee.

3.2.4 Survival rates for 30 days post chemotherapy treatment, 90 days post radical radiotherapy treatment and 30 days post palliative radiotherapy treatment.







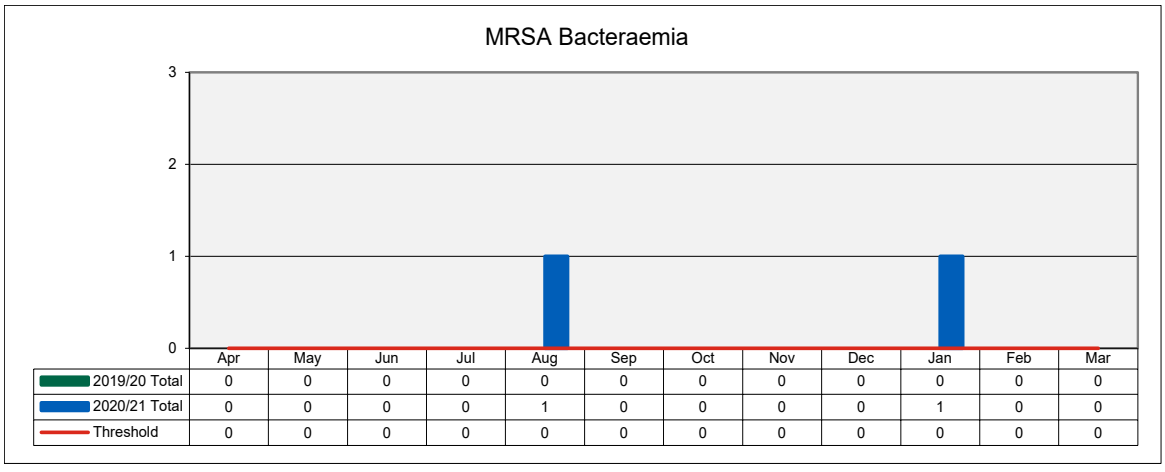
3.3 Clinical indicators - Patient safety

3.3.1 Healthcare acquired infections

We have low levels of healthcare acquired infections despite the particular vulnerability of many of our patients to infections as a result of their disease and treatment. Low rates of healthcare acquired infections indicate high standards of cleanliness, hygiene, antibiotic use and other measures to prevent cross-infection.

MRSA bacteremia

In 2020/21 we have had 2 cases of MRSA bacteremia, against a threshold of 0.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20 Total	0	0	0	0	0	0	0	0	0	0	0	0
2020/21 Total	0	0	0	0	1	0	0	0	0	1	0	0
Threshold	0	0	0	0	0	0	0	0	0	0	0	0

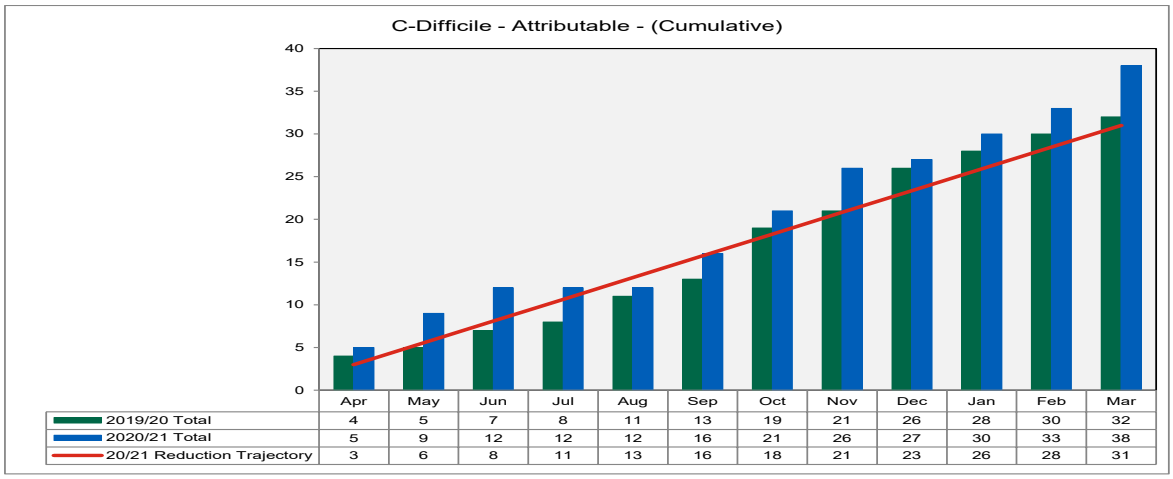
MRSA % appropriate elective patients

In 2020/21 The Christie screened 100% of eligible elective patients.

3.3.2 Healthcare acquired infections - Clostridium Difficile

There were 38 cases of Clostridium Difficile infections (CDI) – healthcare acquired in 2020/21 against an agreed threshold of no more than 31. There were 22 community acquired cases identified on admission and therefore not attributable. Upon full root cause analysis, 2 of the healthcare acquired cases were deemed due to lapses in care by our commissioners.

Each case of CDI is subjected to a rigorous review and multi-disciplinary root cause analysis. This has demonstrated that each attributable case of CDI was induced by the specialist treatment provided at The Christie. The treatments we provide make our patients more susceptible to CDI and this is balanced against the importance of delivering effective cancer treatments.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20 Total	4	5	7	8	11	13	19	21	26	28	30	32
2020/21 Total	5	9	12	12	12	16	21	26	27	30	33	38
20/21 Reduction Trajectory	3	6	8	11	13	16	18	21	23	26	28	31

3.3.3 Incidents Management

We have a strong system of incident reporting and review which enables us to identify underlying problems and to learn from events, thereby preventing recurrence. We upload patient safety incidents from our internal system to the National Reporting and Learning System (NRLS). Comparison of our reporting practices with those of Trusts in the same cluster of specialist Trusts shows that we have good levels of reporting and low levels of patient harm, indicating an appropriate culture of reporting and learning within the organisation.

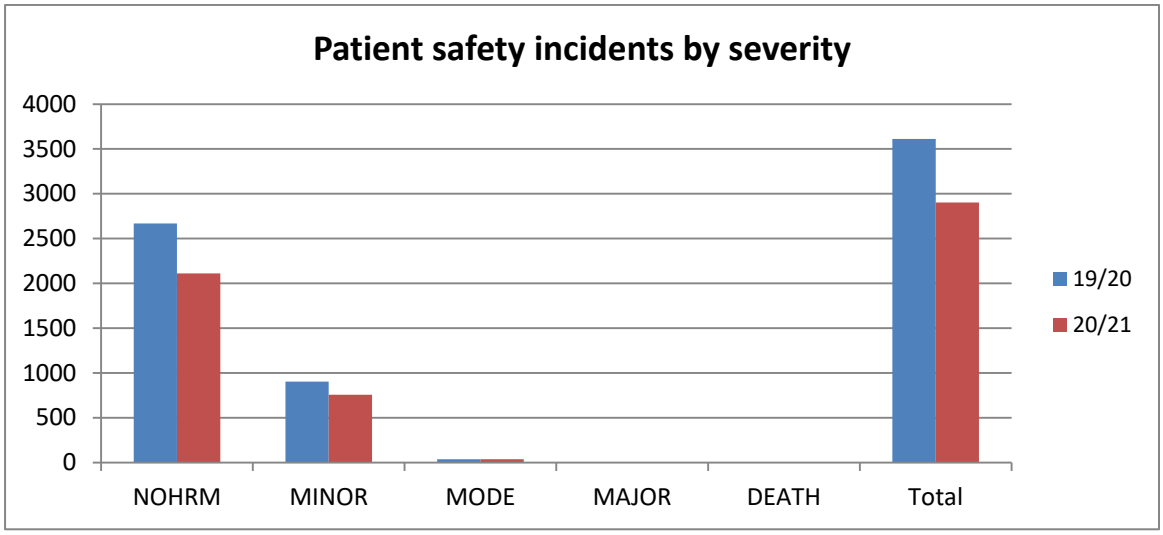
All reported incidents are investigated, with the level of investigation commensurate with the incident grade. All incidents with an impact grade of 3 (moderate) and above, out of a maximum of 5, are reported on a weekly basis to the executive team. These incidents are triaged by an executive review team consisting of the Executive Chief Nurse and Director of Quality, the Medical Director, the Director of Nursing and Infection Prevention & Control, the Associate Chief Nurse and Deputy Director of Quality and the Associate Medical Director. The outcome of the root cause analysis is then presented to this review group. The same process is followed for complaints and claims and any concerning on-going trend of incidents of any grade.

We also review our systems and processes in the light of national reports in order to ensure that similar incidents will not happen at The Christie. The data for the second half of 2020/21 is not formally closed down until the end of May 2021, therefore the data contained within these accounts is subject to further validation.

Patient Safety Incidences

The Christie is regarded nationally as a high reporting, low harm organisation. The Trust uploads information about its patient safety incidents into the National Reporting and Learning System (NRLS) on a monthly basis. Twice yearly reports are published and made available into the public domain by the NRLS, based on the incidents submitted by the Trust. In addition, monthly updates are published on the NHS Improvement website.

The Christie has a small number of in-patient beds, compared with other hospitals, and over 95% of its activity is ambulatory care (out patients and day cases).



A decrease from 2019/20 is shown with minor (low harm) and no harm incidents in line with a period of decreased patient activity during the height of the pandemic. The number of moderate incidents has remained the same and there were no deaths or major incidents.

3.3.4 Serious Incidents

There have been no serious incidents reported during 2020/21.

3.3.5 Duty of Candour

We have a Duty of Candour policy which is based on the requirements of Regulation 20 of the Health and Social Care Act and evidence gained from national data regarding recommendations from major inquiry reports, government initiatives and the experience of other countries.

Each incident handler is asked to ensure that a Duty of Candour conversation happens within ten working days for each notifiable patient safety incident graded 3, 4 or 5. The handler may arrange for a more appropriate person to talk with the patient or their family, for example the consultant or a senior nurse.

Information from this initial discussion is taken account of within the incident investigation and the person undertaking the Duty of Candour keeps in touch with the patient or their family as appropriate during the investigation. At the end of the investigation, feedback is given on the outcome which will include any learning that has been identified.

3.3.6 Never Event

There have been no never events in 2020/21.

3.3.7 Pressure Ulcers

In 2020/21, we aimed for:

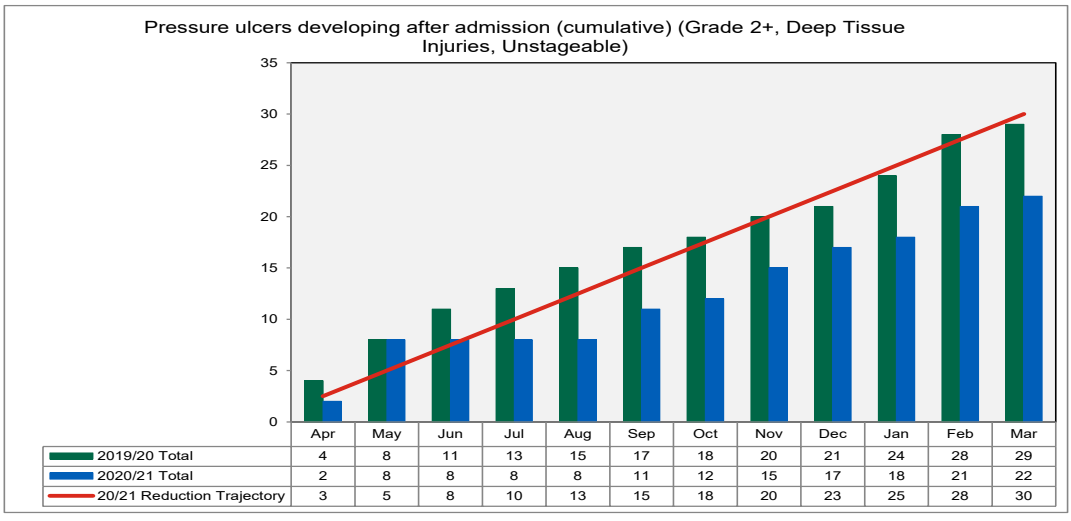
- A 10% reduction in the number of patients who develop moisture associated skin damage (MASD) during admission based on the baseline data collected in 2019/20.
- There will be no more than 30 Category 2 pressure ulcers, (deep tissue injury and unstageable pressure ulcers) developed during admission.
- We will maintain our standard of no category 3&4 pressure ulcers developed during admission.

The quality improvement was monitored and measured through Friday FoCUS (Focus on Care Understanding Safety), a multi-professional learning event twice a month. The chart below demonstrates that we ended the year below target with 22 category 2 pressure ulcers and no category 3 & 4 pressure ulcers that developed during admission. MASD has reduced to 48, which is a 44 % reduction.

NHSI guidance advises that NHS Trust's should no longer use the definition of avoidable or unavoidable. This has therefore not been included in this report.

Themes arising from RCA investigations have been identified as:

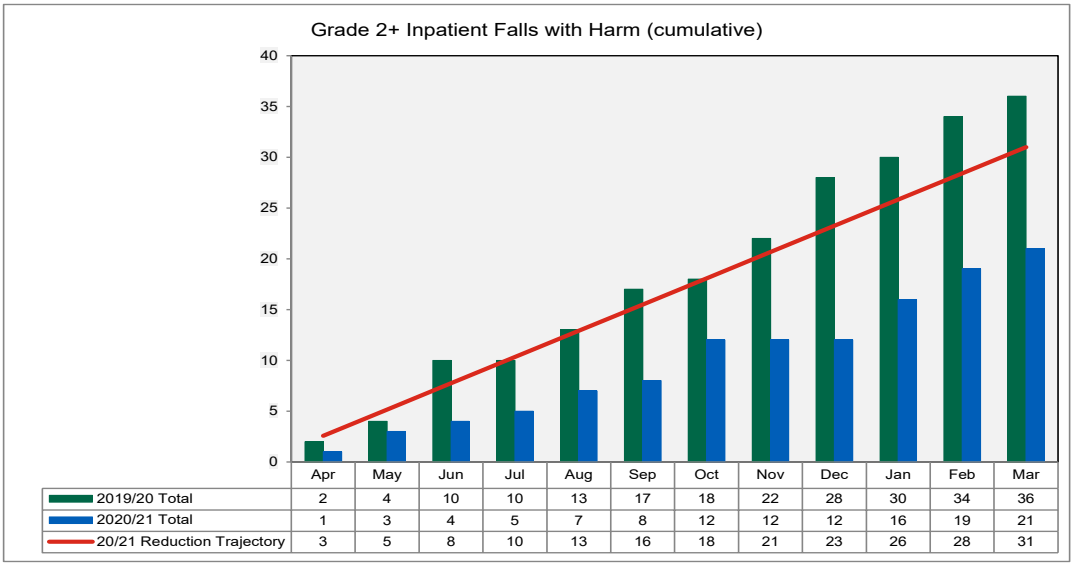
- Inaccurate calculation of pressure ulcer risk score due to lack of inputting risk factors, e.g. nutrition, BMI, clinical conditions etc.
- Inconsistent practice in the reassessment of risk on change of clinical condition, level of dependency, skin changes and change of care setting, e.g. re-assessment within 6 hours of transfer from ward to ward.
- Inconsistent practice and inconsistent documentation of when conducting a head to toe skin inspection utilising the SKKIN bundle at the end of the bed.
- Inconsistent practice of documentation on the frequency (2hrly, 4hrly, 6hrly etc.), of when to initiate a repositioning regime for patients at risk of pressure ulcers on the SKKIN bundle.
- Inconsistent practice in the use of pressure relieving mattress pump or other pressure redistribution equipment, e.g. pressure relieving mattress not indicative with patient identified risk.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20 Total	4	8	11	13	15	17	18	20	21	24	28	29
2020/21 Total	2	8	8	8	8	11	12	15	17	18	21	22
20/21 Reduction Trajectory	3	5	8	10	13	15	18	20	23	25	28	30

3.3.8 Patient Falls

We aimed for no more than 31 falls with harm occurring during hospital admission. The chart below demonstrates there were 21 falls with harm during 2020/21 that occurred during hospital admission. All cases are reviewed by the ward teams and discussed at Friday FoCUS (Focus on Care Understanding Safety) a multi-professional learning event twice a month. 20 recorded falls are graded as minor and therefore minimal harm has occurred to these patients and 1 recorded as moderate harm (no concerns identified with care or management during the investigation).



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20 Total	2	4	10	10	13	17	18	22	28	30	34	36
2020/21 Total	1	3	4	5	7	8	12	12	12	16	19	21
20/21 Reduction Trajectory	3	5	8	10	13	16	18	21	23	26	28	31

3.3.9 Local Clinical Audits

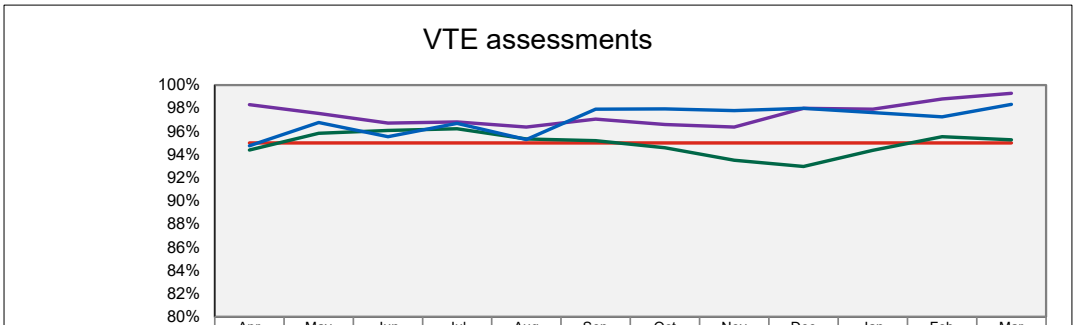
In 2020/21, 187 audits were completed across the divisions as shown in the table:

Division	Number of completed audits in 2015/16	Number of completed audits in 2016/17	Number of completed audits in 2017/18	Number of completed audits in 2018/19	Number of completed audits in 2019/20	Number of completed audits in 2020/21
Clinical Support and Specialist Surgery	80	78	88	95	72	83
Networked Services	76	90	82	69	98	93
Other (Quality & standards, School of oncology, Research)	20	20	17	18	22	11
Total	**176**	**188**	**187**	**182**	**192**	**187**

The results of these audits are described in the annual clinical audit report with data from some of these audits being reported to the Board of Directors.

3.3.10 Venous thrombo-embolism assessment

Our aim is to increase the number of patients receiving a thromboprophylaxis assessment on admission to over 95%. This is presented monthly in the integrated performance report and is also uploaded nationally. However, during the COVID-19 pandemic, the national submissions were suspended. This will re-commence in April 2021.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target (2017-20)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
2017/18	98.3%	97.5%	96.7%	96.8%	96.4%	97.1%	96.6%	96.4%	98.0%	97.9%	98.8%	99.3%
2018/19	94.4%	95.8%	96.1%	96.2%	95.3%	95.2%	94.6%	93.5%	93.0%	94.4%	95.6%	95.3%
2019/20	94.8%	96.8%	95.5%	96.7%	95.3%	97.9%	98.0%	97.8%	98.0%	97.6%	97.3%	98.3%

4. NHS Staff Survey

Indicator	2019	2020	National Average (specialist Trusts only)
Q13c - % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	15.8%	16.3%	18.7%
Q14 - % of staff believing that the Trust provides equal opportunities for career progression or promotion regardless of ethnic background, gender, religion, sexual orientation, disability, age	90.4%	89.3%	87.1%

5. Inpatient mortality reviews at the Christie 2020/21

As a tertiary specialist Trust, managing only patients with a cancer diagnosis, The Christie does not participate in HSMR and SHMI reports.

All deaths occurring on site at The Christie are screened against a set of triggers, in addition to which bereaved families are asked if they have any concerns about care in the preceding admission. A comprehensive case note review is undertaken on all deaths that are found to have one or more trigger. This uses a structured judgement case note review (SCR) tool developed by the Royal College of Physicians (RCP), by one or more independent clinical reviewers.

Outcomes from these reviews are discussed by the Trust Mortality Surveillance Group (MSG), who in turn will escalate any problems in care, if identified, to the Executive Review Group (ERG). RCP ratings for care are made on a scale of 1- 5, where 5 represents excellent care and 1 a serious problem in care has been identified. There is also an assessment of whether any issues in care had

an impact on outcome and in particular, assessment of avoidability of that death. A scale of 1- 6 is used, where 6 represents 'definitely not avoidable' to 1 representing 'definitely avoidable'. Overall care or avoidability ratings of 1 and 2 are immediately escalated to Executive Review Group by clinical audit for further scrutiny.

The process aims to highlight examples of excellent care, as well as identifying where improvements and learning is needed. Feedback is provided to responsible clinicians and also to families if they have raised a concern, or should a review identify a serious lapse in care. In the past year, the COVID-19 pandemic has been a significant factor. Overall there have been fewer deaths than in previous years, with a small number (28) of COVID-19 associated deaths on site. These are discussed further in the report.

The data in this report represents the findings validated at the Mortality Surveillance Group meeting 8 March 2021; it is an on-going process.

Table 1: Activity	**Quarter 1 Apr – Jun @ 7-4-21**	**Quarter 2 Jul - Sep @ 7-4-21**	**Quarter 3 Oct - Dec @ 7-4-21**	**Quarter 4 Jan – Mar @ 7-4-21**	**Total**
No. deaths	**62**	**54**	**43**	**54**	**213**
No. deaths that have triggered SCR review	19 (31%)	27 (50%)	18 (42%)	24 (44%)	88 (41%)
No. completed SCRs	11 (58%)	17 (63%)	7 (39%)	9 (38%)	44 (50%)
No. discussed at MSG	9 (82%)	14 (82%)	7 (100%)	5 (56%)	35 (80%)
No. deaths that have triggered COVID-19 review	12 (19%)	-	8 (19%)	8 (15%)	28 (13%)
No. completed COVID-19 reviews	11 (92%)	-	6 (75%)	7 (87%)	24 (86%)
No. discussed at MSG	11 (100%)	-	6 (100%)	6 (86%)	23 (96%)

There were 8 additional reviews undertaken in 2020/21 for a death in the previous reporting year (2019/20). All 8 deaths were considered unavoidable. Overall care was rated good or excellent for 7 of the cases, including a community acquired COVID-19 related death in March 2020. One review identified a delay in recognising end of life which resulted in suboptimal end of life care for the patient. This lapse in care did not impact on overall outcome which was an unavoidable death due to progressive cancer, but did detrimentally affect the experience for the patient and their family. Overall care was rated as poor (rating 2) for this case.

In response to the Trust's operational plan to manage the COVID-19 crises, routine SCRs were suspended from 26th March to 17th July 2020. During this period, on-site deaths continued to be screened and monitored through ERG, with the option to conduct an exceptional SCR if a concern had been raised through the screening process (e.g. if a bereaved relative had raised concerns around care) or if a death occurred in a patient diagnosed with a learning disability. Since 17th July 2020, SCRs have recommenced on some but not all of the on-site deaths that have triggered for review since April 2020, based on criteria agreed through MSG which includes any COVID-19 associated death (see appendix 1).

In addition to the activity in table 1, The Christie Private Care conducted SCRs for three NHS patients who were cared for at end of life on The Christie Private Care ward as part of the partnership between Christie NHS and Private Care in response to the COVID-19 crisis. Overall care was rated as excellent (rating 5) and the deaths considered definitely unavoidable (rating 6) for all three patients.

Monitoring of deaths

Deaths each week are monitored by the Executive review group to identify any exceptional trends. For 2020/21, 213 Christie patients died at the Withington site. This is a 25% reduction compared to the previous year, reflecting the reduction in in-patient activity at The Christie during 2020/21 as a consequence of the COVID-19 pandemic. A comparison with previous years is shown in table 2.

Table 2: On-site deaths annually

	2016 -2017	2017 - 2018	2018 - 2019	2019 – 2020	2020 - 2021
Total deaths in year	237	271	295	286	213
Deaths following emergency admission	212 (90%)	222 (82%)	266 (91%)	244 (85%)	178 (84%)
Emergency admissions in year	5081	6212	5921	6071	5779
% deaths / total emergency admissions	4.17%	3.57%	4.49%	4.02%	3.08%
Total admissions (excluding day cases)	10, 079	10,768	10,154	10,479	9619
% deaths / total admissions	2.35%	2.51%	2.88%	2.73%	2.21%

Table 3: 2020/21 Assessment of avoidable deaths* as confirmed at Mortality Group meeting of 08.03.2021:

*RCP rating 1=definitely avoidable, 2=strong evidence avoidability, 3=probably avoidable (more than 50-50), 4=possibly avoidable but not very likely, 5=Slight evidence of avoidability, 6=definitely not avoidable

To add: Reviewers were not asked to define avoidability for COVID associated deaths which, if there was a concern about nosocomial infection, went through additional scrutiny by the IPCT

2020 - 2021 Month	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	N/A COVID -19 death	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
Apr	17	7	-	-	-	-	-	-	1	6	-	-	-
May	22	9	-	-	-	-	-	-	4	5	-	-	-
Jun	23	4	-	-	-	-	-	-	4	-	-	-	-
Jul	25	6	-	-	-	-	-	-	7	-	1	1	-
Aug	16	5	-	-	-	-	-	-	5	-	-	-	-
Sep	11	1	-	-	-	-	-	-	2	-	1	1	-
Oct	16	6	-	-	-	-	1	-	2	3	-	-	-
Nov	12	4	-	-	-	-	-	-	4	-	-	-	-
Dec	15	3	-	-	-	-	-	1	3	1	-	-	-
Jan	19	6	-	-	-	-	-	-	6	-	-	-	-
Feb	15	4	-	-	-	-	-	-	5	-	1	1	-
Mar	19	-	-	-	-	-	-	-	-	-	-	-	-
Total	**210**	**55**	**-**	**-**	**-**	**-**	**1**	**1**	**43**	**15**	**3**	**3**	**-**

Table 4: Quarter 1 – 4 Ratings of overall care* after Mortality Group meeting 8.03.2021:

*RCP rating 1=very poor care, 2=poor care, 3=adequate care, 4=good care, 5=excellent care

2020 - 2021 Month	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
Apr	17	7	-	-	-	2	5
May	22	9	-	-	-	2	7
Jun	23	4	-	-	-	1	3
Jul	26	7	-	-	-	-	7
Aug	16	5	-	-	1	1	3
Sep	12	2	-	-	-	2	-
Oct	16	6	-	-	1	1	4
Nov	12	4	-	-	-	2	2
Dec	15	3	-	-	-	2	1
Jan	19	6	-	-	-	4	2
Feb	16	5	-	-	-	1	4
Mar	19	-	-	-	-	-	-
Total	**213**	**58**	**-**	**-**	**2**	**18**	**38**

This data reflects the final ratings in completed reviews as ratified at MSG for avoidability and overall care as of 8th March 2021.

There have been two deaths of patients with learning disabilities to date in 2020/2021. Both have been reported to LeDeR for further scrutiny. The mortality reviews rated care excellent (rating 5) for one case and good (rating 4) for the other, recognising that there was an accidental removal of an implanted venous access device (IVAD). Both deaths were considered definitely unavoidable (rating 6). The safeguarding team reviewed both cases after the mortality reviews and confirmed that the IVAD removal was accidental and unavoidable. Learning was identified regarding an opportunity for earlier escalation to the safeguarding team for one of the cases, but this did not impact on quality of care or outcome. The possibility of a learning disability diagnosis has been identified for a third patient. This concerns a patient who had recently moved to the UK. The Trust's safeguarding team are working with the patient's GP to determine if the diagnosis had been confirmed. This death was considered definitely unavoidable (rating 6) and overall care rated excellent (rating 5).

No deaths were considered to have a >50% chance of avoidability (score 1-3). There were no cases with an overall care score of very poor (score 1) or poor (score 2). No deaths required to be reported to CQC and the Trust has not received any mortality outlier notification.

One mortality review was triggered by a clinical incident regarding management of a deteriorating patient that was investigated through the Trust governance process. The investigation concluded that appropriate and timely care was delivered, but identified a missed opportunity for earlier escalation to the patient's consultant which might have resulted in a ceiling of care decision which could have avoided transfer to CCU. The death was considered unavoidable and due to progressive malignant disease (avoidability rating 6) and overall care was rated adequate (rating 3).

Four mortality reviews were triggered by concerns raised by bereaved relatives, and all were managed by PALS. In two cases, the concerns related to the COVID-19 visitor restrictions which were managed appropriately, including in one instance a concession to allow an additional family member to stay overnight at end of life. The other two cases related to concerns around provision of end of life care. The mortality reviews for these patients included input from the supportive care team and no significant lapses in care were identified.

COVID-19 Related Deaths

There have been 29 COVID-19 related in-patient deaths in total at The Christie to date, 28 of which occurred in this reporting period. Of the 28 COVID-19 related in-patient deaths in 2020/21, 19 patients died of COVID-19 (COVID-19 on part 1a-c of death certificate), and 9 patients died with by not directly of COVID-19 (COVID-19 on part 2 of death certificate).

Three patients with a COVID-19 related death tested positive 15 days or more after admission (meeting the NHSE definition for definite hospital acquired disease). No lapses in care were identified on mortality review for these cases. Two of these patients were admitted to the hospital before the pandemic was declared and contracted the infection prior to the visitor restrictions for in-patients and before masks were mandated for visitors and staff not working on the cohort wards. The infection prevention and control review for both cases found appropriate

procedures in place at the time were followed and identified no concerns. An investigation for the third case is currently ongoing.

Probable hospital-acquired COVID-19 is defined as a patient testing positive 8-14 days after admission. There were no probable hospital acquired COVID-19 related deaths at The Christie. A mortality review has been completed and reviewed through MSG for 24 of the 28 COVID-19 related in-patient deaths in this reporting period. Overall care was rated excellent or good for all 25 patients where a mortality review has taken place. All of the COVID-19 related deaths were considered definitely unavoidable (excluding for the third hospital acquired case where the avoidability rating will be allocated following the outcome of the investigation).

Learning from deaths

All consultants receive feedback following a review of one of their patients. Aspects of good practice are also highlighted. Any concerns identified are also shared within directorates or more widely, especially if associated with an incident or complaint. Examples of learning from mortality reviews include:

- Decisions regarding ceiling of care were mostly documented within 24 hours of admission (a requirement for all admissions to The Christie reinforced during the COVID-19 pandemic), but there were occasional examples where this has been delayed (although no impact on outcome identified). This issue has been highlighted via COVID-19 briefings and The Christie Learning for Improvement Bulletins, and a Grand Round presentation.
- Improvements identified to documentation of patient observations during interventional radiology procedures managed through the Interventional Radiology Task & Finish Group.
- Identified a need for a clear, consistent place in electronic records for lasting power of attorney documentation which is currently being explored by the Safeguarding team together with the Resus Committee and Digital Services team.
- Several examples of excellent post-bereavement care, including letters of condolence from consultants, and telephone support from CNSs.

The COVID-19 related mortality reviews identified:

- Multiple examples of excellent, consultant led, multi-disciplinary care.
- Early decisions around ceiling of care were discussed sensitively with patients and family, and clearly documented.
- Escalation to Critical Care was timely and where decisions were made not to escalate to CCU, these were appropriate.
- Communication with patients and families has been extremely challenging with the restrictions on in-patient visitors, but there are plentiful examples where this has been manged sensitively and comprehensively by the ward and clinical teams.
- Several patients presented to The Christie with advanced COVID-19 related symptoms. Clinical teams have been reminded to reinforce the message for patients undergoing anti-cancer treatment at The Christie that they must contact The Christie Hotline rather than 111 if they develop symptoms suspicious of COVID-19. This message is also included in information given to patients and on the Christie website.

Performance against key indicators 2020/21

National targets and minimum standards	Target	Threshold 2020/21	Q1	Q2	Q3	Q4	Yearly position
Infection control	Number of Attributable C-Diff cases	31	12	4	11	11	**38**
	Number of MRSA Bacteraemia	0	0	1	0	1	**2**
	MRSA Screening	100%	100%	100%	100%	100%	**100%**
**Cancer Targets	% of cancer patients waiting a maximum of 31 days for diagnosis to first definitive treatment	96%	93.2%	95.5%	97.2%	98.2%	**96.2%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (anti- cancer drugs)	98%	99.8%	99.8%	99.9%	100.0%	**99.9%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (surgery)	94%	94.5%	99.6%	100.0%	100.0%	**98.5%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (radiotherapy)	94%	99.2%	98.5%	99.2%	100.0%	**99.2%**
	% of cancer patients waiting a maximum of 62 days from GP referral to first definitive treatment including rare and testicular cancers (based on national allocated position).	85%	70.7%	75.1%	76.0%	75.6%	**74.5%**
	% of cancer patients waiting a maximum of 62 days from consultant upgrade date to first definitive treatment including rare and testicular cancers (based on national allocated position).	85%	76.9%	81.2%	85.3%	83.7%	**81.8%**
	% of cancer patients waiting a maximum of 62 days from screening referral to first definitive treatment (based on national allocated position)	90%	42.9%	33.3%	91.7%	83.3%	**75.0%**
18 Weeks	18 week incomplete pathways	92%	94.9%	94.8%	98.6%	98.6%	**96.8%**
**6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	98.7%	97.0%	97.3%	96.6%	**97.3%**

**These indicators are below threshold throughout 2020/21 due to the COVID-19 pandemic, some services were suspended, therefore creating a backlog. This has now been addressed and all services were back up and running towards Q3.

Feedback from External Parties on the Christie 2020/2021 Quality Accounts.

Healthwatch.

Healthwatch Manchester
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Web: www.healthwatchmanchester.co.uk

healthwatch Manchester

Your Ref:
Our Ref: CHRISTIEQA005
Date: 25th May 2021

Roger Spencer
Chief Executive
The Christie NHS Foundation Trust
550 Wilmslow Road
Manchester M20 4BX

Dear Roger

RE: The Christie NHS Foundation Trust Quality Account 2020 - 2021 request for contribution from Healthwatch Manchester.

Thank you for affording Healthwatch Manchester the opportunity to contribute to the suggested content for the above.

As per our previous response (derived from our members and colleagues) Healthwatch Manchester would like to see an 'easy-read' version of the Quality Account.

The following are issues noted by our Quality Accounts Team which reviewed our draft version of the account:-
Healthwatch Manchester is pleased to see the following positive results this year for The Christie:

- It is commendable that The Christie was not a subject of responsive or special measure by the Care Quality Commission (CQC). The Christie NHS Foundation Trust was categorised in 2019 by the CQC as 'much better than expected'.
- Although some outcomes framework indicators were suspended, where these were applied The Christie is once again above national average on the related NHS outcomes framework.
- According to The Christie CODE, all six of its wards were accredited with 'gold' status and all of them have demonstrated maintenance of the CODE standards through annual re-accreditation, this process continued throughout the COVID-19 pandemic.
- The Quality Accounts team were pleased to see that in 2020 two additional standards for diabetes care and end of life care were introduced into the accreditation process.
- Due to the COVID-19 pandemic there have been no patient focus groups in this period and the Quality Accounts team look forward to their resumption going forward. The Quality Accounts team is pleased to note that there have been some remote remote/telephone consultations with patients.
- The Friends and Family Test (FFT) was cancelled for 2020/21 and we look forward to its resumption going forward.
- There have been no category 3 or 4 pressure ulcers acquired during hospital admission during this period, and the Trust has met the target of no more than 30 pressure ulcers.
- Regarding remote consultation, either through video or telephone:

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- The majority of patients are reported as responding positively to remote consultation, however there is no comparator and therefore quality assessment is challenging. It is recommended that analysis of patient satisfaction regarding remote consultations includes open ended questions to provide better insight. It is also recommended that the views of health professionals are captured regarding their assessment of remote consultations. Non-verbal communication, for example, could easily be missed.

- Regarding complaints:
  - Healthwatch Manchester would like to see the Quality Accounts provide a comprehensive list of complaints rather than just the examples provided.
  - There is great concern that the nature of complaint issues ranges from non-sever to sever. We would recommend in future they are ranked according to severity.
  - The two main issues within the complaints listed appear to be around information management, particularly referrals and procedures. Satisfactory control measures appear to have been implemented.

- Regarding waiting times: we are concerned there is no inclusion of waiting times information apart from pharmacy waiting times and look forward to its inclusion in the next accounts.

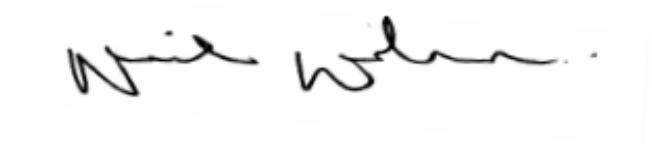
Previously Healthwatch Manchester has benefited from meeting with representatives from The Christie regarding quality accounts and would be happy to resume this activity.

The Healthwatch Manchester board fully recognise the efforts of your frontline workers during the pandemic and the extraordinary attempts made by The Christie to provide a high quality service to contribute to the health and wellbeing of our population.

Many thanks to our Quality Accounts Team who worked on providing a response to this year's account.

I look forward to receiving a copy of the finalised Quality Account for 2020 - 2021.

Yours sincerely



Neil Walbran
Chief Officer

Company Registered in England No. 08465025
Registered Charity No. 1179089
D-U-N-S Number 21-933-7137

Governors

Our Governors emailed an account of our Quality Accounts which was sent on the 21st May with some queries and questions, all were answered accordingly, and no further comments were made.

Commissioners

Awaiting response.

Directors' Report

The role of an NHS Foundation Trust Board of Directors is to be collectively responsible for the exercise of the powers and the performance of the NHS Foundation Trust. Its role is to provide active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed.

Our board is responsible for ensuring the Trust is compliant with its terms of authorisation, its constitution, mandatory guidance, relevant statutory requirements, contractual obligations and for governing The Christie NHS Foundation Trust effectively so that our patients, public and stakeholders have confidence that their care is in safe hands.

The quality and safety of our services are of paramount importance to us all; the board ensures that it applies all the relevant principles and standards of clinical governance.
All members of the board meet the 'fit and proper' person test as described in the provider licence.
Our authorisation from our regulator and constitution govern the operation of the Trust. The schedule of reservation and delegation of powers sets out the types of decisions that must be taken by the board of directors and those which can be delegated to management. As required under Schedule A of the NHS Foundation Trust Code of Governance (A.1.1), the Trust's constitution (Annex 7, 10.3) defines which decisions must be taken by the council of governors and how disagreements between the board and the council should be resolved. Annex 6 paragraph 2 describes how the chairman or a non-executive director may be terminated. Further detail can be obtained from our Constitution which is accessible via our website.

Our board considers that it has complied with the requirements of the constitution relating to board composition. The board is satisfied that it has acted appropriately, been balanced and complete and has contained a suitable range of appropriate and complementary skills and experience.
The board considers that all the non-executive directors are independent and the Chairman was independent on appointment (as required by the NHS Foundation Trust Code of Governance provision B.1.1).

Kathryn Riddle is the senior non-executive director and the designated link to the governors in case they have concerns they feel they cannot raise with the chairman or any of the executive directors. She also leads the appraisal process for the Chairman.

During 2020/21 there were two changes to the membership of the board of directors. Fiona Noden, Chief Operating Officer left the organisation on 31st March 2020 to take up the post of Chief Executive at the Royal Bolton Hospital. Bernie Delahoyde is currently undertaking the role of Interim Chief Operating Officer. Janelle Yorke was also appointed as Chief Nurse & Executive Director of Quality on 20th April 2020.

Process for evaluation of performance

In line with the NHS Foundation Trust Code of Governance (provision B.6), all directors have an annual performance appraisal and a personal development plan. The Chief Executive is responsible for the performance appraisal of the executive directors. The performance of the Chief Executive is reviewed by the Chairman. The results of these appraisals are reported to the Trust's remuneration committee.

The performance of the non-executive directors is reviewed by the Chairman and is reported to the council of governors, using a process agreed by the council of governors. The performance of the Chairman is reviewed by the non-executive directors led by the senior independent director in a process agreed by the council of governors.

The board of directors and the audit and quality assurance committees undertake an annual self-assessment exercise to ascertain their effectiveness. The responses are collated and discussion is held on the key points arising from the review. The focus of the discussion is on those areas which clearly need improvement or where there is great variation in answers.

Board appointments

All non-executive director appointments made since 1st April 2007, including the Chairman, were made by the nominations committee and were approved by the council of governors.

The Chairman and non-executive directors are appointed for an initial period of 3 years and may be removed by the council of governors in accordance with Annex 6, paragraph 2, of our constitution.

Our executive directors are appointed through an open competition panel; their contracts of employment do not contain an expiry date.

Board meetings and committees

The board supports the Nolan principles and makes the majority of its decisions in meetings open to the public. The board met in public and in private eight times during 2020/21. It also held two informal board time outs, one of which was a joint board and governor time out; this afforded the opportunity for our governors to input into discussions around the Trust's current and future plans.

The board delegates some of its work to sub committees. They receive a copy of the full minutes of these meetings. This helps the assurance committees to demonstrate a stronger audit trail of the work of their committee as well as steering their agenda in line with key risks (as identified in the Board Assurance Framework and divisional risks).

Attendance by directors at board and subcommittee meetings is shown toward the end of this section.

Register of Interests

Details of company directorships and other significant interests held by directors which may conflict with their management responsibilities are held in the register of interests of directors. This may be viewed on our website at board of directors

Accounting policies for pensions and other retirement benefits are set out in the notes to the accounts and details of senior employees' remuneration can be found in the remuneration report.

There are 13 board members (seven non-executive and six executive directors; the executive medical directors share a vote on the board).

Gender	Non-executive directors	Executive directors	Total number of directors (substantive)
Female	3	4	7
Male	4	2	6
Total			**13**

The directors are responsible for preparing the annual report and accounts. The directors consider the annual report and accounts taken as a whole to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Roger Spencer
Chief Executive
25th June 2021

Our board members

Non-executive directors

Christine Outram
Chairman

Christine was appointed Chairman of The Christie in October 2014. Her first job in the NHS in 1985 was as a patient advocate, and she continues to be passionate about working with clinical staff and with patients to provide excellent services and outcomes, and to further the Christie's internationally leading role in cancer research. As a chief executive in the NHS in London and Yorkshire for over 20 years, she championed many improvements and innovations in services, and also led major national programmes at the Department of Health and NHS England. She has expertise in professional education and research, and in maximising the benefit for health from digital technology.

Christine is also Board Trustee and Vice Chair of NHS Providers, which represents all Trusts providing services for patients within the NHS in England. Alongside her role at The Christie, she is a non-executive director of the Yorkshire & Humber Academic Health Science Network. A modern languages graduate, she holds a Master of Business Administration degree from the London Business School.

Neil Large MBE
Non-executive director

Neil was appointed as an interim non-executive director in July 2014 and as a substantive non-executive from July 2015; he is chair of the Trust's Audit Committee and Remuneration Committee and member of the proton beam therapy programme board.

Neil is currently Chairman of the Liverpool Heart and Chest Hospital NHS Foundation Trust (also rated as 'Outstanding' by the CQC) appointed in December 2009 and was previously a Non-Executive Director for two years at that Trust. Neil is an accountant by profession and has spent most of his career in the NHS holding board level appointments both Chief Executive / Executive and non-executive director positions for over 25 years. His last executive appointment prior to retirement was as Director of Finance & ICT of the former Cheshire & Merseyside Strategic Health Authority and he was a member of the National Finance Staff Development Committee.

Neil also supports local charitable /voluntary causes.

Neil was awarded an MBE in the 2017 New Year's honours list for services to healthcare.

Kathryn Riddle OBE JP DL
Non-executive director

Kathryn was appointed as an interim non-executive director in May 2014 and as a substantive non-executive director from May 2015. Kathryn is the senior independent Non-Executive Director. She also chairs the Charitable Funds Committee and is a member of the audit committee.

Kathryn is a patron of Weston Park Hospital, Sheffield and a patron of St Luke's Hospice, Sheffield. A former High Sheriff of South Yorkshire, Kathryn is a Deputy Lieutenant of South Yorkshire. She has been involved in health services since 1994 chairing the Community Health Trust in Sheffield, the Strategic Health Authority in Yorkshire and the Humber and from 2011-2013 she chaired NHS North of England.

With degrees in economics and law, Kathryn was awarded an honorary doctorate of letters from the University of Sheffield in 2012. Kathryn, a former lecturer in law, was the first woman to be appointed a Pro-Chancellor at the University of Sheffield and the first female Chair of Council at the University from 2007-2013. Kathryn remains connected with the University as a member of the alumni board.

Kathryn was Honorary Colonel of the Sheffield Universities Officer Training Corps from 2008-2014. A Magistrate since 1975 she chaired the Family Panel at Sheffield and the South Yorkshire Panel of Guardians ad Litem for eight years. Kathryn retired from the bench in 2015. Kathryn has had associations with a number of charities including Scope, Victim Support and Birthright.

Professor Kieran Walshe
Non-executive director

Kieran was appointed from July 2015 and chairs the Trust's Quality Assurance Committee.

Kieran is Professor of Health Policy and Management at Alliance Manchester Business School. From January 2020 Kieran was seconded part time to the role of Director of Health and Care Research Wales for the Welsh Government. He is a board member of Health Services Research UK. He was associate director of the National Institute of Health Research health services and delivery research programme from 2012 to 2015, and directed the NIHR service delivery and organisation research programme from 2008 to 2011. From 2003 to 2006 he directed the Centre for Public Policy and Management in Manchester Business School, and from 2009 to 2011 he directed the University's Institute of Health Sciences.

He has thirty years' experience in health policy, health management and health services research. He has particular interests in quality and performance in healthcare organisations; the governance, accountability and performance of public services; and the use of evidence in policy evaluation and learning. He has led research projects funded by the ESRC, Department of Health, NIHR, Health Foundation, European Union and other funders. He has advised many government agencies and organisations, in the UK and internationally, including acting as an advisor on health reforms to the House of Commons health select committee. His current research is mainly focused on reforms to health professions regulation; the use of inspection and

rating in the regulation of healthcare organisations and services; organisational capabilities and processes for improvement; and health and social care devolution.

Dr Jane Maher
Non-executive director
Jane was appointed from September 2015. She is the non-executive director safeguarding lead and is a member of the Quality Assurance Committee.

Jane was Chief Medical Officer of Macmillan Cancer Support from 1999-2018 and remains a clinical advisor to the charity. She has worked as a consultant clinical oncologist at Mount Vernon Cancer Centre for nearly 30 years and over this period focussed on a range of different cancers, including lymphoma, head and neck cancer and lung cancer, most recently with a particular interest in breast and advanced prostate cancer, with a research interest in understanding what happens to patients after their initial cancer treatment, as well as the influence of cultural differences on cancer management. She has also advised national NHS and international bodies on aftercare and survivorship.

Jane chaired the Maher Committee for the Department of Health in 1995, led the UK National Audit of Late Effects Pelvic Radiotherapy for the Royal College of Radiologists in 2000 and chaired the National Cancer Survivorship Initiative Consequences of Treatment workstream. She co-founded one of the first cancer support and Information services in the UK, winning the Nye Bevan award in 1992 and more than 60 support and information units have been established based on this model.

She has published widely and is a UK representative for cancer survivorship in Europe and advises on cancer survivorship programmes in Denmark and Canada.

Robert Ainsworth
Non-executive director
Robert was appointed in March 2016**.** He is a member of the Audit Committee and is the independent Chairman of The Christie Pharmacy Limited. Robert was previously a non-executive director of Pennine Care NHS Foundation Trust having been appointed in 2008, and served as deputy chairman and senior independent director from 2011 until 2016**.**

Prior to taking up the role of non-executive director, Robert held several senior management and director positions in the private sector, most recently in Premier Farnell plc, where he was Finance Director of the Europe & Asia Pacific division. This consisted of over twenty businesses across Europe and Asia with a turnover in excess of £400 million.

He was previously Finance Director and Company Secretary of National Tyres and Autocare Ltd and was Executive Director of Finance of GUS Catalogue Order Ltd. He has also been employed by The Co-operative Bank plc, and Price Waterhouse & Co. He has wide experience of general and financial management and much of

his career has been spent in competitive industries with a focus on customer service. He has a degree from Leeds University and he is a Fellow of the Institute of Chartered Accountants in England and Wales.

Tarun Kapur CBE
Non-executive director
Tarun was appointed from 1st June 2016 and is a member of the quality assurance committee.

Tarun is the CEO of The Dean Trust, comprising 10 schools across four local authorities. He was appointed as the first national leader of education (NLE) in the North West and since 2005 has led on many significant school to school support commissions. He has been an advisor to the Department of Education and speaks regularly on educational issues.

Tarun, as the headteacher at Ashton on Mersey School, won secondary headteacher of the year 2007. He is chairman of the Football Foundation facilities panel (FA and Premier League), which is the largest sports charity in the country. He is a director of the Manchester United Foundation Board that is dedicated to community provision in sport, education and employability.

Tarun was awarded a CBE in 2008 for services to education and in 2015 was nominated as one of 250 of the most influential people in Greater Manchester.

Executive directors

Roger Spencer
Chief Executive
Roger has been undertaking the role of Chief Executive at The Christie since December 2013.

He has managed significant service developments including networked radiotherapy and chemotherapy centres across Greater Manchester, transforming the delivery of Christie services to an outpatient model. He directed the establishment of Christie partnerships for pathology, specialist diagnostic services and private patients, academic investment plan and the establishment of the first national proton therapy service in the UK.

In 2016 he led the Trust to a CQC Outstanding rating, repeated again in 2018.

Roger led for Greater Manchester on the National Cancer Vanguard developing and testing new models of care and was a member of the long term plan working group. He is the executive lead for Greater Manchester Cancer Alliance.

In December 2018 Roger was appointed to the Healthcare UK Advisory Board. The Advisory Board is accountable to the Department for International Trade (DIT) and the Department of Health & Social Care (DHSC) ministers.

Roger holds an MBA, an honours degree in Nursing Studies and is a Registered Nurse.

Janelle Yorke
Chief Nurse & Executive Director of Quality
Professor Yorke was appointed as Executive Chief Nurse and Director of Quality in April 2020. She continues to hold the inaugural joint Chair in Cancer Nursing with the University of Manchester and The Christie, commencing May 2015.

In 2016, she founded Christie Patient Centred Research (CPCR) and continues to lead this multi-professional group of Christie researchers and students. During that time she also developed the bespoke Christie Clinical Academic Pathway (CCAP) supporting combined clinical and research pathways for cancer nurses and allied health professionals. She is Deputy Chair of Supportive and Palliative Care research at University of Manchester. She has secured research grants over £6M as a lead investigator and £20M as a co-investigator.

Professor Yorke has particular expertise in the development and utilisation of Patient Reported Outcome - and Experience - Measures (PROMS/PREMS). She is internationally recognised as an expert in PROM work; her work includes symptom specific and quality of life measures that have been translated into more than 30 different languages. She chairs The Christie ePROM group, leading the implementation of electronic PROMs into routine clinical care.

In 1991, Professor Yorke graduated from the University of Western Sydney and began her clinical nursing career as an intensive care nurse; she worked in Sydney, London and Saudi Arabia. Prior to relocating to the UK in 2004 she was Nurse Consultant for heart and lung transplantation at St Vincent's Hospital, Sydney.

Since moving to the UK she completed her PhD and has held numerous academic and leadership roles at the Royal Brompton and Harefield Foundation Trust, Imperial College London and University of Salford. She is also Conjoint Professor at University of Newcastle, Australia.

Professor Yorke holds numerous leadership roles including Chair of Lung Cancer Nurses UK research group, outgoing Chair for the British Thoracic Society and European Respiratory Society nursing groups, and previous Chair of the American Thoracic Society nursing group. She is dedicated to the clinical-academic development of nurses and allied health professionals to benefit patient care and the wider health care setting.

Joanne Fitzpatrick
Executive Director of Finance & Business Development
Joanne was appointed on 1st April 2013 and is the former deputy director of finance and business development, a post which she held from 2001 to 2013. Prior to that Joanne was the assistant director of finance at The Christie NHS Foundation Trust from 1992 to 2001.

Joanne is responsible for the finance, business development, capital planning, estates and digital teams within the Trust and is also a Director of

The Christie Clinic and The Christie Pathology Partnership. Joanne is also executive lead for The Christie charity. Joanne chairs the Greater Manchester Director of Finance Group.

In 2011, Joanne was recognised as being one of the top deputy directors of finance in the NHS through the successful attainment of the HFMA Deputy Director of Finance Award.

She is a qualified accountant and holds an ACMA.

Bernie Delahoyde
Interim Chief Operating Officer
Bernie was appointed as interim chief operating officer at The Christie in February 2020. She is the former director of operations and deputy chief operating officer, a post which she held from 2014 to 2020. Before that, she was the general manager of the programme management office.

Bernie is also a director of The Christie Clinic and The Christie Pathology Partnership.

Before coming to The Christie, Bernie worked in managerial roles at Salford Royal Hospitals and Trafford General Hospital. She qualified and worked as a registered nurse before moving into managerial roles.

Professor Christopher Harrison
Executive Medical Director (strategy)
Chris was appointed as executive medical director from 1st February 2016 and combined this role with that of National Clinical Director for Cancer at NHS England, a post he held until September 2018. Chris holds an honorary clinical professor position at the Manchester Academic Health Sciences Centre and continues to hold an honorary professor position at Imperial College, London

Chris was the medical director and responsible officer at Imperial College Healthcare NHS Trust from 2013 until 2016 during which period he was also the vice chairman of the London Clinical Senate. As medical director he was responsible for all aspects of the clinical strategy, clinical governance and medical professional leadership for a London teaching hospital with over 1000 doctors. He was also the executive director with responsibility for research and medical education.

Before moving to London, Chris was medical director at The Christie between 2005 and 2013. During this time he led the work leading to the development of the networked radiotherapy satellite facilities in Salford and Oldham and established the long term clinical strategy for the Christie. He established Manchester Cancer an integrated cancer system which has since evolved into the Greater Manchester Cancer programme and designated as part of the national cancer vanguard. Between 2010 and 2012 he was seconded part time to NHS London to lead the development of cancer services across the capital, establishing the arrangements for the

two London based integrated cancer systems which are also part of the national cancer vanguard.

He had previously held posts as head of the regional cancer team at North West Regional Office, deputy regional director of public health at North West Regional Office, director of the Greater Manchester Health Protection Unit and medical director and director of public health at Greater Manchester Strategic Health Authority. From 1992 he was the director of public health for The South Lancashire Health Authority (Ormskirk, Chorley, South Ribble) and in 1996 director of public health and commissioning for North West Lancashire Health Authority (Preston and Blackpool). During this period he was the executive director responsible for overseeing the development of the new radiotherapy service in Preston.

He has been involved in numerous national and international committees relating to cancer care, quality of care and standards of clinical practice. He led the first region wide cancer peer review programme and later chaired the accreditation committee of the Organisation of European Cancer Institutes which oversaw the peer review programme for cancer centres in Europe. He is frequently invited to lecture on cancer care policy in the UK and abroad.

Dr Wendy Makin
Executive Medical Director & Responsible Officer

Wendy was appointed from 1st November 2016.

Wendy initially trained as a clinical oncologist at The Christie. Following this, she decided to work in palliative care and worked as a consultant based at St Oswald's Hospice in Newcastle upon Tyne. She returned to Manchester in 1995 as Macmillan consultant in palliative care and oncology at The Christie, with sessions at St Ann's Hospice. She led the development of the multidisciplinary palliative care service at The Christie and helped to establish higher specialist training in palliative medicine in Greater Manchester. Wendy led a cross-College working party into the urgent care needs of people with cancer in 2012-13 and chaired the Palliative Medicine specialty committee at the Royal College of Physicians from 2013-16 and was a member of the Joint Collegiate Council for Oncology during that period.

For several years she has been engaged in the development of support and information for cancer survivors and was appointed as the new Manchester Cancer pathway director for Living With and Beyond Cancer (LWBC) in 2014. Wendy has continued to support areas of this work and is now a member of a national steering committee to develop models of 'Prehabilitation' for patients who undergo both surgical and non-surgical treatments.

Wendy is a member of the Macmillan consultant advisory group, working closely with the Macmillan GP network and a member of the Macmillan clinical advisory board. In 2017 she received a 'Lifetime achievement award' from Macmillan Cancer Support in recognition of her work.

Wendy was Deputy Medical Director for several years before her appointment as Executive Medical Director for governance and performance in 2016; she combines this role with that of Responsible Officer and is a regional RO appraiser.

Committees of the board

Audit committee

The audit committee uses the work of the auditors to provide the board of directors with an independent and objective review of how the foundation trust manages its finances, how it is structured to deliver its strategy and how it manages its risks. The committee was chaired throughout the year by Neil Large, non-executive director. Non-executive attendance at assurance committees is split between the audit and quality assurance committees (the Chairman of the Trust cannot be a member of the audit committee so attends the quality assurance committee). The other members of the audit committee are Kathryn Riddle and Robert Ainsworth.

The committee receives reports, scrutinises the findings, makes recommendations on requirements and follows up on actions taken.

Key activities during the year were:

- reviewing the Trust's annual report, financial statements, quality of costing & coding and quality accounts
- receiving and acting upon the annual governance report from the external auditor
- monitoring the board assurance framework
- approving the corporate governance documents of the Trust
- receiving reports from the internal auditor including counter fraud

Internal audit – internal audit is a cornerstone of good governance. Boards need timely and relevant assurance and look to internal audit to support that objective. Our internal auditor, Mersey Internal Audit Agency (MIAA), produces a plan of audits to be undertaken during the year. These are reviewed by the audit committee; additional audits can be added to the plan if required. Where further assurance is needed the relevant manager attends the committee and reports on actions to address any identified risks.

MIAA has a programme of follow-up audits which ensure recommendations to address identified risks are implemented.

External audit - an external audit is an independent examination of the annual financial statements of the foundation trust in accordance with specific rules. The external auditor performs the audit by examining and testing the information prepared by the foundation trust to support the figures and information it includes in its financial statements. The external auditor is appointed by the council of governors. Grant Thornton are the Trust's current appointed external audit provider. The effectiveness of the external audit process is assessed through regular reports to the committee as well as regular contact with the senior finance team.

The annual financial statements are presented to the committee. Areas of significance are accounting for the trust joint ventures, fixed asset transactions, adherence to key accounting standards and the presentation of the group accounts to include The Christie Pharmacy and The Christie Charity.

The audit committee annual report is available on our website Trust publications and reports (what our priorities are and how we are doing).

Quality assurance committee

The role of the quality assurance committee is to provide independent assurance to the board of directors that The Christie NHS Foundation Trust is properly governed and well managed across the full range of activities and to provide internal and external assurance relating to quality by reviewing the establishment and maintenance of effective systems of governance, risk management and internal control. The committee is chaired by Professor Kieran Walshe, non-executive director, and comprises 3 other non-executive directors; Professor Jane Maher, Christine Outram and Tarun Kapur.

Key activities during the year were:

- Maintaining registration with the CQC and full compliance with CQC essential standards of quality and safety, along with all other regulatory requirements.
- receiving reports and action plans from internal and external reviews
- monitoring the board assurance framework
- receiving internal audit reports relating to quality
- reviewing the terms of reference of the committee

The quality assurance committee annual report is available on our website Trust publications and reports (what our priorities are and how we are doing).

Charitable funds committee

The role of our charitable funds committee is to oversee the management of the affairs of The Christie Charitable Fund. The committee is chaired by Kathryn Riddle, non-executive director. The other members of the board are trustees.

Remuneration committee

The Remuneration Committee determines the pay of the executive directors. The committee is a non-executive committee of the board of directors comprising the independent non-executive directors. The committee is chaired by Neil Large who is also the chair of the audit committee. The other members of the committee are the Chairman of the foundation trust, Christine Outram, and the other non-executive directors: Kathryn Riddle, Jane Maher, Kieran Walshe, Robert Ainsworth and Tarun Kapur.

The remuneration committee ensures that appropriate procedures are in place for the nomination, selection, training, development, monitoring, evaluation and remuneration of the chief executive and executive directors, having proper regard to the financial and commercial health of the organisation and for the provision of any national arrangements for such staff.

The committee evaluates and considers the recommendations of the chairman on the performance of the chief executive and evaluates and considers the recommendations of the chief executive on the performance of the executive directors. The committee determines the appropriate remuneration and terms of service for the chief executive and executive directors including all aspects of salary, provisions for other benefits (including pensions) and arrangements for the termination of employment and other contractual terms. Any decision must be based on individual contributions to the trust, having proper regard to the trust's circumstances and performance and to the provisions of any national arrangements for such staff (where appropriate).

The committee advises on and oversees appropriate contractual arrangements for executive directors including the proper calculation and scrutiny of termination payments taking into account such national guidance as is appropriate. The committee evaluates its own membership and performance on a regular basis and is authorised to obtain reasonable external legal or other independent professional advice if it considers this to be necessary.

Management board

The role of the management board is to formulate recommendations on strategic and operational matters for referral to the board of directors for approval. The committee also monitors the effective and efficient financial, performance, risk, quality and safety management of The Christie. Meetings are held monthly and are chaired by the Chief Executive and comprise the executive directors, divisional directors, divisional medical directors, clinical

directors and general managers. The terms of reference including its membership were reviewed during the year.

Board members attendance at meetings

	Board of directors (BoD)	Board time out	Audit	Quality assurance	Joint audit & quality	Charitable funds	Remuneration	Council of governors (CoG)	Joint BoD / CoG
Number of meetings	8	2	3	5	1	5	1	3 *	1
Christine Outram, Chairman	8	2	N/A	5	1	5	1	3	1
Kathryn Riddle, NED	7	2	2	N/A	1	5	1	3	1
Neil Large, NED	8	2	3	N/A	1	4	1	3	1
Prof Kieran Walshe, NED	8	2	N/A	5	1	5	1	3	1
Prof Jane Maher, NED	8	2	N/A	5	1	5	1	0	1
Robert Ainsworth, NED	8	2	3	N/A	1	4	1	3	1
Tarun Kapur, NED	8	2	N/A	5	1	5	1	3	1
Roger Spencer, Chief Executive	8	2	N/A	N/A	1	5	N/A	3	1
Janelle Yorke, Chief Nurse & Executive Director of Quality	7	2	3	5	1	5	N/A	2	1
Joanne Fitzpatrick, Executive Director of Finance & Business Development	6	2	3	N/A	1	5	N/A	3	1
Prof Christopher Harrison, Executive Medical Director	8	2	N/A	-	1	5	N/A	3	1
Bernie Delahoyde, Interim Chief Operating Officer	8	2	N/A	N/A	1	5	N/A	3	1
Dr Wendy Makin, Executive Medical Director	8	2	N/A	5	1	5	N/A	3	1

* With the exception of the Chairman, there is no requirement for board members to attend council meetings unless governors' request attendance to gain information about the Trust's performance or the directors' performance of their duties. Governors have not exercised this power during this financial year.

Our council of governors

Governors play an important role in making us publicly accountable for the services we provide and they bring a valuable perspective and contribution to our activities. Importantly, governors hold the non-executive directors to account for the performance of the board.

The council of governors is made up of both elected and partner governors who act on behalf of their members or partner organisations, working closely with us to support future plans and ensuring we keep pushing our standards for the benefit of our patients.

Our council is made up of 28 governors: 15 representing the public, patients and carers (we currently have 3 vacancies in this area), 4 representing our staff and volunteers and 9 appointed by partner organisations (we currently have 4 vacancies in this area).

Elections in 2020

There were 6 constituencies up for election in 2020. We were able to appoint to 4 of these vacancies. The results of the elections are as follow:

Public constituencies:

Bury
Mohammad Qureshi (re-appointed)
Cheshire
Alice Choi (re-elected)
Oldham
Susan Mee (re-elected)
Tameside and Glossop
Sam Vickerman (elected from October 2020)

We would like to thank our outgoing governors: Ann Gavin-Daley, governor for Salford, served on the council of governors for 9 years and has been an active supporter of the Trust in many ways during this time. Ann was a valued member and chair of the Quality Committee. Mary Maden spent 6 years as the governor for Tameside and Glossop and as a valued member of the Membership and Community Engagement Committee, we were also saddened to hear of Mary's passing within the year. We also said goodbye to Craig Wellens, public governor for Rochdale, who stepped down mid-year.

We would like to welcome our new governor, Sam Vickerman to The Christie.

Staff constituencies

The following 3 staff constituencies were up for election in 2020, with the results also shown.
Registered medical practitioners
Dr Amit Patel (appointed)
Other clinical professional staff
Rachael Bailey (elected)
Non-clinical staff
Jack Muddiman (elected)

We would like to welcome our new staff governors and extend our thanks to the outgoing governors, Alison Armstrong, Rachel Kendal and Richard Hubner. There were no other changes to our staff governors during the year.

Partner governors

No new partner governors were appointed during 2020/21. We were sad to lose Geneva Rhodes as a patient representative partner governor who sadly passed away within the year.

Working with our governors

Our governors have a number of statutory responsibilities which are reflected in the Trust's Constitution. These responsibilities include, but are not limited to:

- the appointment or removal of Non-Executive Directors
- deciding the remuneration for Non-Executive Directors
- the appointment or removal of the Trust's external auditor
- receiving the annual report, accounts and auditors report

In addition, the Health and Social Care Act 2012 introduced two new legal duties:

- Hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board
- Represent the interests of the members of the Trust and public in general

In order for Governors to fulfil their statutory duties and responsibilities, it is important to ensure that they can connect with the Board of Directors. Therefore the chair of the board is also the chair of the council of governors. It is the chair's responsibility to ensure that the board and council work effectively together and that they receive the information they need to undertake their respective duties. To this end, the Council of Governors meeting is attended by Executive Directors. The Senior Independent Director (who is the designated link between the Council of Governors and the Board of Directors) also attends. The other non-executive directors are invited to the meetings but attendance is not mandatory unless requested to do so by the council of governors; this power has not been exercised during the course of this financial year.

Non-executive directors are also assigned to sit on one of the governor sub-committees. Governors have a rota for attendance at board meetings where they can observe the Non-Executive Directors carrying out their duties. The rota is a guide only with governors able to attend as many board meetings as they wish. Governors receive a copy of the agenda prior to the meeting and also receive copies of the Chief Executive's report and summary performance report following each Board meeting; they also have access to all board minutes.

We hold an annual joint time out session with the full council of governors and the board of directors. This half day event focuses on the strategy of the organisation and is a great opportunity for both groups to work together on the future direction of the Trust.

This interaction is invaluable and enables the governors to review how well the board is working, challenge the board in respect to its effectiveness and ask the board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust.

The governors receive regular newsletters which keep them informed and updated on items of interest. The Chairman also hosts a number of Chairman's lunches which are attended by our non-executive directors to offer governors a more informal opportunity for interaction.

In situations where any conflict arises between the Board of Directors and the Council of Governors, the Trust's internal processes will be followed (*Annex 7 paragraph 10 of the Trust's Constitution*). The constitution states that the council of governors has three main roles:

- Strategic – to use the breadth of experience of the governors to help determine the Trust's future direction and support it in delivering its plans.
- Advisory – to act as a critical friend providing support, feedback and advice.
- Representative – to use the views of their electorate or organisation to enhance and inform the work of the Trust.

The board of directors, however, has overall responsibility for running the affairs of the Trust. In circumstances where a conflict cannot be resolved the Chair can initiate an independent review (normally led by the Senior Independent Director) to investigate the concerns and make any recommendations.

Governors have an important role to play in making an NHS Foundation Trust publicly accountable for the services it provides.

It is their responsibility to maintain and review membership numbers and the membership strategy. The board of directors consults with governors when the annual plan is being prepared and also on other issues such as revisions to our constitution and our declaration for the Care Quality Commission's 'essential standards of quality and safety'.

Our governors canvass the opinion of our members via newsletters and events and welcome any feedback. The Christie membership team also holds a series of focus groups each year to help gather members' views. The council met formally 4 times during 2020/21 (one of these was a joint time out session with the Board of Directors). The council of governors has four subcommittees focusing support into the areas of nominations, membership & community engagement, quality and development & sustainability. We were able to continue with fulfilling our meetings by hosting these virtually throughout the pandemic.

Our governors have supported the board as well as providing an appropriate degree of challenge. They have contributed to our strategic plans via their involvement in council meetings, subcommittees, time-out sessions and working groups.

Governors are not paid but the Trust ensures that they are appropriately reimbursed for reasonable expenses incurred in the course of their duties.

- In 2018/19 5 governors submitted travel claims and for the year ended 31st March 2019, the total amount claimed was £1783.12.
- In 2019/20 6 governors submitted travel claims and for the year ended 31st March 2020, the total amount claimed was £672.96.
- In 2020/21 1 governor submitted a travel claim and for the year ended 31st March 2021, the total amount claimed was £51.52.

Governor sub-committees

Nominations committee

The nominations committee makes recommendations to the council of governors on the appointment and remuneration of the chairman and non-executive directors. The committee may work with an external organisation recognised as an expert at appointments to identify the skills and experience required; they will also take into account the views of the Board of Directors.

The nominations committee comprises the chairman of the Foundation Trust (or when the chairman is being appointed by another non-executive director), two elected governors and one appointed governor. The chair of another Foundation Trust will be invited to act as an independent assessor to the nominations committee.

The committee is chaired by the Trust's Chairman and the following governors are members:

- Dr Amit Patel (staff governor for registered medical practitioners)
- Susan Mee (public governor for Oldham and lead governor) from July 2019.

The Director of Workforce may also be asked to attend as an advisor to the committee.
The committee met once during 2020/21.

Membership and community engagement committee

This committee directs and monitors recruitment and engagement activity, manages communication with members through newsletters and letters and has overseen the organisation of a governor led programme of

community engagement. The committee also advises on our target membership level and have supported the process to comply with the new General Data Protection Regulation in respect of the membership database.

Members are invited to regular supporters' seminars and major events such as Trust open days. Through the membership and community engagement committee, we are encouraging and developing increased participation of members by building a 'databank' of people who are readily available to give their views on our services and offering additional engagement opportunities. In particular, this group of members are invited to take part in our programme of patient focus groups which are run by the membership and voluntary services team.

Quality committee

The Council of Governors' Quality Committee monitors, reports and comments on patient experience and quality and standards of service. This involves both formal feedback reports and a range of presentations to the committee meetings combined with direct engagement with patients, carers and front line staff.

Priorities this year have been: understanding and learning from complaints, surveys and incidents; maintaining awareness of Trust performance in relation to safe basic / fundamental care; monitoring of Trust Quality objectives; progress on the implementation of The Christie quality accreditation schemes (The Christie Quality Mark and The Christie CODE) including being actively involved in the Christie Quality Mark accreditation; speaking directly with patients and carers in outpatient and inpatient areas about their experiences.

Development and sustainability committee

This committee reviews the Trust's annual plan and strategy on behalf of the council of governors and makes suggestions and recommendations to the Board. It also receives presentations from senior executives on major capital projects and provides input into these on behalf of the council of governors.

Governor register of interests

The register of interests of our governors is available on our website https://www.christie.nhs.uk/

Our current governors

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x4	Member of committee (see key)	Year current term ends	Year appointed
Public							
BAMFORD Colin		Elected public	Trafford	4/4	D&SC	**2022**	**2019**
CHOI Alice		Elected public	Cheshire	3/4	D&SC	**2023**	**2014**
COGHLAN Nick		Elected public	Wigan	0/4	M&CE	**2021**	**2015**
COLLINS Jackie		Elected public	Stockport	2/4	D&SC	**2021**	**2016 (for 2 years)**
GAVIN-DALEY Ann (until September 2020)		Elected public	Salford	1/2	QC	**2020**	**2011**
GUBBINS Maurice		Elected public	Cheshire	4/4	QC	**2021**	**2018**
HALLAM Victoria		Elected public	Remainder of England & Wales	3/4	QC	**2022**	**2019**
HARRISON Derek		Elected public	North West	1/4	D&SC	**2022**	**2016**
MORLEY Janet		Elected public	Manchester	4/4	M&CE	**2022**	**2019**
MEE Susan	[1]	Elected public	Oldham	3/4	QC & Nomco	**2023**	**2017**
QURESHI Mohammad		Elected public	Bury	2/4	QC	**2023**	**2014**
TURNER Paula		Elected public	Manchester	4/4	QC	**2022**	**2019**
WELLENS Craig (until December 2020)		Elected public	Rochdale	1/3	D&SC	**Resigned**	**2018**
VICKERMAN Sam (commenced October 2020)		Elected public	Tameside & Glossop	3/3	D&SC M&CE	**2023**	**2020**
Vacant		Elected public	Bolton				

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x4	Member of committe e (see key)	Year current term ends	Year appointed
Staff							
ARMSTRONG Alison (until September 2020)		Elected Staff	Other clinical professional	0/1	D&SC	**2020**	**2017**
BAILEY, Rachael		Elected staff	Other clinical professional	2/3	M&CE	**2023**	**2020**
BILNEY, Matt		Elected staff	Registered nurses	4/4	QC	**2022**	**2016**
HUBNER Richard (until September 2020)		Elected staff	Registered medical practitioner	0/1	Nomco	**2020**	**2017**
KENDAL Rachel (until September 2020)		Elected staff	Non-clinical staff	1/1	D&SC	**2020**	**2014**
MUDDIMAN, Jack		Elected staff	Non-clinical staff	2/3	QC	**2023**	**2020**
PATEL, Dr Amit		Elected staff	Registered medical practitioner	3/3	Nomco	**2023**	**2020**

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x4	Member of committee (see key)	Year appointed
Partner						
MAKIN David (until September 2020)		Appointed	Patient representative	0/1	Nomco / QC	**2007**
MEYER Stefan		Appointed	The University of Manchester	0/4	QC	**2012**
MOORES Cllr Eddie		Appointed	Local authority - GMCA	3/4	M&CE	**2016**
MOSS Janice		Appointed	The Christie Charity	4/4	M&CE	**2016**
RHODES Geneva (until December 2020)		Appointed	Patient representative	0/2	M&CE	**2019**
SIMCOCK Cllr Andrew		Appointed	Local authority – Manchester City Council	2/4	D&SC	**2013**

TURNER Marcella	Appointed	Nominated - BME (Can-Survive)	1/4	M&CE	2016

Key:

1	Lead governor	D&SC	Development & sustainability committee
QC	Quality committee	Nomco	Nominations committee
M&CE	Membership & Community Engagement committee		

Staff Report

Our patients are at the heart of everything we do and our workforce makes the difference by achieving the highest possible patient support and care. We are committed to attracting, retaining and developing our staff and aim to support them by engaging with them and valuing their individual contributions to the work that we deliver. In September 2020 the Trust Board received the Christie People Plan 2020/21, the Trust's response to We are the NHS: People Plan 2020/21 – action for us all**, and** Our People Promise**. Our plan sets out 6 strategic commitments/ priorities that map to the NHS People Plan:-**

1. ***Workforce Supply*** – Understanding our demand for staff and how we can maintain a continuous workforce supply

2. ***Workforce Transformation*** – Developing innovative workforce solutions to address workforce shortages, maximising digital technology and supporting a more flexible and agile workforce

3. ***Leadership & Culture*** – Developing and equipping our leaders to foster a culture of trust, transparency, openness and respect

4. ***Employee Support & Experience*** – Supporting staff to stay safe and healthy and creating opportunities for them to be involved and listened to. How we recognise contribution and achievements

5. ***Workforce Development*** – Developing a skilled, capable workforce who have opportunities to learn and grow in their careers

6. ***Equality, Diversion & Inclusion (EDI)*** – Ensuring EDI is at the heart of everything the Trust does

Staff Policies & Actions

The Trust has developed a full range of employment policies to support staff throughout their time working at the Trust. These policies are developed in partnership with our Staff Side colleagues and regularly reviewed in line with employment legislation and best practice. The equality and diversity policy provides our commitment to treat everyone with compassion, dignity and respect, and to ensure that we promote a fair culture. This includes employment, training, promotion, and general treatment. All policies are assessed to establish the equality impact, to ensure all groups are treated fairly and consistently, and where appropriate reasonable adjustments are considered. For example, our recruitment and selection policy is underpinned by the achievement of the Disability Confident Scheme (Level 2) which provides our commitment to employing and retaining disabled people and ensuring this commitment is reflected in all recruitment practices.

We work in collaboration with our staff and consult where decisions are likely to have an impact on individuals. Our organisational change policy, in particular, provides mechanisms for consultation with recognised trade union and professional association representatives as well as our staff. We work in partnership with our staff-side representatives which include a number of recognised trade unions. Regular staff forums are held to engage with our union partners to share information about the direction of the organisation and to gain feedback and support.

The Trust employs a Freedom to Speak Up Guardian. The Guardian works independently alongside Trust leadership teams to support our Trust in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

The Trust has a strong commitment to the delivery of education, training, and learning and development opportunities to ensure all our staff have the skills necessary to fulfil their role and contribute to excellent patient care. In addition to our on-going -mandatory training programmes, which are tailored for staff groups, we offer training, coaching and mentorship for personal and professional development. In 2020/21 we launched our Christie Leadership Programme.

In 2020/21 there has been a significant focus on supporting staff through the pandemic. We have introduced a comprehensive package of support for staff aimed at helping them maintain their physical and mental health.

The Trust is committed to maintaining high standards of honesty, openness and integrity within the organisation. With this it supports the work of the National Fraud Initiative. The Trust has a designated accredited local counter fraud specialist.

Equality Diversity & Inclusion (EDI)

We are determined to ensure that we offer equal access to healthcare and employment opportunities to everyone in the communities we serve. We are committed to actively promoting equality across all our activities with the intention of achieving and maintaining a fully inclusive organisation.

Recognising our responsibilities, there is an effective executive-led approach to promoting inclusion activities in respect of service delivery and the workforce. The Equality, Diversity & Inclusion Board is chaired by the Director of Workforce with senior members drawn from across the Trust's divisions. The Trust Board is represented by the Non-Executive Director Lead for EDI. The Board monitors performance in this area and oversees the implementation of the EDI Plan, providing assurance to our Management Board.

In 2020 we have established the role of Divisional/ Departmental EDI Coordinators. These roles have overall responsibility for the co-ordination of EDI within the division/ department; by working with the people who are responsible for the delivery of EDI activities, goals and outcomes.

The EDI Staff Interest Group has gone from strength to strength. Its membership has grown and the group is now a key stakeholder group, giving staff a voice and providing a forum with which the Trust can consult. In addition, we have established BAME, Disability and LGBT+ Staff Networks. Representatives from these groups have joined the EDI Programme Board giving staff further opportunities to be heard and discuss issues.

As part of our commitment to meeting our legal duties, we have developed our equality objectives for 2020 to 2024. To help us fulfil our commitment in this area to our patients and staff, we have developed our first equality, diversity and inclusion plan for 2019 to 2023.

Information on the Trust's gender pay gap can be found at https://gender-pay-gap.service.gov.uk/Employer/2qJmZZZ5/2019

Staff Engagement & NHS Staff Survey

At the Christie we believe our employees are our greatest asset and recognise the link between staff engagement and the quality of services we provide to our patients. Our people are at the heart of everything that we do, striving for excellence and driving up standards of care.

Our principles, behaviours and staff pledges assure our patients, carers and families that the treatment and care they receive will be high quality and compassionate, but they also reflect

the way in which we commit to treat and care for our workforce.

We frequently seek staff feedback and use a number of different approaches, including the NHS Staff Survey. In 2020/21 we have used a monthly 'Pulse Survey' to check in with staff throughout the COVID-19 pandemic.

Our Christie staff pledges demonstrate our commitment to communicating and engaging with our staff to support their learning and development, to recognise their contribution and to provide a healthy working environment.

Building on the work from previous years, we have continued to focus on promoting a positive working environment. In 2020/21 we have continued to promote our 'Respect' campaign aimed at promoting respectful behaviours in the workplace.

As part of our plans to make the Christie the best place to work we have partnered with 'Timewise' to work with us on an accreditation programme to develop flexible working solutions to help us to attract, retain and develop staff. In 2020/21 we achieved accreditation and have become a Timewise Trust.

The NHS staff survey is conducted annually. Results from questions are grouped to give scores in ten indicators. In 2020 1,505 of staff responded to the survey - 49% (2019: 47%). Scores for each indicator together with that of the survey benchmarking group (Acute Specialist Trusts) are presented below.

In 2020 our key findings continued to be extremely positive. When compared with other Acute Specialist Trusts we performed best in 1 thematic area and better than average in 5, average in 3 with only 1 indicator lower than the national average. Amongst other Greater Manchester provider Trusts we ranked 1st in 7 of the 11 thematic areas.

There is strong evidence to show that employee engagement is intrinsically linked to high performance and good quality care, so it is particularly pleasing that the Trust's staff engagement score remains positive.

Theme	2019 Score	2020 Score	Change	Benchmark (Acute Specialist Trusts)
Equality, diversity & inclusion	9.5	9.4	Not significant	9.2 Better than average
Health & wellbeing	6.3	6.5	↑	6.5 Equal to average
Immediate managers	7.1	7.1	Not significant	7.1 Equal to average
Morale	6.5	6.5	Not significant	6.4 Better than average
Quality of care	7.9	7.8	Not significant	7.9 Worse than average
Safe environment – Bullying & Harassment	8.7	8.7	Not significant	8.4 Better than average
Safe environment – Violence	9.9	9.9	Not significant	9.8 Best score
Safety culture	7.2	7.2	Not significant	7.0 Better than average
Staff engagement	7.5	7.5	Not significant	7.4 Better than average
Team working	6.9	6.8	Not significant	6.8 Equal to average

Sickness

The Trust has implemented a number of initiatives to improve the health & wellbeing of its staff and to minimise absence due to sickness.

Figures Converted by DH to Best Estimates of Required Data Items		
Average full time equivalent (FTE) 2020	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE
2,903	21,525	7.4

Staffing data

Gender:

	Male	Female
Directors	6	7
Other senior managers	11	14
Employees	852	2308

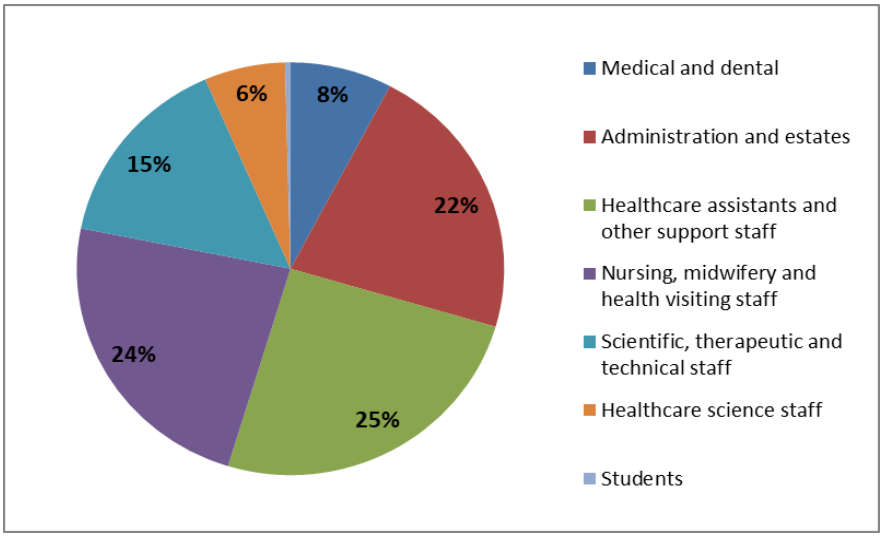
	Male	Female
Directors	46%	54%
Other senior managers	44%	56%
Employees	27%	73%

Headcount at year end

	Fixed Term Temp	Non-Exec Director/ Chair	Permanent	Grand Total
Administration and estates	54	7	626	687
Healthcare assistants and other support staff	213	0	608	821
Healthcare science staff	10	0	180	190
Medical and dental	78	0	183	261
Nursing, midwifery and health visiting learners	0	0	0	0
Nursing, midwifery and health visiting staff	119	0	632	751
Scientific, therapeutic and technical staff	41	0	447	488
Grand Total	515	7	2676	3198

Average Staff In Post

Group 2020-21			
	Total (WTE)	Permanently employed (WTE)	Other (WTE)
Medical and dental	224	162	62
Administration and estates	634	578	56
Healthcare assistants and other support staff	732	533	199
Nursing, midwifery and health visiting staff	680	573	107
Scientific, therapeutic and technical staff	446	411	35
Healthcare science staff	178	168	9
Students	12	0	12
Total	**2906**	**2425**	**480**



Exit Packages

Group 2020-21			
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	**2**	**15**	**17**
£10,000 - £25,000	**2**	**1**	**3**
£25,001 - £50,000	**0**	**0**	**0**
£50,001 - £100,000	**0**	**0**	**0**
£100,001 - £150,000	**0**	**0**	**0**
£150,001 - £200,000	**0**	**0**	**0**
Total number of exit packages by type	**4**	**16**	**20**
Total resource cost (£000's)	**43**	**47**	**90**

	Agreements number	Total value of Agreements £000
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	**16**	**47**
Exit payments following Employment Tribunals or court orders	**0**	**0**
Non- contractual payments requiring HMT approval	**0**	**0**
Total	**0**	**0**
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	**0**	**0**

The exit packages and fair pay disclosure are subject to audit.

Off Payroll

Table 2: All off-payroll workers engaged at any point during the year ended 31 March 2021	2020-21 Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2021 Of which:	23
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	23
Number of engagements reassessed for consistency/assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0
Number of engagement where the status was disputed under provisions in the off-payroll legislation	0
Of which: number of engagements that saw a change to IR35 status following review	0

Trade Union Facility Time

Table 1
Relevant Union Officials

Number of employees who were relevant Union officials during the relevant period (April 2018 – March 2019)	Full time equivalent employee number
25	24.2

Table 2
Percentage of time spent on facility time

Percentage of working hours spent by employees who were relevant union officials employed during the relevant period on facility time	Number of employees
0%	12
1-50%	12
51-99%	1
100%	0

Table 3
Percentage of pay bill spent on facility time

Percentage of total pay bill spent on paying employees who were relevant union officials for facility time (during the relevant period)	
Total Cost of Facility Time	51,648.20
Total Pay Bill	158,854,000.00
Percentage of total pay bill spent on facility time calculated as: (total cost of facility time ÷ total pay bill) x 100	0.03%

Table 4
Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	
(Total hours spent on paid trade union activities by relevant union officials ÷ total paid facility time hours) x100	10.16%

Remuneration report

The Remuneration Report describes how the Trust has applied the principles of good corporate governance in relation to Directors' remuneration as required by the Companies Act 2006, Regulation 11 and the NHS Foundation Trust Code of Governance.

Annual statement on remuneration

The Remuneration Committee is a Non-Executive Committee of the Board of Directors comprising all of the independent Non-Executive Directors. It has no executive powers other than those specifically delegated in its terms of reference. The role of the Committee is to ensure that appropriate procedures are in place for the nomination, selection, training, development, monitoring, evaluation and remuneration of the Chief Executive, Executive Directors and other senior employees, having proper regard to the financial and commercial health of the organisation and for the provision of any national arrangements for such staff where appropriate. The Committee can call on advisors to support their decisions such as the Director of Workforce and the Chief Executive. The Chair of the Audit Committee also chairs the Remuneration Committee.

The Remuneration Committee met once during 2020/21 to discuss executive director pay as recommended within NHSI/E guidance. At its January 2021 meeting, the Committee approved a consolidated increase of 1.03% payable from 1 April 2020.

Non-Executive Directors

The Chair of the Foundation Trust is expected to devote 3 days a week to her duties which may include some time commitment during the evening or weekend.

Non-Executive Directors are expected to devote sufficient time to ensure satisfactory discharge of his/her duties. This will be no less than 2.5 days per month and will comprise a mixture of set commitments with more flexible arrangements for ad-hoc events. Non-Executive Directors are not entitled to any payment for loss of office.

Non-Executive Directors are not employees of the Trust. They receive no additional benefits or entitlements other than reasonable expenses which are paid in accordance with the approach set out initially by the Trust Development Authority (TDA) and then endorsed by the then 'Monitor' for foundation trusts. Non-Executive Directors are not entitled to any termination payments.

In 2018/19 four Non-Executive Directors received expenses. The aggregate sum of expenses paid was £4,015.89.

In 2019/20 five Non-Executive Directors claimed and received expenses; the aggregate sum of expenses paid was £2,550.84.

In 2020/21 two Non-Executive Directors claimed and received expenses; the aggregate sum of expenses paid was £933.40.

Terms of Office

The term of office for Non-Executive Directors at the Trust is 3 years (to a maximum of 9 consecutive years). Non-Executive Director re-appointments are managed in accordance with NHS Improvement's Code of Governance, i.e. any term beyond six years (two three-year terms) will be subject to rigorous review and subject to annual reappointment. The term of each Non-Executive Director is included in the table below.

Termination

The process for the removal of the Chairman or Non-Executive Director will be in accordance with the Trust's constitution. Any proposal for removal must be proposed by a governor and seconded by not less than ten governors

including at least two elected governors and two appointed governors. If any proposal to remove the Chair or other Non-Executive Director is not approved at a meeting of the Council of Governors (failing to achieve the support required pursuant to paragraph 25.2 of the constitution), no further proposal can be put forward to remove the Chair or such Non-Executive Director based upon the same reasons within 12 months of the meeting.

Remuneration

The Trust does not make any contribution to the pension arrangements of Non-Executive Directors.

The governor Nominations Committee met in 2018/19 to discuss the remuneration of the Chairman and the Non-Executive Directors. No further changes were considered to these rates of pay in 2020/21.

Non-executive director payments

	Fee payable	Additional fee payable	Start of term	Term of office	End of current term
Christine Outram	£43,981	N/A	01/10/2014	Third	30/09/2021
Kathryn Riddle *	£12,850	£3,000 to chair the Charitable Funds Committee	13/05/2015	Third	12/05/2022
Neil Large *	£12,850	£3,000 to chair the Audit Committee	15/07/2015	Third	14/07/2022
Kieran Walshe	£12,850	£3,000 to chair the Quality Assurance Committee	01/07/2015	Second	30/06/2021
Jane Maher	£12,850	N/A	01/09/2015	Second	31/08/2021
Robert Ainsworth	£12,850	£3,000 to chair The Christie Pharmacy (recharged)	07/03/2016	Second	06/03/2022
Tarun Kapur	£12,850	N/A	01/06/2016	Second	31/05/2022

* Held interim Non-Executive Director posts from May and July 2014 respectively

Senior managers' remuneration

Senior manager is defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Foundation Trust.

The Christie is committed to the overarching principles of value for money and high performance. In making its decisions on remuneration the Committee considers the responsibilities and requirements of each of the Executive Director roles, how long individuals have been in post and the performance of the Trust. We do not have a separate senior managers' remuneration policy. The Remuneration Committee follows the Trusts Equality & Diversity Policy. The purpose of this policy is to ensure that every patient, visitor, employee and job applicant is treated with dignity and respect at all times, and to promote inclusive access and equality of opportunity in both service delivery and employment. The Christie is committed to the principles of equality of opportunity in employment and our remuneration policy reflects that its senior managers will receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation. Our policy specifically reflects the right to equal pay between women and men and in accordance with legislation the Trust will publish gender pay gap information annually.

All Executive Directors work within the NHS National Terms and Conditions. All service contracts have a 6 month notice period set within them. Executive Directors are only entitled to payment for loss of office if a redundancy situation has arisen. Redundancy is calculated within clearly defined parameters as per legislative and NHS terms and conditions.

Any overpayments will be managed in accordance with the Standing Financial Instructions. There is no additional benefit that will become receivable by a director in the event that that senior manager retires early. No exit packages or non-compulsory departure payments were agreed for any of the senior managers in year. The exit packages and fair pay disclosure in the remuneration report are subject to audit.

Executive Directors are expected to devote sufficient time to ensure satisfactory discharge of their duties in accordance with agreed responsibilities and rotas as determined by their manager. The performance of the Executive Directors is assessed through regular appraisal against pre-determined objectives. Comparative remuneration data is used to determine market rates of similar acute NHS Foundation Trusts. The Executive Directors are all employed on a permanent contract basis with set salaries that do not include any other components.

We have reviewed our policies in relation to executive remuneration and they ensure that we have all the necessary governance in place and use appropriate benchmarking to ensure that our pay levels are reasonable and publicly justifiable. Where Executive Directors are paid more than £150,000 this is a reflection of market rates.

Remuneration ranged from £18k to £240k (in 2019-20 it was £15k to £240k). The banded remuneration of the highest paid director at The Christie in the financial year 2020/21 was £235- 240k (2019/20, £235-240k). This was 7.64 times the median remuneration of the workforce, which was £31.4k (2019/20, £30.4k).

In 2020/21, 0 (2019/20, 0) employees received remuneration in excess of the highest paid director.

Details of senior employees' remuneration and pension benefits can be found in the two tables in this remuneration report and are subject to audit

	2020/21						2019/20					
Name and title	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
R Spencer Chief Executive	195-200	0	0	0	32.5-35	225-230	190-195	0	0	0	22.5 - 25	215- 220
J Fitzpatrick * Executive Director of Finance	140-145	0	0	0	25-27.5	165-170	140-145	0	0	0	17.5 - 20	155 - 160
J Gray Acting Executive Chief Nurse & Director of Quality to 31.03.2021	N/A	N/A	N/A	N/A	N/A	N/A	60-65	0	0	0	92.5 - 95	155-160
Prof J Yorke** Executive Chief Nurse & Director of Quality from 20.04.2020	100-105	0	0	0	12.5-15	110-115	N/A	N/A	N/A	N/A	N/A	N/A
J Bird Chief Nurse & Executive Director of Quality Left 01.09.2019	N/A	N/A	N/A	N/A	N/A	N/A	50-55	0	0	0	0	50-55

	2020/21						2019/20					
Name and title	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
W Makin Medical Director (Internal)	190-195	0	0	0	30-32.5	220-225	185 - 190	0	0	0	15 - 17.5	200 - 205
Prof C Harrison Medical Director (External)	235-240	0	0	0	0	235-240	235 - 240	0	0	0	0	235 - 240
B Delahoyde Interim Chief Operating Officer from 24.02.2020	115-120	0	0	0	150-152.5	270-275	10 - 15	0	0	0	0 - 2.5	10 - 15
F Noden Chief Operating Officer Left 31.03.2020	N/A	N/A	N/A	N/A	N/A	N/A	135-140	0	0	0	20-22.5	155-160
C Outram Chairman	40-45	0	0	0	0	40-45	40 - 45	0	0	0	0	40 - 45
K Riddle Non-Executive	15-20	0	0	0	0	15-20	15 - 20	0	0	0	0	15 - 20
N Large Non-Executive	15-20	0	0	0	0	15-20	15 - 20	0	0	0	0	15 - 20

	2020/21						2019/20					
Name and title	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
K Walshe Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
J Maher Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
R Ainsworth*** Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
T Kapur Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Band of highest paid director's total remuneration (£'000)	235 - 240						235 - 240					
Median total remuneration	31,365						30,401					
Ratio	7.6						7.8					

* Joanne Fitzpatrick took a period of sickness absence from the 18th January 2021 until the 21st February 2021. During this period Sally Parkinson, Deputy Director of Finance, undertook the role of interim Director of Finance.
**The remuneration for Professor Yorke disclosed above is the remuneration package for her role as Executive Chief Nurse and Director of Quality at The Christie NHS Foundation Trust only.
***Mr Ainsworth received £3,000 for his role as Chair of The Christie Pharmacy Limited, a wholly owned subsidiary of The Christie NHS Foundation Trust. Remuneration for the year ending 31st March 2020 was £3,000.
The Executive Directors of The Christie Pharmacy Limited are Senior Managers employed by The Christie NHS Foundation Trust and are not included in the table above. Neither of the

Executive Directors of the subsidiary company receives additional remuneration for these roles.

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 pensions benefits accruing to the individual.
Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.
The banded remuneration of the highest paid director in The Christie in the financial year 2020-21 was £235,000 - £240,000 (2019-20 £235,000 - £240,000). This was 7.6 times (2019-20 7.8 times) the median remuneration of the workforce, which was £31,365 (2019-20 £30,401).
In both 2019-20 and 2020-21 no employee received remuneration in excess of the highest paid director.
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.

Salary and pension entitlements of senior managers

Pension benefits

Name and title	Real increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age at 31 March 2021 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2019 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2020 £000	Employers Contribution to Stakeholder Pension £000
R Spencer	2.5 - 5	0	85 - 90	235 - 240	1,870	57	1,987	0
J Fitzpatrick	0 - 2.5	0	65 - 70	170 - 175	1,370	41	1,454	0
W Makin	2.5 - 5	7.5 - 10	100 - 105	300 - 305	0	0	0	0
J Yorke	0 - 2.5	2.5 - 5	0 - 5	0 - 5	0	32	47	0
B Delahoyde	5 - 7.5	20 - 22.5	50 - 55	155 - 160	1,064	188	1,287	0

C Harrison left the pension scheme on 1 February 2016 and is therefore not included in the above table.
W Makin is over the National Retirement Age in the existing scheme and therefore a CETV calculation is not applicable.
As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The CETV values do not consider the impact of Mcloud judgement.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Roger Spencer
Chief Executive
25th June 2021

Oversight Framework

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

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

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

Segmentation

The Trust was previously segmented as a 1 (maximum autonomy) in 2019/20. This is the best possible assessment and reflects high performance across the 5 themes. Following directions from NHS Improvement, these calculations have been suspended for 2021/22.

This segmentation information is the Trust's position as at 31st March 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

The Trust's finance and use of resources score for 2019/2020, as it has been since the Single Oversight Framework was introduced in 2016/17. This score represents the strongest performance possible.

Following directions from NHS Improvement, these calculations have been suspended for 2021/22.

Statement of compliance: NHS Foundation Trust Code of Governance

Corporate governance is the means by which a board of directors leads and directs their organisation so that decision-making is effective and the right outcomes are delivered. In the NHS this means delivering safe, effective services in a caring and compassionate environment in a way that is responsive to the changing needs of patients and service users.

The NHS Foundation Trust code of governance sets out best practice principles and processes to assist NHS foundation trusts to achieve this goal. The main areas are:

Leadership

Every NHS foundation trust should be headed by an effective board of directors. The board is collectively responsible for the performance of the NHS foundation trust.

The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.

Effectiveness

The board of directors and its committees should have the appropriate balance of skills, experience, independence and knowledge of the NHS foundation trust to enable them to discharge their respective duties and responsibilities effectively.

Accountability

The board of directors should present a fair, balanced and understandable assessment of the NHS foundation trust's position and prospects.

The board of directors is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The board should maintain sound risk management systems.

Relations with stakeholders

The board of directors should appropriately consult and involve members, patients and the local community and the council of governors must represent the interests of trust members and the public.

Details regarding how the Trust has applied the Code principles and complied with its provisions are set out throughout the annual report. The disclosures required by the NHS FT Code of Governance in relation to the Board of Directors, Council of Governors, Membership, Nominations Committee, Risk and Audit Committee are also included within the Annual Report. The disclosures required by the Code in relation to the Remuneration Committee are contained in the remuneration report.

During 2020/21 The Christie NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Statement of the Chief Executive's responsibilities as the accounting officer of The Christie NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Christie 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 The Christie 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 Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess 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 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*.

Roger Spencer
Chief Executive
25th June 2021

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 the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Christie 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 The Christie NHS Foundation Trust for the year ended 31st March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors pay close attention to the risk management processes of the Trust. The Board has approved a three year Risk Management Strategy and Framework and annually in September they receive an outcome report against the achievement of the milestones within the strategy. On a monthly basis, the Board of Directors reviews the corporate risk register and the Board Assurance Framework in the public meeting. At each of the formal Board sub committees, which are the Audit and Quality Assurance Committees and which are wholly Non-Executive Director led, they carry out a review of the Board Assurance Framework and they escalate any concerns directly to the Board of Directors.

The reporting of incidents and near misses is encouraged and the Trust is viewed as being a high reporting low harm organisation.

We have a training needs analysis that is reviewed annually and sets out the training requirements for risk management training. During corporate induction all staff have an introduction to risk management and health and safety. With regards to more advanced training in Root Cause Analysis following incidents, the clinical staff trained include, for example, medical consultants, senior nursing staff from ward managers and above and for non-clinical staff the training is for service managers and above.

The training to all staff is delivered in a range of ways from face to face training to specific e-learning modules.

Learnings from incidents, complaints and claims are shared throughout the Trust through the action plans developed following root cause analyses. Lessons learned are also discussed at the monthly Risk and Quality Governance Committee, through patient safety newsletters, Learning Improvement Bulletins and at Grand Rounds. A quarterly report on patient safety and experience pulls through all the themes for learning and is discussed in detail at the patient safety and the patient experience committees.

The outcomes and recommendations from Serious Incidents are presented to an impartial panel chaired by a Non-executive director and two executive directors before being presented to the Board of Directors and submitted to our commissioners and the Care Quality Commission.

In the last CQC inspection in 2018 the risk management and governance systems in the well led domain were tested and the Trust was rated as Outstanding.

As accounting officer, I have overall responsibility for risk management processes across the organisation. I have delegated responsibility for the coordination of risk management systems and processes to the chief nurse & executive director of quality. She discharges her responsibilities through the quality & standards division, which includes lead officers for the Care Quality Commission (CQC), National Health Service Resolution , the corporate risk register and the incident reporting management system. She coordinates the governance and risk management arrangements undertaken within the organisation through performance review meetings with all operational divisions and through the risk & quality governance committee.

The Board assurance framework is delegated to the company secretary thereby ensuring impartiality from the operational management of the Trust. The Board assurance framework is reviewed at all of the Audit and Quality Assurance Committee meetings and at all of the Board of Directors meetings. Internal Audit presented the annual assurance framework opinion in March and concluded that 'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board, clearly reflects the risks discussed by the Board and the identified controls and assurances are relevant.'

Risks associated with information systems and processes are the responsibility of the executive medical director (strategy) who acts as the senior information risk owner. The risk management strategy & framework (2017-2020) (rolled over for 12 months) provides a framework for managing risks across the organisation, which is consistent with best practice and Department of Health guidance. The strategy provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels across the organisation. The strategy sets out the role of the board of directors' and standing committees together with individual

responsibilities of the Chief Executive, executive directors, managers and all staff in managing risk. In particular, the risk and quality governance committee through its sub-committees of patient safety, patient experience and clinical & research effectiveness, provides the mechanism for managing and monitoring risk throughout the Trust and reporting through to the board of directors'. The risk management system was thoroughly tested during the CQC comprehensive inspection in May 2016 and again in 2018.

The board receives its assurances on the risk management and governance arrangements in place through its quality assurance and audit committees. Both of these are non-executive board committees and each is chaired by a non-executive director. All non-executive directors have independent access to internal and external auditors.

Our staff are well trained and equipped to manage risk in a number of ways appropriate to their authority and duties. Risk management training is provided for all staff through our comprehensive induction programme. In addition, there is specifically tailored training for individual roles and these are agreed with staff through personal development plans. Regular risk management awareness training continues for all staff through our corporate essential training programme. This includes key risk areas such as incident reporting and investigation, Root Cause Analysis training, human factors training, complaints handling, infection prevention & control, health and safety, moving and handling and counter fraud and prevention.

We aim to ensure that we learn from internal and external incidents and share good practice through a range of mechanisms including governance meetings, team briefings, action plans arising from external reviews such as National Inquiries, publications of the Royal Colleges, peer review and PLACE inspections. The board of directors also reviews the outcomes and action plans of relevant corporate reports.

The risk and control framework

The 2017-2020 Risk Management Framework (rolled over for 12 months) has five elements, based on the Health Foundation 2014 Policy for monitoring and measuring safety. Each element has key milestones in place in order to:

a) Ascertain whether it has been safe for patients, staff and others in the past
b) Identify whether our systems and processes are reliable
c) Ensure sensitivity to operations so that we are safe in the present
d) Anticipate and prepare to ensure that we will be safe in the future
e) Integration and learning to ensure we are responding and learning as appropriate

The work is prioritised over the three years of the strategy and links with and is complementary to the quality improvement plan, the operational plan and the Trust's five year strategy. The operational delivery of the incident reporting and risk register system,

electronic patient record and prescribing systems across the in-patient and outpatient setting will all assist and support the delivery of safer care and practice.

The high level committee structure for the management of safety and risk is effective in ensuring that the Trust's systems and processes are as safe as possible. Membership of these committees is multi-disciplinary and is chaired by medical leaders and includes representation by other key members of Trust staff. There is an annual review of the effectiveness of the terms of reference and any issues are managed at that point. There are mature risk management policies and procedures in place, with an underpinning process to ensure that these policies consider all aspects of risk when in development or review. These policies and procedures were tested by the CQC during their comprehensive inspection in 2018. There is a mature system of clinical audit across all departments and teams in the Trust, with encouragement to prioritise projects that deliver improvements for our patients. There are processes to follow up where there is weak assurance of the standards of care so that appropriate actions are taken.

The Board on an annual basis reviews its risk appetite and this is shown in the public board papers. The risk appetite statement is taken into account when considering strategic decisions, business cases and quality matters.

The Board, in order to be assured that it is meeting the outcomes required by the Care Quality Commission, has engaged the internal auditors to carry out quality spot checks and also to review elements of the well led outcomes. The outcome of the audits and compliance reviews are presented to the Board on an annual basis in April to show adherence with the CQC standards. The 2018 CQC inspection outcome showed the Trust to be Outstanding in the key lines of enquiry and for the well led domain.

The information below sets out the current top corporate risks to the organisation and their risk score.

The Trust's top risks in 2020/21 related to the impact of the COVID-19 global pandemic. In quarter 1 the two top risks related to the challenges in delivering safe cancer services and to the safety of staff, patients and others owing to the outbreak of COVID-19 and the risk to delivery of anaesthetic service due to limited medical resources when the service level agreement with Manchester Foundation NHS Trust was removed. There were a range of mitigating actions in place and both risks currently score 16 and below on our risk register and mitigating actions and impact of the risks continue to be monitored.

A financial risk arising from the impact of the global pandemic of COVID-19 was the top risk in quarter 2. This related to a significant reduction in non-clinical income with a potential impact of a reduction in the level of investment in future developments and overall impact on the Trust strategy. The impact of COVID-19 on the Trust financial position continues into quarter 4 and remains the Trust's top risk moving into 2021/22.

The Trust notes that the ISAE 3402 Service Auditor Report for the Electronic Staff Record (ESR) was qualified in respect of controls over the segregation of duties for changes to the NHS Hub. The Trust has considered the reported issues and the mitigating controls in place at the Trust and does not consider them a significant risk to the Trust's operations.

Throughout 2020/21, the Trust was operating under an altered financial regime where we were funded on a 'block income' basis with additional funding for the exceptional costs associated with delivering services during the COVID-19 pandemic.

We, like most other organisations in the NHS, have an overarching risk with regards to staffing gaps due to national shortages in some occupations such as nursing, radiology, rotational junior medical staff and radiotherapy staff. We have identified this could lead to a negative impact on engagement levels and the delivery of services. The risk scored as a 16 on our risk register up to quarter 3 and a range of actions in place to ensure recruitment and retention work programmes are now in place and the score has reduced to 12The Trust is also part of the NHSI recruitment and retention collaborative.

On 16th March 2020 NHSE declared a level 4 incident in response to the COVID-19 global pandemic. This subsequently rose to level 5 during 2020/21. This allowed NHSE's national team to direct all health service resources in England through its regional teams, according to NHSE's Emergency Preparedness, Resilience and Response Framework. As a result we continued to implement our incident response plans aimed at managing the risk. We also continued to participate in the Greater Manchester Hospital Cell in order to be part of a coordinated and sustained response.

We have not identified any principal risks to compliance with the NHS Provider licence and throughout the 2020/21 financial year, the Trust has achieved a score of 1 for Use of Resources and 1 for Governance, the best scores possible.

We have a mature risk and quality management system as tested by the CQC in the 2018 inspection. The inspection rated us as Outstanding for the core standards reviewed and the well led domain.

Board sub committees of Audit and Quality Assurance are wholly non-executive director led and have an annual work plan which also includes a review of the committee's effectiveness. There are strong reporting lines and the minutes of the meeting and any escalations are formally reviewed at the Board of Directors meeting. Executives are only in attendance at these Board assurance committees.

The reports provided to the audit and quality assurance committees are, in the main, audits that have been carried out by the internal audit function and this provides the Board with independent assurance.

At their monthly public meetings, the Board of Directors receive the integrated performance and quality report and this is discussed in detail.

Through the risk management systems, all business cases and policies have an equality impact assessment (EIA) and will not be approved without the EIA being reviewed by the approving committee.

We have a workforce plan that is updated annually and is signed off by the Board of Directors. Our workforce planning process has been developed in accordance with 'Developing workforce safeguards.' The approach includes:

- Undertaking a baseline assessment, to collect up to date workforce intelligence using a specifically designed workforce planning template and supported through engagement events
- Aligning this assessment with the annual planning round to ensure workforce planning is integrated with service and financial planning
- Analysing returns to identify workforce availability and key workforce challenges
- Developing short and medium term strategies
- Monitoring implementation through the Workforce Committee

Every six months the Board of Directors receives and approves a review of the nurse and allied health professional safe staffing levels. The report meets the recommendations of the 'Developing Workforce Safeguards' recommendations.

The safe staffing levels are published monthly in the integrated performance and quality report and where staffing levels fall below the accepted level an exception report is provided to the board members. The Board has engaged with NHS Improvement on their nursing retention improvement initiative and has developed an improvement plan to ensure that best practice on recruitment and retention are adopted.

Our risk management strategy aims to control, manage and mitigate risk. It sets out a system for continuous improvement via risk management which extends to all areas of the organisation. It aims to reduce clinical and non-clinical risks. Risk management is integral to Trust business and is embedded in the culture of the Trust. Individual and organisational learning from incidents, mistakes, accidents and near misses is a key component of the Trust's risk management strategy to ensure continual improvement.

Risks are quantified based on the risk management standard ISO 31000:2009 which measures risk using a combination of consequence (also described as impact or severity) and the likelihood (or probability or frequency) of an event occurring. During 2020/21 there have been 15 high scoring corporate risks (16 and above); the increase from 2019/20 reflects the number of risks related to the COVID-19 global pandemic. All risks have been appropriately managed during the financial year using the Trust's risk management systems.

We use Datix to support our risk management and risk register processes. This database encompasses incidents, formal and informal complaints, litigation details and risks. All staff have a role in identifying risks and helping to reduce their impact.

Key risks for the organisation, corporate and divisional, are reported in the integrated performance and quality report and are reviewed formally by the risk and quality governance committee, management board and the board of directors at each of their meetings. Identified risks are reported using the Trust's integrated performance and quality reporting structures and are reviewed at divisional, management and board meetings. Managers systematically assess risk in their areas of responsibility. All risk assessments are documented and risks recorded on the risk register. Once analysed the higher scoring risks are managed by higher level committees in the organisation. Risk control measures are identified and where resources may be required to control the risk a business case is developed; these are treated as a priority.

The risk and control framework is based on a board reporting process which ensures that information is presented to the board in a timely manner and in an appropriate format. The board assurance framework provides an immediate means of alerting the board to areas of concern or failures of control, enabling the board to ensure that the appropriate management resource is committed to resolving such issues. The reporting process includes the corporate plan which identifies the strategic objectives of The Christie. Progress towards their achievement is presented to the board twice a year. The board assurance framework is regularly reviewed and updated using the corporate risk register and corporate plan and is presented to the board at the start of the year and reviewed by the audit committee, quality assurance committee and the board of directors at each of their meetings. Each objective is allocated to either the audit or quality assurance committee. The presentation of the assurance framework has been improved to assist the board to judge the effectiveness of control measures intended to reduce the risks to the organisation in achieving its principal objectives. The audit and quality assurance committees examine issues at random and in depth to ensure that the system accurately describes risk and controls. The Board has an agreed risk appetite statement which was reviewed and agreed during the development of the 2017-20 risk management strategy (rolled over for 12 months). The 2021-24 risk management strategy will be finalised September 2021.

We work with a number of partner organisations as shown below, to ensure that risks to The Christie are identified, assessed and appropriate action is taken; these organisations include:

- NHS England specialised commissioning team (North) and Greater Manchester CCGs
- One of the 37 partners that make up the Greater Manchester Health & Social Care Partnership

- Member of the Provider Federation Board
- The University of Manchester and The University of Salford and a number of other academic institutes and professional bodies to ensure training and education is delivered in line with national standards and the academic expectations of relevant bodies
- Manchester Cancer Research Centre, a formal partnership between The Christie, The University of Manchester and CRUK
- Manchester Cancer, the cancer programme of Greater Manchester's devolved health and social care system
- Part of Health Innovation Manchester which includes Manchester Academic Health Science Centre (MAHSC), a partnership between The University of Manchester and six NHS organisations, uniting leading healthcare providers with world-class academics and researchers.
- Other acute trusts and CCGs as part of Greater Manchester Cancer Board
- Our private patient joint venture partner Health Corporation of America to continually develop private patient services at The Christie;
- Our wholly owned subsidiary pharmacy service which offers both outpatient and inpatient dispensing services.
- Our pathology services partner Synlab UK Ltd to improve turnaround times for our patients and maintain delivery of high quality results.
- Our contract partners Alliance Medical Limited in the delivery of PET-CT services which includes clinical leadership, training & education and research co-ordination
- Cancer Research UK

Our response to national alerts and governance action is managed through the patient safety committee and management board and reported to the board of directors. We also engage with the public and NHS stakeholders in the following way:

- public: council of governors and committees of governors, members' meetings, local public engagement meetings, and patient surveys (both internal and external), suggestion schemes and the patient comment system
- NHS: The Christie Commissioning Group Board (currently led by NHS England specialised commissioning team (North) and Greater Manchester CCG's), Greater Manchester Cancer Board, CCG representation on the drugs management committee
- Local Authority: The Christie Neighbourhood forum which includes a representative from MCC and local residents for input into trust developments and our Green Travel Plan. Greater Manchester Combined Health Authority through the Greater Manchester Health and Social Care Partnership.

We are fully compliant with the registration requirements of the Care Quality Commission. We have published on our website an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

We have undertaken risk assessments and have a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control to ensure that resources are used economically, efficiently and effectively. My review is informed by the work of the internal auditors, clinical audit and the executive directors within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. Divisional and corporate departments are responsible for the delivery of financial and other performance targets via our performance management framework which includes monthly performance reviews with each service.

Evidence is also shown in the strong track record we have of transforming our services to deliver service improvements and operational efficiencies. To ensure the patient is at the centre of our planning, we have configured our efficiency programme to reflect the end to end clinical pathways for our patients. These Cost Improvement Plans are only approved once the Executive Medical Director and Chief Nurse & Executive Director of Quality sign off the proposals as having no detrimental impact upon the quality of care provided to our patients. The accepted improvement schemes are reported and monitored within the Integrated Quality and Performance Report and presented at the public Board of Directors meeting.

We are working closely with other specialist oncology centres (Clatterbridge and The Royal Marsden) to identify and implement best practice across all Trusts to deliver efficiencies and commercial opportunities. In particular, the Trust is making use of the opportunities provided by the North West Radiotherapy Network to improve consistency of radiotherapy provision for patients across the network as well as a focus on staffing and machine efficiency and optimisation within each Trust. We continue to collaborate through the Costing Transformation Programme so that we have access to improved patient level data from other

providers which we use to assess our use of resources and address any areas of variation.

We are highly engaged in the Greater Manchester Health and Social Care Partnership transformation programme which has key work-streams aiming to deliver cost improvements across the health economy. GM has a large and varied programme of works and as these work streams progress over the subsequent years, we will benefit from scheme implementation. Specific areas of opportunity include pharmacy and back-office functions; in particular, the Trust is progressing a new Pharmacy Supply Chain model with Trusts across GM that should lead to improved efficiencies from staffing and productivity improvements across organisations. We are also working proactively with partners in GM Cancer to deliver improvements and efficiencies to patient cancer care pathways across the city.

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, audit, quality assurance, risk and clinical governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The overall Head of Internal Audit opinion for the period 1st April 2020 to 31st March 2021 provides Substantial Assurance; that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Trust has examined the assurances provided over key contractual relationships with third party providers upon which the Trust places reliance. NHS Shared Business Services (SBS) provides the Trust's payroll service and the Trust receives an independent "Service Quality Report" in relation to SBS's operations. As a result of the COVID-19 pandemic, the report was qualified. The Trust has reviewed the report and the issues identified and assured itself that sufficient mitigation's exist that assurance can still be gained from the report.

Information governance

Our current top 3 data security risks, as advised by an external specialist, are managed through compliance with the data security and protection toolkit which is mandated by NHS Digital. In addition to the toolkit, we are also working towards Cyber Essentials Plus accreditation and this is recorded in the corporate risk register. Data security and information governance incidents are managed in accordance with internal procedures and notified to the ICO/DHSC in the Data Security Incident Reporting Tool where required; for the year 2020–21 the trust reported no data breaches via the reporting tool. A self-reported data breach was made to the ICO in May 2020 following the notification of a ransom attack on one of the Trust's Charity Data Processors, Blackbaud. This data breach was fully investigated through the Trust's incident management procedures and the ICO

investigation resulted in their confirmation of no required action to be taken.

Information governance risks are managed as part of the risk management systems and processes and assessed using the data security and protection toolkit. The Trust's risk register is updated with currently identified information risks including data quality and data security which are reviewed by the Risk and Quality Governance Committee. We are compliant with GDPR legislation which came into effect on 25th May 2018. Compliance is monitored through our risk management systems and the data security and protection toolkit. In addition, independent assurance is provided as part of the NHS Improvement coding and costing assurance audit process, and the data security and protection toolkit self-assessment review undertaken by internal audit. Given the impact of the pandemic, the annual data security and protection toolkit self-assessment for 2020/21 was altered to an 18 month assessment period by NHS Digital with a final submission date of 30th June 2021. During 2020/21 the data security and protection work programme continued to progress, supporting an updated score for the previous 2019/20 submission as 'Standards met'.

Data Quality & Governance

The Board of Directors has engaged the external auditors to provide assurance that the quality of our data is accurate and that there are appropriate systems of internal control. This data may relate to quality indicators such as infection rates, levels of complaints and incidents as well as progress against national and internal targets including all national cancer standards, diagnostic waits and referral to treatment standards. The external auditors have reviewed data sets as prescribed by NHS Improvement. This data is reviewed by the Board throughout the financial year in the integrated performance and quality report.

Our performance reporting presents a balanced view and is based on accurate data. The board of directors' is assured of this through the Trust's governance processes and leadership by the executive team. Systems are in place to collect, validate and analyse all data using the appropriately skilled team. This may be the information or performance team, infection control team, internal audit team, the quality & standards team or the NHS England cancer waiting times team. Our monthly integrated performance and quality report details this data every month. The monthly reports are considered by the senior clinicians and managers of the organisation at monthly management board and performance review meetings and by the board of directors.

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, the executive and clinical leads within the NHS foundation 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, audit committee, quality assurance committee and the risk & quality governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework provides me with evidence that the effectiveness of controls to manage risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Assessment of financial reports submitted to NHS Improvement, the Independent Regulator of NHS Foundation Trusts
- The CQC comprehensive inspection in May 2016 & the routine and well led inspection in 2018
- Opinions and reports made by external auditors
- Opinions and reports made by internal auditors
- NHS Litigation Authority claims profile and other external inspections, accreditations and reviews.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been reviewed by:

- The Board; through consideration of key objectives and the management of principal risks to those objectives within the Assurance Framework, which is presented at board meetings
- The Audit Committee by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Quality Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Risk and Quality Governance Committee by implementing and reviewing clinical governance and risk management arrangements and receiving reports from the sub risk committees
- External assessments of services

NHS England/Improvement (NHSE/I) Independent Investigation

During 2020/21 some concerns were raised by a small number of staff at The Christie directly to the North West Region Freedom to Speak Up Guardian. These concerns related to the research and innovation division. NHSE/I North West commissioned an independent investigation into those concerns.

NHSE/I have advised the Trust that the concerns raised do not relate to patient care in any way. Commissioning an independent investigation is part of the standard process when dealing with a Freedom to Speak Up concern. As part of the process, the investigation included interviews with various staff members. The outcome of the investigation is still pending.

The Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is a board approved statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business.

Our statement can be found in the trust publications section of our website.

NHS Emergency Preparedness, Resilience and Response (EPRR) assurance process

The trust participates in an annual self-assessment process against the NHS Core Standards for EPRR. For 2020/21 the process was amended to reflect the work already undertaken to be able to provide an exceptional response to the COVID-19 pandemic. The trust had to confirm that the learning from the first wave of the COVID-19 pandemic was embedded and that this was incorporated in the trust's winter planning preparations. The outcome of the limited self- assessment for 2020/21 was that the trust declared its readiness for being able to effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

Adaptation

Events such as heatwaves, severe cold weather and flooding are expected to increase as a result of climate change.
To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies. These include:

- Major incident plan
- Business continuity plan
- Evacuation Plan
- Pandemic influenza plan (relevant for response to COVID-19 pandemic)
- Heatwave Plan
- Winter Plan

These are all operational plans that comply with the NHS England framework for emergency preparedness, resilience and response. Risk assessments and contingency plans are in place for specific events such as flooding and heatwave.

Conclusion

As accounting officer and based on the information provided above I am assured that no significant internal control issues have been identified.

Roger Spencer
Chief Executive
25th June 2021

Independent auditor's report to the Council of Governors of The Christie NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of The Christie NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been 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, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and the Trust'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.

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.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the 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:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer of the Christie NHS Foundation Trust, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, 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.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on material and year-end transactions and manual journals throughout the year with high risk characteristics;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of property, plant and equipment valuations and year-end accruals;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to property, plant and equipment valuations and year-end accruals;
- Assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's;
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation
    - NHS Improvement's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for The Christie NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors 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 Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Green

Michael Green, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

25 June 2021

Independent auditor's report to the Council of Governors of The Christie NHS Foundation Trust

In our auditor's report issued on 25 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 25 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of The Christie NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors 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 Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Green

Michael Green, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

20 August 2021

FOREWORD TO THE ACCOUNTS

THE CHRISTIE NHS FOUNDATION TRUST

The Annual Accounts of The Christie NHS Foundation Trust for the year ended 31 March 2021 have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Roger Spencer
Chief Executive
Date: 25th June 2021

Consolidated Accounts of The Christie NHS Foundation Trust 2020-2021

Statement of Comprehensive Income for the Year Ending 31 March 2021

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2020-2021	**2020-2021**	2019-2020	2019-2020
		£000	**£000**	£000	£000
Operating income	3	**364,903**	**365,925**	359,730	352,399
Operating expenses	4	**(359,802)**	**(360,150)**	(330,903)	(331,257)
Operating surplus/ (deficit)		**5,101**	**5,775**	28,827	21,142
Finance income	8.1	**(10)**	**(15)**	1,302	944
Finance costs - financial liabilities	8.2	**(1,521)**	**(1,521)**	(1,604)	(1,604)
Finance costs - unwinding of discount on provisions	17	**(2)**	**(2)**	(13)	(13)
PDC dividends payable		**(7,300)**	**(7,300)**	(7,350)	(7,350)
Net finance costs		**(8,833)**	**(8,838)**	(7,665)	(8,023)
Gains/(Loss) on disposal of assets		**9**	**(5)**	(4)	(4)
Gains/(Loss) on revaluation and disposal of investment assets	11.3	**94**	**0**	(66)	0
Corporation tax expense		**(46)**	**0**	(59)	0
		(8,776)	**(8,843)**	(7,794)	(8,027)
Share of profit of joint venture accounted for using the equity method	11.1	**4,515**	**4,515**	5,995	5,995
Surplus/ (deficit) for the year		**840**	**1,447**	27,028	19,110
Other comprehensive income					
Impariments on Property, Plant and Equipment		**(2,558)**	**(2,558)**	0	0
Revaluation gains/ (losses) on Property, Plant and Equipment		**1,154**	**1,154**	5,158	5,158
Total comprehensive income for the year		**(564)**	**43**	32,186	24,268
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		**0**	**0**	0	0
Owners of the parent		**840**	**1,447**	27,028	19,110
TOTAL		**840**	**1,447**	27,028	19,110
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		0	0	0	0
Owners of the parent		**(564)**	**43**	32,186	24,268
TOTAL		**(564)**	**43**	32,186	24,268

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie

Charitable Fund. The notes on pages 169 to 208 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2020-2021

Statement of Financial Position as at 31 March 2021

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		31 March 2021	**31 March 2021**	31 March 2020	31 March 2020
		£000	**£000**	£000	£000
Non- Current Assets					
Intangible assets	9	**5**	**5**	44	44
Property, Plant and Equipment	10	**369,836**	**368,986**	342,136	341,286
Investments in joint ventures	11.1	**17,796**	**17,796**	20,747	20,747
Investment assets	11.3	**593**	**0**	481	0
Investment property	11.4	**0**	**0**	0	0
Trade and other receivables	13.1	**63**	**373**	0	717
Total non-current assets		**388,293**	**387,160**	363,408	362,794
Current assets					
Inventories	12	**3,495**	**1,022**	2,934	526
Trade and other receivables*	13.1	**27,735**	**29,597**	36,139	38,073
Other financial assets	13.4	**8**	**1**	19	3
Cash and cash equivalents	14.1	**211,950**	**151,803**	207,454	145,916
* difference to Note 13.1 Clinician Pension Tax £63k(non current)					
Total current assets		**243,188**	**182,423**	246,546	184,518
Current Liabilities					
Trade and other payables	15.1	**(41,004)**	**(37,992)**	(34,403)	(31,250)
Borrowings	16	**(3,799)**	**(3,799)**	(3,809)	(3,809)
Provisions for liabilities and charges	17	**(1,634)**	**(1,634)**	(994)	(994)
Other liabilities	15.2	**(4,493)**	**(4,493)**	(3,150)	(3,150)
Tax payable	15.1	**(3,088)**	**(3,065)**	(2,936)	(2,917)
Total current liabilities		**(54,018)**	**(50,983)**	(45,292)	(42,120)
Total assets less current liabilities		**577,463**	**518,600**	564,662	505,192
Non-current liabilities					
Borrowings	16	**(59,844)**	**(59,844)**	(57,316)	(57,316)
Provisions for liabilities and charges	17	**(936)**	**(936)**	(821)	(821)
Other liabilities	15.2	**(12,260)**	**(12,260)**	(10,057)	(10,057)
Total non-current liabilities		**(73,040)**	**(73,040)**	(68,194)	(68,194)
Total assets employed		**504,423**	**445,560**	496,468	436,998
Financed by taxpayers' equity					
Public dividend capital	24	**151,646**	**151,646**	143,127	143,127
Revaluation reserve		**45,751**	**45,751**	47,186	47,186
Income and expenditure reserve		**248,163**	**248,163**	246,685	246,685
Financed by others' equity					
Charity Reserves		**58,120**	**0**	58,922	0
Pharmacy subsidiary reserves		**743**	**0**	548	0
Total Taxpayers' and Others' Equity:		**504,423**	**445,560**	496,468	436,998

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund. The accounts on pages 169 to 208 were approved by the Board of Directors on 24th June 2021 and signed on its behalf by:

Roger Spencer
Chief Executive

Date: 25th June 2021

Consolidated Accounts of The Christie NHS Foundation Trust 2020-2021

Statement of changes in taxpayers' equity for the year ended 31 March 2021

	Group					
	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charity Reserves	The Christie Pharmacy Limited Reserves	Total taxpayers' equity
	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2020	**143,127**	**47,186**	**246,685**	**58,922**	**548**	**496,468**
Retained surplus/(deficit) for the year	**0**	**0**	**1,447**	**(802)**	**195**	**840**
Revaluation gains/(impairment losses) on Property, Plant and Equipment	**0**	**1,154**	**0**	**0**	**0**	**1,154**
Net impairments	**0**	**(2,558)**	**0**	**0**	**0**	**(2,558)**
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising fro the consumption of economic benefits	**0**	**(31)**	**31**	**0**	**0**	**0**
Public dividend capital received	**8,519**	**0**	**0**	**0**	**0**	**8,519**
Taxpayers' equity at 31 March 2021	**151,646**	**45,751**	**248,163**	**58,120**	**743**	**504,423**
Taxpayers' equity at 1 April 2019	142,934	42,145	227,458	51,252	300	464,089
Retained surplus/(deficit) for the year	0	0	19,110	7,670	248	27,028
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	5,158	0	0	0	5,158
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising fro the consumption of economic benefits	0	(117)	117	0	0	0
Public dividend capital received	193	0	0	0	0	193
Taxpayers' equity at 31 March 2020	143,127	47,186	246,685	58,922	548	496,468

The notes on pages 169 to 208 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2020-2021

Statement of changes in taxpayers' equity for the year ended 31 March 2021

	NHS Foundation Trust			
	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total taxpayers' equity
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2020	**143,127**	**47,186**	**246,685**	**436,998**
Retained surplus/(deficit) for the year	**0**		**1,447**	**1,447**
Revaluation gains/(impairment losses) on Property, Plant and Equipment	**0**	**1,154**	**0**	**1,154**
Net impairments		**(2,558)**	**0**	**(2,558)**
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising from the consumption of economic benefits	**0**	**(31)**	**31**	**0**
Public dividend capital received	**8,519**	**0**	**0**	**8,519**
Taxpayers' equity at 31 March 2021	**151,646**	**45,751**	**248,163**	**445,560**
Taxpayers' equity at 1 April 2019	142,934	42,145	227,458	412,537
Retained surplus/(deficit) for the year	0	0	19,110	19,110
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	5,158	0	5,158
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising fro the consumption of economic benefits	0	(117)	117	0
Public dividend capital received	193	0	0	193
Taxpayers' equity at 31 March 2020	143,127	47,186	246,685	436,998

The notes on pages 169 to 208 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2020-2021

Cash Flow Statement for the Year Ending 31 March 2021

	Note	Group	NHS Foundation Trust	Group	NHS Foundation Trust
		2020-2021	**2020-2021**	2019-2020	2019-2020
		£000	**£000**	£000	£000
Cash flows from operating activities					
Operating surplus/ (deficit)		**5,101**	**5,775**	**28,827**	**21,142**
Depreciation and Amortisation	4.1	**16,645**	**16,645**	**17,151**	**17,151**
Income recognised in respect of capital donations		**(186)**	**(186)**	**0**	**0**
Net Impairments	4.1	**9,727**	**9,727**	**(3,811)**	**(3,811)**
(Increase)/decrease in trade and other receivables		**8,229**	**8,738**	**21,429**	**22,039**
(Increase)/decrease in inventories		**(561)**	**(496)**	**(367)**	**12**
Increase/(decrease) in trade and other payables		**1,607**	**1,735**	**5,546**	**5,185**
Increase/(decrease) in other liabilities		**3,547**	**3,547**	**(1,385)**	**(1,385)**
Increase/(decrease) in provisions		**754**	**754**	**642**	**642**
Corporation tax paid		**(58)**	**0**	**(71)**	**0**
Net cash inflow/(outflow) from operating activities		**44,805**	**46,239**	**67,961**	**60,975**
Cash flows from investing activities					
Interest received		**65**	**66**	**1,337**	**945**
Purchase of financial assets - joint ventures	11.1	**(2,561)**	**(2,561)**	**0**	**0**
Cash from drawdown of profit from joint ventures	11.1	**10,028**	**10,028**	**10,610**	**10,610**
Proceeds from sale of property, plant and equipment		**2**	**2**	**2**	**2**
Net cash flows from investing activities		**44**	**0**	**0**	**0**
Purchase of Property and Plant and Equipment		**(50,102)**	**(50,102)**	**(20,149)**	**(20,149)**
Net cash inflow/(outflow) from investing activities		**(42,524)**	**(42,567)**	**(8,200)**	**(8,592)**
Cash flows from financing activities					
Public dividend capital received	24	**8,519**	**8,519**	**193**	**193**
Loans received	16	**5,953**	**5,953**	**1,250**	**1,250**
Loans Repaid		**(3,423)**	**(3,423)**	**(3,359)**	**(3,359)**
Interest paid		**(1,533)**	**(1,533)**	**(1,597)**	**(1,597)**
PDC Dividend paid		**(7,301)**	**(7,301)**	**(6,872)**	**(6,872)**
Net cash inflow/ (outflow) from financing activities		**2,215**	**2,215**	**(10,385)**	**(10,385)**
Net increase/(decrease) in cash and cash equivalents	14.1	**4,496**	**5,887**	**49,376**	**41,998**
Cash and cash equivalents at 1 April	14.1	**207,454**	**145,916**	**158,078**	**103,918**
Cash and cash equivalents at 31 March	14.1	**211,950**	**151,803**	**207,454**	**145,916**

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund.

The notes on pages 169 to 208 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2020-2021
Notes to the Accounts

1. Accounting Policies

1.1 Basis of preparation

NHS Improvement, in exercising the statutory conventions conferred on Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS foundation trusts, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DH GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS foundation trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

These accounts have been prepared on a going concern basis, under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

1.1.1 Going Concern

As a direct response to the Covid-19 pandemic, The Christie NHS Foundation Trust, has re-assessed and confirmed its status as a going concern. The Group, including the Trust, The Christie Pharmacy Limited and The Christie Charitable Fund remain a going concern.

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted 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.

1.1.2 Acquisitions and Discontinued Operations

Activities are considered to be 'acquired' only if they are acquired 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.

1.1.3.1 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimates (see below) that management has made in the process of applying accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

(a) For each Research and Development contract, the Trust transfers control of goods and services over time and therefore, satisfies performance obligations and recognises revenue over time. This may be over several financial years. Research and Development income recognised is in equal value to the cost in the financial year of satisfying the performance obligations. See note 15.

(b) The basis upon which the Modern Equivalent Asset Valuation is assessed for land by the external valuer is the alternative theoretical site.

1.1.3.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(a) Non-current Property, Plant and Equipment asset valuation relating to land and buildings are based on the District Valuers valuation - see note 10.

The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the annual independent valuation of these assets. The estimation methods used by the independent valuer draw upon, but are not limited to, industry recognised building construction indices and relevant or comparable transactions in the market place.

A simple sensitivity analysis indicates that a 3% movement in these estimations would increase or decrease the valuation of assets by £7.6m. In comparison, a 10% reduction in values could see a fall in land and buildings of £25.3m. This would result in a reduction in PDC dividend payable of £422k.

1.1.4 Consolidation

The Consolidated Accounts of The Christie NHS Foundation Trust show both the NHS Foundation Trust and the Group balances. The Group balances comprise The Christie NHS Foundation Trust, The Christie Charitable Fund and The Christie Pharmacy Limited which are consolidated on a line-by-line basis.

The Christie Charitable Fund

The Foundation Trust is the corporate trustee to The Christie Charitable Fund. The Foundation Trust has assessed its relationship to The Christie Charitable Fund and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Charitable Fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on Financial Reporting Standards (FRS) 102.

On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Charitable Reserves are comprised of the following Fund types:
(a) Restricted Funds - where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund.

(b) Endowment Funds - Funds where the capital is held to generate income for charitable purposes, and which cannot be spent, are accounted for as endowment funds. Income credited to endowment funds is transferred to designated funds to be utilised in line with the terms of the endowment.

(c) Unrestricted Funds - These include those funds which the trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds which the trustee has chosen to earmark for set purposes.

The Christie Pharmacy Limited

The Trust has one wholly owned subsidiary - The Christie Pharmacy Limited (company number: 11027496). The Christie Pharmacy was incorporated on 23 October 2017 and The Christie NHS Foundation Trust holds 1 ordinary £1 share in The Christie Pharmacy Limited which is 100% of the available shares.

Subsidiary entities are those over which the Trust is exposed to, or has rights to variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines.
On consolidation, necessary adjustments are made to the company's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trusts' accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Christie Pharmacy Limited's statutory accounts will be prepared for the year ending 31 March 2021 in accordance with Financial Reporting Standards (FRS) 102.

The Christie Pharmacy Limited is accounted for using the cost method in the Trust accounts.

1.1.5 Consolidation - Joint ventures

Joint ventures are separate entities over which the Trust has joint control with one or more other parties and where it has the rights to the net assets of the arrangement. The meaning of control is to exercise control or power to influence so as to gain economic or other benefits. Joint ventures are accounted for using the equity method.

Valuation of the investment in the Joint Venture is recognised at cost and the carrying amount increased or decreased to recognise The Christie's share of its profit or loss.

The Trust has the following joint ventures:

- The Christie Clinic LLP - trading as The Christie Private Care (TCPC)
- The Christie Pathology Partnership LLP (CPP)
- CPP Facilities LLP (CPPFAC)

The figures in the accounts as disclosed in note 11 for the above are based on audited accounts to 31 December 2020 and management accounts for the period to 31 March 2021.

1.2 Income

1.2.1 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 services provided is recognised in accordance with IFRS 15 when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. 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 that 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.

1.2.2 Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020-21

The main source of income for the Trust is contracts with Commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS Commissioners was in the form of block contract arrangements. During the first half of the year, the Trust received block funding from its Commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period 2019-20

In the comparative period, 2019-20, the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the Commissioner but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22 (b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer.

In 2019-20, the Provider Sustainability Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

1.2.3 Revenue from research contracts

Where research contracts and grant income fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For research trial 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.

1.2.4 Income from the sale of non-current assets

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

1.2.5 Charitable Income

a) Legacies

- Pecuniary legacies are recognised as they are received or where the receipt of the legacy is probable.
- Residuary legacies are included in the accounts at the earlier of receipt or agreement of the estate accounts.
- Finalisation of the estate accounts is assumed when notification of this is received from the personal representatives.
- Reversionary interests, involving a life tenant, are not recognised in the accounts due to the inherent uncertainties involved.
- Legacies to which the charity is entitled and for which notification has been received but uncertainty over measurement remains, are disclosed, if material, as contingent income.

b) Gifts in Kind
The amount at which gifts in kind are recognised is either a reasonable estimate of their value to the funds or the amount actually realised. Where applicable the basis of valuation would be disclosed in the Notes to the Accounts.

Donations of investments listed on the Alternative Investments Market (AIM) and other secondary markets are not recognised until the shares are sold. This is due to the AIM donated shares typically having a time restriction placed upon them which prevents their sale for a minimum period after the donation is made and the difficulty of attributing a value in advance of the sale of the shares listed on such exchanges.

c) Intangible Income
Assistance in the form of donated facilities, beneficial loan arrangements, donated services or services from volunteers is only recorded when they are provided at a financial cost to a third party and the benefit is quantifiable and measurable. Volunteers do bear costs however these are regarded as personal and are not quantified.

1.2.6 The Christie Pharmacy Limited Income

Income in respect of services provided is recognised when and to the extent that performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transactions prices allocated to that performance obligation. The main source of income for The Christie Pharmacy Limited is the dispensing of drugs to The Christie NHS Foundation Trust.

1.2.7 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 the accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department of Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.3 Expenditure on employee benefits

1.3.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial accounts to the extent that employees are permitted to carry-forward leave into the following period.

1.3.2 Pension costs - NHS Pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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 HM Treasury's Financial Reporting Manual (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

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department (GAD)) 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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

c) Scheme provisions

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase Additional Voluntary Contributions (AVCs) run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

1.3.3 Pension costs - other schemes

The employees of The Christie Pharmacy Limited have access to two pension schemes. These are a Legal and General defined contribution scheme, and the National Employment Savings Trust (NEST) defined contribution pension scheme. Both schemes are accounted for as defined contribution schemes.

1.4 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 measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as Property, Plant and Equipment.

1.5 Property, Plant and Equipment

1.5.1 Recognition

Property, Plant and Equipment is capitalised where:
- 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 be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and either
- individually has a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, 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
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

1.5.2 Valuation

Property, Plant and Equipment assets are stated at the lower of replacement cost and recoverable amount. On initial recognition the assets are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. The carrying values of Property, Plant and Equipment assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

All land and buildings are restated to current value using a full professional valuation every five years and a valuation by an independent professional valuer annually. If the fair value of a revalued asset differs materially from its carrying amount, an independent valuation is carried out for that class of asset.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. This year's valuation was undertaken by Mrs S Hall (MRICS) of the Valuation Office Agency (VOA). The next full valuation will be carried out in 2023-24.

The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statement.

The valuations are carried out primarily on the basis of Depreciated Replacement Cost of a Modern Equivalent Asset for specialised operational property and Market Value for Existing Use for non-specialised operational property. The value of land for existing use purposes is assessed on the alternative site basis. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Plant and equipment assets in the course of construction are valued at cost. The Trust does not revalue this class of assets. Costs include borrowing costs where capitalised under circumstances as defined under IAS 23.

Operational equipment is valued at depreciated historic cost.

An item of Property, Plant and Equipment 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 or IFRS 5.

1.5.3 Subsequent expenditure

Subsequent expenditure relating to an item of Property, Plant and Equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

1.5.4 Depreciation

Property, Plant and Equipment assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. The estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term.

No depreciation is provided on freehold land and assets surplus to requirements.

Assets in the course of construction are not depreciated until the asset is brought into operational use.

Equipment is depreciated on historic cost for low value and/or short life assets and on current cost for other equipment assets evenly over the estimated life of the asset.

1.5.5 Revaluation and impairment

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are reversed in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

In accordance with the DH GAM, impairments that are due to a loss of economic benefit or service potential in the asset are 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: and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. 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. Reversals of ‘other impairments’ are treated as revaluation gains.

1.5.6 De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once the criteria in IFRs 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, Plant and Equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.5.7 Investment Properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of plant, property and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

1.6 Intangible Assets

1.6.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

Intangible assets are capitalised when they are capable of being used in a Trust's activities for more than one year; they can be valued; and they have a cost of at least £5,000.

Expenditure on research activities is recognised as an operating expense in the period in which it is incurred.

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Intangible assets acquired separately are initially recognised at historical cost. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to use the intangible asset;
- how the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it;
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant

1.6.2 Measurement

Intangible non-current assets held for operational use are valued at historical cost less accumulated amortisation. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

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 recognised, the expenditure is charged to the Statement of Comprehensive Income (SOCI) in the period in which it is incurred.

1.6.3 Amortisation

Intangible assets are amortised on a straight line basis over their expected useful economic lives or, in the case of software licences, over the term of the licence where this is shorter.

1.7 Donated assets

Donated and grant funded Property, Plant and Equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of Property, Plant and Equipment.

In 2020-21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

1.8 Government grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.9 Research

The revenue cost of personnel, consumables, etc. engaged in research and development activities is shown as direct expenditure of the Trust. Some of these activities are funded through charitable sources and therefore an amount corresponding to the expenditure charged to the SOCI is included in operating income from charitable and other contributions to expenditure.

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a monthly basis.

Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible NHS foundation trusts disclose the total amount of research and development expenditure charged in the SOCI separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.10.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property, plant or equipment. The lease liability is de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the SOCI.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.10.2 The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.11 Financial Instruments and Financial Liabilities

1.11.1 Financial Assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

1.11.2 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities) and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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 the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.11.3 Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the 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 the discount rates published and mandated by HM Treasury. Early retirement provisions are discounted using HM Treasury's pension discount rate of minus 0.95% (2019-20: minus 0.5%) in real terms.

Clinical negligence costs

NHS Resolution (formerly NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 17 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives 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 when the liability arises.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

As a consequence of the Covid-19 pandemic, the Trust and The Christie Pharmacy Limited took the decision in 2019-20, in line with NHS national guidance, that it was not appropriate or viable to undertake a full stocktake at the year end. To mitigate this situation, assurance over the year end stock valuation was gained from other means.

In 2020-21, The Trust received inventories including personal protective equipment 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.

The Trust took the decision in 2020-21 to undertake a stocktake of personal protective equipment only (Note 12). The Christie Pharmacy Limited undertook a full stocktake at the year end as the balance was material to the accounts and the biosecurity limitations that were in place at the 2019-20 year end had been amended to allow for a full stock take at the 2020-21 year end.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a 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.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable as PDC dividend. The charge is calculated at the rate set by the HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

Relevant net assets are calculated as the value of all assets less the value of all liabilities

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.

1.16 Non Current Asset Investments

1.16.1 Recognition and Measurement

Non current asset investments are stated at fair value at the balance sheet date.

1.16.2 Realised and unrealised gains and losses

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 18, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

● 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 entity's control; or

● present obligations arising from past events but for which it is not probable that a transfer of economic benefit will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Corporation tax

Under s519A ICTA 1988 the 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 HM Treasury with powers to disapply this exemption. Accordingly the Trust is 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 not entrepreneurial) and therefore not subject to corporation tax. Any tax liability will be accounted for within the relevant tax year.

The Christie Pharmacy Limited, a subsidiary of the Trust, is subject to corporation tax on commercial activities. Corporation tax and deferred tax liabilities have arisen in the year to 31 March 2021.

1.19 Value Added Tax (VAT)

Most of the activities of the Trust 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 VAT is recoverable, the amounts are stated net of VAT.

1.20 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date fair

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.21 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that 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 each individual case is handled.

Losses and Special Payments are charged to the relevant functional headings in the expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which is prepared on an accrual basis with the exception of provisions for future losses.

1.22 Third party assets

Assets belong to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them.

1.23 Accounting standards issued but not yet adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption.

(a) IFRS 14 Regulatory Deferral Accounts - applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

(b) IFRS 16 Leases - Standard is effective at 1 April 2022.

(c) IFRS17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by FReM; early adoption is not therefore permitted.

No accounting standards in issue have been adopted early.

IFRS 17
The implementation of IFRS 17 will have no impact on the Trust.

IFRS 16

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. The Trust does not expect this standard to have a material impact on non-current assets, liabilities and depreciation.

2. Operating segments

Under IFRS 8 'Operating Segments', the Trust is required to disclose financial information across significant operating segments which reflect the way the management runs the Trust.

The Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Management Board, a sub-committee of the Board of Directors. These core activities are primarily the provision of specialist NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosure (see Note 22).

The Trust manages the delivery of healthcare services across clinical divisions. Certain aspects of performance are reported at a divisional level to the Management Board, although this is not the primary way in which financial matters are considered.

The Trust has applied the aggregation criteria from IFRS 8 Operating Segments because the clinical divisions provide similar services, have homogenous customers, common production processes and a common regulatory environment. The overlapping activities and interrelation between the divisions also suggests that aggregation is appropriate. The divisions report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

3. Operating income

		Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2020-2021	**2020-2021**	2019-2020	2019-2020
		£000	**£000**	£000	£000
Income from activities	3.1.1	**302,992**	**302,992**	290,965	290,965
Other operating income	3.2	**61,911**	**62,933**	68,765	61,434
		364,903	**365,925**	359,730	352,399

3.1.1 Income from activities by type

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-21	**2020-21**	2019-2020 Restated	2019-2020 Restated
	£000	**£000**	£000	£000
Block contract/system envelope income*	**201,732**	**201,732**	190,814	190,814
High cost drugs income from commissioners	**83,647**	**83,647**	88,225	88,225
Other NHS clinical income	**10,170**	**10,170**	5,189	5,189
Pension contribution central funding**	**6,398**	**6,398**	5,907	5,907
Other	**1,045**	**1,045**	830	830
Total	**302,992**	**302,992**	290,965	290,965

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

3.1.2 Income from activities by source

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
NHS Foundation Trusts	**1,402**	**1,402**	1,479	1,479
NHS Trusts	**370**	**370**	370	370
Clinical Commissioning Groups (CCGs) and NHS England	**289,909**	**289,909**	278,299	278,299
NHS England - additional pension funding*	**6,398**	**6,398**	5,907	5,907
NHS England - Covid-19 funding**	**0**	**0**	437	437
NHS other	**4,739**	**4,739**	4,087	4,087
Non English NHS Bodies	**174**	**174**	386	386
Total	**302,992**	**302,992**	290,965	290,965

*Notional income for additional employer pension contributions paid by NHS England. Note 6 Employee Costs includes notional expenditure of £6,398k (2019-20 £5,907k).

** Covid funding is included in Other Operating Income (note 3.2) in 2020-21.

3.2 Other Operating Income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Other operating income from contracts with customers:				
Research and development	**15,885**	**15,885**	20,524	20,524
Education and training	**5,970**	**5,970**	5,080	5,080
Non-patient care services to other bodies	**1,174**	**1,245**	1,176	1,232
Christie Medical Physics & Engineering	**6,928**	**6,928**	7,240	7,240
Joint venture - The Christie Clinic LLP*	**6,254**	**6,254**	6,496	6,496
Joint venture - The Christie Pathology Partnership LLP*	**1,188**	**1,196**	1,188	1,188
Joint venture - CPP Facilities LLP*	**711**	**702**	683	683
Provider sustainability fund (PSF) income**	**0**	**0**	1,130	1,130
Income in respect of staff costs	**2,728**	**2,728**	3,045	3,045
Clinical excellence awards	**923**	**923**	1,166	1,166
Catering and other commercial income***	**620**	**620**	1,114	1,114
Creche services	**554**	**554**	648	648
Property rentals	**202**	**202**	637	637
Car parking***	**11**	**11**	308	308
Pharmacy sales	**0**	**0**	1	1
Other contract income	**1,630**	**1,609**	3,407	3,407
Income - financial regime additional income****	**3,711**	**3,711**	0	0
Other non-contract operating income:				
Contributions to expenditure - consumables (inventory) donated from DHSC for COVID responses	**2,280**	**2,280**	0	0
Donated equipment from DHSC for COVID responses	**186**	**186**	0	0
Charitable and other contributions to capital expenditure	**0**	**6,134**	0	989
Charitable and other contributions to revenue expenditure	**0**	**5,795**	0	6,546
Donations, legacies and grants	**10,956**	**0**	14,922	0
Total	**61,911**	**62,933**	68,765	61,434

* Joint venture income relates to services provided to The Christie Clinic LLP, The Christie Pathology Partnership LLP and The Christie Pathology Partnership Facilities LLP via Service Level Agreements, property rental income and other contractual payments.

** In 2019-20, the Trust received core, incentive and bonus funding from NHS England in relation to the Provider Sustainability Fund Income. The PSF is to enable the transformation of services to ensure continued delivery of excellent patient care, efficiencies and improvements.

*** The Trust provided free provision of catering and car parking during the Covid pandemic in 2020-21.

**** Financial regime additional income is reimbursement and top up funding in relation to Covid. 2019-20 Covid income is included in Income from Patient Activities (note 3.1).

3.3 Additional information on contract revenue (IFRS 15) recognised in the period

	Group 2020-2021	NHS Foundation Trust 2020-2021	Group 2019-2020	NHS Foundation Trust 2019-2020
	£000	£000	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	0	0	0	0
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	130	130	5,232	5,232
Total	130	130	5,232	5,232

3.4 Transaction price allocated to remaining performance obligations

	Group 2020-2021	NHS Foundation Trust 2020-2021	Group 2019-2020	NHS Foundation Trust 2019-2020
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000	£000	£000
within one year	319	319	395	395
after one year, not later than five years	1,526	1,526	1,580	1,580
after five years	0	0	0	0
Total revenue allocated to remainig performance obligations	1,845	1,845	1,975	1,975

4. Operating Expenses

4.1 Operating expenses comprise:

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Services from Foundation Trusts	**8,804**	**8,804**	7,203	7,203
Services from NHS Trusts	**803**	**803**	882	882
Services from other NHS and DHSC bodies	**28**	**28**	2,689	2,689
Services from non-NHS and non-DHSC bodies	**9,461**	**9,461**	8,277	8,277
Staff costs	**158,795**	**157,631**	147,507	146,446
Executive directors' costs	**1,223**	**1,223**	1,262	1,262
Non-executive directors' costs	**142**	**142**	142	142
Supplies and Services- clinical	**23,444**	**23,439**	23,053	23,042
Supplies and Services - clinical: utilisation of consumables donated from DHSC	**1,671**	**1,671**	0	0
Supplies and services - general	**4,622**	**4,621**	4,070	4,069
Drug costs	**95,158**	**96,837**	92,084	93,658
Inventories written down - drugs	**94**	**0**	0	0
Inventories written down - consumables donated from DHSC	**116**	**116**	0	0
Consultancy costs	**3,281**	**3,281**	2,248	2,247
Establishment	**8,656**	**8,656**	7,291	7,269
Premises	**7,766**	**7,782**	8,862	8,883
Transport	**755**	**755**	1,456	1,456
Depreciation of Property, Plant and Equipment	**16,606**	**16,606**	16,940	16,940
Amortisation of intangibles	**39**	**39**	211	211
Net impairments of property, plant and equipment*	**9,727**	**9,727**	(3,811)	(3,811)
Increase / (decrease) in provision for impairment of receivables	**43**	**63**	(24)	(41)
Increase / (decrease) in other provisions	**26**	**26**	38	38
Change in provisions discount rate	**36**	**36**	50	50
Audit fees	**148**	**96**	87	55
Internal audit costs	**127**	**105**	123	108
Insurance and clinical negligence	**1,875**	**1,859**	1,426	1,410
Legal fees	**855**	**855**	1,381	1,381
Research & Development	**2,165**	**2,165**	3,224	3,224
Training, courses and conferences	**1,004**	**1,000**	1,149	1,147
Redundancy and termination benefits	**36**	**36**	637	637
Losses, ex gratia and special payments**	**11**	**11**	59	59
Other services	**179**	**168**	140	134
Other	**2,106**	**2,108**	2,247	2,190
Total	**359,802**	**360,150**	330,903	331,258

* Following an independent valuation of the Trust's land and buildings, an impairment charge has arisen. In 2019-20, an impairment reversal was credited to operating expenses.

** Total losses reported in this note are prepared on an accruals basis and therefore do not compare to note 21.

4.2 Audit fees

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Audit services - statutuory audit	**148**	**96**	87	55

Group statutory audit fees include £22k for the Charity and £30k for The Christie Pharmacy Limited. All audit fees are stated gross of VAT. However, VAT is recoverable on The Christie Pharmacy Limited audit fees.

The auditors' total liability (including interest) for all claims connected with the services or the agreement with the Trust (including but not limited to negligence) is limited to £500k.

4.3 Other auditors' remuneration

No fees were paid or are payable to the external auditors for other services.

5. Operating leases

5.1 NHS FT as lessee

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Payments recognised as an expense				
Minimum lease payments	**45**	**90**	44	70
	45	**90**	44	70
Total future minimum lease payments Payable:				
Not later than 1 year	**8**	**19**	8	19
Later than 1 year not later than 5 years	**0**	**0**	0	0
Later than 5 years	**0**	**0**	0	0
Total	**8**	**19**	8	19

The Trust commenced a lease arrangement in June 2019 for the lease of car park spaces at Withington Hospital for the Park & Ride Scheme.

The Trust commenced a lease arrangement in September 2019 for the lease of car park spaces at an investment property held by The Christie Charitable Fund. The annual lease of £45,000 (2019-20 £44,000) is recognised as expenditure in the Trust in 2020-21.

5.2 NHS FT as lessor

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Recognised as income				
Rents	**2,144**	**2,144**	2,523	2,523
Total	**2,144**	**2,144**	2,523	2,523
Receivable:				
Not later than 1 year	**2,132**	**2,132**	2,081	2,081
Later than 1 year not later than 5 years	**8,409**	**8,409**	8,520	8,520
Later than 5 years	**13,021**	**13,021**	14,955	14,955
Total	**23,562**	**23,562**	25,556	25,556

The Trust has granted a number of leases to the University of Manchester at the Withington site.

The Trust entered into an agreement with The Christie Clinic LLP whereby the joint venture leases from the Trust part of the new patient treatment centre for 20 years, effective from 15 September 2010.
The Trust granted a 5 year lease to the NHS Blood Transfusion Service for use of the Photophoresis Unit which expired on 30 November 2016. A lease was granted for a further 5 years on 1 December 2016.

The Trust granted a 10 year lease to The Christie Pathology Partnership LLP on 1 June 2014. The lease was novated to CPP Facilities LLP on 1 June 2016.

6. Employee costs

The Christie Charitable Fund do not employ any staff directly. The Christie NHS Foundation Trust recharges the Christie Charitable Fund for staff undertaking fundraising, management, finance and administration duties and for the staff undertaking the charitable activities of research, clinical care and other activities. These include the staff costs related to The Christie Charitable Fund Trading Company Limited.

The Group figures include employee expenses arising from the employment of staff by The Christie Pharmacy Limited.

In line with HM Treasury requirements, accounts disclosures relating to staff costs are now included in the Annual Report.

6.1 Employee expenses

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000s	**£000s**	£000s	£000s
Salaries and wages	**125,252**	**124,244**	116,857	116,395
Social security costs	**12,031**	**11,932**	11,014	10,941
Apprenticeship Levy	**686**	**686**	529	59
Employers contributions to NHS Pensions	**14,638**	**14,638**	13,531	13,531
Additional pension funding*	**6,398**	**6,398**	5,907	5,907
Pension costs - other contributions	**88**	**31**	64	8
Termination benefits	**54**	**54**	26	26
Agency / contract staff	**871**	**871**	841	841
Total	**160,018**	**158,854**	148,769	147,708

Capitalised staff costs are excluded from this note and total £389k (2019-20 £398k).

*Pension cost - additional employer contributions paid by NHS England. Note 3.1.2 Other Income includes funding of £6,398k (2019-20 £5,907k).

6.2 Early Retirements due to ill-health

During 2020-21 there were 3 early retirements (2019-20 - 1) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements are £199k (2019-20 £63k). The cost of these ill-health retirements will be borne wholly by NHS Pensions.

6.3 Directors' Remuneration and Other Benefits

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Executive Directors' Remuneration	**986**	**986**	1,020	1,020
Employer contributions for national insurance	**129**	**129**	133	133
Employer contributions to the pension scheme	**108**	**108**	109	109

Full details of Directors' remuneration and other benefits are set out in the Trust's remuneration report which is included in the annual report.

During 2020-21 no remuneration was made to the Trustees of The Christie Charitable Fund (2019-20 £nil).

7.1 Better Payment Practice Code - measure of compliance

	Group		Group	
	2020-2021		Restated 2019-2020	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**22,192**	**214,959**	28,989	178,519
Total Non-NHS trade invoices paid within target	**21,120**	**208,317**	26,920	169,776
Percentage of Non-NHS trade invoices paid within target	**95%**	**97%**	93%	95%
Total NHS trade invoices in the year	**1,827**	**26,124**	1,755	22,575
Total NHS trade invoices paid within target	**1,617**	**24,068**	1,461	19,926
Percentage of NHS trade invoices paid within target	**89%**	**92%**	84%	88%

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

There is also a further requirement for all NHS Foundation Trusts to pay all small local businesses within 10 days from date of invoice or receipt of goods. The Trust has paid 89% within this target (2019-20 87%).

19-20 have been re-stated to reflect TCP and IHP figures.

7.2. The Late Payment of Commercial Debts (Interest) Act 1998

	Group 2020-2021 £000	Group 2019-2020 £000
Amounts included within other interest payable arising from claims made under this legislation from claims made by small businesses.	**0**	17
Compensation paid to cover debt recovery costs under this legislation	**0**	0

8. Finance costs and finance revenue

8.1 Finance income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Bank interest receivable*	**(13)**	**(32)**	1,280	924
Interest on loans and receivables	**3**	**17**	22	20
Total	**(10)**	**(15)**	1,302	944

* Interest receivable was accrued at 31 March 2020 but as a result of the fall in interest rates, the Trust received minimal interest in 2020-21. Interest received in 2020-21 was less than the amount accrued at 31 March 2020. Average interest rates were 0% (2019-20 0.5%) on the commercial accounts and 0% (2019-20 0.64%) on the Government Banking Service (GBS) account.

In 2019-20, the Trust invested cash in the National Loans Fund Temporary Deposit Facility which offered an interest rate of 0.7%. HM Treasury withdrew this facility in March 2020.

8.2 Finance costs - financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Interest on loans and overdrafts	**1,521**	**1,521**	1,588	1,588
Interest on late payment of commercial debt	**0**	**0**	16	16
Total	**1,521**	**1,521**	1,604	1,604

Details of the Trust loans are in note 16.1.

9. Intangible assets

All Intangible Assets of The Christie NHS Foundation Trust Group are held by The Christie NHS Foundation Trust. Neither The Christie Charitable Fund nor The Christie Pharmacy Limited hold any Intangible Assets.

9.1 Intangible assets

	Group 2020-2021		Group 2019-2020	
	Software purchased	**Total**	Software purchased	Total
	£000	**£000**	£000	£000
Gross cost at 1 April	**3,025**	**3,025**	3,025	3,025
Gross cost at 31 March	**3,025**	**3,025**	3,025	3,025
Accumulated Amortisation				
Accumulated amortisation at 1 April	**2,981**	**2,981**	2,770	2,770
Charged during the year	**39**	**39**	211	211
Accumulated amortisation at 31 March	**3,020**	**3,020**	2,981	2,981
Net book value at 31 March	**5**	**5**	44	44
Net book value - purchased at 31 March	**5**	**5**	44	44
Net book value at 31 March	**5**	**5**	44	44

10. Property, Plant and Equipment

The majority of Property, Plant and Equipment of The Christie NHS Foundation Trust Group are owned by The Christie NHS Foundation Trust. The Christie Charitable Fund owns an investment property comprising land and buildings (note 11.4). The investment property is reclassified in the Group accounts as Property, Plant and Equipment (note 10.1). The Christie Pharmacy Limited does not hold any Property, Plant and Equipment Assets.

10.1 Property, Plant and Equipment 2020-2021

	Group						
	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2020	**6,725**	**246,509**	**24,686**	**98,579**	**0**	**13,913**	**390,412**
Additions - purchased	**0**	**3,052**	**41,295**	**3,251**	**0**	**1,525**	**49,123**
Additions - purchased from The Christie Charitable Fund contributions	**0**	**0**	**6,134**	**0**	**0**	**0**	**6,134**
Additions - DHSC donated assets	**0**	**0**	**0**	**186**	**0**	**0**	**186**
Impairments charged to Operating Expenses	**0**	**(10,299)**	**0**	**0**	**0**	**0**	**(10,299)**
Reversal of impairments credited to operating expenses	**0**	**572**	**0**	**0**	**0**	**0**	**572**
Reclassification	**0**	**8,395**	**(8,395)**	**0**	**0**	**0**	**0**
Revaluation	**0**	**(9,201)**	**0**	**0**	**0**	**0**	**(9,201)**
Disposals	**0**	**0**	**0**	**(57)**	**0**	**0**	**(57)**
Gross cost at 31 March 2021	**6,725**	**239,028**	**63,720**	**101,959**	**0**	**15,438**	**426,870**
Accumulated Depreciation							
Accumulated depreciation at 1 April 2020	**0**	**0**	**0**	**40,287**	**0**	**7,989**	**48,276**
Charged during the year	**0**	**7,797**	**0**	**7,199**	**0**	**1,610**	**16,606**
Revaluation	**0**	**(7,797)**	**0**	**0**	**0**	**0**	**(7,797)**
Disposals	**0**	**0**	**0**	**(51)**	**0**	**0**	**(51)**
Accumulated depreciation at 31 March 2021	**0**	**0**	**0**	**47,435**	**0**	**9,599**	**57,034**
Net book value at 31 March 2021	**6,725**	**239,028**	**63,720**	**54,524**	**0**	**5,839**	**369,836**
NBV - purchased at 31 March 2021	**6,518**	**168,221**	**57,580**	**50,912**	**0**	**5,625**	**288,856**
NBV -purchased finance lease at 31 March 2021	**0**	**8,803**	**0**	**0**	**0**	**0**	**8,803**
NBV- Charity Funded Finance Lease at 31 March 2021	**0**	**11,220**	**0**	**0**	**0**	**0**	**11,220**
NBV - Purchased from the Christie Charitable Fund 31 March 2021	**207**	**50,784**	**6,140**	**3,612**	**0**	**214**	**60,957**
Net book value at 31 March 2021	**6,725**	**239,028**	**63,720**	**54,524**	**0**	**5,839**	**369,836**

* The Christie Charitable Fund owns an investment property which is leased by The Christie NHS Foundation Trust. Applying IAS16, the property is regarded as owner-occupied from the group perspective. The property has been valued as an owned asset and then reclassified as Property, Plant and Equipment.

Land and buildings were revalued as at 31 March 2021 (previously revalued at 31 March 2020). The valuation exercise was carried out by an independent professional valuer. Independent valuations have not been undertaken for the remaining classes of Property, Plant and Equipment as their carrying amount is deemed to be the fair value.

The Christie Charitable Fund has provided funding to purchase assets. There are no restrictions placed on the use of these assets as part of the offer of funding and as such the Trust has full ownership of these assets.

The Trust has received medical equipment from the DHSC under its programme to assist trusts in their response to Covid during the year. These items of equipment are accounted for as donated assets in accordance with guidance issued.

Purchased finance leases are comprised of the Salford satellite centre £7,565k (2019-20 £7,930k) and the Manchester Cancer Research Centre (MCRC) of £1,238k (2019-20 £1,329k).

Finance leases funded from The Christie Charitable Fund contributions are comprised of the Oldham satellite centre £10,527k (2019-20 £11,030k) and the Manchester Cancer Research Centre (MCRC) of £694k (2019-20 £744k).

The Trust holds a 40 year lease for the Oldham satellite centre for use of part of the building located on land owned by Pennine Acute NHS Trust which was paid for up front and in full in March 2010. For the Salford satellite centre the Trust holds a 60 year lease with Salford Royal NHS Foundation Trust which was similarly paid for up front and in full in June 2011. The MCRC building located on the Withington site was paid for by the University of Manchester. The Trust holds a 125 year sublease for part occupancy of this building, which has been paid for upfront.

10.2 Property, Plant and Equipment 2019-2020

	Group						
	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant and machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2019	6,220	242,547	13,287	93,288	33	12,538	367,913
Additions - purchased	0	1,137	15,833	863	0	1,375	19,208
Additions - purchased from The Christie Charitable Fund contributions	0	920	6	63	0	0	989
Impairments charged to Operating Expenses	0	(985)	0	0	0	0	(985)
Reversal of impairments credited to operating expenses	505	4,291	0	0	0	0	4,796
Reclassification of investment property	0	850	0	0	0	0	850
Reclassifications	0	0	(4,440)	4,440	0	0	0
Revaluation	0	(2,251)	0	0	0	0	(2,251)
Disposals	0	0	0	(75)	(33)	0	(108)
Gross cost at 31 March 2020	6,725	246,509	24,686	98,579	0	13,913	390,412
Accumulated Depreciation							
Accumulated depreciation at 1 April 2019	0	0	0	32,825	33	5,989	38,847
Charged during the year	0	7,409	0	7,531	0	2,000	16,940
Revaluation	0	(7,409)	0	0	0	0	(7,409)
Disposals	0	0	0	(69)	(33)	0	(102)
Accumulated depreciation at 31 March 2020	0	0	0	40,287	0	7,989	48,276
Net book value at 31 March 2020	6,725	246,509	24,686	58,292	0	5,924	342,136
NBV - purchased at 31 March 2020	6,518	173,319	24,680	53,862	0	5,590	263,969
NBV -purchased finance lease at 31 March 2020	0	9,259	0	0	0	0	9,259
NBV- Charity Funded Finance Lease at 31 March 2020	0	11,775	0	0	0	0	11,775
NBV - Purchased from the Christie Charitable Fund 31 March 2020	207	52,156	6	4,430	0	334	57,133
Net book value at 31 March 2020	6,725	246,509	24,686	58,292	0	5,924	342,136

10.3 Property, Plant and Equipment (continued)

The net book value of land and buildings at 31 March comprises:

	Group 2020-2021 £000	Group 2019-2020 £000
Freehold	**225,730**	232,200
Long leasehold	**22,023**	21,034
Short leasehold	**0**	0
Total	**247,753**	253,234

10.4 Economic Lives of Non-current Assets

	Group	
	Min Life Years	**Max Life Years**
Intangible assets		
Software purchased	**1**	**5**
Property, Plant and Equipment		
Buildings excluding dwellings	**9**	**75**
Plant and machinery	**1**	**20**
Transport Equipment	**1**	**5**
Information technology	**1**	**10**

10.5 Impairments

Impairments charged in the year to the Statement of Comprehensive Income

	Group 2020-2021		Group 2019-2020	
	Property, plant and equipment £000	**Intangible assets £000**	Property, plant and equipment £000	Intangible assets £000
Impairments arose from:				
New construction brought into use	**4,910**	**0**	985	0
Changes in market price	**5,389**	**0**	0	0
Reversal of impairments	**(572)**	**0**	(4,796)	0
Total	**9,727**	**0**	(3,811)	0

The existing buildings have been revalued and changes reflect movements in general market prices. In addition, there was construction work undertaken creating new and significantly refurbished ward space, resulting in impairments when brought into use.

10.6 Net book value of assets held under finance leases

	Group 2020-2021			Group - re-stated 2019-2020		
	Buildings excluding dwellings	**PFI arrangements**	**Total**	Buildings excluding dwellings	PFI arrangements	Total
	£000	**£000**	**£000**	£000	£000	£000
Cost or valuation at 1 April	**21,033**	**2,573**	**23,606**	20,553	2,573	23,126
Impairments	**(294)**	**0**	**(294)**	0	0	0
Reversal of impairments credited to operating expenses	**0**	**0**	**0**	422	0	422
Revaluation	**(716)**	**0**	**(716)**	58	0	58
Gross Cost at 31 March	**20,023**	**2,573**	**22,596**	21,033	2,573	23,606
Accumulated Depreciation						
Accumulated Depreciation at 1 April	**0**	**2,573**	**2,573**	0	2,573	2,573
Charged during the year	**450**	**0**	**450**	431	0	431
Revaluation	**(450)**	**0**	**(450)**	(431)	0	(431)
Accumulated Depreciation at 31 March	**0**	**2,573**	**2,573**	0	2,573	2,573
Net book value at 31 March	**20,023**	**0**	**20,023**	21,033	0	21,033
Net book value - purchased at 31 March	**8,803**	**0**	**8,803**	9,259	0	9,259
Net book value - Charity funded at 31 March	**11,220**	**0**	**11,220**	11,774	0	11,774
Net book value at 31 March	**20,023**	**0**	**20,023**	21,033	0	21,033

The Finance Leases for Buildings consist of:

	Net Book value 2020-21 £000	Net Book value 2019-20 £000
Salford Satellite	**7,565**	7,930
Oldham Satellite	**10,527**	11,030
MCRC Exchequer funded	**1,238**	1,329
MCRC Charity funded	**693**	744
Net book value at 31 March 2021	**20,023**	21,033

11. Investments

11.1 Investment in joint ventures

All investments in joint ventures by The Christie NHS Foundation Trust Group have been entered into by The Christie NHS Foundation Trust.

	2020-2021			
	TCPC	**CPP**	**CPPFAC**	**Total**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2020	**19,506**	**753**	**488**	**20,747**
Acquisitions in year	**2,562**	**0**	**0**	**2,562**
Share of profit/ (loss)	**4,311**	**0**	**204**	**4,515**
Less distributions	**(10,028)**	**0**	**0**	**(10,028)**
Carrying value at 31 March 2021	**16,351**	**753**	**692**	**17,796**

	2019-2020			
	TCPC	CPP	CPPFAC	Total
	£000	£000	£000	£000
Carrying value at 1 April 2019	24,673	469	220	25,362
Acquisitions in year	0	0	0	0
Share of profit/ (loss)	5,443	284	268	5,995
Less distributions	(10,610)	0	0	(10,610)
Carrying value at 31 March 2020	19,506	753	488	20,747

On 15 September 2010 the Trust entered into an LLP agreement with HCA International Limited to establish The Christie Clinic LLP - trading as The Christie Private Care (TCPC). The carrying value and profits represent the contractual arrangements of The Christie Clinic LLP.

In December 2020, The Christie Private Care opened two dedicated operating theatres for private oncology treatments. The Trust invested £2.5m reflecting The Christie Clinic LLP contractual requirements.

On 1st July 2012, TCPC entered into an agreement with practicing consultants to establish LOC@The Christie LLP. LOC is an abbreviation for Leaders in Oncology Care. The partnership provides outpatient chemotherapy services. The TCPC figures above include LOC@The Christie LLP.

On 1 June 2014 the Trust entered into an LLP agreement with Synlab UK Limited to establish The Christie Pathology Partnership LLP (CPP). The carrying value represents the value of non-current assets transferred from The Christie NHS Foundation Trust Group to The Christie Pathology Partnership LLP as part of the initial setup with Synlab investing working capital equal to the value of the non-current assets and the profits.

On 1 June 2016 the Trust entered into an LLP agreement with Synlab UK Limited to establish CPP Facilities LLP (CPPFAC). The carrying value represents the value and profits represent the contractual arrangements of CPP Facilities LLP.

11.2 Disclosure of aggregate amounts for assets of joint ventures

All investments in joint ventures by The Christie NHS Foundation Trust Group have been entered into by The Christie NHS Foundation Trust.

	TCPC	**CPP**	**CPP Facilities**
Proportion of ownership interests held by The Christie NHS Foundation Trust	**49.0%**	**49.9%**	**49.9%**
Proportion of voting rights held by The Christie NHS Foundation Trust	**50.0%**	**50.0%**	**50.0%**

For The Christie Clinic LLP the residual proportions of ownership interests and voting rights are held by HCA International Limited and for The Christie Pathology Partnership LLP and CPP Facilities LLP by Synlab UK Limited.

For The Christie Clinic LLP, The Christie Pathology Partnership LLP and CPP Facilities LLP the figures in the note below are based on the draft accounts to the end of December 2019 and the Quarter 1 management accounts to the end of March 2020 but are not adjusted for share of profits attributable but not distributed to The Christie NHS Foundation Trust.

	2020-2021		
	Gross Assets As at 31 March 2021	**Net Assets As at 31 March 2021**	**Total Profit/(Loss) 2020-2021**
	£000	**£000**	**£000**
The Christie Clinic LLP (TCPC)	22,684	20,020	10,164
The Christie Pathology Partnership LLP (CPP)	2,505	1,705	230
CPP Facilities LLP (CPPFAC)	3,495	1,265	291
Total	**28,684**	**22,990**	**10,685**

	2019-2020		
	Gross Assets As at 31 March 2020	Net Assets As at 31 March 2020	Total Profit/(Loss) 2019-2020
	£000	£000	£000
The Christie Clinic LLP (TCPC)	33,207	31,413	13,328
The Christie Pathology Partnership LLP (CPP)	2,654	1,482	575
CPP Facilities LLP (CPPFAC)	2,364	981	536
Total	38,225	33,876	14,439

11.3 Investment assets

All of the Investments assets are held by The Christie Charitable Fund.

	Unrestricted	Endowment	Total 2020-2021	2019-2020
	£000	£000	£000	£000
Market value at 1 April	**0**	**481**	**481**	1,388
Less: disposals at carrying value	**0**	**(63)**	**(63)**	(15)
Add: acquisitions at cost	**0**	**81**	**81**	15
Movement in cash held as investment assets:	**0**	**5**	**5**	13
Reclassification (see note 11.4)	**0**	**0**	**0**	(850)
Unrealised gain/ (loss) on revaluation	**0**	**89**	**89**	(70)
Market value at 31 March	**0**	**593**	**593**	**481**
Unrealised gain/ (loss) on revaluation as above	**0**	**89**	**89**	(70)
Realised gain / (loss) on disposal	**0**	**5**	**5**	4
Total gain/(loss) on revaluation and disposal of investment assets	**0**	**94**	**94**	(66)

Analysis of non current asset investments

Market value at 31 March		Unrestricted	Endowment	2020-2021 Total	2019-2020 Total
		£000	£000	£000	£000
Investments listed on Stock Exchange		**0**	**510**	**510**	403
Cash held as part of the investment portfolio		**0**	**83**	**83**	78
Investment property	11.4	**0**	**0**	**0**	0
		0	**593**	**593**	**481**

The non current asset investments held at 31 March 2021 related to the endowment funds which were all invested in the UK.

The investment portfolio is managed by Castlefield Partners Limited and consists of unit trusts, open ended investment company funds, exchange traded funds and gilts. Those which exceed 5% of the portfolio as at 31 March 2021 or 31 March 2020 are:

	2020-2021	2019-2020
CONBRIO FD PTN LTD CFP CFLD BEST SUST UK OPPS	**52%**	48%
CONBRIO FD PTN LTD CFP CFLD BEST SUST UK SMLLR	**6%**	5%
FIRST SENTIER INVR STEWART INV WWIDE SUSTAIN	**6%**	0
CONBRIO FD PTN LTD CFP CASTLEFIELD REAL RETURN	**6%**	7%
FUNDROCK PTNRS LTD FP WHEB SUST B GBP ACC	**5%**	0%
CONBRIO FD PTN LTD CFP CFLD BEST SUST EURP GEN	**5%**	0%
MAYFAIR CAPITAL IN PROP INC TRUST FOR CHARITIE	**0%**	5%
ISHARES III PLC UK GILTS 0-5YR UCITS ETF GB	**0%**	5%
INVESCO MKTS III INVESCO FTSE RAFI US 1000	**0%**	5%

11.4 Investment Property

	Group 2020-2021	NHS Foundation Trust 2020-2021	Group 2019-2020	NHS Foundation Trust 2019-2020
	£000	£000	£000	£000
At 1 April	**0**	**0**	850	0
Additions	**0**	**0**	0	0
Fair value losses (impairment)	**0**	**0**	0	0
Reclassification*	**0**	**0**	(850)	0
Total	**0**	**0**	0	0

*The Charity purchased an investment property in January 2019.

From September 2019, the property was leased by The Christie NHS Foundation Trust. Applying IAS16, the property is regarded as owner-occupied from the group perspective. The property has been valued by the District Value on this basis and as an owned asset at a value of £850k. The asset has been reclassifed as Property, Plant and Equipment in the Group accounts (note 10.1).

Lease expenditure of £45,000 (2019-20 - £26,250) is recognised in Premises cost in the accounts of the Trust. The lease income and expenditure has been eliminated on consolidation for the group accounts.

12. Inventories

Inventories	Group 2020-2021 £000	NHS Foundation Trust 2020-2021 £000	Group 2019-2020 £000	NHS Foundation Trust 2019-2020 £000
Drugs	**2,580**	**142**	2,531	143
Raw materials and Consumables	**421**	**386**	403	383
Consumables donated from DHSC	**494**	**494**	0	0
Total	**3,495**	**1,022**	2,934	526
Inventories recognised in expenses	**54,919**	**5,502**	**41,166**	**5,077**
Write down of inventories recognised as an expense	**210**	**116**	**42**	**0**
Total	**55,129**	**5,618**	41,208	5,077

Inventories include raw materials and consumables held by The Christie Pharmacy Limited.

13. Trade and Other Receivables and Financial Assets

13.1 Trade and Other Receivables

	Group			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
NHS contract receivables	**1,141**	16,334	**0**	0
Non- NHS contract receivables	**7,656**	6,544	**0**	0
NHS contract receivables not yet invoiced	**2,371**	4,552	**0**	0
Non-NHS contract receivables not yet invoiced*	**2,218**	2,503	**0**	0
Provision for impairment of receivables	**(301)**	(260)	**0**	0
Prepayments	**6,446**	3,877	**0**	0
PDC dividend refund accrual	**300**	299	**0**	0
VAT receivable*	**1,281**	1,601	**0**	0
Clinican pension tax provision reimbursement funding from NHSE	**71**	0	**0**	0
Charitable fund receivables	**321**	653	**0**	0
Other receivables**	**6,231**	36	**63**	0
Trade and other receivables	**27,735**	36,139	**63**	0

	NHS Foundation Trust			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
NHS contract receivables	**1,141**	16,287	**0**	0
Non- NHS contract receivables	**7,656**	6,539	**0**	0
NHS contract receivables not yet invoiced	**2,371**	4,552	**0**	0
Non-NHS contract receivables not yet invoiced*	**2,212**	2,505	**0**	0
Contract assets*	**0**	0	**0**	0
Provision for impairment of receivables	**(301)**	(243)	**0**	0
Prepayments	**6,430**	3,864	**0**	0
PDC dividend refund accrual	**300**	299	**0**	0
VAT receivable*	**592**	364	**0**	0
Clinican pension tax provision reimbursement funding from NHSE	**71**	0	**0**	0
Charitable fund receivables	**2,486**	3,468	**0**	0
Other receivables**	**6,639**	438	**373**	717
Trade and other receivables	**29,597**	38,073	**373**	717

*VAT receivable includes £689k (2019-20 £1,237k) VAT owing to The Christie Pharmacy Limited.

**Other receivables include due payments that relate to a £2,000k loan made to The Christie Pharmacy Limited. The loan was for initial drug stock purchases and was issued in January 2018, to be repaid monthly, with the final payment due December 2022. The interest rate is fixed at 1.56%. The balance at 31 March 2021 is £718k (31st March 2020 £1,119k).
Other receivables also includes the reimbursement of £5.1m due from The Christie Private Care to the Trust for the development of the Theatres. (Note 11.1)

13.2 Allowances for credit losses

	Group	**Group**	**NHS Foundation Trust**	**NHS Foundation Trust**
	Receivables and contract assets	**All other receivables**	**Receivables and contract assets**	**All other receivables**
	2020-2021	**2020-2021**	**2020-2021**	**2020-2021**
	£000	**£000**	£000	£000
At 1 April 2020	**260**	**0**	**243**	**0**
New allowances arising	**106**	**0**	**106**	**0**
Changes in existing allowances	**(63)**	**0**	**(63)**	**0**
Reversals of allowances	**(2)**	**0**	**15**	**0**
At 31 March 2021	**301**	**0**	**301**	**0**

13.3 Allowances for credit losses 2019-20

	Group	**Group**	**NHS Foundation Trust**	**NHS Foundation Trust**
	Receivables and contract assets	**All other receivables**	**Receivables and contract assets**	**All other receivables**
	2019-2020	2019-2020	2019-2020	2019-2020
	£000	£000	£000	£000
At 1 April 2019	303	0	303	0
New allowances arising	17	0	0	0
Changes in existing allowances	(41)	0	(41)	0
Reversals of allowances	(19)	0	(19)	0
At 31 March 2020	260	0	243	0

13.4 Other financial assets

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Other financial assets at 31 March	**8**	**1**	19	3

The Trust invested £1,000k and The Christie Charitable Fund invested £6,500k in a term deposit account with Kaupthing Singer & Friedlander in 2008, prior to the bank being put into administration. Based on the Administrator's assessment in 2008-09 these assets were initially impaired to £500k and £3,250k respectively (50p in the £ recovery) at 31 March 2009.

The Administrator has since improved his assessment of the potential recovery and at 31 March 2021 this stood at £869k and £5,648.5k respectively (86.9p in the £ recovery). Twenty one dividends have been declared and received as at 31 March 2021 amounting to £868k and £5,642k respectively (86.8p in the £).

On 2 March 2021, the Administrator's declared a twenty second dividend of not less than 1p in the £ to be paid within 2 months of 29 March 2021.

14.1 Cash and cash equivalents

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Balance at 1 April	**207,454**	**145,916**	158,078	103,918
Net change in the year	**4,496**	**5,887**	49,376	41,998
Balance at 31 March	**211,950**	**151,803**	207,454	145,916
Broken down into:				
Cash at commercial banks and in hand	**3,398**	**34**	3,150	36
Cash with the Government Banking Service	**208,552**	**151,769**	189,304	130,880
National Loans Fund	**0**	**0**	15,000	15,000
Cash and Cash Equivalents as in Statement of Financial Position	**211,950**	**151,803**	207,454	145,916

14.2 Analysis of changes in net (debt)/ funds

	Group		
	1 April 2020	**Movement in year**	**31 March 2021**
	£000	**£000**	**£000**
Cash at bank and in hand	**207,454**	**4,496**	**211,950**
Debt due within one year	**(3,809)**	**10**	**(3,799)**
Debt due after one year	**(57,316)**	**(2,528)**	**(59,844)**
Total net funds	**146,328**	**1,979**	**148,307**

	NHS Foundation Trust		
	1 April 2020	**Movement in year**	**31 March 2021**
	£000	**£000**	**£000**
Cash at bank and in hand	**145,916**	**5,887**	**151,803**
Debt due within one year	**(3,809)**	**10**	**(3,799)**
Debt due after one year	**(57,316)**	**(2,528)**	**(59,844)**
Total net funds	**84,790**	**3,370**	**88,160**

15.1 Trade and other payables

	Group			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
NHS payables revenue	**5,529**	6,792	**0**	0
Trade payables non-NHS	**11,344**	221		
Trade payables capital	**13,621**	8,465	**0**	0
Other payables	**2,183**	11,690	**0**	0
Other taxes payable	**46**	58	**0**	0
Accruals	**8,281**	7,177	**0**	0
	41,004	34,403	**0**	0
Taxes payable	**3,088**	2,936	**0**	0
Total Trade and Other Payables	**44,092**	37,339	**0**	0

Other payables includes £2,088k (2019-20: £1,138k) outstanding pension contributions at 31 March 2021.

	NHS Foundation Trust			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
NHS payables revenue	**5,529**	6,792	**0**	0
Trade payables non-NHS	**8,002**	221		
Trade payables capital	**13,621**	8,465	**0**	0
Other payables	**2,142**	8,361	**0**	0
Accruals	**8,698**	7,411	**0**	0
	37,992	31,250	**0**	0
Taxes payable	**3,065**	2,917	**0**	0
Total Trade and Other Payables	**41,057**	34,167	**0**	0

Other payables includes £1,138k (2019-20: £1,138k) outstanding pension contributions at 31 March 2021.

15.2 Other liabilities

	Group			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
Deferred Income: contract liabilities (Research and Development)	**319**	**342**	**1,526**	**1,633**
Deferred Income: contract liabilities (Other)	**396**	**484**	**137**	**533**
Deferred grants	**1,219**	**1,348**	**2,402**	**1,905**
Deferred income: other (non-IFRS 15)	**2,559**	**976**	**8,195**	**5,986**
Total Other Liabilities	**4,493**	**3,150**	**12,260**	**10,057**

	NHS Foundation Trust			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
Deferred Income: contract liabilities (Research and Development)	**319**	**342**	**1,526**	**1,633**
Deferred Income: contract liabilities (Other)	**396**	**484**	**137**	**533**
Deferred grants	**1,219**	**1,348**	**2,402**	**1,905**
Deferred income: Other (non-IFRS 15)	**2,559**	**976**	**8,195**	**5,986**
Total Other Liabilities	**4,493**	**3,150**	**12,260**	**10,057**

Non-current deferred income includes income related to research and development funds received to undertake clinical trials and other research projects which last in excess of one year and a 125 year lease of land to the University of Manchester on which the MCRC building is situated £2,566k (2019-20 £2,587k).

£130k of revenue included in the deferred income balance as at 1 April 2020 was recognised in 2020-21 (£5,704k 2019-20).

16. Borrowings

All Borrowings of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust. The Christie Charitable Fund does not have any Borrowings.

The Christie Pharmacy Limited has a £2m interest bearing loan from The Christie NHS Foundation Trust which is repayable over 5 years.

16.1 Borrowings

	Group			
	Current		Non-current	
	2020-2021	2019-2020	**2020-2021**	2019-2020
	£000	£000	**£000**	£000
Loan from ITFF	**933**	**933**	**10,975**	**11,886**
Loan from ITFF - Proton Beam Therapy Unit	**2,866**	**2,876**	**42,916**	**45,430**
Paterson Construction	**0**	**0**	**5,953**	**0**
Total	**3,799**	**3,809**	**59,844**	**57,316**

Loans from Independent Trust Financing Facility (ITFF)

16.1.1 The Trust had an application for a £21m loan to support its investment in new buildings to improve patient access to services approved by the Foundation Trust Financing Facility.

Repayment of the loan principle commenced from 15 September 2011 on a bi-annual basis. The loan is charged at a fixed interest rate of 4.2% per annum. The final repayment date is 15 March 2034.

16.1.2 The Trust had an application for a £52.5m loan to support its investment in the Proton Beam Therapy Unit approved by the Independent Trust Financing Facility.

The Trust had drawn down £51.401m of the loan as at 31 March 2021. Repayment of the loan commenced in November 2018 and is on a bi-annual basis. The loan is charged at a fixed interest rate of 2.14% per annum.

16.1.3 The Trust has entered into a Development Agreement with the University of Manchester and CRUK to redevelop the Paterson site and construct a state of the art research building. During the construction period the two partners will provide £85m towards the costs of construction in the form of a loan. The Trust has received £5.953m from the partners as at 31st March 2021. On completion of the new building in December 2022, the loan will be settled by the disposal of the leased space to the University. There is no interest payable on the loan. As at 31 March 2021, expenditure of £45m has been incurred on the construction of the Paterson building. This expenditure is disclosed as Assets under Construction in note 10.1.

16.2 Reconciliation of liabilities arising from financing activities

	Group		
	DHSC Loans	**Other Loans**	**Total**
	£000	**£000**	**£000**
Carrying value at 1 April 2020	61,125	0	61,125
Cash movements:			
Financing cash flows - receipts of principal	0	5,953	5,953
Financing cash flows - payments of principal	(3,423)	0	(3,423)
Financing cash flows - payments of interest	(1,533)	0	(1,533)
Non-cash movements:			
Interest charge arising in year	1,521	0	1,521
Carrying value at 31 March 2021	**57,690**	**5,953**	**63,643**

	Group		
	DHSC Loans	**Other Loans**	**Total**
	£000	**£000**	**£000**
Carrying value at 1 April 2019	63,226	0	63,226
Cash movements:			
Financing cash flows - receipts of principal	1,250	0	1,250
Financing cash flows - payments of principal	(3,359)	0	(3,359)
Financing cash flows - payments of interest	(1,580)	0	(1,580)
Non-cash movements:			
Interest charge arising in year	1,588	0	1,588
Carrying value at 31 March 2020	**61,125**	**0**	**61,125**

17. Provisions for liabilities and charges

All Provisions for liabilities and charges of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust. The Christie Charitable Fund and The Christie Pharmacy Limited do not have any provisions.

	Group			
	Current		Non-current	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Pensions - early departure costs	**15**	**12**	**99**	**100**
Pensions - ill health retirement	**34**	**27**	**503**	**514**
Personal injury claims	**22**	**25**	**0**	**0**
Legal claims	**363**	**0**	**0**	**0**
Other	**1,200**	**930**	**334**	**207**
Total	**1,634**	**994**	**936**	**821**

	Pensions Ill health retirement	Pensions early departure costs	Personal injury claims	Legal Claims	Other	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2020	**541**	**112**	**25**	**0**	**1,137**	**1,815**
Change in discount rate	**33**	**3**	**0**	**0**	**0**	**36**
Arising during the year	**0**	**0**	**16**	**363**	**573**	**952**
Utilised during the year	**(27)**	**(13)**	**(7)**	**0**	**(104)**	**(151)**
Reversed unused	**0**	**0**	**(12)**	**0**	**(72)**	**(84)**
Unwinding of discount	**(10)**	**12**	**0**	**0**	**0**	**2**
At 31 March 2021	**537**	**114**	**22**	**363**	**1,534**	**2,570**
Expected timing of cash-flows:						
Not later than 1 year	**34**	**15**	**22**	**363**	**1,200**	**1,634**
Later than 1 year not later than 5 years	**112**	**50**	**0**	**0**	**283**	**445**
Later than 5 years	**391**	**49**	**0**	**0**	**51**	**491**
	537	**114**	**22**	**363**	**1,534**	**2,570**

The above provision for personal injury is based upon information supplied by the NHS Litigation Authority. The associated contingent liability is shown under note 18.1.

Other provisions are:

	£000
Pseudomyxoma peritonei complications*	**115**
VAT**	**1,056**
Final pay control***	**292**
Clinicians' tax provision****	**71**
	1,534

*The pseudomyxoma peritonei provision is based on the average cost of complications per operation over the preceding 3 years, linked to the number of operations undertaken within a 3 year period.

**The VAT provision is an estimate of VAT due to HMRC as a result of changes in NHS VAT guidance and an ongoing review by HMRC.

*** Final pay control charges may arise on the retirement of members of the 1995 section of the NHS Pension Scheme. The Trust is liable for a final pay control charge if a member receives an increase to pensionable pay in any of the three years prior to them retiring or transferring out of the scheme that is more than a specified amount.

****Clinicians who are members of the NHS Pension Scheme, and who as a result of work undertaken, face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold are able to have this charge paid by the NHS Pension Scheme.

The Trust has a contractually binding commitment to pay the corresponding amount on retirement to ensure that they are fully compensated. This provision is broadly equal to the commitment. NHS England will refund the payments and a corresponding asset is recognised in receivables (note 13.1).

£10,976k is included in the provisions of the NHS Litigation Authority as at 31 March 2021 in respect of the clinical negligence liabilities of the Trust (£7,107k at 31 March 2020).

18. Contingencies at 31 March

18.1 Contingent Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Personal injury claim	**(13)**	**(13)**	(8)	(8)
Indemnities	**(302)**	**0**	(229)	0
	(315)	**(13)**	(237)	(8)

The personal injury claims liability is based upon information supplied by the NHS Litigation Authority.

For the Indemnities liability, The Christie Charitable Fund has a policy of accepting unclaimed legacy funds whilst offering indemnities to Solicitors for these funds. The repayment of these funds is classified as possible and not probable and therefore a contingent liability is recognised for all gifts where an indemnity is given. These are held for five years from the date of the gift.

18.2 Contingent Assets

The Group has no contingent assets at the balance sheet date.

19. Commitments

19.1 Capital commitments

The Trust is involved in a number of significant construction developments, including the redevelopment of the Paterson site into a state of the art Research Centre with support from the University of Manchester and Cancer Research UK, a tiered car park to support the redevelopment of the Paterson site with regard to planning covenants , the modernisation of an onsite energy production plant and the building of an ambulatory cancer centre at Macclesfield funded by the Christie Charity. As at 31 March 2021, the capital commitments contracted amounted to £132.5m (31 March 2020: £7.2m).

19.2 Other financial commitments

The Trust has entered into contractual arrangements with the University of Manchester regarding the Manchester Academic Health Science Centre Clinical Trial Unit (MAHSC-CTU), a unit dedicated to data processing of grant-funded studies. The unit was set up by The Christie in 2010 to provide a service both for The Christie and the North-West. In the year, it was decided that the unit would transfer over to the University of Manchester with the Trust agreeing to fund the trials already in operation as part of the handover agreement. As at 31 March 2021 the contracted commitment in relation to the MAHSC-CTU is £0.53m (31 March 2020 £1.02m).

20. Finance Lease obligations

The Trust holds Finance leases for three buildings but all of these were paid in a single upfront payment and there are no annual ongoing payments. See note 10.1 for details of the leases.

21. Losses and special payments

	Group			
	2020-2021 Number of Cases	**2020-2021 Amount £000**	2019-2020 Number of Cases	2019-2020 Amount £000
Bad Debts	**24**	**7**	**54**	**20**
Stores losses - pharmaceuticals*	**1**	**94**	**590**	**42**
Stores losses - other	**1**	**5**	**1**	**20**
Ex gratia payments - staff/patients loss of personal effects	**3**	**1**	**2**	**1**
Other	**2**	**38**	**3**	**21**
	31	**145**	**650**	**104**

*590 low cost drugs items were written off across the year in Pharmacy stores due to expiration dates, or breakages and spillages.

22. Related Party Transactions

The Christie NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with The Christie NHS Foundation Trust, The Christie Pharmacy Limited or The Christie Charitable Fund. See note 6.3 for details of Directors' remuneration and other benefits.

The Department of Health is regarded as a related party. During the year The Christie NHS Foundation Trust Group has had a significant number of material transactions totalling £591k (2019-20: £595k with the Department. In addition The Group had significant transactions (£1.5m and greater) with other entities for which the Department is regarded as the parent. These entities are listed below:

NHS Resolution
Manchester University NHS Foundation Trust
NHS Bolton CCG
NHS Cheshire CCG
NHS Manchester CCG
NHS Oldham CCG
NHS Salford CCG
NHS Stockport CCG
NHS Tameside and Glossop CCG
NHS Trafford CCG
NHS Wigan Borough CCG
NHS Resolution
Health Education England
NHS England - Core
North West Regional Office
North East and Yorkshire Regional Office
NHS England - Central Specialised Commissioning Hub
Macmillan Cancer support
Pennine Acute Hospitals NHS Trust

Other bodies within the Whole Government Accounts (WGA) boundary the Group has had material transactions with are listed below:

	2020-2021 Receivables £000	**2020-2021 Payables £000**	2019-2020 Receivables £000	2019-2020 Payables £000
HM Revenue & Customs	**1,344**	**46**	1,601	2,994
NHS Pension Scheme	**0**	**3,088**	0	1,927
Welsh Health Bodies	**17**	**0**	410	0
NHS Blood & Transplant	**1**	**0**	0	203
National Loans Fund	**0**	**0**	15,000	0

	2020-2021 Income £000	**2020-2021 Expenditure £000**	2019-2020 Income £000	2019-2020 Expenditure £000
HM Revenue & Customs	**0**	**12,030**	0	11,603
NHS Pension Scheme	**0**	**14,638**	0	19,437
Welsh Health Bodies	**4,678**	**0**	4,115	0
NHS Blood & Transplant	**0**	**845**	0	2,691

The Group has had material transactions with the following joint ventures:

	2020-2021 Receivables £000	**2020-2021 Payables £000**	2019-2020 Receivables £000	2019-2020 Payables £000
The Christie Clinic LLP	**5,599**	**195**	546	71
The Christie Pathology Partnership LLP	**304**	**662**	300	108
CPP Facilities LLP	**262**	**416**	217	42

	2020-2021 Income £000	**2020-2021 Expenditure £000**	2019-2020 Income £000	2019-2020 Expenditure £000
The Christie Clinic LLP	**12,169**	**1,300**	6,501	652
The Christie Pathology Partnership LLP	**1,593**	**6,174**	1,313	5,878
CPP Facilities LLP	**873**	**3,244**	715	2,486

The Trust has had material transactions with the following:

	2020-2021 Receivables £000	**2020-2021 Payables £000**	2019-2020 Receivables £000	2019-2020 Payables £000
The Christie Pharmacy Limited	**0**	**0**	0	0
The Christie Charitable Fund	**2,486**	**0**	3,468	0

	2020-2021 Income £000	**2020-2021 Expenditure £000**	2019-2020 Income £000	2019-2020 Expenditure £000
The Christie Pharmacy Limited	**107**	**51,145**	121	38,128
The Christie Charitable Fund	**11,929**	**0**	7,534	0

23. Financial instruments

IFRS 9 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities. Under the NHS financial regime the service provider relationship that the Trust has with its commissioners and the way they are funded, 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 than would be typical of the listed companies to which IFRS 9 mainly applies. 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.

Market risk
Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The Trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk. It holds no significant investments other than short-term bank deposits. Other than cash balance, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cash-flows are substantially independent of changes in market interest rates.

Liquidity risk
Liquidity risk is the possibility that the Trust might not have the funds available to meet it's commitments to make payments. Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities.

The Trust's net operating costs were incurred under annual service agreements primarily with NHS England, which are financed from resources voted annually by Parliament. The Trust has achieved a risk ratio for liquidity of 1 (lowest risk) as defined by NHS Improvement's compliance framework. This illustrates the liquidity risk to the Trust is low.

Interest-Rate Risk
All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest, the Trust is not, therefore, exposed to significant interest-rate risk.

Foreign Currency Risk
The Trust has negligible foreign currency income or expenditure.

23.1 Fair value measurement of financial assets

Financial assets and financial liabilities measured at fair value in the Statement of Financial Position are grouped into three levels of a fair value hierarchy. The three levels are defined based on the observability of significant inputs to the measurement as follows:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities

Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly

Level 3: unobservable inputs for the asset of liability

The following table shows the levels within the hierarchy of financial assets measured at fair value on a recurring basis:

As at 31 March 2021	**Level 1**	**Level 2**	**Level 3**	**Total**
	£000	**£000**	**£000**	**£000**
Financial assets				
Investments listed on the Stock Exchange - note 11.3	**510**	**0**	**0**	**510**
Investments in Joint Ventures - note 11.1	**0**	**0**	**17,796**	**17,796**
Other financial assets - note 13.4	**0**	**0**	**8**	**8**

As at 31 March 2020	Level 1	Level 2	Level 3	Total
	£000	£000	£000	£000
Financial assets				
Investments listed on the Stock Exchange - note 11.3	403	0	0	403
Investments in Joint Ventures - note 11.1	0	0	20,747	20,747
Other financial assets - note 13.4	0	0	19	19

The level 3 valuation for investments in joint ventures is recognised at cost the carrying amount increased or decreased to recognise The Christie's share of its profit or loss.
The level 3 valuation for other financial assets is based on the Administrator's assessment of potential recovery.

23.2 Financial Assets

	Group	NHS Foundation	Re-stated Group	Re-stated NHS Foundation
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
NHS receivables	**3,498**	**3,498**	21,145	20,839
Non-NHS receivables	**16,148**	**15,822**	9,218	8,837
Other financial assets	**0**	**717**	0	1,119
Cash at bank and in hand	**211,950**	**151,803**	207,454	145,916
Other investments	**593**	**2,486**	481	3,468
Current assets	**8**	**1**	19	3
Total at 31 March	**232,197**	**174,327**	238,317	180,182

Financial assets are stated at amortised cost. The Other investments value for 2019-2020 has been restated.

Receivables and Other Financial assets not relating to definition of Financial Asse	**8,152**	**9,933**	5,776	7,995

23.3 Financial Liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
NHS payables	**5,027**	**5,027**	7,737	7,635
Non-NHS payables	**34,739**	**31,743**	26,074	23,081
Borrowings - loans from the Department of Health and Social Care	**57,690**	**57,690**	61,125	61,125
Borrowings - loan from University of Manchester	**5,953**	**5,953**	0	
Total at 31 March	**103,409**	**100,413**	94,936	91,841
Financial liabilities are stated at amortised cost.				
Other payables not relating to definition of Financial Liabities	**4,328**	**4,287**	3,528	3,451

23.4 Maturity of financial liabilities

	Group	NHS Foundation Trust	Re-stated Group	Re-stated NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
In one year or less	**44,637**	**41,641**	38,154	35,059
In more than one year but not more than five years	**24,523**	**24,523**	15,235	15,235
In more than five years	**46,295**	**46,295**	42,081	42,081
Total	**115,455**	**112,459**	95,470	92,375

This table above replaces the previous maturity analysis for financial liabilities. Previously this analysis has been performed on book values and notes 23.3 and 23.4 would have the same totals analysed. However IFRS 7 (para B11D) requires the analysis in note 23.4 to be based on undiscounted future contractual cash flow (ie gross liabilities including finance charges). Prior year have been restated for this updated information

24. Public Dividend Capital

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2020-2021	**2020-2021**	2019-2020	2019-2020
	£000	**£000**	£000	£000
Public dividend capital at start of year	**143,127**	**143,127**	142,934	142,934
New public dividend capital received	**8,519**	**8,519**	193	193
	151,646	**151,646**	143,127	143,127

£4.9m of public dividend capital was received for a new acute admissions unit providing additional inpatient oncology capacity in response to the Covid 19 pandemi

25. Events after the reporting year

The Covid-19 pandemic has had and continues to have a significant impact on the UK and worldwide. The Covid-19 pandemic will have an impact on all of the Trust group operations and investments in 2021-22. However the extent and impact will vary across the group and investments and cannot yet be determined.

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