NHS
The Christie
NHS Foundation Trust

Annual report and accounts

2024/25

The Christie NHS Foundation Trust
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Chair and chief executive's statement

Welcome to our annual report and accounts for 2024/25. At The Christie NHS Foundation Trust, we are committed to providing outstanding cancer care and treatment for our patients in Greater Manchester, Cheshire, and beyond.

Following the departure of Edward Astle in April 2025, we welcomed Professor Joe Rafferty as our new chairman from May 2025. Joe and Roger Spencer, Chief Executive are delighted to be presenting this first joint statement.

Our core purpose is to care, discover and teach and our outstanding research and education teams mean we have highly expert staff able to offer the latest treatments.

Our mission is to ensure every patient receives care that combines expertise and compassion. It's at the heart of everything we do.

Despite the significant challenges faced by the NHS, we are proud of our consistently high performance. Our strong operational standards and prudent financial acumen help ensure that patient care remains our top priority. While the coming months and years may become even more challenging, we remain dedicated to providing the highest levels of care, treatment, and research excellence.

Our expert, caring, and dedicated staff are the driving force behind what makes The Christie exceptional. Their commitment to prioritising patients and pursuing innovation is integral to our vision of being a world-class cancer centre, as highlighted throughout this report.

This year, we have continued to expand into the new Paterson building, a state-of-the-art biomedical cancer research facility, elevating our research capabilities to new heights. In partnership with The University of Manchester and Cancer Research UK, this facility supports our ambition to lead the world in clinical trial recruitment and to develop new, kinder cancer therapies. Our thriving clinical research programme continues to offer patients access to pioneering treatments and renewed hope.

Globally, our expertise remains highly sought after. Our clinicians are renowned for their knowledge in cancer care and education, strengthening the Trust's reputation as a leader in the field.

This year saw the launch of the 'Future Christie' programme designed to support The Christie Strategy 2023–2028 and modernise care, discovery, and education models. The programme reflects our commitment to innovation, ensuring patients and staff benefit from cutting-edge solutions and improved experiences.

We would like to express our sincere gratitude to everyone at The Christie. Your unwavering commitment and dedication enables us to fulfil our goal of providing the best possible care to our patients. None of these achievements would be possible without you.

Professor Joe Rafferty
Chairman

Roger Spencer
Chief Executive

About us

At The Christie, we are renowned world experts in cancer care, research and education. We are driven by our goal to constantly improve services for our patients and to provide the best cancer care possible.

With over a century of expertise, we remain committed to staying at the forefront of innovation in cancer treatment. We take immense pride in our reputation for excellence, celebrated locally, regionally, nationally, and internationally.

As one of Europe's leading cancer centres, The Christie treats over 60,000 patients annually. Based in Manchester, we serve a population of 3.2 million across Greater Manchester and Cheshire, and approximately a quarter of our patients are referred from other regions of the UK as part of our national specialist services. Our ambitions also extend globally, reflecting our commitment to advancing cancer care on the world stage.

Employing more than 4,100 staff, The Christie had an annual turnover of £543 million for 2024/25. We are proud to be the largest radiotherapy provider in the NHS, delivering around 105,000 treatments every year. We also operate the largest chemotherapy unit in the UK, treating patients at 12 sites, as well as at home.

As a specialist tertiary surgical centre, we focus on rare cancers, complex procedures, and multidisciplinary approaches to cancer surgery. Our expertise includes being one of the largest hyperthermic intraperitoneal chemotherapy (HIPEC) centres in Western Europe and one of only two in the UK to offer this treatment for appendiceal and colorectal tumours.

The Christie is a pioneer in robotic surgery – we were one of the first hospitals in the country to perform these operations in 2008. Since then, surgeons have carried out thousands of successful operations, improving patient experience, recovery and outcomes.

Our expertise is widely sought. Internationally, The Christie's School of Oncology has evolved to become The Christie Institute for Cancer Education, providing over 10,000 learners from across the world with specialist cancer education at all stages of their career. The Christie International allows us to share our learnings and reputation as a world-leading centre of excellence, generating revenue through offering guidance and commercial partnerships - with the proceeds being invested into cancer services for NHS patients.

The Christie has one of Europe's largest experimental cancer medicine centres and is an international leader in research and development with around 900 clinical trials and 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.

The Christie, The University of Manchester and Cancer Research UK are all founding partners in the Manchester Cancer Research Centre (MCRC). Together, a multidisciplinary team of scientists, researchers, clinicians, and operational staff – practising 'team science' – are working on research covering everything from prevention and novel treatments to living with and beyond cancer.

We are one of the partners in the Manchester Academic Health Science Research Centre, part of Health Innovation Manchester. The group 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.

The Christie is home to a Maggie's Centre on our site which offers emotional and practical support to our patients and their families. In 2024, Maggie's set up a Muslim Cancer Support Group in collaboration with The Christie. The monthly group sessions offer an opportunity to discuss support and information with experts, as well as find out about free cancer services available.

All of our achievements and successes are only possible due to our dedicated staff, hardworking volunteers, loyal supporters and fundraisers, and our enthusiastic public members - all bringing with them a wealth of experience, knowledge and understanding. This annual report contains many examples of our pursuit of innovation and progress, which underline our vision for a truly world-class cancer centre.

One-year cancer survival in England compared to The Christie

The table below provides one-year overall survival estimates (percentages with 95% confidence intervals) by cancer type. Data for The Christie are for patients diagnosed between 2016 and 2020 using data from completed e-forms in the Trust's clinical web portal (CWP) followed up in 2021. England data are taken from survival data published by NHS England for patients diagnosed in 2016 – 2020 followed up in 2021. Survival was unable to be estimated for groups with low numbers of patients, denoted as 'Unable to estimate' in the table. Both estimates are overall survival with estimates for all stages combined non-standardised for both The Christie and England figures, but England figures for stage are standardised by age whereas The Christie are not.

Cancer type	Source	All stages combined	Stage I	Stage II	Stage III	Stage IV
Brain	Christie	59.03 (56.09, 61.54)				
	England	40.5 (39.9, 41.2)				
Breast	Christie	97.17 (96.81, 97.49)	99.59 (99.3, 99.76)	98.69 (98.21, 99.04)	96.29 (94.76, 97.22)	84.2 (81.61, 86.46)
	England	94.8 (94.7, 94.9)	97.7 (97.5, 97.9)	96.7 (96.5, 96.9)	93.5 (93, 94)	66.6 (65.5, 67.6)
Colon	Christie	81.72 (80.33, 83.02)	Unable to estimate	94.31 (90.56, 96.15)	94.38 (92.33, 95.9)	65.74 (62.73, 68.57)
	England	70.8 (70.5, 71)	95.2 (94.4, 96)	92 (91.5, 92.5)	85.7 (85.1, 86.2)	42.2 (41.5, 42.8)
Lung	Christie	55.3 (54.2, 56.23)	84.63 (82.63, 86.19)	70.25 (66.16, 73.62)	54.04 (51.27, 56.45)	35.02 (33.43, 36.5)
	England	41.5 (41.2, 41.7)	88.1 (87.1, 89.1)	75.8 (74.2, 77.4)	52.6 (51.9, 53.4)	22.5 (22.2, 22.9)
Melanoma	Christie	95.94 (94.83, 96.72)	Unable to estimate	97.93 (90.58, 98.98)	97.66 (94.32, 98.68)	80.6 (73.51, 85.12)
	England	95 (94.8, 95.1)	99.1 (98.8, 99.2)	96.3 (95.5, 96.9)	94.3 (93, 95.3)	56.9 (53.6, 60)
Ovary	Christie	87.22 (85.9, 88.42)	95.19 (90.6, 97.57)	90.39 (77.82, 94.47)	78.39 (73.89, 82.21)	72.99 (67.23, 77.31)
	England	74.7 (74.2, 75.2)	96.1 (95.5, 96.6)	89.6 (87.5, 91.3)	74.3 (73.3, 75.4)	57.7 (56.2, 59.1)
Prostate	Christie	97.56 (97.17, 97.91)	99.45 (98.94, 99.71)	99.12 (98.31, 99.54)	98.81 (98.03, 99.28)	90.96 (89.25, 92.41)
	England	93.8 (93.7, 93.9)	98.2 (98, 98.4)	98.4 (98.2, 98.7)	97.7 (97.4, 98)	87.7 (87, 88.3)
Rectal	Christie	86.81 (85.25, 88.14)	97.7 (93.2, 98.79)	91.51 (86.93, 94.01)	92.63 (90.26, 94.2)	69.75 (65.55, 73.54)
	England	80.3 (80, 80.6)	95.7 (95, 96.3)	91.7 (90.6, 92.7)	90.2 (89.7, 90.7)	51.9 (50.9, 52.9)

One-year cancer survival at The Christie over time

The table below provides overall survival estimates (percentages with 95% confidence intervals) by cancer type for Christie patients. Data are for patients diagnosed in 2020 and 2021 inclusive, followed up in 2023, and 2022 and 2023 inclusive, followed up in 2025. These include patients with a DS or MDT form in the time period for those where a date of diagnosis was recorded or date seen could be used as a proxy. Survival was unable to be estimated for groups with low numbers of patients, denoted as 'Unable to estimate' in the table.

Cancer type	Time period	All stages combined	Stage I	Stage II	Stage III	Stage IV
Brain	2020-2021	64.87 (59.66, 68.74)				
	2022-2023	63.06 (57.72, 67.44)				
Breast	2020-2021	97.71 (97.18, 98.13)	99.82 (99.3, 99.96)	99.1 (98.46, 99.48)	96.65 (94.51, 97.97)	85.14 (80.18, 88.42)
	2022-2023	98.06 (97.56, 98.42)	99.7 (99.11, 99.84)	99.09 (98.44, 99.47)	97.25 (95.16, 98.21)	84.52 (78.81, 88.17)
Colon	2020-2021	83.58 (81.23, 85.5)	Unable to estimate	92.31 (86.54, 95.66)	95.82 (93.16, 97.46)	65.25 (60.11, 69.45)
	2022-2023	83.11 (80.07, 85.5)	Unable to estimate	97.89 (90.53, 98.97)	93.15 (89.18, 95.25)	65.4 (59.25, 70.24)
Lung	2020-2021	60.97 (59.26, 62.58)	87.45 (84.79, 89.67)	74.43 (68.11, 79.69)	57.14 (52.85, 61.2)	40.08 (37.24, 42.74)
	2022-2023	65.1 (63.44, 66.65)	89.5 (87.2, 91.23)	74.4 (68.09, 78.99)	63.55 (58.94, 67.11)	41.63 (38.53, 44.34)
Melanoma	2020-2021	96.57 (95.16, 97.58)	Unable to estimate	95.45 (83.02, 98.84)	95.9 (90.43, 98.27)	89.39 (79.04, 94.8)
	2022-2023	94.4 (91.7, 95.95)	Unable to estimate	98.48 (89.73, 99.79)	95.03 (90.31, 97.48)	73.33 (57.85, 83.88)
Ovary	2020-2021	85.49 (83.16, 87.52)	95.52 (86.76, 98.53)	92.31 (68.36, 96.13)	77.48 (69.95, 83.35)	72.87 (64.31, 79.7)
	2022-2023	85.04 (82.61, 87.16)	98.33 (88.75, 99.76)	Unable to estimate	80.6 (74.42, 85.43)	78.0 (69.76, 83.24)
Prostate	2020-2021	97.55 (96.88, 98.08)	99.3 (98.33, 99.71)	98.45 (97.04, 99.19)	98.2 (96.68, 99.03)	93.05 (90.58, 94.9)
	2022-2023	97.62 (96.95, 98.05)	99.29 (98.31, 99.7)	99.11 (98.3, 99.54)	98.36 (97.13, 99.07)	92.47 (89.68, 94.04)
Rectal	2020-2021	86.8 (84.28, 88.94)	Unable to estimate	91.96 (84.04, 95.09)	93.57 (90.39, 95.72)	69.46 (62.62, 75.3)
	2022-2023	92.1 (89.92, 93.82)	97.3 (89.62, 99.32)	93.33 (86.52, 96.76)	97.16 (94.43, 98.26)	76.19 (68.45, 82.28)

Review of the year: committed to excellence in cancer care

Throughout 2024/25, we have maintained our commitment to delivering the highest standard of services, including life-saving treatments, groundbreaking research, and vital education support that empowers our teams. Our dedication to patient care, exceptional treatment and support has remained steadfast.

This annual report showcases the extraordinary determination and resilience of colleagues at the Trust. Every member of our team prioritises patients, continuously meeting and exceeding expectations.

This year, we placed a stronger focus on listening to our staff to enhance patient care and foster collaboration. Following Trust-wide discussions about cultivating a supportive and inclusive culture, the Trust Board approved our first ever inclusive culture strategy. This affirms our commitment to valuing, respecting, and listening to everyone, while leveraging people's diverse skills and experiences across our organisation. The strategy aligns with our Trust objectives to celebrate diversity and create an environment where everyone can thrive.

Our organisational strategy focuses on four key themes:

- Leading cancer care
- The Christie experience
- Local and specialist care
- Best outcomes

These pillars drive our efforts to deliver the best care to patients and reinforce our mission to innovate and improve our services.

This year saw the launch of the 'Future Christie' programme designed to support The Christie Strategy 2023–2028 and modernise care, discovery, and education models. The programme reflects our commitment to innovation, ensuring patients and staff benefit from cutting-edge solutions and improved experiences.

Patient feedback remains essential to help us constantly innovate and improve, and we are proud to earn positive feedback from those we serve. In the most recent Care Quality Commission annual inpatient survey, The Christie ranked among the top 10 NHS trusts nationwide, with recognition for exceeding expectations in care delivery.

As Europe's largest radiotherapy provider we remain at the forefront of pioneering treatments. Our first local radiotherapy centre – The Christie at Oldham – celebrated its fifteenth anniversary this year. Our team there have delivered around 230,000 treatments since it opened in 2010.

We've also opened a new local blood testing clinic in Wigan, bringing the total to 11 across Greater Manchester, Cheshire and Derbyshire. Supported by funding from The Christie Charity, this service means patients can have more of their care closer to home.

To meet the growing needs of patients living with cancer, and its treatment side effects, we launched the supportive oncology service this year. This unique team offers access to psychological support, symptom management, medication optimisation, end-of-life care, dietary advice, cardio-oncology, and specialised support for frail elderly patients. It has already received incredibly positive feedback from the patients who have accessed this unique service.

Our research and innovation teams are working on around 900 clinical trials and studies at any one time, including providing patients with access to cutting-edge therapies through our NIHR Manchester Clinical Research Facility at The Christie. This dedicated environment supports complex and early-phase clinical trials.

On the theme of research, the Paterson Building continues to unite our clinicians, surgeons, allied health professionals, scientists and their support teams to advance cancer research alongside The

University of Manchester and Cancer Research UK Manchester Institute.

Notable redevelopment projects this year included a fully refurbished art room, new pharmacy facilities, and converting office space into two new inpatient wards.

Our School of Oncology, recently progressed to become The Christie Institute for Cancer Education, delivered exceptional education and training to a local, national and global audience. The Christie International also forged new partnerships worldwide to improve cancer care globally with notable projects and initiatives across several continents. This includes a partnership with Peter MacCallum Cancer Centre in Melbourne, Australia, where we are facilitating joint fellowships.

We hosted a successful visit from the Organisation of European Cancer Institutes for a peer review as part of our re-accreditation process as a comprehensive cancer centre of excellence.

Aligned with the NHS's net zero ambitions, our green strategy has driven sustainability efforts, including a multi-technology estate decarbonisation project that is projected to reduce carbon emissions by 10% and save over £500,000 annually. This project is a vital component of our wider sustainable development management plan.

We could not achieve any of this without our colleagues. Everyone at The Christie has a role to play in providing the best in treatment and care or supporting those who do.

Looking ahead, this report highlights our accomplishments and plans for the future. With a foundation of a strong patient-centred culture, motivated staff, and oncology expertise, we are well-equipped to face future challenges and continue providing world-class care.

Radiotherapy and proton services

Demand for radiotherapy continues to increase. By the end of 2024/25, we had delivered over 105,000 treatments. This surpasses the number of treatments we were delivering in 2019/20 – the last full year before we reduced breast treatments from 15 attendances to 5.

With this trend expected to continue, initiatives looking to improve productivity on our machines are now complimented by those that ensure we both recruit and retain the best people. This has been evidenced through further investment in apprenticeships and advanced practice. The apprenticeship schemes offered at The Christie have received national recognition, with one of our apprentice engineers receiving National Apprentice of the Year Award for 2024. The department has been a trailblazer when it comes to the training of 15 mental health first aiders to support our staff. Schemes, like this, that make Radiotherapy a better place to work have seen turnover rates reduce by 2.5% over the course of 2024.

Despite the challenges presented by increased demands, the teams have been relentless in their efforts to improve patient pathways. Working with colleagues across the system in Greater Manchester, the radiotherapy team has delivered a “one-stop shop” for head and neck patients. Ensuring patients are able to have their planning computed tomography (CT) scan on the same day as their clinic appointment has reduced waits by at least 3 days and reduced the total number of attendances that a patient needs to make in the process.

The machine replacement programme continued at pace in 2024/25. Following completion of the Salford replacement, we began the replacement of the machines at Withington. This included an ambitious aim to replace two within the last 6 months of the year.

One of our most advanced machines, the magnetic resonance (MR) linac, reached its fifth birthday this year. This machine has proved vital in advancing the way we can alter treatment plans, whilst the patient is on the bed. This is something that we intend to roll out much more widely with the arrival of the next generation of machines in Withington. The experience and expertise within the MR linac team will be key to making this a reality and ensuring we remain at the leading edge of technological development in radiotherapy.

We continue to innovate in areas wider than technical treatment delivery. As ever, the proton team have been at the forefront of innovation when it comes to patient experience. This includes pioneering the use of virtual reality to help children understand what to expect through their treatment and also includes the introduction of furry friends in the shape of “Lilo” and “Luna” our first pet therapy dogs!

The department continues to deliver in the research space. During 2024, our therapeutic radiographers have contributed to over 10 publications in peer reviewed journals. We saw our first radiographer successfully complete their PhD as part of our AHP Academy, and we saw a therapeutic radiographer become a professor at the University of Manchester for the first time. In addition to this, our paediatric nurses, health play specialists and key workers have all presented at national and international conferences during the year.

The Christie satellite centres at Oldham, Salford and Macclesfield continue to provide an important role when it comes to bringing radiotherapy closer to home. They also serve an important role in the local community. This is none more so evident than at Oldham, where the team has linked closely with the local foodbank, primary school and parish church to help under privileged communities.

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, 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, Salford and Macclesfield.

The imaging physics and radiation protection group is a specialised team covering areas including diagnostic x-ray imaging, radiation protection, magnetic resonance imaging (MRI), ultrasound, and optical radiation. They support Trust activities and offer scientific support services to many hospitals in the North West region and private healthcare organisations.

With a skilled workforce, they are well-positioned to take a lead role in establishing sustainable physics services for the North West imaging networks. Their contributions have been fundamental in supporting the Greater Manchester (GM) ambition to open more community diagnostic centres (CDCs), ensuring quicker access to diagnostics for a range of conditions such as cancer as well as heart and lung disease are available closer to patients' homes.

The group aims to become the regional provider for GM and the Lancashire & South Cumbria integrated care systems (ICSs), with the expansion of non-ionising radiation services into Cheshire & Merseyside.

Additionally, they provide extensive teaching and training to the imaging workforce across the region, working closely with the North West Imaging Academy to develop innovative training approaches for MRI radiographers.

The nuclear medicine group provides diagnostic nuclear medicine, positron emission tomography and computed tomography (PET-CT) and molecular radiotherapy (MRT) services, alongside providing support to regional and national services.

2024/25 was a demanding year from an operational perspective, with unexpected interruption to our PET-CT service at Wigan, unplanned radiopharmacy downtime, and a workforce restructure accompanying investment in our clinical technologist workforce.

Despite these challenges, we have worked with regional partners to drive improvements in our service to patients, most notably opening the first dedicated PET-CT facility as part of a community diagnostic centre in the UK, a partnership with Alliance Medical Limited in Oldham.

We have also commenced a 9-month building project to refurbish our facilities and create a dedicated outpatient MRT suite on The Christie site.

The radiotherapy physics group provides clinical, scientific, and engineering support to radiotherapy services across 4 sites for both photons and protons.

This year saw a continued increase in radiotherapy treatment planning activity. This growth was supported by a focus on improving efficiency in the treatment planning pathway using the new RayStation treatment planning system and the roll out of artificial intelligence (AI) based planning for all clinical treatment sites.

The Withington linear accelerator replacement programme began with the introduction of 1 new Elekta Harmony machine and the delivery of 1 further machine for imminent installation and commissioning. Both machines are focussed on increased efficiency of radiotherapy treatment delivery leading to improved patient and staff experience.

The group have supported clinical research by implementing multiple new clinical trials throughout the year across all modalities, including MR Linac and brachytherapy, which will provide the evidence required to improve the

safety and efficacy of radiotherapy for the benefit of our patients.

The proton beam therapy physics group have continued to provide scientific, clinical, and engineering support to the national proton therapy service alongside our colleagues at University College London Hospitals (UCLH). The service has been expanded by the opening of a number of clinical trials including APPROACH (for brain cancer), PROTIS (for sinonasal cancers) and PROTIEUS (for oesophageal cancers) which have relied on extensive support and development from the physics team.

Our team have continued to collaborate with the international proton therapy community with shared research projects, learning from clinical experience as well as hosting visitors and delivering training for new and developing centres.

Throughout the year, we have collaborated with a large European consortium in pursuit of delivering the common goal of adaptive proton therapy, contributing to a submission for an EU-funded doctoral training network.

Locally, the team have delivered significant service developments through automation and optimisation of common processes such as streamlining the treatment planning of craniospinal patients.

We have also realised efficiency gains through a move to independent computational verification of treatment plans instead of performing physical measurements at the end of the clinical day. These developments have improved treatment planning workflows and saved a significant amount of time that can be reinvested in further improving the service we deliver.

Systemic anti-cancer treatment (SACT) services

SACT services continue to see significant growth each year. In 2024/25 we delivered over 105,000 across all our SACT treatment facilities, an increase from 95,000 the previous year.

Activity growth is due to an increasing number of SACT treatments available to patients and opportunities for patients to remain on treatment for longer as a result.

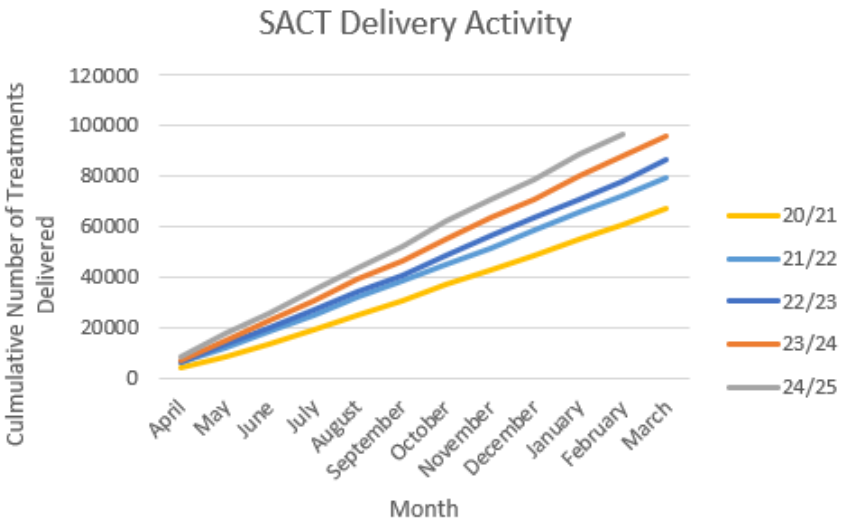
We are continuing positive collaboration with the research and innovation department to support delivery of a wider range of treatment regimens across sites to ensure patients have equitable access to treatment.

To further meet our demand, we are continually seeking innovative ways to increase capacity and improve patient experience, reduce in person visits and enhance patient pathways. This is demonstrated through the nurse-led oral SACT service which continues to grow from its inception in September 2023. In 2024/25 there have been approximately 460 patient contacts supporting patients on treatment from a selection of 10 oral SACT drugs, with plans to incorporate a wider range of drugs.

There has been further development of our SACT strategy focussed on ensuring patients have equitable access to treatment across Greater Manchester, including joint working with the haematology service. In line with the strategy, the bloods closer to home service has seen significant growth from an average of 550 appointments/month in the year 2021/22 to 3000/month in 2024/25 with work underway to ensure there is a 5 day service accessible to a wider group of patients.

Now the SACT prep team has been successfully established, we are exploring ways to improve efficiencies of this service, with the aim of maximising chair utilisation and minimising the time to treatment.

Christie @ Macclesfield has seen a significant increase SACT treatment delivery for oncology and haematology patients. The centre has seen the successful implementation of an in-house blood transfusion service which has seen an increase in patient and staff satisfaction and fostered further positive collaboration with the haematology service.



Haematology and teenage and young adult (TYA) service

This year saw continued developments in the haematology and TYA service focussing on the provision of high-quality patient care and experience.

Our haematology service provides inpatient, ambulatory, day case, cell collection and outpatient services in dedicated facilities at The Christie site. Outpatient, day case and inpatient haematology services are also provided via the Christie@ services based at Macclesfield District General Hospital and at Tameside General Hospital.

The haematology service has made significant improvements in achievement of the faster diagnostic standard (FDS) with the aim of ensuring that patients will be diagnosed or have a cancer ruled out within 28 days of being referred for suspected cancer. The operational compliance target percentage of patients being diagnosed within 28 days was consistently achieved by the service this year.

A new Christie @ service for haematology has been in development this year and commenced in April 2025. The service will be based at Leighton Hospital, near Crewe and will provide outpatient and day case clinical haematology to the same high standards of quality, patient safety, experience, and clinical effectiveness that we pride ourself on.

Our transplant programme continues to grow and develop, maintaining excellent quality and experience for our patients. In November 2024, the service had a very successful inspection by both the joint accreditation committee–ISCT & EBMT (JACIE) and the Human Tissue Authority (HTA) demonstrating that our facilities, quality management system, and the preparation, collection, storage and transplantation of bone marrow and stem cells all meet the required evidence-based standards.

Working in collaboration with NHS Blood and Transplant (NHSBT), the service has successfully appointed a consultant haematologist with a focus on stem cell transplantation and cellular therapeutics. This important new post will lead the stem cell donor work and the management of the late effects of transplantation as well as being instrumental in shaping local and regional policy development and the quality agenda for bone marrow transplantation.

Chimeric antigen receptor T (CAR-T) cell therapy activity has continued to grow, offering therapy for patients with very high-risk malignancies as standard of care and in clinical trials.

The teenage and young adult (TYA) service continues to grow as the largest principal treatment centre in the North West with over 180 new referrals received in 2024. Following an initial set up period, we are now host to an established and maturing North West dedicated TYA clinical network with a comprehensive programme of work that is supporting delivery of high-quality, equitable care to TYAs across the region.

The TYA service hosted the annual reflection service dedicated to families who have lost a young person to cancer. The day is held in November and supported by The Christie Charity. Over 150 family members came together from more than 25 families to remember and reflect on their grief and loss.

Another huge success for 2024 was the second ‘Your Way Forward’ survivorship event held to support TYAs who had completed cancer treatment and provide them with the knowledge and opportunity to move forward. With a focus on fertility, late effects, finance, employment, physical activity and sharing patient stories the day was a resounding success and is planned again for 2025.

Anaesthetics, theatre and surgery

Our directorate of anaesthetics, theatre and surgery (ATS) is a specialist tertiary centre that concentrates on rare cancers, specialist and complex procedures and multi-disciplinary cancer surgery. We completed 3,891 surgical operations during 2024/25, which was almost 20% more than we planned for (3,262). Our teams of surgeons, anaesthetists, nurses, and allied health care professionals are working in collaboration with health providers across Greater Manchester (GM).

We provide a crucial tertiary service to local, regional, and national populations. The majority 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 cancer centre, are supported appropriately. The following specialties are represented within the directorate:

- anaesthetics and specialist oncology intensive care
- colorectal and pseudomyxoma peritonei (PMP) oncology surgery
- gynaecological oncology surgery
- plastic oncology surgery
- urological oncology surgery

The anaesthetic and critical care service supports all surgical procedures and interventions across the trust, including pain management. The oncology critical care unit (OCCU) complements a comprehensive array of cancer treatments including oncological surgery, clinical, medical oncology and haematology. The eight-bedded unit is a mixed level of care 3/2 service.

We provide comprehensive preoperative multidisciplinary assessment that provides a service preparing patients for surgical and radiotherapy (brachytherapy / proton) procedures including lung function testing, echocardiogram (ECHO) and cardiopulmonary exercise testing (CPET).

Over the last 12 months we have increased our establishment with recruitment of new consultants and expanded our specialty and associate specialist (SAS), nurses and allied health professional (AHP) group.

Throughout the year, ATS carry on developing and establishing surgical techniques and multidisciplinary complex cancer surgery (robotic retroperitoneal resections, sentinel lymph node, gynae ovarian hyperthermic intraperitoneal chemotherapy (HIPEC) and multi-visceral resections, reconstructions). Our anaesthetics, theatres and surgical teams in collaboration have been able to achieve delivery of higher volume of procedures, maximising utilisation within current resources.

Our established enhanced recovery after surgery (ERAS) program is valuable in providing support to all surgical patients with shorter in-hospital stay, same day discharge pathways and increased utilisation of inpatient surgical beds, alongside improved patient experience and satisfaction.

Through engagement with the NHS GM Green Plan, several improvements have been implemented including the reduction in theatre carbon emissions and compliance with green theatre recommendations.

Two NHS Xi robots have already made an impact with increasing the delivery of procedures, same day discharge on major gynecological oncology and urology oncology operations.

Working in partnership with our wider system colleagues in Trusts across GM, we are providing additional cancer surgery capacity by mutual aid arrangements to facilitate the GM recovery plan. Mutual aid support in the last 12 months has been provided across GM for urology and gynaecology.

Acute oncology & inpatients

Our services play an important role across the entire Trust, working closely with other professionals. The highly skilled teams are often leading in areas of innovation, improvement 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 patients.

The clinical support and specialist surgery division (CSSS) has firmly established the directorate for acute oncology & inpatients which is led by a triumvirate consisting of a senior oncology consultant, lead nurse and operational service manager.

Acute assessment unit (AAU) provides a designated facility where patients presenting with acute conditions because of toxic oncology treatments or disease progression need emergency admission to the Trust.

AAU ensures patients have rapid access to immediate specialist acute oncology and supportive care professionals enabling efficient and optimum care by our specialists who are the best placed to meet the needs of our patients.

The AAU provides care and treatment for designated periods (usually 48 hours, with a maximum of 72 hours), prior to transfer to an inpatient ward or discharged home, as appropriate and is open 24 hours a day, seven days a week. We have increased the consultant workforce in acute oncology in response to the increasing number of patients who are acutely unwell because of their treatment or disease progression. This ensures that Christie patients are not deferred to A&E departments in GM acute Trusts.

Acute ambulatory care unit (AACU) is adjacent to the AAU and has the aim to deliver acute emergency care to acutely unwell oncology patients without the need of an inpatient bed thereby increasing outpatient activity and limiting necessity of inpatient beds for emergency admissions.

It is a nurse-led department with 10 trolley-chairs with an additional 4 chairs annexed to the unit and staffed by a team of advanced clinical practitioners (ACP) and a designated team of registered nurses, nursing associates and healthcare support workers.

The co-location with AAU has transformed unplanned care pathways through the Trust with over 87% of patients attending AACU treated as outpatients. This has allowed the Trust to care for increasing emergency oncology admissions and lessening the burden on the wider GM emergency and critical care services.

Cancer patients seeking emergency care have a longer length of stay, higher admission rates and higher mortality than non-cancer patients and exposure to new treatments has led to a significant increase in cancer presentations related to the malignancy itself or toxicities from treatments.

AACU has been utilised with careful attention to individualised patient presentation and local care pathways providing rapid assessment and treatment of unwell patients. The unit is a 7-day service due to the demand for acute reviews of patients and continues to see an increase in demand.

Acute oncology management service (Hotline) patient flow, night team 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.

The hotline continues to see an increase in volume and regularly receives over 3,000 calls a month, with many patients needing significant support from the hotline acute oncology specialist nurses. There has been investment for acute oncology nurse specialists and the development of a robust and bespoke training and competency programme to support the increase in patients calling the hotline. This will enhance the already excellent service offered to clinical and nursing teams.

Electronic patient-reported outcome measures (EPROMs) self-reporting system is live to support a small number of patients on oral chemotherapy and this is supported by a dedicated EPROMS Hotline nurse.

Discharge team 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 or patients who require an expedited discharge because they are at the end of their life and their preferred place of death is in their own home or hospice.

To support timely discharges the Trust has extended the service to Saturdays and successfully developed a designated ambulance service available Monday to Friday, 10am – 8pm to transport patients who are at the end of life or have complex discharge needs and this has demonstrated an enhanced patient experience and a significant reduction in long delays waiting for ambulance transport and a more cohesive approach working with other providers within acute or community settings.

Additionally, the team are all now designated 'trusted assessors' which has removed a step of the discharge process for patients requiring support from community services so direct referrals can be made.

Inpatient oncology wards 4, 11 & 12 primarily admit patients from AAU who have been admitted with acute symptoms resulting from oncology treatments or disease progression.

In October 2024, ward 12 relocated to the newly opened wards 14 and 15, to enable ward 12 to undergo an extensive refurbishment which is due for completion in July 2025.

Ward 2 accommodates patients who are being admitted for elective oncology treatments. This has proved highly successful and prevented long delays in admissions for this group of patients.
Acute oncology consultants working with trainee doctors, ACPs and physician assistants have continued to provide senior medical review on all medical oncology wards, facilitating timely specialist reviews and treatment plans for our oncology patients.

Despite national nursing workforce pressures, the inpatient oncology wards have minimal vacancies for registered nurses. The expansion of the clinical based educator (CBE's) team has supported the nursing teams to develop and expand their clinical skills. This has contributed to attracting a high calibre of nursing staff ensuring that the Trust has a sufficient, stable workforce to deliver excellent standards of care demonstrated with wards 2, 4, 11 and 12 achieving GOLD accreditation from the Trusts CODE quality inspection framework.

Supportive oncology & pathology

Supportive oncology directorate integrates medical and non-medical specialties to manage cancer and treatment effects across the disease spectrum. Our teams play a key role within the Trust, driving innovation and research to meet patients' physical, psychological and social needs.

Pathology at The Christie operates through a collaboration between the NHS and The Christie Pathology Partnership (CPP), delivering high-quality diagnostic services that underpin patient care and research.

The endocrine unit delivers daily outpatient clinics, endocrine day case services and phlebotomy, supporting both oncology and non-oncology patients. Challenges in bone density scan (DXA) reporting have prompted plans to integrate the service into radiology, with dedicated lead radiographer roles. The team remains research-active, contributing to the Manchester Biomedical Research Centre.

Providing comprehensive care for Christie inpatients, the supportive care team runs a renowned 5-day enhanced supportive care clinic, easing regional healthcare pressures. The team launched a Royal College of Radiologists (RCR) endorsed supportive oncology fellowship, gaining national recognition and inspiring similar UK programs. International presence is maintained through publications, conferences, and the upcoming UK Association of Supportive Care in Cancer (UKASC) supportive oncology handbook.

Focusing on psychological therapy pathways, data collection, and workforce development, the psycho-oncology service enhances multidisciplinary collaboration. Research includes virtual reality applications for distress reduction. The team leads regional training, supports psychiatric professionals, and contributes to digital oncology education.

The nutrition and dietetics department has expanded outpatient services, recruiting specialist dietitians across various oncology areas. Research efforts include gut microbiome studies and upper GI trials. Team members actively contribute to national conferences, policy groups, and publications, fostering professional development and service improvement.

The physiotherapy and occupational therapy teams support inpatients, including those with respiratory conditions and metastatic spinal cord compression. The lymphoedema service now includes a nurse, enhancing wound care. Occupational therapy has introduced a teenage and young adult fatigue service and expanded outpatient provision. Workforce development initiatives include non-medical prescriber-led clinics and a physiotherapy degree apprenticeship.

The speech and language therapy team has expanded inpatient and outpatient services, led head and neck cancer pathway integration, and piloted an AHP-led pre-treatment clinic. They provide training, contribute to research, and maintain a strong presence at national conferences.

Providing holistic care through complementary therapies, the integrative therapy health & wellbeing service supports patients and carers at all our sites. Treatments include acupuncture, hypnotherapy, and stress management. Research collaborations and training initiatives help advance integrative oncology.

The cancer information centre (CIC) continues to offer holistic patient and carer support, including guidance on treatment, side effects, and bereavement. Awareness events and a new wig service expansion enhance patient care.

Following a successful pilot, the senior adult oncology service received permanent funding in 2024. A multidisciplinary team—including a specialist GP, oncologist, therapists, and a nurse specialist, are being recruited.

A new art room opened in May 2024, increasing patient engagement. Staff well-being art sessions, inpatient gallery services, and research collaborations support both patients and employees.

Patient contacts to the chaplaincy rose by 52% in 2024, reflecting improved access and an expanded volunteer team. The service also enhanced end-of-life support and increased staff engagement through schwartz rounds and wellness initiatives.

Empowering individuals to manage anxiety, smoking, and alcohol use, the health advisory service has introduced an efficient referral system and gained recognition in The Nursing Times. Ongoing business development aims to expand patient reach and research-driven initiatives.

In April 2024, the dementia service joined the directorate within the psych-oncology team to enhance patient support.

Dementia practitioners continue assisting inpatients and outpatients with ongoing success in their award-winning plastic surgery pathway, enabling dementia patients to undergo surgery with local instead of general anaesthesia. The team recently recruited its first activity coordinator for medical inpatients with cognitive impairment, alongside a quality improvement project to highlight the role's impact.

The Christie Pathology Partnership (CPP) improved turnaround times with a new chemistry analyser and continues to collaborate on digital pathology advancements. Pathology service re-procurement has now been completed, with the new joint venture contract in effect as of 1 June 2025.

Pharmacy

The Pharmacy vision is to provide high quality, sustainable, safe and innovative services to deliver the best possible clinical outcomes and patient experience, irrespective of where the patient is being treated.

Pharmacy has continued to build on the service development foundations made in previous years, delivering a significant number of projects to further improve services provided to patients, including those treated at home and at our outreach and peripheral satellite sites as well as at The Christie main site.

Following the success of the new outpatient dispensary with a new robot dispensing system which opened in 2023, further reductions in outpatient waiting times have been delivered by The Christie Pharmacy.

During 2024/25, major works have been undertaken in the remaining inpatient dispensary, including the installation of a second new robot dispensing system, which is expected to further improve services to inpatients and homecare/satellite unit patients.

Pharmacy workforce developments have improved our recruitment and NHS staff survey results, significantly reducing both the vacancy rate and staff turnover, which in turn has increased the number of pharmacy staff available to provide additional clinical services. An organisational change review and staff consultation exercise on out of hours services is improving the resilience of pharmacy services at weekends and overnight.

Pharmacy staff have been an integral part of the multidisciplinary team developing the Trust's new inpatient electronic prescribing system for general medicines (BetterMeds), to complement the existing electronic prescribing system for systemic anti-cancer therapies (iQemo). This new system was rolled out in the last quarter of the year.

A project that developed over the full year was preparing for the transfer of haematology clinical services for patients at Leighton Hospital in Crewe (Mid Cheshire Hospitals NHS Foundation Trust). These patients were successfully transferred to the care of The Christie from April 2025 and although the majority will continue to receive their treatment in Crewe, the project involved a wholescale redesign of medicines management and supply arrangements to align pharmacy services with those already in place at our other satellites.

It has been a challenging year for the pharmacy aseptic services team that provides highly specialised clinical trials medicines in support of the Trust's extensive and growing research portfolio. However, we are confident that the ongoing investment in staffing, facilities, digital systems and pharmaceutical quality management systems will ensure that the service is equipped to deliver high quality services with additional treatment capacity over the coming years.

Radiology

The directorate of radiology oversees the delivery of imaging services including magnetic resonance imaging (MRI), computed tomography (CT) scans, plain radiographs, fluoroscopy, interventional radiology, ultrasound and regional positron emission tomography-CT (PET-CT) reporting.

The department supports a range of disease related clinical multi-disciplinary team meetings (MDTs) with each having a lead consultant radiologist. Consultants also provide administration of radioactive substances advisory committee (ARSAC) governance and deliver advanced molecular therapies.

Over the past year, two consultant radiologists have joined the team along with three clinical fellows. We recruited a number of senior radiographers and radiographic aides and continue to work to fill a small number of vacancies, despite the national shortage of qualified staff.

Given current national workforce challenges, we have continued to promote a 'grow-your-own' approach. We offer several development opportunities for our staff with a radiographic assistant practitioner qualifying and 3 other staff in training, embedding this role into the department alongside an apprentice radiographer in training route.

Within the CT department, we have performed and reported 29,135 CT scans this year. The department continues to expect growth in demand for scanning and explore avenues to increase capacity.

Our performance for turn-around times for reporting was consistently high, with an average of 98% of outpatient reports being available within 5-days, and 100% of inpatient reports within a day.

The MRI team performed 13,334 MRI scans this year and 96% of inpatient reports were available within 1 working day and 96% of outpatient reports available within 5 working days. The team continues to work on introducing further accelerated protocols to decrease the duration per scan whilst maintaining image quality, as part of our commitment to ongoing operational improvement.

Plain radiography is one of the few areas within radiology in which activity remained consistent, with 10,890 radiographs performed over this financial year. The service remains an essential modality and an out-of-hours on-call urgent service is in place seven days a week.

This year we have refurbished one of our principal radiography rooms with a new machine to enhance facilities for patients.

We are taking part in a GM wide project using artificial intelligence software to facilitate the interpretation of chest radiographs and vertebral fracture detection.

The interventional radiology (IR) department performed around 2,020 cases this year, delivered by a multi-disciplinary team composed of radiologists, radiographers, nurses and radiographic aides.

Two new enhanced practitioner nursing positions were introduced into the team. They have started training to perform nephrostomy exchanges and are also specialising in chest drain care to support our clinical ward teams with pre- and post- care for patients who have had a chest drain inserted. This is to address clinical risks relating to drain management on the wards, reduce time to discharge and improve patient experience. A reporting radiographer who is now qualified to undertake GI contrast studies joined the department providing more support for the service.

Research also played an important role in our IR department with several papers published in scientific journals. The implementation of the innovative radial access for selective internal radiation therapy (SIRT) and hepatic chemosaturation for ocular melanoma were covered by the media.

Hepatic chemosaturation procedures are performed at the Trust in partnership with The Christie Private Care (TCPC). The procedure will be considered for NHS commissioning this year with two centres predicted to deliver this highly specialised service.

Our ultrasound (US) service encompasses diagnostic and interventional ultrasound and is delivered in two Trust locations. This year the service performed over 7,560 diagnostic and interventional US examinations and saw the largest growth within radiology whilst maintaining its performance thanks to the efforts of the team.

PET-CT reporting is a shared service with the nuclear medicine department who perform the scans that are later reported by our consultant radiologists, reporting over 11,740 scans in the year.

The PET Academy continues to provide training for PET-CT reporting and supporting the development of the workforce across GM.

We currently have three consultants enrolled in PET-CT reporting training within the PET Academy, with others to join the next intake.

Radiology has a pivotal role in multi-disciplinary team (MDT) meetings across the Trust giving highly specialised input for different disease groups. We currently support over 30 MDTs per week with frequent requests to increase support on those and to provide cover for new MDTs.

The radiology clinical trials and research team have supported approximately 400 clinical studies in the past year, with nearly 4,000 research scans being undertaken.

Since April 2024, the department has published 12 research papers, facilitated the introduction of three radiology-led trials in interventional radiology and conducted central reviews for a multitude of national vital studies.
There has been an increase in dedicated research time for consultants supported by fellowship funding and an increase in the number of audit and service evaluations looking at best practice supported by the University of Manchester student placement programme.

Central services

The central services directorate (CSD) is a new directorate, established in June 2024 encompassing the following services: health records library, interpreters service, hospital transport service, Trust bank administration, medical secretaries, resident doctors and a transformation service. These services play a crucial role across the entire Trust, supporting and working collaboratively with our medical, clinical, and non-clinical professionals, to ensure our patients needs are met and supported throughout their journey.

The main function of the health records library is to ensure the management of records is adhered to with regards to processing, structuring, and the discipline of recording, storing, retrieving, throughout the lifecycle of the health record. The library oversees all subject access requests (SARS) received into the Trust from patients or third parties acting on the patient's behalf. A total of 824 SARS were requested this year, of which 94% were completed within the required timescales.

The interpreters service is vital where patients have difficulty communicating due to language barriers. By providing interpreters or British sign language (BSL) signers, this allows clinicians to deliver complex or sensitive conversations about treatment or diagnosis in a language that the patient can comprehend. Working in partnership with our accessible information team, we delivered a presentation at the Trust's Grand Round to highlight the difficulties and challenges these patients and carers experience throughout healthcare and the greater community.

This year the Trust received over 3,754 requests for an interpreter: 3,321 were face-to-face requests and 433 a mixture of telephone and video. We continue to work with our digital team to explore innovation and efficiencies to this service.

The hospital transport service provides a non-emergency patient transport service commissioned by the Greater Manchester Integrated Care Board. This year 74,659 journeys were undertaken by the main providers: North West Ambulance Service and West Midlands Ambulance Service. The team also co-ordinates the management of transport to support several services to ensure our patients receive the care and treatment they deserve in a timely manner. An automated telephone system was recently implemented to assist with the streamlining of calls. This has created efficiencies in the system to allow staff to focus on patient-facing tasks and bookings.

This year we increased the number of staff on the Trust bank administration. There are currently 35 individuals ranging from Band 2-4 currently on the bank. All bank staff receive an extensive training package to provide them with the basic skills and knowledge of Trust systems.

The CSD also operationally manage a small pool of medical and support secretaries across several services. The team provides a first-class administration service to support the clinical and medical specialties.

The CSD works in partnership across divisions, to support the recording, monitoring, and maintaining of medical staff levels to ensure clinical safety across wards. We have increased our resident doctors establishment to ensure compliance with rota systems and improvement in the responsiveness to our services. This has been supported from the recent deanery visit, from which excellent feedback was received. A resident doctors strategic operational group has also been set up which now includes lead representatives from resident doctors, service managers across divisions, medical workforce and assistant service managers.

Transformation service

The CSSS transformation team has continued to provide support to improve services through the Inpatient Improvement Group and ATS Improvement Group, as well as value improvement programme (VIP) planning. The team has also provided support to the small asset acquisition and capital planning process.

Research and innovation

In 2024/25, we delivered significant progress across clinical trials, strategic partnerships, digital innovation, and research infrastructure. With 166 new studies opened and over 3,000 patients consented, we remain a national leader in research delivery.

Landmark achievements include global firsts in patient recruitment, multi-million-pound investments from Cancer Research UK (CRUK) and National Institute for Health and Care Research (NIHR), and the launch of transformative initiatives such as The Christie research 2030 programme.

Our growing research community—spanning investigators, fellows, patients, and international collaborators—continues to drive forward innovation, improve cancer care, and shape the future of oncology.

Key research successes

- First global patient recruited for a major Merck study on ovarian cancer.
- TOURIST trial, the world's largest clinical trial using radiotherapy in metastatic lung cancer, funded by from NIHR.
- Further investment from CRUK to advance radiotherapy research via CRUK RadNet.
- Excellent Organisation of European Cancer Institutes (OECI) site feedback on research - outstanding in both its scope and depth, with a strong publication record spanning the full continuum from discovery to translational research and clinical application. The review highlighted our robust international partnerships, state-of-the-art research facilities, and our commitment to enabling protected time for research staff, all of which underpin our ability to deliver high-quality, impactful research that benefits patients locally and globally.
- TRAIN trial - a phase III randomised control clinical trial of radiotherapy with radio sensitisation versus intravesical Bacillus Calmette-Guerin therapy for high-risk non-muscle invasive bladder cancer - NIHR Health Technology Assessment funding awarded December 2024 (Prof Ananya Choudhury, Mr Vijay Sanger).
- PROTIS trial - A phase III trial of proton beam therapy versus intensity-modulated radiotherapy for the treatment of sinonasal malignancy - CRUK-funded trial, opened to recruitment autumn 2024.
- The STAMPEDE clinical trial (Professor Clarke) has won the NIHR established Investigator impact award. STAMPEDE is a multi-arm platform trial assessing 10 different treatment approaches in men with advanced prostate cancer. Its findings have led to extended survival rates, changed global treatment guidelines, and provided new insights into long-term outcomes, including improved targeting of therapies and reduced treatment-related complications.
- BioNow sustainability award for recycling of clinical trials kits and also the same project won The Christie inaugural sustainability award at the staff awards.
- Experimental cancer medicine team (ECMT) has played a key role in development of 2 new drugs. 1 has received FDA approval and the second has received authority for accelerated approval.

High impact research areas

- CRUK Lung Cancer Centre of Excellence secured a further investment shared between Manchester and UCL.
- Alliance for Cancer Early Detection (ACED) received a funding boost across 7 alliance partners.

Patient involvement and engagement

- 2,410 patients consented to trials.

Patient and Public Involvement

- Community engagement initiatives, including Blood Cancer Awareness Month research showcase.
- Development of risk assessment processes to improve cancer research participation among Black women.
- Launch of the Muslim Cancer Support Group, the second in the UK.
- Continued expansion of the Patient Advisory Group.

To mark World Cancer Day on 4 February, The Christie patients came together to showcase their artwork at The Oglesby Cancer Research Building. The exhibition, ran from 3-28 February, showcasing the power of creativity in the face of adversity. It highlights the individual stories behind every cancer diagnosis, reminding us that no two journeys are the same.

The Christie research 2030 programme

Multi-million-pound funding secured and planned across 3 funding programmes via The Christie Charity: idea to impact, career development fellowships and maintaining momentum:

- idea to impact: Paterson project awards (up to £100k) launched in March 2025, for novel ideas and teams to apply to through a competitive process received over 60 applications for funding. To be awarded in June and projects will start in Autumn 2025
- career development fellowships: awarded in partnership with the Manchester Biomedical Research Centre (BRC) clinical research investment scheme (CRIS) to Christie researchers: Dr Kathryn Banfill, Dr Emma Searle, and Mr Paul Sutton. Legacy fellowships launching in memory of Dr Amit Patel and Dr Jac Livesey in haematology and health inequalities research respectively
- maintaining momentum: critical operational and technical staff awarded funding across research & innovation (R&I).

Innovation and technology adoption

- Launch of Monday.com R&I front door for christie sponsored research, improving efficiency in study setup.
- Digital innovation partnership with Ignite and commercial sponsors to automate clinical trial data transfer.
- Robotic process automation project initiated to improve aged debt processes.
- Group of MBA students from Alliance Manchester Business School working with The Christie and iQHealthTech on a project looking at clinical decision support system (CDSS) and artificial intelligence (AI) within pharmacy.

Capacity building and training

- New clinical academic workforce group established to support pipeline of clinical academic leaders across The Christie and partners.
- The integrated clinical academic training (iCAT) award is currently under renewal with NIHR. We currently receive full funding for 4 academic clinical lecturers (ACLs) and 10 academic clinical fellows (ACFs) per year, this will increase to 8 ACLs and 18 ACFs if the bid is successful.
- Research nurse team leaders rebranded as research matrons, aligning with the modern matron competency framework.
- Hosting international and national fellows, including NIHR academic clinical lecturers and almost 100 oncology fellows. Doubling of space for the medical oncology clinical fellows in the Paterson building.
- New partnerships for the international clinical fellowship scheme – Peter MacCallum Cancer Centre in Melbourne, launching joint 2-year fellowships in medical oncology and clinical oncology. A new funded Hellenic Society of Medical Oncology (HeSMO) fellow joining The Christie for 12 months from Greece in September.

- Allied health professional exchange fellowships with Peter MacCallum Cancer Centre being advertised for radiographers, physiotherapists, speech and language therapists, dieticians, and occupational therapists.

Financial performance

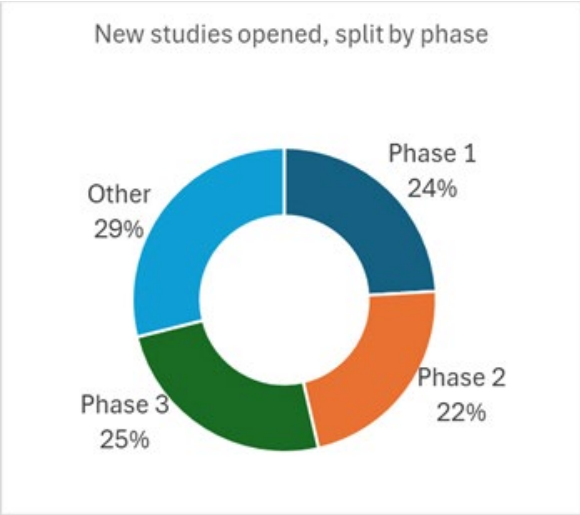
- Research aged debt reduced in-year.
- £30m investment bid funded from The Christie Charity.

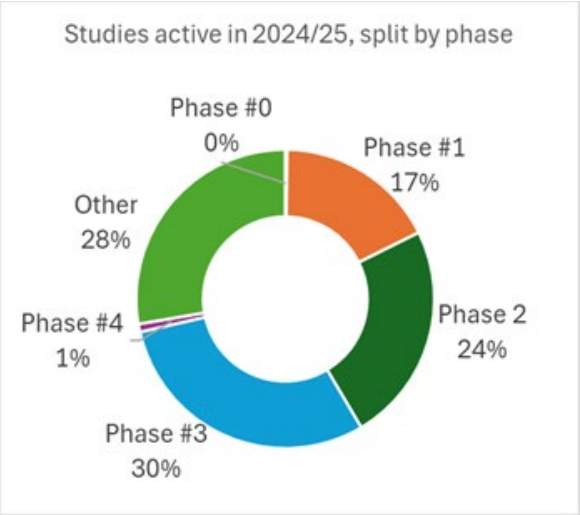
Research impact metrics

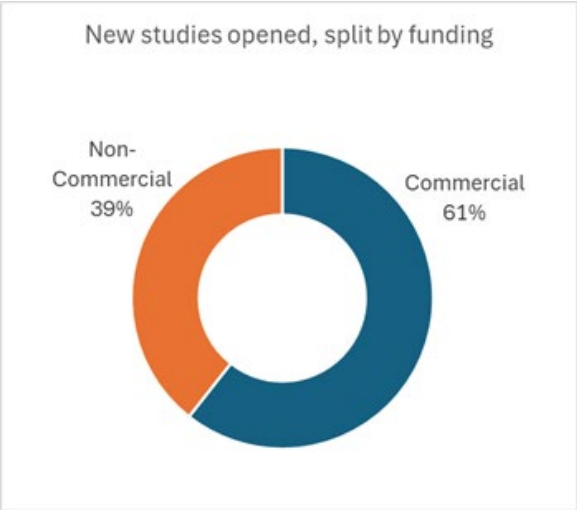
- Total numbers of sponsored research increased this year.
- 10 posters and 1 oral presentation accepted at the UK research & development forum.
- Publications highlights include:
  - 24 journal articles published, of which 9 were in high impact journals.
  - 15 oral presentations, including 2 at European Society for Medical Oncology (ESMO) (Sep-24) and 4 at American Society of Clinical Oncology (ASCO) (May-24).
  - 48 posters, including 17 at ESMO (Sep-24) and 4 at ASCO (May-24).
  - 1 education session at ASCO (May-24).

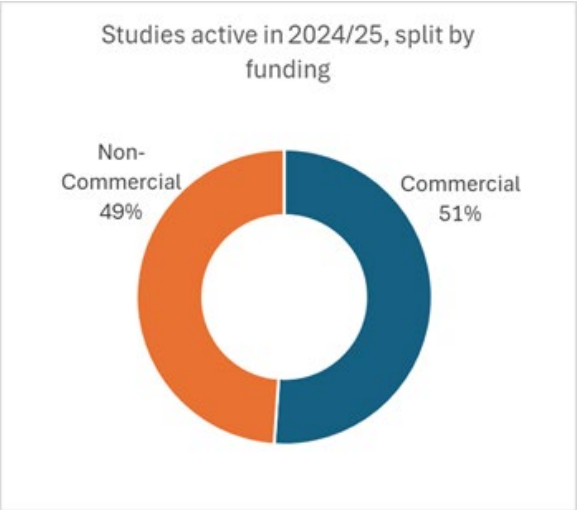
Clinical trial performance

- The Christie remains the top UK recruiter in multiple trials.
- Consented 3,003 patients and recruited 2,286 patients.
- 34% increase in the number of studies opened compared to last year.
- 166 studies opened and 928 studies active in 2024/25.









Christie sponsored study portfolio: publications and media

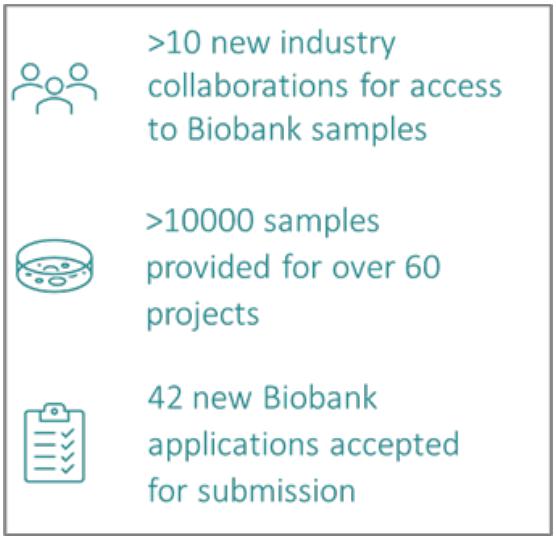
- LION – Anne Armstrong The Express newspaper
- FDG-PET RAPID – John Radford American Society of Haematology
- CUP-COMP – Natalie Cook ASCO 2024
- NET-02 ASCO Annual Meeting 2024: poster. Translational analyses.
- NIMRAD Published in Radiation Oncology in 2024
- COSMIC-19 – Fiona Thistlethwaite Pre-print

Human tissue governance

- Successful MIAA audit with substantial assurance.
- 20 new projects registered with the human tissue governance team.
- Embedding Human Tissue Authority (HTA) compliance systems in the new Paterson Building.

MCRC biobank

- New biobank application process embedded using Jotform.com.
- New LN2 Tank holding >60,000 specimens located in the Paterson Building.
- Re-established:
  - Haematological malignancy arm of the biobank.
  - Primary brain tumour collections at Northen Care Alliance NHS Foundation Trust (NCA).
  - Collections at Manchester University NHS Foundation Trust (MFT) - central on a project specific basis.
  - Participation in the genomics England digitation project – an extension of the 100,000 genomes project.
  - Successful MIAA Audit with substantial assurance.



Christie Institute for Cancer Education (CICE)

This saw a year of new beginnings and developments for education at The Christie. Our next chapter, building on the successes of education across The Christie has seen the very recent launch of the Christie Institute for Cancer Education (CICE). This name reflects the overarching nature of the importance of Christie education for the current and future Christie and UK cancer workforce, The Christie's higher education ambition and our collective role as a global citizen in exchanging knowledge and reducing inequalities and improving patient care and cancer outcomes worldwide.

The CICE is committed to ensuring equity, diversity, and inclusion are embedded within all aspects of education. The EDI education lead has developed a range of education opportunities that support individual, organisation, and learner growth and development. Colleagues also have access to weekly reflective sessions, 'listen and act', which provide an opportunity for all colleagues to come together to reflect, listen to, and share thoughts and insights. This work has also included the establishment of a governance structure in relation to EDI issues across CICE. The institute hosted a series of 4 study days that explored cancer and exclusion—designed and developed by our EDI education lead. The series was attended by over 1,200 people from across the world, and the UK. The institute continues to commission, promote and support schwartz rounds for the whole Trust workforce to access, and over the last 12 months, we have seen an increase in engagement with schwartz rounds.

Our professional and workforce development team continues to drive through new developments and improvements in accessibility. Work on apprentices has increased, with an increased diversity of offers to Christie staff, and working with new providers in response to demand. This included the first physiotherapy graduate apprentice and 4 therapeutic radiography degree apprenticeships, alongside the first apprenticeships in both data engineering and science manufacturing. The first senior leader MBA programme commenced with the University of Keele, with 4 apprentices on the September 2024 cohort. Work has taken place on reviewing the study leave policy – combining medical and non-medical policy and amending the application process to collate EDI information more effectively and safely. This data will be used to track and identify any issues with access to educational opportunities. This has also included the review of processes using automation to improve the experience of staff and managers during applications. The team were delighted to have been shortlisted for three Nursing Times Awards. Widening participation work continued across the team working successfully with care leavers and improving opportunities to employment for marginalised groups.

The clinical skills team continue to support Trust staff and students in the development of key clinical skills.

The work of our post-graduate and undergraduate education team continues to expand to support the whole variety of our current and future workforce engaged in professional training. This has included creating further resources to support the experience of our junior doctors, plus unique training experience for our specialist trainees. The team's medical education fellow was responsible for the highly successful 'collaboration in cancer conference', targeting those interested in a career in cancer. The team is particularly pleased to have 2 undergraduate students present at major conferences. Feedback from key partner universities has been extremely positive.

The institute team have also worked very closely with clinical colleagues to review the process and delivery of a the national and international observership programme. Moving forwards, observerships will sit alongside our international clinical fellowships scheme as part of the new international education team. Colleagues in this

team will support a variety of international learners who come to The Christie for both short term placements and longer-term job roles and training fellowships. This year they have expanded partnerships with other cancer centres and societies, including the development of fellowships with the Peter MacCallum Cancer Centre in Melbourne, and the Hellenic Society of Medical Oncology (HeSMO). The team has also facilitated prestigious ESMO funded fellowships, and hosted events for trainees and alumni at major European conferences. Colleagues will also support the process of GMC sponsorship capability coming to The Christie.

The Christie library gave away over 2,000 books on World Mental Health Day. This was an important project in terms of connecting directly with both staff, patients and carers. LibKey Nomad was rolled out to all staff at The Christie increasing accessibility of evidence at the point of need. We had a highly complementary and successful library quality improvement outcomes (QIOF) assessment from NHSE.

GatewayC launched across Scotland in 2024, following the rollout across Wales in 2023. GatewayC now consists of 22,000+ users and has delivered 15,000+ course completions. During 2024 we released the uterine and paediatric cancer courses. To further expand reach, the team partnered with the two leading appraisal systems, to allow our users to transfer their GatewayC learning to their relevant appraisal platform in just one click. During 2024 the team were successful in securing new funding from RM Partners to deliver a portfolio of bite-sized cancer education to support uptake across West London. The podcast series, GPs Talk Cancer, continues to be successful, delivering over 4,000 listens in 2024, and planning has already commenced for series 3, due to launch in Spring 2025.

Led by Christie colleagues, a grant funded project in collaboration with a national patient group has developed ALKnowledge, a new web-based platform which provides tailored education about ALK-positive (ALK+) lung cancer for patients, specialist lung cancer teams and the wider primary and secondary care clinical community.

The digital education team continue to develop a variety of learning opportunities for the Trust, and external organisations, in addition to supporting the workforce reporting for the Trust.

The Christie proton school continues to offer learning under the direction of the clinical team within the proton therapy service.

The CPD portfolio of education, including the Maguire communications and leadership team and the education events team has welcomed over 4,000 delegates, including over 900 Christie staff places. The portfolio has expanded to include a variety of new courses to meet the needs of current and future staff. The team have also implemented an on-demand service for all our study days. This facilitates access to learning for Christie staff, students and local, national and international healthcare staff. All study days now attract accredited CPD points. The Maguire communications and leadership team has been supplemented by the addition of a management and leadership trainer to support development of these skills across The Christie. This will ensure that The Christie is at the forefront of leadership development for its staff. The team are now working on an exciting new initiative which is centralising the wide variety of communication, leadership and management skills on offer. Work for the team this year included delivering bespoke training to The Christie Charity, Manchester Foundation Trust, North Bristol NHS Trust and United Lincolnshire Hospitals NHS Trusts.

Our financial performance 2024/25

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.

Financial performance

The below table illustrates the Trust and group financial performance during the 2024/25 financial year.

In line with our accounting policy, we are required to consolidate our accounts. In 2024/25 the consolidated group accounts included The Christie NHS Foundation Trust and the wholly owned subsidiary, The Christie Pharmacy Ltd.

Performance for the financial year ended 31 March 2025

	Group			Trust		
	2024-25 actual	2023-24 actual	Year on Year change	2024-25 actual	2023-24 actual	Year on Year change
	£m	£m	£m	£m	£m	£m
Total income	543.2	472.2	71.0	543.3	472.3	71.0
Total operating expenditure (excluding depreciation and net impairments)	(510.3)	(449.1)	(61.2)	(510.7)	(449.7)	(61.0)
EBITDA*	**32.9**	**23.1**	9.8	**32.6**	**22.6**	10.0
Gain on disposal of assets	0.1	0.0	0.1	0.1	0.0	0.1
Depreciation and amortisation	(23.8)	(22.7)	(1.0)	(23.8)	(22.7)	(1.0)
Dividend	(10.9)	(10.1)	(0.8)	(10.9)	(10.1)	(0.8)
Net finance income/cost	5.1	5.5	(0.4)	5.1	5.5	(0.4)
Corporate tax expense	(0.1)	(0.1)	0.0	0.0	0.0	0.0
Share of Joint Venture (equity method)	7.4	7.0	0.4	7.4	7.0	0.4
Retained surplus (before exceptional items)	**10.8**	**2.6**	8.2	**10.6**	**2.2**	8.3
Exceptional items	(12.0)	3.3	(15.3)	(12.0)	3.3	(15.3)
Retained(deficit) / surplus	**(1.2)**	**5.9**	(7.1)	**(1.4)**	**5.5**	(7.0)
NHS Charity divestment from the Group due to establishment of independent charity	0.0	(65.2)	65.2	0.0	0.0	0.0
Retained (deficit) / surplus after divestment of the charitable fund	**(1.2)**	**(59.3)**	58.1	**(1.4)**	**5.5**	(7.0)

* EBITDA is earnings before interest, tax, depreciation and amortisation
**Exceptional items represent building asset impairment charge totalling £12.0m.

Activity and income

Following the coronavirus pandemic response, and to aid system recovery, transaction flows in 2020/21 were simplified in the NHS and providers and their commissioners moved to a financial framework built predominantly on block contracts and system partnership arrangements. These arrangements have expanded to include a variable element in addition to the block.

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 £510.7m. Of this £243.3m was spent on staffing (£245m group), ensuring we continued to attract and retain over 4,100 staff.

Over £142.7m 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 15 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 Care LLP. The joint venture profit share in 2024/25 was £7.1m, 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 allows 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 2024/25 is £0.3m as per the terms of the LLP membership agreement.

Subsidiary companies

On 11 December 2017, The Christie Pharmacy Ltd (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 2024/25 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

The Christie Charity was established on 1 April 2023 with a separate Board of Directors. Whilst The Christie NHS Foundation Trust continues to work closely with the charity it no longer is the corporate trustee.

On the 31 March 2023, The Christie Charitable Fund was closed and on 1 April 2023, the charity became independently registered with the Charity Commission as The Christie Charity.

During 2024/25, The Christie NHS Foundation Trust continued to purchase assets from funds granted from The Christie Charity; this is recognised in the Trust accounts as income. Over the past year, we spent £0.27m on capital

projects from charitable grants and we received a charitable revenue contribution of £3.6m 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 have had a net downward valuation of £11.8m as at 31 March 2025.

Capital investment

The Trust has been able to continue to invest in its estate and equipment assets with a comprehensive capital investment programme for 2024/25 amounting to £17.6m expenditure.

Investment	NHS Funded (Christie)	NHS Funded (PDC)	Donated (Christie Charity)	Total
	£k	£k	£k	£k
Land & building	1,946	0	0	**1,946**
Assets under construction	3,070	0	173	**3,243**
Plant & machinery	6,642	1,545	96	**8,283**
Information technology (including intangibles)	4,067	78	0	**4,145**
Total Capital investment in 2024-25	**15,725**	**1,623**	**269**	**17,617**

This year's capital investment included the completion of the new ward facility above the CCU, providing additional bed capacity. This £20m scheme has been funded from both the NHS England targeted investment fund and from the Trust's own cash funds and opened in Autumn 2024.

The Trust is continuing with its multi-year replacement programme of its network of linear accelerators, which started with the Oldham site in 2022/23. This was followed by Salford in 2023/24 and in 2024/25 the replacement of 2 linear accelerators at Withington were completed. The Trust has also continued to invest in information technology and the estate maintenance programme that ensures our infrastructure continues to support effective patient care along with the refresh of its essential plant and machinery.

The Trust received public dividend capital (PDC) funding of £1.6m in 2024/25 which has supported the cyber security for the Trust information technology systems and the replacement of critical clinical equipment.

Cash flow and balance sheet

We ended the year with cash and investments balance of £128.7m (group, £129.4m), a decrease from the prior year value of £135.8m (group, £136.6m).

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 98% of non-NHS trade invoices and 98% of NHS trade invoices by value within 30 days.

Going concern

The Christie NHS Foundation Trust continues to confirm its status as a going concern. The group, including the Trust and The Christie Pharmacy Ltd 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.

External audit services

Grant Thornton LLP are our external auditor. We incurred £128k, (£170k for the group) in audit service fees in relation to the statutory audit of our accounts for the period ending 31 March 2025.

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.

Countering fraud and corruption

The Board of Directors attaches significant importance to the issue of fraud and corruption. 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. Several events were held over the year to highlight how staff can raise concerns and suspicions. As part of our mandatory training programme, staff must complete anti-fraud awareness training.

Statutory framework

This is the seventeenth set of annual financial results prepared since we became a Foundation Trust on 1 April 2007. Consistent with our statutory status, these accounts have been prepared under a direction issued by the independent regulator NHS England.
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 of approval of the director's report, 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 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 their fellow directors and taken such other steps (if any) for that purpose, as are required by their duty as a director of the Trust to exercise reasonable care, skill and diligence.

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

Our strategy

At The Christie, 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.

A refreshed Trust strategy was approved by the Board of Directors in March 2023. This followed an extensive period of work within the Trust to engage staff, governors and the Trust Board in the process to review the previous 5-year strategy and refresh it for the 2023 – 2028 period. Alongside this, the Trust also revised its values and behaviours which underpin our approach to delivering the strategy.

Our strategy describes where we want to be as an organisation in the coming years. 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 inpatient survey and NHS staff survey. 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.

Greener NHS

Delivering a net zero NHS

As a forward thinking organisation, The Christie is committed to sustainable healthcare, and we recognise it is our duty to contribute towards the level of ambition set out in the Delivering a 'Net Zero' National Health Service Report. The report provides targets to reduce system wide carbon emissions and embed into legislation, through the Health and Care Act 2022.

Green plan

The Trust developed a green plan to identify climate opportunities and responds to climate related issues. The green plan was approved by the Trust Board of Directors. This Trust also has a green travel plan and regularly reviews its operation to seek to promote sustainable travel and manage traffic.

Climate change risk

The Trust has undertaken a risk assessment on the effects of climate change and severe weather to manage the Trust exposure to physical climate risks. Resilience and emergency planning policy and processes are in place to reduce the risk to service delivery from extreme weather events.

Task force on climate-related financial disclosures (TFCD)

NHS England's NHS Foundation Trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in other external publications.

Governance

The Trust sustainable development committee provides leadership, coordination and guidance to the Trust for integration of sustainability principles and practices throughout the Trust's core activities. The sustainability committee reports to the net zero and climate adaptation committee.

The net zero and climate adaptation committee is a senior strategic and advisory committee responsible for delivery of a net zero service by 2045 and to adapt the service to any current or predicted impacts of climate change, reporting to the senior management committee by exception. Any items of specific concern or those which require Trust Board approval will be the subject of a separate report.

Reporting

In line with contracting requirements covering green plan reporting an annual report was produced for the Board of Directors to monitor progress on delivery of the green plan.

Awards and accolades

At The Christie, we take immense pride in the recognition our work receives from both our patients and peers. The accolades and awards we have garnered this year are a testament to the world-class care, research, and innovation we deliver every day.

Some of our prostate cancer researchers won a prestigious National Institute for Health and Care Research impact prize for their work on the STAMPEDE trial. The landmark trial assessed ten different treatment approaches in men with advanced prostate cancer and has produced multiple practice-changing results, improved outcomes, and informed how many complex clinical trials are structured.

Dr Nicky Thorp, a consultant clinical oncologist specialising in paediatric radiotherapy and proton beam therapy, was elected as vice president of clinical oncology at The Royal College of Radiologists.

Professor Peter Hoskin, one of our radiotherapy researchers, was given the 'Marie Curie Award' at this year's World Congress of Brachytherapy. The prestigious prize, which is only given out once every four years, recognises his major contribution to the development of brachytherapy, a type of internal radiotherapy.

Susy Pramod, our lead tissue viability nurse, won in the 'Wound Care Nurse of the Year' category for her work on introducing a skin tone assessment into our wider pressure ulcer risk assessment.

The Christie had a strong presence at the European Society for Radiation and Oncology (ESTRO) conference in Glasgow. At the event, Professor Corinne Faivre-Finn was announced as the recipient of the prestigious 'Klaus Bruner Award' at ESTRO 2025 in Vienna. This award honours significant contributions to European radiotherapy.

Dr Alicia-Marie Conway was honoured with the 'Early Career Researcher' award, while the pseudomyxoma peritonei (PMP) accelerator team won the 'Team Science' category. Other commendations went to the lung cancer radiotherapy research team (for the RAPID-RT study) and the BRAINatomy team.

Following initial accreditation in 2023, we received re-accreditation for our commitment to supporting armed forces patients and staff, demonstrating innovation and compassion in care.

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 2025, The Christie's total membership was 12,764 members. 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. We are developing our membership Youth Council for ages 16-24 and have been actively engaging with youth groups to gather their ideas and input.

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 2023-2026 membership strategy and supporting annual action plan.

We are encouraging our governors to take a proactive approach to engagement and go into the community and act as Christie ambassadors by means of a governor outreach programme. Therefore, 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. Last year we discussed a wide range of topics including perceptions on the use of patient personal data, feedback on the inclusive culture strategy, improvements to advanced care planning, perceptions on the use of anonymous patient data, expectations versus reality of radiotherapy treatment and improvements to address the needs of patients going through 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 2025, we had 8,706 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. At the end of March 2025, we had 4,017 staff members and 41 volunteer members.

Public membership statistics

Public constituencies	Number of members
Bolton	453
Bury	556
Cheshire	923
Manchester	803
North West	893
Oldham	421
Rochdale	435
Salford	628
Stockport	1,017
Tameside and Glossop	563
Trafford	823
Wigan	495
Rest of England	696
Total public members	**8,706**

Gender	
Male	1,467
Female	1,478
Unspecified	5,761
Total	**8,706**

Age	
0-16	0
17-21	9
22-49	334
50+	1,433
Unspecified	6,930
Total	**8,706**

Ethnicity	
White	1,877
Mixed	23
Asian	143
Black	56
Other	18
Unspecified	6,589
Total	**8,706**

Figures are correct as at 31 March 2025

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

Roger Spencer
Chief Executive Officer
25 June 2025

Directors' report

Our Board of Directors for 2024/25

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 NHS fit and proper person test (FPPT) framework published in August 2023.

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 by the code of governance for NHS Provider Trusts (provision B 2.17), the Trust's constitution (Annex 7, paragraph 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 role 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 code of governance for NHS Provider Trusts provision B.2.6). Where a non-executive director has served on the Board of Directors for over six years, a clear rationale for their reappointment has been made to the Council of Governors who have approved an extension to terms in each case.

Tarun Kapur is the senior independent 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. He also leads the appraisal process for the chairman.

The Board have undertaken a refreshed skills mix audit to evaluate the composition of the board ahead of recruitment to executive and non-executive roles. The non-executive director led remuneration committee have reviewed the succession plans for the executive directors.

During 2024/25 the following changes occurred to the membership of the Board of Directors:

- Kieran Walshe, Non-Executive Director, left the Board of Directors in June 2024 after 9 years.
- Robert Ainsworth, Non-Executive Director, left the Board of Directors in September 2024 after 8 ½ years.
- Sarah Corcoran was appointed as non-executive director in June 2024.
- Roy Dudley-Southern was appointed as non-executive director in September 2024.
- Victoria Sharples was appointed as chief nurse and executive director of quality in May 2024.
- Theresa Plaiter, interim Executive Chief Nurse and Director of Quality left the Board of Directors in September 2024.

Process for evaluation of performance

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 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 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

External search companies were used to support all board appointments with a focus on improving board diversity.

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 seven times during 2024/25. It also held five 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 assurance committees. They receive a summary assurance report 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). Further details of the Trust's audit committee, quality assurance committee and workforce assurance committee are contained later in this section.

Attendance by directors at Board and assurance committee meetings is shown towards 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 (7 non-executive and 6 executive directors).

	Female	Male	Non-white	White
Non-executive directors	3	4	2	5
Executive directors	3	3	0	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 Officer
Date: 25 June 2025

Our Board members

Non-executive directors

Edward Astle
Chairman
Edward was appointed as chair from October 2023. Edward's extensive executive and non-executive experience has spanned business, academia and the charity sector.

Since 2013, he has had a portfolio of non-executive roles, including chair of the Board of The University of Manchester – a role he held for 6 years. He is currently a non-executive director of Openreach, which are responsible for maintaining and upgrading the UK's telecoms infrastructure.

Edward was divisional CEO and main Board director of Cable and Wireless, BICC and National Grid over a 20-year period before becoming Pro Rector, Enterprise, at Imperial College London from 2008 to 2013. Here, he led a team which supported the university's links with business, particularly for corporate research funding, and its international ventures.

Edward was born and brought up in Manchester, attended Manchester Grammar School followed by Queen's College, Oxford and has an MBA from Insead Business School in France.

Tarun Kapur CBE
Senior Independent Director
Tarun was appointed non-executive director at The Christie NHS Foundation Trust in 2016 and senior independent director in 2023. In his role at The Christie, Tarun supports the development of the Trust's workforce plans and chairs the workforce assurance committee.

Tarun has held a number of senior leadership roles in education, including working as an advisor to the Department for Education. He is the chief executive of the Dean Trust, a multi-academy trust established in 2012 that comprises 10 schools located across Manchester, Trafford, Knowsley and Wigan. Here, he has helped to transform exam results and educational outcomes. As well as his educational expertise, Tarun served as the chairman of the FA and Premier League facilities panel – the largest sports charity in the country – and has been on the Manchester United Foundation Board and the board of the Trafford Community Leisure Trust.

Tarun was appointed as the first National Leader of Education (NLE) in the North West and since 2005, he has led on many significant school to school support commissions. In 2008, Tarun was awarded a CBE for services to education and in 2015, he was nominated as one of 250 of the most influential people in Greater Manchester.

Grenville Page
Non-Executive Director
Grenville was appointed in September 2021 and also took on the role of chair of the audit committee from 1st November 2021.

Grenville is CIPFA (Chartered Institute of Public Finance and Accountancy) qualified accountant and has held Finance Director positions in health, a social enterprise and a local authority owned care organisation. He started his career in local government, before moving into the NHS and then into the civil service. He moved out of full-time employment in 2011 to fulfil his ambition of developing a portfolio career working across sectors to support organisations in improving their governance and financial management arrangements for future successes and drive collaborative working and innovation.

Grenville has had a diverse range of roles throughout his career as a non-executive director, trustee, executive and business consultant across the public, charities / social enterprise, housing and education sectors.

Grenville currently holds other non-executive director / trustee positions in primary care and a multi-academy trust. He is also the independent chair of the audit committee of both Greater Manchester Combined Authority and Oldham Council.

Alveena Malik
Non-Executive Director
Alveena was appointed in October 2021 and has over 25 years' experience of working nationally on equalities and cohesion issues, as well as delivering social innovation projects.

Alveena is chief executive and co-founder of One Million Mentors, a unique community-based mentoring programme, quickly growing roots around the UK. The aim is to transform young lives by connecting one million young people with one million mentors. Previously she was head of UpRising, a national leadership charity. Prior to this, Alveena was principal associate at the Institute for Community Cohesion (iCoCo) with lead responsibility on education and cohesion policy and intercultural dialogue. She began her career at the Commission for Racial Equality (CRE) where she became head of communities and integration policy, leading the development of policies tackling issues such as segregation and extremism.

Alveena has held a number of senior level appointments including faith panel advisor to the Secretary of State for Communities and Local Government (CLG) and special advisor to the CLG committee inquiry into migration and PREVENT. As well as this, she was advisor to the Law Society's equality and diversity committee. Alveena is also head moderator for the rising leader's fellowship at the leading thinktank Aspen Institute UK, senior assessor for the College of Policing and race equality adviser for the Youth Endowment Fund (YEF).

Alveena is also a mentor to a number of local young people in Manchester.

Dr Diana Tait
Non-Executive Director

Dr Tait was appointed in January 2024. Dr Tait is a consultant clinical oncologist at the Royal Marsden and has a specialist interest in upper gastrointestinal (GI), colorectal, hepatobiliary, anal and breast cancers. She has a particular interest in GI chemoradiotherapy and the use of modern radiotherapy techniques for optimising treatment including IMRT, SABR and IGRT, providing complex radiotherapy techniques for patients.

Between September 2013 to 2015, Dr Tait was vice-president and dean for the faculty of clinical oncology at Royal College of Radiologists. She sat on numerous national committees looking into developing, setting and maintaining national standards and implementing modern radiotherapy techniques to improve quality of care for cancer patients.

In 2017, Dr Tait was appointed to the Board of Trustees for Bowel Cancer UK. As well as carrying out general board duties, she participates in reviewing patient information publications. She also sits on their research and nominations sub-committees.

From 2018 to 2021, she was senior associate editor for the gastrointestinal team for the international journal of radiation oncology, biology and physics, overseeing the reviewing process for submitted papers.

In June 2022 Dr Tait, became faculty member of the Gastrointestinal Cancers Section in Faculty Opinions. This involves reading and writing short commentaries/recommendations of published papers that would be high interest to the clinical community.

She is principal investigator on the "deferral of surgery" trial, a rectal cancer study which involved intensive follow-up for patients who may be able to avoid rectal surgery by adopting a "watch and wait" policy. This study is now closed having reached accrual and the data is presently being evaluated prior to publication. Dr Tait is also principal investigator on 6 v 12 study, a multi-centre randomised trial looking at the timing of assessment following chemoradiation for advanced rectal cancer.

Dr Tait's main research interests focus around using new radiotherapy technologies to improve treatment delivery, reduce side effects and improve patient outcomes.

Sarah Corcoran
Non-Executive Director

Sarah was appointed in June 2024 and also took on the role of chair of the quality assurance committee from July 2024.

Sarah has a background as a registered nurse with over 30 years' experience working in the NHS, the last 25 of which were in the fields of patient safety, clinical governance, NHS regulatory assessment and risk management. Sarah also has 10 years' experience at director level working in a large acute Trust.

She has worked across health systems locally and nationally to develop governance structures, assurance processes and been involved in the delivery of safety projects across all specialties.

Since retiring from her full-time NHS post in January 2022, Sarah has committed her time to the following:

- independent clinical governance consultant
- redesign of governance arrangements for a joint NHS/University Innovation Service
- review and recommendations for 2 acute NHS Foundation Trusts on clinical governance and patient safety arrangements
- design and delivery of a comprehensive governance improvement programme in a large Mental Health NHS Foundation Trust
- non-executive director at Countess of Chester NHS Foundation Trust

Sarah is deeply committed to the NHS and the provision of high quality, safe care to the people of the North West and beyond.

Roy Dudley-Southern
Non-Executive Director

Roy was appointed in September 2024 and is the independent chairman of The Christie Pharmacy Limited.

Roy began his career in the NHS by joining the national graduate management training scheme in 1968 after completing his degree in economics and international politics at Aberystwyth University, His final placement was at The Christie, marking the start of an association with the hospital that would continue in different ways throughout his career.

Roy's broad experience covers working and leading in the management, planning and commissioning fields, working with clinical and service experts, locally, regionally and nationally. Both as a Board member in the NHS and in the voluntary sector, Roy has extensive experience in chairing formal and informal board, task group and clinical network meetings.

Throughout his career, Roy has held several different positions, including operational management at Tameside General Hospital and serving as the first NHS management information officer in Oldham. His leadership roles spanned from director of planning for South Manchester Health Authority to deputy director of clinical strategy for Manchester Health Authority and collaborative commissioning team leader for Greater Manchester Primary Care Trusts (PCTs).

Roy has been involved in several major NHS projects, such as chairing the multi-disciplinary planning team that developed heart and lung transplantation services at Wythenshawe Hospital and the clinical group that planned the relocation of orthopaedic, rheumatology, and specialist rehabilitation services from the Devonshire Royal Hospital in Buxton. He played a key role in planning the centralisation of Greater Manchester in-patient neurosciences, redeveloping children's tertiary services to Central Manchester, and relocating services from Withington Hospital to the Wythenshawe and Manchester Royal sites. Due to work in other clinical areas, following his retirement, he was appointed as a board member and chair of the patient liaison committee of the British Thoracic Society and a lay member of the British Burn Association and the British Society for Allergy and Clinical Immunology.

For many years, Roy was an active member of the South Manchester local research ethics committee, which included considering research proposals from The Christie, and he was also a member of the Central Manchester University Hospitals infertility services ethical committee. His work across the North West included developing regional strategies for adult cystic fibrosis, allergy and palliative care services and

involvement in planning for cleft lip and palate services and enzyme replacement therapy.

In recognition of his contributions, Roy was awarded an MBE in the 2007 New Year's honours. He took flexible retirement in October 2008, continuing to work part-time as associate director (strategy) for the North West Specialised Commissioning Group until 2012. Roy's ongoing involvement in the healthcare sector has included being a member of various boards and committees such as the national trauma audit and research network (TARN), the Manchester allergy, respiratory and thoracic surgery (ManARTS) biobank steering committee, the Manchester University school of pharmacy public and patient advisory group, the national burn informatics governance group and several NHS respiratory strategy groups.

Roy has 2 daughters and 2 grandsons and has been a church steward and school governor for many years, was a trustee of Allergy UK for 10 years and is a trustee of supportability. Roy has been a full-time wheelchair user since contracting polio during his childhood and has required night-time ventilatory support since 1984. His life experience has enabled him to consider challenges from both patient and clinically-informed, managerial perspectives.

Executive directors

Roger Spencer
Chief Executive
Roger has been the chief executive since December 2013. He has managed significant Christie service developments including creation of a network of oncology (radiotherapy and chemotherapy) centres which have transformed delivery of services for the 3.2m population of Greater Manchester and Cheshire. He led the establishment of The Christie's innovation partnerships with government, commercial, third sector and academic organisations. These include pathology, specialist diagnostic services, private patients (HCA Healthcare- The Christie Private Care) and an academic investment partnership.

In 2016 he led the Trust to a CQC outstanding rating, repeated in 2018 and a good rating in 2023.

Roger led for Greater Manchester on the national cancer vanguard developing and testing new models of care. He is the chair of Greater Manchester Cancer Alliance (GM Cancer) and a member of the Manchester Cancer Research Centre Steering Board (MCRC Governance), working with a comprehensive group of stakeholders to improve and develop leading edge cancer services.

He is a member of the National Cancer Board of NHS England and chairs their early detection and screening task and finish group.

Sally Parkinson
Executive Director of Finance & Business Development
Sally joined the Trust in March 2020 as deputy director of finance and was appointed as the executive director of finance and business development in June 2023.

Sally previously worked for the Greater Manchester Health and Social Care Partnership as the executive lead for finance and investment as

well as other senior finance positions within acute providers across Greater Manchester.

Sally is responsible for the finance, business development and capital planning teams within the Trust and is a director of The Christie Private Care, The Christie Pathology Partnership as well as being one of the Foundation Trust trustees on The Christie Charity Board.

Sally grew up in Kent and moved to Manchester to study at the University. She is a qualified accountant and a fellow member of the ICAEW (Institute of Chartered Accountants in England and Wales). She lives locally with her family and enjoys her daily walk to and from work.

Professor Chris Harrison
Executive Director and Deputy CEO

Chris has held board level positions in the NHS since 1992, his most recent positions include The Christie, national clinical director for cancer at NHSE, executive medical director at Imperial College Healthcare NHS Trust and clinical director for cancer to NHS London. In his current role he advises on corporate governance and strategy. He is also responsible at board level for the Trust's communications team, international programme and sustainability programme and provides advice and support to the chief executive and other directors as required. The directors of research & innovation, and education also report to him.

He has led many strategic developments in health care across Greater Manchester, London and England. He has been involved in numerous national and international committees relating to cancer care, quality of care and standards of clinical practice. He played a leading role in establishing the European cancer centre accreditation programme of The Organisation of European Cancer Institutes and chaired the committee overseeing the peer review programme for cancer centres in Europe. He is frequently invited to make presentations and contribute articles in the UK and abroad.

Following 6 years clinical experience in hospitals and primary care across the North West, Chris trained in public health and epidemiology becoming a fellow of the Faculty of Public Health and obtaining an MSc based on his study of patient waiting times and experience in outpatient departments. He has experience in the legal and regulatory aspects of health care, holding the diploma in legal medicine. He also has experience and expertise in conflict resolution being accredited in civil and commercial, and workplace and employment mediation. His 30 years of experience on NHS boards with responsibility for quality governance, corporate governance, and strategic direction is supported by a diploma in corporate governance and certificate in ESG (environment, social, governance) reporting. He is a Manchester Academic Health Sciences Centre (MAHSC) Professor at the University of Manchester.

Dr Neil Bayman
Executive Medical Director

Neil was appointed as executive medical director from November 2021, having been interim medical director since April 2021, and the Trust's associate medical director (quality) since June 2017. Neil holds strategic positions both regionally and nationally and has a proven track record on influencing cancer policy. He has significant expertise in fostering clinical

engagement, delivering transformation and safeguarding quality and patient safety through robust clinical governance.

Neil joined The Christie in 2009 as a consultant clinical oncologist with an interest in lung cancer, and he retains a clinical practice. He has extensive system leadership experience and was the inaugural Greater Manchester cancer alliance clinical director for lung cancer from January 2014 to June 2017. In this role he was responsible for delivering transformation of lung cancer pathways and multidisciplinary working, improving access and reducing waiting times for patients across the region.

During his career, Neil has led practice changing research in lung cancer and mesothelioma and has held a number of national positions including specialist advisor for oncology for the Care Quality Commission, membership of NHS England's chemotherapy clinical reference group and lung cancer clinical expert group, and membership of the Royal College of Radiologists' clinical oncology faculty board and professional support and standards board.

His qualifications include fellowship of the Royal College of Radiologists (FRCR), membership of the Royal College of Physicians (MCRP) and bachelor of medicine, bachelor of surgery (MBCHB).

Vicky Sharples
Chief Nurse & Executive Director of Quality
Vicky was appointed as chief nurse and executive director of quality in May 2024.

Vicky began working in the NHS as a registered nurse in 2000, having completed her nurse training at Salford University. She has worked clinically across a number of specialities in hospitals across Greater Manchester and held leadership positions since 2008, including deputy director of Nursing at Wythenshawe, Trafford, Withington and Altrincham hospitals and deputy chief operating officer at The Christie.

Vicky has a particular interest in patient safety, quality improvement and patient experience and is passionate about nursing and AHP professional development and staff wellbeing.

Claire McPeake
Interim Chief Operating Officer
Claire was appointed as interim chief operating officer in March 2024.

Claire began work in the NHS in 1995 as a therapeutic radiographer gaining a masters in radiotherapy studies in 2007.

She originally joined the Christie in 1999 undertaking a variety of roles in radiotherapy including radiotherapy research and as a specialist radiographer with the neuro and Paediatric teams.

In 2014 Claire began to undertake operational management roles and has 10 years senior management experience in acute sector NHS, covering most major service areas including A&E, cardiology, respiratory and gastroenterology.

Committees of the board

Audit committee

The audit committee has an overarching remit across the whole governance and risk management framework and provides the Board of Directors with independent and objective assurance as to how The Christie NHS Foundation Trust appropriately identifies and manages relevant risks, particularly financial risks, through a robust system of internal control. The audit committee is supported by the work of both the internal and external auditors who play an important role in the committee discharging its duties. The committee is chaired by Grenville Page, Non-Executive Director. Non-executive attendance at assurance committees is split between the audit, quality assurance and workforce assurance committees. The other members of the audit committee are Sarah Corcoran and Roy Dudley-Southern.

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 and quality of costing & coding
- receiving and acting upon the annual governance report from the external auditor
- monitoring the board assurance framework
- scrutinise the corporate governance documents of the Trust
- reviewing and monitoring compliance of corporate governance related processes
- receiving reports from the internal auditor including counter fraud
- reviewing progress on the implementation of audit recommendations

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, which is driven by assessment of key risks and approved by the 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. 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 Trust's external auditors during 2024/25 were Grant Thornton who have been the Trust's appointed external auditors since 2017. The current contract was awarded in 2021 and ran from 1st September 2021 – 31st August 2024, an extension to this contract for a further year was approved in October 2024. The previous contract ran from 1st September 2017 to 31st August 2021.

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 Ltd.

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 Sarah Corcoran, Non-Executive Director, and comprises 3 other non-executive directors; Tarun Kapur, Alveena Malik and Diana Tait.

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 and monitoring compliance of corporate governance related processes

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

Workforce assurance committee

The role of the workforce assurance committee is to provide assurance to the Board that The Christie is properly governed and well managed across the full range of activities and to provide internal and external assurance relating to workforce by reviewing the establishment and maintenance of effective systems of governance, risk management and internal control. The committee is chaired by Tarun Kapur, Non-Executive Director, and comprises 2 other non-executive directors; Alveena Malik and Diana Tait.

Key activities during the year were:

- receiving reports on the suitability of staffing including safe staffing standards
- monitoring the board assurance framework
- receiving updates to support the programme of work in relation to Health and Wellbeing
- receiving the WRES and WDES progress reports
- receiving the annual monitoring report of the raising concerns policy
- monitoring and support the ongoing development of Workforce systems and any associated compliance requirements

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

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 Grenville Page who is also the chair of the audit committee. The other members of the committee are the chairman of the Foundation Trust, and the other non-executive directors.

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.

Senior management committee

The role of the senior management committee is to formulate recommendations on strategic and operational matters for referral to the Board of Directors for approval. Senior management 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 of directors (BoD)	Board time out	Audit	Quality assurance	Workforce assurance	Joint assurance	Remuneration	Council of governors (CoG)	Joint BoD / CoG
Number of meetings	7	4	5	5	4	1	1	4*	1
Edward Astle, Chairman	6/7	4/4	N/A	N/A	N/A	1/1	1/1	4/4	1/1
Prof Kieran Walshe, NED (until 30th June 2024)	2/2	1/1	2/2	1/1	N/A	1/1	N/A	1/1	N/A
Robert Ainsworth, NED (until 30th September 2024)	3/3	1/2	3/3	N/A	N/A	1/1	1/1	2/2	N/A
Tarun Kapur, NED	7/7	4/4	N/A	5/5	5/5	1/1	1/1	4/4	1/1
Grenville Page, NED	7/7	3/4	5/5	N/A	N/A	1/1	1/1	3/4	1/1
Alveena Malik, NED	7/7	4/4	N/A	3/5	3/5	0/1	1/1	1/4	0/1
Diana Tait, NED	7/7	3/4	N/A	5/5	5/5	1/1	1/1	3/4	1/1
Sarah Corcoran, NED (from 1st June 2024)	6/6	2/3	2/3	5/5	N/A	0/1	1/1	3/3	1/1
Roy Dudley-Southern, NED (from 1st September 2024)	5/5	3/3	2/2	N/A	N/A	N/A	1/1	2/2	1/1
Roger Spencer, Chief Executive	7/7	4/4	N/A	N/A	N/A	0/1	1/1	4/4	1/1
Prof Christopher Harrison, Deputy CEO	7/7	4/4	N/A	N/A	N/A	1/1	N/A	2/4	1/1
Sally Parkinson, Executive Director of Finance and Business Development	7/7	4/4	5/5	N/A	N/A	1/1	N/A	3/4	1/1
Dr Neil Bayman, Executive Medical Director	6/7	4/4	N/A	5/5	5/5	1/1	N/A	3/4	1/1
Victoria Sharples, Chief Nurse & Executive Director of Quality (from 13th May 2024)	6/7	4/4	3/4	5/5	5/5	1/1	N/A	3/4	N/A
Theresa Plaiter, Interim Chief Nurse & Executive Director of Quality (until 30th September 2024)	1/1	N/A	1/1	N/A	N/A	N/A	N/A	N/A	N/A
Claire McPeake, Interim Chief Operating Officer	7/7	4/4	N/A	5/5	4/5	1/1	N/A	4/4	1/1

*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 6 vacancies in this area), 4 representing our staff and volunteers and 9 appointed by partner organisations (we currently have 3 vacancies in this area).

Elections in 2024

There were 9 constituencies up for election in 2024. We were able to appoint to 5 of these vacancies. The results of the elections are as follow:

Public constituencies:

Cheshire
Mike Norcross (re-elected unopposed)
North West
Ewan Addison (elected unopposed)
Salford
Scott Davies (re-elected unopposed)
Stockport
Tim Lowe (elected)
Wigan
Pamela Tate (elected unopposed)

We would like to thank our outgoing governors for their contributions to the work of The Christie and the committees they attended:
Jackie Collins, governor for Stockport and Nick Coghlan, governor for Wigan both served on the Council of Governors for the maximum term of 9 years. Sue Mee, governor for Oldham and Scott Davies, governor for Salford both stood down from the Council of Governors during the year. We also sadly lost Andrew Butler, governor for the Remainder of England and Wales, who passed away in May 2024.

Staff constituencies

There were no staff constituencies up for election in 2024.

Partner governors

There were no changes to partner governors in 2024.

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 are invited to attend Board meetings where they can observe the non-executive directors carrying out their duties. Governors receive a copy of the agenda prior to the meeting and also receive copies of the Trust report and summary performance report following each Board meeting; they also have access to Board papers and 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 Trust communications which keep them informed and updated on items of interest.

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 5 times during 2024/25 (one of these was a joint time out session with the Board of Directors). The Council of Governors has four sub-committees focusing support into the areas of nominations, membership & community engagement, patient safety and experience and development & sustainability.

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, sub-committees, 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 2022/23 no claims were submitted
- in 2023/24 1 governor submitted a travel claim and for the year ended 31st March 2023, the total amount claimed was £129.80
- in 2024/25 1 governor submitted a travel claim and for the year ended 31st March 2023, the total amount claimed was £116.80

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 main role and responsibilities of the nominations committee are set out in the Trust constitution, which is publicly available on the Trust website.

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 director of workforce may also be asked to attend as an advisor to the committee.

The committee met 3 times during 2024/25, with a further 1 request made by written resolution.

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.

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.

Patient safety & experience committee

The patient safety & experience 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 the Trust's sustainability plan providing 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) x5	Member of committee (see key)	Year current term ends	Year appointed
Public							
ADDISON, Ewan (from 27th September 2024)		Elected public	North West	1/3	PS&E	**2027**	**2024**
BUTLER, Andrew (until 21.04.2024)		Elected public	Remainder of England & Wales	0/0	D&S	**N/A**	**2022**
COGHLAN, Nick (until 27th September 2024)		Elected public	Wigan	0/2	M&CE	**2024**	**2015**
COLLINS, Jackie (until 27th September 2024)		Elected public	Stockport	2/2	D&S	**2024**	**2016** (for 2 years)
DAVIES, Scott (until 1st November 2024)		Elected public	Salford	2/2	D&S	**N/A**	**2021**
LOWE, Tim (from 27th September 2024)		Elected public	Stockport	3/3	D&S	**2027**	**2024**
MEE, Susan (until 17th July 2024)		Elected public	Oldham	0/2	PS&E	**N/A**	**2017**
MOLETE, Michael		Elected public	Manchester	1/5	PS&E	**2025**	**2022**
NORCROSS, Mike		Elected public	Cheshire	3/5	PS&E	**2027**	**2021**
ORMESHER, Philip		Elected public	Cheshire	5/5	M&CE	**2026**	**2023**
SEDDON, Linda		Elected public	Trafford	5/5	D&S	**2025**	**2022**
TATE, Pamela (from 27th September 2024)		Elected public	Wigan	3/3	D&S	**2027**	**2024**
TURNER, Paula	1	Elected public	Manchester	3/5	PS&E	**2025**	**2019**
VICKERMAN, Sam		Elected public	Tameside & Glossop	3/5	M&CE	**2026**	**2020**
Vacant		Elected public	Bolton				
Vacant		Elected public	Bury				
Vacant		Elected public	Rochdale				

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x5	Member of committee (see key)	Year current term ends	Year appointed
Staff							
BAILEY, Rachael		Elected staff	Other clinical professional	4/5	M&CE	**2026**	**2020**
GAJANAN, Dr Kantappa		Elected staff	Registered medical practitioner	2/5		**2025**	**2022**
JONES, Gemma		Elected staff	Registered nurses	3/5	PS&E	**2025**	**2022**
O'HARA, Catherine		Elected staff	Non-clinical staff	4/5	D&S	**2026**	**2023**

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board)x5	Member of committee (see key)	Year appointed
Partner						
GARTSIDE, Cllr Angela		Appointed	Local authority – Manchester City Council	4/5	D&S	**2022**
KENDAL, Rachel		Appointed	The Christie Charity	4/5	M&CE	**2023**
MOORES, Cllr Eddie		Appointed	Local authority - GMCA	4/5	M&CE	**2016**
TAYLOR, Stephen		Appointed	The University of Manchester	1/5	D&S	**2021**
TURNER, Marcella		Appointed	Nominated - BME (Can-Survive)	4/5	M&CE	**2016**

Key:

1 Lead governor
M&CE Membership & community engagement committee
D&SC Development & sustainability committee
PS&E Patient safety & experience committee

Staff report

Our people are at the heart of everything that we do and are key to providing great care to patients. Our people and culture plan 2023-2025 is critical to developing our culture and underpinning all that we do to attract, recruit, develop, retain, support and reward our people and teams to meet our future service needs. We developed it by listening to feedback from colleagues across the Trust. Our 3-year plan is supporting us to deliver the priorities set out in our Trust strategy and the national NHS people plan. The plan identifies six areas for action, which we are focussing to continue to engage, look after, develop, and lead our people:

1. **engaging our people** - People feel proud to work here, feel supported and recognised. We are comfortable to speak up and enjoy coming to work

2. **looking after our people** - We foster a positive and flexible environment to support our people to be safe, healthy, and well in their mental and physical wellbeing

3. **developing our people** - All colleagues are supported to develop and grow. We are always learning and reflect on our successes, as well as when things that don't go right to enable improvement

4. **treating all our people fairly** - We foster an inclusive culture where people feel like they belong. We celebrate diversity and our workforce represents the communities we serve. Everyone is supported in a just, safe, and respectful place of work

5. **leading our people** - We foster compassionate, inclusive, visible leadership throughout the Trust. Our leaders demonstrate the qualities of a Christie leader and enable collaborative high performing teams

6. **our people of the future** - We plan, and we do it well. We will develop a workforce fit for the future, promoting innovation, and embracing digital solutions and new ways of working

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 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 several 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 2024/25 we have continued to support our staff. We have 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 were delighted to launch our new inclusive culture strategy (2025-2030) in January 2025.

With this strategy, we're making a major change in how we will develop culture and the approach we will take to ensure inclusivity and equity for colleagues and patients.

The strategy strongly builds on the foundations laid out in The Christie people and culture plan (2023-2026) and puts equality, diversity, and inclusion principles at the centre of our cultural journey. It has been developed with input from our staff side colleagues and driven by our Trust Board.

Our inclusive culture strategy has four main ambitions, grouped under these topics:

- purposeful and compassionate leadership
- harnessing connectivity and conversation
- improving outcomes and experience
- effective governance, policy, systems, and data.

Together, these ambitions will guide the focus for our inclusive culture work over the next five years. Our patients and colleagues will be involved in bringing these ambitions to life - adding shape to what our inclusive culture should look like, and how we will get there. The strategy also outlines six cultural themes, providing some underpinning principles for how this work will be done:

- diverse teams and cultural diversity
- creating safe spaces and a sense of belonging
- access to meaningful education and development
- inclusive language and open dialogue
- inclusion initiatives and leadership role
- colleague wellbeing and feedback.

We have also produced and published our edi_annual_report_2024_v2.pdf. This report has been produced to provide assurance that The Christie is meeting its statutory, regulatory and contractual requirements.

As part of our commitment to meeting our legal duties, we have developed and submitted the following plans:

- Workforce Race Equality Standard
- Workforce Disability Standard
- Gender Pay Gap
- Equality Delivery System (EDS)

Staff experience & engagement

Staff engagement and high performing teams are two of the strongest organisational indicators for safe and effective patient care. An environment where these factors are actively shaped, enables a healthy culture to form, where colleagues can thrive, be fulfilled, and provide excellent care.

During 2022, we undertook extensive consultation with colleagues to co-create a new set of organisational values and behaviours. These went live for our teams in January 2023. Since then, we have worked to embed these in everything we do. They reflect *how* we work together when things are at their best and provide us with a clear framework to shape our interactions and our culture.

Our values, *Act with Kindness*, *Connect with People* and *Make a Difference* are central threads in our organisational practice.

Our work on creating respectful and positive environments continues to evolve ensuring that our provision remains relevant and aligned to our new Trust strategy, values and behaviours. Respectful behaviours are built into our new values and behaviours framework, along with a new organisational development solution which pairs respect with kindness, which will provide additional clarity on our organisational practice.

In 2024/25 we undertook a number of actions to make improvements following the cultural audit that was carried out in 2023/24.

Improvements focussed on staff communication, leadership, recruitment, engagement and wellbeing have undoubtably contributed to the upward trajectory and increase in all people promise themes in our 2024 NHS staff survey results. We continue to use quarterly pulse survey and the annual NHS staff survey to seek staff feedback.

The NHS staff survey is conducted annually and 2024 is the fourth year of the survey questions aligning to the 'NHS people promise', elements plus the themes of engagement and morale. We continue to track improvement on like-for-like measures. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2024 survey among trust staff was 48% which is the same as in 2023, but due to an increase in our overall number of staff more colleagues completed the survey in 2024.

2024 Staff survey scores

Pleasingly we have seen positive and statistically significant improvements in all the people promise themes compared with 2023, and we are equal or better than the benchmark average in all elements and themes.

The table below shows scores for each indicator for 2022, 2023 and 2024, together with the survey benchmarking group data (specialist acute trusts) for 2024.

People Promise Element	2022 score	2023 score	2024 score	Statistical change?	2024 benchmark average
We are compassionate and inclusive	7.8	7.7	7.8	↑	7.5
We are recognised and rewarded	6.2	6.3	6.5	↑	6.1
We each have a voice that counts	7.1	6.9	7.1	↑	7.0
We are safe and healthy	6.4	6.4	6.6	↑	6.5
We are always learning	5.6	5.9	6.1	↑	5.8
We work flexibly	6.5	6.6	6.8	↑	6.6
We are a team	7.0	7.0	7.2	↑	7.0
Themes	**2022 score**	**2023 score**	**2024 score**	**Statistical change?**	**2024 benchmark average**
Staff engagement	7.4	7.4	7.5	↑	7.3
Morale	6.2	6.3	6.5	↑	6.3

Sickness

The Trust has implemented several initiatives to improve the health & wellbeing of its staff and to minimise absence due to sickness.

Average FTE Of Staff	Absence Day (FTE)	Average Sick Day Per FTE
3634.27	65996	18.16

Staffing data

	Male	Female
Directors	7	6
Other senior managers	2	4
Employees	1113	3033

	Male	Female
Directors	53.85%	46.15%
Other senior managers	33.3%	66.7%
Employees	26.85%	73.15%

Headcount at year end

	Fixed term temp	Non exec director/chair	Permanent	Grand total
Add prof scientific and technic	16	0	139	155
Additional clinical services	46	0	394	440
Administrative and clerical	172	7	1086	1258
Allied health professionals	32	0	426	458
Estate and ancillary	6	0	280	286
Healthcare scientists	10	0	202	212
Medical and dental	108	0	245	353
Nursing and midwifery registered	72	0	909	981
Grand total	462	7	3684	4146

Average staff in post

	TOTAL (WTE)	Permanently employed (WTE)	Other (WTE)
Add prof scientific and technic	131.7	120.8	10.9
Additional clinical services	384.1	340.5	43.6
Administrative and clerical	1111.1	952.4	158.7
Allied health professionals	396.7	370.8	25.9
Estate and ancillary	266.4	261.7	4.7
Healthcare scientists	191.6	178.4	13.2
Medical and dental	293.6	207.9	85.7
Nursing and midwifery registered	857.4	800.4	57.0
Grand total	3632.7	3233.0	399.7

Exit packages

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1	0	1
£10,000 - £25,000	0	12	12
£25,001 - £100,000	0	3	3
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit package by type	1	15	16
Total resource cost (£000's)	8	79	87

	Agreement number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignation (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	15	79
Exit payments following employment tribunals or court orders	0	0
Non - contractual payment – redundancy	1	8
Total	16	87
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 1: Highly-paid off-payroll worker engagements as at 31 March 2025 earning £245 per day or greater	2024-25 Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2025 Of which:	26
Number that have existed for less than one year at time of reporting.	7
Number that have existed for between one and two years at time of reporting.	14
Number that have existed for between two and three years at time of reporting.	1
Number that have existed for between three and four years at time of reporting.	2
Number that have existed for four or more years at time of reporting.	2

Table 2: All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2025 earning £245 per day or greater	2024-25 Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2024 Of which:	0
Not subject to off-payroll legislation *	0
Subject to off-payroll legislation and determined as in scope of IR35 *	0
Subject to off-payroll legislation and determined as out of scope of IR35 *	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025	2024-25 Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Trade union facility time

Table 1
Relevant union officials

Number of employees who were relevant Union officials during the relevant period (April 2024 – March 2025)	Full time equivalent employee number
20	18.8

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%	5
1-50%	14
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	£59562
Total pay bill	243,261,000
Percentage of total pay bill spent on facility time calculated as: (total cost of facility time ÷ total pay bill) x 100	0.024%

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	30.7%

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 code of governance for NHS provider Trusts.

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 2024/25 to discuss very senior manager (VSM) pay. At its September 2024 meeting, the committee agreed that the NHS England guidance on VSM pay should be followed. The committee approved the following pay awards in line with the guidance:

- The implementation of the national pay award for VSM staff of 5% for 2024/25 backdated to 1 April 2024.

Non-executive directors

The chair of the Foundation Trust is expected to devote up to 3 days a week to their 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 (Monitor now superseded by NHSE). Non-executive directors are not entitled to any termination payments.

In 2023/24, 4 non-executive directors claimed and received expenses; the aggregate sum of expenses paid was £2,037.

In 2024/25, 5 non-executive directors claimed and received expenses; the aggregate sum of expenses paid was £7,014.

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 England'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 under non-executive director payments later in this report section.

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 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. In November 2024, the nominations committee met to review the rates of pay for the non-executive directors. Supported by benchmarking data, a recommendation was approved to increase the basic rate of pay to £14,500 per annum (the £3,000 additional payment to those who chair a committee remains the same). This increase takes effect from 1 April 2025.

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 Trust's 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 including at least two elected governors and two 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 if 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 reflects market rates.

Remuneration ranged from £24k to £304k (in 2023/24 it was £21k to £248k). The banded remuneration of the highest paid director at The Christie in the financial year 2024/25 was £300k-£305k (2023/24, £255k-£260k). This was 8.1 times (2023-24 7.3 times) the median remuneration of the workforce, which was £37.3k (2022/23, £35.4k).

In 2024/25, 0 (2023/24, 0) employees received remuneration more than the highest paid director.

Non-executive director payments

	Fee payable	Additional fee payable	Start of term	Term of office	End of current term
Edward Astle	£50,000	N/A	01/10/2023	First	30/04/2025
Kieran Walshe	£12,850	£3,000 to chair the quality assurance committee	01/07/2015	Third	Ended 30/06/2024
Robert Ainsworth	£12,850	£3,000 to chair The Christie Pharmacy (recharged)	07/03/2016	Third	Ended 30/09/2024
Tarun Kapur	£12,850	£3,000 to chair the workforce assurance committee	01/06/2016	Third	31/05/2025
Grenville Page	£12,850	£3,000 to chair the audit committee	01/09/2021	First	31/08/2027
Alveena Malik	£12,850	N/A	01/10/2021	First	30/09/2027
Diana Tait	£12,850	N/A	01/01/2024	First	31/12/2026
Sarah Corcoran	£12,850	£3,000 to chair the quality assurance committee	01/06/2024	First	30/06/2027
Roy Dudley-Southern	£12,850	£3,000 to chair The Christie Pharmacy (recharged)	01/09/2024	First	30/09/2027

Details of senior employees' remuneration and pension benefits can be found in the two tables in this remuneration report and are subject to audit

	2024-25						2023-24					
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	220 - 225	0	0	0	17.5 - 20	240–245	210-215	0	0	0	0	210-215
S Parkinson Executive Director of Finance and Business Development	155 - 160	0	0	0	32.5 – 35	190-195	145-150	0	0	0	102.5-105	250-255
C McPeake Interim Chief Operating Officer	130-135	0	0	0	75-77.5	205-210	5-10	0	0	0	0	5-10
V Sharples Chief Nurse and Executive Director of Quality Appointed 13 May 2024	125 - 130	0	0	0	172.5-175	295-300	0	0	0	0	0	0
T Plaiter* Interim Chief Nurse & Executive Director of Quality Left 30 September 2024	70-75	0	0	0	0	70 - 75	65-70	0	0	0	85-87.5	150-155

	2024-25						2023-24					
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)**
Prof C Harrison** Medical Director & Deputy CEO	255 – 260	0	0	0	0	255-260	250-255	0	0	0	0	250-255
N Bayman Executive Medical Director	240 – 245	0	0	0	120-122.5	360-365	205-210	0	0	0	0	205-210
E Astle Chairman	50-55	0	0	0	0	50-55	25 - 30	0	0	0	0	25 - 30
K Walshe Non-Executive Left 30 June 2024	0-5	0	0	0	0	0-5	15 - 20	0	0	0	0	15 - 20
R Ainsworth*** Non-Executive Left 30 September 2024	5-10	0	0	0	0	5-10	15 - 20	0	0	0	0	15 - 20
T Kapur Non-Executive	15 - 20	0	0	0	0	15 - 20	15 – 20	0	0	0	0	15 – 20
G Page Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
A Malik Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
D Tait Non-Executive	15 - 20	0	0	0	0	15 - 20	0 - 5	0	0	0	0	0 - 5

	2024-25						2023-24					
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)**
S Corcoran* Non-Executive Appointed 1 June 2024	15 - 20	0	0	0	0	15 - 20	0	0	0	0	0	0 - 5
R Dudley-Southern* Non-Executive Appointed 1 September 2024	5-10	0	0	0	0	5-10	0	0	0	0	0	0 - 5
Band of highest paid director's total remuneration (£'000)	255-260						250 – 255					
Lower Quartile 25% total remuneration Ratio	26,530 11.4						25,146 10.4					
Median 50% total remuneration Ratio	37,338 8.1						35,391 7.28					
Higher Quartile 75% total remuneration Ratio	49,909 6.1						45,996 5.6					

*T Plaiter pro-rata for the time in the roles during the financial year, the pensions element is reflective of the full year benefit from their previous roles. S Corcoran and R Dudley-Southern are all pro-rata for the time in roles during the financial year.
**The remuneration for Professor Chris Harrison disclosed above is the total remuneration package for his role at The Christie NHS Foundation Trust. There is no information included relating to pension as Professor Chris Harrison is not a member of the NHS Pension scheme.
*** The remuneration for Mr Bayman is the total for both clinical and non-clinical duties with a percentage split of 14% Clinical and 86% Non-Clinical
****Mr Ainsworth and Mr Dudley-Southern received £3,000 (pro-rata for time in post) for their 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 2025.

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. Both executive directors of the subsidiary company received additional remuneration for these roles of £3,000 per annum.

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.

NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. This is detailed in the Remuneration Pay table above.

The banded remuneration of the highest paid director in The Christie in the financial year 2024-25 was £255,000 - £260,000 (2023-24 was £250,000 - £255,000). This was 8.1 times (2023-24 3 7.3 times) the median remuneration of the workforce, which was £37,338 (2023-24 £35,391).

The percentage change from the previous financial year in respect of the mid-point of the banded salary of highest director £255,000 - £260,000 (£257,500) this year and £250,000 - £255,000 (£252,500) last year would be a 18.8% increase.

In both 2024-25 and 2023-24 no employee received remuneration in excess of the highest paid director.

For employees of the Trust as a whole, the range of remuneration in 2024-25 was from £23,615 to £303,628 (2023-24 was from £ 21,283 to £255,578). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 6.3 % (2023-24, 1.4%). No employees received remuneration in excess of the highest-paid director in 2024-25.

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 2025 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2025 £000	Employers Contribution to Stakeholder Pension £000
R Spencer	2.5-5	0	110-115	295-300	135	46	218	0
S Parkinson	2.5-5	0	40-45	0	569	26	659	0
T Plaiter* Left 30.9.2024	0-2.5	0	50-55	135-140	0	0	0	0
V Sharples** Appointed 13.05.2024	7.5-10	17.5-20	40-45	100-105	560	149	783	
C McPeake	2.5-5	5-7.5	30-35	75-80	544	70	666	
N Bayman	5-7.5	10-12.5	50-55	135-140	929	113	1,125	0

* T Plaiter values are pro-rata based on time in post during the financial year and took retirement during the financial year, therefore cash equivalent transfer value calculation is not applicable.

** V Sharples values are pro-rata based on time in post during the financial year.

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
Date: 25 June 2025

NHS oversight framework

NHS England's NHS oversight framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS Foundation Trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

We have been segmented as a 2. This segmentation information is the Trust's position as at 31 March 2025.

Statement of compliance: code of governance for NHS provider trusts

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 code of governance for NHS provider Trusts came into effect from 1 April 2023 and replaced the 2014 NHS Foundation Trust code of governance.

The code of governance for NHS provider Trusts 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 code of governance for NHS provider Trusts 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 2024/25 The Christie NHS Foundation Trust has applied the principles of the code of governance for NHS provider Trusts.

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 England.

NHS England 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 England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust annual reporting manual* (and the *Department of Health and Social Care group accounting manual*) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the 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
Date: 25 June 2025

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 31 March 2025 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 an approved risk management strategy & policy and annually they receive an outcome report against the achievement of the milestones within the strategy. The Trust published an updated 3-year risk management strategy and policy in February 2025. The Board of Directors reviews the Trust's strategic risks in the board assurance framework (BAF) in its public Board meeting. At each of the formal board committees, which are the audit, quality and workforce assurance committees and which are wholly non-executive director led, they carry out a review of the BAF 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.

During corporate induction, all staff have an introduction to patient safety incident response framework (PSIRF), risk management and health and safety. More in depth training is provided through patient safety syllabus level 1, mandated for all staff and level 2 which is role essential to staff who manage incidents, both courses are delivered via e -learning. The Trust's patient safety specialists have completed level 3 and 4 of the patient safety syllabus. In addition to the regular training provided, a three-day face to face PSIRF training course has been provided for all staff who carry out and oversee patient safety learning responses.

The learning from patient safety events, complaints and claims are shared throughout the Trust via a number of forums such as the monthly risk and quality governance committee and bi-weekly quality focus meeting. Learning is also shared through patient safety newsletters, learning improvement bulletins and at grand rounds. A quarterly report on patient safety and experience is presented to the quality assurance committee.

Learning responses are reviewed and approved via the executive review group chaired jointly by the chief nurse & executive director of quality and the executive medical director. The associated outcomes, learning, improvement, compliance against regulatory standards and Trust policy is monitored via a quarterly report presented to the quality assurance committee, escalated where appropriate to the Board of Directors. Appropriate reports are also submitted to commissioners and the Care Quality Commission (CQC).

Learning from other sources such as national inquiries, publications of the royal colleges, peer review and PLACE inspections are overseen via the internal governance structure and the Board of Directors reviews the outcomes and action plans of relevant corporate reports.

In October 2022, the CQC undertook a routine inspection of a core service, medical services. The well-led part of the inspection followed in November 2022 and the Trust received the outcome report and rating in May 2023, the overall rating received was 'good'. A completed action plan has been submitted in response to the report and published on the Trust's website and also submitted to the specialised commissioning Christie quality meeting.

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 CQC, National Health Service Resolution, and the operational risk 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 BAF is delegated to the company secretary thereby ensuring impartiality from the operational management of the Trust. The BAF is reviewed at the audit, quality and workforce assurance committee meetings and at all of the Board of Directors meetings. Internal audit presented the annual assurance framework opinion in April 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. As part of the regular review of the BAF, the Board also consider the Trust's emerging risks.

Risks associated with cyber security, information systems and processes are the responsibility of the chief information officer who acts as the senior information risk owner.

The risk management strategy & policy 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 Board receives its assurances on the risk management and governance arrangements in place through its audit, quality and workforce assurance committees. All 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 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.

The risk and control framework

The risk management strategy & policy has three objectives supported by key aims and specific elements to drive forward their implementation. Each objective highlights the importance in providing assurance that effective systems and specific processes are in place. These are;

1. to enhance and maintain a culture where all staff are risk aware, empowered to identify risk and accountable to making improvements to reduce risk, improve patient safety, staff safety and welfare and deliver high quality care
2. to improve early identification of risk, focus mitigations in the right areas, improve patient safety and ensure staff feel safe to raise concerns
3. to ensure risks are identified, assessed, recorded, mitigated and reviewed at an early stage to prevent unnecessary adverse events

The work is prioritised to link with major parallel strategies e.g. the Trust strategy and the national patient safety strategy. The operational delivery of the local risk management 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. The three meetings; patient safety committee, patient experience committee, and clinical research effectiveness committee report into the risk and quality governance committee chaired by the chief nurse & executive director of quality. Membership of these sub-committees is multi-disciplinary and chaired by medical leaders. There is an annual review of the effectiveness of the terms of reference and any issues are managed at that point. 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 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 and published on the website. The risk appetite statement is taken into account when considering strategic decisions, business cases and quality matters.

In order for the Board to be assured that it is meeting the outcomes required by the CQC and NHS England well-led framework, it 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 to show adherence with legal and regulatory standards.

The Trust's top operational risks in 2024/2025 related to finance, waiting times, referrals and booking systems and processes posing a risk to adequate follow up and surgery wait times for specialist surgery.

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 resident medical staff and radiotherapy staff. We have identified this could lead to a negative impact on engagement levels and the delivery of services and a range of actions in place to ensure recruitment and retention work programmes are now in place.

We have not identified any principal risks to compliance with the NHS provider licence throughout the 2024/25 financial year.

Board committees of audit, quality and workforce 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 summary reports of the meetings, and any escalations are formally reviewed at the Board of Directors meeting. Executives are only in attendance at these board assurance committees. Audit reports are provided to the assurance committees that 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 also receive the integrated performance and quality report.

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 6 months the workforce assurance committee, on behalf of the Board of Directors, receives and approves a safer staffing nursing report. 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 England on their nursing retention improvement initiative and has developed an improvement plan to ensure that best practice on recruitment and retention are adopted.

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.

We use Datix CloudIQ 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, senior management committee and the Board of Directors at each of their 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 high level operational risks, risk profile, and control measures are overseen by the risk and quality governance committee and senior management committee and escalated to the Board of Directors via the accountable committee where appropriate. 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 BAF 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 BAF 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, workforce assurance committee and the Board of Directors at each of their meetings. Each objective is allocated to one of the assurance committees. The presentation of the BAF 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 assurance committees examine BAF risks allocated to them in depth to ensure appropriate lines of defence are in place. The Board has an agreed risk appetite statement which was reviewed and agreed during the development of the risk management strategy and policy published in February 2025.

Greater Manchester integrated care system (GM ICS)

On the 1 July 2022, the new statutory organisation; GM ICS partnership was formed. The Christie NHS Foundation Trust is part of the GM ICS. The partnership is helping organisations work better together with people and communities, allowing each local area to join up their services in a way that's best for their local communities, while the partnership, brings everyone together to share the overarching decisions, making sure care is fair across the region.

NHS GM ICS builds on a strong history of collaborative working since the devolution of Health and social care in 2015. The priorities to tackle inequalities and deliver high quality NHS and care services continue to remain a priority for Greater Manchester.

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 Integrated Care System (GM ICS)
- member of the Trust provider collaborative
- 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 Cancer Research UK (CRUK)
- Greater Manchester Cancer Alliance, the cancer programme of GM ICS
- 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 organisations as part of Greater Manchester Cancer Board
- our private patient joint venture partner HCA Healthcare 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
- CRUK

The Board of Directors also receives a six-monthly report which provides an update on performance of the joint venture partnerships the Trust has in place with the following partners:

- The Christie Private Care LLP
- The Christie Pathology Partnership LLP
- Alliance Medical

Our response to national alerts and governance action is managed through the patient safety committee and senior management committee 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: Greater Manchester ICS, Greater Manchester Cancer Board, ICS 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 CQC. We have published on our website an up-to-date register of interests for decision-making staff within the past 12 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.

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a green plan following the guidance of the greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

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 value 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 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 audit findings report 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 1 April 2024 to 31 March 2025 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.

Information governance

Both our data security and data protection are informed through both internal and external reviews and advice. They are managed through compliance with the data security and protection toolkit which is mandated by NHS Digital. Data security and information governance incidents are managed in accordance with internal procedures and notified to the ICO in the data security incident reporting tool where required; for the year 2024/25, the Trust had no incidents which met the criteria for escalation to NHS Digital or the ICO via the national reporting tool.

The Trust's risk register is updated with currently identified information risks including data confidentiality, cyber and data security which are reviewed by the risk and quality governance committee. We are compliant with GDPR legislation which came into effect on 25 May 2018. Compliance is monitored through our risk management systems and the data security and protection toolkit submissions and annual external assurance review. In addition, independent assurance is provided as part of the NHS England coding and costing assurance audit process. The Trust's latest submission in June 2024 against the data security and protection toolkit was confirmed by internal auditors as 'standards exceeded'.

Data quality & governance

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 senior management committee 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, workforce 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 BAF 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 England, the independent regulator of NHS Foundation Trusts
- 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 BAF, 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 assurance committee: by reviewing and monitoring the opinions and reports provided by both internal and external audit
- the workforce assurance 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

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 continues to make significant progress in strengthening its emergency preparedness, resilience, and response (EPRR) arrangements, building on the foundations laid in the previous year.

Following the challenges identified in the 2023/24 self-assessment, a structured improvement programme has been implemented, resulting in a substantial uplift in compliance for the 2024/25 assessment.

Business continuity risks are the responsibility of the chief operating officer who acts as the accountable emergency officer.

A dedicated EPRR committee is now in place, ensuring clear oversight, accountability, and alignment with compliance requirements. This governance structure provides regular assurance to the risk and quality governance committee, demonstrating continuous progress in compliance and preparedness.

A key development has been the implementation of a new incident response plan, ensuring a structured and effective approach to managing incidents. This is supported by the establishment of a new incident coordination centre (ICC), providing a central hub for command and control, improving coordination, and enhancing

situational awareness during emergency response.

The Trust has also strengthened its preparedness for climate-related risks, with the adverse and severe weather plan now ratified. This ensures the organisation can respond effectively to extreme weather events while maintaining service continuity. Further assurance measures have been introduced to enhance public communication, with tailored training ensuring clear, timely, and effective messaging during incidents. To strengthen organisational resilience, more than 80% of manager on-call staff have now been trained. The training & exercise schedule has been revised to align with national occupational standards for health commanders.

Additional assurance is provided through the new business continuity management system (BCMS), aligning with ISO 22301 standards, and a revised evacuation plan, ensuring a robust and compliant approach to patient and staff safety during evacuations.

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, the Trust has completed a climate change risk assessment, the results of which will be used to develop an adaptation strategy. 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:

- incident response plan
- evacuation plan
- adverse weather 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
Date: 25 June 2025

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 subsidiary (the 'group') for the year ended 31 March 2025, 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 material accounting policy information. 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 2024-25.

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 2025 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 2024-25; 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 (2024) ("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's 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 2024-25 that the group's and the 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 the 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 2024) 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 the Trust and the group's and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's 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.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report and accounts, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report and accounts. 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.

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 themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in 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 November 2024 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 2024/25 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:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- based on the work undertaken in the course of the audit of the financial statements, 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

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, 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 2024/25, 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 their services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance**,** but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. 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 the 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 2024-25).
- We enquired of management and the audit committee, concerning the group's and the 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's and the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the evaluation of risks associated with activity and performance-based income. We determined that the principal risks were in relation to:
  - Journal entries posted by senior management
  - Journal entries posted by users with privileged access rights
  - Journals entries posted around year end which adjusted the financial performance of the Trust and group
  - Management bias in determining income accrual amounts where signed agreements or invoices were not available
  - Management bias in determining accounting estimates in order to adjust the financial performance of the Trust and group
- 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 journals either side of year end, as well as the fraud risk criteria mentioned above;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of income accruals;
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as 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.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including management override of controls and revenue and expenditure manipulation. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the group and Trust audit team members included consideration of their:
  - 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 the Trust operates
- understanding of the legal and regulatory requirements specific to the group and the Trust including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group's and the 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 process, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The group's and the Trust's control environment, including the policies and procedures implemented by the group and the Trust to ensure compliance with the requirements of the financial reporting framework.
- For components at which audit procedures were performed, we requested component auditors to report to us instances of non-compliance with laws and regulations that gave rise to a risk of material misstatement of the group 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.

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 2025.

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 November 2024. 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 – 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 2025 in accordance with the requirements of Chapter 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

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.

Elizabeth Luddington

Elizabeth Luddington, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester
26 June 2025

FOREWORD TO THE ACCOUNTS

THE CHRISTIE NHS FOUNDATION TRUST

The Annual Accounts of The Christie NHS Foundation Trust for the year ended 31 March 2025 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 2025

Consolidated Accounts of The Christie NHS Foundation Trust 2024-25

Statement of Comprehensive Income for the Year Ending 31 March 2025

	Note	**Group** **2024-2025 £000**	**NHS Foundation Trust** **2024-2025 £000**	Group 2023-2024 £000	NHS Foundation Trust 2023-2024 £000
Operating income	3	**543,178**	**543,298**	472,168	472,265
Operating expenses	4	**(546,070)**	**(546,491)**	(468,545)	(469,108)
Operating (Deficit) / surplus		**(2,892)**	**(3,193)**	3,623	3,157
Finance income	8.1	**6,260**	**6,260**	6,771	6,771
Finance costs - financial liabilities	8.2	**(1,186)**	**(1,186)**	(1,296)	(1,296)
PDC dividends payable	1.15	**(10,850)**	**(10,850)**	(10,075)	(10,075)
Net finance costs		**(5,776)**	**(5,776)**	(4,600)	(4,600)
Gain/(Loss) on disposal of assets	10.6	**115**	**115**	23	23
Corporation tax expense		**(77)**	**0**	(116)	0
		(5,738)	**(5,661)**	(4,694)	(4,577)
Share of profit of joint venture accounted for using the equity method	11.1	**7,407**	**7,407**	6,966	6,966
Surplus/(Deficit) for the year	SOCIE	**(1,222)**	**(1,446)**	5,895	5,546
NHS Charity divestment from the Group due to establishment of independent charity	1.1.2 / SOCIE / 10.6	**0**	**0**	(65,177)	0
(Deficit) /Surplus for the year after the divestment of the NHS Charity		**(1,222)**	**(1,446)**	(59,282)	5,546
Other comprehensive income: Will not be reclassified to income and expenditure					
Impairments on Property, Plant and Equipment	SOCIE / 10.1	**(6,657)**	**(6,657)**	0	0
Revaluation gains on Property, Plant and Equipment	SOCIE	**6,909**	**6,909**	13,466	13,466
Total comprehensive income for the year		**(970)**	**(1,194)**	(45,816)	19,012
(Deficit) / Surplus for the period attributable to:					
Non-controlling interest, and		**0**	**0**	0	0
Owners of the parent	SOCIE	**(1,222)**	**(1,446)**	5,895	5,546
NHS Charity divestment from the Group due to establishment of independent charity*	1.1.2 / SOCIE / 10.6	**0**	**0**	(65,177)	
TOTAL		**(1,222)**	**(1,446)**	(59,282)	5,546
Total comprehensive income for the period attributable to:					
Non-controlling interest, and		0	0	0	0
Owners of the parent		**(970)**	**(1,194)**	(45,816)	19,012
TOTAL		**(970)**	**(1,194)**	(45,816)	19,012

* During the prior year 2023-24 the Christie Charitable fund was disolved and is no longer a NHS Charity. The £65,177k was the fund balances from the NHS Charity which transferred to the newly created independent Christie Charity, created on the 1st April 2024. This is an exceptional item divesting this from the group during the prior financial year.

The notes on pages 97 to 136 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2024-25

Statement of Financial Position as at 31 March 2025

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		31 March 2025	**31 March 2025**	31 March 2024	31 March 2024
		£000	**£000**	£000	£000
Non- Current Assets					
Intangible assets	9	**11,310**	**11,310**	9,735	9,735
Property, Plant and Equipment	10	**448,939**	**448,939**	468,368	468,368
Right of Use Assets	10.7	**1,024**	**1,024**	1,122	1,122
Investments in joint ventures	11.1	**37,981**	**37,981**	30,573	30,573
Trade and other receivables	13.1	**513**	**513**	489	645
Total non-current assets		**499,767**	**499,767**	510,288	510,444
Current assets					
Inventories	12	**4,696**	**575**	3,833	504
Trade and other receivables	13.1	**43,581**	**42,747**	28,845	28,367
Cash and cash equivalents	14	**129,441**	**128,691**	136,608	135,750
Total current assets		**177,718**	**172,013**	169,286	164,622
Trade and other payables	15	**(52,842)**	**(49,440)**	(58,628)	(56,101)
Borrowings	16	**(3,809)**	**(3,809)**	(3,830)	(3,830)
Provisions for liabilities and charges	17	**(4,053)**	**(4,053)**	(1,480)	(1,480)
Other liabilities	15.1	**(7,890)**	**(7,890)**	(7,239)	(7,239)
Tax payable	15	**(4,898)**	**(4,758)**	(4,498)	(4,456)
Total current liabilities		**(73,492)**	**(69,950)**	(75,675)	(73,106)
Total assets less current liabilities		**603,993**	**601,829**	603,898	601,959
Non-current liabilities					
Borrowings	16	**(40,525)**	**(40,525)**	(44,044)	(44,044)
Provisions for liabilities and charges	17	**(899)**	**(899)**	(887)	(887)
Other liabilities	15.1	**(17,448)**	**(17,448)**	(14,499)	(14,499)
Total non-current liabilities		**(58,872)**	**(58,872)**	(59,430)	(59,430)
Total assets employed		**545,121**	**542,958**	544,468	542,529
Financed by taxpayers' equity					
Public dividend capital	23	**177,744**	**177,744**	176,121	176,121
Revaluation reserve	SOCIE	**75,151**	**75,151**	76,000	76,000
Income and expenditure reserve	SOCIE	**290,063**	**290,063**	290,408	290,408
Financed by others' equity					
Pharmacy subsidiary reserves	SOCIE	**2,163**	**0**	1,938	0
Total Taxpayers' and Others' Equity:		**545,121**	**542,958**	544,468	542,529

The accounts on pages 97 to 136 were approved by the Board of Directors on 25th June 2025 and signed on its behalf by:

Roger Spencer
Chief Executive

Date: 25th June 2025

Consolidated Accounts of The Christie NHS Foundation Trust 2024-25

Statement of changes in taxpayers' equity for the year ended 31 March 2025

		Group					
		Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charity Reserves	The Christie Pharmacy Limited Reserves	Total taxpayers' equity
	Note	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2024		**176,121**	**76,000**	**290,408**	**0**	**1,938**	**544,468**
Retained (deficit)/surplus for the year	**SOCI**	**0**	**0**	**(1,446)**	**0**	**225**	**(1,222)**
Net impairments		**0**	**(6,657)**	**0**	**0**	**0**	**(6,657)**
Revaluation gains - property, plant and equipment	**10**	**0**	**6,909**	**0**	**0**	**0**	**6,909**
Transfer to retained earnings on disposal of assets		**0**	**(1,101)**	**1,101**	**0**	**0**	**0**
Public dividend capital received	**23**	**1,623**	**0**	**0**	**0**	**0**	**1,623**
Taxpayers' equity at 31 March 2025		**177,744**	**75,151**	**290,062**	**0**	**2,163**	**545,121**
Taxpayers' equity at 1 April 2023		165,512	62,534	284,863	65,177	1,589	579,675
NHS Charity divestment from the Group due to establishment of independent charity *	1.1.2 / SOCI	0	0	0	(65,177)	0	(65,177)
Retained surplus for the year	SOCI	0	0	5,546	0	349	5,895
Revaluation gains on Property, Plant and Equipment	10	0	13,466	0	0	0	13,466
Public dividend capital received	23	10,609	0	0	0	0	10,609
Taxpayers' equity at 31 March 2024		176,121	76,000	290,408	0	1,938	544,468

The notes on pages 97 to 136 form part of these accounts.

* During the prior year 2023-24 the Christie Charitable fund was disolved and is no longer a NHS Charity. The £65,177k was the fund balances from the NHS Charity which transferred to the newly created independent Christie Charity, created on the 1st April 2024. This is an exceptional item divesting this from the group during the prior financial year.

Consolidated Accounts of The Christie NHS Foundation Trust 2024-25

Statement of changes in taxpayers' equity for the year ended 31 March 2025

		NHS Foundation Trust			
	Note	**Public dividend capital**	**Revaluation reserve**	**Income and expenditure reserve**	**Total taxpayers' equity**
		£000	**£000**	**£000**	**£000**
Taxpayers' equity at 1 April 2024		**176,121**	**76,000**	**290,409**	**542,529**
Retained (Deficit) for the year	**SOCI**	**0**	**0**	**(1,446)**	**(1,446)**
Net impairments		**0**	**(6,657)**	**0**	**(6,657)**
Revaluations - property, plant and equipment		**0**	**6,909**	**0**	**6,909**
Transfer to retained earnings on disposal of assets		**0**	**(1,101)**	**1,101**	**0**
Public dividend capital received	**23**	**1,623**	**0**	**0**	**1,623**
Taxpayers' equity at 31 March 2025		**177,744**	**75,151**	**290,063**	**542,958**
Taxpayers' equity at 1 April 2023		165,512	62,534	284,863	512,909
Retained Surplus for the year	**SOCI**	0	0	5,546	5,546
Revaluations - property, plant and equipment		0	13,466	0	13,466
Public dividend capital received	**23**	10,609	0	0	10,609
Taxpayers' equity at 31 March 2024		176,121	76,000	290,409	542,529

The notes on pages 97 to 136 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2024-25

Cash Flow Statement for the Year Ending 31 March 2025

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2024-2025	**2024-2025**	2023-2024	2023-2024
		£000	**£000**	£000	£000
Cash flows from operating activities					
Operating (deficit) / surplus	SOCI	**(2,892)**	**(3,193)**	3,623	3,157
Depreciation and Amortisation	4.1	**23,761**	**23,761**	22,729	22,729
Income recognised in respect of capital donations	3.2	**(269)**	**(269)**	(317)	(317)
Net Impairments	4.1	**12,023**	**12,023**	(3,288)	(3,288)
(Increase) / Decrease in trade and other receivables	13.1	**(14,466)**	**(14,902)**	1,177	984
(Increase) in inventories	12	**(863)**	**(71)**	(851)	(199)
(Decrease) in trade and other payables	15	**(1,865)**	**(1,927)**	(6)	(489)
Increase in other liabilities	15.1	**3,600**	**3,600**	556	556
Increase / (Decrease) in provisions	17	**2,554**	**2,554**	(681)	(681)
Corporation tax paid	15	**(116)**	**(0)**	(90)	0
Net cash inflow from operating activities		**21,466**	**21,575**	22,851	22,451
Cash flows from investing activities					
Interest received	8.1	**6,366**	**6,366**	6,588	6,588
Cash from drawdown of profit from joint ventures	11.1	**0**	**0**	5,801	5,801
Proceeds from sale of property, plant and equipment	10 & 10.6	**153**	**153**	33	33
Purchase of intangible assets	9.1	**(1,618)**	**(1,618)**	(6,044)	(6,044)
Purchase of Property, Plant and Equipment	10.1 & 15	**(19,356)**	**(19,356)**	(31,774)	(31,774)
Receipt of cash donations to purchase capital assets	10.1	**269**	**269**	317	317
Divestment of NHS charitable funds from the group due following establishment of Independent Charity*	1.1.2 / 14	**0**	**0**	(53,434)	0
Net cash (outflow) from investing activities		**(14,186)**	**(14,186)**	(78,513)	(25,079)
Cash flows from financing activities					
Public dividend capital received	23	**1,623**	**1,623**	10,609	10,609
Loans Repaid	16.2	**(3,423)**	**(3,423)**	(3,423)	(3,423)
Capital element of lease liability repayments	16.2	**(97)**	**(97)**	(97)	(97)
Interest paid	16.2	**(1,172)**	**(1,172)**	(1,270)	(1,270)
Interest element of lease liability repayments	16.2	**(4)**	**(4)**	(4)	(4)
PDC Dividend paid	SOCI & 15	**(11,375)**	**(11,375)**	(10,348)	(10,348)
Net cash inflow from financing activities		**(14,448)**	**(14,448)**	(4,533)	(4,533)
Net (decrease) in cash and cash equivalents	14.1	**(7,168)**	**(7,059)**	(60,195)	(7,161)
Cash and cash equivalents at 1 April	14.1	**136,608**	**135,750**	196,803	142,911
Cash and cash equivalents at 31 March	14.1	**129,441**	**128,691**	136,608	135,750

* During the prior year 2023-24 the Christie Charitable fund was disolved and is no longer a NHS Charity. The £53,434k was the cash balance from the NHS Charity which transferred to the newly created independent Christie Charity, created on the 1st April 2024. This is an exceptional item divesting this from the group during the prior financial year.

Consolidated Accounts of The Christie NHS Foundation Trust 2024-2025
Notes to the Accounts

1. Accounting Policies

1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2024-25 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 trust, 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

The Christie NHS Foundation Trust, continues to confirm its status as a going concern. The Group, including the Trust and The Christie Pharmacy Limited 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 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 £10.8m. In comparison, a 10% change in values in land and buildings would be £36.0m. A 10% change would result in an increase or decrease in PDC dividend payable of £631k.

(b) The basis upon which the Modern Equivalent Asset Valuation is assessed for land by the external valuer is the alternative theoretical site.

1.1.4 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, and The Christie Pharmacy Limited which are consolidated on a line-by-line basis."

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 2025 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. Note 11 details the carry amount, including the distribution of the profit, when the profit is drawndown the carry amount is updated, as needed.

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 2024 and management accounts for the period to 31 March 2025.

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 for 2024/25 are as detailed below:-

The main source of income for the Trust is contracts with Commissioners for health care services. As in 2023/24, the majority of the Trust's income from NHS Commissioners was in the form of block contract arrangements. Block contract arrangements were agreed at an Integrated Care System level and with NHS England Specialised Commissioners. 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 for the majority of contract

As in 2023/24, the Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred, mainly in relation to high cost drugs and CAR-T procedures. Reimbursement is accounted for as variable income, it is contingent on actual spend for high cost drugs and actual activity for CAR-T, being contingent on future events/performance.

Part of the contract arrangement for 2024/25 was Elective Recovery Funding. The funding is to assist the Trust in achieving elective activity recovery with the aim of reducing the increased waiting lists and times resulting from the impact of the COVID19 pandemic.

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 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.

1.2.6 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 apprenticeship service 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 Schemesschemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2024, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

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 it's 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 Ms S Brydon (MRICS) and Ms S Richardson (MRICS) of the Valuation Office Agency (VOA). As a full valuation including a site visit was conducted last year, the next 5 year full valuation will be completed in 2027-28.

The valuation exercise was carried out in March 2025 with a valuation date of 31 March 2025.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

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 during 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 during 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.

The Revaluation Reserve is reconciled and amended following a revaluation. Where there is an upward valuation the value will clear any historic impairment and then the remaining balance held on the Revaluation Reserve. This balance will remain until the next valuation or the asset is disposed. The Trust does not amend for historic depreciation against the reserve, this will be cleared against the Income and Expenditure Reserve when the asset is disposed to clearing the balance on the Revaluation Reserve.

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 that arose from a loss of economic benefits or service potential can be reversed if, and to the extent that, the circumstances that gave rise to the loss subsequently reverse.

For the avoidance of doubt, an increase in an asset’s valuation due to an increase in general market prices is a separate event and does not represent a reversal of a previous economic benefit/service potential impairment.

Such events must therefore be accounted for as a revaluation gain rather than a reversal of a past economic benefit impairment.

Where an economic benefit/service potential impairment is reversed, the amount of the reversal recognised in expenditure is limited to the amount that restores the asset’s carrying value to that it would otherwise have had if the impairment had not been recognised originally.

If, at the time of the original impairment, an amount was transferred from the revaluation reserve to the income and expenditure reserve, an amount must be transferred back to the revaluation reserve when the impairment is reversed to avoid overstating the income and expenditure reserve.

The amount transferred back is that which will bring the respective reserves to the balances that they would have had if the impairment and impairment reversal had been taken to the revaluation reserve in accordance with IAS 36.

Where an impairment loss does not result from a clear consumption of economic benefit or reduction of service potential, for instance due to a change in market price, then the standard treatment in IAS 36 applies.The impairment must be taken to the revaluation reserve to the extent that the impairment does not exceed the amount in the revaluation reserve for the asset in question, and thereafter to income and expenditure.

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.

1.6 Intangible Assets

1.6.1 Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets 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 item of Property, Plant and Equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset where it meets the recognition criteria.

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 current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. 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.

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. Grants used to fund capital are also included in the income detailed in note 3.2 and the expenditure will be recognised in note 10 as a capital addition from Grants.

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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

1.10.1 The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

1.10.2 The Trust as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of The NHS Foundation Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on The NHS Foundation Trust's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic 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 as an expense on a straight-line basis over the lease term.

Where The NHS Foundation Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

1.11 Financial assets 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 2.40% (2023-24: 2.45%) in real terms.

A nominal medium-term rate of 4.07% (2023-24: 4.03%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date. A nominal long-term rate of 4.81% (2023-24: 4.72%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date. A nominal very long-term rate of 4.55% (2023-24: 4.40%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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.

In 2024-25 The Christie Pharmacy has completed a full stock-take of all drugs held as at the 31st March 2025, the values from the stock-take are recognised in note 12.

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 investments are calculated as the difference between sales proceeds and opening fair value (or cost if purchased since the previous period end). Unrealised gains and losses are calculated as the difference between fair value at the year end and the opening fair value (or cost if purchased since the previous period end).

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 2025.

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 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.

1.21 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.

1.22 Accounting standards issued but not yet adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2024-25.

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

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 21).

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

	Notes	**Group** **2024-2025** **£000**	**NHS Foundation Trust** **2024-2025** **£000**	Group 2023-2024 £000	NHS Foundation Trust 2023-2024 £000
Income from activities	3.1.1	**458,585**	**458,585**	408,271	408,271
Other operating income	3.2	**84,593**	**84,712**	63,897	63,994
		543,178	**543,298**	472,168	472,265

3.1.1 Income from activities by type

	Group **2024-2025** **£000**	**NHS Foundation Trust** **2024-2025** **£000**	Group 2023-2024 £000	NHS Foundation Trust 2023-2024 £000
Block contract/system envelope income*	**182,009**	**182,009**	164,687	164,687
Aligned payment & incentive (API) Income - variable - activity based	**80,274**	**80,274**	72,859	72,859
High cost drugs income from commissioners	**121,822**	**121,822**	102,434	102,434
Other NHS clinical income	**59,757**	**59,757**	59,239	59,239
Pension contribution central funding**	**14,021**	**14,021**	8,127	8,127
Central Pay Award Funding	**411**	**411**	150	150
Other	**292**	**292**	774	774
Total	**458,585**	**458,585**	408,271	408,271

* Following the coronavirus pandemic response, and to aid system recovery, transaction flows in 2020/21 were simplified in the NHS and providers and their commissioners moved to a financial framework built predominantly on block contracts and system partnership arrangements. These arrangements continued in 2023/24 and 2024/25.

** The employer contribution rate for NHS pensions increased from 14.3% to 23.7% (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
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Integrated Care Boards (ICBs) and NHS England	**429,822**	**429,822**	389,597	389,597
NHS England - additional pension funding*	**14,021**	**14,021**	8,127	8,127
NHS Foundation Trusts	**5,412**	**5,412**	4,774	4,774
NHS Trusts	**82**	**82**	68	68
NHS other	**8,936**	**8,936**	4,898	4,898
Non-NHS Bodies	**268**	**268**	755	755
Non NHS overseas patients (non-reciprocal chargeable to patient)	**44**	**44**	50	50
Total	**458,585**	**458,585**	408,271	408,271

*Notional income for additional employer pension contributions paid by NHS England. Note 5 Employee Costs includes notional expenditure of £14,021k (2023-24 £8,127k).

3.2 Other Operating Income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Other operating income from contracts with customers in accordance with IFRS 15:				
Research and development	**27,700**	**27,700**	22,778	22,778
Education and training	**13,465**	**13,465**	9,022	9,022
Non-patient care services to other bodies	**22,825**	**22,825**	18,301	18,301
Income in respect of employee benefits accounts on a gross basis	**3,068**	**3,068**	2,815	2,815
Other Income (recognised in accordance with IFRS15)*	**10,560**	**10,680**	3,159	3,256
Other non-contract operating income :				
Education and training - notional income from apprenticeship fund	**717**	**717**	499	499
Charitable and other contributions to capital expenditure from Independent charities	**269**	**269**	317	317
Charitable and other contributions to revenue expenditure	**3,587**	**3,587**	4,604	4,604
Contributions to expenditure - consumables (inventory) donated from DHSC for COVID responses	**0**	**0**	40	40
Rental from Operating Leases	**2,402**	**2,402**	2,361	2,361
Total	**84,593**	**84,712**	63,897	63,994

* Other Income (recognised in accordance with IFRS15) includes :-				
Clinical excellence awards	**1,185**	**1,185**	1,234	1,234
Catering and other commercial income	**862**	**862**	1,005	1,005
Creche services	**794**	**794**	656	656
Car parking	**294**	**294**	254	254
Property rentals	**5**	**5**	10	10
Other contract income	**7,421**	**7,540**	0	97
	10,560	**10,680**	3,159	3,256

4. Operating Expenses

4.1 Operating expenses comprise:

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Services from other NHS providers	**17,436**	**17,436**	12,527	12,527
Services from non-NHS and non-DHSC bodies	**10,424**	**10,424**	9,524	9,524
Staff costs (see note 5.1)	**245,540**	**243,027**	212,518	210,472
Non-executive directors' costs	**155**	**155**	147	147
Supplies and Services- clinical	**34,524**	**34,508**	30,185	30,175
Supplies and Services - clinical: utilisation of consumables donated from DHSC	**0**	**0**	40	40
Supplies and services - general	**4,642**	**4,635**	9,978	9,975
Drug costs	**139,602**	**142,745**	121,961	124,698
Consultancy costs	**9,327**	**9,327**	7,944	7,944
Establishment	**11,202**	**11,134**	10,265	10,276
Premises	**20,061**	**20,066**	23,205	23,183
Transport	**1,062**	**1,062**	1,275	1,275
Depreciation of Property, Plant and Equipment and right of use assets	**22,341**	**22,341**	22,571	22,571
Amortisation of intangibles	**1,420**	**1,420**	158	158
Net Charge/(reversal) of impairments of property, plant and equipment*	**12,023**	**12,023**	(3,288)	(3,288)
Increase in provision for impairment of receivables	**(114)**	**(114)**	(116)	(116)
Provisions arising / released in the year	**2,356**	**2,356**	0	0
Change in provisions discount rate	**2**	**2**	(25)	(25)
Audit fees	**175**	**133**	149	118
Internal audit costs	**82**	**82**	121	121
Insurance and clinical negligence	**3,200**	**3,200**	2,637	2,637
Legal fees	**630**	**630**	582	582
Research & Development	**4,169**	**4,169**	2,971	2,971
Education and Training	**2,801**	**2,792**	2,150	2,137
Lease expenditure - short-term less than 12 months and low value less than £5k (see note 6)	**44**	**44**	55	55
Redundancy and termination benefits	**8**	**8**	0	0
Losses, ex gratia and special payments**	**25**	**25**	14	14
Other services	**238**	**238**	191	191
Other	**2,694**	**2,622**	806	747
Total	**546,070**	**546,491**	468,545	469,108

* Following an independent valuation of the Trust's land and buildings, an impairment charge was made to the operating expenses (2023-24 an impairment reversal was made to the operating expenses).

** Total losses reported in this note are prepared on an accruals basis and therefore do not compare to note 20.

4.2 Audit fees

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Audit services - statutory audit	**175**	**133**	**149**	**118**

Group statutory audit fees include £42k 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 2024-25 figures includes £2,000 which relates to the 2023-24 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 £1,000k.

4.3 Other auditors' remuneration

During the year Nil was paid to the external auditors for other services, (2023-24 , nil).

5. Employee costs

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.

5.1 Employee expenses

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000s	**£000s**	£000s	£000s
Salaries and wages	**187,488**	**185,260**	164,499	162,698
Social security costs	**18,950**	**18,752**	16,863	16,691
Apprenticeship Levy	**893**	**893**	800	800
Employers contributions to NHS Pensions	**21,555**	**21,555**	18,656	18,656
Additional pension funding*	**14,021**	**14,021**	8,127	8,127
Pension costs - other contributions	**109**	**21**	97	25
Agency / contract staff	**2,524**	**2,524**	3,476	3,476
Total	**245,540**	**243,027**	212,518	210,472

Capitalised staff costs are excluded from this note and total £235k (2023-24 £147k).

*Pension cost - additional employer contributions paid by NHS England. Note 3.1.2 Other Income includes funding of £14,021k (2023-24 £8,127k).

5.2 Early Retirements due to ill-health

During 2024-25 there were 2 early retirements (2023-24 - 6) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements are £217k (2023-24 £919k). The cost of these ill-health retirements will be borne wholly by NHS Pensions.

6. Short-Term Leases

6.1 NHS Foundation Trust as a lessor

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Recognised as income				
Rents	**2,402**	**2,402**	2,361	2,361
Total	**2,402**	**2,402**	2,361	2,361
Receivable:				
Not later than 1 year	**2,096**	**2,096**	2,370	2,370
Later than 1 year	**13,320**	**13,320**	18,624	18,624
Total	**15,415**	**15,415**	20,994	20,994

7.1 Better Payment Practice Code - measure of compliance

	Group		Group	
	2024-2025		2023-2024	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**25,335**	**333,987**	24,380	314,570
Total Non-NHS trade invoices paid within target	**24,454**	**328,528**	23,455	307,264
Percentage of Non-NHS trade invoices paid within target	**97%**	**98%**	96%	98%
Total NHS trade invoices in the year	**1,707**	**41,008**	1,962	31,909
Total NHS trade invoices paid within target	**1,634**	**40,203**	1,885	31,126
Percentage of NHS trade invoices paid within target	**96%**	**98%**	96%	98%

The Better Payment Practice Code requires the Trust to aim to pay 95% of valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

7.2. The Late Payment of Commercial Debts (Interest) Act 1998

The Group and the NHS Foundation Trust did not incur any charges relating to Late Payments of Commercial Debts.

8. Finance costs and finance revenue

8.1 Finance income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Bank interest receivable*	**6,260**	**6,260**	6,771	6,771
Total	**6,260**	**6,260**	6,771	6,771

* Average interest rates were 4.8% (2023-24 4.9%) on the Government Banking Service (GBS) account.

8.2 Finance costs - financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Interest on loans and overdrafts (note 16.2)	**1,151**	**1,151**	1,246	1,246
Interest on Lease Obligations (note 16.2)	**4**	**4**	5	5
Unwinding Discount on provisions (note 17)	**31**	**31**	44	44
Total	**1,186**	**1,186**	1,296	1,296

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 2024-25				Group 2023-24			
	Software purchased	**IT (Internally generated and 3rd Party)**	**Intangible assets under construction**	**Total**	Software purchased	IT (Internally generated and 3rd Party)	Intangible assets under construction	Total
	£000	**£000**	**£000**	**£000**	£000	£000	£000	£000
Gross cost at 1 April	**7,034**	**401**	**5,584**	**13,019**	3,358	401	3,216	6,975
Additions - Purchased	**43**	**0**	**1,575**	**1,618**	3,676	0	2,368	6,044
Reclassification	**1,441**	**6,525**	**(5,218)**	**2,748**	0	0	0	0
Disposal / Derecognition	**(2,445)**	**0**	**0**	**(2,445)**	0	0	0	0
Gross cost at 31 March	**6,073**	**6,926**	**1,941**	**14,940**	7,034	401	5,584	13,019
Accumulated Amortisation								
Accumulated amortisation at 1 April	**3,124**	**160**	**0**	**3,284**	3,046	80	0	3,126
Charged during the year	**904**	**515**	**0**	**1,420**	78	80	0	158
Reclassification	**1,371**	**0**	**0**	**1,371**				
Disposal / Derecognition	**(2,445)**	**0**	**0**	**(2,445)**	0	0	0	0
Accumulated amortisation at 31 March	**2,954**	**675**	**0**	**3,630**	3,124	160	0	3,284
Net book value - purchased at 31 March	**3,119**	**6,251**	**1,941**	**11,310**	3,910	241	5,584	9,735

10. Property, Plant and Equipment

10.1 Property, Plant and Equipment 2024-2025

	Group					
	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Total
	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2024	7,802	352,605	18,992	128,241	16,286	523,927
Additions - purchased *	0	1,946	3,070	8,187	2,527	15,730
Additions - purchased from The Christie Charity **	0	0	173	96	0	269
Impairments charged to Operating Expenses ***	0	(13,472)	0	0	0	(13,472)
Reversal of impairments credited to operating expenses ***	0	1,449	0	0	0	1,449
Impairments charged to revaluation reserve***	0	(6,657)	0	0	0	(6,657)
Revaluation ***	0	(3,360)	0	0	0	(3,360)
Reclassification	0	20,710	(20,677)	(542)	(2,239)	(2,748)
Disposals / derecognition ****	0	0	0	(6,099)	(6,812)	(12,911)
Gross cost at 31 March 2025	7,802	353,221	1,558	129,883	9,762	502,227
Accumulated Depreciation						
Accumulated depreciation at 1 April 2024	0	0	0	49,330	6,228	55,558
Charged during the year	0	10,269	0	9,478	2,496	22,243
Revaluation	0	(10,269)	0	0	0	(10,269)
Reclassification	0	0	0	(314)	(1,057)	(1,371)
Disposals / derecognition	0	0	0	(6,063)	(6,810)	(12,873)
Accumulated depreciation at 31 March 2025	0	0	0	52,430	857	53,288
NBV - Purchased at 31 March 2025	7,561	262,674	1,558	65,108	8,602	345,502
NBV - Donated as at 31 March 2025	241	90,547	0	12,345	303	103,436
Net book value at 31 March 2025	7,802	353,221	1,558	77,453	8,905	448,939

* During 2024-25 the Trust has worked with the other Greater Manchester NHS organisations to achieve the Capital allocation budget set by NHSE for the financial year, ensuring capital resource prioritisation across the geographic area. The larger capital projects for the Foundation Trust in the year included :- £6,400k replacing two linear accelerators as part of the the replacement programme and £4,000k new ward development, completing the project started in the prior year 203-24.

** The Christie Charity has provided the majority of the funding to purchase donated assets. The Trust may also receive other voluntary donations and grants from time to time. 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.

*** Land and buildings were revalued as at 31 March 2025 by an independent 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 Plant and Machinery assets and the Information Technology assets are historic assets that are fully utilised and are no longer used by the Trust, disposing from the Asset Register at a Nil Net Book Value.

10.2 Property, Plant and Equipment 2023-2024

	Group					
	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Total
	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2023	7,780	349,263	5,032	125,561	22,690	510,325
Additions - purchased	0	1,822	14,032	8,357	2,607	26,818
Additions - purchased from The Christie Charity **	0	0	278	39	0	317
Impairments charged to Operating Expenses ***	0	(818)	0	0	0	(818)
Reversal of impairments credited to operating expenses	0	4,106	0	0	0	4,106
Reclassification	0	0	(350)	1,192	(517)	325
Revaluation ***	22	3,282	0	0	0	3,304
Disposals / derecognition	0	(5,050)	0	(6,908)	(8,494)	(20,452)
Gross cost at 31 March 2024	7,802	352,605	18,992	128,241	16,286	523,927
Accumulated Depreciation						
Accumulated depreciation at 1 April 2023	0	0	0	46,230	12,084	58,314
Charged during the year	0	10,162	0	9,156	3,155	22,473
Revaluation	0	(10,162)	0	0	0	(10,162)
Reclassification	0	0	0	842	(517)	325
Disposals / derecognition	0	0	0	(6,898)	(8,494)	(15,392)
Accumulated depreciation at 31 March 2024	0	0	0	49,330	6,228	55,558
Net book value at 31 March 2024	7,802	352,605	18,992	78,911	10,058	468,369
NBV - Purchased at 31 March 2024	7,561	260,879	18,708	65,162	9,633	361,943
NBV - Donated as at 31 March 2024	241	91,726	284	13,749	425	106,425
Net book value at 31 March 2024	7,802	352,605	18,992	78,911	10,058	468,368

10.3 Property, Plant and Equipment (continued)

The freehold net book value of land and buildings for the Group as at 31 March 2025 is £358,174 (£358,167, 31 March 2024)

10.4 Economic Lives of Non-current Assets

	Group	
	Min Life	**Max Life**
Intangible assets	**Years**	**Years**
Information technology - Internally Generated	**2**	**7**
Software purchased	**2**	**7**
Property, Plant and Equipment		
Buildings excluding dwellings	**9**	**125**
Plant and machinery	**2**	**20**
Information technology	**2**	**10**

10.5 Impairments charged in the year to the Statement of Comprehensive Income

	Group 2024-2025 Property, plant and equipment £000	Group 2023-2024 Property, plant and equipment £000
Impairments arose from:		
New construction brought into use	**12,313**	0
Changes in market price	**1,159**	818
Reversal of impairments - Changes in market price	**(1,449)**	(4,106)
Total	**12,023**	(3,288)

The existing buildings have been revalued and changes reflect movements in general market

10.6 Other gains and (losses)

	Group 2024-2025 Property, plant and equipment £000	Group 2023-2024 Property, plant and equipment £000
Gains on disposal	**121**	33
Losses on disposal	**(6)**	(10)
Losses on disposal of charitable fund assets*	**0**	(65,177)
Total	**115**	(65,154)

*The loss on disposal of charitable fund assets relates to the prior year value of the Charity as at 1 April 2023 when it was divested from the group and was established as an independent charity.

10.7 Right of use assets

	Group 2024-2025 Land £000	Group 2023-2024 Land £000
Cost as at 1 April	**1,318**	1,318
Gross Cost at 31 March	**1,318**	1,318
Accumulated Depreciation		
Depreciation as at 1 April	**196**	98
Charged during the year	**98**	98
Accumulated Depreciation at 31 March	**294**	196
Net book value at 31 March	**1,024**	1,122

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.

	2024-2025			
	TCPC	**CPP**	**CPPFAC**	**Total**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2024	**26,847**	**2,202**	**1,526**	**30,575**
Share of profit	**7,091**	**101**	**215**	**7,407**
Carrying value at 31 March 2025	**33,938**	**2,303**	**1,741**	**37,981**

	2023-2024			
	TCPC	CPP	CPPFAC	Total
	£000	£000	£000	£000
Carrying value at 1 April 2023	26,302	1,869	1,239	29,410
Share of profit	6,346	333	287	6,966
Less distributions	(5,801)	0	0	(5,801)
Carrying value at 31 March 2024	26,847	2,202	1,526	30,575

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	**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 2024 and the Quarter 1 management accounts to the end of March 2025 but are not adjusted for share of profits attributable but not distributed to The Christie NHS Foundation Trust.

			2024-2025	
	Non Current Assets	**Current Assets**	**Current Liabilities**	**Total Profit**
	As at 31 March 2025 £000	**As at 31 March 2025 £000**	**As at 31 March 2025 £000**	**2024-2025 £000**
The Christie Clinic LLP (TCPC)	**35,116**	**18,934**	**(4,279)**	**18,789**
The Christie Pathology Partnership LLP (CPP)	**0**	**5,400**	**(827)**	**191**
CPP Facilities LLP (CPPFAC)	**679**	**4,300**	**(1,448)**	**405**
Total	**35,795**	**28,634**	**(6,554)**	**19,385**

			2023-2024	
	Non Current Assets	Current Assets	Current Liabilities	Total Profit
	As at 31 March 2024 £000	As at 31 March 2024 £000	As at 31 March 2024 £000	2023-2024 £000
The Christie Clinic LLP (TCPC)	28,501	14,496	(4,834)	16,495
The Christie Pathology Partnership LLP (CPP)	0	5,884	(1,490)	658
CPP Facilities LLP (CPPFAC)	1,006	3,754	(1,653)	555
Total	29,507	24,134	(7,977)	17,708

The above note has been represented, therefore is not comparable with the prior year information.

Inventories	**Group 2024-2025 £000**	**NHS Foundation Trust 2024-2025 £000**	Group 2023-2024 £000	NHS Foundation Trust 2023-2024 £000
Drugs	**4,340**	**219**	3,550	221
Raw materials and Consumables	**356**	**356**	283	283
Total	**4,696**	**575**	3,833	504
Inventories recognised in expenses	**(95,885)**	**(10,464)**	(79,876)	(4,716)
Total	**(95,885)**	**(10,464)**	(79,876)	(4,716)

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	
	2024-2025	2023-2024	**2024-2025**	2023-2024
	£000	£000	**£000**	£000
NHS contract receivables	**6,773**	3,606	**0**	0
Non- NHS contract receivables	**10,875**	10,526	**0**	0
NHS contract receivables not yet invoiced	**6,096**	3,823	**0**	0
Non-NHS contract receivables not yet invoiced	**10,696**	4,140	**0**	0
Interest Receivable	**510**	616	**0**	0
Provision for impairment of receivables	**(472)**	(586)	**0**	0
Prepayments	**6,487**	5,114	**0**	0
PDC dividend recievable	**400**	0	**0**	0
VAT receivable*	**1,566**	1,255	**0**	0
Clinician pension tax provision reimbursement funding from NHSE	**7**	6	**513**	489
Other receivables	**643**	345	**0**	0
Trade and other receivables	**43,581**	28,845	**513**	489

* VAT receivable includes £882k (2023/24 £733k) VAT owing to The Christie Pharmacy Limited.

	NHS Foundation Trust			
	Current		Non-current	
	2024-2025	2023-2024	**2024-2025**	2023-2024
	£000	£000	**£000**	£000
NHS contract receivables	**6,773**	3,606	**0**	0
Non- NHS contract receivables	**10,875**	10,522	**0**	0
NHS contract receivables not yet invoiced	**6,096**	3,823	**0**	0
Non-NHS contract receivables not yet invoiced	**10,674**	3,894	**0**	0
Interest Receivable	**510**	616	**0**	0
Provision for impairment of receivables	**(472)**	(586)	**0**	0
Prepayments	**6,455**	5,061	**0**	0
PDC dividend recievable	**400**	0	**0**	0
VAT receivable	**684**	522	**0**	0
Clinician pension tax provision reimbursement funding from NHSE	**7**	6	**513**	489
Other receivables	**745**	903	**0**	156
Trade and other receivables	**42,747**	28,367	**513**	645

13.2 Allowances for credit losses

	Group and NHS Foundation Trust	
	Receivables and contract assets	Receivables and contract assets
	2024-2025	2023-2024
	£000	£000
At 1 April	**586**	702
New allowances arising	**0**	226
Reversals of allowances	**(114)**	(342)
At 31 March	**472**	586

14 Cash and cash equivalents

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2024-2025	2024-2025	2023-2024	2023-2024
	£000	£000	£000	£000
Balance at 1 April	136,608	135,750	196,803	142,911
Net change in the year	(7,167)	(7,059)	(60,195)	(7,161)
Balance at 31 March	129,441	128,691	136,608	135,750

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
Broken down into:	2024-2025	2024-2025	2023-2024	2023-2024
	£000	£000	£000	£000
Cash at commercial banks and in hand	753	3	888	30
Cash with the Government Banking Service	128,688	128,688	135,720	135,720
Cash and Cash Equivalents as in Statement of Financial Position	129,441	128,691	136,608	135,750

14.1 Analysis of changes in net funds / (debt)

	1 April 2024	Group Movement in year	31 March 2025
	£000	£000	£000
Cash at bank and in hand	136,608	(7,167)	129,441
Debt due within one year (Borrowings see note 16.1)	(3,830)	21	(3,809)
Debt due after one year (Borrowings see note 16.1)	(44,044)	3,519	(40,525)
Total net funds	88,734	(3,627)	85,107

	1 April 2024	NHS Foundation Trust Movement in year	31 March 2025
	£000	£000	£000
Cash at bank and in hand	135,750	(7,059)	128,691
Debt due within one year (Borrowings see note 16.1)	(3,830)	21	(3,809)
Debt due after one year (Borrowings see note 16.1)	(44,044)	3,519	(40,525)
Total net funds	87,876	(3,519)	84,357

15 Trade and other payables

	Group			
	Current		Non-current	
	2024-2025	2023-2024	**2024-2025**	2023-2024
	£000	£000	**£000**	£000
NHS payables revenue	**6,872**	9,556	**0**	0
Non-NHS payables revenue	**10,291**	10,288	**0**	0
Capital Payables	**8,806**	12,163	**0**	0
Other payables	**240**	180	**0**	0
Other taxes payable	**77**	116	**0**	0
Pensions Contributions Payables	**3,163**	2,737	**0**	0
Accruals	**23,393**	23,463	**0**	0
PDC dividend payable	**0**	125	**0**	0
	52,842	58,628	**0**	0
Taxes payable	**4,898**	4,498	**0**	0
Total Trade and Other Payables	**57,740**	63,126	**0**	0

	NHS Foundation Trust			
	Current		Non-current	
	2024-2025	2023-2024	**2024-2025**	2023-2024
	£000	£000	**£000**	£000
NHS payables revenue	**6,872**	9,556	**0**	0
Non-NHS payables revenue	**9,829**	9,432	**0**	0
Capital Payables	**8,806**	12,163	**0**	0
Other payables	**240**	166	**0**	0
Pensions Contributions Payable	**3,163**	2,737	**0**	0
Accruals	**20,453**	21,923	**0**	0
PDC dividend payable	**0**	125	**0**	0
	49,440	56,101	**0**	0
Taxes payable	**4,758**	4,456	**0**	0
Total Trade and Other Payables	**54,198**	60,557	**0**	0

15.1 Other liabilities

	Group			
	Current		Non-current	
	2024-2025	2023-2024	**2024-2025**	2023-2024
	£000	£000	**£000**	£000
Deferred Income: contract liabilities (Research and Development)	**1,077**	788	**5,147**	3,764
Deferred grants	**1,121**	1,319	**2,187**	1,724
Deferred income: other (non-IFRS 15)	**5,692**	5,132	**10,114**	9,011
Total Other Liabilities	**7,890**	7,239	**17,448**	14,499

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 £2,479k (2023-24 £2,500k).

£788k of revenue included in the deferred income balance as at 1 April 2024 was recognised in 2024-25 (£664k 2023-24).

16. Borrowings

All Borrowings of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust.

16.1 Borrowings

	Group			
	Current		Non-current	
	2024-2025	2023-2024	**2024-2025**	2023-2024
	£000	£000	**£000**	£000
Loan from ITFF	**925**	929	**4,818**	8,240
Loan from ITFF - Proton Beam Therapy Unit	**2,787**	2,804	**35,382**	35,382
Lease Liabilities	**97**	97	**325**	422
Total	**3,809**	**3,830**	**40,525**	**44,044**

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 £51.4m of the loan as at 31 March 2024. It is not anticipated the remaining £1.1m will be drawn down against this loan. 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.

16.2 Reconciliation of liabilities arising from financing activities

	Group		
	DHSC Loans	**Lease Liabilities**	**Total**
	£000	**£000**	**£000**
Carrying value at 1 April 2024	**47,356**	**519**	**47,875**
Cash movements:			
Financing cash flows - payments of principal	**(3,423)**	**(97)**	**(3,520)**
Financing cash flows - payments of interest	**(1,172)**	**(4)**	**(1,176)**
Non-cash movements:			
Interest charge arising in year	**1,151**	**4**	**1,155**
Carrying value at 31 March 2025	**43,912**	**422**	**44,335**

	Group		
	DHSC Loans	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	50,802	615	51,417
Cash movements:			
Financing cash flows - payments of principal	(3,423)	(97)	(3,520)
Financing cash flows - payments of interest	(1,270)	(4)	(1,274)
Non-cash movements:			
Interest charge arising in year	1,246	5	1,252
Carrying value at 31 March 2024	47,356	519	47,875

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 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Pensions - ill health retirement	**31**	31	**341**	347
Pensions - early departure costs	**10**	10	**44**	53
Personal injury claims	**36**	30	**0**	0
Legal claims	**2,624**	261	**0**	0
Other	**1,353**	1,149	**513**	487
Total	**4,053**	**1,480**	**899**	**887**

	Pensions Ill health retirement	Pensions early departure	Personal injury claims	Legal Claims	Other	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2024	**376**	**63**	**30**	**261**	**1,637**	**2,367**
Change in discount rate	**2**	**0**	**0**	**0**	**(5)**	**(3)**
Arising during the year	**0**	**0**	**27**	**2,797**	**484**	**3,308**
Utilised during the year	**(32)**	**(12)**	**(9)**	**(359)**	**(275)**	**(686)**
Reversed unused	**0**	**0**	**(13)**	**(76)**	**0**	**(89)**
Unwinding of discount	**26**	**5**	**0**	**0**	**25**	**56**
At 31 March 2025	**371**	**56**	**36**	**2,623**	**1,866**	**4,952**
Expected timing of cash-flows:						
Not later than 1 year	**31**	**10**	**36**	**2,624**	**1,353**	**4,053**
Later than 1 year not later than 5 years	**116**	**31**	**0**	**0**	**68**	**216**
Later than 5 years	**224**	**12**	**0**	**0**	**445**	**682**
	371	**54**	**36**	**2,624**	**1,866**	**4,952**

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
VAT*	**1,346**
Clinicians' tax provision **	**520**
	1,866

* 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.

** 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).

£4,077k is included in the provisions of the NHS Litigation Authority as at 31 March 2025 in respect of the clinical negligence liabilities of the Trust (£4,665k at 31 March 2024).

18. Contingencies at 31 March

18.1 Contingent Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Personal injury claim	**24**	**24**	16	16
	24	**24**	16	16

The personal injury claims liability is based upon information supplied by the NHS Litigation Authority.

18.2 Contingent Assets

The Group has no contingent assets at the balance sheet date.

19. Commitments

19.1 Capital commitments

At 31 March 2025 the capital commitments contracted amounted to £0.7m (31 March 2024: £1.0m). The current commitment reflects the refurbishment of the Molecular Radiotherapy facility which is expected to be completed in early 2025-26.

20. Losses and special payments

	Group			
	2024-2025	**2024-2025**	2023-2024	2023-2024
	Number of Cases	**Amount**	Number of Cases	Amount
		£000		£000
Bad Debts	**44**	**156**	76	24
Stores losses - pharmaceuticals*	**1**	**235**	1	199
Ex gratia payments - personal injury with advice	**1**	**15**	2	12
	46	**406**	79	235

2,468 low cost drugs items were written off across the year (2023-24 3,556) in Pharmacy stores due to expiration dates, or breakages and spillages.

21. 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 or The Christie Pharmacy Limited.

The Department of Health and Social Care is the parent organisation and is regarded as a related party. During the year The Christie NHS Foundation Trust Group has had a significant number of material transactions totalling £1,503k (2023-24: £1,710k) with the Department. In addition the Group had significant transactions with other entities for which the Department is regarded as the parent. These entities are listed below:

Bolton NHS Foundation Trust
Manchester University NHS Foundation Trust
Mid Cheshire NHS Foundation Trust
NHS Cheshire and Merseyside ICB
NHS Derby and Derbyshire ICB
NHS England - Central Specialised Commissioning Hub
NHS England - Core
NHS England - North East and Yorkshire Regional Office
NHS England - North West Regional Office
NHS Greater Manchester ICB
NHS Lancashire and South Cumbria ICB
NHS Resolution
NHS Stafford and Stoke-on Trent ICB
Northern Care Alliance NHS Foundation Trust
Wrightington, Wigan and Leigh NHS Foundation Trust

Other bodies within the Whole Government Accounts (WGA) boundary the Group has had material transactions with are listed below:

	2024-2025	**2024-2025**	2023-2024	2023-2024
	Receivables	**Payables**	Receivables	Payables
	£000	**£000**	£000	£000
HM Revenue & Customs	**1,566**	**4,980**	1,255	4,614
NHS Pension Scheme	**0**	**3,163**	0	2,737
Welsh Health Bodies	**1,590**	**0**	0	0
NHS Blood & Transplant	**138**	**44**	0	39

	2024-2025	**2024-2025**	2023-2024	2023-2024
	Income	**Expenditure**	Income	Expenditure
	£000	**£000**	£000	£000
HM Revenue & Customs	**0**	**19,928**	0	17,783
NHS Pension Scheme	**0**	**35,576**	0	26,783
Welsh Health Bodies	**8,943**	**0**	4,898	0
NHS Blood & Transplant	**160**	**3,188**	0	2,920

The Group has had material transactions with the following joint ventures:

	2024-2025	**2024-2025**	2023-2024	2023-2024
	Receivables	**Payables**	Receivables	Payables
	£000	**£000**	£000	£000
The Christie Clinic LLP	**2,147**	**418**	2,098	101
The Christie Pathology Partnership LLP	**416**	**243**	340	136
CPP Facilities LLP	**266**	**92**	259	78

	2024-2025	**2024-2025**	2023-2024	2023-2024
	Income	**Expenditure**	Income	Expenditure
	£000	**£000**	£000	£000
The Christie Clinic LLP	**10,324**	**1,009**	9,358	971
The Christie Pathology Partnership LLP	**1,662**	**7,494**	1,516	6,767
CPP Facilities LLP	**841**	**4,094**	916	3,458

The Trust has had material transactions with the following:

	2024-2025	**2024-2025**	2023-2024	2023-2024
	Income	**Expenditure**	Income	Expenditure
	£000	**£000**	£000	£000
The Christie Pharmacy Limited	**140**	**90,077**	140	88,924

22. 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.

22.1 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 2025	**Level 1 £000**	**Level 2 £000**	**Level 3 £000**	**Total £000**
Financial assets				
Investments in Joint Ventures - note 11.1	**0**	**0**	**37,981**	**37,981**
As at 31 March 2024	Level 1 £000	Level 2 £000	Level 3 £000	Total £000
Financial assets				
Investments in Joint Ventures - note 11.1	0	0	30,575	30,575

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.

22.2 Financial Assets

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
NHS receivables	**13,389**	**13,389**	7,924	7,924
Non-NHS receivables	**22,252**	**22,332**	15,041	15,349
Cash at bank and in hand	**129,441**	**128,691**	136,608	135,750
Total at 31 March	**165,082**	**164,412**	159,573	159,023
Financial assets are stated at amortised cost.				
Receivables and Other Financial assets not relating to definition of Financial Assets	**8,453**	**7,539**	6,369	5,583

22.3 Financial Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
NHS payables	**6,872**	**6,872**	9,556	9,556
Non-NHS payables	**41,338**	**37,936**	47,652	46,420
Borrowings - loans from the Department of Health and Social Care	**43,913**	**43,913**	47,356	47,356
Obligations under leases	**422**	**422**	519	519
Total at 31 March	**92,544**	**89,143**	105,083	103,851
Financial liabilities are stated at amortised cost.				
Other payables not relating to definition of Financial Liabilities	**9,530**	**9,390**	5,918	4,581

22.4 Maturity of financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
In one year or less	**52,023**	**48,621**	61,042	59,811
In more than one year but not more than five years	**14,021**	**14,021**	18,233	18,233
In more than five years	**26,509**	**26,509**	34,169	34,169
Total	**92,553**	**89,151**	113,444	112,213

This maturity analysis of financial liabilities is required by IFRS 7 (para B11D) to be an analysis of undiscounted future contractual cash flows (i.e. gross liabilities including finance charges). It is not expected to match the book values detailed in note 22.3 above.

23. Public Dividend Capital

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2024-2025	**2024-2025**	2023-2024	2023-2024
	£000	**£000**	£000	£000
Public dividend capital at start of year	**176,121**	**176,121**	165,512	165,512
New public dividend capital received	**1,623**	**1,623**	10,609	10,609
	177,744	**177,744**	176,121	176,121

During 2024-25 the Trust received the following New Public Dividend Capital :-

Project	**£'000**
IT Asset and vulnerability management system	**78**
Critical Infrastructure Risks Programme	**1,545**
Total	**1,623**

24. Events after the reporting year

In 2024-25 The Christie NHS Foundation Trust had no events after the reporting year.

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