



Annual report and accounts
2022/23



**The Christie NHS Foundation Trust
Annual Report and Accounts 2022/23**

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paragraph 25 (4) (a) of the National Health
Service Act 2006

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Chair and Chief Executive's statement

Welcome to our Annual Report and Accounts for 2022/2023. For the NHS as a whole, this has largely been another year of challenge and recovery. The Christie is no different, but we continue with our desire to ensure excellent cancer care continues for our patients - no matter what.

We are very proud of our consistently excellent performance as we continue to recover from the global pandemic which has had such a big influence over the last few years. New challenges have inevitably emerged this year with the nationwide cost of living crisis and the related industrial action. Despite these issues, we remain steadfast in our goal to deliver the very best research, care and treatment for our patients. Our strong operational and financial performance is enabling us to continue to flourish with our goals.

Each and every member of our team at The Christie continues to make patient care our highest priority. We continue to ask great things of our staff. Exceptional performance is not just expected, it is the norm here, and we are proud of everything our excellent teams achieve.

This year, The Christie has continued to operate as a protected site, working under strict biosecurity measures to ensure we have been consistently able to treat our patients safely. Due to the particularly vulnerable nature of our patients, we continue to take a cautious approach to the easing of measures in our hospital, but we consider ourselves to be very much business as usual now.

Many learnings and new procedures from the pandemic remain in place, but we have been pleased to use the opportunity to develop and learn. Some things have gone back to normal whilst some new practices have been for the better and have become the new normal.

Our plans and performance continue to support the sustained delivery of our services going

forward as well as supporting the full recovery of cancer service across other care providers in the Greater Manchester system.

It has therefore been another year of progress and development for The Christie. We are continually striving to improve the care we offer to our patients and to develop our cancer research and education.

As we celebrated the first anniversary of our new facilities in Macclesfield, we have been particularly proud to note the refurbishment of our 'care closer to home' radiotherapy centre in Oldham, which as the first of its kind to open, was the catalyst in providing as much care as possible nearer to home for many thousands of our patients.

Our new research facility, the Paterson building, is complete and teams will move in this year, providing us with a purpose-built biomedical cancer research facility, allowing us to develop our research capability like never before. Hand in hand with our partners, The University of Manchester and Cancer Research UK, this new centre will help us achieve our ambition of leading the world in clinical trial recruitment, supporting the development of new and kinder cancer therapies.

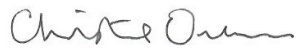
And this year, our programme of patient-facing clinical research has continued to thrive, giving patients access to new treatments and new hope.

Alongside our research activities, our expertise also remains in demand. We have been able to continue progression in both Christie Education and The Christie International. Our world-renowned clinicians continue to be in demand across the globe for their knowledge and experience in cancer care and education.

The Christie considers itself to be a progressive and collaborative organisation and none of our achievements would be possible without our staff, partners, governors, members, volunteers,

charity, patients and so many others we work with across Greater Manchester and Cheshire, as well as nationally and internationally.

We would like to take this opportunity to say thank you to all those involved for your commitment and dedication in our goal to provide the very best care for our patients.



Christine Outram
Chairman



Roger Spencer
Chief Executive

About us

As renowned world experts in cancer care, research and education, at The Christie we are proud of our reputation locally, regionally, nationally and internationally. Absolutely everything we do is driven by our goal to constantly improve services for our patients and to provide the best cancer care possible. We have over a century of expertise in our field, and we ensure that experience is used to keep us at the forefront of cancer care and driving innovation.

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

We employ over 3,700 staff and have an annual turnover of £429 million.

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

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

We are a specialist tertiary surgical centre concentrating on rare cancers, specialist procedures and multidisciplinary cancer surgery.

We are one of the largest hyperthermic intraperitoneal chemotherapy (HIPEC) centres in western Europe and one of only two in the UK to provide this treatment for appendiceal and colorectal tumours. We have one of the largest

robotic surgery centres in the UK and the largest complex pelvic cancer team in the UK.

Our most recent CQC inspection report highlights that our staff continue to give our patients high quality care and gives us an overall rating of Good. The report identifies areas where we can learn and where we must improve, we have submitted an action plan to the CQC. The areas for improvement are; ensuring all staff undertake mandatory training and appraisals; improving the assurance evidence for the fit and proper person test; improving the timeliness of incident reviews; complaint responses; risk assessment reviews; policy updates and ensuring adherence to trust policies for antimicrobial prescribing. The CQC have also told us that some staff do not feel they have been listened to. In response, we have commissioned an independent cultural review. This will give us a more detailed assessment of the issues and advise us on how we can further develop a healthy culture which promotes engagement and diversity.

The Trust has completed the Equality Delivery System (EDS) 2022 self-assessment of existing activities and developed an action plan within the guidance set out by the NHSE Patient Equality Team. These have been voluntarily published on our website ahead of the mandatory publication in 2024. This fulfils the Trust's obligations under the Public Sector Equality Duty. It considers amongst many other issues and for all protected characteristics matters such as whether patients have the required levels of access to the service, whether individual patients' health needs are met, whether when patients use the service they are free from harm and whether patients report positive experiences of the service.

The Christie has a long-standing strategic approach of promoting geographical equity of access to its services, deliberately focussing improvements in the more deprived parts of Greater Manchester and Cheshire and in those

populations with particular needs for the cancer care we provide. This approach is incorporated within our strategic themes of “Local and Specialist Care”, “The Christie Experience”, “Best Outcomes” and “Leading Cancer Care”. In 2022 it was exemplified by the bringing of The Christie at Macclesfield (opened December 2021) into service to provide high quality local access to care with a focus on the frail elderly patients. We have also worked with and through the Cancer Alliance (and its previous manifestations) to support improvements in cancer care across our communities including improvements in prevention and screening services and initiatives with local authorities to address the wider determinants of health.

The Trust’s 5-year refreshed strategy and service development plan (March 2023) includes specific proposals to address health inequalities over the coming five years by supporting better access to first line cancer care and access to clinical trials. Our Equality, Diversity and Inclusion Plan (2019-2023) sets out more details on our approaches to this issue in respect of our staff and ensuring that our services meet the needs of patients. We have also considered the national CORE20 PLUS 5 approach and the Greater Manchester ICS’s early statements on health inequality priorities.

In line with the checklist for NHS Boards produced by NHS England we have also: appointed a named Executive Director to be accountable for addressing health inequalities (as distinct from addressing EDI amongst our staff), reviewed and increased the diversity of Board members and senior leaders, included health inequalities training into our board development programme, participated in system wide initiatives such as the anchor organisation programme, and built health inequalities impact assessments into our business case and other decision making processes at board and committee level. We plan to use the Health Inequalities Learning Framework tool for future

reporting and board assurance.

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

We have been named, by the National Institute for Health Research (NIHR), as one of the best hospitals providing opportunities for patients to take part in clinical research studies.

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

We are part of the Manchester Cancer Research Centre (MCRC) working with The University of Manchester and Cancer Research UK. The MCRC partnership provides the integrated approach essential to turn research findings in the laboratory into better, more effective treatments for patients. Building on Manchester’s strong heritage in cancer research, the MCRC provides outstanding facilities where scientists, doctors and nurses can work closely together. With our partners, we have built a new world class transformational research facility to replace the Paterson building which was destroyed by fire in 2017.

We are also one of seven partners in the Manchester Academic Health Science Research Centre. We share a common goal of giving

patients and clinicians rapid access to the latest research discoveries and improving the quality and effectiveness of patient care. There are only eight health science centres in the country.

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

Our Charity is one of the largest NHS Charities in the UK, providing enhanced services over and above what the NHS funds. It has over 50,000 supporters who helped raise £23m this year. With 88p in every pound raised going directly to the patients, we work hard to make sure that the money donated to us is spent where the hospital needs it most.

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

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

Our overall performance in 2022/2023 has been excellent. The Christie is one of only eight specialist trusts in England deemed to have maximum autonomy and no potential support needs by NHS England. This places us in the top 15% of NHS providers in the country.

This Annual Report contains many examples of our pursuit of innovation and progression which

embrace our vision for a truly world-class cancer centre.

Review of the year: The highest levels of care despite the challenges we face

During 2022/23, as we continue to work on our recovery from COVID-19, our top priority has been to provide safe, quality services for our patients during an unprecedented global pandemic. Yet despite the pressure this placed upon our organisation, we are proud to have been able to ensure our care has remained of the highest standard.

This Annual Report and Accounts includes examples of the dedication and determination of every single person in The Christie team to ensure we deliver the highest levels of care, and we continue our progression and innovation as we maintain our ambition to develop a world-class cancer centre.

This year, The Christie has continued to operate as a protected site, working under strict biosecurity measures to ensure we have been consistently able to treat our patients safely despite the ongoing prevalence of COVID-19. We continue to be inspired by our patients, who have adapted to the changes in the best spirit possible. We have been able to relax measures where possible such as no longer asking patients to attend appointments alone and restricting visiting. Every measure we had to introduce was accepted positively and we hope those in our care remain reassured by everything we do to protect their safety.

Each and every member of our team at The Christie is at the centre of making our care for patients the highest priority. We have continued to ask great things of our staff where exceptional circumstances have become normal, and for that we couldn't be more proud.

Right now, we are very much business as usual for our patients, including those who have been affected by COVID-19. We also provide some additional treatment for patients who may usually have received their cancer care in other hospitals across our network. We are developing plans that will continue to support the sustained

delivery of our services going forward as well as supporting the full recovery of cancer service across other care providers in our Greater Manchester system.

The Christie is working closely with the cancer alliance to accelerate the continued recovery of cancer services across Greater Manchester. Actions include The Christie providing additional cancer surgical capacity to support mutual aid arrangements with other hospitals.

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

Feedback is one of the main ways we identify our strategy is working, and we continue to perform well in surveys and patient feedback exercises.

Patients at The Christie gave us excellent marks in the annual national inpatient survey, published by the Care Quality Commission (CQC) in which The Christie performed 'Much better than expected' compared with other hospital trusts. Patients gave the cancer centre a score of 9 out of 10 in the survey when asked what their overall experience was while they were in hospital, which was 'much better than expected' than other trusts' in the survey.

The Christie is proud to be the largest radiotherapy provider in the NHS. We are also the largest provider in Europe, with one in 20 radiotherapy treatments delivered at The Christie. We are one of only two cancer centres worldwide to offer both MR-linac and high energy proton beam therapy (the other is MD Anderson in Texas, US). This year we celebrated treating 1,000 patients with the pioneering

cancer treatment of proton beam therapy (PBT) following the opening of our centre in 2018. And we also saw our radiotherapy centres embark on a major refurbishment more than 12 years after the first one opened with a £6.3 million programme starting in Oldham.

As our patient numbers continue to grow, providing care closer to home is becoming ever more important and this year we were delighted when our new Christie cancer centre in Macclesfield celebrated its first 12 months of service in a new building providing a purpose-built unit for more than 1,500 patients attending up to 40,000 appointments every year.

During 2022/23, we have also seen the further development of our services to provide chemotherapy closer to and in patients' homes, which has been particularly important as part of our drive to keep people safe during the pandemic. Our 'bloods closer to home' is another extension of this and has also expanded with new capacity in both Bury and Bolton thanks to additional funding from our charity.

Our surgery team at The Christie is nationally and internationally respected, and as well as the continued expansion of our robotic surgery with the arrival of a new surgical robot, we celebrated the 20th anniversary of our peritoneal tumour service. These tumours, found in the abdomen, are rare and often require complex treatment. The Christie is 1 of only 2 centres in the UK to treat them. Over the last 20 years, the team has received 5,153 referrals and carried out 2,077 major surgeries. Clinicians from as far away as Sri Lanka and Pakistan have benefitted from the expertise of the 40-member multidisciplinary team of experts at The Christie.

The Christie was also named as one of the inaugural European Prostate Cancer Centres of Excellence. The specialist cancer centre in Manchester is the only facility in the UK to be

given the accreditation. To be given this status, The Christie had to meet a number of criteria across 3 key areas: clinical care, research and education.

Our anaesthetists have also been recognised for providing the highest quality care to their patients. The Anaesthesia and Critical Care department has achieved the prestigious Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA) demonstrating its commitment to patient safety and excellence of care.

Much of the care and treatment at The Christie remains focused around developing the treatments of the future. Our research and innovation team is now operating more than 900 studies and is one of the biggest cancer clinical trials centres in Europe. Through our NIHR Manchester Clinical Research Facility at The Christie, staff and patients benefit from a large, high quality, dedicated clinical research environment where patients can participate in complex and early phase clinical trials. Research teams have continued to achieve the recruitment of the first patients to a number of UK, European and global clinical trials meaning that Christie patients have had unique access to many pioneering therapies.

We have benefited from various major funding awards this year including a £59.1 million award given to The National Institute for Health and Care Research (NIHR) Manchester Biomedical Research Centre. (BRC). This is the largest single research award given by the NIHR and will allow The Christie and other BRC partners to translate scientific discoveries into new treatments, diagnostic tests, and medical technologies to improve patients' lives in Greater Manchester, and beyond, over the next five years. Meanwhile, the Manchester Experimental Cancer Medicine Centre (ECMC) received funding of

more than £3 million over the next five years to help doctors and scientists find the cancer treatments of the future, made possible by a partnership between Cancer Research UK and the National Institute for Health and Care Research.

Manchester is part of a network of 17 ECMCs across the UK which deliver clinical trials of promising new treatments. Since 2007, when the network was first established, around 30,000 patients have taken part in 2,100 trials. The funding will allow new, experimental treatments - including immunotherapies - for a wide variety of cancers to be developed, as well as improve existing treatments.

Our new research facility, a new Paterson building built at The Christie to replace the fire-damaged old Paterson building was completed on 31st March 2023. This is a purpose-built biomedical cancer research facility bringing together three powerhouses of innovation – The Christie, The University of Manchester and Cancer Research UK. The new facility will be home to several hundred scientists, doctors, nurses and support staff who will be at the heart of our ambition to lead the world in clinical trial recruitment, supporting the development of new and kinder cancer therapies.

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

Our charity has faced another difficult year, with many fundraising events and activities still affected by the pandemic. Since last year we are projecting a 16% increase in fundraising income. This is a huge uplift and shows how we are recovering from the COVID-19 pandemic. Unfortunately, the cost-of-living crisis is now starting to have an impact. But our activity levels

are still buoyant and thanks to our loyal supporters we are very positive about the year ahead. The charity has over 50,000 supporters who helped raise £23m this year.

This year saw the continued growth of our Christie Education team with the team delivering high-quality education and training to students, staff, and the national/international cancer workforce. Christie Education is a world class teaching centre, bringing together professional and pre-registration education, plus continuing professional development activities into one structure. During this period, placements for 462 Manchester medical students were delivered. The team continues to thrive in the ever-adapting world of virtual training and conferencing with more delegates welcomed virtually.

Alongside Christie Education, our Christie International arm continues to make progress, offering expertise and education to other cancer centres across the globe.

The Christie is committed to sustainable healthcare, and we recognise it is our duty to contribute towards the level of ambition set out in Delivering a 'Net Zero' National Health Service. The Delivering a 'Net Zero' National Health Service report provides targets to reduce system wide carbon emissions and this year a 'Green Team' competition amongst our workforce where staff suggested energy saving measures that could be implemented, resulted in projected annual savings equating to almost 300,000 miles in an average car or the carbon absorbed by 3,976 mature trees.

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

The success of our clinicians also continues to be celebrated with many receiving praise regionally and nationally for their work. Elsewhere in this report the awards and accolades we are proud of are celebrated.

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

This report looks back on the highlights of the last 12 months but also set outs our plans for the year ahead. The strength of our underlying patient centred culture, highly motivated and compassionate staff, oncology expertise and organisational culture will ensure that we can respond in an agile and effective way to any new demands placed upon us.

As we look ahead to 2023/24, we know there will be further challenges to face, in particular the need to respond to the pressures brought on by the cost of living crisis.

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

Radiotherapy and Proton Services

2022/23 saw Radiotherapy and Proton Services tackle new challenges brought about by the COVID pandemic. This included the continued growth in demand back to pre-pandemic levels, whilst also being faced with increased levels of clinical complexity.

Up to the end of February 2023 almost 6,500 patients had been treated by the Radiotherapy department resulting in over 84,000 fractions being administered. But there has been clear growth in year, with an additional 48 hours of treatment being performed per month in the second half of the year compared to the first.

A focus on continual improvement has ensured that patient care is unaffected by this increased demand. Initiatives, such as those overseen by the scheduling teams, has seen the length of time patients wait to receive a first treatment date reduce by half. Furthermore, the award of the Macmillan Quality Environment Mark to the Oldham and Macclesfield centres, together with the Christie Quality Mark to the Withington Radiotherapy and Proton services demonstrates our ongoing commitment to outstanding patient care.

Service development has continued at pace. The expansion of Stereotactic Body Radiotherapy (SABR) has continued, including the roll-out of these techniques onto the new machines in Macclesfield – taking SABR closer to home. But new SABR techniques, such as pelvis reirradiation have also been added to a rapidly expanding portfolio.

Linear Accelerator Replacement Programme

Following the opening of the Macclesfield centre, 2022/23 also saw the commencement of an ambitious programme of work replacing our fleet of treatment machines and CT scanners. Replacement of the equipment at the Oldham centre is almost complete, meaning patients from the North East sector of Greater Manchester will

soon benefit from state-of-the-art equipment, and the roll out of techniques such as SABR can continue. Achieving this on plan with little to no effect on service provision is testament to the skill and agility of all staff involved. Indeed, this will be key to the year ahead, as the focus of our replacement programme moves to the Salford centre.

Proton Beam Therapy (PBT)

2022/23 saw the ramp-up of the UK's second PBT service at University College London Hospitals NHS Foundation Trust (UCLH). Despite this doubling of capacity, the Christie service is still on course to treat 230 patients this year. This figure is consistent with the previous year, reflecting the rapid growth in demand for PBT.

The PBT service has proven to be a great example of system leadership. Since the opening of the UCLH service, they have fostered the relationships and put in place the governance structures to reap all the benefits of an integrated, national PBT service. The new Joint Services Committee has proven to be a great success, capturing shared learning when things go right as well as when things go wrong.

The quality of care provided by the PBT teams received national recognition, when they reached the final of The Sun's Who Cares Wins Team of the Year Award.

Radiotherapy and Proton Education

During 2022/23 the Education team have received regional, national, and international recognition for their pioneering work expanding placement access using digital technology. Building on recognition from the Chief Allied Health Professions Officer (CAHPO) last year, their continued work has led to them being:

- Awarded the Society of Radiographers' NW Team of the Year;
- Nominated for the Nursing Times' Placement of the Year;

- Tasked with expanding digital clinical placements across the North West of England;
- Invited to work with international partners on the “Foundations in Oncology” programme.

Research and Clinical Trials

2022/23 has been another strong year in terms of the numbers of clinical trials that have been opened across Radiotherapy and Proton Services. Notable highlights include:

- Radiotherapy clinical trials opening at satellites for the first time, improving equity of access to clinical trials for those who have difficulty travelling to Withington for their radiotherapy; and
- The opening of the PARABLE trial looking at the benefits of PBT for breast patients.

The presence of Christie Radiotherapy and Proton research at international conferences has grown once again. Both services have had record numbers of papers accepted at the annual meetings of organisations such as the European Society for Radiotherapy and Oncology (ESTRO) and the Particle Therapy Co-Operative Group (PTCOG).

Christie Medical Physics & Engineering

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

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

The imaging physics and radiation protection group includes the specialist areas of diagnostic x-ray imaging, radiation protection, magnetic resonance imaging, ultrasound and optical radiation. The group supports activities at The Christie and also provides scientific support services to many hospitals in the North-West and other private healthcare organisations. The size of the group and the specialist skills of the employees means it is well placed to take a lead role in the establishment of sustainable physics services to the North-West Imaging Network. The group recently won a tender to provide its services to the Northern Care Alliance.

The nuclear medicine group provides diagnostic nuclear medicine, positron emission tomography and computed tomography (PET-CT) and molecular radiotherapy (MRT) services at The Christie, alongside providing support to regional and national services. In 2022/23 we commissioned our new gamma camera and refurbished our radiopharmacy. We are working to expand our PET-CT and MRT services to meet the increase in demand for both throughout the North-West of England; the next major development is the addition of PET-CT (operating in partnership with Alliance Medical) to Oldham Community Diagnostic Centre (CDC) in April 2023, providing cancer imaging closer to home for patients in one of the most deprived boroughs in Manchester.

The radiotherapy physics group provides clinical, scientific, and engineering support to radiotherapy services at The Christie and at its three satellites for both photons and protons.

Treatment planning activity through the year has remained high and has now exceeded pre-pandemic levels by 12%. Key achievements for the year include the installation and commissioning of two new linacs at Oldham, clinical implementation BrainLab Elements, a new planning system for stereotactic radiotherapy, implementation of HDR brachytherapy for gynaecological sites and further improvements to the breast pathway including breast VMAT for nodal irradiations (PARABLE trial) which has implemented state of the art tools available in RayStation including deformable registration and robust optimisation.



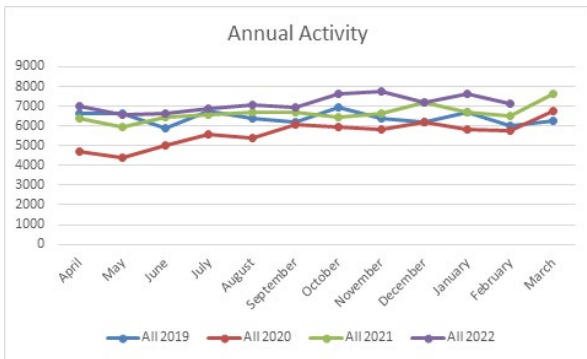
Oldham linac installation

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 is continuing to expand through increased patient numbers and new clinical indications. During the last year the team supported the opening of the first U.K. proton trial for breast cancer (Parable) and have treated the first patients here and supported case review for those patients treated at UCLH. The team has also supported the development of several evaluative commissioning studies due to open this year including proton therapy for adults with nasopharyngeal cancer. In addition to this clinical development, the team have collaborated with the Precise research group on their projects (e.g. FLASH PBT).

Systemic Anti-Cancer Treatment Service (SACT)

We are on plan to have delivered 89,000 SACT treatments to patients across all our SACT treatment facilities by the end of the financial year 2022/23. In 2023/24, we are planning a 7% growth, to deliver over 94,000 SACT treatments.

The continuous development of new immunotherapy treatments for more disease groups and an increase in maintenance therapies means that more patients are continuing on treatment for longer.



By working collaboratively with our third party providers, hospice and hospital sites ensures we can continue to deliver treatment locally for patients and maintain a high quality service. We have successfully implemented iQemo scheduling for treatments which has streamlined the appointment process.

We have developed the Bloods Closer to Home Service, opening new sites in Altrincham and Cheadle and increased our capacity in Bolton. We are now planning phase two of the service, scoping out additional clinics and locations.



In addition to managing the increasing activity, more is being investing into treatment preparation. We are planning to create a 'Prep Team' with a view to improving efficiencies on the day of treatment by troubleshooting and addressing issues ahead of time. This improves patient experience and flow through reduced waiting times and will increase the amount of quality time nurses can spend with the patients.

In October 2022, we began conducting New Patient Talks in collaboration with Maggie's. Currently we run two sessions a week on Mondays and Thursdays; working with Maggie's to extend to four sessions a week. We have seen 74 patients and their family and friends through these sessions, having a positive impact on nursing time on the treatment floor as well as improving patient experience and access to support.

February 2023 marked The Christie at Macclesfield's first anniversary month. Transforming care for NHS patients in East Cheshire, North Staffordshire and Derbyshire, the centre has provided a total of over 32,000 appointments including 6,517 chemotherapy and haematology treatment sessions and over 12,000 outpatient appointments.

Developments during 2022/23

- Nurse-led oral chemotherapy clinics
- SACT Strategy
- Treatment horizon scanning
- Intuitive pump project
- Expansion of Christie@Home services
- eConsent
- iQemo Scheduling
- Open events showcasing SACT Services

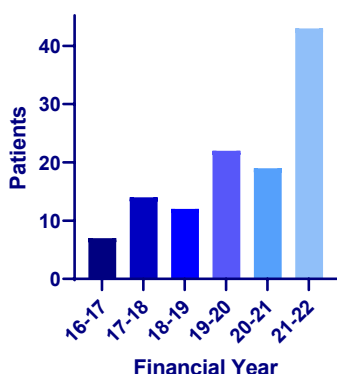
Haematology

This year saw continued developments in the Haematology service with new complex treatments as well as new targeted treatments, which has resulted in the service adapting quickly while maintaining high standards of care.

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

Activity

This year has seen increased activity throughout Haematology. Our transplant programme has continued to recover post the covid-19 pandemic and the Chimeric Antigen Receptor T (CAR-T) cell therapy programme is expected to grow significantly over the next few years as new indications and products become licenced. There has also been outstanding work by the haematology early phase clinical trials team who have increased recruitment into phase 1 clinical trials by 100% this year.



Withington Ward/Palatine Ambulatory care

Our new 4 bed ward (Withington Ward) is now open for haematology patients to enable Palatine ward to accommodate CART patients. The ward is co-located with the Palatine Ambulatory Care unit which is for haematology and Teenage and Young Adult (TYA) patients undergoing

treatments via 24-hour infusion pumps to enable them to have treatment at home or in a home like environment. We are now looking to reduce inpatient admissions for other disease groups through a similar ambulatory model.



TYA Operational Delivery Network (ODN)

The Northwest TYA ODN launched in April 2022, covering the provision of cancer services for people aged 16 to 24 years old. The TYA ODN is hosted by The Christie and is the main focus of work for The Christie TYA service.

In our first year, the ODN is completing a Comprehensive Service Review, benchmarking our three Principal Treatment Centres and 12 Designated Hospitals to the NHS England Service Specification, the results of which will inform future work planning across the Network.

Additionally, we have established a Whole Genome Sequencing and Tumour Biobanking Working Group, through which the ODN has delegated responsibility, and allocated funding, to undertake a formal process mapping exercise with review of existing service provision.

Anaesthetics, Theatre and Surgery

Our directorate of Anaesthetics, Theatre and Surgery is a specialist tertiary centre that concentrates on rare cancers, specialist procedures and multi-disciplinary cancer surgery. Recovering from the COVID-19 pandemic, our teams of surgeons, anaesthetists, nurses, and allied health care professionals are working in collaboration with health providers across Greater Manchester (GM).

Response to the COVID-19 Pandemic

Since March 2020, in response to the national lockdown, our surgical, anaesthetic and theatre teams have re-evaluated the clinical pathways for delivering clinical care. Cancer surgery continued whilst new clinical processes were put in place to ensure the safety of both patients and staff.

All patients have been clinically reviewed and prioritised for surgery according to national guidelines and agreed oncological prioritisation criteria. In addition, we continued to deliver safe cancer surgery for our patients, The Christie has supported Greater Manchester patients to enable their cancer surgery to be performed supporting fair and equitable access to life saving cancer treatment.

This was only possible with the commitment and enormous flexibility of our staff, not only surgical, medical, and nursing but all professionals facilitating patients' flow through the challenged and stretched system at the time.

Beyond COVID-19: the recovery plan

From 2021 we have seen activity increasing and returning to pre-pandemic levels. In 2022/23 while there has been stability in the number of new cancer cases last year, reflecting the impact of COVID-19 to primary and secondary care, diagnosing and referring new cancer cases to tertiary services; unfortunately, there is a recognised significant backlog of patients requiring non cancer surgery across GM. The Christie is providing additional cancer surgery capacity by mutual aid arrangements to facilitate the GM

recovery plan and releasing surgical capacity locally.

Our Services

We provide a crucial 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 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 critical care service at the Oncology Critical Care Unit (OCCU) complements a comprehensive array of cancer specialties including oncological surgery, clinical and medical oncology and haematology. The eight-bedded unit is a mixed Level 3/Level 2 service. All patients have Covid testing before their procedure to ensure safety and a reduction in infection on the unit.

Efficiency and utilisation

The anaesthetic team has had significant investment with the expansion of the team; this is in response to providing a sustainable service within our own service.

Through investment with technology, two new robots have been procured to assist state of the art surgery.

The established Enhanced Recovery after Surgery programme supports bed utilization and patient flow.

Through engagement with the NHS Greater Manchester Green Plan, several improvements have been implemented including the reduction in theatre carbon emissions.

Acute and Supportive Cancer Services

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

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 ensuring they efficiently receive the optimum care and are cared for by oncology 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.

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 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. Due to the success of the AACU the Trust has recently supported a business case to fund the unit moving from a Monday to Friday service to seven days a week service.

Acute Oncology Management Service (Hotline) is a 24hr telephone helpline service available to our patients, their carers and professionals for advice on management of the side effects and complications of cancer treatments and has seen a continuing increase in calls from patients. Not only has there been an increase in volume but also the complexity of the calls, with many patients needing significant support from the Hotline Acute Oncology Specialist Nurses. There has been investment to ensure that the workforce has the capacity and competency to respond to the increase in calls with the recruitment of more Acute Oncology Nurse Specialists and the development of a bespoke training and competency programme for the Hotline Team.

Critical Care Outreach Team (CCOT) are a dedicated 24-hour service to support patients who become acutely ill within the Trust, initiating, and providing expert clinical care to ensure that treatment is commenced as soon as a patient is deteriorating. The team continue to deliver all training related to acute illness management, resuscitation, and the national tracheostomy safety project. The team continuously aim to improve quality and safe care by reviewing their audit programme with the Resuscitation and Deteriorating Patient Committee and in further collaboration with multi-disciplinary team (MDT) members across the Trust and externally with colleagues in specialist areas of care delivery.

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 now has 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. The team were also this year's overall winner for the Trusts Quality Improvement and Clinical Audit (QICA) awards.

Endocrine Unit moved into the Acute and Supportive Cancer Directorate in early 2022. The unit hosts daily outpatient clinics and endocrine day cases/phlebotomy/nurse led advice and clinics, catering for patients with all Endocrine diagnoses (benign conditions and those related to oncology). The Trust Dual energy X-ray Absorptiometry (DXA) scanner is also on the Endocrine Unit, and we provide a metabolic bone service, including DXA scanning, reporting and bone clinic for oncology and non-oncology patients. We have a focus on Living with and Beyond Cancer care, supporting oncology patients with acute issues (such as hyponatremia, adrenal insufficiency and immunotherapy toxicities), those with endocrine tumours (such as complex neuroendocrine tumours (NETs) and pheochromocytoma / paragangliomas) and those living with long term consequences of cancer or treatments. The Endocrine team is also very research active, with a dedicated clinical trials administrator (CTA), research nurses and academic and commercial studies ranging from new treatments in complex benign endocrine conditions to the development of research metabolic bone clinics under the Living With and Beyond Cancer theme of the recently successful Manchester Biomedical Research Centre 2 bid.

Inpatient Oncology Wards have all returned to pre pandemic capacity in line with infection control precautions. Wards 4, 11 & 12 primarily admit patients from AAU who have been admitted with acute symptoms resulting from oncology treatments or disease progression. 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 following successful recruitment events in the last year. 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 and 11 achieving GOLD accreditation from the Trusts CODE quality inspection framework.

Integrated Procedures Unit (IPU) brings together several patient services in one geographical location which includes procedures team, endoscopy, two interventional radiology, ultrasound, one surgical operating theatre, pain management service, nurse led surgical dressing clinics and plastic surgery outpatient clinics. Additional endoscopy capacity has also supported Greater Manchester (GM) with the elective recovery programme.

Oncology Critical Care Unit (OCCU) has continued to support GM with continued stem cell transplants, advanced cellular therapy CAR-T and additional surgical activity for patients requiring complex oncology surgery. This has ensured that patients with the most urgent or aggressive cancers across GM continued to receive safe and co-ordinated surgical and critical care. The OCCU team have attained Anaesthesia Clinical Service Accreditation (ACSA) which is a scheme that enables critical care units to measure their performance against defined standards and clinical guidelines and to become accredited for its quality of patient care and service delivery following an external peer review process.

Supportive Care includes management of physical and psychological symptoms and side effects

across the continuum of cancer from diagnosis through to treatment to post-treatment care and end of life care. The Supportive Care Team, over the last year, have produced key publications in academic journals, presented at national conferences, delivered education nationally, locally and regionally and lead on sustainability initiatives. The team have run a successful pilot using photo biomodulation (PBM) for head and neck cancer related oral mucositis and secured funding for a pharmacist and physiotherapist in supportive care. The team have also been supporting the GM winter plan by providing additional capacity in the daily Enhanced Supportive Care clinics (for patients with pain / symptom issues). The Clinical Lead is leading the development of a supportive oncology strategy for the trust, with input from members of the Supportive Care Team and across the wider organisation and GM cancer.

Nutrition and dietetics service has continued to deliver the service to inpatients and outpatients and continued to carry service development over the last 12 months. During this year, the team have developed team objectives, and a vision statement and goals in line with the trust vision and strategy.

The team have presented and submitted posters and abstracts at conferences such as British Association of Head and Neck Oncologists (BAHNO), Nurse & Allied Health Professional (AHP) research conference. Additionally, the department is involved in research projects and clinical audits such as a feasibility study on gut microbiome and pelvic radiotherapy, Torpedo trial and upper gastrointestinal (UGI) research on stents. The team have also had several publications in the journal of nutrition and dietetics and Annals of Oncology.

A new model of nutritional care is currently being piloted on an ambulatory nasogastric feeding service to look at improving outcomes for head and neck patients. The team were a runner up at the QICA awards and second place for poster presentation at the nurse and AHP research conference.

Physiotherapy/Occupational therapy (OT)

The teams continue to provide vital inpatient support to patients including those patients with respiratory conditions, Metastatic Spinal Cord Compression (MSCC) and specialised care on the Oncology Critical Care Unit. Additionally, transition

within the Lymphoedema outpatient service has allowed a skill mix review and now includes a nurse within the previously therapy only team which provides a greater breadth to the service particularly around wound care.

A fixed term Head of AHP's has also been appointed from within the Physiotherapy workforce to support AHP's across the Trust to increase the profile, including through clinical academic careers, of AHP's and to develop staff into more advanced or extended roles as well as assisting in ensuring the future pipeline of the AHP workforce.

Speech and Language Therapy team has continued to adapt the service to meet the challenges of supporting patients during the pandemic, providing both face to face and remote consultations. As a team, they presented at a Cancer Rehabilitation study day and a Head and Neck Cancer study day. They also had two publications in peer-reviewed journals, presented two posters at a BAHNO conference, and jointly produced a paper with dietitians about the AHP role in Proton Beam Therapy.

Pathology services at The Christie are provided by The Christie Pathology Partnership (CPP); a joint venture between SYNLAB and The Christie NHS Foundation Trust. During the COVID-19 pandemic, Blood Sciences at CPP implemented the new Atellica automated analysers for Biochemist and Immunoassay, providing rapid turnaround of Christie profiles.

The CPP supported onsite rapid COVID-19 swab testing for all patient admissions at The Christie to enable safe and effective patient flow and bed management, supporting vital clinical management decisions. Pathology has since expanded its rapid molecular testing service by provision of a rapid multiplex respiratory panel test (FluA/B/RSV/COVID-19) to support patient clinical management during the winter flu season.

The CPP Breast Tumour Receptors (BTR) team has validated and implemented the PD-L1 (22C3) CPS assay to guide pembrolizumab therapy in locally advanced unresectable or metastatic carcinoma of the oesophagus or HER2-negative gastro-oesophageal junction adenocarcinoma in adults in accordance with NICE TA737. This addresses an unmet clinical within GM.

CPP Pathology continues in the collaboration with the National Pathology Imaging Co-operative (NPIC) to progress with Digital Pathology to support the National Pathology Imaging Co-operative (NPIC) sarcoma project, including the provision of a digital scanner and connectivity.

Transport and interpreters services are integral to the operational services across the Trust. There has been ongoing work to improve the Transport Service with the addition of a combined Admin Supervisor/HCA role to ensure outpatients continue to receive support whilst waiting for transport home. A larger review of the service is currently being undertaken to further enhance the service.

The Trust participated in the GM Interpreter Service procurement exercise, to facilitate a one-stop shop and improve services across GM and we are also collaborating with our "Accessible Information Team" and Equality, Diversity & Inclusion (EDI) Co-ordinator to improve the end user experience.

Cancer Information Centre (CIC) is open Monday to Friday offering a variety of advice and emotional support to patients and their care givers. The team also support patients experiencing hair loss through the side effects of treatment, providing them with emotional support, information and advice and referrals to the wig service. The cancer information centre support on average 170 people per week with interactions lasting between 5 mins to one hour.

Chaplaincy team is committed to supporting patients, carers and staff at a time when they may be experiencing challenges around their beliefs or worldview. The chaplaincy team have continued to work on site throughout the pandemic and have initiated regular online mindfulness sessions, in which over 100 staff members have engaged so far.

Art Service offers patients, their care givers and our staff the opportunity to spend some time in a supportive and non-clinical safe environment. The services offer face-to-face classes as well as the option to take part online. These run three times a week for patients and their givers and once a week for staff. Art packs are available for both in patients and outpatients who would like to benefit

from the service while not attending a class. A 1:1 art service is also available for inpatients.

Complementary health and wellbeing service offer personalised care throughout every stage of the patient's journey. Our new electronic referral system has been invaluable to prioritise patients that require urgent support e.g., patients unable to complete a procedure due to phobia/panic. We offer a range of therapies, that are both virtual and face to face, these include: - Massage, Hypnotherapy, Acupuncture, Stress Management & Mindfulness techniques and Aromatherapy scent stick (Aromasticks) which are used as resilience tools to 'anchor' any feelings of calm. Last year, a Macclesfield satellite opened, meaning more service users could access therapies closer to home.

In addition to our patient service, we offer support to carers who maybe feeling worried/stressed and our workforce. Our staff service is run on a referral system, which to our knowledge is unique within the UK. Our service is 'Innovative, Pioneering and Creative'; resulting in us being nominate for a Nursing Times award and winning a Mental Health award.

Psycho-Oncology service has continued to see high patient and staff demand especially in the inpatient and day patient settings. The team has continued its work to develop pathways into the community for outpatients needing mental health interventions and has refined the psychological therapies on offer so that there is more emphasis on evidence-based trauma-focussed therapies. The team has also been busy creating an electronic learning package in conjunction with our partners across the GM Cancer Alliance and held a very successful and well-attended online study day in psycho-oncology.

Pharmacy

The Pharmacy vision is to provide high quality, sustainable, safe and innovative pharmacy services to deliver the best possible clinical outcomes and patient experience, irrespective of where the patient is being treated, whether at The Christie main site, at a peripheral or outreach service satellite, or at home.

Pharmacy services at The Christie have had a challenging year, with a significant increase in workload driven by underlying growth in patient numbers, the introduction of many new treatments approved by NICE (The National Institute for Health and Care Excellence), repatriation of work from peripheral and outreach satellites and a significant increase in medicines deliveries to support Care Closer to Home. To meet these demands Pharmacy has worked in collaboration with Trust colleagues to deliver a range of initiatives over the year:

- Workforce development and staff engagement to grow the establishment, reduce vacancy and turnover rates, improve training and appraisal rates and improve staff survey results, although there is still lots more work to do.
- Complete the build project for the new outpatient dispensary and replacement of the robotic dispensing system for The Christie Pharmacy Ltd (TCP), a wholly-owned subsidiary of the Trust that provides pharmacy dispensing services.
- Commenced two significant technology projects to rollout “smart pump” technology to interface with the Trust’s iQemo chemotherapy electronic prescribing system for chemotherapy with administration pumps, and also to introduce electronic prescribing to support inpatient, outpatient and discharge prescriptions for non-chemotherapy medicines.
- Contributed to the development of the Trust’s research portfolio with a successful Clinical Research Network grant to support clinical trials outreach and a University of Manchester grant to support immuno-oncology toxicity research.
- Additional staffing has been agreed to further develop services, including improvements to clinical services 7 days a week.
- Collaboration with the other Greater Manchester NHS provider Trusts in a successful bid for £12 million funding to increase aseptic medicines production capacity across the city.

During 2022/23, Pharmacy developed a new 5-year strategy, setting out the direction of future service developments covering the period 2023-2028. This is designed to help Pharmacy to continue to improve services, including:

- Further workforce development.
- A big focus on improving outpatient and day-case patient experience by reducing prescription turnaround times.
- Improvements to facilities and accommodation.
- Expansion of non-medical prescribing.
- Increased clinical trials and research capacity.
- Better co-ordination of outreach and peripheral satellite services.
- Collaboration with multidisciplinary clinical colleagues on horizon scanning, capacity planning and the managed introduction of new medicines developments.

Radiology

The Directorate of Radiology is responsible for the service delivery of magnetic resonance imaging (MRI), computed tomography (CT), plain radiographs, fluoroscopy and interventional radiology, ultrasound and positron emission tomography and computed tomography (PET-CT) reporting. The department supports a range of disease related clinical multi-disciplinary team meetings (MDTs) with each having a lead consultant radiologist.

Our services and their achievements

As highlighted by the Getting It Right First Time (GIRFT) report and Richards' Review, demand and capacity challenges are forecast to continue with expansions across the full range of clinical services continuing to drive demand for radiology. Plans are in development to consider how we work and whether a different approach is required.

There have been no reporting backlogs due to the flexibility afforded by home reporting and our successful insourcing model providing extra capacity into the system. The new GM wide SECTRA picture archiving and communication system (PACS) was implemented in May 2022, increasing efficiency and opening up multiple new avenues for improvement which are still being explored.

We continue to have a vital role supporting research, through the provision of a comprehensive biopsy service and the reporting of clinical trial scans. Research activity continues to grow and the Radiology Department supports almost 400 clinical trials. The department is also committed to developing Radiology-led research and is actively looking to increase capacity in this regard.

CT Scanning

We performed around 25,000 CT scans this year. CT is our highest volume service and the team worked hard to recover from the initial impact of

the pandemic. On top of rising demand, the team are proving their adaptability by managing the service through the replacement of 2 of the scanners, seeing the department start a new partnership with Canon Medical.

We continue to work with The Christie Charity to fundraise for the new Radiology Department and have started to work with the architect to move this forward.

MRI Scanning

We performed around 12,000 MRI scans this year. MRI is vital in the characterisation of certain pathologies and scans are required to be turned around to tight timeframes. A GM Cancer funded 4th scanner has been installed this year which sees the team learning new skills in AI supported image reconstruction and will, eventually, significantly increase our capacity.

Plain Radiography

Following changes to the delivery of outpatient clinics, plain radiography activity remains consistent and the department performed around 11,000 radiographs. The team have worked hard to provide the on-call service out of hours and successfully trained our first assistant practitioner and appointed a second trainee.

Interventional Radiology (IR)

Following a very difficult year in terms of staff vacancies, the IR team have gone from strength to strength in 2022-23 delivering over 2000 interventions. The newly established nursing team have supported a full refresh of policies and procedures and look to develop new trainee and advanced practice roles in the team in the months ahead. The team continue to lead the conversation at both national and international meetings. Following the 2021 Interventional Oncology United Kingdom (IOUK) meeting, hosted remotely by the IR team, the Trust was represented on the faculty of almost all major worldwide IR conferences in 2022.

Ultrasound (US)

We have performed over 4,000 diagnostic and interventional US examinations this year. The service relies heavily on our medical workforce and is crucially supported by our radiographic aides who have maintained a great throughput despite challenges for space and location on the estate.

PET-CT Reporting

The department is responsible for Nuclear Medicine reporting, including reporting for the GM oncology PET-CT service. We have provided around 10,000 reporting slots for PET-CT this year. The departments of Radiology and Medical Physics work closely together to ensure performance is on target to meet the requirements of the new PET-CT national contract currently under negotiation with NHS England. Performance has improved thanks to closer collaboration with the new consultant clinical scientist leading the nuclear medicine service. There is much improved communication and an appetite for change to improve the service. In support of this, the PET Academy continues to provide teaching and training modules and we train external radiologists to support GM.

MDT Meetings

The consultant body supported over 1000 MDTs this year, a commitment of nearly 4000 hours. This involvement is vital in the decision making process and ensures all patients receive the most appropriate management possible.

Research and Innovation

Our skilled and dedicated workforce aims to serve all patients, all types of cancer, all cancer treatments and all specialisms in life-enhancing and life-saving research.

Delivery of clinical research

Our research spans discovery science through proof-of-concept early phase trials to phase II and III trials and real-world evidence research to inform new clinical guidelines and individualised care.

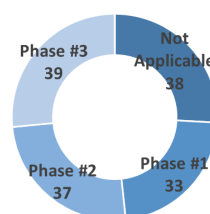
We have ~ 100 Principal Investigators, ~ 150 Clinical Delivery Staff and ~ 150 Research Managers who deliver a portfolio of ~ 800 phase I (16%), II (26%), III - IV (33%) and observational (25%) studies in set-up, actively open to participation of patients or closed to recruitment undergoing active follow up of patients enrolled and analysis of clinical outcomes. We currently work with >220 clinical trial sponsors and funders, with 54% of trials attributed to commercial activity and 46% attributed to non-commercial clinical trial activity.

Nationally collected data for Q2 2022/23 showed The Christie to have the highest activity of the specialist cancer centres/trusts and placed The Christie in 13th position of the 17 trusts with the highest activity nationally for performance in initiating clinical research (PID). Performance in delivery in recruiting to time and target has been maintained at 52.2% of studies; a rate slightly higher than other cancer centres and in line with expected for the mixed portfolio of clinical studies represented. This high level of research activity continues in the context of an increasingly competitive global research environment with 147 studies set up in 2022/23 compared with 172 studies in 2021/22.

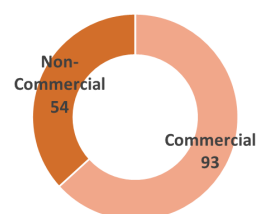
Our quality improvement programme for study set up has achieved a 70% reduction in the review and approval time for clinical trial agreements (17 days from 56 days).

The studies set up in 2022/23 covered early phase and late phase clinical trials equally with a quarter of these studies dedicated to other types of research and 11 new radiotherapy studies were set up.

2022/23 Studies set up: Clinical Trial Phase

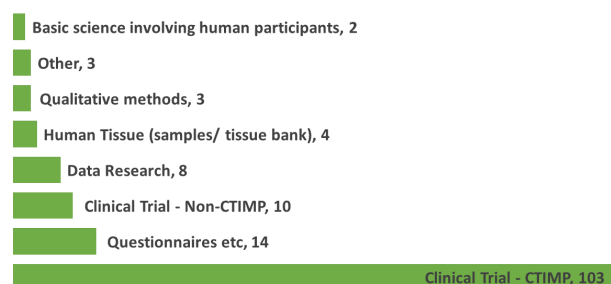


2022/23 Studies set up: Funding



Two thirds of the new studies set up are commercially funded.

2022/23 Studies set up: Study Type



Tables 1 and 2 below show the totals and trends in the number of patients screened to participate in research and subsequently enrolled into a study annually from 2019/20 to 2022/23. Of all patients attending an appointment at The Christie in 2022/23, 5% consented to participate in research during this year and 15% (6942) have participated in research at any point during their treatment.

Type of Research	2019/20	2020/21	2021/22	2022/23
	Clinical trial of an investigational medicinal product (CTIMP)	1353	1426	1625
Trial not involving an investigational medicinal product (non-CTIMP)	222	221	567	376
Other e.g. observational, questionnaire	2042	4270	2142	1178
TOTAL number of patients	3617	5917	4334	2679

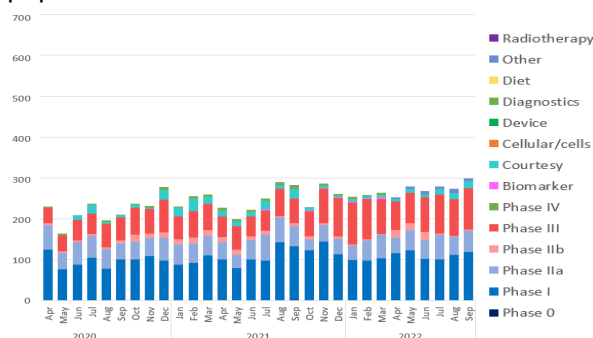
Table 1: Annual number of patients screened to participate in research

Type of Research	2019/20	2020/21	2021/22	2022/23
	Clinical trial of an investigational medicinal product (CTIMP)	704	358	456
Trial not involving an investigational medicinal product (non-CTIMP)	102	123	409	289
Other e.g. observational, questionnaire	1855	4107	1570	850
TOTAL number of patients	2661	4588	2435	1602

Table 2: Annual number of patients enrolled research

NIHR Manchester Clinical Research Facility (CRF) – The Christie site

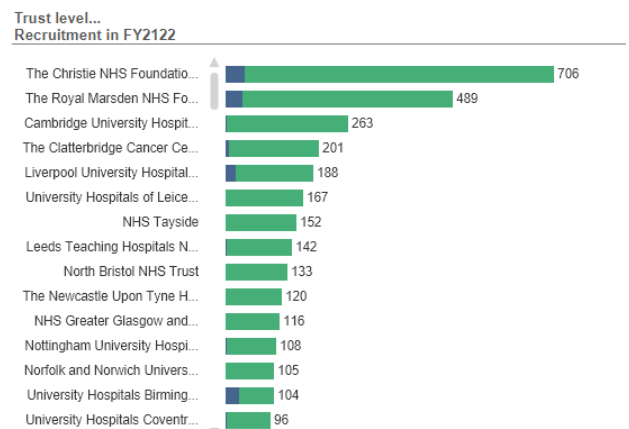
We were awarded CODE Gold NHS Care quality accreditation (Care, Observation, Documentation, Experience) in 2022. Our 43 staff on the CRF comprising HCAs (9), nurses (21), laboratory technicians (6), Practice Education Facilitators (2) schedulers (2), Housekeeper (1) plus Operational Manager (1) and Medical Director (1) facilitate specialist research and NHS ‘wrap-around’ care for patients receiving therapy as part of a clinical trial. Nearly 3000 patients attended the CRF in 2022. The table below shows a steady increase in patient visits since 2020 reflecting post covid recovery, expansion of capacity and increasing demand for trial treatments in our patient population.



Radiotherapy Clinical Trials and Research

There has been an exponential increase in radiotherapy research since 2017 with 70 trials of radiotherapy or involving radiotherapy active today, compared to only 6 trials 6 years ago. Christie led (R Mackay, C Eccles, J Webb) expansion of capacity to reach more patients is underway leveraging The Northwest Radiotherapy Operational Delivery Network (ODN) and Christie outreach services (East Cheshire). A database of available trials regionwide and development of a regional referral pathway and support for patients travelling out of area are two current initiatives to further increase participation in radiotherapy trials.

In 2021/22, The Christie was the top recruiting centre nationally for NIHR radiotherapy trials with 706 patients enrolled, as shown in the table below. There is much research occurring on the MR-Linac with all patients being treated with it also being enrolled in at least one clinical trial. The research therapy radiography team is expanding outreach research capability at satellite sites and has presented their research findings in various journals and conferences.



Patient – centred, specialist led, Christie sponsored research

In 2022/23, 19 new studies were approved for set up adding to 36 studies currently open to recruitment. New studies include:

- PROM-OSP: Development of a patient reported outcome measure for advanced ovarian cancer patients receiving surgical and chemotherapy treatment (Prof Janelle Yorke).
- UG-STB: Molecular characterisation of serial tumour samples and their correlation with circulating biomarkers and other biospecimens taken during the clinical course of patients receiving treatment for upper gastrointestinal carcinomas (Dr Sara Valpione).
- RAPID-RT: Real world data driven Radiotherapy: Rapid Learning in the Clinic (Prof Corinne-Favire-Finn).
- iMATCH PROMS in an ATIMP Setting: The use and development of Patient Reported Outcome Measures (PROMs) in the Adoptive Cell Therapy (ACT) setting (Prof Fiona Thistlethwaite).
- DYNAMIC: Circulating tumour DNA guided Adaptive BRAF and MEK Inhibitor therapy (Prof Paul Lorigan).
- LION: Lifting Immune Checkpoints with NSAIDs (Dr Anne Armstrong).
- IMPALA: A randomised window study of the anti-PD-L1 inhibitor avelumab plus aspirin or placebo in patients with early stage or stage IV primary in situ triple negative breast cancer (Dr Anne Armstrong).
- ABC-12: Exploring the microbiome in patients with advanced biliary tract cancer in a first-line study of durvalumab (MEDI4736) in combination with cisplatin/gemcitabine (Prof Mairéad McNamara).

- 4 NHS England commissioned proton beam therapy studies are at an advanced stage of set up (Prof Ed Smith)

The Manchester Cancer Research Centre Biobank – Hosted by The Christie

The Human Tissue Authority (HTA) ethics approval for The Manchester Cancer Research Centre Biobank was successfully renewed and updated to include a greater range of cancer tissue sample options for patients to donate to laboratory research. The biobank will soon be linked into a secure clinical data environment providing researchers worldwide access to samples from patients with known clinical treatment and outcomes.

Funding Awards – Highlights

The Experimental Cancer Medicines Centre (ECMC)

Funding for a further 5 year term from CRUK and NIHR was renewed with the recognition that our ECMC (Clinical Lead Dr Natalie Cook) is a leading hub for early phase trial delivery in the UK, with an authentically collegiate team mirrored by an outstanding contribution to the broader UK ECMC network and leadership in bringing multiple genomic medicine studies to the network, in both the adult and paediatric setting.

The NIHR Manchester Biomedical Research Centre (BRC)

Four cancer research themes secured funding as part of the overall award of £59.1 million (the largest single research award given by the BRC to the city region). Three themes were renewed: cancer prevention and early detection, advanced radiotherapy and cancer precision medicine. A new theme ‘living with and beyond cancer’ will seek to lessen the impact of side effects of treatment on wellbeing and survivorship in collaboration with non-oncology specialists such as endocrinology (Dr Claire Higham).

The impact of our research: Leading the way

In 2022, over 500 original papers were published and over 100 papers selected for presentation at international congresses including at ESTRO (European Society for Therapeutic Radiology and Oncology), ~40 at ASCO (American Society of Clinical Oncology) and ~ 40 at ESMO (European Society of Medical Oncology). Highlights at ASCO, attended by >40,000 oncology professionals were the presentation of ‘An international randomized controlled trial of chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma’ by Prof Martin McCabe in the plenary session for highest rated abstracts (all cancer types); and selection of the Christie sponsored NET-02 trial for patients with rare neuroendocrine cancer for oral presentation by Dr Mairead McNamara.

The focus and dedication of our staff was exemplified in the receipt of multiple awards including NIHR senior investigator awards to Professors Corinne Faivre-Finn (also awarded Honorary Physicist at ESTRO), Janelle Yorke and Tim Illidge; a clinical leadership award to Dr Ciara O’Brien; NIHR leadership awards to Ev Dolan (Associate Chief Nurse, Research), Sally Pearson (Research Nurse Team Lead). Two nurses were awarded NIHR ARC pre-doctoral fellowships - Kirsty McLeod and Susy Pramod and Dr Lydia Briggs is the first nurse at The Christie to be awarded a post-doctoral fellowship NIHR Clinical Lectureship.

GM Cancer and Health Care Awards were received by Emma Searle, Consultant in Haemato-oncology (Early Career Researcher) and the Lymphoma clinical research team (Putting participants first). GM Cancer Alliance Awards were received by Leanna Goodwin, research practitioner and Donna Graham, Digital Experimental Cancer Medicine Team (Commitment to equality award: Encouraging

Inclusivity in Technology Clinical Trials Project) and MyChristie-MyHealth ePROMS won the Innovation Award.

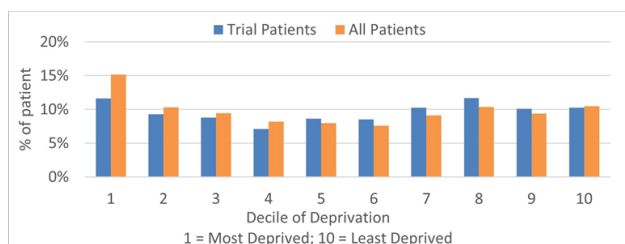
Looking to the future

We are on the brink of a new era for The Christie Research and Innovation Division. In 2023, the Paterson state of the art facility will bring clinicians, surgeons, allied health professionals, scientists and skilled clinical research managers together in a truly collaborative environment. The Christie, The University of Manchester, and the Cancer Research UK Manchester Institute will realise The Manchester Cancer Research Centre vision of research leading to life-enhancing and life-saving treatments. Our multidisciplinary teams, whether working from laboratory benches, outpatient clinics, surgical theatres, outreach centres or ambulatory care wards will focus on answering the key questions to enable better care and outcomes for our patients. We recognise that clinical trials are not sufficiently representative and inclusive of all patients within our diverse region. We need to look beyond traditional research practices and towards real world evidence, clinical outcomes, and innovative trial design to enable the inclusion of patients who are currently under-represented in research.

The table below shows the percentage of patients participating in a trial of a drug or novel intervention according to decile of deprivation. While the percent of patients recruited to trials is slightly higher for decile 1 (most deprived) compared to decile 10 (least deprived) the proportion of patients recruited from lower deciles is relatively lower compared to the total population of patients. This benchmarking analysis will inform our Greater Manchester wide strategy for inclusive research and targeting of resource to highest unmet need.

Percentage of patients per Decile of Deprivation

Using Index of Multiple deprivation to compare a trial patient population to the general patient population. The trial patients were those participating in a clinical trial of a drug or novel intervention and does not include other types of research studies e.g. lab studies



Our ‘R and I reset’ is centred on 6 guiding principles:

- ✓ Research for all patients
- ✓ Valuing and promoting our staff
- ✓ Time to lead and train the next generation
- ✓ Expanding our research environment
- ✓ Delivering research to patients faster
- ✓ Driving research from idea to impact

Our intent is to provide a common ethos for our research community by setting out our shared purpose and research culture, support our diverse and multi-professional workforce, ensure that the patient voice and patient need is a central focus in how we prioritise individual research plans and leverage our research environment to extend our reach to more patients.

In 2022/23, in excess of 3000 patients participated in research alongside or in place of their usual NHS treatment. We acknowledge and thank all the current patients, their families and the public who have contributed to our research during the past year.

Christie Education

This year has seen Christie Education continue with its remit of delivering high-quality education and training to students, staff, and the national / international cancer workforce supporting the highest quality patient care through learning.

The **Digital Learning Team** has continued to expand its international presence. Some key projects include:

- bone marrow transplantation procedure demonstrations via 3D animation, in partnership with the European Bone Marrow Transplantation Society.
- a continuing partnership with Novartis, supporting an ongoing training need in delivering effective remote consultations.
- an interactive oncology glossary of key terminology, in partnership with Christie International, Uganda Cancer Institute and Kenya Health Alliance.

Alongside the team's international activity, a range of high-quality, interactive, and bespoke learning programmes to support our internal workforce and external colleagues have been developed, including acute kidney injury (AKI) and sepsis; transfusion prescribing and administration; image-guided radiotherapy; inequalities in treatment; and multi-disciplinary teams co-ordination. The team also supported the initial realisation of Greater Manchester Cancer's Cancer Academy, for which the team developed 3 bespoke modules, focusing upon Haematuria.

GatewayC, our primary care education programme, has grown significantly during 2022-23. GatewayC has been successful in securing agreement from Health Education Improvement Wales to roll the GatewayC platform out across Wales. With over 14,000 registered users, GatewayC launched its 21st module of online learning, hosted hybrid learning events (in-person and live-streamed), released the first 3 Cancer

Conversation episodes, developed a new website and learning platform, and started work on a new podcast series which is due to launch in 2023. GatewayC won an award from the Primary Care Cell in Manchester for the bespoke infographics; supporting the primary care workforce to detect suspected cancers at an early stage.

The **Christie Library** has been commissioned by the International Society of Geriatric Oncology (SIOG) to support guidelines focusing on autologous stem cell transplantation in the treatment of multiple myeloma. This follows a successful evidence review with SIOG in 2022.

The Christie Library will be supporting the European Organisation for Research and Treatment of Cancer (EORTC) to conduct a systematic review on non-melanoma skin cancer and quality of life in patients.

In December 2022, the Christie Library was successful in 2 bids for funding from Health Education England (HEE) to refurbish the physical library and purchase a selection of eBooks. This collection will benefit both Christie staff and trainees across the Greater Manchester region.

In January 2023, a Clinical Librarian was appointed. They will embed themselves within clinical teams and clinical projects across The Christie. They have already enhanced projects within the Radiotherapy department with evidenced-based services. The project focuses on mammography, Targeted Practice Expansion Projects (TPEP) and global health.

In April this year, the **Education Events Team** has amalgamated with Maguire and the Education Centre to ensure a streamlined approach to the delivery of events both internally and externally. Over the course of the year, the Education Events Team has held a total of 48 events with over 3,000 attendees. The team have collaborated with Ben Heyworth on a new Christie Carers

Project which aims to offer support to all carers within the trust. This project will continue throughout 2023 with 5 more commissioned dates agreed. Some other highlights include the delivery of a 6-week Proton e-school which is set to run again in 2023 and the 2022 Greater Manchester (GM) Cancer Conference with 528 face-to-face and 300 virtual attendees.

Events and Maguire have collaborated with the Professional Development Team to provide over 100 funded places for Christie staff, allowing our internal workforce to access free educational opportunities. Maguire has delivered 119 courses/workshops and contributed to several key projects: Cancer Allies (AHP programme), Foundations in Oncology (programme for pre-registration students), Global Health (oncology education package for Kenya), Christie Care Certificate, Preceptee Training and Trainee Nurse Associates (with Clinical skills) & Difficult Conversations (with Medical Education).

The **Medical and Non-Medical Education Teams** continued to grow during 2022-23 to account for increasing trainee/learner/student activity and the team now work more collaboratively and collectively than ever before.

Non-medical learners

Non-medical placement capacity has increased progressively, and we were delighted to welcome new Registered Nurse Degree Apprentices undertaking a top-up course for their existing Nursing Associate qualification. The Therapy Radiography Education Team continue to develop and increase their delivery of digital oncology, specialist, and proton placements as part of the Clinical Placement Expansion Plan.

Physiotherapy, Dietetics and Speech and Language Therapy (SaLT) professions went through a capacity reform based on whole time equivalents of employed staff in each Trust with an equitable share being decided across GM and

the Northwest. This will see a rise in capacity across the year, more noticeable in physiotherapy and SaLT.

Undergraduate medical students

During this period, placements for 462 Manchester medical students were delivered, with 44 Applied Personal Excellence Pathway (APEP) students set to join us in April 2023 for 9 weeks working with our consultants on Christie projects.

In November, the team had a positive and successful QA visit by University of Manchester Medical School.

Postgraduate (PG) Medical Education

Dr Dan Anderson (Christie Psycho-oncology / Christie Education) was appointed to lead postgraduate educational and professional supervision, developing, and delivering an innovative 'Paterson' coaching/mentoring programme focusing on the safe transition of new ST3 doctors into specialist oncology training alongside bespoke support for educational supervisors.

Post-graduate trainee numbers increased from August 2022 with 6 new ST3+ positions, 3 in Medical Oncology and 3 in Clinical Oncology, bringing our total number of doctors in postgraduate training posts to 87, supported by a refreshed PG Faculty group.

Fellowships

Our Christie fellowship scheme has seen further growth with 49 new fellows joining over the last 12 months (bringing our total to 70). A new Fellowship Lead, Prof Peter Hoskin has been appointed through partnership with the MCRC. A new pilot scheme focuses on streamlining of recruitment processes and the onboarding of Clinical Oncology Fellowships via the Medical Training Initiative (MTI) scheme, which aids

recruitment of overseas government/self-funded fellowship applications into Clinical Oncology.

Professional Education/Workforce Development

This year has built on the implementation of the Learning Needs Analysis (LNA) process. Conversations have taken place with services Trust wide, enabling a more targeted approach to commissioning and prioritisation of demands. For example, LNA planning led to co-funding the Service Desk Institute training with the Digital Services Team, which will underpin their aspirations to achieve Service Desk Institute Accreditation.

To date, over 150 individuals have applied for academic study, to highly enhance specialist/clinical skills, to fulfil service developments and enhance care. The Professional Education Team continue to invest and develop our Leadership offers – this year they supported 60 colleagues to participate in The Christie Leadership Development Programme, as well as other places on The Kings Fund and Clinical Leaders Network courses.

The Trust has invested in AQUA membership and have seen 63 courses undertaken by our colleagues, working closely with our Quality Improvement specialists.

The team has established links with Manchester College, Trafford College, Project Choice, United Response and many more education providers to support more learners. The pre-employment scheme with Trafford College to support Estates and Facilities services led to a successful recruitment round (10 new starters in post). The team have attended a record number of events and careers conversations, and the Trust's NHS ambassadors continue to volunteer their time for events around Manchester. This year, the team have enabled 50+ work experience students, 4 T-Level learners for the first time within the Trust, 2

Supported Interns and 1 Intern. The T-Level placements are set to expand further next year in to engineering roles. The Professional Education Team have added Observerships to their portfolio and have increased placement capacity, with 23 currently processed/completed since September.

The Government's Kickstart programme supporting young people into the workplace was a great success. There was much pride in being shortlisted for The Nursing Times 'Social Responsibility' Award. To date, over 36 young adults gained real work experience; 1 of these placements in Radiography was nominated as 'Kickstart Student of the Year' with Trafford College.

Apprenticeship take-up has increased by 54% this year, seeing the number of Apprentices on programme rise from 35 (2021-22) to 54 this year. The range of new learning routes and providers has expanded, increasing the availability and diversity of our offer at all academic levels. There have been new starters in subjects never previously undertaken: BSc Public Health Practitioner, Coaching, Learning & Development, Data Analysts, Occupational Therapy Degree, Data Protection, and Information Governance, Accountancy Professional L7. In particular, there has been excellent joint working and collaboration with Pharmacy Services, and the Trust are also participating in the first trial run of the Level 7 Elizabeth Garrett Anderson Apprenticeship with University of Manchester (with the option to top up a Masters in Leadership).

Recruiting new Trainee Nurse Associates and more Registered Nurse Degree Apprentices (RNDA's) supports the 'grow your own' philosophy for our future workforce. The skills and commitment of our Healthcare Support Workers have been recognised, and the opportunity to enable internal talent to reach full potential. In addition, fast track Level 2 English

and Maths functional skills courses are available, to break down barriers to those aspirational staff applying for further development.

There has been an exciting launch of the Safe Delivery of SACT Module with University of Manchester and our own Specialist Clinical Educator (SACT) co-leading and delivering on the module, with internal staff attending and benefiting from this expertise.

The Clinical Skills Training Team has relaunched the Christie Care Certificate workstream trust wide and seen a 50% increase in demand on clinical skills training, ensuring new staff can access this education to support their supernumerary period. 2022 saw the launch of the clinical skills training programme for pre-registered students, meeting the requirement to be able to provide training on the required 5 high risk clinical skills for students.

Allied Health Professionals (AHPs) across Greater Manchester

The Trust was delighted to partner with University of Salford on the delivery of a cancer education programme for generalist AHPs across Greater Manchester. This one-year programme, supported by Greater Manchester Combined Authority (GMCA) (with funding from the European Social Fund) provides an extensive learning programme for AHPs working with cancer patients in non-specialist settings. The Christie side of the project is led by Jasmin Flynn, Lecturer Practitioner/OT, and involves the teaching and facilitation input of AHPs across the Christie and Greater Manchester, both in delivering of on-line learning but also supporting a community of practice. The programme is under the strategic direction of Katharine Pantelides, Senior AHP Lead and benefits significantly from the professional and personal input of AHPs from across The Christie. The programme will provide learning and support to

AHPs as they work with patients across the Greater Manchester area.

Academic Education

Kenyatta University Teaching, Referral & Research Hospital (KUTRRH) clinicians complete clinical observerships, October 2022

As part of The Christie's wider MoU and partnership with KUTRRH, the Trust (along with MFT) hosted 4 clinicians for observerships in October 2022. Dr Tonio and Dr Mulatya were based within the Medical Oncology and Clinical Oncology teams and culminated their visit with a presentation on their experience and some of the differences and learnings to be shared between the UK and Kenyan healthcare systems. It is hoped that this cohort will be the first of several to spend time at The Christie over the coming months in both observership and fellowship capacity.

Pfizer ALK+ education award successful

Professor Richard Fuller, Dr Fabio Gomes and Rachel Chown were successful in obtaining a significant industry education grant funded) to deliver a portfolio of materials related to ALK+ lung cancer patients. Work has now begun on the award which includes development of a new web-based platform, working closely with the Digital Learning Team, to educate audiences including oncologists, secondary care GPs and patients. We will work closely with patient advocates throughout the programme and look forward to driving this activity forward throughout the rest of the year.

Yale-Health Education England (HEE) graduation, July 2022

Following a successful application to the Yale-HEE digital futures programme, a Christie team has now successfully graduated and received outstanding feedback on their project which looked to improve clinical care pathway for

senior lung patients with frailty. Following on from this, the team have been successful in obtaining Manchester Academic Health Science Centre (MAHSC) follow-on funding and are working with GatewayC on this exciting programme, including production of a new Cancer Conversation on frailty. The Senior Adult Oncology service at The Christie led by Dr Gomes, will partner with Tameside General Hospital during this pilot phase of the work which will be formally launched at an event in Manchester Cancer Research Centre (MCRC) later in the year.

Scientists into the clinic programme launches:

The Medical Education Team have been working closely with the MCRC to pilot a new scheme allowing lab-based scientists to spend time observing Christie clinics, allowing them an increased understanding of how their projects ultimately lead to translation and potential clinical outcome. Currently in its pilot phase, several non-clinical and MB-PhD students will partake in this initiative over the coming months and discussions are ongoing with the Research & Innovation division on how to potentially scale this up following the return of many scientists to The Christie site as the Paterson reopens in Spring 2023.

Upcoming first Christie-MCRC academic reception at European Society of Radiotherapy and Oncology (ESTRO) 2023

Plans are now being finalised for our first academic reception aimed at fellows and alumni which will take place in Vienna for ESTRO 2023.

Our Financial Performance 2022/23

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 highlights

NHS England introduced the NHS Oversight Framework in 2021/22 to reflect the move from individual health and care bodies to working together as Integrated Care Systems (ICS).

It uses five national themes that reflect the ambitions of the NHS Long Term Plan and apply across Trusts, commissioners and ICS to assess quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

In 2021/22, NHS England's regional teams allocated ICSs, Trusts and CCGs to one of four 'segments'. The segment 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).

For 2021/22, we were allocated segment 1 and the Greater Manchester ICS which we are part of, into segment 2. During 2022/23 we continue to

be part of the Greater Manchester ICS which was formed on the 1st July 2023.

Performance

The below table illustrates the Trust and Group's financial performance during the 2022/23 financial year.

In line with our accounting policy, we are required to consolidate our accounts with those of The Christie Charitable Fund. This means that we present Group accounts which combine the Charity and the Foundation Trust alongside the Foundation Trust's individual accounts.

It should be noted that the financial results are those of the Trust operating under an altered income regime.

Our performance for the financial year ended 31st March 2023 is shown overleaf.

Performance for the financial year ended 31st March 2023

	Group			Trust		
	2022-23 actual	2021-22 actual	Year on Year change	2022-23 actual	2021-22 actual	Year on Year change
	£m	£m	£m	£m	£m	£m
Total income	437.8	403.1	34.6	429.2	411.6	17.6
Total operating expenditure (excluding depreciation and net impairments)	(401.3)	(368.4)	(32.9)	(401.8)	(370.3)	(31.5)
EBITDA*	36.5	34.7	1.8	27.4	41.3	(13.9)
(Loss) on disposal of assets	(4.0)	(0.1)	(3.9)	(4.0)	(0.1)	(3.9)
Depreciation and amortisation	(21.0)	(16.9)	(4.0)	(21.0)	(16.9)	(4.0)
Dividend	(8.4)	(7.9)	(0.5)	(8.4)	(7.9)	(0.5)
Net finance income/cost	3.2	(1.2)	4.4	2.1	(1.2)	3.3
Corporate tax expense	(0.1)	(0.1)	0.0	0.0	0.0	0.0
Share of Joint Venture (equity method)	6.7	4.9	1.8	6.7	4.9	1.8
Retained surplus / (deficit) (before exceptional items)	12.9	13.3	(0.5)	2.7	20.0	(17.3)
Gains from transfer by absorption	0.8	1.3	(0.5)	0.8	1.3	(0.5)
Exceptional items**	(1.6)	7.9	(9.5)	(7.4)	9.2	(16.6)
Retained surplus / (deficit)	12.1	22.6	(10.5)	(3.8)	30.6	(34.4)

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

**Exceptional items represent building asset impairment, reversal of impairments totalling £1.6m and a Gift deed of £5.8m transacted from the NHS Foundation Trust to the Christie Charitable Fund.

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

Activity and income

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 2021/22 and 2022/23.

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 £401.3m. Of this £192.8m was spent on staffing, ensuring we continued to attract and retain over 3,323 staff.

Over £106.8m of our total operating expenses were spent on chemotherapy and other cancer treatment drugs and has helped ensure our patients continue to have access to the latest and most effective treatments.

Joint ventures

The Christie Clinic LLP was formed on 15th September 2010 and is a joint venture partnership with HCA (HCA International Limited)

for the provision of private oncology activity. In 2017/18 the LLP was renamed The Christie Private Clinic LLP. The joint venture profit share in 2022/23 is £5.8m, as per the terms of the LLP membership agreement.

In June 2014 we entered into a joint venture partnership with Synlab UK, the UK division of one of the largest European independent providers of pathology services. The Christie Pathology Partnership LLP will allow the Trust to develop further its pathology services drawing on the European expertise of Synlab UK combined with the established cancer expertise at The Christie. The joint venture profit share in 2022/23 is £0.9m as per the terms of the LLP membership agreement.

Subsidiary companies

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

For 2022/23 the principal impact for the group has been a financial surplus of £0.4m which is in line with the Trust's expectation.

Charitable funding

We are supported in our activities by The Christie Charitable Fund. These funds are administered by a separate Charity for which the Board of Directors acts as a corporate trustee.

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

Over the past year, we spent £0.47m on capital projects from charitable grants and we received a charitable revenue contribution of £7.1m to enable us to enhance our services.

During 2022-23 The Christie NHS Foundation Trust was the corporate trustee to The Christie Charitable Fund whose assets, liabilities and transactions are consolidated into the Trust's Group financial balances.

As at the 1st April 2023, the charity became independently registering with the Charity Commission as The Christie Charity. As at the 31st March 2023 The Christie Charitable Fund will close. Future financial balances from the 1st April 2023 will no longer report the charity as part of The Christie NHS Foundation Trust consolidated Group.

The Christie NHS Foundation Trust has made a donation of £5.8 million (2021/22: nil) to The Christie Charitable Fund.

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 upward valuation of £4.8m at 31st March 2023, after recognising the impairment for the Paterson building on its completion in March 2023.

Capital investment

The Trust has been able to continue to invest in its estate and equipment assets with a comprehensive capital investment programme for 2022/23 amounting to **£74.7m** expenditure.

The Charity invested a further £4.2m in acquiring a property in Withington and the consolidated investment amounts to £78.9m.

Investment	NHS funded (Christie)	NHS funded (PDC)	Donated (Christie Charity)	Charity owned	Total
	£k	£k	£k	£k	£k
Land & buildings	876	0	352	4,200	5,428
Assets under construction	55,455	5,500	0	0	60,955
Plant & machinery	4,374	4,464	121	0	8,959
Information technology (including intangibles)	3,346	174	0	0	3,520
Total capital investment in 2022-23	64,051	10,138	473	4,200	78,862

The majority of this year's capital investment related to the completion of the Paterson research building, requiring an additional £45.7m. The Trust received the balance of the agreed funds from the University of Manchester and Cancer Research UK to support its completion.

The Trust has commenced a multi-year replacement programme of its fleet of linear accelerators, starting with the Oldham site in 2022-23 which will be followed by Salford in 2023-24. 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 was successful in bidding for central funding of PDC capital of £10.1m in 2022-23 which included support for the Electronic Health Record programme, the creation of additional ward capacity from converting existing non clinical areas and the replacement of 2 surgical robots.

Cash flow and balance sheet

We ended the year with cash and investments balance of £142.9m (£196.8, for the Group). The Group cash balance has decreased from the prior year. The Trust Balance has a slight decreased

from the prior year value of £150.9m (Group prior year £200.6m).

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 97% of non-NHS trade invoices and 98% of NHS trade invoices by value within 30 days.

Trading environment and financial risks

We benefitted from £10.1m Public Dividend Capital (PDC) from Department of Health and Social Care (DHSC) to fund various capital expenditure.

Going concern

The Christie NHS Foundation Trust continues to confirm its status as a going concern. The Group, including the Trust, The Christie Pharmacy Limited and The Christie Charitable Fund remain a going concern.

From the 1st April 2023, The Christie Charitable Fund will be an independent charity named The Christie Charity and will no longer be part of the group. This change in structure does not affect the going concern status.

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

Following a procurement process, Grant Thornton LLP were appointed as our external auditor on 1st September 2021 for a period of three years. We incurred £115k, (£158k for the Group) in audit service fees in relation to the statutory audit of our accounts for the period ending 31st March 2023.

Crowe UK LLP are the external auditors appointed to the Charity.

Non-audit services provided by the auditor

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

Grant Thornton LLP did not provide additional services relating to any non-audit related services during 2022/23.

Countering fraud and corruption

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

We work hard to maintain an anti-fraud culture and have a range of policies and procedures to minimise risk in this area. Several events were held over the year to highlight how staff can raise concerns and suspicions. As part of our

mandatory training programme, we ask staff to complete anti-fraud awareness training.

Statutory framework

This is the sixteenth set of annual financial results prepared since we became a Foundation Trust on 1st April 2007. Consistent with our statutory status, these accounts have been prepared under a direction issued by the independent regulator NHS 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, while both patients and staff have been affected by the COVID-19 pandemic, this has not overwhelmed us thanks to both the arrangements put in place and especially the collective efforts of all staff. Our task now is to maintain stability and continue our activity as safely as we can.

Some challenges brought new opportunities to test out new ways of doing things and we will capture the benefits from these. All departments have adapted to be able to deliver their services and their care in a different way.

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

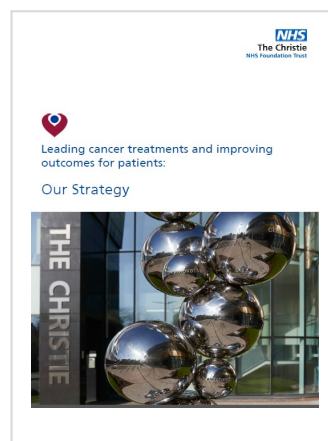
We are able to provide a service based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment care, research and education. Our focus and size enable us to uniquely deliver effective and efficient specialist care offering patients the best possible outcomes from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

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

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

1. We will continue to lead the development of cancer treatment, research and education so that by 2025 we will be the leading organisation in the UK in reducing the burden of cancer.
2. We will build on the success of the patient and staff experience, recognised by the CQC 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.

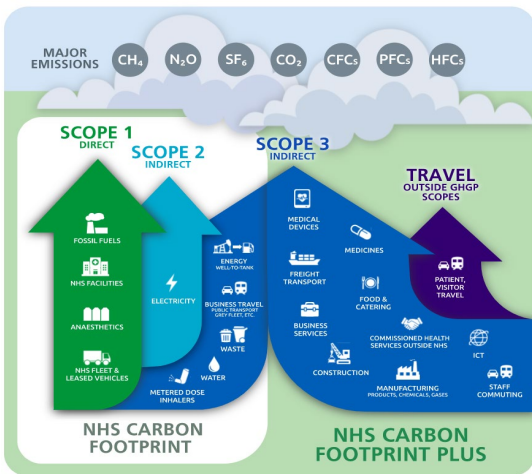
We have made huge progress so far and through our ambitious strategy, we aim to further improve across these four pledges. Throughout this report, there are tangible examples of projects helping us achieve our goals and making a real difference to patient care.



Greener NHS

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 [Delivering a 'Net Zero' National Health Service](#). The [Delivering a 'Net Zero' National Health Service report](#) provides targets to reduce system wide carbon emissions.

These are the most ambitious targets of any healthcare system in the world to address the impact of the sector and address the climate and health emergency. On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022.



Green Plan

The Trust developed a new [Sustainable Development Management Plan](#) (Green Plan) using the online NHS sustainable development assessment tool (SDAT), which uses four cross cutting themes:

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

The SDAT has now been replaced with the Green Plan Support Tool. The Trust will undertake an assessment of the Green Plan progress using the new toolkit. The results of which will be used for updating the Green Plan and measuring progress going forward.

2022/2023 Key Highlights

Green Team Competition

Through the Green Team Competition, the Trust invited five teams to engage in a 10-week project, where they received mentoring from Centre for Sustainable Healthcare facilitators. The teams were tasked with identifying, developing, running, and measuring the outcomes of sustainable quality improvement projects.

Streamlining Crash Trolleys - Outreach Team

<p>GREEN TEAM COMPETITION CENTRE FOR SUSTAINABLE HEALTHCARE</p> <p>Streamlining Crash Trolley Equipment, Critical Care Outreach team</p>	<p>Potential impact</p> <p>Project: Removing unnecessary crash trolleys and intubation boxes and streamlining remaining crash trolleys, to remove items not clinically indicated and medications not needed in emergency boxes.</p>
	<p>Environmental sustainability: Anticipate savings of 1,205.65 kgCO₂e, equivalent to 3,472.5 miles driven in an average car.</p> <p>Economic sustainability: Across a year, there is a potential to save £11,683.28</p> <p>Social sustainability: Helped with time efficiency and workload reduction for outreach team, pharmacy, and ward staff responsible for daily crash trolley equipment checks.</p> <p>Clinical and health outcomes: An MDT approach was used to ensure this patient safety. No impacts on patient outcomes are anticipated.</p>

Golden Patient - Surgical Theatres Team

<p>GREEN TEAM COMPETITION CENTRE FOR SUSTAINABLE HEALTHCARE</p> <p>A Surgical Golden Patient, Surgical Theatres Team</p>	<p>Potential impact</p> <p>A 'golden patient' initiative, by planning and confirming bed spaces the day before instead of the morning of surgery, would reduce waste of consumables energy and staff time by reducing on the day cancellations and delays</p>
	<p>Environmental sustainability: A 50% reduction in cancellations and 20% reduction in overruns would lead to a potential annual saving of 870.9 kgCO₂e, equivalent to 2,508.3 miles driven in an average car.</p> <p>Economic sustainability: A 50% reduction in cancellations and 20% reduction in overruns would lead to a potential annual saving of £7,020.49</p> <p>Social sustainability: 81% staff felt current bed confirmation process needs improvement Potential to increase service efficiency May reduce inconveniences to patients (e.g., more time off work, unnecessary travel to hospital)</p> <p>Clinical and health outcomes: Treatment timelier and more efficient May reduce unnecessary or longer fasting times pre-surgery, and delays to surgical interventions.</p>

Piped Nitrous Oxide, Anaesthetics Team

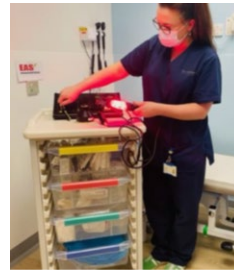
Potential impact
Project: Decommissioning N2O manifold at the main site and installing size E N2O cylinders

Environmental sustainability:
1 kg of N2O into the atmosphere account for 298 kg of CO2 released. The potential saving from decommissioning the N2O manifold is **£4,236 kgCO2e**, equivalent to **156,209 miles** driven in an average car.

Economic sustainability:
Installing E N2O cylinders on all the machines would cost £1280. Eliminating our current financial loss of £29617 per year (93% of N2O purchased is lost due to potential leaks in the pipeline-manifold system), there are potential savings of **£16817 per year**.

Social sustainability:
Raised awareness of N2O emissions and highlighted the need to transition towards greener anaesthetic practices in the department.

Clinical and health outcomes:
There is no expected negative outcome of this project on patients.



Alex Langstaff, Clinical Nurse Specialist in Supportive and Palliative Care, said "I am so proud to have won this award! If PBM treatment is implemented for our head and neck patients, not only does this get The Christie NHS Foundation Trust closer to the Net Zero

Commitment, this also significantly improves patient outcomes, alongside savings of over 500k per year!"

High risk of fracture - Endocrinology Team

Potential impact
Project: Screening Oncology patients for 10 year risk of fracture, and providing preventative treatment as recommended could lead to potential savings across the triple bottom line by reducing incidence of hip fractures.

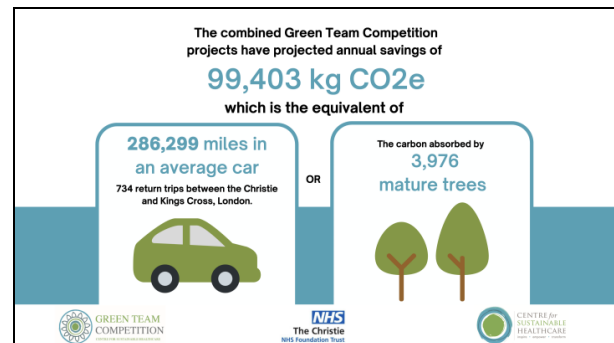
Environmental sustainability:
This would suggest a potential annual carbon saving of **316.45 kgCO2e**, equivalent to **911.4 miles** driven in a car.

Economic sustainability:
This would suggest a potential annual saving of circa **£3,500**

Social sustainability:
Reduce distress for patients, staff and Trust associated with oncology patients sustaining hip fractures. Additional staff time is required to administer the FRAX assessment, however longer term this could be embedded into current admission paperwork.

Clinical and health outcomes:
Prevention of significant health implications associated with hip fracture, as well as preventing interruptions to oncology treatment.

The results of the competition are a testament to the dedication and hard work of the participating teams in transforming clinical practice and promoting sustainability within the healthcare system.



Photobiomodulation - Palliative Care Team

Potential impact
Project: Using Photobiomodulation (PBM) for the prevention of oral mucositis for oncology patients undergoing radical radiotherapy +/- chemotherapy for base of tongue and tonsil cancer.

Environmental sustainability:
A minimum annual saving of **42,774 kgCO2e** could be achieved, the equivalent to **123,197 miles** driven in an average car.

Economic sustainability:
Saved **£32,428** in admission and medication costs in cohort of 11 patients, with a potential to increase savings to **£530,640.36** per year if treating full patient cohort (180 patients).

Social sustainability:
For patients: device quick, easy to use and treatment can be self-administered; reducing incidence of pain/discomfort and improving quality of life. Minimal staff training required. Improved job satisfaction by seeing patients with reduced side effects of their cancer treatment.

Clinical and health outcomes:
Reduced admissions, medications (antibiotics, Pregabalin and Morphine). Reduced need for nasogastric tube supplemental feeding.

Anaesthetic Gases

Desflurane is known to be significantly more harmful to greenhouse gas than carbon dioxide. The nationally driven target is to reduce the proportion of desflurane used to less than 5% of all the anaesthetic gas we use. To support this, desflurane is no longer made routinely available and therefore must be requested to be put onto an anaesthetic machine. As a result, the use of desflurane is now less than 3% by volume.

Winning Projects

The Palliative Care team were announced winners of the Christie Green Team Competition, for their innovative project "Photobiomodulation Therapy (PBM): Using Light Therapy for Oral Mucositis". The Endocrinology team were runners up in the competition with their "Pilot project to assess the impact of identifying patients at high risk of fracture on an acute oncology ward".

Carbon Energy Fund

The Trust have a Framework Partnership with Vital Energi and the Carbon Energy Fund and achieved part Public Sector Decarbonisation Scheme grant funding for a carbon reduction scheme which will be delivered by mid-2023. This scheme is expected to reduce our carbon

emissions by 1,000t of CO₂. The scope of the scheme is wide ranging and includes a new solar photovoltaic system, battery energy storage system, air source heat pumps, LED Lighting upgrades along with site wide energy saving measure improvements which include a new higher efficiency combined heat and power supply and transfer of steam heating to more efficient low temperature hot water.

2022/2023 Overall summary

Module	Progress 22/23	Planned 23/24
Corporate Approach	<ul style="list-style-type: none"> NHS Net Zero target to become a Trust Corporate objective All tenders include a minimum 10% social value weighting Sustainable Impact Assessment for business case developed 	<ul style="list-style-type: none"> Net Zero Policy Sustainable Impact Assessment approved for business cases All NHS contracts above £5 million per annum will require suppliers to publish a Carbon Reduction Plan (CRP) for their UK Scope 1 and 2 emissions and a subset of scope 3 emissions.
Our People	<ul style="list-style-type: none"> Trust Board Training – Decarbonisation and Adaptation Carbon Literacy training for Healthcare Professionals Communication and Marketing Strategy 22/23 Trust Corporate Induction – Greener NHS presentation 	<ul style="list-style-type: none"> Leadership Carbon Literacy Training Carbon Literacy training for Healthcare Professionals Communication and Marketing Strategy 22/23 Christie Day Nursery environmental campaigns
Capital Projects		
Asset Management & Utilities	<ul style="list-style-type: none"> Carbon and energy fund project to bring guaranteed savings and a reduction in carbon footprint 	<ul style="list-style-type: none"> Complete implementation of carbon and energy fund project
Carbon / GHGs	<ul style="list-style-type: none"> Carbon footprint baseline (2019) Desflurane now not routinely available. Must be requested. All electricity is purchased from Renewable Sources. Carbon footprint of the radiotherapy pathway. Reviewed removal of piped nitrous oxide 	<ul style="list-style-type: none"> Completion of public sector decarbonation scheme Decommission main site nitrous oxide manifold In recognition of the NHS targets to achieve Net Zero the Trust are seeking to develop a Heat and Decarbonisation Plan, as a key focus for our future Estate Strategy.
Sustainable Care Models	<ul style="list-style-type: none"> Centre for Sustainable Healthcare Green Ward competition. 	<ul style="list-style-type: none"> Consider SusQI Academy and Beacon Site Annual Membership. Review turning off scavenging systems and frequent air changes/air conditioning when operating theatres are not in use
Sustainable use of Resources	<ul style="list-style-type: none"> Warp-It membership (reuse and redistribute network) Reusable sharps bins pilot 	<ul style="list-style-type: none"> Address the over-use of non-sterile gloves through education and training.
Green Space & Biodiversity	<ul style="list-style-type: none"> Living wall added to new development 	<ul style="list-style-type: none"> Complete tree register Onsite Beehive
Travel and Logistics	<ul style="list-style-type: none"> Green Fleet Review 	<ul style="list-style-type: none"> New secure cycle compound New electric Security van Fleet decarbonisation strategy
Adaptation	<ul style="list-style-type: none"> Participated in NHS Climate change risk assessment pilot 	<ul style="list-style-type: none"> Nominate an adaptation lead Develop an Adaptation Plan

Awards and Accolades

At The Christie, we are very proud that our work is often recognised by our patients and our peers. The praise we receive through awards and accolades is a marker that the care and treatment we provide is of the highest standards.

Here is a selection of some of the achievements and accreditations we are proud of this year.

Three prominent cancer researchers from The Christie have been given prestigious **Senior Investigator status** by the National Institute for Health and Care Research (NIHR). Professor Janelle Yorke, The Christie's Executive Chief Nurse, and Professor Corinne Faivre-Finn, Honorary Consultant in Clinical Oncology are both new appointees. Professor Janelle Yorke is the first Chief Nurse to have ever been given the award. Professor Tim Illidge, Professor of Targeted Therapy and Oncology has been reappointed for a second term. Senior Investigator status is awarded according to a number of criteria, including quality and volume of internationally excellent research, impact on improvements in healthcare and engagement with the public and healthcare policymakers.

The exceptional contribution of three Christie colleagues to cancer services, research and education has been recognised by the Manchester Academic Health Science Centre (MAHSC) and they have been awarded as **MAHSC Honorary Clinical Chairs** for 2022:

- Professor Omer Aziz (colorectal and peritoneal cancer surgeon) has been recognised for his leadership of practice-shaping research in peritoneal cancers and his dedication to teaching and training internationally to improve outcomes for patients with these rare tumours.
- Professor Ed Smith (Clinical Oncologist) is an international opinion leader in the field of Proton Therapy having led the realisation of

the first UK-based high energy NHS proton beam therapy service since its inception in 2008 and chairs the national Proton Research Committee.

- Professor Raffaele Califano (Medical Oncologist) has led on several landmark practice changing clinical trials improving outcomes for lung cancer patients with advanced disease and is an internationally recognised educator committed to developing the next generation of oncologists.

The MAHSC Honorary Clinical Chairs are awarded annually by The University of Manchester's Faculty of Biology, Medicine and Health Promotions Committee. Meanwhile, Professor David Thomson has been appointed as an Honorary Clinical Professor at the University of Liverpool in recognition of his expertise in radiotherapy and proton beam therapy research, having achieved a substantial national and international reputation in his field of head and neck oncology as a consultant at The Christie.

Congratulations to the Trust's clinical coding team which won the **Clinical Coding and Data Quality in Specialist Hospitals Award**, at the recent Capita Healthcare Decisions CHKS Awards 2022. The award recognises clinical coding depth and quality, and demonstrates our Team's diligence, commitment and expertise.

Congratulations to Professor Timothy Illidge, Professor of targeted therapy and oncology who has been elected as a **Fellow of The Academy of Medical Sciences**. The Academy of Medical Sciences is the independent body in the UK representing the diversity of medical science. Its elected Fellows are the UK's leading medical scientists from hospitals, academia, industry and the public service, all with a mission to advance biomedical and health research and its translation into benefits for society. Professor Illidge's work as a clinician scientist and his

laboratory programme has been supported by Cancer Research UK for over 20 years and his research has changed clinical practice in Hodgkin lymphoma and improved outcomes in non-Hodgkin lymphoma.

Congratulations to our complementary health and wellbeing team which recently won a **Mental Health award at the Integrative Health Convention** in recognition for the staff service it has provided since the start of the pandemic. The SOS (Supporting our Staff) initiative uses complementary therapies to enhance resilience and wellbeing. Set up due to the complex pressures caused by COVID-19, this service continues to deliver both virtual and face to face interventions, providing bespoke physiological and psychological support. Over 200 staff have accessed the service so far, with staff reporting the benefits in both their work and home life. A common quote is 'life changing', especially after supporting staff who felt claustrophobic, enabling them to wear PPE, and remain working onsite.

The Christie at Macclesfield team scooped a national award for its commitment to patients living with incurable blood cancer.

The haematology team was presented with the **Myeloma UK Clinical Service Excellence Programme (CSEP) Award** in recognition of its outstanding care and unflinching dedication to patients with myeloma, an incurable blood cancer which claims the lives of 3,000 people in the UK each year. The accolade, awarded by charity Myeloma UK, recognises hospitals' commitment to raising the bar for treatment and providing compassionate and individualised care to patients.

Two Christie teams were successful at the **Greater Manchester Cancer Awards** on 18 October 2022. The **Commitment to Equality Award** was won by the Digital Experimental Cancer Medicine Team, and the MyChristie-MyHealth ePROMS Team won the **Innovation Award**. In addition, our Bloods Closer to Home

team was highly commended in the same category.

The One Stop Lung Cancer Clinic Team (a partnership between The Christie, Manchester University NHS Foundation Trust, and the Greater Manchester Cancer Alliance) was the **joint winner of the Patients' Choice Award** and was highly commended in the Outstanding Care Award. Colleagues from The Christie were also involved in two research projects that made the final shortlist at the awards, the Genito-Urinary Cancer Research Group, and the RECAP study.

In this year's Nursing Times Awards hosted in London on 26 October 2022, two Christie teams were finalists. The Bloods Closer to Home team from SACT services was a finalist in the Cancer Nursing category, and our complementary therapy team was a finalist in the HRH The Prince of Wales award for integrated approaches to care for its entry 'Address the Distress'.

Our proton beam therapy team made it to the final of The Sun's 'Who Cares Wins' awards. They were nominated in the 'Best Team' category.

The Christie has been named as one of the inaugural **European Prostate Cancer Centres of Excellence** and we are the only facility in the UK to be given this accreditation.

The Christie's pioneering bloods closer to home service was shortlisted for a prestigious national Nursing Times Award. The service, which is funded by The Christie Charity and run by Christie staff, operates from 10 convenient locations across Greater Manchester and Cheshire. The service is available at The Christie's three local radiotherapy treatment centres (in Oldham, Salford and Macclesfield), as well as health centres, district hospitals and hospices.

The Christie was also **the winner of the 'Best Social Responsibility' category at the Nursing**

Times Workforce Summit and Awards 2022 for work on the Climate Emergency and engagement with the local community, to raise awareness of the climate crisis, and the significant risks to public health. The judges praised The Christie Green-Up Campaign as a shining example of leading with passion, which was evident in the nomination. The passion of Angela Hayes, who led this work, was palpable and a significant contributor to its success. Angela has gone above and beyond to demonstrate that nursing should and can have a strong voice in social responsibility and sustainability, and was outstanding in this category.

Congratulations to the team which delivers the Oncology Pathways Digital Clinical Placement, having reached the final of the Nursing Times Student Awards - Best clinical placement of the year (hospital). Last year, we delivered an additional 334 clinical placements and this year we are on target for 900 additional placements.

Dr Matthew Krebs, Kate Duffus (research project manager) and team received the **Healthcare Project of the Year Bionow Award 2022** for the DETERMINE trial: identifying new treatments for patients with rare cancers. This award recognises the leadership from The University of Manchester along with CRUK CDD, The Royal Marsden Hospital/ICR, The University of Birmingham, The Christie and key pharmaceutical partners, who together have been instrumental in the development and delivery of this complex trial for patients of all ages.

We also continue to celebrate staff achievement through our monthly 'You made a difference' awards, which are nominated by patients and visitors. The latest recipients can be viewed [here](#).

Our generous supporters

The Christie charity exists to ensure cancer patients at The Christie NHS Foundation Trust receive the highest level of treatment and care and have access to world leading research and equipment. It provides funds which are over and above what is ordinarily available through the NHS. The monies raised each year provide vital flexible income which allows the Trust to fund its major capital programme, support its world class clinical research, purchase innovative equipment, finance specialist job roles and also provide a range of practical, emotional and social support projects for patients and their loved ones. Our success is thanks to the fantastic support we receive from our fundraisers which allows the hospital to remain at the forefront of cancer research.

Since last year we are projecting a 16% increase in fundraising income. This is a huge uplift and shows how we are recovering from the COVID 19 pandemic. Unfortunately, the cost-of-living crisis is now starting to have a small impact. But as activity levels are still buoyant and thanks to our loyal supporters we are very positive about the year ahead.

In the last year we held The Tower Run again at Beetham Tower in April. Hundreds of people ran, walked and in some cases crawled up 798 stairs and they raised an amazing £60,000. One participant even did it whilst wearing a bin on his back!

We introduced a new event this year in June called The Christie Zipslide which saw very brave supporters zipping from the roof of the Imperial War Museum across Salford Quays to land in front of Media City. They all raised a whopping £31,000.

Our ever-popular Manchester to Blackpool bike ride was held in July and 825 cyclists raised £179,000.

In December we hosted a Children's party at Tatton Park which saw hundreds of excited children meet Father Christmas and his merry elves. An Evening with The Christie event followed where guests were treated to the beautiful voices of the Chester Male Voice Choir and the uplifting tunes from the Foden Brass Band. Our Christmas show at the Manchester Carol concert saw over 700 supporters experience a multitude of performers including Britain's Got Talent winner Jon Courteny and the Hayes Sisters. All three events sold out very quickly!

On World Cancer Day, 4th February, over 800 people took part in our Night of Neon event. They braved the wet weather to walk, sing and dance 5km around Salford Quays. They raised an outstanding £76,000.

This year our dedicated supporters have raised a whopping £23m. We could not do this without their support as no matter the size of the donation every penny makes a huge impact to our patients.



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 2023, The Christie's total membership was 12,712 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 currently working on a project to start a membership youth council for our members under 25.

The council of governors, through its membership and community engagement committee, is responsible for ensuring that we have a representative, active and engaged membership. This is achieved through our three-year membership strategy and supporting annual action plan. The strategy started in April 2019 and due to the impact of COVID-19, was extended to the end of March 2023. After this, a new three-year strategy will be in place for April 2023 to March 2026.

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

We have an established and increasing group of members who have joined our 'database' representing patients, carers and The Christie community. These members are invited to take part in focus groups to give us first hand feedback about our existing services and input into the ways in which we may wish to develop our services in the future. Due to the COVID-19 pandemic, in 2020 we introduced our virtual focus groups and these have been well attended by our members. Last year we discussed a wide range of topics including supportive oncology, the carbon footprint of radiotherapy, assessing fatigue in cancer patients and thyroid function tests after immunotherapy 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 2023, we had 9,108 public members.

Staff membership

Our staff and volunteers automatically become members as they join The Christie. The classes within the constituency are medical staff, nurses, other clinical professional staff, and non-clinical staff and volunteers. At the end of March 2023, we had 3,478 staff members and 126 volunteer members.

Public membership statistics

Public constituencies	Number of members
Bolton	484
Bury	590
Cheshire	959
Manchester	836
North West	927
Oldham	447
Rochdale	460
Salford	672
Stockport	1065
Tameside and Glossop	595
Trafford	860
Wigan	520
Rest of England	693
Total public members	9108

Gender	
Male	1525
Female	1493
Unspecified	6090
Total	9108

Figures are correct as at 31st March 2023

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

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

Age	
0-16	1
17-21	7
22-49	352
50+	1394
Unspecified	7354
Total	9108



Roger Spencer
 Chief Executive Officer
 23rd October 2023

Ethnicity	
White	1884
Mixed	23
Asian	144
Black	53
Other	20
Unspecified	6984
Total	9108

Quality Report

Part 1: Statement on quality from the Chief Executive

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients. 2022/23 has been another challenging year experienced by the NHS. At The Christie we have continued to focus on the quality of care and treatment we give to our patients. Without a doubt, the strength of our underlying patient centered culture, highly motivated and compassionate staff and oncology expertise has enabled us to respond to new demands. We continue to do all we can to make sure our patients get the treatment, information and support they need.

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

Through the on-going hard work and commitment of all our staff we continued to provide high quality care and services to our patients and their families. This is evidenced further as we continue to be one of the top scoring Trusts for quality of care in the national inpatient survey [The Christie NHS Foundation Trust.pptx \(live.com\)](#). We have continued to work hard on presenting readily available information for our patients about the quality of our services. Feedback from our patients on the Friends and Family Test has consistently scored high as a recommendation of a place for care. Our patients have given us one of the best national ratings of care in the most recent National Cancer Patient Experience Survey results published in July 2022 [2021 National Cancer Patient Experience quantitative reports \(ncpes.uk\)](#)

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

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

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



Roger Spencer
Chief Executive Officer
22nd June 2023

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

2.1 Quality priorities for 2022/23

2.1.1 Improving patient falls prevention and management

We planned to continue to develop our programme of falls prevention and management interventions to keep patients safe. We want to learn from all our patient falls, not just those that result in harm.

The key quality indicators set for this were:

- There will be no more than 3.35 inpatient falls per 1000 occupied bed days
- We will introduce improved falls prevention and management awareness training to front line clinical staff
- We will relaunch our Falls Prevention Group with a new format to monitor the delivery of our ambitious falls action plan
- We will develop the way we learn from Outpatient falls through our new Outpatient Falls Prevention leads

This quality improvement will be monitored and measured monthly through the Falls Prevention Group, and a report will be provided for information to Friday FoCUS (Focus on Care Understanding Safety) meetings every 2 months.

2.1.2 Review, reintroduction, and expansion of the Christie Quality Mark for all Christie satellite sites

The Christie Quality Mark Accreditation was introduced in response to our patients expressed need to be assured that wherever they receive their treatment they can feel confident that it is of the same high standard.

We will restart the programme of the Christie Quality Mark accreditation that was paused during covid and expand to new sites not previously accredited.

This will be evidenced by:

- The standards and process for accreditation will be reviewed to ensure it meets current service delivery and practices.
- A full programme of inspections will be planned to include all sites that deliver chemotherapy and radiotherapy treatments.
- All sites will be inspected as per the planned programme.
- An engagement and re-education programme will be initiated with all sites to ensure a full understanding of the Quality Mark and the expectation for sites to achieve accreditation.

This quality assurance and improvement accreditation process will be measured through the monitoring of the programme of accreditations and by the production of individual assessment reports that will be presented to Quality Assurance Committee.

More information on the Christie Quality Mark can be found at: [The Quality Mark | Assurance of Our High Standards of Care \(christie.nhs.uk\)](#)

2.1.3 Development and expansion of the Christie Quality CODE

The Christie CODE Quality Scheme is a framework for measuring the quality of CARE provided to patients by OBSERVATION, clear DOCUMENTATION and patient and staff EXPERIENCE, with areas accredited according to a comprehensive set of standards. We will continue the development and expansion of the Christie Quality CODE to include new areas not previously accredited.

This will be evidenced by:

- The Clinical Research Facility (CRF) and the Acute Ambulatory Care Unit (AACU) will undertake their initial CODE accreditation.
- A programme of revalidation will be established to revalidate all previously accredited wards.
- Two new standards ('Care of the patient in last days of life' and 'Care of the patient with diabetes or risk of hyperglycaemia') will be formally included in all new and ongoing CODE accreditations.

This CODE accreditation process will be measured through the monitoring of the programme of accreditations and the production of individual assessment reports that will be presented to an Executive quality panel to give the formal accreditation decision.

More information on The Christie CODE can be found at: [The Christie CODE Quality Scheme](#)

2.2 Achievement against quality priorities for 2022/23

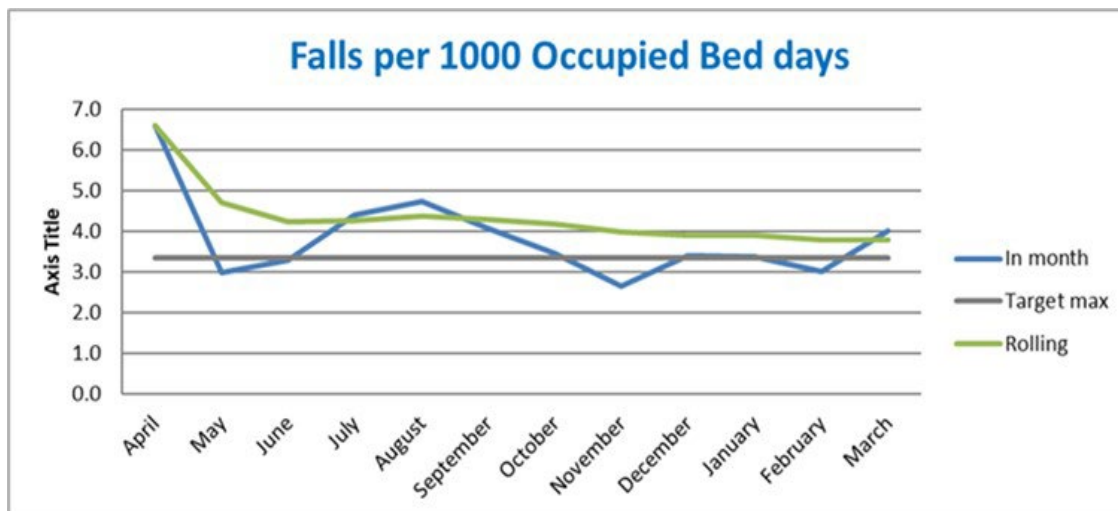
2.2.1 Improving patient falls prevention and management

We monitor falls per 1000 occupied bed days which enables us to identify trends against our activity. All inpatient falls where there has been minor harm (Grade 2) are investigated using a 'falls screening tool' to identify any areas for rapid learning. All cases are reviewed by the ward teams and discussed at Friday FoCUS (Focus on Care Understanding Safety) a multi-professional learning event twice a month. For any falls with moderate or above (Grade 3+), these are investigated through a root cause analysis and reviewed by both the executive review group and Friday FoCUS.

Our internal ambition was to achieve 3.35 falls per 1000 occupied bed days. 3.35 was our performance for the year 2020/21 followed by 3.8 in 2021/22. This compares to a national average of around 6.6. Our overall performance for 2022/23 was slightly above this ambitious target, at 3.6 falls per 1000 occupied bed days – however this was an improvement on the previous year and well below the national average.

Inpatient falls reviews were overseen by a multidisciplinary falls prevention group which was chaired by the Associate Chief Nurse for Quality and Patient Safety. This group developed and delivered a Trust wide falls action plan. The actions were developed from national guidance, and also from learning we identified through our falls screening tools, and root cause analysis.

We joined the National Audit of Inpatient Falls, so that we can share learning from across the NHS in England. We have improved the way we investigate outpatient falls, by having an 'Outpatient Falls Lead Nurse (Matron)' and are developing our processes for managing outpatient falls. We have identified and reviewed an applicable falls prevention training package, which we plan to launch in 2023/24.



2.2.2 Review, reintroduction, and expansion of the Christie Quality Mark for all Christie satellite sites

The programme of the Christie Quality Mark accreditation was paused during the covid pandemic and was recommenced in 2022/23 with an expansion to new sites not previously accredited.

In 2022/23 we achieved the quality ambition with the following evidence:

- The Christie @ sites were the focus of this year's accreditation programme.
- The standards and processes for both chemotherapy and radiotherapy have been reviewed and updated in collaboration with Service Leads and a Quality Mark inspection tool was developed. This involved reviewing the elements of care, the evidence base and the care statements in regard to Ambulatory Chemotherapy Services, Radiotherapy Services at the Withington and Satellite sites and Proton Beam Service.
- A timetable for accreditation was established including the provision for pre-site visits. In 2022/23 The Christie Quality Mark accreditations were facilitated at the Withington site and Christie @Salford, with the other Christie@ sites planned for May 2023. All sites inspected achieved the Quality Mark accreditation.
- The Quality Mark programme was reported six monthly through the Patient Experience Committee and monitored yearly by the Quality Assurance Committee, which allows for a broad conversation about successes and challenges, areas of concern and opportunities for learning and improvement.

2.2.3 Development and expansion of the Christie Quality CODE

The Christie Quality CODE programme was extended to include two new standards and clinical areas not previously accredited.

In 2022/23 we achieved the quality ambition with the following evidence:

- The Clinical Research Facility (CRF) undertook their CODE accreditation for the first time on 3rd November 2022 and subsequently presented their GOLD accreditation to the Executive panel on 7th December 2022.
- The CODE programme was delivered across the inpatient areas, with associated action plans put in place to address areas for improvement.
- Two new standards – 'care of the patient in the last days of life' and 'care of the patient with diabetes or risk of hyperglycemia' are now included in the CODE accreditations.
- The programme was reported six monthly through the Patient Experience Committee and monitored yearly by the Quality Assurance Committee, which allows for a broad conversation about successes and challenges, areas of concern and opportunities for learning and improvement.

2.3 Our quality ambitions for 2023/24

2.3.1. We will ensure that Preferred Place of End-of-Life Care (PPC) conversations are held with patients and appropriately documented and updated

This will be evidenced by:

- Ensuring that all appropriate staff have access to end-of-life care education
- Improved and consistent documentation of preferred place of care conversations
- Annual audit of documentation to ensure that PPC conversations have been appropriately held with patients
- Ensure that PPC data is monitored against protected characteristics to ensure equity of experience.

This quality improvement will be monitored by the Supportive Care Team and the Quality and Standards Directorate.

2.3.2. Review and continue to expand The Christie Quality Mark for all @Christie sites and outreach services

This will be evidenced by:

- The standards and process for accreditation will be reviewed to ensure it meets current service delivery and practices.
- A full programme of inspections is planned to include all sites that deliver chemotherapy and radiotherapy treatments - programme has been developed and agreed.
- An engagement and re-education programme will be initiated with all sites to ensure a full understanding of the quality mark and the expectation for all sites to achieve.

This quality improvement will be monitored through the accreditation programme with updates provided 6 monthly to the Patient Experience Committee and yearly to the Quality Assurance Committee.

2.3.3. Development and expansion of The Christie Quality CODE.

The Christie CODE Quality Scheme is a framework for measuring the quality of CARE provided to patients by OBSERVATION, clear DOCUMENTATION and patient and staff EXPERIENCE, with areas accredited according to a comprehensive set of standards. We will continue the development and expansion of the Christie Quality CODE to include new areas not previously accredited.

This will be evidenced by:

- Undertake a full review of the framework to ensure it remains fit for purpose.
- 2023/24 will include Acute Ambulatory Care Unit (AACU), Outpatients, Interventional Procedure Unit.
- Develop a staff health and wellbeing standard to be added to the accreditation process.
- Standardise the post accreditation process in the event that Gold Standard is not achieved.
- Review the current Communication standard and include bedside handover.
- This year we intend to review all CODE standards to ensure the rigour of the process and to provide assurance of the sustained quality of care provided by a department with gold status accreditation.

This quality improvement will be monitored through the accreditation programme with updates provided 6 monthly to the Patient Experience Committee and yearly to the Quality Assurance Committee.

2.4 Statements of assurance from the Board

2.4.1 Review of services

During 2022/23 The Christie NHS Foundation Trust provided 14 relevant national health services:

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

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

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by The Christie for 2022/23.

2.4.2 Participation in clinical audits and national confidential enquiries

During 2022/23, 11 national clinical audits and 1 national confidential enquiry covered relevant health services that The Christie NHS Foundation Trust provides.

During 2022/23, The Christie participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Christie was eligible to participate in and participated in during 2022/23 are as follows:

1. Bowel cancer (NBOCAP)
2. ICNARC Intensive Care National Audit and Research Centre Case Mix Programme (CMP)
3. Lung cancer (NLCA)
4. National Emergency Laparotomy Audit (NELA)
5. National Prostate Cancer Audit
6. Oesophago-gastric cancer (NAOGC)
7. National Audit of Care at the End of Life (NACEL)
8. Learning Disabilities Mortality Review (LeDeR)
9. National Acute Kidney Injury Programme (NAKIP)
10. National audit of inpatient falls (NAIF)
11. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
12. NCEPOD Transition from child to adult services study

The national clinical audits and national confidential enquiries that The Christie participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audits and enquiries	Numbers submitted (eligible)	Percentage of Eligible Submitted
NBOCAP	66/66	100%
ICNARC (CMP)	665/665	100%
NLCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NELA	29/29	100%
NPCA	Data submitted via COSD – recorded against Trust first seen	100%
NOGCA	357/357	100%
NACEL	21/21 40/40	100%
LeDeR	0/0	100%
NAKIPg	8184/8184	100%
NAIF	0/0**	0%
SHOT	4.82 per 1000 components	100%
NCEPOD (TfctAS)	8/9	NA

* Submission delayed but is to be carried out

** NAIF platform to change to allow tertiary entry; it wasn't possible to enter 3 eligible falls that occurred this year at The Christie

2.4.3 Participation in clinical research

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

Currently the portfolio of Christie research is made up of early phase clinical trials (35%), late phase clinical trials (41%) and other research including basic science, biobank and observational studies (24%). The number of patients receiving health services provided or sub-contracted by The Christie in 2022/23 that were consented during this period to participate in research was 2675.

2.4.4 Quality goals and the CQUIN framework

2022/23 represented a transitional return to the Commissioning for Quality and Innovation (CQUIN) payment framework, which had been paused since the start of the COVID pandemic, with no financial penalties applied to Trusts demonstrating engagement in delivering the CQUIN scheme milestones.

For The Christie, values and milestones were attributed to 2 CQUIN schemes, and achievement of those milestones was monitored by NHS England, to demonstrate Trust engagement.

Indicator Reference	CQUIN	Value (£k)	Proportion of Contract (%)
PSS2	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	£1,668k	1.00%
CCG1	Flu vaccinations for frontline healthcare workers	£417k	0.25%
Totals		£2,085k	1.25%

The total amount of income attributed to CQUIN in 2022/23 was £2,085k.

The achieving high quality Shared Decision-Making conversations scheme milestones were fully achieved. The flu vaccinations for frontline healthcare workers target of 90% vaccinated by 28 February 2023 was partially achieved, with 75.74% of frontline staff vaccinated.

NHS England concluded that the Trust had appropriately engaged in delivering the CQUIN scheme milestones, and therefore no financial penalties were imposed in 2022/23 and the Trust earned £2,085k.

2.4.5 Care Quality Commission

The Christie NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983. The Christie NHS Foundation Trust has no conditions on registration. The Christie underwent routine unannounced well led and core medical service inspections during October and November 2022. The inspection rating of Good was published on 12th May 2023. An action plan to address the areas for improvement identified in the CQC report was submitted on 5th June 2023. The CQC has not taken enforcement action against The Christie NHS Foundation Trust during 2022/23.

2.4.6 Data Quality

The Christie submitted records during 2022/23 to the secondary uses service (SUS) for inclusion in the hospital episode statistics. The percentage of records in the latest published data as at March 2023 are as follows:

	% of records in published data which included the patient's valid NHS number	% of records in published data which included the patient's valid general practitioner registration code	
Admitted patient care	97.2%	100%	99.70%
Outpatient care	99.8%	100%	
Accident and emergency care	Not applicable	Not applicable	

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

- The Trust continues to undertake a series of clinical coding audits, including annual individual coder audits, HRG deep dive audits and individual classification code audits as required.
- A suite of data quality reports are utilised.
- The band 6 Senior Performance Analyst post within the performance team has been revised to include day to day supervision of the Data Quality Officers, this provides a more consistent link to any teams inputting data into Careflow.
- The Trust continues to use the mini-spine dashboard for the identification of Master Patient Index (MPI) discrepancies between the Trust MPI and the NHS National Spine.
- The Radiology Information System (RIS) User Group meets regularly and is chaired by Performance Management. This meeting brings together all of the imaging services who utilise RIS with an aim to improve the consistency with which activity is recorded across all of the teams.
- We continue to work collaboratively with commissioners to respond to data challenges.

2.4.7 Information Governance

The Christie NHS Foundation Trust's Data Security and Protection Toolkit compliance overall score for 2021/22 resulted in standards met. Mersey Internal Audit Agency, the Trust's internal auditors, provided assurance to the evidence provided in the Data Security and Protection Toolkit.

The 2022/23 Data Security and Protection Toolkit assessment is covering from May 2022 to June 2023 having been taken out of alignment with financial reporting periods in recognition of the impact of the pandemic, with decision to retain these timelines to release wider Trust pressures around financial reporting deadlines. The Trust is working towards continued compliance, with internal auditor verification taking place.

2.4.8 Payment by Results / Information Governance

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

A Data Security and Protection Toolkit Clinical Coding Audit took place in December 2022, by the Trust's NHS Digital approved auditor the results of this audit are as follows:

	% Correct
Primary diagnosis	91.5%
Secondary diagnosis	91.8%
Primary diagnosis	96.5%
Secondary diagnosis	92.3%

2.5 Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average	National Highest/lowest
The value and banding of the summary hospital-level mortality indicator ("SHMI") The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions.	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average	National Highest/lowest
The Trusts patient reported outcome measures scores for: i. groin hernia surgery ii. varicose vein surgery iii. hip replacement surgery iv. knee replacement surgery	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average	National Highest/lowest
The percentage of patients aged: i. 0 to 14 ii. 15 or over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital which forms part of the Trust.	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average 2021/22	National Highest/Lowest 2021/22
The Trust's responsiveness to the personal needs of its patients	Ensuring that people have a positive experience of care	84.4%	Expected publication of 22/23 figures delayed as of May 2023 due to merger of NHS Digital & NHS England	74.5%	H - 85.2% L - 67.3%
<i>*Hospital stay: 01/11/2020 to 30/11/2020; Survey collected 01/01/2021 to 31/05/2021</i>					
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients receiving a good experience of care whilst under the care of The Christie.					
The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of patient satisfaction surveys and the National Friends and Family test.					

NHS Outcomes Framework	Indicator	The Christie (National) Performance Q1	The Christie (National) Performance Q2	The Christie (National) Performance Q4
National Pulse Survey 4 Measures taken in Q1, Q2 & Q4	Engagement	6.33 (6.64)	6.5 (6.62)	7.67 (6.59)
	Advocacy	6.92 (6.68)	7.06 (6.65)	8.23 (6.59)
	Involvement	5.87 (6.44)	6.35 (6.46)	7.69 (6.45)
	Motivation	6.20 (6.8)	6.09 (6.74)	7.09 (6.73)

**PULSE survey replaced the National Staff Friends & Family Test in April 2021*

The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of staff who would recommend The Christie as an organisation that provides good quality care for their family or friends.

The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through quarterly Board level scrutiny of the outcomes of the National Staff Friends and Family Test.

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average 2022/23	National Highest/Lowest 2022/23
The percentage of patients admitted as an inpatient to the Trust who would recommend the Trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	95.36%	95.86%	93.8%	H – 99.6% L – 73.0%

The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to the Trust who would recommend The Christie as an organisation that provides good quality care for their family or friends.

The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the National Friends and Family test.

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average 2022/23	National Highest/ Lowest 2022/23
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	Treating and caring for people in a safe environment and protecting them from avoidable harm.	98.1%	97.6%		VTE data collection was suspended in March 2020 due to COVID. As of May 2023, this collection has not re-commenced, therefore there are no national figures for VTE.

The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to The Christie that have had a full risk assessment of venous thromboembolism.

The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the results of the venous thromboembolism assessments on admission.

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average 2021/22	National Highest/ Lowest 2021/22
Rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	71.02	Data is obtained through national reporting which was yet not available as of June 2023.	25.04	H – 78.6 L - 0

The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the results of the C.difficile numbers and through the monthly review with our commissioners.

**The Christie rate is high due to a relatively small number of bed days in comparison to the number of C-Diff cases.

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average 2021/22	National Highest/ Lowest 2021/22
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	4616 13 0.28%	6377 9 0.14%	45638 104 0.23%	H - 5477 L - 678 H - 23 L - 0 H- 1.02% L- 0%
<p>The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to record the incidences of patient safety, the rate of incidences and the percentage of severe harm or death of patient safety incidents within The Christie.</p> <p>The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required This will be reviewed through the quarterly Patient Safety and Experience report.</p>					

2.6 Staff who “Speak Up”

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

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

Every opportunity is taken to raise the profile of the importance of raising concerns and support available, including attendance by the Freedom to Speak Up Guardian (FTSUG) at team meetings, attendance at Christie@ centres and presence at staff inductions.

Any member of staff can approach the FTSUG for advice and support to raise their concern and the Guardian is supported by Champions in promoting the speaking up message.

Other activities which helped to promote a positive speaking up culture include;

- A display during Freedom to Speak Up month focusing on the themes suggested by the National Guardian’s Office
- Development of videos of senior staff sharing their experiences of speaking up and listening
- Production of a video of our ethnic diversity staff network’s experiences
- Refreshing the Freedom to Speak Up policy to reflect the updated national policy

A review of the concerns raised under the Freedom to Speak Up policy was undertaken to assess activity against the following principles for speaking up:

- The person raising the concern was thanked and dealt with in a supportive way
- The concern was investigated
- There was communication with the person raising the concern
- Outcome, following investigation of the concern, was shared with the person raising the concern
- Learning from concerns raised, where appropriate, was identified and shared

To provide a better understanding of Trust culture in relation to speaking up, results from the national staff survey questions relating to speaking up were analysed and the FTSUG asked for feedback from staff who contacted the service.

The FTSUG provides a twice-yearly report to a number of committees, including the Board of Directors and highlights the number and types of concerns as well as activity to support a positive speaking up culture.

Part 3: Review of quality performance in 2022/23

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

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

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

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

3.1 Patient experience

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

3.1.1 Friends and Family Test

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

The 'Friends & Family Test' has been re-established post-covid for over a year now and is a huge resource/set of data in relation to patients experience at The Christie. The main changes made to improve FFT are:

- making the wording of the mandatory question and standard response scale more effective in collecting good quality feedback, and
- making it easier for patients to give feedback by changing the timing requirements for responding and providing the opportunity for people to give anonymous, quick feedback via FFT when they want to.

Following their most recent experience at the Christie, patients are invited to answer the question; "Overall, how was your experience of the service". Patients can respond via text message (free of charge) or via an online form. Text messages are sent to patients within 48 hours of their inpatient stay or outpatient episode. Patients can opt out of responding at any time. Given the number of patients who are regular patients for treatment, the text message is sent to the patient's mobile number once per month only, even if they have attended more frequently, and asks them to think about their most recent experience. Patients are asked to respond on a 5-point scale from 'very good' to 'very poor'. Following the patient's response, a second, follow up question is asked to tell us if there is anything that we could have done better. Specific comments are anonymised, though patients are encouraged to contact our Patient Advice and Liaison Service should they wish their

comments to be handled directly.

The response rate for FFT and individual ward/department results is collated monthly and high-level results published in the performance report, as well as all the results from FFT being available to all staff to see on the 'Data Insights' page of the Trust's intranet.

The FFT monthly scores, measured as percentage of positive scores ranged between 94% to 98% for the inpatient ward areas and 94% for the outpatient/daycase areas.

The overwhelming response is clearly positive, but the Quality and Standards team will continue to work closely with the departmental teams to consider the negative responses during 2023/24 to understand the opportunities for improving patient experience.

3.1.2 National inpatient survey 2021/22

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

The Trust was identified as performing 'Much better than expected'. This is because the proportion of respondents who answered positively to questions about their care, across the entire survey, was significantly above the Trust average

Patients were eligible to participate in the survey if they were aged 16 years or over and had spent at least one night in hospital. The survey was significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content. This survey was conducted using a push-to-web methodology (offering both online and paper completion).

1250 patients of The Christie were invited to participate, of which 619 patients responded. The response rate was 56%, compared to national average of 39%.

The top five scores for the Christie against the Picker average and the most improved scores were:

Top 5 scores vs Picker Average	Trust	Picker Avg
Q2. Did not mind waiting as long as did for admission	88%	65%
Q43. Told who to contact if worried after discharge	98%	75%
Q14. Able to get food outside of meal times	92%	73%
Q3. Did not have to wait long time to get to bed on ward	93%	74%
Q25. Right amount of information given on condition or treatment	94%	80%

Most improved scores	Trust 2021	Trust 2020
Q15. Got enough to drink	99%	98%
Q25. Right amount of information given on condition or treatment	94%	93%
Q43. Told who to contact if worried after discharge	98%	97%
Q28. Given enough privacy when being examined or treated	100%	99%
Q20. Had confidence and trust in the nurses	100%	99%

The percentage of responders that rated their experience at 7/10 or above was 96%. Whilst the area for greatest improvement was in regard to patients being asked for their feedback on the quality of the care during their stay.

There were no questions where The Christie was much worse, worse or somewhat worse than most Trusts.

Following the 2021/22 survey, the results were discussed with key managers and at relevant Trust Committees.

3.2 PLACE Assessment

The Patient-Led Assessments of the Care Environment (PLACE) looks at non-clinical services that patients say are most important to them. Patient assessors are recruited and trained to carry out the assessment with equal number of staff assessors and an independent assessor from another Trust. The categories include the quality of the food, cleanliness, privacy and dignity, dementia and the condition of buildings and grounds. The results are published nationally by the Health and Social Care Information Centre.

The last assessment was carried out in September 2022 at The Christie's sites in Withington and Macclesfield.

The Christie's highest rating was for the ward food, with the Trust's Withington site scoring 100%, nearly 10% above the national average of 90.2%. The patient assessors were particularly impressed with the variety of dishes available. Unlike many hospitals, patient food at The Christie is prepared and cooked on-site, and the in-house catering team are responsible for the complete service from delivery to patient.

The Withington site also scored highly in all other areas, beating the national average in every category. This was the first time that The Christie at Macclesfield has taken part in the assessment. The centre, which opened in 2021, does not serve food but scored highly in all areas, including cleanliness (99.38%) and condition and appearance of the site (100%).

Both sites performed well in terms of the quality of care for disabled patients and those with dementia, beating the national average by over 10% in both categories.

3.3 Patient experience stories to the Board

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

Date	Presenter	Topic	Board of Directors Visits
Thursday 28 th April 2022	John Archer, Clinical Services Manager Tom Edwards, Clinical Services Manager Dr Ed Smith, Consultant	A live stream video on Proton Beam Therapy Service.	Covid restrictions in place
Thursday 26 th May 2022	Professor Adrian Bloor	Presentation on CAR-T therapy service developments.	Covid restrictions in place
Thursday 30 th June 2022	Professor Ananya Choudhury, Honorary Academic Consultant Cynthia Eccles, Consultant Research Radiographer	Presentation on MR Linac based Radiotherapy.	Covid restrictions in place
July	No meeting		
August	No meeting		
Thursday 29 th September 2022	Patient Experience Day of Peritoneal Service	Board members attended the event following the meetings of the Board.	Visited Acute Oncology Assessment Unit Chief Operating Officer & Company Secretary, 4 Non-Executive Directors
Thursday 27 th October 2022	Ben Vickers - Patient Safety Specialist & Risk Lead Matt Bilney - Associate Chief Nurse (Quality and Patient	Patient Safety Strategy.	Visited Christie @ Macclesfield Chair, CEO, Deputy CEO, Chief Operating Officer, Director of Workforce, Chief Nurse,

Date	Presenter	Topic	Board of Directors Visits
	Safety)		Medical Director, 6 Non-Executive Directors
Thursday 24 th November 2022	Donna Graham, Consultant Leanna Goodwin, Research Practitioner	Digital Apps and Inclusivity	Visited Outpatients Chief Operating Officer, Chair, 2 Non-Executive Directors
December	No meeting		
Thursday 26 th January 2023	Dr Tim Cooksley, Consultant Liz Perry, Matron - Acute & Critical Care	Acute Oncology – patient flow & the Christie hotline	Visited New & Old Outpatient Pharmacy Chief Operating Officer, Company Secretary, Chair, 3 Non-Executive Directors
February	No meeting		
Thursday 30 th March 2023	Karen Jewers, Lead Cancer Nurse at WWL Kathryn Place, MacMillan Transformation Manager Kalena Marti, Consultant in Medical Oncology	The Christie@Wigan service - patient & staff interviews	Palatine Ward – new Beds for CAR-T Chief Operating Officer, Company Secretary, Chair, 4 Non-Executive Directors

3.4 Quality Plan 2022 – 2025

The Quality Plan 2022-2025 is aimed at staff, patients, carers and stakeholders and has been developed in partnership under the leadership of the Executive Chief Nurse and Director of Quality. The plan sets out our quality ambitions based on 3 themes, Safe, Quality Improvement and Clinical Effectiveness, and a positive experience and how we will govern, measure and achieve quality in care over the next 3 years.

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients by delivering high quality, safe, caring, responsive, effective and well led services.

The Quality plan supports recommendations from several published reports over the last decade to improve quality of care the NHS provides. It underpins a shared understanding of quality outlined by the NHS England's National Quality Board 2021 and acknowledges the impact excellent leadership, collaboration and the culture within our organisation has on empowering our patients and staff, their experiences and outcomes.

Whilst the COVID-19 pandemic presented the NHS with some of the greatest challenges it has ever experienced, we remained focused on quality and are incredibly proud of the response from our workforce and patients, to build on the progress made since the launch of the 2017-2020 Quality Plan.

The pandemic and its transition into 'Living with COVID-19' in early 2022 has enabled us to reflect and re-evaluate on our previous objectives in line with The Christie strategic objectives and the times we now live in. The Trust remains committed to achieving the best quality care and outcomes for our patients and to improve and deliver quality, safe, effective, and personalised care, within a culture of learning and continuous service improvement.

Improving quality and achieving the aims of the Quality Plan 2022-2025 requires a structured and multifaceted approach to improvement. These include organisational culture, leadership, education, training and development, best outcomes and standards that are inherent in the attitudes, values, behaviours and performance of The Christie workforce.

We aim to deliver the highest quality care and treatment with real patient benefits by listening, collaborating, caring and learning.

3.5 Safer Staffing

Requirements for reviewing and report safer staffing were outlined in a succession of publications, including NICE Safe Staffing Guidelines published in July 2014, updated by NHS Improvement in January 2018 and in conjunction with, [Developing Workforce Safeguards](#) October 2018.

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

4. Clinical Indicators - Patient Experience

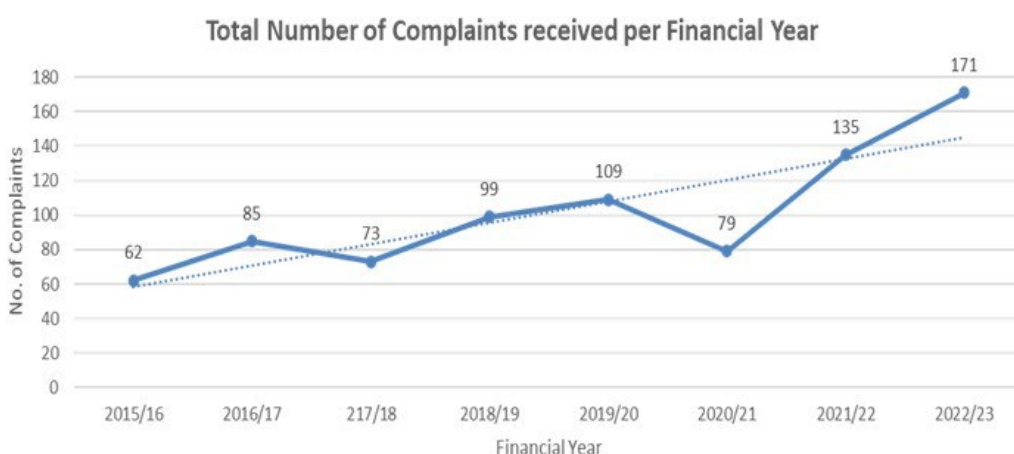
4.1 Complaints

We continue to resolve complaints at source; our clinicians, matrons, ward sisters and charge nurses have a high profile on wards and in clinical departments where they focus on patient experience and ensure continual improvement in care and service delivery on a day-by-day basis.

All complaints are reviewed weekly by the executive directors and all new complaints are triaged through an executive review process so that there is a triangulation between incidents, claims and complaints.

All issues within a complaint are logged separately so if a complainant raises a number of issues all relating to care and treatment, all of these issues can easily be depicted for lessons learning purposes.

In 2022/23 The Christie received 171 complaints. The chart below shows a comparison of complaints received over previous financial years:



4.2 Learning from Complaints 2021/22

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

Issues	Actions taken
<p>Poor experience within Pharmacy department.</p>	<p>It is recognised by the Trust and company directors that the patient experience can sometimes fall short of what we would like to deliver when patients attend pharmacy. With this in mind there is currently a project to build and commission a separate outpatient dispensary within the main site, at a location more convenient for all patients and visitors. It is the intention, separating the outpatient service from all other pharmacy activity, that the supply of medication will be far more efficient and result in patients receiving their medicines in a timelier manner. It is anticipated that the new dispensary will open in the summer of 2023.</p>
<p>A patient concerned about the lack of emotional support from the clinical nurse specialist team in a particular specialty.</p>	<p>The clinical specialty have recruited additional Clinical Nurse Specialist support to better meet the emotional needs of patients coming through the service.</p>
<p>Patient experienced poor communication whilst on the ward.</p>	<p>To improve communication between staff, the ward manager has introduced an update board so doctors can write treatment changes on for the nurses to see. Our doctors have also been encouraged to verbally handover any information regarding patients and their families to the named nurse or nurse in charge to avoid any delays in communicating this information going forward.</p>
<p>Patient concerned that they received no response to their email sent to the department.</p>	<p>Review of administration processes and also undertaking an audit of our doctor of the day emails to identify if this is the most appropriate person for requests to be sent to.</p>

5. Clinical indicators - Clinical Effectiveness

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

As described in our 2020/21 quality accounts, outcomes such as mortality and complication rates after highly specialised, urological, gynaecological and colorectal surgery at The Christie have been reported to the Board of Directors and when published have set international benchmarks for standards of care. Similarly, outcomes of radiotherapy and chemotherapy for specific cancer types have shown care at The Christie to be of international standard. These results are published in professional journals and discussed at the Trust's regular mortality and morbidity meetings.

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

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

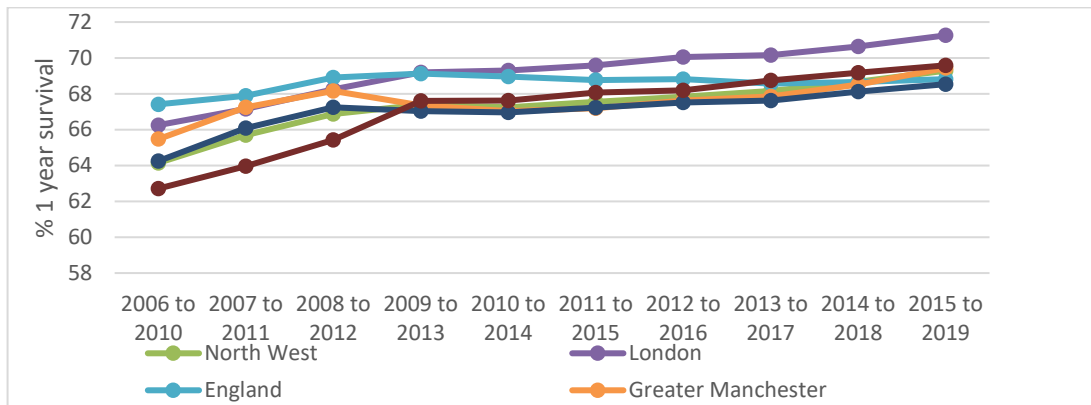
As a specialist cancer centre, The Christie only sees patients in specific parts of the patient pathway following diagnosis rather than at the point of diagnosis and may not see some patients at all depending on their type of cancer and the stage of their cancer at diagnosis. For some cancer types only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

5.1 One- and Five-Year Cancer survival

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

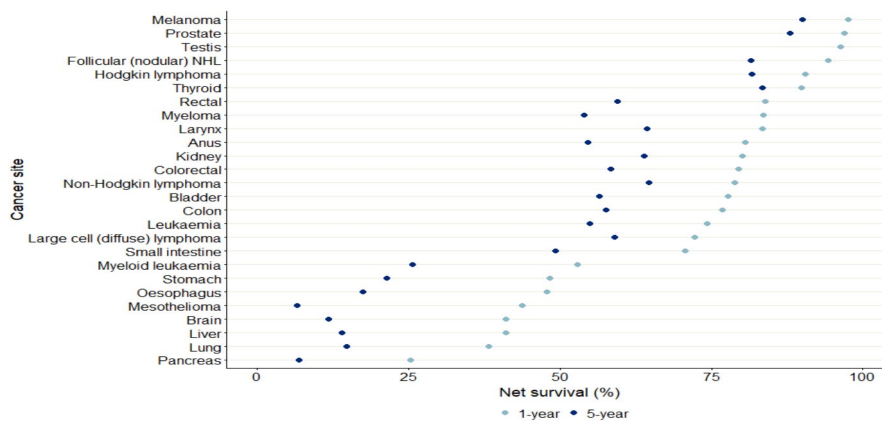
As a specialist cancer centre, we have a responsibility to lead improvements in cancer services across Greater Manchester and Cheshire and whilst both one year and five-year survival rates are the result of many factors other than the services provided by The Christie they are influenced by our services.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

Figure 1: Trend estimates of one-year net survival for adults, (aged 15 to 99 years) averaged over 13 selected cancers by region.



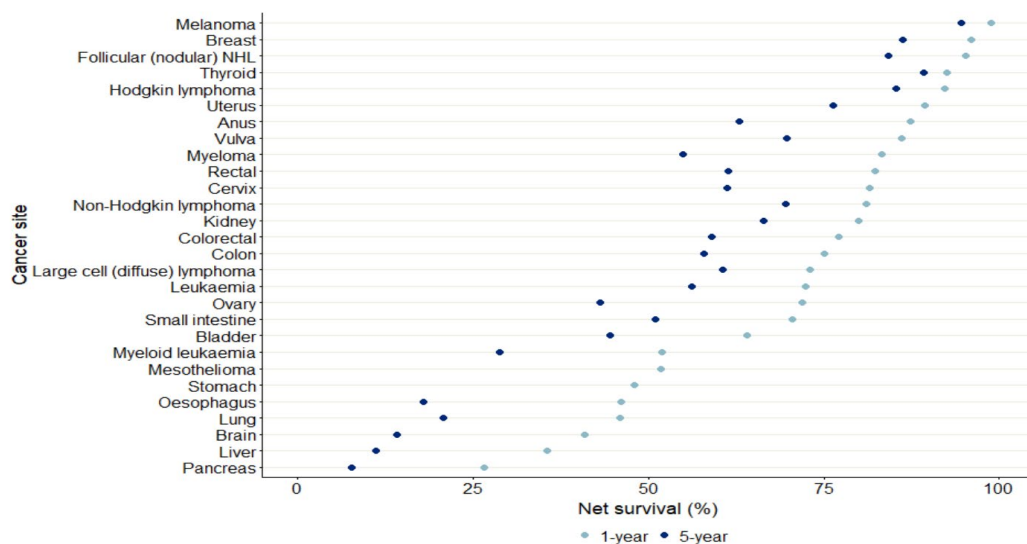
Data from [adultcancerfinal ods update051120 ods \(live.com\)](http://adultcancerfinal ods update051120 ods (live.com))

Figure 2: Age-standardised 1-year and 5-year net survival for males (aged 15 to 99 years) diagnosed cancer 2014 - 2018.



Data source [Cancer survival in England for patients diagnosed between 2014 and 2018, and followed up to 2019 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Figure 3: Age-standardised 1-year and 5-year net survival for females (aged 15 to 99 years) diagnosed cancer 2014 - 2018.



Data source [Cancer survival in England for patients diagnosed between 2014 and 2018, and followed up to 2019 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Table 1: One year survival (percentages with 95% confidence intervals) by cancer type. Data for The Christie is for patients diagnosed between 2015 and 2019 using data from eforms in CWP. England data are taken from non standardised survival data published by Public Health England for patients diagnosed in 2015 – 2019. [adultcancerfinal_ods_update051120.ods \(live.com\)](http://adultcancerfinal_ods_update051120.ods.live.com) Note that England data are net survival whereas The Christie data are crude survival.

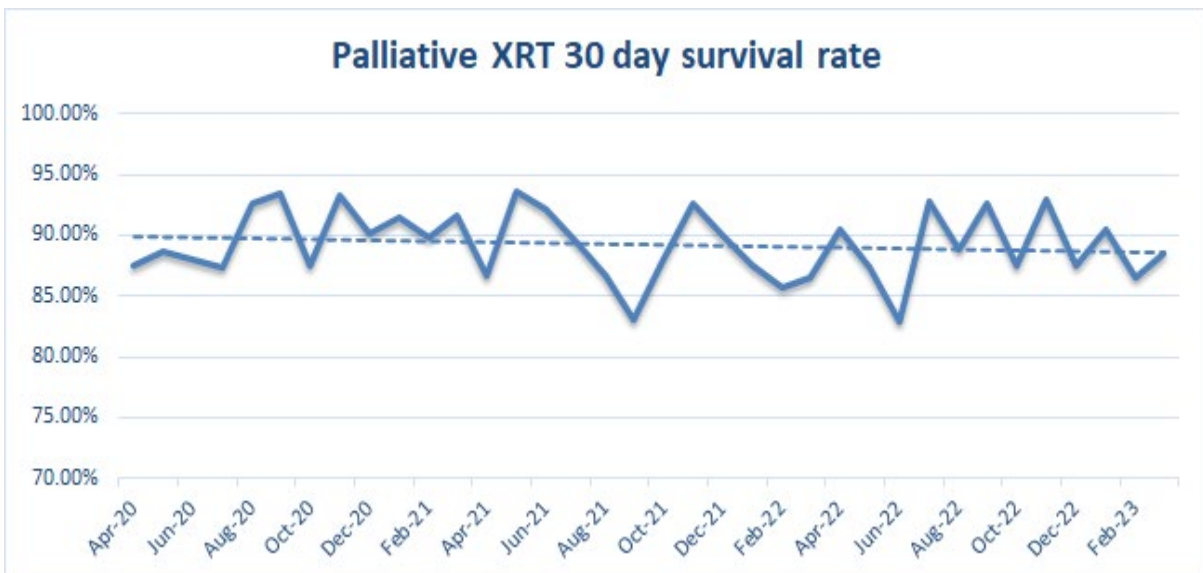
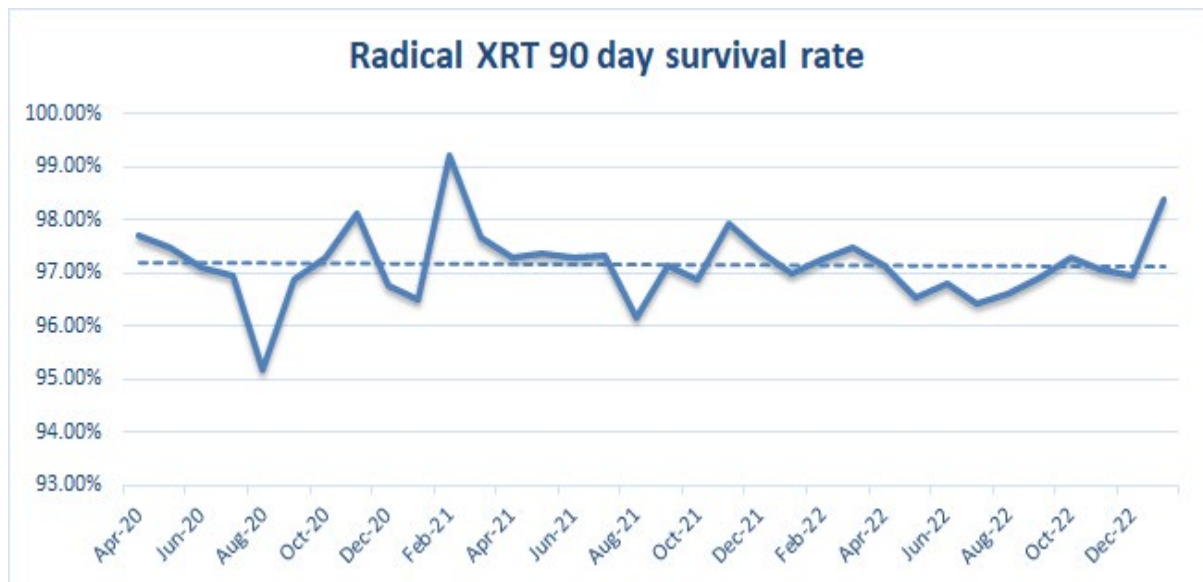
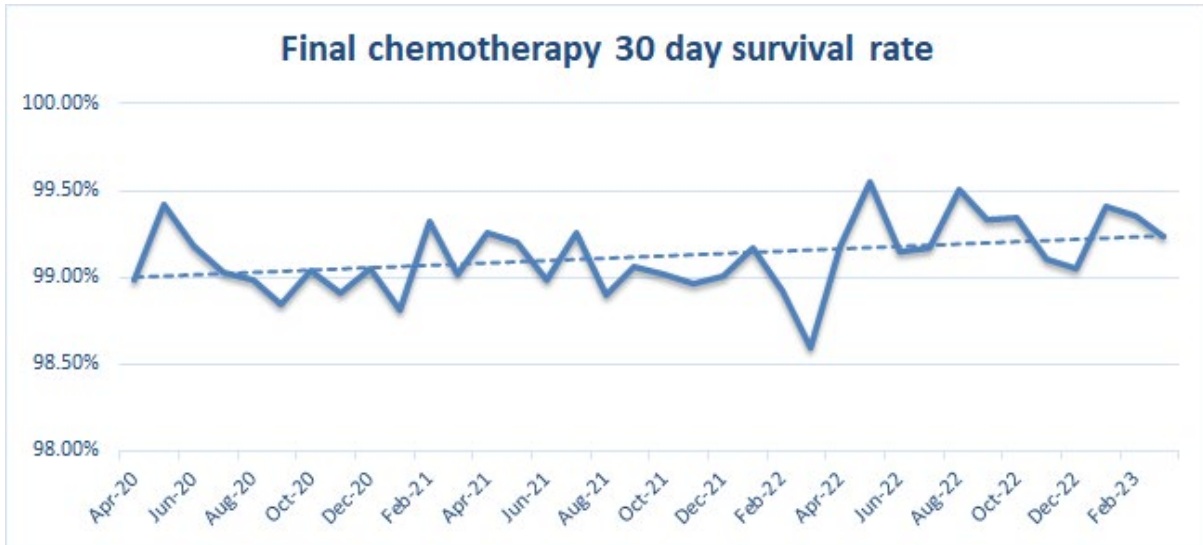
		All stage combined		Stage I		Stage II		Stage III		Stage IV	
Lung	England	41.9%		87.6%		72.0%		48.8%		19.2%	
		41.7	42.1	87.2	88.0	71.2	72.8	48.3	49.3	18.9	19.4
	Christie	47.7%		82.3%		66.8%		51.5%		29.4%	
		46.5	48.8	80.1	84.0	62.6	70.3	49.0	53.8	27.8	30.8
Prostate	England	96.8%		100.8%		100.9%		100.6%		86.5%	
		96.7	96.9	100.7	100.9	100.7	101.0	100.4	100.7	86.1	86.8
	Christie	97.1%		99.0%		99.0%		99.0%		89.0	
		96.6	97.5	98.8	99.5	98.0	99.4	97.8	99.1	87.2	90.7
Colorectal	England	76.3%		97.7%		92.8%		88.1%		41.9	
		76.0	76.5	97.4	97.9	92.5	93.1	87.7	88.4	41.4	42.4
	Christie	81.6%		95.6%		94.1%		92.2%		62.2	
		80.3	82.7	91.3	97.3	92.0	95.5	90.7	93.3	59.5	64.3
Ovary	England	75.5%		98.8%		91.7%		74.7%		54.8	
		75.0	76.0	98.5	99.1	90.2	93.1	73.8	75.6	53.5	56.1
	Christie	85.5%		98.2%		92.2%		84.8%		77.2	
		82.3	87.9	91.6	99.1	78.0	95.8	79.5	88.3	69.8	82.1

The table shows that for all cancer types the five-year survival figures in Greater Manchester are similar to those for England as a whole.

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

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

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



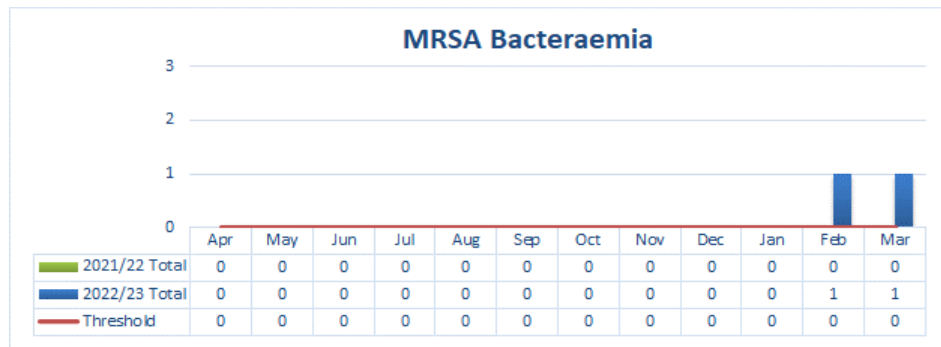
6. Clinical indicators - Patient safety

6.1 Healthcare acquired infections

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

6.1.1 MRSA bacteremia

In 2022/23 we have had two cases of MRSA bacteremia, against a threshold of 0.



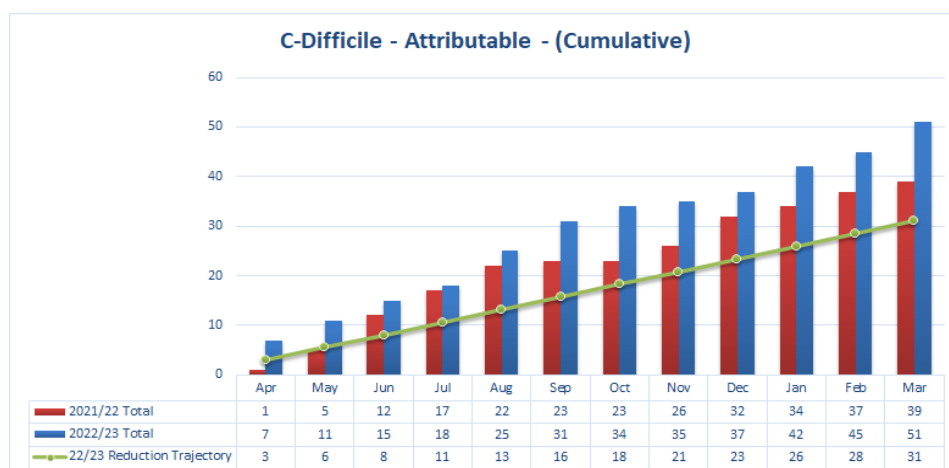
6.1.2 MRSA % appropriate elective patients

In 2022/23 The Christie screened 100% of eligible elective patients.

6.2 Healthcare acquired infections - Clostridium Difficile

There were 51 cases of Clostridium Difficile infections (CDI) – healthcare acquired in 2022/23 against an agreed threshold of no more than 31. There were 8 community acquired cases identified on admission and therefore not attributable to the Trust. Upon full root cause analysis, there were no healthcare acquired cases due to lapses in care.

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



6.3 Incidents Management

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

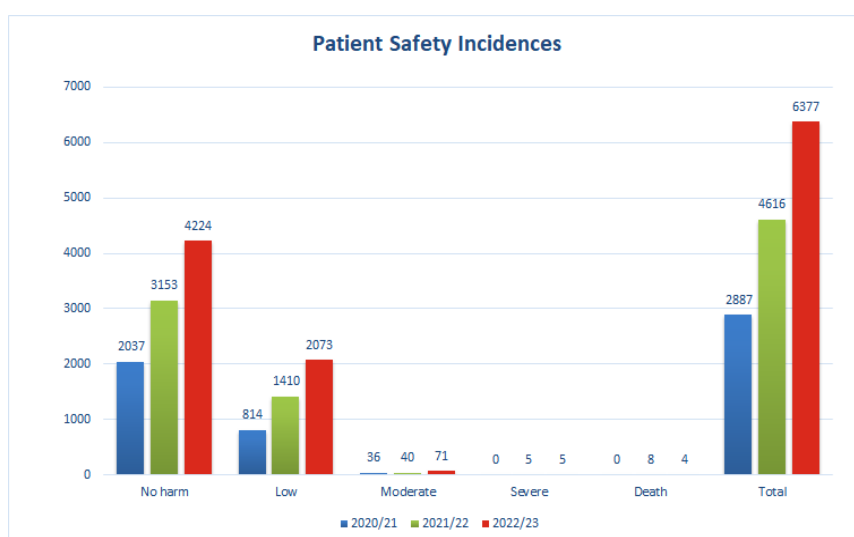
All reported incidents are investigated, with the level of investigation commensurate with the incident grade. All incidents with an impact grade of 3 (moderate) and above, out of a maximum of 5, are reported on a weekly basis to the executive team. These incidents are triaged by an executive review team consisting of the Chief Nurse and Executive Director of Quality, the Medical Director, Associate Medical Director (patient safety) and the Deputy Chief Nurse supported by the Patient Safety Team. The outcome of the root cause analysis is then presented to this review group. The same process is followed for complaints and claims and any concerning on-going trend of incidents of any grade. We have also established a weekly Trust wide meeting for the Divisional Governance teams which reviews all grade 3 incidents, along with any incidents identified as having the potential for learning, supported by the Patient Safety team. This is part of our journey towards implementing the Patient Safety Incident Response Framework.

We also review our systems and processes in the light of national reports in order to ensure that similar incidents will not happen at The Christie. The data for the second half of 2022/23 is not formally closed down until the end of May 2023, therefore the data contained within these accounts is subject to further validation.

6.3.1 Patient Safety Incidences

The Christie is regarded as a high reporting, low harm organisation.

The Christie has a small number of in-patient beds (approximately 160), compared with other hospitals, and over 95% of its activity is ambulatory care (out-patients and day cases).



Specific incident types are discussed by the most relevant committee e.g.

- Medication incidents are discussed at the Safe Medicines Practice Committee
- Medical device incidents at the Medical Devices and Procurement Committee
- Radiation incidents at the Radiation Protection and Medical Exposures Committee
- Safeguarding incidents are discussed at the Safeguarding Committee
- Patient falls at the Falls Prevention Group

Reporting levels have remained fairly static overall and remain in line with clinical activity trends.

6.3.2 Serious Incidents

There were 5 serious incidents investigated this year. These related to:

- Incorrect chemotherapy dosing
- Missed spinal metastases on CT scan
- Delayed nephrostomy tube change
- Blood transfusion following transplant
- Chemotherapy dose reduction

All of these incidents were investigated through a root cause analysis process, and reviewed by a Serious Incident Review Panel, chaired by a non-executive Director

6.3.3 Duty of Candour

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

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

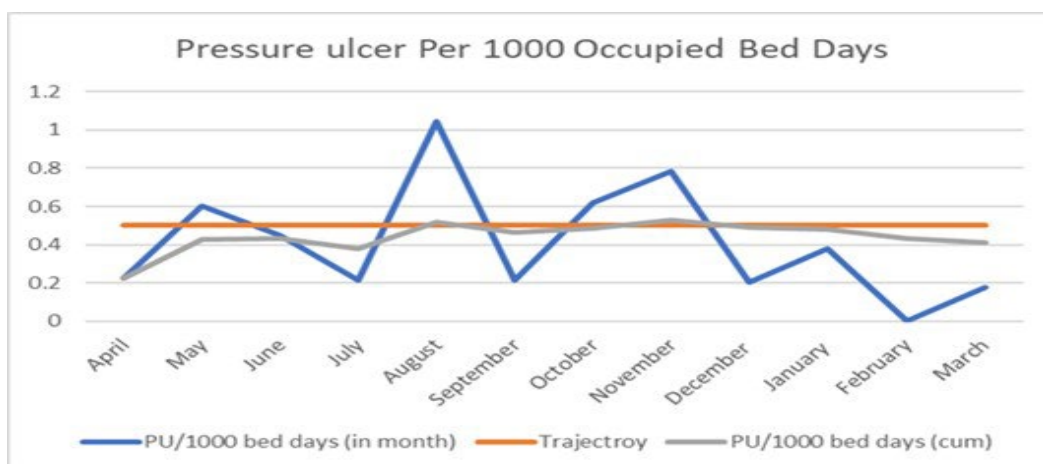
Information from this initial discussion is taken account of within the incident investigation and the person undertaking the Duty of Candour keeps in touch with the patient or their family as appropriate during the investigation. At the end of the investigation, feedback is given on the outcome which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

6.3.4 Never Event

There have been 0 never events in 2022/23.

6.3.5 Pressure Ulcers

Our internal ambition for 2022/23 was to have no more than 26 hospital acquired pressure ulcers (category 2 or above), or 0.5 per 1000 occupied bed days. We achieved this ambition, having 24 hospital acquired pressure ulcers, which was 0.4 per 1000 occupied bed days. This was achieved by having a robust training programme in place for pressure ulcer prevention, and also by learning from investigations of any category 2 or above pressure ulcers through our biweekly quality meeting (Friday FoCUS). For example, following an increase in medical device related pressure ulcers on patients' ears, a new nasal cannula oxygen therapy device was implemented. Following this there was a reduction in the number of medical device related pressure ulcers. There were no category 3 or 4 pressure ulcers in the year.



6.3.6 Patient Falls

Please see section 2.1

6.3.7 Local Clinical Audits

In 2022/23, 217 audits were completed across the divisions as shown in the table:

Division	Number of completed audits in 2017/18	Number of completed audits in 2018/19	Number of completed audits in 2019/20	Number of completed audits in 2020/21	Number of completed audits in 2021/22	Number of completed audits in 2022/23
Clinical Support and Specialist Surgery	88	95	72	83	81	92
Networked Services	82	69	98	93	88	102
Other (Quality & standards, School of oncology, Research)	17	18	22	11	15	23
Total	187	182	192	187	184	217

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

7. NHS Staff Survey

Indicator	2021	2022	National Average (Specialist Trusts only)
Q14c - % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	16.2%	14.8%	18.1%
Q15 - % of staff believing that the Trust provides equal opportunities for career progression or promotion regardless of ethnic background, gender, religion, sexual orientation, disability, age	60.0%	63.4%	84.1%

8. Inpatient mortality reviews at the Christie 2022-23

8.1 Learning from Deaths: Inpatient mortality reviews at the Christie 2022-23

The process for learning from deaths at The Christie follows the NHSI guidance, 2017. As a tertiary specialist Trust, managing only patients with a cancer diagnosis, the Trust does not participate in Hospital Standardised Mortality Ratios (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI) reports.

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

Outcomes from these reviews are discussed by the Trust Mortality Surveillance Group (MSG), who in turn will escalate any problems in care, if identified, to the Executive Review Group (ERG). RCP ratings for care are made on a scale of 1- 5, where 5 represents excellent care and 1 a serious problem in care has been identified. There is also an assessment of whether any issues in care had an impact on outcome and in particular, assessment of avoidability of that death. A scale of 1- 6 is used, where 6 represents 'definitely not avoidable' to 1 representing 'definitely avoidable'. Overall care or avoidability ratings of 1 and 2 are immediately escalated to Executive Review Group by clinical audit for further scrutiny.

The process aims to highlight examples of excellent care, as well as identifying where improvements and learning is needed. Feedback is provided to responsible clinicians and also to families if they have raised a concern, or should a review identify a serious lapse in care.

The data in this report represents the findings validated up to the most recent Mortality Surveillance Group meeting on 25th April 2023; it is an on-going process.

Table 1: Activity 2022-23	Quarter 1 Apr – Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan – Mar	Total
No. deaths	69	84	76	89	318
No. deaths that have triggered SCR review	18	14	18	16	66
No. completed SCRs	18	12	15	11	56
No. discussed at MSG	18	11	12	4	45

In the past year, in addition to the above SCRs, 14 deaths from 2020/21 and 53 deaths from 2021/22 were reviewed in 2022/23.

In response to the Trust’s operational plan to respond to the Covid-19 crises, routine SCRs were suspended from December 2021 to February 2022 resulting in the reduced proportion of SCRs completed. During this period, on-site deaths continued to be screened and monitored through ERG, with the option to conduct an exceptional SCR if a concern had been raised through the screening process (e.g., if a bereaved relative had raised concerns around care) or if a death occurred in a patient diagnosed with a learning disability.

The Trust mortality process was audited by the MIAA and given moderate assurance with action plans to reduce the risk from delay in learning from deaths which could lead to patient safety issues. The outstanding reviews prior to 1st Dec 2021 were completed as scheduled by 31st December 2022. All completed reviews have been validated by the Mortality Surveillance Group meetings. The MSG meeting scheduling and notes were optimised to enable accurate documentation and roles of the reviewers attending the MSG, as recommended. There is now a weekly update provided to ERG on the SCRs allocated and completed to prevent any future backlogs.

8.2 Monitoring of deaths

Deaths each week are monitored by the Executive review group to identify any exceptional trends. For 2022/23, 318 Christie patients died at the Withington site. A comparison with previous years is shown in table 2.

Table 2: On-site deaths annually

	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023
Total deaths in year	237	271	295	286	213	251	318
Deaths following emergency admission	212 (90%)	222 (82%)	266 (91%)	244 (85%)	178 (84%)	216 (86%)	260 (82%)
Emergency admissions - year	5081	6212	5921	6071	5779	6453	6969
% deaths / total emergency admissions	4.17%	3.57%	4.49%	4.02%	3.08%	3.35%	3.73%
Total admissions (excluding day cases)	10, 079	10,768	10,154	10,479	9619	9381	11670
% deaths / total admissions	2.35%	2.51%	2.88%	2.73%	2.21%	2.67%	2.72%

Table 3: 2022/23 Assessment of avoidable deaths* as confirmed at Mortality Group meeting of 25.04.2023:

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

2022 – 2023 Month	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
Apr	29	6	-	-	-	-	-	-	6	1	1	0
May	20	5	-	-	-	-	-	-	5	-	-	-
Jun	20	6	-	-	-	-	-	-	6	-	-	-
Jul	28	5	-	-	-	-	-	-	5	-	-	-
Aug	25	2	-	-	-	-	-	-	2	-	-	-
Sep	31	4	-	-	-	-	-	-	4	-	-	-
Oct	26	3	-	-	-	-	-	-	3	-	-	-
Nov	25	5	-	-	-	-	1	-	4	-	-	-
Dec	25	4	-	-	-	-	-	-	4	-	-	-
Jan	32	1	-	-	-	-	-	-	1	-	-	-
Feb	29	3	-	-	-	-	-	-	3	-	-	-
Mar	28	0	-	-	-	-	-	-	-	-	-	-
Total	318	44	-	-	-	-	1	-	43	1	1	-

Table 4: Quarter 1 – 4 Ratings of overall care* after Mortality Group meeting 25.04.2023:

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

2022 - 2023 Month	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
Apr	29	7	-	-	-	5	2
May	20	5	-	-	-	3	2
Jun	20	6	-	1	-	3	2
Jul	28	5	-	-	-	3	2
Aug	25	2	-	-	-	-	2
Sep	31	4	-	-	1	2	1
Oct	26	3	-	-	1	1	1
Nov	25	5	-	-	1	1	3
Dec	25	4	-	-	-	1	3
Jan	32	1	-	-	-	-	1
Feb	29	3	-	-	-	1	2
Mar	28	0	-	-	-	-	-
Total	318	45	-	1	3	20	21

The data reflects the final ratings in completed reviews as ratified at MSG for avoidability and overall care as of 25th April 2023.

No deaths were considered to have a >50% chance of avoidability (score 1-3).

There were no cases with an overall care score of very poor (score 1).

There was one case with an overall score of poor score (score 2)

No deaths required to be reported to CQC and the Trust has not received any mortality outlier notification. There was one LD death that has been referred to LeDeR.

Table 3 for the previous years:

	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	N/A Covid-19 death	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
2020-21	215	75	0	-	-	-	1	2	72	15	2	2	0
2021-22	252	95	0	-	-	-	2	2	91	0	0	0	0

Table 4 for the previous years:

	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
2020-21	215	91	-	-	3	27	61
2021-22	252	95	-	1	6	39	49

The patient's death which was Possibly avoidable but not very likely (less than 50:50) – score of 4, was due to multiple factors and within 30days of delivery of chemotherapy. There was an RCA conducted surrounding the care of this patient and lessons learnt have been shared with the wider team.

The patient with an overall care score of 2 was due to concerns re lack of clarity in the documentation over issue of faecal incontinence. Poor care was identified around care after death involving communication. Related procedures / practices were not followed. Care after death updated guidance being rolled out. The mortality reviews for these patients included input from the supportive care team and no significant lapses in care were identified.

One case referred to LeDeR was due to the patient's history of autism and learning needs. He was capable of self-care and had no previous concerns regarding capacity. Waiting to hear back from the LeDeR reviewers' team.

8.3 Learning from deaths

Aspects of good practice and areas for improvement are fed back to the appropriate clinician. Any concerns identified are also shared within directorates or more widely, especially if associated with an incident or complaint.

Examples of learning from mortality reviews during this reporting period include:

- An alertive task process was established for out-of-hours imaging involving the junior doctors and on-call radiographers.
- Following the potential cause of deterioration due to nephrotoxic pain relief medication administered to a patient with risk factors for Acute Kidney Injury, the supportive care team have raised the profile to use ACE – Assessment, Communication and Escalate
- A pilot Micro-learning session on the wards has been conducted to positive reviews. The topic was 'Conditioning – 3Es Eat/Excrete/Exercise' to ward 11 staff. There are plans to roll this out to the other topics and other wards with the help from Clinical Librarian services.
- Multiple examples of excellent end of life care with ward and supportive care teams managing challenging circumstances sensitively and compassionately.

9. Performance Key Indicators

National targets and minimum standards	Target	Threshold 2022/23	Q1	Q2	Q3	Q4	Yearly position
Infection control	Number of Attributable C-Diff cases	31	15	16	6	14	51
	Number of MRSA Bacteraemia	0	0	0	0	2	2
	MRSA Screening	100%	100%	100%	100%	100%	100%
Cancer Targets	% of cancer patients waiting a maximum of 31 days for diagnosis to first definitive treatment	96%	98.1%	98.3%	97.7%	97.6%	98.0%
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (anti- cancer drugs)	98%	99.7%	99.9%	99.6%	99.6%	99.7%
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (Radiotherapy)	94%	99.5%	99.7%	99.5%	99.3%	99.5%
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (surgery)	94%	99.4%	99.7%	99.4%	99.1%	99.5%
	% of cancer patients waiting a maximum of 14 days from GP referral to first outpatient appointment.	93%	89.5%	86.4%	93.5%	95.2%	91.4%
	% of cancer patients waiting a maximum of 28 days from GP referral to receiving a confirmed diagnosis.	75%	87.5%	48.0%	46.4%	42.3%	49.4%
	% of cancer patients waiting a maximum of 62 days from GP referral to first definitive treatment including rare and testicular cancers (based on national allocated position).	85%	76.5%	76.8%	80.1%	71.8%	76.2%
	% of cancer patients waiting a maximum of 62 days from consultant upgrade date to first definitive treatment including rare and testicular cancers (based on national allocated position).	85%	80.6%	85.5%	83.0%	78.3%	81.8%
% of cancer patients waiting a maximum of 62 days from screening referral to first definitive treatment (based on national allocated position)	90%	73.3%	58.8%	82.4%	92.0%	78.9%	
18 Weeks	18 week incomplete pathways	92%	98.2%	97.6%	97.8%	96.7%	97.5%
6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	98.7%	99.1%	99.7%	99.4%	99.3%

Directors' Report

Our Board of Directors'



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

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

The quality and safety of our services are of paramount importance to us all; the Board ensures that it applies all the relevant principles and standards of clinical governance. All members of the Board meet the 'fit and proper' person test as described in the provider licence.

Our authorisation from our regulator and constitution govern the operation of the Trust. The schedule of reservation and delegation of powers sets out the types of decisions that must be taken by the Board of Directors and those which can be delegated to management. As required under Schedule A of the NHS Foundation Trust Code of Governance (A.1.1), the Trust's constitution (Annex 7, 10.3) defines which decisions must be taken by the Council of Governors and how disagreements between the Board and the Council should be resolved. Annex 6 paragraph 2 describes how the Chairman or a Non-Executive Director may be terminated.

Further detail can be obtained from our constitution which is accessible via our website.

Our Board considers that it has complied with the requirements of the constitution relating to board composition. The Board is satisfied that it has acted appropriately, been balanced and complete and has contained a suitable range of appropriate and complementary skills and experience.

The Board considers that all the Non-Executive Directors are independent and the Chairman was independent on appointment (as required by the NHS Foundation Trust Code of Governance provision B.1.1).

Kathryn Riddle is the Senior Non-Executive Director and the designated link to the governors in case they have concerns they feel they cannot raise with the Chairman or any of the Executive Directors. She also leads the appraisal process for the Chairman.

During 2022/23 there were no changes to the membership of the Board of Directors.

Process for evaluation of performance

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

The performance of the Non-Executive Directors is reviewed by the Chairman and is reported to the Council of Governors, using a process agreed by the Council of Governors. The performance of the Chairman is reviewed by the Non-Executive Directors led by the Senior Independent Director in a process agreed by the Council of Governors.

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

Board appointments

All Non-Executive Director appointments made since 1st April 2007, including the Chairman, were made by the Nominations Committee and were approved by the Council of Governors.

The Chairman and Non-Executive Directors are appointed for an initial period of 3 years and may be removed by the Council of Governors in accordance with Annex 6, paragraph 2, of our constitution.

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

Board meetings and committees

The Board supports the Nolan principles and makes the majority of its decisions in meetings open to the public. The Board met in public and in private eight times during 2022/23. 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 copy of the full minutes of these meetings. This helps the Assurance Committees to demonstrate a stronger audit trail of the work of their Committee as well as steering their agenda in line with key risks (as identified in the Board Assurance Framework and divisional risks). 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 toward the end of this section.

Register of Interests

Details of company directorships and other significant interests held by Directors which may conflict with their management responsibilities are held in the register of interests of Directors. This may be viewed on our website at [Board of Directors](#)

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

There are 14 Board members (eight non-Executive and six Executive directors; the Executive Medical Directors share a vote on the board).

Gender	Non-executive directors	Executive directors	Total number of directors (substantive)
Female	4	3	7
Male	4	3	7
Total			14

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
 Date: 23rd October 2023

Our Board members

Non-Executive Directors



Christine Outram
Chairman

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

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



Kathryn Riddle OBE JP DL
Non-Executive Director

Kathryn was appointed as an interim Non-Executive Director in May 2014 and as a substantive Non-Executive Director from May 2015. Kathryn is the Senior Independent Non-Executive Director. She also chairs the Charitable Funds Committee and is a member of the Audit Committee.

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

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

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



Professor Kieran Walshe
Non-Executive Director

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

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

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

organisations and services; organisational capabilities and processes for improvement; and health and social care devolution.



Dr Jane Maher
Non-Executive Director

Jane was appointed from September 2015. She is the Non-Executive Director safeguarding lead and is a member of the Quality Assurance Committee.

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

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

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



Robert Ainsworth
Non-Executive Director

Robert was appointed in March 2016. He is a member of the Audit Committee and is the independent Chairman of The Christie Pharmacy Limited. Robert was previously a Non-Executive Director of Pennine Care NHS Foundation Trust having been appointed in 2008 and served as Deputy Chairman and Senior Independent Director from 2011 until 2016.

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

He was previously Finance Director and Company Secretary of National Tyres and Autocare Ltd and was Executive Director of Finance of GUS Catalogue Order Ltd. He has also been employed by The Co-operative Bank plc, and Price Waterhouse & Co. He has wide experience of general and financial management and much of his career has been spent in competitive industries with a focus on customer service. He has a degree from Leeds University and he is a Fellow of the Institute of Chartered Accountants in England and Wales.



Tarun Kapur CBE
Non-Executive Director

Tarun was appointed from 1st June 2016 and is a member of the Quality Assurance Committee.

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

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

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



Grenville Page
Non-Executive Director

Grenville was appointed from 1st 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 12 years ago 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, housing and a multi-academy trust. He is also an independent member of the Audit Committee of the Greater Manchester Combined Authority, and independent chair of the Audit Committee of Oldham Council.



Alveena Malik
Non-Executive Director

Alveena has over 20 years' experience of working nationally on equalities and cohesion issues as well as delivering social innovation projects.

For the past 5 years, Alveena has been 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 Alveena was Head of UpRising, a national youth 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.

In 2010, Alveena was appointed as Faith Panel Advisor to the Secretary of State for Communities and Local Government (CLG). She was also appointed as 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 and was selected for the Northern Power Women Power List in 2020.

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 the Greater Manchester Clinical Research Network (GM CRN) 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. He is also a member of the Healthcare UK Panel of Advisors.



Professor Janelle Yorke **Chief Nurse & Executive Director of Quality**

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

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

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

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

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

Professor Yorke is dedicated to the clinical-academic development of nurses and allied health professionals to benefit patient care and the wider health care setting.



Sally Parkinson
Executive Director of Finance & Business Development (interim)

Sally was appointed as interim Executive Director of Finance and Business Development on 2nd August 2021 and is substantively the Christie's Deputy Director of Finance. 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 also a Director of The Christie Clinic, The Christie Pathology Partnership and executive lead for The Christie charity. She is a qualified accountant and a Fellow member of the ICAEW.



Bernie Delahoyde
Interim Chief Operating Officer

Bernie was appointed as Chief Operating Officer at The Christie in August 2021 following being in the interim role since February 2020. She is the former Director of Operations and Deputy Chief Operating Officer, a post which she held from 2014 to 2020. Before that, she was the General Manager of the Programme Management Office.

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

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



Professor Chris Harrison
Executive Director and Deputy CEO

Chris has held board level positions in the NHS since 1992, his most recent positions being as Executive Medical Director at 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 six years clinical experience in hospitals and primary care across the Northwest, 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).

Committees of the Board

Audit Committee

The Audit Committee provides the Board of Directors with independent and objective assurance as to how The Christie NHS Foundation Trust manages its finances, how it is structured to deliver its strategy and how it manages its risks. 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 Chairman of the Trust cannot be a member of the Audit Committee so attends the Quality and Workforce Assurance Committees). The other members of the Audit Committee are Kathryn Riddle and Robert Ainsworth.

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

Key activities during the year were:

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

Internal audit – internal audit is a cornerstone of good governance. Boards need timely and relevant assurance and look to internal audit to support that objective. Our internal auditor, Mersey Internal Audit Agency (MIAA), produces a plan of audits to be undertaken during the year, 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. Grant Thornton are the Trust's current appointed external audit provider. The effectiveness of the external audit process is assessed through regular reports to the committee as well as regular contact with the senior finance team.

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

The Audit Committee annual report is available on our website [Trust publications and reports](#) (what our priorities are and how we are doing).

Quality Assurance Committee

The role of the Quality Assurance Committee is to provide independent assurance to the Board of Directors that The Christie NHS Foundation Trust is properly governed and well managed across the full range of activities and to provide internal and external assurance relating to quality by reviewing the establishment and maintenance of

effective systems of governance, risk management and internal control. The Committee is chaired by Professor Kieran Walshe, Non-Executive Director, and comprises 4 other Non-Executive Directors; Christine Outram, Dr Jane Maher, Tarun Kapur and Alveena Malik.

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 3 other Non-Executive Directors; Christine Outram, Dr Jane Maher and Alveena Malik.

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).

Charitable Funds Committee

The role of our Charitable Funds Committee is to oversee the management of the affairs of The Christie Charitable Fund. The Committee is chaired by Kathryn Riddle, Non-Executive Director. The other members of the Board are members of this Committee.

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, Christine Outram, and the other Non-Executive Directors: Kathryn Riddle, Jane Maher, Kieran Walshe, Robert Ainsworth, Tarun Kapur and Alveena Malik.

The Remuneration Committee ensures that appropriate procedures are in place for the nomination, selection, training, development, monitoring, evaluation and remuneration of the Chief Executive and Executive Directors, having proper regard to the financial and commercial health of the organisation and for the provision of any national arrangements for such staff.

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

The Committee advises on and oversees appropriate contractual arrangements for Executive Directors including the proper calculation and scrutiny of termination payments

taking into account such national guidance as is appropriate. The Committee evaluates its own membership and performance on a regular basis and is authorised to obtain reasonable external legal or other independent professional advice if it considers this to be necessary.

Management Board

The role of the Management Board is to formulate recommendations on strategic and operational matters for referral to the Board of Directors for approval. Management Board 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 audit & quality	Charitable funds	Remuneration	Council of governors (CoG)	Joint BoD / CoG
Number of meetings	8	5	5	5	2	1	4	2	*4	1
Christine Outram, Chairman	8/8	5/5	N/A	3/5	1/2	1/1	2/4	2/2	4/4	1/1
Kathryn Riddle, NED	7/8	3/5	2/5	N/A	N/A	0/1	4/4	1/2	4/4	0/1
Prof Kieran Walshe, NED	8/8	5/5	N/A	4/5	N/A	1/1	4/4	2/2	2/4	1/1
Dr Jane Maher, NED	8/8	5/5	N/A	5/5	2/2	1/1	4/4	2/2	4/4	1/1
Robert Ainsworth, NED	8/8	5/5	4/5	N/A	N/A	1/1	4/4	2/2	4/4	1/1
Tarun Kapur, NED	8/8	4/5	N/A	5/5	2/2	0/1	4/4	2/2	3/3	0/1
Grenville Page, NED	8/8	5/5	5/5	N/A	N/A	1/1	4/4	2/2	4/4	1/1
Alveena Malik, NED	8/8	4/5	N/A	3/5	2/2	1/1	2/4	1/2	3/4	1/1
Roger Spencer, Chief Executive	7/8	5/5	N/A	N/A	N/A	1/1	4/4	2/2	4/4	1/1
Bernie Delahoyde, Chief Operating Officer	8/8	4/4	N/A	N/A	2/2	1/1	3/4	N/A	3/4	1/1
Prof Janelle Yorke, Chief Nurse & Executive Director of Quality	7/8	3/5	3/5	4/5	2/2	1/1	3/4	N/A	3/4	1/1
Sally Parkinson, Interim Executive Director of Finance & Business Development	8/8	5/5	5/5	N/A	N/A	1/1	4/4	N/A	4/4	1/1
Prof Christopher Harrison, Executive Director and Deputy CEO	8/8	5/5	N/A	N/A	N/A	1/1	2/4	N/A	2/4	1/1
Dr Neil Bayman, Executive Medical Director	8/8	5/5	N/A	5/5	2/2	1/1	4/4	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 4 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 2022

There were 6 constituencies up for election in 2022. We were able to appoint to 4 of these vacancies. The results of the elections are as follow:

Public constituencies:

Manchester

Paula Turner (re-elected)
Michael Molete (elected)

North West

Alison Calnan (elected)

Remainder of England & Wales

Andrew Butler (appointed uncontested)

Trafford

Linda Seddon (elected)

We would like to thank our outgoing governors: Colin Bamford, governor for Trafford, and Victoria Hallam, governor for Remainder of England & Wales both served on the Council of Governors for 3 years and are thanked for their contributions to the work of The Christie and the committees they attended.

We also said goodbye to Susan Mee and Alison Calnan who stood down from the Council of Governors during the year, both of whom were also valued members.

Staff constituencies

There were 2 staff constituencies up for election in 2022, with the results shown below.

Registered medical practitioners

Dr Kantappa Gajanan (appointed uncontested)

Registered Nurses

Gemma Jones (elected)

We would like to welcome our new staff governors and extend our thanks to the outgoing governors, Matthew Bilney (Registered Nurses) and Rachel Kendal (Non-clinical staff). There were no other changes to our staff governors during the year.

Partner governors

Councillor Angela Gartside was appointed during 2022/23 as the new partner governor for Manchester City Council.

Janice Moss, partner governor for The Christie Charitable Fund stood down from the Council of Governors during the year, and we thank Janice for her valued commitment as a governor.

Working with our governors

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

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

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

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

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

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

We hold an annual joint time out session with the full Council of Governors and the Board of Directors. This half day event focuses on the strategy of the organisation and is a great

opportunity for both groups to work together on the future direction of the Trust.

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

The governors receive regular newsletters which keep them informed and updated on items of interest.

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 2022/23 (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 2020/21 1 governor submitted a travel claim and for the year ended 31st March 2021, the total amount claimed was £51.52.
- In 2021/22 no claims were submitted.
- In 2022/23 no claims were submitted.

Governor Sub-Committees

Nominations Committee

The Nominations Committee makes recommendations to the Council of Governors on the appointment and remuneration of the Chairman and Non-Executive Directors. The Committee may work with an external

organisation recognised as an expert at appointments to identify the skills and experience required; they will also take into account the views of the Board of Directors.

The Nominations Committee comprises the Chairman of the Foundation Trust (or when the Chairman is being appointed by another Non-Executive Director), two elected governors and one appointed governor. The Chair of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee.

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

- The staff governor for registered medical practitioners
- Paula Turner (public governor for Manchester and lead governor) from October 2022.

The Director of Workforce may also be asked to attend as an advisor to the Committee.

The Committee met three times during 2022/23.

Membership and Community Engagement Committee

This Committee directs and monitors recruitment and engagement activity, manages communication with members through newsletters and letters and has overseen the organisation of a governor led programme of community engagement. The Committee also advises on our target membership level and have supported the process to comply with the new General Data Protection Regulation in respect of the membership database.

Members are invited to regular supporters' seminars and major events such as Trust open

days. Through the Membership and Community Engagement Committee, we are encouraging and developing increased participation of members by building a 'databank' of people who are readily available to give their views on our services and offering additional engagement opportunities. In particular, this group of members are invited to take part in our programme of patient focus groups which are run by the membership and voluntary services team.

Patient Safety & Experience Committee

The Council of Governors' 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 provides input into these on behalf of the Council of Governors.

Governor Register of Interests

The register of interests of our governors is available on our website

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

Our current governors

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x5	Member of committee (see key)	Year current term ends	Year appointed
Public							
BAMFORD, Colin (to October 2022)		Elected public	Trafford	2/2	D&S	2022	2019
BUTLER, Andrew (from October 2022)		Elected public	Remainder of England & Wales	3/3	D&S	2025	2022
CALNAN, Alison (to November 2022)		Elected public	North West	1/1	PS&E	-	2022
CHOI, Alice		Elected public	Cheshire	4/5	D&S	2023	2014
COGHLAN, Nick		Elected public	Wigan	0/5	M&CE	2024	2015
COLLINS, Jackie		Elected public	Stockport	5/5	D&S	2024	2016 (for 2 years)
DAVIES, Scott		Elected public	Salford	3/5	D&S	2024	2021
HALLAM, Victoria (to October 2022)		Elected public	Remainder of England & Wales	2/2	PS&E	2022	2019
MEE, Susan (to August 2022)	¹	Elected public	Oldham	0/2	PS&E & Nomco	2023	2017
MOLETE, Michael (from October 2022)		Elected public	Manchester	0/3	PS&E	2025	2022
NORCROSS, Mike		Elected public	Cheshire	3/5	PS&E	2024	2021
QURESHI, Mohammad		Elected public	Bury	2/5	PS&E	2023	2014
SEDDON, Linda (from October 2022)		Elected public	Trafford	2/3	D&S	2025	2022
TURNER, Paula	¹	Elected public	Manchester	3/5	PS&E	2022	2019
VICKERMAN, Sam		Elected public	Tameside & Glossop	4/5	M&CE	2023	2020
Vacant		Elected public	Bolton				
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	2/5	M&CE	2023	2020
BILNEY, Matt (to October 2022)		Elected staff	Registered nurses	2/2	PS&E	2022	2016
GAJANAN, Dr Kantappa (from October 2022)		Elected staff	Registered medical practitioner	3/3	Nomco	2025	2022
JONES, Gemma (from October 2022)		Elected staff	Registered nurses	1/3	PS&E	2025	2022
KENDAL, Rachel		Elected staff	Non-clinical staff	3/5	D&S	2023	2014

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 (from October 2022)		Appointed	Local authority – Manchester City Council	3/3	D&S	2022
MOORES, Cllr Eddie		Appointed	Local authority - GMCA	2/5	M&CE	2016
MOSS, Janice		Appointed	The Christie Charity	4/5	M&CE	2016
SIMCOCK, Cllr Andrew (to October 2022)		Appointed	Local authority – Manchester City Council	2/2	D&S	2013
TAYLOR, Stephen		Appointed	The University of Manchester	2/5	D&S	2021
TURNER, Marcella		Appointed	Nominated - BME (Can-Survive)	1/5	M&CE	2016

Key:

1	Lead governor	D&SC	Development & Sustainability committee
PS&E	Patient Safety & Experience committee	Nomco	Nominations committee
M&CE	Membership & Community Engagement committee		

Staff Report

Our patients are at the heart of everything we do, and our workforce makes the difference by achieving the highest possible patient support and care. We are committed to attracting, retaining and developing our staff and aim to support them by engaging with them and valuing their individual contributions to the work that we deliver. This year we launched our refreshed Christie People & Culture Plan which will take us through to 2026. The 3-year Plan has been developed by listening to feedback from colleagues across the Trust and will support us to deliver the priorities set out in our Trust Strategy and the National NHS People Plan. The plan identifies themes and ambitions, which we will focus on for the next three years:

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 a number of recognised trade unions. Regular staff forums are held to engage with our union partners to

share information about the direction of the organisation and to gain feedback and support.

The Trust employs a Freedom to Speak Up Guardian. The Guardian works independently alongside Trust leadership teams to support our Trust in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

The Trust has a strong commitment to the delivery of education, training, and learning and development opportunities to ensure all our staff have the skills necessary to fulfil their role and contribute to excellent patient care. In addition to our on-going mandatory training programmes, which are tailored for staff groups, we offer training, coaching and mentorship for personal and professional development.

In 2022/23 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 are committed to actively promoting equality in relation to access to services and employment opportunities. We must strive to ensure that the Trust must represent the diversity of the communities that we serve to achieve and maintain a fully inclusive organisation.

Recognising our responsibilities, there is an effective executive-led approach to promoting inclusion activities in respect of service delivery and the workforce. The Equality, Diversity and Inclusion Programme Board is chaired by the

Director of Workforce with senior members drawn from across the Trust's divisions. The Trust Board is represented by the Non-Executive Director Lead for EDI. The Board monitors performance in this area and oversees the implementation of the EDI Delivery Plan, providing assurance to our Management Board.

In 2022 we refreshed our EDI Delivery Plan which aims to advance equality, diversity and inclusion (EDI) at The Christie and provides a framework to ensure the Trust meets its EDI aims, objectives and statutory duties. The EDI Delivery Plan identifies three priority areas:

1. Workforce, data and information
2. Governance, Policy and Decision Making
3. Mainstreaming equality, diversity and inclusion

Each division will be working towards an EDI Divisional Implementation Plan and have nominated EDI Coordinators and Champions to support this work.

A review of our 4 EDI Staff Network Groups in 2022, was supported by the Executive Sponsors, provided assurance of the governance and approach for the ongoing development of the EDI Staff Network Groups in the future.

Christie Education provided the resources to purchase EDI Training resources from Skill Boosters and Marshalls, which will be available on the Christie Learning Zone.

As part of our commitment to meeting our legal duties, we have developed and submitted our Workforce Race Equality Standard, Workforce Disability Equality Standard, EDS 2022 and Gender Pay Gap reports. This ensures compliance with the Public Sector Equality Duty and our NHS contractual requirements.

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. 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 new values *Act with Kindness, Connect with People* and *Make a Difference* will become central threads in our organisational practice. Activity is now beginning on weaving them into our policies, practices, development work, recruitment, and team activities.



Our work on creating respectful and positive environments has evolved over the last year, 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.

We continue to use quarterly Pulse Survey and the annual NHS Staff Survey to seek staff feedback. During 2022, local activity increased on actions plans and we undertook more

collaborative conversations across the Trust, sharing ideas for improvement.

The NHS staff survey is conducted annually and 2022/23 is the second year of the survey questions aligning to the ‘NHS People Promise’, elements plus the themes of engagement and morale. We are now able 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 2022/23 survey among trust staff was 44 % (2021/22: also 44%).

2022/23 Staff Survey Scores

Pleasingly we have seen positive improvements in almost all elements and themes compared with 2021/22, and we compare favourably against external benchmark data.

The table below shows scores for each indicator for 2021/22 and 2022/23, together with the survey benchmarking group data (Specialist Acute Trusts) for 2022/23.

People Promise elements	2021 score	2022 score	Statistical change?	2022 Benchmark Average
We are compassionate and inclusive	7.6	7.8	↑	7.5
We are recognised and rewarded	6.1	6.2	↑	6.0
We each have a voice that counts	7.0	7.1	↑	7.0
We are safe and healthy	6.3	6.4	↑	6.3
We are always learning	5.5	5.6	↑	5.7
We work flexibly	6.3	6.5	↑	6.3
We are a team	6.8	7.0	↑	6.9
Themes	2021 score	2022 score	Statistical change?	2022 Benchmark Average
Staff Engagement	7.2	7.4	↑	7.3
Morale	6.0	6.2	↑	6.0

2019/20 and 2020/21 Staff Survey Scores

Scores for each indicator together with that of the survey benchmarking group (Specialist Acute Trust) are presented below.

	2020/21		2019/20	
	Trust Score	Benchmarking Group Score	Trust Score	Benchmarking Group Score
Equality, diversity and inclusion	9.4	9.2	9.5	9.2
Health and wellbeing	6.5	6.5	6.3	6.3
Immediate managers	7.1	7.1	7.1	7.1
Morale	6.5	6.4	6.5	6.4
Quality of care	7.8	7.9	7.9	7.9
Safe environment – bullying and harassment	8.7	8.4	8.7	8.3
Safe environment – violence	9.9	9.8	9.9	9.8
Safety culture	7.2	7.0	7.2	7.0
Staff engagement	7.5	7.4	7.5	7.5
Team Working	6.8	6.8	6.9	6.9

Sickness

The Trust has implemented several initiatives to improve the health & wellbeing of its staff and to minimise absence due to sickness. However, absence in 2022/23 continued to be impacted on by absence due to COVID-19.

Absence Days (FTE)	Avg FTE of Staff	Avg Absence Days (FTE) per FTE
52,800.19	3,084.99	17.12

Staffing data

Gender:

	Male	Female
Directors	7	7
Other Senior Managers	3	1
Employees	941	2545

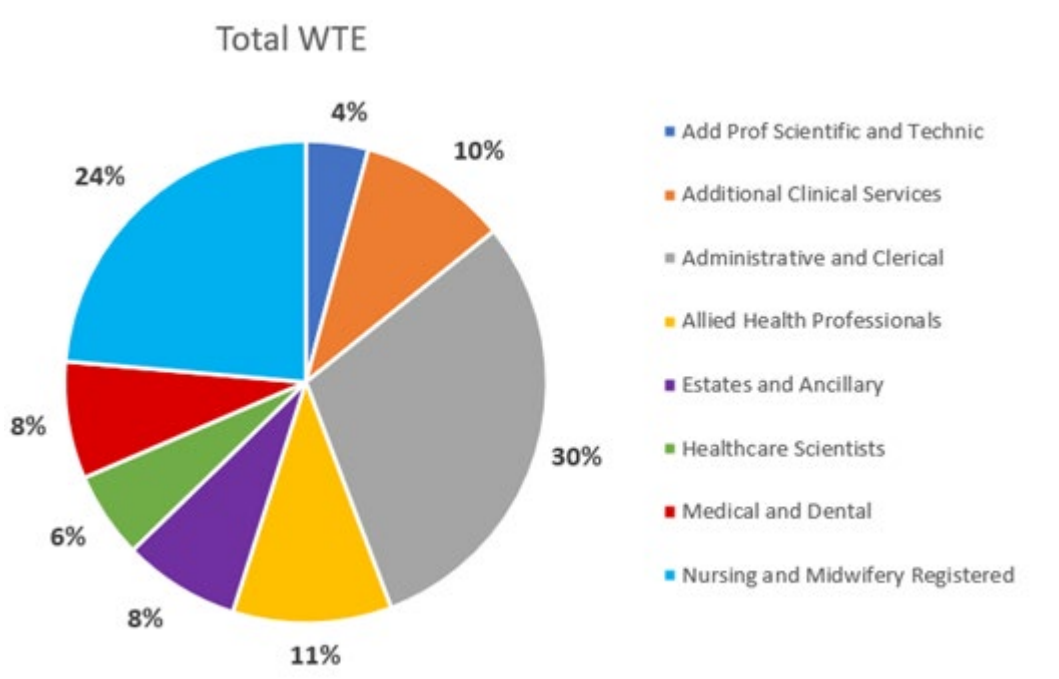
	Male	Female
Directors	50%	50%
Other Senior Managers	75%	25%
Employees	27%	73%

Headcount at year end

	Fixed Term Temp	Permanent	Non-Exec Director/ Chair	Grand Total
Add Prof Scientific and Technic	10	137		147
Additional Clinical Services	42	319		361
Administrative and Clerical	184	856	8	1,048
Allied Health Professionals	33	335		368
Estates and Ancillary	5	259		264
Healthcare Scientists	16	176		192
Medical and Dental	88	201		289
Nursing and Midwifery Registered	79	774		853
Grand Total	457	3057	8	3522

Average Staff in Post

Group 2022-23			
	Total (WTE)	Permanently employed (WTE)	Other (WTE)
Add Prof Scientific and Technic	129.42	119.32	10
Additional Clinical Services	310.73	262.28	49
Administrative and Clerical	928.46	737.08	191
Allied Health Professionals	329.68	302.93	27
Estates and Ancillary	242.3	236.51	5
Healthcare Scientists	178.87	165.28	14
Medical and Dental	243.09	173.73	69
Nursing and Midwifery Registered	730.78	644.7	86
Grand Total	3093	2642	451



Exit Packages

Group 2022-23			
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,000 - £25,000	0	0	0
£25,001 - £50,000	1	1	2
£50,001 - £100,000	1	0	1
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit packages by type	2	1	3
Total resource cost	£54,307	£3,709	£58,016

	Agreements number	Total value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	1	3,709
Exit payments following Employment Tribunals or court orders	0	0
Non- contractual payments requiring HMT approval	0	0
Total	0	0
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

The exit packages and fair pay disclosure are subject to audit.

Off Payroll

Table 2: All off-payroll workers engaged at any point during the year ended 31 March 2023	2022-23 Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2023	47
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	47
Number of engagements reassessed for consistency/assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0
Number of engagement where the status was disputed under provisions in the off-payroll legislation	0
Of which: number of engagements that saw a change to IR35 status following review	0

Trade Union Facility Time

**Table 1
Relevant Union Officials**

Number of employees who were relevant Union officials during the relevant period (April 2022 – March 2023)	Full time equivalent employee number
15	13.93

**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%	9
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	£50,902
Total Pay Bill	192,766,000
Percentage of total pay bill spent on facility time calculated as: (total cost of facility time ÷ total pay bill) x 100	0.026%

**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	8.92%

Remuneration report

The Remuneration Report describes how the Trust has applied the principles of good corporate governance in relation to Directors' remuneration as required by the Companies Act 2006, Regulation 11 and the NHS Foundation Trust Code of Governance.

Annual statement on remuneration

The Remuneration Committee is a Non-Executive Committee of the Board of Directors comprising all of the independent Non-Executive Directors. It has no executive powers other than those specifically delegated in its terms of reference. The role of the Committee is to ensure that appropriate procedures are in place for the nomination, selection, training, development, monitoring, evaluation and remuneration of the Chief Executive, Executive Directors and other senior employees, having proper regard to the financial and commercial health of the organisation and for the provision of any national arrangements for such staff where appropriate. The Committee can call on advisors to support their decisions such as the Director of Workforce and the Chief Executive. The Chair of the Audit Committee also chairs the Remuneration Committee.

The Remuneration Committee met twice during 2022-23 to discuss Very Senior Manager (VSM) pay. At its June 2022 meeting, the Committee deferred a decision on approving any pay award until further guidance was received from NHSE/I. The Committee revisited the question of VSM pay in December 2022 following receipt of the awaited guidance. It was agreed that the NHS England guidance on VSM pay should be followed. The Committee approved a consolidated increase of 3.5% payable from 1 April 2022. Specific pay awards were agreed for the Executive Director of Finance (interim), Chief Operating Officer and Chief Nurse and Executive Director of Quality to bring them in line with market rates. The Committee also agreed the

salaries for the Director of Workforce and Director of Strategy.

Non-Executive Directors

The Chair of the Foundation Trust is expected to devote 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 2021/22 there were no Non-Executive Directors expense claims received.

In 2022/23 two Non-Executive Directors claimed and received expenses; the aggregate sum of expenses paid was £1,349.42.

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 below.

Termination

The process for the removal of the Chairman or Non-Executive Director will be in accordance with the Trust's constitution. Any proposal for removal must be proposed by a governor and seconded by not less than ten governors including at least two elected governors and two appointed governors. If any proposal to remove the Chair or other Non-Executive Director is not approved at a meeting of the Council of Governors (failing to achieve the support required pursuant to paragraph 25.2 of the constitution), no further proposal can be put forward to remove the Chair or such Non-

Executive Director based upon the same reasons within 12 months of the meeting.

Remuneration

The Trust does not make any contribution to the pension arrangements of Non-Executive Directors.

The governor Nominations Committee met in 2018/19 to discuss the remuneration of the Chairman and the Non-Executive Directors. No further changes were considered to these rates of pay in 2022/23.

Non-Executive Director payments

	Fee payable	Additional fee payable	Start of term	Term of office	End of current term
Christine Outram	£49,104	N/A	01/10/2014	Third	30/09/2023
Kathryn Riddle *	£12,850	£3,000 to chair the Charitable Funds Committee	13/05/2015	Third	12/05/2023
Kieran Walshe	£12,850	£3,000 to chair the Quality Assurance Committee	01/07/2015	Third	30/06/2023
Jane Maher	£12,850	N/A	01/09/2015	Third	31/08/2023
Robert Ainsworth	£12,850	£3,000 to chair The Christie Pharmacy (recharged)	07/03/2016	Third	06/03/2024
Tarun Kapur	£12,850	£3,000 to chair the Workforce Assurance Committee (effective from 01/07/2022)	01/06/2016	Third	31/05/2024
Grenville Page	£12,850	£3,000 to chair the Audit Committee	01/09/2021	First	31/08/2024
Alveena Malik	£12,850	N/A	01/10/2021	First	30/09/2024

* Held interim Non-Executive Director posts from May and July 2014 respectively

Senior managers' remuneration

Senior manager is defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Foundation Trust.

The Christie is committed to the overarching principles of value for money and high performance. In making its decisions on remuneration the Committee considers the responsibilities and requirements of each of the Executive Director roles, how long individuals have been in post and the performance of the Trust. We do not have a separate senior managers' remuneration policy. The Remuneration Committee follows the Trusts Equality & Diversity Policy. The purpose of this policy is to ensure that every patient, visitor, employee and job applicant is treated with dignity and respect at all times, and to promote inclusive access and equality of opportunity in both service delivery and employment. The Christie is committed to the principles of equality of opportunity in employment and our remuneration policy reflects that its senior managers will receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation. Our policy specifically reflects the right to equal pay between women and men and in accordance with legislation the Trust will publish gender pay gap information annually.

All Executive Directors work within the NHS National Terms and Conditions. All service contracts have a 6-month notice period set

within them. Executive Directors are only entitled to payment for loss of office if a redundancy situation has arisen. Redundancy is calculated within clearly defined parameters as per legislative and NHS terms and conditions.

Any overpayments will be managed in accordance with the Standing Financial Instructions. There is no additional benefit that will become receivable by a director 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 £21k to £248k (in 2021/22 it was £9k to £243k). The banded remuneration of the highest paid director at The Christie in the financial year 2021/22 was £245-250k (2021/22, £240-245k). This was 7.3 times (2021-22 7.5 times) the median remuneration of the workforce, which was £33.7k (2021/22, £32.3k).

In 2022/23, 0 (2021/22, 0) employees received remuneration more than the highest paid director.

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

Name and title	2022/23						2021/22					
	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	200-205	0	0	0	45-47.5	245-250	195-200	0	0	0	37.5-40	230-235
S Parkinson* Interim Executive Director of Finance	130-135	0	0	0	52.5-55	185-190	80-85	0	0	0	52.5-55	135-140
B Delahoyde Chief Operating Officer	130-135	0	0	0	0	130-135	115-120	0	0	0	15-17.5	135-140
Prof J Yorke Executive Chief Nurse & Director of Quality	115-120	0	0	0	27.5-30	140-145	105-110	0	0	0	25-27.5	130-135
Prof C Harrison** Medical Director & Deputy CEO	245-250	0	0	0	0	245-250	240-245	0	0	0	0	240-245
N Bayman* Executive Medical Director	190-195	0	0	0	17.5-20	210-215	75-80	0	0	0	50-52.5	130-135

Name and title	2022/23						2021/22					
	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)
C Outram Chairman	45-50	0	0	0	0	45-50	40-45	0	0	0	0	40-45
K Riddle Non-Executive	15 -20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
K Walshe Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
J Maher Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
R Ainsworth*** Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
T Kapur Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
G Page Non-Executive	15 - 20	0	0	0	0	15 - 20	5 - 10	0	0	0	0	5 - 10
A Malik Non-Executive	10 - 15	0	0	0	0	10 - 15	5 - 10	0	0	0	0	5 - 10
Band of highest paid director's total remuneration (£'000)	245 - 250						240-245					
Lower Quartile 25% total remuneration Ratio	26,282						22,549					
	9.4						10.8					

Name and title	2022/23						2021/22					
	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)
Median 50% total remuneration Ratio	33,706						32,306					
	7.3						7.5					
Higher Quartile 75% total remuneration Ratio	47,672						45,839					
	5.2						5.3					

* S Parkinson and N Bayman salary details are pro-rata for the time in the roles during the previous financial year, the pensions element is reflective of the full year benefit from their previous roles.

**The remuneration for Professor Chris Harrison disclosed above is the total remuneration package for his role at The Christie NHS Foundation Trust.

***Mr Ainsworth received £3,000 for his role as Chair of The Christie Pharmacy Limited, a wholly owned subsidiary of The Christie NHS Foundation Trust. Remuneration for the year ending 31st March 2023 was £3,000.

The Executive Directors of The Christie Pharmacy Limited are Senior Managers employed by The Christie NHS Foundation Trust and are not included in the table above. 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 2022-23 was £245,000 - £250,000 (2021-22 was £240,000 - £245,000). This was 7.3 times (2021-22 7.5 times) the median remuneration of the workforce, which was £33,706 (2021-22 £32,306).

The percentage change from the previous financial year in respect of the mid-point of the banded salary of highest director £245,000 - £250,000 (£247,500) this year and £240,000 - £245,000 (£242,500) last year would be a 2.06% increase.

In both 2021-22 and 2022-23 no employee received remuneration in excess of the highest paid director.

For employees of the Trust as a whole, the range of remuneration in 2022-23 was from £21,313 to £248,430 (2021-22 was from £9,034 to £243,300). 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 6.7% (2021-22, 3.59%). No employees received remuneration in excess of the highest-paid director in 2022-23.

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 2023 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2022 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Employers Contribution to Stakeholder Pension £000
R Spencer	2.5 - 5	0	95 - 100	240 - 245	2,091	77	2261	0
S Parkinson	2.5 - 5	0	25 - 30	0 - 5	287	32	346	0
B Delahoyde	0 - 2.5	0	50 - 55	160 - 165	0	0	7	0
J Yorke	2 - 2.5	0	5 - 10	0 - 5	74	14	106	0
N Bayman	0 - 2.5	0	45 - 50	75 - 80	645	15	699	0

C Harrison left the pension scheme on 1 February 2016.

B Delahoyde became over the National Retirement during the financial year and therefore a CETV calculation is not applicable.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The CETV values do not consider the impact of Mcloud judgement.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.



Roger Spencer
Chief Executive
Date: 23rd October 2023

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 1 (maximum autonomy). This segmentation information is the Trust's position as at 31st March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website:

<https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/>.

Statement of compliance: NHS Foundation Trust Code of Governance

Corporate governance is the means by which a Board of Directors leads and directs their organisation so that decision-making is effective and the right outcomes are delivered. In the NHS this means delivering safe, effective services in a caring and compassionate environment in a way that is responsive to the changing needs of patients and service users.

The NHS Foundation Trust Code of Governance sets out best practice principles and processes to assist NHS Foundation Trusts to achieve this goal. The main areas are:

Leadership

Every NHS Foundation Trust should be headed by an effective Board of Directors. The Board is collectively responsible for the performance of the NHS Foundation Trust.

The general duty of the Board of Directors, and of each Director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.

Effectiveness

The Board of Directors and its Committees should have the appropriate balance of skills, experience, independence and knowledge of the NHS Foundation Trust to enable them to discharge their respective duties and responsibilities effectively.

Accountability

The Board of Directors should present a fair, balanced and understandable assessment of the NHS Foundation Trust's position and prospects.

The Board of Directors is responsible for determining the nature and extent of the

significant risks it is willing to take in achieving its strategic objectives. The Board should maintain sound risk management systems.

Relations with stakeholders

The Board of Directors should appropriately consult and involve members, patients and the local community and the Council of Governors must represent the interests of Trust members and the public.

Details regarding how the Trust has applied the Code principles and complied with its provisions are set out throughout the annual report. The disclosures required by the NHS Foundation Trust Code of Governance in relation to the Board of Directors, Council of Governors, Membership, Nominations Committee, Risk and Audit Committee are also included within the Annual Report. The disclosures required by the Code in relation to the Remuneration Committee are contained in the remuneration report.

During 2022/23 The Christie NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Statement of the Chief Executive's responsibilities as the Accounting Officer of The Christie NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS 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: 23rd October 2023

Annual governance statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Christie NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Christie NHS Foundation Trust for the year ended 31st March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors pay close attention to the risk management processes of the Trust. The Board has approved a three-year Risk Management Strategy and Framework and annually in September they receive an outcome report against the achievement of the milestones within the strategy. On a monthly basis, the Board of Directors reviews the corporate risk register and the Board Assurance Framework in the public meeting. At each of the formal Board 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 Board Assurance Framework and they escalate any concerns directly to the Board of Directors.

The reporting of incidents and near misses is encouraged and the Trust is viewed as being a high reporting, low harm organisation.

We have a training needs analysis that is reviewed annually and sets out the training requirements for risk management training. During corporate induction all staff have an introduction to risk management and health and safety. With regards to more advanced training in Root Cause Analysis following incidents, the clinical staff trained include, for example, medical consultants, senior nursing staff from ward managers and above and for non-clinical staff the training is for service managers and above.

The training to all staff is delivered in a range of ways from face-to-face training to specific e-learning modules.

Learnings from incidents, complaints and claims are shared throughout the Trust through the action plans developed following root cause analyses. Lessons learned are also discussed at the monthly Risk and Quality Governance Committee, through patient safety newsletters, Learning Improvement Bulletins and at Grand Rounds. A quarterly report on patient safety and experience pulls through all the themes for learning and is discussed in detail at the Patient Safety and the Patient Experience Committees.

The outcomes and recommendations from Serious Incidents are presented to an impartial panel chaired by a Non-Executive Director and two Executive Directors before being presented to the Board of Directors and submitted to our Commissioners and the Care Quality Commission.

In 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. An action plan has been submitted in response to the report, which has been published on the Trust's website.

As Accounting Officer, I have overall responsibility for risk management processes across the organisation. I have delegated responsibility for the coordination of risk management systems and processes to the Chief Nurse & Executive Director of Quality. She discharges her responsibilities through the Quality & Standards division, which

includes lead officers for the Care Quality Commission (CQC), National Health Service Resolution, the corporate risk register and the incident reporting management system. She coordinates the governance and risk management arrangements undertaken within the organisation through performance review meetings with all operational divisions and through the Risk & Quality Governance Committee.

The Board assurance framework is delegated to the Company Secretary thereby ensuring impartiality from the operational management of the Trust. The Board assurance framework is reviewed at all of the Audit, Quality and Workforce Assurance Committee meetings and at all of the Board of Directors meetings. Internal Audit presented the annual assurance framework opinion in February and concluded that 'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board, clearly reflects the risks discussed by the Board and the identified controls and assurances are relevant.'

Risks associated with information systems and processes are the responsibility of the Chief Operating Officer who acts as the Senior Information Risk Owner. The Risk Management Strategy & Policy (2021-2024) 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 a number of ways appropriate to their authority and duties. Risk management training is provided for all staff through our comprehensive induction programme. In addition, there is specifically tailored training for individual roles and these are agreed with staff through personal development plans. Regular risk management awareness training continues for all staff through our corporate essential training programme. This includes key risk areas such as incident reporting and investigation, Root

Cause Analysis training, human factors training, complaints handling, infection prevention & control, health and safety, data security, moving and handling and counter fraud and prevention.

We aim to ensure that we learn from internal and external incidents and share good practice through a range of mechanisms including governance meetings, team briefings, action plans arising from external reviews such as National Inquiries, publications of the Royal Colleges, peer review and PLACE inspections. The Board of Directors also reviews the outcomes and action plans of relevant corporate reports.

The risk and control framework

The 2021-2024 Risk Management Strategy and 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. Our Strategy and the National Patient Safety Strategy. The operational delivery of the incident reporting and risk register system, electronic patient record and prescribing systems across the in-patient and outpatient setting will all assist and support the delivery of safer care and practice.

The high-level Committee structure for the management of safety and risk is effective in ensuring that the Trust's systems and processes are as safe as possible. Membership of these Committees is multi-disciplinary and is chaired by medical leaders and includes representation by other key members of Trust staff. There is an annual review of the effectiveness of the terms of reference and any issues are managed at that point. There are mature risk management policies and procedures in place, with an underpinning process to ensure that these policies consider all aspects of risk when in development or review. There is a mature system of clinical audit across all departments and teams in the Trust, with encouragement to prioritise projects that deliver improvements for our patients. There are processes to follow up where there is weak assurance of the standards of care so that appropriate actions are taken.

The Board, on an annual basis, reviews its risk appetite and this is shown in the public Board papers. The risk appetite statement is taken into account when considering strategic decisions, business cases and quality matters.

The Board, in order to be assured that it is meeting the outcomes required by the Care Quality Commission, has engaged the internal auditors to carry out quality spot checks and also to review elements of the well led outcomes. The outcome of the audits and compliance reviews are presented to the Board on an annual basis to show adherence with the CQC standards.

The information below sets out the current top corporate risks to the organisation and their risk score.

The Trust's top risks in 2022/23 related to finance, workforce, referrals and booking systems and processes posing a risk to adequate follow up.

There is a range of mitigating actions in place for all risks across the organisation which are reviewed locally and overseen by the Risk & Quality Governance Committee.

Good progress has been made in risk audit results and staff training in relation to risk management, supporting progress against the three strategic aims established in the 2021-2024 Risk Management Strategy.

The Trust notes that the 2022/23 ISAE 3402 Service Auditor Report for the Electronic Staff Record (ESR), which reviews operational processes across core services (Finance and Accounting, Employment Services and Procurement), has resulted in an unqualified audit report in relation to its Finance and Accounting and Procurement services.

We, like most other organisations in the NHS, have an overarching risk with regards to staffing gaps due to national shortages in some occupations such as nursing, radiology, rotational junior medical staff and radiotherapy staff. We have identified this could lead to a negative impact on engagement levels and the delivery of services 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 and throughout the 2022/23 financial year, the Trust has achieved a score of 1 for Use of Resources and 1 for Governance, the best scores possible.

We have a mature risk and quality management system as tested by the CQC in the 2022 inspection.

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 the minutes 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.

The reports provided to the Assurance Committees are, in the main, audits that have been carried out by the internal audit function and this provides the Board with independent assurance.

At their monthly public meetings, the Board of Directors receive the integrated performance and quality report and this is discussed in detail.

Through the risk management systems, all business cases and policies have an equality impact assessment (EIA) and will not be approved without the EIA being reviewed by the approving Committee.

We have a workforce plan that is updated annually and is signed off by the Board of Directors. Our workforce planning process has been developed in accordance with 'Developing workforce safeguards.' The approach includes:

- Undertaking a baseline assessment, to collect up to date workforce intelligence using a specifically designed workforce planning template and supported through engagement events
- Aligning this assessment with the annual planning round to ensure workforce planning is integrated with service and financial planning
- Analysing returns to identify workforce availability and key workforce challenges
- Developing short and medium term strategies
- Monitoring implementation through the Workforce Committee

Every six months the Workforce Assurance Committee, on behalf of the Board of Directors, receives and approves a review of the nurse and allied health professional safe staffing levels. The report meets the recommendations of the 'Developing

Workforce Safeguards' recommendations. The safe staffing levels are published monthly in the integrated performance and quality report and where staffing levels fall below the accepted level an exception report is provided to the board members. The Board has engaged with NHS England on their nursing retention improvement initiative and has developed an improvement plan to ensure that best practice on recruitment and retention are adopted.

Our risk management strategy aims to control, manage and mitigate risk. It sets out a system for continuous improvement via risk management which extends to all areas of the organisation. It aims to reduce clinical and non-clinical risks. Risk management is integral to Trust business and is embedded in the culture of the Trust. Individual and organisational learning from incidents, mistakes, accidents and near misses is a key component of the Trust's risk management strategy to ensure continual improvement.

Risks are quantified based on the risk management standard ISO 31000:2009 which measures risk using a combination of consequence (also described as impact or severity) and the likelihood (or probability or frequency) of an event occurring. During 2022/2023 there have been 36 corporate risks, all risks have been appropriately managed during the financial year using the Trust's risk management systems leaving 4 corporate risks at year end.

We use Datix to support our risk management and risk register processes. This database encompasses incidents, formal and informal

complaints, litigation details and risks. All staff have a role in identifying risks and helping to reduce their impact.

Key risks for the organisation, corporate and divisional, are reported in the integrated performance and quality report and are reviewed formally by the Risk and Quality Governance Committee, Management Board and the Board of Directors at each of their meetings. Identified risks are reported using the Trust's integrated performance and quality reporting structures and are reviewed at Divisional, Management and Board meetings. Managers systematically assess risk in their areas of responsibility. All risk assessments are documented and risks recorded on the risk register. Once analysed the higher scoring risks are managed by higher level committees in the organisation. Risk control measures are identified and where resources may be required to control the risk a business case is developed; these are treated as a priority.

The risk and control framework is based on a Board reporting process which ensures that information is presented to the board in a timely manner and in an appropriate format. The Board assurance framework provides an immediate means of alerting the board to areas of concern or failures of control, enabling the Board to ensure that the appropriate management resource is committed to resolving such issues. The reporting process includes the corporate plan which identifies the strategic objectives of The Christie. Progress towards their achievement is presented to the Board twice a year. The

Board assurance framework is regularly reviewed and updated using the corporate risk register and corporate plan and is presented to the Board at the start of the year and reviewed by the Audit Committee, Quality Assurance Committee, 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 assurance framework has been improved to assist the Board to judge the effectiveness of control measures intended to reduce the risks to the organisation in achieving its principal objectives. The Assurance Committees examine issues at random and in depth to ensure that the system accurately describes risk and controls. The Board has an agreed risk appetite statement which was reviewed and agreed during the development of the 2021-24 risk management strategy.

Greater Manchester Integrated Care System (ICS)

On the 1st of 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 (ICS)
- One of the 37 partners that make up the Greater Manchester Health & Social Care Partnership
- Member of the Provider Federation Board
- The University of Manchester and The University of Salford and a number of other academic institutes and professional bodies to ensure training and education is delivered in line with national standards and the academic expectations of relevant bodies
- Manchester Cancer Research Centre, a formal partnership between The Christie, The University of Manchester and CRUK
- Manchester Cancer, the cancer programme of Greater Manchester's devolved health and social care system
- Part of Health Innovation Manchester which includes Manchester Academic Health Science Centre (MAHSC), a partnership between The University of Manchester and six NHS organisations, uniting leading healthcare providers with world-class academics and researchers.
- Other acute trusts and organisations as part of Greater Manchester Cancer Board

- Our private patient joint venture partner Health Corporation of America to continually develop private patient services at The Christie;
- Our wholly owned subsidiary pharmacy service which offers both outpatient and inpatient dispensing services.
- Our pathology services partner Synlab UK Ltd to improve turnaround times for our patients and maintain delivery of high quality results.
- Our contract partners Alliance Medical Limited in the delivery of PET-CT services which includes clinical leadership, training & education and research co-ordination
- Cancer Research UK

Our response to national alerts and governance action is managed through the Patient Safety Committee and Management Board and reported to the Board of Directors. We also engage with the public and NHS stakeholders in the following way:

- Public: Council of Governors and Committees of governors, members' meetings, local public engagement meetings, and patient surveys (both internal and external), suggestion schemes and the patient comment system
- NHS: 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 Care Quality Commission. We have published on our website an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

We have undertaken risk assessments and have plans in place to take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control to ensure that resources are used economically, efficiently and effectively. My review is informed by the work of the internal auditors, clinical audit and the Executive Directors within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. Divisional and corporate departments are responsible for the delivery of financial and other performance targets via our performance management framework which includes monthly performance reviews with each service.

Evidence is also shown in the strong track record we have of transforming our services to deliver service improvements and operational efficiencies. To ensure the patient is at the centre of our planning, we have configured our efficiency programme to reflect the end-to-end clinical pathways for our patients. These Cost Improvement Plans are only approved once the Executive Medical Director and Chief Nurse & Executive Director of Quality sign off the proposals as having no detrimental impact upon the quality of care provided to our patients. The accepted improvement schemes are reported and monitored within the Integrated Quality and Performance Report and presented at the public Board of Directors meeting.

We are working closely with other specialist oncology centres (Clatterbridge and The Royal Marsden) to identify and implement best

practice across all Trusts to deliver efficiencies and commercial opportunities. In particular, the Trust is making use of the opportunities provided by the North West Radiotherapy Network to improve consistency of radiotherapy provision for patients across the network as well as a focus on staffing and machine efficiency and optimisation within each Trust. We continue to collaborate through the Costing Transformation Programme so that we have access to improved patient level data from other providers which we use to assess our use of resources and address any areas of variation.

We are highly engaged in the Greater Manchester Health and Social Care Partnership transformation programme which has key work-streams aiming to deliver cost improvements across the health economy. GM has a large and varied programme of works and as these work streams progress over the subsequent years, we will benefit from scheme implementation. Specific areas of opportunity include pharmacy and back-office functions; in particular, the Trust is progressing a new Pharmacy Supply Chain model with Trusts across GM that should lead to improved efficiencies from staffing and productivity improvements across organisations. We are also working proactively with partners in GM Cancer to deliver improvements and efficiencies to patient cancer care pathways across the city. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the

system of internal control by the board, audit, quality assurance, risk and clinical governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The overall Head of Internal Audit opinion for the period 1st April 2022 to 31st March 2023 provides Substantial Assurance; that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Trust has examined the assurances provided over key contractual relationships with third party providers upon which the Trust places reliance. NHS Shared Business Services (SBS) provides the Trust's payroll service and the Trust receives an independent "Service Quality Report" in relation to SBS's operations. The report provides an unqualified opinion in respect of 10 of the 14 control objectives. An explanation has been provided against the 4 control objectives where qualifications have been identified. The Trust has reviewed the report and the issues identified and assured itself that sufficient mitigations exist that assurance can still be gained from the report.

The Trust's external auditor reported to the Trust that in their view there was a significant weakness in the Trust's governance arrangements; specifically in relation to its decision-making arrangements with respect to assessing compliance with HM Treasury's Managing Public Money when entering a significant transaction with The Christie

Charity on 31st March 2023. The Christie Charitable Fund raises money solely to support the trust and its patients, staff, carers and students. The Trust entered into the transaction in good faith without seeking approval from HM Treasury, following legal advice and an understanding that other Trusts had entered similar transactions. However, the external auditor recommended the Trust seeks advice from NHS England and HM Treasury regarding its compliance with Managing Public Money. The Trust has discussed this matter with NHS England and sought retrospective approval for the transaction from HM Treasury. This approval has not been received at the date of this report. The external auditor also recommended that, prior to making any similar transactions in the future, the Trust seeks advice and/or approval, as applicable, from NHS England and HM Treasury as part of its assessment of compliance with HM Treasury's Managing Public Money.

Information governance

Our data security risks 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 2022/23 the trust reported no data breaches via the reporting tool.

Information governance risks are managed as part of the risk management systems and processes and assessed using the data security and protection toolkit, a range of security analysis tools and external audits. The Trust's risk register is updated with currently identified information risks including data confidentiality and data security which are reviewed by the Risk and Quality Governance Committee. We are compliant with GDPR legislation which came into effect on 25th May 2018. Compliance is monitored through our risk management systems and the data security and protection toolkit. In addition, independent assurance is provided as part of the NHS England coding and costing assurance audit process, and the data security and protection toolkit self-assessment review undertaken by internal audit. The Trust's latest submission in June 2022 against the data security and protection toolkit was confirmed by internal auditors as 'Standards met'.

Data Quality & Governance

The Board of Directors has engaged the external auditors to provide assurance that the quality of our data is accurate and that there are appropriate systems of internal control. This data may relate to quality indicators such as infection rates, levels of complaints and incidents as well as progress against national and internal targets including all national cancer standards, diagnostic waits and referral to treatment standards. The external auditors have reviewed data sets as prescribed by NHS England. This data is reviewed by the Board throughout the

financial year in the integrated performance and quality report.

Our performance reporting presents a balanced view and is based on accurate data. The Board of Directors' is assured of this through the Trust's governance processes and leadership by the executive team. Systems are in place to collect, validate and analyse all data using the appropriately skilled team. This may be the information or performance team, infection control team, internal audit team, the quality & standards team or the NHS England cancer waiting times team. Our monthly integrated performance and quality report details this data every month. The monthly reports are considered by the senior clinicians and managers of the organisation at monthly management board and performance review meetings and by the Board of Directors.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, the executive and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control

by the Board, Audit Committee, Quality Assurance Committee, 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 Board Assurance Framework provides me with evidence that the effectiveness of controls to manage risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Assessment of financial reports submitted to NHS 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 Assurance Framework, which is presented at board meetings
- The Audit Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Quality 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 participates in an annual self-assessment process against the NHS Core Standards for EPRR. For 2022/23 the Trust were assessed against the applicable core standards and were also asked to self-assess against a key area, Evacuation and Shelter. The outcome of the self-assessment for 2022/23 was that the Trust declared compliance for its readiness for being able to effectively respond to major, critical and

business continuity incidents whilst maintaining services to patients.

Adaptation

Events such as heatwaves, severe cold weather and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population, 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:

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

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

Conclusion

As Accounting Officer, and based on the information provided above, I have identified one weakness in the Trust's governance arrangements with respect to the decision to enter a significant transaction with The Christie Charitable Fund on 31st March 2023 as described on page 138. Other than this matter, I am assured that there are no

significant internal control issues have been identified.



Roger Spencer
Chief Executive
Date: 23rd October 2023

Independent auditor's report to the Council of Governors of The Christie NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of The Christie NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2023, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

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 2023 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group'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 2022-23 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

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, 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. 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 April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2022/23 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 NHS foundation trust annual reporting manual 2022/23; and
- based on the work undertaken in the course of the audit of the financial 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 2022/23, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

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 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 2022-23).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
 - journal entries that impact on reported income and expenditure and other identified risk criteria
 - the appropriateness of assumptions applied by management in determining significant accounting estimates, particularly relating to valuation of Trust land and buildings; and
 - transactions considered to be outside the normal course of business.

- 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 large and unusual items and those falling within identified risk criteria including; journals posted by senior management, year-end journals, journals posted after 31 March 2023, year-end accruals and journals input by super users;
 - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and year-end accruals;
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. 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.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land and building valuations.
- Our assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the group and Trust operates
 - understanding of the legal and regulatory requirements specific to the group and Trust including:
 - the provisions of the applicable legislation
 - NHS 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 and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.
- 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. [Matters were reported by the component auditors and further audit procedures, identified above, were performed to respond to the identified risks of material misstatement. OR No such matters were identified by the component auditors.]

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 2023.

We have nothing to report in respect of the above matter except on 24 October 2023 we identified a significant weakness in the Trust’s arrangements for governance. This was in relation to the Trust’s arrangements for decision making and ensuring compliance with the principles of Managing Public Money, specifically with regard to a gift of £5.8 million made to The Christie Charity. The Trust has discussed this matter with NHS England and sought retrospective approval for the charitable gift from HM Treasury. Approval has not been received at the date of this report.

We recommended that the Trust puts arrangements in place to demonstrate and ensure compliance with Managing Public Money guidance including consultation with NHS England and HM Treasury to obtain appropriate approval in advance of making charitable gifts or other transactions requiring approval.

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 January 2023. 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 – Certificate

We certify that we have completed the audit of The Christie NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Green

Michael Green, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

24 October 2023

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

FOREWORD TO THE ACCOUNTS

THE CHRISTIE NHS FOUNDATION TRUST

The Annual Accounts of The Christie NHS Foundation Trust for the year ended 31 March 2023 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: 23rd October 2023

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

Statement of Comprehensive Income for the Year Ending 31 March 2023

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
	Note	2022-2023	2022-2023	2021-2022	2021-2022
		£000	£000	£000	£000
Operating income	3	436,401	427,814	403,116	411,606
Operating expenses	4	(422,453)	(428,761)	(377,420)	(377,970)
Operating Surplus/(Deficit)		<u>13,948</u>	<u>(947)</u>	25,696	33,636
Finance income	8.1	4,539	3,410	185	152
Finance costs - financial liabilities	8.2	(1,356)	(1,356)	(1,426)	(1,426)
PDC dividends payable		(8,425)	(8,425)	(7,935)	(7,935)
Net finance costs		<u>(5,242)</u>	<u>(6,371)</u>	(9,176)	(9,208)
(Loss) on disposal of assets	10.6	(4,008)	(4,008)	(65)	(65)
(Loss) on disposal of investments	11.3	(26)	0	9	0
Gains from transfers by absorption	10	798	798	1,332	1,332
Corporation tax expense		(90)	(0)	(107)	0
		<u>(8,568)</u>	<u>(9,581)</u>	(8,007)	(7,941)
Share of profit of joint venture accounted for using the equity method	11.1	6,717	6,717	4,896	4,896
Surplus/(Deficit) for the year		<u>12,097</u>	<u>(3,811)</u>	<u>22,585</u>	<u>30,591</u>
Other comprehensive income					
Revaluation gains on Property, Plant and Equipment	SOCIE	15,783	15,783	10,313	10,313
Total comprehensive income for the year		<u>27,880</u>	<u>11,972</u>	<u>32,898</u>	<u>40,904</u>
Surplus / (deficit) for the period attributable to:					
Owners of the parent		<u>12,097</u>	<u>(3,811)</u>	<u>22,585</u>	<u>30,591</u>
TOTAL		<u>12,097</u>	<u>(3,811)</u>	<u>22,585</u>	<u>30,591</u>
Total comprehensive income for the period attributable to:					
Owners of the parent		<u>27,880</u>	<u>11,972</u>	<u>32,898</u>	<u>40,904</u>
TOTAL		<u>27,880</u>	<u>11,972</u>	<u>32,898</u>	<u>40,904</u>

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund.

The notes on pages 153 to 194 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

Statement of Financial Position as at 31 March 2023

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
	Note	31 March 2023	31 March 2023	31 March 2022	31 March 2022
		£000	£000	£000	£000
Non- Current Assets					
Intangible assets	9	3,849	3,849	791	791
Property, Plant and Equipment	10	452,012	446,962	471,803	470,953
Right of Use Assets	10.7	1,220	1,220	0	0
Investments in joint ventures	11.1	29,409	29,409	22,692	22,692
Investment assets	11.3	583	0	601	0
Trade and other receivables	13.1	630	630	553	553
Total non-current assets		487,703	482,070	496,440	494,989
Current assets					
Inventories	12	3,009	305	2,679	453
Trade and other receivables	13.1	36,374	33,979	25,855	25,601
Cash and cash equivalents	14	196,803	142,911	200,560	150,909
Total current assets		236,186	177,194	229,094	176,963
Trade and other payables	15	(64,481)	(66,653)	(55,679)	(52,979)
Borrowings	16	(3,852)	(3,852)	(52,184)	(52,184)
Provisions for liabilities and charges	17	(1,855)	(1,855)	(1,507)	(1,507)
Other liabilities	15.1	(8,239)	(8,239)	(6,335)	(6,335)
Tax payable	15	(4,130)	(4,100)	(3,683)	(3,658)
Total current liabilities		(82,557)	(84,699)	(119,389)	(116,664)
Total assets less current liabilities		641,331	574,565	606,145	555,288
Non-current liabilities					
Borrowings	16	(47,564)	(47,564)	(50,468)	(50,468)
Provisions for liabilities and charges	17	(1,150)	(1,150)	(1,226)	(1,226)
Other liabilities	15.1	(12,943)	(12,943)	(13,401)	(13,401)
Total non-current liabilities		(61,657)	(61,657)	(65,095)	(65,095)
Total assets employed		579,675	512,909	541,050	490,193
Financed by taxpayers' equity					
Public dividend capital	23	165,512	165,512	155,374	155,374
Revaluation reserve	SOCIE	62,534	62,534	55,971	55,971
Income and expenditure reserve	SOCIE	284,863	284,863	278,847	278,848
Financed by others' equity					
Charity Reserves	SOCIE	65,177	0	49,654	0
Pharmacy subsidiary reserves	SOCIE	1,589	0	1,203	0
Total Taxpayers' and Others' Equity:		579,675	512,909	541,050	490,193

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund. The accounts on pages 153 to 194 were approved by the Board of Directors on 23rd October 2023 and signed on its behalf by:



Roger Spencer
Chief Executive

Date: 23rd October 2023

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

Statement of changes in taxpayers' equity for the year ended 31 March 2023

	Note	Group					Total taxpayers' equity
		Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charity Reserves	The Christie Pharmacy Limited Reserves	
		£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2022		155,374	55,971	278,847	49,654	1,203	541,050
Implementation of IFRS 16 on 1st April 2022		0	0	608	0	0	608
Retained (deficit)/surplus for the year	SOCI	0	0	(3,811)	15,523	386	12,098
Net impairments		0	(9,220)	9,220	0	0	0
Revaluation gains - property, plant and equipment	10	0	15,783	0	0	0	15,783
Public dividend capital received	23	10,138	0	0	0	0	10,138
Taxpayers' equity at 31 March 2023		165,512	62,534	284,863	65,177	1,589	579,675
Taxpayers' equity at 1 April 2021		151,646	45,751	248,163	58,120	743	504,423
Retained surplus/(deficit) for the year	SOCI	0	0	30,591	(8,466)	460	22,585
Transfer from Revaluation Reserve to I&E Reserve for impairments arising from consumption of economic benefits		0	(93)	93	0	0	0
Revaluation gains on Property, Plant and Equipment	10	0	10,313	0	0	0	10,313
Public dividend capital received	23	3,728	0	0	0	0	3,728
Taxpayers' equity at 31 March 2022		155,374	55,971	278,847	49,654	1,203	541,050

The notes on pages 153 to 194 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

Statement of changes in taxpayers' equity for the year ended 31 March 2023

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 2022		155,374	55,971	278,847	490,192
Impact of implementing new standard on 1 April transfers		0	0	608	608
Retained (deficit) for the year	SOCI	0	0	(3,811)	(3,811)
Net impairments		0	(9,220)	9,220	0
Revaluations - property, plant and equipment		0	15,783	0	15,783
Public dividend capital received	23	10,138	0	0	10,138
Taxpayers' equity at 31 March 2023		165,512	62,534	284,863	512,909
Taxpayers' equity at 1 April 2021		151,646	45,751	248,163	445,560
Retained surplus for the year	SOCI	0	0	30,591	30,591
Revaluation gains on Property, Plant and Equipment	10	0	10,313	0	10,313
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising from the consumption of economic benefits		0	(93)	93	0
Public dividend capital received	23	3,728	0	0	3,728
Taxpayers' equity at 31 March 2022		155,374	55,971	278,847	490,192

The notes on pages 153 to 194 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

Cash Flow Statement for the Year Ending 31 March 2023

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
	Note	2022-2023	2022-2023	2021-2022	2021-2022
		£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)	SOCI	13,948	(947)	25,696	33,635
Depreciation and Amortisation	4.1	20,975	20,975	16,936	16,936
Income recognised in respect of capital donations	3.2	0	(473)	(9,619)	(25,215)
Net Impairments	4.1	1,552	1,552	(7,916)	(7,916)
(Increase) / decrease in trade and other receivables	13.1	(10,160)	(7,927)	1,395	3,271
(Increase) / decrease in inventories	12	(333)	148	813	1,056
Increase in trade and other payables		9,652	14,496	10,854	11,286
Increase in other liabilities		1,446	1,446	2,983	2,983
Increase in provisions	17	255	255	169	169
Corporation tax paid	15	(17)	0	(46)	0
Net cash inflow from operating activities		37,318	29,524	41,264	36,206
Cash flows from investing activities					
Interest received	8.1	4,106	2,977	144	152
Proceeds from sale of property, plant and equipment	10 & 10.6	195	195	0	0
Net cash flows from investing activities for Charitable Funds	10	(4,200)	0	41	0
Purchase of intangible assets	9	(3,216)	(3,216)	(791)	(791)
Purchase of Property, Plant and Equipment	10 & 15	(71,987)	(71,987)	(95,685)	(95,685)
Receipt of cash donations to purchase capital assets	3.2	0	473	9,619	25,215
Net cash (outflow) from investing activities		(75,102)	(71,558)	(86,672)	(71,109)
Cash flows from financing activities					
Public dividend capital received	23	10,138	10,138	3,728	3,728
Loans received	16	37,139	37,139	42,453	42,453
Loans Repaid	16	(3,423)	(3,423)	(3,423)	(3,423)
Capital element of lease liability repayments	16	(95)	(95)	0	0
Interest paid	8.2 & 16.2	(1,356)	(1,356)	(1,448)	(1,448)
Interest element of lease liability repayments	8.2 & 16.2	(6)	(6)	0	0
PDC Dividend paid	SOCI & 15	(8,362)	(8,362)	(7,300)	(7,300)
NHS Charitable funds: Net cashflows from investing activities	11.3	(8)	0	9	0
Net cash inflow from financing activities		34,027	34,035	34,019	34,010
Net (decrease) in cash and cash equivalents	14.1	(3,757)	(7,999)	(11,390)	(893)
Cash and cash equivalents at 1 April	14.1	200,560	150,909	211,950	151,803
Cash and cash equivalents at 31 March	14.1	196,803	142,911	200,560	150,909

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund.

The notes on pages 153 to 194 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023 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 2022-23 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, The Christie Pharmacy Limited and The Christie Charitable Fund remain a going concern.

From the 1st April 2023 The Christie Charitable Fund will be an independent charity named The Christie Charity and will no longer be part of the group. This change in structure does not affect the going concern status.

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.1.2 Acquisitions and Discontinued Operations

Activities are considered to be 'acquired' only if they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one NHS body to another.

1.1.3.1 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimates (see below) that management has made in the process of applying accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

(a) For each Research and Development contract, the Trust transfers control of goods and services over time and therefore, satisfies performance obligations and recognises revenue over time. This may be over several financial years. Research and Development income recognised is in equal value to the cost in the financial year of satisfying the performance obligations. See note 15.

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

1.1.3.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(a) Non-current Property, Plant and Equipment asset valuation relating to land and buildings are based on the District Valuers valuation - see note 10.

The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the annual independent valuation of these assets. The estimation methods used by the independent valuer draw upon, but are not limited to, industry recognised building construction indices and relevant or comparable transactions in the market place.

A simple sensitivity analysis indicates that a 3% movement in these estimations would increase or decrease the valuation of assets by £10.5m. In comparison, a 10% change in values in land and buildings would be £34.8m. A 10% change would result in an increase or decrease in PDC dividend payable of £610k.

1.1.4 Consolidation

"The Consolidated Accounts of The Christie NHS Foundation Trust show both the NHS Foundation Trust and the Group balances. The Group balances comprise The Christie NHS Foundation Trust, The Christie Charitable Fund and The Christie Pharmacy Limited which are consolidated on a line-by-line basis."

The Christie Charitable Fund

The Foundation Trust is the corporate trustee to The Christie Charitable Fund. The Foundation Trust has assessed its relationship to The Christie Charitable Fund and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Charitable Fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on Financial Reporting Standards (FRS) 102.

On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

From the 1st April 2023, the independent charity, named The Christie Charity, will be established. At this point The Christie Charitable Fund will be closed and will no longer form part of the group. The figures included in these annual accounts are reported on a group basis as at 31st March 2023.

The Charitable Reserves are comprised of the following Fund types:

(a) Restricted Funds - where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund.

(b) Endowment Funds - Funds where the capital is held to generate income for charitable purposes, and which cannot be spent, are accounted for as endowment funds. Income credited to endowment funds is transferred to designated funds to be utilised in line with the terms of the endowment.

(c) Unrestricted Funds - These include those funds which the trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds which the trustee has chosen to earmark for set purposes.

The Christie Pharmacy Limited

The Trust has one wholly owned subsidiary - The Christie Pharmacy Limited (company number: 11027496). The Christie Pharmacy was incorporated on 23 October 2017 and The Christie NHS Foundation Trust holds 1 ordinary £1 share in The Christie Pharmacy Limited which is 100% of the available shares.

Subsidiary entities are those over which the Trust is exposed to, or has rights to variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines.

On consolidation, necessary adjustments are made to the company's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trusts' accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Christie Pharmacy Limited's statutory accounts will be prepared for the year ending 31 March 2023 in accordance with Financial Reporting Standards (FRS) 102.

The Christie Pharmacy Limited is accounted for using the cost method in the Trust accounts.

1.1.5 Consolidation - Joint ventures

Joint ventures are separate entities over which the Trust has joint control with one or more other parties and where it has the rights to the net assets of the arrangement. The meaning of control is to exercise control or power to influence so as to gain economic or other benefits. Joint ventures are accounted for using the equity method.

Valuation of the investment in the Joint Venture is recognised at cost and the carrying amount increased or decreased to recognise The Christie's share of its profit or loss.

The Trust has the following joint ventures:

- The Christie Clinic LLP - trading as The Christie Private Care (TCPC)
- The Christie Pathology Partnership LLP (CPP)
- CPP Facilities LLP (CPPFAC)

The figures in the accounts as disclosed in note 11 for the above are based on audited accounts to 31 December 2022 and management accounts for the period to 31 March 2023.

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 than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

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 2021/22 are as detailed below:

2022-23

The main source of income for the Trust is contracts with Commissioners for health care services. As in 2021/22, 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 2021/22, 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 consideration.

Part of the contract arrangement for 2022/23 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.

Comparative Period 2021-22

The main source of income for the Trust is contracts with Commissioners for health care services. In 2021/22, 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. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred, mainly in relation to high cost drugs and procedures, and other income top-ups to support the delivery of services. Reimbursement and top-up income are accounted for as variable consideration.

The Trust has received Elective Recovery Funding in 2021-22. This is the first time this income has been distributed. 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 Charitable Income

a) Legacies

- Pecuniary legacies are recognised as they are received or where the receipt of the legacy is probable.
- Residuary legacies are included in the accounts at the earlier of receipt or agreement of the estate accounts.
- Finalisation of the estate accounts is assumed when notification of this is received from the personal representatives.
- Reversionary interests, involving a life tenant, are not recognised in the accounts due to the inherent uncertainties involved.
- Legacies to which the charity is entitled and for which notification has been received but uncertainty over measurement remains, are disclosed, if material, as contingent income.

b) Gifts in Kind

The amount at which gifts in kind are recognised is either a reasonable estimate of their value to the funds or the amount actually realised. Where applicable the basis of valuation would be disclosed in the Notes to the Accounts.

Donations of investments listed on the Alternative Investments Market (AIM) and other secondary markets are not recognised until the shares are sold. This is due to the AIM donated shares typically having a time restriction placed upon them which prevents their sale for a minimum period after the donation is made and the difficulty of attributing a value in advance of the sale of the shares listed on such exchanges.

c) Intangible Income

Assistance in the form of donated facilities, beneficial loan arrangements, donated services or services from volunteers is only recorded when they are provided at a financial cost to a third party and the benefit is quantifiable and measurable. Volunteers do bear costs however these are regarded as personal and are not quantified.

1.2.6 The Christie Pharmacy Limited Income

Income in respect of services provided is recognised when and to the extent that performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transactions prices allocated to that performance obligation. The main source of income for The Christie Pharmacy Limited is the dispensing of drugs to The Christie NHS Foundation Trust.

1.2.7 Apprenticeship Service Income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to the accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department of Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.3 Expenditure on employee benefits

1.3.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial accounts to the extent that employees are permitted to carry-forward leave into the following period.

1.3.2 Pension costs - NHS Pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

1.3.3 Pension costs - other schemes

The employees of The Christie Pharmacy Limited have access to two pension schemes. These are a Legal and General defined contribution scheme, and the National Employment Savings Trust (NEST) defined contribution pension scheme. Both schemes are accounted for as defined contribution schemes.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as Property, Plant and Equipment.

1.5 Property, Plant and Equipment

1.5.1 Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and either
 - individually has a cost of at least £5,000; or
 - form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
 - form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

1.5.2 Valuation

Property, Plant and Equipment assets are stated at the lower of replacement cost and recoverable amount. On initial recognition the assets are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. The carrying values of Property, Plant and Equipment assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

All land and buildings are restated to current value using a full professional valuation every five years and a valuation by an independent professional valuer annually. If the fair value of a revalued asset differs materially from its carrying amount, an independent valuation is carried out for that class of asset.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. This year's valuation was undertaken by Ms S Brydon (MRICS) and Ms S Richardson (MRICS) of the Valuation Office Agency (VOA). A full valuation has been completed including a site visit. Due to the changes of the site over the four year period, the full valuation has been completed a year ahead of the usual five year cycle. The next 5 year full valuation will be completed in 2027-28.

The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023.

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.

In accordance with the DH GAM, impairments that are due to a loss of economic benefit or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses: and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

"An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains."

1.5.6 De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once the criteria in IFRs 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, Plant and Equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.5.7 Investment Properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of plant, property and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

1.6 Intangible Assets

1.6.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

Intangible assets are capitalised when they are capable of being used in a Trust's activities for more than one year; they can be valued; and they have a cost of at least £5,000.

Expenditure on research activities is recognised as an operating expense in the period in which it is incurred.

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Intangible assets acquired separately are initially recognised at historical cost. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to use the intangible asset;
- how the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it;
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant 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.

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 (SOCl) in the period in which it is incurred.

1.6.3 Amortisation

Intangible assets are amortised on a straight line basis over their expected useful economic lives or, in the case of software licences, over the term of the licence where this is shorter.

1.7 Donated assets

Donated and grant funded Property, Plant and Equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of Property, Plant and Equipment.

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 SOCl 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.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The NHS Foundation Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application [The entity] has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2023 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by The NHS Foundation Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The NHS Foundation Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The NHS Foundation Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 The NHS Foundation Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The NHS Foundation Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.10.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The NHS Foundation Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Income.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset The NHS Foundation Trust applies a revised rate to the remaining lease liability

Where existing leases are modified The NHS Foundation Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by The NHS Foundation Trust.

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.

On transition The NHS Foundation Trust has reassessed the classification of all of its continuing subleasing arrangements

1.11 Financial Instruments and Financial Liabilities

1.11.1 Financial Assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

1.11.2 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities) and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.11.3 Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury. Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 1.7% (2021-22: minus 1.3%) in real terms.

Clinical negligence costs

NHS Resolution (formerly NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 17 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2022-23 The Christie Pharmacy has completed a full stock-take of all drugs held as at the 31st March 2023, 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 2022+A387.

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 2022-23.

These Standards are still subject to HM Treasury FReM adoption.

(a) IFRS 14 Regulatory Deferral Accounts - applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

(b) IFRS17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by FReM; early adoption is not therefore permitted.

No accounting standards in issue have been adopted early.

Adoption of the standards will have no impact on the Trust.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

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

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023 £000	2022-2023 £000	2021-2022 £000	2021-2022 £000
Income from activities	364,629	364,629	325,701	325,701
Other operating income 3.2	71,772	63,185	77,415	85,904
	<u>436,401</u>	<u>427,814</u>	<u>403,116</u>	<u>411,605</u>

3.1.1 Income from activities by type

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023 £000	2022-2023 £000	2020-21 £000	2020-21 £000
Block contract/system envelope income*	240,020	240,020	209,874	209,874
High cost drugs income from commissioners	90,770	90,770	85,641	85,641
Other NHS clinical income	9,413	9,413	18,730	18,730
Elective Recovery Funding	10,357	10,357	4,382	4,382
Pension contribution central funding**	7,288	7,288	6,760	6,760
Agenda for change pay award central funding **	6,558	6,558	0	0
Other	223	223	314	314
Total	<u>364,629</u>	<u>364,629</u>	<u>325,701</u>	<u>325,701</u>

* 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 2021/22 and 2022/23.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023. This was not received in 2021-22 with no prior year figures being reported.

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3.1.2 Income from activities by source

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Clinical Commissioning Groups (CCGs), Integrated Care Boards (ICBs) and NHS England*	347,476	347,476	310,569	310,569
NHS England - additional pension funding**	7,288	7,288	6,760	6,760
NHS Foundation Trusts	4,549	4,549	3,730	3,730
NHS Trusts	69	69	59	59
NHS other	4,992	4,992	4,216	4,216
Non-NHS Bodies	255	255	367	367
Total	364,629	364,629	325,701	325,701

* During 2022-23 the commissioning structures were changed. The CCGs ceased as at 30th June 2022 and ICBs were established on the 1st July 2022.

**Notional income for additional employer pension contributions paid by NHS England. Note 5 Employee Costs includes notional expenditure of £7,288k (2021-22 £6,760k).

3.2 Other Operating Income

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Other operating income from contracts with customers in accordance with IFRS 15:				
Research and development	22,232	22,232	21,153	21,153
Education and training	7,580	7,580	7,151	7,151
Non-patient care services to other bodies*	15,452	15,452	14,052	14,037
Income in respect of employee benefits accounts on a gross basis	2,418	2,418	2,050	2,050
Other Income (recognised in accordance with IFRS15)**	4,672	4,702	7,200	6,934
Other non-contract operating income :				
Education and training - notional income from apprenticeship fund	389	389	316	316
Charitable and other contributions to capital expenditure from NHS charities	0	473	0	15,596
Grants received for capital expenditure	0	0	9,619	9,619
Charitable and other contributions to revenue expenditure	0	7,065	0	6,330
Contributions to expenditure - consumables (inventory) donated from DHSC for COVID responses	642	642	434	434
Rental from Operating Leases ***	2,232	2,232	2,284	2,284
Donations, legacies and grants	16,155	0	13,155	0
Total	71,772	63,185	77,415	85,904

* Non-patient care services to other bodies includes :-

Christie Medical Physics & Engineering	5,734	5,734	6,406	6,406
Joint venture - The Christie Clinic LLP ^	6,255	6,255	4,776	4,776
Other Non-patient care services to other bodies	3,463	3,463	2,870	2,855
	15,452	15,452	14,052	14,037

**Other Income (recognised in accordance with IFRS15) includes :-

Clinical excellence awards	1,230	1,230	1,161	1,161
Catering and other commercial income	2,223	2,223	2,136	2,136
Creche services	670	670	645	645
Car parking	207	207	8	8
Property rentals	10	10	304	304
Other contract income	332	362	2,946	2,680
	4,672	4,702	7,200	6,934

*** Rental from Operating Leases includes :-

Joint venture - The Christie Pathology Partnership LLP ^	235	235	230	230
Joint venture - CPP Facilities LLP ^	1,815	1,815	1,750	1,750
Other	182	182	304	304
	2,232	2,232	2,284	2,284

^ Joint venture income relates to services provided to The Christie Clinic LLP, The Christie Pathology Partnership LLP and The Christie Pathology Partnership Facilities LLP via Service Level Agreements, property rental.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

4. Operating Expenses

4.1 Operating expenses comprise:

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Services from other NHS providers	13,381	13,381	12,329	12,329
Services from non-NHS and non-DHSC bodies	9,087	9,087	9,036	9,036
Staff costs (see note 5.1)	191,454	189,983	170,312	169,082
Executive directors' costs (see note 5.1 and 5.3)	1,252	1,252	1,192	1,192
Non-executive directors' costs	165	165	150	150
Supplies and Services- clinical	28,786	28,776	27,945	27,940
Supplies and Services - clinical: utilisation of consumables donated from DHSC	642	642	928	928
Supplies and services - general	8,779	8,775	6,648	6,647
Drug costs	104,588	106,799	99,611	101,532
Inventories written down - drugs	57	57	52	52
Consultancy costs	6,800	6,800	4,622	4,622
Establishment	9,892	9,783	8,011	7,987
Premises	13,292	13,285	15,753	15,745
Transport	1,232	1,232	1,356	1,356
Depreciation of Property, Plant and Equipment and right of use assets	20,817	20,817	16,931	16,931
Amortisation of intangibles	158	158	5	5
Net impairments of property, plant and equipment*	1,552	1,552	(7,916)	(7,916)
Increase in provision for impairment of receivables	334	334	67	67
(Decrease) in other provisions	0	0	(101)	(101)
Change in provisions discount rate	(131)	(131)	21	21
Audit fees	158	115	156	114
Internal audit costs	114	114	130	130
Insurance and clinical negligence	2,252	2,252	2,133	2,133
Legal fees	752	752	(35)	(35)
Research & Development	2,128	2,128	2,764	2,764
Education and Training	2,415	2,408	1,704	1,702
Lease expenditure - short-term less than 12 months and low value less than £5k (see note 6)	47	47	0	0
Redundancy and termination benefits	55	55	33	33
Losses, ex gratia and special payments**	6	6	24	24
Other services	242	242	184	184
Charity Gift Deed ***	0	5,801	0	0
Other	2,147	2,094	3,377	3,318
Total	422,453	428,761	377,420	377,970

* Following an independent valuation of the Trust's land and buildings, an impairment charge was made to the operating expenses (2021-22 an impairment reversal has arisen crediting the operating expenses).

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

*** During the financial year the NHS Foundation Trust transacted a Charity Gift Deed to the Christie Charitable Fund of £5.801m, there are no prior year values for this transaction. As this transaction is for more than £300,000, the Trust requires approval from DHSC and HM Treasury. The Trust is seeking retrospective approval which is anticipated to be received later in the 2023/24 financial year.

4.2 Audit fees

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Audit services - statutory audit	158	115	156	114

Group statutory audit fees include £12k for the Charity and £30k for The Christie Pharmacy Limited. All audit fees are stated gross of VAT. However, VAT is recoverable on The Christie Pharmacy Limited audit fees.

Grant Thornton U.K. LLP are the appointed auditors for the Trust and The Christie Pharmacy Limited, Crowe UK LLP are the appointed auditors for the Charity.

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 £2,000k.

4.3 Other auditors' remuneration

During the year £10,500 was paid to the external auditors for other services, (2021-22, £Nil).

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

5. Employee costs

The Group figures include employee expenses arising from the employment of staff by The Christie Pharmacy Limited.

The Christie Charitable Fund do not employ any staff directly. The Christie NHS Foundation Trust recharges the Christie Charitable Fund for staff undertaking fundraising, management, finance and administration duties and for the staff undertaking the charitable activities of research, clinical care and other activities. These include the staff costs related to The Christie Charitable Fund Trading Company Limited.

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
	2022-2023	2022-2023	2021-2022	2021-2022
	£000s	£000s	£000s	£000s
Salaries and wages	150,194	148,899	133,201	132,121
Social security costs	14,938	14,824	13,058	12,966
Apprenticeship Levy		0	612	612
Employers contributions to NHS Pensions	16,640	16,640	15,482	15,424
Additional pension funding*	7,288	7,288	6,760	6,760
Pension costs - other contributions	118	56	88	88
Agency / contract staff	2,857	2,857	2,303	2,303
Total	192,035	190,564	171,504	170,274

The values above include the Executive Directors pay cost which are detailed below in note 5.3.

Capitalised staff costs are excluded from this note and total £290k (2021-22 £823k).

*Pension cost - additional employer contributions paid by NHS England. Note 3.1.2 Other Income includes funding of £7,288k (2021-22 £6,760k).

5.2 Early Retirements due to ill-health

During 2022-23 there were 1 early retirements (2021-22 - 3) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements are £35k (2021-22 £357k). The cost of these ill-health retirements will be borne wholly by NHS Pensions.

5.3 Directors' Remuneration and Other Benefits

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Executive Directors' Remuneration	1,026	1,026	961	961
Employer contributions for national insurance	139	139	130	130
Employer contributions to the pension scheme	87	87	101	101

Full details of Directors' remuneration and other benefits are set out in the Trust's remuneration report which is included in the annual report.

During 2022-23 £nil remuneration was made to the Trustees of The Christie Charitable Fund (2021-22 £nil).

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

6. Short-Term Leases

6.1 NHS Foundation Trust as a lessee

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Payments recognised as an expense				
Minimum lease payments	47	47	100	100
	<u>47</u>	<u>47</u>	<u>100</u>	<u>100</u>
Total future minimum lease payments				
Payable:				
Not later than 1 year	12	12	24	24
Total	<u>12</u>	<u>12</u>	<u>24</u>	<u>24</u>

The details in this note relate to the leases for less than 12 months and / or have a value of less than £5k. Any other leases are accounted for following the Accounting Standard IFRS16 - Right of Use Assets and are recognised on the Statement of Financial Position.

6.2 NHS Foundation Trust as a lessor

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Recognised as income				
Rents	2,232	2,232	2,284	2,284
Total	<u>2,232</u>	<u>2,232</u>	<u>2,284</u>	<u>2,284</u>
Receivable:				
Not later than 1 year	1,963	1,963	2,079	2,079
Later than 1 year not later than 5 years	8,237	8,237	8,060	8,060
Later than 5 years	9,028	9,028	10,986	10,986
Total	<u>19,228</u>	<u>19,228</u>	<u>21,124</u>	<u>21,124</u>

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

7.1 Better Payment Practice Code - measure of compliance

	Group 2022-2023		Group 2021-2022	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	26,140	316,777	24,498	293,797
Total Non-NHS trade invoices paid within target	23,333	307,789	21,905	284,033
Percentage of Non-NHS trade invoices paid within target	<u>89%</u>	<u>97%</u>	<u>89%</u>	<u>97%</u>
Total NHS trade invoices in the year	1,739	36,080	1,736	28,101
Total NHS trade invoices paid within target	1,600	35,260	1,400	25,334
Percentage of NHS trade invoices paid within target	<u>92%</u>	<u>98%</u>	<u>81%</u>	<u>90%</u>

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.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

8. Finance costs and finance revenue

8.1 Finance income

	Group	NHS Foundation Trust	Group **	NHS Foundation Trust **
	2022-2023 £000	2022-2023 £000	2021-2022 £000	2021-2022 £000
Bank interest receivable*	4,539	3,410	185	152
Total	4,539	3,410	185	152

* Average interest rates were 2.89% (2021-22 0.31%) on the Government Banking Service (GBS) account and 0.3% (2021-22 0.15%) on the commercial accounts .

8.2 Finance costs - financial liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023 £000	2022-2023 £000	2021-2022 £000	2021-2022 £000
Interest on loans and overdrafts (note 16.2)	1,334	1,334	1,428	1,428
Interest on Lease Obligations (note 16.2)	6	6	0	0
Unwinding Discount on provisions (note 17)	16	16	(2)	(2)
Total	1,356	1,356	1,426	1,426

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 2022-23			Group 2021-22			
	Software purchased	IT (Internally generated and 3rd Party)	Intangible assets under construction	Total	Software purchased	IT (Internally generated and 3rd Party)	Total
	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April	3,415	401	0	3,816	3,025	0	3,025
Additions - Purchased	0	0	3,216	3,216	390	401	791
Disposal / Derecognition	(57)	0	0	(57)	0	0	0
Gross cost at 31 March	3,358	401	3,216	6,975	3,415	401	3,816
Accumulated Amortisation							
Accumulated amortisation at 1 April	3,025	0	0	3,025	3,020	0	3,020
Charged during the year	78	80	0	158	5	0	5
Disposal / Derecognition	(57)	0	0	(57)	0	0	0
Accumulated amortisation at 31 March	3,046	80	0	3,126	3,025	0	3,025
Net book value - purchased at 31 March	312	321	3,216	3,849	390	401	791

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

10. Property, Plant and Equipment

The majority of Property, Plant and Equipment of The Christie NHS Foundation Trust Group are owned by The Christie NHS Foundation Trust. The Christie Charitable Fund owns an investment property comprising land and buildings (note 11.4). The investment property is reclassified in the Group accounts as Property, Plant and Equipment (note 10.1). The Christie Pharmacy Limited does not hold any Property, Plant and Equipment Assets.

10.1 Property, Plant and Equipment 2022-2023

	Group					Total
	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	
	£000	£000	£000	£000	£000	
Cost or Valuation at 1 April 2022	7,780	283,469	98,478	125,838	20,934	536,499
Transfer by Absorption	0	0	0	0	0	0
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	0	0	0	0	0
Transfer by Absorption	0	0	0	121	677	798
Additions - purchased	0	5,077	57,739	8,838	3,520	75,174
Additions - purchased from The Christie Charitable Fund contributions	0	352	0	121	0	473
Impairments charged to Operating Expenses	0	(14,850)	0	0	0	(14,850)
Reversal of impairments credited to operating expenses	0	13,298	0	0	0	13,298
Revaluation	0	6,388	0	0	0	6,388
Reclassification	0	145,276	(151,185)	5,758	151	0
Disposals / derecognition	0	0	0	(15,116)	(2,593)	(17,709)
Disposals - new finance lease (lessor) ***	0	(89,745)	0	0	0	(89,745)
Gross cost at 31 March 2023	7,780	349,265	5,032	125,560	22,689	510,325
Accumulated Depreciation						
Accumulated depreciation at 1 April 2022	0	0	0	53,168	11,528	64,696
Transfer by Absorption	0	0	0	0	0	0
Charged during the year	0	9,395	0	8,175	3,149	20,719
Revaluation	0	(9,395)	0	0	0	(9,395)
Disposals / derecognition	0	0	0	(15,113)	(2,593)	(17,706)
Accumulated depreciation at 31 March 2023	0	0	0	46,230	12,084	58,314
Net book value at 31 March 2023	7,780	349,265	5,032	79,330	10,605	452,011
NBV - Purchased at 31 March 2023	7,539	257,994	5,026	64,279	10,003	344,840
NBV - Purchased from the charitable funds and voluntary donations and grants 31 March 2023*	241	86,221	6	15,051	602	102,121
NBV- Charity Owned Assets at 31 March 2023**	0	5,050	0	0	0	5,050
Net book value at 31 March 2023	7,780	349,265	5,032	79,330	10,605	452,011

* The Christie Charitable Fund has provided the majority of the funding to purchase 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.

** The Christie Charitable Fund owns an investment property which is leased by The Christie NHS Foundation Trust. Applying IAS16, the property is regarded as owner-occupied from the group perspective. The property has been valued as an owned asset and then reclassified as Property, Plant and Equipment. During 2022-23 the charity purchased another investment property.

*** In March 2023 the capital project relating to the Paterson Building was completed. This project included the redevelopment of the Paterson site and constructing a state of the art research building. The total cost of this project was £143m. The project was funded with the support of two external partners the University of Manchester (UoM) and Cancer Research UK (CRUK). The support included a loan of £85.5m which is detailed in note 16.1.3. The disposal detailed above relates to the disposal of the leased space which will be occupied by the university.

Land and buildings were revalued as at 31 March 2023 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.

10.2 Property, Plant and Equipment 2021-2022

	Group					Total
	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	
	£000	£000	£000	£000	£000	
Cost or Valuation at 1 April 2021	6,725	239,028	63,720	101,959	15,438	426,870
Transfer by Absorption	0	0	0	11	1,321	1,332
Additions - purchased	0	2,484	67,077	3,829	801	74,191
Additions - purchased from The Christie Charitable Fund contributions	0	0	10,700	13,845	670	25,215
Impairments charged to Operating Expenses	0	(5,123)	0	0	0	(5,123)
Reversal of impairments credited to operating expenses	512	12,527	0	0	0	13,039
Reclassification	0	32,624	(43,019)	7,691	2,704	0
Revaluation	543	1,929	0	0	0	2,472
Disposals / derecognition	0	0	0	(1,497)	0	(1,497)
Gross cost at 31 March 2022	7,780	283,469	98,478	125,838	20,934	536,499
Accumulated Depreciation						
Accumulated depreciation at 1 April 2021	0	0	0	47,435	9,599	57,034
Charged during the year	0	7,841	0	7,161	1,929	16,931
Revaluation	0	(7,841)	0	0	0	(7,841)
Disposals / derecognition	0	0	0	(1,428)	0	(1,428)
Accumulated depreciation at 31 March 2022	0	0	0	53,168	11,528	64,696
Net book value at 31 March 2022	7,780	283,469	98,478	72,670	9,406	471,803
NBV - Purchased at 31 March 2022	7,539	201,569	98,472	56,080	8,609	372,269
NBV - Purchased from the Christie Charitable Fund 31 March 2022	241	81,900	6	16,590	797	99,534
Net book value at 31 March 2022	7,780	283,469	98,478	72,670	9,406	471,803

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

10.3 Property, Plant and Equipment (continued)

The net book value of land and buildings at 31 March comprises:

	Group 2022-2023 £000	Group 2021-2022 £000
Freehold	345,539	291,249
Total	<u>345,539</u>	<u>291,249</u>

10.4 Economic Lives of Non-current Assets

	Group	
	Min Life Years	Max Life Years
Intangible assets		
Information technology - Internally Generated	1	5
Software purchased	1	7
Property, Plant and Equipment		
Buildings excluding dwellings	9	125
Plant and machinery	1	20
Information technology	1	10

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

	Group 2021-2022 Property, plant and equipment £000	Group 2020-2021 Property, plant and equipment £000
Impairments arose from:		
New construction brought into use	14,850	5,123
Reversal of impairments - Changes in market price	(13,298)	(13,039)
Total	<u>1,552</u>	<u>(7,916)</u>

The existing buildings have been revalued and changes reflect movements in general market prices. The impairments arising from new construction brought into use relate, primarily, to the completion of the new Paterson Research Facility at Withington .

10.6 Other gains and (losses)

	Group 2022-23 Property, plant and equipment £000	Group 2020-2021 Property, plant and equipment £000
Gains on disposal	195	0
Losses on disposal	(4,203)	(65)
Total	<u>(4,008)</u>	<u>(65)</u>

10.7 Right of use assets

	Group 2022-23 Land £000
Recognition of existing finance leased assets to right of use assets on 1 April 2022*	1,318
Gross Cost at 31 March	<u>1,318</u>
Accumulated Depreciation	
Charged during the year	98
Accumulated Depreciation at 31 March	<u>98</u>
Net book value at 31 March	<u>1,220</u>

* On the 1st April 2022 the NHS Foundation Trust implemented the new accounting standard IFRS16 as detailed in the Accounting Policies in note 1.10, this recognises the Right of Use Assets as detailed in this note. There are no prior year figures relating to this.

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

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.

	2022-2023			Total £000
	TCPC £000	CPP £000	CPPFAC £000	
Carrying value at 1 April 2022	20,501	753	1,438	22,692
Share of profit	5,801	0	916	6,717
Carrying value at 31 March 2023	26,302	753	2,354	29,409
	2021-2022			Total £000
	TCPC £000	CPP £000	CPPFAC £000	
Carrying value at 1 April 2021	16,351	753	692	17,796
Share of profit	4,150	0	746	4,896
Carrying value at 31 March 2022	20,501	753	1,438	22,692

On 15 September 2010 the Trust entered into an LLP agreement with HCA International Limited to establish The Christie Clinic LLP - trading as The Christie Private Care (TCPC). The carrying value and profits represent the contractual arrangements of The Christie Clinic LLP.

In December 2020, The Christie Private Care opened two dedicated operating theatres for private oncology treatments. The Trust invested £2.5m reflecting The Christie Clinic LLP contractual requirements.

On 1st July 2012, TCPC entered into an agreement with practicing consultants to establish LOC@The Christie LLP. LOC is an abbreviation for Leaders in Oncology Care. The partnership provides outpatient chemotherapy services. The TCPC figures above include LOC@The Christie LLP.

On 1 June 2014 the Trust entered into an LLP agreement with Synlab UK Limited to establish The Christie Pathology Partnership LLP (CPP). The carrying value represents the value of non-current assets transferred from The Christie NHS Foundation Trust Group to The Christie Pathology Partnership LLP as part of the initial setup with Synlab investing working capital equal to the value of the non-current assets and the profits.

On 1 June 2016 the Trust entered into an LLP agreement with Synlab UK Limited to establish CPP Facilities LLP (CPPFAC). The carrying value represents the value and profits represent the contractual arrangements of CPP Facilities LLP.

11.2 Disclosure of aggregate amounts for assets of joint ventures

All investments in joint ventures by The Christie NHS Foundation Trust Group have been entered into by The Christie NHS Foundation Trust.

	TCPC	CPP	CPP Facilities
Proportion of ownership interests held by The Christie NHS Foundation Trust	49.0%	49.9%	49.9%
Proportion of voting rights held by The Christie NHS Foundation Trust	50.0%	50.0%	50.0%

For The Christie Clinic LLP the residual proportions of ownership interests and voting rights are held by HCA International Limited and for The Christie Pathology Partnership LLP and CPP Facilities LLP by Synlab UK Limited.

For The Christie Clinic LLP, The Christie Pathology Partnership LLP and CPP Facilities LLP the figures in the note below are based on the draft accounts to the end of December 2022 and the Quarter 1 management accounts to the end of March 2023 but are not adjusted for share of profits attributable but not distributed to The Christie NHS Foundation Trust.

	2022-2023		
	Gross Assets	Net Assets	Total Profit
	As at 31 March 2023 £000	As at 31 March 2023 £000	2022-2023 £000
The Christie Clinic LLP (TCPC)	17,330	35,251	13,355
The Christie Pathology Partnership LLP (CPP)	4,600	3,354	1,117
CPP Facilities LLP (CPPFAC)	4,254	2,418	715
Total	26,185	41,022	15,187
	2021-2022		
	Gross Assets	Net Assets	Total Profit
	As at 31 March 2022 £000	As at 31 March 2022 £000	2021-2022 £000
The Christie Clinic LLP (TCPC)	24,222	30,948	9,187
The Christie Pathology Partnership LLP (CPP)	3,957	2,618	913
CPP Facilities LLP (CPPFAC)	4,621	1,840	579
Total	32,800	35,406	10,679

Consolidated Accounts of The Christie NHS Foundation Trust 2022-2023

11.3 Investment assets

All of the Investments assets are held by The Christie Charitable Fund.

	Unrestricted	Endowment	Total 2022-2023	2021-2022
	£000	£000	£000	£000
Market value at 1 April	0	601	601	593
Less: disposals at carrying value	0	(10)	(10)	(8)
Add: acquisitions at cost	0	12	12	7
Movement in cash held as investment assets:	0	6	6	3
Unrealised gain on revaluation	0	(26)	(26)	6
Market value at 31 March	<u>0</u>	<u>583</u>	<u>583</u>	<u>601</u>
Unrealised gain on revaluation as above	0	1	1	6
Realised gain on disposal	0	0	0	1
Total gain on revaluation and disposal of investment assets	<u>0</u>	<u>1</u>	<u>1</u>	<u>7</u>

Analysis of non current asset investments

	Unrestricted	Endowment	2022-2023 Total	2021-2022 Total
	£000	£000	£000	£000
Market value at 31 March				
Investments listed on Stock Exchange	0	492	492	515
Cash held as part of the investment portfolio	0	92	92	86
	<u>0</u>	<u>584</u>	<u>584</u>	<u>601</u>

The non current asset investments held at 31 March 2023 related to the endowment funds which were all invested in the UK.

The investment portfolio is managed by Castlefield Partners Limited and consists of unit trusts, open ended investment company funds, exchange traded funds and gilts. Those which exceed 5% of the portfolio as at 31 March 2023 or 31 March 2022 are:

	2022-2023	2021-2022
CONBRIO FD PTN LTD CFP CFLD BEST SUST UK OPPS	52%	50%
CONBRIO FD PTN LTD CFP CFLD BEST SUST UK SMLLR	5%	6%
FIRST SENTIER INVR STEWART INV WWIDE SUSTAIN	6%	6%
CONBRIO FD PTN LTD CFP CASTLEFIELD REAL RETURN	6%	6%
FUNDROCK PTNRS LTD FP WHEB SUST B GBP ACC	5%	5%
CONBRIO FD PTN LTD CFP CFLD BEST SUST EURP GEN	5%	5%

12. Inventories

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
Inventories	2022-2023 £000	2022-2023 £000	2021-2022 £000	2021-2022 £000
Drugs	2,804	127	2,323	127
Raw materials and Consumables	205	178	356	326
Total	<u>3,009</u>	<u>305</u>	<u>2,679</u>	<u>453</u>
Inventories recognised in expenses	(68,110)	(4,703)	(58,852)	(4,650)
Write down of inventories recognised as an expense	0	0	(52)	0
Total	<u>(68,110)</u>	<u>(4,703)</u>	<u>(58,904)</u>	<u>(4,650)</u>

Inventories include raw materials and consumables held by The Christie Pharmacy Limited.

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13. Trade and Other Receivables and Financial Assets

13.1 Trade and Other Receivables

	Group			
	Current		Non-current	
	2022-2023 £000	2021-2022 £000	2022-2023 £000	2021-2022 £000
NHS contract receivables	4,121	5,142	0	0
Non- NHS contract receivables	10,980	8,617	0	0
NHS contract receivables not yet invoiced*	12,239	1,894	0	0
Non-NHS contract receivables not yet invoiced	0	3,661	0	0
Interest Receivable	433	0	0	0
Provision for impairment of receivables	(702)	(368)	0	0
Prepayments	5,884	5,075	0	0
VAT receivable**	2,416	623	0	0
Clinician pension tax provision reimbursement funding from NHSE	4	10	630	553
Charitable fund receivables	875	872	0	0
Other receivables	124	329	0	0
Trade and other receivables	36,374	25,855	630	553

* The NHS contract receivables not yet invoiced includes £6,558k relating to expected funding for the Agenda for change pay offer which is central funded.

** VAT receivable includes £2,080k (2021/22 £382k) VAT owing to The Christie Pharmacy Limited.

	NHS Foundation Trust			
	Current		Non-current	
	2022-2023 £000	2021-2022 £000	2022-2023 £000	2021-2022 £000
NHS contract receivables	4,121	5,142	0	0
Non- NHS contract receivables	10,980	8,617	0	0
NHS contract receivables not yet invoiced	12,239	1,894	0	0
Non-NHS contract receivables not yet invoiced	253	3,971	0	0
Interest Receivable	433	0	0	0
Provision for impairment of receivables	(702)	(368)	0	0
Prepayments	5,865	5,057	0	0
VAT receivable	336	241	0	0
Clinician pension tax provision reimbursement funding from NHSE	4	10	630	553
Charitable fund receivables	327	721	0	0
Other receivables	122	317	0	0
Trade and other receivables	33,979	25,601	630	553

* VAT receivable includes £2,080k (2021/22 £382k) VAT owing to The Christie Pharmacy Limited.

** The NHS contract receivables not yet invoiced includes £6,558k relating to expected funding for the Agenda for change pay offer which is central funded.

13.2 Allowances for credit losses

	Group	Group	NHS Foundation Trust	NHS Foundation Trust
	Receivables and contract assets	All other receivables	Receivables and contract assets	All other receivables
	2022-2023 £000	2022-2023 £000	2022-2023 £000	2022-2023 £000
At 1 April 2022	368	0	368	0
New allowances arising	334	0	334	0
At 31 March 2023	<u>702</u>	<u>0</u>	<u>702</u>	<u>0</u>

13.3 Allowances for credit losses 2021-22

	Group	Group	NHS Foundation Trust	NHS Foundation Trust
	Receivables and contract assets	All other receivables	Receivables and contract assets	All other receivables
	2021-2022 £000	2021-2022 £000	2021-2022 £000	2021-2022 £000
At 1 April 2021	301	0	301	0
New allowances arising	67	0	67	0
At 31 March 2022	<u>368</u>	<u>0</u>	<u>368</u>	<u>0</u>

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14 Cash and cash equivalents

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Balance at 1 April	200,560	150,909	211,950	151,803
Net change in the year	(3,757)	(7,998)	(11,390)	(894)
Balance at 31 March	<u>196,803</u>	<u>142,911</u>	<u>200,560</u>	<u>150,909</u>
Broken down into:				
Cash at commercial banks and in hand	2,532	38	3,487	27
Cash with the Government Banking Service	194,271	142,873	197,073	150,882
Cash and Cash Equivalents as in Statement of Financial Position	<u>196,803</u>	<u>142,911</u>	<u>200,560</u>	<u>150,909</u>

14.1 Analysis of changes in net (debt)/ funds

	1 April 2022	Group Movement in year	31 March 2023
	£000	£000	£000
Cash at bank and in hand	200,560	(3,757)	196,803
Debt due within one year (Borrowings see note 16.1)	(52,184)	48,332	(3,852)
Debt due after one year (Borrowings see note 16.1)	(50,468)	2,904	(47,564)
Total net funds	<u>97,908</u>	<u>47,479</u>	<u>145,387</u>

	1 April 2022	NHS Foundation Trust Movement in year	31 March 2023
	£000	£000	£000
Cash at bank and in hand	150,909	(7,998)	142,911
Debt due within one year (Borrowings see note 16.1)	(52,184)	48,332	(3,852)
Debt due after one year (Borrowings see note 16.1)	(50,468)	2,904	(47,564)
Total net funds	<u>48,257</u>	<u>43,238</u>	<u>91,495</u>

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15 Trade and other payables

	Group			
	Current		Non-current	
	2022-2023	2021-2022	2022-2023	2021-2022
	£000	£000	£000	£000
NHS payables revenue	4,085	6,490	0	0
Non-NHS payables revenue	7,870	6,835	0	0
Capital Payables	16,802	17,342	0	0
Other payables	91	42	0	0
Other taxes payable	90	107	0	0
Pensions Contributions Payables	2,438	2,232	0	0
Accruals	32,441	21,963	0	0
PDC dividend payable		335	0	0
NHS Charitable funds trade and other payables	266	333	0	0
	<u>64,083</u>	<u>55,679</u>	<u>0</u>	<u>0</u>
Taxes payable	4,130	3,683	0	0
Total Trade and Other Payables	<u>68,213</u>	<u>59,362</u>	<u>0</u>	<u>0</u>

	NHS Foundation Trust			
	Current		Non-current	
	2022-2023	2021-2022	2022-2023	2021-2022
	£000	£000	£000	£000
NHS payables revenue	4,085	6,490	0	0
Non-NHS payables revenue	7,165	4,286	0	0
Capital Payables	16,802	17,342	0	0
Other payables	89	56	0	0
Pensions Contributions Payable	2,438	2,217	0	0
Accruals	35,676	22,252	0	0
PDC dividend payable	0	335	0	0
	<u>66,255</u>	<u>52,979</u>	<u>0</u>	<u>0</u>
Taxes payable	4,100	3,658	0	0
Total Trade and Other Payables	<u>70,355</u>	<u>56,637</u>	<u>0</u>	<u>0</u>

15.1 Other liabilities

	Group			
	Current		Non-current	
	2022-2023	2021-2022	2022-2023	2021-2022
	£000	£000	£000	£000
Deferred Income: contract liabilities (Research and Development)	664	603	3,171	2,874
Deferred Income: contract liabilities (Other)	0	137	0	0
Deferred grants	1,302	1,003	2,018	1,626
Deferred income: other (non-IFRS 15)	6,274	4,592	7,754	8,901
	<u>8,239</u>	<u>6,335</u>	<u>12,943</u>	<u>13,401</u>
Total Other Liabilities	<u>8,239</u>	<u>6,335</u>	<u>12,943</u>	<u>13,401</u>

	NHS Foundation Trust			
	Current		Non-current	
	2022-2023	2021-2022	2022-2023	2021-2022
	£000	£000	£000	£000
Deferred Income: contract liabilities (Research and Development)	664	603	3,171	2,874
Deferred Income: contract liabilities (Other)	0	137	0	0
Deferred grants	1,302	1,003	2,018	1,626
Deferred income: Other (non-IFRS 15)	6,274	4,592	7,754	8,901
	<u>8,239</u>	<u>6,335</u>	<u>12,943</u>	<u>13,401</u>
Total Other Liabilities	<u>8,239</u>	<u>6,335</u>	<u>12,943</u>	<u>13,401</u>

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 £2.522k (2021-22 £2,544k).

£603k of revenue included in the deferred income balance as at 1 April 2022 was recognised in 2022-23 (£319k 2021-22).

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16. Borrowings

All Borrowings of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust. The Christie Charitable Fund does not have any Borrowings.

16.1 Borrowings

	Group			
	Current		Non-current	
	2022-2023 £000	2021-2022 £000	2022-2023 £000	2021-2022 £000
Loan from ITFF	930	932	9,152	10,063
Loan from ITFF - Proton Beam Therapy Unit	2,826	2,846	37,893	40,405
Paterson Construction	0	48,406	0	0
Lease Liabilities*	96	0	519	0
Total	3,852	52,184	47,564	50,468

* On the 1st April 2022 the NHS Foundation Trust implemented the new accounting standard IFRS16 as detailed in the Accounting Policies in note 1.10, this recognises the Lease Liabilities as detailed in this note. There are no prior year figures relating to this.

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 2023. 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.

16.1.3 The Trust had entered into a Development Agreement with the University of Manchester and Cancer Research UK (CRUK) to redevelop the Paterson site and construct a state of the art research building. During the construction period the two external partners provided £85m towards the costs of construction in the form of a loan. The Trust received a total £85.5m (2021-22 £48.4m) from the partners and in March 2023, the loan was settled by the disposal of the leased space being occupied by the University. No interest was payable on this loan. Further details are included in note 10.1

16.2 Reconciliation of liabilities arising from financing activities

	Group			
	DHSC Loans	Other Loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	54,247	48,406	0	102,653
Lese				
Cash movements:				
Financing cash flows - receipts of principal	0	37,139	(95)	37,044
Financing cash flows - payments of principal	(3,423)	0	0	(3,423)
Financing cash flows - payments of interest	(1,356)	0	(6)	(1,362)
Non-cash movements:				
Additions				0
Impact of Implementing IFRS16 on 1 April 2022	0	0	710	710
Interest charge arising in year	1,334	0	6	1,340
Other movements	0	(85,545)	0	(85,545)
Carrying value at 31 March 2023	50,802	0	615	51,417

	Group			
	DHSC Loans	Other Loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	57,690	5,953	0	63,643
Cash movements:				
Financing cash flows - receipts of principal	0	42,453	0	42,453
Financing cash flows - payments of principal	(3,423)	0	0	(3,423)
Financing cash flows - payments of interest	(1,448)	0	0	(1,448)
				0
Non-cash movements:				
Interest charge arising in year	1,428	0	0	1,428
Carrying value at 31 March 2022	54,247	48,406	0	102,653

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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 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000		
Pensions - early departure costs	10	16	60	87		
Pensions - ill health retirement	28	27	363	490		
Personal injury claims	42	5	0	0		
Legal claims	467	243	0	0		
Other	1,307	1,216	726	649		
Total		1,507	1,150	1,226		
	Pensions ill health retirement £000	Pensions early departure £000	Personal injury claims £000	Legal Claims £000	Other £000	Total £000
At 1 April 2022	518	103	5	243	1,866	2,734
Change in discount rate	(119)	(12)	0	0	(557)	(688)
Arising during the year	0	0	42	322	979	1,344
Utilised during the year	(21)	(8)	(3)	(67)	(7)	(106)
Reversed unused	0	(15)	(2)	(31)	(261)	(309)
Unwinding of discount	14	2	0	0	13	30
At 31 March 2023	392	70	42	467	2,033	3,004
Expected timing of cash-flows:						
Not later than 1 year	28	10	42	467	1,307	1,854
Later than 1 year not later than 5 years	113	35	0	0	150	298
Later than 5 years	251	25	0	0	576	852
	392	70	42	467	2,033	3,004

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*	1,255
Clinicians' tax provision **	634
Final pay control***	144
	2,033

* 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).

*** Final pay control charges may arise on the retirement of members of the 1995 section of the NHS Pension Scheme. The Trust is liable for a final pay control charge if a member receives an increase to pensionable pay in any of the three years prior to them retiring or transferring out of the scheme that is more than a specified amount.

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).

£5,483k is included in the provisions of the NHS Litigation Authority as at 31 March 2023 in respect of the clinical negligence liabilities of the Trust (£7,884k at 31 March 2022).

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18. Contingencies at 31 March

18.1 Contingent Liabilities

			Restated*	
	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023 £000	2022-2023 £000	2021-2022 £000	2021-2022 £000
Personal injury claim	(28)	(28)	(9)	(9)
Indemnities	(380)	0	(326)	0
	<u>(408)</u>	<u>(28)</u>	<u>(335)</u>	<u>(9)</u>

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

For the Indemnities liability, The Christie Charitable Fund has a policy of accepting unclaimed legacy funds whilst offering indemnities to Solicitors for these funds. The repayment of these funds is classified as possible and not probable and therefore a contingent liability is recognised for all gifts where an indemnity is given. These are held for five years from the date of the gift.

* The Indemnities value for 2021-22 has been re-stated to £326k.

18.2 Contingent Assets

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

19. Commitments

19.1 Capital commitments

At 31 March 2023 the capital commitments contracted amounted to £0.6m (31 March 2022: £59.3m). The reduction from 2021-22 reflects the progress of the Paterson development and the completion to final account.

19.2 Other financial commitments

The Trust has a contractual arrangements with the University of Manchester regarding the Manchester Academic Health Science Centre Clinical Trial Unit (MAHSC-CTU), a unit dedicated to data processing of grant-funded studies. The unit was set up by The Christie in 2010 to provide a service both for The Christie and the North-West. In the year, it was decided that the unit would transfer over to the University of Manchester with the Trust agreeing to fund the trials already in operation as part of the handover agreement. During the financial year 2022-23 the outstanding contracted commitment in relation to the MAHSC-CTU was settled, leaving a nil balance as at 31 March 2023 (31 March 2022 £0.14m).

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20. Losses and special payments

	Group			
	2022-2023 Number of Cases	2022-2023 Amount £000	2021-2022 Number of Cases	2021-2022 Amount £000
Bad Debts	10	16	13	10
Stores losses - pharmaceuticals*	1	161	1	175
Ex gratia payments - staff/patients loss of personal effects	2	1	2	0
Ex gratia payments - personal injury with advice	7	41	4	14
Ex gratia payments - Overtime corrective payments (nationally funded)	0	0	1	269
Ex gratia payments - Real Living Wage Payments **		144	0	0
Ex gratia payments - Other	0	0	2	13
	20	363	23	482

*2,513 low cost drugs items were written off across the year (1,105 2021-22) in Pharmacy stores due to expiration dates, or breakages and spillages.

** This relates to the payment to ensure staff are paid at the Real Living Wage rate. This relates to approximately 400 staff but group as a one of payment for reporting purposes.

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, The Christie Pharmacy Limited or The Christie Charitable Fund. See note 5.3 for details of Directors' remuneration and other benefits.

The Department of Health is regarded as a related party. During the year The Christie NHS Foundation Trust Group has had a significant number of material transactions totalling £1,046k (2021-22: £434k) with the Department. In addition the Group had significant transactions (£1.5m and greater) with other entities for which the Department is regarded as the parent. These entities are listed below:

Health Education England
 Macmillan Cancer support
 Manchester University NHS Foundation Trust
 NHS Cheshire and Merseyside ICB
 NHS Derby and Derbyshire ICB
 NHS England - Central Specialised Commissioning Hub
 NHS England - Core
 NHS Greater Manchester ICB
 NHS Lancashire and South Cumbria ICB
 NHS Resolution
 North East and Yorkshire Regional Office
 North West Regional Office
 Northern Care Alliance
 Pennine Acute Hospitals NHS Trust

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

	2022-2023	2022-2023	2021-2022	2021-2022
	Receivables £000	Payables £000	Receivables £000	Payables £000
HM Revenue & Customs	2,416	4,230	623	3,793
NHS Pension Scheme	0	2,438	0	2,235
NHS Blood & Transplant	0	33	1	121

	2022-2023	2022-2023	2021-2022	2021-2022
	Income £000	Expenditure £000	Income £000	Expenditure £000
HM Revenue & Customs	0	15,711	0	13,784
NHS Pension Scheme	0	23,928	0	22,242
Welsh Health Bodies	4,845	0	4,224	16
NHS Blood & Transplant	21	2,972	0	3,080

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

	2022-2023	2022-2023	2021-2022	2021-2022
	Receivables £000	Payables £000	Receivables £000	Payables £000
The Christie Clinic LLP	1,807	356	1,200	51
The Christie Pathology Partnership LLP	451	207	337	1,101
CPP Facilities LLP	282	39	233	0

	2022-2023	2022-2023	2021-2022	2021-2022
	Income £000	Expenditure £000	Income £000	Expenditure £000
The Christie Clinic LLP	8,644	1,567	7,227	2,178
The Christie Pathology Partnership LLP	1,497	6,671	1,442	6,503
CPP Facilities LLP	905	3,614	882	3,186

The Trust has had material transactions with the following:

	2022-2023	2022-2023	2021-2022	2021-2022
	Receivables £000	Payables £000	Receivables £000	Payables £000
The Christie Charitable Fund	327	266	721	0

	2022-2023	2022-2023	2021-2022	2021-2022
	Income £000	Expenditure £000	Income £000	Expenditure £000
The Christie Pharmacy Limited	109	70,213	83	59,223
The Christie Charitable Fund	7,526	44	21,659	45

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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 its 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.

23.1 Fair value measurement of financial assets

Financial assets and financial liabilities measured at fair value in the Statement of Financial Position are grouped into three levels of a fair value hierarchy. The three levels are defined based on the observability of significant inputs to the measurement as follows:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities

Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly

Level 3: unobservable inputs for the asset or 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 2023	Level 1	Level 2	Level 3	Total
	£000	£000	£000	£000
Financial assets				
Investments listed on the Stock Exchange - note 11.3	492	0	0	492
Investments in Joint Ventures - note 11.1	0	0	29,409	29,409
As at 31 March 2022	Level 1	Level 2	Level 3	Total
	£000	£000	£000	£000
Financial assets				
Investments listed on the Stock Exchange - note 11.3	515	0	0	515
Investments in Joint Ventures - note 11.1	0	0	22,692	22,692
Other financial assets - note 13.4	0	0	0	0

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.

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22.2 Financial Assets

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
NHS receivables	16,994	16,994	7,599	7,599
Non-NHS receivables	10,835	10,981	13,098	13,257
Other financial assets	0	0	0	0
Cash at bank and in hand	196,803	142,911	200,560	150,909
Other investments	583	0	601	0
Total at 31 March	225,215	170,885	221,858	171,765

Financial assets are stated at amortised cost.

Receivables and Other Financial assets not relating to definition of Financial Assets	8,545	6,528	5,711	5,298
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22.3 Financial Liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
NHS payables	4,085	4,085	6,626	6,626
Non-NHS payables	59,642	62,170	46,279	45,969
Borrowings - loans from the Department of Health and Social Care	50,801	50,801	54,246	54,246
Borrowings - loan from University of Manchester (Paterson Building)	0	0	48,406	48,406
Obligations under leases	615	615	0	0
Total at 31 March	115,143	117,671	155,557	155,247

Financial liabilities are stated at amortised cost.

Other payables not relating to definition of Financial Liabilities	4,486	4,100	6,457	4,042
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22.4 Maturity of financial liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
In one year or less	67,584	70,112	105,089	104,779
In more than one year but not more than five years	19,466	19,466	24,522	24,522
In more than five years	37,379	37,379	25,946	25,946
Total	124,429	126,957	155,557	155,247

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 23.3 above.

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23. Public Dividend Capital

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2022-2023	2022-2023	2021-2022	2021-2022
	£000	£000	£000	£000
Public dividend capital at start of year	155,374	155,374	151,646	151,646
New public dividend capital received	10,138	10,138	3,728	3,728
	<u>165,512</u>	<u>165,512</u>	<u>155,374</u>	<u>155,374</u>

During 2022-23 the Trust received the following New Public Dividend Capital :-

Project	£'000
Surgical Robot	4,000
Front Line Digitalisations Programme	3,100
Elective Recovery Estates Scheme	2,400
Diagnostics recovery and renewal programme	464
Cyber Security	157
Diagnostics Digital Capability Programme	17
Total	<u>10,138</u>

24. Events after the reporting year

During 2022-23 The Christie NHS Foundation Trust was the corporate trustee to The Christie Charitable Fund whose assets, liabilities and transactions are consolidated into the Trust's Group financial balances. As at the 1st April 2023, the charity became independent registering with the Charity Commission as The Christie Charity. As at the 31st March 2023 The Christie Charitable Fund will close. Future financial balances from the 1st April 2023 will no longer report the charity as part of The Christie NHS Foundation Trust consolidated Group.

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Keep up-to-date with all our news from the latest
Christie developments to charity events.



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