NHS
The Christie
NHS Foundation Trust

Annual Report & Accounts
2017-18

The Christie NHS Foundation Trust
Annual Report and Accounts 2017 to 2018

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Contents

Chair and Chief Executive's statement

The Christie specialises in cancer treatment, research and education and is the largest single site cancer centre in Europe. We are proud of our relentless drive to pursue innovation and progression in our aim to provide world class care and treatment for all our patients.

Our Annual Report and Accounts for 2017/18 highlights our achievements, and our continued strive for excellence that is core to the values and ideals of the Trust.

Our staff continue to work in the pursuit of excellence in patient care and none of the achievements described in this report would be possible without their dedication. We have a remarkable team at The Christie and we remain proud of the commitment, skill and compassion of every member of staff.

Our biggest commitment is to put patients at the heart of everything we do and to ensure we provide the highest quality care and treatment with very real patient benefits. Our performance in national surveys and the positive feedback we receive from our patients continues to be a source of pride, but also guides our way forward as we continually strive to improve.

Developments this year saw the opening of our new Integrated Procedures Unit and our new facilities in Oak Road to hugely improve the experience for patients and visitors. We have continued to expand the care we offer closer to the patients' homes with the development of chemotherapy services in Tameside and New Mills.

We took delivery of a pioneering radiotherapy machine, the MR-guided linear accelerator, which is one of only seven in the world and will enable The Christie to deliver more targeted and personalised radiotherapy for our patients. Our high energy proton beam therapy centre, the first of its kind in the UK, is also on track to open to patients in late 2018.

One of our biggest challenges of the year was the well-publicised fire at the Paterson building. The fire was devastating for The Christie and its partners but from chaos comes opportunity and we now plan to create a better building than we ever imagined before.

The new research centre, a partnership between The Christie, The University of Manchester and Cancer Research UK, will be the only facility of its kind in the country to have a research building integrated within a hospital with scientists, researchers and consultants all working together in one facility, developing and shaping treatment and research from basic scientific discoveries through to patient care.

This partnership working will mean the development of new treatments faster, resulting in better outcomes for patients ensuring they benefit from the very latest and best research.

Our experts have been pioneering cancer research breakthroughs for more than 100 years and The Christie is well known for many world-firsts which have advanced cancer treatment on a global scale.

We have an excellent reputation as an international leader in research and

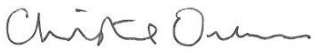
innovation, which is further strengthened by being a partner in the Manchester Cancer Research Centre (MCRC) and Health Innovation Manchester.

Our ongoing contribution to partnerships such as the Manchester Academic Health Science Centre, the Manchester Cancer Research Centre, Macmillan Cancer Improvement Partnership and Greater Manchester Cancer, as well as collaborations with hospitals across Manchester and Cheshire, all strengthen our goal of delivering the highest quality care and treatment with real patient benefits, and ensure we continue to offer our patients personalised care with better cure rates and fewer side effects.

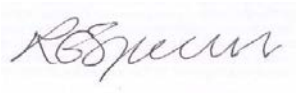
Whilst continuing to focus on our specialist areas of cancer treatment, research and education, The Christie has used the findings from extensive consultation as part of the 20:20 Vision process to drive the Trust forward, and further enhance services, not just in the UK, but across the world. This year we have looked again at the ambitions we have to continue to improve services for our patients, and our refreshed strategy expands on the work we have done and describes our objectives for the future. Further details can be found on our website at Our Strategy.

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 thank you for your continued support, 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 we are very proud of our history at the forefront of cancer care for more than 100 years. We also remain passionate in leading the way in treatment, research and education, remaining committed to helping all those affected by cancer, both now and in the future.

The Christie was named in honour of Richard and Mary Christie who were instrumental in setting up the cancer centre.

Confronted with new diseases such as mule spinners' cancer and chimney sweep's cancer, doctors started looking for possible links to machine oils and airborne soot. At this time there were 30 beds and 463 patients each year.

Early work became the forerunner of many cancer treatment breakthroughs made by researchers at The Christie. Milestones throughout the 20th century included:

- 1901 – use of X-rays for therapy
- 1905 – use of radium for therapy
- 1932 – development of the 'Manchester Method' of radium treatment
- 1944 – world's first clinical trial of Stilboestrol breast cancer drug
- 1970 – world's first clinical use of Tamoxifen breast cancer drug
- 1986 – world's first use of cultured bone marrow for leukaemia treatment
- 1991 – world's first single harvest blood stem-cell transplant
- ….and 'world firsts' are still continuing in the 21st century

Surgery was suspended in 1915 because of the First World War and during the Second World War Christie staff had to keep the radium safe from potential bombing whilst they carried on treating patients.

From 1931 The Christie was linked with the Holt Radium Institute which gave radium treatments for patients in local hospitals. The two institutions then moved from Stanley Grove to a new building in Withington, south Manchester, where The Christie's main site remains to this day.

In the 1930s and onwards, Dr Ralston Paterson built a team of physicists and clinicians who turned the hospital into a world recognised centre for the treatment of cancer by radiation. The Christie set the first international standards for radiation treatment in 1932.

Dr Paterson's wife, Dr Edith Paterson, started research work at The Christie in 1938. She became a world-renowned pioneer in biological dosimetry, childhood cancers and anti-cancer drug treatment methods.

In 1948 The Christie became part of the newly created NHS.

For over 100 years The Christie has played a crucial role in the advancement of cancer treatment and care.

In 2007 we became an NHS foundation trust which gave us more freedom to develop our services for the benefit of patients. We are now the largest single site cancer centre in Europe, treating more than 44,000 patients a year and the first UK centre to be accredited as a comprehensive cancer centre.

As part of the NHS we provide radiotherapy in one of the world's largest radiotherapy departments and at our satellite centres in Oldham and Salford. We deliver chemotherapy treatment through the largest chemotherapy unit in the UK, as well as via 10 other sites, our mobile chemotherapy unit and in patients' homes. We also provide prostate cancer community clinics at five different locations. We provide highly specialist surgery for complex and rare cancers and a wide range of support and diagnostic services.

The Christie School of Oncology provides undergraduate education, clinical, professional and medical education – the first of its kind in the UK.

We serve a population of 3.2 million people across Greater Manchester and Cheshire while more than a quarter of our patients are referred to us from across the UK.

Recently rated outstanding by the health watchdog, the Care Quality Commission, we have also been ranked as the most technologically advanced cancer centre in the world outside North America.

The Christie has 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.

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.

As part of our research work we are also partners on both the NIHR Manchester Clinical Research Facility (CRF) and the NIHR Manchester Biomedical Research Centre (BRC). We are also one of seven partners in the Manchester Academic Health Science Research Centre.
Due to start treating patients in 2018, we will be one of only two sites in the UK to offer a national high energy proton beam therapy service. The Christie was selected to provide this cutting edge technology and specialist treatment, along with University College London Hospitals NHS Foundation Trust. Proton beam therapy is a specialist form of radiotherapy which can very precisely target certain cancers, increasing success rates and reducing side-effects. Its introduction to the UK will bring the treatment closer to patients who currently have to travel abroad to receive it.

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 is 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 active fundraisers who helped raise £15.2m this year.

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 principal objectives are:

1. To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer
2. To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey
3. To be an international leader in professional and public education for cancer care
4. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre
5. To provide leadership within the local network of cancer care
6. To maintain excellent operational, quality and financial performance

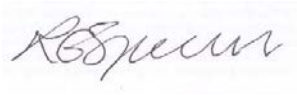
7. To be an excellent place to work and attract the best staff
8. To play our part in the local health care economy and community

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 following this link to our public board papers: Board of directors meeting papers

The highest risks to the achievement of our corporate objectives were around achievement of our financial targets and cost improvement programme, both of which were successfully mitigated. There was also a risk relating to commissioning in Greater Manchester and a potential negative impact on our status as a comprehensive cancer centre. This risk reduced throughout the year.

Our overall performance in 2017/18 has been excellent. The Christie is one of only eight specialist trusts in England deemed to have maximum autonomy and no potential support needs by NHS Improvement. This places us in the top 15% of NHS providers in the country.

We also have an Outstanding rating in the CQC comprehensive inspection, the highest possible rating and ranking us as the best specialist trust in the country, and one of the top three trusts overall in England.



Roger Spencer
Chief Executive
24th May 2018

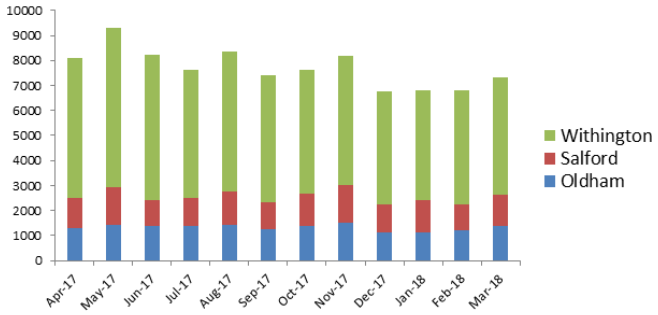
Radiotherapy

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 a long tradition of research, innovation and world firsts which means our patients have access to the latest equipment and treatments as well as access to the latest clinical trials. We have two satellite centres in Oldham and Salford. The Salford satellite 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

Over 7,000 patients have been treated with radiotherapy during 2017/18 which equates to over 92,500 treatments, delivered over our 3 sites.



Equipment Provision

We have 10 linear accelerators on our main 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 the year we have replaced one linear accelerator on our main site. The replacement linear accelerator has a higher technological capability including the ability to deliver Flattening Filter Free (FFF) radiation beams. Two other linear accelerators have had this technology retro-fitted bringing the total number of FFF-enabled linear accelerators to five. This technology provides larger dose treatments that cannot be delivered traditionally.

During 2017/18, we piloted a method of reducing the dose of radiation delivered to the heart and its associated arteries during breast radiotherapy. Delivered whilst patients hold their breath after breathing in deeply (and known as Deep Inspiration Breath-Hold or DIBH) the technique has the potential to reduce long term adverse events. Two linear accelerators have been upgraded to increase the availability of this motion management system, allowing a full clinical implementation for patients with breast cancer. In addition, a project is nearing completion to see this technique used more widely, starting with its use in patients with lymphomas in appropriate anatomical sites.

A further replacement linear accelerator, with FFF capabilities, is to be installed in the first quarter of 2018/19.

Technique Improvement

The NHS-England and CRUK-sponsored Commissioning through Evaluation (CTE) project has seen us deliver Stereotactic Ablative Radiotherapy (SABR) as one of 17 chosen service providers in the NHS. Building on our experience in the treatment of primary and secondary lung cancers, this year has seen SABR techniques used for spinal, liver and bone metastases as well as lymph nodes across a range of anatomical sites. We will be treating our first patient very soon with SABR to the adrenal area. This, as well as SABR use in Clinical Trials, has been enabled by the increased FFF provision.

As part of a collaborative bid with Lancashire Teaching Hospitals NHS Foundation Trust and Salford Royal NHS Foundation Trust we have seen increases in both the number and complexity of patients attending for intracranial stereotactic radiosurgery.

The photon radiotherapy delivery service has also seen significant uplifts in the scope of treatments offered. Following feasibility studies at the Oldham site in 2017/18, patients on the Withington site can now have a boost to their radiotherapy plan using photons for breast cancer and curative bladder radiotherapy supported by Carbogen gas and Nicotinamide medicine which collectively enhance the efficacy of the radiation. Daily adaptive radiotherapy has been instigated for wider groups of patients using advanced imaging modalities to achieve greater accuracy. Greater use of Magnetic Resonance (MR) Imaging, including the acquisition of MR in the treatment position, has provided treating oncologists with better clinical information and allowed the preparation of improved treatment plans.

As older models of linear accelerators have been phased out on the Withington site, capacity for improved treatment techniques have increased. This has seen the use of Volumetric Modulated Arc Radiotherapy (VMAT) increased and offered to additional patient groups. Most significantly, this is now used to treat patients undergoing radical radiotherapy for cancers of the anus. This has seen a significant improvement in the side-effect profile for this patient group.

Magnetic Resonance (MR) Linear accelerator

A prototype MR-guided linear accelerator has been commissioned during 2017/18. This is one of only seven in the world. It combines MR scanning and radiotherapy treatment into one hi-tech package. The MR-linear accelerator is an advanced form of radiotherapy machine that will potentially enable us to deliver more targeted and more personalised radiotherapy for patients. The Christie is part of the Atlantic Consortium consisting of clinical, academic and industrial partners in four countries to research the use of MR-guided radiotherapy and move it from a development stage to clinical implementation. This will be used in the first instance for research and will not treat any patients until regulatory approval has been given. As a marker of the role of The Christie in this project, Manchester was chosen to host the Atlantic Consortium scientific and technical conference in March 2018.

Proton Beam Therapy Centre

The building of the Proton Beam Therapy Centre has continued. An excellent partnership between all the agencies involved has seen the construction on course to be handed to the Trust in early 2018. Major equipment delivery took place and the cyclotron delivery was celebrated with a public event including national and regional partners and patients of The Christie who had been required to travel abroad for proton radiotherapy. Protons have been produced in the cyclotron and commissioning is on-going. The CT and MR scanners are now in place and the first Healthy Volunteer Scanning has been undertaken.

Working with our national partners at UCLH and the Department of Health, and local partners including Manchester NHS Foundation Trust, we have continued to lead the patient pathway design process paving the way for treatment delivery to begin on schedule in autumn 2018. A significant training activity has been underway including training placements for Christie staff in partner hospitals in the US and Europe.

A proton gantry

Medical Physics and Engineering

Christie Medical Physics & Engineering (CMPE) is a division of The Christie NHS Foundation Trust providing physics and engineering expertise to the comprehensive cancer treatment and research centre and has been established for over 70 years. We provide peripatetic services to other NHS Trusts throughout the North West region and have out-posted groups of clinical scientists, technologists and engineers in the Manchester University NHS Foundation Trust at Wythenshawe Hospital and The Christie at Oldham and Salford. Our role spans service delivery, requiring the application of scientific skills and judgement, to 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 & Radiation Protection and Nuclear Medicine.

The radiotherapy physics group supports clinical radiotherapy services at both The Christie and at the Oldham and Salford Christie satellite centres.

The Medical Engineering group is based at The Christie and in the Manchester University NHS Foundation Trust (Wythenshawe) to provide medical engineering services.

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

The Nuclear Medicine group provides diagnostic nuclear medicine, PET-CT and molecular radiotherapy services at The Christie. Research and development in those areas is carried out in collaboration with national, international and commercial partners. Via its regional radiopharmacy it manufactures and provides 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. In 2017 the group led the bid to NHS England to provide an expanding network of PET-CT scanning in Greater Manchester. 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)

We have delivered over 65,000 systemic treatments this year (including chemotherapy, immunotherapy and targeted therapies). The development of more lines of treatment and the success of immunotherapy treatments has resulted in a higher than expected number of patients requiring systemic treatment for their cancer. Our services provide 50 treatment spaces for solid tumour treatments with separate facilities for phase I and II clinical trials, Haematology and Young Oncology.

	2016/17	2017/18	% Change
Total number of patients receiving chemotherapy	8,600	8,800	2.3%
Total number of outpatient chemotherapy treatments	63,000	65,000	3.2%

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

- Macclesfield (East Cheshire)
- Leighton (Mid Cheshire)
- Stockport (Stepping Hill Hospital)
- Oldham (Hospital site and Mobile unit)
- Wigan (Wrightington, Wigan & Leigh)
- Tameside (Tameside General Hospital)
- Salford (Salford Royal)
- Trafford (Mobile Unit)
- Bolton (Mobile Unit)
- Bury (Townside Primary Care centre)
- Rochdale (Mobile unit)Arden House Medical Practice (New Mills)

Developments during 2017/18

- Expansion of Christie at Home service to include Herceptin for adjuvant and metastatic breast cancer.
- Opening of a new treatment facility at Arden House Medical Practice in New Mills, one day per week.
- Development of service at Tameside General Hospital from 2 to 3 days per week.
- Increase mobile unit clinic in Bolton from 1 to 2 days per week.
- Changes in process to reduce chemotherapy wastage
- Implementation of nurse led assessment clinics.
- Implementation of a new electronic prescribing system for SACT.
- Redesign of the ground floor reception to improve patient flow.
- Increased capacity for phlebotomy.

Chemotherapy Mobile Unit

Surgery

Our Directorate of Surgery is a specialist tertiary surgical referral 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 1.5 – 25,000,000. 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.

Surgery is an integral part of the comprehensive cancer centre. Working with all 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/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 Surgical Directorate

- Colorectal and Peritoneal Surgery
- Urological Surgery
- Gynaecological Surgery
- Plastic Surgery

Our current services and populations served are summarised below:

- Rare cancers
- Vulval cancer : 1.5 million
- Anal cancer : 3.2 million
- Testicular cancer : 6 million
- Retroperitoneal / abdomino-pelvic sarcoma : 5.45 million
- Penile cancer : 8 million
- Peritoneal tumours and appendix neoplasia (Pseudomyxoma peritonei): 25 million

Specialist procedures

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

Multidisciplinary Treatment

We formed the UK's first multi-disciplinary cancer team (MDCT), which has been functioning since 1970 and has grown significantly over the last three decades. The MDCT undertakes 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 multispecialty 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.
- 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

The Christie Colorectal and Peritoneal Oncology Centre (CPOC) continues to provide a growing service nationally for patients with peritoneal disease. The last full year's data (2016-17) indicates a slight rise in the number of patients referred with appendiceal tumours (260) compared to the previous year's activity (216).The data for the current year (Q1 to 3 2017-18) shows a similar level of referral at 188. Equally a similar rise has been seen in the Colorectal Peritoneal Metastases (CRPM) group. However, the fraction of referred patients who then undergo cytoreduction has slightly fallen over the past 3 years (67.7%, 2014-15; 63.4%, 2015-16; 56.5% 2016-17).

We 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.

Patient involvement has been at the forefront of developing the Colorectal and Peritoneal Oncology Centre throughout 2017. We have conducted a patient satisfaction survey on patients treated in the past 18 months with reassuringly high levels of appreciation identified (9.7 out of 10 for the care provided), details of which are included in this report.

We are pleased to announce that we are to host the 2nd Peritoneal Tumour Service (PTS) Patient Day on the 17th May 2018.

Development of our website (http://www.christie.nhs.uk/cpoc) continued in 2017, with the implementation of a communications plan and dedicated time spent on portraying our efforts to professionals and the wider public.

In addition to the website, the Colorectal and Peritoneal Oncology Centre (CPOC) has introduced a LinkedIn page (https://www.linkedin.com/christie-colorectal-and-peritoneal-oncology-centre/)

Both the website and LinkedIn give an opportunity for our peers and patients to gain an insight into the complex nature of the service as well as offering relevant and up to date information.

The colorectal team provides a yearly report for the National Bowel Cancer Audit Programme and the latest data (2016-17) includes 90 primary bowel cancers operated on by us.

In 2017, the colorectal team at The Christie performed 478 intermediate, major and major complex operations, with eight 90-day mortalities (0.8%) and a combined NCI grade 3/grade 4 complication rate of 4.3% in all patients undergoing a surgical procedure. This complication rate was 9% in patients undergoing complex major or major procedures.

Named colorectal surgeons are core members of the dedicated bi-weekly Anal Cancer MDT (lead: Professor Andrew Renehan). This is one of the largest anal cancer MDTs in the UK, with 80 new anal cancers in 2016. There is a four weekly joint anal cancer clinic with opportunities to develop sub-specialty interests in surgery relevant to anal cancer management.

Urological surgery

We have built a strong regional reputation of being a centre of excellence for robotic prostate surgery. Robot-Assisted Laparoscopic Prostatectomy (RALP) is increasingly acknowledged as the gold standard treatment for prostate cancer. Compared to an open

prostatectomy, patients have a reduced length of stay, less blood loss and the procedure overall is far less invasive – meaning there is a reduced risk of infection and less pain. Moreover, we have an established track record of providing excellent outcomes for our patients. The evidence has shown dramatic improvements in terms of continence function, very low complication rate and where appropriate good recovery of sexual function with the introduction of robotically assisted surgery.

Our investment in two Da Vinci robots has allowed this service to flourish, and referrals to the Uro-Oncology service from outside of Greater Manchester have increased, indicating increased awareness and demand for RALPs.

Rarer cancers infrastructure has grown in patient numbers. We are the European reference network lead for eUROGEN rare cancer workstream. This has involved producing a network of up to 11 healthcare providers across Europe, with which we will be working collaboratively.

Gynaecological surgery

Our specialist gynaecology multidisciplinary team (MDT) is a multi-professional group, who serve half of the population of Greater Manchester (GM) and East Cheshire, which equates to 3.2 million people. This forms part of the single service for GM.

Referrals for treatment and second opinions within the UK and internationally are discussed in the gynaecology multidisciplinary team meeting. We provide advanced surgery for patients referred with all sites of gynaecological cancers including ovarian, endometrial, cervical, vaginal and vulval cancers. We are the only hospital in the north west of the UK that has gynaecological surgery, medical oncology and clinical oncology on the same site allowing continuity of care and a multidisciplinary approach for inpatients and outpatients.

546 procedures were undertaken by the gynaecology consultants in 2017. Audits of these patients show an extremely low complication rate when compared with national and international standards. They confirm that a high workload of extremely complex and specialist nature is managed safely and with excellent outcomes. Supra-radical surgery for appropriate patients with advanced ovarian cancer is performed as a multidisciplinary approach with hepatobiliary, colorectal, urology and plastic surgeons as necessary. Last year we undertook 17.5% of gynaecological surgery as multi-specialty surgery with gynaecology as the lead. Introduction of the robotic programme has allowed us to increase the proportion of women who benefit from minimal access surgery and reduce the abdominal surgery rate by 15%. Approximately 75% of all women with endometrial and cervical cancer now undergo their surgery by robotic surgery, reducing the length of stay significantly and decreasing recovery time and complications.

Our dedicated gynaecological oncology ward allows the nursing and medical expertise to be focused in an area dedicated to patients with gynaecological issues. We provide a holistic approach to the care of our patients. We provide outreach clinics where we can initially see patients and provide follow-up after treatment. We have a ground-breaking combination of pre-operative high-risk anaesthetic clinics, pre-op assessment clinics and a virtual pre-op school. The latter is available to patients via the internet or tablets supplied to pre-op and inpatients. Post-operatively the patients are recruited to the ‘enhanced recovery plus’ programme facilitating patients’ recovery and reducing post op complications, with over 95% of all gynaecology patients recruited into the programme. Our service has allowed development of the Macmillan Cancer nurse specialist service to help support gynaecological cancer patients and improve their quality of life /survivorship. A patient support group has been developed and is held quarterly at the Trafford

Centre, as well as regular health and wellbeing events.

Plastic surgery

The plastic surgery team is a key component in our ability to provide an integrated cancer surgery and oncological care in a multidisciplinary, one site service. The team is co-located with the surgical and non-surgical oncology teams, often 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, and optimising the patient experience.

The plastic surgery team provides two main models for delivery of care: that of a primary resection and reconstructive service and also delivering the reconstructive options for the other three surgical specialties. We have delivered almost 2,000 treatment episodes this year and over 10,000 outpatient consultations, having experienced a 55% increase in activity over the last six years. We undertake primary resections and reconstructions for patients with skin malignancy. This includes the provision of the Cheshire & 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. We are also continuing and looking to expand our new service for patients suffering with chronic lymphedema as a side effect of cancer treatment.

In addition the team supports and liaises closely with The Specialist Pelvic MDCT, 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 approximately 25 microvascular free tissue transfers per year, allowing reconstruction of large or complex defects by the provision of tissue from distant donor sites.

Acute Oncology Services

We deliver a comprehensive acute oncology service. Ambitious targets 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 services which has proved transformative in improving patient care across the Trust. Working closely with other trusts 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.

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 its treatment. Activity rises year on year by 10%.

Enhanced Supportive Care (ESC)

Over the last 12 months we have continued to transform our acute services, building on the enhanced supportive care (ESC1) with integration of unplanned care. The ESC clinic is a new joint service provided by Supportive Care and Acute Oncology teams.

It offers rapid access to immediate specialist oncology acute or supportive care for any Christie patient presenting with problems due to their cancer, or cancer treatment.

The vision for ESC ll is to provide care within an ambulatory setting in dedicated environment. The service provides ambulatory care to a cohort of 'treat and send home' patients. Early referral of patients developing problems prevents the problems from escalating and avoiding the need for admission to hospital.

Acute Oncology Management Services (AOMS) & Metastatic Spinal Cord Compression (MSCC)

The Acute Oncology Management Service is a 24 hour telephone helpline service (Hotline) is available to Christie registered patients, their carers and professionals for advice management on the side effects and complications of cancer treatments. The Hotline supports the ESC clinic by directly booking patients into the clinic. This option has helped to reduce the need to contact GPs. The past year has seen the incorporation of the MSCC into AOMS service as part of a network wide provision of care, advice and support for patients with spinal cord compression due to cancer.

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.

Future goals for acute care services

We plan to transform and integrate acute unplanned care pathways ensuring patients are efficiently receiving the right care in the right place at the right time by the right professionals. Creating an integrated care model in a new setting with co-location of services will dramatically improve the admission and discharge processes within the trust, avoid admissions and reduce length of stay in turn improving outcomes for patients. This model will enhance patient experience by rapid access to specialised nursing and medical teams and formulates part of the trust wide strategy for acute oncology pathways and bed management processes.

Radiology

The Directorate of Radiology is responsible for service delivery of the MRI Scanning, CT Scanning, x-ray, interventional radiology, ultrasound and PET-CT reporting. The department currently supports 24 disease related clinical Multidisciplinary Team Meetings (MDTs) with each MDT having a lead consultant radiologist In the last 12 months we have seen an overall increase in activity within the Radiology Directorate of over 2% (an increase of over 6.3% for cross sectional imaging) with 53,000 examinations/procedures being performed.

We have been fortunate in recruiting high calibre individuals to the directorate in order to help deliver the increases in activity, ensuring that the quality of care delivered by the directorate remains high. It has also ensured that all radiology examinations have benefitted from an in-house report rather than being outsourced. We have been supported in our radiology related research by the investment of eight consultant sessions which will allow the expansion of our portfolio.

MRI Scanning

The opening of the new state of the art MRI unit housing three magnets in June 2016 has allowed the department to further expand and further modernise MRI capabilities. Patients are benefitting from the enhanced patient experience and increased capacity. We continue to receive positive comments on both the appearance of the unit and how well the environment supports the patient workflow; this feedback is from patients and staff alike. We have performed over 8,800 MRI scans this year – another year on year increase of 8.3%.

The MRI department has expanded the hours of operation, providing patients with an increased flexibility of appointment times and has markedly reduced the wait from referral to imaging.

X-ray

In the last year, the directorate has doubled the number of advanced practice radiographers working in the department who report chest x-rays. This has facilitated a reduction in the time taken for the clinician to receive a report following a patient's x-ray; it has offered development opportunities for staff and facilitated the release of consultant radiologists to focus on more complex imaging modalities.

CT Scanning

We have performed over 23,000 CT scans this year – another year on year increase of 6.5%. We have recently expanded the hours of work within CT scanning to allow more patients to be scanned which will improve access to the service and also offer patients more choice with their appointment, ensuring we are offering our patients a choice of appointment times to fit around their personal commitments and also maximises the use of this specialist equipment. As part of the radiology transformation programme we have improved patient access to support the prompt management of the acute patient pathway which will help in reducing the time the patient stays in hospital.

Interventional Radiology

The Christie interventional radiology service is a multi-disciplinary service providing a large portfolio of minimally invasive procedures under image guidance. Radiology at The Christie is recognised internationally as a leading centre in several areas. The IR service was externally evaluated and awarded Exemplary Status by the British Society of Interventional Radiology.

Interventional Oncology continues to grow as an increasingly strong evidence base develops in support of minimally invasive treatments. In April 2017, the interventional radiology service was one of five day-patient services brought together under one roof forming the Integrated Procedures Unit (IPU) development. The

Directorate of Radiology now has two new Toshiba interventional suites, a multi-purpose system and specialist vascular system which adopt the latest technologies. This will bring many advantages to our patients including the improvement to the patient experience as a result of a reduction of procedure time and radiation dose, reduced complication rates and better outcomes and the potential for increased access to interventional procedures. The new technology will also give increased opportunities in research, education and leadership. The building of the IPU and the purchase of the vascular interventional suite were generously supported by The Christie charity and we are grateful for all the donations.

We have developed an interventional radiology strategy which is in line with the philosophy of the institution to become a world-class, comprehensive cancer centre. The main focus is on the expansion of interventional oncology delivering minimally invasive procedures for the treatment of cancer. Our aim is to expand the interventional radiology service at The Christie to treat our patients more effectively and offer a wider range of treatments.

Ultrasound

The IPU development has facilitated the expansion of the ultrasound service as with the purchase of a new ultrasound scanner which is being utilised to perform ultrasound guided interventions. This has given us the ability to improve patient access and has delivered the benefits of the 'integrated' services of the unit so a patient can attend the facility and have their pre and post procedure care in the same location that their procedure takes place.

PET-CT Reporting

The Directorate of Radiology is responsible for PET-CT reporting. The PET-CT National Contract 1 (NC1): The Academy of Clinical Imaging and Alliance Medical continue to service and develop the NC1 contract collaboratively. Training modules have been developed by the Academy to cover 90% of indications for use of PET-CT which will facilitate the expansion of further PET-CT reporters. PET-CT national Contract 2 (NC2): The Greater Manchester PET–CT service has been retendered as part of NC2. We have received initial positive feedback and the formal award is expected in summer 2018.

Complementary Health & Wellbeing Service

Our award-winning complementary therapy service supports patients and carers through all stages of their cancer journey. Diagnosis and subsequent treatment can bring on many emotions and symptoms including stress, depression, fear, worry and anxiety induced nausea. It is a specialist service which is unique nationally due to its size, diversity, the level of integration it has within an acute cancer Trust and the level of activity it has within clinical, research and educational fields.

The services we offer to patients, relatives and staff are recognised as NHS plus activity which means they are funded by our charity and income from training events.

The complementary, health and wellbeing service is integral to Trust activity and incorporates our dynamic Health Advisory service which offers advice and treatments sessions on how to stop smoking as well as alcohol advice. Therapies include hypnotherapy, reflexology, aromatherapy, relaxation techniques and auricular acupuncture. These therapies may be used in conjunction with conventional treatments such as NRT inhalators and patches.

Our CALM service provides support for patients who are struggling with difficult procedures such as radiotherapy (particularly head and neck patients), needle anxiety, MRI scans, CT scans or line insertions. For those patients who require support the therapist will either attend with the patient during the procedure or teach the patient techniques that they can use themselves.

Our service has expanded immensely and is integrated throughout the Withington site, with additional part time services at our satellite centres. The team's work was rated as 'Outstanding' in the 2016 CQC report.

Clinical Input

We provide a wide range of different therapies which lead to benefits such as those listed below.

- Reduced costs associated with inappropriate admissions (e.g. those associated with side effects of smoking during treatment), prolonged treatment times due to challenges with compliance (e.g. during radiotherapy) and increased medical/clinical staff work load in providing emotional and psychological support to the patient or family member.
- Enhanced quality of the patients' experience (e.g. reduction in: stress, fatigue, physical effects of treatment such as peripheral neuropathy and graft versus host disease).
- Increased compliance with treatment in patients experiencing phobias (e.g. claustrophobia)
- Improved management of complex clinical issues (e.g. non-healing or malignant wounds)
- Helping carers maintain a healthy balance between their social lives, work and support as a carer.

Educational Input

We have a programme of courses (Integrated Therapies Training Unit), which run throughout the year in collaboration with The School of Oncology. The unit also provides free in-house courses to their team's volunteers. In addition, the team provides training to other Christie staff in relevant areas (e.g. smoking cessation, stress management) to improve their own health and wellbeing and to enhance their skills when caring for patients. The team is involved in collaborative projects such as on-line training modules for Alliance-Medical and are often invited to present at national and international training events.

Research Input

The clinical lead, Dr Jacqui Stringer, is an internationally recognised speaker in the field. She is chair of the European Bone Marrow Transplantation Society Nurses Group, Research Committee, UK Chief Investigator for an international study and Principal Investigator for an RfPB funded, Christie sponsored study. She and the team work collaboratively with clinical colleagues, Professor Yorke and the Christie Patient Centre Research group to develop / evaluate the service effectively.

Research

The Christie's research strength and capability continues to grow, delivering world-leading and life-changing research for the benefit of Greater Manchester's population and beyond. Around one in seven of our patients is provided with therapies through participation in research studies.

Our research focuses on prevention and early detection, developing personalised medicine approaches that target specific therapy to an individual's cancer, through to living with and beyond cancer. We are investigating everything from understanding the molecular and cellular basis of cancer to the development and testing of novel treatments.

Infrastructure

In April 2017, the National Institute for Health Research (NIHR) Manchester Biomedical Research Centre (BRC) came into operation. It provides more than £12m of funding for the discovery and translation of laboratory-based science into cutting-edge cancer treatments. The three cancer themes – advanced radiotherapy, precision medicine and prevention and early detection – are making good progress and plans are already in place for the development of further themes, such as survivorship, in time for the next BRC competition in 2022.

The NIHR Manchester Clinical Research Facility (CRF) at The Christie received renewal funding of £4.5m (as part of a £12.5m award to a unified NIHR Manchester CRF) for the continued development of specialised, early-phase experimental cancer research studies. A main aspiration over the next few years will be to further increase the quantity and quality of clinical research and provide access to these trials for more impoverished and ethnically diverse communities.

During 2017, the CRF was expanded, in a £3m redevelopment programme, to provide more experimental cancer medicine treatment facilities and an improved patient experience. The expansion will help Manchester build on its success as the leading experimental cancer medicine centre in the UK, with the aim of becoming one of the largest in Europe by 2020.

Another important funding success was the government award, in early 2018, of nearly £7 million to a Manchester health consortium, led by The Christie, to coordinate the scale-up of advanced therapies for cancer and non-cancer diseases. The Advanced Therapies Treatment Centre (ATTC), based at The Christie, will design and run larger clinical trials in this innovative area of personalised medicine. Manchester was one of only three centres in Britain awarded funding by Innovate UK to develop an ATTC.

Leadership

Greater Manchester's research community received a significant boost in August 2017 when Professor Rob Bristow, one of the world's leading prostate cancer experts, took up post as the Director of the Manchester Cancer Research Centre and The Christie's Chief Academic Officer. Professor Bristow is leading a refresh of the cancer research strategy across the region, focusing on partnership working to deliver world-leading research in order to improve patient outcomes. The Christie, and our partners, were also able to recruit many other scientists of international repute to Manchester during the year, and our standing as an international cancer research centre continues to grow.

Performance

The year was one of our strongest to date for patient recruitment to cancer trials. By the end of 2017, Greater Manchester was second best in the NIHR Clinical Research Network's national performance table in terms of patient recruitment. During the period, we made significant improvements against the NIHR 70 day study set-up performance target, particularly in quarter 1 2017/18 when 87.5 per cent of our submitted studies met the target. In multiple clinical trials The Christie has recruited the first

global and UK patients and been the top UK and global recruiter.

A 'big data' project is currently being planned which will, among other benefits, accelerate and expand research. By providing access to more comprehensive and integrated patient data, researchers will be able to more easily identify patients who could benefit the most from particular trials. Initially the project, which is scheduled to start later in 2018, will be piloted before further adoption.

Research innovation

Many breakthrough studies changed the lives of people in Greater Manchester.

One case featured a Rochdale breast cancer patient who had already tried nine different treatments. She has been fighting secondary breast cancer since being told in 2004 that her cancer was treatable but not curable. She became the first patient in the world to be given an exciting new combination of immunotherapy drugs.

Researchers from The Christie and The University of Manchester are also set to lead a new precision medicine study for prostate cancer, as part of a major new research programme launched by Prostate Cancer UK. The research drive will tailor treatments for men based on the genetic make-up of their cancer – a move which has the potential to extend the lives of 9,000 men every year in the UK. Prostate Cancer UK has awarded £1.4million to the nationwide study.

Greater Manchester scientists, including those at The Christie, led a review showing that ovarian cancer survival rates in the UK could be improved by 45 per cent if patients were treated in specialised, regional centres rather than general hospitals. Their work proved that the survival rate improvement, from the average of two years to about three years, would not require new treatments but, rather, the optimal use of currently available surgical techniques and drugs.

The Manchester surgical oncology group led a study which found that a number of people with rectal cancer will be able to avoid surgery, without their treatment being undermined. The work showed that, for about 15 per cent of patients, the cancer completely disappears after having just chemo/radiotherapy treatment without surgery.

The Christie pathology breast tumour team, with partners across Manchester, carried out the analytical work for a multi-centre clinical trial. The results showed that around a quarter of women, with a type of breast cancer known as HER2 positive, who were treated with a combination of targeted drugs, before surgery and chemotherapy, saw their tumours shrink significantly or even disappear. This ground-breaking result offers the opportunity to tailor treatment to individual women.

Increasingly, the concept of personalised and precision medicine treatments, developed through research, will become more widespread – patients will benefit as treatments become more specific to the sub-type of cancer, meaning more effective treatment and fewer side effects.

School of Oncology

With the Christie School of Oncology we lead the way in the delivery of local, national and international programmes of education and training. This year has seen continued strategic development and expanding links with a range of stakeholders and partners from the NHS, charitable and pharmaceutical sectors. This has encompassed developments in terms of education projects undertaken, including the strategic development of a Christie-wide Fellowship programme.

In addition to this, we have continued our focus on the continued use of technology into all aspects of activity, developing the School's role as a centre of excellence in online learning. This has allowed us to look at different ways of delivering education through online academic units and by offering access to conferences and meetings via technology.

Professional development

The Professional Development team continues to work hard to introduce government initiatives to increase numbers of apprenticeships in public organisations and 11 staff groups are now accessing apprenticeships with 14 standards available. Apprenticeships are now at all levels, including Masters programmes.

Medical Education

Medical education has had an exceptionally busy year with increasing numbers of undergraduate students. The successful development of the year four oncology curriculum and placements sees a whole year group now getting a placement at The Christie. A particular highlight has been the successful implementation of EduKit to support medical students and junior doctors. Work has also taken place across the team in the development of a full engagement programme with our junior doctors cumulating in the Junior Doctor of the Year Award.

The School continues to provide excellent facilities, incorporating the latest technologies. In November 2017, the Education Centre in association with the Technology Enhanced Learning Team successfully live-streamed a Developments in Management of Lymphoma conference to Cairo. They gave us excellent feedback and this is something the team tend to increase in line with the School's international aspirations. The Education Centre also now offers an online room booking system which enables staff to check room availability, request meetings and make bookings themselves.

Clinical Skills

In November 2017 the Clinical Skills team launched the revised AML Cannulation and Administration of Radioisotopes Training programme. This involved writing content for online cannulation modules and videos and working collaboratively with the Technology Enhanced Learning team to produce this programme.

Maguire Communication Skills

The Maguire Communication Skills Team continue to successfully deliver their high quality specialist communication skills at The Christie and across the UK. The team is, for the first time, offering the courses usually only offered at The Christie to bases in London and Birmingham.

Cancer Education Manchester

Dr Cathy Heaven has played a lead role in the development of a strategy for cancer education across Greater Manchester via Cancer Education Manchester. The strategy was agreed in November 2017. The proposed strategy offers a blended approach to education with the potential to deliver to all health and social care staff across Greater Manchester.

As a successful outcome of the National Cancer Vanguard, **Gateway-C** has been successfully piloted, and was being rolled out across England and Wales from 1 April 2018. Funding has been made available from Health Education England to make Gateway-C available across the north of England. Plans are also in place to develop an evaluation of the national rollout, funded by Cancer Research UK.

This year saw the rollout of the first year of the MSc Specialist Practice: Oncology in association with the University of Manchester. We ran three units all led by clinical staff in practice at The Christie. Participants from across the UK attended the units.

Our education events continue to deliver a wide variety of study days and conferences attracting national and international participants. Alongside this work we have expanded the secretariat service which produces events for a range of partners, including from industry. We continue to facilitate international visitors, welcoming delegates from a range of nations including China, New Zealand and Zimbabwe as well as hosting 27 international visitors. We also coordinated a course in Hong Kong, delivered by Lena Richards, to help develop a national metastatic spinal cord compression service. We have been actively working to embed technology across all services. We have also incorporated video, live streaming and visual content and improved our email marketing campaigns with a wider range of content (speaker information, blogs, videos, competitions).

The School also began its major commitment to develop a multi-professional fellowship programme to launch in September 2018, working with a range of other departments, in the development of a comprehensive **Fellowship** programme. This will allow a more strategic approach. The School has funded administrative support for the project.

Medical Library

The Medical Library continues to provide high levels of support to all members of staff and students across the Trust. New innovations include a monthly training day amalgamating three units (advanced lit searching, critical appraisal, and citation management) which has seen an increase in attendance. The library has also played a leading role in the development of an eBook collection. A successful bid was also placed for books for patients delivered through the Cancer Information Centre at The Christie and The Christie@Oldham

PET CT

The PET CT project, in association with Alliance Medical, continues to support more than 400 staff with their educational needs. This year saw an expansion of the online learning suite aimed at radiologists, radiographers, clinical technologists and clinical assistants. The project has developed a unique approach to learning and assessment involving retrospective reporting, online and face-face mentoring, through reporting prospective cases. The final pilot will be available throughout the country from later in 2018.

Christie Patient Centred Research

It has been a highly successful year for The Christie patient centred research team in developing and delivering research, working alongside academic research to ensure we are developing Christie staff. In 2017/2018, 10 staff have undertaken research training programmes. Not only has the focus been on living with and beyond cancer, but also on prevention and early detection.

Our financial performance 2017-18

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.

2017-18 was a 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 lowest financial risk and 4 the highest level of risk.

For 2017-18, The Christie achieved the best financial rating available from NHS Improvement. Throughout the financial year it has recorded a use of resource score of 1.

Performance

The financial trading results for the year ending 31st March 2018 were better than the original plan agreed with NHS Improvement. A contributing factor to the Trust's surplus is the proceeds from the insurance claim made following the Paterson research building fire.

Importantly, against the backdrop of continued resource constraints in the health service, the Trust continues to operate sustainably. This is supported by the Trust's efficiency programme, which has delivered improvements of £9.2m in 2017-18.

The Christie Charity is a critical part of the organisation's overall financial well-being. 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 2018 is shown overleaf.

Performance for the financial year ended 31st March 2018

	Group			Trust		
	2017-18 actual	2016-17 actual	Year on year change	2017-18 actual	2016-17 actual	Year on year change
	£m	£m	£m	£m	£m	£m
Total income	343.4	264.7	78.7	341.3	267.7	73.6
Total operating expenditure (excluding depreciation and net impairments)	(250.5)	(237.1)	(13.4)	(250.5)	(237.2)	(13.3)
EBITDA*	**92.9**	**27.6**	**65.3**	**90.8**	**30.5**	**60.3**
Gain / (loss) on revaluation and disposal of investment assets	0.0	0.0	0.0	0.0	0.0	0.0
Depreciation and amortisation	(11.5)	(10.9)	(0.6)	(11.5)	(10.9)	(0.6)
Dividend	(7.2)	(5.1)	(2.1)	(7.2)	(5.1)	(2.1)
Net finance charge	(0.7)	(0.5)	(0.2)	(0.7)	(0.6)	(0.1)
Share of Joint Venture (equity method)	5.1	5.1	0.0	5.1	5.1	0.0
Retained surplus (before exceptional items)	**78.6**	**16.2**	**62.4**	**76.5**	**19.0**	**57.5**
Exceptional items**	(7.7)	3.9	(11.6)	(7.7)	3.9	(11.6)
Retained surplus / (deficit)	**70.9**	**20.1**	**50.8**	**68.7**	**22.9**	**45.9**

* 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. The surplus position also reflects the significant financial transactions associated with the fire in the Paterson research building. The insurance claim proceeds and associated matched performance funding from NHS Improvement are included in the 2017-18 income position.

These non-recurrent revenue streams will be reinvested to create an ambitious integrated research facility on the Paterson site. The Trust is working in partnership with University of Manchester and Cancer Research UK to ensure Manchester remains at the forefront of research to support better outcomes for patients.

Activity and income

The Trust receives the majority of its income for delivering patient care, which equated to £217.7m in 2017-18. Of this total, the Trust received £185.5m during the year from its principal commissioner, NHS England, and £26.7m from clinical commissioning groups. Total clinical income has increased by £17.4m (8.7%) over the last 12 months. This represents significant investment by our commissioners to

provide additional cancer treatments and the best safety and quality of care available for the population we serve.

In addition to the income received for treating patients, the Trust has also benefitted from a £17m insurance payment related to the Paterson building fire. The financial position was also improved by additional resource from the NHS Sustainability and Transformation Fund (STF) of £31.7m, which was made available to Trusts who exceeded their financial control total.

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 £250.5m (£237.2 in 2016-17). Of this, £122.5m was spent on staffing, ensuring we continued to attract and retain over 267 doctors, 658 nurses, 417 scientific, technical and therapeutic staff and 308 health care assistants and support staff.

Over 26% of our total operating expenses was 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 £9.2m of efficiency savings. These have been achieved through a combination of quality led service change, improved productivity, procurement and a reduction in wastage.

Quality Innovation Productivity & Prevention (QIPP)

QIPP is a national scheme supported by NHS England which is recognised as the major vehicle to encourage organisations to transform their services and deliver the savings required by the NHS. In 2017-18 the Trust delivered £3.5m of QIPP savings which were passed directly onto our commissioners through schemes such as the Improving Access to Medicines Scheme which saw the redesign of the pathway for patients on long term oral chemotherapy treatments.

Joint Ventures

The Christie Clinic LLP was formed on the 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 2017-18 is £4.8m, as per the terms of the LLP membership agreement.

In June 2014 we entered into a joint venture partnership with Synlab UK who are 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 2017-18 is £0.3m, as per the terms of the LLP membership agreement.

Subsidiary Companies

Pharmacy dispensing arrangements changed in December 2017. Boots UK no longer provide the service, and have been replaced by The Christie Pharmacy Limited (Company Number: 11027496). The company is a wholly owned

subsidiary of the Trust and its financial performance is included in the consolidated group accounts.

For the 2017-18 the principal impacts for the group have been an increase in pharmacy related stock of £2m and a financial surplus of £0.05m, which are 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 £3.0m on capital projects from charitable grants and we received a charitable revenue contribution of £10.3m to enable us to enhance our services. Further information on contributions from the charity is provided on page 106.

Value of our buildings and land

All property, plant and equipment are measured initially by cost. All our assets are subsequently measured at fair value in line with our accounting policies. To ensure an independent and fair value of our estate we engage with the District Valuer, who reviews our asset values. An increase in the building value indices in 2017-18 resulted in a revaluation of our assets of £12.4m.

For 2017-18 the Trust has valued its land assets based on an alternative site methodology. This has decreased the value of land for the purposes of accounting only. The valuation has been verified by the District Valuer.

Capital investment

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

The Proton Beam Therapy facility has continued its development throughout 2017-18 and will be completed in 2018-19. This will provide patients from across the region and beyond with access to the latest and most precise forms of radiation treatment. The facility will also house a remodelled outpatient department and provide additional clinical and non-clinical space.

The Trust has also replaced linear accelerators for radiotherapy treatment and the creation of a new main entrance and patient amenities on Oak Road. In addition we have 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 Building	1.5	0	1.5
Assets under Construction	48.6	2,8	51.4
Plant and Machinery	2.8	0.1	2.9
Information Technology	0.9	0	0.9
Total	53.8	2.9	56.7

Cash flow and balance sheet

We ended the year with a cash and investments balance of £34.5m (£94.3m 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 97% 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 2017-18, 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.

The implications for lower growth in health spending are continuing to be seen with an inherent efficiency factor of 2% in the income received from commissioners for 2018-19. Our financial strategy for 2018-19 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.

In 2018-19 the Trust plans to achieve a £8.7m financial control total in line with the target set out by NHS Improvement. This is supported by the Sustainability and Transformation Funding of £1.5m. Achievement of this target is contingent on delivering an CIP target of £7.8m, whilst taking account of the investment requirements around staffing and non-pay required to deliver the anticipated activity growth, continue to meet all our performance targets.

Since 2013-14, all our English services have been commissioned under a single contract with NHS England. This arrangement changed for 2017-18 and beyond. CCGs responsible for treatments that are not considered specialist will now commission services from The Christie on behalf of their populations. Our contract arrangements are based on the principle of equitable risk and reward with commissioners, which we have had in place over a number of years. This principle mitigates financial risk for both parties and enables us to develop and implement efficiency schemes that benefit the Trust and commissioners.

With the creation of Greater Manchester Health and Social Care Partnership our future commissioning arrangements will change again and we are working closely with partners across the area to understand the impact for 2018-19 and beyond. We are hopeful that the strong working relationship we have with NHS England and local commissioners continues with the new commissioner framework and any further service changes.

Our partnership with HCA International in The Christie Clinic continues to perform well and our forward plans anticipate further growth which will secure support for our NHS services. During 2018-19 we will continue to implement our plans for a national proton therapy service, which will bring significant additional investment into the local health system and significantly expand our service base.

Going concern

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

External audit services

Grant Thornton LLP were appointed as our external auditors on 1st October 2017 for a period of three years. Prior to October

PricewaterhouseCoopers were the Trust's external auditor.

We incurred £58k, (£69k for the Group) in audit service fees in relation to the statutory audit of our accounts for the period ending 31st March 2018.

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 is 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.

Neither PricewaterhouseCoopers LLP, nor Grant Thornton LLP provided additional services relating to any non-audit related services during 2017-18.

Countering fraud and corruption

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

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

Statutory framework

This is the eleventh 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.

Business Review

We are always striving to achieve the very best care for our patients. Standards at The Christie are very high and we are always seeking to improve. This year, further improvements have been made. Whether it's the standard of our care, the methods of our research, or the effectiveness of our management, it all contributes to providing a better service to our patients.

The following provides an overview of our achievements, and the improvements we were making for our patients during 2017/18.

Quality priorities for 2017/18

1. **Delivering the Greater Manchester Cancer Strategy for Living with and Beyond Cancer**
   The Christie will play its part in delivering the Greater Manchester Cancer Strategy for Living with and beyond cancer by ensuring the cancer recovery package is implemented for all patients by March 2019.

   The recovery package consists of four elements three of which are hospital based and they are:

   - Holistic needs assessment and care planning, at diagnosis and at other significant points in the patient pathway
   - Treatment summaries, after significant phases of treatment
   - Health and wellbeing events, providing information and support

   This quality measure will be monitored and measured quarterly through Management Board.

2. **Reducing Healthcare Associated Infections**
   To reduce the incidence of healthcare associated infections (HCAI) by 10% by the end of March 2018 through the deployment of a multi-professional quality improvement collaborative.

   This quality measure will be monitored and measured quarterly through the Infection Control Committee.

3. **Improving inpatient care for patients with diabetes and those at risk of developing diabetes**
   To improve inpatient care for patients with diabetes and those at risk of developing diabetes in an oncology setting to ensure that we:

   - Ensure glucose lowering medications are prescribed correctly and administered on time
   - Reduction in frequency of hypoglycaemia to reduce patient harm and improve care

Key achievements in 2017/18

- achievement of more than 80% of patients being treated with chemotherapy within one hour
- achievement of more than 90% of patients being treated with chemotherapy over 2 days
- excellent results in the Friends and Family test of our patients recommending us as a place of care with an average score ranged from 96.2% to 98.3% for the inpatient ward areas from 94.65% to 96.73% for the outpatient areas.
- excellent results in our Staff Friends and Family test with an average result of 97% of staff would recommend The Christie as a place to be treated
- we had a 62% reduction in post 72 hours c-difficile
- we have received excellent results in the Care Quality Commission national inpatient survey 2016/17. For 50 questions we scored better than most other trusts and for the

other 13 questions we performed the same. There were no questions where our performance was worse than other trusts
- achievement of 100% of our patients not in mixed sex accommodation without a justified reason
- achievement of our quality goals agreed with our commissioners
- achievement of the 31 day, and all 31 subsequent treatment national cancer waiting times
- achievement of Q1, Q2 and Q3 of the 62 day standard, however, due to a difficult January we did not achieve the 62 day standard and this impacted on the Q4 position.

Managing effectively and quality of services

1. We have consistently achieved over 98% of recommended scores in our patient satisfaction survey.
2. In 2017/18 we had 1 case of MRSA bacteraemia.
3. We have very low rates of infection for our patients whilst maintaining screening for MRSA to 100% of our inpatients.
4. The Trust had 18 cases of c-difficile in the year with no lapses in care against a threshold of no more than 19.

Access to treatments

- we have consistently achieved the target thresholds for patients to spend no longer than 18 weeks from referral to treatment.
- waiting times for routine computerized tomography (CT) and magnetic resonance (MR) diagnostic imaging have been consistently short throughout the year

Efficiency

- reconfiguration of treatments to provide more appropriate care for our patients in day case or outpatient settings rather than in inpatient beds.
- maintaining an excellent financial risk rating
- reducing drug wastage

Patient eligibility and selection criteria

Patients are eligible for free NHS treatment at The Christie NHS Foundation Trust if they are:

1. Ordinarily resident in the UK, or
2. Overseas visitors, but entitled to free NHS services under the National Health Service (Charges to Overseas Visitors) Regulations 2011 (as amended in 2012).

Regulatory ratings

NHS Improvement's Single oversight Framework provides the framework for overseeing providers and identifying potential support needs.
Further details can be found on page 150 of the report.

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 accounts which once again build on our established foundations of delivering high quality services which were rated as Outstanding by the Care Quality Commission in their Comprehensive Inspection in May 2016.

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.

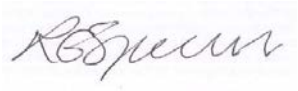
Through the on-going hard work and commitment of all our staff we continued to achieve all national targets in 2017/18 and we continue to be one of the top scoring trusts for quality of care in the national inpatient survey. During the course of 2017/18 we have continued to work hard on presenting readily 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 us at over 97% as a recommendation of a place for care. During 2017/18 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 achieved 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 2025 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
24th May 2018

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

2.1 Quality priorities for 2017/18

1. Delivering the Greater Manchester Cancer Strategy for Living with and Beyond Cancer

The above quality priority was agreed by Greater Manchester Cancer Provider Board as part of the Greater Manchester Cancer Plan.

The Christie will play its part in delivering the Greater Manchester Cancer Strategy for Living with and beyond cancer by ensuring the cancer recovery package is implemented for all patients by March 2019.

The recovery package consists of four elements three of which are hospital based and they are:

- Holistic needs assessment and care planning, at diagnosis and at other significant points in the patient pathway
- Treatment summaries, after significant phases of treatment
- Health and wellbeing events, providing information and support

This quality measure will be monitored and measured quarterly through Management Board.

2. Reducing Healthcare Associated Infections

To reduce the incidence of healthcare associated infections (HCAI) by 10% by the end of March 2018 through the deployment of a multi-professional quality improvement collaborative

This quality measure will be monitored and measured quarterly through the Infection Control Committee.

3. Improving inpatient care for patients with diabetes and those at risk of developing diabetes

To improve inpatient care for patients with diabetes and those at risk of developing diabetes in an oncology setting to ensure that we:

- Ensure glucose lowering medications are prescribed correctly and administered on time
- Reduction in frequency of hypoglycaemia to reduce patient harm and improve care

This quality measure will be monitored quarterly through the Patient Safety Committee.

The findings from our quality priorities 2017/18 are outlined below:

1. Delivering the Greater Manchester Cancer Strategy for Living with and Beyond Cancer

The Christie will play its part in delivering the Greater Manchester Cancer Strategy for Living With and Beyond Cancer by ensuring the cancer Recovery Package is implemented for all patients by March 2019.

The Recovery Package consists of four elements, three of which are hospital based and they are:

- Holistic needs assessment and care planning, at diagnosis and at other significant points in the patient pathway
- Treatment summaries, after significant phases of treatment
- Health and Wellbeing Events, providing information and support

This quality improvement is part of a two year programme which commenced in 2017/18 and will be monitored and measured quarterly through the Recovery Package Implementation Group. We have successfully appointed a Macmillan Quality Facilitator to lead the project and are also recruiting a user involvement champion who will ensure that our patients have opportunity to shape and be involved in this work.

Holistic needs assessments are an important screening of individual patient concerns that may lead to signposting to specific services and a formalised care plan. These have been undertaken in different formats but now The Christie will be utilising the Macmillan electronic tool (eHNA) in a consistent way that will allow sharing and capture of information. We are working with all clinical teams to ensure each has an agreed template for treatments summaries that is identifiable in our electronic noting, and that this important information is provided to our patients as well as the GP.

Health and Well Being Events have been developed and run by a small number of Disease Groups for several years. While patients will be encouraged to access events nearer to home where possible, we are in the process of developing a generic model with supporting materials. These can available to any patient at completion of treatment or be adapted for specific groups, for example with rarer cancers. Alongside this we have a successful model for those with secondary breast cancer and will develop this further to meet needs for patients on ongoing treatments for a period of years.

2. Reducing Healthcare Associated Infections

Prevention and Control 2017-2018

For 2017-208,the Director of Infection Prevention and Control set a target of reducing the incidence of healthcare associated infections (HCAI) by 10% by the end of March 2018 through the deployment of a multi-professional quality improvement collaborative.

The Infection Prevention and Control Team has collaborated with senior nurses, ward managers, Infection Control Champions and other frontline staff in a collaborative group which has discussed, implemented and monitored small tests of change. Initiatives during the year have included:

- a poster campaign aimed at telling staff what to do in the event of a patient with suspected *C.difficile*
- a campaign aimed at improving patient hand hygiene
- prevalence studies of urinary catheter use and infections
- an educational package aimed at improving bed decontamination
- An improved Out of Hours assistant promoting good isolation and IPC practices
- Improved working with the Deep Clean team.
- Formation of the Intravenous Strategy Group including Central Venous Access Device.
- Diarrhoea awareness campaign

During the course of the year we have seen a reduction in post-72 hour *C.difficile* cases by 62% from 29 cases to 18, which is lower than the threshold set of no more than 19. We have also seen a reduction in pre-72 hour cases of *C.difficile* which is likely due to improvements in stool sampling and assessment of our patients with diarrhoea.

During the course of the year we have also seen a decrease in bloodstream infections caused by Vancomycin-resistant enterococcus (VRE). Our

influenza activity has seen an increase in the latter part of the season in line with the rest of the country.

This year has seen increases in some conditions such as *E.coli* bloodstream infections and MSSA bloodstream infections which are in line with the situation in the rest of the country. The infection prevention and control team (IPCT) have been involved with a pan-Manchester group which is looking at ways in which the national ambition to decrease *E.Coli* bloodstream infections can be achieved.

A review into the increase in MSSA bloodstream infections was taken by the team towards the end of 2017 and the outcome of this work will inform the recommendations for the reduction of this infection in 2018-2019. The team also carried out a trial three month surveillance of central venous access devices (CVAD) on the Palatine Treatment unit aimed at identifying improvements in practice and the prevalence of infection. The surveillance of these devices will form an important part of the team's work in 2018/19.

The IPCT has continued its rigorous approach to auditing during the year with our frontline staff receiving training from the team to ensure our real-time results continue to improve. Frontline ownership of infection prevention and control has been strengthened with the monthly audit carried out by Infection Control Champions and the team has been working with the wards and departments to ensure that real change is affected following environmental audits. This is reflected in the improved scored for our environmental audits.

The team has also contributed to a major piece of work in the American Journal of Infection Control looking at ways in which to improve hand hygiene compliance using digital software and auditing tools.

While not meeting the overall reduction target for all organisms, the team has seen some very significant results and will be building on this in the coming year.

3. Improving inpatient care for patients with diabetes and those at risk of developing diabetes

Sugar Matters – reducing potential harm to inpatients at the Christie with diabetes or at risk of developing diabetes

One of our agreed quality objectives for 2017/18 was to improve inpatient care for patients with diabetes and those at risk of developing diabetes. Our aims were to ensure blood glucose measurements were performance appropriately, glucose lowering medications are prescribed correctly and administered on time, and to see a reduction in frequency of hypoglycaemia and hyperglycaemia to reduce potential harm to patients and improve their care.

By participating in the improvement science for academics programme, a multi-professional team of staff undertook a piece of focused improvement work, based around two main goals:

- A reduction in "potential harm" to Christie in-patients with diabetes or at risk from developing diabetes from 75% to 25% by June 2018
- To increase the number of good diabetes days for Christie in-patients with diabetes or at risk from diabetes from 15% to 75% by June 2018

The number of patients with cancer is increasing. Alongside this the number of patients with diabetes is increasing. These are interlinked as patients with diabetes are more susceptible to developing certain cancers and patients with cancer are more likely to develop hyperglycemia (high blood sugars) as a result of the cancer itself and glucose raising treatments such as steroids, Total Parenteral Nutrition (TPN), octreotide.

A pivotal factor in managing patients with, or at risk from, diabetes is appropriately monitoring capillary blood glucose (CBG) levels. In 2017, a trust wide audit demonstrated that appropriate CBG monitoring was only occurring in 30% of patients. An initial paper based audit tool was developed, tested and then converted to a more accurate and less labour-intensive electronic tool as part of a Quality Improvement Initiative (Haelo ISC4L). This audit tool integrates with the Christie Clinical Web Portal (CWP, local electronic patient record) and allows assessment and "one-click" data analysis of appropriate CBG monitoring for inpatients. As a result of weekly audits and analysis on the pilot ward, with regular feedback to the ward and the introduction of simple improvement measures- the Don't forget Diabetes package (education tools and teaching from the Diabetes Specialist Nurse, regular updates on performance, diabetes champions) compliance with CBG monitoring improved to over 75% in 8 months.

Potential harm to patients (a composite end point of; compliance to CBG monitoring, number of high or low blood glucose levels and correct drug prescription) has reduced from 75% to 40%.

The initiative is being implemented across the Trust, by use of the CWP audit tool and tailoring of the Don't Forget Diabetes package. There has been an improvement in CBG monitoring from 30% to 60% on one further ward with plans for full ward roll out by mid-2018.

The integrated CWP audit tool has allowed demonstration of significant improvement in CBG monitoring on the ward and has demonstrated the need for and allowed the development of a new CWP diabetes care plan which will be compulsory to complete for every in-patient with diabetes or at risk from diabetes.

Staff satisfaction on the pilot ward, in terms of knowledge of diabetes and awareness of policy has increased since the start of the programme.

Moving forward, these changes need to be spread and implemented across the Trust, in both an inpatient and outpatient setting; and the changes need to be sustainable once the Quality Improvement Initiative has finished. Development of new CWP Diabetes Care Plans, a quality standard for diabetes as part of the Christie Code accreditation scheme and integration of a connected glucometer system are all underway to enhance sustainability. The Diabetes Specialist Nurse and team are integral to this service and maintaining the improvements and therefore the increasing workload and sustainability of the service in its current form need to be reviewed further.

Our quality ambitions for 2018/19

In deciding our quality ambitions for 2018/19 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 consulted with our Governors quality committee to hear 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.

Our quality ambitions for 2018/19

1. Delivering the Greater Manchester Cancer Strategy for Living with and Beyond Cancer

The above quality priority was agreed by Greater Manchester Cancer Provider Board as part of the Greater Manchester Cancer Plan.

- The Christie will play its part in delivering the Greater Manchester Cancer Strategy for Living With and Beyond Cancer by ensuring the cancer Recovery Package is implemented for all patients by March 2019.
- The Recovery Package consists of four elements, three of which are hospital based and they are:
- Holistic needs assessment and care planning, at diagnosis and at other significant points in the patient pathway
- Treatment summaries, after significant phases of treatment
- Health and wellbeing events, providing information and support

This quality improvement is part of a two year programme which commenced in 2017/18 and will be monitored and measured quarterly through the Recovery Package Implementation Group and Management Board.

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

- 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 2019 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

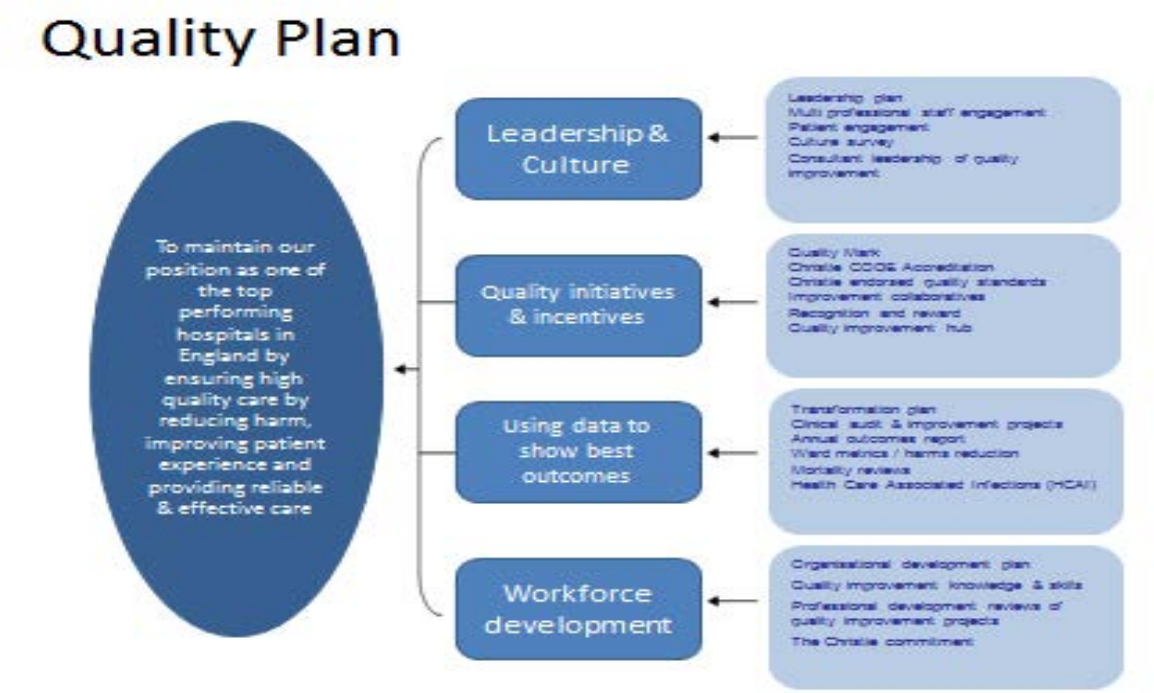
This quality improvement will be monitored and measured monthly through the Management Board

3. Ensuring Consultant Review following Emergency Admission to Hospital

- As part of the 7 day hospital services review the Trust has been providing audit data to NHS Improvement. This dataset designed for acute trusts is no longer required for our specialist and triaged admissions. Assurance that we are meeting our standards for our patient population is still required.
- Therefore by March 2019 we will ensure that:
- 95% of patients are seen by a consultant within the first 24 hours of admission
- We have clear clinical protocols for consultant reviews within 14 hours or earlier, and for subsequent senior input

- 95% of patients have documentary evidence of a plan of care agreed with the patient

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



2.2 Statements of assurance from the board

2.2.1 Review of services

During 2017/18 The Christie provided 13 relevant 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

The Christie has reviewed all the data available to them on the quality of care in all 13 of these relevant services. This takes place through monthly performance reviews and at our Management Board and Risk and Quality Governance committee.

The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of NHS services by The Christie for 2017/18.

2.2.2 Participation in clinical audits and national confidential enquiries

During 2017/18 12 national clinical audits and 2 national confidential enquires covered relevant health services that The Christie NHS Foundation Trust provides.

During 2017/18 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 2017/18 are as follows:

The national clinical audits and national confidential enquiries that The Christie participated in during 2017/18 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 Comparative Audit of Transfusion Associated Circulatory Overload (TACO)
13. NCEPOD Cancer in Children Teenagers and Young Adults
14. NCEPOD Care of Perioperative diabetes

The national clinical audits and national confidential enquiries that The Christie participated in, and for which data collection was completed during 2017/18, 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	59/59	100%
ICNARC (CMP)	64/64	100%
NLCA	Treatment data only submitted via COSD data – recorded against trust first seen	100%
NCAA	8/8	100%
NELA	21/21	100%
NOGCA	513/513*	100%
Nephrectomy	27/27	100%
Radical prostatectomy	169/169	100%
Cystectomy	20/20	100%
NPCA	Data submitted via COSD – recorded against trust first seen	100%
NCABT (TACO)	40/40	100%
NCABT (RCaPTiAHP)	53/53	100%
NCEPOD (CiCTaYA)	10/12	83%**
NCEPOD (PD)	2/3	67%**

** 2 year period reported*

***The CiCTaYA audit required completion of a 14 and 16 page proforma by two consultants at the Christie. The Christie population meant that it had a much larger proportion of cases to complete than most trusts. Despite an extension of the timescale and the intervention of the medical director to encourage completion, two proformas were not returned.*

The reports of 11 national clinical audits were reviewed by The Christie in 2017/18, and The Christie intends to take the following actions to improve the quality of healthcare provided **(appendix 1 for actions).**

The reports of 187 local clinical audits were reviewed by The Christie in 2017/18 and The Christie intends to take the following actions to improve the quality of healthcare provided **(appendix 1 for actions).**

2.2.3 Participation in clinical research

The Christie has a long history of supporting research; this was recognised in 2007 with the creation of the Research and Development Division (R&D). The R&D serves a population of 3.2 million and is the largest cancer research network in the country. The success of research is demonstrated by recruitment of patients on to clinical trials, this includes recruitment of the first patient nationally and globally.

The number of patients receiving health services provided or sub-contracted by The Christie in 2017/18 that were recruited during this period to participate in research approved by a research ethics committee, was 2699. This figure is lower than our 2016/17 figure; however this is due to the closure of two high recruiting studies over this time period. It is also down to the increased complexity of trials and the greater proportion of early phase trials we now open which recruit low numbers of patients. It is still significantly higher than the number of patients recruited during 2015/16, where we have seen a 22.4% increase in patient recruitment over that time period.

2.2.4 Quality goals and the CQUIN framework.

A proportion of The Christie's income in 2017/18 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 2017/18 that The Christie received was conditional upon achieving the CQUIN goals was £3,595,192. All the CQUINs were fully achieved in 2017/18. In 2016/17 the total amount of income that The Christie NHS Foundation Trust received that was conditional upon achieving the CQUIN goals was £3,266.643.

NATIONAL SCHEMES		Reporting Frequency / Implementation Date	Performance 2017/18 - Q3
INDICATOR	Brief Description		
Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (locally amended)	Year 2 of a national incentive to standardise the doses of SACT in all units across England in order to increase safety, to increase efficiency and to support the parity of care across all NHS providers of SACT in England	Quarterly	Achieved
Hospital Pharmacy Transformation and Medicines Optimisation	To support the procedural and cultural changes required fully to optimise use of medicines commissioned by specialised services	Quarterly	Achieved
LOCAL SCHEMES		**Reporting Frequency / Implementation**	**Performance 2017/18 - Q3**
INDICATOR	Brief Description		
Adult Critical Care Timely Discharge	To reduce delayed discharges from ACC to ward level care in the same hospital by improving bed management in ward based care, thus removing delays and improving flow. Discharges occurring directly to home will also be included as these are a reflection of a delay in discharge to a ward.	Quarterly	Achieved
Anti-Microbial Resistance	Percentage of antibiotic prescriptions reviewed by the pharmacy / antimicrobial team within 72 hours of a patient being identified as at risk of sepsis as defined by SIRS criteria. To collect data on antibiotic course lengths for carbapenems, piperacillin and tazobactam and Co-Amoxiclav.	Quarterly	Achieved
Sepsis	To build on the previous year's CQuIN to improve the prompt recognition and treatment of established in-patients with suspected sepsis and neutropenic sepsis receiving antibiotics within one hour of recognition. This will improve upon the national CQuIN target of 90 minutes set for patients in 2016/17.	Quarterly	Achieved
Ambulatory Chemotherapy	To minimise unnecessary overnight stays for patients receiving Systemic anti- cancer therapies by increasing ambulatory care facilities for these patients. To increase the availability of In- patient bed capacity and improve patient experience. The programme focuses on both haematology and Solid Tumour SACT regimens that can be transferred from an In- patient stay to an ambulatory care setting using mobile infusion devices.	Quarterly	Achieved
Transformation of Chemotherapy	To develop a new model for the prescribing, scheduling, preparation, delivery and coding of chemotherapy.	Quarterly	Achieved
Integrated Procedures Unit	This scheme aims, through the new Integrated Procedures Unit (IPU), to review current practices and patient pathways. The Trust will explore ways to maximise the use of the IPU to increase the provision of ambulatory care and increase day case admissions for Interventional Radiology (IR) and surgery. The scheme will seek to increase productivity and increase the efficiency of bed management, and ensure that patients are provided with appropriate care in appropriate locations/settings.	Quarterly	Achieved

2.2.5 Care Quality Commission

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

The Care Quality Commission has not taken enforcement action against The Christie NHS Foundation Trust during 2017/18

2.2.6 CQC Special Reviews

The Christie NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2017/18

2.2.7 CQC Responsive Inspection

The Christie NHS Foundation trust has not been part of any responsive inspections during 2017/18

2.2.8 CQC Inspection Programme

The Christie NHS Foundation trust has not been part of any unannounced or announced inspections during 2017/18

2.2.9 Data Quality

The Christie submitted records during 2016/17 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	99.9%	99.8%
Outpatient care	99.9%	99.8%
Accident and emergency care	Not applicable	Not applicable

2.2.10 Information Governance MBH

The Christie NHS Foundation Trust's information governance assessment report overall score for 2017/18 was 85% and was graded as green. Mersey Internal Audit Agency the Trust's internal auditors provided significant assurance to the evidence provided in the Information Governance Toolkit

2.2.11 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 toolkit audit took place in November 2017, by the Health and Social Care Information Centre (HSCIC) the results of this audit are as follows:

	% Correct
Primary diagnosis	96.5%
Secondary diagnosis	96.4%
Primary procedure	95.9%
Secondary procedure	96.2%

2.2.12 Data quality

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

- Consistency checks on patient demographics in the Medway system – actions in place to address incorrect information being sent from Trusts prior to uploading to national systems.

2.3 Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2016/17	The Christie Performance 2017/18	National average	National Highest/ lowest
The value and banding of the summary hospital-level mortality indicator ("SHMI") The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions.	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2016/17	The Christie Performance 2017/18	National average	National Highest/ lowest
The Trusts patient reported outcome measures scores for: i. groin hernia surgery ii. varicose vein surgery iii. hip replacement surgery iv. knee replacement surgery	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2016/17	The Christie Performance 2017/18	National average	National Highest/ lowest
The percentage of patients aged: i. 0 to 15 ii. 16 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 2016/17	The Christie Performance 2017/18	National average 2016/17	National Highest/ 2016/17
The Trust's responsiveness to the personal needs of its patients	Ensuring that people have a positive experience of care	82.3%	n/a	68.1%	H 85.2% L – 60.0%
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients receiving a good experience of care whilst under the care of The Christie. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of patient satisfaction surveys and the National Friends and Family test.					

NHS Outcomes Framework	Indicator	The Christie Performance 2016/17	The Christie Performance 2017/18	National average 2017/18	National Highest/ lowest 2017/18
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.	97.1 %	97.4 %	79.7%	H – 98.1% L – 45.8 %
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of staff who would recommend The Christie as an organisation that provides good quality care for their family or friends. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through quarterly Board level scrutiny of the outcomes of the National Staff Friends and Family Test.					

NHS Outcomes Framework	Indicator	The Christie Performance 2016/17	The Christie Performance 2017/18	National average 2016/17	National Highest/ lowest 2016/17
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.	97.29%	97.42%	95.42%	H - 99.44% L -74.76%
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 2016/17	The Christie Performance 2017/18	National average 2016/17	National Highest/ lowest 2016/17
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	Treating and caring for people in a safe environment and protecting them from avoidable harm.	98.5%	97.4%	95.5%	H –100% L –79.1%
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 2016/17	The Christie Performance 2017/18	National average 2016/17	National Highest/ lowest 2016/17
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.	51.8	31.5	13.1	H –82.7 L – 0.00
The Christie NHS Foundation Trust set out its ambition to reduce its infection rates by 10% in 2017/18. During the course of the year we have seen a reduction in post-72 hour *C.difficile* cases by 62% from 29 cases to 18, which is lower than the threshold set of no more than 19. We have also seen a reduction in pre-72 hour cases of *C.difficile.* Whilst The Christie performance is at the higher end of the national average all of the cases were deemed to be unavoidable and there were no lapses in care. 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 2016/17	The Christie Performance 2017/18	National average 2016/17	National Highest/ lowest 2016/17
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.	1906 2 0.10%	2059 8 0.39%	48982 81 0.17%	H - 6399 L - 707 H -18 0.39% L- 0 0%
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to record the incidences of patient safety, the rate of incidences and the percentage of severe harm or death of patient safety incidences within The Christie. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required This will be reviewed through the quarterly Patient Safety and Experience report.					

Part 3: Other Information
Review of quality performance in 2017/18

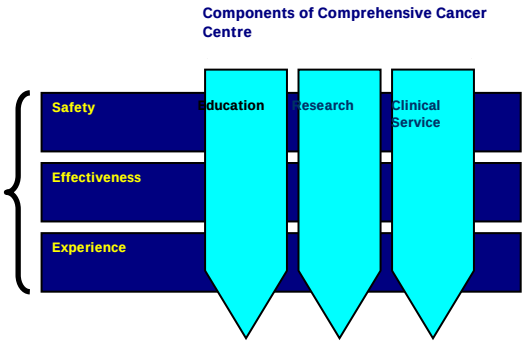
Introduction

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

In line with Department of Health requirements, the trust assessed the quality of healthcare environment, using the Patient-Led Assessments of the Care Environment (PLACE) programme. The assessments take place every year, and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. A training session was provided the week prior to the assessment for all patient and member assessors. The assessors were required to participate in the training in order to carry out the assessments, to avoid any confusion and provide clarity of the requirements

On 10th April 2017, patients, carers, staff representatives and an external assessor (from Clatterbridge Cancer Centre) carried out the annual assessment. The assessment included all main in-patient wards, outpatient areas, oak road treatment centre, the bereavement suite, general circulation areas (oak road foyer, lifts, corridors, public toilets) and external areas including car parks C and D. In addition the lunch services on three wards were assessed. All patient/carer representatives enjoyed the process and said that they would be happy to participate again or to be involved in the regular focus group meetings.

The trust continues to perform extremely well and scores are well above the national average, in particularly the trust scored very highly in the cleanliness category. For next year there is an expectation that the trust will replace the patient entertainment system which will increase the privacy, dignity and wellbeing scores back to their usual level. Progress is monitored by the patient experience committee (PEC).

PLACE Inspection Area	The Christie score	National Average
Cleanliness	99.88%	98.38%
Food	94.78%	89.68%
Organisation Food	93.52%	88.80%
Ward Food	95.31%	90.19%
Privacy, Dignity & Wellbeing	82.52%	83.68%
Condition, Appearance and Maintenance	97.41%	94.02%
Dementia	88.94%	76.71%
Disability	89.46%	82.56%

We are highly rated in surveys for respecting our patients' privacy and dignity.

We place particular emphasis on the feedback received directly from patients and their families whether that be through our own patient surveys, complaints, the results of national surveys or other mechanisms.

Patient experience stories to the board

Throughout 2017/18 the board of directors were given presentations by Clinicians and Staff on specific cancer related subjects and the impacts these have on patients. All presentations include a patient story. There were 9 presentations over the 12 months are outlined below:

Date	Presenter	Topic
	2017	
27th April 2017	Claire Higham, Consultant in Endocrinology	Living with and beyond cancer
May 2017	Dr Rovel Colaco, consultant clinical oncologist	"Paediatric radiotherapy – challenges and conundrums."
29th June 2017	Dr Neil Bayman	Improving patient experience of the lung cancer pathway
July	**No meeting**	
August	**No meeting**	
28th September 2017	Prof Corinne Faivre-Finn	PROM's
26th October 2017	One of our Patients	Patient story video
30th November 2017	Mr Chelliah Selvasekar, Consultant colorectal and laparoscopic surgeon	Surgical education
December	**No meeting**	
25th January 2018	Ben Heyworth, Macmillan Survivorship Network Manager & Rachel Daniel, Head of Corporate Affairs & Engagement	The Power of Participation
29th March 2018	Aislinn Giles & Gerry Campbell, and one of our patients -Oncology Assessment Unit	Delivering high quality patient centred care and experience

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 seven of our wards have now been accredited with 'gold' status and 4 of these have demonstrated maintenance of the CODE standards through annual re-accreditation. The remaining three wards will seek re-accreditation between May and August 2018

Work is currently underway to develop The CODE for clinical teams

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 Quality Strategy 2014-2017 which affirmed 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 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 following quality mark accreditations have been achieved. The Christie NHS Foundation Trust, Pennine Acute NHS Trust, Stockport NHS Foundation Trust, East Cheshire NHS Trust and

Wrightington, Wigan & Leigh 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 have achieved quality mark accreditation

The five chemotherapy units will seek their 3 yearly re-accreditation during 2018 and early 2019.

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 2017 to March 2018 response rates for the inpatient ward areas ranged from 31.7 to 54.70% (average 45.38%).

The FFT scores, measured as percentage of positive scores ranged from 96.4% to 98.8% (average 97.5%) for the inpatient ward areas and from 94.3% to 97% for the outpatient areas (average 95.6%).

Examples of feedback received:

Dealt with quickly and efficiently. Doctors and nursing staff very helpful and supportive.

The staff where brilliant really professional and caring whilst making time to speak to you and reassure you.

The worst part is the waiting times seem to be increasing and best part was seeing a very good doctors who was able to give us answers to our questions

The standard of care was brilliant, all the staff friendly and put all of our minds at rest during a difficult time. No one wants to need to attend

Christie's but feeling that you are in safe hands and the people looking after you genuinely care makes the difficult and anxious time much easier. Thank you Dept 14

Having been a very regular patient for nearly 2 yrs, the warmth, reassurance and professionalism of all staff is and has always been an exceptionally high standard.

Staff go out of their way to help you, however there are no windows and no TVs

Patient care is second to none at the Christie. The help and support provided is excellent. The department is well run with minimal waiting time. All the staff are professional and approachable. The area is well maintained and clean.

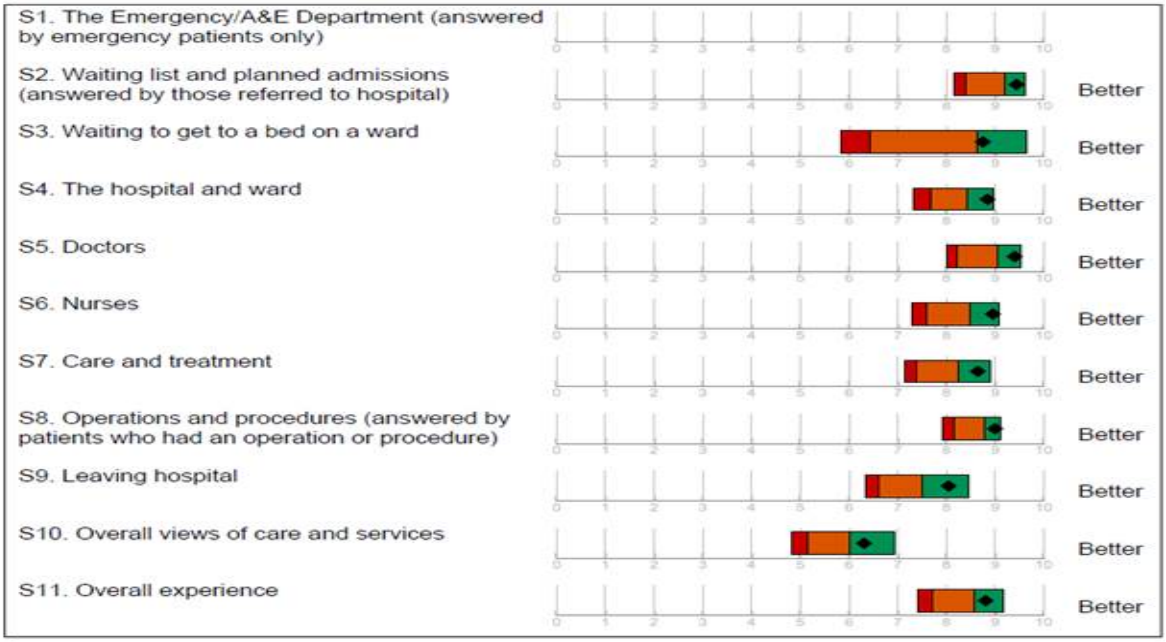
National inpatient survey 2016

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 section scores.

1250 patients of The Christie who had a stay of at least one night between May and July 2016 were sent a questionnaire. The response rate was 55% when those who are ineligible were discounted. The national response rate was 44%. The results are set out in eleven sections of which ten are relevant to the Trust.

50 questions scored better than other trusts and 13 questions scored the same as other trusts. There were no statistically significant changes from last year and no questions where our performance was worse than most other trusts. Patients were asked to rate their overall experience of care and the Trust scored a high score of 8.8. The lowest score by any trust was 7.4 and the highest achieved was 9.2.

(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 most other trusts).



Following the 2016 survey a number of areas were identified for specific action and the action plan was monitored through the Patient Experience Committee. The outcome of the 2017 inpatient survey is expected in May 2018.

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 under the umbrella of Open and Honest Care reporting. The data is also made visible to patients and visitors in real-time on each ward.

For 2017/18, 96.1% of the required hours were filled with the planned numbers of registered nurses and care staff. The monthly data on our safe staffing levels and the six monthly reports to Board can be seen at http://www.christie.nhs.uk/about-us/about-the-christie/christie-quality/open-and-honest-care/

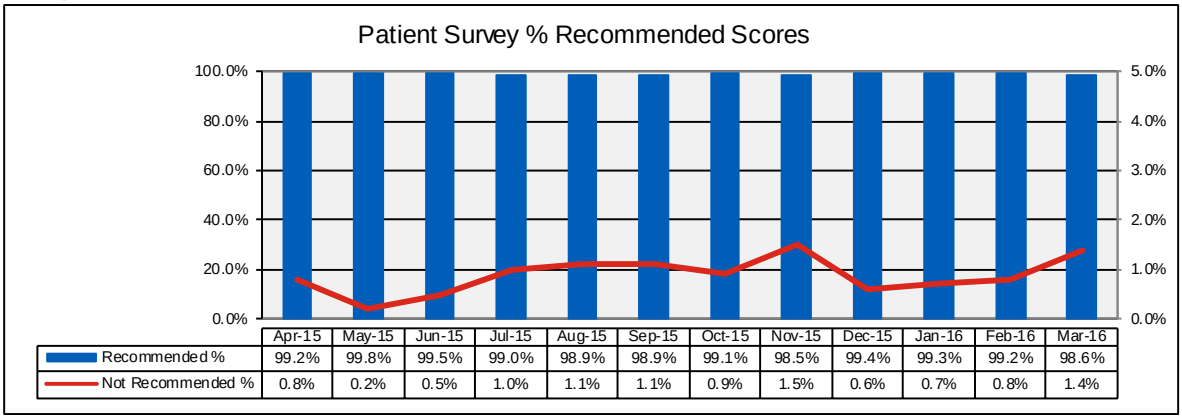
From May 2016, all acute trusts with inpatient wards/units began reporting monthly care hours per patient day (CHPPD) data to NHS Improvement. CHPPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers and dividing the total number of patients at midnight.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

3.1. Clinical Indicators - Patient Experience

3.1.1 Patient survey

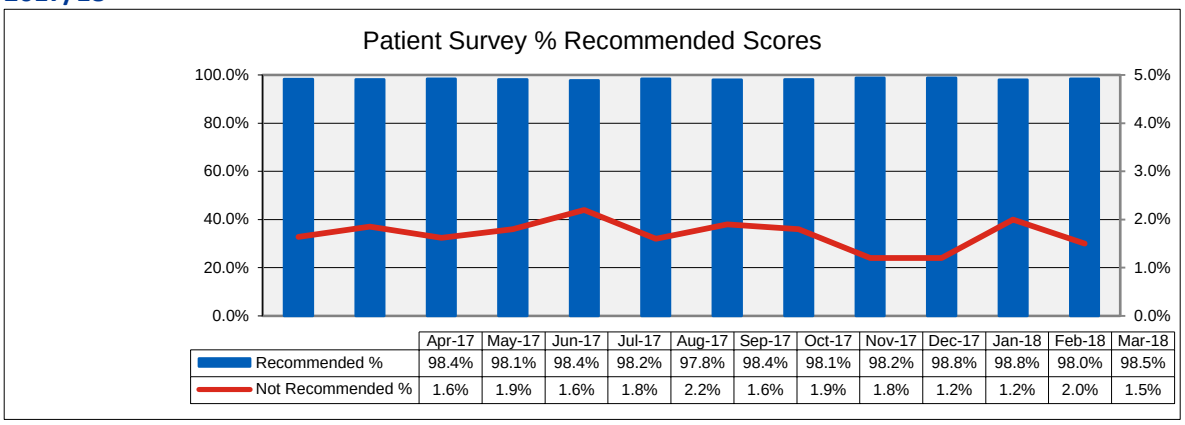
Where available, comparative and benchmark data has been included and unless otherwise stated the indicators are not governed by standard national definitions and the source of the data is the Trusts local systems. Our internal surveys below show that there has been a slight drop in patient satisfaction in 2017/18 and action plans have been developed by the divisional leads.

2016/17



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Recommended %	99.2%	99.8%	99.5%	99.0%	98.9%	98.9%	99.1%	98.5%	99.4%	99.3%	99.2%	98.6%
Not Recommended %	0.8%	0.2%	0.5%	1.0%	1.1%	1.1%	0.9%	1.5%	0.6%	0.7%	0.8%	1.4%

2017/18



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Recommended %	98.4%	98.1%	98.4%	98.2%	97.8%	98.4%	98.1%	98.2%	98.8%	98.8%	98.0%	98.5%
Not Recommended %	1.6%	1.9%	1.6%	1.8%	2.2%	1.6%	1.9%	1.8%	1.2%	1.2%	2.0%	1.5%

3.1.2 Complaints

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

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

Complaints by division

2016/17

In 2016/17 The Christie received 85 complaints. The table below shows the number of complaints received by each division

	Grade 2	Grade 3	Grade 4	Grade 5	Total
Network Services	8	19	32	0	59
Cancer Centre Services	2	12	9	0	23
Estates and Facilities	1	0	0	0	1
Research and Development	0	1	0	0	1
Other	0	0	1	0	1
Total	11	32	42	0	85

The above tables depict 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 re-graded either up or down at the end of the investigation

2017/18

In 2017/18 The Christie received 73 complaints. The table below shows the number of complaints received 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	13	13	27	0	53
Cancer Centre Services	7	3	8	0	18
Estates and Facilities	1	0	0	0	1
Research & Development	0	0	0	0	0
Other	1	0	0	0	1
Total	22	16	35	0	73

The 73 complaints received during 2017/18 equate to 12 less than were received in 2016/17.

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.

The deadline for the complaint responses to be sent by, which has been set internally at 25 working days, was met in all but five of the cases.
One complaint was referred to the Parliamentary and Health Service Ombudsman (PHSO) but it was deemed to not have completed the local resolution process and as such was referred back to the Complaints team to handle.

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 data suggests that complainants feel that they can speak up and find the complaints process simple. The majority of complainants used the internet/web to find out information on how to make a complaint.

The behaviour of Trust Staff and the Complaints Team has been found to be empathetic, helpful and supportive. Complainants were all given a named contact and reported that they found that their case was treated with respect and understanding, they were kept informed and a personal response was provided.

Most felt that their complaint had or might have made a difference and all felt confident to make a future complaint. Complainants felt empowered as a result of raising a complaint, although some complainants reported being anxious about future treatment, despite assurances to the contrary.

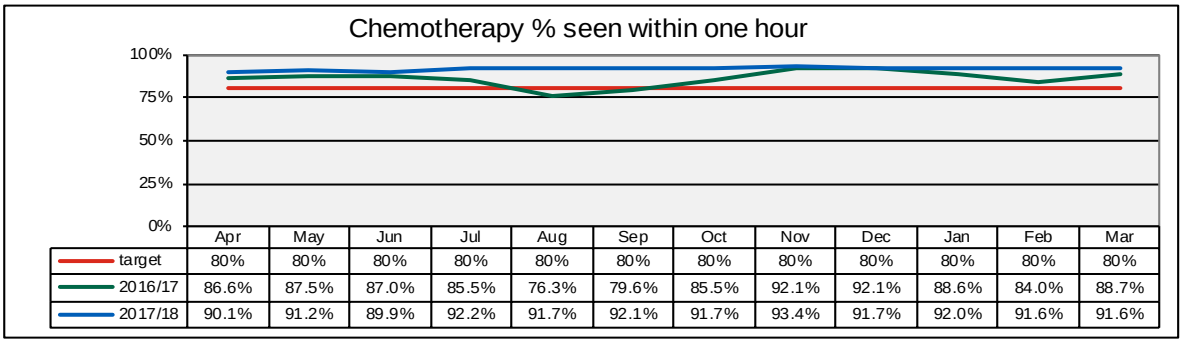
Learning from Complaints 2017/18

- Review of the patients' expense claim process for managing claims at busy periods, including identifying improvements to make it simpler for claimants to provide relevant information
- Review of the District Nurse referral system
- Alterations made to the online PET/CT scan request form so that there is an option for gallium scan, with guidance sent to teams regarding the new process
- Patient Experience Focus Group convened to discuss issues of privacy and dignity, Radiotherapy appointments, communication and responsiveness
- Breast clinic organisation reviewed, with overbooking of appointments currently being trialled
- Met with North West Ambulance Service to assess the potential to exploit technological solutions for routine transport requests
- Door sign worded and produced for display on the Outpatients entrance door, Wilmslow Road, advising of times when the entrance is closed
- Additional deep fat fryer ordered for the kitchen
- Review of the inpatient chemotherapy patient pathway
- Process changed so that all new Team A doctor inductions provide instruction around their requirement to adhere to the proforma sent to the ward with chemotherapy patients
- Poster hung in all ward kitchens to remind staff of the process for patients requiring special diets

3.1.3 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 and that 80% of patients receive their prescription within 20 minutes. This would ensure a significantly better patient experience in these areas.

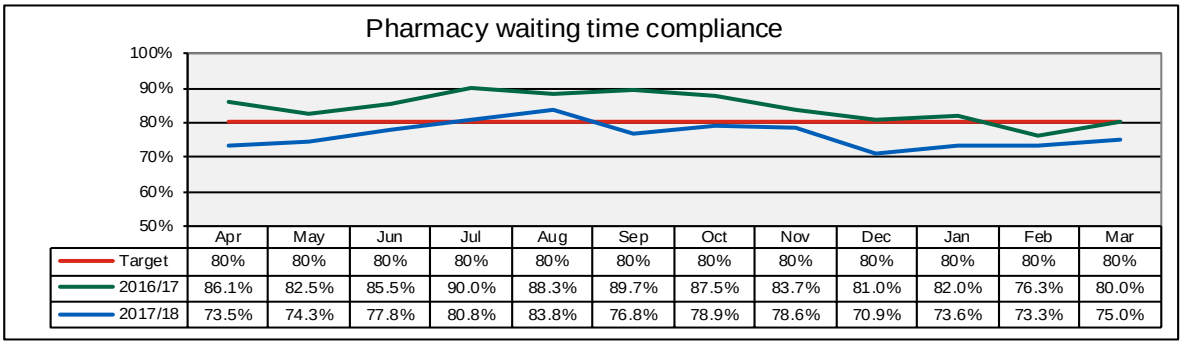
The graphs below show the performance of these targets for 2017/18 and we continue to monitor these targets on a weekly basis.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
2016/17	86.6%	87.5%	87.0%	85.5%	76.3%	79.6%	85.5%	92.1%	92.1%	88.6%	84.0%	88.7%
2017/18	90.1%	91.2%	89.9%	92.2%	91.7%	92.1%	91.7%	93.4%	91.7%	92.0%	91.6%	91.6%

Pharmacy waiting times

These have fluctuated during 2017-18, with deterioration in performance in the last quarter. In December 2017 the pharmacy service provider changed from Boots to the Christie Pharmacy Company. The company has had a number of challenges with respect to the recruitment of staff and this has impacted the delivery of the service to outpatients. The company is working with the Trust to address this issue and a number of actions are planned during 2018 to improve performance. This has been identified as one of our Corporate Quality Improvements for 2018/19.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
2016/17	86.1%	82.5%	85.5%	90.0%	88.3%	89.7%	87.5%	83.7%	81.0%	82.0%	76.3%	80.0%
2017/18	73.5%	74.3%	77.8%	80.8%	83.8%	76.8%	78.9%	78.6%	70.9%	73.6%	73.3%	75.0%

3.2 Clinical indicators - Clinical Effectiveness

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

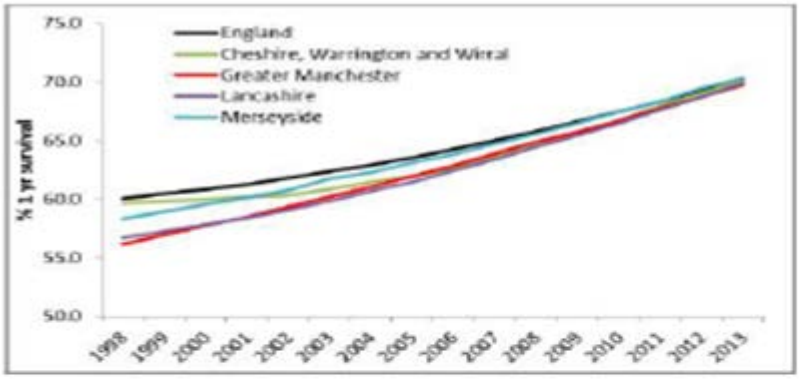
As described in our 2017/18 quality accounts outcomes such as mortality and complication rates after highly specialised, urological, gynaecological and colorectal surgery at The Christie have been reported to the board of directors and when published have set international benchmarks for standards of 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.

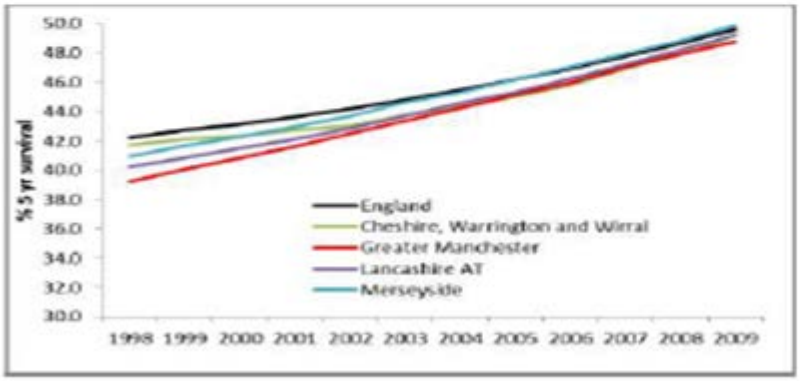
The board of directors receives a monthly presentation from a clinician describing a patient's story including the outcomes and effectiveness of the care that they provide. The board of directors also receives summary reports on the outcome measures. Reports are discussed at the quarterly morbidity and 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. These lifestyle factors also influence how well a patient will respond to treatment. Nevertheless national published data (Figs 1) show Greater Manchester as having made the greatest improvements in all cancer survival in the North West over the past 15 years and that GM has almost equivocal one year (proxy for stage at presentation) and five year (proxy for treatment quality) survival rates to those achieved across England as a whole, the gap having now almost completely closed.

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 at http://www.christie.nhs.uk/about-us/our-standards/clinical-outcomes-unit/the-christie-outcomes/,

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.



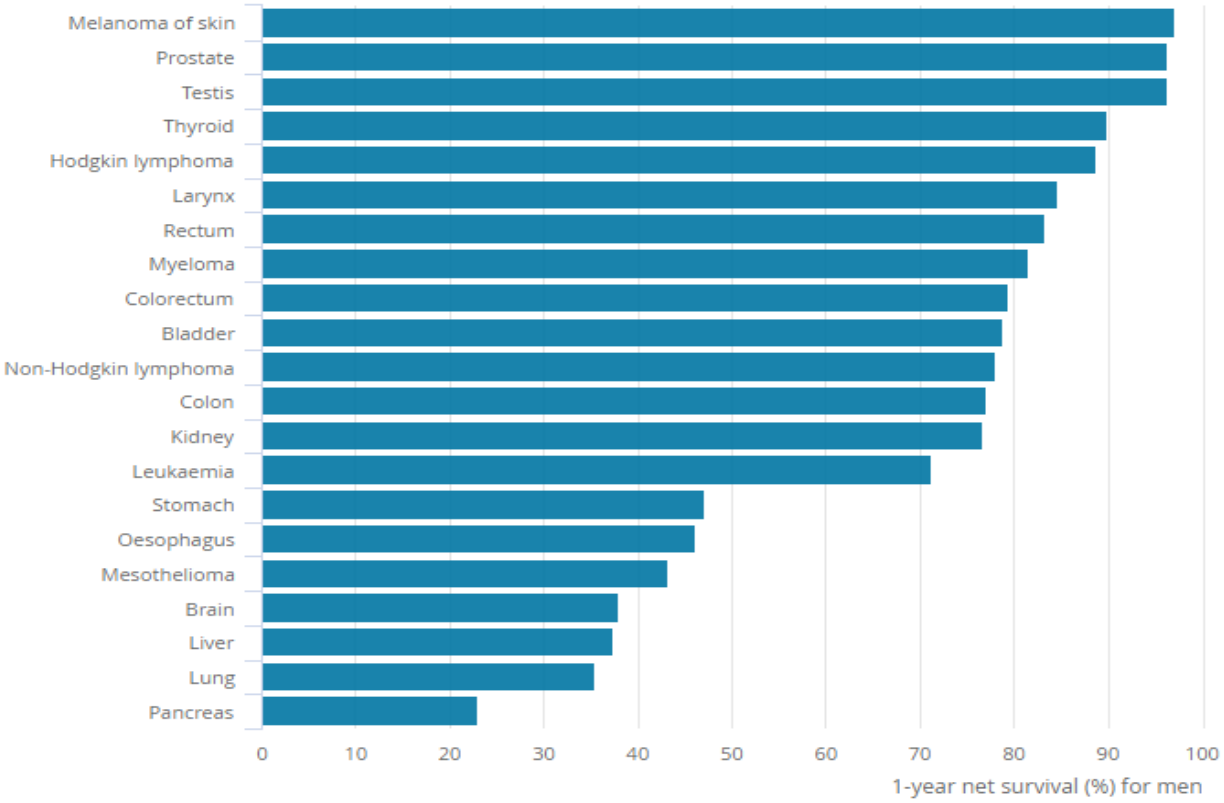


Data from Office for National statistics
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancersurvivalratescancersurvivalinenglandadultsdiagnosed

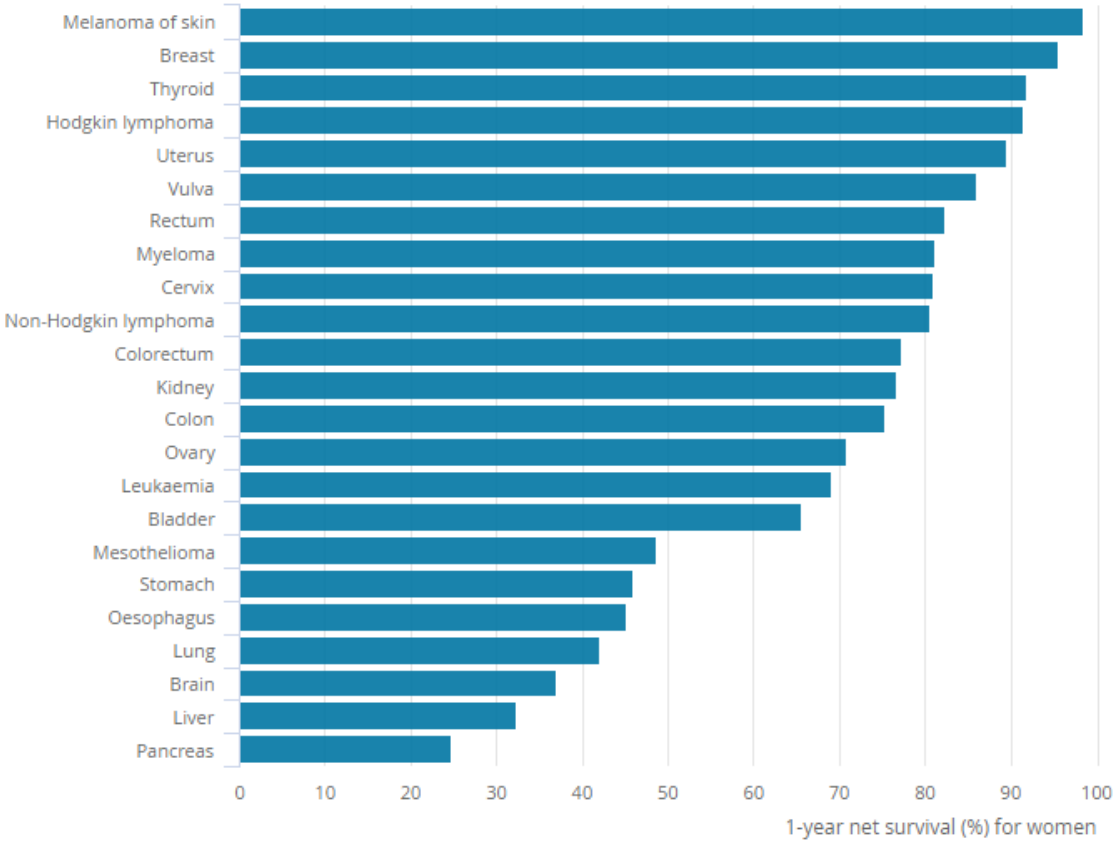
		All Stage		Stage 1		Stage 2		Stage 3		Stage 4	
Colorectal	England	80.0%		96.0%		93.0%		88.0%		46.0%	
	Confidence Interval	80.0%	81.0%	96.0%	97.0%	93.0%	94.0%	87.0%	89.0%	45.0%	47.0%
	Christie Patients	79.0%		100.0%		93.7%		94.3%		57.3%	
	Confidence Interval	76.6%	81.6%	100.0%	100.0%	90.3%	97.2%	92.1%	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 1-year survival (%) for men (aged 15 – 99 years) diagnosed with a common cancer between 2011 and 2015 and followed up to 2016, England



Age-standardised 1-year survival (%) for women (aged 15 – 99 years) diagnosed with a common cancer between 2011 and 2015 and followed up to 2016, England



Source: Office for National Statistics (ONS)

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.

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.

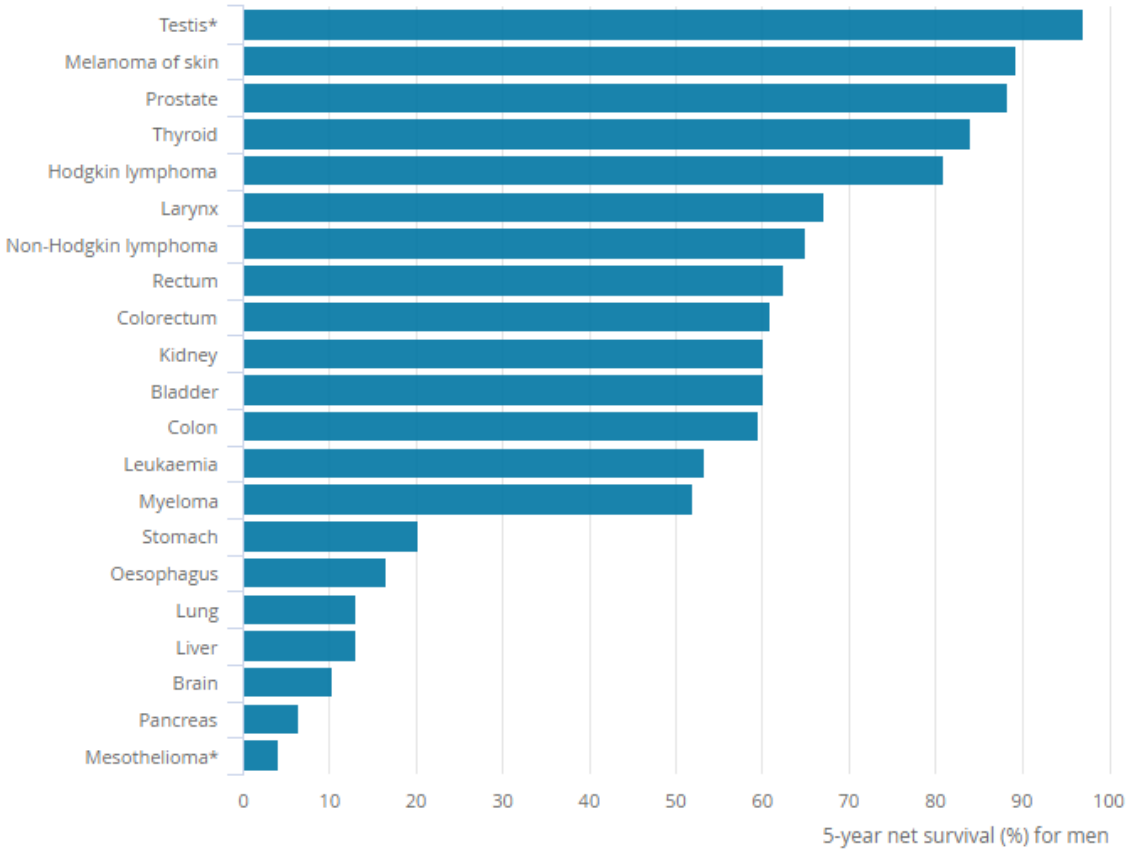
Our aim at The Christie is to work with the providers in Greater Manchester and Cheshire to ensure effective diagnostic, treatment and referral pathways to The Christie and to ensure, through our clinical audit and other mechanisms that the treatment we provide meets best evidence based practice guidelines. 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.

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.

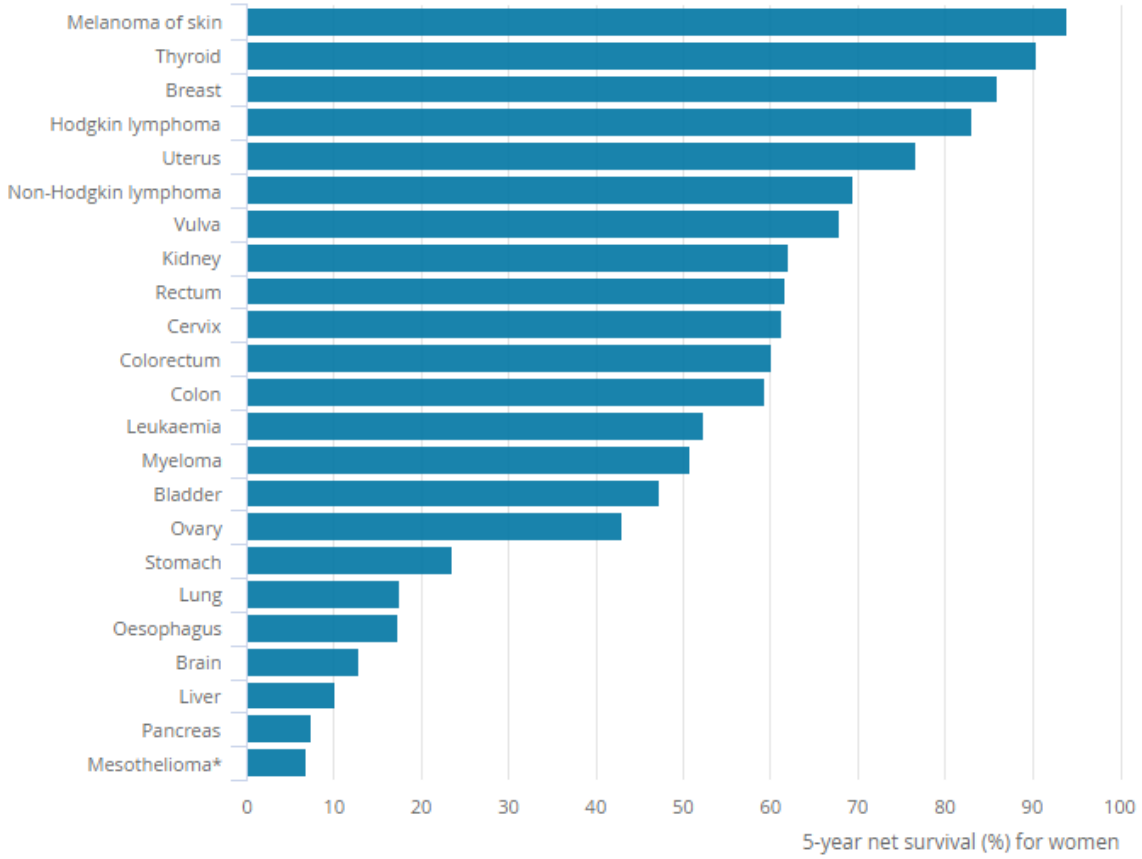
Clinical audit of our services provides data on the effectiveness and outcomes of care directly provided by The Christie. The audit programme is approved by the Board of directors and the outcomes of individual audits monitored by the clinical audit committee.

Age-standardised 5-year net survival (%) for men (aged 15 to 99 years) diagnosed with a common cancer between 2011 and 2015 and followed up to 2016, England



* denotes that the age-standardised estimate is not available and the unstandardised estimate has been presented.

Age-standardised 5-year net survival (%) for women (aged 15 to 99 years) diagnosed with a common cancer between 2011 and 2015 and followed up to 2016, England



* denotes that the age-standardised estimate is not available and the unstandardised estimate has been presented.

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

3.2.1 Inpatient mortality reviews at the Christie 2017/18

The trust has had a process for mortality reviews since 2011 and from April 2017, mortality reviews for deaths occurring on site have been undertaken in accordance with the recommendations from the National Quality Board (National Guidance on Learning from Deaths, March 2017). The process is overseen by the Board Quality Assurance Committee and the Patient Safety Committee receives information on findings and actions form the reviews.

In January 2018 Merseyside Internal Audit undertook a review of the new process and reported this had significant assurance. Areas for improvement did identify the need to improve timeliness of screening completion, and follow up of learning.

All on-site deaths are screened using a set of triggers for further review. This is undertaken by the mortuary team, who also ask families about any concerns; the ward nursing team and the responsible medical team are asked to complete a brief on-line screening questionnaire. The triggers include deaths reported to the coroner, deaths within 30 days of chemotherapy, indicators of acute deterioration, planned interventions and any significant incident during the last admission.

These reviews are allocated to one or more trained independent reviewers and discussed at regular Mortality Surveillance Group meetings. The RCP Structured Case Review tool is used to define the outcome in terms of care and avoidability of the death. Concerns identified are reported to the weekly executive review group who will oversee further investigation if indicated. From Q3, mortality outcomes are included in Board performance reports.

During 2017/18 271 of The Christie Patients who had died a review for those triggering took place. This comprised the following number of deaths which occurred in each quarter of that reporting period;

2017/18	No. deaths onsite
Q1	72
Q2	72
Q3	65
Q4	62

By 9th May 2018 108 case record reviews and 13 investigations have been carried out in relation to 271 Christie patient on-site deaths. In 13 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

2017/18	No. deaths onsite
Q1	32
Q2	29
Q3	27
Q4	29 (20 of these were identified for SCR)

112/271 of the deaths (41%) 'triggered' for a more detailed review by one or more of the categories below:

Mortuary triggers activated	Frequency
Death reported to coroner	68
Death on CCU	29
Death following cardiac / respiratory resuscitation attempt	14
Death < 24 hours after admission	3
Age < 18 years	2

Nursing triggers	Frequency
DoLS in place during this admission	3
A grade 3 or 4 incident OR 2 or more grade 2 incidents last admission	1
Patient identified as having a learning disability	1
Family raised a significant concern about care in this last admission	1

Clinical trigger(s)	Frequency
Death substantially related to or as a direct consequence of sepsis	33
<30 days SACT (day 1 of any given cycle) where death may be treatment related	32
Death was unexpected this admission (excluding cancer related events)	30
Death linked to planned procedure or surgery at The Christie in last admission	10
Death substantially related to or as a consequence of Stage 3 AKI	5
Death of this patient, on this admission, is considered by you to be possibly or probably avoidable	4
Other concerns where clinical team felt case review was indicated	8

To date, 99 reviews have been undertaken and discussed at Mortality Surveillance Group meetings (not all reviews and any subsequent process will be fully completed until the close of Quarter 1 2018/19).

One death in year concerned a patient with a learning disability. This was reported and subsequently an external multi-professional review meeting was held; care at the Christie was good with no concerns.

Concerns were raised by 4 bereaved families and reviews have been taken for each of these. These are supported by the PALS team with feedback offered by PALS or clinical team. One related to lack of a guaranteed side room for end of life care; unexpected deterioration, one aspects of nursing care and one related to diagnosis and treatment earlier in pathway. No lapses in care were identified.

Outcomes of reviews

Tables below show the final outcomes of the review process year to date (validated data to end of Q3. Note these are the validated scores for avoidability of the death and overall care once any additional investigation has been completed.

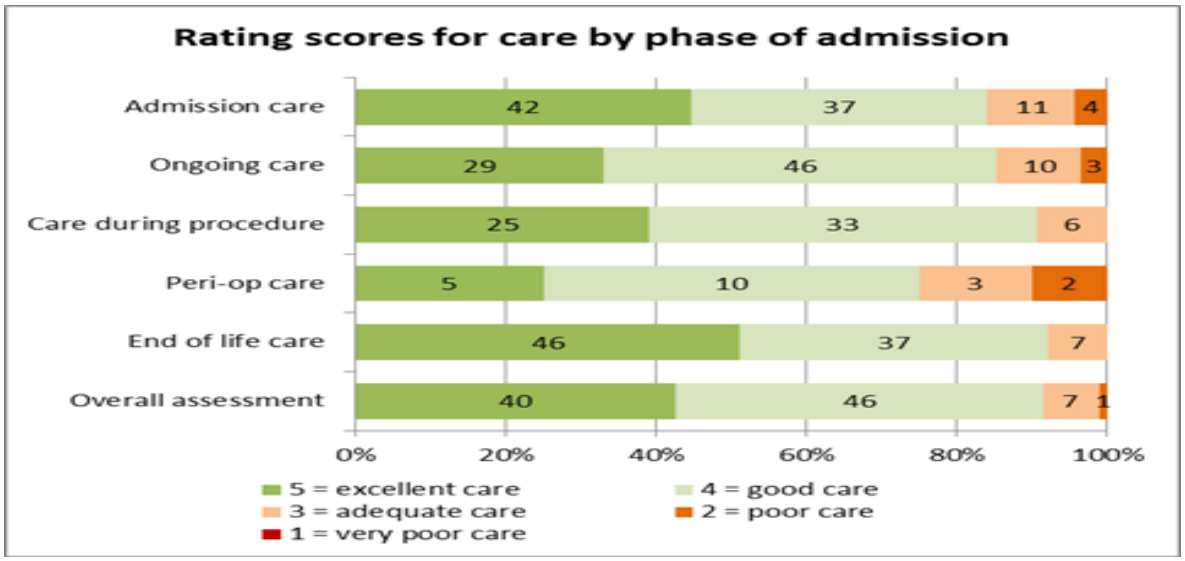
Avoidability

Key:
RCP 1 = definitely avoidable; RCP 2 = strongly avoidable; RCP 3 = > 50% avoidable;
RCP 4 = <50% avoidable RCP 5 = strongly unavoidable; RCP 6 = unavoidable
LD = learning disability

Month (2017-18)	Total Deaths (not LD)	SCR final (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	23	8	0	0	0	0	0	1	7	1	1	0
May	22	9	0	0	0	0	0	0	9	0	0	0
Jun	26	14	0	0	0	0	1	1	12	0	0	0
Jul	22	9	1	0	0	1	0	2	6	0	0	0
Aug	28	10	0	0	0	0	2	1	7	0	0	0
Sep	22	9	0	0	0	0	0	0	9	0	0	0
Oct	27	13	1	0	1	0	2	2	8	0	0	0
Nov	16	9	0	0	0	0	0	0	9	0	0	0
Dec	22	4	0	0	0	0	0	0	4	0	0	0
Jan	31	12	0	0	0	0	0	0	12	0	0	0
Feb	13	1	0	0	0	0	0	0	1	0	0	0
Mar	18									0	0	0

Assessment of care provided

The final ratings for care in 94 reviews completed and validated to end of Q3 are shown below. Reviewers rate each phase of care and overall care for the admission was good or excellent in 86/94 (91%).



Learning from deaths

12 deaths since April have been referred to the executive review group (ERG) for further investigation. Following this a final rating for care and avoidability is agreed. In some cases further evidence provided assurance - for example further investigation into a fall found this to be unavoidable, or cause of E coli sepsis was not due to lapse in care. One death was referred to a serious incident panel because the conclusion reached was that the death was probably avoidable (RCP score 2). This found missed opportunities in the preceding admission to undertake a full sepsis screen and respond to an acute kidney injury (AKI) 1 alert and these were contributory factors in the subsequent deterioration. Opportunities to identify AKI risk was also a factor in another death concluded to have more than 50% avoidability (RCP score 3).

Reviewers comment on low level concerns (felt not to have had an impact on care outcome). A trend analysis of these has been undertaken for all reviews in year and the top themes among the low level concerns have been

1) Documentation (18)
2) Frequency of senior review (16)
3) Clinical management (13)
4) Anticipation of end of life care (11)
5) Medication errors (7)

Actions from the reviews have included

- Ensuring consultant on call rota is clear to switch board and registrars

- Documentation of telephoned bacteriology results received by a ward
- Handover of patients with drains in situ
- Repeat toxoplasma screen on initial and subsequent CSF samples (haemato-oncology)
- Interventional radiology team actions to make clinical teams aware of potential complications when a procedure is undertaken in a high risk patient
- Adoption of AKI screening tools on haematology and transplant unit
- Disease group consideration of PCP prophylaxis in a subgroup of patients at higher risk

In addition the following have been highlighted in relation to escalation to senior clinicians and documentation of their reviews, response to AKI alerts, sepsis screens, monitoring and handover of patients with drains in situ. These refresh awareness, especially to medical trainees.

Summary

A robust and on-going process for mortality review has been established in accordance with national requirements. This demonstrates a low level of deaths which were potentially avoidable and overall care provided was good or excellent.

3.2.2 Local Clinical Audits

In 2017/18 187 audits were completed across the divisions as shown in the table:

Division	Number of completed audits in 2012/13	Number of completed audits in 2013/14	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
Cancer centre services	51	60	78	80	78	88
Networked Services	48	62	68	76	90	82
Other (Quality & standards, School of oncology, Research)	9	11	14	20	20	17
Total	**108**	**133**	**160**	**176**	**188**	**187**

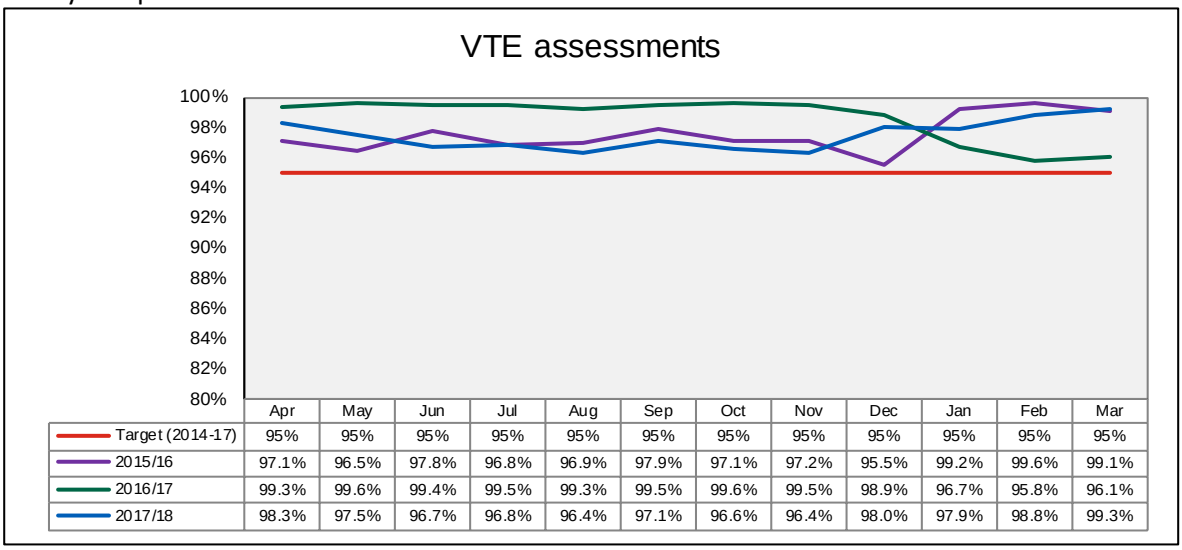
The results of these audits are described in the annual clinical audit report with data from some of these audits being reported to the board of directors

3.2.3 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.

The table below demonstrates the last 3 years performance which is consistently above 95% and is fully compliant.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target (2014-17)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
2015/16	97.1%	96.5%	97.8%	96.8%	96.9%	97.9%	97.1%	97.2%	95.5%	99.2%	99.6%	99.1%
2016/17	99.3%	99.6%	99.4%	99.5%	99.3%	99.5%	99.6%	99.5%	98.9%	96.7%	95.8%	96.1%
2017/18	98.3%	97.5%	96.7%	96.8%	96.4%	97.1%	96.6%	96.4%	98.0%	97.9%	98.8%	99.3%

3.3 Patient safety.

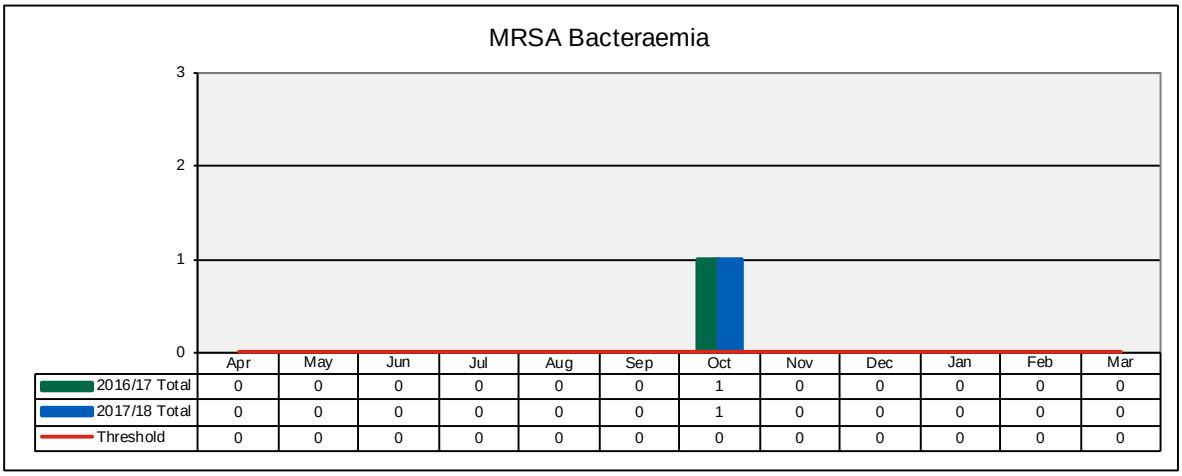
3.3.1 Healthcare acquired infections

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

- **MRSA bacteraemia**

In 2016/17 we have had one case of MRSA bacteraemia, against a threshold of 0.

In 2017/18 we have had one case of MRSA bacteraemia, against a threshold of 0.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Total	0	0	0	0	0	0	1	0	0	0	0	0
2017/18 Total	0	0	0	0	0	0	1	0	0	0	0	0
Threshold	0	0	0	0	0	0	0	0	0	0	0	0

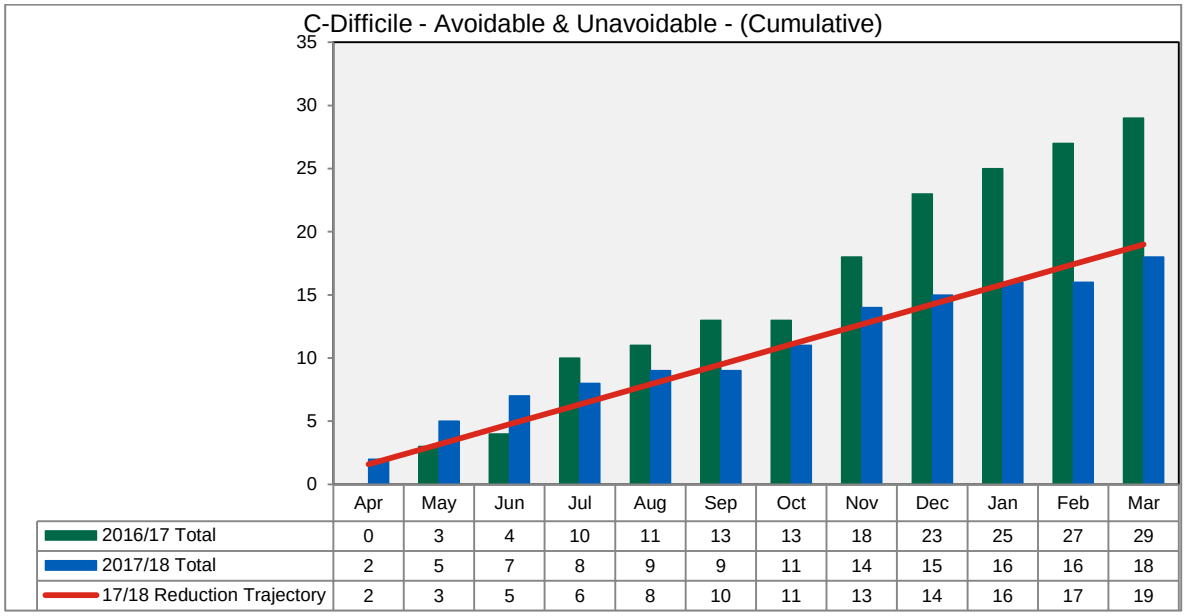
- **MRSA % appropriate elective patients screened**

In 2017/18 The Christie screened 100% of eligible elective patients.

3.3.2 Healthcare acquired infections - Clostridium Difficile

There were 18 cases of Clostridium Difficile infections (CDI) in 2017/18 against an agreed threshold of no more than 19. Upon full root cause analysis none of these cases were deemed avoidable by our commissioners. There were 19 cases that were identified on admission or pre 72 hours of admission and are therefore not attributable. The maximum impact of infection is an outbreak of clostridium difficile of which the Trust has had none. Cases of CDI during periods of increased incidence (PIR) are sent for further testing which has demonstrated that there have been no instances of cross infection indicating high standards of infection prevention and control in the hospital.

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Total	0	3	4	10	11	13	13	18	23	25	27	29
2017/18 Total	2	5	7	8	9	9	11	14	15	16	16	18
17/18 Reduction Trajectory	2	3	5	6	8	10	11	13	14	16	17	19

3.3.3 Incidents Management

We have a strong system of incident reporting and review which enables us to identify underlying problems and to learn from events, thereby preventing recurrence.

In addition to our internal system we report patient safety events 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.

Our reporting rate for patient harm incidents occurring in 2017/18 was on average 0.07% of activity (all patient episodes). Many of our incidents are 'near miss' incidents and allow us to learn without harm occurring to our patients and/or staff.

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 deputy director of nursing and quality, the associate medical director and 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 a similar incident will not happen at The Christie.

The Christie is regarded nationally as a high reporting, low harm organisation. The Trust uploads information about its patient safety

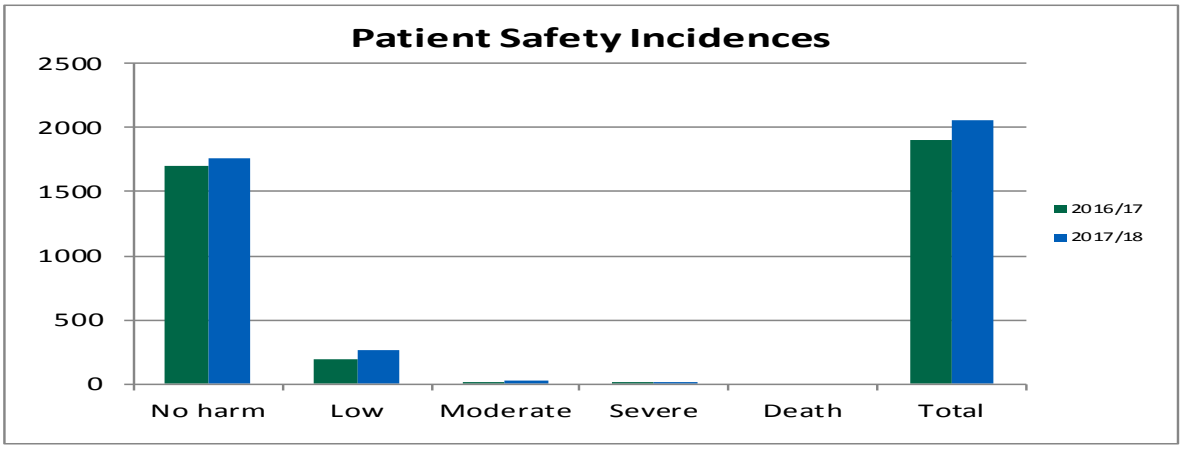
incidents into the National Reporting and Learning System (NRLS) on a monthly basis. Twice yearly validated reports and monthly interim reports are published and made available into the public domain by the NRLS, based on the incidents submitted by the Trust.

The data for the second half of 2017/18 is not formally closed down until the end of May 2018, 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).



3.3.4 Serious Incidents

There have been six serious incidents reported this year. These related to:

- Failure of internal referral process
- Incorrect frequency of chemotherapy
- A patient fell, sustaining a fracture and subdural haematoma with no lasting harm
- An external concern was raised with regards to an operation not being in line with the outcome of a best interest meeting
- A number of missed opportunities to recognise a deteriorating patient with Acute Kidney Injury (AKI).
- A patient with dementia had a procedure under local anaesthetic where there was an unplanned removal of a suspicious lesion along with two other lesions.

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.

3.3.5 Duty of Candour

We have a Duty of Candour policy which is consistent with the statutory Duty of Candour formulated at the time the Francis Review was published. Each patient safety incident handler is asked to ensure that a Duty of Candour conversation happens within ten working days for each 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 and any learning that has been identified.

3.3.6 Never Event

There have been 0 (zero) never events in 2017/18

3.3.7 NHS Staff Survey

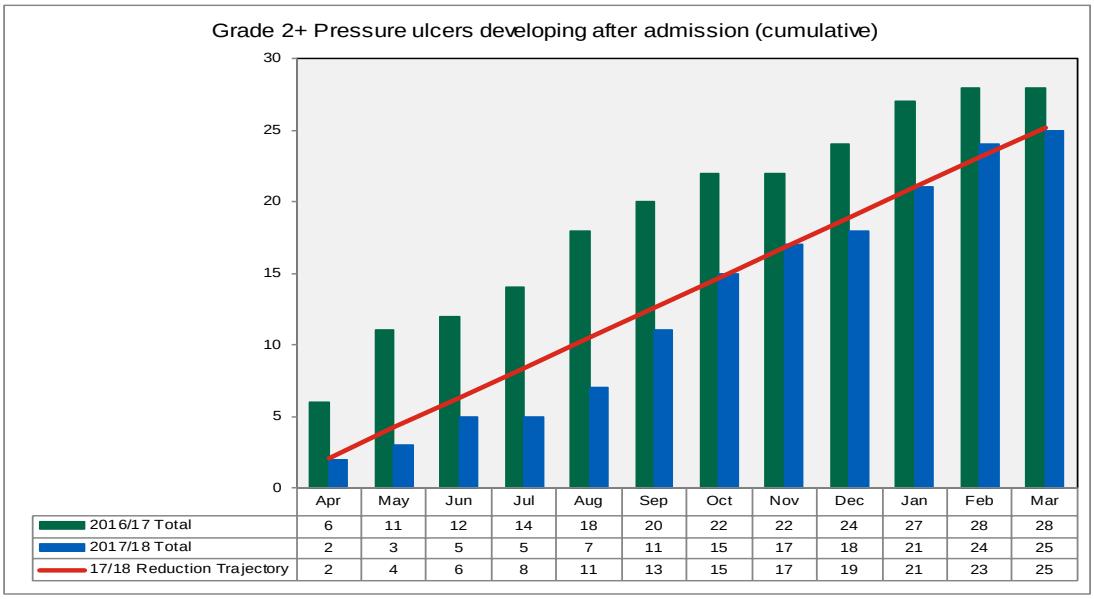
Indicator	2016/17	National Average (specialist trusts only)
KF26 - % of staff experiencing harassment, bullying or abuse from staff	20%	23%
KF21 - % of staff believing that the trust provides equal opportunities for career progression or promotion	88%	87%

3.3.8 Pressure Ulcers

We aimed for no more than 25 hospital acquired pressure ulcers, which is the same as in 2016/17 and no Grade 3 & 4 hospital acquired pressure ulcers. The chart below demonstrates that we have achieved the target; there have been 25 pressure ulcers developed after admission in this financial year. There has been one hospital acquired pressure ulcer of grade 3 where the outcome was that there had been no lapses in care and management of the patient.

An Executive Nursing Panel review of all pressure ulcers has evidenced that all but six hospital acquired pressure ulcers have been unavoidable with no lapses in care. Where there had been lapses in care they were identified as:

- The documentation was insufficient to evidence care compliant with the Christie CODE standard (3 cases)
- The risk assessment incorrectly recorded that patient was not at risk
- Incorrect Braden score transcribed from CWP to pre-op checklist
- Failure to use pressure relieving mattress



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Total	6	11	12	14	18	20	22	22	24	27	28	28
2017/18 Total	2	3	5	5	7	11	15	17	18	21	24	25
17/18 Reduction Trajectory	2	4	6	8	11	13	15	17	19	21	23	25

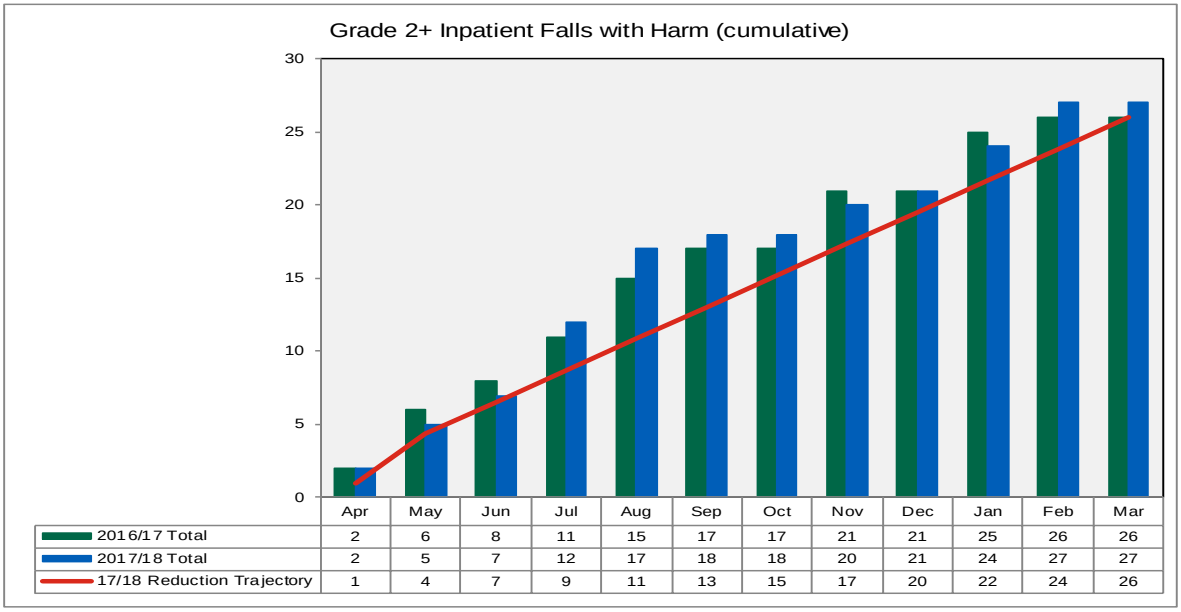
3.3.9 Patient Falls.

We aimed to maintain the 2016/17 outturn of no more than 26 falls

The chart below demonstrates that we have not achieved the target; there have been 27 in-patient falls with harm in 2017/18. Executive Nursing Panel review of all in-patient falls has evidenced that all but two falls were accidental and unavoidable with no lapses in care.

Executive Nursing Panel reviews of two falls have advised that they were deemed avoidable. The lapses in care were identified as:

- Risk assessment was not completely followed (2 cases)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Total	2	6	8	11	15	17	17	21	21	25	26	26
2017/18 Total	2	5	7	12	17	18	18	20	21	24	27	27
17/18 Reduction Trajectory	1	4	7	9	11	13	15	17	20	22	24	26

3.4 Performance against key national priorities

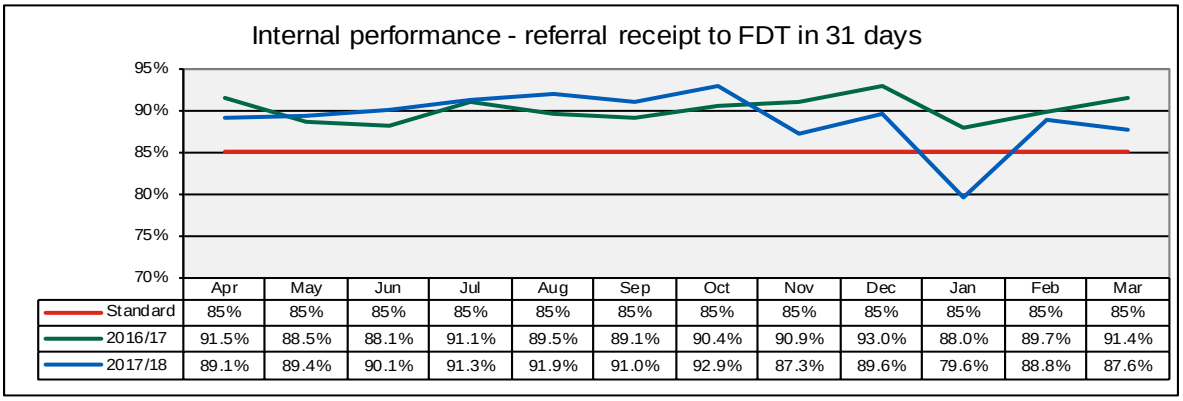
The Christie aims to meet all national targets and priorities. We have provided an overview of the national targets and minimum standards including those set out within Monitor's Compliance Framework below.

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 reallocated position)" in the table below have been subject to external assurance from our auditors based on the annual out-turn performance, and are marked below with:

National targets and minimum standards	Target	Threshold 2017/18	Q1	Q2	Q3	Q4	Yearly position
Infection control	Number of Attributable C-Diff cases	19	7	2	6	3	**18**
	Number of MRSA Bacteraemia	0	0	0	1	0	**1**
	MRSA Screening	100%	100%	100%	100%	100%	**100%**
Cancer Targets	% of cancer patients waiting a maximum of 31 days for diagnosis to first definitive treatment	96%	98.1%	97.5%	98.0%	96.2%	**97.5%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (anti- cancer drugs)	98%	99.7%	100.0%	100.0%	100.0%	**99.9%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (surgery)	94%	97.3%	95.3%	98.3%	98.1%	**97.3%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (radiotherapy)	94%	99.8%	99.6%	99.9%	99.6%	**99.7%**
	% of cancer patients waiting a maximum of 62 days from GP referral to first definitive treatment including rare and testicular cancers (based on reallocated position).	85%	88.1%	86.0%	88.4%	82.6%	**86.3%**
	% of cancer patients waiting a maximum of 62 days from screening referral to first definitive treatment	90%	100.0%	100.0%	100.0%	100.0%	**100.0%**
18 Weeks	18 week incomplete pathways	92%	99.1%	98.8%	98.6%	98.7%	**98.8%**
6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	no value	99.9%	99.9%	100%	100%	**100.0%**

The Christie internal target in line with the 62-day target continues to ensure that our own internal performance improves, despite the day the patient arrives to us on the pathway. The target is set to 85% of all referrals received to first definitive treatment (FDT) within 31 days from receipt of the referral form.

The chart below demonstrates that The Christie continually meets this target.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
2016/17	91.5%	88.5%	88.1%	91.1%	89.5%	89.1%	90.4%	90.9%	93.0%	88.0%	89.7%	91.4%
2017/18	89.1%	89.4%	90.1%	91.3%	91.9%	91.0%	92.9%	87.3%	89.6%	79.6%	88.8%	87.6%

Independent Review of Quality Reports:
An assurance opinion on data quality within the Quality Report is also provided by our External Auditors, Grant Thornton who are required to perform audit work on two nationally mandated performance indicators and one local indicator mandated this year by NHSI. The performance indicators and their criteria are as follows:

Mandatory Performance Indicators
The reported indicators performance has been calculated based on all patients recorded as having been referred to the Christie NHS Foundation Trust for consultant led services, against the 62 day standard and for patients who are on incomplete pathways at the end of the period.

i) Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Where the numerator is the number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05) and the Denominator is the total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

Reallocation of breaches between Trusts are made depending on when the referral has been transferred to a secondary Trust for further treatment, with referrals made before day 42 resulting in breaches being allocated to the treating Trust but referrals after day 42 resulting in breaches being reallocated to the referring Trust.

ii) Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Where the numerator is the number of patients on an incomplete pathway at the end of the reporting period (monthly) who have been waiting no more than 18 weeks and the denominator is the total number of patients on an incomplete pathway at the end of the reporting period.

Outlined below are the verbatim statements on the feedback of our quality accounts from:

1. NHS England Specialised Commissioning

NHS England Specialised Commissioning
The Christie NHS Foundation Trust Quality Account 2017/18

NHS England, Specialised Commissioning team wishes to thank The Christie NHS Foundation Trust for the opportunity to comment on their Quality Account for 2017/18. As lead commissioner, we are committed to working in partnership with The Christie to provide safe, high quality care and services. The Quality Account clearly sets out the progress against priority areas for the last 12 months, details the priorities for 2018/19 and demonstrates the achievements of the trust in delivering quality. The rationale for the forthcoming years priorities are well documented and quality measurements, governance and monitoring processes are evident. The Quality Account gives a thorough and detailed account of Quality at The Christie NHS Foundation Trust.

Commissioners wish to highlight the notable achievements against the 2017/18 quality priority areas, including recruitment to support the delivery of the Greater Manchester Strategy for Living with and Beyond Cancer; a 62% reduction in post 72 hour C.difficile cases and a reduction in potential

harm to patients with diabetes. Trust participation in quality initiatives across the Health economy is evident, including working across Greater Manchester towards a reduction in Gram negative bloodstream infections; we look forward to seeing the impact of Health Care Associated Infections (HCAI) reduction initiatives on all healthcare acquired infections in the coming year.

There is a clear commitment to National and local audit and evidence of learning and improvements. Achievements against CQUINs are significant and at the time of writing the Trust had achieved all milestones up to quarter 3, the resulting outcomes of this work include improvement in patient care and experience. Staff ownership of quality initiatives is integral to the Trusts success and patient engagement and experience is at the heart of what the Christie does, there is evidence of patient engagement and learning from feedback and complaints.

The account provides assurance regarding the robust governance within the Trust with processes in place for Board oversight. There is an open and honest culture of reporting, the account details serious incidents that have occurred and shows how the learning is disseminated and changes in practice embedded within the organisation.

The Christie has provided high levels of quality assurance throughout 2017/18 through regular contract, quality and performance meetings with Commissioners and has demonstrated significant achievements against the National Specialised Commissioning quality dashboards.

Specialised Commissioners would like to take this opportunity to congratulate all staff on their hard work in ensuring high quality care is delivered and consistently maintained throughout the year.

We look forward to continuing to work in partnership with The Christie during 2018/19 to further improve quality and patient experience.

Sue McGorry
Head of Quality, Specialised Commissioning Team, Northwest Hub
15/05/18

2. The Christie Governors

Continuing Open Relationship between the Council of Governors and Trust Board

The relationship between the Council of Governors and The Christie NHS Foundation Trust, has enabled us to continue to work together throughout 2017/2018 to learn from and understand the quality of the patients' experience across the Trust and see continuous improvements.

Joint Trust board and Council of Governors away days continue to offer protected time to jointly work on quality improvements and ensure a good working knowledge of each other's remits. Our last away day was on Friday 8th December.

Access to Appropriate Information

All Governors receive the Chief Executive's report and the Summary Integrated Performance Report within a week of every Trust Board. Comments and questions are readily invited

The Quality committee is provided with information about the quality of care and Executive and Non-Executive Directors continue to attend the Quality Committee and provide regular updates and discuss Quality issues with the Committee. In addition the Committee regularly invites local managers and front line staff to provide presentations and discuss specific issues so that the committee is informed of quality improvements and respond to queries raised by the committee. Members of the Quality Committee are also actively supported and encouraged to meet with patients and obtain their feedback regarding the care and environment at the Christie. This feedback is valued by the Trust Board and Council of Governors. Governors have also been involved in the Quality Mark assessments and CODE (Communication, Observation, Documentation and Experience quality scheme). The Trust and its managers actively feedback to members on any issues raised and where necessary provide proactive feedback on the situation and the efforts being made to resolve outstanding issues.

Governors Evidence Based Summary Statement

The above approach enables the Quality Committee to triangulate feedback and provide valued reassurance to the Council of Governors on key matters relating to the patients experience.

Having reflected on comments and discussion raised at their meetings in 2017/18 overall as a Council of Governors, we believe the Trust continues to provide a high quality and safe service for patients as evidenced to us by;

Integrated performance reports which include information on waiting times, infection rates, response from patient surveys, serious untoward incidents reports, details about the number and types of complaints received, and financial information.

A monthly summary from the Chief Executive which gives us information about all relative issues affecting the Trust and contact details for relevant executive staff member if further information is required about any specific item. The above includes regular updates of the Trust's 20/20 vision

The feedback demonstrates the proactive patient centred progress being made and clear focus on staff development and support to provide high quality care and services. This is also clearly articulated in the Trust's draft formal annual plan which has been discussed with the COG and relevant subcommittee.

Detailed feedback on the CQC inspection including factors which influenced the 'Outstanding' award and the resulting improvement plan.

An annual complaints report is presented to the Quality Committee giving governors information about all complaints that have been received and further evidence of the considerable learning has once again been taken from complaints over the year. We are also assured that the outcome of complaints investigations are used to inform staff training. In 2017/18 we have also been provided with a detailed update on how The Christie responds to complaints received via social media.

A robust action plan has been put in place in response to the increase in infection rates with a view to see a reduction in the coming year.

Information from the Patient Led Assessments of the Care Environment (PLACE)

Through 2017/18 Members have sought and obtained detailed insight into the following fundamental aspects of care and communications e.g. how the Trust is addressing:

The reduction of harm to patients who have, or are at risk of, developing diabetes

Prevention & Control of infection

Developments to improve electronic communication with GPs, via the Manchester Hub

Improvements in IT portals to ensure good external communication including development in social media communications with patients

Development of systems to focus on outcomes of care such as the development in the clinical outcomes unit.
Obtaining feedback from carers as part of the CODE assessment
Results and necessary actions arising from the Inpatient survey

The above have enabled Governors to understand the mechanism in place to address these important fundamental areas. This has provided reassurance to the Quality Committee and the Council of Governors regarding these important issues for patients and the wider community. This focus has provided valuable insight for the Governors

In addition to the above the Governors have access to the following:

- Regular communication with the Chairman of the Trust who is the Chair of the Council of Governors.
- Provision of the governors newsletter and lunch meetings with the Chair
- Freedom for all governors to attend the monthly Board of Directors meetings which normally include a presentation from a member of the clinical staff on the latest developments.
- One and often two non-executive directors attend all quality meetings. This practice provides a flow of information to and from the Board of Directors.
- Quality Assurance committee updates are received from the Non-Executive Chair of the committee /Director of Nursing and Quality and members of the Quality Committee are provided with answers to any queries and more detailed explanations as required.
- Participation in “Talking to patients and carers” initiative – this is an exercise undertaken, before each Quality Committee meeting when governors go out into the hospital and talk to patients and their families about the experience they have had. The total freedom to speak to whoever they choose (subject to advice on the patient’s wellbeing on the day) gives governors the re-assurance that the feedback given is a true and honest appraisal of the experience patients have had. Any issue raised from the interviews is proactively reviewed by the manager and feedback is provided illustrating that all issues are taken seriously and responded to. The experience of the governors concerned, without exception, is predominantly positive and it is almost impossible to obtain any constructive comment to help us improve our service.
- Active participation in the steering group overseeing the development of the “Christie Quality Mark” to promote consistency of Christies care provision in the North West in accordance with the 20:20 vision.
- Active participation in the Christie CODE Quality scheme with representation with both the inspection team and the accreditation panel.
- Presentation and discussion of National patient survey reports and subsequent action plans.
- Minutes from all Council of Governors sub committees.
- Reports from clinical areas on initiatives and new developments to improve the patient

experience. In 2017/18 the Quality Committee have received: 2 updates from Dr Jac Livsey, Consultant in clinical oncology on the developments in the Clinical Outcomes Unit and how these have had an impact on patient pathways and safety, 2 updates from Dr Claire Higham, Consultant in Endocrinology and Specialist Nurse, Louise Hopewell on progress against the quality improvement indicator relating to the reduction in harm caused to patients with or at risk of diabetes and a presentation on the handling of Social Media communications at The Christie by Nick Molyneux

- Regular feedback on changes made as a result of our 'Talking to patients initiative'
- Each year, the governors, in liaison with the Chief Nurse and Director of Quality and External Auditors, choose an indicator to monitor throughout the year. The indicator can be anything from the Trust's annual External Audit work programme. Updates from the relevant department are giving to the quality committee in the form of presentations/reports to allow the indicator to be monitored.

Effectiveness

The Council of Governors monitors the Trust effectiveness and efficiency through the key targets agreed for the Trust and the Trust continues to stretch itself to identify further improvements. The Quality committee has been in existence from when the Trust became a Foundation Trust and this continuity means that members have a high level of awareness of the quality agenda and hence the ability to request presentations and information they feel is beneficial. The link between this committee and the Quality Assurance Committee cannot be over-emphasised and shows how seriously the Christie takes quality in all aspects of care and treatment of patients.

Experience

The Trust has an experienced and highly committed group of Governors. There are some excellent examples of their community and member engagement across the areas we serve. Information gained from community engagement offers another opportunity to ensure the patient and public voice is heard and utilised to inform quality initiative at The Christie. Together this enables us to actively contribute to ensuring high quality patient centre care and services across the Christie NHS Foundation Trust. A presentation has been developed by the Trust which can be modified by Governors to suit the engagement situation.

Examples of any quality initiatives resulting from community and member engagement:
Confirmation of procedures and pathways which can be fed back to patients by Governors
How to establish links with International Oncology Hospitals and explore opportunities for joint working/sharing of good practice.

Based on the evidence above, the Council of Governors has confidence that the Trust continues to demonstrate proactive commitment to delivering safe and high quality patient centred services to meet the needs of patients cared for by the Christie now and in the future. In the past year the Chair of governors has been able to guide and reassure the governors that we are continuing to keep to our quality and overall performance at a high standard.

Christine Mathewson
On Behalf of the COG Quality Committee
April 2018

3. Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes for the period April 2017 to March 2018
    - Papers relating to quality report reported to the Board over the period April 2017 to March 2018;
    - Feedback from the Commissioners, Northwest Specialised Commissioning Hub dated May 2018
    - Feedback from Governors dated May 2018
    - The Trust's 2017/18 complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009; dated May 2018
    - The 2016 national inpatient survey;
    - The 2017 national staff survey;
    - The Head of Internal Audit's 2017/18 annual opinion over the Trust's control environment
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

24th May 2018
.....Date

.....Chairman

24th May 2018
.....*Date*

.....
Chief Executive

Independent Practitioner's Limited Assurance Report to the Council of Governors of The Christie NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of The Christie NHS Foundation Trust to perform an independent limited assurance engagement in respect of The Christie NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the ''Detailed requirements for external assurance for quality reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to March 2018;
- papers relating to quality reported to the Board over the period April 2017 to March 2018;

- feedback from commissioners, Northwest Specialised Commissioning Hub dated May 2018;
- feedback from governors dated May 2018
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2018;
- the 2016 national patient survey
- the 2017 national staff survey; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated March 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Christie NHS Foundation Trust as a body, to assist the Council of Governors in reporting The Christie NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and The Christie NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation

- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by The Christie NHS Foundation Trust.

Our audit work on the financial statements of The Christie NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as The Christie NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to The Christie NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to The Christie NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of The Christie NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than The Christie NHS Foundation Trust and The Christie NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion
Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the ‘NHS foundation trust annual reporting manual 2017/18’ and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement’s 'Detailed requirements for external assurance for quality reports 2017/18’; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
4 Hardman Square
Spinningfields
Manchester
M3 3EB

24 May 2018

A year in Focus

2017/18 was a year of consolidation and development at The Christie. Building on our 'Outstanding' rating from the health watchdog the Care Quality Commission, everything we have done has revolved around our desire to give the very best care and treatment to our patients.

Early in the year, the Lord Mayor of Manchester joined patients to mark the completion of our new £7.6m day-patient facility. The Integrated Procedures Unit (IPU) is a state-of-the-art unit which brings five day-patient services together under one roof. It was funded by £4.99m from The Christie charity and offers patients a more seamless experience with shorter waiting times and speedier treatment for plastic surgery, endoscopy, radiology, pain management or day case procedures teams.

The whole of the main entrance area off Oak Road in Withington has been extended and remodelled since 2016 to improve the facilities we offer for patients. The area below the IPU has been remodelled and expanded and now includes comfortable seating for 292 patients (an increase from the previous 150 seats), a WHSmith shop, an M&S coffee shop, a charity centre, wig room, cancer information centre and a Patient Advice and Liaison Service.

We also launched a groundbreaking new mobile phone app for patients and visitors. Not only will the new app help patients find the various treatment, consultation and diagnostic facilities dotted throughout the hospital, but will also guide patients to refreshment areas, retail facilities, relaxation spaces, the garden, the art room, conservatory, charity centre, toilets and other vital services for patients and visitors. Key information for patients on the app includes vital phone numbers and details of buses, trams, car parks and taxis – all part of our commitment to improving The Christie experience for patients and visitors.

Excitement has been building all year as we continue our progress to be the first NHS hospital to provide high energy proton beam therapy in the UK later this year.

Proton beam therapy is a specialist form of radiotherapy that targets certain cancers very precisely, increasing success rates and reducing side-effects. It targets tumours with less damage to surrounding healthy tissue and is particularly appropriate for certain cancers in children who are at risk of lasting damage to organs that are still growing. A major milestone was reached when we took delivery of the 'cyclotron' which will make the proton beam therapy possible. The super conducting cyclotron is no bigger than a family car, and due to its high tech design, is just a quarter of the weight of many other cyclotron models.

Building work is due to be completed on the new proton beam therapy centre in April, with the first patient set to be treated later in the year. The new centre will also be home to a new outpatients' department.

As well as continuing to develop services at our main site in Withington, The Christie also remains committed to promoting care closer to home for as many patients as possible.

This year we launched a new chemotherapy service in New Mills, Derbyshire, so that more cancer patients from the local area, can access our first class chemotherapy treatment closer to home. Christie nursing staff are treating up to 12 patients a day, every Thursday, in a new four-chair chemotherapy suite. Previously, some patients from New Mills and the High Peak area would need to make a more gruelling round trip of up to three-hours to the main Christie site in South Manchester. Many of these patients will now be just 10 to 15 minutes away from accessing this new service.

We were also proud to launch a new chemotherapy service at Tameside Hospital for patients from Tameside and Glossop. Based at the new £1.8m Tameside Macmillan Unit, Christie nursing staff are treating up to 20 patients a day, three days a week, in a new six-chair chemotherapy suite.

Plans are also underway to develop our third satellite radiotherapy centre. On the back of the huge success of our centres in Salford and Oldham, initial development is underway to build a new centre at Macclesfield General Hospital.

Early in the year, our resolve was tested when a fire broke out in the research laboratories in the Paterson building, which is owned by The Christie, and is leased to our University of Manchester partner. It is the headquarters of the Cancer Research UK Manchester Institute.

Despite the ferocity of the fire there were no casualties and no patients at The Christie were in danger. Much of the cancer research taking place within the building was salvaged and our staff responded robustly, putting well practised contingency plans into place to minimise disruption. The Christie and our partners at The University of Manchester and Cancer Research UK were truly moved by the public support and offers of practical help following the fire. We are now working with our partners on ambitious plans to redevelop the Paterson building. The aim is to provide a purpose-built, state-of-the-art world class cancer research facility to ensure that The Christie and Manchester remain international centres of excellence.

Leading the work to rebuild is an international expert in prostate cancer, who has been appointed as the new Director of the Manchester Cancer Research Centre. Professor Rob Bristow has been appointed by The University of Manchester to lead its cancer research strategy and is also Chief Academic Officer at The Christie, providing strategic oversight of cancer research and education strategies for the Trust. Professor Bristow will also begin to see Christie patients from spring 2018.

Professor Bristow is an outstanding consultant with a reputation for world-class research. At The Christie we continue to attract people of the highest calibre to work alongside our team of eminent specialists. Our patients will now have access to treatment by one of the world's leading prostate cancer experts.

The Christie's research strength and capability continues to grow, delivering world-leading and life-changing research for the benefit of Greater Manchester and beyond. Around one in seven of our patients are provided with therapies through participation in research studies.

Our research focuses on prevention and early detection, developing personalised medicine approaches that target specific therapy to an individual's cancer, through to living with and beyond cancer. We are investigation everything from understanding the molecular and cellular basis of cancer, to the development and testing of new treatments.

In April 2017, the NIHR biomedical Research Centre (BRC came into operation. It provides more than £12m of funding for the discovery and translation of laboratory-based science into cutting-edge cancer treatments.

We have also expanded our clinical research facility in a £3m redevelopment to increase the number of bedrooms, the size of the laboratory and create a new eight-chair chemotherapy room.

We once again received excellent results in the annual national inpatient survey published by the CQC, sustaining and building on last year's success.

The survey shows how NHS trusts score against each other in 65 questions looking at different aspects of the inpatient experience including the hospital and ward, doctors and nurses, care and treatment, and operations and procedures. The Trust scored 'better' than most other trusts in all of the section scores. Out of 63 questions, The Christie scored 'better' than most other trusts in 50 and 'about the same' in 13. The Trust took top marks in 2 questions about patient communication and being treated with dignity and respect.

Following installation at the beginning of 2017, we continued development work with our revolutionary new MR-linac radiotherapy machine, which will ensure that the hospital remains at the forefront of leading edge radiotherapy treatment and research.

The MR-guided linear accelerator (MR-linac) is currently one of only seven experimental systems in the world. It combines magnetic resonance (MR) scanning and tumour-busting radiotherapy to deliver magnetic resonance radiotherapy in one hi-tech package. It is expected to deliver some of the most precise radiotherapy available once fully operational.

The installation of the new machine was completed earlier this year and since then researchers at The Christie have been testing the MR-linac which will become fully operational once we have been given regulatory approval to treat patients

We also launched our Enhanced Recovery After Surgery (ERAS) plus programme, which aims to improve patients' recovery after major surgery by improving their fitness prior to surgery whilst also reducing the risk of developing complications after surgery.
The Trust's new electronic prescribing system went live in January and was the culmination of many months of work from a large, dedicated team. The system will enable the Trust to prescribe 100% of its chemotherapy electronically.

Our staff are our most valuable asset and we were delighted to score highly in the most recent survey of the country's NHS staff, with the vast majority of employees saying they would recommend the hospital to family and friends.

The Christie was the joint second best performing acute trust against the statement 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' with 93 per cent of staff agreeing or strongly agreeing. Staff rate The Christie highly as a place to work and for treatment, 4.23 on a scale of one to five compared to a national figure of 3.74.

The success of our clinicians continues to be celebrated. Professor John Radford won a lifetime achievement award in the Greater Manchester Clinical Research Awards, as did our medical director Dr Wendy Makin, who received the Macmillan Lifetime Achievement award recognising her exceptional leadership and outstanding work as a cancer care professional over the course of her career.

We've also continued to perform highly in other national surveys. The 2016 Adult Inpatient Survey, published by the independent health regulator the Care Quality Commission (CQC) identified The Christie as performing 'much better' than expected compared with other trusts. This is because a higher proportion of patients responded positively about the care they had received. And results from the National Cancer Patient Experience Survey 2016, have

shown that patients rated The Christie higher than would be expected for trusts of the same size in certain areas including; having confidence and trust in all ward nurses and in all doctors treating them, always/nearly always enough nurses on duty, being able to discuss worries or fears with staff during their visit and being given clear information about what they should/should not do post discharge.

Our charity is an extremely important part of what we do and supports 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 £15.2m last year.

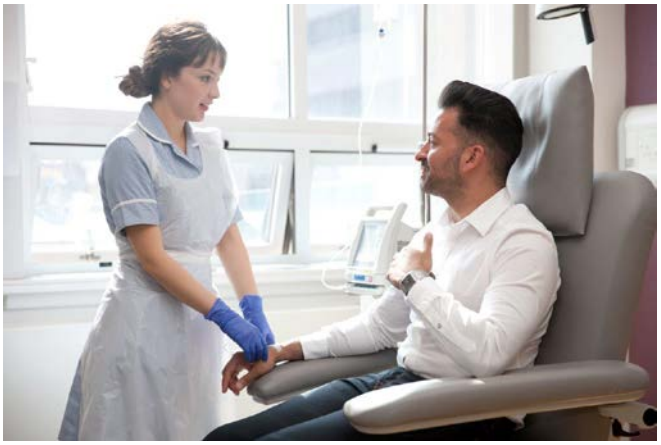
As a foundation trust, we are accountable to the communities we serve, and as such our public members play an essential part in sharing their opinions, shaping our future and making a vital contribution to how our services are developed. We acknowledge their extremely valuable input.

This report looks back on the highlights of the last 12 months, but also establishes our plans and aspirations for the year ahead. We are determined to improve and develop still further to ensure that all of our services are truly world-class.

Focusing on the people who count

At The Christie we are 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 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 service based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment care, research and education. Our focus and size enables 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 has been 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:

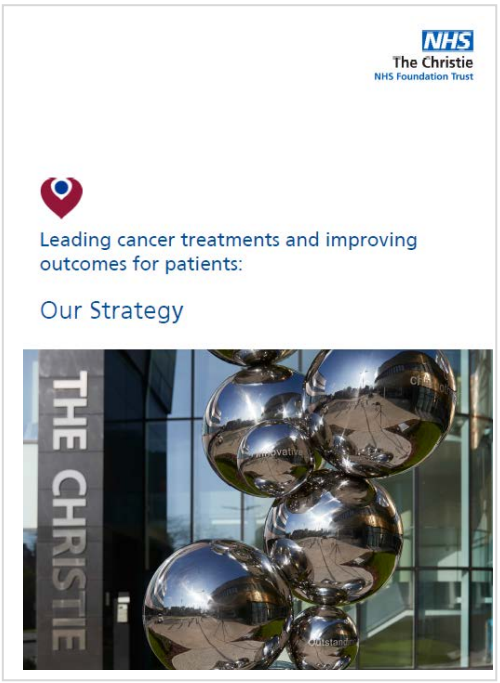
1. We will continue to lead the development of cancer treatment, research and education so that by 2025 we will be the leading organisation in the UK in reducing the burden of cancer.

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 4 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 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.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to supersede this target by reducing our carbon emissions 60% by 2030 using 2013/14 as the baseline year.

For 2017/18 the Sustainable Development Unit for NHS England modified the annual reporting requirements significantly. The Christie NHS Foundation Trust completed the revised requirements ensuring all key pieces of information had been obtained from the all the contributing parties. In February 2018 the Christie was awarded an "Excellence in Sustainable Reporting" certificate from the Sustainable Development Unit and Public Health England.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Travel	Yes
Business Cases	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

One of the ways in which an organisation can embed sustainability is through the use of a Sustainable Development Management Plan (SDMP). The trust has continued to develop its SDMP throughout 2017/18 and this will be further developed through the sustainability committee through 2018 to be submitted to the board for approval.

One of the ways in which we previously measured our impact as an organisation on corporate social responsibility was through the use of the Good Corporate Citizenship (GCC) tool. This tool has now been superseded by the Sustainable Development Assessment Tool (SDAT). The Trust will complete this tool during 2018 to review its current position and action plan for future development.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Climate change brings new challenges to our business both in direct effects to the healthcare estates but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our board approved plans to address the potential need to adapt the

delivery of the organisation's activities and infrastructure to climate change and adverse weather events.

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

Strategic partnerships are already established with the following organisations: Manchester City Council, University of Manchester, Health Care America and Synlab. For commissioned services here is the sustainability comparator for our CCGs: (Please note that as a specialist hospital our services can be commissioned from any CCG in England; the following organisations are just a selection of these).

Organisation Name	SDMP	GCC	SD Reporting score
NHS Bolton CCG	No	Yes	Minimum
NHS Bury CCG	Yes	No	Excellent
NHS Central Manchester CCG	No	No	Good
NHS Heywood, Middleton and Rochdale CCG	Yes	Yes	Excellent
NHS East Lancashire CCG	No	No	Minimum
NHS North Manchester CCG	No	No	Good
NHS Salford CCG	No	No	Minimum
NHS Oldham CCG	Yes	No	Good

More information on these measures is available here: www.sduhealth.org.uk/policy-strategy/reporting/organisational-summaries.aspx

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

Context info	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018
Floor Space (m^2)	82,788	76,798	77,223	77,223
Number of Staff	2,505	2,627	2,712	2,849

In 2014 the Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:

Energy

Throughout 2017/18 the Christie NHS Foundation Trust has taken the opportunity to review the work completed to date in respect of Energy Management, baseline its achievements and plan for the short, medium and long term positions. In order to complete this, the Trust commissioned an Energy Strategy review. This review identified a number of actions that the Trust would need to complete to support its energy development plans. This strategy focused on the specific areas of Governance Structure, Energy Procurement and the Energy Management structure within the Trust.

The most significant achievement from a sustainability perspective is the reduction on consumption of imported electricity to locally generated electricity using the CHP plant. The reduction in imported electricity is 56%.

The level of reductions has been assisted by the efficient running of the CHP unit. Whilst the Paterson fire has resulted in a reduction in the cost of Energy the level of imported electricity has increased as the ability to efficiently run the CHP unit has been affected. Measures to improve the efficiency of the unit to pre–fire

levels are being worked through with our energy centre partner.

Through 2018 and into 2019 The Christie will commence a project to identify a suitable partner to support its next phase of Energy Management. This will be progressed through an Energy Performance Contract to commence at the end of the current Energy Management arrangements in September 2019. The contract the Trust will aim to enter into will provide ambitious targets under a "Guaranteed Savings Model" and will ensure contract monitoring arrangements are secure for the duration of the agreement.

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 the last five years.

The Trust revised Energy Strategy, managed with the support of the newly appointed partner from November 2018, will ensure we develop strategies that continue in the theme of continuous reduction 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). The focus will be on replacing ageing plant and equipment and renewable energy initiatives. As the Trust qualifies for the Carbon Reduction Commitment (CRC) scheme its liability and reporting commitments are managed in line with Environment Agency guidance.

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 Good Corporate Citizenship toolkit, developed by the Sustainable Development Commission (SDC) 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 – to our staff and to the patients and 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 the Manchester City Council 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 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 GPT plan is monitored through quarterly meetings with an MCC travel policy officer. The survey for 2017 indicated a 40.6% modal shift. The next modal shift target in 2019 is to aim for 48% with a number of actions in place to support this target including:

- Free bicycle training (including maintenance)
- 176 secure cycle spaces
- 149 short stay spaces
- 23 Showers
- 247 Lockers
- Drying areas
- Bicycle maintenance points (3)
- Free monthly maintenance
- Free monthly cyclist breakfast
- Bicycle User Group mailing list
- 6 new showers and drying areas in place plus an additional 60 lockers available to cycling
- 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 workshops and is a member of Transport for Greater Manchester Workplace Cycle Champions Network
- Travel plan coordinator awarded TfGM active travel award for excellence in promoting walking and cycling
- GTP awarded TfGM gold award accreditation for second consecutive year.
- Park and ride frequency increased during peak traffic
- Pilot bicycle pool scheme undertaken and feedback to be reviewed
- Parking eligibility policy in place and applied to new permit applicants
- Electric car charge points installed in the staff car park
- Walking Wednesday launched and takes places weekly with trained walk leaders

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 embracing legislation and guidance has been implemented in full across the whole site. External assurers undertake annual pre-acceptance audit; where the trust is reported to be meeting legislative requirements. The trust produces data to satisfy the new NHS annual reporting manual for sustainability.

Performance is continually assessed, via key performance indicators, evidence based department surveys, monthly scorecards and key issues reports. Increases in 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 Government and the trust's exacting 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 prevention, reduce, reuse, recycle and rethink.

The growth of the trust site and patient treatments will ultimately have an overriding effect on waste weights and the capacity of waste storage. Moving forward the trust will need to assess waste storage facilities to ensure that the trusts obligations to the environment are achieved in full.

Waste minimisation and management metrics are summarised in the financial and non-finance matrix of this report.

Catering and food waste

The catering department has maintained an average of 5.35% food wastage per month over the last 12 months.

The catering department reviewed the individual freestanding freezers and replaced them with a walk-in freezer. Due to the newest technology there will be a potential saving in energy and a reduction in maintenance. Furthermore, it will enhance monitoring of the legislative temperatures to demonstrate to internal and external auditors our good working practises.

The gas on the blast chiller has been replaced with R44-8 gas which is more environmental friendly.

All cleaning and temperature records are recorded electronically to replace the hard copies; this has a significant impact on paper reduction and is a more efficient way of working.

Members of the catering team have taken up the cycle to work scheme provided by the trust.

The Chip and Pin facility in the dining room was introduced to use a more sustainable methods for payments. The facility is directly linked to the computers for reports on takings, discrepancies and transactions; this replace not only the paperwork but it also speeds up the queues on the tills which improves the patients, staff and visitors experience.

The Catering Department continues to improve its sustainable credentials regarding contractors and suppliers of provisions

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 the safety of the Water System for patients. Some of these measure will have increased water consumption e.g. Kemper Flow systems and Rada thermostatic taps. This has increased the general consumption in some areas but measures have been taken in others to control the use of water.

Modelled carbon footprint

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information uses a scaled model based on work performed by the Sustainable Development Unit (SDU) in 2009/10 (more information available here: **http://www.sduhealth.org.uk/policy-**

strategy/reporting/nhs-carbon-footprint.aspx) resulting in an estimated total carbon footprint of 28,491 tonnes of carbon dioxide equivalent emissions (tCO_2e). Our carbon intensity per pound is 117 grams of carbon dioxide equivalent emissions per pound of operating expenditure (gCO2e/£); average emissions for acute services is 200 grams per pound.

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 well-being. 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.

Year	Number of reams	+/-%
2017/18	14,900	-4.93%
2016/17	15,673	+1.16%
2015/16	15,494	+2.00%
2014/15	15,190	-1.96%

Modern slavery act

A link to our modern slavery act statement can be found in our annual governance statement which is on page 159 of the report.

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 driven by the desire to provide exceptional care and treatment to our patients through constant innovation and by striving for excellence.

Providing the very best care for our patients is what motivates us but we also have a responsibility as an international centre of excellence to share our knowledge and expertise with our peers and the wider healthcare industry.

When our efforts are recognised externally, as well as by our patients, it is very humbling.

Highlights from the past year include:

Edukit app

The Christie School of Oncology developed an app to support the training and induction of around 500 junior doctors each year on rotation through the Trust on four-month placements. The Christie Edukit app, launched in August 2017 and won an iNetwork award in January 2018 in the 'effective information sharing and security innovation' category. It was also a runner-up in the Developing Excellence in Medical Education (DEMEC) annual awards in November 2017 in the e-learning category.

Finance Towards Excellence award

Our Finance Team gained re-accreditation at Level 3 of the Finance Towards Excellence award, following an independent review. This is the highest possible level, demonstrating the team's professionalism, engagement and expertise in supporting the Trust to deliver sustainable patient services.

Greater Manchester Clinical Research Awards 2017

Professor John Radford won the lifetime achievement award. Dr Ananya Choudhury won the Outstanding Contribution award and Clare Dickinson was given a special Outstanding Ambassador award. Tamara Garcia-Lopez and Parisa Mahjoob-Afag from The Christie were both shortlisted for the awards.

HSJ Awards

The Christie's School of Oncology was shortlisted for the 'Improving outcomes through learning and development' category at the HSJ Awards for work to support GPs in detecting cancer through the Gateway-C platform. This online platform uses various educational resources to help GPs improve the way they refer patients for cancer treatment. The project was delivered as part of the Greater Manchester Cancer Vanguard Innovation programme.

HSJ Value in Healthcare Awards 2017

The Christie's pharmacy team was integral to the success of this winning entry made by NHS England Specialised Commissioning for the work of the Medicines Optimisation Clinical Reference Group. The judges felt that this work demonstrated how it was possible to dramatically improve patient safety and patient experience whilst making significant cost reductions.

Macmillan Lifetime Achievement award – Dr Wendy Makin

The Christie's Medical Director, Dr Wendy Makin, received the Macmillan Lifetime Achievement award in November. The award recognises Wendy's exceptional leadership and outstanding work as a cancer care

professional over the course of her career and is Macmillan's most prestigious award for professional excellence.

Nursing Times Awards 2017

The Christie was shortlisted twice for these awards, in the Nursing in Mental Health category and the Surgical Nursing category. This was for work undertaken by the plastic surgery team to improve care for patients affected by skin cancer and dementia through providing holistic assessments and adopting dementia friendly policies and processes, as well as ensuring extra support for patients with skin cancer having surgery. As a result, fewer dementia patients now require a general anaesthetic with more dementia patients able to have their cancers removed in day case surgery under local anaesthetic, resulting in more positive outcomes.

Patient Safety Awards 2017

The Christie was shortlisted in the Cancer Care category at these awards for our work to deliver a new model for homecare utilising Christie staff to deliver chemotherapy and other anti-cancer treatments directly to patients in their homes. The Christie was also shortlisted in the Best Organisation category for these awards.

Quality System for Radiotherapy Physics and Radiotherapy - ISO9001:2015

Our teams in radiotherapy physics and radiotherapy achieved the ISO9001:2015 quality standard 10 months early in November 2017. This system demonstrates that The Christie provides safe, effective, relevant, quality care and treatment to patients using our radiotherapy physics and radiotherapy services.

RCN Nurse Awards 2017

The Christie's Macmillan secondary breast cancer team won the Cancer Nursing Practice Award for its work to redesign a patient-centred service for patients diagnosed with secondary breast cancer across Greater Manchester. This includes a holistic 45-minute nurse-led assessment with a member of the team covering the physical, social and psychological needs of a patient. As a result, all newly diagnosed secondary breast cancer patients see a member of the team within a month of diagnosis, patients feel much better informed about their care, and those patients who most need specialist support receive the appropriate care sooner, rather than reactively.

Transport for Greater Manchester's sustainable transport accreditation scheme

The Christie was awarded the gold standard in Transport for Greater Manchester's sustainable transport accreditation scheme. This award recognises organisations that have taken steps to reduce their impact on the environment through sustainable travel and provides public recognition that The Christie is a regional leader in green transport.

UK Therapeutic Student Radiographer of the Year

Therapeutic radiographer, Amy Walkman, was awarded the title of Therapeutic Student Radiographer of the Year by the Society of Radiographers in November 2017. Amy was nominated by The University of the West of England, where she studied and achieved a first class BSc (Hons) in radiotherapy and oncology prior to joining The Christie.

Our generous supporters

The Christie charity provides enhanced services over and above what the NHS funds. With more than 50,000 active supporters, our charity is vital in our quest to improve cancer treatment and research for all our patients.

In the last year there have been 1050 community events, 9393 sporting event participants, 1300 corporate fundraisers, 261 legators and we had support from 57 charitable trusts. Our supporters have once again risen to the challenge and raised an amazing £15.2m.

We tightly manage our costs and this year we are able to say that 82p in every pound raised will go directly to benefit patients and their families.

This year we were Manchester City Council's charity partner for the Great Manchester Run. As usual we had outstanding support and we had 2914 runners take part in the children's race, the half marathon and the 10k run. We raised a fantastic £435,859.

The Walk of Hope event proved to be as popular as ever. 364 walkers raised £47,000, walking together to honour the courage of those battling cancer and of those who have sadly lost their fight.

We had a false start with our Night of Neon walk when Storm Brian hit Salford Quays with force. We postponed to a couple of weeks later, and on a rainy Saturday night, 381 brave walkers joined us and raised £44,000.

In October we opened our new charity centre in the main Oak Road entrance. And December saw us singing with joy at our annual Christmas concert. The event was once again a sold out affair hosted by DJ Wes Butters, with singing from local performers and schools.

Our Tower Run at Beetham Tower in Manchester was a huge success this year. 241 people took part and raised £50,000, utilising every ounce of energy they had to get to the top of the tower.

In March we were back at the Principal hotel in Manchester for our annual ball which this time had a 1920's theme. Flapper girls and 1920's paparazzi photographers welcomed guests for some fine dining, great performances from our roving band and an outstanding performance from singer and Dancing on Ice star Lemar and then they danced the night away. We raised a magnificent £ 155,000.

This year our supporters have raised much needed funds to provide a vast range of services from our complimentary therapy services to our new Integrated Procedures Unit.

In January we celebrated with supporters of the Proton Beam Therapy research room who raised £5.6m. Proton beam therapy is particularly important in the treatment of children with cancer and in particular, those diagnosed with brain tumours and hard to reach cancers. The improved outcomes of proton therapy means they will experience fewer side effects – something that is especially important when dealing with a small child's developing brain and body.

Whilst we have achieved a considerable amount thanks to the support of our loyal and

committed donors, our charity continues to have exciting and ambitious plans for the future. Work will continue to ensure our patients 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 of 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 2018 The Christie's total membership was 19,478 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. In particular, we recruit new members via The Christie charity, by inviting patients to become members, through our membership newsletter, as a result of community engagement by our public governors and via our website.

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

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

Our governors have taken a proactive approach to engagement by using a portfolio of materials to 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 Christie Patient Centred Research, Systemic Anti-Cancer Treatment, Equality Delivery System 2, the Christie charity 'I did it' campaign, and the development of our outpatients and Oak Road main entrance areas.

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 2018 we had 16,803 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, non-clinical staff and volunteers. At the end of March 2018 we had 2,849 staff members and 186 volunteer members.

Public membership statistics

Public constituencies	Number of members
Bolton	845
Bury	1043
Cheshire	1662
Manchester	1705
North West	1673
Oldham	806
Rochdale	812
Salford	1382
Stockport	1841
Tameside and Glossop	1047
Trafford	1522
Wigan	957
Rest of England	1508
Total public members	**16803**

Age	
0-16	0
17-21	60
22-49	2408
50+	4229
Unspecified	10106
Total	**16803**

Ethnicity	
White	3122
Mixed	35
Asian	226
Black	74
Other	29
Unspecified	13317
Total	**16803**

Gender	
Male	4650
Female	4299
Unspecified	7854
Total	**16803**

Figures are as at 31st March 2018

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

Membership Office
The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX
Tel: 0161 446 8616
Email: members@christie.nhs.uk
Website: www.christie.nhs.uk

Directors' Report

Our Board of Directors is collectively responsible for the performance of the organisation. 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. The Board of Directors is also responsible for ensuring the trust is compliant with its terms of authorisation, its constitution, mandatory guidance, relevant statutory requirements and contractual obligations.

The board is also responsible for ensuring the quality and safety of its services and 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 by following the link below The Christie Constitution

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 and been balanced and complete. It 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 2017/18 there were no changes to the membership of the board of directors.

Process for evaluation of performance

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

The performance of the non-executive directors is reviewed by the Chairman and 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.

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 eight times during the year. It also met in private eight times and held four informal board time outs.

A joint board and governor time out was also held during the year; this afforded the opportunity for our governors to input into discussions around the Trust's future plans.

The board delegates some of its work to sub committees. There is a standing item at each board meeting to receive a key issues report which outlines the key risks and the assurance level assigned to each; this is appended to a copy of the full minutes. 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 on page 123.

Register of Interests

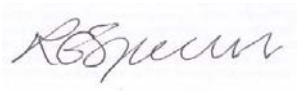
Details of company directorships and other significant interests held by directors which may conflict with their management responsibilities are held in the register of interests of directors. This may be viewed at Board of directors

Accounting policies for pensions and other retirement benefits are set out in the notes to the accounts and details of senior employees' remuneration can be found in the remuneration report on page 142.

There are 13 board members (7 non-executive and 6 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
24th May 2018

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 service 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 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 appointed in December 2009 and was previously a Non-Executive Director for 2 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 NED 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 and is a member of the Chester University Audit & Risk Management Committee.

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

Kathryn Riddle OBE 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 8 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 and head of its Health Management Group. 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 almost 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 has been Chief Medical Officer of Macmillan Cancer Support since 1999 and now shares the role as Joint CMO with general practitioner, Dr Rosie Loftus. 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 is a member of the Older People and Cancer Clinical Advisory Group.

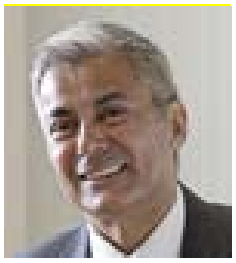
She has published widely and is a UK representative for cancer survivorship in Europe and advises on cancer survivorship programmes in Denmark and Canada.

Robert Ainsworth
Non-executive director
Robert was appointed on 7th 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**.** He is also a director of HF Holidays Ltd.

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 4 local authorities. He was appointed as the first national leader of education (NLE) in the North West and since 2005 has led on many significant school to school support commissions. He has been an advisor to the Department of Education and speaks regularly on educational issues.

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

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

Executive directors

Roger Spencer
Chief Executive
Roger has been undertaking the role of Chief Executive at The Christie since December 2013, having previously worked as Deputy Chief Executive and Chief Operating Officer.

Roger has managed significant service developments including satellite radiotherapy and chemotherapy centres across Greater Manchester, transforming delivery of Christie services to an outpatient model. He directed the establishment of Christie partnerships for pharmacy, pathology, specialist diagnostic services and private patients and our academic investment plan. Roger leads for Greater Manchester in the National Cancer Vanguard developing and testing new models of care. In 2016 Roger led the Trust to a CQC Outstanding rating and is in the top 15 chief executives ranked by the HSJ in 2017. Roger leads The Christie in delivering the first national Proton Therapy service in the UK, operational in 2018.

Roger holds an MBA, an honours degree in Nursing Studies, is a Registered Nurse and is an independent director of Southway Housing Trust.

Roger previously worked at Salford Royal, East Lancashire Hospitals & Greater Manchester SHA.

Jackie Bird
Chief Nurse & Executive Director of Quality
Jackie was appointed in June 2011, joining from The Rotherham NHS Foundation Trust where Jackie 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 the registered nurse governing body member on Calderdale Clinical Commissioning Group 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.

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 Informatics teams within the Trust and is also a Director of The Christie Clinic and The Christie Pathology Partnership.

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 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 from 1st February 2016 and combines this role with the post of National Clinical Director for Cancer at NHS England, leading implementation of the national cancer strategy as part of the National Cancer Team. He 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 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 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 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 been working with the Macmillan Cancer Improvement Project to improve services across the city of Manchester and leads the LWBC work streams in the National Cancer Vanguard.

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 from 2011-16.

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 with 3 non-executive directors attending each (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 during the year at the request of the audit committee. Where further assurance is required the relevant manager attends the committee and reports on actions to address the risks identified.

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

External audit - an external audit is an examination of the annual financial statements of the foundation trust in accordance with specific rules by someone who is independent of the foundation trust. 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. During the year the external audit contract came to an end so the trust undertook a procurement process. The appointments committee consisted of two governors, the executive director of finance & business development and the chair of the audit committee. At its meeting on 3rd May 2017 the council of governors approved the recommendation for the appointment of Grant Thornton as our new external auditors from 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 and material variance across years.

The audit committee annual report can be accessed via the following link: Trust publications and reports

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 committee annual report can be accessed via the following link:
Trust publications and reports

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.

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 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 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 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

Name of committee	Board of directors	Board time out	Audit	Quality assurance	Joint audit & quality assurance	Charitable funds	Remuneration	Council of governors	Joint board of directors / council of governors
Number of meetings	8	3	5	5	1	4	1	4 *	1
Christine Outram (Chairman)	8	3	N/A	4	1	2	1	4	1
Kathryn Riddle (NED)	5	2	2	N/A	0	4	1	4	1
Neil Large (NED)	8	3	5	N/A	1	1	1	2	1
Prof Kieran Walshe (NED)	8	3	N/A	5	1	3	1	2	1
Prof Jane Maher (NED)	7	2	N/A	5	1	4	1	0	1
Robert Ainsworth (NED)	8	3	5	N/A	1	4	1	4	1
Tarun Kapur (NED)	8	2	N/A	5	1	3	1	3	1
Roger Spencer (Chief Executive)	8	3	N/A	N/A	1	4	**	3	1
Jackie Bird (Executive Director of Nursing & Quality)	8	2	3	5	1	3	N/A	3	1
Joanne Fitzpatrick (Executive Director of Finance & Business Development)	8	3	5	N/A	1	4	N/A	4	0
Prof Christopher Harrison (Executive Medical Director)	8	3	N/A	3	1	2	N/A	0	1
Fiona Noden (Chief Operating Officer)	7	3	N/A	N/A	0	0	N/A	4	1
Dr Wendy Makin (Executive Medical Director)	7	3	N/A	5	1	2	N/A	1	1

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

** In attendance for part of the meeting

Our council of governors

Governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. They bring valuable perspectives and contributions to its activities. Importantly, governors hold the non-executive directors to account for the performance of the board.

The council 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 3 vacancies in this group).

Elections in 2017

There were 9 constituencies up for election in 2017; the results of the election are as follow:

Public constituencies:

Bolton
Lisa Wylie (re-elected uncontested)
Bury
Mohammad Qureshi (re-elected uncontested)
Cheshire
Alice Choi (re-elected)
Oldham
Susan Mee (elected uncontested)
Salford
Ann Gavin-Daley (re-elected uncontested)
Tameside & Glossop
Mary Maden (re-elected uncontested)

We would like to thank Frank Howard who stepped down as public governor for Oldham after 3 years. Frank made a considerable contribution to the trust over his term of office, especially as a member of the governor development & sustainability committee, and played a valuable role in helping to promote The Christie.

Staff constituencies

Non-clinical
Rachel Daniel (re-elected uncontested)
Registered medical practitioners
Richard Hubner (elected uncontested)
Other clinical professional staff
Alison Armstrong (elected uncontested)

All our elected governors stand for an initial term of 3 years.

Partner governors

During the year there were no changes to our partner governors.

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 meetings are attended by the 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 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.

We also held 3 chairman's lunches during 2017 which gave governors the added opportunity to question non-executive directors in an informal setting. Governors also receive regular newsletters which keeps them informed and updated on items of interest.

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

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

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

Governors have an important role to play in making an NHS foundation trust publicly accountable for the services it provides. It is their responsibility to maintain and review membership numbers and the membership strategy. The board of directors consults with our 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 2017/18 (one of these was a joint time out session with the Board of Directors). The council of governors has 4 sub committees 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, committees, time-out sessions and working groups.

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

- In 2016/17 4 governors submitted travel claims and for the year ended 31st March 2017 the total amount claimed was £1,833.76.

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

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 (Manchester cancer patient representative partner governor)
- Alex Davidson (public governor for Cheshire and lead governor from 21st July 2016)

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

There was no requirement for the committee to meet during 2017/18.

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 advise 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; monitoring 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 at Council of governors

Our current governors

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with board) x5	Member of committee (see key)	Year term ends	Terms remaining
Public							
BOWMAN Roger		Elected public	Trafford	4	D&SC	**2019**	**0**
CHOI Alice		Elected public	Cheshire	3	D&SC	**2020**	**1**
COGHLAN Nick		Elected public	Wigan	3	M&CE	**2018**	**2**
COLLINS Jackie		Elected public	Stockport	5	D&SC	**2018**	**2**
DAVIDSON Alex	1	Elected public	Cheshire East	3	Nomco / QC	**2018**	**0**
GAVIN-DALEY Ann		Elected public	Salford	3	QC	**2020**	**0**
HARRISON Derek		Elected public	North West	0	D&SC	**2019**	**2**
HERON Damien		Elected public	Remainder of England & Wales	0	D&SC	**2019**	**1**
MADEN Mary		Elected public	Tameside & Glossop	1	M&CE	**2020**	**1**
MANSFIELD Madeleine		Elected public	Manchester	3	M&CE	**2019**	**2**
MATHEWSON Christine		Elected public	Rochdale	4	QC	**2018**	**0**
MEE Susan		Elected public	Oldham	1 out of possible 3	QC	**2020**	**2**
QURESHI Mohammad		Elected public	Bury	2	QC	**2020**	**1**
WOLSTENHOLME Fiona		Elected public	Manchester	3	M&CE	**2019**	**2**
WYLIE Lisa		Elected public	Bolton	3	M&CE	**2020**	**1**

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with board) x5	Member of committee (see key)	Year term ends	Terms remaining
Staff							
ARMSTRONG Alison		Elected Staff	Other clinical professional	2 out of possible 3	D&SC	**2020**	**2**
DANIEL Rachel		Elected staff	Non-clinical staff	5	D&SC	**2020**	**1**
HUBNER Richard		Elected staff	Registered medical practitioner	2 out of possible 3	Nomco	**2020**	**2**
Matt Bilney		Elected staff	Registered nurses	5	QC	**2019**	**2**

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with board) x5	Member of committee (see key)	Year term ends
Partner						
MAKIN David		Appointed	Greater Manchester cancer provider board – patient rep	5	Nomco / QC	**n/a**
MEYER Stefan		Appointed	The University of Manchester	0	QC	**n/a**
MOORES Cllr Eddie		Appointed	Local authority - GMCA	0	M&CE	**n/a**
MOSS Janice		Appointed	The Christie Charity	5	M&CE	**n/a**
SIMCOCK Cllr Andrew		Appointed	Local authority – Manchester City Council	4	D&SC	**n/a**
TURNER Marcella		Appointed	Nominated - BME health agency (Can-Survive)	1	M&CE	n/a

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

We have an excellent basis of principles, behaviours and staff pledges. These not only 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.

As a result of staff feedback, a key focus for 2017/18 has been in relation to enabling effective sharing of information through various feedback mechanisms. As a result of efforts to enhance the culture of the organisation, staff have had the opportunity to collaboratively develop and shape initiatives that benefit the organisation which has resulted in the development of engagement pulse surveys and health and wellbeing surveys in order to understand how staff are feeling at any given time. The organisation participated in the annual NHS Fab Change Week where staff and patients were encouraged to make a pledge, submit ideas and commit to making small changes that benefit staff and patients.

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, through the provision of a suite of management courses linked to workforce policies and approaches.

Our Christie staff pledges provide commitment of all staff to focus on creating a healthy workplace, embracing the whole employee in terms of their physical and mental health through all aspects of their working life to enable improved workplace health, productivity, staff morale and loyalty. Initiatives delivered in 2017/18 include regular promotion of health activity with local and National campaigns to signpost staff to support such as Time to Talk's mental health campaign and Nutrition and Hydration Week; annual sporting events for all staff to get involved and agreeing deals with local gyms to encourage increased physical activity. We have also developed quarterly wellbeing newsletters which bring together all of the support on offer for our staff in relation to health and wellbeing. We then use our annual wellbeing day as an opportunity to pull all of the wellbeing and health initiatives together to promote our commitment to the health and wellbeing of our staff. We provide our staff with support mechanisms through occupational health, physiotherapy and employee assistance which provides advice, guidance and counselling for those who require it.

To support the health of our staff, our Green travel plan continues to encourage staff to choose a healthy approach to travelling to work, with the improvement of Trust facilities such as showers and parking for bicycles. We have developed a weekly walking programme in partnership with Transport for Greater

Manchester which is providing popular for all staff. The catering department have also assisted in supporting staff wellbeing with an improved range of healthy menu options as well as providing healthy food and carrying out healthy food demonstrations.

Our sickness absence data

Figures Converted by DH to Best Estimates of Required Data Items		
Average full time equivalent (FTE) 2017	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE
2,705	19,746	7.7

To ensure our staff feel able and confident to raise any concerns they have, we have introduced a Freedom To Speak Up Guardian. The Christie is committed to achieving the highest possible standards of service and care. Staff speaking up about any concern they have at work is very important as it helps The Christie continue to improve services for all patients and the workplace for staff.

The Freedom to Speak Up Guardian provides confidential support and advice to any member of staff thinking about raising a concern. The importance of speaking up and the support available is highlighted by the Guardian who attends team meetings, staff induction and staff events such as the Health and Wellbeing days. Posters, articles in staff communications and the intranet also provide guidance.

The following table shows the number and type of contacts received by the Freedom to Speak Up Guardian.

2017/18	No. of contacts	Category
Q1	3	Quality and safety x 2 Service change
Q2	5	Attitude and behaviour x 2 Policies, procedures and processes x2 Performance capability x1
Q3	4	Policies, procedures and processes Attitudes and behaviour x 2 Quality and safety
Q4	5	Policies, procedures and processes Attitude and behaviour x 3 Patient experience

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 our engagement events that occur throughout the year and our quarterly friends and family test which indicated on average in 2017/18 that 74% of our workforce would recommend The Christie to their friends and family as a place to work and 96% 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 to a large number of managers, cascaded then via team meetings, provide our workforce with key messages about the Trust's performance, plans and developments, changes to services and information that is of interest to our staff. We utilise our Electronic Staff Record

(ESR) system, which staff use to access their online payslips, request annual leave and undertake their e-learning, to provide staff with key messages from the organisation and in particular from the workforce division. In addition we have a staff intranet which provides an excellent platform for all information that the workforce require.

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 'You made a difference' award provides staff, patients, families and carers with the opportunity to nominate an employee who has had a positive impact. This ensures staff are made aware of the significant value that they contribute to the organisation and our service users. Our annual staff awards also take the opportunity to celebrate our staff.

Our on-boarding process for staff includes a trust induction, which provides the opportunity to meet our Chief Executive and learn more about the Trust.

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

Our staff (headcount at year end 2018)

	Male	Female
Directors	46%	54%
Other senior managers	47%	53%
Employees	27%	73%

	Male	Female
Directors	6	7
Other senior managers	14	16
Employees	749	2057

	Fixed Term Temp	Non-Exec Director/ Chair	Permanent	Grand Total
Administration and estates *	38	7	562	607
Healthcare assistants and other support staff *	201	0	563	764
Healthcare science staff	10	0	175	185
Medical and dental	58	0	162	220
Nursing, midwifery and health visiting learners	0	0	0	0
Nursing, midwifery and health visiting staff	108	0	593	701
Scientific, therapeutic and technical staff	33	0	339	372
Grand Total	448	7	2394	2849

***Administration and estates and Healthcare assistants and other support staff headcount numbers have been re-analysed in 2017/18.**

Policies

During 2017/18 the following employment policies were updated: Incremental Pay Progression policy; Maternity, Paternity & Adoption Leave policy; Work Experience Policy; Job Planning Policy; Medical & Dental Leave and Associated Funding 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 achievement of the Disability Confident Scheme (Level 2) which provides our commitment to employing and retaining disabled people and ensuring this commitment is reflected in all recruitment practices.

We work in collaboration with our staff and consult where decisions are likely to have an impact on individuals. Our organisational change policy in particular provides mechanisms for consultation with recognised trade union and professional association representatives as well as our staff. We work in partnership with our staff-side representatives which include a number of recognised trade unions. Regular staff forums are held to engage with our union partners to share information about the direction of the organisation and to gain feedback and support. 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.

Staff survey

Our annual staff survey collates feedback from staff about every aspect of their work, within five themes of your job; manager; health, wellbeing and safety; personal development and the organisation. The table below shows our top and bottom five ranked scores compared to previous years.

The Care Quality Commission requires this annual survey to be carried out by all NHS trusts in England. Once again, despite a difficult economic climate, the Trust had excellent results from the national staff survey and has continued to improve.

Key Finding (score out of 5)	The Christie 2017	The Christie 2016	National average 2017
Overall staff engagement	4.00	4.03	3.78
Staff recommendation of the trust as a place to work or receive treatment	4.19	4.23	3.74
Staff motivation at work	3.94	3.94	3.9

Top 5 ranking scores *(nb. Low scores are advantageous)*	2017	National average
Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	3%	15%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	13%	28%
Percentage of staff appraised in the last 12 months	91%	87%
Percentage of staff able to contribute towards improvements at work	77%	69%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	20%	24%

Bottom 5 ranking scores	2017	National average
Percentage of staff / colleagues reporting most recent experience of violence	63%	72%
Percentage of staff working extra hours	76%	72%
Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	45%	48%
Percentage of staff feeling unwell due to work related stress in last 12 months	36%	38%
Quality of appraisals	3.12	3.11

In 2017, our key findings continued to be extremely positive. 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 in the top 10% of all NHS Trusts

There was a significant improvement in this year's scores in relation to the number of staff receiving an appraisal in the last 12 months. 91% of our staff said they had had an appraisal which is significantly better than the national average.

There are a number of areas where scores were lower; however they are in line with national averages. Action plans will be developed to address the key areas that require focus to make further improvements in year and to ensure we build upon the fantastic results to date.

Expenditure on consultancy

The consolidated expenditure on consultancy in 2017-18 is £1.9m.

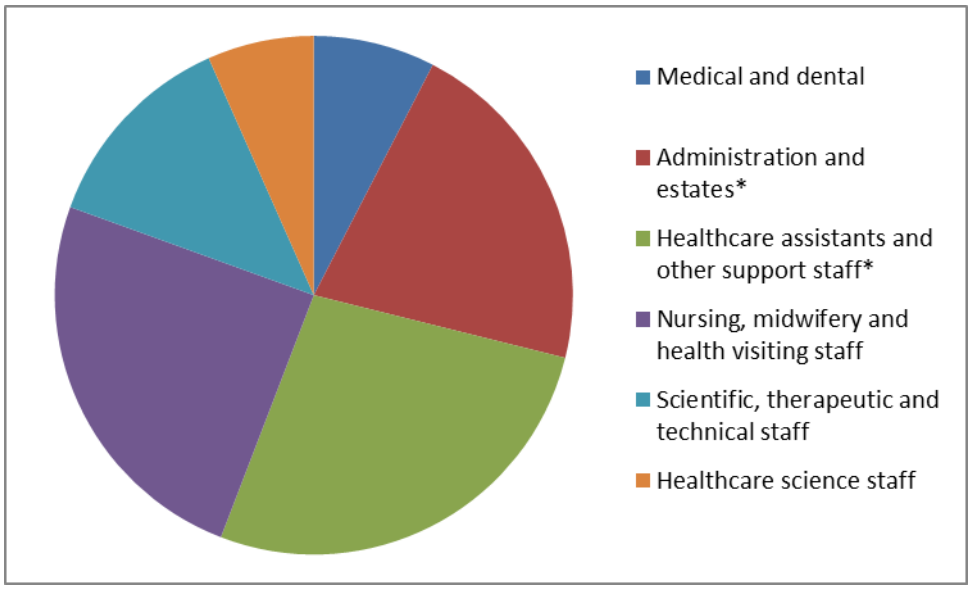
In line with HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the staff report section of the annual report.

Employee expenses (the following tables have been subject to audit)

Group 2017-18			
	Total	Permanently employed	Other
	£000	£000	£000
Salaries and wages	**100,444**	**92,248**	**8,196**
Social security costs	**8,888**	**8,888**	**0**
Employers' contribution to NHS pensions	**444**	**444**	**0**
Pension costs - other contributions	**11,662**	**11,662**	**0**
Termination benefits	**46**	**46**	**0**
Agency/ contract staff	**1,050**	**0**	**1,050**
Total	**122,535**	**113,288**	**9,247**

Capitalised staff costs are included in this note and total £1,009k (2016/17: £963k)

Average numbers of persons employed (WTE) in 2017-18



*Administration and estates and Healthcare assistants WTE numbers have been re-analysed in 2017/18.

Group 2017-2018			
	Total	Permanently employed	Other
	wte	**wte**	**wte**
Medical and dental	**267**	**189**	**78**
Administration and estates	**1055**	**1053**	**2**
Healthcare assistants and other support staff	**189**	**189**	
Nursing, midwifery and health visiting staff	**658**	**656**	**2**
Scientific, therapeutic and technical staff	**417**	**416**	**1**
Healthcare science staff	**119**	**119**	
Total	**2705**	**2137**	**83**

Employee Benefits

This relates to non-pay benefits which are not attributable to individual employees. There were no such benefits this year.

Staff exit packages (the following table has been subject to audit)

The Trust has made the following termination payments to staff during the year; the total cost of these is shown within operating expenses.

Group 2017-2018			
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	**1**	**16**	**17**
£10,000 - £25,000	**1**	**11**	**196**
£25,001 - £50,000	**1**	**5**	**226**
£50,001 - £100,000	**0**	**2**	**160**
£100,001 - £150,000	**0**	**0**	**0**
£150,001 - £200,000	**0**	**0**	**0**
Total number of exit packages by type	**3**	**34**	**37**
Total resource cost (£000's)	**58**	**596**	**654**

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 31 March 2017, for more than £220 per day and that last for longer than six months	2017/18 Number of engagements
No. of existing engagements as of 31 March 2017	1
Of which:	
Number that have existed for less than one year at the time of reporting	
Number that have existed for between one and two years at the time of reporting	1
Number that have existed for between two and three years at the time of reporting	
Number that have existed for between three and four years at the time of reporting	
Number that have existed for four or more years at the time of reporting	
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 1st April 2017 and 31st March 2018, for more than £220 per day and that last for longer than six months	2017/18 Number of engagements
Number of new engagements, or those that reached six months in duration between 1st April 2017 and 31st March 2018	0
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	0
Number for whom assurance has been requested	0
Of which:	
Number for whom assurance has been received	0
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 1 Apr 2017 and 31 Mar 2018	2017/18 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

Equality and diversity: an inclusive culture

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. The Trust is 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.

Key achievements in 2017/18 include:

- We were proud to be cited in the Care Quality Commission's (CQC) "Equally Outstanding best practice resource" on equality and human rights for our approach in this area.

- In line with the Equality Act duties, we published our annual patient and workforce equality monitoring reports.

- Our published patient services equality objectives (to continue to enhance the experience of vulnerable patients and to minimise unnecessary overnight stays for patients), have been progressed.

- Similarly, our plans to progress our published workforce equality objectives (to continue to embed mechanisms for staff to confidently raise concerns at work, to continue to demonstrate progress against indicators within Workforce Race Equality Standard and to develop plans to implement Workforce Disability Equality Standard) have been achieved.

- Our equality performance was assessed using the NHS Equality Delivery System 2. We published this assessment following engagement with key stakeholders. We continue to use this as a platform to develop and promote inclusion.

- Our third published NHS Workforce Race Equality Standard annual report indicated some improvements on the previous year, including a percentage difference between Black and Minority Ethnic representation in the Trust's board membership and overall workforce. We continue to use the standard as a platform to take further action on the causes of ethnic disparities.

- In the NHS Staff Survey 2017, our male / female, disabled / not disabled, white / black and minority ethnic staff all consistently scored 4 out of a possible 5 in recommending the Trust as a place to work or receive treatment.

- We have published our first gender pay gap report as mandated by national government and are progressing plans to decrease the gender pay gap in our organisation.

- The Christie Commitment sets out the principles and behaviours which underpin all that we do, including promoting a fair culture, and treating everyone with compassion, dignity and respect. A range of activities have taken place this year towards our five pledges to support staff at work.

Workforce statistics - diversity

The Trust has a predominantly female workforce (approximately 73% female). With regard to ethnicity, approximately 12% of our workforce comprises staff from black and minority ethnic backgrounds.

In 2017/18 we have continued to encourage the reporting of equality data in respect of protected characteristics, although disclosure remains at the individual's discretion.

Further details of our workforce composition are provided in the following tables.

Gender	%
Female	72.9
Male	27.1
Total	**100%**

Age	%
16-20	<1
21-30	23.58
31-40	27.5
41-50	23.4
51-60	20.73
60+	4.21
Total	**100%**

Religion or belief	%
Atheism	17.46
Buddhism	<1
Christianity	47.16
Hinduism	<2
Islam	3.71
Jainism	<1
Judaism	<1
Sikhism	<1
Other	7
Undefined/undeclared	22.14
Total	**100%**

Ethnicity	%
Asian/Asian British	6.48
Black/Black British	2.8
Mixed	1.6
Other	1.1
White	84.7
Undefined/undeclared	2.7
Total	**100%**

Sexual orientation	%
Lesbian, gay, bisexual	3.14
Heterosexual	78.94
Undefined/undeclared	17.93
Total	**100%**

Disability	%
Yes	3.6
No	81.9
Undefined/undeclared	14.5
Total	**99%**

Future priorities

We continue to develop our equality objectives and work plans in relation to our patient services and workforce based on data from our Equality Delivery System 2 and Workforce Race Equality Standard reports. In line with national developments we will also develop plans to implement the Workforce Disability Equality Standard and roll out the capture of sexual orientation monitoring to ensure we are meeting the needs of all our patients, staff and volunteers. Our approach to equality, diversity and inclusion is in partnership and through effective engagement with our stakeholders, including patients, staff and staff representatives which will continue into 2018/19.

Remuneration report

The Christie NHS Foundation Trust's Remuneration Report describes how the Trust applies 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 remuneration committee, which is a sub-committee of the board of directors, met once in 2017/18. The chair of the Audit Committee chairs the remuneration committee.

The meeting was held on 6th October 2017 and was attended by all of the non-executive directors. Roger Spencer, Chief Executive, and Eve Lightfoot, Director of Workforce, were in attendance for part of the meeting.

The committee made the decision to award the executive directors a 1% pay increase in line with the national pay position.

Non-executive directors

The chair of the foundation trust is expected to devote 3 days a week to his/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 2016/17 four non-executive directors received expenses. The aggregate sum of expenses paid was £3,730.30.

In 2017/18 four non-executive directors received expenses. The aggregate sum of expenses paid was £3,757.99.

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.

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

Non-executive director payments

	Fee payable	Additional fee payable	Start of term	Term of office	End of current term
Christine Outram	£42,700	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	First	30/06/2018
Jane Maher	£12,850	N/A	01/09/2015	First	31/08/2018
Robert Ainsworth	£12,850	From December 2017 £3,000 to chair The Christie Pharmacy (recharged)	07/03/2016	First	06/03/2019
Tarun Kapur	£12,850	N/A	01/06/2016	First	31/05/2019

* 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.

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.

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.

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

	2017/18						2016/17					
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 performanc e 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	185-190	0	0	0	25 – 27.5	210 - 215	185 - 190	0	0	0	0	185 - 190
J Fitzpatrick Director Of Finance & Business Development	125 - 130	0	0	0	0	125 - 130	120-125	0	0	0	50 – 52.5	170 - 175
J Bird Chief Nurse & Executive Director Quality	125-130	0	0	0	17.5 – 20	140 - 145	120 - 125	0	0	0	50 – 57.5	175 - 180
Dr A Blower Medical Director part-time 30/09/15 - 31/10/16	0	0	0	0	0	0	45 - 50	0	0	0	0	45 - 50
W Makin * Medical Director From 1/11/16	180 - 185	0	0	0	310 - 312.5	490 - 495	75 - 80	0	0	0	235 – 237.5	310 - 315
Prof C Harrison* Medical Director - Strategy	140-145	0	0	0	0	140-145	105 -110	0	0	0	0	105 -110
F Noden Chief Operating Officer	130 - 135	0	0	0	0	130-135	125 - 130	0	0	0	87.5 - 90	215 - 220

	2017/18						2016/17					
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)**
C Outram Chairman	40 - 45	0	0	0	0	40 - 45	40 - 45	0	0	0	0	40 - 45
K Riddle Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15-20
N Large Non-Executive	15 - 20	0	0	0	0	15 - 20	15-20	0	0	0	0	15-20
K Walshe Non-Executive	15 - 20	0	0	0	0	15 - 20	15-20	0	0	0	0	15-20
E Maher Non-Executive	10 - 15	0	0	0	0	10 - 15	10 -1 5	0	0	0	0	10 -1 5
R Ainsworth** Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
T Kapur Non-Executive From 1/6/16	10 - 15					10 - 15	10 - 15	0	0	0	0	10 - 15
Band of highest paid director's total remuneration (£'000)	185 - 190						185-190					
Median total remuneration	28,747						27,361					
Ratio	6.5						6.8					

*The remuneration for Professor 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 (established 1.12.17). Remuneration for the period to 31st March 2018 was £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 receive additional remuneration for these roles.

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 workforce.

The banded remuneration of the highest paid director in The Christie in the financial year 2017-18 was £185,000 - £190,000 (2016- 17 £185,000-£190,000). This was 6.5 times (2016-17 6.8 times) the median remuneration of the workforce, which was £28,747 (2016-17 £27,361).

In both 2016-17 and 2017-18 no employee received remuneration in excess of the highest paid director.

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 2018 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2018 (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 2017 £000	Employers Contribution to Stakeholder Pension £00
R Spencer	2 - 2.5	7 - 7.5	70 - 75	220 - 225	1,514	101	1,372	0
J Fitzpatrick	0 - 2.5	0 - 2.5	50 - 55	155 - 160	1,018	52	938	0
J Bird	0 - 2.5	2.5 - 5	55 - 60	170 - 175	1,162	76	1,058	0
W Makin	12.5 - 15	42.5 - 45	85 - 90	265 - 270	0	0	0	0
F Noden	0 - 2.5	0 - 2.5	40 - 45	130 - 135	845	28	790	0

C Harrison left the pension scheme on 1 February 2016 and is therefore not included in the above table.
W Makin is over the National Retirement Age in the existing scheme and therefore a CETV calculation is not applicable.

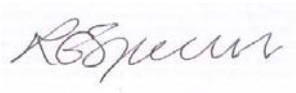
As Non-Executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive directors.

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 takes account of 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
24th May 2018

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for identifying the potential support needs of healthcare providers. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

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 2018. 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 assessment of five appropriate financial performance measures. These are given a 'score' 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 Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017-18 Q4 score	2016-17 Q4 score
Financial sustainability	Capital service capacity	1	1
	Liquidity	1	1
Financial efficiency	I&E Margin	1	1
Financial controls	Distance from financial plan	1	1
	Agency spend	1	1
Overall Scoring		**1**	**1**

The use of resources score for 2016-17 and 2017-18 is 1, representing the strongest performance possible.

Statement of compliance: NHS Foundation Trust Code of Governance

Corporate governance is the means by which a board of directors leads and direct 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 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.

During 2017/18 The Christie has complied with all principles and provisions contained within the Code.

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.

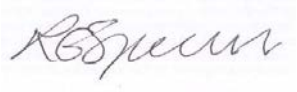
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Christie NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared 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 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 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 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.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Chief Executive
Date: 24th May 2018

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 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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 team, which includes lead officers for the Care Quality Commission (CQC), the National Health Service Litigation Authority (NHSLA) rating for claims, 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 February and concluded that 'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board'

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 & policy (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.

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 the internal and external auditors.

The Christie 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 specific 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.

The organisation aims to ensure that it learns from internal and external incidents and shares 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 Trust's 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 2017/18 there have been 22 high scoring corporate risks; all risks have been appropriately managed during the financial year using the Trust's risk management systems.

The Trust uses Datix to support its 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. The Christie works 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
- 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 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 - the trust took the decision to create its own wholly owned subsidiary non-hospital pharmacy company which replaced Alcura Healthcare Ltd at the end of its five year contract. The new pharmacy company commenced on 11th December 2017 and 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

The organisation's 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 are a level 3 compliant organisation as assessed by the NHSLA in 2012.

The Christie also engages with 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 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.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projections, to ensure that this organisation's 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.

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.

Information governance

Information governance risks are managed as part of the risk management systems and processes and assessed using the Information Governance Toolkit. The Trust's risk register is updated with currently identified information risks including data quality and data security risks which are reviewed by the Risk and Quality Governance Committee. We have been actively working on the implications of the new GDPR legislation which comes into effect on 25th May 2018. A Data Protection Officer (DPO) has been appointed and an

independent review has been undertaken to assess our preparedness. Progress will be monitored through our risk management systems. In addition independent assurance is provided as part of the NHS Improvement coding and costing assurance audit process, and the Information Governance Toolkit self-assessment review undertaken by internal audit.

During 2017/18 the Trust reported 8 level 1 Information governance incidents and 0 level 2 incidents.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The quality report 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 annual quality reports are a bringing together of reports on quality of care contained in the quality accounts section of our monthly integrated performance and quality report. The monthly reports are considered by the senior clinicians and managers of the organisation at monthly management board meetings and by the board of directors. The quality report has been received by the quality assurance committee and has been approved by management board. The preparation of the quality accounts has been led by the chief nurse & executive director of quality.

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 the content of the quality report attached to this Annual report and other 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
- 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.

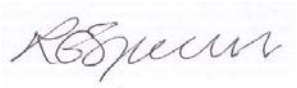
The Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is a 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 on our website at **Slavery and human trafficking statement**

Conclusion

As accounting officer and based on the information provided above I am assured that no significant internal control issues have been identified.



Roger Spencer
Chief Executive
24th May 2018

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 2018 which comprise the Statement of Comprehensive Income (group only), the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Cash Flow Statement and notes to the accounts, including the accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

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 2018 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018; 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.

Who we are reporting to

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.

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:

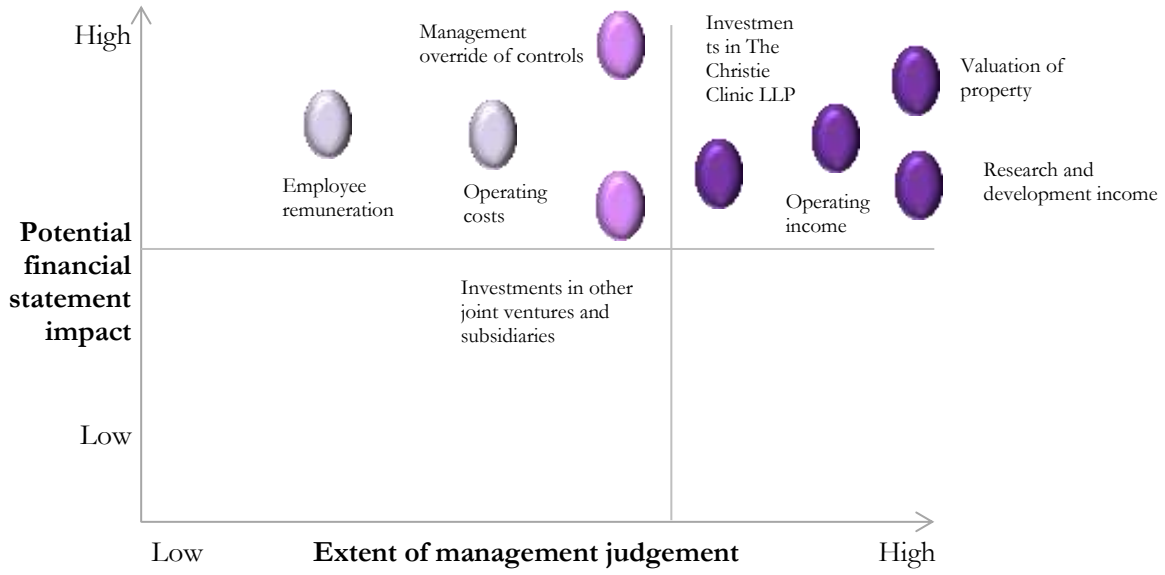
- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's 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.

Overview of our audit approach

- Overall materiality: £5,264,000, which represents 2% of the group's gross operating expenses;
- Key audit matters were identified as:
    - Valuation of property
    - Operating income
    - Research and development income
    - Investments in The Christie Clinic LLP
- This was our first year as auditor of the Trust. We performed a full scope audit of The Christie NHS Foundation Trust, targeted procedures on The Christie Charitable Fund and The Christie Pharmacy Ltd and analytical procedures on the non-significant components in the group.
- We issued group instructions to Ernst Young UK LLP in respect of their full scope audit of The Christie Clinic LLP for the year ended 31 December 2017, and carried out analytical procedures on the management accounts of The Christie Clinic LLP for the period January to March 2018.

Key audit matters

The graph below depicts the 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 – Group and Trust	How the matter was addressed in the audit – Group and Trust
Valuation of property The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the Trust and group financial statements is not materially different from fair value at the financial statements date. In the intervening years, such as 2017/18, the Trust requests a desktop valuation from the District Valuer. This valuation represents a significant estimate by management in the financial statements. We therefore identified valuation of property 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: • 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 • assessing the overall reasonableness of the valuation movement • testing revaluations made during the year to see if they had been input correctly into the Trust's asset register The group's accounting policy on valuation of property is shown in note 1.4.2 to the financial statements and related disclosures are included in note 10. The Audit Committee identified the material variance in fixed assets (property, plant and equipment) across successive years as an area of significance in its report in the section of the Annual Report headed Committees of the Board. **Key observations** We obtained sufficient audit assurance to conclude that: • the basis of the valuation was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; • the valuation of property disclosed in the financial statements is reasonable.
Operating income 63% of the group's operating income is for income from activities which includes £10,779,660 from activity based contracts and £2,595,725 for non-contract activities. Activity based contracts and non-contract activity income is subject to verification and agreement by the Trust's commissioners. We therefore identified the occurrence and accuracy of activity based contract income and non-contract activity income as a significant risk, which was one of the	Our audit work included, but was not restricted to: • evaluating the group's accounting policy for recognition of operating income for compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual 2017/18 • gaining an understanding of the group's system for accounting for operating income and evaluating the design of the associated controls • agreeing a sample of income from activity based contracts and non-contract activities to supporting evidence and testing that it has been accounted for in accordance with the stated accounting policy The group's accounting policy on operating income is shown in note 1.2.1 to the financial statements and related disclosures are included in note 3. **Key observations**

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
most significant assessed risks of material misstatement.	We obtained sufficient audit evidence to conclude that: • the Trust's accounting policy for recognition of operating income complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied; and • operating income is not materially misstated.
Research and development income 37% of the group's operating income is from a variety of sources, as disclosed in note 3.2 to the financial statements, including £21,459,000 for research and development. Research and development income is recognised when the expenditure it was given for has been incurred and is otherwise included in the statement of financial position as deferred income. We therefore identified the occurrence and accuracy of research and development income 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: • evaluating the group's accounting policy for recognition of research and development income for compliance with the DHSC Group Accounting Manual 2017/18 • gaining an understanding of the group's system for accounting for research and development income and evaluating the design of the associated controls • testing a sample of amounts recognised as research and development income in the year to supporting evidence, including income deferred from previous years • testing a sample of additions to deferred research and development income in the current year to check the accuracy of research and development income included in the financial statements. The group's accounting policy on research and development income is shown in note 1.2.1 to the financial statements and related disclosures are included in note 3. **Key observations** We obtained sufficient audit evidence to conclude that: • the Trust's accounting policy for recognition of research and development income complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied; and • research and development income is not materially misstated.
Investments in The Christie Clinic LLP The Trust has material investments in its Joint Ventures, the most significant being £26,081,000 for The Christie Clinic LLP. The Christie Clinic LLP has a December year end and therefore its valuation in the Trust and group financial statements is based on audited accounts to 31 December, adjusted by Trust management on the basis of unaudited management accounts prepared by The Christie Clinic LLP for the period January to March.	Our audit work included, but was not restricted to: • obtaining The Christie Clinic LLP audited accounts to 31 December and management accounts for January – March 2018 • assessing the reliability of the previous year's management accounts for the period January –March 2017 by comparing them with the actual outturn • testing the adjustments made by management to figures in The Christie Clinic LLP's accounts to 31 December 2017 to calculate the Trust's and group's share of The Christie Clinic LLP at 31 March 2018 • issuing group instructions to Ernst Young LLP, auditors of The Christie Clinic LLP and reviewing their audit work on this joint venture for group audit purposes

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
We therefore identified the valuation of investments in the Joint Venture, the Christie Clinic LLP, as a significant risk, which was one of the most significant assessed risks of material misstatement.	• independently recalculating the Trust's profit share and comparing this calculation to the figures included in the Trust and group financial statements The group's accounting policy on investment in Joint Ventures is shown in note 1.1.4 to the financial statements and related disclosures are included in note 11. The Audit Committee identified the investment in the Joint Ventures as an area of significance in its report in the section of the Annual Report headed Committees of the Board. **Key observations** We obtained sufficient audit evidence to conclude that the investment in Joint Ventures in the Trust and group financial statements is not materially misstated.

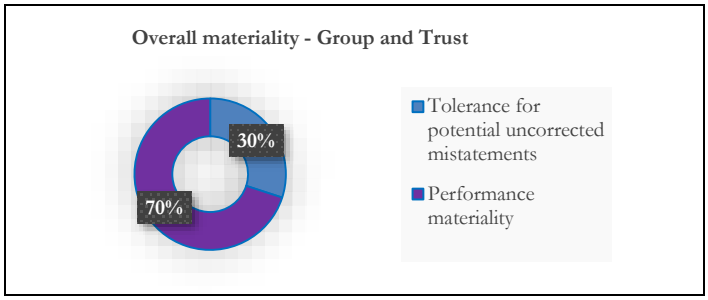
Our application of materiality

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	£ 5,264,000 which is 2% of the group's operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.	Materiality is based on 2% of the Trust's operating expenses but, capped at 98% of group materiality, and is £ 5,159,000. This was considered the most appropriate benchmark as it is lower than the group materiality yet reflects the fact that the Trust's operating expenses are greater than those of the group.
Performance materiality used to drive the extent of our testing	70% of group financial statement materiality	70% of Trust financial statement materiality
Specific materiality		Disclosure of senior managers' remuneration in the Remuneration Report: £22,000 based on 2% of the total senior managers' remuneration.
Communication of misstatements to the Audit Committee	£258,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£258,000 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.



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 each component and to determine the planned audit response based on a measure of materiality and significance of the component as a percentage of the group's total income, assets and liabilities. A full scope, targeted or analytical approach was taken for each component based on their relative materiality to the group and our assessment of audit risk;
- Full scope audit procedures on The Christie NHS Foundation Trust. The Trust's transactions represent 96% of the group's income, 96% of its total expenditure, 85% of its surplus for the year, and 82% of its total assets;
- Gaining an understanding of and evaluating the Trust's internal controls environment including its financial and IT systems and controls;
- Targeted audit procedures on the assets and income of The Christie Charitable Fund and the income and expenditure of The Christie Pharmacy Ltd, which together represent 4% of the total income of the group, 4% of its total expenditure, 8% of its surplus, and 12% of its total net assets;
- Issuing group instructions to the auditors of The Christie Clinic LLP in respect of their audit of The Christie Clinic LLP for the year ended 31 December 2017, using the results of their full scope audit together with analytical procedures on the management accounts of The Christie Clinic LLP for the period January to March 2018. The Christie LLP (including LOC @ The Christie) represents 7% of the group's surplus for the year and 6% of its total net assets; and
- Performing analytical procedures on all non-significant components included in the group financial statements: The Christie Pathology Partnership LLP and CPP Facilities LLP. These entities in total represent less than 1% of the group's surplus for the year and less than 1% of its 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 of the group and Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in 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 group and 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 2017/18. 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 2017/18 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 have reported a matter 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 have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken 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 Accounting Officer's responsibilities, 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 2017/18, 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 group or the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the group or the Trust.

The Audit Committee is Those Charged with Governance.

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 2018.

We have nothing to report in respect of the above matter.

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 November 2017, 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 2018, 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.

Sarah Howard
Partner
for and on behalf of Grant Thornton UK LLP

4 Hardman Square
Spinningfields
Manchester
M3 3EB

24 May 2018

Quality report appendices

Cancer Centre Services				
Acute Oncology	**Count: 3**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
15/1571 Documentation of functional status pre- and post-treatment for metastatic spinal cord compression	**2. Weak**	Although compliance of functional status documentation appears to have declined in this re-audit, challenges include multiple health records across multiple sites, ambiguity regarding whose role it is to review and document functional status, ambiguous documentation and documentation at different time points to the NICE audit standards. The 24 month time point is considered unrealistic for patients with MSCC; it was not relevant for any patients in this audit.	Discussion of suggested options with spinal colleagues at MSCC subgroup regarding uniform documentation of functional status. Colleague education regarding the requirement, timing and grading of functional status documentation.	APEP student presentations, Jul 2016, The Christie; Presentation to MSCC coordinators, July 2016; Submitted to the Royal College of Radiologists (RCR) audit competition, March 2018
16/1622 Re-audit network MSCC Coordinator Service 2016	**4. Significant**	Introduction of the MSCC Coordinator service and the collaboration across boundaries, including the two specialist tertiary centres and the 14	Awareness, through education of this condition and the pathway, has also significantly increased amongst clinicians and patients	BASS (British Association of Spinal Surgeons), 2017; Trust wide mortality and morbidity meeting, Aug

		district general hospitals in Greater Manchester and Cheshire has resulted in an increased numbers of MSCC patients being managed effectively in a timely manner with a higher number of patients accepted for surgery.	which is key in recognising symptoms early and investigating early. The data strongly supports best outcome in terms of survival and function for patients who are able to undergo surgery. As such, this will be reflected in the larger cohort of patients who now have surgery for their MSCC, with likely improved quality of life for this group.	2017. Patient Safety Committee, Jul 2017
16/1638 Evaluation of the compliance with the 4 hour clerking time with acute patients presenting to OAU and determining a possible triage tool	**3. Partial**	Lead advised that the medical student completed the audit and updated on action as a result; no report received.	The audit data was used in part to alter the junior doctor rota in Apr 2017. Audit as to the effect of the new rota is being undertaken.	Not known
Colorectal Surgery	**Count: 12**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
16/1595 National Emergency Laparotomy Audit (NELA) patient	**3. Partial**	The national report indicates good compliance with the majority of applicable standards and full	Further review of the data is being carried out with radiology team to check the accuracy of the low	Surgical and anaesthetic meetings, Apr 2018

audit (year 3)		compliance for case ascertainment and presence of consultants in theatre.	results for CT scan performed and reported before surgery by a consultant radiologist. Poor documentation of the Risk of death before surgery has been addressed.	
16/1667 Bowel cancer (NBOCAP) 2016	**3. Partial**	59 cases were accepted for inclusion to the national audit. The Christie achieved 95% data completeness compared to 81% nationally. The adjusted 90 day mortality rate of 0% and 30 day unplanned readmission rate of 5.3% compared favourably to national rates (3.2% and 9.9). The higher than national 18 month stoma rate was investigated and commented on in the national report.	Review the adjusted 2-year mortality rate for The Christie which is higher than the national results and increased marginally this year.	Discussed within Colorectal surgical team, Apr 2018
16/1729 Oncological Outcomes from Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Adenocarcinomas of the	**5. Full**	This study has identified that although 5-year OS following CRS/HIPEC with curative intent for adenocarcinoma of the appendix was 55.5% which exceeds international standards for	These findings demonstrate the excellent results achieved at The Christie Colorectal and Peritoneal Oncology Centre and as this is a rare tumour type should be	Colorectal Surgical group at research meeting, Jun 2017; ACPGBI international conference,

Appendix		this type of surgery in indication.	disseminated internationally through peer-reviewed literature. Paper accepted for publication in Diseases of Colon and Rectum.	Jul 2017
16/1730 Enhanced Recovery Programme in Minimally Invasive Cyto-Reductive Surgery	**4. Significant**	Using the combined approach of minimal access cytoreductive surgery with HIPEC and an enhanced recovery protocol for comparative groups of patients we have demonstrated a significant reduction in the length of stay both in terms of the critical care requirement (from a median of 2 to 1 days) and in hospital stay (from a median of 10 to 5.5 days).	All these patients now have ERP proformas as part of their standard post-operative care. Aim to publish results in peer reviewed publication in 2018.	Colorectal & Peritoneal Oncology Centre research meeting, Nov 2016
16/1828 Assessment of the completion of surgical operation notes in accordance with the Royal College of Surgeons' 'Good Surgical Practice'	**3. Partial**	The audit revealed excellent documentation in a number of areas including the patient's details (supported by use of stickers), the operative procedure and closure technique. Areas of documentation requiring improvement were the name of the anaesthetist (70%),date (94%)	A newly designed surgical operation note is to be implemented. An aide-memoire where the operation notes are written, as well as an email from the surgical directorate to remind surgeons of the importance of the guidelines, the audit findings and	Colorectal Business Meeting, Dec 2017

		and signature (90%)	the importance of good note keeping. To be re-audited in 3 months	
17/1884 NPSA Oral Bowel Cleansing 2017	**3. Partial**	The re-audit has shown stable compliance for completing the indication, medical history and medications however there has been decline in compliance for the completion of contra-indications. There has been a further improvement in the number of patients having their sodium, potassium and creatinine checked prior to bowel cleansing agents being prescribed and dispensed.	No change made to previous recommendations. Implementation of nurse led endoscopy clinic to assess/screen patients prior to colonoscopy is ongoing to ensure renal profiles are undertaken for those patients having Picolax including eGFR and screen/assess patients prior to colonoscopy.	Endoscopy Users Group; Colorectal Business Meeting, The Safe Medicines Management Committee, dates TBC 2017
CE16/1702 Cost Effective Analysis of cytoreductive surgery (CRS) and HIPEC for peritoneal metastasis of colorectal origin	**4. Significant**	Cytoreductive surgery (CRS) and Heated Intra Peritoneal Chemotherapy (HIPEC) for Peritoneal carcinosis of colorectal origin was associated with improved survival outcomes and is a cost-effective procedure.	No action identified.	Abstract submitted, Jan 2018

S16/1789 CPOC Patient Satisfaction Questionnaire	**4. Significant**	65% response rate to survey and high satisfaction scores to the majority of questions. There were positive comments as well as some which suggested things that could be improved.		Jan 2018
SE14/1274 Rectal Cancer Complete Response Follow-up	**4. Significant**	A substantial proportion of patients with rectal cancer managed by watch and wait avoided major surgery and averted permanent colostomy without loss of oncological safety at 3 years. While cCR tumours are good prognosis cancers, nearly 1 in 10 develop distant metastases.	These findings should help with informing decision making at the outset of chemoradiotherapy and support the establishment of the watch-and-wait pathway as standard care. Response after chemo-radiotherapy patient information sheet developed and implemented. The study has been converted into research in the form of a REC approved research database.	ACPGBI, Bournemouth, Jul 2017
SE16/1691 Anal Cancer – Current Standard of Treatment Reporting and Outcomes.	**7. Not Applicable**	Increasing referral numbers, constant T stage proportions, increasing N stage positivity, Evidence of reduced LRF (+DMF) and improved survival. Inform	No particular actions identified.	Manchester Medical Society Surgical Section, Trainee Prize Session, March 2017; reported to

		upcoming NCRI PLATO trial. LRF remains a significant surgical burden (15% to 20%) post-CRT.		Anal cancer MDT through Annual Reports for Peer Review;
SE17/1919 The contribution of the colorectal surgeon (surgical theatre episodes) to the management of patients with a new diagnosis of anal cancer (first 12 months)	**7. Not Applicable**	Almost all anal cancer patients had at least one surgical episode with almost a third of patients having a procedure at the Christie. All but one of the surgical episodes in the first 12 months after chemo-radiotherapy took place at the Christie. Nearly all radical surgery episodes (both as a primary treatment and as salvage surgery) and all episodes of stabilisation and treatment of perianal fistula took place at the Christie. The majority of primary treatment and prior to chemo-radiotherapy surgical episodes took place at other hospitals.	No action recorded.	Surgical Colorectal Team, Nov 2017
SE17/1934 Chemotherapy dose reductions and toxicities in obese patients undergoing adjuvant chemotherapy for colorectal	**3. Partial**	Documentation of reasons behind dose reductions could be improved. There were a number of patients whose notes, as available from the	No clear and strong relationship was observed between obesity, toxicity and outcome and hence the recommendation presently is	Colorectal Research Meeting, Jun 2017; University of Manchester,

cancer: secondary analyses of trial data and the Greater Manchester Network audit		clinical web portal, did not mention any reasons for dose reductions when it was clear that one had been incurred based on the dose of chemotherapy they received.	for no further clinical action to be taken at this point. Disseminated results to clinical oncologists with recommendations in relation to recording of dose reductions in the medical notes to include magnitude and indication for reduction.	Jun 2017
Critical Care	**Count: 19**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
15/1396 Post-operative epidural analgesia assessment of efficacy side effects and complications.	**3. Partial**	The Incidence of side effects from epidural use was found to be very low although it is felt that the audit may have not identified all minor side effects which may have other causes. e.g. nausea. There were no major complications and compliance with recording removal of epidural catheter was good. Compliance with required observation frequency was low at just over a third and the analgesia achieved by epidural use was found	The Pink Epidural Audit Sheet Record is being redesigned by the Pain team to clarify type and frequency of observation necessary to bring it more clearly in line with policy. Anaesthetists and critical care physicians are to be made aware of useful interventions which may help if an epidural is found to be not fully effective via education seminars.	Anaesthetic and Critical Care Department, Oct 2016

		not to achieve the standards suggested by the Royal College of Anaesthetists for pain relief post-operatively.	Re-audit 2018.	
16/1636 Annual review of cardiac arrests (RCAs) 2016	**5. Full**	6 cardiac arrests in 2016. Different areas of the hospital, 5 were Inpatients, 1 outpatient (ORTC) In 3 cases temporary or sustained return of spontaneous circulation. In 6 out of 6 patients decision to start CPR was correct. Review of medical notes indicates that 3 out of the 6 patients had very small chance to survive CPR, due to progressive and incurable disease and/or coexisting comorbidity. All those patients died.	Continued education to support early decisions around Allow a Natural Death (AaND). Continue with mock cardiac arrest simulations, action any changes required to current practice Respond to all IRF's related to cardiac arrest, action any changes identified required to current practice.	Trust wide M&M, May 2017
16/1793 MEWS Re-Audit 2016 - 2	**3. Partial**	The recording of a full set of observations has increased significantly since the last audit. Although not specifically audited, it was observed that a number of wards had patients for whom it appeared	Staff undertaking observations need to be reminded of the MEWS and observation hospital policy. All staff must take a manual pulse for 1 minute as part of their observations. This ensures	Resuscitation & Deteriorating Patient Committee, Jun 2017

		routine to set the monitoring frequency at 8 hourly. Only 62% of nurses used the correct procedure to monitor the patients pulse during the undertaking of those patients' observations. Nursing staff have expressed that they would like to do 8 hourly observations on some patients as they feel 12 hourly is too infrequent but 4 hourly is too frequent and requires waking patients in the night sometimes unnecessarily. Patients on 8 hourly observations had them done at 6/7am, 2/3pm and 10/11pm and were generally done on time.	staff can comment on the strength and regularity of the patient's pulse. Electronic blood pressure machines are not accurate when used on patients with an arrhythmia; therefore it is essential that manual pulse is performed prior to a manual BP in those patients. This is taught in HELS and AIM courses which is attended by all staff who perform observations and it will be reinforced in those sessions. This and 8 hourly frequency to be discussed at presentation and results disseminated. Re-audit in one year.	
16/1815 Compliance of the medical documentation of sepsis re-audit	**1. Poor**	The coding standards and rules changed as of the 1st April 2017 but the audit was carried out prior to this. The results have declined for medical documentation of sepsis, although the word sepsis was used slightly more	Continue education to all medical staff who are reviewing patients with suspected or confirmed sepsis. Continue to highlight the importance of wording in correlation with the national	Sepsis Steering Group, May 2017

		often. All elements of the sepsis six care bundle increased in % in the current audit in comparison to the previous audit (with the exception of antibiotics that remained the same at 100%). All patients were discussed with senior clinicians and in a timely manner which was another improvement.	coding guidelines that are used. Promote the posters that are on all the wards with the rules of documentation wording. Empower the nursing staff to encourage the medical team to document sepsis is that is their diagnosis. Coding team to continue to educate the doctors when they rotate within the hospital. Medical care plan to be introduced on CWP.	
16/1832 Postoperative pain management in gynaecology patients undergoing laparotomy surgery	**3. Partial**	Significant number of patients had high pain scores in post-op period than expected. Rectus sheath catheter use was not associated with consistent improvements in pain scores though might have had opioid sparing effect. Rectus sheath catheter use facilitates mobilization but consistent improvement in pain-scores and reduction in side-effects could not be established conclusively. Based on the	Post-op pain management requires further attention and improvement. Review our technique of RSB catheter insertion. Re-audit to see if addition of RSB infusions to standard techniques improves pain-scores and enhances recovery.	Critical care and anaesthesia meeting, Feb 2018

		results we cannot confidently recommend routine use of RSB as sole post-op pain management technique. RSB could be an alternative when Regional anaesthetic techniques are contra-indicated.		
17/1885 Cardiac arrest equipment (crash trolleys) re-audit 2017	**4. Significant**	Overall compliance in the first six months of 2017 fell slightly from the end of 2016, but is still 95%. 3 areas had less than 85% compliance with one having fallen significantly in the quarter to June.	All area leads to receive feedback on audit via email. Area leads with poor compliance to be contacted by resuscitation lead to action improvement in checking procedure. Spot check of all trolleys to be carried out by resuscitation lead/ deputies to ensure checking procedure is accurate reflection of trolley content.	Resuscitation committee, Sep 2017
17/1899 ICNARC Case Mix Programme (CMP) 2017	**4. Significant**	64 (100%) admissions included in the first 6 months of the year; awaiting further reports. All within tolerances expected or better. Standardised Mortality remains one of the lowest in	No action required.	Critical and Acute Care, 2017

		the country.		
17/1976 Intra-hospital critical care transfers: how are we documenting them.	**1. Poor**	We are not routinely documenting intra-hospital transfers in any format (even though staff claimed in the survey to routinely document observations). A significant proportion of staff have not or cannot recall having completed training. Staff nurses lack confidence in performing transfers. Staff are unaware of the network's checklists. Staff are mostly uniformed of standards that exist. Monitor batter failure is occurring during transfers.	Disseminated findings to all critical care staff to inform them of standards and changes to current practice. Updated Standard Operating Procedure for the transfer of critically ill patients and made this available on the intranet and on Metavision. Attached a laminated copy of the network checklists to the transfer bags. Posters displayed to highlight the location of the forms and prompt use. Created a transfer button and form on Metavision. Amend data collection form to take account of changes for re-audit in 6 months.	Oncology Critical Care Unit team meeting, Sep 2017
17/2005 Management of Patients Own medication Storage and documentation	**2. Weak**	Compliance needs to be improved through different methods. Recording of O/A medicines to be considered by medical staff on Metavision and	Greater prominence to be given to recording whether medications received from the transferring ward on Metavision. Embed	Acute and Critical care directorate, Oct 2017

		nursing staff to be aware of transfer of medicines between wards.	culture of transfer of medicines from ward 1 and 10. Medical team to record medications not prescribed and on hold on Metavision. Emphasize with pharmacists need to check medications recorded on Metavision that are on hold and not prescribed Doctors on OCCU to ensure O/A medicines are added onto admission notes on Metavision.	
17/2024 Sepsis CWP Infection Care Plan Audit	**1. Poor**	A large number of patients with signs of infection and that had triggered for sepsis did not have an Infection Care Plan commenced on the CWP.	Disseminated results to the senior sisters/charge nurses, link nurses and matrons in the in-patient areas and presented at the Sepsis Steering group. Add in question (to those who did not have an infection form commenced for the re-audit to check whether the patients received appropriate treatment and was this within the	Sepsis Steering group, Nov 2017

			hour? Re-audit within 4 months.	
17/2042 Rehabilitation After Critical Care re-audit	**3. Partial**	Majority of standards in this small sample were fully compliant and there was improvement for some which were not compliant last year.		Acute & Critical Care Directorate, 2017
CE16/1746 Perioperative anaesthetic management and its influence on outcome in peritoneal tumours cytoreductive surgery and heated intraperitoneal chemotherapy	**4. Significant**	A distinct group of uncomplicated HIPEC patients on CCU had a mean stay on the critical care unit of 29.8 hours. During the time frame of 2 years we had total of 9 readmissions of HIPEC patients and one readmission for CRS patient, which gives readmissions rate of 4%. The mean hospital stay of the 288 patients enrolled in the audit was 12.86 days, for the HIPEC group being similar 13.07 days. 0% mortality rate was confirmed for first 30 days after the procedure in all patients with intraperitoneal chemotherapy. The percentage for the debulking	Outcomes compared.	Basingstoke; Dublin; Florida, Feb 2018;

		procedures only was 0.35% (n=1).		
CE16/1759 Surveillance of Blood Stream Infections in Patients Attending ICUs in England (ICCQIP)	**4. Significant**	Blood cultures are being sent when clinically indicated as recommended and our unit blood stream infection rate is zero. This validates the best patient care provided by all the staff at OCCU.	To be submitted as part of our Greater Manchester Critical Care Network (GMCCN) annual peer review and re-audit next year.	Critical Care, 2017
S17/1941 Critical Care Patient Experience Survey 2017	**4. Significant**	Overall feedback was good. Issues highlighted around noise levels on the unit and need for better signage/direction to unit.	Education of all staff attending/working within OCCU re reduction of noise levels. Acoustics of OCCU to be improved. Improve signage/ directions to OCCU.	
S17/2027 Oncology Critical Care Unit: Patient Survey	**5. Full**	No concerns by patients, good transfer process.	Review other existing surveys and repeat only if any future concerns arise. No re audit required.	Acute and Critical Care Directorate, Sep 2017
SE17/1855 5-year survival post blood transfusion	**3. Partial**	Assessed proportion of different groups of patients who were anaemic, and how many were transfused together with non-anaemic patients.	Development of a pre-operative anaemia service at the Christie piloted in Gynaecology and urology patients.	Critical Care, Sep 2017

		Aim to reduce blood utilisation in theatres in line with the Patient Blood Management Guidelines. On-going work would be required to determine whether autologous blood adversely affects 5-year survival as results were not statistically significant. The proposed iv iron service would save money and possibly generate income.		
SE17/1910 Outcome from Critical Care for Solid Tumours	**3. Partial**	Our results reiterate that short- and medium-term survival in this group is better than previously thought, with severity of acute illness playing an important role. Therefore, cancer alone should not prevent ICU admission. Rather, a number of factors including age, organ failure and disease reversibility should be considered in order to judge the patient's likelihood of surviving the acute illness. Independent factors for increased risk of mortality at one year were age, presence of metastases,	Further research is required into what should be considered when a patient becomes ill on the ward, and markers that suggest an ICU referral is appropriate. It has previously been demonstrated that Early Warning Score systems and clinician opinions are not valuable with regards to deciding whether to admit cancer patients to CCU (8). Our findings would be relevant at this point and for the admitting consultant, who could look at the value of each	Medical student APEP presentations, Jul 2017; results shared with oncologists

		neurological dysfunction, some primary tumour sites and pneumonia being the cause of admission. When looking at the prognostic tools used by the unit, the newer ICNARC system appears to be more accurate than APACHE II.	prognostic factor to determine whether ICU admission is likely to be of benefit. It would be useful to further explore the outcomes of these two patient groups in a prospective study: those admitted to ICU and those refused.	
SE17/1927 Audit to assess the documentation of appropriate escalation discussions had with patients and families in order to assist the acute illness management of patients on the medical wards.	**2. Weak**	Despite patients being of advanced age, stage of cancer and palliative, the majority of patients on the two wards sampled did not have documentation of escalation plans. Forms were mostly completed by junior grades, rather than being led by senior doctors.	Introduced dedicated quiet rooms in ward areas. Introduce the ReSPECT form to replace AaND. Implement re-enhanced workshops/communication training for medical/nursing teams to improve discussions with families and review of forms. Introduce Goals of Care form. Pilot consultant oncologist of the week and re-audit on W12.	Anaesthetic/Critical Care departmental meeting, June 2017; Patient Safety Committee, June 2017.
SE17/1963 Management of intra-operative hyperglycaemia due to Dextrose in intraperitoneal Oxaliplatin solution administered	**3. Partial**	Measured mean duration for recovery hyperglycaemia to normal glucose and post-op complications infection/thrombosis/CCU & hospital	To propose current evidence-based recommendations for anaesthetic and critical care management of CR/HIPEC	Dublin, 2018

as part of HIPEC for Cytoreductive procedure for Peritoneal Metastases of Colorectal origin		length of stay.	patients. These include Consider 5% Dextrose instead of 10% Dextrose and to reduce exposure time.	
Gynae Surgery	**Count: 7**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1796 Mortality and Morbidity in gynaecological cancer 2016	**4. Significant**	Rates of complications, return in theatre, unplanned readmissions and mortality within 30 days were well below UK national reported data despite significantly morbid patients and complex caseload.	Continue good work and re-audit annually. Collect data weekly and increased use of Advanced Laparascopic / Robotic surgery via training for all consultants.	Gynaecological Oncology Clinical Governance meeting, Aug 2017; Gynae Oncology Study Day, 2017
17/1962 Getting It Right First Time – National Surgical Site Infection Audit - Gynae	**4. Significant**	The Christie treats morbid patients with high surgical complexity. there was a low incidence of surgical site infection (4 patients, 2.4%). Trust guidance and the surgical site infection prevention bundle was adhered to. Rates of return in theatre, unplanned admission and <30 days post operative	To implement weekly prospective capture of 30-day post-operative morbidity via CWP morbidity form.	Gynaecological Oncology Clinical Governance meeting, Dec 2017; submitted to national GIRFT audit, Nov 2017

		mortality/death were low.		
CE16/1777 Short and long term outcomes of apronectomy combined with laparotomy for gynaecological cancer	**4. Significant**	Met published standards for wound dehiscence, wound infection and maintenance of body weight reduction 2 years post operation in this review of apronectomies carried out with a gynae-oncology surgery in a ten year period. Unless life style changes, exercise and healthy eating habits and appropriate support it is difficult to tackle health issue problems related to obesity.	Encourage gynae oncology surgeons to increase MAS surgery to morbidly obese patients.	Gynaecological Oncology away day, Oct 2017
CE17/1797 Robotic Surgery in gynaecological oncology (2016)	**4. Significant**	Complication rates and the unplanned readmission rate were below published rates despite significantly morbid patients and complex caseload.	Continue the good work and audit outcomes annually. To capture data on a weekly basis and increase use of Advanced Laparascopic /Robotic surgery via training for all consultants.	Gynaecological Oncology Clinical Governance Meeting, May 2017; Robotic users group, Jun 2017
SE17/1937 Re-audit delays in discharge for patients surgically fit for discharge post	**4. Significant**	This re-audit demonstrated that Enhanced Recovery programme and social care / physio arrangements co-	To continue the good work, including robust pre-operative assessment and adherence to the	Gynae Onc Surgical Clinical Governance meeting, Jan 2018;

gynaecological oncology operations.		ordinated by Enhanced recovery nurse, pre-op and ward staff facilitates smoother discharge for medically fit patients and that service improvements implemented were successful. The mean additional hospital stay per case due to non-medical reasons was 4.1 days significantly reduced from previous 6.9 days. Delayed discharge of medically fit patients was attributed 20% on OT and 80% on social services. Number of cases and reasons have not changed over time, but it has definitely improved the way being managed. Improvement from 4.1% to 2.8% in non-medical delayed discharges, compared to previous audit. Almost halved the additional days of hospital day stay due to non-medical reasons, reduction of 53%.	advanced recovery programme. Maintain good communication among teams (surgical / pre-op / enhanced recovery / OT/ Social). Patient education preparing for estimated LOS by ERAS nurse/ CNSs and surgical teams. Enhanced Recovery Surgical pre-op school and ERAS webpage on development go live due Mar 2018. Further development needed in prompt referral to appropriate services especially as some local authorities have difficulties in responding in adequate time frame.	Enhanced Recovery Meeting, Feb 2018; Surgical directorate meeting, 2018; Trustwide M&M meeting, Feb 2018
SE17/2062 Incidence of incisional hernia post midline-incision	**4. Significant**	The rate of incisional hernia in this centre is lower than the current	Results to be disseminated at governance meetings and via	Gynae Oncology Clinical Governance meeting,

laparotomy in gynae-oncology patients		evidence reported in literature. Incisional hernia occurs in at least 5% of patients who have undergone midline laparotomies for ovarian cancer and leading to need to operate in 2% of these patients. There was loss of follow up data in patients who return to their referring hospital.	journal and conference publications.	March 2018
SE18/2165 Service evaluation in patients with advanced ovarian cancer treated with debulking surgery post 6 cycles of neo-adjuvant chemotherapy at The Christie.	**4. Significant**	Post operative complications were less than half the published rates despite significantly complex and major surgery and intra op complications comparable. Complete macroscopic cyto-reduction achieved (R:0) 76%. There was zero readmission in 30 days and peri-operative mortality at 30 days was 0%.	Prospectively capturing 30-day post-operative morbidity via CWP web form to allow annual review of outcomes.	Gynaecological Oncology Clinical Governance meeting, Mar 2018
Nursing - CC	**Count: 2**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
QIP17/1983 Christie CODE: Ward	**5. Full**	Achieved Gold status on re-	None	CODE Quality Panel, May

10 re-assessment		assessment		2017
QIP17/1984 Christie CODE: Ward 1 re-assessment	**5. Full**	Achieved Gold status on re-assessment	None	CODE Quality Panel, Jun 2017
Pharmacy	**Count: 2**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
PE16/1669 Patient Group Directions (PGDs) Audit 2016	**4. Significant**	This audit provides assurance that the governance processes for staff training, documentation and record keeping set out in the PGD policy are being followed appropriately in the majority of wards/departments/areas/teams in which they are being used	All keyworkers will be asked to ensure that documentation and records are up to date in their areas. Updated the keyworker register on SharePoint. Contact AIM/HELs trainers to seek assurance that the governance processes around PGDs are being followed appropriately for the area that didn't take part. PGD pharmacist to visit OAU to ensure that the necessary training is organised to facilitate the use of the Paracetamol PGD. Revise data collection tool.	SMPC, Apr 2017

SE17/1862 An Evaluation of the e-Motif application in patients with Metastatic – Colorectal cancer (m-CRC)	**3. Partial**	In conclusion, the project was relatively slow to initiate given the information governance constraints surrounding it. It was also more difficult to identify patients treated for metastatic cancer than expected. Nevertheless, the project has demonstrated potential opportunities to optimise (m)CRC pathways, medicines usage and patient experience and has objectively identified and quantified the key factors driving variation. The uMotif app technology has been trialed with a small cohort of patients with some very positive findings.	The potential for use of the uMotif app technology with other pathways and further trials is now being explored at The Christie; a funding source is required and a business case is being raised for a pharmacist to explore variations further. QIMS have offered training to each Trust so that they can investigate variations using the software configured for the project and any further insight gleaned will be shared through the Joint Medicines Optimisation group and with the relevant trust members and clinicians.	Cancer Vanguard Steering Group, Jan 2018 Grand round Jan 2018
Plastic Surgery	**Count: 4**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1953 The use of guidelines for peri-operative management of patients on anti-coagulation	**1. Poor**	There was poor compliance (20%) with discontinuation of Oral anticoagulants (OACs) according to risk stratisfaction guidelines and weak compliance (60%)	Summary guidance to be distributed in plastic surgery OPD as aid memoire when listing patients. In addition, instructions	Plastic Surgery Mortality and Morbidity meeting, Jun 2017

therapy		with discontinuation of oral antiplatelets (OAPs).	must be stated on the booking forms when listing patients who are on OACs or OAPs for surgery. Re-audit in 6 months to assess improvement in practice.	
CE13/1151 Bipedicled fasciocutaneous flap for complex defect reconstruction.	**4. Significant**	Overall complication rate was 3/65 with no flap loss (partial or complete). It is a reliable and versatile flap and is the default option for reconstructing defects in difficult anatomical sites. It produces satisfactory outcomes cosmetically and functionally; the aesthetic result is superior to skin graft. No use of splints and immediate mobilisation (partial weight bearing) for flaps on the leg.	It is relatively easy to perform but there is a learning curve in designing it well; guidance provided for which around 20% instances when it is not suitable to use.	Plastic surgery, Dec 2017
CE15/1470 Correlation of histopathology and outcome of stage III melanoma following sentinel lymph node biopsy	**7. Not Applicable**	Mitotic Rate, BT and Ulceration were found statistically significant factors in the SLNB outcome. Gender does not affect the SLNB result. Need to wait for the multivariate analysis combining all the factors together in regards with	While awaiting the MSLT II agreed practice is to discuss and offer SLNB for intermediate thickness MM, discuss and offer SLNB for thickness of = 0.75mm with Mitotic Rate and/or Ulceration	Plastic Surgery Research Team, Oct 2017

		the SLNB result.	and not to offer SLNB to pT1a MM. Complex Multivariate Logistic analysis and model synthesis.	
S17/2039 Re-audit patient satisfaction survey for the Plastic surgery breast reconstruction service	**5. Full**	Patients very satisfied with the service. Measuring for a bra prior to discharge is not being carried out in 50% of cases, but this is often done at a later date when swelling is reduced and wounds are healed	To ensure that physiotherapy team are informed about patients undergoing breast reconstruction surgery. To offer bra measurement prior to discharge, or inform the patient when this will be done.	Plastic surgery M&M, Dec 2017
Procedures Team	**Count: 1**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1846 Central Venous Access Device (CVAD) care and maintenance audit	**3. Partial**	Overall results indicate good management of CVADs, with weekly line flushes and dressing changes being very good. Dressing changes 24 hours after procedure were below acceptable levels. Line care documentation needs improving. We found, in Out-patients, documentation	Liaise with IT to create a 24 hour post insertion alert on CWP to prompt dressing change. Liaise with IV ward assessors to implement the change to 24 hours post procedure at ward level. Clinical skills to work closely with the out-patient departments to	Results cascaded to wards.

		was good when patients bring their own "patient treatment booklet", but up to date documentation on CWP was lacking in some areas when patients did not bring it.	provide examples of acceptable CVAD documentation. Procedure team to email matrons and ward managers the list of inaccurate documentation examples found during this audit to raise awareness of the need for improvement. R-audit in a year.	
Radiology	**Count: 7**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1858 Re-audit of chest drains inserted at the Christie: success and complications 2016	**4. Significant**	All drains were performed in radiology. 2/49 drains were accidentally dislodged; 1/49 drains remained in situ for a prolonged period. There were no procedure related complications in 2016. Insertion of chest drains done by the radiology department has a significantly higher success rate than insertions historically done on the ward. We remain concerned about deskilling of junior staff, particularly	More secure skin fixation is to be encouraged after insertion and this needs to be monitored by the ward staff.	Radiology department meeting, Apr 2017

		with respect to potential emergency chest drains as radiologists are not resident on call. The actual deskilling demonstrated in this audit may relate to other procedures and has implications for doctor training and capability, as well as patient safety in emergency situations.		
17/1878 An evaluation of the quality of cross-sectional imaging for patients discussed at head and neck MDT meetings	**3. Partial**	Quality of imaging around the region judged to be good and is appropriate. The MDT radiologist generally agrees with the primary report. However improvement is required to imaging reported prior to MDT review and Chest CT imaging (which can result in patient inadequately staged).	Consider whether 'Chest staging performed' could be part of the MDT referral proforma to ensure this has taken place prior to discussion.	Regional Head and neck meeting at The Christie, Dec 2017
17/1922 Re-audit compliance with Royal College Radiologists reporting standards – Are All Reports Being Signed off Properly	**4. Significant**	Not all reports had signatures, some had almost none, 3 people had 100%	All reporters were to modify their reporting modules to automatically include the signature. However, the electronic reporting system has now changed and this may no longer	Radiology Department Meeting, Jan 2018

			apply, as of January 2018.	
17/2031 Audit of success and complication rates of FNA and core biopsies	**4. Significant**	Very good success rates for both core needle (97%) and Fine needle (88%) biopsies with very low complication rates (1 pneumothorax only for core needle). Core needle cytology is uploaded to CWP whereas fine needle are not.	A further audit is being carried out to assess the adequacy of research biopsies to inform decisions regarding the best technique to follow.	Radiology departmental meeting, Mar 2018
17/2084 Cancellations of interventional radiology procedures	**3. Partial**	In this observational review of 33 patients over 3 days, 39% were found to have potentially avoidable delays ranging from 10 minutes to 1 day. The main cause of delay was inadequate preparation; 15% of all patients did not have the coagulation screen completed.	Teaching for Junior Drs regarding the importance of patient prep and bloods carried out. To pursue inclusion of a box on CWP for coagulation (like eGFR for contrast scans). Applied for agreement to adopt a Zero Tolerance Approach for complete information. Highlight portering issues as a problem leading to wasted slots and consider whether transfers to IPU should be prioritised.	Radiology department, Mar 2018

S17/2029 MR Scanning Patient Satisfaction Survey	**4. Significant**	The majority of patients received their appointment by letter. Patients felt the information leaflet was helpful, informative and easy to understand. Patients who had a telephone call found the reception staff helpful and courteous. Patients found the department easy to find and the majority used the reception to check in. Some had previously used the self-check in and found this easy to use. Some patients preferred to speak to reception staff. Most patients were seen by MR staff in less than 10 minutes including extended day patients and most patients felt they did not have to wait. Majority of patients thought the area offered enough privacy and they had been given a clear explanation of the scan. Half of patients waited less than 10 minutes in the sub waiting area. Most patients felt we had the correct equipment within the scan room to	Promotion of self-check in as not all were aware. Promote patients being introduced by named staff at reception. Keep patients informed in all waiting areas of any delays. Use private areas to screen and prep patients. Consider patient suggestions for improvements to the sub waiting are.	Radiotherapy team, Oct 2017

		make the scan as comfy as possible and the majority received an after care leaflet. Patients praised staff attitudes and the new department overall.		
SE17/2001 Audit of effectiveness and complications of chest and abdominal PleurX drains	**3. Partial**	21% of patients came to department for procedure but did not have tunnelled drain inserted; insufficient fluid following temporary drain and anti-coagulation were issues. Mean dwelling time is 88 days but life expectancy following drain insertion is often short (50% of patients less than about 6 ½ weeks and 16 died within two weeks of insertion). Complication rates appear similar or better than other centres; for chest drains is 3/18 (17%) and for abdominal drains 7/83 (8%). Chest drain rate may reflect more complex anatomy, pain from periosteum	Ward education re timing of drains to ensure that there is sufficient fluid. Better patient selection to avoid placement near to death.	Radiology departmental meeting, Dec 2017; Junior doctor's teaching session, 2017
Supportive Care	**Count: 5**	**Summary of Findings**	**Core Recommendations**	**Date and Place of**

				Presentation
16/1610 ECMT Enhanced Supportive Care Audit	**4. Significant**	The Experimental Cancer Medicine Team (ECMT) at The Christie is the first early phase clinical trials unit to adopt Enhanced Supportive Care (ESC) into practice. Following a pilot in 2016, the ESC approach is now a routine part of the ECMT assessments of trial patients. Most patients referred have required optimisation of pain control, which is managed with specific consideration of the restrictions in concomitant medication prescribing within Phase I trials.	Next steps will be to measure the impact of ESC on patient experience, eligibility for clinical trials, reducing hospital admissions.	NCRI conference, 2017; Patient Safety Committee, Apr and Jul 2017; Commissioners, 2017
17/1874 End of Life Care re-audit Quality measures 2017	**4. Significant**	3 out of the 4 'Quality Measures' achieved 100% compliance. The 'Quality Measure' regarding the requirement for daily medical reviews achieved 93% compliance, which although not at the desired 95% compliance is high.	Supportive care team to continue to promote the care in the last days of life 4 quality standards with SPR and Junior (FY2) doctors and ensure care in the last days of life training includes this. Current EOLC 'Quality Measures' audit to cease and 'Mortality Review'	Supportive Care Team meeting, Oct 2017

			process to be used for monitoring EOLC. Review 'Mortality Review' data to establish what evidence in relation to EOLC can be extracted.	
17/1977 Auditing the response to a reduction in background opioid therapy in patients referred for management of chronic cancer pain	**4. Significant**	Pain score improved on opioid use for 78% patients. 100% patients had a reduction in side effects. 100% were able to continue anti cancer therapy with no delays. 89% of patients non-opioid meds were started or up-titrated. 88% of patients had their pain treated as a separate entity to the background pain.	There should be a clear focus on the identification of the cause of chronic pain and treatment accordingly. Involvement of the SCT early in managing pain could help optimise their pain meds to maintain performance, continue treatment and reduce delays. SCT needs to improve documentation re side effects of opioids.	Enhanced Supportive Care study day, Oct 2017; Accepted for poster presentation at The Association of Palliative Medicine (APM) annual Supportive and Palliative Care Conference, Sep 2018
17/2037 Communication of ketamine initiation and dosing between the Christie Supportive Care Team patients and primary care.	**1. Poor**	The overall compliance against standards looking at how well the supportive care team provide written documentation to the patient and primary care team are poor. it is possible that the information has been disseminated to the patient and primary care team but this has not		

		been documented.		
S15/1646 Specialist Palliative Care Survey 2016	**3. Partial**	On the whole the feedback remains positive, although there is some room for improvement. On average each patient is in contact with 5 different professions from the MDT. Few patients can remember receiving a written care plan summary. On the whole patients are very satisfied with the care received from the teams and no patients approached had any concerns about meeting members of the team.	Removed questions about awareness of discussion in a MDT Meeting and key worker for the next survey. Explore 'IwantGreatCare' with Patient Experience committee with a view to seeing what other measures can be introduced to enhance patient experience in Supportive Care.	Symptom Control Team, June 2017
Surgery (Overall)	**Count: 3**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
15/1546 Surgical site infection prevention	**5. Full**	Two surgical site infections noted during the period of surveillance. One SSI was picked up after discharge when patient was admitted with infected breast wound .One was from a patient with Cyto-HIPEC surgery, also	Communicate findings to surgeons. Feed back to those involved in the national audit, which commenced May 2017	Not presented

		picked up after discharge and readmission. Vast majority of procedures looked at where Cyto-HIPEC surgery with most of the cases being on Ward 10 and lasting between 7-8 hours. Only 4 breast procedures were noted. Rate of SSI would be 5%.		
17/1887 Annual Re-audit of informed consent 2017	**2. Weak**	There was full compliance with documentation of appropriate information to the patient. Overall there was a slight increase in competency to consent according to the consent register (excluding consultants) from 61% in 2016 to 68% in 2017.Compliance of over 75% observed in Surgical, Haematology, Procedures and Interventional Radiology. Authorisation to consent for Chemotherapy, radiotherapy and Surgical Gynaecology requires improvement. The majority of patients interviewed were satisfied with the timing of consent and information	Increased accountability for the authorisation of non-consultant grade healthcare staff in specialities with low compliance with regards to keeping their consent registers up to date. Re-audit next year. Continue to assess patient satisfaction with consent.	PSC, Sep 2017

		given.		
17/2054 Clinical record keeping audit (surgery)	**2. Weak**	Overall average compliance with documentation standards for all surgical inpatients on one day was 67%. Improvement required particularly to record patient ID on every sheet, printing name alongside signature, documentation of position/grade, and date and time for alterations.	Clinical director disseminated findings to consultants, ward doctors and ward staff with a request for improvement in line with the GMC guidelines used. Consultants asked to check when on the wards. To re-audit in 6 weeks.	Surgical teams, Sep 2017
Theatres Surgery	**Count: 6**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1794 WHO Checklist - Theatre Briefing 2017	**3. Partial**	Need to re-audit due to falling standards from last audit 12 months ago. Briefing not done at briefing board but filled in retrospectively. Sign in not completed.	Following discussion of the results with staff, it was apparent that some staff left prior to closure of the surgery and that in future, if this is the case, the sign out will need to take place at that point. Clinical director to discuss results with surgeons. Re-audit in 8 weeks requested by clinical	Surgical Theatre Team meeting, May 2017; Divisional Board, TBC

			director.	
17/1856 Re-audit of MEWS in Theatre 2017	**3. Partial**	There was clear drop in compliance against all measured standards since the last audit conducted in Dec 2016. RW advised that this could be attributed to the understanding of new staff members	Conduct training for all new staff members and refresher training for all existing staff members.	
17/1993 Theatres Controlled Drug Record Audit	**2. Weak**	Compliance with signing the CD register to meet standards from the trust's Medicine management policy for documentation of supply, administration and any destruction of the drug should be improved.	All anaesthetists and anaesthetics/recovery practitioners need to be informed about the Trust medicine management policy and controlled drug administration process. The CD book is being altered to reflect change in practice. Results to be cascaded to all staff involved. Re-audit the CD register.	Results shared with all theatre and other staff involved, June 2017
17/2023 WHO Checklist – Observational Re-Audit	**5. Full**	All standards achieved a 'Green' RAG rating	Feedback results to staff and re-audit in 1 years' time.	

17/2044 WHO Checklist – Observational Re-Audit II	**5. Full**	100% compliance with all standards	Feedback to staff & re-audit	
17/2180 WHO Checklist – Observational Re-Audit III	**4. Significant**	High compliance against standards. The team brief was undertaken in 100% of cases audited but there was slight non compliance re. theatre staff to handover to recovery	Feedback to all staff in staff meeting and the Divisional Board Meeting in March 2018. Re-audit in a year.	Surgical Directorate, Anaesthetic directorate meeting, theatre staff meeting, March 2018
Urology Surgery	**Count: 6**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
16/1666 National Prostate Cancer Audit (NPCA) 2016	**3. Partial**	478 patient records were submitted to the national report, a higher number than previously. Results appear largely better than the national overall. Length of stay and readmission rates are slightly longer, no doubt reflecting the patient mix at a tertiary centre. Patient reported scores are generally good.	Although the national report indicated the results are preliminary and have not been adjusted for case-mix, The Christie appears to be an outlier for the proportion of men with low-risk localised cancer undergoing radical prostate cancer treatment. This is likely to be a data issue but is being investigated further.	Urology surgery team; Surgical directorate, 2017
16/1673 BAUS Nephrectomy	**3. Partial**	27 cases were submitted to the	Review and compare the national	Urological Surgery team,

audit 2016		national audit. The proportion of cases diagnosed with a renal mass pre-operatively was higher at the Christie. Just over half the patients underwent robotically assisted surgery (13% nationally) and the rest were open surgery (21% nationally); 64% patients nationally had laparoscopic surgery. Median length of stay for open surgery is the same as nationally, but higher for robotically assisted surgery. There were no returns to theatre, no intraoperative or postoperative complications (note high number not documented) and no mortality.	results in full to ensure that any opportunities to improve care at The Christie are taken. Results suggesting that not all patients have consented to surgery should be checked for accuracy.	Apr 2018
16/1674 BAUS Cystectomy audit 2016	**3. Partial**	20 cases were submitted by the Christie; this represented fewer than the national median number of cases for a trust. All cases submitted from the Christie used open surgical technique (61% nationally, with 32% robotic and 4% laparoscopic)The median length of stay for open surgery	Review the national results in full to identify any action required to improve care at The Christie. Results suggesting that not all patients have consented to surgery should be checked for accuracy	Urological Surgery team, Apr 2018

		is higher than the national results. There were no returns to theatre, low rates of transfusion, intraoperative and postoperative complications (note high number not documented) and all patients confirmed alive.		
16/1675 BAUS Radical Prostatectomy Audit 2016	**3. Partial**	All 169 cases were submitted to the national audit. The Christie submitted a much higher median number of cases than the national mean by consultant and by centre. All but one operation was robotically assisted. There was no use of blood transfusions at The Christie. The length of stay and rate of complications appears a little higher than the national results; it is being checked whether this is due to the more complex patient caseload.	All national results are being reviewed to identify any further action required to improve care.	Urological Surgery team, Apr 2018
17/2063 National Prostate Cancer Audit (NPCA) 2017	**3. Partial**	Cancer Outcomes and Services Dataset (COSD) submitted monthly to inform this ongoing national audit. 95	The urology surgical team are reviewing the results to determine if there is any need for further	Urology surgery team, Apr 2018

		patients have been attributed to The Christie in the annual report although there are 662 radiotherapy records. The majority of data is shown against place first diagnosed making interpretation of the data difficult here.	action.	
SE17/2010 The outcomes of drain insertion following inguinal node block dissection.	**1. Poor**	The results of this audit have shown that drain dwell time is longer as an outpatient compared to inpatient drain dwell time. This suggests that care is directed towards early mobilisation and discharge. A large degree of variation in post-operative instructions was observed. Further discussion on the benefits of daily correspondence should be conducted to ascertain if this is a potential area for care improvement. Drain removal was carried out by a range of staff. A possible implementation for drain care is further training for district nurses so that more drain removal can be done	The trust should develop robust guidelines for inguinal drains. This should include frequency of contact with patients, appropriate recording and further training on drain removal in the community. The trust requires robust protocol for patients who are discharged with inguinal drains in situ. The Urology team are going to devise a standard operative procedure.	Urology team meeting, Oct 2017

		in the community.		
Network Services				
Chemotherapy	**Count: 2**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1929 Extravasation Audit 2017	**3. Partial**	Although 6 out of the 14 standards measured still show <80% compliance there have been improvements made in all standards since the last audit. In the 5 months covered by this audit, there have been 70 Extravasation incidents reported.55 of the Extravasation incidents are documented using an Extravasation form on CWP, of these 37 cases also had a Trust Datix form submitted. The remaining 15 incidents have been reported only through the Trust Datix	Areas of poor compliance to be addressed through further training. Possibly removal of question e. pain relief from the web form as any analgesia prescribed is usually documented elsewhere. Any changes to the monitoring requirements would require changes to the Extravasation Policy. Clear communication to all areas re. need to complete a Datix form for each extravasation incident.	18/01/2018, Patient Safety Committee,

		system.		
S17/2067 Annual chemotherapy outreach nurse led clinic patient satisfaction survey – Re audit 2017	**5. Full**	78% of patients rated the general environment at the outreach clinics as 'Excellent', this is an improvement to 2016 where it was 73%. The remaining patients surveyed reported the environment was 'Good ' (20%) and 'Average' (2%). One patient commented that the space at Bury felt cramped when patients and visitors are all in the room. 96% of patients rated the standard of care as 'Excellent' and the remaining 4% reported that is was 'Very good'.94% 'strongly agreed' and 6 % 'Agreed' that they had received the care that mattered to them. 6% of patients reported that they were not adequately informed of treatment appointment times and dates in advance.	SACT Outreach schedulers to ensure that patients next appointment is always on the front sheet that are sent to the clinic so that the nurses can relay the information to the patients Plan to improve the environment at the two smallest locations (Salford and Bury) are currently being investigated	SACT Delivery group, Jan 2018

Clinical Oncology	Count: 17	Summary of Findings	Core Recommendations	Date and Place of Presentation
14/1369 Audit of chemoradiotherapy for Oesophagus Cancer	**4. Significant**	Standards were met. In patients deemed unsuitable for surgery, radical chemoradiation (CRT) is a well tolerated, effective option. The switch to neo-adjuvant chemotherapy prior to CRT has improved tolerability of treatment & improved completion of planned treatment rates. Toxicity and survival at our institution is comparable to published data in this unselected group.	All patients for definitive chemoradiation (dCRT) now receive neo-adjuvant chemotherapy followed by concurrent CRT as standard of care. A review of patients receiving Carboplatin-Paclitaxel chemotherapy back bone should be undertaken to compare toxicity & outcomes in this group.	Upper GI sector MDT, Salford Royal hospital, Jul 2016; submitted to Clinical Oncology journal – decision awaited March 2018.
15/1551 Management of PJP in Lymphoma Patients	**3. Partial**	41 patients were identified from virology lists in a 6 year period. Just over half the patients eligible for PJP prophylaxis received it. There was good compliance with hypoxic patients with confirmed PJP receiving appropriate steroids. Positive risk factors for development of PJP included: early line of treatment,	Updated guidance re prophylaxis and management being developed. A prospective audit is to be undertaken which should resolve issues of identification and accessing notes.	Lymphoma DG Meeting, Feb 2018.

		recent treatment, Lymphopenia and recent steroids.		
16/1637 How good is Lung Cancer Education in Primary Care and how can the Christie Lung Cancer Group improve this?	**3. Partial**	GP response rates were patchy with only 48 completed questionnaires received and the majority of these coming from just two clinical commissioning group (CCG) areas. Most GPs were fairly or very confident in red flag symptoms (81%) and 2 week wait referrals (92%) but much less confident in managing side effects, supporting lung cancer patients through their cancer journey and addressing palliative care needs. The majority of GPs who took part in this survey had not had any training in lung cancer in the last 12 months but would have liked some. There was a clear preference for online resources and local educational events.	The Christie Lung Cancer group worked with the Christie School of Oncology and Manchester Vanguard project in development of an e-learning package forming part of the Moodle e-learning platform which was launched in December 2016. There is scope to develop further education packages around difficult referral decisions, side effects of cancer treatment and palliative care needs of lung cancer patients. If the survey is repeated, action should be planned to increase response rates.	Poster presentation at BTOG meeting, Belfast Jan 2017; Poster shared with Macmillan GP and Vanguard team responsible for developing the 'Moodle' GP learning platform
16/1767 Knowledge of junior level doctors regarding the	**4. Significant**	Significant improvement in knowledge of grading systems and in confidence	A folder with mucositis information has been produced	Teaching delivered to junior doctor cohort, Oct

management of oral mucositis occurring secondarily to radiotherapy treatment re-audit.		in caring for mucositis patients noted. Around two thirds of junior doctors in this cohort took part and compliance in completing 2nd questionnaire was just over 2 thirds.	for new intakes. A re-audit could be considered with the questionnaire being made more succinct to encourage completion.	2017; to discuss with H&N team
16/1771 To assess levels of dementia and delirium in inpatients at the Christie and compliance with nursing and medical assessments.	**3. Partial**	The number of patients identified to be delirious are small (<10%) in both snapshot audits carried out. Patient self-reporting of symptoms of confusion is higher (12-22%). Unable to recommend routine screening at present from this data, taking into account the relatively small sample size in both snapshot audits.	To repeat the audit on Ward 1 and Palatine ward to provide a better overview across all wards and with higher risk surgical and haematology patients.	Oncology in later life group, 2018
17/1877 Re-audit of Febrile Neutropenic Episodes in Men Receiving Docetaxel Chemotherapy for Hormone-Sensitive Metastatic Prostate Cancer	**4. Significant**	In patients receiving hormone sensitive Docetaxel, G-CSF usage resulted in a clear reduction in FN rates in this re-audit (from 34% to 4%). The reduction in in-patient costs associated with FN has not been accurately assessed but is likely to greatly outweigh the additional cost	We recommend GCSF usage along with Docetaxel at our centre, if the neutropenic sepsis rate is > 20%, as per ASCO recommendations. Recommend other centres to audit their rates and act accordingly.	Plan to publish in Clinical Oncology Journal, TBC

		associated with G-CSF.		
17/1897 National lung cancer audit (NLCA) 2017	**3. Partial**	Despite best efforts of all, 26 cases incorrectly remained with the Christie as the "Place first seen" however an explanatory statement was published in the report. The 26 cases are not representative so cannot be usefully analysed; most of the data in the report is more useful for our partner hospitals where the MDTs are hosted.	Christie NLCA team will continue to improve the accuracy of the Christie data and will work with the National Lung cancer audit team to further reduce the number of Lung patients allocated to the Christie. Oncologists will be reminded to ensure any new Lung cancers found incidentally at the Christie are referred and discussed at their Local Lung MDT. Each Christie Oncologist should work with their local MDT/hospital and review their local data and identify any areas that require improvement and are lower than expected (SCLC /NSCLC/anti-cancer treatment/survival.	Lung team breakfast meeting, 13th Jul 2018

17/1908 Evaluation of palliative radiotherapy practice in patients with advanced melanoma who have recently had immunotherapy	**3. Partial**	In this population of patients with metastatic melanoma who are receiving immunotherapy, palliative radiotherapy is being used appropriately with no excessive toxicity. 4 of 5standards within this audit were fully met, albeit on a relatively small population of patients. Standard 2 (stipulating that patients should start palliative radiotherapy within 2 weeks of referral) was poorly met; one patient had sterotactic radiosurgery and the other two received radiotherapy. No reasons wee documented for the delay and no date of referral was recorded for one.	To discuss recommendations to document the date of referral and reasons for treatment occurring more than two weeks after it within the department. To re-audit using this template but in a much larger cohort of patients at such point in the future when this treatment strategy is more commonplace across several different types of cancer.	Clinical oncology meeting, TBC
17/2018 Cardiac dose constraints for left-sided breast irradiation: RCR guidelines – idealistic or realistic?	**3. Partial**	Mean heart dose constraints in our clinical practice are in accordance with consensus guidelines. Surgical clip placement in breast conserving surgery is useful in defining the target volume coverage. With cardiac-risk minimising treatment techniques, the	Written to breast surgeons with particular emphasis on 2 units who are outliers. To re-audit our practice in a year following the introduction of breath holding techniques.	Royal College of Radiologists annual audit meeting, June 2017; Breast DG, 2017

		mean heart dose of <2Gy should be achieved in all patients. The target volume coverage should never be compromised to achieve cardiac dose constraints.		
17/2052 Information given to patients and allied professionals from “end of treatment letters” post radiotherapy treatment for lung cancer.	**3. Partial**	High compliance with patients receiving a treatment summary letter and the majority were sent within 14 days. A standard template was in use in two thirds, whilst lay terms were used for a third of the letters. Further improvements to optimise benefits of TSL, especially for patients and GPs, are required.	Feedback is being given to the team about copying letters to patients, using lay terminology, using the template correctly in its entirety. Opportunity to share learning with other teams via divisional management.	Lung DG, Jan 2018; submitted to British Thoracic Oncology Group conference, Jan 2018
CE16/1682 Ninety day mortality after radical head and neck radiotherapy	**4. Significant**	Overall 90-day mortality was 4.7%. Excellent crude overall survival rates amongst our radically treated cohort of head and neck cancer patients - overall survival at 1-, 3- and 5-years was 84%, 62% and 53% respectively. Factors associated with higher risk of early death included performance	Given the potential severe acute effects and impact on patient quality of life associated with radical head and neck radiotherapy, this information is helpful to inform treatment-related discussions with patients.	Submitted for publication, 2017

		status >1, haemoglobin <100g/L, weight <60kg, age >80 years, and presence of multiple co-morbidities.		
CE16/1717 The Pre-Treatment Impact of a Change to Both Arms Elevated During Breast Radiotherapy	**3. Partial**	Based on this initial feedback other considerations must be considered, the 2 arm up position does appear to offer better reproducibility, however only 54% of patients could achieve this. For those treated at Salford and Withington, linac constraints could reduce this eligibility even further resulting in differences in practice between sites or re-distribution of workload which is not in the patients best interest.	Discuss the findings at the next breast meeting with senior consultants. Feedback required from main site regarding the logistics of treating patients with 2 arms up on linacs with Agility heads (lower inclines may be required) moving forward. Feedback from Salford site regarding logistics of 2 arms up with Varian linacs. Workload and distribution of patients to be considered alongside patient choice.	Breast DG, meeting TBC
SE17/1916 An Audit to Assess the Incidence of Pneumocystis Jirovecii Pneumonia (PJP) in Patients undergoing Anti-Cancer Therapy for Lung Cancer at The	**3. Partial**	29 confirmed cases PJP 2013 – 2017. Limitations included possible under-diagnosis, empirical treatment and PJP cases occurring outside the Christie. Patients had a high mortality rate	Presented findings at trustwide M&M meeting. Develop guidelines for prophylaxis in lung cancer once agreement has been reached. Consider Trust wide PCP	M&M, Oct 2017; Lung team breakfast meeting, Sep 2017

Christie Hospital.		(55%). 5 main risk factors were identified. Prophylaxis is cheap and could save lives.	policy where patient has protracted steroids. Promote awareness to support quick diagnosis, treatment and escalation.	
SE17/1933 Blood transfusions for patients with an anal cancer diagnosis undergoing chemo-radiotherapy	**3. Partial**	Nearly a quarter of patients undergoing chemo-radiotherapy treatment for an anal cancer diagnosis required a blood transfusion. All patients who required a blood transfusion had a Hb and HCT level below normal at their pre-treatment blood count.	For patients with a low Hb/HCT pre-treatment it may be beneficial to consider medications to improve the Hb/HCT count to reduce the risk of a blood transfusion.	Colorectal clinical oncology group to disseminate findings to local network/referral group.
SE17/1975 Assessing effectiveness of chemoradiotherapy for elderly patients with oesophageal cancer	**3. Partial**	The mean age was 75 years old (70-82 years of age). The study showed that elderly patients often do not complete the recommended course of chemotherapy due to side effects of treatment. Patients have several unplanned hospital admissions caused by complications following treatment. The scores for muscle strength will	More focus is required on causes of unexpected hospital admissions and complications that occur in the elderly, particularly in those with pulmonary and cardiac co-morbidities, as these reduce the likelihood of completing the full course of chemotherapy and hence lead to poorer outcomes.	APEP presentation

		hopefully be a useful measure in the future to aid in the estimation of how well patients will tolerate treatment. The most common reasons for omitting cycles of chemotherapy were due to neutropaenia or due to being admitted to hospital in relation to the side-effects of treatment; such as diarrhoea, nausea and fever. Our results showed that concurrent CRT in the elderly is effective.	Furthermore, the careful monitoring of eGFR and consideration of eGFR values for chemotherapy should continue to be an important assessment. Also, the geriatric assessment and other methods in which social needs of the elderly are met are essential, as this may help such patients to tolerate the treatment better and reduce the number of admissions. This will hopefully improve outcomes and reduce the toxicity caused by treatment in elderly patients.	
SE17/1995 Overall survival of patients receiving radical treatment for node positive non-metastatic bladder cancer	**3. Partial**	The patients in this small study tended to do poorly with median OS <2 years. There did not appear to be any difference in survival depending on definitive treatment received.	Further work is required to determine optimal treatment for this patient group and identify which patients are likely to respond to more aggressive treatment options.	No details yet

SE18/2123 Age effect on advanced melanoma treatment options	**3. Partial**	Similar overall burden of advanced melanoma across age groups. Lower incidence of BRAF mutation in the elderly. The elderly had worse PS and higher comorbidity burden. Positive revolution in the treatment landscape of advanced melanoma. The treatment scenario and outcomes of elderly patients still fall behind, but there is a meaningful benefit (17 months of median OS).	Following this project the ELDERS research study for elderly patients has started focusing on one of the main current melanoma treatments, immunotherapy. This study is still ongoing but it will allow us to better understand this population.	7th European Post-ASCO Melanoma/Skin Cancer Meeting, Munich, Germany, Jun 2017; Later life interest group, Jan 2018
Endocrinology	**Count: 5**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
16/1834 Hyponatraemia assessment and management plan	**1. Poor**	Our results were significantly worse compared to national standards, both for inpatients and outpatients, in all components evaluated in this audit. More specifically, we observed (i) inadequate and delayed screening tests, (ii) inadequate documentation of fluid status, aetiology of hyponatraemia and (iii) inadequate	Annual training sessions on hyponatraemia, directed to all clinicians in the hospital. The development of a local hyponatraemia protocol for inclusion in the acute oncology handbook. The development of hyponatraemia investigations order set for SWP (this could only	BES, Nov 2017; student APEP presentations, Jul 2017; Trust M&M, Aug 2018

		documentation of the treatment plan.	be implemented once investigation orders become electronic). Lab piloting reflex testing. Automatic add-on from the lab of serum osmolality. Re-audit to monitor implementation of these changes	
17/1948 Audit of thyroid USS in patients previously treated with craniospinal/spinal/neck radiotherapy.	**3. Partial**	This medical student project showed that the Christie complied well with national thyroid cancer screening guidelines for performing FNA investigations but that assessment of the thyroid, thyroid USS and discussion of the outcome of FNAs could be improved. There wasn't enough time elapsed in this study since the publication of the guidelines to be certain that 5 year follow up is taking place.	Plan to incorporate into late effects follow up in CWP an automated system that alerts the healthcare team if a patient is due an ultrasound scan as part of the screening guidelines. This would be supportive for the join-specialty clinic to manage an infrequent scan requirement. To collaborate with UCLH who wish to collect similar data. Await global screening guidelines which are imminent.	Medical Student APEP Presentation at The Christie Hospital, June 2017; external presentation and publication TBC
CE15/1557 The reasons for not treating patients at their initial	**3. Partial**	The majority of non-administration reasons were avoidable; a lack of	The current setup of clinical visit for assessment followed by	Departmental Endocrinology meeting,

consultation in the Radioiodine (for thyrotoxicosis) 'one stop clinic'		patient preparation accounted for nearly a third of cases despite advance patient information. Lack of clinical information from the referrer, which could have precluded arranging a clinic appointment was also observed in a significant number of patients. Thyroid eye disease was a contraindication in 10% cases. 22% patients chose not to proceed after an informed discussion with the physician.	administration of variable dose Radio-iodine in liquid form is to be replaced with a pre-clinic telephonic consultation with a (nurse) clinician, with fixed dose radio-iodine administered in tablet form on the day of patient visit. The audit results are relevant in developing a comprehensive pre-assessment structure to work with the new model. Another area for consideration is developing a robust referral structure with the required clinical information. A barrier to this will be the wide geographical catchment area of referrals.	2017
CE16/1623 European Society for Endocrinology survey on the management of aggressive pituitary tumours and carcinomas	**5. Full**	A positive treatment effect was seen in just under half of temozolomide treated patients. This National study led to production of national guidance for this subset of pituitary tumours that do not respond to standard	This is a rare condition, the new guidance will be followed in future and no further action is required.	Endocrinology team, Jan 2018

		medical treatment.		
SE17/1949 The assessment of bone health in haematological cancer patients.	**2. Weak**	As glucocorticoids reduce bone mineral density and increase the risk of fractures and osteoporosis, good practice would include assessing the bone health of patients taking steroids as well as prescribing vitamin D and calcium supplements or bisphosphonates in order to optimise their bone health. Although none of the patients in the audit suffered from any fragility fractures, it is clear that the relevant bone health assessments and interventions are not occurring for most ALL patients who are prescribed glucocorticoids.	Guidelines are required to ensure all patients taking steroids are provided with bone health assessments and relevant interventions.	Medical students APEP presentation, Jul 2017
Haematology	**Count: 3**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/1960 Review of the documentation surrounding the collection of microbiology	**2. Weak**	Just over two thirds of samples taken were documented somewhere in the patient record. There is not a standard	Liaise with IT and laboratory regarding feasibility of recording all samples received on CWP	Haematology Quality meeting, Oct 2017

samples		place to record information about sample collection in EPR. Anecdotally the standard practice is to take blood CMV levels on certain days of the week for relevant patients but it would be good practice to document it. In five cases the same sample was sent within 12 hours of a previous sample.	before being sent offsite for processing. Obtain timelines for fully electronic records to inform decisions re appropriate improvements to documentation. Further ward staff education once changes confirmed. Re-audit after changes and possibly benchmark with another ward.	
18/2125 Delivery of intrathecal methotrexate chemoprophylaxis to adult and TYA patients with acute lymphoblastic leukemia	**3. Partial**	IT MTX in the group of patients audited appears to be deliverable in a scheduled setting, with good efficacy of delivery despite significant challenges. This audit aims to identify areas for improvement in managing the overall process of intrathecal chemotherapy at our institution. Better integration of relevant prescriptions into one information system, improvement of clinical resources and monitoring for treatment backlogs are likely to lead to further improvement of efficacy,	Integration of the actual dates of intrathecal paper prescriptions into electronic prescription schedules. Expansion of the medical and nursing staff on the intrathecal register. Timely identification of IT treatment backlogs and generation of prompt sheets for medical staff and research nurses. Early anticipatory ordering of blood products. The aim of these steps is to reduce non-administration	EHA meeting Stockholm, Jun 2018 (abstract); Haematology Quality Meeting, Jun 2018; sharing with UKALL 2011 and 14 trial Chief Investigators.

		which will need to be followed up in further audit.	rates by an estimated 15-20%.	
SE17/2002 Deputy Haematology Clinical Nurse Specialist at The Christie : Your Views	**4. Significant**	Overall patients were satisfied with the service provided by the deputy haematology CNS. The majority of patients are aware of the new role and know how to contact the CNS. The service is currently meeting the patients' needs and expectations.	Consider the need for a CNS clinic and review space in the current haematology clinics. Consider a telephone follow up clinic.	Haematology Quality meeting, Aug 2017
Medical Oncology	**Count: 38**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
14/1358 Prospective assessment of toxicity and dose titration of somatostatin analogues in patients with neuroendocrine tumours in the clinical setting.	**4. Significant**	The audit standards were exceeded: the majority of patients achieved full dose (96%) of SSA (somatostatin analogue) with very few (6%) requiring dose reduction. The toxicity profile is tolerable, in keeping with previously reported toxicity profile. SSA-induced Pancreatic Exocrine Insufficiency (PEI) occurs in 1:4 patients; clinicians should actively identify and treat. PEI did not	Clinicians should perform faecal elastase for diagnosis if PEI is suspected and treatment with PERT started as required. Regular consultations in which the plan for management and treatment are refreshed to the patient and family may improve results in Information scale. Re-audit is not	NET team, May 2017; submitted to ESMO 2017, May.

		impact on patients' quality of life though there may be less improvement in diarrhoea for patients with PEI.	required.	
15/1515 Audit of detection and management of anaemia in patients with oesophago-gastric malignancy at The Christie NHS Foundation Trust	**3. Partial**	Approximately 346 patients were seen in this weekly clinic over this time frame. Of these, 135 (39%) were anaemic. The anaemia was mild in two thirds and moderate in a third. As the outcome from the haemoglobin finding in clinic five patients had blood transfusions immediately arranged. Six patients were admitted for problems relating to anaemia; five of these stayed overnight. The majority of patients had no treatment.	Consider feasibility of checking haematinics in everyone as new patients at baseline. Aim to recheck haematinics if patients' Hb falls below certain level – <100. Poster for office to act as visual reminder to do this. Simple patient questionnaires – 10/clinic asking if patients have symptoms of anaemia and if they are on supplements. Present at upper GI team meeting. Consider adding into protocol for haematological toxicity in the chemotherapy handbook. Re-audit.	Upper GI team meeting, TBC 2017
16/1613 30 day mortality following SACT 2016	**4. Significant**	The proforma completion rate was above the 80% target set by NCEPOD but below the Christie internal target	To consult on simplification of the form with a view to focus on Treatment Related Mortality and	Patient Safety Committee, Nov 2016; Trust wide M&M meeting

		of 90% this year. The proportion of deaths within 30 days was low and stable despite increasing numbers of SACT treatments; 12% of these (0.33% of all SACT treatments) were considered definitely or probably treatment related.	care that is less than satisfactory. The aim is to reduce timelines for reporting SACT-related deaths at Christie. Establish disease group leads for SACT 30-day mortality. Encourage/mandate annual presentation at SACT DG meetings.	planned for 2017.
16/1620 Re-audit 2016 of Trastuzumab use in oesophago-gastric cancer patients	**3. Partial**	Previous audit results have improved and the original criteria are almost fully compliant. There was incomplete adherence to ESMO cardiac guidelines for management of trastuzumab related cardiac toxicity within the audit period to May 2015. Nearly half the patients in this period had 1 or more cardiovascular risk factors. There was a correlation between poor performance status at baseline assessment and unavailable HER2 results; ie. these patients were not fit enough for systemic chemotherapy.	Recommendations to be discussed at UGI sub-group. HER2 assessment should be mandatory for all histopathology labs to complete on receipt of a biopsy specimen from a patient with Gastro-oesophageal cancer; in a model comparable to the service provided for breast cancer. Cycle 1 day 1 chemotherapy should not proceed in the absence of HER-2 test result. ESMO guidelines for cardiac toxicity secondary to trastuzumab should be used as a gold standard in Upper GI cancer	Upper GI disease group, Feb 2017

			patients for monitoring and treating cardiac toxicity and rechallenging with trastuzumab where cardiac function recovers. Re-audit in 2-3 years.	
16/1639 Factors governing mortality from Febrile neutropenia in cancer patients	**3. Partial**	Only a small sample of patients who died with with neutropenic sepsis were reviewed in this medical student study; this is more a pilot study rather than providing conclusions. Further audit was therefore the main recommendation, with some possible areas for future improvement.	Re-audit registered. Performance status to be recorded at each cycle of systemic anti-cancer therapy. Risk scoring system to be used to identify patients at high / low risk of developing neutropenic sepsis. Record MEWS score within electronic patient record. Take care of patients with stage IV disease on palliative SACT as these are the largest number of patients. Ensure patients who require prophylaxis support are prescribed it.	APEP student presentation, The Christie, JUL 2016
16/1648 Anticoagulation following DVT/PE (re-audit 2016)	**3. Partial**	Most episodes of VTE picked up incidentally on staging CT scans in asymptomatic patients. There were	Recommendations to be discussed and a plan for improvement agreed. Education	Thrombosis committee, Jan 2018

		some improvements in standards for the correct usage, and dosing of dalteparin and dose reduction 1 month into treatment. Scans were performed and reported quickly, with a good system of informing on call registrar/ward team about episode of VTE on scan. Most patients were started promptly on dalteparin.	of junior medical staff about what documentation needed for GP on discharge letters, about need for dose reduction at 1 month. Education to senior and junior staff with regards to commencing treatment dose LMWH on first suspicion of VTE. Improve use of the GP letter. Review selection criteria for patients for next audit as many patients on LMWH for other reasons.	
16/1649 National Oesophago-gastric Cancer Audit (NOGCA) 2016	**3. Partial**	The Christie submitted 513 treatment records in the 2 year period to end March 2016. Because results are attributed to the diagnosing trust not all can be interpreted here.	No areas for improvement were identified. The National OG Cancer Audit will be re-commissioned in 2018, together with the current National Bowel Cancer Audit, as the three-year National Gastrointestinal Cancer (Oesophago-gastric and Bowel) Audit Programme.	Apr 2018

16/1650 HATRCA 2016/17	**4. Significant**	Overall care appears to be good with few avoidable cases of hospital acquired thrombosis identified. Decision making continues to be challenging for some patients in terms of balancing the risks of bleeding with need for prophylaxis.	Included new option within online tool for line associated thrombosis. Discussed decision to use 30 days rather than 90 as per the CQUIN; it was still felt that this timescale is more appropriate to this patient group. Presented findings at trust wide M&M meeting, Mar 2017 in response to query about the need for the audit. Re-reviewed process to identify cases with informatics to ensure it is as effective as possible. CWP form in progress to support prophylaxis. Modification of the drug chart regarding brain tumour contraindication is being pursued.	Quarterly updates to Thrombosis Committee throughout the year. Trust wide M&M meeting, Mar 2017
16/1740 Audit on the use of maintenance Pemetrexed in non-squamous non-small cell lung cancer	**4. Significant**	Our findings suggest that maintenance Pemetrexed is generally well tolerated with comparable, if not better, outcomes as the PARAMOUNT final analysis. This supports NICE's decision	Presented at international conference.	BTOG, Jan 2017

		for its use as standard of care in carefully selected individuals.		
16/1799 Re-audit to evaluate how the outcome of the NET MDT is conveyed to individual patients and how we can improve our service further 2016	**3. Partial**	Compliant with documenting and actioning the NET MDT recommendations. The areas that we not preforming as well are 1. informing the patient 2. Corresponding with the GP about the NET MDT outcome.	Email sent to the team stating : remember to document that the MDT outcome was discussed with the patient and to send a letter to the GP with the NET MDT recommendation.	
17/1798 Risk factors for pancreatic cancer with a focus on inheritable pre-disposition re-audit 2017	**5. Full**	Since the previous audit, the proforma completed in CWP for every new patient attending the HPB clinic was modified in order to incorporate genetic counselling data (including family history of cancer and referral criteria), thus, the collection of this data is currently part of our standard of care. 15% patients met the criteria for genetic counselling referral, a similar proportion to the last audit. All were considered; one was not referred	This re-audit confirms that previous concerns arisen have been dealt with. No further action or re-audit is required.	HPB team, Sep 2017

		due to poor performance status.		
17/1896 30 day mortality following SACT 2017	**3. Partial**	The overall proforma completion rate exceeded the Christie target of 90% (91%) although 6 disease groups submitted less than the target number. The number of deaths within 30 days of Systemic Anti-Cancer Therapy (SACT) continues to decline despite generally increased numbers of patents treated. The last SACT administration was considered appropriate in 98%. 94% deaths related to palliatively treated patients; this proportion has also increased steadily over the years. Only a quarter of patients died at the Christie which presents challenges for review of their care. Deaths considered to have been definitely or probably treatment related were 14% of all deaths within 30 days and 0.41% of all SACT patients. Sepsis was considered the main cause of treatment related death.	Promote completion of proformas, particularly to those groups not meeting the 90% target completion. Review the proforma to ensure that all data collected is required. Review the process in line with the requirements of the onsite mortality reviews. Review implications of new data protection regulations on ability to obtain external casenotes for review. Ensure potential for improvement in 4/35 cases identified is actioned.	SACT Delivery Group, Nov 2017

		Performance status (PS) was not recorded for nearly a quarter of patients; 12% had PS 3/4, though the proportion was slightly lower in the treatment related group. Less than half the cases were discussed at an M&M meeting.		
17/1923 Outcomes in patients 80 years+ with a diagnosis of a hepatopancreaticobiliary (HPB) malignancy reviewed at The Christie NHS Foundation Trust over a 5 year period	**4. Significant**	Full compliance with ESMO guidelines was noted in this sample. Baseline factors were similar in both age cohorts but more co-morbidities were present in patients =80 years. Patients <80 years were more likely to receive SACT. Patients aged =80 years receiving palliative SACT had an equivalent benefit in OS to younger patients; however, they were more likely to decline treatment and few completed planned SACT. Therefore, SACT may be appropriate treatment for patients' =80 years following careful baseline patient assessment	The need to pay greater attention to recording performance status and comorbidities in patients with hepatopancreaticobiliary (HPB) malignancies has been communicated to the HPB group alongside a recommendation to continue to offer palliative chemotherapy to patients considered fit enough to receive it.	Poster presentation at International Society of Geriatric Oncology (SIOG), Poland, Nov 2017; Student presentations, Jun 2017; submitted to Christie Student Cancer conference Sep 2017.

		with appropriate tools.		
17/1938 To assess and analyse Screen failures in phase1 trials	**3. Partial**	8 (16%) screen failures were considered to be avoidable for the following reasons; medication, number of lines of treatment, lack of communication, no progressive disease, deterioration of performance status, known low platelets and known haematuria (1 occurrence of each). 50 (32%) patients failed screening criteria following consent. Of those that failed, 26% were due to abnormal imaging at baseline, of which 54% were due to brain metastases.	Baseline brain imaging for all patients being considered for Phase 1 clinical trials is recommended. Investigators should pay attention to avoidable causes prior to consent to improve screen failure rate and hence to improve patient care and cost effectiveness.	ECMC showcase, 2018
17/1944 Prevalence of anorexia and weight loss in newly diagnosed patients attending Oesophago-gastric (OG) and Hepatobiliary (HPB) outpatient clinics	**4. Significant**	All patients were weighed and height measured at first consultation and the Anorexia/Cachexia Subscale of the Functional Assessment of Cancer Cachexia Tool (FAACT A/CS) questionnaire was completed by all patients, indicating its suitability for use. Weight change was documented	it may be possible to target 'at risk' individuals with anorexic symptoms prior to treatment commencing and for nutrition interventions to be implemented earlier in the patient journey. Discuss implementation of the FAACT AC/S questionnaire with	UGI and HPB team meetings, May 2018

		for 91% of the Oesophagogastric (OG) and 84% of the Hepatopancreaticobiliary (HPB) group. A greater proportion of metastatic patients were anorexic compared to non-metastatic patients (82% vs 52%). Patients had worsening anorexia scores with increasing dysphagia in both metastatic and non-metastatic pre-operative groups. Patients with the greatest weight loss had a pancreatic diagnosis. Comparing all operable and non-operable pancreatic patients there are statistically significant differences in anorexia score and incidence of anorexia in each group. The incidence of anorexia in all inoperable pancreas patients is 85%. This is likely a precursor for (further) weight loss in all patient groups.	UGI oncology team and Dietetic Services manager as part of the clinical assessment during a patient's initial consultation, to identify patients at risk of severe weight loss, and serve as a baseline for future comparison of the patient's nutritional status on treatment. Education to UGI and HPB teams about importance of documenting weight and any weight change as initial consultation prior to commencing chemotherapy. This change should be documented clearly on CWP. The use of FAACT A/CS will be used for ongoing data collection in research projects	
17/1945 Mapping patient pathways for newly diagnosed	**3. Partial**	Less than a quarter of patients received chemotherapy treatment	2 extra lung cancer specialist nurses recently appointed to	Lung team breakfast meeting, Aug and Nov

small cell lung cancer		within the recommended 2 week time scale. It is likely that a higher severity of illness at presentation, older age and lower PS (due to pre-existing comorbidities) are responsible for the increase mortality shown in patients treated within 2 weeks (small numbers) but the survival value of adherence to the timescales remains unclear. It was determined that radiotherapy was given efficiently but this could still be improved. It was found that the majority of patients were treated at the right intensity for their performance score.	improve communication and streamline pathways of referral between medical/clinical oncology disciplines. The ECOG scores and place of decision of treatment could be further analysed to work out whether the ECOG score at presentation affects the survival of a patient overall. Consider resource implications of a rapid alert system from the reporting pathologist to the treating oncologist so that there is less reliance on chest physicians simply waiting for the MDT presentation. Further investigate reasons why a third of patients waited more than 6 weeks for radiotherapy. Data required before this NICE 14 day standard is accepted in Greater Manchester and is being collected as part of the 'measures of excellence' project. Some data already	2017; Abstract presentation BTOG Jan 2018; APEP student presentation, Jul 2017

			presented in parallel at lung breakfast meeting, Nov 2017.	
17/1947 Audit of the nurse clinician adjuvant chemotherapy telephone clinic	**5. Full**	93% of patients received a call. Only 3 patients said the service was poor. Patients found it useful, 37% would like a further review	Improve information available to patients on how to contact and the role of CNS and BCN - develop a patient information leaflet. Develop webpage dedicated to breast cancer on external Christie site.	Breast group meeting, Jan 2018
17/2013 Acknowledgment of blood results on CWP	**3. Partial**	Compliance with acknowledgement and comment if out of range increased in the follow up re-audit to above 80%. On review, a technical issue with CWP had impacted on the results, suggesting the improvement is actually greater than it appears.	Ongoing work with IT to resolve the issue with CWP. To share findings with the wider team and re-audit all against an increased target once issue resolved.	Lymphoma monthly education meeting, Jun 2017
17/2025 End of treatment summary and GP letter for chemotherapy patients	**3. Partial**	Only a pilot for 2 disease groups, but poor compliance evident for copies of letters being provided to the patient	The required Treatment Summary work would be followed by each disease group as part of the Recovery Package	SACT delivery group, Dec 2017

			Implementation. Each area to be responsible for implementation and not the responsibility of SACT del group to oversee.	
CE15/1598 Long Term Hair Loss in Breast Cancer Patients following Paclitaxel	**3. Partial**	13% patients experienced significant scalp alopecia as per the Ludwig scale, which was higher than expected. Long term hair loss to other parts of the body was also reported, resulting in only partial or no regrowth in eyebrows (51%), eye lashes (77%), nostrils (17%) and there have also been reports of hair loss in other areas such as underarms, legs and pubic hair. In this small sample size, cold cap seems to be effective in preventing significant scalp alopecia, with 92% who used the cold cap, did not report any significant hair loss as per the Ludwig scale.	Christie Patient Information Leaflet on Paclitaxel has been changed to reflect long term hair loss. Liaise with ORTC regarding capacity to offer the cold cap service routinely for patients who are interested. Provide support in dealing with hair loss. Identify a local dermatologist with special interest in post-chemotherapy alopecia. Collate and feedback results from Clatterbridge Cancer Centre. Re-audit after implementation of actions.	TBA Breast DG, 2017 and Clatterbridge.
CE16/1745 TAS 102; Clinical effectiveness in treatment of	**4. Significant**	Trifluridine/tipiracil shows modest clinical benefit in a cohort of	Presenting results at international	Webinar, Manchester, audience including

refractory metastatic colorectal cancer in UK tertiary cancer centres		treatment refractory metastatic colorectal cancer patient on the UK expanded access programme (EAP) across 3 tertiary referral centres. One third of patients required a dose reduction due to toxicity. 39% of patients developed grade 3 or 4 neutropenia and 12% febrile neutropenia.	conference. No action identified.	Servier Laboratories Ltd and consultants in Hull, Jul 2017 ASCO, Jun 2017
CE16/1808 Assessment of the attitude and knowledge of junior doctors on clinical nutrition for cancer patients.	**3. Partial**	Physician's knowledge of cancer malnutrition and metabolic derangements was statistically significantly lower than oncology dietitian's. Two thirds physicians are regularly making decisions regarding nutritional support, despite less than half feeling confident about their knowledge. 90% of physicians would value further cancer malnutrition and metabolic derangements education.	Delivered education at a recent UGI study day. Education will be continued.	Abstract submitted; presented June 2017
CE16/1818 Elderly patients diagnosed with hepato-bilio-	**4. Significant**	Almost half of the population undergoing surgery for pancreatic	Prospective research is required in age-specific studies to evaluate	Nov, 2017; published

pancreatic (HPB) malignancies treatment approaches.		cancer are >70 years old. Population >70 years are more likely to be female and undergone a Whipple resection (over other types of surgery). Elderly patients are less likely to have adjuvant chemotherapy and the reason for this is not the relapse rate but the fact that they recover worse from surgery. However, once started adjuvant chemotherapy, elderly patients are as likely as younger patients to complete the adjuvant treatment. Age group alone did NOT seem to significantly impact patients outcome. Patient's outcomes are comparable to those from international clinical trials exploring adjuvant strategies (i.e. OS data from ESPAC 4 trial). there are clinically meaningful differences in relapse rate at baseline scan and rate of death before adjuvant chemotherapy shown in the elderly population (less frequent that in patients <70 years) supporting	the safety, tolerability, and efficacy of new or modified regimens in the elderly. No action identified.	letter in Cancer, 2017

		the fact that elderly patients are probably more adequately selected for surgery.		
QIP17/1926 The Development of skin toxicity assessment guidelines for the treatment of EGFR Inhibitors in Colorectal Cancer	**3. Partial**	Awareness of guidance on EGFR inhibitor toxicity is low at 36%. Only 64% feel confident treating and 27% know who to ask for advice.	Guidelines to be uploaded onto intranet. Laminated guidelines to be visual in outpatient clinics. Pharmacy staff to present new guidelines to NMP study day in May 2018. Guidelines submitted for approval for publication in European Journal Of Cancer.	GI Team Away day, Sep 2017
QIP17/1946 Introducing a proforma for the Gynae-oncology senior ward round: a Quality Improvement project	**3. Partial**	The introduction of a ward round proforma was reported to be useful by all members of the team. Comments suggested prompts would particularly support the DNAR status and duplication of information recorded could be avoided. The proforma needs to be simplified. There were limited responses in the post-pilot phase which restricted the ability to measure	Future work should focus on improving the proforma based on the feedback provided by the team and continue to re-assess based on the PDSA (Plan, Do, Study, Act) model of implementing change.	Not presented.

		any improvement.		
S16/1814 Homecare pilot scheme re-audit	**5. Full**	99% rated the care as excellent. 95% said this was their preferred location for treatment. Service running very well. An increasing number are being given the choise of where they could receive treatment 71% increased from 60% in 2016.	Expand service to other suitable disease groups. Offer home or outreach sites only to patients as place for treatment to free capacity on main sites. Progress plans to offer self-administration option for patients on Denosumab	TBA, SACT delivery group
SE16/1806 Outcomes of patients with gastro-entero-pancreatic (GEP) mixed adenoneuroendocrine carcinoma (MANEC) treated at a single institution	**4. Significant**	This review indicated that current practice is in line with data from current literature. In Mixed Adeno-Neuroendocrine Carcinoma (MANEC) of the gastrointestinal tract, the neuroendocrine component is predominant and highly aggressive. Determining clinical outcomes was the aim; survival outcomes are unfortunately poor.	No actions or need for further audit identified beyond a recommendation warranting larger series of data.	Poster presentation European Neuroendocrine Tumor Society (ENETS) meeting, Mar 2017
SE16/1837 Capecitabine	**5. Full**	A good proportion of patients (44%) said having the diary helped them to	All new patients to completed treatment diary, starting with MB	Colorectal team meeting,

treatment diary questionnaire		remember to take their medications.8/13 (62%) said they would not have remembered all their side effects without the diary. Diary is easy to use and there is no clear winner for the format size. As many like the A4 size as said the A5 booklet.	patients. Add space to record 'Other side effects' to the diary. No re-audit needed.	early 2018 TBA
SE17/1915 Outcomes of patients with carcinoid syndrome: experience of an ENET centre of excellence	**5. Full**	Outcomes for patients with a diagnosis of carcinoid syndrome treated at The Christie compare favourably with recent published SEER data; higher overall median survival may be partly attributable to availability of more accurate follow-up data in a ENETs Centre of Excellence.	No recommendations for service improvement are indicated at this time.	European Society of Medical Oncology annual conference, September 2017
SE17/1935 Cholangiocarcinoma - review of information and support	**5. Full**	Most patients receive information regarding their diagnosis, this is mainly delivered verbally. Patient would like information given in many ways, verbally, written and on line, most patients requesting written content. Patients require information on: the	No actions for The Christie	AMMF cholangio-carcinoma charity, May 2017

		condition, treatment, symptoms of their cancer (jaundice, pain, diet), what happens in the future. Most patients know who to call in regards to managing issues – most contact with the CNS. Most patients hadn't heard of the national charity.		
SE17/1955 Evaluation of the effectiveness of the early phase lung cancer clinical trials	**3. Partial**	Expansion enabled lung cancer patients to participate in 19 trials compared to 11 before expansion, with patient numbers increasing from 39 to 113. Unfortunately response rates were higher prior to expansion although disease controls rates were better. Analysis of progression free survival and overall survival were not statistically significant to allow conclusions to be drawn.	Although expansion has provided more opportunities for lung cancer patients to participate in clinical trials, limitations of the study were identified and the need for future re-audit was acknowledged in order to explore the impact of ongoing expansion and the effect on lung cancer clinical trial patients. Running a separate audit within ECMT to look at screen failures across all studies/all disease types.	APEP student presentations, Jul 2017
SE17/1959 An Audit of Sutent and Pazopanib in Treatment of	**4. Significant**	Overall performance of both first line TKIs in our unselected population	Through the findings of both drugs showing no benefit among	Regional renal cancer meeting in Birmingham,

MRCC in Manchester		cohort met expectation. Severe grade toxicities leading to discontinuation remained low despite significant numbers of poor prognosis patients. Survival for Favourable prognostic risk groups (both MSKCC and Heng) is particularly good for patients on Pazopanib – this is the reverse of our preconceptions.	patients with poor prognostic risk or performance status, clinicians are now more assured in recommending best supportive care to preserve patient quality of life or clinical trial if available, compared to before.	Apr 2017
SE17/1961 Assessment of AEs and SAEs of the last 100 patients recruited to IMP trials within the Experimental Cancer Medicine Team.	**3. Partial**	Lung and breast cancer patients in phase I trials experienced the most variety of AEs and SAEs. Administration of immunotherapy agents, molecularly targeted agents and antibody drug conjugates also had toxicities related to them, however these toxicities are treatable and monitorable. Types of toxicities patients mostly experience are haematological toxicities and infections. The rates of AEs and SAEs were dissimilar to other experimental cancer medicine centres. It is still	Await the digital ECMC programme to be introduced at The Christie, so that AEs and SAEs can be recorded on a web based database. Further study of toxicities when patients have received dose reduction would be helpful.	MSc report, Oct 2017

		unclear whether the dissimilarities are due to the patient population, or the nature of the trials that are undertaken. Our findings show that although dose reduction in the trial was introduced, most of the patients experienced the same AE.		
SE17/1969 Primary central nervous system lymphoma (PCNSL) treatment re-audit	**3. Partial**	Compared to our European colleagues, we dose reduce fewer patients in cycle 1 (24% vs 40%) and more patients in cycle 4 (77% vs 51%), our cycle 1 toxic death rates are higher (14% vs 7%), and fewer patients complete 4 cycles (median 3 vs 4 cycles). We are consolidating fewer patients (41% vs 53%). Accepting all the caveats of small numbers, it would appear that we are treating more aggressively than the rest of Europe.	Lymphoma team now implementing dose reductions , dexamethasone in pre-phase and patient selection re ECOG/age for MATRix as options to abrogate first cycle effect. if results of a re-audit still show infective deaths in cycle 1 despite these measures, will consider Fluroquinolone prophylaxis.	Lymphoma team, Sep 2017
SE17/1974 A clinical review of the management and clinical outcomes of suspected drug-	**2. Weak**	The true incidence of DIILD at The Christie remains unknown. The initial results of this audit identify a	Results will inform local management pathways as well as our participation in the EORTC	APEP presentations at The Christie, Jul 2017

induced pneumonitis at The Christie		significant proportion of patients are severely impacted as a result of DIILD. There was great variability in the amount of time taken for a diagnosis to be reached, with little consensus established for the management and follow up amongst these patients.	study. The consideration of a radiological biomarker to eliminate interobserver variation amongst radiologists. 4-weekly radiological and clinic follow up should be continued until both symptomatic and radiological resolution of DIILD has been confirmed Implementation of the protocol formed for diagnostic and management purposes across the Christie Trust. PFTs should be performed at The Christie to aid the diagnostic process.	
SE17/1992 Clinical outcomes of carboplatin and etoposide chemotherapy in patients with extra-pulmonary neuroendocrine carcinomas	**4. Significant**	Carboplatin/etoposide chemotherapy for patients with advanced EP-PD-NECs is associated with activity and efficacy in real-life, comparable to that reported in the current literature. The presence of liver metastases is a potential prognostic/predictive factor for shorter progression free survival	As current practice is in line with data from current literature, no action identified.	Poster presentation UKINETS, 2017

		and overall survival although this finding requires further confirmation. The toxicity profile is manageable, with no significant differences reported between first and second-line treatment, and adequate dose-intensity was maintained.		
SE17/2000 Review of response rates times to progression and survival in patients receiving selective internal radiation therapy for breast cancer liver metastases.	**4. Significant**	Selection Internal Radiation Therapy with Y-90 resin microspheres with OLFOX/5FU has high response rates and encouraging PFS and OS in pre-treated liver predominant metastatic breast cancer. Given on average after 3 lines of systemic therapy, a median survival of over 2 years in Liver Predominant Metastatic Breast Cancer is highly encouraging.	All patients should be discussed at multi-disciplinary meeting and chosen carefully between oncologist and liver directed therapy team. In addition to standard PET-CT/CT, high risk patients and all HER-2 positive patients should have a screening brain MRI scan prior to SIRT. SIRT with FOLFOX does not seem to affect the ability to give further lines of therapy and can be considered as a treatment option for breast cancer patients with liver	Breast Cancer Symposium, San Antonio 2017

			metastases.	
Nursing - NS	**Count: 5**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
16/1651 Falls Care Plan Re-audit 2016	**3. Partial**	The compliance to the standards of care for patients who fell have increased, with the exception of informing the next of kin. The use of the 'Falls Incident' proforma on CWP has dropped significantly. In the previous audit there was a greater number of falls reported on CWP than on Datix, however, this time only 35% of falls reported on Datix even had a CWP 'Falls Incident' proforma completed. Only 35% of patients observed with bedrails in place had a corresponding 'Bedrail Assessment' on CWP. For those that had a bedrail assessment the documentation was good with the exception of recording discussion with 'Relatives' &	Reminder sent to staff to update CWP once next of kin have been informed of an inpatient fall and to raise an incident on Datix. Review incident report form for falls and consider value of additional fields in Datix to record other details. Re-audit in a year.	Falls Prevention Committee, Sep 2017

		'MDT/Other Colleagues'.		
17/1967 Lymphoma patient irradiated blood product policy compliance re-audit	**3. Partial**	A significant improvement in the percentage of patients receiving irradiated blood product written information has been observed (increase from 39% to 82%). The number of near misses reported in the first 6 months of 2017 was 5, compared to 33 in total in 2016.	Disseminated results to lymphoma team, Hospital Transfusion and Patient Safety Committees. Continue original audit recommendations. Remind research nurses, HTDU and TYA nurses to check with patients starting HL treatment or relevant chemotherapy whether they have received written information. Continue to educate ward medical and nursing teams about the irradiated blood product policy.	Hospital Transfusion Committee, 2017; Patient Safety Committee, Jan 2018
17/1986 Christie CODE: Ward 4	**5. Full**	Achieved Gold CODE status	None	CODE Quality Panel, May 2017
17/1987 Christie CODE: Ward 12	**5. Full**	Achieved GOLD status	None	CODE Quality Panel, Jun 2017
17/1988 Christie CODE: Ward 11	**5. Full**	Achieved GOLD status	None	CODE Quality Panel, Aug 2017

Paediatric & Young Oncology	Count: 1	Summary of Findings	Core Recommendations	Date and Place of Presentation
17/1924 Re-audit fluid administration in TYA patients receiving nephrotoxic chemotherapy	**4. Significant**	There is high compliance with the standards in this re-audit, representing a significant improvement from the previous study believed to be largely as a result of ongoing education of nursing staff. Medical and nursing documentation of fluid balance have much improved. Methotrexate levels are now uniformly acknowledged due to CWP. End of treatment GFRs were measured more frequently than during the previous audit but are still not uniformly assessed in this high risk, young population. Documentation of weight was better than in 2008 but there are still almost 20% of admissions for which weight was not recorded sufficiently, despite several patients needing diuretics for infusional fluid-related weight gain. Documentation of key urine toxicity	Education of new nursing staff to continue to the current high standard. Emphasis to be given to daily weights for nephrotoxic chemo requiring high fluid volumes and urinalysis of every urine sample. Medical staff aware that all patients should have end of treatment GFR as a minimum, and interval assessment using calculated or isotopic GFR.	YOU clinical governance meeting, May 2018; Trust M&M meeting, Apr 2018

		parameters has improved significantly when measured per day. The audit did not record what proportion of all urines documented urinalysis findings. Significant extra volumes of fluid continue to be given in addition to those prescribed with chemotherapy.		
Radiotherapy	**Count: 4**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
SE17/1939 A service evaluation of flamigel for patients with radiotherapy skin reaction	**4. Significant**	Patients find flamigel helpful. The majority of patients found that flamigel soothed the area. The majority of patients found that flamigel helped with puritis. 29% of patients has flamigel stopped due to skin breakdown. Whether flamigel reduces the incidence of a skin reaction is unclear from this evaluation. Therefore we have been unable to identify patient groups who will benefit most from Flamigel.	It was agreed that although patients find Flamigel beneficial – due to no clear outcomes on the reduction in radiotherapy skin reaction grade, or cost improvement to the trust. Flamigel will not become the standard of care at present.	Radiotherapy skin care steering committee, Feb 2018

16/1744 Re-audit of delays in the clinical pathway of patients attending for emergency treatment for Metastatic Spinal Cord Compression (MSCC)	**2. Weak**	Compliance with completion of the clinical pathway within 5 hours of arrival in the department has fallen significantly since the previous audit in 2014. Only 35% of patients met the 5 hour clinical pathway with an average of 5 hours and 26 minutes. The total recorded potentially avoidable delays average as 2 hours and 36 minutes, ranging from 1 hour 37 minutes, to 4 hours. Reasons for delays were mainly to doctor availability and radiotherapy department resourcing.	Development of a business case for the role of a palliative consultant radiographer who is appropriately trained to undertake the full management of patients requiring palliative treatment (inclusive of MSCC) with support from the clinical oncology team, radiotherapy management and both networked services and cancer centre services. A revised job description is in development. Following completion of the linac replacement programme, in times of high levels of treatment referrals, MSCC patients will be rotated around the treatment machines and prioritised for treatment whilst minimising impact on scheduled treatments. It is intended that the palliative consultant radiographer will progress A standard time to	Clinical Oncology Consultants Meeting, June 2017; Networked Services Divisional Board, TBC 2017

			complete the clinical pathway should be implemented within the department and monitored to ensure optimal efficiency of the pathway is maintained. Re-audit a year after implementation of recommendations.	
CE16/1728 A prospective evaluation of a dietary information sheet and its effect on bowel reproducibility during prostate radiotherapy treatment.	**4. Significant**	Rectal instability can be reduced for patients who presented with rectal gas on CBCT by giving patients a gas reducing dietary sheet. A reduction of both rCSA and RGP may lead to increased precision of treatment and reduce the need for the patient to be removed from the treatment couch. Written instructions can increase compliance and reduce staff time for explanations. This confirms the effectiveness of current practice.	Therapy radiographers should continue to give out and document when dietary advice given to patients to allow repeated assessment compared with xvi images. Therapy radiographers should consider how they communicate patient removal off the couch considering it can be very worrying for patients (especially with technical jargon). Psychological research about patients stress and anxiety around being removed from the bed due to bowel gas has no attention in the literature and	ScOr conference Sep 2018; Therapy radiographers, Dec 2017

			warrants further research.	
SE17/1859 Evaluation of patient positioning and comfort using the QFix Arm Shuttle Elite for patients undergoing radiotherapy to the thorax.	**4. Significant**	Based on the staff and patient survey results, the Elekta Wing step immobilisation was considered the most comfortable and suitable for patients undergoing radical lung radiotherapy.	Develop a working group and present to Medical Devices Committee prior to use for patient radiotherapy. Collect set-up data using the Elekta Wingstep for a group of patients receiving radical radiotherapy to the lung and compare this data to current lung immobilisation set up data.	Imaging and immobilisation meeting in the radiotherapy department; Dec 2017
Stem Cell Transplant	**Count: 1**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
16/1800 SIRS to Needle on Palatine Ward	**3. Partial**	Three quarters of the patients in the sample over 4 months received antibiotics within an hour of SIRS trigger, which was a small increase on the previous audit. A large contributing factor to delayed target times was seeking medical or Outreach advice instead of proactively conducting the PGD first. All eligible	The trust also has recently changed the sepsis policy which is under review due to proposed algorithms and policies slightly differing to CWP care plans. The infection care plan on CWP is under review to allow for further capture of suspected sepsis. Further training will be provided	Haematology Quality meeting, Mar 2017

		staff are PGD trained.	to utilise the care plan correctly and this will make data in future audits more robust. Discussed with Sepsis CNS to ensure Outreach aware of correct advice to give. Retrain staff involved in breaches. Arranged ward meeting to include reminder to team of need to PGD for other members of staff and discuss importance of documentation. Re-audit once New Sepsis Care Plan and policy are embedded.	
Transfusion	**Count: 9**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
16/1678 Patient information leaflets re-audit	**3. Partial**	Main area of non-compliance is in regard to patients receiving the blood transfusion information leaflet - 68%	Re-issue and educate staff in outpatient departments to provide the pre and post transfusion information sheets to the patients who will be requiring transfusions. Send out posters and leaflets for	Aug 2017, Hospital Transfusion Committee

			patient areas in OPD and ORTC.	
16/1716 2016 Re-Audit of Patient Blood Management in Scheduled Surgery	**4. Significant**	Christie did not have any eligible cases to submit to this national audit.	The national recommendations were reviewed and an action plan is being devised for those few that are not already within current policies and procedures and are felt to be applicable here. This includes for example anaemia screening.	Hospital Transfusion Committee, May 2018
17/1864 Wristband Audit re-audit	**5. Full**	All standards achieved 100%	To incorporate the standards from this audit into the 'Bedside Audit' that is regularly undertaken.	Aug 2017, Hospital Transfusion Committee
17/1996 Nurse Practitioner Blood Prescribing Re-Audit 2017	**4. Significant**	The additional standard included in this current audit, 'Practitioner has completed the e-learning training', only achieved a compliance of 45% as this is a new requirement. The compliance across the other standards including competency training remains high - achieved 100% for 17/18 standards with decision to transfuse in	Feedback results to Practitioner prescribers.	Hospital Transfusion Committee, Nov 2017

		the patient notes being 93% compliant.		
17/1997 Bedside Transfusion Re-Audit 2017	**4. Significant**	Overall there appears to be a standard level of practice and some areas of positive increased percentage of compliance. There were 2 cases of no wristband in situ when patient had a transfusion. Legibility of prescriber and transfusion information for the patient require improvement.	Raise incident and report externally the non-compliance with patient identification wristbands. Progress with electronic prescribing which requires the prescriber to log in. Ensure patient information leaflets are going out with the blood products from the lab following discussion with the blood bank manager. 4. Ask pre-op to provide patients with blood transfusion leaflets	HTC, Nov 2017
17/2036 Out of Hours Transfusion re-audit 2017	**3. Partial**	A visible decline in the percentage of recording the requirement for out of hour's transfusion. This audit has also identified the time process from issued blood products to administering and identified that although the product may be ready in hours it is not being	Electronic prescribing system to address issues, re audit when implemented	HTC, Nov 2017

		transfused until out of hours.		
17/2040 Blood Prescription Re-Audit 2017	**4. Significant**	There has been a noticeable decrease in certain aspects of the prescription chart compliance. The main concern is the illegibility of the prescriber.	To move and progress towards electronic prescribing. Share audit with medical and nurse clinician teams. Gain approval at HTC.	HTC, Nov 2017
18/2115 Pre-Op Nurse Blood Request Re-audit 2018	**4. Significant**	Full compliance with Special requirements has been sustained. All other compliance remains at 100% with the exception of 'Time required' which is steadily improving and 'Date required' which was only partially recorded by one.	To Send report to Pre-op practitioners and Speak to individuals involved and advise them to select 8am as allocated time of requirement. Re-audit in 2 years.	Hospital Transfusion Team, Feb 2018; Hospital Transfusion Committee, May 2018
S17/2094 Staff survey to evaluate the new electronic prescribing of Blood transfusions	**5. Full**	A small proportion found it very and quite difficult to navigate the form. The vast majority said that overall, using the new form will improve transfusion practice. Two thirds said they thought things could be changed on the form and some indicated the form required some corrections. There was a range of suggestions,	Develop system change if required for item raised by staff (if not already been addressed)	

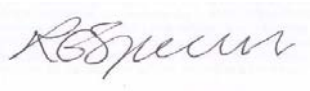
		across all staff groups.		
Other Division				
Education	**Count: 1**	**Summary of Findings**	**Core Recommendations**	**Date and Place of Presentation**
17/2164 Venepuncture Observational re-audit 2017	**4. Significant**	21/24 standards received a Green RAG rating, with 20/24 achieving 100% compliance. Areas of improvement include the safety device on the needle to be activated properly and blood bottles to be labelled correctly		

Consolidated Accounts of The Christie NHS Foundation Trust 2017-2018

FOREWORD TO THE ACCOUNTS

THE CHRISTIE NHS FOUNDATION TRUST

The Annual Accounts of The Christie NHS Foundation Trust for the year ended 31 March 2018 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
24 May 2018

Consolidated Accounts of The Christie NHS Foundation Trust 2017-2018

Statement of Comprehensive Income for the Year Ending 31 March 2018

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2017-2018	**2017-2018**	2016-2017	2016-2017
		£000	**£000**	£000	£000
Operating income	3	**343,358**	**341,325**	264,732	267,674
Operating expenses	4	**(269,655)**	**(269,691)**	(244,160)	(244,202)
Operating surplus/ (deficit)		**73,703**	**71,634**	20,572	23,472
Finance income	8.1	**242**	**101**	197	91
Finance costs - financial liabilities	8.2	**(945)**	**(945)**	(701)	(701)
Finance costs - unwinding of discount on provisions	17	**(17)**	**(17)**	(9)	(9)
PDC dividends payable		**(7,150)**	**(7,150)**	(5,062)	(5,062)
Gains/(Loss) on disposal of assets		**0**	**0**	0	0
Gains/(Loss) on revaluation and disposal of investment assets	11.3	**8**	**0**	42	0
Net finance costs		**(7,862)**	**(8,011)**	(5,533)	(5,681)
Share of profit of joint venture accounted for using the equity method	11.1	**5,113**	**5,113**	5,071	5,071
Surplus/ (deficit) for the year		**70,954**	**68,736**	20,110	22,862
Other comprehensive income					
Revaluation gains/ (losses) on Property, Plant and Equipment		**5,385**	**5,385**	8,578	8,578
Revaluation gains/ (losses) on intangible assets		**0**	**0**	0	0
Fair value gains/ (losses) on available for sale financial investments		**0**	**0**	0	0
Actuarial gains/ (losses) on defined benefit pension schemes		**0**	**0**	0	0
Other recognised gains and losses		**0**	**0**	0	0
Other Reserve Movements		**0**	**0**	0	0
Total comprehensive income for the year		**76,339**	**74,121**	28,688	31,440

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited, The Christie Charitable Fund and The Christie Charity Trading Company.

The notes on pages 6 to 47 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2017-2018

Statement of Financial Position as at 31 March 2018

	Note	**Group** **31 March 2018**	**NHS Foundation Trust** **31 March 2018**	Group 31 March 2017	NHS Foundation Trust 31 March 2017
		£000	**£000**	£000	£000
Non- Current Assets					
Intangible assets	9	**811**	**811**	1,547	1,547
Property, Plant and Equipment	10	**320,159**	**320,159**	276,502	276,502
Investments in joint ventures	11.1	**26,641**	**26,641**	21,828	21,828
Investment assets	11.3	**517**	**0**	500	0
Trade and other receivables	13.1	**0**	**1,515**	0	0
Total non-current assets		**348,128**	**349,126**	300,377	299,877
Current assets					
Inventories	12	**2,511**	**578**	595	557
Trade and other receivables	13.1	**81,295**	**88,858**	33,760	43,251
Other financial assets	13.4	**57**	**8**	132	18
Non current assets held for sale and assets in disposal groups	10.6	**0**	**0**	0	0
Cash and cash equivalents	14.1	**94,283**	**35,413**	87,646	29,067
Total current assets		**178,146**	**124,857**	122,133	72,893
Current Liabilities					
Trade and other payables	15.1	**(30,404)**	**(29,957)**	(41,854)	(41,725)
Borrowings	16	**(1,829)**	**(1,829)**	(1,068)	(1,068)
Provisions for liabilities and charges	17	**(107)**	**(107)**	(140)	(140)
Other liabilities	15.2	**(2,095)**	**(2,095)**	(3,166)	(3,166)
Tax payable	15.1	**(2,490)**	**(2,475)**	(2,301)	(2,301)
Total current liabilities		**(36,925)**	**(36,463)**	(48,529)	(48,400)
Total assets less current liabilities		**489,349**	**437,520**	373,981	324,370
Non-current liabilities					
Trade and other payables	15.1	**0**	**0**	0	0
Borrowings	16	**(44,527)**	**(44,527)**	(14,767)	(14,767)
Provisions for liabilities and charges	17	**(653)**	**(653)**	(833)	(833)
Other liabilities	15.2	**(10,571)**	**(10,571)**	(16,342)	(16,342)
Total non-current liabilities		**(55,751)**	**(55,751)**	(31,942)	(31,942)
Total assets employed		**433,598**	**381,769**	342,039	292,428
Financed by taxpayers' equity					
Public dividend capital	24	**141,966**	**141,966**	126,746	126,746
Revaluation reserve		**41,545**	**41,545**	41,223	41,223
Income and expenditure reserve		**198,258**	**198,258**	124,459	124,459
Financed by others' equity					
Charity Reserves	27	**51,783**		49,611	0
Pharmacy subsidiary reserves	29	**46**			
Total Taxpayers' and Others' Equity:		**433,598**	**381,769**	342,039	292,428

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited, The Christie Charitable Fund and The Christie Charity Trading Company.

The accounts on pages 1 to 47 were approved by the Board of Directors on 24 May 2018 and signed on its behalf by:

Roger Spencer
Chief Executive

Date: 24 May 2018

Consolidated Accounts of The Christie NHS Foundation Trust 2017-2018

Statement of changes in taxpayers' equity for the year ended 31 March 2018

	Group						
	Minority interest	**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**	**£000**
Taxpayers' equity at 1 April 2017	**0**	**126,746**	**41,223**	**124,459**	**49,611**	**0**	**342,039**
Total comprehensive income for the year							
Retained surplus/(deficit) for the year	**0**	**0**	**0**	**68,736**	**2,172**	**46**	**70,954**
Revaluation gains/(impairment losses) on Property, Plant and Equipment	**0**	**0**	**5,385**	**0**	**0**	**0**	**5,385**
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising fro the consumption of economic benefits			**(5,053)**	**5,053**			**0**
Transfer to retained earnings on disposal of assets			**(10)**	**10**			**0**
Public dividend capital received	**0**	**15,220**	**0**	**0**	**0**	**0**	**15,220**
Taxpayers' equity at 31 March 2018	**0**	**141,966**	**41,545**	**198,258**	**51,783**	**46**	**433,598**
Taxpayers' equity at 1 April 2016	0	95,666	32,645	101,597	52,363	0	282,271
Total comprehensive income for the year							
Retained surplus/(deficit) for the year	0	0	0	22,862	(2,752)	0	20,110
Revaluation gains/(impairment losses) on Property, Plant and Equipment	0	0	8,578	0	0	0	8,578
Public dividend capital received	0	31,080	0	0	0	0	31,080
Taxpayers' equity at 31 March 2017	0	126,746	41,223	124,459	49,611	0	342,039

The notes on pages 6 to 47 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2017-2018

Statement of changes in taxpayers' equity for the year ended 31 March 2018

	NHS Foundation Trust				
	Minority interest	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total taxpayers' equity
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017	**0**	**126,746**	**41,223**	**124,459**	**292,428**
Total comprehensive income for the year					
Retained surplus/(deficit) for the year	**0**	**0**	**0**	**68,736**	**68,736**
Revaluation gains/(impairment losses) on Property, Plant and Equipment	**0**	**0**	**5,385**	**0**	**5,385**
Transfer from revaluation reserve to Income and Expenditure Reserve for impairments arising fro the consumption of economic benefits	**0**	**0**	**(5,053)**	**5,053**	**0**
Transfer to retained earnings on disposal of assets	**0**	**0**	**(10)**	**10**	**0**
Public dividend capital received	**0**	**15,220**	**0**	**0**	**15,220**
Taxpayers' equity at 31 March 2018	**0**	**141,966**	**41,545**	**198,258**	**381,769**
Taxpayers' equity at 1 April 2016	**0**	**95,666**	**32,645**	**101,597**	**229,908**
Total comprehensive income for the year					
Retained surplus/(deficit) for the year	**0**	**0**	**0**	**22,862**	**22,862**
Revaluation gains/(impairment losses) on Property, Plant and Equipment	**0**	**0**	**8,578**	**0**	**8,578**
Public dividend capital received	**0**	**31,080**	**0**	**0**	**31,080**
Taxpayers' equity at 31 March 2017	**0**	**126,746**	**41,223**	**124,459**	**292,428**

The notes on pages 6 to 47 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2017-2018

Cash Flow Statement for the Year Ending 31 March 2018

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2017-2018	**2017-2018**	2016-2017	2016-2017
		£000	**£000**	£000	£000
Cash flows from operating activities					
Operating surplus/ (deficit)		**73,703**	**71,634**	20,572	23,472
Depreciation and Amortisation	4.1	**11,525**	**11,525**	10,885	10,885
Net Impairments	4.1	**7,675**	**7,675**	(3,860)	(3,860)
(Increase)/decrease in trade and other receivables		**(47,567)**	**(47,154)**	(14,157)	(23,498)
(Increase)/decrease in inventories		**(1,916)**	**(21)**	(210)	(211)
Increase/(decrease) in trade and other payables		**1,669**	**1,351**	(699)	(622)
Increase/(decrease) in other liabilities		**(6,842)**	**(6,842)**	1,416	1,416
Increase/(decrease) in provisions		**(230)**	**(230)**	78	78
Increase/(decrease) in tax payable		**189**	**174**	348	348
Net cash inflow/(outflow) from operating activities		**38,206**	**38,112**	14,373	8,008
Cash flows from investing activities					
Interest received	8.1	**242**	**101**	197	91
Purchase of Financial Assets		**(37)**	**0**	(101)	(10)
Sales of financial assets		**168**	**75**	56	5
Purchase of intangible assets		**0**	**0**	(283)	(283)
Purchase of Property, Plant and Equipment		**(69,825)**	**(69,825)**	(55,716)	(55,716)
Net cash inflow/(outflow) from investing activities		**(69,452)**	**(69,649)**	(55,847)	(55,913)
Cash flows from financing activities					
Public dividend capital received	24	**15,220**	**15,220**	31,080	31,080
Loans received	16	**31,589**	**31,589**	0	0
Loans Repaid		**(912)**	**(912)**	(911)	(911)
Capital element of PFI obligations		**(157)**	**(157)**	(149)	(149)
Interest paid		**(724)**	**(724)**	(679)	(679)
Interest element of PFI obligations	8.2	**(15)**	**(15)**	(22)	(22)
PDC Dividend paid		**(7,118)**	**(7,118)**	(5,086)	(5,086)
Net cash inflow/ (outflow) from financing activities		**37,883**	**37,883**	24,233	24,233
Net increase/(decrease) in cash and cash equivalents	14.1	**6,637**	**6,346**	(17,241)	(23,672)
Cash and cash equivalents at 1 April	14.1	**87,646**	**29,067**	104,887	52,739
Cash and cash equivalents at 31 March	14.1	**94,283**	**35,413**	87,646	29,067

The Group position includes The Christie NHS Foundation Trust, The Christie Pharmacy Limited, The Christie Charitable Fund and The Christie Charity Trading Company.

The notes at pages 6 to 47 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2017-18
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 2017-18 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.

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) The Trust has made a judgement to defer some of the income received in 2017-18 where that income has been received to specifically fund an activity which will occur in a future financial year - see note15.

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.
In 2017-18 The Trust has updated its methodology for the valuation of land, and this has been applied for the 2017-18 accounting period. The valuation of land now reflects that the Trust's services could be provided at an alternative physical location. The Trust has taken professional advice from District Valuer Services (Value Office Agency) to identify and evaluate the alternative site included in the 2017-18 accounts.

(b) Calculation of provisions - see note 1.12 and 17.

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, The Christie Charity Trading Company (TCCTC) and The Christie Pharmacy Limited which are consolidated on a line-by-line basis.

The Christie Charitable Fund and The Christie Charity Trading Company

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 Christie Charity Trading Company (TCCTC) is consolidated into The Christie Charitable Fund accounts as TCCTC is deemed to be a subsidiary of The Christie Charitable Fund as its purpose was to carry on business as a general commercial company to procure profits and gains for the purpose of paying them to The Christie Charitable Fund. The Christie Charitable Fund holds 10 ordinary £1 shares in TCCTC which is 100% of the available shares.

TCCTC was incorporated on 27 April 2009 and ceased trading on 31August 2017. An application to strike off the company has been made to Companies House.

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: 11-27496). 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 period from 23 October 2017 to 31 March 2019 in accordance with Financial Reporting Standards (FRS) 102. For consolidation at 31 March 2018, management accounts will be prepared for the period 23 October 2017 to 31 March 2018.

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 draft accounts to 31 December 2017 and management accounts for the period to 31 March 2018.

1.2 Income

1.2.1 Trust Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity (treating Research & Development as one activity) that is to be delivered in the following year, that income is deferred.

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.

1.2.2 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.

1.2.3 The Christie Pharmacy Limited Income

Income in respect of services provided is recognised when and to the extent that performance occurs and is measured at the fair value of the consideration receivable. 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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.

1.3.2 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.

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 professional valuations in accordance with IAS16 every five years, with an interim valuation every three years. The Trust may also value its land and buildings annually by an independent professional valuer. 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 interim valuation was undertaken by Mrs S Hall (MRICS) of the Valuation Office Agency. The next five yearly full valuation will be carried out in 2018-19.

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. Residual interests in on-Statement of Financial Position PFI contract assets are not depreciated until the asset reverts to the Trust.

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.

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.

1.5 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 (SOCI) 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 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. The underlying assets are recognised as PPE at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the effective interest rate for the scheme.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the SOCI.

Where the balance of the risks and rewards of ownership of the PFI property are borne by the PFI operator, the PFI payments are recorded as an operating expense. Where the Trust has contributed land and buildings, a prepayment for their fair value is recognised and amortised over the life of the PFI contract by charge to the SOCI. Where, at the end of the PFI contract, a property reverts to the Trust, the difference between the expected fair value of the residual on reversion and any agreed payment on reversion is built up over the life of the contract by capitalising part of the unitary charge each year, as a tangible non current asset.

1.8 Government grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.9 Research

The revenue costs of personnel, consumables, etc. engaged in research and development activities is shown as direct expenditure of the Trust. Some of these activities are funded through charitable sources and therefore an amount corresponding to the expenditure charged to the SOCI is included in operating income from charitable and other contributions to expenditure.

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a monthly basis.

Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible NHS foundation trusts disclose the total amount of research and development expenditure charged in the SOCI separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.10.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property, plant or equipment. The lease liability is de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the SOCI.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line 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.

1.10.2 The Trust as lessor

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

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.11 Financial Instruments and Financial Liabilities

Recognition

Financial assets and financial liabilities arising from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the NHS Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as loans and receivables.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investment, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health and Social Care are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

Financial Liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current financial liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance Property, Plant and Equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision.

1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury. The discount rate applicable on 31 March 2018 is 0.10% (2016-17 0.24%).

Clinical negligence costs

NHS Resolution (formerly NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 17 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust 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.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC, from the trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable as PDC dividend. The charge is calculated at the rate set by the 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.

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 balance).

(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

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.16 Non Current Asset Investments

1.16.1 Recognition and Measurement

Non current asset investments are stated at fair value at the balance sheet date.

1.16.2 Realised and unrealised gains and losses

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening fair value (or cost if purchased since the previous period end). Unrealised gains and losses are calculated as the difference between fair value at the year end and the opening fair value (or cost if purchased since the previous period end).

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 18, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

● possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

● present obligations arising from past events but for which it is not probable that a transfer of economic benefit will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Corporation tax

Under s519A ICTA 1988 the Trust is regarded as a Health Service body and is, therefore, exempt from taxation on its income and capital gains. Section 148 of the 2004 Finance Act provided the HM Treasury with powers to disapply this exemption. Accordingly the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare and where the profits exceed £50,000 per annum. Activities such as staff and patient car parking and sales of food are considered to be ancillary to the core healthcare objectives of the Trust (and not entrepreneurial) and therefore not subject to corporation tax. Any tax liability will be accounted for within the relevant tax year.

The Trust's subsidiaries are subject to corporation tax on commercial activities. No material corporation tax or deferred tax assets or liabilities have arisen in the year to 31 March 2018.

1.19 Value Added Tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the

1.20 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

● monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;

● non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and

● non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date fair 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.

1.21 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and Special Payments are charged to the relevant functional headings in the 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.

1.22 Accounting standards issued but not yet adopted

The International Accounting Standards Board (IASB) has issued a number of new accounting standards for implementation in future years. We have considered these and it is unlikely that they will have a material impact on the financial accounts.

- IFRS 9 Financial Instruments - application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by FReM.
- IFRS 15 Revenue from Contracts with Customers - application required for accounting periods beginning on or after 1 January 2018 but not yet adopted by FReM.
- IFRS 16 Leases - application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by FReM.
- IFRS17 Insurance Contracts – application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by FReM.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration - application required for accounting periods beginning on or after 1 January 2018.

No accounting standards in issue have been adopted early.

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
		2017-2018	**2017-2018**	2016-2017	2016-2017
		£000	**£000**	£000	£000
Income from activities	3.1.1	**217,681**	**217,681**	200,276	200,276
Other operating income	3.2	**125,677**	**123,644**	64,456	67,398
		343,358	**341,325**	264,732	267,674

3.1.1 Income from activities by type

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
			Restated	Restated
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Elective income	**44,920**	**44,920**	44,021	44,021
Non Elective income	**18,606**	**18,606**	16,194	16,194
Outpatient income*	**125,654**	**125,654**	118,863	118,863
Other types of activity income**	**28,501**	**28,501**	21,198	21,198
Total	**217,681**	**217,681**	200,276	200,276

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.

2016-17 income has been restated to reflect the revised approach used in 2017-18 to ensure that income associated with unbundled activity is correctly allocated to the core activity to which it relates.

* Outpatient income includes radiotherapy and chemotherapy ambulatory treatments and diagnostic imaging and tests.

** Other type of activity income includes income from drugs approved by NICE in year, income from CQUIN and other clinical activity.

3.1.2 Income from activities by source

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
NHS Foundation Trusts	**1,172**	**1,172**	629	629
NHS Trusts	**449**	**449**	330	330
Clinical Commissioning Groups (CCGs) and NHS England	**212,299**	**212,299**	195,284	195,284
Non English NHS Bodies	**3,761**	**3,761**	4,033	4,033
Total	**217,681**	**217,681**	200,276	200,276

3.2 Other Operating Income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Research and development	**21,459**	**21,459**	12,971	12,971
Education and training	**5,054**	**5,054**	3,910	3,910
Charitable and other contributions to capital expenditure	**0**	**2,986**	0	9,910
Charitable and other contributions to revenue expenditure	**0**	**10,259**	0	7,408
Non-patient care services to other bodies	**635**	**627**	524	524
Christie Medical Physics & Engineering	**7,579**	**7,579**	6,710	6,710
Joint venture - The Christie Clinic LLP*	**6,093**	**6,093**	5,846	5,846
Joint venture - The Christie Pathology Partnership LLP*	**1,237**	**1,237**	1,291	1,291
Joint venture - CPP Facilities LLP*	**687**	**687**	555	555
Sustainability and Transformation Fund income**				
Core	**1,495**	**1,495**	1,600	1,600
Incentive	**31,826**	**31,826**	1,116	1,116
Bonus	**1,627**	**1,627**	1,198	1,198
Income in respect of staff costs	**1,965**	**1,965**	2,265	2,265
Proton beam therapy***	**5,090**	**5,090**	2,580	2,580
Transformation monies****	**2,649**	**2,649**	2,317	2,317
Clinical excellence awards	**1,205**	**1,205**	1,230	1,230
Catering and other commercial income	**1,154**	**1,154**	1,875	1,875
Creche services	**739**	**739**	731	731
Property rentals	**759**	**760**	543	543
Car parking	**366**	**366**	345	345
Pharmacy sales	**11**	**12**	67	67
Donations, legacies and grants	**15,306**	**0**	14,376	0
Insurance*****	**16,599**	**16,599**	0	0
Other	**2,142**	**2,176**	2,406	2,406
Total	**125,677**	**123,644**	64,456	67,398

* 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 Sustainability and Transformation Fund (STF). The STF 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 to date.

**** Funding from the National Cancer Vanguard Programme from NHS England to transform cancer services.

***** Insurance - On 26th April 2017 a fire occurred on the hospital site. The fire caused significant damage to the Paterson building , which was occupied by the University of Manchester and Cancer Research UK. A commerical settlement has been agreed with the insurers as the Trust and its partners plan is to redevelop the building rather than replace the damaged property . The amount contained within note 3.2 above reflects the commercial settlement.

4. Operating Expenses

4.1 Operating expenses comprise:

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	Re-stated 2016-2017	Re-stated 2016-2017
	£000	**£000**	£000	£000
Services from Foundation Trusts	**5,610**	**5,610**	5,584	5,584
Services from NHS Trusts	**0**	**0**	755	755
Services from other NHS bodies	**3,415**	**3,415**	2,669	2,669
Executive directors' costs	**1,132**	**1,132**	1,009	1,009
Non-executive directors' costs	**139**	**140**	137	137
Staff costs	**120,348**	**120,095**	112,345	112,345
Drug costs	**68,659**	**69,031**	64,262	64,262
Supplies and services - clinical	**25,533**	**25,524**	24,520	24,520
Supplies and services - general	**3,149**	**3,146**	2,745	2,745
Establishment	**3,292**	**3,280**	3,277	3,277
Research & Development	**1,626**	**1,626**	2,537	2,537
Transport	**1,269**	**1,267**	1,072	1,072
Premises	**9,894**	**9,891**	10,364	10,364
Increase / (decrease) in provision for impairment of receivables	**12**	**12**	9	9
Increase / (decrease) in other provisions	**(199)**	**(199)**	97	97
Change in provisions discount rate	**10**	**10**	60	60
Net impairment of financial assets	**0**	**0**	(75)	(10)
Depreciation of Property, Plant and Equipment	**10,789**	**10,789**	10,265	10,265
Amortisation of intangibles	**736**	**736**	620	620
Net impairments of property, plant and equipment*	**7,675**	**7,675**	(3,860)	(3,860)
Audit fees	**69**	**58**	60	50
Other auditors' remuneration	**10**	**10**	21	21
Internal audit costs	**114**	**114**	121	121
Training, courses and conferences	**900**	**898**	952	952
Insurance and clinical negligence	**874**	**874**	608	608
Loss on disposal of Property, Plant and Equipment	**0**	**0**	0	0
Legal fees	**225**	**225**	287	287
Publishing	**349**	**349**	328	328
Consultancy costs	**1,860**	**1,855**	2,091	2,091
Other services	**261**	**259**	181	181
Redundancy and termination benefits	**654**	**654**	209	209
Losses, ex gratia and special payments**	**61**	**61**	6	6
Other	**1,189**	**1,154**	904	891
Total	**269,655**	**269,691**	244,160	244,202

* Following an independent valuation of the Trust's land and buildings, a net impairment change has arisen. This reflects impairments due to the Paterson building fire and the bringing in to use the new IPU and clinical trials facilities. Other properties have risen in value, and where these had suffered impairments through the SOCI in prior years, the revaluation has been reversed through the SOCI to the extent that the prior charge is exceeded.
** 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
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Audit services - statutory audit	**69**	**58**	60	50
Total	**69**	**58**	60	50

Group statutory audit fees include £11k for the Charity and £nil for The Christie Pharmacy Limited. The above fees are stated gross of VAT.

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
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Governance Assurance	**0**	**0**	1	1
Audit services - audit related regulatory reporting	**5**	**5**	15	15
Additional Reporting - Joint Ventures (Ernst Young)	**5**	**5**	5	5
Total	**10**	**10**	**21**	**21**

5. Operating leases

5.1 NHS FT as lessee

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Payments recognised as an expense				
Minimum lease payments	**36**	**36**	36	36
	36	**36**	36	36
Total future minimum lease payments				
Payable:				
Not later than 1 year	**5**	**5**	0	0
Later than 1 year not later than 5 years	**0**	**0**	5	5
Later than 5 years	**0**	**0**	0	0
Total	**5**	**5**	5	5

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 ends in May 2018.

5.2 NHS FT as lessor

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Recognised as income				
Rents	**2,566**	**2,566**	2,196	2,196
Contingent Rents	**0**	**0**	0	0
Total	**2,566**	**2,566**	2,196	2,196
Receivable:				
Not later than 1 year	**1,879**	**1,879**	2,218	2,218
Later than 1 year not later than 5 years	**7,645**	**7,645**	8,093	8,093
Later than 5 years	**18,259**	**18,259**	17,845	17,845
Total	**27,783**	**27,783**	28,156	28,156

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 entered into an agreement with The Christie Clinic LLP whereby the joint venture leases from the Trust a ward initially for four years. This has now been extended for a further four years until 14 September 2018.

The Trust granted a 5 year lease to the NHS Blood Transfusion Service for use of the Photophoresis Unit which expired on 30 November 2016. A lease was granted for a further 5 years on 1 December 2016.

The Trust granted a 10 year lease to The Christie Pathology Partnership LLP on 1 June 2014. The lease was novated to CPP Facilities LLP on 1 June 2016.

6. Employee costs

The Christie Charitable Fund do not employ any staff directly. The Christie NHS Foundation Trust recharges the Christie Charitable Fund for staff undertaking fundraising, management, finance and administration duties and for the staff undertaking the charitable activities of research, clinical care and other activities. These include the staff costs related to The Christie Charitable Fund Trading Company Limited.

The Group figures include employee expenses arising from the employment of staff by The Christie Pharmacy Limited.

In line with HM Treasury requirements, accounts disclosures relating to staff costs are now included in the Annual Report.

6.1 Employee expenses

	Group 2017-18 Total £000s	**Trust 2017-18 Total £000s**	Group 2016-17 Total £000s	Trust 2016-2017 Total £000s
Salaries and wages	**99,436**	**99,218**	93,361	93,361
Social security costs	**8,888**	**8,870**	8,248	8,248
Apprenticeship Levy	**444**	**444**	0	
Employers contributions to NHS Pensions	**11,643**	**11,643**	10,967	10,967
Pension costs - other contributions	**19**	**4**	4	4
Termination benefits	**46**	**46**	209	209
Agency / contract staff	**1,050**	**1,048**	774	736
Total	**121,526**	**121,273**	**113,563**	**113,525**

Capitalised staff costs are excluded from this note and total £1,009k (2016-17: £963k).

6.2 Early Retirements due to ill-health

During 2017-18 there was 1 early retirement (1 - 2016-17) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements are £50k (£164k - 2016-17). The cost of these ill-health retirements will be borne wholly by NHS Pensions.

6.3 Directors' Remuneration and Other Benefits

	Group 2017-2018 £000	**Trust 2017-18 £000**	Group 2016-2017 £000	Trust 2016-17 £000
Executive Directors' Remuneration	**895**	**895**	795	795
Employer contributions for national insurance	**129**	**129**	121	121
Employer contributions to the pension scheme	**108**	**108**	93	93

There is a total of 5 Executive Directors to whom benefits are accruing under defined benefit pension schemes.

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 2017-18 no remuneration was made to the Trustees of The Christie Charitable Fund (2016-17 £nil).

7.1 Better Payment Practice Code - measure of compliance

	Group		Group	
	2017-2018		2016-2017	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**32,006**	**212,826**	**28,289**	**168,351**
Total Non-NHS trade invoices paid within target	**30,353**	**205,849**	**26,639**	**157,973**
Percentage of Non-NHS trade invoices paid within target	**95%**	**97%**	**94%**	**94%**
Total NHS trade invoices in the year	**1,881**	**23,182**	**1,742**	**19,407**
Total NHS trade invoices paid within target	**1,410**	**20,708**	**1,451**	**16,079**
Percentage of NHS trade invoices paid within target	**75%**	**89%**	**83%**	**83%**

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 (2016-17: 85%).

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

	Group	Group
	2017-2018	2016-2017
	£000	£000
Amounts included within other interest payable arising from claims made under this legislation from claims made by small businesses.	**1**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

8. Finance costs and finance revenue

8.1 Finance income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Bank interest receivable	**227**	**87**	172	73
Interest on loans and receivables	**6**	**14**	18	18
Interest on held-to-maturity financial assets	**9**	**0**	7	0
Total	**242**	**101**	197	91

8.2 Finance costs - financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Interest on loans and overdrafts	**929**	**929**	679	679
Interest on late payment of commercial debt	**1**	**1**	0	0
Interest on obligations under PFI contracts	**15**	**15**	22	22
Total	**945**	**945**	701	701

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 2017-2018

	Group					
	Software purchased	**Software Internally generated**	**Licences and trademarks**	**Patents**	**Development Expenditure**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Gross cost at 1 April 2017	**3,025**	**0**	**0**	**0**	**0**	**3,025**
Additions - purchased	**0**	**0**	**0**	**0**	**0**	**0**
Additions - leased	**0**	**0**	**0**	**0**	**0**	**0**
Additions - purchased from The Christie Charitable Fund contributions	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications as held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Transfers (to)/from NHS bodies	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**
Revaluations	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**
Reversals of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Gross cost at 31 March 2018	**3,025**	**0**	**0**	**0**	**0**	**3,025**
Accumulated Amortisation						
Accumulated amortisation at 1 April 2017	**1,478**	**0**	**0**	**0**	**0**	**1,478**
Charged during the year	**736**	**0**	**0**	**0**	**0**	**736**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**
Reclassified as held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Transfers to NHS bodies	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**
Reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Accumulated amortisation at 31 March 2018	**2,214**	**0**	**0**	**0**	**0**	**2,214**
Net book value at 31 March 2017	1,547	0	0	0	0	1,547
Net book value - purchased at 31 March 2018	**811**	**0**	**0**	**0**	**0**	**811**
Net book value - PFI lease at 31 March 2018	**0**	**0**	**0**	**0**	**0**	**0**
Net book value - Purchased from the Christie Charitable Fund Contributions at 31 March 2018	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2018	**811**	**0**	**0**	**0**	**0**	**811**

9.2 Intangible assets 2016-2017

	Group					
	Software purchased	Software Internally generated	Licences and trademarks	Patents	Development Expenditure	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2016	2,742	0	0	0	0	2,742
Additions - purchased	283	0	0	0	0	283
Additions - leased	0	0	0	0	0	0
Additions - purchased from The Christie Charitable Fund contributions	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0
Transfers (to)/from NHS bodies	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Gross cost at 31 March 2017	3,025	0	0	0	0	3,025
Accumulated Amortisation						
Accumulated amortisation at 1 April 2016	858	0	0	0	0	858
Charged during the year	620	0	0	0	0	620
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers to NHS bodies	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Accumulated amortisation at 31 March 2017	1,478	0	0	0	0	1,478
Net book value at 31 March 2016	1,884	0	0	0	0	1,884
Net book value - purchased at 31 March 2017	1,547	0	0	0	0	1,547
Net book value - PFI lease at 31 March 2017	0	0	0	0	0	0
Net book value - Purchased from the Christie Charitable Fund Contributions at 31 March 2017	0	0	0	0	0	0
Net book value at 31 March 2017	1,547	0	0	0	0	1,547

10. Property, Plant and Equipment

All Property, Plant and Equipment of The Christie NHS Foundation Trust Group are held by The Christie NHS Foundation Trust. The Christie Charitable Fund and The Christie Pharmacy Limited do not hold any Property, Plant and Equipment Assets.

10.1 Property, Plant and Equipment 2017-2018

	Group								
	Land	**Buildings excluding dwellings**	**Dwellings**	**Assets under construction and payments on account**	**Plant and machinery**	**Transport equipment**	**Information technology**	**Furniture and fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cost or Valuation at 1 April 2017	**12,455**	**184,659**	**0**	**91,991**	**50,554**	**33**	**6,612**	**0**	**346,304**
Additions - purchased	**0**	**1,530**	**0**	**48,562**	**2,777**	**0**	**881**	**0**	**53,750**
Additions - purchased from The Christie Charitable Fund contributions	**0**	**0**	**0**	**2,846**	**140**	**0**	**0**	**0**	**2,986**
Impairments charged to Operating Expenses	**(1,225)**	**(2,338)**	**0**	**0**	**0**	**0**	**0**	**0**	**(3,563)**
Impairments charged to Revaluation Reserve	**(5,185)**	**(1,805)**	**0**	**0**	**0**	**0**	**0**	**0**	**(6,990)**
Reversal of impairments credited to operating expenses	**0**	**5,793**	**0**	**0**	**0**	**0**	**0**	**0**	**5,793**
Reclassifications	**0**	**12,830**	**0**	**(14,956)**	**2,126**	**0**	**0**	**0**	**0**
Revaluation	**0**	**12,375**	**0**	**0**	**0**	**0**	**0**	**0**	**12,375**
Transferred to disposal group as asset held for sale	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**(197)**	**0**	**0**	**(2,873)**	**0**	**0**	**0**	**(3,070)**
Gross cost at 31 March 2018	**6,045**	**212,847**	**0**	**128,443**	**52,724**	**33**	**7,493**	**0**	**407,585**
Accumulated Depreciation									
Accumulated depreciation at 1 April 2017	**0**	**38,145**	**0**	**0**	**28,245**	**23**	**3,389**	**0**	**69,802**
Charged during the year	**0**	**5,207**	**0**	**0**	**4,484**	**7**	**1,091**	**0**	**10,789**
Impairment Reversals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Impairments charged to Operating Expenses	**0**	**9,905**	**0**	**0**	**0**	**0**	**0**	**0**	**9,905**
Impairments charged to Revaluation Reserve	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Transferred to disposal group as asset held for sale	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**(197)**	**0**	**0**	**(2,873)**	**0**	**0**	**0**	**(3,070)**
Accumulated depreciation at 31 March 2018	**0**	**53,060**	**0**	**0**	**29,856**	**30**	**4,480**	**0**	**87,426**
Net book value at 31 March 2018	6,045	159,787	0	128,443	22,868	3	3,013	0	320,159
NBV - purchased at 31 March 2018	**5,855**	**92,252**	**0**	**121,538**	**17,687**	**0**	**2,856**	**0**	**240,188**
NBV -purchased finance lease at 31 March 2018	**0**	**9,502**	**0**	**0**	**0**	**0**	**0**	**0**	**9,502**
NBV- Charity Funded Finance Lease at 31 March 2018	**0**	**12,077**	**0**	**0**	**0**	**0**	**0**	**0**	**12,077**
Net book value - PFI lease at 31 March 2018	**0**	**0**	**0**	**0**	**118**	**0**	**0**	**0**	**118**
Net book value - Purchased from the Christie Charitable Fund 31 March 2018	**190**	**45,956**	**0**	**6,905**	**5,063**	**3**	**157**	**0**	**58,274**
Net book value at 31 March 2018	**6,045**	**159,787**	**0**	**128,443**	**22,868**	**3**	**3,013**	**0**	**320,159**

Land and buildings were revalued as at 31 March 2018 (previously revalued at 31 March 2017). 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 £8,139k (2016-17 £7,865k) and the Manchester Cancer Research Centre (MCRC) of £1,363k (2016-17 £1,221k).

Finance leases funded from The Christie Charitable Fund contributions are comprised of the Oldham satellite centre £11,313k (2016-17 £10,290k) and the Manchester Cancer Research Centre (MCRC) of £764k (2016-17 £684k).

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 will hold a sublease for part occupancy of this building, which will be paid for upfront.

10.2 Property, Plant and Equipment 2016-2017

	Group								
	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	Restated £000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2016	12,455	167,330	0	37,699	53,448	33	5,615	0	276,580
Additions - purchased	0	2,792	0	52,880	513	0	997	0	57,182
Additions - purchased from The Christie Charitable Fund contributions	0	0	0	9,293	617	0	0	0	9,910
Impairments charged to Revaluation Reserve	0	(648)	0	0	0	0	0	0	(648)
Reclassifications	0	5,959	0	(7,881)	1,922	0	0	0	0
Revaluation	0	9,226	0	0	0	0	0	0	9,226
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,946)	0	0	0	(5,946)
Gross cost at 31 March 2017	12,455	184,659	0	91,991	50,554	33	6,612	0	346,304
Accumulated Depreciation									
Accumulated depreciation at 1 April 2016	0	37,244	0	0	29,658	16	2,425	0	69,343
Charged during the year	0	4,761	0	0	4,533	7	964	0	10,265
Impairment Reversals	0	(4,931)	0	0	0	0	0	0	(4,931)
Impairments charged to Operating Expenses	0	1,071	0	0	0	0	0	0	1,071
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,946)	0	0	0	(5,946)
Accumulated depreciation at 31 March 2017	0	38,145	0	0	28,245	23	3,389	0	69,802
Net book value at 31 March 2016	12,455	130,086	0	37,699	23,790	17	3,190	0	207,237
NBV - purchased at 31 March 2017	12,005	77,172	0	81,633	17,606	0	3,019	0	191,435
NBV -purchased finance lease at 31 March 2017	0	9,086	0	0	0	0	0	0	9,086
NBV- Charity Funded Finance Lease at 31 March 2017		10,974	0	0	0	0	0	0	10,974
Net book value - PFI lease at 31 March 2017	0	0	0	0	236	0	0	0	236
Net book value - Purchased from the Christie Charitable Fund 31 March 2017	450	49,282	0	10,358	4,467	10	204	0	64,771
Net book value at 31 March 2017	12,455	146,514	0	91,991	22,309	10	3,223	0	276,502

10.3 Property, Plant and Equipment (continued)

The net book value of land and buildings at 31 March comprises:

	Group 2017-2018 £000	Group 2016-2017 £000
Freehold	**144,253**	138,909
Long leasehold	**21,579**	20,060
Short leasehold	**0**	0
Total	**165,832**	158,969

10.4 Economic Lives of Non-current Assets

	Group	
	Min Life Years	**Max Life Years**
Intangible assets		
Software purchased	**1**	**5**
Property, Plant and Equipment		
Buildings excluding dwellings	**9**	**75**
Plant and machinery	**1**	**15**
Transport equipment	**1**	**5**
Information technology	**1**	**10**

10.5 Impairments

Impairments charged in the year to the Statement of Comprehensive Income

	Group 2017-2018		Group 2016-2017	
	Property, plant and equipment £000	**Intangible assets £000**	Property, plant and equipment £000	Intangible assets £000
Impairments arose from:				
Loss or damage from normal operations	**0**	**0**	0	0
Loss as a result of catastrophe	**9,905**	**0**	0	0
Over-specification of assets	**0**	**0**	1,071	0
Other (specify)	**3,563**	**0**	0	0
Reversal of impairments	**(5,793)**	**0**	(4,931)	0
Total	**7,675**	**0**	(3,860)	0

The £9,905k loss from catastrophe relates to the major fire in the Paterson Institute building.

Other impairments of £3,563k include the effect of valuing land on the alternative site basis. It is also affected by the completion of new buildings on the site which have been revalued below the construction cost. The lower value reflects complexities in construction on a restricted site which needs to maintain operational healthcare activities and, as a consequence, will not achieve a construction cost of a greenfield site unencumbered by such needs.

10.6 Non-current assets held for sale and assets in disposal groups

The Trust has no non-current assets held for sale or in disposal groups.

10.7 Net book value of assets held under finance leases 2017-2018

	Group									
	Land	**Buildings excluding dwellings**	**Dwellings**	**Assets under construction and payments on account**	**Plant and machinery**	**Transport equipment**	**Information technology**	**Furniture and fittings**	**PFI arrangements**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cost or Valuation at 1 April 2017	**0**	**23,950**	**0**	**0**	**0**	**0**	**0**	**0**	**2,573**	**26,523**
Additions - purchased	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Additions - purchased from The Christie Charitable Fund contributions	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reversal of impairments credited to operating expenses	**0**	**706**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**706**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**1,246**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,246**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Gross cost at 31 March 2018	**0**	**25,902**	**0**	**0**	**0**	**0**	**0**	**0**	**2,573**	**28,475**
Accumulated Depreciation										
Accumulated depreciation at 1 April 2017	**0**	**3,890**	**0**	**0**	**0**	**0**	**0**	**0**	**2,337**	**6,227**
Charged during the year	**0**	**433**	**0**	**0**	**0**	**0**	**0**	**0**	**118**	**551**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Accumulated depreciation at 31 March 2018	**0**	**4,323**	**0**	**0**	**0**	**0**	**0**	**0**	**2,455**	**6,778**
Net book value at 31 March 2018	0	21,579	0	0	0	0	0	0	118	21,697
Net book value - purchased at 31 March 2018	**0**	**9,502**	**0**	**0**	**0**	**0**	**0**	**0**	**118**	**9,620**
Net book value- Charity funded at 31 March 2018	**0**	**12,077**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**12,077**
Net book value at 31 March 2018	**0**	**21,579**	**0**	**0**	**0**	**0**	**0**	**0**	**118**	**21,697**

The Finance Leases for Buildings consist of:

	Net Book value
	£000
Salford Satellite	8,139
Oldham Satellite	11,313
MCRC Exchequer funded	1,363
MCRC Charity funded	764
Net book value at 31 March 2017	**21,579**

10.8 Net book value of assets held under finance leases 2016-2017

	Group									
	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	PFI arrangements	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2016	0	21,789	0	0	0	0	0	0	2,573	24,362
Additions - purchased	0	0	0	0	0	0	0	0	0	0
Additions - purchased from The Christie Charitable Fund contributions	0	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0
Revaluation	0	2,161	0	0	0	0	0	0	0	2,161
Disposals	0	0	0	0	0	0	0	0	0	0
Gross cost at 31 March 2017	0	23,950	0	0	0	0	0	0	2,573	26,523
Accumulated Depreciation										
Accumulated depreciation at 1 April 2016	0	3,516	0	0	0	0	0	0	2,219	5,735
Charged during the year	0	374	0	0	0	0	0	0	118	492
Impairments	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0	0
Accumulated depreciation at 31 March 2017	0	3,890	0	0	0	0	0	0	2,337	6,227
Net book value at 31 March 2017	0	20,060	0	0	0	0	0	0	236	20,296
Net book value - purchased at 31 March 2017	0	9,086	0	0	0	0	0	0	236	9,322
Net book value- Charity funded at 31 March 2017	0	10,974	0	0	0	0	0	0	0	10,974
Net book value at 31 March 2017	0	20,060	0	0	0	0	0	0	236	20,296

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.

	2017-2018			
	TCPC	**CPP**	**CPPFAC**	**Total**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2017	21,285	445	99	21,828
Acquisitions in year	0	0	0	0
Share of profit/ (loss)	4,796	(3)	320	5,113
Impairments	0	0	0	0
Disposals	0	0	0	0
Less distributions	0	0	(300)	(300)
Carrying value at 31 March 2018	**26,081**	**442**	**119**	**26,641**

	2016-2017			
	TCPC	CPP	CPPFAC	Total
	£000	£000	£000	£000
Carrying value at 1 April 2016	16,315	442	0	16,757
Acquisitions in year	0	0	0	0
Share of profit/ (loss)	4,969	3	99	5,071
Impairments	0	0	0	0
Disposals	0	0	0	0
Carrying value at 31 March 2017	21,285	445	99	21,828

On 15 September 2010 the Trust entered into an LLP agreement with HCA International Limited to establish The Christie Clinic LLP - trading as The Christie Private Care (TCPC). The carrying value and profits represent the contractual arrangements of The Christie Clinic LLP.

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.

On 1st July 2012, TCPC entered into an agreement with practicing consultants to establish LOC@The Christie LLP. LOC is an abbreviation for Leaders in Oncology Care. The partnership provides outpatient chemotherapy services. The TCPC figures above include LOC@The Christie LLP.

11.2 Disclosure of aggregate amounts for assets of joint ventures

All investments in joint ventures by The Christie NHS Foundation Trust Group have been entered into by The Christie NHS Foundation Trust.

	TCPC	**CPP**	**CPP Facilities**
Proportion of ownership interests held by The Christie NHS Foundation Trust	**49.0%**	**49.9%**	**49.9%**
Proportion of voting rights held by The Christie NHS Foundation Trust	**50.0%**	**50.0%**	**50.0%**

For The Christie Clinic LLP the residual proportions of ownership interests and voting rights are held by HCA International Limited and for The Christie Pathology Partnership LLP and CPP Facilities LLP by Synlab UK Limited.

For The Christie Clinic LLP, The Christie Pathology Partnership LLP and CPP Facilities LLP the figures in the note below are based on the draft accounts to the end of December 2017 and the Quarter 1 management accounts to the end of March 2018 but are not adjusted for share of profits attributable but not distributed to The Christie NHS Foundation Trust.

		2017-2018	
	Gross Assets	**Net Assets**	**Total Profit/(Loss)**
	£000	**£000**	**£000**
The Christie Clinic LLP (TCPC)	53,353	51,446	11,178
The Christie Pathology Partnership LLP (CPP)	1,995	734	219
CPP Facilities LLP (CPPFAC)	1,961	238	401
Total	**57,309**	**52,418**	**11,798**

		2016-2017	
	Gross Assets	Net Assets	Total Profit/(Loss)
	£000	£000	£000
The Christie Clinic LLP (TCPC)	43,792	41,606	11,956
The Christie Pathology Partnership LLP (CPP)	1,781	548	186
CPP Facilities LLP (CPPFAC)	1,795	437	437
Total	**47,368**	**42,591**	**12,579**

11.3 Investment assets

All of the Investments assets are held by The Christie Charitable Fund.

	Unrestricted	**Endowment**	**Total 2017-2018**	2016-2017
	£000	**£000**	**£000**	£000
Market value at 1 April	**0**	**500**	**500**	451
Less: disposals at carrying value	**0**	**(40)**	**(40)**	(19)
Add: acquisitions at cost	**0**	**37**	**37**	19
Movement in cash held as investment assets:	**0**	**12**	**12**	0
Arising from disposals, income received and distributions	**0**	**0**	**0**	7
Unrealised gain/ (loss) on revaluation	**0**	**8**	**8**	42
Market value at 31 March	**0**	**517**	**517**	500
Unrealised gain/ (loss) on revaluation as above	**0**	**8**	**8**	42
Realised gain / (loss) on disposal	**0**	**0**	**0**	1
Total gain/(loss) on revaluation and disposal of investment assets	**0**	**8**	**8**	43

Analysis of non current asset investments

Market value at 31 March	**Unrestricted**	**Endowment**	**2017-2018 Total**	2016-2017 Total
	£000	**£000**	**£000**	£000
Investments listed on Stock Exchange	**0**	**463**	**463**	455
Cash held as part of the investment portfolio	**0**	**54**	**54**	45
	0	**517**	**517**	500

The non current asset investments held at 31 March 2018 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 2018 are:

	2017-2018	2016-2017
Premier Portfolio Conbrio UK Opps Charity	**51%**	51%
I Shares III FTSE UK Gilts	**6%**	6%
Premier Portfolio Conbrio Managed Multi Asset	**6%**	6%
Powershares Global FTSE RAFI US	**6%**	7%

12. Inventories

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
Inventories	**£000**	**£000**	£000	£000
Raw materials and Consumables	**2,511**	**578**	595	557
Work in progress	**0**	**0**	0	0
Finished goods	**0**	**0**	0	0
Total	**2,511**	**578**	595	557
Inventories recognised in expenses	**13,361**	**4,179**	4,518	4,518
Write down of inventories recognised as an expense	**0**	**0**	0	0
Reversal of any write down of inventories resulting in a reduction of recognised expenses	**0**	**0**	0	0
Total	**13,361**	**4,179**	4,518	4,518

Inventories in 2017-18 include raw materials and consumables held by The Christie Pharmacy Limited.

13. Trade and Other Receivables and Financial Assets

13.1 Trade and Other Receivables

Group

	Current		**Non-current**	
	2017-2018	2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
NHS receivables - revenue	**14,792**	13,717	**0**	0
Other receivables with related parties	**1,246**	1,534	**0**	0
Non-NHS trade receivables - revenue	**4,411**	4,677	**0**	0
Non-NHS trade receivables - capital	**0**	0	**0**	0
Provision for impairment of receivables	**(33)**	(22)	**0**	0
Finance lease receivables	**0**	0	**0**	0
Operating Lease receivables	**0**	0	**0**	0
Prepayments	**2,353**	2,660	**0**	0
Accrued income				
Sustainability and Transformation Fund income	**32,926**	2,734	**0**	0
Insurance claims	**16,400**	0	**0**	0
Other accrued income	**6,828**	8,040	**0**	0
PDC dividend refund accrual	**282**	314	**0**	0
VAT receivable*	**1,539**	104	**0**	0
Charitable fund receivables	**548**	0	**0**	0
Other receivables	**3**	2	**0**	0
Trade and other receivables	**81,295**	33,760	**0**	0

*VAT receivable includes £1,217k VAT owing to The Christie Pharmacy Limited.

NHS Foundation Trust

	Current		**Non-current**	
	2017-2018	2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
NHS receivables - revenue	**14,792**	13,717	**0**	0
Other receivables with related parties	**1,246**	1,534	**0**	198
Non-NHS trade receivables - revenue	**6,336**	4,643	**0**	0
Non-NHS trade receivables - capital	**0**	0	**0**	0
Provision for impairment of receivables	**(33)**	(22)	**0**	0
Finance lease receivables	**0**	0	**0**	0
Operating Lease receivables	**0**	0	**0**	0
Prepayments	**2,353**	2,660	**0**	0
Accrued income				
Sustainability and Transformation Fund income	**32,926**	2,734	**0**	0
Insurance claims	**16,400**	0	**0**	0
Other accrued income	**6,808**	7,689	**0**	0
PDC dividend refund accrual	**282**	314	**0**	0
VAT receivable	**321**	104	**0**	0
Charitable fund receivables	**7,035**	9,878	**0**	0
Other receivables*	**392**	0	**1,515**	0
Trade and other receivables	**88,858**	43,251	**1,515**	198

*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 2018 is £1,904k.

13.2 Provision for impairment of receivables

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
At 1 April	**22**	**22**	13	13
Increase in provision	**18**	**18**	13	13
Amounts utilised	**0**	**0**	0	0
Unused amounts reversed	**(6)**	**(6)**	(4)	(4)
At 31 March	**34**	**34**	22	22

13.3 Analysis of impaired receivables

Analysis of impaired Trade and other receivables

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
0 - 30 days	**0**	**0**	3	3
30-60 Days	**0**	**0**	0	0
60-90 days	**0**	**0**	0	0
90- 180 days	**0**	**0**	2	2
over 180 days	**34**	**34**	17	17
	34	**34**	22	22

Ageing of non-impaired Trade and other receivables past their due date

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
0 - 30 days	**3,438**	**7,412**	5,212	5,820
30-60 Days	**2,232**	**2,839**	952	2,633
60-90 days	**2,229**	**3,700**	530	1,754
90- 180 days	**539**	**1,494**	717	4,931
over 180 days	**1,055**	**1,218**	444	444
	9,493	**16,663**	7,855	15,582

13.4 Other financial assets

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Other financial assets at 31 March	**57**	**8**	132	18

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 2018 this stood at £862k and £5,603k respectively (86.2p in the £ recovery). The total of declared and received dividends at 31 March 2018 amounts to £854k and £5,554k respectively (85.45p in the £).

The Administrator's assessment of the outstanding valuation yet to be received via dividends is £8k and £49k respectively. As at 31 March 2018 the Administrator has not declared any further dividends

14.1 Cash and cash equivalents

	Group	**NHS Foundation Trust**	**Group**	**NHS Foundation Trust**
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Balance at 1 April	**87,646**	**29,067**	104,887	52,739
Net change in the year	**6,637**	**6,346**	(17,241)	(23,672)
Balance at 31 March	**94,283**	**35,413**	87,646	29,067
Broken down into:				
Cash at commercial banks and in hand	**3,425**	**203**	2,183	104
Cash with the Government Banking Service	**90,858**	**35,210**	85,463	28,963
Cash and Cash Equivalents as in Statement of Financial Position	**94,283**	**35,413**	87,646	29,067

14.2 Analysis of changes in net (debt)/ funds

	Group		
	1 April 2017	**Movement in year**	**31 March 2018**
	£000	**£000**	**£000**
Cash at bank and in hand	**87,646**	**6,637**	**94,283**
Debt due within one year	**(1,068)**	**(761)**	**(1,829)**
Debt due after one year	**(14,767)**	**(29,760)**	**(44,527)**
Total net funds	**71,811**	**(23,884)**	**47,927**

	NHS Foundation Trust		
	1 April 2017	**Movement in year**	**31 March 2018**
	£000	**£000**	**£000**
Cash at bank and in hand	**29,067**	**6,346**	**35,413**
Debt due within one year	**1,068**	**(761)**	**(1,829)**
Debt due after one year	**(14,767)**	**(29,760)**	**(44,527)**
Total net funds	**15,368**	**(24,175)**	**(10,943)**

14.3 Third party assets held by the Trust

The Christie NHS Foundation Trust held cash at bank and in hand of £19,978 at 31 March 2018 (£Nil 31 March 2017) which relate to monies held by the Foundation Trust on behalf of patients and other parties. This has been excluded from the cash and cash equivalents figures reported in the accounts.

15.1 Trade and other payables

	Group			
	Current		Non-current	
	2017-2018	Restated 2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
Receipts in advance	**0**	0	**0**	0
NHS payables revenue	**3,573**	3,514	**0**	0
Amounts due to related parties	**383**	194	**0**	0
Trade payables capital	**10,678**	23,767	**0**	0
Other payables	**7,530**	9,115	**0**	0
Accruals	**8,240**	5,264	**0**	0
	30,404	41,854	**0**	0
Taxes payable	**2,490**	2,301	**0**	0
Total Trade and Other Payables	**32,894**	44,155	**0**	0

Other payables includes £1,671k (2016-17: £1,536k) outstanding pension contributions at 31 March 2018.

Trade and Other Payables have been restated in 2016-17 to move the balance of £2,577k included in Receipts in Advance to Other Liabilities (Deferred Income). This balance is Research and Development monies as described in note 15.2 below.

	NHS Foundation Trust			
	Current		Non-current	
	2017-2018	Restated 2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
Receipts in advance	**0**	0	**0**	0
NHS payables revenue	**3,573**	3,514	**0**	0
Amounts due to related parties	**383**	194	**0**	0
Trade payables capital	**10,678**	23,767	**0**	0
Other payables	**8,189**	9,101	**0**	0
Accruals	**7,134**	5,149	**0**	0
	29,957	41,725	**0**	0
Taxes payable	**2,475**	2,301	**0**	0
Total Trade and Other Payables	**32,432**	44,026	**0**	0

Other payables includes £1665k (2016-17: £1,536k) outstanding pension contributions at 31 March 2018.

15.2 Other liabilities

	Group			
	Current		Non-current	
	2017-2018	Restated 2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
Deferred Income	**2,095**	3,166	**10,571**	16,342
Total Other Liabilities	**2,095**	3,166	**10,571**	16,342

	NHS Foundation Trust			
	Current		Non-current	
	2017-2018	Restated 2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
Deferred Income	**2,095**	3,166	**10,571**	16,342
Total Other Liabilities	**2,095**	3,166	**10,571**	16,342

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 (£7,512k) and a 125 year lease of land to the University of Manchester on which the MCRC building is situated (£1,936k).

The decrease in total deferred income related to research and development (£7,818k) is due to the completion of refurbishment of the second floor research area of the Manchester Cancer Research Facility and the purchase and installation of a new Magnetic Resonance Linear Accelerator.

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**	
	2017-2018	2016-2017	**2017-2018**	2016-2017
	£000	£000	**£000**	£000
Loan from ITFF	**911**	911	**13,709**	14,620
Loan from ITFF - Proton Beam Therapy Unit	**771**	0	**30,818**	0
Obligations Under PFI contracts	**147**	157	**0**	147
Total	**1,829**	1,068	**44,527**	14,767

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 £31.589m of the loan as at 31 March 2018. Repayment of the loan will commence when the loan is drawn down in full and repayments will then be on a bi-annual basis. The loan is charged at a fixed interest rate of 2.14% per annum.

17. Provisions for liabilities and charges

All Provisions for liabilities and charges of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust. The Christie Charitable Fund and The Christie Pharmacy Limited do not have any Provisions.

	Group			
	Current		Non-current	
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Pensions relating to other staff	**14**	11	**106**	110
Personal injury claims	**47**	114	**0**	0
Other	**46**	15	**547**	723
Total	**107**	140	**653**	833

	Pensions relating to other staff	**Personal injury claims**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**
At 1 April 2017	**121**	**15**	**837**	**973**
Change in discount rate	**1**	**0**	**9**	**10**
Arising during the year	**0**	**45**	**0**	**45**
Utilised during the year	**(8)**	**(8)**	**(25)**	**(41)**
Reversed unused	**0**	**(5)**	**(239)**	**(244)**
Unwinding of discount	**6**	**0**	**11**	**17**
At 31 March 2018	**120**	**47**	**593**	**760**
Expected timing of cash-flows:				
Not later than 1 year	**14**	**47**	**46**	**107**
Later than 1 year not later than 5 years	**45**	**0**	**144**	**189**
Later than 5 years	**61**	**0**	**403**	**464**
	120	**47**	**593**	**760**

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.

The other provision include:
- An ill-health retirement of £529k;
- Cost of pseudomyxoma peritonei complications of £64k. The provision is been 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.

£6,689k is included in the provisions of the NHS Litigation Authority as at 31 March 2018 in respect of the clinical negligence liabilities of the Trust (£7,006k at 31 March 2017).

18. Contingencies at 31 March

18.1 Contingent Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Personal injury claim	**(20)**	**(20)**	(7)	(7)
Indemnities	**(159)**	**0**	(85)	0
	(179)	**(20)**	(92)	(7)

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 Christie Charitable Fund holds the following shares in these companies at 31 March 2018:

	Number of Shares	**Percentage Holding**
Champion Limited (formerly Stepquick PLC)	**659,521**	**2.11%**

The value of these shares are not considered to be material to The Christie Charitable Fund.

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

19. Capital commitments

The Trust has entered into capital commitments for a number of projects, the principal contracts being for the construction and equipping of the new Proton Beam Therapy centre. The Trust has also entered into contractual arrangements for the purchase of high value medical treatment and research equipment. As at 31 March 2018 the capital commitments contracted amounted to £31m (£52m contracted at 31 March 2017).

20. Lease obligations

20.1 Finance lease obligations

All Finance Leases held by The Christie NHS Foundation Trust Group are held by The Christie NHS Foundation Trust. The Christie Charitable Fund and The Christe Pharmacy Limited do not hold any Finance Leases.

Amounts payable under finance leases:

	Group			
	Minimum lease payments		Present value of minimum lease payments	
	31 March 2018 £000	31 March 2017 £000	**31 March 2018 £000**	31 March 2017 £000
Within one year	**0**	0	**0**	0
Between one and five years	**0**	0	**0**	0
After five years	**0**	0	**0**	0
Less future finance charges	**0**	0	**0**	0
Present value of minimum lease payments	**0**	0	**0**	0
Included in:				
Current borrowings	**0**	0		
Non-current borrowings	**0**	0		
	0	0		

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.

20.2 Private Finance Initiative lease obligations

All PFI Assets held by The Christie NHS Foundation Trust Group are held by The Christie NHS Foundation Trust. The Christie Charitable Fund and The Christie Pharmacy Limited do not hold any PFI Assets.

Amounts payable under PFI leases:

	Group			
	Minimum lease payments		Present value of minimum lease payments	
	31 March 2018 £000	31 March 2017 £000	**31 March 2018 £000**	31 March 2017 £000
Within one year	**154**	171	**147**	157
Between one and five years	**0**	154	**0**	147
After five years	**0**	0	**0**	0
Less future finance charges	**(7)**	(21)	**0**	0
Present value of minimum lease payments	**147**	304	**147**	304
Included in:				
Current borrowings	**147**	157		
Non-current borrowings	**0**	147		
	147	304		

The finance lease obligations relate to the following private finance initiative scheme;

PFI 1. Provision of an Energy Management Service

Contract Start date: February 2004
Contract End date: February 2019

20.3 The Trust is committed to make the following payments for the service element of on-SOFP PFI's obligations until the commitment expires:

	Group	
	31 March 2018 £000	31 March 2017 £000
	Total	Total
Not later than one year	**1,388**	1,437
Later than one year and not later than five years	**0**	1,289
Later than five years	**0**	0
	1,388	2,726

20.4 The Trust is committed to make the following total payments of on-SOFP PFI's obligations until the commitment expires:

	Group	
	31 March 2018 £000	31 March 2017 £000
	Total	Total
Not later than one year	**1,542**	1,608
Later than one year and not later than five years	**0**	1,443
Later than five years	**0**	0
	1,542	3,051

21. Losses and special payments

	Group			
	2017-2018 Number of Cases	**2017-2018 Amount £000**	2016-17 Number of Cases	2016-17 Amount £000
Bad Debts	11	3	10	5
Stores losses - pharmaceuticals	1	9	1	9
Stores losses - other	1	0	0	0
Ex gratia payments - personal injury claims following legal advice	2	1	8	42
Ex gratia payments - staff/patients loss of personal effects	0	0	3	1
Insurance Excess	3	60	0	0
	18	**73**	22	57

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 £1.9m (2015-16: £1.9m) 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:

Central Manchester University Hospitals NHS Foundation Trust (to 30 September 2017)
Manchester University NHS Foundation Trust (from 1 October 2017)
Wrightington, Wigan and Leigh NHS Foundation Trust
East Cheshire NHS Trust
Health Education England
East Cheshire CCG
Manchester CCG
Trafford CCG
Stockport CCG
Tameside and Glossop CCG
Wigan Borough CCG
NHS England - Core
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:

	Receivables £000	Payables £000	Income £000	Expenditure £000
HM Revenue & Customs	1,626	2,490	0	9,314
NHS Pension Scheme	0	0	0	11,643
Welsh Health Bodies	331	0	3,018	
NHS Blood & Transplant	13	133	13	2,637

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

	Receivables £000	Payables £000	Income £000	Expenditure £000
The Christie Clinic LLP	279	131	5,914	661
The Christie Pathology Partnership LLP	392	8	1,230	5,129
CPP Facilities LLP	477	0	664	2,883

The Trust has had material transactions with the following:

	Receivables £000	Payables £000	Income £000	Expenditure £000
The Christie Pharmacy Limited	1,915	0	28	9,562
The Christie Charitable Fund	8,960	0	13,245	0

23. Financial instruments

IFRS 7, IAS 32 and IAS 39 require 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 IAS 39 mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Market risk

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The Trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk. It holds no significant investments other than short-term bank deposits. Other than cash balance, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cash-flows are substantially independent of changes in market interest rates.

Liquidity risk

Liquidity risk is the possibility that the Trust might not have the funds available to meet it's commitments to make payments. Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities.

The Trust's net operating costs were incurred under annual service agreements primarily with NHS England, which are financed from resources voted annually by Parliament. The Trust has achieved a risk ratio for liquidity of 1 (lowest risk) as defined by NHS Improvement's compliance framework. This illustrates the liquidity risk to the Trust is low.

Interest-Rate Risk

All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest, the Trust is not, therefore, exposed to significant interest-rate risk.

Foreign Currency Risk

The Trust has negligible foreign currency income or expenditure.

23.1 Financial Assets

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Embedded derivatives	**0**	**0**	0	0
NHS receivables	**53,900**	**53,900**	19,076	19,076
Non-NHS receivables	**22,674**	**31,613**	11,709	21,200
Other financial assets	**0**	**1,904**	0	0
Cash at bank and in hand	**94,283**	**35,413**	87,646	29,067
Other investments	**517**	**0**	500	0
Current assets	**57**	**8**	132	18
Total at 31 March	**171,431**	**122,838**	119,063	69,361

The items listed above are classified as loans and receivables. Carrying value is considered to approximate to fair value.

23.2 Financial Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Embedded derivatives	**0**	**0**	0	0
NHS payables	**3,573**	**3,573**	3,538	3,538
Non-NHS payables	**29,320**	**31,058**	40,616	40,487
Borrowings	**46,209**	**46,209**	15,531	15,532
Private Finance Initiative and finance lease obligations	**147**	**147**	304	304
Total at 31 March	**79,249**	**80,987**	59,989	59,861

The items listed above are classified as other financial liabilities.

The carrying values of short term financial assets and financial liabilities are considered to approximate to fair value.

23.3 Maturity of financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
In one year or less	**34,723**	**36,461**	45,221	45,093
In more than one year but not more than five years	**6,730**	**6,730**	1,058	1,058
In more than five years	**37,796**	**37,796**	13,710	13,710
Total	**79,249**	**80,987**	59,989	59,861

The Trust has loans as disclosed in note 16.1 which are categorised as non-current financial liabilities. The carrying value of the liability is considered to approximate to fair value as the arrangements are of a fixed interest and equal instalment repayment nature and the interest rate is not materially different to the discount rate.

The carrying values of short term financial assets and financial liabilities are considered to approximate to fair value.

24. Public Dividend Capital

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2017-2018	**2017-2018**	2016-2017	2016-2017
	£000	**£000**	£000	£000
Public dividend capital at start of year	**126,746**	**126,746**	95,666	95,666
New public dividend capital received	**15,220**	**15,220**	31,080	31,080
	141,966	**141,966**	126,746	126,746

25. Prior Year Adjustments

There are no prior year adjustments relating to the year.

26. Events after the reporting year

There were no post balance sheet events requiring disclosure.

27. Charity reserves

	31 March 2018	31 March 2017
	£000	£000
Endowment funds	**519**	502
Unrestricted funds	**51,264**	49,109
	51,783	49,611

27.1 Endowment funds

	Balance 1 April 2017	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance 31 March 2018
	£000	£000	£000	£000	£000	£000
Edith and Hiram Tagg and Samuel Fidler Gregson Memorial Fund	**500**	**11**	**(2)**	**0**	**8**	**517**
Minor Legacies	**2**	**0**	**0**	**0**	**0**	**2**
Total	**502**	**11**	**(2)**	**0**	**8**	**519**

The purpose of the Edith and Hiram Tagg and Samuel Fidler Gregson endowment fund is to benefit children and elderly patients at the Christie Hospital.

The terms of the minor legacies were for the capital of £2,000 to be invested and the income applied for the general purposes of the charity.

27.2 Unrestricted funds

	Balance 1 April 2017	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance 31 March 2018
	£000	£000	£000	£000	£000	£000
Cancer appeal fund	**29,048**	11,901	(10,887)	345		**30,407**
General research	**5,376**	1,096	(924)	(964)		**4,584**
GI DOG research	**1,196**	173	(198)	26		**1,197**
GU DOG research	**343**	166	(31)	1,110		**1,588**
Leukaemia research	**1,005**	105	(23)	(55)		**1,032**
Medical equipment fund	**1,483**	14	(49)	12		**1,460**
Melanoma and kidney research	**1,459**	224	(177)			**1,506**
Paediatric oncology unit	**1,199**	546	(182)	(2)		**1,561**
Surgical Research	**875**	29	(38)	67		**933**
Lymphoma Research	**879**	115	(100)			**894**
Adult Leukaemia Unit	**1,078**	108	(65)	26		**1,147**
Medical Oncology Research	**7**	1		818		**826**
Other	**5,161**	935	(600)	(1,383)	16	**4,129**
	49,109	**15,413**	**(13,274)**	**0**	**16**	**51,264**

The movements on the larger funds (balance over £750,000 at the beginning or close of the year) are disclosed above.

Transfers between funds relate to grant applications approved by the Charitable Fund Committee where funds are requested from different unrestricted funds.

The fund names are self-explanatory in most cases but further information is given below:-

The Cancer Appeal Fund is the general fund for the charity. The other funds are designated funds. In accordance with the guidance of the Charity Commission, the charity uses designated funds to acknowledge general provisions for expenditure and future potential liabilities where these do not constitute current obligations under FRS12.

28. The Christie Charitable Fund

As per the NHS Foundation Trust Annual Reporting Manual for 2017-18, The Consolidated Statement of Financial Activities and Balance Sheet for The Christie Charitable Fund presented in this note have been prepared in accordance with the Charities SORP (FRS 102) effective 1 January 2015.

28.1 Consolidated Statement of Financial Activities for the year ended 31 March 2018

	Trading Activities £000	Unrestricted Funds £000	Endowment Funds £000	**2017/18 Total £000**	2016/17 Total £000
Incoming resources					
Income and endowments from:					
Donations and legacies		15,270		**15,270**	14,340
Other trading activities	20			**20**	36
Investments		140	9	**149**	106
Total incoming resources	**20**	**15,410**	**9**	**15,439**	14,482
Expenditure on:					
Raising funds	17	2,636		**2,653**	2,609
Charitable activities				**0**	0
Clinical care		303		**303**	214
Research		2,097		**2,097**	1,742
Purchase of new equipment		185		**185**	3,345
New buildings, refurbishment and major projects		2,910		**2,910**	6,766
Other including staff and patient welfare		5,143		**5,143**	2,665
Increase / (decrease) in grant awards		0		**0**	0
Subtotal expenditure on charitable activities	**0**	**10,638**	**0**	**10,638**	14,732
Total expenditure	**17**	**13,274**	**0**	**13,291**	17,341
Net gains / (losses) on investments	0	16	8	**24**	107
Net income / (expenditure)	3	2,152	17	**2,172**	(2,752)
Transfers between funds	(3)	3	0	**0**	0
Net movement in funds		**2,155**	**17**	**2,172**	(2,752)
Reconciliation of funds:					
Total funds brought forward at 01 April 2017		49,109	502	**49,611**	52,363
Total funds carried forward at 31 March 2018	**0**	**51,264**	**519**	**51,783**	49,611

28. The Christie Charitable Fund (continued)

28.2 Consolidated Balance Sheets as at 31 March 2018

	Unrestricted Funds	Endowment Funds	Total at 31 March 2018	Total at 31 March 2017
	£000	£000	£000	£000
Fixed assets:				
Investments	**0**	**517**	**517**	500
Total Fixed assets	**0**	**517**	**517**	500
Current assets:				
Stocks	**20**		**20**	38
Debtors	**546**	**2**	**548**	387
Investments	**49**		**49**	114
Cash at bank and in hand	**57,869**	**2**	**57,871**	58,579
Total Current assets	**58,484**	**4**	**58,488**	59,118
Liabilities:				
Creditors: Amounts falling due within one year	**7,220**	**2**	**7,222**	10,007
Net Current assets	51,264	2	51,266	49,111
Total assets less current liabilities	51,264	519	51,783	49,611
Creditors: Amounts falling due after more than one year	**0**	**0**	**0**	0
Total Net assets	51,264	519	51,783	49,611
The Funds of the charity:				
Endowment funds		**519**	**519**	502
Unrestricted funds	**51,264**		**51,264**	49,109
Total Charity funds	51,264	519	51,783	49,611

A separate Trustees Report and Accounts for the Christie Charitable Fund will be available from 31 January 2018 and can be obtained from the Finance Department on 0161 446 8091 or via the Charity Commission website at www.charity-commission.gov.uk.

29.1 The Christie Pharmacy Limited Statement of Financial Position as at 31 March 2018

	As at 31 March 2018
	£000
Non-current assets	0
Current assets:	
Inventories	1,913
Trade and other receivables	421
Cash and cash equivalents	999
Other receivables	1,217
Total current assets	4,550
Current Liabilities	
Trade and other payables	(2,600)
Loan from parent company	(389)
Total current liabilities	(2,989)
Net Current assets	1,561
Total assets less current liabilities	1,561
Non current liabilities	
Loan from parent company	(1,515)
Total Net assets	46
Equity	
Share holding	0
Income and Expenditure reserve	46
	46

29.2 The Christie Pharmacy Limited Statement of Comprehensive Income for the period to 31 March 2018

`	For the period to 31 March 2018
	£000
Operating income	9,562
Operating expenses	(9,508)
Operating surplus/ (deficit)	**54**
Finance costs	(8)
Surplus/ (deficit) for the year	**46**

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