



The Christie
NHS Foundation Trust



Annual report and accounts

2019/20



The Christie NHS Foundation Trust
Annual Report and Accounts 2019/20

Presented to Parliament pursuant to Schedule 7,
paragraph 25 (4) (a) of the National Health
Service Act 2006

Contents

	Page
Overview	
Chair and Chief Executive's statement	2
Our Performance	
About us	4
Radiotherapy	7
Christie medical physics and engineering	9
Systemic Anti-Cancer Treatment service (SACT)	10
Anaesthetics, Theatre & Surgery	11
Clinical support services	15
Inpatient services	18
Radiology	21
Research and Innovation	23
School of Oncology	27
Our financial performance 2019/20	30
A year in focus	35
Focusing on people who count	38
Seeing more clearly: our strategy	39
Sustainability report	40
Awards and accolades	46
Our generous supporters	49
Membership: keeping people involved	50
Quality report	52
Accountability report	
Directors' report	98
Our council of governors	112
Staff report	118
Remuneration report	127
Oversight framework	137
Statement of compliance with NHS FT Code of governance	138
Statement of the chief executive's responsibilities as accounting officer of The Christie NHS Foundation Trust	139
Annual governance statement	140
Independent auditor's report to the council of governors of The Christie NHS Foundation Trust	153
Accounts 2019/20	
Foreword to the accounts	162
Financial statements 2019/20	163
Notes to the accounts	168

Chair and Chief Executive's statement

Welcome to our Annual Report and Accounts for 2019/20.

The closing months of the financial year have been dominated by the unprecedented and exceptional circumstances faced by both The Christie and the wider NHS in response to the COVID-19 global pandemic.

And whilst it is important to recognise the impact this has had, it is equally important to ensure that COVID-19 does not overshadow an important year of progress and development for The Christie. Never content to rest on our laurels, we are continually striving to improve the care we offer to our patients and to develop our cancer research and education.

As an organisation, we must remain as focused on our strategy in the year ahead, as we have done in the year just gone. Our four key themes; Leading cancer care, The Christie experience, Local and specialist care, and Best outcomes remain as important as ever as we adapt to new circumstances and demands, constantly pushing the boundaries to ensure everything we do is focussed on achieving our goals in these areas.

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

Our proton beam therapy centre, which opened last year in a blaze of glory, as the first in the NHS, has continued building towards full capacity. This specialist form of radiotherapy treatment is already making a huge difference to patients who would have previously had to travel abroad for care. Our new facilities have cemented our status as the largest radiotherapy provider in the NHS. We are the largest provider in Europe, with one in 20 radiotherapy treatments delivered at The Christie. We are also one of just two cancer centres worldwide to offer both MR-linac and high energy proton beam therapy.

As important as these large global developments are, local provision of cancer care is equally important. This year we were delighted to open the latest in a line of community based chemotherapy clinics in Oldham, which helps us ensure that, where clinically appropriate, patients can receive gold standard Christie care nearer to their own homes. Our plans for a new Christie cancer centre in Macclesfield also gathered pace. A major fundraising campaign is underway for this much-needed facility.

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

In the meantime, our research progress does not stall. Despite the challenges we have faced, for the first ten months of the year, our research programmes continued to grow with work to recruit more patients than ever to clinical trials and give more patients access to new treatments.

Alongside our research activities, our expertise also remains in demand. With strong years for both The Christie School of Oncology 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.

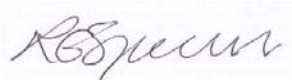
This mirrors what we already firmly believe at The Christie - that our people are our best asset. None of our achievements would be possible without our staff, partners, governors, members, volunteers, charity, patients and so many others we work with across Greater Manchester and

Cheshire, as well as nationally and internationally.

We would like to take this opportunity to say thank you to everyone in The Christie family for your commitment and dedication in our goal to provide the very best care for our patients and to develop treatments that will transform cancer care for patients for many years to come.



Christine Outram
Chairman



Roger Spencer
Chief Executive

About us

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

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 12 other sites, a mobile chemotherapy unit and in patients' homes.

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

The Christie NHS Foundation Trust was the first specialist trust to be rated as 'Outstanding' twice (in 2016 and 2018) by the health regulator the Care Quality Commission (CQC). It referred to The Christie as 'a leader in cancer care' and 'a pioneer in developing innovative solutions to cancer care.' The CQC praised the Trust's staff which it said 'go the extra mile to meet the needs of patients and their families' and that they were 'exceptionally kind and caring.' In 2017, the CQC rated The Christie as the best specialist trust in the country, and one of the top three trusts overall in England.

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

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

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

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

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

Our charity is one of the largest NHS charities in the UK, providing enhanced services over and above what the NHS funds. It has over 50,000 supporters who helped raise £15.3m this year. With 82p 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.

Future projects our charity is currently raising funds for include a new cancer centre in Macclesfield providing care closer to home, refurbishment of our CT scanning department with an improved environment and the latest 4D CT technology, and with our partners at The University of Manchester and Cancer Research UK, plans to build a new world class transformational research facility to replace the Paterson building which was destroyed by fire in 2017.

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.

Our overall performance in 2019/20 has been excellent and we have continued to deliver the 31 day referral to treatment target. Our 62 day cancer waiting time performance has not been achieved following changes to the reporting mechanism. The Christie is one of only eight specialist trusts in England deemed to have maximum autonomy and no potential support

needs by NHS Improvement. This places us in the top 15% of NHS providers in the country.

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. The primary issue for the Christie and the NHS overall in 2020/21 will be the impact of the COVID-19 pandemic. Without a doubt, the strength of our underlying patient centred culture, highly motivated and compassionate staff, oncology expertise and organisational culture enable us to respond in an agile and effective way to the new demands.

As we look ahead to 2020/21 we know that there will be further challenges to face, in particular the need to respond to an increase in demand for our services from patients whose treatment has been paused temporarily and from new patients who have delayed contacting their GP about worrying symptoms of cancer and who are then referred to us at a later stage in their prognosis. We will approach the challenge from a strong position and take opportunities to redesign how we deliver the best care to patients in a safe way. This gives us opportunities to use innovative and efficient approaches to service delivery through digital technology for example through virtual clinics. We are also adapting the delivery of our services in areas like the pharmacy home delivery service.

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

Going-concern

The Covid-19 pandemic has had and continues to have a significant impact on the UK and worldwide. Due to the timing of the pandemic (March 2020), this has not had a significant impact on the group operations (The Christie NHS

Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund) or component entities (investments in joint ventures) during the 2019/20 financial year.

The Covid-19 pandemic will have an impact on all of the Trust group operations and investments in 2020/21 however the extent and impact will vary across the group and investments and cannot yet be determined. The Christie NHS Foundation Trust has re-assessed its status as a going concern and confirmed it remains a going concern based on review and evaluation of the impact of the pandemic on its income and expenditure streams and cash reserves.

Radiotherapy

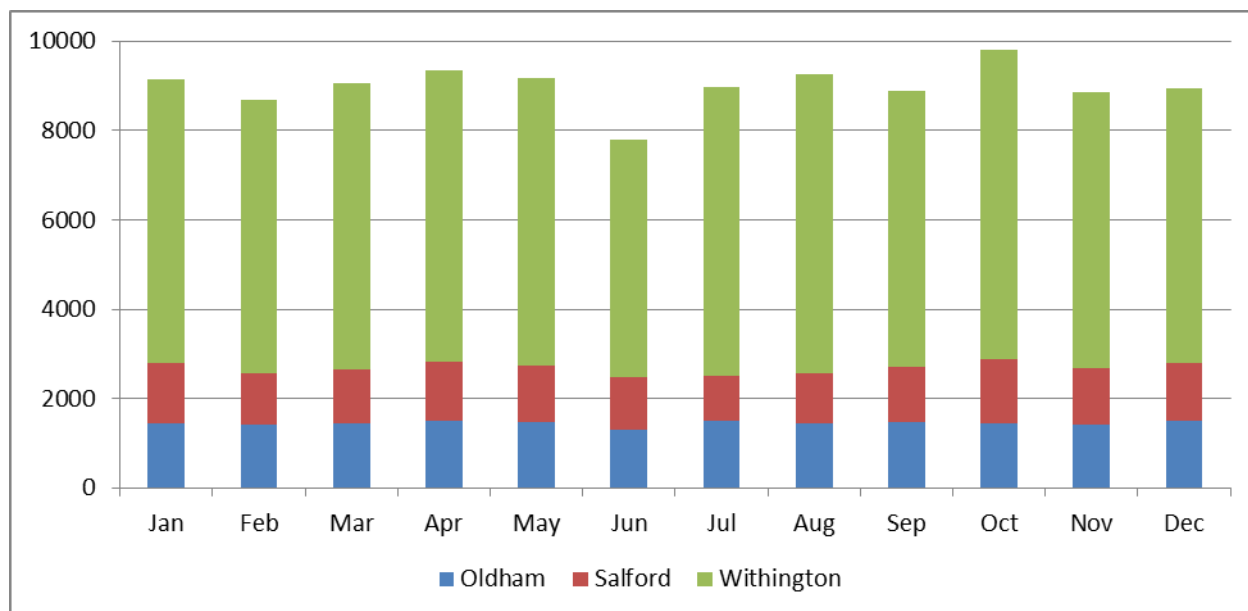
We have delivered major service improvements during the year and we have dedicated significant investment to support the development of cutting edge radiotherapy.

Our radiotherapy department has continued with its tradition of supporting innovation and research in ensuring our patients have access to the latest equipment and treatments as well as access to the latest clinical trials. We have two other radiotherapy centres in Oldham and

Salford; the Salford centre also offers a specialist stereotactic radiosurgery service which is used to treat small malignant and benign brain and spine lesions, providing a highly specialist state of the art service to Greater Manchester and Cheshire.

Radiotherapy fractions

Almost eight and a half thousand patients have been treated with radiotherapy during 2019 which equates to over 107,000 treatment fractions, delivered over our three sites.



Equipment provision

We have ten linear accelerators (or linacs) at our Withington site, with two linear accelerators at our Salford site and two at Oldham as part of our strategy to treat patients closer to home.

During 2019-20 we continued the introduction of a method of reducing the dose of radiation delivered to the heart and its associated arteries during breast radiotherapy. Deep Inspiration Breath-Hold (DIBH) has the potential to reduce long term adverse events. The treatment is now routinely delivered with four linear accelerators capable of this treatment. The Trust has used this

technology innovatively to develop a method of using the DIBH technique in patients with lymphomas in appropriate disease sites.

Expansion of clinical services to the wider community is being continued with the development of The Christie@Macclesfield.

Technique improvement

As older models of linear accelerators have been phased out on our Withington site, capacity for improved treatment techniques have increased. This has seen the use of Volumetric Modulated

Arc Radiotherapy (VMAT) increase and offered to additional patient groups.

The stereotactic radiotherapy programme has expanded during 2018-19. In addition to lung, spine and liver Stereotactic Ablative Body Radiotherapy (SABR), The Christie now offers SABR for adrenal, lymph nodes and bone disease. There is ongoing work to expand access to this treatment over the coming five years.

Magnetic Resonance (MR) linear accelerator

There has been a steady increase in patients treated on the MR Linac. Patient number fifteen is underway, with a number of these patients involved in clinical trials for treatment.

There have also been a number of education sessions and visitor tours to the MR Linac over the course of the year. The research team have undertaken external presentations at regional universities, with a number of papers being submitted to European professional meetings.

Proton Beam Therapy Centre

Over the last 12 months the Proton Beam Therapy Service has continued its activity ramp up, having received over 237 referrals and treated over 127 patients. During this time, the service has completed its paediatric ramp-up, and is now over-performing in this regard – treating 70% of national paediatric activity (original target: 50%).

Achieving this has relied on the progressive recruitment of a new radiographic workforce, and rising to the challenges that ensure it is confident in the implementation of a brand new treatment modality. Similarly, the highly conformal nature of PBT is being supplemented with a proactive approach to image optimisation

within the pre-treatment pathways. MRI has been implemented as standard, the benefits of which are being maximised through the synergistic working of both therapy and diagnostic radiographers.

That multidisciplinary synergy has underpinned a number of achievements across the directorate over its first year and will prove key moving forward. The service is already seeing significant increases in its adult and TYA workloads, and the first PBT specific clinical trial (TORPEDO) is set to open imminently.

Christie Medical Physics and Engineering

Christie Medical Physics & Engineering (CMPE) is a division of the Trust providing physics and engineering expertise for treatment and research at The Christie and has been established for over 70 years. We provide peripatetic services to other NHS trusts throughout the North West region and have groups of clinical scientists, technologists and engineers at The Christie centres in Oldham and Salford. Our role spans service delivery, requiring the application of scientific skills and judgement, and original research driving innovation and furthering knowledge.

We are organised into several operational groups supported by general management, central administration and mechanical engineering workshop facilities. The operational groups based at The Christie are radiotherapy physics, imaging physics and radiation protection and nuclear medicine.

The Radiotherapy Physics group supports clinical radiotherapy services at The Christie and at our Oldham and Salford centres.

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

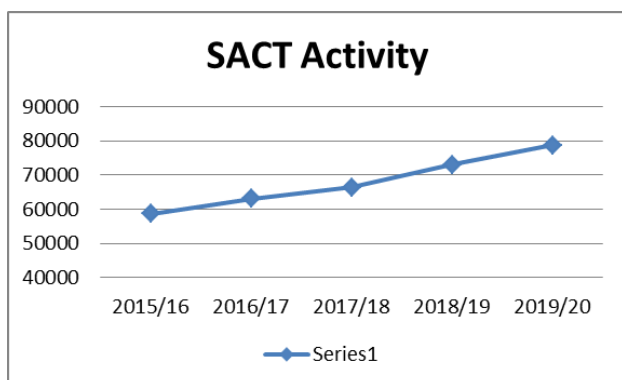
The nuclear medicine group provides diagnostic nuclear medicine, PET-CT and molecular radiotherapy services at The Christie. Research and development in these areas is carried out in collaboration with national, international and commercial partners. Through our regional radiopharmacy, we manufacture and provide radioactive tracers to The Christie and eight

other nuclear medicine departments in the North West. The group also provides scientific and regulatory advice to those departments and others. On a wider level, the group provides medical physics oversight to the national PET-CT contract provided by Alliance Medical Ltd.

Systemic Anti-Cancer Treatment service (SACT)

With new targeted treatments and more treatment options available for patients diagnosed with cancer, the number of treatments we deliver is rising every year. In 2019-20 we will have delivered over 78,000 treatments.

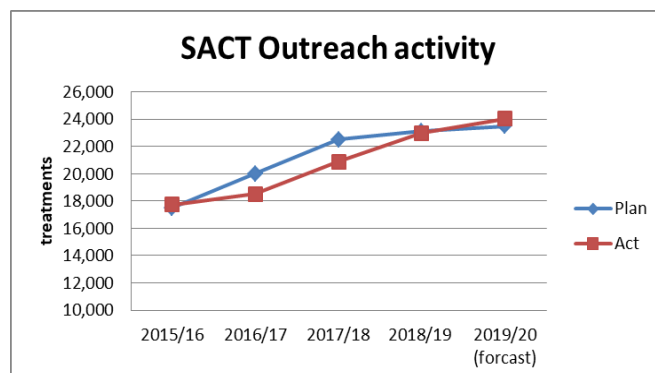
Our service provides 70 treatment spaces for solid tumour treatments with separate facilities for phase I and II clinical trials, haematology and teenage and young adult oncology. We also have an extensive outreach and home care service.



A key part of our previous SACT strategy has been to provide more treatment closer to our patients' homes. The development of our outreach chemotherapy services has resulted in improved patient experience, a reduction in patient travel time and has released capacity on the main hospital site. Together with our own nurse led home service, we deliver treatments in the following areas:

- Arden House medical practice (New Mills)
- Bolton (Mobile unit)
- Bury (Townside primary care centre)
- Leighton (Mid Cheshire)
- Macclesfield (East Cheshire)
- Oldham (Hospital site and mobile unit)
- Rochdale (Mobile unit)
- Salford (Salford Royal)
- St Luke's Hospice (Winsford)
- Stockport (Stepping Hill hospital)
- Dr Kershaw's Hospice (Oldham)

- Tameside (Tameside general hospital)
- Trafford (Mobile unit)
- Wigan (Wrightington, Wigan & Leigh)



Developments during 2019-20

- Intravenous infusions successfully administered via our homecare service.
- Opening of a new treatment facility at Dr Kershaw's Hospice, Oldham.
- Business case to expand local phlebotomy services following excellent patient feedback.
- Implementation of nurse led oral SACT clinic now in 2 disease groups.
- Introduction of Nurse Reconstitution of Immunotherapy drugs to reduce waiting times for patients.
- New 10 year SACT strategy developed to plan to manage future increases in activity.
- Successful trial of an innovation to improve safety when administering treatment and recording the activity, a poster was presented at UKONS by 2 of our nurses.
- Poster presented at GMCC 2019 to promote our nurse led injectable SACT homecare service.

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. All of our specialties work as a single service in a network across populations ranging from 1.5m to 25m. In most cases, our teams of surgeons, anaesthetists, nurses and allied health care professionals work in a network across more than one hospital or community site.

Our Anaesthetic, Theatre and Surgical team are an integral part of the comprehensive cancer centre. Working with all other clinical groups allows for specialist multidisciplinary care of patients requiring multimodality therapies to occur under one roof. Additionally, many patients undergoing radiotherapy or chemotherapy for their cancer may suffer from complications or side effects that require surgical opinions or management.

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

The following specialties are represented within the directorate

- Anaesthetists
- Colorectal and peritoneal surgery
- Urological surgery
- Gynaecological surgery
- Plastic surgery

Our current services and populations served are summarised below:

- Rare cancers
- Anal cancer: 3.2 million
- Peritoneal tumours and appendix neoplasia (pseudomyxoma peritonei): 25 million
- Penile cancer: 8 million
- Retroperitoneal/abdomino-pelvic sarcoma: 5.45 million

- Testicular cancer: 6 million
- Vulval cancer : 1.5 million

Specialist procedures

- Electro-chemotherapy: 3.2 million
- Intraoperative peritoneal chemotherapy: 25 million
- Photodynamic therapy: 4 million
- Post-radiation and post-chemotherapy side effects requiring surgical management: 3.2 million
- Robotic surgery: 3.2 million (urological, colorectal, gynaecological)
- Specialist abdominal wall reconstruction: 3.2 million
- Specialist diagnostics: 3.2 million (including multi-disciplinary cancer team (MDCT) approach, virtual MDCT, and template prostate biopsies)

Multidisciplinary treatment

We formed the UK's first MDCT, which has been functioning since 1970 and has grown significantly over the last three decades. The MDCT undertakes the management of specialist pelvic cancer and retro-peritoneal cancers and conditions including:

- Advanced and recurrent rectal, anal and colon cancers requiring combined chemo-radiation and multispecialty surgery, including perineal reconstruction.
- Advanced gynaecological malignancy requiring multi-specialty surgery, including ovarian debulking and cytoreductive surgery.
- Retroperitoneal / abdomino-pelvic sarcomas requiring chemotherapy, radiation and/or surgery.
- Melanoma requiring reconstruction, chemotherapy and on rare occasions MDCT surgery.
- Prophylactic breast cancer surgery.
- A multidisciplinary approach to living with and beyond cancer: treating radiation and cancer induced fistulae, bleeding and intractable symptoms of urinary tract and bowel, recurrent tumours post radiation and chemotherapy, and late onset radiation induced tumours.

Colorectal and Peritoneal Oncology Centre (CPOC)

The Christie CPOC is an internationally renowned centre for highly specialised surgery offering a national and regional service to the UK NHS and was awarded the 2013 BMJ Cancer Care Team of the Year Award. It specialises in:

1. **Peritoneal surface malignancy** - One of two centres commissioned by NHS England providing cytoreductive surgery and heated intraperitoneal chemotherapy (CRS/HIPEC) for patients with appendix tumours and colorectal peritoneal metastases (CRPM).
2. **Advanced pelvic and retroperitoneal malignancies (primary and recurrent)** - CPOC offers a regional and national multi-visceral resection service for patients where radical surgery necessitates collaborative colorectal, urology, gynaecology and reconstructive surgery. The UK National Bowel Cancer Audit recognises it as one of three tertiary cancer centres in the UK.
3. **Anal cancer** - The largest anal cancer unit in the western world with an established database since 1988 of over 750 patients, with 80 new cases diagnosed per annum. CPOC has actively contributed to the development of the leading international anal cancer clinical trials and remains in the highest centile for recruitment to those trials.
4. **Neuroendocrine tumours** – CPOC is recognised by the European Neuroendocrine Tumour Society (ENETS) as an accredited centre of excellence for the management of these rare neoplasms. CPOC is a core member of the neuroendocrine endocrine tumour MDT engaged with treatments for small bowel, appendix, colonic and rectal tumours.
5. **Organ preserving treatments for rectal cancer** - A leading international centre with expertise in managing patients with complete clinical response following long course chemoradiotherapy. Initially working through the GI disease group, CPOC established the 'Oncological Outcomes after Clinical Complete Response in Patients with Rectal Cancer'

(OnCoRe) database from a North West England and Wales collaborative initiated in 2005, reporting outcomes in Lancet Oncology in 2016. OnCoRe is a major contributor to the international collaborative watch and wait database recently reporting outcomes from a cohort of 1,009 cases (Lancet 2018).

The team hosted the national PTS meeting in January 2019, which included a discussion of data from all units with a view to improving patient outcomes.

The team have continued to develop educational projects to improve the appropriateness of referrals. With this in mind, the team now runs a programme inviting MDT participants to attend a course explaining what they need to know in this field.

In 2019, we will expand the team further with the appointment of an additional consultant to support the activity which will be generated from the development of the total pelvic exenteration service for advanced and recurrent rectal cancer and for increased work in research.

For a more detailed review of the service, please refer to the CPOC Annual Report for 2018-19.

Urological Surgical Service

The Christie uro-oncology team provides surgical management for patients with penile, prostate, renal, testicular and other rare types of urological cancer including abdomino-pelvic sarcomas. In addition it provides a late effects service for men suffering sexual dysfunction following cancer treatment including penile prosthesis and reconstructive surgery.

Penile

The North West Penile Cancer Network (NWPCN) covers a population of 8.7 million, over a large geographic area and a diverse population. It is one of the largest penile cancer services in Europe. It provides specialist diagnostic, chemotherapy, radiotherapy and surgical treatments (including

reconstruction) for patients with suspected or diagnosed penile cancer. The service offers the full range of penile cancer treatments including the latest up to date penile sparing and reconstructive techniques. It is one of only two centres in the country that offers keyhole surgery for groin node dissection (known as Video-Endoscopic Inguinal Lymph Node Dissection or VEILND).

Prostate

The prostate cancer service is the largest and most advanced in the North West of England. The impending centralisation of prostate surgery centred on The Christie will make this one of the largest in the United Kingdom, offering real benefits in terms of patient outcomes, standardisation of care and access to trials and research. The team is recognised as a national training centre for robotic prostatectomy surgery.

Renal

The Christie continues to provide robotic assisted nephron sparing surgery for renal cancer for the majority of the city whilst the reconfiguration process continues.

Testis and Sarcoma

The Christie Urology team provides the supra-regional service for testis cancer surgery including testis preserving, and retroperitoneal lymph node dissection (RPLND). The team are looking to develop robotic retroperitoneal lymph node dissection, making it one of only a few centres worldwide to offer this. To support this, the team has recruited a new consultant colleague to meet this challenge alongside the two other existing consultants.

The soft tissue sarcoma service encompasses surgery for abdominal, pelvic and retroperitoneal sarcomas.

Late effects

The late effects service provides support to men suffering with side effects of their cancer treatment in relation to sexual dysfunction. This

includes a dedicated late effects clinic supported by expert nursing, psychological and medical staff. The service receives referrals from across the North West and offers a range of treatments including psychological support, medical treatments and surgery. The service is one of the pioneers of infrapubic penile prosthesis in the United Kingdom which enables patients to leave hospital earlier with an improved recovery profile and earlier resumption of sexual activity.

Research

The academic credentials of the urology research team are internationally renowned: encompassing FASTMAN prostate centre, a long history of laboratory and clinical research and leading one of the world's largest prostate cancer trials (stampede). The team are also urogenital cancer leaders within the European Reference Network eUROGEN and are recognised in research within rare cancers.

Gynaecological Surgical Service

Established in December 2014, The Christie gynaecology multidisciplinary team now works as a single service provider with St Mary's, Manchester Foundation Trust to provide the biggest Gynaecology service in the UK, to the entire population of Greater Manchester and East Cheshire.

The gynae-oncology team provide surgical management to patients with endometrial, ovarian, cervical, vulval, vaginal and other rarer gynaecological cancers. As well as providing high quality traditional gynaecological surgery, the team employs a range of techniques and cutting edge technologies including robotic and laparoscopic surgery, sentinel lymph node technology and electro-chemoradiotherapy.

The team has an established track record in providing enhanced recovery, fertility sparing surgery and exenterative surgery. With surgical colleagues from urology, colorectal and plastics,

the gynaecology surgeons also provide supra-radical exenterative surgery, cytoreductive surgery and complex reconstructive surgery. In 2018, the team undertook 50 joint procedures with surgical colleagues.

The team is highly regarded for its educational activities and is recognised as a training centre for gynaecological robotic surgery. The service is delivered in a networked (hub and spoke) manner ensuring that regular attendances for outpatients and diagnostics are provided closer to home, with specialist cancer surgery being delivered on a central site.

Plastic Surgical Service

The plastic surgery team ensures we can provide integrated cancer surgery and oncological care in a multidisciplinary, one site service. The team is co-located with surgical and non-surgical oncology teams, often working in parallel or shared clinics for the provision of one stop, comprehensive cancer management with dedicated nurse specialists working across specialties for continuity of patient care. This year we have moved outpatient clinics and local anaesthetic daycase procedures to the new Integrated Procedures Unit. This allows for the most efficient and effective care, whilst optimising the patient experience.

The plastic surgery team provide two main models for delivery of care. By far, the more significant part of our practice includes comprehensive surgical management of melanoma and non-melanoma skin cancer, sarcoma and breast reconstruction. We are one of the few departments in the UK that provides a comprehensive range of surgical options for melanoma treatment. We also deliver the reconstructive procedures for the other three surgical specialities.

Similar to 2018, we have delivered almost 2,000 treatment episodes this year and over 10,000 outpatient consultations. We undertake primary resections and reconstructions for patients with

skin malignancy. This includes the provision of the Cheshire and Greater Manchester Sentinel Lymph Node Biopsy (SLNB) service, undertaking approximately 180 SLNBs per year. This element of the plastic surgery service encompasses block lymph node dissections of the head and neck, axillary, inguinal and ileoinguinal regions, undertaken for skin cancer. The latter is performed as part of a multidisciplinary minimally invasive surgery team, in order to minimise morbidity and optimise recovery and discharge. The team have also continued to look to expand the lymphedema service in conjunction with the physiotherapy team.

In addition, the team supports and liaises closely with the specialist pelvic MDT, to provide reconstructive solutions for difficult cases which would be otherwise inoperable or leave patients with suboptimal results or debilitating/chronic wounds. The plastic surgery team operates on approximately 45-50 such cases per year, including reconstruction of vulval defects utilising local or pedicled flaps, pelvic obturation and perineal closure following total pelvic clearance or abdominoperineal resection, pelvic brim resections and abdominal wall reconstructions, abdominolipectomy to aid pelvic access and optimise wound healing.

As part of the overall provision of reconstructive services, the team performs microvascular free tissue transfers, allowing reconstruction of large or complex defects by the provision of tissue from distant donor sites.

Clinical Support Services

Clinical Support Services play an important role across the Trust, working closely with other professionals to ensure our patients' and families physical and emotional needs are met. Services offered are both clinical and non-clinical.

Clinical services

Nutrition and dietetics

This service provides evidence based treatment to inpatients, head and neck outpatients and the upper GI and gastrostomy drop-in-clinic. The team also lead in the development of nutrition policies and standards, regular audits and research and engage in patient satisfaction work to help improve outcomes, improve the patient pathways and ensure compliance with national standards and guidance.

In 2019, dietetics and speech and language therapy implemented IDDSI across the trust to ensure compliance of NPSA guidance.

We continue to work closely with Salford Intestinal Failure Unit (IFU) with the remote discharge home parenteral nutrition (PN) pathway. Patient information was developed to improve the patient pathway and ensure patients are fully informed of what HPN involves. This research has been published and abstracts presented at national and European conferences. This has been shared nationally as best practice.

The department is involved in research with several publications, examples in the Journal of Nutrition and Dietetics, a Cochrane Review, abstracts and presented nationally and internationally at BAPEN, ESPEN, ESMO and other conferences.

The department has a dedicated research dietitian until June 2020 carrying out research in to pancreatic insufficiency in pancreatic patients

We provide expert advice in nutrition and oncology –and have inputted into national bodies such as the national diet Macmillan booklets, Macmillan AHP Framework and NICE guidance (Upper GI).

There is membership to the BDA critical care group, PENG and BDA oncology group. The dietetic manager is secretary to the BDA oncology group and has dietetic input at a national level on national guidance and education.

The department sets annual objectives in line with the trust objectives.

Physiotherapy/Occupational therapy (OT)

Physiotherapy and OT support patients in an inpatient and outpatient setting to return to their earliest independence often by a rehabilitation programme involving movement, exercise and functional activities. They are involved in discharge planning and ordering specific equipment or adjustments to prolong the patient's independence wherever possible in the home setting or arranging intermediate care. We also provide a limited weekend service aimed at assisting in the earliest independence and discharge for our patients

The physiotherapists also work closely with other Health Care professionals in providing advice and rehabilitation for metastatic spinal cord patients and patients who have respiratory problems including those on the Oncology Critical Care Unit.

Our Out Patient physiotherapy lymphoedema service provides a Christie out- reach lymphoedema service to clinics covering Bolton, Stockport and East Manchester, which has proved to be extremely successful.

Speech and language therapy

We assess, diagnose and treat speech, voice and swallowing disorders, providing a service to both inpatients and outpatients. We have recently established a service in the proton beam

Treatment unit also. We work closely with the Head and Neck Oncologists and Ear Nose and Throat Surgeons, being present at the weekly multidisciplinary team meetings and a number of joint outpatient clinics.

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

We provide instrumental voice and swallowing assessments and liaise with community teams to ensure optimum long term support for our patients.

Transport and interpreters

The transport and interpreter services are integral to operational services across The Christie. The transport service offers non-emergency patient transport to all our patients. This often means patients who have no other means to travel to our services or have a medical reason which would affect their ability to drive or use other means of transportation are supported to attend their appointment at the Christie.

The interpreter service has recently undergone a service review and continues to provide an enhanced interpreter service consisting of face to face, telephone and British Sign Language support to patients who have difficulty understanding English or have a hearing impairment.

We continue to work with service providers to improve our services and to ensure patients receive the best experience.

Cancer Information Centre (CIC)

The cancer information centre provides a drop in service to offer support to patients and visitors. This can be in the form of listening to their concerns, signposting them to relevant

support services or providing relevant information verbally and in booklet format etc. A key part of the role is to support patients experiencing hair loss through the side effects of treatment, providing them with emotional support, information and advice, as well as enabling them to access the wig room and other services to manage the practical element of hair loss. The wig room provides a drop in service five days per week and patients can usually collect their wig the same day. The Department for Work and Pensions attend on Thursday afternoon weekly to offer advice and support to service users.

The centre also provides additional support in arranging weddings on site for our end of life patients.

Chaplaincy

The chaplaincy team is committed to supporting patients and visitors at a time when they may be experiencing challenges around their beliefs and identity. They are trained to help people of faith, or any individual, with questions around spirituality, meaning and value. The team are available for patients, visitors, staff and volunteers.

The chapel and prayer room are always open and may be used for prayer, worship, meditation or quiet time. The multi-faith space in the chaplaincy suite is suitable for all faiths as well as those who do not have a particular religious belief.

Art room

The art room offers patients their care givers and our staff the opportunity to spend some time in a supportive and non-clinical safe environment, where they can experience a period of rest within which they are able to forget real world illness or work related pressures and reaffirm a confident sense of self-esteem, potentially learning a new skill.

Complex discharge team

The complex discharge team is multi-professional and includes, nurses, occupational therapists and social workers who work closely with other multi-disciplinary professionals to support and facilitate discharges for patients with complex health and social care needs. These can be patients who may wish to return home with nursing needs or go to a nursing home or hospice.

The team provide practical and emotional advice to patients and their families to help them make the right decision to ensure patient needs and choice can be accommodated, whilst maintaining a safe discharge.

We provide an in house adult social work service on site. The social work team provides advice about services which are available in the community setting and allow our patients to voice their preference for packages of care that meet their needs. This is an essential service for patients and their carers, as it provides support, advice and information about the services available within the community, as well as assisting patients who are in a less fortunate position, for example, homeless patients or those seeking asylum. The Social workers also work closely with the safeguarding, psycho-oncology and dementia teams to provide advice and assessment.

Complementary health and wellbeing

Our award winning complementary health & wellbeing service supports patients and carers through all stages of cancer management to; facilitate compliance with and manage side effects of treatment, cope with symptoms of disease progression and support transition back to life after The Christie. The service is unique nationally due to its size, diversity, the level of integration with acute cancer services and activity within clinical, research and educational fields. Clinically, the team offer for example; touch therapies, stress management and mindfulness techniques,

hypnotherapy, use of essential oils and acupuncture in addition to the dynamic from the health advisory team to manage addictions.

The research aspect of the service has recently been the focus of media attention due to the successful outcome of a government funded study looking at using acupuncture to manage chemotherapy induced neuropathy – the biggest in the UK.

In addition to expanding patient-facing-services, our support of staff wellbeing has also increased and our governance processes are becoming more streamlined allowing us to capture activity and outcomes more effectively. All this work continues to be supported through the Christie Charity Grant.

Finally, our educational unit also continues to advance; we develop training for health care professionals in for example, stress and anxiety management techniques. We receive requests to deliver courses at external venues and are working collaboratively with the School of Oncology. The clinical lead continues to be a global ambassador for the Trust and the service by teaching in countries including; USA, Japan, Slovenia, Spain and Germany.

Psycho-Oncology

The Psycho-Oncology team provide psychiatric assessment and treatment for both inpatients and outpatients and support to clinical teams with complex capacity and best interest decisions. The team have a multi-professional approach which enables them to support in the management of confusion and delirium, behavioural or psychiatric problems and issues related to drug and alcohol use. Psycho-sexual counselling, cognitive behavioural therapy and counselling services are also provided as an outpatient service

Inpatient Services

We deliver a comprehensive acute oncology inpatient service. Ambitious performance standards and new ways of delivering cancer care continue to increase acute patient episodes and the requirement to care for a more diverse set of cancer toxicities.

We deliver an acute medicine service which has proved transformative in improving patient care across the Trust. Working in collaboration and continued partnership with an external NHS Foundation Trust under a service level agreement (SLA) has enabled enhanced level 3 critical care support, as well as the on-site provision of acute medical specialty input. The majority of our patients are ambulatory. However, patients with acute problems relating to their cancer or cancer treatment are admitted via the acute oncology management service (AOMS) to the oncology assessment unit (OAU) staffed by acute physicians, oncologists and acute oncology nurse practitioners.

Acute Oncology Management services (AOMS) and metastatic spinal cord compression (MSCC)

The acute oncology management service is a 24 hour telephone helpline service (Hotline) that is available to our patients, their carers and professionals for advice management on the side effects and complications of cancer treatments.

Oncology Critical Care Unit (OCCU) The eight bedded mixed level 2 and level 3 critical care unit provides specialist support for nearly 700 admissions per year, following major surgery or patients suffering from complications of cancer or oncology treatment. OCCU continues to receive support from GM Critical care Network with successful achievement of Peer Review standards

To support patients who become critically ill we have a dedicated Critical Care Outreach team who provide a 24 hour service to the

Trust and initiate and provide expert care to ensure that critical care treatment is commenced as soon as a patient deteriorates and transfers patients to the oncology critical care unit.

Oncology Assessment Unit (OAU)

All unplanned admissions are routed through the oncology assessment unit (OAU). The demands placed on the OAU have increased dramatically over the past few years with changes in practice for admissions, wider ranges of treatments being given in an outpatient setting, more complex patient demographics and advances with exciting new treatments in R&D and surgery. In line with the Trust's capital strategy plans are underway for the redevelopment of Oncology Assessment Unit and its relocation to the 4th floor of Proton Beam Therapy Centre.

The new Oncology Assessment Unit will comprise of 23 inpatient beds and 10 designated ambulatory assessment areas designed to support increasing numbers of patients who receive toxic treatments delivered in an outpatient setting as part of their oncology treatment plans. Additionally patients are presenting with complex geographical and demographics issues as a result of advances in innovative oncology treatments. The increase in side rooms is to support patients that require isolation as a result of their treatment and compromised immune systems.

The aim of co-locating services to form the new Oncology Assessment Unit will allow patients to have rapid access to immediate specialist oncology acute or supportive care for any Christie patient presenting with problems due to their cancer, or cancer treatment. This will reduce the number of patients requiring inpatient beds and reduce the length of stay therefore create more capacity for the Trust to assess a greater number of patients who currently attend emergency services outwith the Trust who are acutely unwell as a result of their oncology treatment. It will also facilitate rapid access to supportive care ensuring

patients are efficiently receiving the right care in the right place at the right time by a healthcare professional who are best placed to meet the needs of their need.

The benefit to the organisation will be the transformation of unplanned care pathways and patient flow efficiencies by providing a new environment will improve the patient and carer experience, improve conditions for staff and provide a much improved environment within the constraints of an existing building that creates an Oncology Assessment Unit at The Christie where patients can be treated with dignity in a calm environment not only today but into the future.

Integrated Procedures Unit (IPU)

The Integrated Procedures Unit (IPU) brings together 5 patient services in one geographical location.

The IPU allows day-case patients to receive treatment in the same building. Our services include the procedures team, endoscopy, interventional radiology, ultrasound, one surgical operating theatre and pain management service, surgical nurse led dressing clinics and a plastic consultant outpatient clinics. By integrating and expanding treatment services for our day-patients, the Trust can eliminate transfers between departments and reduce the need for overnight stays on an inpatient ward area. Nurse led discharge is carried out for our day case patients in the second stage recovery rooms. Inpatients who receive treatment on the IPU are transferred back to inpatients wards

Day of Surgery Admissions Unit

The DOSA is currently located on ward 1. The service facilitates patients being admitted on day of surgery further reducing patient length of stay. The day of surgery admissions has increased over the past year with Gynae and Urology robotic patients pathway changed to a DOSA admission

A new DOSA Unit is currently being built adjacent to the surgical theatres that will improve DOSA patient experience and improve efficiency in

theatres as the Surgeons and Anaesthetists can see their patients within the one location. The new DOSA is expected to open in May 2020.

Inpatient Oncology wards

Our three inpatient oncology wards (Ward 4/BMRU, Ward 11 and Ward 12) provide inpatient care for a combined number of 87 patients. These patients are from all Medical and Clinical Oncology specialities, and also support Haemato-Oncology. Patients are admitted to these wards for:

- Inpatient SACT (Systemic Anti-Cancer Treatment)
- Inpatient Radiotherapy
- Pre and post care of Interventional Radiology procedures
- Management of cancer or cancer treatment related symptoms.

The ward nursing and medical teams are supported by a multi-disciplinary team, including physiotherapy, occupational therapy, complimentary therapy, dietitians and the Supportive Care team. Elective patients are admitted via the Planned Admission and Transfer (PAT) Suite, whilst unplanned admissions are admitted via the Oncology Assessment Unit (OAU) following initial triage and management.

Due to the advances in cancer treatments, and increase in the amount of treatments offered as an outpatient, the patients that require treatment on an inpatient medical ward have become increasingly acute with higher acuities. In view of this we have reviewed our staffing levels and have introduced the new 'Nurse Associate' role to support the ward teams to ensure we continue to have the correct nurse: patient ratios to ensure high quality nursing care continues to be delivered to our patients. This role has been very successful and has enhanced our nursing teams. We are also working on increasing the number of Healthcare assistants, who provide essential care to our most vulnerable patients who require enhanced supervision. The wards are now also supported by Acute Oncology Consultants who provide senior cover during weekdays, and run daily 'board

rounds' to review patients progress and develop plans of care, in conjunction with their Oncology team.

We have increased our focus on discharge planning, to help patients get home to their families more quickly. Recent developments are the introduction of 'Red and Green days', which aims to help identify delays to a patient's treatment plan. This has been supported by the introduction of a ward based Discharge Coordinator. We have also established a multi-disciplinary 'long stay meeting', to help make plans for patients with more complex needs to get ready for home and we are already seeing improvements in enabling patients who require complex support in the community on discharge.

The environment on the inpatient medical wards has been recognised to require a programme of improvements which is planned to be undertaken in the next year in conjunction with our Estates Department.

We have made significant progress in looking after the health and wellbeing of our staff. In addition to the Employee Assistance programme and staff complimentary therapy service, we have introduced 'Health and Wellbeing' days that are focused on frontline staff, which includes massage and training on resilience and stress management.

Surgical Oncology Unit

The Surgical Oncology Unit is based on ward 10 and comprises of 28 inpatient beds. Patients are admitted to ward 10 to undergo elective oncology surgery under the care of our specialist surgeons in urology, colo-rectal, gynaecology and plastics. Due to the complexity and speciality many of the patients have surgery which combines all 4 specialities. The nursing team are clinically highly skilled to provide safe care to patients who have had extensive surgery. The ward team is supported by a number of specialist nursing teams including our Enhanced Recovery team who have made a significant impact on reducing the time patients are required to spend in hospital. The

Enhanced Recovery team see patients from pre – op clinic through to discharge.

This is also supported by a dedicated team of Advanced Nurse Practitioners who provide senior leadership seven days a week.

Radiology

The Directorate of Radiology is responsible for the service delivery of MRI Scanning, CT Scanning, x-ray, fluoroscopy and interventional radiology, ultrasound and for PET-CT reporting. The department currently supports 24 disease related clinical Multidisciplinary Team Meetings (MDTs) with each MDT having a lead consultant radiologist

Over the past year Radiology has faced a major challenge in achieving targets for reporting turnaround times in the backdrop of increased demand across the majority of imaging modalities. This has been particularly challenging in CT and PET-CT. The continued increase in imaging is a local and national trend.

Outsourcing of CT reporting commenced in October 2019 as part of a strategy to manage the backlog and ongoing demand for CT scanning. A system has been developed with clinicians to select appropriate referrals for outsourced reporting.

The department has been successful recruited 5 band 6 radiographers which has been very positive outcome in view of the national shortage of this staff group. To further mitigate against this national shortage in the future the directorate is planning to undertake a skill mix review to determine future recruitment plans and succession planning, to include band 4 assistant practitioners and apprenticeships.

We support a number of Multi-Disciplinary Team (MDT) meetings across multiple disease groups; with activity and complexity continuing to grow. MDTs are accommodated into radiologist job plans.

We also have a vital role in supporting research at The Christie, through provision of a comprehensive biopsy service and the reporting of clinical trials scans. The trials activity continues to grow with an increase in referrals

for CT and MR and the radiology department supports over 250 clinical trials

CT Scanning

We have performed over 26,000 CT scans this year; an activity increase of 5.6 %. Extended working days are well established; as a means of meeting demand as well as offering our patients a choice of appointment times to fit around their personal commitments. There are plans to increase our service portfolio, with the introduction of CT guided ablation and the procurement of a hybrid interventional CT scanner in the new development

MRI Scanning

We have performed nearly 11,000 MR scans this year with a 10% increase in activity. We have trained 2 therapy radiographers in MR Scanning for the new MR Linac facility, as well as providing training for the Proton Beam diagnostic staff.

MR has also developed a Whole Body scanning service and bespoke scanning protocol for patients with peritoneal malignancy. We have also developed a scanning service to enable ventilated ICU patients to be scanned on site for the first time ever; this has included the training of other staff groups in MR safety.

X-ray

We have seen no significant change in activity for this modality. The refurbishment and co-location of general radiology facilities would increase efficiencies and also assist with the proposed introduction of an assistant practitioner role for plain film. This year two radiographers have commenced the Adult Chest Reporting PG cert course to increase the number of reporting radiographers to 5

Interventional Radiology

Overall activity has increased again over the last year, with over approx. 2400 procedures performed.

Radial access continues to be the route of choice for suitable patients and procedures, which has allowed cases to be changed from inpatient stays to day case procedures. Same day admission for gastrostomy patients has been introduced reducing overall length of stay for this group of patients. There is a plan to introduce this for other groups of patients.

Ultrasound

We have performed over 4,000 diagnostic and interventional US examinations this year. We operate this service from the Integrated Procedures Unit and from the Radiology 2 facility. The directorate is to trial the addition of an ultrasonographer to the team to perform diagnostic ultrasound and to increase the capacity for these examinations. If successful we will recruit or train an ultrasonographer to compliment this service.

PET-CT Reporting

The department is responsible for Nuclear Medicine reporting, including reporting for the Greater Manchester Oncology PET-CT service, of nearly 6000 scans.

There have been significant challenges with the PET-CT service this year due to a national supply problems with the FDG tracer causing a backlog in appointments and subsequent difficulty maintaining reporting turnaround times. Working closely with Medical Physics we have developed an action plan to ensure that turnaround times are on target to meet the requirements of the new PET-CT National Contract in April 2020.

The Academy continues to provide teaching and training modules, facilitating the expansion of further PET-CT reporters.

Research and Innovation

This year we have continued to cement our reputation nationally and internationally as a major centre for cancer research by making a significant contribution to the advancement of therapies for patients. Our extensive research programme is widely recognised for improving patient outcomes by using research and innovation to deliver clinical improvements that become new standards of care.

With a focus on prevention and early detection, our research has built a reputation around targeted treatments tailored to the patient. Developing a personalised medicine approach, we are making significant strides toward enabling patients to live with and beyond cancer. We are investigating everything from understanding the molecular and cellular basis of cancer to the development and testing of novel therapies

Partnerships

Effective partnerships are at the core of everything we do. Working with the University of Manchester and Cancer Research UK, under the umbrella of the Manchester Cancer Research Centre (MCRC), clinicians and scientists from different disciplines work side-by-side to realise the shared goal of driving forward innovative research for the benefit of patients.

The Christie is also the lead partner in the Manchester Academic Health Science Centre (MAHSC) cancer domain. The MAHSC is one of eight academic health science centres (AHSCs) in England. The Centre brings scientific discoveries from the lab to the ward, operating theatre and general practice, so patients benefit from innovative new treatments.

Innovation

Our partnerships with industry – pharmaceutical and technological - are also vital as we strive to develop new personalised therapies for cancer. Our ambition is make Manchester and subsequently the UK a leader in real world data driven research, discovering and developing the

next generation of cancer medicines, realising the benefits of personalised healthcare and contributing to the fulfilment of the UK Government's Life Sciences Industrial Strategy. Our aim is to create the UK's first rapid learning health system for oncology. Working with industry partners, we are mobilising real-time patient outcome data, linking genomics data and patient reported feedback whilst extending its utility to the wider healthcare network.

Radiotherapy big data infrastructure led to a step-change in the number of real-world data studies supported (>20 in 2019). The ESTRO Varian award was won an international collaboration led by Manchester and Maastricht. They demonstrated machine learning without sharing patient data, quickly and at scale (20,000+ lung cancer patients worldwide), allowing researchers to develop comprehensive and robust models to improve the personalisation of radiotherapy worldwide (Deist et al. 2020).

TORPEdO - the UK's first clinical trial involving protons, led by Dr David Thomson, opened in February 2020 and has started the collection of longitudinal translational samples.

Infrastructure

There has been great success in Prevention and Early Detection (PED) research in Manchester over the past year. Manchester's CRUK International Alliance in Cancer Early Detection (ACED) Centre of Excellence was awarded £3.2m. This grant provides a large uplift of resource across the basic science, lung, gynaecological and breast cancer groups. Manchester is now one of a small number of UK centres as part of the ACED Alliance, with the opportunity to collaborate on Early Detection programmes with the other UK and US partners .

The Radiotherapy Related Research (RRR) team in Manchester is world-renowned. Over the last five

years it has built a broad team of medical physicists, biologists, imagers and radiation oncologists to develop and marry novel discoveries with the most technologically advanced radiotherapy centre outside of North America. This year, we have been awarded a new CRUK RadNet Centre of Excellence grant in Radiobiology (£16.5M/5 years in addition to a coordinated £4.5M funding of protons research in head and neck cancer). Co-Directed by Professors Rob Bristow and Tim Illidge, the award brings together a multidisciplinary team with key contributions outside as well as expertise in imaging, in vivo models and bringing in collaborators with expertise to support studies of multimorbidity and polypharmacy. RadNet will also enable the recruitment of 5 new academic recruits, increasing critical mass in radiotherapy research.

The NIHR Manchester Clinical Research Facility (CRF) at The Christie which receives annual funding of c£1m for the continued development of specialised, early-phase experimental cancer research studies has supported early phase clinical research, focussing on patients taking part in clinical trials of the newest anti-cancer drugs which are not yet available as standard of care treatment. The centre continues to be the leading UK site and is still on track to become one of the top three Experimental Cancer Medicine Centres for the delivery of precision medicine in Europe by 2020, through augmentation of its scientific and clinical experimental cancer medicine capabilities by supporting over 500 patients/annum receiving investigative medicinal products.

International

New collaborations in cancer research have been secured which include links with Toronto (Prof Catharine West and Dr Cynthia Eccles), Melbourne (Prof Rob Bristow) and in South East Asia (Prof Ananya Choudhury).

A strategy for collaborations in cancer research is under development with leaders at the Peter MacCallum Cancer Centre and the University of Melbourne following collaborative visit in February 2020. A number of areas of mutual interest have been identified and initial projects planned in: early detection of cancer, radiobiology, real world data, nursing, cancer immunology and theragnostics.

Leadership

Professors Rob Bristow and John Radford were elected as fellows of the Academy of Medical Sciences, recognising their significant contributions to medical science, cutting edge research discoveries and translating these developments into benefits for patients and the wider society.

Prof Corinne Faivre-Finn was selected for the prestigious 2019 James D.Cox Lectureship Award for Radiation Oncology in recognition of her longstanding work in the field of radiation oncology.

Marcel van Herk was awarded an honorary fellowship of IPEM and gave the George Edelstyn lecture at the Royal College of Radiology.

Performance

In 2019-20, The Christie continued to increase the number of patients on clinical trials. Excluding screening failures, there was an increase in consented patients on trials by 15% at the end of the year, surpassing the 10% internal target. In fact, since 2015-16 there has been a 50% increase in patients consented to research studies at The Christie.

At the same period we increased the number of new commercial studies opened by 19% in comparison to 2018/19.

The R&I division continued to perform well against the NIHR study set up performance

target, reducing the number of days taken from 61 days in the fourth quarter of 2017-18 to 25 days in the third quarter of 2019-20 against a target of 40 days.

In clinical trial delivery, the recruitment to the time and target performance measure increased from 63% in the third quarter of 2018-19 to 70% in the third quarter of 2019/20.

We remain in the top 5% of all NHS Trusts for the number of studies opened during the second quarter of 2019/20 and the top 3% of all NHS Trusts for commercial studies closed during the period.

The division achieved a 10% increase in academic publications during 2019/20, with 105 academic papers published in high impact journals. In multiple clinical trials, The Christie has recruited the first global and UK patients and been the top UK and global recruiter.

High impact patient case studies

Geoff Pritchard

Geoff Pritchard, 71, from North Wales discovered he had cancer of the mouth in 2016 and underwent radical surgery followed by radiotherapy that summer. In March 2017 he learnt the cancer had returned.

He was referred to The Christie for a clinical trial when the treatment he was receiving locally wasn't working. In August 2017 he made the 120 mile round trip to Manchester to be assessed to see if he was eligible to try a new treatment in the hope it might be the cure he so desperately needed. By then Mr Pritchard had tumours all over his face and they were doubling in size every week and he was very unwell.

At the end of September his condition had worsened further, and with no other standard treatment available, arrangements were made to admit him to a local hospice. Before he was discharged from The Christie he had been treated intravenously with a new immunotherapy drug, a

treatment that boosts the body's natural defences to fight cancer.

Incredibly once at the hospice his tumours started to shrink and within a couple of weeks he was sitting up in bed and feeling considerably better. By November 2017 the lower part of his face had healed and wasn't showing any signs of cancer. He was discharged from the hospice and headed home for Christmas. He was able to then restart the treatment and continued to receive the drug for a year, finishing his treatment in August 2018. He has now been cancer free for more than 12 months.

Dr Robert Metcalf, specialising in head and neck cancers said: "I am so pleased for Geoff and his family. We gave him one dose of a new drug, but initially the cancer was growing so quickly that he continued to rapidly deteriorate and he moved to the hospice. Against all the odds he has made a dramatic turnaround and is now disease free. We are keeping a close eye on him but there are no signs of the cancer recurring."

Commenting on his recovery Geoff said: "I feel so lucky. It really is a miracle. I'm clear of the cancer and I now have a new lease of life. To think I was so close to death and now I am able to enjoy life again. My family were even planning my funeral and my wife, Tina, had bought suits for our sons. If it wasn't for the clinical trials team at The Christie I wouldn't be here. All the staff have been absolutely incredible."

Kadiatou Diallo

Kadiatou Diallo, aged 36, who was suffering from cancer and close to death, has seen an 87% reduction in her tumours as a result of a clinical trial at The Christie. The mother of four who lives in Beeston in Leeds, was diagnosed with bile duct cancer in 2016, just after the birth of her fourth son. After a year in remission the cancer returned in 2018 it had spread to the pancreas. By the end of 2018 she had lost two and half

stone and became so unwell she was confined to bed and in a lot of pain. With no other treatment options available she was put forward for a trial at The Christie with only a 10-15% chance of being eligible. Her tumour DNA was a match for the TAS-120 phase II trial taking led by medical oncologist Professor Juan Valle, a world-leading specialist in biliary tract cancer research. Within three days of taking the oral drug, Kadiatou's pain had disappeared. Gradually the tumours started to shrink and she was able to lead a normal life again.

Kadiatou Diallo said: "Our prayers were answered and I have literally come back to life. The next step for me was the hospice. I now feel well, my hair and eye lashes have grown back and I can enjoy being with my husband, children and my community who have been my backbone when I was so sick."

Professor Juan Valle, added: "It can be very difficult to treat rare cancers like these and the prognosis is usually poor. We do research to improve patients' lives and find new treatments. We are delighted this drug is extending Kadiatou's life and keeping the cancer at bay for the time being."

School of Oncology

The Christie School of Oncology continues to lead the way in the delivery of local, national and international programmes of education and training. The School has been involved in a number of key developments with this year, including the development of the new Christie Proton School, the launch of GatewayC, the primary care education tool nationally, and the delivery of the hugely successful Greater Manchester Cancer Conference.

The development of the Christie workforce to maximise each individual's potential and ensure that the Trust is responsive to the needs of our patients is a core objective of The School.

The Workforce Education team has worked closely with all services across the Trust to identify staff training needs and commission effective training. This includes delivery of an increase in uptake of apprenticeships. This has involved supporting the development of new opportunities for both current and future staff. Since 2018 there has been a 92% increase in the number of apprentices at the Trust. Growth has been seen across all staff groups, with apprenticeships being undertaken at all academic levels, including those leading to degree and masters level qualifications. The Trust is proud to have supported its third cohort of Nurse Associates through training, and is reporting a 42% usage of the apprenticeship levy spend (in year).

The Clinical Skills Training Team has continued to deliver effective clinical skills training programmes across the Trust, which ensure staff deliver a high standard of practice. The team have worked closely with partners in the organisation to streamline the Nurse Induction Programme, and have supported the implementation of several new initiatives across the organisation, including introduction of the UKONS Systemic Anti-Cancer Therapy Competency Passport.

The School's Medical Education Team have gone from strength to strength, overseeing the introduction of Physician Associates into the organisation, and setting up inductions and support systems for them. The School has launched a very successful medical leadership programme, offering all senior medical trainees, medical fellows, non consultant grade doctors, advanced nurse and clinical practitioners and junior consultants the opportunity to develop these vital skills. In addition to this, a new training programme was introduced for ward based junior doctors, including skills training in clinical procedures.

The team have continued to increase their involvement in the undergraduate medical education curriculum at Manchester University. Christie placements continue to be highly evaluated, leading to us welcoming the biggest ever cohort of medical students electing to undertake project placements at the Trust.

The School has also successfully embedded the new Student Nurse Curriculum into the Trust and has met the national challenges to support workforce shortages by increasing student nurse placement opportunities by 25%. Our Practice Education Facilitator, and our ward supervisors continue to be highly evaluated with several being nominated by students for recognition awards.

The team has also worked closely with the HR department, Stockport and Trafford College, and The Job Centre (Department of work and pensions) to develop pre-employment placements for individuals who find it hard to gain successful employment. These placements have been highly successful, with a number of staff going on to gain full time employment at The Trust in clinical and non-clinical areas. Additionally, the Team are working with Loreto College, in Manchester, to provide work experience placements for BTEC Level 3 students across a range of clinical placements.

The School's Education Events Team and Education Centre continue to provide a service to organise and deliver a number of high profile local, national and international meetings for the cancer community. Over the year many thousands of health professionals, service users and Christie supporters have used the Trust facilities to listen and learn about the latest developments in cancer care and treatment from Christie experts and international guests.

The Centre team has also been instrumental in 'live-streaming' communications within the Trust. The team have successfully live streamed events to over 20 sites nationally. This is an exciting development across all School teams, as it allows access to education from anywhere in the world.

The Maguire Communications Skills Training Team is specialist part of our events portfolio which focuses on teaching clinical communication skills. The team, who have a national reputation for excellence, have delivered events across the UK and have been invited to Qatar to deliver a workshop for medics. The team have national programmes of work supporting Macmillan specialist nurses and have now been commissioned to develop and deliver a programme of training in communication skills in clinical trials by an international pharmaceutical company to deliver.

This year has significantly seen the launch of The Christie Proton School. This is a new collaboration between The Trust's clinical proton service, The School, and the University of Manchester Precise (proton research) team. The Proton School have developed and launched a programme of events aimed at sharing knowledge regarding the development of proton therapy services and research internationally. The School has a newly built learning environment which will be formally opened in 2020

Our Library and Knowledge Service continue to offer highly specialist advice and support to the

cancer community. From April 2020, a new Clinical Librarian will be employed within the team to work alongside clinical staff in accessing the latest evidence to support service delivery. This will include one day per week with the Radiotherapy Team. The intention will be to bring contribute to the library's commitment to deliver high-quality evidence in a form, and at a time, when staff and students need it. This is another development which will see the service contribute to the Trust's position as a local, national and international leader in evidence based education.

The Library team have also built upon the success of the Library Blog by advertising evidence-based materials to all Christie learners on social media. This new initiative has been well received and is popular amongst users.

The School is constantly striving to push boundaries in education and find new ways of bringing learning to individuals in a way that meets professionals' needs and fits with clinical and service demands. We have therefore invested in a Technology Enhanced Learning (TEL) team. The team works with all education teams to develop creative learning opportunities, whether this is to support face to face learning or in the development of the highest quality on-line learning. The team plays a pivotal role in developing and delivering innovative and engaging education, and has been key in supporting key Trust initiatives, for example embedding learning from incidents, and supporting roll out of the UKONS passport. Most recently the team have been working with The Christie Library in starting to look at opportunities and develop virtual reality education. The first project very successfully focused on developing a virtual walk through of the proton therapy treatment centre

GatewayC is the School's education portal for primary care. Its focus is to support detection, ,

decision making and patient discussion regarding referral into cancer pathways, although it also supports primary care in caring for patients during and after cancer treatment. GatewayC has been hugely successful. It currently has over 4,100 professional users in England and is now fully funded by Health Education England. GatewayC uniquely takes a proactive approach to sending registered users key information about cancer symptoms, responding to news items and ensuring users are up to date with current cancer policy. The portal has 16 full modules of learning which are RCGP accredited and contains bite sized GP led Cancer Conversations which take an investigative approach to key cancer issues in primary care. CRUK have formally supported the platform which is also undergoing NICE accreditation. The Team is developing relationships with all Cancer Alliances, CCGs and major cancer charities across the UK to ensure maximum uptake and usage of the training. Data continues to suggest that the system has a significant impact on users' knowledge and confidence in decision making regarding referral into the secondary care system.

The Christie established the PET-CT Academy in 2017 to bring together experts in Radiology, physics, radiotherapy and education to deliver training for the PET-CT system nationally. The academy's reputation has grown nationally and internationally as its novel and unique blended approach to training clinical professionals, particularly radiology reporters. The training has now received NICE endorsement and is undergoing review by The Royal College of Radiologists.

Our financial performance 2019-20

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.

2019-20 was another strong year for the Trust financially, reflecting the hard work and dedication from all of our staff to ensure that services are delivered in the most efficient and effective way for patients.

Financial highlights

Our regulator, NHS Improvement, sets out a comprehensive framework to assess and monitor the financial performance of NHS trusts.

Financial performance is evaluated across several financial metrics to arrive at an overall 'use of resource' score, where 1 represents the lowest financial risk and 4 the highest level of risk.

For 2019-20, The Christie achieved the best financial rating available from NHS Improvement. Throughout the financial year, we have recorded a 'use of resource' score of 1.2.

Performance

The financial trading results for the year ending 31st March 2020 were better than the original plan agreed with NHS Improvement.

Importantly, against the backdrop of continued resource constraints in the health service, the Trust continues to operate sustainably, whilst continuing to provide the highest levels of quality, safety and care. This is supported by the Trust's efficiency programme, which has delivered improvements of £6.5m in 2019-20.

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

Our performance for the financial year ended 31st March 2020 is shown overleaf.

Performance for the financial year ended 31st March 2020

	Group			Trust		
	2019-20 actual	2018-19 actual	Year on year change	2019-20 actual	2018-19 actual	Year on year change
	£m	£m	£m	£m	£m	£m
Total income	359.7	336.8	22.9	352.3	335.8	16.5
Total operating expenditure (excluding depreciation and net impairments)	(317.6)	(271.8)	(45.8)	(317.9)	(272.2)	(45.7)
EBITDA*	42.1	65.0	(22.9)	34.4	63.6	(29.2)
Gain / (loss) on revaluation and disposal of investment assets	(0.1)	(1.8)	1.7	0.0	0.0	0.0
Gain / (loss) on disposal of assets	(0.0)	(0.2)	0.2	0.0	0.0	0.0
Depreciation and amortisation	(17.1)	(14.2)	(2.9)	(17.1)	(14.2)	(2.9)
Dividend	(7.4)	(7.4)	0.0	(7.4)	(7.4)	0.0
Net finance charge	(0.3)	(0.6)	0.3	(0.7)	(1.0)	0.3
Corporate tax expense	(0.1)	(0.1)	0.0	0.0	0.0	0.0
Share of Joint Venture (equity method)	6.0	5.8	0.2	6.0	5.8	0.2
Retained surplus (before exceptional items)	23.1	46.5	(23.4)	15.2	46.8	(31.6)
Exceptional items**	3.9	(18.0)	21.9	3.9	(18.0)	21.9
Retained surplus / (deficit)	27.0	28.5	(1.5)	19.1	28.8	(9.7)

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

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

The results represent increasing levels of activity, improved efficiency and cost control across all areas of the organisation.

Activity and income

The Trust receives the majority of its income for delivering patient care, which equated to £291.0m in 2019-20. Of this total, the Trust received £245.1m during the year from its principal commissioner, NHS England, and £33.5m from clinical commissioning groups.

Total clinical income has increased by £52.6m (22.1%) over the last 12 months. This represents a significant investment by our commissioners to provide additional cancer treatments and the best safety and quality of care available for the population we serve.

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 £317.9m. Of this, £148.3m was spent on staffing, ensuring we continued to attract and retain over 253 doctors, 697 nurses, 588 scientific, technical and therapeutic staff and 315 health care assistants and support staff.

Over 28% 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.

The surplus was achieved by delivering £6.5m of efficiency savings. These have been achieved through a combination of quality led service change, improved productivity, procurement and a reduction in wastage.

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 2019-20 is £5.4m, 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 2019-20 is £0.3m, 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 2019-20 the principal impact for the group has been a financial surplus of £0.5m, which is in line with the Trust's expectation.

Charitable funding

We are fortunate to be supported in our activities by The Christie charity. These funds are administered by a separate charity for which the Board of Directors acts as corporate trustees. The charity is considered a subsidiary and therefore there is a requirement to consolidate its accounts with that of the Foundation Trust. The charity accounts will also continue to be reported in its separate annual report.

Over the past 12 months, we spent £0.9m on capital projects from charitable grants and we received a charitable revenue contribution of £6.5m to enable us to enhance our services.

Value of our buildings and land

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

value of our estate we engage with the District Valuer, who reviews our asset values. Together with a decrease in building value indices, there was a net revaluation upwards of our assets of £3.8m in 2019-20.

Capital investment

The Trust has continued to invest in its estate and equipment assets with another comprehensive capital investment programme for 2019-20.

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

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

Investment	NHS Funded £m	Donate £m	Total £m
Land and Buildings	1.2	0.9	2.1
Assets under Construction	15.8	0	15.8
Plant and Machinery	0.9	0	0.9
Information Technology	1.4	0	1.4
Total	19.3	0.9	20.2

Cash flow and balance sheet

We ended the year with cash and investments balance of £145.9m (£207.4m for the group). This is an increase on the previous year and reflects the balances generated through operational performance.

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 96% of non-NHS trade invoices by value within 30 days.

Trading environment and financial risks

Whilst we have continued to maintain a healthy financial position during 2019-20, there have continued to be significant changes in the external economic and political environment which will impact on our operational and strategic plans for the future.

Our financial strategy for 2020-21 is to continue to focus on delivering productivity and efficiency improvements and to reduce costs. Being a financially sustainable organisation is critical to support the delivery of safe services and deliver the investment required to fulfil our ambitious capital and programme.

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

Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operation for

the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. ²

External audit services

Grant Thornton LLP was appointed as our external auditor on 1st October 2017 for a period of three years.

We incurred £55k, (£87k for the group) in audit service fees in relation to the statutory audit of our accounts for the period ending 31st March 2020.

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 2019-20.

Countering fraud and corruption

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

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

mandatory training programme, we ask staff to complete anti-fraud awareness training. ²

Statutory framework

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

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

Statement of disclosure to auditors

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

- so far as each of the Trust directors is aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- each director has taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

For the purposes of this declaration:

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

A year in focus

Despite the exceptional demands and pressures, from the COVID-19 pandemic in the last two weeks of the year, 2019-20 was an important year of success and progression for The Christie as we continue to develop our vision for a truly world-class cancer centre.

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

The best way we know our strategy is working is to listen to our patients, and this year we embarked on a major exercise to get real time feedback from those using our services. 'One Day, Every Patient' saw us undertake a huge feedback exercise by seeking the views of as many patients as we could in just one day. Hundreds of patients told us about their experiences with the overwhelming feedback being extremely positive. 96% of patients rated their overall care 8 out of 10 or better, 95% had full confidence in the staff looking after them, 95% of those who needed emotional support felt fully supported and 89% said they were fully involved in decisions about their care. The vast majority of comments praised the staff, the care and the facilities with adjectives including marvellous, brilliant, amazing, safe, welcoming and comfortable among the consistently high praise.

Patients also once again rated The Christie as one of the top performing trusts in the country for patient satisfaction in the annual national inpatient survey published by the health regulator, the Care Quality Commission. The Christie was ranked best in the country for five questions answered by the 618 patients who completed the survey and scored 'better' than most other trusts in all of the section scores.

The feedback we receive is used to guide where we can improve our care. One major improvement this year has seen the introduction of an innovative new £4 million service called MyChristie-MyHealth. This service, partly funded by The Christie charity, enables patients to report their symptoms, general health and quality of life (electronic Patient Reported Outcome Measures or ePROMs) through online questionnaires from home, encouraging a better dialogue with patients and personalised care. Research has shown that follow-up of patients using ePROMs results in an improvement in overall survival and quality of life, as well as reducing hospital stays and improving symptom management.²

Trialled this year with patients with head and neck and lung cancers, more than 3000 questionnaires have been completed by patients. Feedback has been overwhelmingly positive with 99% saying the service was quick and easy to use, 88% of patients feeling more involved in their care and 82% pleased it improved communication with their clinical team. We hope that The Christie will become the first hospital trust in the UK to roll-out the initiative to all patients, modernising the care we provide whilst making the service more convenient for patients.

This year saw us continue to embed our new proton beam therapy service. Following its introduction last year, the number of patients we treat has continued to grow, as we build towards our full capacity for the centre.

We were also delighted to start treating patients using a revolutionary radiotherapy machine called the MR-guided linear accelerator (MR-linac) which is the first machine of its kind to do real-time MRI scans while it targets X-ray radiation beams at tumours, making it more accurate and reducing side effects.

The introduction of both these services reaffirms our status as the largest radiotherapy provider in


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

Our desire to continually increase the level of care we offer closer to patients' homes also continued this year. Following the introduction of a new Christie chemotherapy suite at Doctor Kershaw's Hospice in Royton, more cancer patients from the Oldham area can now receive first class chemotherapy and immunotherapy treatments within easy reach. The Christie's chemotherapy service now delivers chemotherapy treatment through the largest chemotherapy unit in the UK, with the outreach programme covering 12 other sites, a mobile chemotherapy unit and patients' homes.

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

Another new building project which took major strides forward this year was our new research facility, currently known as the Paterson Redevelopment Project (PRP), which will be built at The Christie to replace the fire-damaged Paterson building. Planning permission was granted in Autumn for the £150m flagship building which will be a purpose-built biomedical cancer research facility bringing together three powerhouses of innovation – The Christie, The University of Manchester and Cancer Research UK.

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. Our ambitious plans reflect our current status. 

Prior to the COVID-19 pandemic, our research and innovation team was already operating more than 650 clinical trials at any one time and was one of the biggest cancer clinical trials centres in Europe. Patient recruitment to new trials was paused as a result of COVID-19 but we hope to restart recruitment again as soon as we are able in 2020-21. 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.

In the latest figures, The Christie has contributed to the region achieving a record number of patients taking part in clinical trials across Greater Manchester in 2018/19, according to the National Institute of Health Research (NIHR) Clinical Research Network (CRN).

In total, 2,120 Christie patients participated in studies, which is a 17.2 per cent increase on the 1,809 figure in 2017/18.

In June, our research work was further boosted when businessman and philanthropist Ian Taylor donated £4.5m to The Christie to support the UK's first ever clinical trial using high-energy proton beam therapy for patients with cancers of the mouth and throat. This highly generous gift will support a team led by Dr David Thomson, a specialist in head and neck cancers at The Christie, to deliver clinical trials, scientific research, innovation through translational science and the training of future leaders in the treatment of head and neck cancer.

The donation also demonstrates how vital charitable giving is to our development. 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. The charity has over 50,000 supporters who helped raise £15.3m last year.

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

Alongside the School of Oncology, our Christie International arm continues to make progress, offering expertise and education to other cancer centres across the globe. This year, we have acted as advisors to both Cork University Hospital and the Kenyan Ministry of Health and Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), to help improve cancer outcomes.

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. The Academy of Medical Sciences has awarded Fellowships to Director of Research, Professor John Radford and Professor Rob Bristow the research division's Chief Academic Officer and Co-Director of the Manchester Cancer Research Centre. Professor John Radford and Professor Rob Bristow are the only two fellows to be elected this year from the North West. And they are two of just three clinicians from the

North of England as a whole, reflecting their status as esteemed cancer research scientists selected to join a group of the greatest minds in medical science.

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

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

Whilst there is still much uncertainty about how the COVID-19 pandemic will continue to impact on The Christie throughout 2020-21 we are as well prepared as possible to make sure patients get the treatment, information and support they need.

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

As we look ahead to 2020-21 we know that there will be further challenges to face, in particular the need to respond to an increase in demand for our services from patients whose treatment has been paused temporarily and from new patients who have delayed contacting their GP about worrying symptoms of cancer and who are then referred to us at a later stage in their prognosis.

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

Focusing on the people who count

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

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

As part of our commitment, we promised to:

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

Seeing more clearly: Our strategy

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

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

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

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

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

our patients throughout and after their treatment.

3. We will further expand our networked care model and the breadth of services available in the communities to ensure fewer patients have to travel to receive the best care.
4. We will continue to offer the latest technology and develop new treatments for the future, making our data on outcomes of treatments available to the public.

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



Sustainability Report

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources. Demonstrating that we consider the social and environmental impact ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

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

As a part of the NHS, GMHSCP, public health and social care system, it is our duty to contribute towards the level of ambition set in The NHS Long Term Plan target which is aligned with the UK Climate Change Act target which was updated in June 2019 to net zero emissions by 2050. As part of GMHSCP, we may set higher ambitions (in line with GM targets of carbon neutrality by 2038).

Policies

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

- Governance and policy

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

The previous Sustainable Development Management Plan (SDMP), Good Corporate Citizenship (GCC) toolkit actions & progress and the existing sustainable travel plan have already been used as the foundations for detailing progress & scoring. The toolkit is being used as a baseline and will allow benchmarking for the Trust. The SDAT will now be used to develop an updated SDMP (i.e. actions will be derived from the requirements) to aid and support staff in updating policies and developing new initiatives to meet the new requirements, ensuring all staff move together to ensure sustainable objectives are embedded within the Trust, to meet Government, NHS and local targets & timelines, measure progress and help make plans for the future. The Trust has appointed a sustainability manager to work collaboratively with colleagues across the Trust and provide expertise and guidance on sustainability. The sustainability manager will work with members of the sustainable development committee (SDC) to drive through the objectives and obligations required. The SDC includes staff from across the divisions and grades to provide a wide reaching network and skill set.

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

Whilst climate change is at the forefront of sustainability, most recently the Trust has fully recognised its responsibilities to the local community, particularly the regeneration of the

area. The Trust is now actively supporting the Withington regeneration partnership and has joined its membership. Local businesses such as the leisure centre are participating in the health and wellbeing of staff by attending special events; a real partnership is developing. Policies will be developed to ensure this process is continued and embedded.

Energy

From 1st April 2020 The Christie embarked on a 15-20 year guaranteed savings Carbon Energy Fund Project. Our energy partners on the project are Vital Energi, a leading innovator in efficient energy provision and a catalyst for the development of new and sustainable ways of supplying the heat and power the UK needs.

Vital Energi specialises in designing, supplying and installing low and zero carbon technologies such as Biomass, Heating & Cooling networks, CHP, Solar Energy and the construction of energy centres which are used for multi utilities infrastructures.

The key objectives being not only to deliver the most cost effective and sustainable energy solution but to achieve the maximum level of cash release to the Trust.

Greenhouse gas emissions

The Trust is committed to its obligation to continuously improve energy efficiency and the reduction of greenhouse gas emissions. There has been substantial investment in a variety of energy conservation initiatives over recent years. The Trust's revised energy strategy, managed with the support of the newly appointed partner from April 2020, will ensure we develop strategies that deliver continuous reductions in future years. The Trust has met and continues to exceed the energy reduction objectives set out by the NHS Sustainable Development Unit's Carbon Reduction Strategy. However, the energy strategy will be further developed to meet the strict targets imposed by the Government's

Climate Change Act (2008). Our focus will be on replacing the ageing plant and equipment and delivering renewable energy initiatives. ☐

As the Trust qualified for the Carbon Reduction Commitment (CRC) scheme, its liability and reporting commitments were managed in line with Environment Agency guidance. However, 2018-19 was the final compliance year in CRC as the scheme was replaced by the Streamlined Energy and Carbon Reporting scheme (SECR). The Trust is not required to comply with SECR but increased Climate Change Levy charges will apply.

Designing the built environment

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

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

Travel

We can improve local air quality and improve the health of our community by promoting active travel choices – to our staff and to the patients and the public that use our services.☐

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO2e) reductions.

We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

The Trust aims to provide methods of travel which do not have a significant adverse impact on the environment or add to problems of congestion, while at the same time aiming to reduce carbon emissions in line with relevant Government legislation and the Trust's agreed sustainable travel plan. The Christie green travel plan (GTP) 2014-2030 was prepared in partnership with Manchester City Council (MCC). The Trust has successfully achieved the modal shift targets from the previous five year plan and is committed to sustainable development. The intention of the GTP is to support Manchester City Council's carbon reduction schemes and address the Trust's commitment to good corporate citizenship.

Data to monitor progress on modal shift is obtained annually through a survey of all site users. At the time this travel plan was written the survey had only been issued to those staff on The Christie payroll, not other site users. This indicated that 34.7% of staff members commute via sustainable travel. These results were used to form the baseline against which this GTP will be measured. The new modal shift target is to aim high with the following targets for staff using sustainable travel:

- Short term (2019) - 48%
- Medium term (2024) - 52%
- Long term (2030) - 60%

The progress of the GTP plan is monitored through quarterly meetings with an MCC travel policy officer. The survey for 2019 indicated 45.51% of staff members commute via sustainable travel. Therefore there has been a 3.69% increase in the number of staff using sustainable travel. The Trust also supports

working from home through a Flexible Working Policy and the survey results demonstrate that there has been a 2.26% increase in the number of staff members that work from home at least once a fortnight. Furthermore at the NHS Sustainability Awards 2019 the Trust was presented the Public Engagement Award for the GTP. The award was recognition that Public engagement around the GTP was being undertaken to an unprecedented level.

The next modal shift target in 2020 is to aim for 48% with a number of actions in place to support this target including:

- All business cases required to consider low carbon travel
- Budget for cycling facilities - £245k for showers/changing facilities
- £100k realised in 2017 to fund sustainable travel
- Weekly walking group (Walking Wednesday)
- Cycle to work scheme through Cyclescheme
- Bicycle user group – meetings, discussion forum and mailing list
- Free bicycle training
- Secure cycle spaces (176)
- Short stay spaces (149)
- Showers (23)
- Lockers (247)
- Drying areas
- Maintenance points (3)
- Free monthly maintenance
- Free monthly cyclist breakfast
- Cycling services partnership with local supplier
- Free pool bicycle scheme (seven pedal bicycles and three e-bikes)
- Interest free season ticket loans
- Discount weekly, monthly and annual tickets
- Journey planning
- Free to staff - park & ride
- East Didsbury park & ride – free parking for Metrolink customers
- Car share scheme

- EV charge points (free to use)
- Eligibility testing (i.e. permits only issued to those identified as essential motorists)
- Quarterly progress reports presented to internal committees and external stakeholders
- Christie accessibility analysis for all parking permit holders commissioned to identify potential numbers that could switch mode
- Personal travel planning offered to employees
- Travel plan coordinator attends Transport for Greater Manchester travel choices

Waste

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

Waste stream minimisation and segregation legislation and guidance have been implemented in full across our whole site. External assurers undertake an annual audit, where the Trust is reported to be meeting legislative requirements. The Trust produces data to satisfy the new NHS annual reporting manual for sustainability.²

Performance is continually assessed, via key performance indicators, evidence based department surveys, monthly scorecards and key issues reports. Increases in patient and site activity are applied and continually reviewed in the monitoring process to ensure all factors are embraced. Targets are set in line with governmental and trust requirements. Achieving the ongoing targets related to CO₂ emissions is crucial in the Trust's endeavour to fully embrace the NHS sustainability objectives. Achievement of the targets is met by adopting

the waste management strategy of prevent, reduce, reuse, recycle and rethink.

In June 2018, the Trust undertook a procurement tender process for clinical waste management and waste minimisation services. Key benefits of the procurement process ensured waste contractors complied with all waste, health and safety, environmental and transport legislation through focussing on the waste hierarchy of eliminating, minimising, recycling and recovery of waste. The procurement process also required contractors to address the carbon impacts related to waste through resource, efficiency, transport impacts, and disposal arrangements.

In November 2019 the Trust installed a Refill station in a prominent location on the estate. Further stations are being investigated. The water stations are to support eliminating avoidable plastics by supporting reuse.

The growth of our site and patient treatments will ultimately have an overriding effect on the amount of waste generated and our capacity for waste storage. Moving forwards, the Trust will assess waste storage facilities to ensure that the obligations of the Trust to the environment are achieved in full.²

Catering and food waste

The storage of frozen and chilled provisions has been reviewed and all freestanding fridge and freezers replaced with a walk-in freezer and fridge. The newest technology, such as LED lighting with zonal passive infra-red sensors, has been introduced to ensure lights automatically turn themselves off where there is no activity.

This provides a potential saving on energy and maintenance. The monitoring of the legislative temperature requirements will be enhanced to demonstrate good working practices to our internal and external stakeholders. In addition, the blast chiller has been replaced with an environmentally friendly model using R44-8 gas.²

All departmental training details within the catering department are now fully available on ESR via e-lite bites. This provides staff with the opportunity to access the training from any computer or mobile phone with the benefit of a significant reduction in paper and better use of resources.

The catering department continues to apply sustainability criteria to food suppliers and contractors, and these are reviewed when contracts are due for renewal. ☐

The Christie charity and the catering department worked together for a greener Manchester and launched a reusable cup to be sold for use within our dining room & coffee lounge facilities. This has been a great success and was expanded to include a reusable drinking bottle for cold beverages and boxes for hot & cold food to reduce wastage. As an element of single use food containers and cutlery are still required for the foreseeable future, compostable lines have been introduced. These were introduced ahead of the NHS target of April 2021.

Finite resource use – water

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

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

Biodiversity action planning

The Christie understands that sustainable health requires not only effective medical treatments but also healthy environments.

The value of green space and nature is reflected in the Government's biodiversity strategy reflecting that people intuitively feel nature is good for them, and The Christie believes good environments make us feel better. Therefore our capital projects are designed to provide, wherever possible, accessible green space to help maintain ecosystems and to provide areas for exercise, relaxation and to promote wellbeing. It is our strategy to provide sustainable development which maximises green space to give a feel good factor to as many people as possible.

Sustainable procurement

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

Procurement raises stakeholder awareness of and commitment to sustainable issues emphasising to project teams the importance of considering and taking into account sustainability issues when formulating procurement requirements at pre-qualification stage, when developing specifications and at tender evaluation & award stage. This in turn encourages the adoption of suppliers that are sustainable.

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

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

- By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the Government Consultation
- By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups

made of expanded polystyrene or oxo-degradable plastics

- By April 2021, go beyond these commitments, by reducing single-use plastic food containers and other plastic cups for beverages – including covers and lids

Adaptation

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies these include:

- Major incident plan
- Business continuity plan
- Evacuation plan
- Pandemic influenza plan
- 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.

Awards and Accolades

We are very proud of everything we achieve at The Christie, and one of the greatest sources of that pride is when our employees are recognised and praised for their achievements by both patients and peers.

Our employees, in whatever type of occupation they hold, consistently work to the highest standards, with individuals, teams and The Christie as a whole often recognised regionally, nationally and internationally for outstanding work and excellence through awards, accolades and accreditations. The selection below is just some of the awards we are most proud of during 2019/20.

100 best specialist hospitals in the world

We were delighted to have been named as one of the 100 best specialist hospitals in the world by Newsweek magazine – one of the highest profile publications in the USA. We share this accolade with a small group of the world's elite specialist hospitals. The survey identifies those hospitals with the best clinical care, patient experience and reputation in the world and puts The Christie in the same league as the major US cancer centres in New York and Texas and also some of the world's leading cardiac, children's and trauma centres.

Excellence in Informatics

Our digital services team received Level 1 accreditation under the 'Excellence in Informatics' skills development programme. Based on standards promoting the personal and professional development of staff, the programme helps to ensure informatics in the North West is recognised for a proactive approach in supporting healthcare. Currently only 53% of organisations in the North West are accredited.

Macmillan professionals award

Our lung nursing team was nominated for a Macmillan professionals award in the innovation

excellence category. The team was one of only eight teams to be nominated nationally.

Infection Prevention Society - Honorary membership

Our lead nurse for infection control, Gary Thirkell, was recognised by his peers and awarded honorary membership of the Infection Prevention Society for his outstanding contribution to their work.

Electronic prescribing for transfusion project

Clinical nurse specialist Sharon Jackson and IT specialist Andrea Webber were nominated for an award at the Connect Conference in Blackpool for the electronic prescribing for transfusion project. This is now live on all inpatient wards and outpatients at The Christie.

Chair of The Christie board receives MBE

Christine Outram, Chair of The Christie board of directors, was awarded an MBE in the Queen's Birthday honours list. The award was in recognition for Chris's huge contribution to the NHS over more than three decades, and the visionary leadership she has demonstrated, with more than 20 years' experience driving improvements at an executive level. Since October 2014, Chris has served in the capacity of Chair of The Christie board.

North West Society of Radiographers team of the year

Our team of radiographers won the North West team of the year from the North West Society of Radiographers. The team was also finalists in the national awards.

Royal College of Radiologists Skegg Medal

Congratulations to Professor Tim Illidge who was awarded the Skegg medal by the Royal College of Radiologist (RCR) and gave the medal lecture at Central Westminster Hall at the RCR graduation in front of a large audience.

Tim has previously received the RCR gold medal, the highest honour the college endows for outstanding contribution.

Greater Manchester Clinical Research Awards 2019

At the annual Greater Manchester Clinical Research Awards in November, the Experimental Cancer Medicine Team received the Research Team of the Year award and the Early Career Researcher of the Year award went to Haematology TYA clinical nurse specialist, Kate Law.

Greater Manchester Research Education Team - a collaboration between The Christie, Manchester University NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust was also a runner up for the Outstanding Contribution award.

Rotary Club of Oldham - community shield

The Christie at Oldham team was winner of the Rotary of Oldham's community shield for services to the community. The team manages our radiotherapy centre based at the Royal Oldham Hospital.

Clinical Academic Research Partnerships (CARP) fellowship

Consultant endocrinologist Claire Higham was awarded a Medical Research Council (MRC) Clinical Academic Research Partnerships (CARP) fellowship. CARP supports NHS consultants with a PhD or MD – or equivalent higher research degree – but who are not currently research active, to participate in collaborative, high-quality research partnerships with established biomedical researchers.

Lymphoma Action

Professor John Radford has become president of Lymphoma Action, having had a long standing association with the charity. He's narrated videos, spoken at patient conferences, reviewed their

information resources and been a long-term member of their Medical Advisory Panel, which he will now chair in his new role. His team at The Christie already works closely with Lymphoma Action, speaking at events and advising on forthcoming clinical trials.

James D. Cox Lectureship Award

The International Association for the study of Lung Cancer selected Professor Corinne Faivre-Finn as the recipient of the prestigious 2019 James D. Cox Lectureship Award for Radiation Oncology in recognition of her long-standing work in the field of radiation oncology. The IASLC gave the award to Corrine for her extensive contributions in the lung cancer arena.

The Academy of Medical Sciences

The Academy of Medical Sciences has awarded Fellowships to Director of Research, Professor John Radford and Professor Rob Bristow the research division's Chief Academic Officer and Co-Director of the Manchester Cancer Research Centre. Professor John Radford and Professor Rob Bristow are the only two fellows to be elected this year from the North West. And they are two of just three clinicians from the North of England as a whole, reflecting their status as esteemed cancer research scientists selected to a group of the greatest minds in medical science.

Florence Nightingale Foundation Leadership Digital Scholarship Programme 2020

Chief clinical information officer Sarah Bridgford was successful in gaining a place onto the Senior Leaders Digital Leadership Scholarship Programme.

Northern Powerhouse Export Awards

Our international team received recognition at the 'BD Ports Northern Powerhouse Export Awards' winning an award in the 'new to export' category. This was for its part in a consortium that was selected to provide expert consultancy advice to the Rong Qiao group in China, in

partnership with NHS Northumbria International Alliance.

Professorships

Senior clinicians from The Christie NHS Foundation Trust have been honoured with prestigious promotions from The University of Manchester. Congratulations to Dr Emma Crosbie, Dr Fiona Thistlethwaite, Dr Adrian Bloor, Dr Julia Handley and Dr Was Mansoor.

Our generous supporters

The Christie charity supports the development of cancer prevention, treatment, research and education.

The success of The Christie charity is based upon the relationships built with patients and supporters, whose generosity helps us deliver a broad range of projects from life-saving research and latest high tech equipment, to support services, that help us make cancer treatments more effective and a little easier for our patients.

In the last year, there have been 1,879 fundraising activities in the community, 7,958 sporting event participants, 7760 corporate donations, 181 legators and we had support from 50 charitable trusts. Our supporters have raised £15.3m.

This year we introduced three new exciting events, a Zip slide at Old Trafford, a Fire walk in Macclesfield and our Frosty 5K run at Heaton Park. Between them they raised over £70,000.

The Great Manchester run saw over 1346 people take to the Manchester streets raising over £291,000.

Our Manchester to Blackpool bike ride saw 1379 cyclists on a bright sunny day take on the 60 mile challenge raising an amazing £222,076.

Our Walk of Hope event took place on a glorious September evening and 405 walkers raised £47,000.

The weather at our Night of Neon event at Media City was certainly chilly but the response from our walkers gave the evening

air a warm glow. 392 people lit up the sky in their neon outfits and raised £32,000.

Our carol concert at Manchester Cathedral in December once again completely sold out as did our new carol concert in Macclesfield at St Michaels Church in the town centre.

This year's 'Atlantis' themed charity ball raised an amazing £162,000. With performances from acrobats, singers, bands and a DJ set from Packy Lee from the Peaky Blinders cast; our guests were certainly spoilt and delighted.

The charity has exciting plans for the future. We are raising funds to build our new cancer centre in Macclesfield, redevelop our CT department and to redevelop the art room to include a relaxation area and outside space.

We can't do this without the incredible support of our donors. Our loyal supporters enable us to and their families receive the best care and treatment and that The Christie remains at the forefront of research advancements. We only exist because of the fantastic support from all of our amazing fundraisers. We really do value everything that our supporters do, whether it's raising funds or giving up their time to volunteer.



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. Through the model of membership, people can influence the way we deliver our services and future strategies.

Recruitment and representation

By the end of March 2020, The Christie's total membership was 15,103 members (including staff and volunteers). Having a large group of supporters providing a wide opinion base helps us to maintain a high profile for the Trust and develop the services we provide.

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

As a specialist tertiary centre, we feel our membership should reflect both the size and diversity of the population we serve and the activities we undertake. We monitor the age, gender and ethnic mix of our membership and would like to recruit more members particularly from underrepresented groups.²

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

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

communication between the community and the hospital.

We have an established and increasing group of members who have joined our 'patient databank' representing patients and carers. 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. Focus group topics discussed this year included; Experiences of cancer treatment, EDS2 assessment, Patient experience of clinical trials, Health monitoring in the home, Immune response monitoring in the home, Wearables and continuous monitoring – assessment of devices, Self-sampling of blood at home, Eproms chatbot, MyChristie-MyHealth.

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 2020 we had 11,861 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 2020 we had 3,079 staff members and 163 volunteer members.

Public membership statistics

Public constituencies	Number of members
Bolton	639
Bury	767
Cheshire	1,197
Manchester	1,091
North West	1,174
Oldham	588
Rochdale	624
Salford	919
Stockport	1,378
Tameside and Glossop	775
Trafford	1,097
Wigan	683
Rest of England	929
Total public members	11,861

Gender	
Male	1,962
Female	1,804
Unspecified	8,095
Total	11,861

Figures are correct as at 31st March 2020

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: members@christie.nhs.uk
Website: www.christie.nhs.uk

Age	
0-16	5
17-21	8
22-49	466
50+	1,453
Unspecified	9,929
Total	11,861

Ethnicity	
White	2,273
Mixed	30
Asian	176
Black	54
Other	21
Unspecified	9307
Total	11,861

Quality report

Part 1: Statement on quality from the Chief Executive

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

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

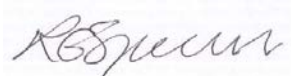
Through the on-going hard work and commitment of all our staff we continued to provide high quality care and services to our patients and their families. We continue to be one of the top scoring trusts for quality of care in the national inpatient survey. During the course of 2019/20 we have continued to work hard on presenting readily available information for our patients about the quality of our services. Information screens outside each ward and department provide live information about safe staffing levels and achievement of safety standards. Feedback from our patients on the Friends and Family Test patients has consistently scored high as a recommendation of a place for care. During 2019/20 a quality accreditation programme for the wards continued and all of our wards have been accredited to 'Gold' standard, the best that can be achieved. All three of our radiotherapy centres have maintained The Christie Quality Mark accreditation which means our patients will have the same high standards of care whether they come to the main site at Withington or to the centres in Salford and Oldham.

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 for 2017-2020 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 2020

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

Quality priorities for 2019/20

Improving Outpatient and Pharmacy Waiting Times for the benefit of our patients

In 2018/19 we agreed this quality improvement and it was not achieved. As this is an issue as described by our patients this will be a focus of quality improvement again this year.

Through our internal patient experience surveys, review of our performance metrics and review of our Patient Advice and Liaison Service and Complaints themes we know our outpatient and pharmacy waiting times do not meet our patients' expectations or our internal quality standards.

Therefore by March 2020 we will improve our patients experience by:

- 80% of outpatient pharmacy prescriptions will be available within one hour
- 80% of outpatients will have been seen within 20 minutes of their appointment time

This quality improvement will be monitored and measured monthly through the Outpatient board and the Management Board

Learning and making quality improvements from patient feedback

From the outcomes of the one day every patient improvement event in May 2018 we will develop new quality metrics and improvement standards that reflect the quality standards our patients expect. We will triangulate this with our complaints and PALS data and have new quality standards in place for March 2020.

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

Improving Pressure Ulcer Management

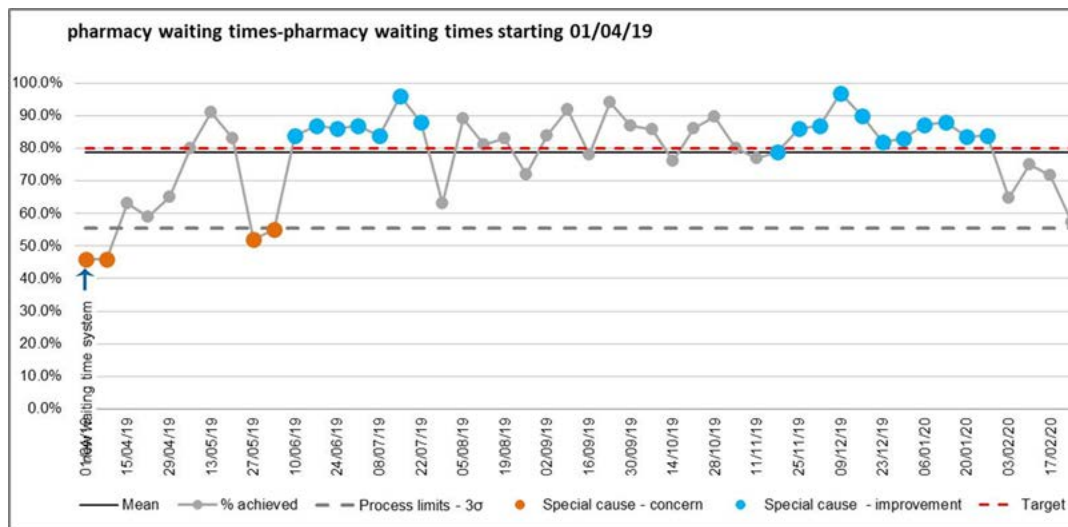
By March 2020 in line with NHSI recommendations (2018) we will have baseline data for the number of patients who develop moisture associated skin damage (MASD) during admission. This will inform the development of a quality improvement standard for 2020/21.

- We will maintain our standard of no category 3&4 pressure ulcers developed in the hospital
- There will be no more than 30 Category 2 pressure ulcers, (deep tissue injury and unstageable pressure ulcers) developed in the hospital by March 2020.

This quality improvement will be monitored and measured monthly through the Executive Nursing Panel.

Improving Outpatient and Pharmacy Waiting Times for the benefit of our patients

During 2019-20 the waiting times for patients attending the pharmacy improved. The department went live with a new waiting time system that enabled the department to more closely monitor waiting times, and to display these on screens across the Trust. The monitoring of waiting times for patients attending pharmacy was suspended in March 2020 as a result of the COVID 19 pandemic, which resulted in some immediate operational changes having to be made in the department.



As result of the COVID 19 pandemic a number of the changes made are likely to remain in place for the foreseeable future, in particular a far greater focus on the home delivery of medicines to patients post an appointment, rather than the conventional model of patients waiting in pharmacy for their medicines to be dispensed.

Learning and making quality improvements from patient feedback

The Trust has a wide range of feedback mechanisms to enable patients to give us their views on the care and service they receive. It's of huge importance that we listen to what our patients are telling us, act upon any issues or suggestions they raise and feedback to them on what has happened as a result.

Significant feedback is obtained by surveying our patients. This is done on a national level via such initiatives as the National Inpatient Survey, the National Cancer Patient Experience Survey and the Friend and Family Test; and at a more local level via numerous initiatives such as the Trusts monthly patient survey, local surveys and focus groups (often part of service improvement/quality improvement projects), and by larger engagement initiatives such as One Day Every Patient. In addition to these avenues for patients to tell us about their care and experience, we learn and make numerous improvements from the complaints and concerns patients raise and the feedback they give us via our Patient Advice & Liaison Service (PALS). This data is important in the early identification of any emerging themes or common concerns and enables any issues to be quickly and effectively addressed.

Our 'One Day Every Patient' (ODEP) event was held in early summer 2019, where 50 staff, both clinical and non-clinical, visited inpatient and outpatient departments across the whole trust to listen to our patients experiences of being cared for at The Christie. Over 250 patients told us about their experiences with the overwhelming feedback being extremely positive. 96% of patients rated their overall care 8 out of 10 or better, 95% had full confidence in the staff looking after them, 95% of those who needed emotional support felt fully supported and 89% said they were fully involved in

decisions about their care. The vast majority of comments praised the staff, the care and the facilities;

“Marvellous, brilliant – all staff are amazing”

“Feel safe & always treated as an individual”

“Welcoming and comfortable environment”

This event gathered a substantial amount of timely information from our patients which were fed back to all areas across the Trust, acknowledging the overwhelming positive feedback as well as reviewing any suggestions for improvements.

Based on the results from ODEP and a triangulation with our complaints and PALS data we will focus upon improving patient experience around ensuring effective communication in the following areas:

- what patients can expect to happen next after having a hospital appointment
- when patients are attending for appointments that they are kept informed of any delays, the reason why and how long the delay is expected to be!

Improving Pressure Ulcer Management

The target for 2019/20 is to have no more than 30 category 2 pressure ulcers, (deep tissue injury and unstageable pressure ulcers) and no category 3 & 4 pressure ulcers acquired during hospital admission. With the new NHSI recommendation, the Trust has started to report medical device-related pressure ulcers (MDRPU) separately, and they are included in the overall number of the pressure ulcer.

Number of patients with Pressure ulcer acquired DURING admission

29 patients acquired pressure ulcers during an admission to the Trust which includes 9 medical device-related pressure ulcers.

Trust Performance

There have been no category 3 or 4 hospital-acquired pressure ulcers reported in 2019/20. We have met the target of no more than 30 pressure ulcers during the 2019/2020 financial year.

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Cat 2,DTI and unstageable	4	4	3	2	2	2	1	2	1	3	4	1	29

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

Themes

Themes arising from RCA investigations have been identified as:

- Inaccurate calculation of pressure ulcer risk factors.
- Failure to reassess risk on change of condition and change of care setting
- Failure to conduct a head to toe skin inspection

- Failure to initiate a repositioning regime for patients at risk of pressure ulcers
- Failure to use a pressure-relieving mattress pump or other pressure redistribution equipment

Improvement strategy

Prevention and management of Pressure ulcer training proposed to be mandatory will provide training for all levels of staff which will cover the SSKIN bundle, risk assessment, and pressure relieving equipment.

Mattress competency is introduced to improve the knowledge in selecting the right pressure redistributing surface.

Provide ongoing training for the Link nurses to disseminate the action plan on the ward regularly.

Our quality ambitions for 2020/21

In deciding our quality ambitions for 2020/21 we undertook a range of approaches to agree the final three to be taken forward. We reviewed themes from our complaints and concerns through Patient Advice and Liaison Service (PALS). We asked our clinical staff to consider what the quality ambitions should be based on their interactions with the patients and the public and from their professional perspective. We reviewed the contribution required by the Trust to deliver aspects of the national and Greater Manchester cancer strategy. We also hear from our Governors quality committee of any patient and public matters that we should consider.

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

1. Improving Pressure Ulcer Management

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

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

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

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

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

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

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

3 Improving the Pharmacy Experience

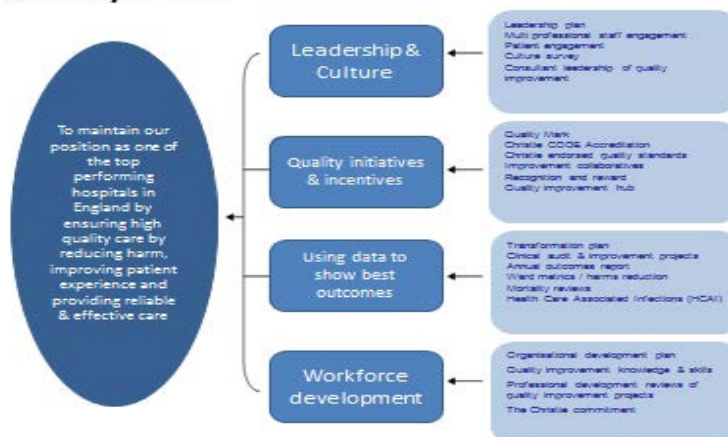
We will continue to reduce pharmacy waiting time and improve patient experience by introducing new models of delivery. This will be evidenced by:

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

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

The Quality Improvements in the hospital are underpinned by our Quality Plan 2017/20. The driver diagram below sets out our overarching ambitions.

Quality Plan



Statements of assurance from the board

Review of services

During 2019/20 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 2019/20 represents 100% of the total income generated from the provision of NHS services by The Christie for 2019/20.

Participation in clinical audits and national confidential enquiries

During 2019/20 13 national clinical audits and 2 national confidential enquiries covered relevant health services that The Christie NHS Foundation Trust provides.

During 2019/20 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 2019/20 are as follows:

1. Bowel cancer (NBOCAP)
2. ICNARC Intensive Care National Audit and Research Centre Case Mix Programme (CMP)
3. Lung cancer (NLCA)
4. National Cardiac Arrest Audit (NCAA)
5. National Emergency Laparotomy Audit (NELA)

6. National Prostate Cancer Audit
7. Oesophago-gastric cancer (NAOGC)
8. Nephrectomy audit (BAUS)
9. Radical prostatectomy audit (BAUS)
10. Cystectomy audit (BAUS)
11. National Comparative Audit of Blood Transfusion programme: Audit of red cell and platelet transfusion in adult haematology patients
12. National Audit of Care at the End of Life (NACEL)
13. British Thoracic Society: Smoking Cessation (SC)
14. NCEPOD Bowel Obstruction
15. NCEPOD Pulmonary Embolism

The national clinical audits and national confidential enquiries that The Christie participated in, and for which data collection was completed during 2019/20, 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	76/76	100%
ICNARC (CMP)	622/622	100%
NLCA	Treatment data only submitted via COSD data – recorded against trust first seen	100%
NCAA	@Q1 update 4/4	100%
NELA	18/18	100%
NOGCA	481/481	100%
Nephrectomy	67/67	100%
Radical prostatectomy	169/169	100%
Cystectomy	25/25	100%
NPCA	Data submitted via COSD – recorded against trust first seen	100%
NCABT (RCaPTiAHP)	40/40	100%
NACEL	24/24	100%
BTS (SC)	267/267	100%
NCEPOD (BO)	0/1	0%*
NCEPOD (PE)	3/6	50%*

* the questionnaire length has been a barrier to completion

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). The R&I 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 (43%) and other research including basic science, biobank and observational studies (22%). The number of patients receiving health services provided or sub-contracted by The Christie in 2019/20 that were recruited during this period to participate in research approved by a research ethics committee, was 3,521. This represents a 14% increase in recruitment to research from the previous year.

Since 2015/16 there has been a 50% increase in patients consented to research studies at The Christie. In 2019/20 there were 753 publications (includes abstracts, presentations, conference proceedings, and journal articles) published with authors from The Christie. Of these 105 (14%) were published in high impact journals.

Quality goals and the CQUIN framework

A proportion of The Christie's income in 2019/20 was conditional upon achieving quality improvement and innovation goals agreed between The Christie and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The total amount of income in 2019/20 that The Christie received was conditional upon achieving the CQUIN goals was £1,535,677. The CQUINs were fully achieved in Q1 – Q3 in 2019/20. Due to the national COVID-19 pandemic the requirement to report against Quarter 4 milestones was unconditionally waived by commissioners. In 2019/20 the total amount of income that The Christie NHS Foundation Trust received that was conditional upon achieving the CQUIN goals was £1,535,677

Scheme Indicator	Brief Description	Reporting Frequency /Implementation	Performance 2019/20 Q3
PSS1 Medicines Optimisation	Year 2 of a national incentive to optimise the use and management of medicines as this is a significant and realisable opportunity for the NHS. This CQUIN indicator aims to support Trusts and Specialised Commissioners to realise the benefits of this opportunity through a series of procedural and cultural changes through the triggers listed below	Quarterly/Two years	Triggers 1,3,4 & 5 ACHIEVED Trigger 2 N/A
	Trigger 1. Improving efficiency in the IV chemotherapy pathway from pharmacy to patient – reducing chemotherapy waste.		
	Trigger 2. Managed access agreement compliance - ensuring data requirements are met so that the real-life value of these medicines can be assessed. N/A TO THIS TRUST SO NO ASSESSMENT REQUIRED		
	Trigger 3. Supporting national treatment criteria through accurate completion of prior approval proformas (Blueteq) - reducing unwarranted clinical variation between centres.		
	Trigger 4. Faster adoption of prioritised best value medicines and treatment – improving the rate of adoption at a local level.		
PSS13 Rethinking Conversations	Trigger 5. Anti-Fungal Stewardship - Reduce inappropriate use of anti-fungal agents and prevent the development of resistance to antifungals through the development of anti-fungal stewardship teams.	Quarterly/Three Years	ACHIEVED
	Year 1 of a 3 year national incentive to ensure that people with long term or advanced, progressive or incurable conditions are able to access the most appropriate pathway of support earlier, through an appropriate patient-clinician conversation, and that they are enabled to have the capability, opportunity and motivation proactively to manage their health and wellbeing including making appropriate lifestyle changes within 2 specific disease groups through the triggers listed below		
	Trigger 1. Trained staff - to develop the Goals Of Care Initiative (GOCI) training package and ensure that the following staff within the specific 2 disease group are trained		
	Trigger 2. Communication - equip staff and patients within the specific disease groups with the required communication tools		
	Trigger 3. Intervention - evidence of delivery against targets that patients within targeted population are referred to Supportive Care & Palliative Care/ESC (locally & regionally)		
CCG2 Staff Flu Vaccinations	Trigger 4. Measured Improvement - evidence of delivery against agreed improvement measures demonstrated through the return of PAM/SDC/ESC data tool to local commissioner	Quarter 4 only/Two Years	Q4 reporting only - deferred by commissioners due to COVID-19 pandemic
	Year 2 of an initiative to achieve an 80% uptake of flu vaccinations for frontline clinical staff to be received between 1st September 2019 & 28th February 2020		
CCG3 Alcohol & Tobacco Screening & Brief Advice	A 1 year initiative to screen a targeted number of Inpatients for both smoking and alcohol risk status and of those screened to give brief advice through the triggers listed below	Quarterly/One Year	ACHIEVED
	Trigger 1. A&T Screening - achieve screening of 80% of inpatients admitted to an inpatient ward for at least one night for both smoking and alcohol use		
	Trigger 2. Tobacco Brief Advice - achieve giving brief advice of 90% of identified smokers		
	Trigger 3. Alcohol Brief Advice - achieve giving brief advice of 90% of patients identified as drinking above low risk levels, or offered a specialist referral		
CCG8 PICC lines SecurAcath Device	A 2 year initiative to achieve 85% of peripherally inserted central catheters (PICC) lines secured using a SecurAcath device for patients with a PICC line in place for more than 15 days	Quarterly/Two years	ACHIEVED

Care Quality Commission

The Christie NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and assessment or medical treatment for persons detained

under the Mental Health Act 1983. The Christie NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against The Christie NHS Foundation Trust during 2019/20.

CQC Responsive Inspection

The Christie NHS Foundation trust has not been part of any responsive inspections during 2019/20.

CQC Inspection Programme

The Christie NHS Foundation Trust was expected to undergo an unannounced routine inspection during 2018/19, however, this was paused due to the COVID-19 Pandemic.

Data Quality

The Christie submitted records during 2019/20 to the secondary uses service (SUS) for inclusion in the hospital episode statistics which are included in the latest published data. The percentage of records in the published data:

	% of records in published data which included the patient's valid NHS number	% of records in published data which included the patient's valid general practitioner registration code
Admitted patient care	99.8%	99.9%
Outpatient care	99.9%	99.8%
Accident and emergency care	Not applicable	Not applicable

Information Governance

The Christie NHS Foundation Trust's Data Security and Protection Toolkit compliance overall score for 2019/20 resulted in standards not been fully met due to one requirement and an improvement plan submitted to NHS Digital. Mersey Internal Audit Agency, the Trust's internal auditors, provided substantial assurance to the evidence provided in the Data Security and Protection Toolkit.

Payment by Results / IG Toolkit

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

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

	% Correct
Primary diagnosis	92.0%
Secondary diagnosis	93.6%
Primary diagnosis	93.9%
Secondary diagnosis	90.0%

Data quality

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

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

Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2018/19	The Christie Performance 2019/20	National average	National Highest/lowest
The value and banding of the summary hospital-level mortality indicator (“SHMI”)	Preventing people from dying prematurely.	This is not applicable to The Christie as we are a specialist cancer hospital.			
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Enhancing quality of life for people with long-term conditions.				
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 2018/19	The Christie Performance 2019/20	National average	National Highest/lowest
The Trusts patient reported outcome measures scores for: <div><div>i.</div><div>groin hernia surgery</div></div> <div><div>ii.</div><div>varicose vein surgery</div></div> <div><div>iii.</div><div>hip replacement surgery</div></div> <div><div>iv.</div><div>knee replacement surgery</div></div>	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 2018/19	The Christie Performance 2019/20	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 2018/19	The Christie Performance 2019/20	National average	National Highest/ Lowest 2018/19
The Trust's responsiveness to the personal needs of its patients	Ensuring that people have a positive experience of care	83.3%	Not available	67.2%	H - 85.0% L - 58.9%
<p>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.</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 monthly Board level scrutiny of patient satisfaction surveys and the National Friends and Family test.</p>					

NHS Outcomes Framework	Indicator	The Christie Performance 2018/19	The Christie Performance 2019/20 (Q1 & Q2)	National average 2018/19	National Highest/ Lowest 2018/19
The percentage of staff employed by, or under contract to, the Trust who would recommend the trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	95.9%	95.0%	80.4%	H - 98.9% L - 45.7%
<p>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.</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 quarterly Board level scrutiny of the outcomes of the National Staff Friends and Family Test.</p>					

NHS Outcomes Framework	Indicator	The Christie Performance 2018/19	The Christie Performance 2019/20	National average 2018/19	National Highest/ Lowest 2018/19
The percentage of patients admitted as an inpatient to the Trust who would recommend the trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	97.78%	97.77%	95.75%	H - 100% L - 80.3%

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 2018/19	The Christie Performance 2019/20	National average 2018/19	National Highest/ lowest 2018/19
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.	94.9%	97.0%	95.5%	H - 100% L - 74.0%

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 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 2018/19	The Christie Performance 2019/20	National average 2018/19	National Highest/ Lowest 2018/19
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.	25.29	58.5	12.2	H – 79.7 L - 0

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

NHS Outcomes Framework	Indicator	The Christie Performance 2018/19	The Christie Performance 2019/20	National average 2018/19	National Highest/ Lowest
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.	2275 2 0.09%	3707 1 0.03%	50376 66 0.13%	H – 7423 L – 573 H – 14 L – 0 H – 0.47% 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 incidences 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>					

Staff who “Speak Up”

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

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

Every opportunity is taken to raise the profile of the importance of raising concerns and the support available. This includes a Schwarz round where staff are able to discuss the emotional aspects of raising concerns, the provision of reflective reports by staff available on the intranet, articles in the staff magazine, displays in corridors and presentations at department meetings.

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

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

Those who raise concerns are asked for their views on their experience of raising a concern, including any detriment so that any shortcomings are identified and addressed. In addition to learning from staff feedback, as a direct result of feedback as part of the national staff survey, an anti-bullying and harassment listening project has taken place across the organisation to identify how the organisation can learn from staff experience in order to continually improve mechanisms to support staff at work and tackling issues at the earliest opportunity.

Part 3: Other Information

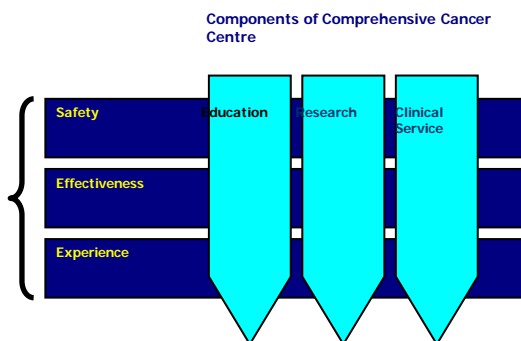
Review of quality performance in 2019/20

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

The monthly quality accounts for the Trust as a whole are reviewed at the management board with key senior clinical leaders, as well as the directors of research and education. Quality metrics for individual divisions are reviewed as part of the regular performance review meetings with the executive team. Any matters of concern are followed up either through the divisional meetings or through the risk and quality governance committee.

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

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



Patient experience

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

PLACE Assessment

The quality of healthcare premises has been captured in the latest patient-led assessments. Annual patient-led assessments of non-clinical elements of care such as food and waiting areas have been published by NHS Digital on the 30th January 2020.

Patient-Led Assessments of the Care Environment (PLACE) involve teams going into NHS and private/independent hospitals to assess how the environment supports the provision of clinical care.

PLACE assessments are undertaken by teams of healthcare staff and members of the public. The public members of the team, who comprise at least half of the assessing team, are known as patient assessors.

At the Christie the assessment was carried out on the 7th October 2019. The patient assessors were recruited from the Christie membership and included an independent external assessor from Stepping Hill, Stockport NHS Trust.

This year's results cannot be compared to 2018 as the questions and process has changed i.e. PLACE state "Please bear in mind that the 2019 results are not comparable with those in previous collections, due to the large scale national review and question set changes. "
The trust performed exceptionally well and all scores were well above the national average. Some actions are required and these will focus on Accessible survey across the site, hearing loops and mixed seating in some OPD clinics.

Patient experience stories to the board

Board meetings are held on the last Thursday of the month at 12.45pm except for the May meeting which was held on Thursday 23rd May 2019 (due to financial year end). There are no meetings in February, July, August or December. March 2020 was also cancelled due to the COVID-19 Pandemic.

Date	Presenter	Topic
2019		
Thursday 28 th March 2019	Dr Fabio Gomes , Clinical Research Fellow, Medical Oncology	Improving Care for Patients Living with Clinical Frailty – From QIP to Clinic at The Christie
Thursday 25 th April 2019	Professor Janelle Yorke	Realising the benefits of e-Proms; patient and hospital perspective
Thursday 23 rd May 2019	Adrian Bloor, Fiona Thistlethwaite and Jo Tomlins	CAR-T therapy: what, why and how
Thursday 27 th June 2019	Jason Dawson, Director of Capital & Estates	Sustainable Development and Neighbourhood Engagement
July	No meeting	
August	No meeting	
Thursday 26 th September 2019	Professor Corinne Faivre-Finn	A clinician's perspectives on clinical outcomes
Thursday 31st October 2019	Sue Mahjoob	Freedom to Speak Up
Thursday 28 th November 2019	Stuart Keen, Director of Capital & Estates and Angela Hayes, Palliative Care nurse	Sustainability at The Christie
December	No meeting	
2020		
Thursday 30 th January 2020	Olivia Samuel	Improvement in Outpatients
February	No meeting	
March	No meeting	Meeting cancelled due to Covid-19

The Christie CODE

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

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

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

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

The aim of the Scheme is:

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

All six of our wards are accredited with 'gold' status and all of them have demonstrated maintenance of the CODE standards through annual re-accreditation.

Work is currently ongoing to add additional standards for diabetes care and end of life care, which are due for inclusion in the wards reaccreditation process during 2020/21.

More information on The Christie CODE can be found at

<http://www.christie.nhs.uk/about-us/about-the-christie/christie-quality/the-christie-code-quality-scheme/>

Quality Strategy 2017 – 2020

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

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

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

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

Outcome 1 – To ensure a trust culture where high quality care and outstanding leadership are fundamental in all that we do.

Outcome 2 – To promote and support quality initiatives and develop quality improvement incentives

Outcome 3 – To use data to demonstrate best outcomes and achievement of established standards

Outcome 4 - To ensure that the delivery of quality standards is inherent in the attitudes, behaviours and performance of the trust workforce

Within this refreshed plan we have strengthened the need for collaboration across all our services but in particular we have highlighted the synergy between quality, leadership, workforce, transformation and informatics. The joint working between these strands of the organisation will be evident in the joint function of the newly introduced ‘Improvement Hub, established to support staff and align improvement initiatives.

The Christie Quality Mark

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

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

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

During 2017, the Quality Mark was developed further to include our Radiotherapy Services; and during 2018 all three of our units at Withington, Oldham and Salford achieved quality mark accreditation

Of the six chemotherapy units in the original group; The Christie NHS Foundation Trust, Pennine Acute NHS Trust, Stockport NHS Foundation Trust and East Cheshire NHS Trust successfully achieved their 3 yearly re-accreditation during 2018 and 2019, with the others scheduled to do so during 2020.

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.

Following their most recent experience at the Christie, patients are invited to answer the question: “How likely are you to recommend our service to friends and family if they needed similar treatment”. Patients can respond via text message (free of charge) or on a paper form. Text messages are sent to patients within 48 hours of their inpatient stay. As an alternative, nursing staff

ensure paper forms are available for patients to complete and return on the day of discharge. 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 1-5 point scale from extremely likely to recommend, to extremely unlikely to recommend.

Following the patient's response a second, follow up question is asked which reminds them that their comments will help us improve our services, and asks them to state in their own words, what the best/worst parts of the service were. 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 at ward level on the ward screens, where specific quotes from patients are also displayed.

During the year April 2019 to March 2020 response rates for the inpatient ward areas ranged from 25.2% to 50.1% (average of 39.3%)

The FFT scores, measured as percentage of positive scores ranged from 96.2% to 99.0% (average 97.8%) for the inpatient ward areas and from 95.3% to 97.8% (average 96.6%) for the outpatient areas.

Examples of feedback received:

The care by all the staff was fantastic, their patience, caring and thoughtfulness.

The care from everybody is second to none. Everything is explained fully by every member of the team.

Although busy, the staff always have time for any concerns the patient may have. The care given by staff is 100%, very patient focused, a credit to The Christie.

The service I received was the best anybody could possibly ask for. The staff were just amazing in every aspect of my stay. Just fabulous.

National inpatient survey 2017

The Christie has again received excellent results in the annual inpatient survey by the Care Quality Commission (CQC) and the Trust performed better than most other trusts in all the eligible section scores. This continues the theme we have seen over the last number of years.

1250 patients of The Christie who had a stay of at least one night and were discharged between April and July 2018 were sent a questionnaire. The response rate was 54% when those who are ineligible are discounted. The Christie was ranked in the 'better than most other trusts' category in

56 of 61 questions (92%), 37 results were better than last year, 12 had shown a small fall and 10 remained the same.

Five questions received a highest score in England from our patients;

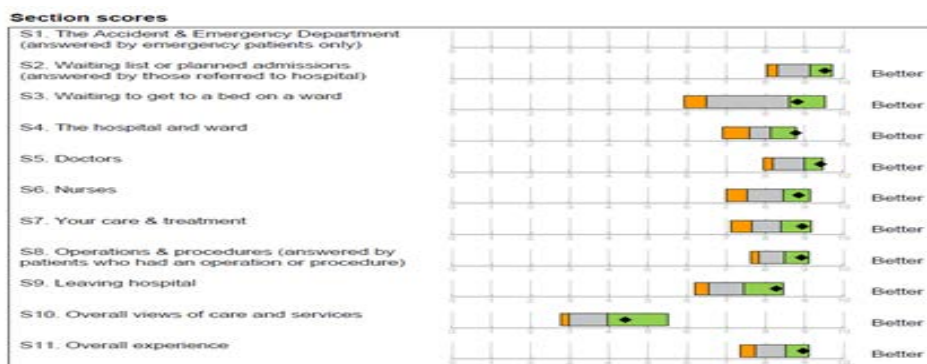
- Getting enough to drink ((9.9)
- Getting enough support from health and social care professionals to help recover and manage condition (7.9)
- Taking family or home situation into account when planning discharge (8.7)
- Family or someone close getting all information to be able to care for patient (8.1)
- Given information on who to contact if worried about condition or treatment after discharge (9.7)

Six results showed a change upwards that was significant, notably three of these were in the section 'Leaving hospital'

- Getting answers from doctors patients understood (9.3)
- Getting enough emotional support from staff during stay (8.4)
- Given enough privacy when discussing condition or treatment (9.3)
- Given written information about what to do and not to do after discharge (7.8)
- Taking family or home situation into account when planning discharge (8.7)
- Family or someone close getting all information to be able to care for patient (8.1)

Patients were asked to rate their overall experience of care and the Trust scored a high score of 9.0. The lowest score by any trust was 7.5 and the highest achieved was 9.1

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



Following the 2018 survey an action plan was developed, discussed at numerous trust committees and monitored through the Patient Experience Committee.

The outcome of the 2019 inpatient survey is expected in May 2020.

Safer Staffing

The Safe Staffing levels indicator is a national quality measure that was introduced in 2014. It looks to measure and ensure that a hospital's nursing staffing requirements are being met. The measure focuses on two distinct groups of staff, registered nurses and non-registered care staff. The data collected each day for both Day & Night shifts allows a member of the public to see whether the actual number of staff on duty met what was planned on a ward. This data is then submitted at ward & trust level nationally and is made visible on the NHS choices website as well as the Trust's internet site. The data is also made visible to patients and visitors in real-time on each ward. The monthly data on our safe staffing levels and the six monthly reports can be seen in the public Board papers which can be seen at: or <https://www.christie.nhs.uk/about-us/the-foundation-trust/about-the-trust/board-of-directors-meetings/>

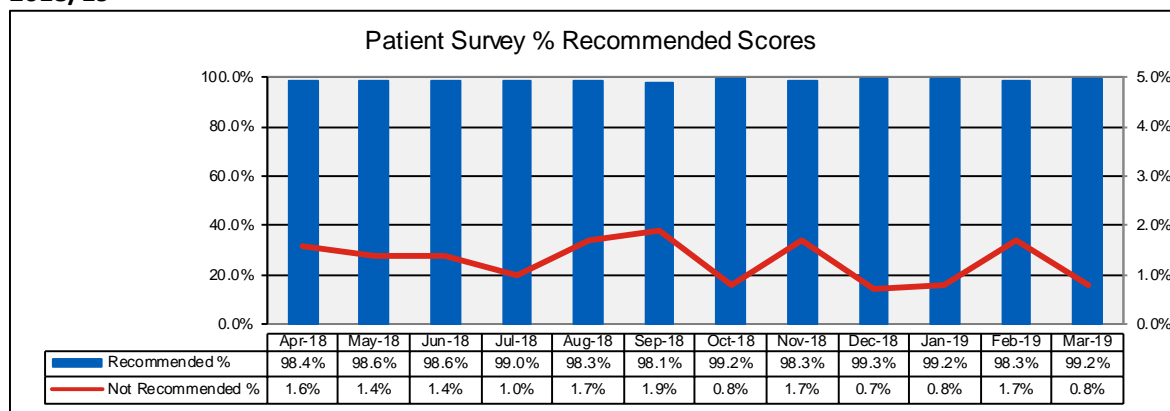
From May 2016, all acute trusts with inpatient wards/units began reporting monthly care hours per patient day (CHPPD) data to NHS Improvement. CHPPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers and dividing the total number of patients at midnight.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

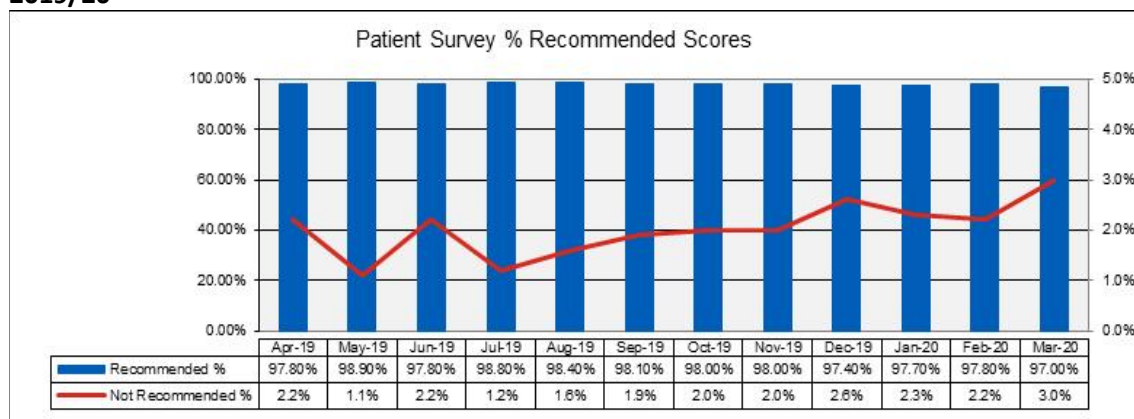
Clinical Indicators - Patient Experience

Patient survey

Where available, comparative and benchmark data has been included and unless otherwise stated the indicators are not governed by standard national definitions and the source of the data is the Trusts local systems. Our internal surveys below show that high scores have been maintained in patient satisfaction in 2019/20

2018/19



2019/20**Complaints**

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

1	2	3	4	5
<ul style="list-style-type: none"> ► Query/suggestion ► Verbal concerns resolved by the end of the next working day ► Anonymous comment forms raising concerns 	<ul style="list-style-type: none"> ► Allegation that service received substandard ► Simple complaints which can be resolved quickly 	<ul style="list-style-type: none"> ► Single issue complaints with allegation of lack of appropriate care ► Serious complaints containing one issue ► Simple complaint where more than one complaint has been received regarding the same subject from different complainants 	<ul style="list-style-type: none"> ► Multiple issue complaints with allegations of lack of care ► Serious complaints containing more than one issue 	<ul style="list-style-type: none"> ► Multiple issue, complex complaints ► Serious complaint where more than one complaint has been received regarding the same subject from different complainants ► Risk to organisational reputation

Complaints by division**2017/18**

In 2019/20 The Christie had 109 complaints. The table below shows the number of complaints by each division. It depicts the grading of complaints at the time they are received into the Trust. The grades are reviewed as part of the investigation process and some may be regraded either up or down at the end of the investigation

	Grade 2	Grade 3	Grade 4	Grade 5	Total
Network Services	35	25	5	0	65
Cancer Centre Services	10	23	5	0	38
Estates and Facilities	2	0	0	0	2
Research & Development	0	1	0	0	1
Christie Medical Physics & Engineering	3	0	0	0	3
Total	50	49	10	0	109

The 109 complaints for 2019/20 are 10 more than were received in 2018/19.

We continue to resolve complaints at source; our clinicians, matrons, ward sisters and charge nurses have a high profile on the wards and in clinical departments where they focus on the patient experience and ensuring 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

42% of written complaint responses were sent within a timescale of 25 working days. However, complainants were updated accordingly regarding any delays and a new expected timescale proposed.

Two complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO) between April 2019 and March 2020. One complaint investigation was concluded by the Ombudsman. This was not upheld and no further recommendations were made.

Complaints survey

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

The respondents all felt confident to speak up when initially considering raising a complaint and felt that the person to whom they initially raised the complaint to was overwhelmingly supportive and helpful.

The majority of responses indicated that making the complaint was simple. The behaviour of the Complaints Team was found to be helpful and supportive and respondents said that they found that in general that their case was treated with respect and understanding.

In regards to their complaint making a difference, it was split between those who maybe thought it made a difference and those who felt it hadn't, however, the majority would feel comfortable in making a complaint in the future or encouraging someone else to do so.

Learning from Complaints 2019/20

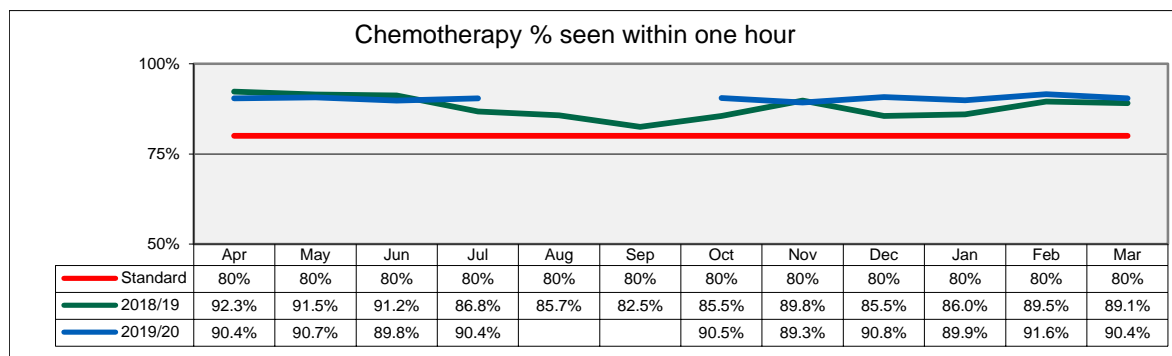
- Introduction of improved Patient Flow system.
- Capacity and demand within the medical oncology team will be reviewed.
- Exploring option of making follow up appointment at the time of the patient's last fraction of radiotherapy.
- Medicines Practice Operational Policy updated.

- Remind staff of the importance of appropriate Capillary Blood Glucose (CBG) monitoring, recording results, and acting on results outside safe parameters - done via link nurses & Band 7 meeting.
- Formal action plan created between receptionist and line manager in respect of attitude.
- Re-introduction of consultant led Board Rounds to facilitate better communication and agreed plans of care between members of the Multi-Disciplinary Team.
- Automated report to be run daily from Mosaik and distributed to clinical oncology secretaries.
- Communication to all secretarial staff of the importance of ensuring appointment letters are distributed in a timely manner at all times.

On-The-Day Waiting Times

We have continued to set ourselves the challenging target of ensuring that 80% of patients would wait no longer than one hour for their chemotherapy treatment

The graph below show the performance of this target for 2019/20 (with the exception of August and September where a new system was put in place) and we continue to monitor this target.



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 2018/19 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

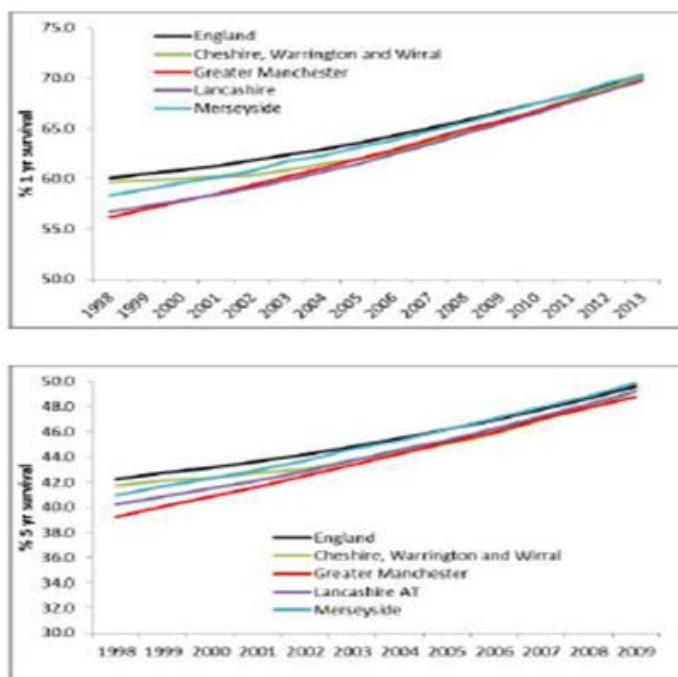
receives summary reports on the outcome measures. Reports are discussed at the quarterly morbidity and mortality meetings with the technical reports available to board members if required.

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.

Five year cancer survival

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



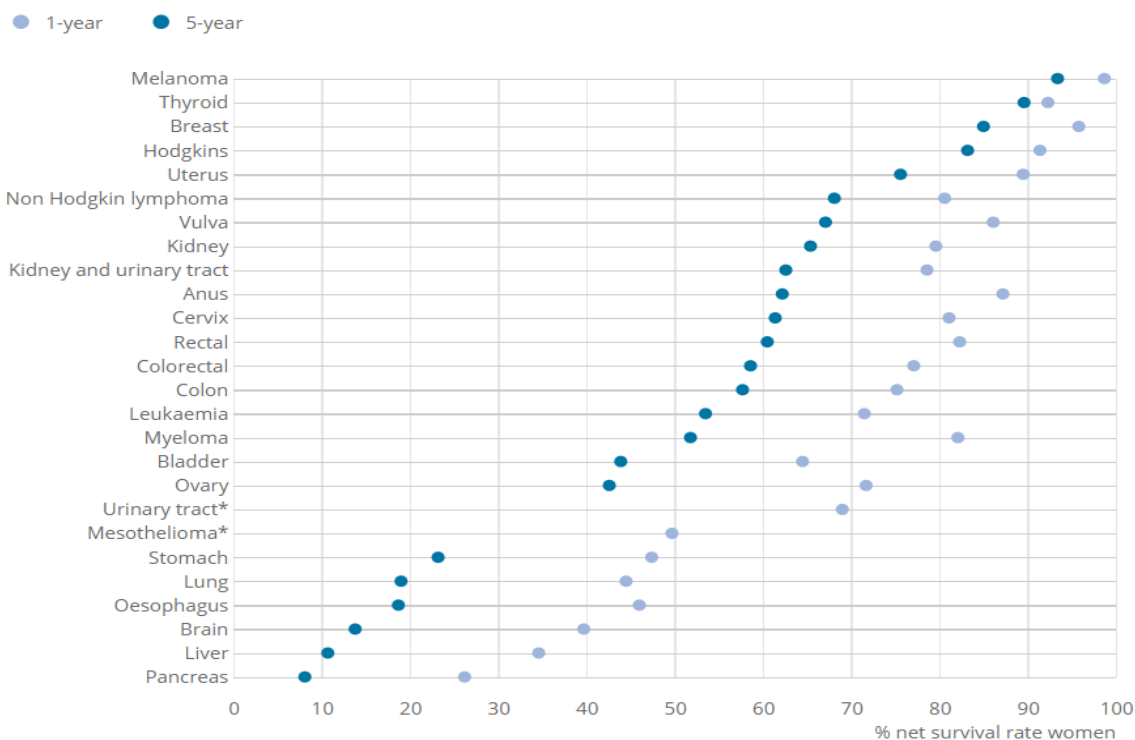
Data from Office for National statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancersurvivalratescancersurvivalenglandandwalesdiagnosed>

		All Stage		Stage 1		Stage 2		Stage 3		Stage 4	
Colorectal	England	80.0%		96.0%		93.0%		88.0%		46.0%	
	Confidence Interval	80.0%	81.0%	96.0%	97.0%	93.0%	94.0%	87.0%	89.0%	45.0%	47.0%
	Christie Patients	79.0%		100.0%		93.7%		94.3%		57.3%	
	Confidence Interval	76.6%	81.6%	100.0%	100.0%	90.3%	97.2%	92.1%	96.6%	52.7%	62.2%
Lung	England	39.0%		84.0%		68.0%		46.0%		19.0%	
	Confidence Interval	38.0%	40.0%	83.0%	86.0%	66.0%	70.0%	45.0%	48.0%	18.0%	20.0%
	Christie Patients	46.1%		83.2%		64.6%		51.0%		23.1%	
	Confidence Interval	44.5%	47.7%	80.6%	85.9%	59.4%	70.3%	47.6%	54.6%	21.1%	25.2%
Prostate	England	97.0%		100.0%		99.0%		99.0%		85.0%	
	Confidence Interval	97.0%	97.0%			97.0%	100.0%	98.0%	100.0%	84.0%	87.0%
	Christie Patients	97.9%		99.4%		98.7%		98.6%		91.5%	
	Confidence Interval	97.3%	98.4%	99.0%	99.8%	97.6%	99.8%	97.7%	99.7%	89.1%	94.0%
Ovary	England	72.0%		94.0%		78.0%		69.0%		50.0%	
	Confidence Interval	71.0%	73.0%	91.0%	96.0%	72.0%	83.0%	67.0%	71.0%	47.0%	53.0%
	Christie Patients	83.7%		97.6%		91.9%		80.2%		74.7%	
	Confidence Interval	80.2%	87.2%	94.4%	100.0%	83.3%	100.0%	74.8%	86.0%	67.0%	83.4%

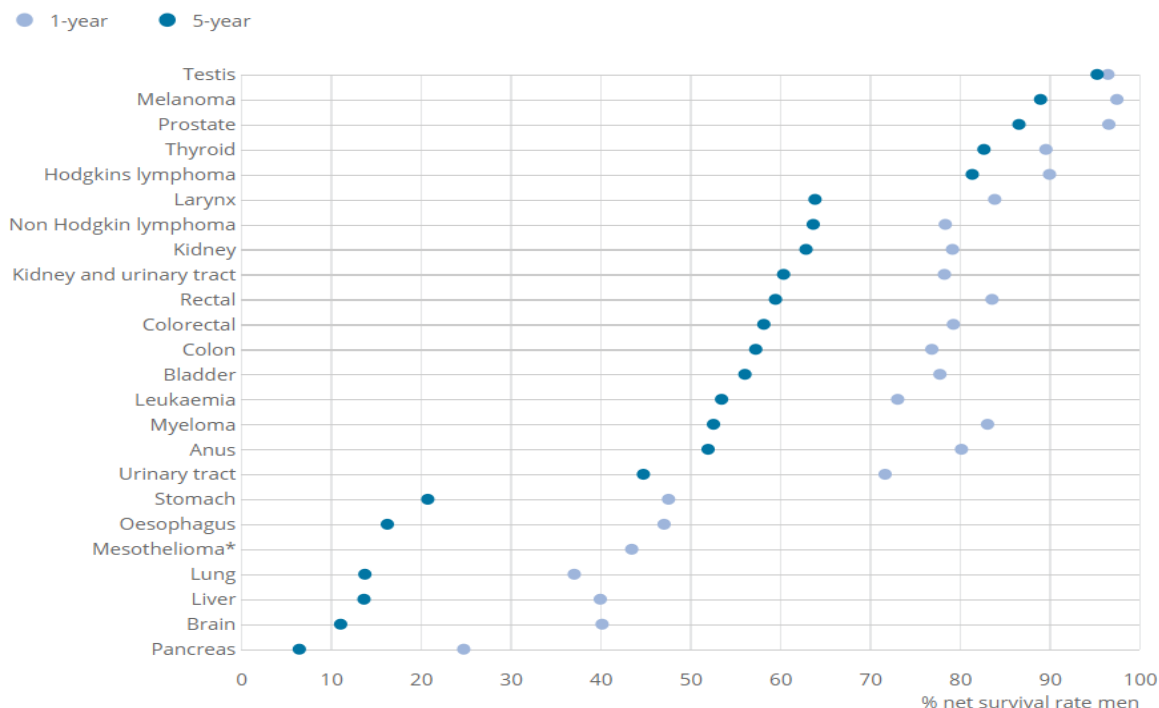
Table 1: One year survival by cancer type for The Christie and England as a whole. England data are based on patients diagnosed in 2012 (http://www.ncin.org.uk/publications/survival_by_stage). Data for the Christie are for patients diagnosed between 2012 and 2015 (time periods vary between cancer types).

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



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

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



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

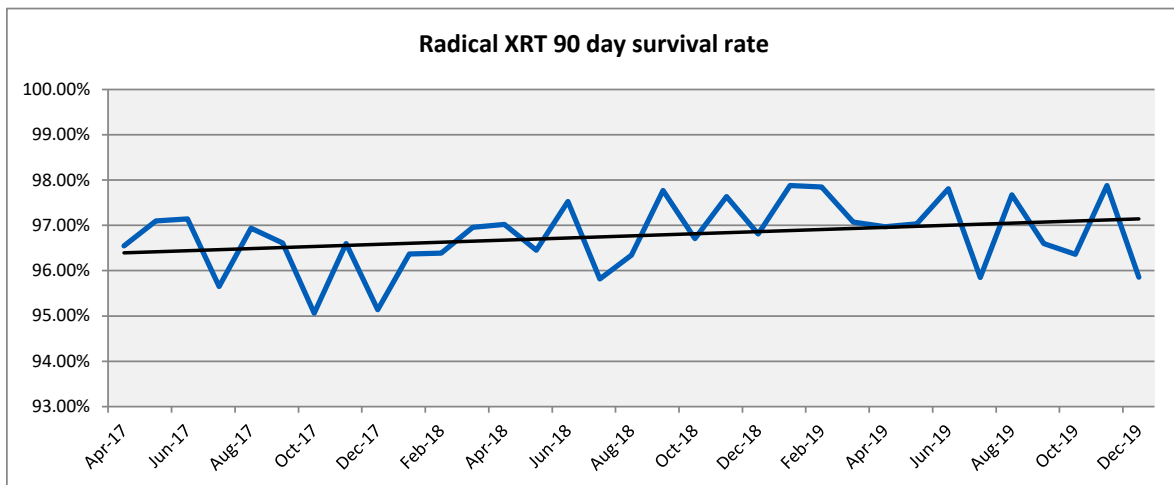
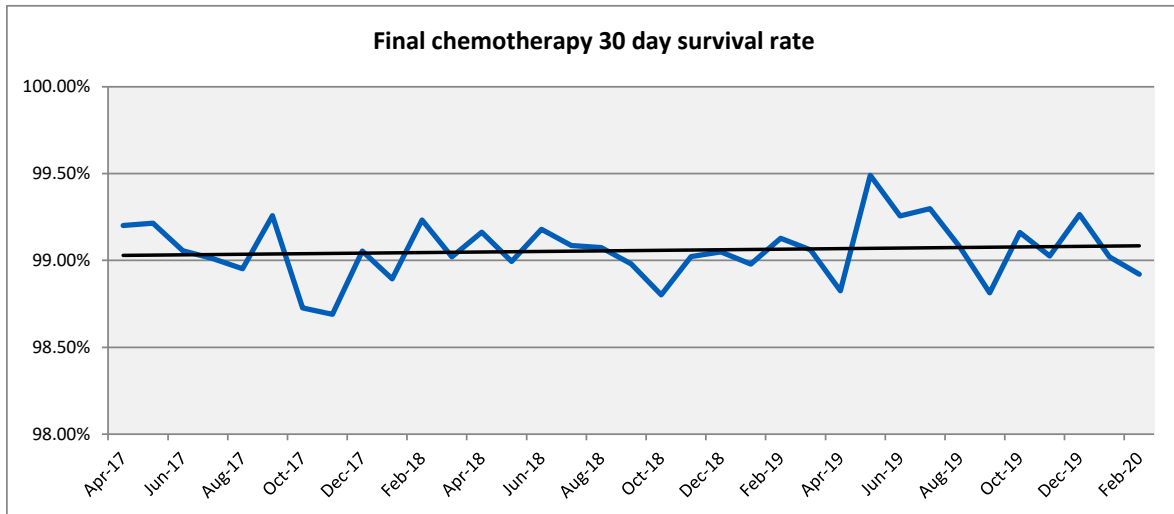
Our aim is to provide leadership within Greater Manchester and Cheshire to improve awareness of cancer symptoms and to support earlier local diagnosis, for example through supporting screening programmes. We aim to work with the providers in Greater Manchester and Cheshire to ensure effective diagnostic, treatment and referral pathways to The Christie and to ensure, through our clinical audit and other mechanisms that the treatment we provide meets best evidence based practice guidelines. As the cancer centre we have a responsibility to lead improvements in cancer services across Greater Manchester and Cheshire and whilst both one year and five year survival rates are the result of many factors other than the services provided by The Christie they are influenced by our services. We have the opportunity to support efforts at cancer prevention and earlier detection, as well as ensuring rapid diagnosis and referral when needed.

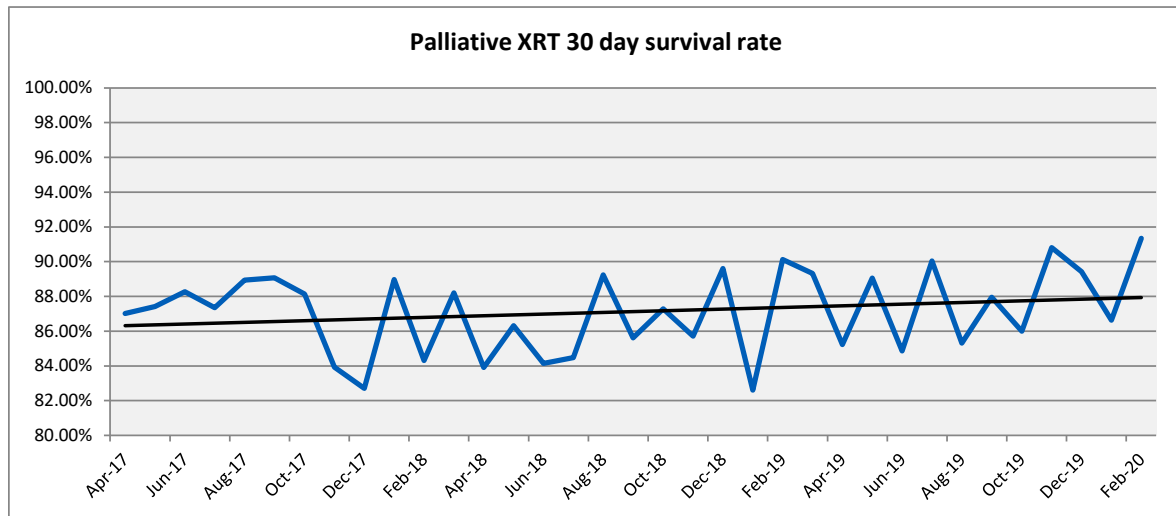
The table shows that for all cancer types the five year survival figures in Greater Manchester are similar to those for England as a whole. Differences between the figures do not reach statistical significance.

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

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

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





Clinical indicators - Patient safety

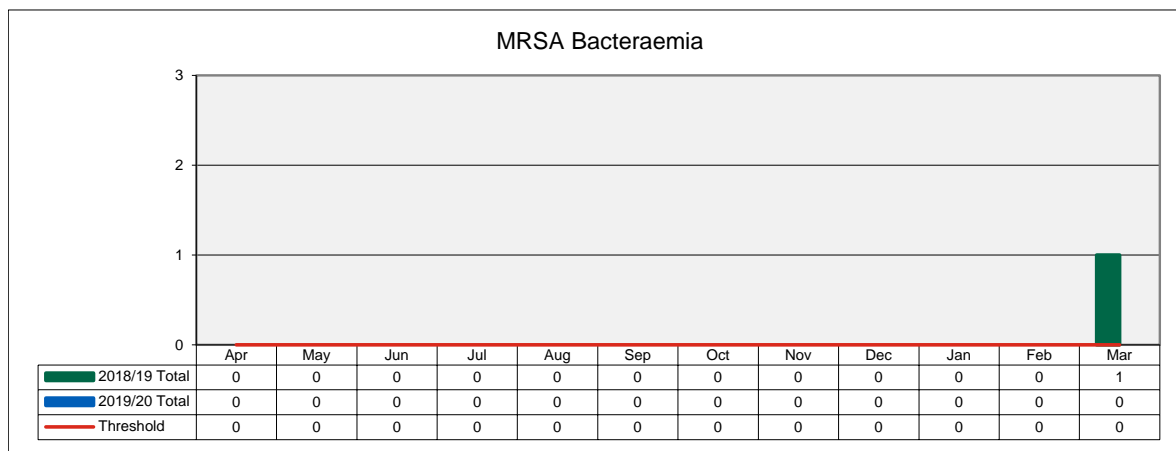
Healthcare acquired infections

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

- MRSA bacteraemia**

In 2018/19 we have had one case of MRSA bacteraemia, against a threshold of 0.

In 2019/20 we have had zero cases of MRSA bacteremia, against a threshold of 0.



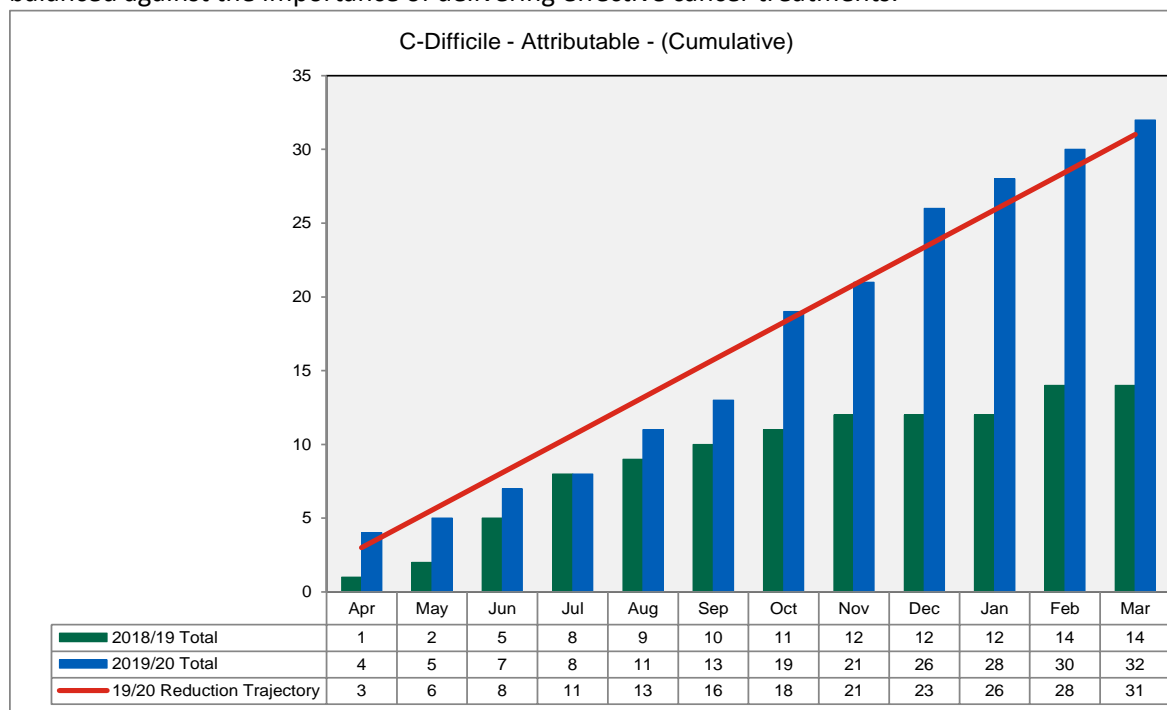
- MRSA % appropriate elective patients screened**

In 2019/20 The Christie screened 100% of eligible elective patients.

Healthcare acquired infections - Clostridium Difficile

There were 32 cases of Clostridium Difficile infections (CDI) – healthcare acquired in 2019/20 against an agreed threshold of no more than 31. There were community acquired 6 cases identified on admission and therefore not attributable. Upon full root cause analysis 2 of the healthcare acquired cases were deemed due to lapses in care by our commissioners.

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



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, the Associate Chief Nurse and Deputy Director of Quality, the Associate Medical Director. The

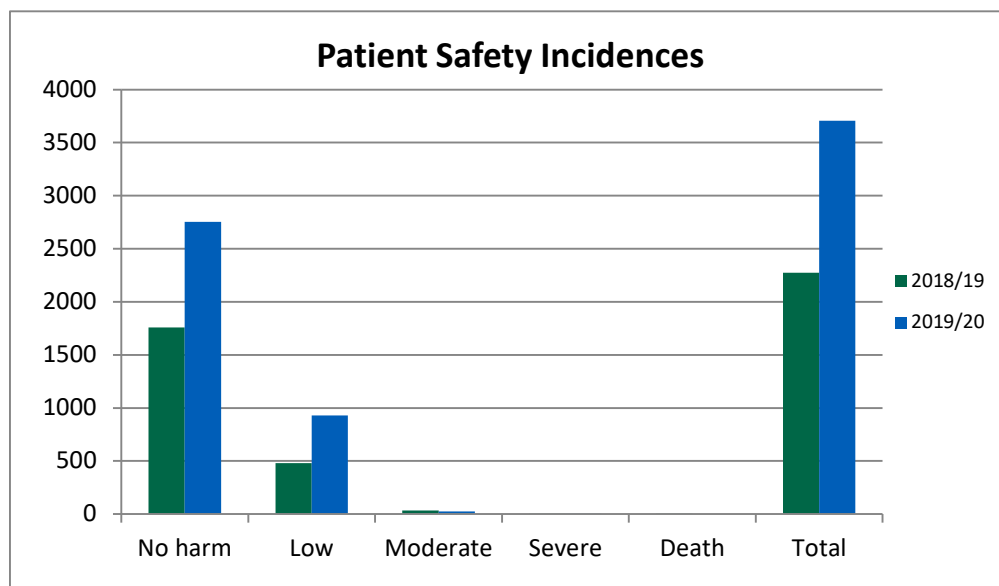
outcome of the root cause analysis is then presented to this review group. The same process is followed for complaints and claims and any concerning on-going trend of incidents of any grade.

We also review our systems and processes in the light of national reports in order to ensure that similar incidents will not happen at The Christie. The data for the second half of 2019/20 is not formally closed down until the end of May 2020, therefore the data contained within these accounts is subject to further validation.

Patient Safety Incidences

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

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



An increase from 2018-19 is shown with minor (low harm) and no harm incidents, whereas the number of moderate incidents and deaths has reduced and major incidents remains the same. The increase in low level and no harm is attributable to the following reasons

- Increased reporting culture – supports learning from incidents to prevent them happening again
- Continued increase in number of reactions to chemotherapy treatment (reportable in line with NRLS guidance). Treatment given as intended, no error has occurred
- Change in incident reportable radiotherapy guidelines.

Serious Incidents

There were two serious incidents reported this year. These related to:

- Wider excision of incorrect scar*
- Unintentional ABO-incompatible transfusion of red cells

*Stepped down from a Never Event following serious incident panel review

**Private patient, joint investigation with The Christie Private Clinic

Serious incident panels are chaired by a Non-Executive Director and also comprise of two Executive Directors. The panel reviewed each of these incidents, for which lessons learned were identified and implemented.

Duty of Candour

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

Each incident handler is asked to ensure that a Duty of Candour conversation happens within ten working days for each 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.

Never Event

There has been 1 never event in 2019/20

- Unintentional ABO-incompatible transfusion of red cells

Pressure Ulcers

We aimed for no category 3 or 4 pressure ulcers and a threshold of no more than 30 category 2 hospital acquired pressure ulcers in 2019/20. The chart below demonstrates that we ended the year

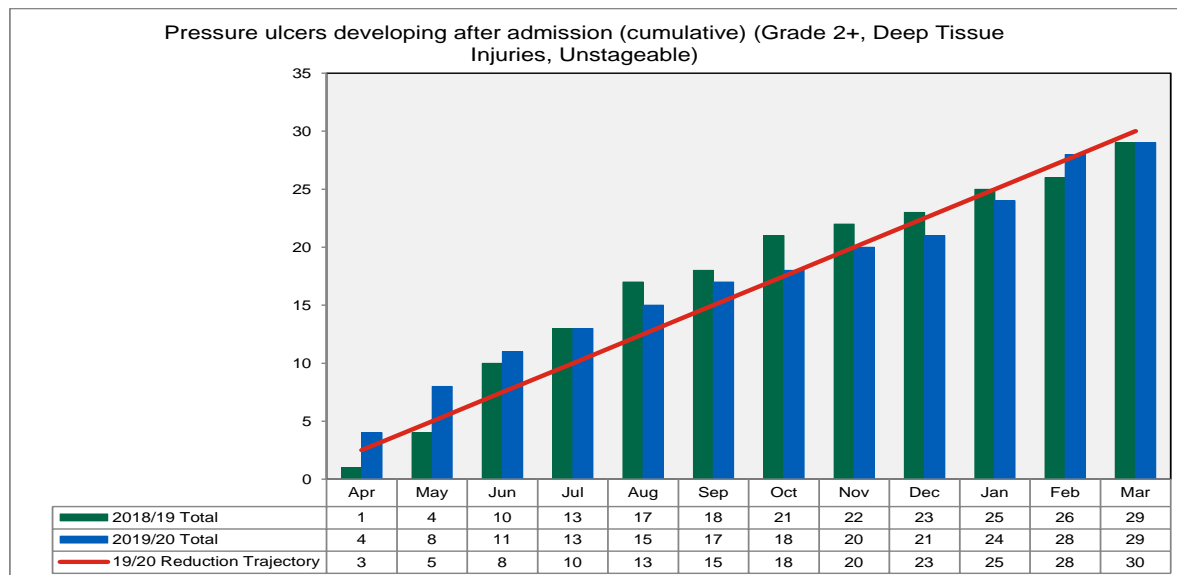
below the with 29 category 2 pressure ulcers and no category 3 & 4 pressure ulcers that developed after admission

An Executive Nursing Panel (new format introduced January 2020 – Friday FoCUS) is undertaken to review all category 2 pressure ulcers and above.. NHSI guidance advises that NHS Trust's should no longer use the definition of avoidable or unavoidable.

This has therefore not been included in this report.

Themes arising from RCA investigations have been identified as:

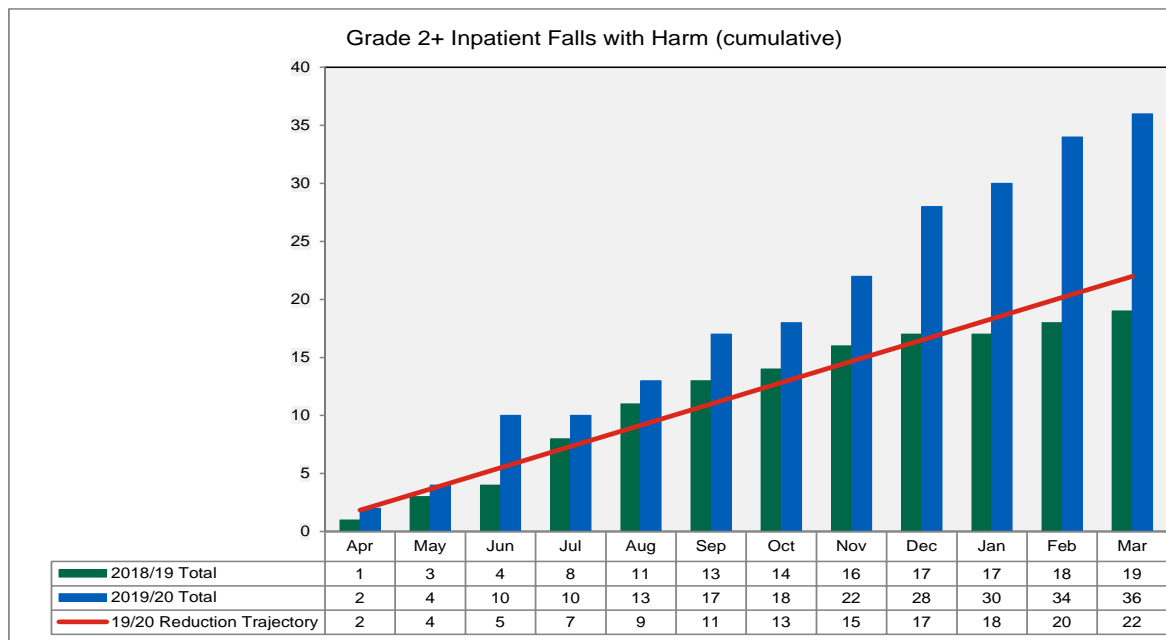
- Inaccurate calculation of pressure ulcer risk factors.
- Inconsistent practice in the reassessment of risk on change of condition and change of care setting
- Inconsistent practice when conducting a head to toe skin infection
- Inconsistent practice when initiating a repositioning regime for patients at risk of pressure ulcers
- Inconsistent practice in the use of pressure relieving mattress pump or other pressure redistribution equipment



Patient Falls

We aimed to maintain the 2018/19 outturn of no more than 22 falls with harm. There have been 36 inpatient falls with minor harm in 2019/20.

The chart below demonstrates that we have exceeded the threshold by 14 cases. All cases are reviewed by the ward teams and discussed at a multi-professional learning event twice a month. All recorded falls are graded as minor and therefore minimal harm has occurred to all patients



Local Clinical Audits

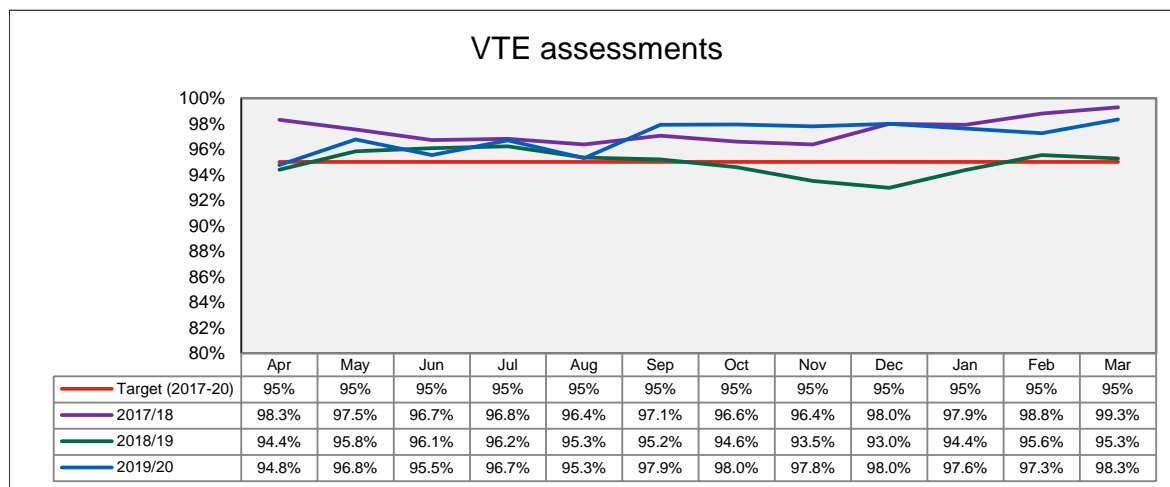
In 2019/20 192 audits were completed across the divisions as shown in the table:

Division	Number of completed audits in 2014/15	Number of completed audits in 2015/16	Number of completed audits in 2016/17	Number of completed audits in 2017/18	Number of completed audits in 2018/19	Number of completed audits in 2019/20
Clinical Support and Specialist Surgery (formerly Cancer Centre services)	78	80	78	88	95	72
Networked Services	68	76	90	82	69	98
Other (Quality & standards, School of oncology, Research)	14	20	20	17	18	22
Total	160	176	188	187	185	192

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.

Venous thrombo-embolism assessment

Our aim is to increase the number of patients receiving a thromboprophylaxis assessment on admission to over 95%. This is presented monthly in the integrated performance report and is also uploaded nationally.



NHS Staff Survey

Indicator	2019	National Average (specialist trusts only)
Q13c - % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	15.8%	18.7%
Q14 - % of staff believing that the trust provides equal opportunities for career progression or promotion regardless of ethnic background, gender, religion, sexual orientation, disability, age	90.4%	86.2%

Inpatient mortality reviews at the Christie 2019/20

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

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

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

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

Table 1: Activity Q1 –Q3

	Quarter 1 Apr – Jun @ 15-04-20	Quarter 2 Jul - Sep @ 15-04-20	Quarter 3 Oct - Dec @ 15-04-20	Quarter 4 Jan – Mar @ 15-04-20	Total
No. deaths	76	64	75	71	286
No. deaths that have triggered SCR review	28 (37%)	28 (44%)	31 (41%)	29 (41%)	116 (41%)
No. completed SCRs	24 (86%)	25 (89%)	23 (74%)	8 (28%)	80 (69%)
No. discussed at MSG	24 (100%)	24 (96%)	21 (91%)	7 (88%)	76 (95%)

There were no additional reviews undertaken for a death covered in the previous reporting period (18/19) during Q4 2019-20.

In response to Trusts operational plan to manage the COVID-19 outbreak, mortality reviews were suspended on 26th March 2020, except for where a bereaved family has raised concerns. On-site deaths continue to be monitored and screened, and bereaved relatives continue to be asked if they have any concerns around care in the preceding admission. Deaths continue to be monitored through the weekly Executive Review Group (ERG) meeting. ERG will determine when learning from deaths will recommence in full.

Monitoring of deaths

Deaths each week are monitored by the Executive review group to identify any exceptional trends. For 2019/20, 286 Christie patients died at the Withington site with no new trends identified. A comparison with previous years is shown in table 2.

Table 2: On-site deaths annually

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

Table 3: 2019/20 Assessment of avoidable deaths* as confirmed at Mortality Group meeting of 04.03.2020:

*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

2019 Month	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5	RCP 6	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
Apr	29	12	-	-	-	-	-	-	12	-	-	-
May	28	6	-	-	-	-	-	1	5	-	-	-
Jun	18	5	-	-	-	-	-	-	5	1	1	-
Jul	18	3	-	-	-	-	-	-	3	-	-	-
Aug	22	10	-	-	-	-	-	2	8	-	-	-
Sep	24	12	-	-	-	1	-	-	11	-	-	-
Oct	34	10	1	-	-	-	1	2	7	-	-	-
Nov	15	4	-	-	-	-	-	-	4	-	-	-
Dec	26	6	-	-	-	-	-	-	6	-	-	-
Jan	19	5	-	-	-	-	-	-	5	-	-	-
Feb	33	2	-	-	-	-	-	1	1	-	-	-
Mar	19	0	-	-	-	-	-	-	-	-	-	-
Total	286	75	1	-	-	1	1	6	67	1	1	-

Table 4: Quarter 1 - 4 Ratings of overall care* after Mortality Group meeting 28.01.2020:

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

2019 Month	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
Apr	29	12	-	-	1	6	5
May	28	6	-	-	2	2	2
Jun	18	6	-	-	1	1	4
Jul	18	3	-	-	-	2	1
Aug	22	10	-	-	2	5	3
Sep	24	12	-	-	2	4	6
Oct	34	10	-	1	1	4	4
Nov	15	4	-	-	-	1	3
Dec	26	6	-	-	1	-	5
Jan	19	5	-	-	1	4	-
Feb	33	2	-	-	-	1	1
Mar	19	0	-	-	-	-	-
Total	286	76	-	1	11	30	34

This data reflects the final ratings in completed reviews as ratified at MSG for avoidability and overall care as of 4th March 2020.

There has been one death of a patient with a learning disability in 2019/2020. This has been reported to LeDeR for further scrutiny; the mortality review did not find any concerns. One death was considered to have a >50% chance of avoidability (score 3). Issues were identified around delays in escalation and recognising cardiac complications in a deteriorating patient. A further root cause analysis investigation was conducted, and learning was shared with clinical teams at the Divisional Governance day (January 2020).

Overall care was rated as 2 (poor) in one review. Several issues were identified and these were investigated further through the second stage executive review process. These were around inappropriate internal transfer to the procedures unit, and post procedural care on the ward. These did not directly lead to the death of the patient but areas for improvement were identified.

No deaths required to be reported to CQC and the Trust has not received any mortality outlier notification.

Three mortality reviews were triggered by a clinical incident that was investigated through the trust governance process. One incident related to the management of diabetes prior to a patient undergoing an intervention on the procedure unit. Another related to a delay identifying high methotrexate levels in a patient receiving in-patient high-dose methotrexate for advanced

malignancy. A third incident related to management of a gastrostomy on the ward. None of these incidents contributed to the patients' deaths.

Five mortality reviews were triggered by concerns raised by bereaved relatives, and all were managed by PALS.

- One family had a concern about provision to stay with a dying patient. The mortality review identified no lapse in care. This admission was only a few hours in duration and nursing staff had not been made aware of any concern at the time.
- Another family raised a concern around lack of an available side room for their dying relative. The mortality review found that nursing staff made alternative reasonable arrangements to manage the situation.
- Another family raised a concern around a delay in transferring a patient from another hospital to the Christie. The mortality review found that Christie team were regularly communicating with team caring for patient at other trust. Management was appropriate across both trusts and no lapse in care was identified. Time to transfer was 5 days due to bed capacity and did not impact on outcome.
- Families raised concerns around care at end of life on 2 occasions. The mortality reviews found comprehensive input from the supportive care team and consultant led oncology management during the final admissions for both, with frequent discussion with the patients and families, and expectations managed sensitively. End of life care and overall care were rated as excellent or good in both cases.

Learning from deaths

Areas for improvement identified through mortality reviews 2019/20 are listed below. A themed analysis of reviewers' comments is produced, where reviewers indicate an opportunity for improvement, even if overall care was rated good. This is undertaken every 6 months and presented to the Quality Assurance Committee. These include:

Confusion over responsible consultant post admission

Lack of clear documentation of consultant reviews and board rounds (pre electronic noting)

Fluid balance monitoring and documentation

Gaps in senior review over a weekend (although care was appropriate with no adverse outcome)

Clear handover between clinical teams in respect of patients on intensive chemotherapy regimen

Peri-procedural care (drains and gastrostomy) with poor communication

Delay in escalation of a deteriorating patient (no impact on outcome)

Lack of documented discussion with patients and families around goals of care; partial and late completion of an 'Allow and Natural Death' forms

Missed opportunity for earlier referral to supportive and palliative care team

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

Examples of learning from these mortality reviews:

- New SOP developed to ensure that the procedures unit (interventional radiology) are alerted to diabetic patients, and that the wards are clear on pre-procedural requirements such as fasting.
- Review of responsible consultant documentation (for example, when patient is admitted for procedure under the pain team)
- Amendment to electronic noting, so consultant attendance and board rounds are captured, clearer instructions on handover to another team, and discussions regarding goals of care documented.
- New fluid balance forms monitoring from 12am-12am instead of 7am-7am has improved documentation and accuracy.
- Guidance is being developed for junior doctors and oncology teams on when and how to access a surgical opinion
- Quality improvement initiative to review and improve the clinical pathways and inpatient care for interventional radiology procedures
- Electronic chemotherapy risk form developed to improve handover of complex chemotherapy patients

Performance against key indicators

The Christie aims to meet all national targets and priorities. We have provided an overview of the national targets and minimum standards including those set out within Monitor's Compliance Framework below.

The indicators "18 Week Targets - 18 week incomplete pathways" and "Cancer Targets - % of cancer patients waiting a maximum 62 days from GP referral to first definitive treatment including rare and testicular cancers (based on the GM&C reallocated position, and also on the new national allocation position)" in the table below have not been subject to external assurance this year from our auditors due to the COVID-19 Pandemic.

National targets and minimum standards	Target	Threshold 2019/20	Q1	Q2	Q3	Q4	Yearly position
Infection control	Number of Attributable C-Diff cases	31	7	6	13	6	32
	Number of MRSA Bacteraemia	0	0	0	0	0	0
	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%	96.9%	95.3%	97.6%	96.9%	96.7%
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (anti- cancer drugs)	98%	99.7%	99.7%	99.7%	99.8%	99.7%
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (surgery)	94%	99.6%	98.1%	99.4%	98.3%	98.8%
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (radiotherapy)	94%	99.5%	99.5%	99.8%	98.8%	99.4%
	% 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%	76.8%	77.0%	79.4%	82.5%	78.9%
	% of cancer patients waiting a maximum of 62 days from screening referral to first definitive treatment (based on national allocated position)	90%	94.1%	70.0%	95.2%	89.5%	87.0%
18 Weeks	18 week incomplete pathways	92%	98.3%	98.0%	99.0%	98.4%	98.4%
6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	100.0%	100.0%	100.0%	99.4%	99.9%

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 2019-20 there was one change to the membership of the board of directors. Jackie Bird, Chief Nurse & Executive Director of Quality left the organisation on 31st August 2019 to take up post as Chief Nurse for the North West for NHS England/Improvement. Julie Gray acted into this role on an interim basis from 1st September 2019.

Process for evaluation of performance

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

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

The board of directors and the audit and quality assurance committees undertake an annual self-assessment exercise to ascertain their effectiveness. The responses are collated and

discussion is held on the key points arising from the review. The focus of the discussion is on those areas which clearly need improvement or where there is great variation in answers.

Board appointments

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

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

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

Board meetings and committees

The board supports the Nolan principles and makes the majority of its decisions in meetings open to the public. The board met in public and in private eight times during 2019-20. It also held four informal board time outs, one of which was a joint board and governor time out; this afforded the opportunity for our governors to input into discussions around the Trust's current and future plans.

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

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

Register of Interests

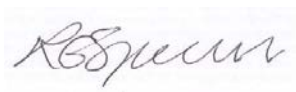
Details of company directorships and other significant interests held by directors which may conflict with their management responsibilities are held in the register of interests of directors. This may be viewed on our website.

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

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

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

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




Roger Spencer
Chief Executive
22nd June 2020

Our board members

Non-executive directors



Christine Outram
Chairman

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

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



Neil Large MBE
Non-executive director

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

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

Neil also supports local charitable /voluntary causes.

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



Kathryn Riddle OBE JP DL
Non-executive director

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

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

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.



Professor 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. ²

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

Executive directors



Roger Spencer
Chief Executive

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

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

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

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

In December 2018 Roger was appointed to the Healthcare UK Advisory Board. The Advisory Board is accountable to the Department for International Trade (DIT) and the Department of Health & Social Care (DHSC) ministers. ²

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



Jackie Bird
Chief Nurse & Executive Director of Quality
(until 31st August 2019)

Jackie was appointed in June 2011, joining from The Rotherham NHS Foundation Trust where she was chief of quality and standards and chief nurse. Prior to this, she was the deputy director of nursing and governance at Salford Royal NHS Foundation Trust. Jackie is responsible for the professional leadership of nursing and allied health professionals. Her director role allows her to develop her long standing interest in cancer while addressing improvements in patient safety, patient experience and clinical outcomes. ☑

Jackie was awarded a Florence Nightingale Leadership Scholarship in 2013 and has used her scholarship to develop and introduce a quality mark for patients undergoing chemotherapy, which was awarded the North West Leadership academy award for innovator of the year. Jackie is a board member on Manchester Health and Care Commissioning and is a member of the Health Education England (North) board. A registered general and mental health nurse, she holds an honours degree in nursing studies and a Masters in management and leadership.

Jackie left the trust at the end of August 2019 to take up a new post as Chief Nurse for the North West for NHS England and NHS Improvement.



Joanne Fitzpatrick
Executive Director of Finance & Business
Development

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

Joanne is responsible for the finance, business development, capital planning, estates and digital teams within the Trust and is also a Director of The Christie Clinic and The Christie Pathology Partnership. Joanne is also executive lead for The Christie charity. Joanne chairs the Greater Manchester Director of Finance Group.

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

She is a qualified accountant and holds an ACMA.



Fiona Noden
Chief Operating Officer

Fiona was appointed Chief Operating Officer from 1st August 2015. She was previously Director of Operations & Performance at Wrightington, Wigan & Leigh NHS Foundation Trust, where she was part of the team that collected the HSJ Award for staff engagement in November 2013, and one of the executive management team at WWL that received the HSJ Award for 'Best Provider Trust of the Year' in November 2014.

Prior to this, she was the deputy director of operations, Wrightington, Wigan & Leigh NHS Foundation Trust, and the director of operations - diagnostics and clinical support services, Salford Royal NHS Foundation Trust.

Fiona qualified as a radiographer and has held a variety of clinical radiography posts before moving into operational management. Fiona is responsible for the performance and the delivery of clinical services at the Trust. Fiona is passionate about service improvement, staff development and whole system working to improve patient outcomes and experience.

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



Professor Christopher Harrison
Executive Medical Director (strategy)

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

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

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

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

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

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



Dr Wendy Makin
Executive Medical Director & Responsible Officer

Wendy was appointed from 1st November 2016.

Wendy initially trained as a clinical oncologist at The Christie. Following this, she decided to work

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

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

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

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



Julie Gray
Chief Nurse & Director of Quality (Interim from 1st September 2019)

Julie qualified as a registered general nurse in 1993, gaining experience in a range of care environments including medical, surgical and intensive care. Julie went on to become a clinical and professional skills tutor, with a special interest in medicines management, at the University Hospitals of South Manchester. This led onto a role with the Greater Manchester Strategic Health Authority as a clinical placement manager supporting student nurses in practice.

Julie joined The Christie NHS Foundation Trust as a specialist nurse in 2005, moving into a governance role in 2007. During this time, Julie was instrumental in the Trust's achievement of NHSLA level 3 accreditation. She also participated in the comprehensive inspection programme as a specialist advisor for the Care Quality Commission and in 2016 she operationally led the Trust to a CQC Outstanding rating, repeated again in 2018.

In her role as associate chief nurse and deputy director of quality, Julie led the patient safety, patient experience, clinical audit and improvement and non-medical prescribing services for the Trust. She also developed The Christie CODE quality scheme.

Julie has an honours degree in health service management and health promotion, a postgraduate certificate in education and a master's degree in leadership in health and social care. In 2017, she also became a scholar of the Florence Nightingale Foundation.

Committees of the board

Audit committee

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

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

Key activities during the year were:

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

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

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

External audit - an external audit is an independent examination of the annual financial statements of the foundation trust in accordance with specific rules. The external auditor performs the audit by examining and testing the information prepared by the foundation trust to support the figures and information it includes in its financial statements. The external auditor is appointed by the council of governors. Grant Thornton was appointed as our external audit provider in September 2017 for an initial period of 3 years. 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 under Trust publications (what our priorities are and how we are doing).

Quality assurance committee

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

non-executive directors; Professor Jane Maher, Christine Outram and Tarun Kapur.

Key activities during the year were:

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

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

Charitable funds committee

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

Remuneration committee

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

The remuneration committee ensures that appropriate procedures are in place for the nomination, selection, training, development, monitoring, evaluation and remuneration of the

chief executive and executive directors, having proper regard to the financial and commercial health of the organisation and for the provision of any national arrangements for such staff.

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

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

Management board

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

directors and general managers. The terms of reference including its membership were

reviewed during the year.

Board members attendance at meetings

	Board of directors (BoD)	Board time out	Audit	Quality assurance	Joint audit & quality	Charitable funds	Remuneration	Council of governors (CoG)	Joint BoD / CoG
Number of meetings	8	3	5	4	1	4	2	4 *	1
Christine Outram, Chairman	8	3	N/A	4	1	4	2	4	1
Kathryn Riddle, NED	7	2	4	N/A	1	4	1	3	0
Neil Large, NED	7	2	4	N/A	1	3	2	3	0
Prof Kieran Walshe, NED	7	3	N/A	4	1	4	2	2	1
Prof Jane Maher, NED	8	3	N/A	4	1	4	1	0	1
Robert Ainsworth, NED	8	3	4	N/A	1	3	2	3	1
Tarun Kapur, NED	8	3	N/A	4	1	4	1	4	0
Roger Spencer, Chief Executive	7	3	N/A	N/A	1	3	N/A	3	1
Jackie Bird, Chief Nurse & Executive Director of Quality (until 31 st Aug 19)	3	2	2	1	1	1	N/A	0	1
Julie Gray, Chief Nurse & Dir of Quality (interim 1 st Sept 19 to year end)	5	1	1	3	N/A	3	N/A	1	N/A
Joanne Fitzpatrick, Executive Director of Finance & Business Development	8	3	4	N/A	1	4	N/A	4	1
Prof Christopher Harrison, Executive Medical Director	7	3	N/A	-	1	4	N/A	4	0
Fiona Noden, Chief Operating Officer	8	2	N/A	N/A	0	2	N/A	2	1
Dr Wendy Makin, Executive Medical Director	8	2	N/A	4	1	3	N/A	3	1

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

Our council of governors

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

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

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

Elections in 2019

There were 6 constituencies up for election in 2019. We were able to appoint to 4 of these vacancies but had to hold an additional election as we were unable to appoint to our Trafford and one of our Manchester constituencies first time round. The results of the elections are as follow:

Public constituencies:

Manchester

Janet Morley (appointed uncontested from July 2019)

Paula Turner (appointed uncontested from November 2019)

North West

Derek Harrison (reappointed)

Remainder of England & Wales

Victoria Hallam (appointed uncontested from July 2019)

Trafford

Colin Bamford (appointed from January 2020)

We would like to thank our outgoing governors: Roger Bowman, governor for Trafford, served on the council of governors for almost 9 years and

has been an active supporter of the Trust in many ways during this time. Roger was a valued member, and deputy chair, of the Development & Sustainability Committee. We also say goodbye to Fiona Wolstenholme and Madelaine Mansfield, our public governors for Manchester. Fiona and Madelaine were both active members of the Membership & Engagement committee. We also said goodbye to Lisa Wylie, public governor for Bolton, who stepped down mid-year.

We would like to welcome our new governors, Janet Morley, Paula Turner, Victoria Hallam and Colin Bamford to The Christie.

Staff constituencies

Registered nurses

Matt Bilney (re-appointed)

Matt was reappointed as our governor representing registered nurses. There were no other changes to our staff governors during the year.

Partner governors

We appointed a new partner governor during 2019-20. We are very pleased to welcome Geneva Rhodes as a patient representative partner governor. Geneva took up post from November 2019.

Working with our governors

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

- the appointment or removal of Non-Executive Directors
- deciding the remuneration for Non-Executive Directors
- the appointment or removal of the Trust's external auditor

- receiving the annual report, accounts and auditors report

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

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

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

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

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

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

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

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

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

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

Governors have an important role to play in making an NHS foundation trust publicly accountable for the services it provides. It is their responsibility to maintain and review membership numbers and the membership strategy. The board of directors consults with governors when the annual plan is being prepared and also on other issues such as revisions to our constitution and our declaration for the Care Quality Commission's 'essential standards of quality and safety'.

Our governors canvass the opinion of our members via newsletters and events and welcome any feedback. The Christie membership team also holds a series of focus groups each year to help gather members' views. The council met formally 5 times during 2019/20 (one of these was a joint time out session with the Board of Directors). The council of governors has four subcommittees focusing support into the areas of nominations, membership & community engagement, quality and development & sustainability.

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

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

- In 2017/18 5 governors submitted travel claims and for the year ended 31st March 2018 the total amount claimed was £1,491.70.
- In 2018/19 5 governors submitted travel claims and for the year ended 31st March 2019, the total amount claimed was £1783.12.

- In 2019/20 6 governors submitted travel claims and for the year ended 31st March 2020, the total amount claimed was £672.96.

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:

- Richard Hubner (staff governor for registered medical practitioners)
- David Makin (patient representative partner governor)
- Lisa Wylie (public governor for Bolton and lead governor) until July 2019.
- Susan Mee (public governor for Oldham and lead governor) from July 2019.

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

The committee did not meet during 2019-20.

Membership and community engagement committee

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

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

Quality committee

The Council of Governors' Quality Committee monitors, reports and comments on patient experience and quality and standards of service.

This involves both formal feedback reports and a range of presentations to the committee meetings combined with direct engagement with patients, carers and front line staff.

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

Development and sustainability committee

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

Governor register of interests

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

Our current governors

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x5	Member of committee (see key)	Year current term ends	Year appointed
Public							
BAMFORD Colin		Elected public	Trafford	1/1	D&SC	2022	2019
CHOI Alice		Elected public	Cheshire	4/5	D&SC	2020	2014
COGHLAN Nick		Elected public	Wigan	3/5	M&CE	2021	2015
COLLINS Jackie		Elected public	Stockport	4/5	D&SC	2021	2016 (for 2 years)
GAVIN-DALEY Ann		Elected public	Salford	4/5	QC	2020	2011
GBBINS Maurice		Elected public	Cheshire	5/5	QC	2021	2018
HALLAM Victoria		Elected public	Remainder of England & Wales	0/2	QC	2022	2019
HARRISON Derek		Elected public	North West	1/5	D&SC	2019	2016
MADEN Mary		Elected public	Tameside & Glossop	0	M&CE	2020	2014
MORLEY Janet		Elected public	Manchester	1/2	M&CE	2022	2019
MEE Susan	¹	Elected public	Oldham	4/5	QC & Nomco	2020	2017
QURESHI Mohammad		Elected public	Bury	4/5	QC	2020	2014
TURNER Paula		Elected public	Manchester	2/2	QC	2022	2019
WELLENS Craig		Elected public	Rochdale	2/4	D&SC	2021	2018
Vacant		Elected public	Bolton				

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							
ARMSTRONG Alison		Elected Staff	Other clinical professional	1/5	D&SC	2020	2017
KENDAL Rachel		Elected staff	Non-clinical staff	5	D&SC	2020	2014
HUBNER Richard		Elected staff	Registered medical practitioner	3/5	Nomco	2020	2017
Matt Bilney		Elected staff	Registered nurses	4/5	QC	2022	2016

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						
MAKIN David		Appointed	Patient representative	3/5	Nomco / QC	2007
MEYER Stefan		Appointed	The University of Manchester	2/5	QC	2012
MOORES Cllr Eddie		Appointed	Local authority - GMCA	2/5	M&CE	2016
MOSS Janice		Appointed	The Christie Charity	2/5	M&CE	2016
RHODES Geneva		Appointed	Patient representative	2/2	M&CE	2019
SIMCOCK Cllr Andrew		Appointed	Local authority – Manchester City Council	3/5	D&SC	2013
TURNER Marcella		Appointed	Nominated - BME (Can-Survive)	2/5	M&CE	2016

Key:

1 Lead governor

QC Quality committee

M&CE Membership & Community Engagement committee

D&SC Development & sustainability committee

Nomco Nominations 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.

Our approach to staff engagement

At The Christie, we recognise the link between staff engagement and the quality of services we provide to our patients. Our principles, behaviours and staff pledges assure our patients, carers and families that the treatment and care they receive will be high quality and compassionate, but they also reflect the way in which we commit to treat and care for our workforce.

We frequently seek staff feedback and use a number of different approaches, including the NHS Staff Survey and the quarterly Friends and Family Test. Our Executive Team regularly walk the floor and are accessible to our staff.

Our Christie staff pledges demonstrate our commitment to communicating and engaging with our staff to support their learning and development, to recognise their contribution and to provide a healthy working environment.



Healthy Workplace

In 2019/20 we have been working to implement our Health and Wellbeing Plan that was developed last year, focussing on supporting staff to improve their physical and mental health and encouraging them to lead healthy lifestyles. We have continued to invest in initiatives to support health and well-being including , Mental Health Resilience workshops and Mental Health First Aid Training. In 2019 we introduced a financial wellbeing scheme for staff and re-procured an improved Employee Assistance Programme.

We continue to provide our staff with support mechanisms through occupational health, staff physiotherapy services and employee assistance programmes which provide advice, guidance and counselling for those who require it.

Communication & Engagement

Building on the work from last year, we have continued to focus on promoting a positive working environment. In 2019 we launched our 'Respect' campaign aimed at promoting respectful behaviours in the workplace.

As part of our plans to make the Christie the best place to work we have partnered with 'Timewise' to work with us on an accreditation programme to develop flexible working solutions to help us to attract, retain and develop staff. As part of this work we have consulted widely with staff about their experiences and opportunities to work flexibly and have developed an action plan aimed at driving change and promoting a flexible working culture.

Learning & Development

In 2019-20 we have continued to invest in learning and development opportunities for staff. We have increased the number of staff mentors and promoted participation in PDRS through our 'Invest in Success' campaign. We continue to ensure that we equip our managers, team leaders and supervisors with the skills needed to enable

our staff to be the best they can be and to support them to promote a positive working environment. In 2019 we developed and launched the Christie Leadership Framework which aims to support our staff to understand the values, principles and behaviours that are expected and how these relate to the competencies required to be a leader at The Christie.

Achievement & Recognition

We continue to recognise the efforts and achievement of our staff. Our monthly staff recognition scheme 'You made a difference' has continued. In June 2019 we held our annual staff awards where we celebrated the outstanding achievements of staff and recognised the long and valued service of some of our long standing employees.

NHS Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 11 for certain questions with the indicator score being the average of those.

In 2019 1366 staff responded to the survey - 47% (2018: 46%). Scores for each indicator together with that of the survey benchmarking group (Acute Specialist Trusts) are presented below.

In 2018 our key findings continued to be extremely positive. When compared with other Acute Specialist Trusts we performed best in 3 thematic areas and better than average in 2, average in 5 with only the quality of appraisals lower than the national average. Amongst other Greater Manchester provider trusts we were rank 1st in 8 of the 11 thematic areas.

There is strong evidence to show that employee engagement is intrinsically linked to high performance and good quality care, so it is particularly pleasing that the Trust's staff engagement score remains positive.

There was a significant improvement in this year's scores in relation to Equality, Diversity and Inclusion with the scores being the best in the benchmarking group.

Actions to address the key development areas will now be drawn up in conjunction with staff.

Key Theme	2019/20		2018/9		2018/7	
	The Christie	Benchmarking Group	The Christie	Benchmarking Group	The Christie	Benchmarking Group
Equality Diversity and Inclusion	9.5	9.2	9.4	9.3	9.3	9.3
Health and Wellbeing	6.3	6.3	6.5	6.3	6.4	6.3
Immediate Managers	7.1	7.1	7.3	7.0	7.1	6.9
Morale	6.5	6.4	6.6	6.3		
Quality of appraisals	5.4	5.8	5.6	5.7	5.2	5.5
Quality of care	7.9	7.9	7.9	7.8	7.7	7.7
Safe environment – bullying and harassment	8.7	8.3	8.7	8.2	8.8	8.4
Safe environment – violence	9.9	9.8	9.9	9.7	9.9	9.7
Safety culture	7.2	7.0	119 7.3	6.9	7.2	6.9
Staff engagement	7.5	7.5	7.6	7.4	7.5	7.4
Team Working	6.9	6.9				

Staff Policies

During 2019-20 the following employment policies were updated: Pay Progression, Probationary Periods, Special Leave (including the Inclement weather policy), Disability in Employment, Organisational Change, Recruitment and Selection, Grievance Resolution, Maternity, Paternity & Adoption Policy, Improving Performance, Staff Flu Vaccination Policy, Alcohol, Drug and Substance Misuse Policy, Raising Concerns, Menstruation to Menopause, Supporting Staff affected by Domestic Abuse and the PDR policy.

In addition, we have a number of policies in operation that support our workforce. 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. Each person is an individual, whether they are a patient, a visitor or a colleague, and each has their own different needs from the services we provide or from their employment. 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. ²

We work in collaboration with our staff and consult where decisions are likely to have an impact on individuals. Our organisational change policy, in particular, provides mechanisms for consultation with recognised trade union and professional association representatives as well as our staff. We work in partnership with our staff-side representatives which include a number of recognised trade unions. Regular staff

forums are held to engage with our union partners to share information about the direction of the organisation and to gain feedback and support. If there is a concern in relation to an employee who has potentially undertaken a fraudulent act this would be investigated through the Trust disciplinary policy. Concerns can also be dealt with by our counter fraud team.

Our sickness absence data

Figures Converted by DH to Best Estimates of Required Data Items		
Average full time equivalent (FTE) 2019	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE
2,758	24,063	8.7

To ensure our staff feel able and confident to raise concerns they can access the Trust's Freedom To Speak Up Guardian. The Freedom to Speak Up Guardian provides confidential support and advice to any member of staff thinking about raising a concern. In addition, we have a network of staff advisers, who are independent sources of advice and support for any employee who wishes to raise a concern about the manner in which they have been treated.

We encourage our workforce to be involved in our performance, and frequently gain their opinion and feedback through our annual staff survey, through regular engagement events and our quarterly friends and family test which indicated on average in 2018-19 that 66% of our workforce would recommend The Christie to their friends and family as a place to work and 93% would recommend it as a place for care and treatment. Also, our monthly board of directors and council of governors meetings are public, and staff are welcome to attend.

Our staff quarterly magazine and our monthly team brief, which is delivered face to face by the Chief Executive, cascade key information and messages about the Trust's performance, plans and developments, changes to services and information that is of interest to our staff.

Our process for welcoming staff includes a trust induction, which provides the opportunity to meet our Chief Executive and learn more about the Trust. In addition to the trust induction, nursing colleagues have the opportunity to meet with the Chief Nurse during their first six weeks within the organisation.

The trust recognises its legal duty to protect patients, staff and visitors from the risk of injury or work-related ill health. There is an effective executive-led approach to managing health and safety with close co-operation between management and staff side representatives. Managers have access to specialist trained advisers in health and safety, moving and handling, fire and security. In addition, advice and support are available from radiation protection, infection control, occupational health and waste management.

Equality, Diversity & Inclusion

Creating an inclusive culture for our patients and staff is vital to what we do at The Christie. Our approach to equality and diversity is to ensure our care is individual and patient-centred, and that patients, visitors and colleagues are treated with dignity and respect at all times.

We are determined to ensure that we offer equal access to healthcare and employment opportunities to everyone in the communities we serve. We are committed to actively promoting equality across all our activities with the intention of achieving and maintaining a fully inclusive organisation.

Recognising our responsibilities, there is an effective executive-led approach to promoting

inclusion activities in respect of service delivery and the workforce. We regularly discuss workforce equality issues with trade union colleagues through our staff forum and our senior managers through workforce committee.

As part of our commitment to meeting our legal duties, we have developed our [equality objectives for 2020 to 2024](#). To help us fulfil our commitment in this area to our patients and staff, we have developed our first [equality, diversity and inclusion plan for 2019 to 2023](#).

Gender Pay Gap

Information on the Trust's gender pay gap can be found at <https://gender-pay-gap.service.gov.uk/Employer/2qJmZZZ5/2019>

Our staff (headcount at year end 2020 including non-executive Directors)

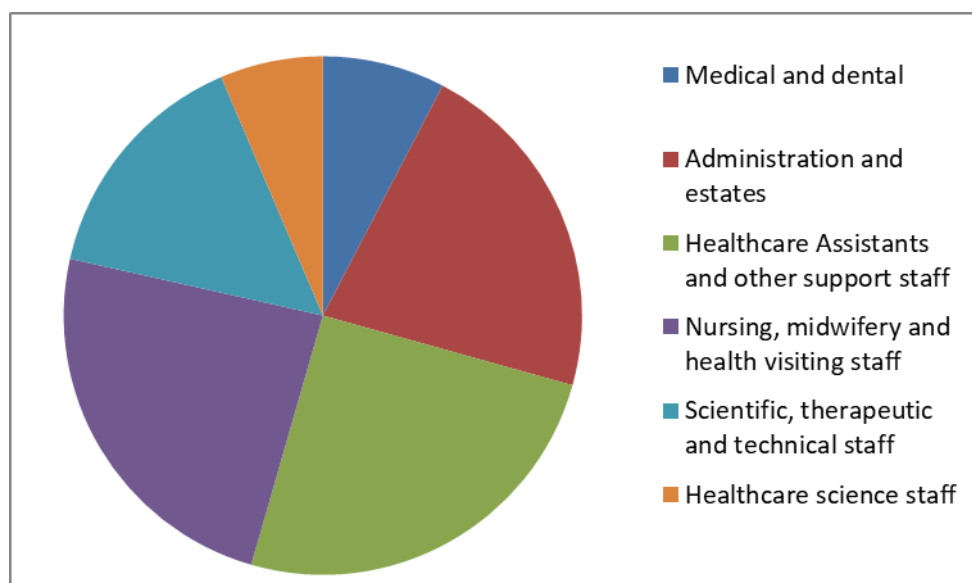
	Male	Female
Directors	6	7
Other senior managers	11	16
Employees	819	2220

	Male	Female
Directors	46%	54%
Other senior managers	41%	59%
Employees	27%	73%

Our staff (headcount at year end 2020 including non-executive Directors) continued

	Fixed Term Temp	Non-Exec Director / Chair	Permanent	Grand Total
Administration and estates	61	7	612	680
Healthcare assistants and other support staff	192	0	585	777
Healthcare science staff	7	0	176	183
Medical and dental	66	0	172	238
Nursing, midwifery and health visiting learners	0	0	0	0
Nursing, midwifery and health visiting staff	108	0	618	726
Scientific, therapeutic and technical staff	33	0	442	475
Grand Total	467	7	2605	3079

Average numbers of persons employed (WTE) in 2019-20



Average numbers of persons employed (WTE) in 2019-20 (subject to audit)

Group 2019-2020			
	Total	Permanently employed	Other
	WTE	WTE	WTE
Medical and dental	212	153	59
Administration and estates	600	552	48
Healthcare assistants and other support staff	695	517	178
Nursing, midwifery and health visiting staff	665	564	102
Scientific, therapeutic and technical staff	417	385	32
Healthcare science staff	177	168	10
Total	2766	2339	429

Staff exit packages (subject to audit)

Group 2019-2020			
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	4	4	8
£10,000 - £25,000	1	7	8
£25,001 - £50,000	0	4	4
£50,001 - £100,000	3	2	5
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit packages by type	8	17	25
Total resource cost (£000's)	208	454	662

Exit packages: non-compulsory departure payments

	Agreements number	Total value of Agreements £000
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs	14	447
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice	3	7
Exit payments following Employment Tribunals or court orders		
Non- contractual payments requiring HMT approval		
Total	17	454
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

Employee expenses (the following table has been subject to audit)

Group 2019-20			
	Total	Permanently employed	Other
Salaries and wages	117,282	114,996	2,286
Social security costs	11,014	11,014	
Apprenticeship levy	529	529	
Employers' contribution to NHS pensions	19,437	19,437	
Pension costs - other contributions	64	64	
Termination benefits	0	0	
Agency/ contract staff	841	0	841
Total	149,167	146,040	3,127

Capitalised staff costs are excluded from this note and total £398k (2018-19 £550k)

Off payroll engagements

The Trust has a robust recruitment process that has been developed for individuals and agencies where IR35 rules may be relevant. Engagements and any associated staffing agencies have been

contacted requesting them to provide assurance that they agree to the HMRC IR35 ruling terms and that their responsibilities in line with this have been met. The off payroll arrangements are outlined in the 3 tables below:

For all off-payroll engagements as of 31st March 2020, for more than £245 per day and that last for longer than six months	2019-20 Number of engagements
No. of existing engagements as of 31 March 2020	6
Of which:	
Number that have existed for less than one year at the time of reporting	1
Number that have existed for between one and two years at the time of reporting	4
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	1
Number that have existed for four or more years at the time of reporting	0
Confirmation:	
Please confirm that all existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	Yes

For all new off-payroll engagements, or those that reached six months in duration, between 1 st April 2019 and 31 st March 2020, for more than £245 per day and that last for longer than six months	2019-20 Number of engagements
Number of new engagements, or those that reached six months in duration between 1st April 2018 and 31st March 2020	1
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	1
Number for whom assurance has been requested	none
Of which:	
Number for whom assurance has been received	
Number for whom assurance has not been received	
Number that have been terminated as a result of assurance not being received	

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1st April 2019 and 31st March 2020	2019-20 Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	8

Trade Union Facility Time

Table 1
Relevant Union Officials

Number of employees who were relevant Union officials during the relevant period (April 2018 – March 2019)	Full time equivalent employee number
9	8.19

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%	4
1-50%	4
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	42,677.28
Total Pay Bill	149,167,000.00
Percentage of total pay bill spent on facility time calculated as: (total cost of facility time ÷ total pay bill) x 100	0.028%

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	6.94%

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 2019-20 to discuss executive director pay. At its July 2019 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 executive director pay in February 2020 following receipt of the awaited guidance. It was agreed that the NHSE/I guidance on executive director pay should be followed. The committee approved a consolidated increase of 1.32% payable from 1 April 2019, plus a one-off non-consolidated cash lump sum of 0.77%.

Non-executive directors

The chair of the foundation trust is expected to devote 3 days a week to her duties which may include some time commitment during the evening or weekend.

Non-executive directors are expected to devote sufficient time to ensure satisfactory discharge of his/her duties. This will be no less than 2.5 days per month and will comprise a mixture of set commitments with more flexible arrangements for ad-hoc events. Non-executive directors are not entitled to any payment for loss of office.

Non-Executive Directors are not employees of the Trust. They receive no additional benefits or entitlements other than reasonable expenses which are paid in accordance with the approach set out initially by the Trust Development Authority (TDA) and then endorsed by the then 'Monitor' for foundation trusts. Non-executive directors are not entitled to any termination payments.

In 2017-18 four non-executive directors received expenses. The aggregate sum of expenses paid was £3,757.99.

In 2018-19 four non-executive directors received expenses. The aggregate sum of expenses paid was £4,015.89.

In 2019-20 five non-executive directors claimed and received expenses; the aggregate sum of expenses paid was £2,550.84.

Terms of Office

The term of office for Non-Executive Directors at the Trust is 3 years (to a maximum of 9 consecutive years). Non-Executive Director re-appointments are managed in accordance with NHS Improvement's Code of Governance, i.e. any term beyond six years (two three-year terms) will be subject to rigorous review and subject to

annual reappointment. The term of each non-executive director is included in the table below.

Termination

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

forward to remove the chair or such non-executive director based upon the same reasons within 12 months of the meeting.

Remuneration

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

The governor nominations committee met in 2018-19 to discuss the remuneration of the chairman and the non-executive directors. No further changes were considered to these rates of pay in 2019-20.

Non-executive director payments

	Fee payable	Additional fee payable	Start of term	Term of office	End of current term
Christine Outram	£43,981	N/A	01/10/2014	Second	30/09/2020
Kathryn Riddle *	£12,850	£3,000 to chair the Charitable Funds Committee	13/05/2015	Second	12/05/2020
Neil Large *	£12,850	£3,000 to chair the Audit Committee	15/07/2015	Second	14/07/2020
Kieran Walshe	£12,850	£3,000 to chair the Quality Assurance Committee	01/07/2015	Second	30/06/2021
Jane Maher	£12,850	N/A	01/09/2015	Second	31/08/2021
Robert Ainsworth	£12,850	£3,000 to chair The Christie Pharmacy (recharged)	07/03/2016	Second	06/03/2022
Tarun Kapur	£12,850	N/A	01/06/2016	Second	31/05/2022

* Held interim non-executive director posts from May and July 2014 respectively

Senior managers' remuneration

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

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

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

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

Any overpayments will be managed in accordance with the Standing Financial Instructions. There is no additional benefit that will become receivable by a director in the event that that senior manager retires early. No exit packages or non-compulsory departure payments were agreed for any of the senior managers in year.

Executive Directors are expected to devote sufficient time to ensure satisfactory discharge of their duties in accordance with agreed responsibilities and rotas as determined by their manager. The performance of the executive directors is assessed through regular appraisal against pre-determined objectives. Comparative remuneration data is used to determine market rates of similar acute NHS Foundation Trusts. The executive directors are all employed on a permanent contract basis with set salaries that do not include any other components.

We have reviewed our policies in relation to executive remuneration and they ensure that we have all the necessary governance in place and use appropriate benchmarking to ensure that our pay levels are reasonable and publicly justifiable. Where executive directors are paid more than £150,000 this is a reflection of market rates.

Remuneration ranged from £15k to £240k (in 2018-19 it was £15k to £195k). The banded remuneration of the highest paid director at The Christie in the financial year 2019-20 was £235-240k (2018-19, £190-195k). This was 7.75 times the median remuneration of the workforce, which was £30.4k (2018-19, £29.2k).

In 2019-20, 0 (2018-19, 0) employees received remuneration in excess of the highest paid director.

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

Name and title	2019/20						2018/19					
	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	190-195	0	0	0	22.5 - 25	215 - 220	190 - 195	0	0	0	17.5-20	205-210
J Fitzpatrick Director of Finance & Business Devel	140-145	0	0	0	17.5 - 20	155 - 160	135 - 140	0	0	0	105-107.5	240-245
J Bird Chief Nurse Left 1/9/2019	50 - 55	0	0	0	0	50 - 55	125 - 130	0	0	0	5-7.5	130-135
J Gray* Interim Chief Nurse Appointed 1/9/2019 Left 31/2/2020	60 - 65	0	0	0	92.5 - 95	155 - 160	0	0	0	0	0	0
W Makin ** Medical Director (Internal)	185 - 190	0	0	0	15 - 17.5	200 - 205	180 - 185	0	0	0	0	180-185
C Harrison*** Medical Director (External)	235 - 240	0	0	0	0	235 - 240	190 - 195	0	0	0	0	190 - 195

	2019/20						2018/19					
Name and title	Salary and fees (bands of £5,000)	Taxable benefits (total to nearest £100)	Annual performance related bonuses (bands of £5,000)	Long term performance related bonuses (bands of £5,000)	Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary and fees (bands of £5,000)	Taxable benefits (total to nearest £100)	Annual performance related bonuses (bands of £5,000)	Long term performance related bonuses (bands of £5,000)	Pension related benefits (bands of £2,500)	Total (bands of £5,000)
F Noden Chief operating officer Left 31/3/2020	135-140	0	0	0	20 - 22.5	155 - 160	130 - 135	0	0	0	7 - 7.25	140-145
B Delahoyde Chief operating officer Appointed 24/2/2020	10 - 15	0	0	0	0 - 2.5	10 - 15	0	0	0	0	0	0
Chris Outram Chairman	40 -45	0	0	0	0	40 -45	40 - 45	0	0	0	0	40 - 45
Kathryn Riddle Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Neil Large Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Kieran Walshe Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Jane Maher Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Robert Ainsworth**** Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Tarun Kapur Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15

	2019/20						2018/19					
Name and title	Salary and fees (bands of £5,000)	Taxable benefits (total to nearest £100)	Annual performance related bonuses (bands of £5,000)	Long term performance related bonuses (bands of £5,000)	Pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary and fees (bands of £5,000)	Taxable benefits (total to nearest £100)	Annual performance related bonuses (bands of £5,000)	Long term performance related bonuses (bands of £5,000)	Pension related benefits (bands of £2,500)	Total (bands of £5,000)
Band of highest paid director's total remuneration (£'000)	235 - 240						190-195					
Median total remuneration	30,401						29,177					
Ratio	7.8						6.5					

* Ms Janelle Yorke was appointed as Nurse Executive from 1 April 2020.

** The remuneration for Dr Makin disclosed above is the total remuneration package. A small proportion of Dr Makin's package relates to her clinical role

***The remuneration for Prof Chris Harrison disclosed above is the total remuneration package for his role as Executive Medical Director (Strategy) at The Christie NHS Foundation Trust.

**** Mr Ainsworth receives £3,000 per annum 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 2019 was £3,000 (period ending 31st March 2018 - £920).

The Executive Directors of The Christie Pharmacy Limited are Senior Managers employed by The Christie NHS Foundation Trust and are not included in the table above. Neither of the Executive Directors of the subsidiary company receives additional remuneration for these roles.

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

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

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

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in The Christie in the financial year 2019-20 was £235,000 - £240,000 (2018-19 £190,000 - £195,000). This was 7.8 times (2018-19 6.5 times) the median remuneration of the workforce, which was £30,401 (2018-19 £29,177).

In both 2018-19 and 2019-20 no employee received remuneration in excess of the highest paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Salary and pension entitlements of senior managers

Pension benefits

Name and title	Real increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age at 31 March 2019 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2018 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Employers Contribution to Stakeholder Pension £000
R Spencer	2.5 - 5	0	80 - 85	230 - 235	1,754	45	1,870	0
J Fitzpatrick	0 - 2.5	0	60 - 65	170 - 175	1,285	34	1,370	0
J Gray	2.5 - 5	10 - 12.5	30 - 35	80 - 85	442	80	603	0
W Makin	0 - 2.5	5 - 7.5	95 - 100	285 - 290	0	0	0	0
F Noden	0 - 2.5	0	55 - 60	135 - 140	1,092	31	1,169	0
B Delahoyde	0 - 2.5	0 - 2.5	40 - 45	130 - 135	995	3	1,064	0

J Bird took retirement on 30 July 2019 and is therefore not included in the above table.

C Harrison left the pension scheme on 1 February 2016 and is therefore not included in the above table.

W Makin is over the National Retirement Age in the existing scheme and therefore a CETV calculation is not applicable.

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

'NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement. During the year, the Government announced that public sector pension schemes will be required to provide indexation on the Guaranteed Minimum Pension element of the pension. NHS Pensions has updated the methodology used to calculate CETV values as at 31 March 2020. The impact of the change in methodology is included within the reported real increase in CETV for the year'.

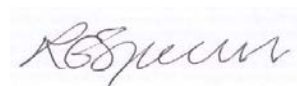
Cash Equivalent Transfer Values

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.

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
22nd June 2020

Oversight Framework

NHS England and NHS Improvement's Oversight Framework provides the framework for identifying the potential support needs of healthcare providers. The framework looks at five themes:

- Quality of care
- Operational performance
- Leadership and improvement capability (well-led)
- Finance and use of resources
- Strategic change

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

We have been segmented as a 1 (maximum autonomy). This is the best possible assessment and reflects high performance across the 5 themes.

This segmentation information is the Trust's position as at 31st March 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the NHS England and NHS Improvement's Oversight Framework the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20 scores				2018/19 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	1	2	2	2	1	1	1	1
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	2	1	1
	Agency spend	1	1	1	1	2	1	1	1
Overall scoring		1	1	1	1	1	1	1	1

The Trust's finance and use of resources score for 2019-20 is 1, as it has been since the Single Oversight Framework was introduced in 2016-17. This score represents the strongest performance possible.

As recorded in the finance score calculation, agency spend against the £989k ceiling set by NHSI stands at £841k for 2019-20, which includes £24k of agency spend on services hosted by The Christie.

Statement of compliance: NHS Foundation Trust Code of Governance

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

The NHS Foundation Trust code of governance sets out best practice principles and processes to assist NHS foundation trusts to achieve this goal. The main areas are:

Leadership

Every NHS foundation trust should be headed by an effective board of directors. The board is collectively responsible for the performance of the NHS foundation trust.

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

Effectiveness

The board of directors and its committees should have the appropriate balance of skills, experience, independence and knowledge of the NHS foundation trust to enable them to discharge their respective duties and responsibilities effectively.

Accountability

The board of directors should present a fair, balanced and understandable assessment of the NHS foundation trust's position and prospects.

The board of directors is responsible for determining the nature and extent of the

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

Relations with stakeholders

The board of directors should appropriately consult and involve members, patients and the local community and the council of governors must represent the interests of trust members and the public.

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

During 2019-20 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 2012.²

Statement of the Chief Executive's responsibilities as the accounting officer of The Christie NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Christie NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Christie NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

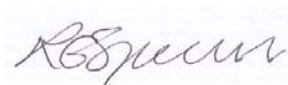
- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis.

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 him/her 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
22nd June 2020

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 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors pay close attention to the risk management processes of the Trust. The Board has approved a three year Risk Management Strategy and Framework and annually in September they receive an outcome report against the achievement of the milestones within the strategy. On a monthly basis, the Board of Directors reviews the corporate risk register and the Board Assurance Framework in the public meeting. At each of the formal Board sub committees, which are the Audit and Quality Assurance Committees and which are wholly Non-Executive Director led, they carry out a review of the Board Assurance Framework and they escalate any concerns directly to the Board of Directors.

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

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

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

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

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

In the last CQC inspection in 2018 the risk management and governance systems in the well led domain were tested and the Trust was rated as Outstanding.

As accounting officer, I have overall responsibility for risk management processes across the organisation. I have delegated responsibility for the coordination of risk management systems and processes to the chief nurse & executive director of quality. She discharges her responsibilities through the quality & standards division, which includes lead officers for the Care Quality Commission (CQC), National Health Service Resolution, the corporate risk register and the incident reporting management system. She coordinates the governance and risk

management arrangements undertaken within the organisation through performance review meetings with all operational divisions and through the risk & quality governance committee.

The board assurance framework is delegated to the company secretary thereby ensuring impartiality from the operational management of the Trust. The Board assurance framework is reviewed at all of the Audit and Quality Assurance committee meetings and at all of the Board of Directors meetings. Internal Audit presented the annual assurance framework opinion in March and concluded that 'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board, clearly reflects the risks discussed by the Board and the identified controls and assurances are relevant.'

Risks associated with information systems and processes are the responsibility of the executive director of finance & business development who acts as the senior information risk owner. The risk management strategy & framework (2017-2020) provides a framework for managing risks across the organisation, which is consistent with best practice and Department of Health guidance. The strategy provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels across the organisation. The strategy sets out the role of the board of directors' and standing committees together with individual

responsibilities of the Chief Executive, executive directors, managers and all staff in managing risk. In particular, the risk and quality governance committee through its sub-committees of patient safety, patient experience and clinical & research effectiveness, provides the mechanism for managing and monitoring risk throughout the Trust and reporting through to the board of directors'. The risk management system was thoroughly tested during the CQC comprehensive inspection in May 2016 and again in 2018.

The board receives its assurances on the risk management and governance arrangements in place through its quality assurance and audit committees. Both of these are non-executive board committees and each is chaired by a non-executive director. All non-executive directors have independent access to internal and external auditors. ☐

Our staff are well trained and equipped to manage risk in a number of ways appropriate to their authority and duties. Risk management training is provided for all staff through our comprehensive induction programme. In addition, there is specifically tailored training for individual roles and these are agreed with staff through personal development plans. Regular risk management awareness training continues for all staff through our corporate essential training programme. This includes key risk areas such as incident reporting and investigation, Root Cause Analysis training, human factors training, complaints handling, infection

prevention & control, health and safety, moving and handling and counter fraud and prevention.

We aim to ensure that we learn from internal and external incidents and share good practice through a range of mechanisms including governance meetings, team briefings, action plans arising from external reviews such as National Inquiries, publications of the Royal Colleges, peer review and PLACE inspections. The board of directors also reviews the outcomes and action plans of relevant corporate reports.

The risk and control framework

The 2017-2020 Risk Management Framework has five elements, based on the Health Foundation 2014 Policy for monitoring and measuring safety. Each element has key milestones in place in order to:

- a) Ascertain whether it has been safe for patients, staff and others in the past
- b) Identify whether our systems and processes are reliable
- c) Ensure sensitivity to operations so that we are safe in the present
- d) Anticipate and prepare to ensure that we will be safe in the future
- e) Integration and learning to ensure we are responding and learning as appropriate

The work is prioritised over the three years of the strategy and links with and is complementary to the quality improvement plan, the operational plan and the Trust's five year strategy. The operational delivery of the incident reporting and risk register system, electronic patient record and prescribing

systems across the in-patient and outpatient setting will all assist and support the delivery of safer care and practice. 2

The high level committee structure for the management of safety and risk is effective in ensuring that the Trust's systems and processes are as safe as possible. Membership of these committees is multi-disciplinary and is chaired by medical leaders and includes representation by other key members of Trust staff. There is an annual review of the effectiveness of the terms of reference and any issues are managed at that point. There are mature risk management policies and procedures in place, with an underpinning process to ensure that these policies consider all aspects of risk when in development or review. These policies and procedures were tested by the CQC during their comprehensive inspection in 2018. There is a mature system of clinical audit across all departments and teams in the Trust, with encouragement to prioritise projects that deliver improvements for our patients. There are processes to follow up where there is weak assurance of the standards of care so that appropriate actions are taken.

The Board on an annual basis reviews its Risk appetite and this is shown in the public board papers. The risk appetite statement is taken into account when considering strategic decisions, business cases and quality matters.

The Board, In order to be assured that it is meeting the outcomes required by the Care Quality Commission, has engaged the internal auditors to carry out quality spot checks and

also to review elements of the well led outcomes. The outcome of the audits and compliance reviews are presented to the Board on an annual basis in April to show adherence with the CQC standards. The 2018 CQC inspection outcome showed the Trust to be Outstanding in the key lines of enquiry and for the well led domain.

The information below sets out the current top corporate risks to the organisation and their risk score.

Up until quarter 4 2019/20, the Trusts top risk related to the challenges in meeting the 24/62 day national cancer waiting time standards. If the standards are not met this could impact patients by causing delays to their care and treatment. There could also be a potential reputational risk of non-compliance with national cancer standards at Trust and Cancer Network level. This risk is currently scored at a 20 on our risk register and there are a range of mitigating actions with a small number of clinical service lines within the organisation and also work on cancer pathways across Greater Manchester to ensure delivery of these key cancer standards. A clinical review is undertaken of the pathway of every patient that breaches the 62 day target to look at any adverse impact of the delay on their care. This is reported to the Quality Assurance Committee.

We, like most other organisations in the NHS, have an overarching risk with regards to staffing gaps due to national shortages in some occupations such as nursing, radiology, rotational junior medical staff and

radiotherapy staff. We have identified this could lead to a negative impact on engagement levels and the delivery of services. The risk is currently scored as a 16 on our risk register and there are a range of actions in place to ensure recruitment and retention work programmes are in place. The Trust is also part of the NHSI recruitment and retention collaborative.

An increase in demand for diagnostic testing and issues with staffing created delays in the reporting of CT scans. This resulted in a risk to patient experience; possible delays in the delivery of care and treatment, and potential for patients to remain on treatments which are no longer effective. This risk was scored as a 20. The backlog of CT scans was prioritised and managed to ensure that all scans were reported and processes put in place to ensure the reporting is managed in a timely way going forward.

Across the course of the year there was a regular failure of supply of the radiopharmaceutical tracer, FDG, used in PET-CT scanning. This resulted in delays in patient's scans, increased probability of breaches of national targets, breaches of research protocols and damage to the Trust's reputation. This risk was scored at 16. The issues with supply have been rectified in the later months of the year.

On 16th March NHSE declared a level 4 incident in response to the global pandemic of COVID-19. This allows NHSE's national team to direct all health service resources in

England through its regional teams, according to NHSE's Emergency Preparedness, Resilience and Response Framework. As a result we implemented our incident response plans aimed at managing the risk. We also participated in the Great Manchester & Cheshire Hospital Cell in order to be part of a coordinated and sustained response.

We have not identified any principal risks to compliance with the NHS Provider licence and throughout the 2019-20 financial year, the Trust has achieved a score of 1 for Use of Resources and 1 for Governance, the best scores possible.

We have a mature risk and quality management system as tested by the CQC in the 2018 inspection. The inspection rated us as Outstanding for the core standards reviewed and the well led domain.

Board sub committees of Audit and Quality Assurance are wholly non-executive director led and have an annual work plan which also includes a review of the committee's effectiveness. There are strong reporting lines and the minutes of the meeting and any escalations are formally reviewed at the Board of Directors meeting. Executives are only in attendance at these Board assurance committees.

The reports provided to the audit and quality assurance committees are, in the main, audits that have been carried out by the internal audit function and this provides the Board with independent assurance.

At their monthly public meetings, the Board of Directors receive the integrated performance and quality report and this is discussed in detail.

Through the risk management systems, all business cases and policies have an equality impact assessment (EIA) and will not be approved without the EIA being reviewed by the approving committee.

We have a workforce plan that is updated annually and is signed off by the Board of Directors. Our workforce planning process has been developed in accordance with 'Developing workforce safeguards.' The approach includes:

- Undertaking a baseline assessment, to collect up to date workforce intelligence using a specifically designed workforce planning template and supported through engagement events
- Aligning this assessment with the annual planning round to ensure workforce planning is integrated with service and financial planning
- Analysing returns to identify workforce availability and key workforce challenges
- Developing short and medium term strategies
- Monitoring implementation through the Workforce Committee

Every six months the Board of Directors receives and approves a review of the nurse and allied health professional safe staffing levels. The report meets the recommendations of the 'Developing Workforce Safeguards' recommendations.

The safe staffing levels are published monthly in the integrated performance and quality report and where staffing levels fall below the accepted level an exception report is provided to the board members. The Board has engaged with NHS Improvement on their nursing retention improvement initiative and has developed an improvement plan to ensure that best practice on recruitment and retention are adopted.

Our risk management strategy aims to control, manage and mitigate risk. It sets out a system for continuous improvement via risk management which extends to all areas of the organisation. It aims to reduce clinical and non-clinical risks. Risk management is integral to Trust business and is embedded in the culture of the Trust. Individual and organisational learning from incidents, mistakes, accidents and near misses is a key component of the Trust's risk management strategy to ensure continual improvement.

Risks are quantified based on the risk management standard ISO 31000:2009 which measures risk using a combination of consequence (also described as impact or severity) and the likelihood (or probability or frequency) of an event occurring. During 2019-20 there have been 10 high scoring corporate risks (16 and above); all risks have been appropriately managed during the financial year using the Trust's risk management systems.

We use Datix to support our risk management and risk register processes. This database encompasses incidents, formal and informal

complaints, litigation details and risks. All staff have a role in identifying risks and helping to reduce their impact.

Key risks for the organisation, corporate and divisional, are reported in the integrated performance and quality report and are reviewed formally by the risk and quality governance committee, management board and the board of directors at each of their meetings. Identified risks are reported using the Trust's integrated performance and quality reporting structures and are reviewed at divisional, management and board meetings. Managers systematically assess risk in their areas of responsibility. All risk assessments are documented and risks recorded on the risk register. Once analysed the higher scoring risks are managed by higher level committees in the organisation. Risk control measures are identified and where resources may be required to control the risk a business case is developed; these are treated as a priority.

The risk and control framework is based on a board reporting process which ensures that information is presented to the board in a timely manner and in an appropriate format. The board assurance framework provides an immediate means of alerting the board to areas of concern or failures of control, enabling the board to ensure that the appropriate management resource is committed to resolving such issues. The reporting process includes the corporate plan which identifies the strategic objectives of The Christie. Progress towards their achievement is presented to the board twice a year. The

board assurance framework is regularly reviewed and updated using the corporate risk register and corporate plan and is presented to the board at the start of the year and reviewed by the audit committee, quality assurance committee and the board of directors at each of their meetings. Each objective is allocated to either the audit or quality assurance committee. The presentation of the assurance framework has been improved to assist the board to judge the effectiveness of control measures intended to reduce the risks to the organisation in achieving its principal objectives. The audit and quality assurance committees examine issues at random and in depth to ensure that the system accurately describes risk and controls. The board has an agreed risk appetite statement which was reviewed and agreed during the development of the 2017-20 risk management strategy.

We work with a number of partner organisations as shown below, to ensure that risks to The Christie are identified, assessed and appropriate action is taken; these organisations include:

- NHS England specialised commissioning team (North) and Greater Manchester CCGs
- One of the 37 partners that make up the Greater Manchester Health & Social Care Partnership
- Member of the Provider Federation Board
- The University of Manchester and The University of Salford and a number of other academic institutes and professional bodies to ensure training and education is delivered in line with national standards

and the academic expectations of relevant bodies

- Manchester Cancer Research Centre, a formal partnership between The Christie, The University of Manchester and CRUK
- Manchester Cancer, the cancer programme of Greater Manchester's devolved health and social care system
- Part of Health Innovation Manchester which includes Manchester Academic Health Science Centre (MAHSC), a partnership between The University of Manchester and six NHS organisations, uniting leading healthcare providers with world-class academics and researchers.
- Other acute trusts and CCGs as part of Greater Manchester Cancer Board
- Our private patient joint venture partner Health Corporation of America to continually develop private patient services at The Christie;
- Our wholly owned subsidiary pharmacy service which offers both outpatient and inpatient dispensing services.
- Our pathology services partner Synlab UK Ltd to improve turnaround times for our patients and maintain delivery of high quality results.
- Our contract partners Alliance Medical Limited in the delivery of PET-CT services which includes clinical leadership, training & education and research co-ordination
- Cancer Research UK

Our response to national alerts and governance action is managed through the patient safety committee and management board and reported to the board of directors.

We also engage with the public and NHS stakeholders in the following way:

- public: council of governors and committees of governors, members' meetings, local public engagement meetings, and patient surveys (both internal and external), suggestion schemes and the patient comment system
- NHS: The Christie Commissioning Group Board (currently led by NHS England specialised commissioning team (North) and Greater Manchester CCG's), Greater Manchester Cancer Board, CCG representation on the drugs management committee
- Local Authority: The Christie Neighbourhood forum which includes a representative from MCC and local residents for input into trust developments and our Green Travel Plan. Greater Manchester Combined Health Authority through the Greater Manchester Health and Social Care Partnership.

We are fully compliant with the registration requirements of the Care Quality Commission. We have published on our website an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into

the Scheme are in accordance with the Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

We have undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control to ensure that resources are used economically, efficiently and effectively. My review is informed by the work of the internal auditors, clinical audit and the executive directors within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. Divisional and corporate departments are responsible for the delivery of financial and other performance targets via our performance management framework which includes monthly performance reviews with each service.

Evidence is also shown in the strong track record we have of transforming our services to deliver service improvements and operational efficiencies. To ensure the patient is at the centre of our planning, we have configured our efficiency programme to reflect the end to end clinical pathways for our patients. These Cost Improvement Plans are only approved once the Executive Medical Director and Chief Nurse & Executive Director of Quality sign off the proposals as having no detrimental impact upon the quality of care provided to our patients. The accepted improvement schemes are reported and monitored within the Integrated Quality and Performance Report and presented at the public Board of Directors meeting.

We are working closely with other specialist oncology centres (Clatterbridge and The Royal Marsden) to identify and implement best practice across all Trusts to deliver efficiencies and commercial opportunities. In particular, the Trust is making use of the opportunities provided by the North West Radiotherapy Network to improve consistency of radiotherapy provision for patients across the network as well as a focus on staffing and machine efficiency and optimisation within each Trust. We continue to collaborate through the Costing Transformation Programme so that we have access to improved patient level data from other providers which we use to assess our use of resources and address any areas of variation.

We are highly engaged in the Greater Manchester Health and Social Care Partnership transformation programme which

has key work-streams aiming to deliver cost improvements across the health economy. GM has a large and varied programme of works and as these work streams progress over the subsequent years, we will benefit from scheme implementation. Specific areas of opportunity include pharmacy and back-office functions; in particular, the Trust is progressing a new Pharmacy Supply Chain model with Trusts across GM that should lead to improved efficiencies from staffing and productivity improvements across organisations. We are also working proactively with partners in GM Cancer to deliver improvements and efficiencies to patient cancer care pathways across the city.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, audit, quality assurance, risk and clinical governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The overall Head of Internal Audit opinion for the period 1st April 2019 to 31st March 2020 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 third party providers upon which the Trust

places reliance. NHS Shared Business Services (SBS) provides the Trust's payroll service and the Trust receives an independent "Service Quality Report" in relation to SBS's operations. As a result of the Covid-19 pandemic, the report was qualified. The Trust has reviewed the report and the issues identified and assured itself that sufficient mitigation's exist that assurance can still be gained from the report.

Information governance

Our current top 3 data security risks, as advised by an external specialist, are managed through compliance with the data security and protection toolkit which is mandated by NHS Digital. In addition to the toolkit, we are also working towards Cyber Essentials Plus accreditation and this is recorded in the corporate risk register. Data security and information governance incidents are managed in accordance with internal and external reporting requirements; for the year 2019–20 the trust had no externally reportable data breaches.

Information governance risks are managed as part of the risk management systems and processes and assessed using the data security and protection toolkit. The Trust's risk register is updated with currently identified information risks including data quality and data security which are reviewed by the Risk and Quality Governance Committee. We are compliant with GDPR legislation which came into effect on 25th May 2018. Compliance is monitored through our risk management systems and the data security and protection toolkit. In addition,

independent assurance is provided as part of the NHS Improvement coding and costing assurance audit process, and the data security and protection toolkit self-assessment review undertaken by internal audit which gained substantial assurance.

Data Quality & Governance

The Board of Directors has engaged the external auditors to provide assurance that the quality of our data is accurate and that there are appropriate systems of internal control. This data may relate to quality indicators such as infection rates, levels of complaints and incidents as well as progress against national and internal targets including all national cancer standards, diagnostic waits and referral to treatment standards. The external auditors have reviewed data sets as prescribed by NHS Improvement. This data is reviewed by the Board throughout the financial year in the integrated performance and quality report.

Our performance reporting presents a balanced view and is based on accurate data. The board of directors' is assured of this through the Trust's governance processes and leadership by the executive team. Systems are in place to collect, validate and analyse all data using the appropriately skilled team. This may be the information or performance team, infection control team, internal audit team, the quality & standards team or the NHS England cancer waiting times team. Our monthly integrated performance and quality report details this data every month. The monthly reports are considered by the senior clinicians and managers of the organisation at monthly management board and

performance review meetings and by the board of directors.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, the executive and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, audit committee, quality assurance committee and the risk & quality governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework provides me with evidence that the effectiveness of controls to manage risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Assessment of financial reports submitted to NHS Improvement, the Independent Regulator of NHS Foundation Trusts
- The CQC comprehensive inspection in May 2016 & the routine and well led inspection in 2018
- Opinions and reports made by external auditors

- Opinions and reports made by internal auditors
- NHS Litigation Authority claims profile and other external inspections, accreditations and reviews.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been reviewed by:

- The Board; through consideration of key objectives and the management of principal risks to those objectives within the Assurance Framework, which is presented at board meetings
- The Audit Committee by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Quality Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Risk and Quality Governance Committee by implementing and reviewing clinical governance and risk management arrangements and receiving reports from the sub risk committees
- External assessments of services

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. The outcome of the self-assessment for 2019/20 was that the trust declared substantial compliance with the Core Standards. Evidence of compliance, supported by a Board-approved Statement of EPRR Conformity, was submitted to the commissioners.

Adaptation

Events such as heatwaves, severe cold weather and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies. These include:

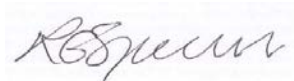
- Major incident plan
- Business continuity plan
- Evacuation Plan
- Pandemic influenza plan (relevant for response to Covid-19 pandemic)
- Heatwave Plan
- Winter Plan

These are all operational plans that comply with the NHS England framework for emergency preparedness, resilience and

response. Risk assessments and contingency plans are in place for specific events such as flooding and heatwave.

Conclusion

As accounting officer and based on the information provided above I am assured that no significant internal control issues have been identified.

A handwritten signature in dark ink, appearing to read 'R Spencer', is displayed on a light blue rectangular background.

Roger Spencer
Chief Executive
22nd June 2020

Independent auditor's report to the Council of Governors of The Christie NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

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 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS Foundation Trust Annual Reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

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 2020 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; 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. 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.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.


Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the group and Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.



Grant Thornton

Overview of our audit approach

Financial statements audit

- Overall materiality: £6,618,000, which represents 2% of the group's gross operating expenses;
- Key audit matters were identified as:
 - Valuation of land and buildings
 - Covid-19
- The group consists of six components – the Christie NHS Foundation Trust, two wholly owned subsidiaries and three joint ventures.

We performed a full scope audit of the Christie NHS Foundation Trust and audit testing on classes of transactions, account balances, or disclosures relating to the subsidiaries and joint ventures which were material to the group position or included a likely significant risk of material misstatement to the group financial statements.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We did not identify any significant risks in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the financial statement audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Trust

How the matter was addressed in the audit – Group and Trust

Risk 1 - Valuation of land and buildings

The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the financial statements is not materially different from current value in use at the year-end date. In the intervening years, such as in 2019/20, the Trust requests a desktop valuation from its valuation expert. The valuation represents a significant accounting estimate by management in the financial statements, which is sensitive to changes in assumptions and market conditions.

Management engage the services of a qualified valuer, who is a Regulated Member of the Royal Institute of Chartered Surveyors (RICS), to estimate the current value of its land and buildings. The last full valuation was as at 31 March 2019. When a significant new building is brought into use, the Trust requests a full valuation of that property from its valuation expert. However, there have been no such instances in 2019/20.

The effects of the COVID-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances.

In their 2019/20 valuation report the Trust's valuer, the Valuation Office Agency, included a material uncertainty and this was disclosed in note 1.4.2 to the financial statements.

Our audit work included, but was not restricted to:

- Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work;
- Evaluating the competence, capabilities and objectivity of the valuation expert;
- Discussing with the valuer the basis on which the valuation was carried out;
- Challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding;
- Evaluating the assumptions made by management for any assets not revalued during the year, including how the impact of market volatility had been considered, and how management had satisfied themselves that the existing valuations were not materially different to current value at 31 March 2020;
- Testing revaluations made during the year to see if they had been input correctly into the Trust's asset register.

The Trust's accounting policy on valuation of property, including land and buildings, is shown in note 1.4.2 to the financial statements and related disclosures are included in note 10.

As disclosed in note 1.4.2 to the financial statements, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a material valuation uncertainty in their valuation report. This is on the basis of uncertainties in the markets caused by Covid-19. The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. The values in the valuation report have been used to inform the

Key Audit Matter – Trust

We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.

How the matter was addressed in the audit – Group and Trust

measurement of property assets at valuation in the financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and the Trust believes this remains the best information available to the Trust.

The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.1.2.2 to the financial statements and is planning to keep the valuation of the property under frequent review in 2020/21.

The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates.

Key observations

We obtained sufficient audit assurance to conclude that:

- the basis of the valuation of land and buildings was appropriate, and
- the assumptions and processes used by management in determining the estimate of valuation of property were reasonable;
- the valuation of land and buildings disclosed in the financial statements is reasonable.

Risk 2 - Covid-19

The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;

- Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation
- Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates
- Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen; and
- Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties.

We therefore identified Covid-19 as a significant risk, which was one of the most significant assessed risks of material misstatement.

Our audit work included, but was not restricted to:

- Documenting and understanding the implications that the Covid-19 pandemic has had on the Trust's ability to prepare the financial statements and updates to financial forecasts
- Liaison with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arise. consideration of the Trust's risk register to identify risks arising from Covid-19.

We have evaluated:

- the adequacy of the disclosures in the financial statements relating to the impact of the Covid-19 pandemic.
- whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology
- whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances.
- management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment.

Key observations

We obtained sufficient audit assurance to conclude that:

- The Trust's disclosures are in line with the DHSC guidance relating to the impact of the COVID-19 pandemic
- Financial forecasts and the cashflow analysis of the Trust supports the ability for the Trust to prepare the accounts on a going concern basis, and
- The inclusion of a material uncertainty regarding to the valuation of the Trust's property, plant and equipment has been emphasised as a Key Audit Matter as detailed in risk 1 above.

Our application of materiality

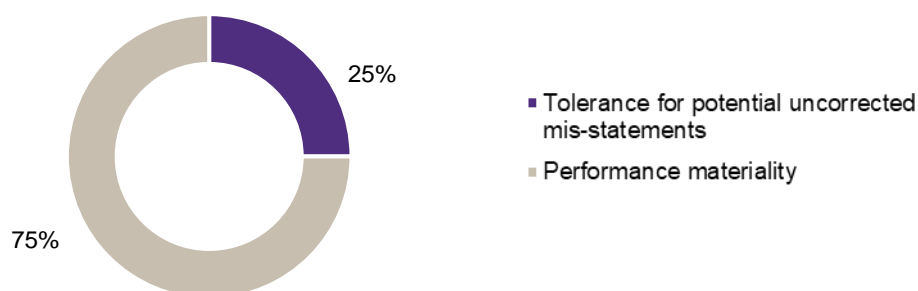
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£ 6,618,000 which is 2% of the group's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating expenses as we determined for the year ended 31 March 2019, as we did not identify any significant changes in the group or the environment in which it operates.	£ 6,617,000 which is 2% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating expenses as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Specific materiality		£19,300 for Executive Director Remuneration, equating to 2% of prior year Executive Director Remuneration.
Communication of misstatements to the Audit Committee	£ 300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£ 300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Group and Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Evaluation of identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality. We determined a component to be individually significant if it represents 15% of the group's operating expenditure.
- Identification of the Christie NHS Foundation Trust as the only significant component in the group. The Christie NHS Foundation Trust represents 96% of the group's operating income, 89% of its operating expenses and 88% of the group's total net assets. We carried out a full scope audit in relation to the Trust.

- Identification of a further five non-significant components of the group – the Christie Charitable Fund, (a wholly owned subsidiary), the Christie Pharmacy Ltd (a wholly owned subsidiary) and three joint ventures, the Christie Clinic LLP, Christie Pathology Partnership LLP and CPP Facilities LLP.
- Interim visits in December 2019 and January 2020 to evaluate the group's internal control environment including its IT systems and controls over key financial systems and processes and remote audit testing carried out in May and June 2020 to perform substantive tests on transactions and balances;
- For the Christie Charitable Fund: performing analytical techniques on the figures consolidated into the group financial statements and substantive tests on donated income and the bank balance. The Christie Charitable Fund represents 4% of the group's operating income, less than 1% of its expenditure and 12% of the group's total assets;
- For the Christie Pharmacy Ltd: performing analytical techniques on the figures consolidated into the group financial statements and reviewed the work of the component auditor. The Christie Pharmacy Ltd represents 11% of the group's expenditure and less than 1% of the group's total assets;
- For the Christie Clinic LLP: carrying out specific procedures on the Trust's share of the joint venture's profit. The Christie Clinic LLP represents 21% of the group's surplus for the year and 3% of the group's total assets. We performed analytical procedures on the group's share of the profits of its other two joint ventures. These bodies represent 2% of the group's surplus for the year and less than 1% of the group's total assets.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- The Audit Committee reporting, in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

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 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 meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 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.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2019/20 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, 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 a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer set out on page 139, 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 2019/20, 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 Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on 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 - 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 2020.

We have nothing to report in respect of the above matter.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. We have determined that there are no significant risks in the context of our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Responsibilities of the Accounting Officer

The 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 and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of The Christie NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Green

Michael Green, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

23 June 2020

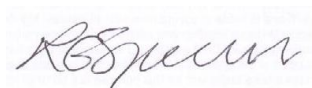
Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

FOREWORD TO THE ACCOUNTS

THE CHRISTIE NHS FOUNDATION TRUST

The Annual Accounts of The Christie NHS Foundation Trust for the year ended 31 March 2020 have been prepared in accordance with paragraphs 24 and 25 Schedule 7 within the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Roger Spencer
Chief Executive
Date:



22nd June 2020

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

Statement of Comprehensive Income for the Year Ending 31 March 2020

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
	Note	2019-2020	2019-2020	2018-2019	2018-2019
		£000	£000	£000	£000
Operating income	3	359,730	352,399	336,814	335,829
Operating expenses	4	(330,903)	(331,257)	(304,085)	(304,429)
Operating surplus/ (deficit)		28,827	21,142	32,729	31,400
Finance income	8.1	1,302	944	848	543
Finance costs - financial liabilities	8.2	(1,604)	(1,604)	(1,470)	(1,470)
Finance costs - unwinding of discount on provisions	17	(13)	(13)	(23)	(23)
PDC dividends payable		(7,350)	(7,350)	(7,362)	(7,362)
Net finance costs		(7,665)	(8,023)	(8,007)	(8,312)
Gains/(Loss) on disposal of assets		(4)	(4)	(181)	(181)
Gains/(Loss) on revaluation and disposal of investment assets	11.3	(66)	0	(1,841)	0
Corporation tax expense		(59)	0	(70)	0
		(7,794)	(8,027)	(10,099)	(8,493)
Share of profit of joint venture accounted for using the equity method	11.1	5,995	5,995	5,871	5,871
Surplus/ (deficit) for the year		27,028	19,110	28,501	28,778
Other comprehensive income					
Revaluation gains/ (losses) on Property, Plant and Equipment		5,158	5,158	639	639
Total comprehensive income for the year		32,186	24,268	29,140	29,417
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		0	0	0	0
Owners of the parent		27,028	19,110	28,501	28,778
TOTAL		27,028	19,110	28,501	28,778
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		0	0	0	0
Owners of the parent		32,186	24,268	29,140	29,417
TOTAL		32,186	24,268	29,140	29,417

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund.

The notes on pages 6 to 43 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

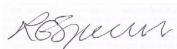
Statement of Financial Position as at 31 March 2020

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
	Note	31 March 2020	31 March 2020	31 March 2019	31 March 2019
		£000	£000	£000	£000
Non- Current Assets					
Intangible assets	9	44	44	255	255
Property, Plant and Equipment	10	342,136	341,286	329,066	329,066
Investments in joint ventures	11.1	20,747	20,747	25,362	25,362
Investment assets	11.3	481	0	538	0
Investment property	11.4	0	0	850	0
Trade and other receivables	13.1	0	717	0	1,119
Total non-current assets		363,408	362,794	356,071	355,802
Current assets					
Inventories	12	2,934	526	2,567	537
Trade and other receivables	13.1	36,139	38,073	58,048	60,187
Other financial assets	13.4	19	3	60	8
Cash and cash equivalents	14.1	207,454	145,916	158,078	103,918
Total current assets		246,546	184,518	218,754	164,650
Current Liabilities					
Trade and other payables	15.1	(34,403)	(31,250)	(29,090)	(26,290)
Borrowings	16	(3,809)	(3,809)	(3,740)	(3,740)
Provisions for liabilities and charges	17	(994)	(994)	(524)	(524)
Other liabilities	15.2	(3,150)	(3,150)	(3,504)	(3,504)
Tax payable	15.1	(2,936)	(2,917)	(2,667)	(2,647)
Total current liabilities		(45,292)	(42,120)	(39,525)	(36,705)
Total assets less current liabilities		564,662	505,192	535,300	483,747
Non-current liabilities					
Borrowings	16	(57,316)	(57,316)	(59,486)	(59,486)
Provisions for liabilities and charges	17	(821)	(821)	(636)	(636)
Other liabilities	15.2	(10,057)	(10,057)	(11,088)	(11,088)
Total non-current liabilities		(68,194)	(68,194)	(71,210)	(71,210)
Total assets employed		496,468	436,998	464,089	412,537
Financed by taxpayers' equity					
Public dividend capital	24	143,127	143,127	142,934	142,934
Revaluation reserve		47,186	47,186	42,145	42,145
Income and expenditure reserve		246,685	246,685	227,458	227,458
Financed by others' equity					
Charity Reserves	27	58,922	0	51,252	0
Pharmacy subsidiary reserves	29	548	0	300	0
Total Taxpayers' and Others' Equity:		496,468	436,998	464,089	412,537

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund.

The accounts on pages 1 to 43 were approved by the Board of Directors on 22nd June 2020 and signed on its behalf by:

Roger Spencer
Chief Executive



Date: 22nd June 2020

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

Statement of changes in taxpayers' equity for the year ended 31 March 2020

	Group					
	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charity Reserves	The Christie Pharmacy Limited Reserves	Total taxpayers' equity
	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2019	142,934	42,145	227,458	51,252	300	464,089
						0
Retained surplus/(deficit) for the year	0	0	19,110	7,670	248	27,028
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	5,158	0	0	0	5,158
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising from the consumption of economic benefits	0	(117)	117	0	0	0
Public dividend capital received	193	0	0	0	0	193
Taxpayers' equity at 31 March 2020	143,127	47,186	246,685	58,922	548	496,468
Taxpayers' equity at 1 April 2018	141,966	41,545	198,258	51,783	46	433,598
Impact of implementing IFRS 15 on opening reserves	0	0	750	0	0	750
Impact of implementing IFRS 9 on opening reserves	0	0	(367)	0	0	(367)
Retained surplus/(deficit) for the year	0	0	28,778	(531)	254	28,501
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	639	0	0	0	639
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising from the consumption of economic benefits	0	(39)	39	0	0	0
Public dividend capital received	968	0	0	0	0	968
Taxpayers' equity at 31 March 2019	142,934	42,145	227,458	51,252	300	464,089

The notes on pages 6 to 43 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

Statement of changes in taxpayers' equity for the year ended 31 March 2020

	NHS Foundation Trust			
	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total taxpayers' equity
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2019	142,934	42,145	227,458	412,537
Retained surplus/(deficit) for the year	0	0	19,110	19,110
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	5,158	0	5,158
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising from the consumption of economic benefits	0	(117)	117	0
Public dividend capital received	193	0	0	193
Taxpayers' equity at 31 March 2020	143,127	47,186	246,685	436,998
Taxpayers' equity at 1 April 2018	141,966	41,545	198,258	381,769
Impact of implementing IFRS 15 on opening reserves	0	0	750	750
Impact of implementing IFRS 9 on opening reserves	0	0	(367)	(367)
Retained surplus/(deficit) for the year	0	0	28,778	28,778
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	639	0	639
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising from the consumption of economic benefits	0	(39)	39	0
Public dividend capital received	968	0	0	968
Taxpayers' equity at 31 March 2019	142,934	42,145	227,458	412,537

The notes on pages 6 to 43 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

Cash Flow Statement for the Year Ending 31 March 2020

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
	Note	2019-2020	2019-2020	2018-2019	2018-2019
		£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus/ (deficit)		28,827	21,142	32,729	31,400
Depreciation and Amortisation	4.1	17,151	17,151	14,227	14,227
Net Impairments	4.1	(3,811)	(3,811)	18,005	18,005
(Increase)/decrease in trade and other receivables		21,429	22,039	23,384	29,434
(Increase)/decrease in inventories		(367)	12	(56)	41
Increase/(decrease) in trade and other payables		5,546	5,185	1,279	(488)
Increase/(decrease) in other liabilities		(1,385)	(1,385)	2,677	1,926
Increase/(decrease) in provisions		642	642	376	376
Corporation tax paid		(71)	0	0	0
Net cash inflow/(outflow) from operating activities		67,961	60,975	92,621	94,921
Cash flows from investing activities					
Interest received		1,337	945	842	543
Cash from drawdown of profit from joint ventures	11.1	10,610	10,610	7,150	7,150
Purchase of Financial Assets		0	0	(18)	0
Proceeds from sale of property, plant and equipment		2	2	10	10
Sales of financial assets		0	0	9	0
Purchase of investment property		0	0	(2,700)	0
Purchase of Property and Plant and Equipment		(20,149)	(20,149)	(42,395)	(42,395)
Net cash inflow/(outflow) from investing activities		(8,200)	(8,592)	(37,102)	(34,692)
Cash flows from financing activities					
Public dividend capital received	24	193	193	968	968
Loans received	16	1,250	1,250	18,562	18,562
Loans Repaid		(3,359)	(3,359)	(1,926)	(1,926)
Capital element of PFI obligations		0	0	(147)	(147)
Interest paid		(1,597)	(1,597)	(1,318)	(1,318)
Interest element of PFI obligations	8.2	0	0	(6)	(6)
PDC Dividend paid		(6,872)	(6,872)	(7,857)	(7,857)
Net cash inflow/ (outflow) from financing activities		(10,385)	(10,385)	8,276	8,276
Net increase/(decrease) in cash and cash equivalents	14.1	49,376	41,998	63,795	68,505
Cash and cash equivalents at 1 April	14.1	158,078	103,918	94,283	35,413
				0	
Cash and cash equivalents at 31 March	14.1	207,454	145,916	158,078	103,918

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund.

The notes on pages 6 to 43 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020
Notes to the Accounts

1. Accounting Policies

NHS Improvement, in exercising the statutory conventions conferred on Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DH GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS foundation trusts, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DH GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS foundation trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting Conventions

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.

As a direct response to the Covid-19 pandemic, The Christie NHS Foundation Trust, has re-assessed and confirmed its status as a going concern. The Group, including the Trust, The Christie Pharmacy Limited and The Christie Charitable Fund remain a going concern.

1.1.1 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.

1.1.2.1 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.

1.1.2.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(a) Non-current Property, Plant and Equipment asset valuation relating to land and buildings are based on the District Valuers valuation - see note 10.

The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the annual independent valuation of these assets. The estimation methods used by the independent valuer draw upon, but are not limited to, industry recognised building construction indices and relevant or comparable transactions in the market place.

A simple sensitivity analysis indicates that a 3% movement in these estimations would increase or decrease the valuation of assets by £7.4m. In comparison, a 10% reduction in values could see a fall in land and buildings of £25.3m. This would result in a reduction in PDC dividend payable of £417k. The uncertainty arising from the current environment and uncertainties surrounding Covid-19 mean that, even with a recent, independent valuation, there is significant uncertainty over the valuations disclosed at 31 March 2020. See note 1.4.2.

1.1.3 Consolidation

The Consolidated Accounts of The Christie NHS Foundation Trust show both the NHS Foundation Trust and the Group balances. The Group balances comprise The Christie NHS Foundation Trust, The Christie Charitable Fund and The Christie Pharmacy Limited which are consolidated on a line-by-line basis.

The Christie Charitable Fund

The Foundation Trust is the corporate trustee to The Christie Charitable Fund. The Foundation Trust has assessed its relationship to The Christie Charitable Fund and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Charitable Fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on Financial Reporting Standards (FRS) 102.

On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Charitable Reserves are comprised of the following Fund types:

(a) Restricted Funds - where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund.

(b) Endowment Funds - Funds where the capital is held to generate income for charitable purposes, and which cannot be spent, are accounted for as endowment funds. Income credited to endowment funds is transferred to designated funds to be utilised in line with the terms of the endowment.

(c) Unrestricted Funds - These include those funds which the trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds which the trustee has chosen to earmark for set purposes. The major funds held within these categories are disclosed in Note 27.2

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 2020 in accordance with Financial Reporting Standards (FRS) 102.

The Christie Pharmacy Limited is accounted for using the cost method in the Trust accounts.

1.1.4 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 2019 and management accounts for the period to 31 March 2020.

1.2 Income

1.2.1 Trust Income

The main source of revenue for the Trust is contracts with commissioners in respect of healthcare services. 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.

1.2.2 Revenue from Research Contracts

Where research contracts 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.

1.2.3 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.

1.2.4 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.

1.2.5 The Christie Pharmacy Limited Income

Income in respect of services provided is recognised when and to the extent that performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transactions prices allocated to that performance obligation. The main source of income for The Christie Pharmacy Limited is the dispensing of drugs to The Christie NHS Foundation Trust.

1.3 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 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 HM Treasury's Financial Reporting Manual (FReM) requires that 'the period between formal valuations shall be four years, with approximate assessments in intervening years'.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department (GAD)) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgement from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) Scheme provisions

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase Additional Voluntary Contributions (AVCs) run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

1.3.3 Pension costs - other schemes

The employees of The Christie Pharmacy Limited have access to two pension schemes. These are a Legal and General defined contribution scheme, and the National Employment Savings Trust (NEST) defined contribution pension scheme. Both schemes are accounted for as defined contribution schemes.

1.3.4 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.

1.4 Property, Plant and Equipment

1.4.1 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.

1.4.2 Valuation

Property, Plant and Equipment assets are stated at the lower of replacement cost and recoverable amount. On initial recognition the assets are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. The carrying values of Property, Plant and Equipment assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

All land and buildings are restated to current value using a full professional valuation every five years and a valuation by an independent professional valuer annually. If the fair value of a revalued asset differs materially from its carrying amount, an independent valuation is carried out for that class of asset.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. This year's valuation was undertaken by Mrs S Hall (MRICS) of the Valuation Office Agency (VOA). The next full valuation will be carried out in 2023-24.

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in the markets caused by Covid-19. The material valuation uncertainty disclosure by the valuer is as follows:

"The outbreak of Covid-19, declared by the World Health Organisation as a global pandemic on 11 March 2020, has impacted on global financial markets. On 18 March 2020, the RICS published guidance to the profession in relation to material valuation uncertainty in response to Covid-19 impact on individual markets. Further RICS guidance – Impact of Covid-19 on Valuation - was issued on 15th April 2020.

This is an evolving and fast moving situation, as new government and regulatory requirements are announced daily alongside economic predictors and forecasts, and as an organisation the VOA are currently involved in RICS led profession discussions as to how to address the unprecedented circumstances.

The duration of the impact and understanding of likely short, medium to long term effects are hard to predict currently. As further market evidence comes available then the full extent of the Covid-19 impact will become clearer. We therefore strongly recommend that a future impairment review is also undertaken."

The values in the report have been used to inform the measurement of property assets at valuation in these financial statement. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The valuations are carried out primarily on the basis of Depreciated Replacement Cost of a Modern Equivalent Asset for specialised operational property and Market Value for Existing Use for non-specialised operational property. The value of land for existing use purposes is assessed on the alternative site basis. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Plant and equipment assets in the course of construction are valued at cost. The Trust does not revalue this class of assets. Costs include borrowing costs where capitalised under circumstances as defined under IAS 23.

Operational equipment is valued at depreciated historic cost.

An item of Property, Plant and Equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

1.4.3 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.

1.4.4 Depreciation

Property, Plant and Equipment assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. The estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term.

No depreciation is provided on freehold land and assets surplus to requirements.

Assets in the course of construction are not depreciated until the asset is brought into operational use.

Equipment is depreciated on historic cost for low value and/or short life assets and on current cost for other equipment assets evenly over the estimated life of the asset.

1.4.5 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.

In response to the Covid-19 pandemic, the valuer has advised that the duration of the impact and understanding of likely short, medium to long term effects are hard to predict currently. As further market evidence becomes available then the full extent of the Covid-19 impact will become clearer. The valuer has strongly recommended that a future impairment review is undertaken. The Trust will take further advice on the need or timing of any review.

1.4.6 De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met;

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

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.

1.4.7 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.

1.5 Intangible Assets

1.5.1 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.

1.5.2 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.

1.5.3 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.

1.6 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.

1.7 Government grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Research

The revenue cost of personnel, consumables, etc. engaged in research and development activities is shown as direct expenditure of the Trust. Some of these activities are funded through charitable sources and therefore an amount corresponding to the expenditure charged to the SOCI is included in operating income from charitable and other contributions to expenditure.

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a monthly basis.

Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible NHS foundation trusts disclose the total amount of research and development expenditure charged in the SOCI separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

1.9 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.9.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property, plant or equipment. The lease liability is de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the SOCI.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.9.2 The Trust as lessor

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

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.10 Financial Instruments and Financial Liabilities

1.10.1 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.

1.10.2 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.

1.10.3 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.

1.11 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury. Early retirement provisions are discounted using HM Treasury's pension discount rate of minus 0.5% (2018-19: positive 0.29%) 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.

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

As a consequence of the Covid-19 pandemic, the Trust and The Christie Pharmacy Limited took the decision, in line with NHS national guidance, that it was not appropriate or viable to undertake a full stocktake at year end. To mitigate this situation, assurance over the year end stock valuation has been gained from other means.

1.13 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.

1.14 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 and which represents the Department of Health and Social Care's investment in the Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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 Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. The average relevant net assets is 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, except for:

- (i) donated assets (including lottery funded assets),
- (ii) plus the value of any deferred income balance that funds a donated asset (to avoid the potential to double count donated assets as a reduction in relevant net assets where a donated asset is associated with a deferred income
- (iii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility,
- (iv) any PDC dividend balance receivable or payable, and
- (v) Provider Sustainability Funding (PSF) incentive and bonus elements.

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.

1.15 Non Current Asset Investments

1.15.1 Recognition and Measurement

Non current asset investments are stated at fair value at the balance sheet date.

1.15.2 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).

1.16 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.

1.17 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 2020.

1.18 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.

1.19 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.20 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 SOCI 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). Note 21 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 2019-20. These Standards are still subject to HM Treasury FReM adoption.

(a) IFRS 14 Regulatory Deferral Accounts - applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

(b) IFRS 16 Leases - Standard is effective at 1 April 2021.

(c) IFRS17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by FReM; early adoption is not therefore permitted.

No accounting standards in issue have been adopted early.

IFRS 17

The implementation of IFRS 17 will have no impact on the Trust.

IFRS 16

The Trust has assessed that the impact of applying IFRS 16 on 1 April 2021 will not be material on the opening statement of financial position, the in-year statement of comprehensive income or capital additions.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

2. Operating segments

Under IFRS 8 'Operating Segments', the Trust is required to disclose financial information across significant operating segments which reflect the way the management runs the Trust.

The Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Management Board, a sub-committee of the Board of Directors. These core activities are primarily the provision of specialist NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosure (see Note 22).

The Trust manages the delivery of healthcare services across clinical divisions. Certain aspects of performance are reported at a divisional level to the Management Board, although this is not the primary way in which financial matters are considered.

The Trust has applied the aggregation criteria from IFRS 8 Operating Segments because the clinical divisions provide similar services, have homogenous customers, common production processes and a common regulatory environment. The overlapping activities and interrelation between the divisions also suggests that aggregation is appropriate. The divisions report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

3. Operating income

		Group	NHS Foundation Trust	Group	NHS Foundation Trust
		2019-2020 £000	2019-2020 £000	2018-2019 £000	2018-2019 £000
Income from activities	3.1.1	290,965	290,965	238,324	238,324
Other operating income	3.2	68,765	61,434	98,490	97,505
		359,730	352,399	336,814	335,829

3.1.1 Income from activities by type

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020 £000	2019-2020 £000	2018-2019 Restated £000	2018-2019 Restated £000
Elective income	45,628	45,628	41,986	41,986
Non Elective income	20,222	20,222	17,880	17,880
Outpatient income*	132,278	132,278	123,460	123,460
High Cost Drugs	5,600	5,600	5,286	5,286
NICE drugs	35,178	35,178	24,290	24,290
Growth Hormone drugs	4,207	4,207	2,553	2,553
Other NHS Clinical Income	1,978	1,978	2,494	2,494
CDF drugs	14,831	14,831	8,161	8,161
Proton Beam Therapy	20,243	20,243	4,012	4,012
CQUIN**	1,536	1,536	3,665	3,665
MDT***	1,307	1,307	1,260	1,260
Agenda for Change pay award	0	0	1,632	1,632
Pension contribution central funding****	5,907	5,907	0	0
Other*****	2,050	2,050	1,645	1,645
Total	290,965	290,965	238,324	238,324

A new methodology for categorising income has been adopted in 2019-20. The 2018-19 income analysis has therefore been restated to the new 2019-20 categories to enable a direct comparison between years.

Income from activities relates to income arising from mandatory services. Growth in activity relates to increased patient treatments. Due to the specialist nature of the Trust, increased income also relates to the complexity of patient treatments undertaken during the year.

* Outpatient income includes radiotherapy and chemotherapy ambulatory treatments and diagnostic imaging and tests.

**Commissioning for Quality and Innovation (CQUIN) is awarded on achievement of quality targets related to a small subset of specifically identified quality schemes.

***Multi Disciplinary Team (MDT) income is block funding for the provision of dedicated meetings where numerous healthcare professionals will jointly agree upon the most appropriate course of treatment for each patient.

****Notional income for additional employer pension contributions paid by NHS England. Note 6.1 includes notional expenditure of £5,907k.

*****Other includes income in relation to Covid-19 of £437k.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

3.1.2 Income from activities by source

	Group 2019-2020	NHS Foundation Trust 2019-2020	Group 2018-2019	NHS Foundation Trust 2018-2019
	£000	£000	£000	£000
NHS Foundation Trusts	1,479	1,479	1,364	1,364
NHS Trusts	370	370	402	402
Clinical Commissioning Groups (CCGs) and NHS England	278,299	278,299	230,567	230,567
Department of Health and Social Care*	0	0	1,632	1,632
NHS England - additional pension funding**	5,907	5,907	0	0
NHS England - Covid-19 funding***	437	437	0	0
NHS other	4,087	4,087	3,762	3,762
Non English NHS Bodies	386	386	597	597
Total	290,965	290,965	238,324	238,324

* Department of Health and Social Care funding for the Agenda for Change (AfC) pay award.

**Notional income for additional employer pension contributions paid by NHS England. Note 6 employee Costs includes notional expenditure of £5,907k.

***Additional income entitlement for Covid-19 received from NHS England

3.2 Other Operating Income

	Group 2019-2020	NHS Foundation Trust 2019-2020	Group 2018-2019	NHS Foundation Trust 2018-2019
	£000	£000	£000	£000
Other operating income from contracts with customers:				
Research and development	20,524	20,524	17,983	17,983
Education and training	5,080	5,080	6,000	6,000
Non-patient care services to other bodies	1,176	1,232	643	810
Christie Medical Physics & Engineering	7,240	7,240	7,897	7,897
Joint venture - The Christie Clinic LLP*	6,496	6,496	6,803	6,803
Joint venture - The Christie Pathology Partnership LLP*	1,188	1,188	1,187	1,187
Joint venture - CPP Facilities LLP*	683	683	770	770
Provider sustainability fund (PSF) income**				
Core	1,130	1,130	3,787	3,787
Incentive	0	0	20,866	20,866
Bonus	0	0	947	947
General distribution	0	0	961	961
Income in respect of staff costs	3,045	3,045	3,129	3,129
Proton beam therapy***	0	0	8,167	8,167
Clinical excellence awards	1,166	1,166	1,268	1,268
Catering and other commercial income	1,114	1,114	1,154	1,154
Creche services	648	648	737	737
Property rentals	637	637	255	255
Car parking	308	308	362	362
Pharmacy sales	1	1	(3)	(3)
Other contract income	3,407	3,407	2,025	2,025
Other non-contract operating income:				
Charitable and other contributions to capital expenditure	0	989	0	4,416
Charitable and other contributions to revenue expenditure	0	6,546	0	7,984
Donations, legacies and grants	14,922	0	13,552	0
Total	68,765	61,434	98,490	97,505

* Joint venture income relates to services provided to The Christie Clinic LLP, The Christie Pathology Partnership LLP and The Christie Pathology Partnership Facilities LLP via Service Level Agreements, property rental income and other contractual payments.

** The Trust receives core, incentive and bonus funding from NHS England in relation to the Provider Sustainability Fund Income. The PSF is to enable the transformation of services to ensure continued delivery of excellent patient care, efficiencies and improvements.

*** Funding from NHS England in relation to Proton Beam Therapy costs incurred before the unit became operational in December 2018.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

3.3 Additional information on contract revenue (IFRS 15) recognised in the period

	Group 2019-2020	NHS Foundation Trust 2019-2020	Group 2018-2019	NHS Foundation Trust 2018-2019
	£000	£000	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	0	0	0	0
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	5,232	5,232	0	0
Total	5,232	5,232	0	0

3.4 Transaction price allocated to remaining performance obligations

	Group 2019-2020	NHS Foundation Trust 2019-2020	Group 2018-2019 Restated	NHS Foundation Trust 2018-2019 Restated
	£000	£000	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:				
within one year	395	395	1,441	1,441
after one year, not later than five years	1,580	1,580	5,766	5,766
after five years	0	0	0	0
Total revenue allocated to remaining performance obligations	1,975	1,975	7,207	7,207

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

4. Operating Expenses

4.1 Operating expenses comprise:

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Services from Foundation Trusts	7,203	7,203	6,041	6,041
Services from NHS Trusts	882	882	817	817
Services from other NHS and DHSC bodies	2,689	2,689	2,664	2,664
Services from non-NHS and non-DHSC bodies	8,277	8,277	7,788	7,788
Executive directors' costs	1,262	1,262	1,208	1,209
Non-executive directors' costs	142	142	143	143
Staff costs	147,507	146,446	131,336	130,431
Drug costs	92,084	93,658	73,336	74,880
Supplies and Services- clinical	23,053	23,042	20,429	20,415
Supplies and services - general	4,070	4,069	2,682	2,679
Establishment	6,657	6,635	5,790	5,771
Research & Development	3,224	3,224	2,636	2,636
Transport	1,456	1,456	1,386	1,386
Premises	8,862	8,883	9,706	9,706
Increase / (decrease) in provision for impairment of receivables	(24)	(41)	(95)	(95)
Increase / (decrease) in other provisions	38	38	17	17
Change in provisions discount rate	50	50	(12)	(12)
Depreciation of Property, Plant and Equipment	16,940	16,940	13,671	13,671
Amortisation of intangibles	211	211	556	556
Net impairments of property, plant and equipment*	(3,811)	(3,811)	18,005	18,005
Audit fees	87	55	88	56
Other auditors' remuneration	0	0	5	5
Internal audit costs	123	108	130	109
Training, courses and conferences	1,149	1,147	982	966
Insurance and clinical negligence	1,426	1,410	1,156	1,148
Legal fees	1,381	1,381	56	56
Publishing	634	634	485	485
Consultancy costs	2,248	2,247	1,443	1,443
Other services	140	134	104	100
Redundancy and termination benefits	637	637	615	615
Losses, ex gratia and special payments**	59	59	9	9
Other	2,247	2,190	908	729
Total	330,903	331,257	304,085	304,429

* Following an independent valuation of the Trust's land and buildings, a net impairment change has arisen. This reflects impairments due to the bringing in to use the new Proton building and Outpatients department. Other properties have, in the main, fallen in value.

** Total losses reported in this note are prepared on an accruals basis and therefore do not compare to note 21.

4.2 Audit fees

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Audit services - statutory audit	87	55	88	56

Group statutory audit fees include £7k for the Charity and £24k for The Christie Pharmacy Limited. All audit fees are stated gross of VAT. However, VAT is recoverable on The Christie Pharmacy Limited audit fees.

The auditors' total liability (including interest) for all claims connected with the services or the agreement with the Trust (including but not limited to negligence) is limited to £500k.

4.3 Other auditors' remuneration

The fees paid or payable to the external auditors for other services are made up as follows;

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Audit services - audit related regulatory reporting	0	0	5	5
Total	0	0	5	5

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

5. Operating leases

5.1 NHS FT as lessee

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Payments recognised as an expense				
Minimum lease payments	44	70	32	32
	<u>44</u>	<u>70</u>	<u>36</u>	<u>36</u>
Total future minimum lease payments				
Payable:				
Not later than 1 year	8	19	6	6
Later than 1 year not later than 5 years	0	0	0	0
Later than 5 years	0	0	0	0
Total	<u>8</u>	<u>19</u>	<u>6</u>	<u>6</u>

The Trust commenced a lease arrangement in June 2016 for the lease of car park spaces at Christie Fields for the Park & Ride Scheme. The lease ended in May 2018.

The Trust commenced a lease arrangement in June 2018 for the lease of car park spaces at Withington Hospital for the Park & Ride Scheme. The lease ended in June 2019 but has been extended for a further 12 months to June 2020.

The Trust commenced a 12 month lease arrangement in September 2019 for the lease of car park spaces at an investment property held by The Christie Charitable Fund. The annual lease is £45,000 of which £26,000 is recognised as expenditure in the Trust in 2019-20.

5.2 NHS FT as lessor

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Recognised as income				
Rents	2,523	2,523	2,091	2,091
Total	<u>2,523</u>	<u>2,523</u>	<u>2,091</u>	<u>2,091</u>
Receivable:				
Not later than 1 year	2,081	2,081	1,926	1,926
Later than 1 year not later than 5 years	8,520	8,520	8,103	8,103
Later than 5 years	14,955	14,955	16,843	16,843
Total	<u>25,556</u>	<u>25,556</u>	<u>26,872</u>	<u>26,872</u>

The Trust has granted a number of leases to the University of Manchester at the Withington site.

The Trust entered into an agreement with The Christie Clinic LLP whereby the joint venture leases from the Trust part of the new patient treatment centre for 20 years, effective from 15 September 2010.

The Trust granted a 5 year lease to the NHS Blood Transfusion Service for use of the Photophoresis Unit which expired on 30 November 2016. A lease was granted for a further 5 years on 1 December 2016.

The Trust granted a 10 year lease to The Christie Pathology Partnership LLP on 1 June 2014. The lease was novated to CPP Facilities LLP on 1 June 2016.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

6. Employee costs

The Christie Charitable Fund do not employ any staff directly. The Christie NHS Foundation Trust recharges the Christie Charitable Fund for staff undertaking fundraising, management, finance and administration duties and for the staff undertaking the charitable activities of research, clinical care and other activities. These include the staff costs related to The Christie Charitable Fund Trading Company Limited.

The Group figures include employee expenses arising from the employment of staff by The Christie Pharmacy Limited.

In line with HM Treasury requirements, accounts disclosures relating to staff costs are now included in the Annual Report.

6.1 Employee expenses

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000s	£000s	£000s	£000s
Salaries and wages	116,857	116,395	108,762	108,013
Social security costs	11,014	10,941	9,592	9,530
Apprenticeship Levy	529	59	479	479
Employers contributions to NHS Pensions	13,531	13,531	12,583	12,583
Additional pension funding*	5,907	5,907	0	0
Pension costs - other contributions	64	8	58	10
Termination benefits	26	26	54	54
Agency / contract staff	841	841	1,070	1,023
Total	<u>148,769</u>	<u>147,708</u>	<u>132,598</u>	<u>131,692</u>

Capitalised staff costs are excluded from this note and total £398k (2018-19 £550k).

*Pension cost - additional employer contributions paid by NHS England. Note 3.1.2 Other Income includes funding of £5,907k.

6.2 Early Retirements due to ill-health

During 2019-20 there was 1 early retirement (2018-19 - 0) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements are £63k (2018-19 - £50k). The cost of these ill-health retirements will be borne wholly by NHS Pensions.

6.3 Directors' Remuneration and Other Benefits

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Executive Directors' Remuneration	1,020	1,020	965	965
Employer contributions for national insurance	133	133	132	132
Employer contributions to the pension scheme	109	109	111	111

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 2019-20 no remuneration was made to the Trustees of The Christie Charitable Fund (2018-19 £nil).

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

7.1 Better Payment Practice Code - measure of compliance

	Group		Group	
	2019-2020		2018-2019	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	37,356	194,743	31,956	185,528
Total Non-NHS trade invoices paid within target	35,287	186,000	29,989	178,255
Percentage of Non-NHS trade invoices paid within target	<u>94%</u>	<u>96%</u>	<u>94%</u>	<u>96%</u>
Total NHS trade invoices in the year	1,827	27,422	1,747	17,555
Total NHS trade invoices paid within target	1,533	24,773	1,283	14,651
Percentage of NHS trade invoices paid within target	<u>84%</u>	<u>90%</u>	<u>73%</u>	<u>83%</u>

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

There is also a further requirement for all NHS Foundation Trusts to pay all small local businesses within 10 days from date of invoice or receipt of goods. The Trust has paid 87% within this target (2018-19 91%).

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

	Group 2019-2020 £000	Group 2018-2019 £000
Amounts included within other interest payable arising from claims made under this legislation from claims made by small businesses.	17	3
Compensation paid to cover debt recovery costs under this legislation	0	0

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

8. Finance costs and finance revenue

8.1 Finance income

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020 £000	2019-2020 £000	2018-2019 £000	2018-2019 £000
Bank interest receivable	1,280	924	811	500
Interest on loans and receivables	22	20	16	43
Interest on held-to-maturity financial assets	0	0	21	0
Total	1,302	944	848	543

8.2 Finance costs - financial liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020 £000	2019-2020 £000	2018-2019 £000	2018-2019 £000
Interest on loans and overdrafts	1,588	1,588	1,461	1,461
Interest on late payment of commercial debt	16	16	3	3
Interest on obligations under PFI contracts	0	0	6	6
Total	1,604	1,604	1,470	1,470

Details of the Trust loans are in note 16.1.

9. Intangible assets

All Intangible Assets of The Christie NHS Foundation Trust Group are held by The Christie NHS Foundation Trust. Neither The Christie Charitable Fund nor The Christie Pharmacy Limited hold any Intangible Assets.

9.1 Intangible assets

	Group 2019-20		Group 2018-19	
	Software purchased £000	Total £000	Software purchased £000	Total £000
Gross cost at 1 April	3,025	3,025	3,025	3,025
Gross cost at 31 March	3,025	3,025	3,025	3,025
Accumulated Amortisation				
Accumulated amortisation at 1 April	2,770	2,770	2,214	2,214
Charged during the year	211	211	556	556
Accumulated amortisation at 31 March	2,981	2,981	2,770	2,770
Net book value at 31 March	44	44	255	255
Net book value - purchased at 31 March	44	44	255	255
Net book value at 31 March	44	44	255	255

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

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 2019-2020

	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and machinery	Group Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2019	6,220	242,547	13,287	93,288	33	12,538	367,913
Additions - purchased	0	1,137	15,833	863	0	1,375	19,208
Additions - purchased from The Christie Charitable Fund contributions	0	920	6	63	0	0	989
Impairments charged to Operating Expenses	0	(985)	0	0	0	0	(985)
Reversal of impairments credited to operating expenses	505	4,291	0	0	0	0	4,796
Reclassification of investment property*	0	850	0	0	0	0	850
Reclassification	0	0	(4,440)	4,440	0	0	0
Revaluation	0	(2,251)	0	0	0	0	(2,251)
Disposals	0	0	0	(75)	(33)	0	(108)
Gross cost at 31 March 2020	6,725	246,509	24,686	98,579	0	13,913	390,412
Accumulated Depreciation							
Accumulated depreciation at 1 April 2019	0	0	0	32,825	33	5,989	38,847
Charged during the year	0	7,409	0	7,531	0	2,000	16,940
Revaluation	0	(7,409)	0	0	0	0	(7,409)
Disposals	0	0	0	(69)	(33)	0	(102)
Accumulated depreciation at 31 March 2020	0	0	0	40,287	0	7,989	48,276
Net book value at 31 March 2020	6,725	246,509	24,686	58,292	0	5,924	342,136
NBV - purchased at 31 March 2020	6,518	173,319	24,680	53,862	0	5,590	263,969
NBV - purchased finance lease at 31 March 2020	0	9,259	0	0	0	0	9,259
NBV - Charity Funded Finance Lease at 31 March 2020	0	11,775	0	0	0	0	11,775
NBV - Purchased from the Christie Charitable Fund 31 March 2020	207	52,156	6	4,430	0	334	57,133
Net book value at 31 March 2020	6,725	246,509	24,686	58,292	0	5,924	342,136

* The Christie Charitable Fund owns an investment property which is leased by The Christie NHS Foundation Trust. Applying IAS16, the property is regarded as owner-occupied from the group perspective. The property has been valued as an owned asset and then reclassified as Property, Plant and Equipment.

Land and buildings were revalued as at 31 March 2020 (previously revalued at 31 March 2019). The valuation exercise was carried out by an independent professional valuer. Independent valuations have not been undertaken for the remaining classes of Property, Plant and Equipment as their carrying amount is deemed to be the fair value.

The Christie Charitable Fund has provided funding to purchase assets. There are no restrictions placed on the use of these assets as part of the offer of funding and as such the Trust has full ownership of these assets.

Purchased finance leases are comprised of the Salford satellite centre £7,930k (2018-19 £7,750k) and the Manchester Cancer Research Centre (MCRC) of £1,329k (2018-19 £1,299k).

Finance leases funded from The Christie Charitable Fund contributions are comprised of the Oldham satellite centre £11,030k (2018-19 £10,777k) and the Manchester Cancer Research Centre (MCRC) of £744k (2018-19 £727k).

The Trust holds a 40 year lease for the Oldham satellite centre for use of part of the building located on land owned by Pennine Acute NHS Trust which was paid for up front and in full in March 2010. For the Salford satellite centre the Trust holds a 60 year lease with Salford Royal NHS Foundation Trust which was similarly paid for up front and in full in June 2011. The MCRC building located on the Withington site was paid for by the University of Manchester. The Trust holds a 125 year sublease for part occupancy of this building, which has been paid for upfront.

10.2 Property, Plant and Equipment 2018-2019

	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant and machinery	Group Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2018	6,045	212,847	128,443	52,724	0	7,493	407,585
Additions - purchased	0	0	29,888	5,831	0	0	35,719
Additions - purchased from The Christie Charitable Fund contributions	0	0	4,393	23	0	0	4,416
Impairments charged to Operating Expenses	0	(18,225)	0	0	0	0	(18,225)
Impairments charged to Revaluation Reserve	0	(1,976)	0	0	0	0	(1,976)
Reversal of impairments credited to operating expenses	175	45	0	0	0	0	220
Reversal of impairments credited to the revaluation reserve	0	2,615	0	0	0	0	2,615
Reclassifications	0	106,864	(149,437)	37,528	0	5,045	0
Revaluation	0	(59,541)	0	0	0	0	(59,541)
Disposals	0	(82)	0	(2,818)	0	0	(2,900)
Gross cost at 31 March 2019	6,220	242,547	13,287	93,288	33	12,538	367,913
Accumulated Depreciation							
Accumulated depreciation at 1 April 2018	0	53,060	0	29,856	30	4,480	87,426
Charged during the year	0	6,563	0	5,596	3	1,509	13,671
Revaluation	0	(59,541)	0	0	0	0	(59,541)
Disposals	0	(82)	0	(2,627)	0	0	(2,709)
Accumulated depreciation at 31 March 2019	0	0	0	32,825	33	5,989	38,847
Net book value at 31 March 2019	6,220	242,547	13,287	60,463	0	6,549	329,066
NBV - purchased at 31 March 2019	6,030	170,260	12,287	55,689	0	6,095	250,361
NBV - purchased finance lease at 31 March 2019	0	9,049	0	0	0	0	9,049
NBV - Charity Funded Finance Lease at 31 March 2019	0	11,504	0	0	0	0	11,504
NBV - Purchased from the Christie Charitable Fund 31 March 2019	190	51,734	1,000	4,774	0	454	58,152
Net book value at 31 March 2019	6,220	242,547	13,287	60,463	0	6,549	329,066

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

10.3 Property, Plant and Equipment (continued)

The net book value of land and buildings at 31 March comprises:

	Group 2019-2020 £000	Group 2018-2019 £000
Freehold	232,200	228,215
Long leasehold	21,034	20,553
Short leasehold	0	0
Total	253,234	248,768

10.4 Economic Lives of Non-current Assets

	Group Min Life Years	Group Max Life Years
Intangible assets		
Software purchased	1	5
Property, Plant and Equipment		
Buildings excluding dwellings	9	75
Plant and machinery	1	20
Transport Equipment	1	5
Information technology	1	5

10.5 Impairments

Impairments charged in the year to the Statement of Comprehensive Income

	Group 2019-2020		Group 2018-2019	
	Property, plant and equipment £000	Intangible assets £000	Property, plant and equipment £000	Intangible assets £000
Impairments arose from:				
Other (specify)	985	0	18,225	0
Reversal of impairments	(4,796)	0	(220)	0
Total	(3,811)	0	18,005	0

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

10.6 Net book value of assets held under finance leases

	Buildings excluding dwellings £000	Group 2019-20 PFI arrangements £000	Total £000	Buildings excluding dwellings £000	Group 2018-19 PFI arrangements £000	Total £000
Cost or valuation at 1 April	25,352	2,573	27,925	25,902	2,573	28,475
Impairments				(265)	0	(265)
Reversal of impairments credited to operating expenses	422	0	422	0	0	0
Revaluation	489	0	489	(285)	0	(285)
Gross Cost at 31 March	26,263	2,573	28,836	25,352	2,573	27,925
Accumulated Depreciation						
Accumulated Depreciation at 1 April	4,799	2,573	7,372	4,323	2,455	6,778
Charged during the year	431	0	431	476	118	594
Accumulated Depreciation at 31 March	5,230	2,573	7,803	4,799	2,573	7,372
Net book value at 31 March	21,033	0	21,033	20,553	0	20,553
Net book value - purchased at 31 March	9,259	0	9,259	9,049	0	9,049
Net book value - Charity funded at 31 March	11,774	0	11,774	11,504	0	11,504
Net book value at 31 March	21,033	0	21,033	20,553	0	20,553

The Finance Leases for Buildings consist of:

	Net Book value £000
Salford Satellite	7,930
Oldham Satellite	11,030
MCRC Exchequer funded	1,329
MCRC Charity funded	744
Net book value at 31 March 2020	21,033

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

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.

	2019-2020			
	TCP £000	CPP £000	CPPFAC £000	Total £000
Carrying value at 1 April 2019	24,673	469	220	25,362
Acquisitions in year	0	0	0	0
Share of profit/ (loss)	5,443	284	268	5,995
Impairments	0	0	0	0
Disposals	0	0	0	0
Less distributions	(10,610)	0	0	(10,610)
Carrying value at 31 March 2020	19,506	753	488	20,747

	2018-2019			
	TCP £000	CPP £000	CPPFAC £000	Total £000
Carrying value at 1 April 2018	26,080	442	119	26,641
Acquisitions in year	0	0	0	0
Share of profit/ (loss)	5,743	27	101	5,871
Impairments	0	0	0	0
Disposals	0	0	0	0
Less distributions	(7,150)	0	0	(7,150)
Carrying value at 31 March 2019	24,673	469	220	25,362

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 (TCP). The carrying value and profits represent the contractual arrangements of The Christie Clinic LLP.

On 1st July 2012, TCP 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 TCP 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.

	TCP	CPP	CPP Facilities
Proportion of ownership interests held by The Christie NHS Foundation Trust	49.0%	49.9%	49.9%
Proportion of voting rights held by The Christie NHS Foundation Trust	50.0%	50.0%	50.0%

For The Christie Clinic LLP the residual proportions of ownership interests and voting rights are held by HCA International Limited and for The Christie Pathology Partnership LLP and CPP Facilities LLP by Synlab UK Limited.

For The Christie Clinic LLP, The Christie Pathology Partnership LLP and CPP Facilities LLP the figures in the note below are based on the draft accounts to the end of December 2019 and the Quarter 1 management accounts to the end of March 2020 but are not adjusted for share of profits attributable but not distributed to The Christie NHS Foundation Trust.

	2019-2020		
	Gross Assets As at 31 March 2020 £000	Net Assets As at 31 March 2020 £000	Total Profit/(Loss) 2019-2020 £000
The Christie Clinic LLP (TCP)	33,207	31,413	13,328
The Christie Pathology Partnership LLP (CPP)	2,654	1,482	575
CPP Facilities LLP (CPPFAC)	2,364	981	536
Total	38,225	33,876	14,439

	2018-2019		
	Gross Assets As at 31 March 2019 £000	Net Assets As at 31 March 2019 £000	Total Profit/(Loss) 2018-2019 £000
The Christie Clinic LLP (TCP)	37,442	35,813	12,941
The Christie Pathology Partnership LLP (CPP)	1,531	914	182
CPP Facilities LLP (CPPFAC)	1,788	457	219
Total	40,761	37,184	13,342

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

11.3 Investment assets

All of the Investments assets are held by The Christie Charitable Fund.

	Unrestricted	Endowment	Total 2019-2020	2018-2019
	£000	£000	£000	£000
Market value at 1 April	850	538	1,388	517
Less: disposals at carrying value	0	(15)	(15)	(26)
Add: acquisitions at cost	0	15	15	2,718
Movement in cash held as investment assets:	0	13	13	14
Reclassification (see note 11.4)	(850)	0	(850)	0
Arising from disposals, income received and distributions	0	0	0	0
Unrealised gain/ (loss) on revaluation	0	(70)	(70)	(1,835)
Market value at 31 March	0	481	481	1,388
Unrealised gain/ (loss) on revaluation as above	0	(70)	(70)	(1,835)
Realised gain / (loss) on disposal	0	4	4	(6)
Total gain/(loss) on revaluation and disposal of investment assets	0	(66)	(66)	(1,841)

Analysis of non current asset investments

	Unrestricted	Endowment	2019-2020 Total	2018-2019 Total
	£000	£000	£000	£000
Market value at 31 March				
Investments listed on Stock Exchange	0	403	403	470
Cash held as part of the investment portfolio	0	78	78	68
Investment property	0	0	0	850
	0	481	481	1,388

The non current asset investments held at 31 March 2019 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 2019 or 31 March 2018 are:

	2019-2020	2018-2019
Premier Portfolio Conbrio UK Opps Charity	48%	52%
I Shares III FTSE UK Gilts	7%	6%
Premier Portfolio Conbrio Managed Multi Asset	5%	0%
Powershares Global FTSE RAFI US	5%	7%

11.4 Investment Property

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
At 1 April	850	0	0	0
Additions	0	0	2,700	0
Fair value losses (impairment)	0	0	(1,850)	0
Reclassification*	(850)	0	0	0
Total	0	0	850	0

*The Charity purchased an investment property in January 2019. Investment properties are measured at their fair value as at the balance sheet date. The first professional valuation of investment properties took place in April 2019 and the fair value of the assets is reflected in these statements. The purchase price of the investment property reflected the value of the building and surrounding land, as well as the going concern value of the business operating on the premises prior to the purchase. This business ceased operating once the property was purchased and so the property has been valued solely on the fair value of the building and land in its current condition and without taking into account any future income flows arising from the use of the asset. As such, an impairment of £1.85m appears as an item of expenditure in these statements.

From September 2019, the property was leased by The Christie NHS Foundation Trust. The lease agreement is for one year at a value of £45,000. Applying IAS16, the property is regarded as owner-occupied from the group perspective. The property has been valued by the District Value on this basis and as an owned asset at a value of £850k. The asset has been reclassified as Property, Plant and Equipment in the Group accounts (note 10.1).

Lease expenditure of £26,250 for the period September 2019 to March 2020 is recognised in Premises cost in the accounts of the Trust. The lease income and expenditure has been eliminated on consolidation for the group accounts.

12. Inventories

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
Inventories	£000	£000	£000	£000
Drugs	2,531	143	2,153	144
Raw materials and Consumables	403	383	414	393
Total	2,934	526	2,567	537
Inventories recognised in expenses	41,166	5,077	32,340	3,894
Write down of inventories recognised as an expense	42	0	0	0
Total	41,208	5,077	32,340	3,894

Inventories include raw materials and consumables held by The Christie Pharmacy Limited.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

13. Trade and Other Receivables and Financial Assets

13.1 Trade and Other Receivables

	Current		Non-current	
	2019-2020 £000	2018-2019 £000	2019-2020 £000	2018-2019 £000
NHS contract receivables	16,334	13,319	0	0
Non- NHS contract receivables	6,544	6,496	0	0
NHS contract receivables not yet invoiced	4,552	5,437	0	0
NHS contract receivables not yet invoiced - PSF	0	25,195	0	0
Non-NHS contract receivables not yet invoiced*	2,503	1,705	0	0
Contract assets	0	0	0	0
Provision for impairment of receivables	(260)	(303)	0	0
Prepayments	3,877	2,652	0	0
PDC dividend refund accrual	299	777	0	0
VAT receivable*	1,601	1,139	0	0
Charitable fund receivables	653	799	0	0
Other receivables**	36	832	0	0
Trade and other receivables	36,139	58,048	0	0

	Current		Non-current	
	2019-2020 £000	2018-2019 £000	2019-2020 £000	2018-2019 £000
NHS contract receivables	16,287	13,327	0	0
Non- NHS contract receivables	6,539	6,487	0	0
NHS contract receivables not yet invoiced	4,552	5,435	0	0
NHS contract receivables not yet invoiced - PSF	0	25,195	0	0
Non-NHS contract receivables not yet invoiced*	2,505	1,715	0	0
Contract assets*	0	0	0	0
Provision for impairment of receivables	(243)	(303)	0	0
Prepayments	3,864	2,637	0	0
PDC dividend refund accrual	299	777	0	0
VAT receivable*	364	280	0	0
Charitable fund receivables	3,468	3,407	0	0
Other receivables**	438	1,231	717	1,119
Trade and other receivables	38,073	60,187	717	1,119

*VAT receivable includes £1,237 (2018-19 £858k) VAT owing to The Christie Pharmacy Limited.

**Other receivables include due payments that relate to a £2,000k loan made to The Christie Pharmacy Limited. The loan was for initial drug stock purchases and was issued in January 2018, to be repaid monthly, with the final payment due December 2022. The interest rate is fixed at 1.56%. The balance at 31 March 2020 is £1,119k (31st March 2019 £1,514k).

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
	2019-2020 £000	2019-2020 £000	2019-2020 £000	2019-2020 £000
At 1 April 2019	303	0	303	0
New allowances arising	17	0	0	0
Changes in existing allowances	(41)	0	(41)	0
Reversals of allowances	(19)	0	(19)	0
At 31 March 2020	260	0	243	0

13.3 Allowances for credit losses 2018-19

	Group	Group	NHS Foundation Trust	NHS Foundation Trust
	Receivables and contract assets	All other receivables	Receivables and contract assets	All other receivables
	2018-2019 £000	2018-2019 £000	2018-2019 £000	2018-2019 £000
At 1 April 2018	0	34	0	34
Impact of IFRS 9 (and IFRS 15) implementation on 1 April 2018	401	(34)	401	(34)
New allowances arising				
Changes in existing allowances	(95)	0	(95)	0
Reversals of allowances	(3)	0	(3)	0
At 31 March 2019	303	0	303	0

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

13.4 Other financial assets

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020 £000	2019-2020 £000	2018-2019 £000	2018-2019 £000
Other financial assets at 31 March	19	3	60	8

The Trust invested £1,000k and The Christie Charitable Fund invested £6,500k in a term deposit account with Kaupthing Singer & Friedlander in 2008, prior to the bank being put into administration. Based on the Administrator's assessment in 2008-09 these assets were initially impaired to £500k and £3,250k respectively (50p in the £ recovery) at 31 March 2009.

The Administrator has since improved his assessment of the potential recovery and at 31 March 2020 this stood at £867.5k and £5,638.75k respectively (86.75p in the £ recovery). The total of declared and received dividends at 31 March 2020 amounts to £866.7k and £5,633.55k respectively (86.67p in the £).

On 31 March 2020 the Administrator's declared a twentieth dividend of £1.7k and £11.05k which was paid on 1 April 2020. The Administrator's assessment of the outstanding valuation after declaration of the twentieth dividend is £0.8k and £5.2k respectively.

14.1 Cash and cash equivalents

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020 £000	2019-2020 £000	2018-2019 £000	2018-2019 £000
Balance at 1 April	158,078	103,918	94,283	35,413
Net change in the year	49,376	41,998	63,795	68,505
Balance at 31 March	<u>207,454</u>	<u>145,916</u>	<u>158,078</u>	<u>103,918</u>
Broken down into:				
Cash at commercial banks and in hand	3,150	36	3,633	75
Cash with the Government Banking Service	189,304	130,880	124,445	73,843
National Loans Fund	15,000	15,000	30,000	30,000
Cash and Cash Equivalents as in Statement of Financial Position	<u>207,454</u>	<u>145,916</u>	<u>158,078</u>	<u>103,918</u>

14.2 Analysis of changes in net (debt)/ funds

	1 April 2019 £000	Group Movement in year £000	31 March 2020 £000
Cash at bank and in hand	158,078	49,376	207,454
Debt due within one year	(3,740)	(69)	(3,809)
Debt due after one year	(59,486)	2,170	(57,316)
Total net funds	<u>94,852</u>	<u>51,476</u>	<u>146,328</u>

	1 April 2019 £000	NHS Foundation Trust Movement in year £000	31 March 2020 £000
Cash at bank and in hand	103,918	41,998	145,916
Debt due within one year	(3,740)	(69)	(3,809)
Debt due after one year	(59,486)	2,170	(57,316)
Total net funds	<u>40,692</u>	<u>44,099</u>	<u>84,790</u>

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

15.1 Trade and other payables

	Group			
	Current		Non-current	
	2019-2020	2018-2019	2019-2020	2018-2019
	£000	£000	£000	£000
NHS payables revenue	6,792	5,979	0	0
Amounts due to related parties	221	120	0	0
Trade payables capital	8,465	8,418	0	0
Other payables	11,690	10,578	0	0
Other taxes payable	58	70	0	0
Accruals	7,177	3,925	0	0
	<u>34,403</u>	<u>29,090</u>	<u>0</u>	<u>0</u>
Taxes payable	2,936	2,667	0	0
Total Trade and Other Payables	<u>37,339</u>	<u>31,757</u>	<u>0</u>	<u>0</u>

Other payables includes £1,138k (2018-19: £1,768k) outstanding pension contributions at 31 March 2020.

	NHS Foundation Trust			
	Current		Non-current	
	2019-2020	2018-2019	2019-2020	2018-2019
	£000	£000	£000	£000
NHS payables revenue	6,792	5,979	0	0
Amounts due to related parties	221	120	0	0
Trade payables capital	8,465	8,418	0	0
Other payables	8,361	8,326	0	0
Accruals	7,411	3,448	0	0
	<u>31,250</u>	<u>26,290</u>	<u>0</u>	<u>0</u>
Taxes payable	2,917	2,647	0	0
Total Trade and Other Payables	<u>34,167</u>	<u>28,937</u>	<u>0</u>	<u>0</u>

Other payables includes £1,138k (2018-19: £1,779k) outstanding pension contributions at 31 March 2020.

15.2 Other liabilities

	Group			
	Current		Non-current	
	2019-2020	2018-2019	2019-2020	2018-2019
	£000	£000	£000	£000
Deferred Income: contract liabilities (Research and Development)	342	204	1,633	7,003
Deferred Income: contract liabilities (Other)	484	1,643	533	1,476
Deferred grants	1,348	1,635	1,905	0
Deferred income: other (non-IFRS 15)	976	22	5,986	2,609
Total Other Liabilities	<u>3,150</u>	<u>3,504</u>	<u>10,057</u>	<u>11,088</u>

	NHS Foundation Trust			
	Current		Non-current	
	2019-2020	2018-2019	2019-2020	2018-2019
	£000	£000	£000	£000
Deferred Income: contract liabilities (Research and Development)	342	204	1,633	7,003
Deferred Income: contract liabilities (Other)	484	1,643	533	1,476
Deferred grants	1,348	1,635	1,905	0
Deferred income: Other (non-IFRS 15)	976	22	5,986	2,609
Total Other Liabilities	<u>3,150</u>	<u>3,504</u>	<u>10,057</u>	<u>11,088</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 £2,857k (2018-19 £2,609k).

£5,740k of revenue included in the deferred income balance as at 1 April 2019 was recognised in 2019-20 (£694k 2018-19).

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

16. Borrowings

All Borrowings of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust. The Christie Charitable Fund does not have any Borrowings.

The Christie Pharmacy Limited has a £2m interest bearing loan from The Christie NHS Foundation Trust which is repayable over 5 years.

16.1 Borrowings

	Group			
	Current		Non-current	
	2019-2020 £000	2018-2019 £000	2019-2020 £000	2018-2019 £000
Loan from ITFF	933	936	11,886	12,797
Loan from ITFF - Proton Beam Therapy Unit	2,876	2,804	45,430	46,689
Total	3,809	3,741	57,316	59,486

Loans from Independent Trust Financing Facility (ITFF)

16.1.1 The Trust had an application for a £21m loan to support its investment in new buildings to improve patient access to services approved by the Foundation Trust Financing Facility.

Repayment of the loan principle commenced from 15 September 2011 on a bi-annual basis. The loan is charged at a fixed interest rate of 4.2% per annum. The final repayment date is 15 March 2034.

16.1.2 The Trust had an application for a £52.5m loan to support its investment in the Proton Beam Therapy Unit approved by the Independent Trust Financing Facility.

The Trust had drawn down £51.401m of the loan as at 31 March 2020. Repayment of the loan commenced in November 2018 and is on a bi-annual basis. The loan is charged at a fixed interest rate of 2.14% per annum.

16.2 Reconciliation of liabilities arising from financing activities

	Group DHSC Loans £000
Carrying value at 1 April 2019	63,226
Cash movements:	
Financing cash flows - receipts of principal	1,250
Financing cash flows - payments of principal	(3,359)
Financing cash flows - payments of interest	(1,580)
Non-cash movements:	
Interest charge arising in year	1,588
Carrying value at 31 March 2020	61,125

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

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.

	Current		Non-current	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Pensions - ill health retirement	27	26	514	488
Pensions - early departure costs	12	14	100	100
Personal injury claims	25	24	0	0
Other	930	460	207	48
Total	994	524	821	636

	Pensions Ill health retirement £000	Pensions relating to other staff £000	Personal injury claims £000	Other £000	Total £000
At 1 April 2019	514	114	24	508	1,160
Change in discount rate	44	5	0	0	49
Arising during the year	0	0	24	629	653
Utilised during the year	(26)	(11)	(15)	0	(52)
Reversed unused	0	0	(8)	0	(8)
Unwinding of discount	9	4	0	0	13
At 31 March 2020	541	112	25	1,137	1,815
Expected timing of cash-flows:					
Not later than 1 year	27	12	25	930	994
Later than 1 year not later than 5 years	109	49	0	207	365
Later than 5 years	405	51	0	0	456
	541	112	25	1,137	1,815

The above provision for personal injury is based upon information supplied by the NHS Litigation Authority. The associated contingent liability is shown under note 18.1.

Other provisions are:

	£000
Pseudomyxoma peritonei complications*	93
VAT**	827
Final pay control***	217
	1,137

*The pseudomyxoma peritonei provision is based on the average cost of complications per operation over the preceding 3 years, linked to the number of operations undertaken within a 3 year period.

**The VAT provision is an estimate of VAT due to HMRC as a result of changes in NHS VAT guidance and an ongoing review by HMRC.

*** Final pay control charges may arise on the retirement of members of the 1995 section of the NHS Pension Scheme. The Trust is liable for a final pay control charge if a member receives an increase to pensionable pay in any of the three years prior to them retiring or transferring out of the scheme that is more than a specified amount.

£7,107k is included in the provisions of the NHS Litigation Authority as at 31 March 2020 in respect of the clinical negligence liabilities of the Trust (£6,668k at 31 March 2019).

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

18. Contingencies at 31 March

18.1 Contingent Liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
Personal injury claim	(8)	(8)	(17)	(17)
Indemnities	(229)	0	(184)	0
	<u>(237)</u>	<u>(8)</u>	<u>(201)</u>	<u>(17)</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.

18.2 Contingent Assets

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

19. Commitments

19.1 Capital commitments

The Trust is involved in a number of significant construction developments, including a new Research Centre and work on an intensive care ward to support the Trust's response to Covid 19. At 31 March 2020 the capital commitments contracted amounted to £7.2m (31 March 2019: £0.6m).

19.2 Other financial commitments

The Trust has entered into contractual arrangements with the University of Manchester regarding the Manchester Academic Health Science Centre Clinical Trial Unit (MAHSC-CTU), a unit dedicated to data processing of grant-funded studies. The unit was set up by The Christie in 2010 to provide a service both for The Christie and the North-West. In the year, it was decided that the unit would transfer over to the University of Manchester with the Trust agreeing to fund the trials already in operation as part of the handover agreement. As at 31 March 2020 the contracted commitment in relation to the MAHSC-CTU is £1.02m (31 March 2019 £1.6m).

20. Finance Lease obligations

The Trust holds Finance leases for three buildings but all of these were paid in a single upfront payment and there are no annual ongoing payments. See note 10.1 for details of the leases.

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

21. Losses and special payments

	2019-2020		Group	
	Number of Cases	Amount £000	2018-2019 Number of Cases	2018-2019 Amount £000
Bad Debts	54	20	59	9
Stores losses - pharmaceuticals*	590	42	0	0
Stores losses - other	1	20	2	7
Ex gratia payments - staff/patients loss of personal effects	2	1	2	1
Other	3	21	0	0
	650	104	63	17

*590 low cost drugs items were written off across the year in Pharmacy stores due to expiration dates, or breakages and spillages.

22. Related Party Transactions

The Christie NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with The Christie NHS Foundation Trust, The Christie Pharmacy Limited or The Christie Charitable Fund. See note 6.3 for details of Directors' remuneration and other benefits.

The Department of Health is regarded as a related party. During the year The Christie NHS Foundation Trust Group has had a significant number of material transactions totalling £595k (2018-19: £2.3m) 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:

Mid Cheshire Hospitals NHS Foundation Trust
 Manchester University NHS Foundation Trust
 Wrightington, Wigan and Leigh NHS Foundation Trust
 East Cheshire NHS Trust
 Health Education England
 NHS Bolton CCG
 NHS Bury CCG
 NHS Eastern Cheshire CCG
 NHS Manchester CCG
 NHS Oldham CCG
 NHS Salford CCG
 NHS Stockport CCG
 NHS Tameside and Glossop CCG
 NHS Trafford CCG
 NHS Wigan Borough CCG
 Health Education England
 NHS England - Core
 NHS England - North East Specialised Commissioning Hub
 NHS England - North West Specialised Commissioning Hub
 NHS England - Central Specialised Commissioning Hub

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

	2019-2020 Receivables £000	2019-2020 Payables £000	2018-2019 Receivables £000	2018-2019 Payables £000
HM Revenue & Customs	1,601	2,994	0	2,738
NHS Pension Scheme	0	1,927	0	0
Welsh Health Bodies	410	0	0	0
NHS Blood & Transplant	0	203	0	130
National Loans Fund	15,000	0	30,000	0

	2019-2020 Income £000	2019-2020 Expenditure £000	2018-2019 Income £000	2018-2019 Expenditure £000
HM Revenue & Customs	0	11,603	0	10,142
NHS Pension Scheme	0	19,437	0	12,583
Welsh Health Bodies	4,115	0	3,738	0
NHS Blood & Transplant	0	2,691	13	2,663

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

	2019-2020	2019-2020	2018-2019	2018-2019
	Receivables	Payables	Receivables	Payables
	£000	£000	£000	£000
The Christie Clinic LLP	546	71	979	91
The Christie Pathology Partnership LLP	300	108	377	0
CPP Facilities LLP	217	42	202	0

	2019-2020	2019-2020	2018-2019	2018-2019
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
The Christie Clinic LLP	6,501	652	8,112	636
The Christie Pathology Partnership LLP	1,313	5,878	1,302	5,812
CPP Facilities LLP	715	2,486	1,427	3,024

The Trust has had material transactions with the following:

	2019-2020	2019-2020	2018-2019	2018-2019
	Receivables	Payables	Receivables	Payables
	£000	£000	£000	£000
The Christie Pharmacy Limited	0	0	0	0
The Christie Charitable Fund	3,468	0	4,286	0

	2019-2020	2019-2020	2018-2019	2018-2019
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
The Christie Pharmacy Limited	121	38,128	119	34,236
The Christie Charitable Fund	7,534	0	12,574	0

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

23. Financial instruments

IFRS 9 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities. Under the NHS financial regime the service provider relationship that the Trust has with its commissioners and the way they are funded, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 9 mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Market risk

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The Trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk. It holds no significant investments other than short-term bank deposits. Other than cash balance, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cash-flows are substantially independent of changes in market interest rates.

Liquidity risk

Liquidity risk is the possibility that the Trust might not have the funds available to meet 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.

Foreign Currency Risk

The Trust has negligible foreign currency income or expenditure.

23.1 Fair value measurement of financial assets

Financial assets and financial liabilities measured at fair value in the Statement of Financial Position are grouped into three levels of a fair value hierarchy. The three levels are defined based on the observability of significant inputs to the measurement as follows:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities

Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly

Level 3: unobservable inputs for the asset 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 2020	Level 1 £000	Level 2 £000	Level 3 £000	Total £000
Financial assets				
Investments listed on the Stock Exchange - note 11.3	403	0	0	403
Investments in Joint Ventures - note 11.1	0	0	20,747	20,747
Other financial assets - note 13.4	0	0	19	19
As at 31 March 2019	Level 1 £000	Level 2 £000	Level 3 £000	Total £000
Financial assets				
Investments listed on the Stock Exchange - note 11.3	470	0	0	470
Investments in Joint Ventures - note 11.1	0	0	25,362	25,362
Other financial assets - note 13.4	0	0	60	60

The level 3 valuation for investments in joint ventures is recognised at cost the carrying amount increased or decreased to recognise The Christie's share of its profit or loss.

The level 3 valuation for other financial assets is based on the Administrator's assessment of potential recovery.

23.2 Fair value measurement of non financial assets

The following table shows the levels within the hierarchy of non-financial assets measured as detailed in note 1.4.2:

As at 31 March 2020	Level 1 £000	Level 2 £000	Level 3 £000	Total £000
Investment property - note 11.4	0	0	0	0
As at 31 March 2019	Level 1 £000	Level 2 £000	Level 3 £000	Total £000
Investment property - note 11.4	0	0	0	0

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

23.3 Financial Assets

	Group	NHS Foundation	Group	NHS Foundation
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
NHS receivables	21,145	20,839	43,951	43,948
Non-NHS receivables	9,218	8,837	9,530	8,744
Other financial assets	0	1,119	0	1,515
Cash at bank and in hand	207,454	145,916	158,078	103,918
Other investments	481	0	538	0
Current assets	19	3	60	8
Total at 31 March	238,317	176,714	212,157	158,133

Financial assets are stated at amortised cost.

23.4 Financial Liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
NHS payables	7,737	7,635	5,977	5,977
Non-NHS payables	26,608	23,615	23,026	20,331
Borrowings - loans from the Department of Health and Social Care	61,125	61,125	63,226	63,226
Total at 31 March	95,470	92,375	92,229	89,534

Financial liabilities are stated at amortised cost.

23.5 Maturity of financial liabilities

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020	2019-2020	2018-2019	2018-2019
	£000	£000	£000	£000
In one year or less	38,154	35,059	32,743	30,048
In more than one year but not more than five years	15,235	15,235	14,960	14,960
In more than five years	42,081	42,081	44,526	44,526
Total	95,470	92,375	92,229	89,534

Consolidated Accounts of The Christie NHS Foundation Trust 2019-2020

24. Public Dividend Capital

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2019-2020 £000	2019-2020 £000	2018-2019 £000	2018-2019 £000
Public dividend capital at start of year	142,934	142,934	141,966	141,966
New public dividend capital received	193	193	968	968
	<u>143,127</u>	<u>143,127</u>	<u>142,934</u>	<u>142,934</u>

25. Events after the reporting year

The Covid-19 pandemic has had and continues to have a significant impact on the UK and worldwide. Due to the timing of the pandemic (March 2020), this has not had a significant impact on the group operations (The Christie NHS Foundation Trust, The Christie Pharmacy Limited and The Christie Charitable Fund) or component entities (investments in joint ventures) during the 2019-20 financial year. The Covid-19 pandemic will have an impact on all of the Trust group operations and investments in 2020-21. However the extent and impact will vary across the group and investments and cannot yet be determined.

The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX
United Kingdom

Phone 0161 446 3000
Fax 0161 446 3977
www.christie.nhs.uk

Keep up-to-date with all our news from the latest
Christie developments to charity events.



Follow us on Twitter **@TheChristieNHS**



Join us on Facebook
www.facebook.com/TheChristieNHS