NHS
The Christie
NHS Foundation Trust

Annual report and accounts

2023/24

The Christie NHS Foundation Trust
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Contents

Chair and Chief Executive's statement

Welcome to our Annual Report and Accounts for 2023/2024. This year, we continue with our desire to ensure the very best cancer care for all our patients.

Following the departure of Christine Outram in September 2023, we welcomed Edward Astle as our new Chairman from October 2023. Edward and Roger Spencer, Chief Executive are delighted to be presenting this first joint statement.

We are very proud of our performance as we continue to recover from the global pandemic which has had such a big influence over the last few years. We remain steadfast in our quest to deliver the highest standards of research, care and treatment for our patients.

Our strong operational performance is enabling us to continue to make patient care our highest priority. Against a backdrop of consistently increasing demand treating more than 60,000 patients, we have achieved all our key cancer performance targets, whilst ensuring our care remains of the highest standard. We continue to perform outstandingly in all the different ways we measure patient satisfaction.

The ongoing issues of industrial action and financial challenges continue to affect us, but our financial performance remains strong, delivering a surplus to help address financial challenges across Greater Manchester, where we continue to support the health economy via our work with the Greater Manchester Integrated Care System.

Despite our achievements, we are keen to acknowledge there is always room for improvement, and this year we have been focussing on a plan to address issues raised by the Care Quality Commission following their inspection of the Trust where they rated our services as 'good'. Central to this has been a wide-ranging independent cultural audit of the organisation, which is ensuring we are listening and putting the views of our staff central to everything we do. At The Christie, we always ask great things of our staff. Exceptional performance is not just expected, it is the norm here, and we are quite rightly proud of everything our excellent teams achieve. Our expert, dedicated and compassionate staff remain the driving force behind what makes The Christie special. This Annual Report contains many examples of drive to always put our patients first, and our pursuit of innovation and progression towards being a truly world-class cancer centre.

This year, our teams were delighted to move into our new Paterson Building, providing us with a purpose-built biomedical cancer research facility allowing us to develop our research capability like never before. Hand in hand with our partners, The University of Manchester and Cancer Research UK, this new centre will help us achieve our ambition of leading the world in clinical trial recruitment, supporting the development of new and kinder cancer therapies. Our programme of patient-facing clinical research has continued to thrive, giving patients access to new treatments and new hope.

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

We would like to take this opportunity to say thank you to all those involved for your commitment and dedication in our goal to provide the very best care for our patients. Our many achievements would not be possible without you.

Edward Astle
Chairman

Roger Spencer
Chief Executive

About us

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

We have over a century of expertise in our field, and we ensure that experience is used to keep us at the forefront of cancer care and driving innovation. We are incredibly proud of our reputation locally, regionally, nationally and internationally.

The Christie is one of Europe's leading cancer centres, treating over 60,000 patients a year. We provide a regional service and have ambitions nationally and internationally.

We are based in Manchester and serve a primary population of 3.2 million across Greater Manchester and Cheshire, but as a national specialist around a quarter of our patients are referred to us from other parts of the country. We employ over 3,500 staff and had an annual turnover last year of £472 million.

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

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

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

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

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

The Christie is one of UK's 17 experimental cancer medicine centres and an international leader in research and development with over 750 clinical studies ongoing at any one time. The NIHR Manchester Clinical Research Facility at The Christie provides a high quality, dedicated clinical research environment for our patients to participate in trials.

We are part of the Manchester Cancer Research Centre (MCRC) working with The University of Manchester and Cancer Research UK. The MCRC partnership provides the integrated approach essential to turn research findings in the laboratory into better, more effective treatments for patients. Building on Manchester's strong heritage in cancer research, the MCRC provides outstanding facilities where scientists, doctors and nurses can work closely together. The jewel in the crown of those facilities is the new Paterson Building which opened this year as the new base for vital cancer research in our city.

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

patients and clinicians rapid access to the latest research discoveries and improving the quality and effectiveness of patient care. There are only 8 health science centres in the country.

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

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

Review of the year: The highest standards of services

During 2023/24, we are proud to have been able to ensure our services have remained of the highest standard possible throughout as we continue to provide life-saving and life-enhancing care and research for people with cancer – as well as vital education for our teams who deliver those services.

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

Each and every member of our team at The Christie is at the centre of making our patients the highest priority. We ask great things of our staff. And our staff always deliver. This year, we have placed emphasis on listening to our staff as we strive to continuously improve our care.

We have completed the first stage in our Trust-wide conversation about how we should move forward to ensure that The Christie has a culture where we provide excellent patient care and look after each other. The feedback from these conversations is helping us to build effective and meaningful approaches that are in line with our values and behaviours. Hundreds of staff contributed with a combination of feedback, ideas and comments full of practical good sense, commitment and optimism on areas including training, accountability and decision-making, policies, raising concerns, staff support and leadership. We are working to turn each of these themes into detailed plans and actions, identifying leadership, setting timescales, and ensuring resource and support. This project is vitally important as we know our staff are our greatest asset. Without them, we simply couldn't deliver the care we do for our patients day in and day out.

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

Feedback is one of the main ways we identify our strategy is working, and we continue to perform well in surveys and patient feedback exercises. This year patients again have given the internationally acclaimed cancer centre top marks for the quality of care. In the results of the annual national inpatient survey, published by the Care Quality Commission (CQC), The Christie performed 'Much better than expected' compared with other hospital trusts with an overall score that places it in the top 10 NHS trusts nationally.

The Christie is proud to be the largest radiotherapy provider in the NHS. We are also the largest provider in Europe, with one in 20 radiotherapy treatments delivered at The Christie. We are one of only two cancer centres worldwide to offer both MR-linac and high energy proton beam therapy (the other is MD Anderson in Texas, US). This year we continued to pioneer the pioneering cancer treatment of proton beam therapy (PBT) following the opening of our centre in 2018. And we also saw our local radiotherapy centres continue a major refurbishment programme – this time in Salford.

This year we have also seen the further development of our services to provide chemotherapy closer to and in patients' homes. Our 'bloods closer to home' is another extension of this and has also expanded with new capacity thanks to additional funding from The Christie Charity.

Much of the care and treatment at The Christie remains focused around developing the

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

In 2023, we moved into the Paterson state of the art facility to bring clinicians, surgeons, allied health professionals, scientists, and skilled clinical research managers together in a truly collaborative environment. Research and Innovation at The Christie are co-located with The University of Manchester and, the Cancer Research UK Manchester Institute.

Other major redevelopment works this year include a project to refurbish our art room, new pharmacy facilities, and the expansion of clinical space within a new 20 bed state of the art inpatient ward.

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

Alongside the School of Oncology, our Christie International arm continues to make progress, offering expertise and education to other cancer centres across the globe such as a new partnership with the Peter MacCallum Centre in Melbourne.

As a forward thinking organisation, The Christie is committed to sustainable healthcare, and we recognise it is our duty to contribute towards the level of ambition set out in in Delivering a 'Net Zero' National Health Service. The Delivering a 'Net Zero' National Health Service report provides targets to reduce system wide carbon emissions and this year we have been further developing our Green Strategy to ensure the involvement of everyone in this.

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

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

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

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

Radiotherapy and proton services

Demand for Radiotherapy continues to grow. By the end of 2023/24, the service had delivered 102,000 fractions – the first time over 100,000 fractions have been delivered since before the COVID pandemic.

Further increases are expected in 2024/25, with the expansion of initiatives such as the Lung Health Check Programme in Greater Manchester. As a result, there has been a focus on Radiotherapy treatment capacity. Work done by our teams has created capacity that is equivalent to over half a day of treatment machine time leading to more patients being able to access treatment sooner and reduced wait times for first treatment dates. Patients are also benefitting from shorter treatment times or less attendances.

2023/24 saw the introduction of the **Patient Experience team**. Working across Radiotherapy and Proton Services, this team have been actively looking at the more holistic experience of our patients. Amongst other things, work here has led to CALMS training for our radiographer team so they are able to support the anxiety brought about by a cancer diagnosis and treatment.

The department has not wavered in its commitment to delivering the most innovative radiotherapy. This year the team have delivered Primary Kidney Stereotactic Ablative Body Radiotherapy (SABR), offering this patient group more treatment options than they would have had in the past. Work between our physicists and radiographers has meant that we can now offer Volumetric Modulated Arc Therapy (VMAT) to our breast patients for the first time.

Our commitment to delivering state of the art radiotherapy is also reflected by the progress that has been made in our **Machine Replacement Programme**. Building on the success of Macclesfield and Oldham, the replacement of the machines at Salford is on track with patients already benefiting from the replacement of the first machine. The second machine is expected to go clinical in June 2024. During 2023/24 the replacement of our 5 CT scanners has continued, with the last remaining scanner expected to be open before the summer.

2023/24 saw the **Proton Beam Therapy (PBT)** reach its 5th Birthday. In October 2023, our physicists worked out that they had planned over 2,000 proton patients since the commencement of service in December 2018. PBT continues to go from strength to strength. The team continue to support clinical trials looking at the benefit of PBT for different disease sites. The team opened the PARABLE breast and the APPROACH CNS trials in 2023/24. Recruitment was completed for the TORPEDO head and neck trial, with early results expected next year.

Once again, the **Radiotherapy and Proton Education team** have been pioneering how we support the education of our current and future workforce. As well as building on the success of digital placements in oncology, they have supported the introduction of Therapeutic Radiographer Apprenticeships for the first time.

As ever, The Christie has led the way when it comes to **Research and Clinical Trials** supporting almost 60 trials and recruiting over 500 patients across Radiotherapy, PBT and the MRL. Offering trials at our outreach sites has also expanded, significantly increasing access to trials. In addition to this:

- The trials team won an award for 'Transforming Research Delivery' at the NIHR GM Health and Care Research Awards.
- The Christie has contributed to 87 peer reviewed publications in year, with 8 from therapeutic radiographers.
- The Christie Radiotherapy and Proton research teams have maintained a strong presence at international conferences.

Christie Medical Physics & Engineering

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

The **Imaging Physics and Radiation Protection Group** is a specialised team covering various areas including diagnostic x-ray imaging, radiation protection, magnetic resonance imaging (MRI), ultrasound, and optical radiation. They support activities at The Christie and offer scientific support services to many hospitals in the North-West region and other private healthcare organisations. With a skilled workforce and a sizable group, they are well-positioned to take a lead role in establishing sustainable physics services for the North-West Imaging Networks.

Their contributions have been fundamental in supporting the Greater Manchester (GM) ambition to open more Community Diagnostic Centres (CDCs), ensuring quicker access to diagnostics for a range of conditions such as cancer as well as heart and lung disease are available closer to patients' homes. The group aims to become the regional provider for GM and the Lancashire & South Cumbria Integrated Care Systems, with the expansion of non-ionising radiation services into Cheshire & Merseyside.

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

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

In 2023/24 we supported bringing PET-CT (operating in partnership with Alliance Medical) to the award-winning Oldham Community Diagnostic Centre (CDC). The group also initiated a record number of clinical trials this year at The Christie site, including becoming one of only a handful of centres nationally performing 89Zr CD8+ to assess immunotherapy response. Our next planned developments are to invest significantly in our clinical technologist workforce and outpatient MRT facilities to enable further expansion of imaging and therapy facilities on The Christie site.

The **radiotherapy physics group** provides clinical, scientific, and engineering support to radiotherapy services at The Christie and its three satellites for both photons and protons. This year saw treatment planning activity reach an unprecedented high. There has been a strong focus on the migration to the new planning system RayStation and the use of AI in auto contouring in both RayStation and a specialised package, Limbus, to improve the efficiency of the planning pathway. Key achievements for the year also include the installation and commissioning of two new linacs at Salford where the stereotactic radiosurgery service has been recommissioned including a major change in the treatment technique to allow for a single isocentre to multiple lesions which greatly improves the patient experience.

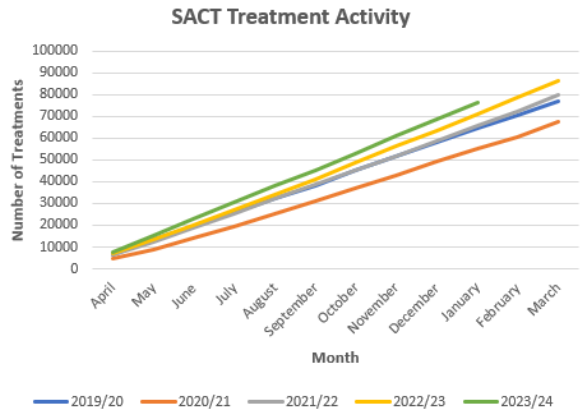
The **Proton Beam Therapy physics group** have continued to provide scientific, clinical, and engineering support to the national proton therapy service alongside our colleagues at University College London Hospitals (UCLH). This year we have proven the feasibility and accuracy of providing treatment contingency between the two centres which now provides an extra option for maintaining continuity of patient care in the event of a service failure. The service has been expanded by the opening of the Approach clinical trial (for brain cancer) which has relied on extensive support and development from the physics team. Our team have integrated with the European PBT community via the Raptor+

consortium in pursuit of delivering the common goal of adaptive proton therapy. Locally the team have delivered significant service developments through automation and optimisation of common processes e.g., treatment planning of craniospinal patients.

Systemic Anti-Cancer Treatment service (SACT)

In 2023/24 we achieved 96,000 treatments across all our SACT treatment facilities, 1,500 above our plan. In 2024/25, we are predicting a 10% growth in treatment delivery, which will deliver over 100,000 SACT treatments.

The number of SACT treatments available to patients has increased significantly, meaning patients are continuing on treatment for longer. Investing resources into horizon scanning is supporting us to be better prepared strategically and operationally to treat patients with the latest medical innovations and treatments.



Changing the way patients are scheduled and allocated to nurse workloads at Oak Road Treatment Centre has seen an increase in patient and staff satisfaction, with reduced delays. In September 2023 we commenced a Nurse-Led Oral SACT service and have since made approximately 1,100 patient contacts, supporting patients that are on treatment from a selection of 9 different Oral SACT drugs. As well as providing patients with an accessible, telephone and face-to-face review service, this has also provided the medical teams with increased capacity to see patients with more complex needs and treatment plans.

Further development of our SACT strategy which will aim to improve networked referrals for SACT across Greater Manchester and Cheshire and increase the number of patients treated at sites local to them. The Bloods Closer to Home Service has continued to grow in activity and we are planning additional clinics and locations according to demand.

Having invested resources into treatment preparation, we have established a 'Prep Team' to improve efficiencies on the day of treatment by addressing issues ahead of time. In turn, we aim to improve patient experience and flow by reducing waiting times and increasing the amount of time nurses can spend with patients.

Continuing our successful collaboration with Maggie's, we have expanded our New Patient Talks, increasing from two sessions a week to three sessions a day, 5 days a week since January 2024. This is having a positive impact on patient experience and improving their access to support as well as giving new opportunities to staff at ORTC to deliver these talks outside of the department.

SACT Services activity at the Christie @ Macclesfield has successfully continued to grow, increasing from 5,600 SACT treatments in their first year to a forecast of approximately 6,300 treatments by the end of the 23/24 financial year.

Developments during 2024/25

- Nurse-led oral SACT service growth – increasing activity and drug repertoire
- SACT Strategy
- Blood Transfusions Service at Christie @ Macclesfield
- Development of Christie @ Home – Self Administration of Denosumab

Haematology

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

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

The faster diagnostic standard (FDS) replaced the 2 week wait (2WW) standard with the aim of ensuring that patients will be diagnosed or have a cancer ruled out within 28 days of being referred for suspected cancer. With the growth in Christie @ services there are now a small number of patients who will be referred to The Christie on this pathway. By meeting this target means that patients who are diagnosed with cancer can begin their treatment as soon as possible. The operational target of 75% of patients being diagnosed within 28 days was achieved across Greater Manchester and over the coming year our contribution to that will grow.

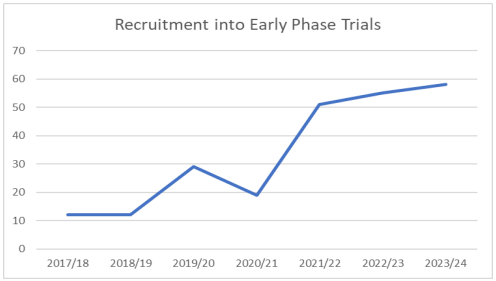
Activity has recovered to pre Covid-19 pandemic levels and continues to increase. Our transplant programme continues to grow, and we have been selected as one of 5 donor centres acting for national transplant registries (Anthony Nolan and DKMS). Chimeric Antigen Receptor T (CAR-T) cell therapy activity has grown significantly offering therapy for patients with very high-risk malignancies as standard of care and in clinical trials.

The Christie has been host to the National Adult Acute Lymphoblastic Leukaemia (ALL) CAR T advisory panel on behalf of NHS England (NHSE). The panel supports comprehensive discussion and assessment of eligibility for all adult ALL cases being considered for CAR T cell therapy in the UK. The panel will be working closely with NHSE in the acquisition of relevant data to support the re-assessment and transition of CAR T cell therapy for adult ALL into standardised commissioning.

The **haematology team** were awarded UK Acute Myeloid Leukaemia (AML) Trial Team of the Year 2023 at the UK 5th AML Academy meeting in September. The award recognised the hard work that the haematology research team has put in over the last few years to expand our trial offerings for patients. The award also acknowledges the contribution made by the team to increasing awareness of blood cancer within the community, patient support and professional education.

The **haematology and lymphoma team** were awarded UK TAP (Trials Acceleration Program) centre status following a successful bid to Cure Leukaemia. This award provides additional funding to support the research team helping us set up and deliver innovative trials to our patients.

Following appointment of dedicated clinical staff, the **haematology early phase clinical trials team** have overseen almost 500% expansion in the number of patients recruited to phase 1 clinical trials (2019-24). This continues to develop, with the appointment of 2 additional Consultants and additional research nurses and trial administrators.



Our new 4-bedded haematology ward, Withington Ward, opened in 2023 and provides additional capacity for treating haematology inpatients. Co-location and shared staffing with the Palatine Ambulatory Care Unit has also facilitated expansion of our ambulatory treatment capacity thereby increasing the number of patients who can be treated in an outpatient or home environment. This service now has an expanded remit to include adult patients with Sarcoma and Germ Cell cancers. Projected activity for 2023/24 is to 200 treatments via Ambulatory Care which equates to a total saving of over 1000 inpatient bed days. We hosted the first international Ambulatory Care Study Day in 2023, with a focus on sharing the learning and developments of the service here at The Christie.

The **Teenage and Young Adult (TYA) Service** continues to grow as the largest Principal Treatment Centre in the North West with over 270 patients supported in 2023. Key recent service developments included the appointment of a Psychologist, refurbishment of the music room (opened by Manchester born music entrepreneur, Sacha Lord) and with plans for appointment of a Complementary Therapist in 2024.

The Northwest TYA Operational Delivery Network (ODN) collaborated with Northwest Children's and Young Person ODN to host the first joint conference in March 2024.

Anaesthetics Theatre and Surgery

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

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

- Anaesthetics and specialist oncology intensive care
- Colorectal and Pseudomyxoma peritonei (PMP) oncology surgery
- Gynaecological oncology surgery
- Plastic oncology surgery
- Urological oncology surgery

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

We provide comprehensive preoperative multidisciplinary assessment that provides a vital service preparing patients for surgical and brachytherapy procedures including lung function testing, ECHO and CPET. We established an on-site ICD service, bringing professional service for all patients undergoing surgery and anaesthetics who have any kind of cardiac devices.

Over the last 12 months we have increased our medical establishment with recruitment of new Consultants and expanded our SAS group. Throughout the year, ATS delivered and developed surgical techniques and multidisciplinary complex cancer surgery (Robotic retroperitoneal resections, Sentinel lymph node staging, Gynae Ovarian HIPEC, multivisceral resections).

Efficiency and utilisation

Our anaesthetics, theatres and surgical teams in collaboration have been able to achieve delivery of higher volume of procedures, maximizing utilization within current resources.

Our established Enhanced Recovery After Surgery (ERAS) program is valuable in providing support to all surgical patients with shorter in-hospital stay and increased utilization of inpatient surgical beds, alongside improved patient experience and satisfaction scores.

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

Our latest upgrade to two NHS Xi Robots have already made in impact with increasing the delivery of same day discharge on major gynecological oncology procedures and now urology oncology procedures.

Supporting the system across Greater Manchester

Working in partnership with our wider system colleagues in Trusts across Greater Manchester. The Christie is providing additional cancer surgery capacity by mutual aid arrangements to facilitate the GM recovery plan and releasing surgical capacity locally for recovery of waiting list backlogs. Mutual Aid support in the last 12 months has been provided across GM for Urology and Gynaecology.

Acute Oncology & Inpatients

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

In line with the Trust's strategy and vision for 2024/25, the Clinical Support and Specialist Surgery Division (CSSS) has restructured the directorate for Acute Oncology & Supportive Care into two directorates: Acute Oncology & Inpatients and Pathology & Supportive Oncology. As part of divisional changes, the Senior Adult Oncology Service along with the dementia service will formulate part of the new directorate.

Acute Assessment Unit (AAU) provides a designated facility where patients presenting with acute conditions because of toxic oncology treatments or disease progression need emergency admission to the Trust. AAU ensures patients have rapid access to immediate specialist acute oncology and supportive care professionals ensuring they efficiently receive the optimum care and are cared for by oncology specialists who are the best placed to meet the needs of our patients. The AAU provides care and treatment for designated periods (usually 48 hours, with a maximum of 72 hours), prior to transfer to an inpatient ward or discharged home, as appropriate and is open 24 hours a day, seven days a week. We have increased the consultant workforce in acute oncology in response to the increasing number of patients who are acutely unwell because of their treatment or disease progression. This ensures that Christie patients are not deferred to A&E departments in GM acute Trusts.

Acute Ambulatory Care Unit (AACU) is adjacent to the AAU and has the aim to deliver acute emergency care to acutely unwell oncology patients without the need of an inpatient bed thereby increasing outpatient activity and limiting necessity of inpatient beds for emergency admissions. It is a nurse-led department with 10 trolley-chairs staffed by a team of Advanced Clinical Practitioners (ACP) and a designated team of registered nurses, nursing associates and healthcare support workers. The co-location with AAU has transformed unplanned care pathways through the Trust with over 87% of patients attending AACU treated as outpatients. This has allowed the Trust to care for increasing emergency oncology admissions and lessening the burden on the wider GM emergency and critical care services. Cancer patients seeking emergency care have a longer length of stay, higher admission rates and higher mortality than non-cancer patients and exposure to new treatments has led to a significant increase in cancer presentations related to the malignancy itself or toxicities from treatments. AACU has been utilised with careful attention to individualised patient presentation and local care pathways providing rapid assessment and treatment of unwell patients. The unit has increased to a 7-day service due to the demand for acute reviews of patients and in year has seen an increase in demand of 39% whilst maintaining a very low inpatient admission rate.

Acute Oncology Management Service (Hotline) is a 24hr telephone helpline service available to our patients, their carers and professionals for advice on management of the side effects and complications of cancer treatments and has seen a continuing increase in calls from patients. Not only has there been an increase in volume but also the complexity of the calls, with many patients needing significant support from the Hotline Acute Oncology Specialist Nurses. There has been investment for Acute Oncology Nurse Specialists and the development of a robust and bespoke training and competency programme to support the increase in patients calling the Hotline. This will enhance the already excellent service offered to clinical and nursing teams. There are plans to implement EPROMS which is an electronic patient self-reporting.

Discharge Team is a multi-professional team who work closely with other professionals to support and facilitate discharges for patients with complex health and social care needs or patients who require an expedited discharge because they are at the end of their life and their preferred place of death is in their own home or hospice. To support timely discharges the Trust has extended the service to Saturdays and successfully developed a designated ambulance service available Monday to Friday, 10am – 8pm to transport patients who are at the end of life or have complex discharge needs and this has demonstrated an enhanced patient experience and a significant reduction in long delays waiting for ambulance transport and a more cohesive approach working with other providers within acute or community settings. Additionally, the team are all now designated 'Trusted Assessors' which has removed a step of the discharge process for patients requiring support from community services so direct referrals can be made. The team were nominated for the Trust staff awards for their contribution to quality improvement.

Inpatient Oncology Wards

Wards 4, 11 & 12 primarily admit patients from AAU who have been admitted with acute symptoms resulting from oncology treatments or disease progression. Ward 2 accommodates patients who are being admitted for elective oncology treatments. This has proved highly successful and prevented long delays in admissions for this group of patients.

Acute Oncology Consultants working with trainee doctors, ACPs and Physician Assistants have continued to provide senior medical review on all Medical Oncology wards, facilitating timely specialist reviews and treatment plans for our oncology patients.

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

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

Oncology Critical Care Unit (OCCU) has continued to support patients who requires complex oncology surgery. This has ensured that patients with the most urgent or aggressive cancers receive safe and co-ordinated surgical and critical care. The OCCU team have attained Anaesthesia Clinical Service Accreditation (ACSA) which is a scheme that enables critical care units to measure their performance against defined standards and clinical guidelines and to become accredited for its quality of patient care and service delivery following an external peer review process. Nursing teams are supported by Professional Nurse Advocate (PNA) with regular restorative supervision.

Pathology & Supportive Oncology

Supportive Oncology describes the coordinated contributions of a group of medical and non-medical specialties that collectively help to prevent and manage the adverse effects of cancer and its treatment. Supportive oncology spans the entire spectrum of the disease. Our services play a key role across the entire Trust, closely integrating with oncology treatment systems to enable improved outcomes for all. These highly skilled teams lead in areas of innovation and research to ensure our patients' and families physical, psychological and social needs are met.

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

Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment, spanning the entire continuum of cancer from diagnosis through to treatment to post-treatment care and end of life care. The Supportive Care Team, over the last year, have won key national and international awards (for research, sustainability and innovation), produced key publications in academic journals, presented at national and international conferences, delivered education nationally, locally and regionally and led on sustainability initiatives. The team has a national status, leading on development of a new supportive oncology fellowship in association with the UK Association of Supportive Care in Cancer (UKASCC) and the Royal Colleges. Their expanding clinic work has also been supporting the GM winter plan by providing additional capacity in the daily Enhanced Supportive Care clinics (for patients with emergent pain / symptom issues related to their disease and/or treatment). The Clinical lead, who is also current president of UKASCC, is leading the development of a supportive oncology strategy for the Trust, with input from members of the Supportive Care team and across the wider organisation and GM cancer.

Psycho-Oncology service received positive feedback from inpatient staff. A patient's story was featured in a national newspaper, gaining recognition. We organised a team development day, leading to the formulation of a team strategy with specific goals, such as developing a psychological therapy pathway, enhancing psychological competencies within the cancer workforce, initiating a mental health promotion campaign, and improving data collection.

Our research portfolio expanded, with collaborative efforts in gastrointestinal cancer resulting in four journal publications. Ongoing research includes addressing post-traumatic stress disorder in cancer patients and examining the use of cannabis in patient care. We are also exploring oncologists' perceptions of psilocybin for managing distress in patients.

Our engagement with stakeholders included completing psychological level 2 training for the GM cancer workforce, delivering regional training for cancer staff, and providing training for the NHS psychological therapy service in the North-west. We also conducted special interest training for the future psychiatric workforce.

Facing staffing challenges, we adapted to a change in patient demographics towards increased acuity and complexity. Uncertainty related to relocation and a shortage of clinical therapeutic space posed additional hurdles. Mitigating staff well-being concerns, including sickness, remained a priority. However, we navigated changes by expanding psychological therapy training, expanding staffing, and integrating into the Supportive Oncology Directorate. A substantial charitable donation has enabled the expansion of clinical psychology provision, thereby enhancing our capacity to develop a mental health strategy for the Trust in the future.

Nutrition and dietetics service has continued to deliver the service to inpatients and outpatients and continued to carry service development over the last 12 months. During this year, the team have carried out talks to patient groups (Lymphoema group, Peritoneal Tumour Service Patient Day and Living With and Beyond Colorectal Cancer) and carried out a patient satisfaction survey to the head and neck outpatients.

The department continues to be involved in research projects and clinical audits such as a feasibility EPRIMM study on gut microbiome and pelvic radiotherapy, Torpedo trial and upper gastrointestinal (UGI) research on stents. The team have also had several publications in the Journal of Nutrition and Dietetics and Cancer.

We have supported our partners in GM with prehab lung programme hosting and integrated the prehab dietitian into the department.

We developed and presented the nutrition module for the GM Allies Cancer Care course in partnership with Salford University. A team member completed the GM ARC internship and using this to embed a more research culture into the department through journal clubs and research skills workshops.

In January 2024 we hosted 2 visitor dietitians from Hong Kong for 2 weeks.

The **physiotherapy/occupational therapy (OT) teams** continue to provide vital inpatient support to patients including those patients with respiratory conditions, Metastatic Spinal Cord Compression (MSCC) and specialised care on the Oncology Critical Care Unit. Additionally, transition within the Lymphoedema outpatient service has allowed a skill mix review and now includes a nurse within the previously therapy only team which provides a greater breadth to the service particularly around wound care.

Development of staff continues to be a priority with 3 non-medical prescribers now in Physiotherapy and physiotherapists are running their own clinic streams in Enhanced Supportive Care and also in Sarcoma FU in a Nurse and AHP led clinic. We have 2 degree apprenticeships also in Occupational Therapy and Physiotherapy providing some longer term stability to the workforce.

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

Speech and Language Therapy team has continued to develop the inpatient and outpatient service over the past year. The team has been integral in the development of the new integrated head and neck pathways and has led on a pilot of AHP-led pre-treatment clinics for those about to undergo treatment for head and neck cancer.

The department has delivered in-service training to other teams in the Trust and has commenced a rolling training programme for inpatient wards to support staff caring for our patients with swallowing difficulties.

We have presented at numerous education events and have continued to be involved in research projects and audits, with several posters at national/international conferences and publications in peer-reviewed journals.

One member of the team completed a Masters in clinical research and is using the knowledge and skills gained to embed a research culture into the department via a Clinical Excellence Group.

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

Since the pandemic, CPP continue to support the Trust with provision of rapid molecular COVID PCR swab test and a multiplex PCTR covering FluA/B/RSV and covid-19. This has supported ward outbreak containment, patient flow, bed management and cohorting.

CPP have implemented 2 Atellica lines for chemistry and immunoassay. During 2024 CPP is implementing a third chemistry analyser to enhance resilience and capacity and improve overall turnaround times again at KPI target of 95% within 1-hour.

The CPP Breast Tumour Receptors (BTR) team has validated and implemented the PD-L1 (22C3) CPS assay to guide pembrolizumab therapy in locally advanced unresectable or metastatic carcinoma of the oesophagus or HER2-negative gastro-oesophageal junction adenocarcinoma in adults in accordance with NICE TA737. This addresses an unmet clinical within GM. The BTR team are currently validating assay 28-8 to guide Nivolumab therapy and will be rolling this out during 2024 with support from the GI Pathway Board.

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

Pathology has gone live with the Order Comms pilot phase with Ward 2 and the Endocrine Unit and has now been rolled-out to Ward 11 with further expansion planned during H1 2024.

The Oncology Cytogenetics service will formally transfer to the NW GLH on 1 June 2024.

Complementary health and wellbeing service offer personalised care throughout every stage of the patient's journey. Our new electronic referral system has been invaluable to prioritise patients that require urgent support e.g., patients unable to complete a procedure due to phobia/panic. We offer a range of therapies, that are both virtual and face to face, these include: Massage, Hypnotherapy, Acupuncture, Stress Management & Mindfulness techniques and Aromatherapy scent sticks, which are used as resilience tools to 'anchor' any feelings of calm. Essential oils are also employed to treat certain hard-to-manage side effects of treatment such as urogenital atrophy due to aromatase inhibitors. We also provide services at each of the Christie Satellite sites, meaning more servicer users can assess therapies closer to home. In addition to our patient service, we offer support to carers who maybe feeling worried/stressed.

Our service has been described as 'Innovative, Pioneering and Creative'; we have a focus on forwarding our work through research, in collaboration with the Christie patient centred research (CPCR) and sharing our knowledge with HCPs and therapists through the Integrated Therapies Training Unit (ITTU).

Cancer Information Centre (CIC) has continued support a high number of patients and their carers with a variety of holistic needs. Advice and support are also offered to health care professionals.

The service offers information and support from basic advice to treatment pathways, side effects and bereavement. Support for the emotional impact of cancer is also offered.

The range of written materials has expanded to include LGBTQ materials, large print booklets and a new range of Marie Curie Booklets to support people with terminal cancer. There is also a resource available to neurodiverse people to document in once place what is important to them enabling needs to be met. We have also continued to source information and support for children whose parents have cancer.

The service has worked closely with Masumi to establish a streamlined process for patients to purchase hats over the phone at preferential rates as well as ongoing availability from The Christie Charity Shop. This also ensure that patients across the geographical footprint of the Christie benefit from this discount.

Throughout the year staff have contributed to the development and delivery of the Carers Support Sessions and Health and Well Being events for patients. Two members of the team have completed counselling qualifications, one being a Diploma.

Following a tender process, the contract for the **wig service** was re-awarded to Dimples. We have worked in partnership to expand the range of wigs available to include more ethic minority and male styles. In the 9 months since April, 1050 hair loss support talks have been given and 828 Christie Charity funded wigs have been issued to patients from The Christie at Withington, Salford, Macclesfield and Oldham. We also have a range of donated wigs available for patients to access free of charge.

Art Service offers patients, their care givers and our staff the opportunity to spend some time in a supportive and non-clinical safe environment. The services offer face-to-face classes as well as the option to take part online. These run three times a week for patients and their care givers and once a week for staff. Art packs are available for both in patients and outpatients who would like to benefit from the service while not attending a class. A 1:1 art service is also available for inpatients.

The positive impact the service has is reflected in the participants continued attendance and the quality of work produced with various departments including Pharmacy, Department 22 and The Christie at Macclesfield commissioning art work to display on their walls.

The re-development of the art room is underway. This will be completed by late spring and will include direct access to the garden and a large screen monitor to allow remote participants to share in the class environment. The relaxation room is being re-established next door and will incorporate four recliner chairs and a wheelchair space with Juliette windows overlooking the garden. The patient and staff art classes have been commissioned to complete the artwork for this relaxing space.

Chaplaincy team is committed to supporting patients, carers and staff suffering spiritual distress and/or with religious needs. In 2023 we made 1138 visits, that's 388 more than last year and reflects the return of our volunteers. We had 398 new referrals or self-referrals, an increase of 169. We delivered 497 letters to patients who had been in the hospital for over 3 or 6 weeks. We assessed or contacted 127 patients in the last days of life. We provided staff support in 32 group and 37 one-to-one sessions. We supported people from 10 different faith or belief identities – the most we have ever encountered. We continued to lead on staff 'Pause and Refresh' sessions, and to play an active role within Schwartz Rounds, Staff Health and Wellbeing, and EDI.

The End-of-life wedding service has co-ordinated 25 weddings since April 2023 ensuring peoples final wishes are met.

Pharmacy

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

Pharmacy has continued to support developments in systemic anti-cancer therapies (SACT), including the underlying growth in patient numbers and the expanding portfolio of commissioned therapies, clinical trials (supporting the Trust's aim to double the number of patients offered access to a clinical trial by 2030) and "compassionate use" schemes (used when neither commissioned treatments nor clinical trial access are possible).

NHS recruitment and retention continues to be challenging, but pharmacy made steady progress in reducing our vacancy rate and the Trust supported investment in additional staffing to further improve services in our three core teams (clinical services, clinical trials & aseptic dispensing services). This included the development of several new roles, including Consultant Pharmacists, Pharmaceutical Scientists and Science Manufacturing Technicians, to supplement the existing workforce.

Work to help build the future pharmacy workforce included the introduction of clinical placements for pharmacy undergraduates from the University of Manchester, expansion in our pre-registration trainee pharmacy technician placements and registration of the Trust in preparation to offer pre-registration Foundation Year pharmacist placements from 2025.

Pharmacy saw the successful opening of the new outpatient dispensary in the Summer of 2023, with a new robotic dispensing system for The Christie Pharmacy Ltd (TCP), a wholly-owned subsidiary of the Trust that provides pharmacy dispensing services.

This resulted in an immediate improvement in patient experience and a reduction in prescription turnaround times.

Positive practice was identified in the Trust's inspection report from the Care Quality Commission, noting that "senior pharmacists worked in partnership with NHS England and the National Institute for Health and Care Excellence (NICE)" to "provide sustainable leadership for medicines optimisation".

During the year we had successful "Invest to save" business cases supported by NHS England for medicines optimisation (focusing on our homecare and satellite services) and collaborated with Trust IT colleagues to secure "First of type" funding from NHS Digital for IT system integration. We also continued the preparatory enabling works to support the scheduled rollout of inpatient electronic prescribing from Spring 2024.

The pharmacy department had a strong showing at the annual British Pharmacy Oncology Association conference, with 14 research posters and presentations showcasing the high-quality pharmacy practice research work being done at The Christie.

Pharmacy staff were also part of the multidisciplinary team shortlisted for the Health Service Journal Partnership Awards for a collaborative project to design a new model of complex adjuvant care for breast cancer patients.

Over the year the service has had to deal with a high number of national medicines shortages, including actions to import some medicines from abroad and working hard with medical and nursing colleagues to minimise any disruption to patient care. Pharmacy staff at The Christie have continued to support the Greater Manchester Aseptic Hub Project, one of 5 national pathfinder projects seeking to expand NHS capacity and access to ready-to-use intravenous medicines.

Radiology

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

The **radiology team** showed commitment in delivering responsive and high-standard services to our patients despite the increase in demand for radiological investigations and associated pressures. Over the past year, we increased our medical establishment with the recruitment of two full-time consultants and three full-time clinical fellows. We also appointed a deputy clinical director to provide a more robust leadership structure. We recruited several senior radiographers and radiographic aides and are currently working on filling all our radiographic vacancies, despite the national shortage of qualified staff. We are also invested in developing our staff having trained a new radiographic assistant practitioner and took on board two other staff members who started their training in September.

We also inaugurated the Northwest Imagining Academy – Radiology Academy @ The Christie which will see an intake of FY2 radiology trainees on a rotational basis and other courses due to be announced later in the year.

Within the **CT department**, we have performed 26,500 CT scans this year. Two new scanners were installed over the course of the financial year and the team worked hard to mitigate backlogs caused by the replacement program. Work was also undertaken to address capacity issues in the scanning of patients in planned / surveillance pathways. As part of this, the team developed and implemented a new vetting process that is operationally more efficient and that decreases reliance on paper, making it more ecologically friendly. Due to its success, the new vetting process is currently being implemented in other departments within the directorate and is part of a Quality Improvement Project.

Ongoing projects are in place to explore avenues to further increase capacity in the CT department as further growth is expected in the upcoming financial years.

The **MRI team** performed 12,000 MRI scans this year. The team is currently working on implementing acceleration technology to decrease the amount of time spent per scan whilst maintaining the quality of images acquired, as part of our commitment to ongoing operational improvement.

In December the team implemented a new pathway that allows patients with certain types of pacemakers to undergo MRI scans. This is a new service at The Christie that facilitates the diagnosis and monitoring of patients who would otherwise have to attend other centres for their MRI scan.

Plain Radiography is one of the few areas within radiology in which activity remained consistent, with 10,500 radiographs performed over this financial year. The service remains an essential modality of the directorate and an out-of-hours on-call urgent service is in place seven days a week.

As in other areas of the directorate we are currently appraising our staffing structure to ensure we deliver the most efficient service to our patients.

The **Interventional Radiology (IR) department** performed around 2,000 cases this year, delivered by a multi-disciplinary team composed by radiologists, radiographers, nurses and radiographic aides. Performance was maintained despite shortages of staff whilst delivering a high level of clinical care to our patients.

Research also played an important role in our IR department with several papers published in scientific journals and the implementation of the innovative Radial access for SIRT (Selective Internal Radiation Therapy) was mentioned in the news.

Hepatic chemosaturation procedures have also been performed at The Christie in partnership with TCPC. The procedure will be considered for NHS commissioning this year with two centres predicted to deliver this highly specialised service.

In November 2023, The Christie held the national SIRT Meeting in the School of Oncology.

Our **Ultrasound (US) service** encompasses diagnostic and interventional ultrasound and is delivered in two locations within The Christie. This year the service performed over 6,000 diagnostic and interventional US examinations and saw the largest growth within Radiology whilst maintaining its performance thanks to the efforts of the team.

PET-CT Reporting is a shared service with the Nuclear Medicine Department who perform the scans that are later reported by our consultant radiologists. Closer collaboration between the two services increased performance in the pathway with over 10,000 scans reported this year.

The PET Academy is an important player in the development of workforce across GM who then provide reporting to The Christie. As such, this year we saw a consultant radiologist joining our pool of external reporters, as part of a collaboration with WWL NHS Trust.

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

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

During the year, **Radiology research staff** moved to The Paterson Building. They support approximately 400 clinical studies and have facilitated the introduction of four radiology-led trials with more to come.

Research and Innovation

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

- **Learn from every patient;**
- **Enable every patient to participate in research;**
- **Apply this knowledge to improve the lives of patients with cancer now and in the future.**

This year, we **approved our Research Strategy** for the next five years. Our atrategy is centred on six principals to enable us to reach our vision. Over 200 staff participated in feedback and engagement sessions to inform the strategy.

Highlights of 2023/24

Workforce

This year, we completed appointments to our **senior leadership team**; Ev Dolan, has been appointed to Associate Chief Nurse R&I and, Kay Faulkner to Divisional Manager Research and Innovation. This structure aligns with the other Divisions within The Christie.

Professor Fiona Blackhall has been appointed as the Greater Manchester NIHR BioMedical Research Centre Cancer Cluster Lead.

We have over 80 PIs, over 125 Clinical staff and over 170 Administrative staff to deliver our comprehensive portfolio of Clinical Research Studies.

We have an EDI plan which sets out our ambition to achieve greater diversity within our division and support progression into senior roles (Band 8+) from Ethnic Diverse Communities.

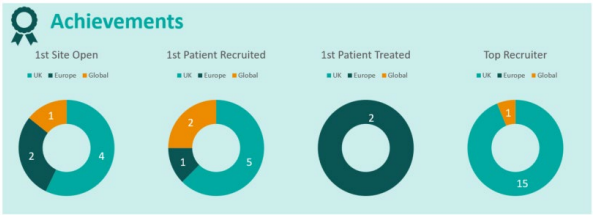
In 2023, we **moved into the Paterson state of the art facility** to bring clinicians, surgeons, allied health professionals, scientists, and skilled clinical research managers together in a truly collaborative environment. Research and Innovation at The Christie are co-located with The University of Manchester and, the Cancer Research UK Manchester Institute.

The **Radiotherapy team** won the NIHR Greater Manchester Clinical Research Network Transforming Research Delivery Award.

Delivery of clinical research performance

Over 3,100 patients consented to be part of a study during 23/24. Our trial portfolio comprises 49% of trials attributed to commercial activity and 51% attributed to non-commercial clinical trial activity. 55% of new studies set up in 23/24 were commercially funded.

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



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

he NIHR Manchester CRF at The Christie cares for in-patients and out-patients taking part in clinical trials. It has expanded from 43 to 50 staff in the last year with notable appointments including

Emma Searle as Deputy Medical Director to support Fiona Thistlethwaite (Director), two trained research ACPs who are sub-investigators on their own trials and provide medical cover, and two practice education facilitators to lead our clinical training. CRF nurses have been upskilled on ward based preparation of three immunotherapy treatments, which gives more control over treatment times and relieves pressure on the Aseptics unit.

Following significant prep work, now ready to pilot Point of Care testing on the CRF. This will support clinical decision making and allow treatment preparation to start earlier in the day, which should spread activity better and reduce waiting times for some patients. The portfolio and patient numbers continue to grow alongside increasing trial complexity.

Radiotherapy Clinical Trials and Research

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

All patients imaged or treated on the MR Linac continue to be enrolled in at least one clinical trial. In addition to supporting the delivery of radiotherapy clinical trials the translational radiotherapy research team works closely with the radiotherapy related research group at the University of Manchester and supports the Allied Health Professional Doctoral Academy.

Manchester Cancer Research Centre BioBank

Over the last 12 months, the MCRC Biobank have been continuing to support high impact translational research projects within the Manchester Cancer Research Centre with a current portfolio of over 70 active projects.

Sustainability

Our Experimental Cancer Medicine Team won the BioNow Social Impact Award. This recognised the positive impact on the environment, EDI and sustainability achieved by improving sustainability of early phase clinical trials in the UK and in parallel supporting medical treatment across sub-Saharan Africa through re-distribution of consumables.

Looking to the future

We are on the brink of a new era for The Christie Research and Innovation Division. Our multidisciplinary teams, whether working from laboratory benches, outpatient clinics, surgical theatres, outreach centres or ambulatory care wards will focus on answering the key questions to enable better care and outcomes for our patients. We recognise that clinical trials are not sufficiently representative and inclusive of all patients within our diverse region. We will look beyond traditional research practices and towards real world evidence, clinical outcomes, and innovative trial design to enable the inclusion of patients who are currently under-represented in research.

Christie Education

Christie Education is responsible for supporting an extensive suite of teaching, training and education events to support Christie staff in their roles of delivering outstanding clinical care.

Christie Education provides multi-professional and 'multi-generational' suites of learning and clinical placement experiences, supporting early career learners (apprentices, students and early career professionals), advanced continuing professional development for established cancer professionals worldwide with a growing body of international colleagues undertaking specialist observership and fellowship placements. In partnership with colleagues in Christie Research and Innovation, we support specialist clinical academic training and education research and scholarship activity.

Christie Education continues to support the Christie as an important centre for learning We are proud of our team and all members of our current and future workforce who contribute to the excellent patient care, both at the Christie, nationally and internationally. Our team plays a crucial role in providing education, skills, and experiences to support those working in cancer care, whatever their role.

Alongside a sustained growth in education and training activity, Christie Education has undertaken a strategic review, ensuring Education remains positioned at the heart of The Christie's ambitious, integrated clinical strategy. Our three strategic aims focus on support for Christie colleagues, external learners and our patients and community through access to education and training which deliver improved patient care:

- Attain recognition as leader for excellence in cancer education design, delivery, and development for current and future workforce;
- Achieve global impact as key opinion leader through leadership, outreach, and partnership; and
- Grow as an inclusive educational organisation with reputation and demonstrable impact of educational scholarship on people, practice, and patient care.

Work in our **Postgraduate & Undergraduate team**, supported by clinical colleagues, has supported a record number of students in placement experiences at The Christie. Highlights from the team include:

The team is particularly excited to have contributed to a three day 'Oncology Return to Training' event which is run virtually, a collaboration between Christie and Clatterbridge.

Education Events, Maguire Communication Skills Teams and the Christie Proton School have supported a wide range of UK and international colleagues across a series of shorter and longer course formats:

- 41 events to over 3000 healthcare professionals, including prestigious ESMO/Christie Lung Cancer Preceptorship Programmes, the ESCTOX / UKASCC Conference and a bespoke Proton School course to a range of UK and international participants.
- The Maguire team has delivered 105 courses/workshops to participants from the Christie and across the UK, with new teaching and training focusing on Respectful Resolution and Bereavement Communication.
- Maguire continues to improve access to specialist communications courses for Christie staff groups and has delivered/supported funding for over 300 Christie staff to attend courses on Effective Communication, Communication for Frontline Staff, and Difficult Conversations. The team has commissioned tailored courses

to support new International Nurses and Compassionate Communication and Psychological Support for Preceptees.

The **Professional and Workforce Development Team** has welcomed three Business Apprenticeship Roles, in our first wave of rotational roles to maximise exposure to skills development and support early career development.

- The team supports a diverse portfolio of apprenticeships and achieved an apprenticeship target of 60 this year, with an important achievement being the development of an apprenticeship for Therapeutic Radiographers, working very closely with colleagues in practice. This programme has been developed in response to a shortage of people entering the profession.
- The team has also developed a number, of local partnerships, including the launch of Functional Skills Training, in partnership with Manchester City Council.
- Working closely with The Christie Workforce Team, Christie Education supports a growing number of colleagues through multi-professional Christie Leadership Development Programmes and external training including the Mary Seacole Programme, and Masters level Elizabeth Garrett Anderson Programme.
- The team was delighted to be shortlisted for, the prestigious, Nursing Times Education Awards in three categories: Non-clinical Manager of the Year, EDI Champion, and Recruitment Strategy.

An important focus during the year has been the development of skills for Christie Educators. Programmes have included the Educating the Educator Programme (with the Digital Learning Team) to the commissioning of RADA to provide specialist tools for educators.

The **Clinical Skills Team**, working closely with teams across both the trust and beyond, has delivered 346 planned clinical skills training sessions, with an overall evaluation score of 93%.

- The team has collaborated closely with professionals from across the Trust to produce and deliver a successful Induction Programme for newly recruited Registered Nurses, AHP's, Preceptees, HCSW's and Pre-registered students.
- A close collaboration with the Spinal Injury Association and Metastatic Spinal Cord Compression leads within the Trust, produced two 'Managing the neurogenic bowel in spinal cord injury skills and knowledge training days' to train 18 staff, to become competent to manage and care for patients.
- Support was provided for the introduction of new medical devices with effective education programmes e.g., new glucometer.
- The impact across teams has been evident in;
    - The Increased number of virtual and face-to-face cannulation training sessions for PET CT Academy.
    - A completed gap analysis for National Preceptorship Framework for Nursing which helped in the successful award of National Preceptorship for the Nursing Quality Mark.
    - The development and delivery of a programme of clinical skills training sessions for the AHP Learning Hub.
    - The Close collaboration with the senior team on the 'Accend programme' for which the team will map competencies with Clinical Skills Training and Induction.
- A Key piece of work at the close of 2023 was the development a new practical fundamental skills study day, the pilot of which took place in February 2024, for Healthcare Support Workers (HCWs). It was an interactive simulated training day and received great evaluations! Its success has

ensured this programme will be delivered on a regular basis starting in April 2024.

- Another success in 2023 saw the team support 36 HCSW's to complete their Christie Care Certificate (CCC) and join in the national celebration of the Fundamental Care Certificate with an event to celebrate the success of our learners nationally. The team was proud to have trained 38 nurses/AHPs as Mentoring Assessors to support the CCC.
- SACT(Systematic Anti-Cancer Therapy) education continues to be a priority for the team, with ongoing learning and the development of online-learning.
- Manual Handling (MH) remains a key focus for the team – actively supporting staff health and wellbeing, in the workplace, by completing individual MH risk assessments.
- A further highlight for the team was the exchange of colleagues with St. James' Hospital, Dublin. Which saw two of the St. James' team in attendance at The Christie working closely with Clinical Skills, followed by two of our own team, travelling to Dublin for 5 days – great sharing of best practice internationally.

A key pillar of the work of Christie Education is our commitment to accessible and inclusive education and training. The creation of a new ED&I role within Education has launched a body of work responsive to the needs of cancer patients and their carers at the Christie, but also across the UK and internationally including a suite of learning around health and exclusion. Our work in support of widening participation continues includes:

- Working with underachieving schools in local community for referrals for work experience, trust tours and information sessions.
- Exciting developments have included a programme of work experience for students to access an entire range of divisions, plus supported internships in Catering, ORTC and Medical Records.

A key achievement for the **Digital Learning Team (DLT)** this year has been the design and smooth release of the refreshed Christie Learning Zone (CLZ), the Trust's central training hub. External work continues to support major groups including the European Bone Marrow Transplant Society, which uses a combination of talking head explanation, live demonstration, and 3D animation to help learners understand how the bone marrow extraction procedure is performed.

GatewayC, our primary care education programme, has grown significantly during 2023-24. With key achievements including:

- The registration of over 17,000 users and the completion of over 11,500 course to date, including celebrating the launch of the programme's 25th module of online learning; new courses include Head and Neck – Early Diagnosis and a series of screening courses across Bowel, Breast and Cervical cancers.
- Securing agreement and funding from NES (NHS Education Scotland) and the Scottish Government to roll GatewayC out across Scotland.
- The release of a successful new Podcast series, GPs Talk Cancer, with a second series under development in recognition of its impact.

Our financial performance 2023/24

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

Financial Performance

The below table illustrates the Trust and group financial performance during the 2023/24 financial year.

In line with our accounting policy, we are required to consolidate our accounts. In 2022/23 the consolidated group accounts included The Christie NHS FT, the Christie Charitable Fund and the wholly owned subsidiary The Christie Pharmacy Ltd. On the 1st April 2023 the charity became independent under a new established entity The Christie Charity. This group accounts for 2023/24 include the Foundation Trust and the subsidiary, The Christie Pharmacy Ltd.

Performance for the financial year ended 31st March 2024

	Group			Trust		
	2023-24 actual	2022-23 actual	Year on Year change	2023-24 actual	2022-23 actual	Year on Year change
	£m	£m	£m	£m	£m	£m
Total income	472.2	436.4	35.8	472.3	427.8	44.5
Total operating expenditure (excluding depreciation and net impairments)	(449.1)	(446.6)	(2.5)	(449.7)	(406.2)	(43.4)
EBITDA*	**23.1**	**36.5**	(13.4)	**22.6**	**21.6**	1.0
(Loss) on disposal of assets	0.0	(4.0)	4.0	0.0	(4.0)	4.0
Depreciation and amortisation	(22.7)	(21.0)	(1.8)	(22.7)	(21.0)	(1.8)
Dividend	(10.1)	(8.4)	(1.7)	(10.1)	(8.4)	(1.7)
Net finance income/cost	5.5	3.2	2.3	5.5	2.1	3.4
Corporate tax expense	(0.1)	(0.1)	(0.0)	0.0	0.0	0.0
Share of Joint Venture (equity method)	7.0	6.7	0.2	7.0	6.7	0.2
Retained surplus / (deficit) (before exceptional items)	**2.6**	**12.9**	(10.3)	**2.2**	**(3.1)**	5.3
Gains from transfer by absorption	0.0	0.8	(0.8)	0.0	0.8	(0.8)
Exceptional items	3.3	(1.6)	4.8	3.3	(1.6)	4.8
Retained surplus / (deficit)	**5.9**	**12.1**	(6.2)	**5.5**	**(3.8)**	9.3
NHS Charity divestment from the Group due to establishment of independent charity	(65.2)	0.0	(65.2)	0.0	0.0	0.0
Retained (deficit) / surplus after divestment of the charitable fund	**(59.3)**	**12.1**	(71.4)	**5.5**	**(3.8)**	9.3

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

**Exceptional items represent building asset reversal of impairments totalling £3.3m.

Activity and income

Following the coronavirus pandemic response, and to aid system recovery, transaction flows in 2020/21 were simplified in the NHS and providers and their commissioners moved to a financial framework built predominantly on block contracts and system partnership arrangements. These arrangements expanded to include a variable element in addition to the block in 2022/23 and 2023/24.

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 £449.1m. Of this £212.5m was spent on staffing, ensuring we continued to attract and retain over 3,500 staff.

Over £124.7m of our total operating expenses were spent on chemotherapy and other cancer treatment drugs and has helped ensure our patients continue to have access to the latest and most effective treatments.

Joint ventures

The Christie Clinic LLP was formed on 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 2023/24 was £6.3m, as per the terms of the LLP membership agreement.

In June 2014 we entered into a joint venture partnership with Synlab UK, the UK division of one of the largest European independent providers of pathology services. The Christie Pathology Partnership LLP allows the Trust to develop further its pathology services drawing on the European expertise of Synlab UK combined with the established cancer expertise at The Christie. The joint venture profit share in 2023/24 is £0.6m as per the terms of the LLP membership agreement.

Subsidiary companies

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

For 2023/24 the principal impact for the group has been a financial surplus of £0.4m which is in line with the Trust's expectation.

Charitable funding

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

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

By divesting the Charity from the consolidated accounts, the group accounts report a loss of £65.18m relating to the Charity reserve.

During 2023/24, The Christie NHS FT continued to purchase assets from funds granted from The Christie Charity; this is recognised in the Trust accounts as income. Over the past year, we spent £0.32m on capital projects from charitable grants and we received a charitable revenue contribution of £4.6m to enable us to enhance our services.

Value of our buildings and land

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

As a result of market factors, our property, plant and equipment have had a net upward valuation of £16.8m at 31st March 2024.

Capital investment

The Trust has been able to continue to invest in its estate and equipment assets with a comprehensive capital investment programme for 2023/24 amounting to £33.2m expenditure.

Investment	NHS funded (Christie)	NHS funded (PDC)	Donated (Christie Charity	Total
	£k	£k	£k	£k
Land & buildings	1,823	0	0	1,823
Assets under construction	4,773	9,258	278	14,309
Plant & machinery	8,357	0	39	8,396
Information technology (including intangibles)	7,300	1,351	0	8,651
Total capital investment in 2023-24	22,253	10,609	317	33,179

The majority of this year's capital investment related to the development of a new ward facility, providing additional bed capacity. This has been funded from both the NHS England Targeted Investment Fund and from the Trust's own cash funds and is due to be completed in summer 2024.

The Trust is part-way through a multi-year replacement programme of its network of linear accelerators, which started with the Oldham site in 2022/23. This was followed by Salford in 2023/24 and is planned to continue with replacements at the Withington main site over the coming years. The Trust has also continued to invest in information technology and the estate maintenance programme that ensures our infrastructure continues to support effective patient care along with the refresh of its essential plant and machinery.

The Trust received Public Dividend capital (PDC) funding of £10.6m in 2023/24 which has supported the development of the Electronic Health Record programme along with the additional ward capacity described above.

Cash flow and balance sheet

We ended the year with cash and investments balance of £135.8m (group, £136.6m), a decrease from the prior year value of £142.9m (group, £196.8m). The group cash balance has decreased from the prior year due to the divestment of the charity from the group; £53.4m was transferred to the newly established independent charity on the 1st April 2023.

Public sector payment policy – better payments practice code

In accordance with the Better Payments Practice Code and government accounting rules, the Trust's payment policy is to pay creditors within 30 days of the receipt of the goods or a valid invoice, whichever is the later, unless other terms have been agreed. The Trust paid 98% of non-NHS trade invoices and 98% of NHS trade invoices by value within 30 days.

Trading environment and financial risks

We received £10.6m Public Dividend Capital (PDC) from Department of Health and Social Care (DHSC) to fund various capital expenditure during the 2023/24 financial year.

Going concern

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

The change in structure regarding the Christie Charity becoming independent and no longer part of the group has not affected the going concern status.

After making enquiries, the Directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

External audit services

Grant Thornton LLP are our external auditor. We incurred £118k, (£149k for the Group) in audit service fees in relation to the statutory audit of our accounts for the period ending 31st March 2024.

Non-audit services provided by the auditor

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

Countering fraud and corruption

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

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

Statutory framework

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

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

Statement of disclosure to auditors

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

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

information and to establish that the Trust's auditor is aware of that information.

For the purposes of this declaration:

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

Focusing on the people who count

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

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

As part of our commitment, we promised to:

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

Our strategy

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

We are able to provide a service based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment care, research and education.

Our focus and size enable us to uniquely deliver effective and efficient specialist care offering patients the best possible outcomes from our research programmes. This is enhanced by the support that we receive from The Christie Charity which enables us to provide a level of care and experience for patients above and beyond what is funded by the NHS.

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

Our strategy describes where we want to be as an organisation in the coming years. It sets out a clear vision of how we will transform cancer treatments, care & support and improve outcomes for our patients.

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

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

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

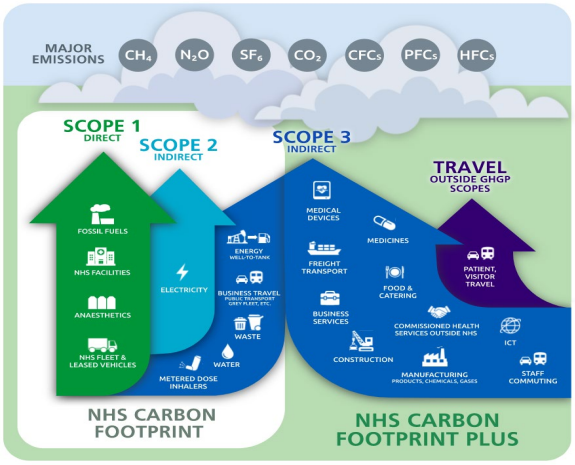
3. We will further expand our networked care model and the breadth of services available in the communities to ensure fewer patients have to travel to receive the best care.

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

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

Greener NHS

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



Green Plan

The Trust developed a Sustainable Development Management Plan (Green Plan) to identify climate opportunities and responds to climate related issues. This Trust also has a Green Travel Plan and regularly reviews its operation to seek to promote sustainable travel and manage traffic.

Climate Change Risk

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

Task force on climate-related financial disclosures (TFCD)

NHS England's NHS Foundation Trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in other external publications.

Governance

The Trust Sustainable Development Committee provides leadership, coordination and guidance to the Trust for integration of sustainability principles and practices throughout the Trust's core activities. The Sustainability Committee reports to the Net Zero and Climate Adaptation Committee.

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

Reporting

In line with contracting requirements covering Green Plan reporting, an annual report was produced for the Board of Directors to disclose a summary of progress on delivery of the Green Plan.

Awards and accolades

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

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

The Christie has been **named the number one place for ward food in a patient-led assessment of UK care settings**. The Trust scored 100% in this area, nearly 10% above the national average of 90.2%. Patients were particularly impressed by the variety of food on offer. Patient Led Assessments of the Care Environment (PLACE) took place at both the Withington and Macclesfield sites.

The Christie has been **awarded the Veteran Aware Accreditation** in recognition of our work to support our patients and staff who are members of the Armed Forces Community. This builds on our previous work, signing the Armed Forces Covenant and being awarded Bronze in the Defence Employer Recognition Scheme.

Dr Matthew Krebs, Kate Duffus and team received the **Healthcare Project of the Year Bionow Award** for the DETERMINE trial: Identifying new treatments for patients with rare cancers.

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

Congratulations to our nursing team, who **won the Theatre and Surgical Nursing Award** recently for their work to dignify surgery for a person with dementia and skin cancer.

Congratulations to Dr Natalie Cook, who was **awarded a 5-year NIHR Rosetrees Trust Advanced Fellowship**. The £730,000 award will fund an ambitious research programme into cancer of unknown primary (CUP). Comprehensive genomic testing can help to identify gene alterations in CUP, "matching" patients to targeted therapy or immunotherapy treatment options. In some cases, genetic testing can even help identify the location of the primary cancer. The fellowship will allow Dr Cook to trial blood-based genomic testing in patients diagnosed with CUP.

Congratulations also to Dr Rob Chuter, who has been **awarded a Career Foundation Fellowship by Pancreatic Cancer UK** to research improvements in the use of radiotherapy to treat pancreatic cancer.

Angela Hayes, Palliative Care Clinical Nurse Specialist, and Alexandra Langstaff, Ward Sister, The Christie, were **jointly named as Sustainability Nurse of the Year at the British Journal of Nursing Awards 2024**. Angela and Alexandra are keen to promote greener nursing practices as part of The Christie's ongoing drive to increase our sustainability. Well done to them both.

Congratulations to our experimental cancer medicine team who **won an award for their redistribution of more than 10,000 pieces of**

surplus clinical trial equipment from research teams in the trust to around 100 clinics in Africa. They were nominated in the social impact category of the 2023 Bionow Awards.

We were thrilled to hear our Paterson building was **named Greater Manchester Building of the Year 2023** by the Greater Manchester Chamber of Commerce. This prestigious award acknowledges a building's significant impact on the construction and development landscape of the region.

Consultant colorectal radiographer, Lucy Buckley, has been **named the Radiography Professional of the Year** at a prestigious national award ceremony.

Greater Manchester Health and Care Award: Congratulations to our research radiographers who **won a Greater Manchester Health and Care Award** for transforming how their research is delivered. The team has started to recruit and consent patients to radiotherapy clinical trials, a job normally done by nurses or consultants. This has meant they can offer trials to patients being treated at our local radiotherapy centres in Oldham, Salford and Macclesfield.

Patients at The Christie have given the internationally acclaimed cancer centre top marks once again for the quality of care. In the results of the **annual national inpatient survey**, published by the Care Quality Commission (CQC), The Christie performed 'Much better than expected' compared with other hospital trusts with an overall score that places it in the top 10 NHS trusts nationally.

Patients at The Christie gave the cancer centre a score of 9 out of 10 in the survey when asked what their overall experience was while they were in hospital, which was 'much better than expected' compared with other trusts' in the survey. Results were also 'better than most trusts' for 14 questions, and 'somewhat better than most trusts' for 5 questions. Results were about the same as other trusts for 4 questions, and there were no results worse than most trusts, marking another year of consistently positive patient feedback.

The Christie has **won a prestigious Student Nursing Times Award** for our pioneering oncology pathways digital clinic placement. The placement design strengthened a model created by the radiotherapy education team in 2020 to 2021, responding to shortfalls in high-quality clinical placements during the COVID-19 pandemic. In 2022, our Trust hosted an additional 334 learner placements.

We also continue to celebrate staff achievement through our monthly **'You made a difference' awards**, which are nominated by patients and visitors. The latest recipients can be viewed here. This year we were also delighted to reinstate our **Christie Colleague Awards.** The winners were announced at a celebratory event in the auditorium attended by those shortlisted, along with the people who made nominations.

Membership: Keeping people involved

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

Recruitment and representation

By the end of March 2024, The Christie's total membership was 12,750 members. Having a large group of supporters providing a wide opinion base helps us to maintain a high profile for the Trust and develop the services we provide.

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

As a specialist tertiary centre, we feel our membership should reflect both the size and diversity of the population we serve and the activities we undertake. We monitor the age, gender and ethnic mix of our membership and would like to recruit more members particularly from underrepresented groups. We are currently working on a project to start a membership youth council for our members under 25.

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

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

We have an established and increasing group of members who have joined our 'database' representing patients, carers and The Christie community. These members are invited to take part in focus groups to give us first hand feedback about our existing services and input into the ways in which we may wish to develop our services in the future. Due to the COVID-19 pandemic, in 2020 we introduced our virtual focus groups, and these have been well attended by our members. Last year we discussed a wide range of topics including shaping the direction of the Senior Adult Oncology Service, the equality delivery system, side effects from breast endocrine treatment, and understanding early phase trials.

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 2024, we had 9,019 public members.

Staff membership

Our staff and volunteers automatically become members as they join The Christie. The classes within the constituency are medical staff, nurses, other clinical professional staff, and non-clinical staff and volunteers. At the end of March 2024,

we had 3,695 staff members and 36 volunteer members.

Public membership statistics

Public constituencies	Number of members
Bolton	474
Bury	582
Cheshire	945
Manchester	835
North West	923
Oldham	438
Rochdale	453
Salford	659
Stockport	1053
Tameside and Glossop	590
Trafford	850
Wigan	510
Rest of England	707
Total public members	**9019**

Age	
0-16	0
17-21	7
22-49	343
50+	1418
Unspecified	7251
Total	**9019**

Ethnicity	
White	1881
Mixed	23
Asian	147
Black	56
Other	19
Unspecified	6893
Total	**9019**

Gender	
Male	1519
Female	1489
Unspecified	6011
Total	**9019**

Figures are correct as at 31st March 2024

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

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

Roger Spencer
Chief Executive
Officer 27th June 2024

Directors' report

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

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

The quality and safety of our services are of paramount importance to us all; the Board ensures that it applies all the relevant principles and standards of clinical governance.
All members of the Board meet the revised fit and proper person test (FPPT) framework published in August 2023.

Our authorisation from our regulator and constitution govern the operation of the Trust. The schedule of reservation and delegation of powers sets out the types of decisions that must be taken by the Board of Directors and those which can be delegated to management. As required by the Code of Governance for NHS Provider Trusts (provision B 2.17), the Trust's constitution (Annex 7, 10.3) defines which decisions must be taken by the Council of Governors and how disagreements between the Board and the Council should be resolved. Annex 6 paragraph 2 describes how the Chairman or a Non-Executive Director may be terminated. Further detail can be obtained from our constitution which is accessible via our website.

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

The Board considers that all the Non-Executive Directors are independent and the Chairman was independent on appointment (as required by the Code of Governance for NHS Provider Trusts provision B.2.6). Where a Non-Executive Director has served on the Board of Directors for over six years, a clear rationale for their reappointment has been made to the Council of Governors who have approved an extension to terms in each case.

Tarun Kapur is the Senior Independent Director and the designated link to the governors in case they have concerns they feel they cannot raise with the Chairman or any of the Executive Directors. He also leads the appraisal process for the Chairman.

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

During 2023/24 the following changes occurred to the membership of the Board of Directors:

- Kathryn Riddle, Non-Executive Director, left the Board of Directors in May 2023 after 9 years.
- Christine Outram, Chair, left the Board of Directors in September 2023 after 9 years.
- Jane Maher, Non-Executive Director, left the Board of Directors in September 2023 after 8 years.
- Edward Astle was appointed as Chairman in October 2023.
- Janelle Yorke, Executive Chief Nurse and Director of Quality, left the Board of Directors in December 2023.

- Theresa Plaiter was appointed as interim Executive Chief Nurse and Director of Quality in January 2024.
- Diana Tait was appointed as Non-Executive Director in January 2024.
- Bernie Delahoyde, Chief Operating Officer, left the Board of Directors at the end of March 2024.
- Claire McPeake was appointed as interim Chief Operating Officer in March 2024.

Process for evaluation of performance

All Directors have an annual performance appraisal and a personal development plan. The Chief Executive is responsible for the performance appraisal of the Executive Directors. The performance of the Chief Executive is reviewed by the Chairman.

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

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

Board appointments

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

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

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

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

Board meetings and committees

The Board supports the Nolan principles and makes the majority of its decisions in meetings open to the public. The Board met in public and in private eight times during 2023/24. It also held five informal board time outs, one of which was a joint board and governor time out; this afforded the opportunity for our governors to input into discussions around the Trust's current and future plans.

The Board delegates some of its work to Assurance Committees. They receive a copy of the full minutes of these meetings. This helps the Assurance Committees to demonstrate a stronger audit trail of the work of their committee as well as steering their agenda in line with key risks (as identified in the Board Assurance Framework and divisional risks). Further details of the Trust's Audit Committee, Quality Assurance Committee and Workforce Assurance Committee are contained later in this section.

Attendance by Directors at Board and Assurance Committee meetings is shown toward the end of this section.

Register of Interests

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

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

There are 13 Board members (7 non-Executive and 6 Executive directors; the Executive Medical Directors share a vote on the board).

	Female	Male	Non-white	White
Non-executive Directors	2	5	2	5
Executive Directors	3	3	0	6
Total	**13**			

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

Roger Spencer
Chief Executive
Date: 27th June 2024

Our Board members

Non-Executive Directors

Edward Astle
Chairman

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

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

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

He is also the Chair of award-winning social mobility charity, upReach, which helps university students from disadvantaged backgrounds obtain top graduate jobs, and a trustee of the Lakeland Arts Trust.

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

Tarun Kapur CBE
Senior Independent Director

Tarun was appointed Non-Executive Director at The Christie NHS Foundation Trust in 2016 and Senior Independent Director in 2023. In his role at The Christie, Tarun supports the development of the Trust's workforce plans and chairs the Workforce Assurance Committee.

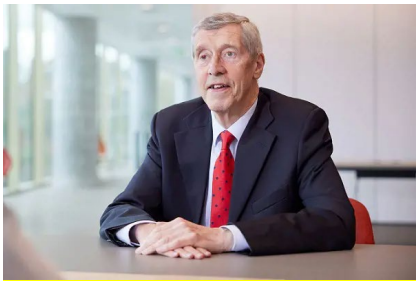
Tarun has held a number of senior leadership roles in education, including working as an advisor to the Department for Education. He is the Chief Executive of the Dean Trust, a multi-academy trust established in 2012 that comprises 10 schools located across Manchester, Trafford, Knowsley and Wigan. Here,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

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

Professor Kieran Walshe
Non-Executive Director
Kieran was appointed from July 2015 and chairs the Trust's Quality Assurance Committee.

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

He has over 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.



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

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

He was previously Finance Director and Company Secretary of National Tyres and Autocare Ltd and was Executive Director of Finance of GUS Catalogue Order Ltd. He has also been employed by The Co-operative Bank plc, and Price Waterhouse & Co. He has wide experience of general and financial management and much of his career has been spent in competitive industries with a focus on customer service.

He has a degree from Leeds University and he is a Fellow of the Institute of Chartered Accountants in England and Wales.

Grenville Page
Non-Executive Director
Grenville was appointed from 1st September 2021 and also took on the role of Chair of the Audit Committee from 1st November 2021.

Grenville is CIPFA (Chartered Institute of Public Finance and Accountancy) qualified accountant and has held Finance Director positions in health, a social enterprise and a local authority owned care organisation. He started his career in local government, before moving into the NHS and then into the Civil Service. He moved out of full-time employment 12 years ago to fulfil his ambition of developing a portfolio career working across sectors to support organisations in improving their governance and financial management arrangements for future successes and drive collaborative working and innovation.

Grenville has had a diverse range of roles throughout his career as a Non-Executive Director, Trustee, Executive and business consultant across the public, charities / social enterprise, housing and education sectors.

Grenville currently holds other Non-Executive Director / Trustee positions in primary care, housing and a multi-academy trust. He is also an independent member of the Audit Committee of the Greater Manchester Combined Authority, and independent chair of the Audit Committee of Oldham Council.

Alveena Malik
Non-Executive Director
Alveena was appointed from 1st October 2021 and has over 25 years' experience of working nationally on equalities and cohesion issues, as well as delivering social innovation projects.

Alveena is Chief Executive and Co-Founder of One Million Mentors, a unique community-based mentoring programme, quickly growing roots around the UK. The aim is to transform young lives by connecting one million young people with one million mentors. Previously she was Head of UpRising, a national leadership charity. Prior to this, Alveena was Principal Associate at the Institute for Community Cohesion (iCoCo) with lead responsibility on Education and Cohesion Policy and Intercultural Dialogue. She began her career at the Commission for Racial Equality (CRE) where she became Head of Communities and Integration Policy, leading the development of policies tackling issues such as segregation and extremism.

Alveena has held a number of senior level appointments including Faith Panel Advisor to the Secretary of State for Communities and Local Government (CLG) and Special Advisor to the CLG Committee Inquiry into Migration and PREVENT. As well as this, she was advisor to the Law Society's Equality and Diversity Committee.

Alveena is also Head Moderator for the Rising Leader's Fellowship at the leading thinktank Aspen Institute UK, Senior Assessor for the College of Policing and Race Equality Adviser for the Youth Endowment Fund (YEF).

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

Dr Diana Tait
Non-Executive Director
Dr Diana Tait was appointed as a Non-Executive Director in January 2024.

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

Between September 2013 to 2015, Dr Tait was Vice-President and Dean for the Faculty of Clinical Oncology at Royal College of Radiologists. She sat on numerous national committees looking into developing, setting and maintaining national standards and implementing modern radiotherapy techniques to improve quality of care for cancer patients.

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

From 2018 to 2021, she was Senior Associate Editor for the Gastrointestinal Team for the International Journal of Radiation Oncology, Biology and Physics, overseeing the reviewing process for submitted papers.

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

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

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

Executive Directors

Roger Spencer
Chief Executive

Roger has been the Chief Executive since December 2013.

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

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

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

He is a member of the National Cancer Board of NHS England and chairs their Early Detection and Screening Task and Finish Group.

Sally Parkinson
Executive Director of Finance & Business Development

Sally joined the Trust in March 2020 as Deputy Director of Finance and was appointed as the Executive Director of Finance and Business Development in June 2023.

Sally previously worked for the Greater Manchester Health and Social Care Partnership as the Executive Lead for Finance and Investment as well as other senior finance positions within acute providers across Greater Manchester.

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

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

Professor Chris Harrison
Executive Director and Deputy CEO

Chris has held board level positions in the NHS since 1992, his most recent positions being as Executive Medical Director at The Christie, National Clinical Director for Cancer at NHSE, Executive Medical Director at Imperial College Healthcare NHS Trust and Clinical Director for Cancer to NHS London. In his current role he advises on corporate governance and strategy. He is also responsible at Board level for the Trust's communications team, international programme and sustainability programme and provides advice and support to the Chief Executive and other Directors as required. The Directors of Research & Innovation, and Education also report to him.

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

Following six years clinical experience in hospitals and primary care across the Northwest, Chris trained in Public Health and Epidemiology becoming a Fellow of the Faculty of Public Health and obtaining an MSc based on his study of patient waiting times and experience in outpatient departments. He has experience in the legal and regulatory aspects of health care, holding the Diploma in Legal Medicine. He also has experience and expertise in conflict resolution being accredited in civil and commercial, and workplace and employment mediation. His 30 years of experience on NHS boards with responsibility for quality governance, corporate governance, and strategic direction is supported by a Diploma in Corporate Governance and Certificate in ESG (Environment, Social, Governance) Reporting. He is a Manchester Academic Health Sciences Centre (MAHSC) Professor at the University of Manchester.

Dr Neil Bayman
Executive Medical Director

Neil was appointed as Executive Medical Director from November 2021, having been interim Medical Director since April 2021, and the Trust's Associate Medical Director (Quality) since June 2017. Neil holds strategic positions both regionally and nationally and has a proven track record on influencing cancer policy. He has significant expertise in fostering clinical engagement, delivering transformation and safeguarding quality and patient safety through robust clinical governance.

Neil joined The Christie in 2009 as a consultant clinical oncologist with an interest in lung cancer, and he retains a clinical practice. He has extensive system leadership experience and was the inaugural Greater Manchester Cancer

Alliance Clinical Director for Lung Cancer from January 2014 to June 2017. In this role he was responsible for delivering transformation of lung cancer pathways and multidisciplinary working, improving access and reducing waiting times for patients across the region.

During his career, Neil has led practice changing research in lung cancer and mesothelioma, and has held a number of national positions including Specialist Advisor for Oncology for the Care Quality Commission, membership of NHS England's Chemotherapy Clinical Reference Group and Lung Cancer Clinical Expert Group, and membership of the Royal College of Radiologists' Clinical Oncology Faculty Board and Professional Support and Standards Board.

His qualifications include Fellowship of the Royal College of Radiologists (FRCR), Membership of the Royal College of Physicians (MCRP) and Bachelor of Medicine, Bachelor of Surgery (MBCHB).

Theresa Plaiter
Interim Executive Chief Nurse & Director of Quality

Theresa was appointed as the Interim Chief Nurse and Executive Director of Quality in November 2023, following her role as the Deputy Chief Nurse since September 2021.

Before coming to The Christie in 1994, Theresa completed her nurse training at the former Sheffield School of Nursing, before taking a post in thoracic surgery.

After a brief break from the NHS to complete a full-time degree in English and Art History at Manchester Metropolitan University, Theresa joined the Trust as a staff nurse in surgical oncology.

Theresa has had a varied career at the Trust, being in leadership and managerial roles since 1999, predominantly in surgery and critical care.

Claire McPeake
Interim Chief Operating Officer

Claire was appointed as Interim Chief Operating Officer in March 2024. Claire began work in the NHS in 1995 as a Therapeutic radiographer gaining a Masters in radiotherapy studies in 2007. She originally joined the Christie in 1999 undertaking a variety of roles in radiotherapy including radiotherapy research and as a specialist radiographer with the Neuro and Paediatric teams.

In 2014 Claire began to undertake operational management roles and has 10 years senior management experience in acute sector NHS, covering most major service areas including A&E, cardiology, respiratory and gastroenterology; becoming the interim Chief Operating Officer at the Christie in April 2024.

Committees of the Board

Audit Committee

The Audit Committee has an overarching remit across the whole governance and risk management framework and provides the Board of Directors with independent and objective assurance as to how The Christie NHS Foundation Trust appropriately identifies and manages relevant risks, particularly financial risks, through a robust system of internal control. The Audit Committee is supported by the work of both the internal and external auditors who play an important role in the Committee discharging its duties. The Committee is chaired by Grenville Page, Non-Executive Director. Non-Executive attendance at assurance committees is split between the Audit, Quality Assurance and Workforce Assurance Committees (the Chairman of the Trust cannot be a member of the Audit Committee so attends the Quality and Workforce Assurance Committees). The other members of the Audit Committee are Robert Ainsworth and Kieran Walshe.

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

Key activities during the year were:

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

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

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

External audit - an external audit is an independent examination of the annual financial statements of the Foundation Trust in accordance with specific rules. The external auditor performs the audit by examining and testing the information prepared by the Foundation Trust to support the figures and information it includes in its financial statements. The external auditor is appointed by the Council of Governors. The effectiveness of the external audit process is assessed through regular reports to the committee as well as regular contact with the senior finance team. The Trust's external auditors during 2023/24 were Grant Thornton who have been the Trust's appointed external auditors since 2017. The current contract was awarded in 2021 and runs from 1st September 2021 – 31st August 2024. The previous contract ran from 1st September 2017 to 31st August 2021.

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

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

Quality Assurance Committee

The role of the Quality Assurance Committee is to provide independent assurance to the Board of Directors that The Christie NHS Foundation Trust is properly governed and well managed across the full range of activities and to provide internal and external assurance relating to quality by reviewing the establishment and maintenance of effective systems of governance, risk management and internal control. The Committee is chaired by Professor Kieran Walshe, Non-Executive Director, and comprises 3 other Non-Executive Directors; Tarun Kapur, Alveena Malik and Diana Tait.

Key activities during the year were:

- maintaining registration with the CQC and full compliance with CQC essential standards of quality and safety, along with all other regulatory requirements
- receiving reports and action plans from internal and external reviews
- monitoring the board assurance framework
- receiving internal audit reports relating to quality
- reviewing and monitoring compliance of corporate governance related processes

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

Workforce Assurance Committee

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

Key activities during the year were:

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

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

Remuneration Committee

The Remuneration Committee determines the pay of the Executive Directors. The Committee is a Non-Executive Committee of the Board of Directors comprising the independent Non-Executive Directors. The Committee is chaired by Grenville Page who is also the chair of the audit committee. The other members of the Committee are the Chairman of the Foundation Trust, and the other Non-Executive Directors.

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

The Committee evaluates and considers the recommendations of the Chairman on the performance of the Chief Executive and evaluates

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

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

Management Board

The role of the Management Board is to formulate recommendations on strategic and operational matters for referral to the Board of Directors for approval. Management Board also monitors the effective and efficient financial, performance, risk, quality and safety management of The Christie. Meetings are held monthly and are chaired by the Chief Executive and comprise the Executive Directors, Divisional Directors, Divisional Medical Directors, Clinical Directors and General Managers. The terms of reference including its membership were reviewed during the year.

	Board of directors (BoD)	Board time out	Audit	Quality assurance	Workforce assurance	Joint assurance	Remuneration	Council of governors (CoG)	Joint BoD / CoG
Number of meetings	8	4	6	5	4	1	1	4*	1
Edward Astle, Chairman (from 1st October 2023)	4/4	1/1	N/A	N/A	N/A	N/A	N/A	2/2	1/1
Christine Outram, Chairman (until 30th September 2023)	4/4	2/2	N/A	N/A	N/A	0/1	1/1	2/2	N/A
Kathryn Riddle, NED (until 31st May 2023)	2/2	1/1	1/1	N/A	N/A	N/A	N/A	0/1	N/A
Prof Kieran Walshe, NED	8/8	3/4	4/6	5/5	N/A	1/1	1/1	4/4	1/1
Dr Jane Maher, NED (until 30th September 2023)	4/4	2/2	N/A	2/2	2/2	1/1	1/1	2/2	N/A
Robert Ainsworth, NED	8/8	3/4	6/6	N/A	N/A	1/1	1/1	3/4	1/1
Tarun Kapur, NED	7/8	4/4	N/A	4/5	4/4	1/1	1/1	2/4	1/1
Grenville Page, NED	7/8	4/4	6/6	N/A	N/A	1/1	1/1	3/4	1/1
Alveena Malik, NED	8/8	2/4	N/A	5/5	3/4	0/1	1/1	3/4	1/1
Diana Tait, NED (from 1st January 2024)	2/2	1/1	N/A	0/2	0	N/A	N/A	1/1	N/A
Roger Spencer, Chief Executive	8/8	4/4	N/A	N/A	N/A	1/1	1/1	4/4	1/1
Bernie Delahoyde, Chief Operating Officer	8/8	4/4	N/A	N/A	2/4	0/1	N/A	2/4	1/1
Prof Janelle Yorke, Chief Nurse & Executive Director of Quality (until 31st December 2023)	5/6	2/2	4/4	1/2	2/3	1/1	N/A	3/3	0/1
Sally Parkinson, Executive Director of Finance and Business Development	8/8	4/4	6/6	N/A	N/A	1/1	N/A	4/4	1/1
Prof Christopher Harrison, Medical Director and Deputy CEO	8/8	4/4	N/A	N/A	N/A	1/1	N/A	1/4	1/1
Dr Neil Bayman, Executive Medical Director	7/8	4/4	N/A	2/5	4/4	1/1	N/A	3/4	1/1
Theresa Plaiter, Interim Chief Nurse & Executive Director of Quality (from 1st January 2024)	2/2	1/4	1/1	2/2	1/1	N/A	N/A	1/1	N/A
Claire McPeake, Interim Chief Operating Officer (from 4th March 2024)	1/1	N/A	N/A	N/A	1/1	N/A	N/A	N/A	N/A

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

Our council of governors

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

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

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

Elections in 2023

There were 9 constituencies up for election in 2023. We were able to appoint to 5 of these vacancies. The results of the elections are as follow:

Public constituencies:

Cheshire
Philip Ormesher (appointed uncontested)
Oldham
Susan Mee (appointed uncontested)
Tameside and Glossop
Samantha Vickerman (re-elected)

We would like to thank our outgoing governors: Alice Choi, governor for Cheshire and Mohammad Qureshi, governor for Bury both served on the Council of Governors for 9 years and are thanked for their contributions to the work of The Christie and the committees they attended.

Staff constituencies

There were 2 staff constituencies up for election in 2023, with the results shown below.

Other clinical professional staff
Rachael Bailey (re-elected)
Non-clinical staff
Catherine O'Hara (elected)

We would like to welcome our new staff governors. From 1st April 2023, due to a change in employment, Rachel Kendal was required to stand down as staff governor for the non-clinical constituency. There were no other changes to our staff governors during the year.

Partner governors

Rachel Kendal was appointed as partner governor for The Christie Charity from 1st April 2023.

Working with our governors

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

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

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

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

In order for governors to fulfil their statutory duties and responsibilities, it is important to ensure that they can connect with the Board of

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

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

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

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

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

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

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

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

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

Our governors canvass the opinion of our members via newsletters and events and welcome any feedback. The Christie

membership team also holds a series of focus groups each year to help gather members' views. The council met formally 5 times during 2023/24 (one of these was a joint time out session with the Board of Directors). The Council of Governors has four Sub-Committees focusing support into the areas of nominations, membership & community engagement, patient safety and experience and development & sustainability.

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

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

- In 2021/22 no claims were submitted.
- In 2022/23 no claims were submitted.
- In 2023/24 1 governor submitted a travel claim and for the year ended 31st March 2023, the total amount claimed was £129.80.

Governor Sub-Committees

Nominations Committee

The Nominations Committee makes recommendations to the Council of Governors on the appointment and remuneration of the Chairman and Non-Executive Directors. The Committee may work with an external organisation recognised as an expert at appointments to identify the skills and experience required; they will also take into account the views of the Board of Directors.

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

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

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

- Dr Kantappa Gajanan, staff governor for registered medical practitioners.
- Paula Turner, lead governor and public governor for Manchester.
- Eddie Moores, partner governor for Association of Greater Manchester Authorities (AGMA).

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

The Committee met 5 times during 2023/24, with a further 2 requests made by written resolution.

Membership and Community Engagement Committee

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

Members are invited to regular supporters' seminars and major events such as Trust open days. Through the Membership and Community Engagement Committee, we are encouraging and

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

Patient Safety & Experience Committee

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

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

Development and Sustainability Committee

This Committee reviews the Trust's annual plan and strategy on behalf of the Council of Governors and makes suggestions and recommendations to the Board. It also receives presentations from senior executives on major capital projects and the Trust's sustainability plan providing input into these on behalf of the Council of Governors.

Governor Register of Interests

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

Our current governors

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board) x5	Member of committee (see key)	Year current term ends	Year appointed
Public							
BUTLER, Andrew		Elected public	Remainder of England & Wales	4/5	D&S	**2025**	**2022**
CHOI, Alice (to November 2023)		Elected public	Cheshire	1/3	D&S	**2023**	**2014**
COGHLAN, Nick		Elected public	Wigan	0/5	M&CE	**2024**	**2015**
COLLINS, Jackie		Elected public	Stockport	4/5	D&S	**2024**	**2016 (for 2 years)**
DAVIES, Scott		Elected public	Salford	5/5	D&S	**2024**	**2021**
MEE, Susan (from November 2023)		Elected public	Oldham	0/2	PS&E	**2026**	**2017**
MOLETE, Michael		Elected public	Manchester	3/5	PS&E	**2025**	**2022**
NORCROSS, Mike		Elected public	Cheshire	4/5	PS&E	**2024**	**2021**
ORMESHER, Philip		Elected public	Cheshire	2/2	M&CE	**2026**	**2023**
QURESHI, Mohammad (to November 2023)		Elected public	Bury	2/3	PS&E	**2023**	**2014**
SEDDON, Linda		Elected public	Trafford	5/5	D&S	**2025**	**2022**
TURNER, Paula	1	Elected public	Manchester	4/5	PS&E & NomCo	**2025**	**2019**
VICKERMAN, Sam		Elected public	Tameside & Glossop	3/5	M&CE	**2026**	**2020**
Vacant		Elected public	Bolton				
Vacant		Elected public	North West				
Vacant		Elected public	Rochdale				

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

Name	Note	Elected public/ Elected staff/ Appointed	Representing	Council meetings (incl joint meeting with the board)x5	Member of committee (see key)	Year appointed
Partner						
GARTSIDE, Cllr Angela		Appointed	Local authority – Manchester City Council	4/5	D&S	**2022**
KENDAL, Rachel		Appointed	The Christie Charity	5/5	M&CE	**2023**
MOORES, Cllr Eddie		Appointed	Local authority - GMCA	4/5	M&CE & NomCo	**2016**
TAYLOR, Stephen		Appointed	The University of Manchester	2/5	D&S	**2021**
TURNER, Marcella		Appointed	Nominated - BME (Can-Survive)	3/5	M&CE	**2016**

Key:

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

Staff report

Our people are at the heart of everything that we do and are key to providing great care to patients. Our People Plan and Culture Plan is critical to developing our culture and underpinning all that we do to attract, recruit, develop, retain, support and reward our people and teams to meet our future service needs. We developed it by listening to feedback from colleagues across the Trust. Our 3-year Plan will support us to deliver the priorities set out in our Trust Strategy and the National NHS People plan. The plan identifies six areas for action, which we will focus on for the next three years to continue to engage, look after, develop, and lead our people.

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

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

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

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

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

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

Staff Policies & Actions

The Trust has developed a full range of employment policies to support staff throughout their time working at the Trust. These policies are developed in partnership with our Staff Side colleagues and regularly reviewed in line with employment legislation and best practice. The equality and diversity policy provides our commitment to treat everyone with compassion, dignity and respect, and to ensure that we promote a fair culture. This includes employment, training, promotion, and general treatment. All policies are assessed to establish the equality impact, to ensure all groups are treated fairly and consistently, and where appropriate reasonable adjustments are considered. For example, our recruitment and selection policy is underpinned by the achievement of the Disability Confident Scheme (Level 2) which provides our commitment to employing and retaining disabled people and ensuring this commitment is reflected in all recruitment practices.

We work in collaboration with our staff and consult where decisions are likely to have an impact on individuals. Our organisational change policy provides mechanisms for consultation with recognised trade union and professional association representatives as well as our staff.

We work in partnership with our staff-side representatives which include a number of recognised trade unions. Regular staff forums are held to engage with our union partners to

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

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

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

In 2023/24 we have continued to support our staff. We have a comprehensive package of support for staff aimed at helping them maintain their physical and mental health.

The Trust is committed to maintaining high standards of honesty, openness and integrity within the organisation. With this, it supports the work of the National Fraud Initiative. The Trust has a designated accredited local counter fraud specialist.

Equality Diversity & Inclusion (EDI)

The Trust Board is committed to the principles of Equality, Diversity, and Inclusion, which sends out a positive message to our staff and to our patients that we actively work with people to help them to be the best they can be in a fair and diverse way.

Our approach to Equality, Diversity and Inclusion demonstrates how important this is in everything we do. We want to create an environment where all staff and patients have equality of opportunity and oppose all forms of unlawful or unfair discrimination.

Our EDI Delivery Plan 2023-24 builds upon the work that we have embedded during 2022/23 to address inequalities for our staff and patients. Our plan has 3 strategic aims: -

1. **Workforce Data and information.** Objective – To capture EDI Workforce data and develop action plans to inform our EDI activities and future plans
2. **Governance, policy and decision-making.** Objective – To ensure that there is robust governance for EDI that is embedded into decision-making processes
3. **Mainstreaming equality, diversity, and inclusion.** Objective – To embed and mainstream EDI across all Trust activities

We have also produced and published The Christie Equality, Diversity and Inclusion Annual report 2022 to 2023. This report has been produced to provide assurance that The Christie is meeting its statutory, regulatory and contractual requirements.

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

- Workforce Disability Equality Standard (WDES) Submission
- Workforce Race Equality Standard (WRES) Submission
- Equality Delivery System 2022 (EDS) Submission
- Gender Pay Gap (GPG) Submission

Staff Experience & Engagement

Staff engagement and high performing teams are two of the strongest organisational indicators for safe and effective patient care. An environment where these factors are actively shaped, enables

a healthy culture to form, where colleagues can thrive, be fulfilled, and provide excellent care.

During 2022, we undertook extensive consultation with colleagues to co-create a new set of organisational values and behaviours. These went live for our teams in January 2023 and in 2023/4 we have worked to embed these in everything we do. They reflect *how* we work together when things are at their best and provide us with a clear framework to shape our interactions and our culture.

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

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

In 2023/4 we commissioned a Cultural to support us to learn more about our culture, practices and behaviours and to help to shape a future plan. The Audit confirmed that staff at The Christie are extremely passionate about the specialist nature of the work they carry out. They have a huge desire to provide exceptional patient care, to support and enhance the reputation of the Trust, and to encourage improvements to working practices in line with our values. The Audit also highlighted areas for improvement. In 2024/5 action plans will be developed to address feedback received from staff.

We continue to use quarterly Pulse Survey and the annual NHS Staff Survey to seek staff feedback.

The NHS staff survey is conducted annually and 2023/24 is the third year of the survey questions aligning to the 'NHS People Promise', elements plus the themes of engagement and morale. We are now able to track improvement on like-for-like measures. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2023/24 survey among trust staff was 48 % *(2023/24: 44%).*

2023/24 Staff Survey Scores

Pleasingly we have seen positive improvements in four elements and themes compared with 2022/23, and we are equal or better than the benchmark average in all elements and themes.

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

People Promise Element	2021 score	2022 score	2023 score	Statistical Change?	2023 Benchmark Average
We are compassionate and inclusive	7.6	7.8	7.7	↓	7.5
We are recognised and rewarded	6.1	6.2	6.3	↑	6.1
We each have a voice that counts	7.0	7.1	6.9	↓	6.9
We are safe and healthy	6.3	6.4	6.4	-	6.4
We are always learning	5.5	5.6	5.9	↑	5.7
We work flexibly	6.3	6.5	6.6	↑	6.5
We are a team	6.8	7.0	7.0	-	7.0
Themes	**2021 score**	**2022 score**	**2023 score**	**Statistical change**	**2023 Benchmark Average**
Staff Engagement	7.2	7.4	7.4	-	7.4
Morale	6.0	6.2	6.3	↑	6.3

Sickness

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

Average FTE of staff	Absence days (FTE)	Average Sick Days per FTE
3287.16	50248.50	15.29

Staffing data

Gender:

	Male	Female
Directors	8	5
Other Senior Managers	3	1
Employees	1021	2692

	Male	Female
Directors	62%	38%
Other Senior Managers	75%	25%
Employees	27%	73%

Headcount at year end

	Fixed Term Temp	Non-Exec Director/Chair	Permanent	Grand Total
Add Prof Scientific and Technic	8	0	120	128
Additional Clinical Services	48	0	361	409
Administrative and Clerical	128	7	938	1073
Allied Health Professionals	26	0	382	408
Estates and Ancillary	5	0	285	290
Healthcare Scientists	19	0	179	198
Medical and Dental	101	0	220	321
Nursing and Midwifery Registered	54	0	849	903
Grand Total	389	7	3334	3730

Average Staff in Post

	Total (WTE)	Permanently employed (WTE)	Other (WTE)
Add Prof Scientific and Technic	127.88	119.94	7.94
Additional Clinical Services	347.86	305.97	41.89
Administrative and Clerical	942.18	813.86	128.32
Allied Health Professionals	353.77	327.31	26.47
Estates and Ancillary	257.78	253.57	4.21
Healthcare Scientists	183.77	167.17	16.60
Medical and Dental	270.19	189.52	80.67
Nursing and Midwifery Registered	803.74	743.29	60.45
Grand Total	3287.16	2920.62	366.55

Exit Packages

Group 2023-24			
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	14	14
£10,000 - £25,000	0	2	2
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit packages by type	0	16	16
Total resource cost (£000's)	0	78	78

	Agreements number	Total value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	16	78
Exit payments following Employment Tribunals or court orders	0	0
Non- contractual payments requiring HMT approval	0	0
Total	0	0
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

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

Off Payroll

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2024 earning £245 per day or greater	2023-24 Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2024 Of which:	29
Number that have existed for less than one year at time of reporting.	18
Number that have existed for between one and two years at time of reporting.	5
Number that have existed for between two and three years at time of reporting.	3
Number that have existed for between three and four years at time of reporting.	3
Number that have existed for four or more years at time of reporting.	0

Table 2: All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2024 earning £245 per day or greater	2023-24 Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2024 Of which:	0
Not subject to off-payroll legislation *	0
Subject to off-payroll legislation and determined as in scope of IR35 *	0
Subject to off-payroll legislation and determined as out of scope of IR35 *	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

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

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024	2023-24 Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Trade Union Facility Time

Table 1
Relevant Union Officials

Number of employees who were relevant Union officials during the relevant period (April 2023 – March 2024)	Full time equivalent employee number
17	16

Table 2
Percentage of time spent on facility time

Percentage of working hours spent by employees who were relevant union officials employed during the relevant period on facility time	Number of employees
0%	5
1-50%	11
51-99%	1
100%	0

Table 3
Percentage of pay bill spent on facility time

Percentage of total pay bill spent on paying employees who were relevant union officials for facility time (during the relevant period)	
Total Cost of Facility Time	£53,636
Total Pay Bill	210,519,000
Percentage of total pay bill spent on facility time calculated as: (total cost of facility time ÷ total pay bill) x 100	0.025%

Table 4
Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	
(Total hours spent on paid trade union activities by relevant union officials ÷ total paid facility time hours) x100	20.9%

Remuneration report

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

Annual statement on remuneration

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

The Remuneration Committee met once during 2023-24 to discuss Very Senior Manager (VSM) pay. At its September 2023 meeting, the Committee agreed that the NHS England guidance on VSM pay should be followed. The Committee approved the following pay awards in line with the guidance:

- The implementation of the national pay award for Very Senior Manager (VSM) staff of 5% for 2023/24 backdated to 1st April 2023.
- An additional 0.5% national pay award for the Director of Workforce to address the pay anomaly with this salary in relation to the top of the Agenda for Change band 9 pay scale.

Non-Executive Directors

The Chair of the Foundation Trust is expected to devote up to 3 days a week to their duties which may include some time commitment during the evening or weekend.

Non-Executive Directors are expected to devote sufficient time to ensure satisfactory discharge of his/her duties. This will be no less than 2.5 days per month and will comprise a mixture of set commitments with more flexible arrangements for ad-hoc events. Non-Executive Directors are not entitled to any payment for loss of office.

Non-Executive Directors are not employees of the Trust. They receive no additional benefits or entitlements other than reasonable expenses which are paid in accordance with the approach set out initially by the Trust Development Authority (TDA) and then endorsed by the then 'Monitor' for Foundation Trusts (Monitor now superseded by NHSE). Non-Executive Directors are not entitled to any termination payments.

In 2022/23 two Non-Executive Directors claimed and received expenses; the aggregate sum of expenses paid was £1,322.

In 2023/24 four Non-Executive Directors claimed and received expenses; the aggregate sum of expenses paid was £2,037.

Terms of Office

The term of office for Non-Executive Directors at the Trust is 3 years (to a maximum of 9 consecutive years). Non-Executive Director re-appointments are managed in accordance with NHS England's Code of Governance, i.e., any term beyond six years (two three-year terms) will be subject to rigorous review and subject to annual reappointment. The term of each Non-Executive Director is included in the table below.

Termination

The process for the removal of the Chairman or Non-Executive Director will be in accordance with the Trust's constitution. Any proposal for removal must be proposed by a governor and seconded by not less than ten governors including at least two elected governors and two appointed governors. If any proposal to remove the Chair or other Non-Executive Director is not approved at a meeting of the Council of Governors (failing to achieve the support required pursuant to paragraph 25.2 of the constitution), no further proposal can be put forward to remove the Chair or such Non-Executive Director based upon the same reasons within 12 months of the meeting.

Remuneration

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

As part of the recruitment process for the new Chairman, the governor Nominations Committee met in May 2023 to discuss the remuneration for the role. Supported by benchmarking data, the Committee approved to increase the salary to £50,000.

In July 2023, the Committee approved an uplift to the current Chair's pay in line with the agreed increase for the new Chair from £43,980 to £50,000 backdated to 1st April 2023.

No changes were considered to the rates of pay for the Non-Executive Directors.

Non-Executive Director payments

	Fee payable	Additional fee payable	Start of term	Term of office	End of current term
Christine Outram	£25,000	N/A	01/10/2014	Third	Ended 30/09/2023
Edward Astle	£25,000	N/A	01/10/2023	First	30/09/2026
Kathryn Riddle *	£2,642		13/05/2015	Third	Ended 12/05/2023
Kieran Walshe	£12,850	£3,000 to chair the Quality Assurance Committee	01/07/2015	Third	30/06/2024
Jane Maher	£6,460	N/A	01/09/2015	Third	Ended 31/08/2023
Robert Ainsworth	£12,850	£3,000 to chair The Christie Pharmacy (recharged)	07/03/2016	Third	30/09/2024
Tarun Kapur	£12,850	£3,000 to chair the Workforce Assurance Committee	01/06/2016	Third	31/05/2025
Grenville Page	£12,850	£3,000 to chair the Audit Committee	01/09/2021	First	31/08/2024
Alveena Malik	£12,850	N/A	01/10/2021	First	30/09/2024
Diana Tait	£984	N/A	01/01/2024	First	31/12/2026

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

Senior managers' remuneration

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

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

All Executive Directors work within the NHS National Terms and Conditions. All service contracts have a 6-month notice period set within them. Executive Directors are only entitled to payment for loss of office if a redundancy situation has arisen. Redundancy is calculated within clearly defined parameters as per legislative and NHS terms and conditions.

Any overpayments will be managed in accordance with the Standing Financial Instructions. There is no additional benefit that will become receivable by a director if that senior manager retires early. No exit packages or non-compulsory departure payments were agreed for any of the senior managers in year. The exit packages and fair pay disclosure in the remuneration report are subject to audit.

Executive Directors are expected to devote sufficient time to ensure satisfactory discharge of their duties in accordance with agreed responsibilities and rotas as determined by their manager. The performance of the Executive Directors is assessed through regular appraisal against pre-determined objectives. Comparative remuneration data is used to determine market rates of similar acute NHS Foundation Trusts. The Executive Directors are all employed on a permanent contract basis with set salaries that do not include any other components.

We have reviewed our policies in relation to executive remuneration and they ensure that we have all the necessary governance in place and use appropriate benchmarking to ensure that our pay levels are reasonable and publicly justifiable. Where Executive Directors are paid more than £150,000 this reflects market rates.

Remuneration ranged from £21k to £256k (in 2022/23 it was £21k to £248k). The banded remuneration of the highest paid director at The Christie in the financial year 2023/24 was £255-260k (2022/23, £245-2450k). This was 7.3 times (2022-23 7.3 times) the median remuneration of the workforce, which was £ 35.4k (2022/23, £33.7k).

In 2023/24, 0 (2022/23, 0) employees received remuneration more than the highest paid director.

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

	2023-24						2022-23					
Name and title	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
R Spencer Chief Executive	210 - 215	0	0	0	0	210–215	200-205	0	0	0	45-47.5	245-250
S Parkinson Executive Director of Finance and Business Development	145 - 150	0	0	0	102.5-105	250-255	130-135	0	0	0	52.5-55	185-190
B Delahoyde Chief Operating Officer Left 31 March 2024	145 - 150	0	0	0	0	145-150	130-135	0	0	0	0	130-135
C McPeake* Interim Chief Operating Officer Appointed 4 March 2024	5 - 10	0	0	0	0	5-10	0	0	0	0	0	0

	2023-24						2022-23					
Name and title	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**	**Salary and fees (bands of £5,000)**	**Taxable benefits (total to nearest £100)**	**Annual performance related bonuses (bands of £5,000)**	**Long term performance related bonuses (bands of £5,000)**	**Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
Prof J Yorke* Chief Nurse & Executive Director of Quality Left 31 December 2023	100 - 105	0	0	0	32.5 - 35	135-140	115-120	0	0	0	27.5-30	140-145
T Plaiter* Interim Chief Nurse & Executive Director of Quality Appointed 1 October 2023	65 - 70	0	0	0	85 – 87.5	150-155	0	0	0	0	0	0
Prof C Harrison** Medical Director & Deputy CEO	250 - 255	0	0	0	0	250-255	245-250	0	0	0	0	245-250
N Bayman Executive Medical Director	205 - 210	0	0	0	0	205-210	190-195	0	0	0	17.5-20	210-215

	2023-24						2022-23					
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 Left 30 September 2023	25 - 30	0	0	0	0	25 - 30	45-50	0	0	0	0	45-50
E Astle* Chairman Appointed 1 October 2023	25 - 30	0	0	0	0	25 - 30	0	0	0	0	0	0
K Riddle* Non-Executive Left 31 May 2023	0 - 5	0	0	0	0	0 - 5	15 -20	0	0	0	0	15 - 20
K Walshe Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
J Maher* Non-Executive Left 30 September 2023	5 - 10	0	0	0	0	5 - 10	10 - 15	0	0	0	0	10 - 15
R Ainsworth*** Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
T Kapur Non-Executive	15 - 20	0	0	0	0	15 - 20	10 - 15	0	0	0	0	10 - 15
G Page Non-Executive	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20

	2023-24						2022-23					
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)**
A Malik Non-Executive	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
D Tait* Non-Executive Appointed 1 January 2024	0 - 5	0	0	0	0	0-5	0	0	0	0	0	0
Band of highest paid director's total remuneration (£'000)	250 – 255						245 - 250					
Lower Quartile 25% total remuneration	25,146						26,282					
Ratio	10.4						9.4					
Median 50% total remuneration	35,391						33,706					
Ratio	7.28						7.3					
Higher Quartile 75% total remuneration	45,996						47,672					
Ratio	5.6						5.2					

*T Plaiter pro-rata for the time in the roles during the financial year, the pensions element is reflective of the full year benefit from their previous roles. J Yorke, C McPeake, C Outram, E Astle, K Riddle, E Maher and D Tait are all pro-rata for the time in roles during the financial year.

**The remuneration for Professor Chris Harrison disclosed above is the total remuneration package for his role at The Christie NHS Foundation Trust.
***Mr Ainsworth received £3,000 for his role as Chair of The Christie Pharmacy Limited, a wholly owned subsidiary of The Christie NHS Foundation Trust. Remuneration for the year ending 31st March 2023 was £3,000.

The Executive Directors of The Christie Pharmacy Limited are Senior Managers employed by The Christie NHS Foundation Trust and are not included in the table above. Both Executive Directors of the subsidiary company received additional remuneration for these roles of £3,000 per annum.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pensions benefits accruing to the individual.

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

The banded remuneration of the highest paid director in The Christie in the financial year 2023-24 was £255,000 - £260,000 (2022-23 was £245,000 - £250,000). This was 7.3 times (2022-23 7.3 times) the median remuneration of the workforce, which was £35,391 (2022-23 £33,706).

The percentage change from the previous financial year in respect of the mid-point of the banded salary of highest director £255,000 - £260,000 (£257,500) this year and £245,000 - £250,000 (£247,500) last year would be a 3 % increase.

In both 2023-24 and 2022-23 no employee received remuneration in excess of the highest paid director.

For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £ 21,283 to £255,578 (2022-23 was from £21,313 to £248,430). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 1.4 % (2022-23, 6.7%). No employees received remuneration in excess of the highest-paid director in 2023-24.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Salary and pension entitlements of senior managers

Pension benefits

Name and title	Real increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age at 31 March 2024 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2023 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2024 £000	Employers Contribution to Stakeholder Pension £000
R Spencer*	0	15 - 17.5	100 - 105	285 - 290	2,261	0	135	0
S Parkinson	5 – 7.5	0	35 - 40	0	346	167	569	0
B Delahoyde**	0	0	0	0	7	0	0	0
J Yorke Left 31.12.2023	0 - 2.5	0	10 - 15	0 - 5	106	40	171	0
T Plaiter*** Appointed 1.10.2023	2.5 – 5	40 – 42.5	45 - 50	130 - 135	830	577	1,170	0
N Bayman	0	32.5 - 35	45 - 50	115 - 120	699	139	929	0

*R Spencer became over the National Retirement during the financial year and therefore a CETV calculation is not applicable.
**B Delahoyde is no longer in the NHS Pension
*** T Plaiter values are pro-rata based on time in post during the financial year
As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

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

Real Increase in CETV

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

Roger Spencer
Chief Executive
Date: 27th June 2024

NHS oversight framework

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

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

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

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

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

Segmentation

We have been segmented as a 2. This segmentation information is the Trust's position as at 31st March 2024.

Statement of compliance: Code of governance for NHS provider trusts

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

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

Leadership

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

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

Effectiveness

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

Accountability

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

The Board of Directors is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The Board should maintain sound risk management systems.

Relations with stakeholders

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

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

During 2023/24 The Christie NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis. The Code of Governance for NHS Provider Trusts came into effect from 1st April 2023 and replaced the 2014 NHS Foundation Trust Code of Governance.

Statement of the Chief Executive's responsibilities as the accounting officer of The Christie NHS Foundation Trust

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

NHS England has given Accounts Directions which require The Christie NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Christie NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

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

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Roger Spencer
Chief Executive
Date: 27th June 2024

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 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors pay close attention to the risk management processes of the Trust. The Board has approved a three-year Risk Management Strategy and Framework and annually in September they receive an outcome report against the achievement of the milestones within the strategy. The Board of Directors reviews the corporate risk register and the Board Assurance Framework in its public Board meeting. At each of the formal Board Committees, which are the Audit, Quality and Workforce Assurance Committees and which are wholly Non-Executive Director led, they carry out a review of the Board Assurance Framework and they escalate any concerns directly to the Board of Directors.

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

During corporate induction, all staff have an introduction to risk management and health and safety. With regards to more advanced training in undertaking learning responses following patient safety events, the clinical staff trained include, for example, medical consultants, senior nursing staff from ward managers and above and for non-clinical staff the training is for service managers and above.

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

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

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

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

As Accounting Officer, I have overall responsibility for risk management processes across the organisation. I have delegated responsibility for the coordination of risk management systems and processes to the Chief Nurse & Executive Director of Quality. She discharges her responsibilities through the Quality & Standards division, which includes lead officers for the Care Quality Commission (CQC), National Health Service Resolution, the corporate risk register and the local risk management system. She coordinates the governance and risk management arrangements undertaken within the organisation through performance review meetings with all operational divisions and through the Risk & Quality Governance Committee.

The 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 the Audit, Quality and Workforce Assurance Committee meetings and at all of the Board of Directors meetings. Internal Audit presented the annual assurance framework opinion in April and concluded that 'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board, clearly reflects the risks discussed by the Board and the identified controls and assurances are relevant.' As part of the regular review of the BAF, the Board also consider the Trust's emerging risks.

Risks associated with information systems and processes are the responsibility of the Chief Operating Officer who acts as the Senior Information Risk Owner. The Risk Management Strategy & Policy (2021-2024)

provides a framework for managing risks across the organisation, which is consistent with best practice and Department of Health guidance. The strategy provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels across the organisation. The strategy sets out the role of the Board of Directors and standing Committees together with individual responsibilities of the Chief Executive, Executive Directors, managers and all staff in managing risk. In particular, the Risk and Quality Governance Committee through its Sub-Committees of Patient Safety, Patient Experience and Clinical & Research Effectiveness, provides the mechanism for managing and monitoring risk throughout the Trust and reporting through to the Board of Directors.

The Board receives its assurances on the risk management and governance arrangements in place through its Audit, Quality and Workforce Assurance Committees. All of these are Non-Executive Board Committees, and each is chaired by a Non-Executive Director. All Non-Executive Directors have independent access to internal and external auditors.

Our staff are well trained and equipped to manage risk in ways appropriate to their authority and duties. Risk management training is provided for all staff through our comprehensive induction programme. In addition, there is specifically tailored training for individual roles, and these are agreed with staff through personal development plans. This includes key risk areas such as incident reporting and investigation, root cause analysis training, human factors training, complaints handling, infection prevention & control, health and safety, data security, moving and handling and counter fraud and prevention.

We aim to ensure that we learn from internal and external incidents and share good practice through a range of mechanisms including governance meetings, team briefings, action plans arising from external reviews such as National Inquiries, publications of the Royal Colleges, peer review and PLACE inspections. The Board of Directors also reviews the outcomes and action plans of relevant corporate reports.

The risk and control framework

The 2021-2024 Risk Management Strategy and Policy has three objectives supported by key aims and specific elements to drive forward their implementation. Each objective highlights the importance in providing assurance that effective systems and specific processes are in place. These are;

1. To enhance and maintain a culture where all staff are risk aware, empowered to identify risk and accountable to making improvements to reduce risk, improve patient safety, staff safety and welfare and deliver high quality care.
2. To improve early identification of risk, focus mitigations in the right areas, improve patient safety and ensure staff feel safe to raise concerns.

3. To ensure risks are identified, assessed, recorded, mitigated and reviewed at an early stage to prevent unnecessary adverse events.

The work is prioritised to link with major parallel strategies e.g. the Trust Strategy and the National Patient Safety Strategy. The operational delivery of the local risk management system, electronic patient record and prescribing systems across the in-patient and outpatient setting will all assist and support the delivery of safer care and practice.

The high-level Committee structure for the management of safety and risk is effective in ensuring that the Trust's systems and processes are as safe as possible. Membership of these Committees is multi-disciplinary and is chaired by medical leaders and includes representation by other key members of Trust staff. There is an annual review of the effectiveness of the terms of reference and any issues are managed at that point. There are mature risk management policies and procedures in place, with an underpinning process to ensure that these policies consider all aspects of risk when in development or review. There is a mature system of clinical audit across all departments and teams in the Trust, with encouragement to prioritise projects that deliver improvements for our patients. There are processes to follow up where there is weak assurance of the standards of care so that appropriate actions are taken.

The Board, on an annual basis, reviews its risk appetite and this is shown in the public Board papers and published on the website. The risk appetite statement is taken into account when considering strategic decisions, business cases and quality matters.

In order for The Board to be assured that it is meeting the outcomes required by the Care Quality Commission, it has engaged the internal auditors to carry out quality spot checks and also to review elements of the well led outcomes. The outcome of the audits and compliance reviews are presented to the Board on an annual basis to show adherence with the CQC standards.

The information below sets out the current top corporate risks to the organisation and their risk score.

The Trust's top risks in 2023/2024 related to finance, waiting times, referrals and booking systems and processes posing a risk to adequate follow up and surgery wait times for specialist surgery.

There is a range of mitigating actions in place for all risks across the organisation which are reviewed locally and overseen by the Risk & Quality Governance Committee.

Good progress has been made in risk audit results and staff training in relation to risk management, supporting progress against the three strategic aims established in the 2021-2024 Risk Management Strategy.

We, like most other organisations in the NHS, have an overarching risk with regards to staffing gaps due to national shortages in some occupations such as nursing, radiology, rotational junior medical staff and radiotherapy staff. We have identified this could lead to a negative impact on engagement levels and the delivery of services and a range of actions in place to ensure recruitment and retention work programmes are now in place.

During the periods of industrial action by medical staff, our aim was to maintain services where possible. The key priority was the safety of patients requiring urgent admission and the safety of our patients who were admitted as inpatients in those periods. The Trust successfully managed the situation using established business continuity plans. Some patients were rescheduled and clinical teams prioritised their workload to ensure that we maintained patient safety for all patients. However, there were adverse effects on operational performance indicators, particularly the 62-day cancer waiting time standard. This was due to referral delays from other providers affected by the industrial action. Patients were instructed to attend appointments as usual unless informed otherwise with a rescheduled appointment. The cumulative impact resulted in increased waiting times, cancellations of outpatient appointments and some elective surgical cases, alongside a general reduction in capacity during the periods of industrial action. Fortunately, this did not affect radiotherapy or chemotherapy treatments and no patient safety incidents were reported due to the periods of industrial action.

We have not identified any principal risks to compliance with the NHS Provider licence throughout the 2023/24 financial year.

We have a mature risk and quality management system as tested by the CQC in the 2022 inspection.

Board Committees of Audit, Quality and Workforce Assurance are wholly Non-Executive Director led and have an annual work plan which also includes a review of the Committee's effectiveness. There are strong reporting lines and the minutes of the meetings and any escalations are formally reviewed at the Board of Directors meeting. Executives are only in attendance at these Board Assurance Committees.
The reports provided to the Assurance Committees are, in the main, audits that have been carried out by the internal audit function and this provides the Board with independent assurance.

At their monthly public meetings, the Board of Directors receive the integrated performance and quality report and this is discussed in detail.

Through the risk management systems, all business cases and policies have an equality impact assessment (EIA) and will not be approved without the EIA being reviewed by the approving Committee.

We have a workforce plan that is updated annually and is signed off by the Board of Directors. Our workforce planning process has been developed in accordance with 'Developing workforce safeguards.' The approach includes:

- Undertaking a baseline assessment, to collect up to date workforce intelligence using a specifically designed workforce planning template and supported through engagement events
- Aligning this assessment with the annual planning round to ensure workforce planning is integrated with service and financial planning
- Analysing returns to identify workforce availability and key workforce challenges
- Developing short and medium term strategies
- Monitoring implementation through the Workforce Committee

Every six months the Workforce Assurance Committee, on behalf of the Board of Directors, receives and approves a review of the nurse and allied health professional safe staffing levels. The report meets the recommendations of the 'Developing Workforce Safeguards' recommendations. The safe staffing levels are published monthly in the integrated performance and quality report and where staffing levels fall below the accepted level an exception report is provided to the board members. The Board has engaged with NHS England on their nursing retention improvement initiative and has developed an improvement plan to ensure that best practice on recruitment and retention are adopted.

Our risk management strategy aims to control, manage and mitigate risk. It sets out a system for continuous improvement via risk management which extends to all areas of the organisation. It aims to reduce clinical and non-clinical risks. Risk management is integral to Trust business and is embedded in the culture of the Trust. Individual and organisational learning from incidents, mistakes, accidents and near misses is a key component of the Trust's risk management strategy to ensure continual improvement.

Risks are quantified based on the risk management standard ISO 31000:2009 which measures risk using a combination of consequence (also described as impact or severity) and the likelihood (or probability or frequency) of an event occurring.

During 2023/2024 there were 7 corporate risks, all risks have been appropriately managed during the financial year using the Trust's risk management system.

We use Datix to support our risk management and risk register processes. This database encompasses incidents, formal and informal complaints, litigation details and risks. All staff have a role in identifying risks and helping to reduce their impact.

Key risks for the organisation, corporate and divisional, are reported in the integrated performance and quality report and are reviewed formally by the Risk and Quality Governance Committee, Management Board and the Board of Directors at each of their meetings. Identified risks are reported using

the Trust's integrated performance and quality reporting structures and are reviewed at Divisional, Management and Board meetings. Managers systematically assess risk in their areas of responsibility. All risk assessments are documented and risks recorded on the risk register. Once analysed the higher scoring risks are managed by higher level committees in the organisation. Risk control measures are identified and where resources may be required to control the risk a business case is developed; these are treated as a priority.

The risk and control framework is based on a Board reporting process which ensures that information is presented to the board in a timely manner and in an appropriate format. The Board assurance framework provides an immediate means of alerting the board to areas of concern or failures of control, enabling the Board to ensure that the appropriate management resource is committed to resolving such issues. The reporting process includes the corporate plan which identifies the strategic objectives of The Christie. Progress towards their achievement is presented to the Board twice a year. The Board assurance framework is regularly reviewed and updated using the corporate risk register and corporate plan and is presented to the Board at the start of the year and reviewed by the Audit Committee, Quality Assurance Committee, Workforce Assurance Committee and the Board of Directors at each of their meetings. Each objective is allocated to one of the Assurance Committees. The presentation of the assurance framework has been improved to assist the Board to judge the effectiveness of control measures intended to reduce the risks to the organisation in achieving its principal objectives. The Assurance Committees examine issues at random and in depth to ensure that the system accurately describes risk and controls. The Board has an agreed risk appetite statement which was reviewed and agreed during the development of the 2021-24 risk management strategy.

Greater Manchester Integrated Care System (ICS)

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

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

We work with a number of partner organisations as shown below, to ensure that risks to The Christie are identified, assessed and appropriate action is taken; these organisations include:

- NHS England specialised commissioning team (North) and Greater Manchester Integrated Care System (ICS).
- Member of the Trust Provider Collaborative.
- The University of Manchester and The University of Salford and a number of other academic institutes and professional bodies to ensure training and education is delivered in line with national standards and the academic expectations of relevant bodies.
- Manchester Cancer Research Centre, a formal partnership between The Christie, The University of Manchester and CRUK.
- Greater Manchester Cancer Alliance, the cancer programme of Greater Manchester's ICS.
- Part of Health Innovation Manchester which includes Manchester Academic Health Science Centre (MAHSC), a partnership between The University of Manchester and six NHS organisations, uniting leading healthcare providers with world-class academics and researchers.
- Other acute trusts and organisations as part of Greater Manchester Cancer Board
- Our private patient joint venture partner HCA Healthcare to continually develop private patient services at The Christie.
- Our wholly owned subsidiary pharmacy service which offers both outpatient and inpatient dispensing services.
- Our pathology services partner Synlab UK Ltd to improve turnaround times for our patients and maintain delivery of high quality results.
- Our contract partners Alliance Medical Limited in the delivery of PET-CT services which includes clinical leadership, training & education and research co-ordination.
- Cancer Research UK.

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

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

Our response to national alerts and governance action is managed through the Patient Safety Committee and Management Board and reported to the Board of Directors. We also engage with the public and NHS stakeholders in the following way:

- Public: Council of Governors and Committees of governors, members' meetings, local public engagement meetings, and patient surveys (both internal and external), suggestion schemes and the patient comment system
- NHS: Greater Manchester ICS, Greater Manchester Cancer Board, ICS representation on the drugs management committee
- Local Authority: The Christie Neighbourhood forum which includes a representative from MCC and local residents for input into trust developments and our Green Travel Plan. Greater Manchester Combined Health Authority

through the Greater Manchester Health and Social Care Partnership.

We are fully compliant with the registration requirements of the Care Quality Commission. We have published on our website an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control to ensure that resources are used economically, efficiently and effectively. My review is informed by the work of the internal auditors, clinical audit and the Executive Directors within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. Divisional and corporate departments are responsible for the delivery of financial and other performance targets via our performance management framework which includes monthly performance reviews with each service.

Evidence is also shown in the strong track record we have of transforming our services to deliver service improvements and operational efficiencies. To ensure the patient is at the centre of our planning, we have configured our efficiency programme to reflect the end-to-end clinical pathways for our patients. These Cost Improvement Plans are only approved once the Executive Medical Director and Chief Nurse & Executive Director of Quality sign off the proposals as having no detrimental impact upon the quality of care provided to our patients. The accepted improvement schemes are reported and monitored within the Integrated Quality and Performance Report and presented at the public Board of Directors meeting.
We are working closely with other specialist oncology centres (Clatterbridge and The Royal Marsden) to identify and implement best

practice across all Trusts to deliver efficiencies and commercial opportunities. In particular, the Trust is making use of the opportunities provided by the North West Radiotherapy Network to improve consistency of radiotherapy provision for patients across the network as well as a focus on staffing and machine efficiency and optimisation within each Trust. We continue to collaborate through the Costing Transformation Programme so that we have access to improved patient level data from other providers which we use to assess our use of resources and address any areas of variation.

We are also working proactively with partners in GM Cancer to deliver improvements and efficiencies to patient cancer care pathways across the city.
My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, audit, quality assurance, risk and clinical governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The overall Head of Internal Audit opinion for the period 1st April 2023 to 31st March 2024 provides Substantial Assurance; that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Trust has examined the assurances provided over key contractual relationships with third party providers upon which the Trust places reliance.

During 2023/24, as part of its response to the 'should do' recommendations of the CQC reports published in 2023, the Trust commissioned an organisational culture audit which was undertaken independently by Globis Mediation Group.

The audit was designed to give the Trust more detailed information on the culture in the organisation and to help identify where improvements could be made. The audit involved scrutiny of relevant documents, individual staff interviews, staff focus groups, a questionnaire survey of all staff, and site visits.

The report made 16 recommendations, each accompanied by an explanation and specific actions. The advisory group worked through the recommendations and a further programme of engagement events was undertaken to give staff opportunities to talk about the findings to senior leaders, consider the recommendations and to discuss and help design a comprehensive programme which has the confidence of all staff.

This engagement and consultation programme was run through existing formal mechanisms such as divisional and departmental meetings, professional forums such as the Chief Nurse Forum, Staff Forum, the Grand Rounds and Medical Staff Committee. There was also a programme of

additional engagement events, developed by our Communications and Organisational Development Teams, including online meetings, drop-in meetings and in person meetings.

The audit has shown areas in which we need to improve, the themes from the engagement process and our values together describe the characteristics of the culture we wish to develop, and we are now starting to develop the plan. We will continue to look for insights from the audit data and bring forward proposals for how the board will provide future leadership on this issue.

In January 2023, The Good Governance Institute (GGI) were commissioned to undertake a review of our assurance processes with a particular focus on reporting. The work included document reviews, board and committee observations, and interviews with board members and senior leaders. A report was received that captured the findings and made recommendations for improvement.

The review found that our assurance processes are basically sound. It recommended some changes to reduce the risk of unanticipated outcomes of future regulatory assessments by the CQC and others, and to maintain best practice. Many of the GGI recommendations are administrative in nature and are being implemented as a matter of good practice. The action plan associated with the review sets a deadline for the implementation of all the action by the end of Q2 2024/25.

Information governance

Both our data security and data protection are informed through both internal and external reviews and advice. They are managed through compliance with the data security and protection toolkit which is mandated by NHS Digital. Data security and information governance incidents are managed in accordance with internal procedures and notified to the ICO in the Data Security Incident Reporting Tool where required; for the year 2023/24 the trust reported one data breach meeting the criteria for escalation via the NHS Digital reporting tool.

The Trust's risk register is updated with currently identified information risks including data confidentiality and data security which are reviewed by the Risk and Quality Governance Committee. We are compliant with GDPR legislation which came into effect on 25th May 2018. Compliance is monitored through our risk management systems and the data security and protection toolkit submissions and annual external assurance review. The Trust has achieved accreditation of the Cyber Essentials Plus certification in year, confirming our efforts to remain resilient against Cyber Attacks. In addition, independent assurance is provided as part of the NHS England coding and costing assurance audit process. The Trust's latest submission in June 2023 against the data security and protection toolkit was confirmed by internal auditors as 'Standards met'.

On 27th March 2024, the Trust experienced a 14-hour major digital outage. As a result of the outage, the Trust followed its business continuity arrangements and worked with its data centre provider to ensure the necessary action was taken to resolve the incident as soon as possible. A full investigation and action plan was undertaken and reported to the Trust's Audit Committee. No patient harm occurred in relation to the incident.

Data Quality & Governance

Our performance reporting presents a balanced view and is based on accurate data. The Board of Directors' is assured of this through the Trust's governance processes and leadership by the executive team. Systems are in place to collect, validate and analyse all data using the appropriately skilled team. This may be the information or performance team, infection control team, internal audit team, the quality & standards team or the NHS England cancer waiting times team. Our monthly integrated performance and quality report details this data every month. The monthly reports are considered by the senior clinicians and managers of the organisation at monthly management board and performance review meetings and by the Board of Directors.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, the executive and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Quality Assurance Committee, Workforce Assurance Committee and the Risk & Quality Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework provides me with evidence that the effectiveness of controls to manage risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Assessment of financial reports submitted to NHS England, the Independent Regulator of NHS Foundation Trusts
- Opinions and reports made by external auditors
- Opinions and reports made by internal auditors
- NHS Litigation Authority claims profile and other external inspections, accreditations and reviews.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been reviewed by:

- The Board; through consideration of key objectives and the management of principal risks to those objectives within

the Assurance Framework, which is presented at board meetings
- The Audit Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Quality Assurance Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Workforce Assurance Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Risk and Quality Governance Committee; by implementing and reviewing clinical governance and risk management arrangements and receiving reports from the sub risk committees
- External assessments of services

The Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is a board approved statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business.

Our statement can be found in the Trust publications section of our website.

NHS Emergency Preparedness, Resilience and Response (EPRR) assurance process

The Trust participates in an annual self-assessment process against the NHS Core Standards for Emergency Preparedness, Resilience, and Response (EPRR). The submission due in October 2023 has undergone changes.

For the first time, in the North West (NW) region, NHS North West (NHSNW) has requested documentation to prove compliance with each of the 10 Core Standards. The outcome of the 2022/23 self-assessment was that the Trust declared partial compliance, indicating its readiness to effectively respond to major, critical, and business continuity incidents while maintaining services for patients.

Following feedback from NHSNW, an action plan is being developed, including a detailed work programme for the financial year 2024/2025, which will incorporate recommendations made by NHS England (NHSE).

A new formal governance structure is being established, along with a new EPRR policy that outlines a rebranded and effective EPRR strategy. This strategy will facilitate monitoring and discussion of EPRR matters between relevant partners and external stakeholders.

The Training & Exercise schedule will be revised and rewritten following NHSNW recommendations to align with the National Occupational Standards for Health

Commanders. A mix of internal and external training will be organized to promote learning and foster a culture of collaboration and best practice within the organisation.
The Business Continuity Programme will also be rewritten to adhere to the ISO 22301 standards, reflecting international best practices.

Adaptation

Events such as heatwaves, severe cold weather and flooding are expected to increase as a result of climate change.
To ensure that our services continue to meet the needs of our local population, the Trust has completed a climate change risk assessment, the results of which will be used to develop an adaptation strategy. The Trust has developed and implemented a number of policies and protocols in response to extreme weather events. These have been developed in partnership with other local agencies and include:

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

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

Conclusion

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

Roger Spencer
Chief Executive
Date: 27th June 2024

Independent auditor's report to the Council of Governors of The Christie NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of The Christie NHS Foundation Trust (the 'Trust') and its subsidiary/ies (the 'group') for the year ended 31 March 2024, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

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 2024 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with NHS Foundation Trust Annual Reporting Manual 2023/24; and
- based on the work undertaken in the course of the audit of the financial the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting Manual 2023/24, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

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

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - journal entries that impact on reported income and expenditure and other identified risk criteria
  - the appropriateness of assumptions applied by management in determining significant accounting estimates, particularly relating to valuation of Trust land and buildings; and
  - fraudulent revenue recognition in variable income streams.

- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on large and unusual items and those falling within identified risk criteria including; journals posted by senior management, year-end journals, journals posted after 31 March 2024, material journals, year-end accruals, adjustments to capital expenditure and journals input by super users;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and year-end accruals;
  - testing a sample of income recognised outside of contract arrangements and challenging the validity of adjustments made to the Trust's income and expenditure position close to the year-end and during preparation of the draft financial statements; and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the potential for fraud in revenue recognition. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team and component auditors included consideration of the engagement team's and component auditor's;
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.
- For components at which audit procedures were performed, we requested component auditors to report to us instances of non-compliance with laws and regulations that gave rise to a risk of material misstatement of the group financial statements. No such matters were identified by the component auditors.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

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

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of The Christie NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Green, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

27 June 2024

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024

FOREWORD TO THE ACCOUNTS

THE CHRISTIE NHS FOUNDATION TRUST

The Annual Accounts of The Christie NHS Foundation Trust for the year ended 31 March 2024 have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Roger Spencer
Chief Executive
Date: 27th June 2024

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024

Statement of Comprehensive Income for the Year Ending 31 March 2024

		Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	Note	**2023-2024**	**2023-2024**	2022-2023	2022-2023
		£000	**£000**	£000	£000
Operating income	3	**472,168**	**472,265**	436,401	427,814
Operating expenses	4	**(468,545)**	**(469,108)**	(422,453)	(428,761)
Operating Surplus/(Deficit)		**3,623**	**3,157**	13,948	(947)
Finance income	8.1	**6,771**	**6,771**	4,539	3,410
Finance costs - financial liabilities	8.2	**(1,296)**	**(1,296)**	(1,356)	(1,356)
PDC dividends payable	1.15	**(10,075)**	**(10,075)**	(8,425)	(8,425)
Net finance costs		**(4,600)**	**(4,600)**	(5,242)	(6,371)
Gain/(Loss) on disposal of assets	10.6	**23**	**23**	(4,008)	(4,008)
(Loss) on disposal of investments	11.3	**0**	**0**	(26)	0
Gains from transfers by absorption	10	**0**	**0**	798	798
Corporation tax expense		**(116)**	**0**	(90)	0
		(4,694)	**(4,577)**	(8,568)	(9,581)
Share of profit of joint venture accounted for using the equity method	11.1	**6,966**	**6,966**	6,717	6,717
Surplus/(Deficit) for the year	SOCIE	**5,895**	**5,546**	12,097	(3,811)
NHS Charity divestment from the Group due to establishment of independent charity	1.1.2 / SOCIE / 10.6	**(65,177)**	**0**	0	0
(Deficit) /Surplus for the year after the divestment of the NHS Charity		**(59,282)**	**5,546**	12,097	(3,811)
Other comprehensive income					
Revaluation gains on Property, Plant and Equipment	SOCIE	**13,466**	**13,466**	15,783	15,783
Total comprehensive income for the year		**(45,816)**	**19,012**	27,880	11,972
(Deficit) / Surplus for the period attributable to:					
Non-controlling interest, and		**0**	**0**	0	0
Owners of the parent	SOCIE	**5,895**	**5,546**	12,097	(3,811)
NHS Charity divestment from the Group due to establishment of independent charity*	1.1.2 / SOCIE / 10.6	**(65,177)**	**0**	0	0
TOTAL		**(59,282)**	**5,546**	12,097	(3,811)
Total comprehensive income for the period attributable to:					
Non-controlling interest, and		0	0	0	0
Owners of the parent		**5,895**	**19,012**	27,880	11,972
NHS Charity divestment from the Group due to establishment of independent charity	1.1.2 / SOCIE / 10.6	**(65,177)**	**0**	0	0
TOTAL		**(59,282)**	**19,012**	27,880	11,972

Due to the change in group structure the figures for the two year reporting period are not comparable for the Group. The change of group structure relates to the divestment of the Christie Charitable fund. The NHS Charity was disolved in the year following the set up of the newly created independant charity.

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

The notes on pages 106 to 145 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024

Statement of Financial Position as at 31 March 2024

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		31 March 2024	**31 March 2024**	31 March 2023	31 March 2023
		£000	**£000**	£000	£000
Non- Current Assets					
Intangible assets	9	**9,735**	**9,735**	3,849	3,849
Property, Plant and Equipment	10	**468,368**	**468,368**	452,012	446,962
Right of Use Assets	10.7	**1,122**	**1,122**	1,220	1,220
Investments in joint ventures	11.1	**30,573**	**30,573**	29,409	29,409
Investment assets	11.3	**0**	**0**	583	0
Trade and other receivables	13.1	**489**	**645**	630	630
Total non-current assets		**510,288**	**510,444**	487,703	482,070
Current assets					
Inventories	12	**3,833**	**504**	3,009	305
Trade and other receivables	13.1	**28,845**	**28,367**	36,374	33,979
Cash and cash equivalents	14	**136,608**	**135,750**	196,803	142,911
Total current assets		**169,286**	**164,622**	236,186	177,194
Trade and other payables	15	**(58,628)**	**(56,101)**	(64,481)	(66,653)
Borrowings	16	**(3,830)**	**(3,830)**	(3,852)	(3,852)
Provisions for liabilities and charges	17	**(1,480)**	**(1,480)**	(1,855)	(1,855)
Other liabilities	15.1	**(7,239)**	**(7,239)**	(8,239)	(8,239)
Tax payable	15	**(4,498)**	**(4,456)**	(4,130)	(4,100)
Total current liabilities		**(75,675)**	**(73,106)**	(82,557)	(84,699)
Total assets less current liabilities		**603,899**	**601,959**	641,331	574,565
Non-current liabilities					
Borrowings	16	**(44,044)**	**(44,044)**	(47,564)	(47,564)
Provisions for liabilities and charges	17	**(887)**	**(887)**	(1,150)	(1,150)
Other liabilities	15.1	**(14,499)**	**(14,499)**	(12,943)	(12,943)
Total non-current liabilities		**(59,430)**	**(59,430)**	(61,657)	(61,657)
Total assets employed		**544,468**	**542,529**	579,675	512,909
Financed by taxpayers' equity					
Public dividend capital	23	**176,121**	**176,121**	165,512	165,512
Revaluation reserve	SOCIE	**76,000**	**76,000**	62,534	62,534
Income and expenditure reserve	SOCIE	**290,408**	**290,408**	284,863	284,863
Financed by others' equity					
Charity Reserves	SOCIE	**0**	**0**	65,177	0
Pharmacy subsidiary reserves	SOCIE	**1,938**	**0**	1,589	0
Total Taxpayers' and Others' Equity:		**544,468**	**542,529**	579,675	512,909

Due to the change in group structure the figures for the two year reporting period are not comparable for the Group. The change of g structure relates to the divestment of the Christie Charitable fund. The NHS Charity was disolved in the year following the set up of the n created independant charity.

The accounts on pages 6 to 49 were approved by the Board of Directors on 27th June 2024 and signed on its behalf by:

Roger Spencer
Chief Executive

Date: 27th June 2024

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024

Statement of changes in taxpayers' equity for the year ended 31 March 2024

		Group					
		Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charity Reserves	The Christie Pharmacy Limited Reserves	Total taxpayers' equity
	Note	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2023		**165,512**	**62,534**	**284,863**	**65,177**	**1,589**	**579,675**
NHS Charity divestment from the Group due to establishment of independent charity *	**1.1.2 / SOCI**	**0**	**0**	**0**	**(65,177)**	**0**	**(65,177)**
Retained surplus for the year	**SOCI**	**0**	**0**	**5,546**	**0**	**349**	**5,895**
Revaluation gains - property, plant and equipment	**10**	**0**	**13,466**	**0**	**0**	**0**	**13,466**
Public dividend capital received	**23**	**10,609**	**0**	**0**	**0**	**0**	**10,609**
Taxpayers' equity at 31 March 2024		**176,121**	**76,000**	**290,408**	**0**	**1,938**	**544,468**

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

Taxpayers' equity at 1 April 2022		155,374	55,971	278,847	49,654	1,203	541,050
Implementation of IFRS 16 on 1st April 2022		0	0	608	0	0	608
Retained (deficit)/surplus for the year	SOCI	0	0	(3,811)	15,523	386	12,098
Net impairments		0	(9,220)	9,220	0	0	0
Revaluation gains on Property, Plant and Equipment	10	0	15,783	0	0	0	15,783
Public dividend capital received	23	10,138	0	0	0	0	10,138
Taxpayers' equity at 31 March 2023		165,512	62,534	284,863	65,177	1,589	579,675

The notes on pages 6 to 49 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024

Statement of changes in taxpayers' equity for the year ended 31 March 2024

		NHS Foundation Trust			
	Note	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total taxpayers' equity
		£000	£000	£000	£000
Taxpayers' equity at 1 April 2023		**165,512**	**62,534**	**284,863**	**512,909**
Retained Surplus for the year	**SOCI**	**0**	**0**	**5,546**	**5,546**
Revaluations - property, plant and equipment		**0**	**13,466**	**0**	**13,466**
Public dividend capital received	**23**	**10,609**	**0**	**0**	**10,609**
Taxpayers' equity at 31 March 2024		**176,121**	**76,000**	**290,409**	**542,529**
Taxpayers' equity at 1 April 2022		155,374	55,971	278,847	490,192
Impact of implementing new standard on 1 April transfers	**SOCI**	0	0	608	608
Retained (deficit) for the year	**SOCI**	0	0	(3,811)	(3,811)
Net impairments		0	(9,220)	9,220	0
Revaluation gains on Property, Plant and Equipment	**10**	0	15,783	0	15,783
Public dividend capital received	**23**	10,138	0	0	10,138
Taxpayers' equity at 31 March 2023		165,512	62,534	284,863	512,909

The notes on pages 6 to 49 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024

Cash Flow Statement for the Year Ending 31 March 2024

	Note	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2023-2024	**2023-2024**	2022-2023	2022-2023
		£000	**£000**	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)	SOCI	**3,623**	**3,157**	13,948	(947)
Depreciation and Amortisation	4.1	**22,729**	**22,729**	20,975	20,975
Income recognised in respect of capital donations	3.2	**(317)**	**(317)**	0	(473)
Net Impairments	4.1	**(3,288)**	**(3,288)**	1,552	1,552
Decrease / (Increase) in trade and other receivables	13.1	**1,177**	**984**	(10,160)	(7,927)
(Increase) / decrease in inventories	12	**(851)**	**(199)**	(333)	148
Increase / (decrease) in trade and other payables	15	**(6)**	**(489)**	9,652	14,496
Increase in other liabilities	15.1	**556**	**556**	1,446	1,446
(Decrease) / Increase in provisions	17	**(681)**	**(681)**	255	255
Corporation tax paid	15	**(90)**	**0**	(17)	0
Net cash inflow from operating activities		**22,851**	**22,451**	37,318	29,524
Cash flows from investing activities					
Interest received	8.1	**6,588**	**6,588**	4,106	2,977
Cash from drawdown of profit from joint ventures	11.1	**5,801**	**5,801**	0	0
Proceeds from sale of property, plant and equipment	10 & 10.6	**33**	**33**	195	195
Net cash flows from investing activities for Charitable Funds	10	**0**	**0**	(4,200)	0
Purchase of intangible assets	9.1	**(6,044)**	**(6,044)**	(3,216)	(3,216)
Purchase of Property, Plant and Equipment	10.1 & 15	**(31,774)**	**(31,774)**	(71,987)	(71,987)
Receipt of cash donations to purchase capital assets	10.1	**317**	**317**	0	473
Divestment of NHS charitable funds from the group due following establishment of Independent Charity	1.1.2 / 14	**(53,434)**	**0**	0	0
Net cash (outflow) from investing activities		**(78,513)**	**(25,079)**	(75,102)	(71,558)
Cash flows from financing activities					
Public dividend capital received	23	**10,609**	**10,609**	10,138	10,138
Loans received	16.2	**0**	**0**	37,139	37,139
Loans Repaid	16.2	**(3,423)**	**(3,423)**	(3,423)	(3,423)
Capital element of lease liability repayments	16.2	**(97)**	**(97)**	(95)	(95)
Interest paid	16.2	**(1,270)**	**(1,270)**	(1,356)	(1,356)
Interest element of lease liability repayments	16.2	**(4)**	**(4)**	(6)	(6)
PDC Dividend paid	SOCI & 15	**(10,348)**	**(10,348)**	(8,362)	(8,362)
NHS Charitable funds: Net cashflows from investing activities	11.3	**0**	**0**	(8)	0
Net cash inflow from financing activities		**(4,533)**	**(4,533)**	34,027	34,035
Net (decrease) in cash and cash equivalents	14.1	**(60,195)**	**(7,161)**	(3,757)	(7,999)
Cash and cash equivalents at 1 April	14.1	**196,803**	**142,911**	200,560	150,909
Cash and cash equivalents at 31 March	14.1	**136,608**	**135,750**	196,803	142,911

Due to the change in group structure the figures for the two year reporting period are not comparable for the Group.

The notes on pages 106 to 145 form part of these accounts.

Consolidated Accounts of The Christie NHS Foundation Trust 2023-2024
Notes to the Accounts

1. Accounting Policies

1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS foundation trust, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DH GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS foundation trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

These accounts have been prepared on a going concern basis, under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

1.1.1 Going Concern

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

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

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.1.2 Acquisitions and Discontinued Operations

Activities are considered to be 'acquired' only if they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one NHS body to another.

During the year the group structure has changed with the Christie Charitable Fund becoming independent. This is now considered to be discontinued from the Group. Due to the change in group structure the figures for the two year reporting period are not comparable for the Group

1.1.3.1 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimates (see below) that management has made in the process of applying accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

(a) For each Research and Development contract, the Trust transfers control of goods and services over time and therefore, satisfies performance obligations and recognises revenue over time. This may be over several financial years. Research and Development income recognised is in equal value to the cost in the financial year of satisfying the performance obligations. See note 15.1.

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

1.1.3.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(a) Non-current Property, Plant and Equipment asset valuation relating to land and buildings are based on the District Valuers valuation - see note 10.

The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the annual independent valuation of these assets. The estimation methods used by the independent valuer draw upon, but are not limited to, industry recognised building construction indices and relevant or comparable transactions in the market place.

A simple sensitivity analysis indicates that a 3% movement in these estimations would increase or decrease the valuation of assets by £10.8m. In comparison, a 10% change in values in land and buildings would be £36.0m. A 10% change would result in an increase or decrease in PDC dividend payable of £631k.

1.1.4 Consolidation

"The Consolidated Accounts of The Christie NHS Foundation Trust show both the NHS Foundation Trust and the Group balances. The Group balances comprise The Christie NHS Foundation Trust, and The Christie Pharmacy Limited which are consolidated on a line-by-line basis."

The Christie Charitable Fund

From the 1st April 2023 the Christie Charity became independent and the NHS Charity was dissolved. The Trustees for the Charity are independent and a new independent charity has been registered with the Charity Commission. Following this change the Christie Charitable Fund is no longer consolidated into the group accounts.

The Christie Pharmacy Limited

The Trust has one wholly owned subsidiary - The Christie Pharmacy Limited (company number: 11027496). The Christie Pharmacy was incorporated on 23 October 2017 and The Christie NHS Foundation Trust holds 1 ordinary £1 share in The Christie Pharmacy Limited which is 100% of the available shares.

Subsidiary entities are those over which the Trust is exposed to, or has rights to variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines.

On consolidation, necessary adjustments are made to the company's assets, liabilities and transactions to:
- recognise and measure them in accordance with the Foundation Trusts' accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Christie Pharmacy Limited's statutory accounts will be prepared for the year ending 31 March 2024 in accordance with Financial Reporting Standards (FRS) 102.

The Christie Pharmacy Limited is accounted for using the cost method in the Trust accounts.

1.1.5 Consolidation - Joint ventures

Joint ventures are separate entities over which the Trust has joint control with one or more other parties and where it has the rights to the net assets of the arrangement. The meaning of control is to exercise control or power to influence so as to gain economic or other benefits. Joint ventures are accounted for using the equity method.
Valuation of the investment in the Joint Venture is recognised at cost and the carrying amount increased or decreased to recognise The Christie's share of its profit or loss.

The Trust has the following joint ventures:

- The Christie Clinic LLP - trading as The Christie Private Care (TCPC)
- The Christie Pathology Partnership LLP (CPP)
- CPP Facilities LLP (CPPFAC)

The figures in the accounts as disclosed in note 11 for the above are based on audited accounts to 31 December 2023 and management accounts for the period to 31 March 2024.

1.2 Income

1.2.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of services provided is recognised in accordance with IFRS 15 when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other that the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

1.2.2 Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS for 2023/24 are as detailed below:.

2023 - 24

The main source of income for the Trust is contracts with Commissioners for health care services. As in 2022/23, the majority of the Trust's income from NHS Commissioners was in the form of block contract arrangements. Block contract arrangements were agreed at an Integrated Care System level and with NHS England Specialised Commissioners. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed for the majority of contract

As in 2022/23, the Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred, mainly in relation to high cost drugs and CAR-T procedures. Reimbursement is accounted for as variable consideration.

Part of the contract arrangement for 2023/24 was Elective Recovery Funding. The funding is to assist the Trust in achieving elective activity recovery with the aim of reducing the increased waiting lists and times resulting from the impact of the COVID19 pandemic.

Comparative Period 2022-23
The main source of income for the Trust is contracts with Commissioners for health care services. As in 2021/22, the majority of the Trust's income from NHS Commissioners was in the form of block contract arrangements. Block contract arrangements were agreed at an Integrated Care System level and with NHS England Specialised Commissioners. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed for the majority of contract

As in 2021/22, the Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred, mainly in relation to high cost drugs and CAR-T procedures. Reimbursement is accounted for as variable consideration.

Part of the contract arrangement for 2022/23 was Elective Recovery Funding. The funding is to assist the Trust in achieving elective activity recovery with the aim of reducing the increased waiting lists and times resulting from the impact of the COVID19 pandemic.

1.2.3 Revenue from research contracts

Where research contracts and grant income fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For research trial contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

1.2.4 Income from the sale of non-current assets

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

1.2.5 The Christie Pharmacy Limited Income

Income in respect of services provided is recognised when and to the extent that performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transactions prices allocated to that performance obligation. The main source of income for The Christie Pharmacy Limited is the dispensing of drugs to The Christie NHS Foundation Trust.

1.2.6 Apprenticeship Service Income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to the accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department of Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.3 Expenditure on employee benefits

1.3.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial accounts to the extent that employees are permitted to carry-forward leave into the following period.

1.3.2 Pension costs - NHS Pension scheme

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

1.3.3 Pension costs - other schemes

The employees of The Christie Pharmacy Limited have access to two pension schemes. These are a Legal and General defined contribution scheme, and the National Employment Savings Trust (NEST) defined contribution pension scheme. Both schemes are accounted for as defined contribution schemes.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as Property, Plant and Equipment.

1.5 Property, Plant and Equipment

1.5.1 Recognition

Property, Plant and Equipment is capitalised where:
- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and either
- individually has a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

1.5.2 Valuation

Property, Plant and Equipment assets are stated at the lower of replacement cost and recoverable amount. On initial recognition the assets are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. The carrying values of Property, Plant and Equipment assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

All land and buildings are restated to current value using a full professional valuation every five years and a valuation by an independent professional valuer annually. If the fair value of a revalued asset differs materially from it’s carrying amount, an independent valuation is carried out for that class of asset.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. This year's valuation was undertaken by Ms S Brydon (MRICS) and Ms S Richardson (MRICS) of the Valuation Office Agency (VOA). As a full valuation including a site visit was conducted last year, the next 5 year full valuation will be completed in 2027-28.

The valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024.

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

The valuations are carried out primarily on the basis of Depreciated Replacement Cost of a Modern Equivalent Asset for specialised operational property and Market Value for Existing Use for non-specialised operational property. The value of land for existing use purposes is assessed on the alternative site basis. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Plant and equipment assets during construction are valued at cost. The Trust does not revalue this class of assets. Costs include borrowing costs where capitalised under circumstances as defined under IAS 23.

Operational equipment is valued at depreciated historic cost.

An item of Property, Plant and Equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

1.5.3 Subsequent expenditure

Subsequent expenditure relating to an item of Property, Plant and Equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

1.5.4 Depreciation

Property, Plant and Equipment assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. The estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term.

No depreciation is provided on freehold land and assets surplus to requirements.

Assets during construction are not depreciated until the asset is brought into operational use.

Equipment is depreciated on historic cost for low value and/or short life assets and on current cost for other equipment assets evenly over the estimated life of the asset.

1.5.5 Revaluation and impairment

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are reversed in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

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

In accordance with the DH GAM, impairments that are due to a loss of economic benefit or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses: and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

"An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains."

1.5.6 De-recognition

Assets intended for disposal are reclassified as ‘Held for Sale’ once the criteria in IFRs 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, Plant and Equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.5.7 Investment Properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of plant, property and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

1.6 Intangible Assets

1.6.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

Intangible assets are capitalised when they are capable of being used in a Trust's activities for more than one year; they can be valued; and they have a cost of at least £5,000.

Expenditure on research activities is recognised as an operating expense in the period in which it is incurred.

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Intangible assets acquired separately are initially recognised at historical cost. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:
- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to use the intangible asset;
- how the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it;
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of Property, Plant and Equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

1.6.2 Measurement

Intangible non-current assets held for operational use are valued at historical cost less accumulated amortisation. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is charged to the Statement of Comprehensive Income (SOCI) in the period in which it is incurred.

1.6.3 Amortisation

Intangible assets are amortised on a straight line basis over their expected useful economic lives or, in the case of software licences, over the term of the licence where this is shorter.

1.7 Donated assets

Donated and grant funded Property, Plant and Equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of Property, Plant and Equipment.

1.8 Government grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Grants used to fund capital are also included in the income detailed in note 3.2 and the expenditure will be recognised in note 10 as a capital addition from Grants.

1.9 Research

The revenue cost of personnel, consumables, etc. engaged in research and development activities is shown as direct expenditure of the Trust. Some of these activities are funded through charitable sources and therefore an amount corresponding to the expenditure charged to the SOCI is included in operating income from charitable and other contributions to expenditure.

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a monthly basis.

Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible NHS foundation trusts disclose the total amount of research and development expenditure charged in the SOCI separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

1.10 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 was completed in the prior year accounts 2022-23 in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The NHS Foundation Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application [The entity] has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2023 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by The NHS Foundation Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The NHS Foundation Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The NHS Foundation Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 The NHS Foundation Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The NHS Foundation Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.10.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The NHS Foundation Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Income.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset The NHS Foundation Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified The NHS Foundation Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by The NHS Foundation Trust.

1.10.2 The Trust as lessor

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

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

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

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

On transition The NHS Foundation Trust has reassessed the classification of all of its continuing subleasing arrangements

1.11 Financial Instruments and Financial Liabilities

1.11.1 Financial Assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

1.11.2 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities) and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.11.3 Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury. Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 2.45% (2022-23: positive 1.7%) in real terms.

A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date. A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date. A nominal very long-term rate of 4.40% (2022-23: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

Clinical negligence costs

NHS Resolution (formerly NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 17 but is not recognised in the NHS foundation trust’s accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2023-24 The Christie Pharmacy has completed a full stock-take of all drugs held as at the 31st March 2024, the values from the stock-take are recognised in note 12.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable as PDC dividend. The charge is calculated at the rate set by the HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

Relevant net assets are calculated as the value of all assets less the value of all liabilities

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.16 Non Current Asset Investments

1.16.1 Recognition and Measurement

"Non current asset investments are stated at fair value at the balance sheet date."

1.16.2 Realised and unrealised gains and losses

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening fair value (or cost if purchased since the previous period end). Unrealised gains and losses are calculated as the difference between fair value at the year end and the opening fair value (or cost if purchased since the previous period end).

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 18, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:
● possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
● present obligations arising from past events but for which it is not probable that a transfer of economic benefit will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Corporation tax

Under s519A ICTA 1988 the Trust is regarded as a Health Service body and is, therefore, exempt from taxation on its income and capital gains. Section 148 of the 2004 Finance Act provided the HM Treasury with powers to disapply this exemption.

Accordingly the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare and where the profits exceed £50,000 per annum. Activities such as staff and patient car parking and sales of food are considered to be ancillary to the core healthcare objectives of the Trust (and not entrepreneurial) and therefore not subject to corporation tax. Any tax liability will be accounted for within the relevant tax year.

The Christie Pharmacy Limited, a subsidiary of the Trust, is subject to corporation tax on commercial activities. Corporation tax and deferred tax liabilities have arisen in the year to 31 March 2023.

1.19 Value Added Tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and Special Payments are charged to the relevant functional headings in the expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which is prepared on an accrual basis with the exception of provisions for future losses.

1.21 Third party assets

Assets belong to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them.

1.22 Accounting standards issued but not yet adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2023-24.

These Standards are still subject to HM Treasury FReM adoption.

(a) IFRS 14 Regulatory Deferral Accounts - applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
(b) IFRS17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by FReM; early adoption is not therefore permitted.

No accounting standards in issue have been adopted early.

Adoption of the standards will have no impact on the Trust.

2. Operating segments

Under IFRS 8 'Operating Segments', the Trust is required to disclose financial information across significant operating segments which reflect the way the management runs the Trust.

The Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Management Board, a sub-committee of the Board of Directors. These core activities are primarily the provision of specialist NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosure (see Note 21).

The Trust manages the delivery of healthcare services across clinical divisions. Certain aspects of performance are reported at a divisional level to the Management Board, although this is not the primary way in which financial matters are considered.

The Trust has applied the aggregation criteria from IFRS 8 Operating Segments because the clinical divisions provide similar services, have homogenous customers, common production processes and a common regulatory environment. The overlapping activities and interrelation between the divisions also suggests that aggregation is appropriate. The divisions report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

3. Operating income

	Notes	**Group**	**NHS Foundation Trust**	Group	NHS Foundation Trust
		2023-2024	**2023-2024**	2022-2023	2022-2023
		£000	**£000**	£000	£000
Income from activities	3.1.1	**408,271**	**408,271**	364,629	364,629
Other operating income	3.2	**63,897**	**63,994**	71,772	63,185
		472,168	**472,265**	436,401	427,814

3.1.1 Income from activities by type

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Block contract/system envelope income*	**164,687**	**164,687**	240,020	240,020
High cost drugs income from commissioners	**102,434**	**102,434**	90,770	90,770
Other NHS clinical income	**59,239**	**59,239**	9,413	9,413
Aligned payment & incentive (API) Income - variable - activity based **	**72,859**	**72,859**	0	0
Elective Recovery Funding **	**0**	**0**	10,357	10,357
Pension contribution central funding***	**8,127**	**8,127**	7,288	7,288
Central Pay Award Funding ****	**150**	**150**	6,558	6,558
Other	**774**	**774**	223	223
Total	**408,271**	**408,271**	364,629	364,629

* Following the coronavirus pandemic response, and to aid system recovery, transaction flows in 2020/21 were simplified in the NHS and providers and their commissioners moved to a financial framework built predominantly on block contracts and system partnership arrangements. These arrangements continued in 2022/23 and 2023/24.

** During 2023/24 an Aligned Payment and Incentive (API) model has been introduced, where some activity is paid on a variable activity-related basis. This includes values that would have previously been recognised as the Elective Recovery Fund (£10,357k 2022-23) and other variable income. There is no prior year comparative value for this income.

*** The employer contribution rate for NHS pensions increased from 14.3% to 23.7% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

3.1.2 Income from activities by source

	Group 2023-2024	**NHS Foundation Trust 2023-2024**	Group 2022-2023	NHS Foundation Trust 2022-2023
	£000	**£000**	£000	£000
Integrated Care Boards (ICBs) and NHS England	**389,597**	**389,597**	347,476	347,476
NHS England - additional pension funding*	**8,127**	**8,127**	7,288	7,288
NHS Foundation Trusts	**4,774**	**4,774**	4,549	4,549
NHS Trusts	**68**	**68**	69	69
NHS other	**4,898**	**4,898**	4,992	4,992
Non-NHS Bodies	**755**	**755**	255	255
Non NHS overseas patients (non-reciprocal chargeable to patient)	**50**	**50**	0	0
Total	**408,271**	**408,271**	364,629	364,629

*Notional income for additional employer pension contributions paid by NHS England. Note 5 Employee Costs includes notional expenditure of £8,127k (2022-23 £7,288k).

3.2 Other Operating Income

	Group 2023-2024	**NHS Foundation Trust 2023-2024**	Group 2022-2023	NHS Foundation Trust 2022-2023
	£000	**£000**	£000	£000
Other operating income from contracts with customers in accordance with IFRS 15:				
Research and development	**22,778**	**22,778**	22,232	22,232
Education and training	**9,022**	**9,022**	7,580	7,580
Non-patient care services to other bodies	**18,301**	**18,301**	15,452	15,452
Income in respect of employee benefits accounts on a gross basis	**2,815**	**2,815**	2,418	2,418
Other Income (recognised in accordance with IFRS15)*	**3,159**	**3,256**	4,672	4,702
Other non-contract operating income :				
Education and training - notional income from apprenticeship fund	**499**	**499**	389	389
Charitable and other contributions to capital expenditure from NHS charities	**0**	**0**	0	473
Charitable and other contributions to capital expenditure from Independent charities	**317**	**317**	0	0
Charitable and other contributions to revenue expenditure	**4,604**	**4,604**	0	7,065
Contributions to expenditure - consumables (inventory) donated from DHSC for COVID responses	**40**	**40**	642	642
Rental from Operating Leases	**2,361**	**2,361**	2,232	2,232
Donations, legacies and grants **	**0**	**0**	16,155	0
Total	**63,897**	**63,994**	71,772	63,185

* Other Income (recognised in accordance with IFRS15) includes :-				
Clinical excellence awards	**1,234**	**1,234**	1,230	1,230
Catering and other commercial income	**1,005**	**1,005**	2,223	2,223
Creche services	**656**	**656**	670	670
Car parking	**254**	**254**	207	207
Property rentals	**10**	**10**	10	10
Other contract income	**0**	**97**	332	362
	3,159	**3,256**	4,672	4,702

** The NHS Charity is now an independent charity, it is no longer part of the group and therefore, no donations, legacies and grants are recognised in the current years income.

4. Operating Expenses

4.1 Operating expenses comprise:

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Services from other NHS providers	**12,527**	**12,527**	13,381	13,381
Services from non-NHS and non-DHSC bodies	**9,524**	**9,524**	9,087	9,087
Staff costs (see note 5.1)	**212,518**	**210,472**	192,706	191,235
Non-executive directors' costs	**147**	**147**	165	165
Supplies and Services- clinical	**30,185**	**30,175**	28,786	28,776
Supplies and Services - clinical: utilisation of consumables donated from DHSC	**40**	**40**	642	642
Supplies and services - general	**9,978**	**9,975**	8,779	8,775
Drug costs	**121,961**	**124,698**	104,588	106,799
Inventories written down - drugs	**0**	**0**	57	57
Consultancy costs	**7,944**	**7,944**	6,800	6,800
Establishment	**10,265**	**10,276**	9,892	9,783
Premises	**23,205**	**23,183**	13,292	13,285
Transport	**1,275**	**1,275**	1,232	1,232
Depreciation of Property, Plant and Equipment and right of use assets	**22,571**	**22,571**	20,817	20,817
Amortisation of intangibles	**158**	**158**	158	158
Net (reversal)/ charge of impairments of property, plant and equipment*	**(3,288)**	**(3,288)**	1,552	1,552
Increase in provision for impairment of receivables	**(116)**	**(116)**	334	334
Change in provisions discount rate	**(25)**	**(25)**	(131)	(131)
Audit fees	**149**	**118**	158	115
Internal audit costs	**121**	**121**	114	114
Insurance and clinical negligence	**2,637**	**2,637**	2,252	2,252
Legal fees	**582**	**582**	752	752
Research & Development	**2,971**	**2,971**	2,128	2,128
Education and Training	**2,150**	**2,137**	2,415	2,408
Lease expenditure - short-term less than 12 months and low value less than £5k (see note 6)	**55**	**55**	47	47
Redundancy and termination benefits	**0**	**0**	55	55
Losses, ex gratia and special payments**	**14**	**14**	6	6
Other services	**191**	**191**	242	242
Charity Gift Deed	**0**	**0**	0	5,801
Other	**806**	**747**	2,147	2,094
Total	**468,545**	**469,108**	422,453	428,761

* Following an independent valuation of the Trust's land and buildings, an impairment reversal was made to the operating expenses (2022-23 an impairment charge was made to the operating expenses).

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

4.2 Audit fees

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Audit services - statutory audit	**149**	**118**	**158**	**115**

Group statutory audit fees include £30k for The Christie Pharmacy Limited. All audit fees are stated gross of VAT. However, VAT is recoverable on The Christie Pharmacy Limited audit fees.

The auditors' total liability (including interest) for all claims connected with the services or the agreement with the Trust (including but not limited to negligence) is limited to £1,000k.

4.3 Other auditors' remuneration

During the year nil was paid to the external auditors for other services, (2022-23 , £10,500).

5. Employee costs

The Group figures include employee expenses arising from the employment of staff by The Christie Pharmacy Limited.

In line with HM Treasury requirements, accounts disclosures relating to staff costs are now included in the Annual Report.

5.1 Employee expenses

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000s	**£000s**	£000s	£000s
Salaries and wages	**164,499**	**162,698**	150,194	148,899
Social security costs	**16,863**	**16,691**	14,938	14,824
Apprenticeship Levy	**800**	**800**	671	671
Employers contributions to NHS Pensions	**18,656**	**18,656**	16,640	16,640
Additional pension funding*	**8,127**	**8,127**	7,288	7,288
Pension costs - other contributions	**97**	**25**	118	56
Agency / contract staff	**3,476**	**3,476**	2,857	2,857
Total	**212,518**	**210,472**	192,706	191,235

Capitalised staff costs are excluded from this note and total £147k (2022-23 £290k).

*Pension cost - additional employer contributions paid by NHS England. Note 3.1.2 Other Income includes funding of £8,127k (2022-23 £7,288k).

5.2 Early Retirements due to ill-health

During 2023-24 there were 6 early retirements (2022-23 - 1) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements are £919k (2022-23 £35k). The cost of these ill-health retirements will be borne wholly by NHS Pensions.

6. Short-Term Leases

6.1 NHS Foundation Trust as a lessor

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Recognised as income				
Rents	**2,361**	**2,361**	2,232	2,232
Total	**2,361**	**2,361**	2,232	2,232
Receivable:				
Not later than 1 year	**2,370**	**2,370**	1,963	1,963
Later than 1 year not later than 5 years	**10,768**	**10,768**	8,327	8,237
Later than 5 years	**7,856**	**7,856**	9,028	9,028
Total	**20,994**	**20,994**	19,318	19,228

7.1 Better Payment Practice Code - measure of compliance

	Group		Group	
	2023-2024		2022-2023	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**24,380**	**314,570**	26,140	316,777
Total Non-NHS trade invoices paid within target	**23,455**	**307,264**	23,333	307,789
Percentage of Non-NHS trade invoices paid within target	**96%**	**98%**	89%	97%
Total NHS trade invoices in the year	**1,962**	**31,909**	1,739	36,080
Total NHS trade invoices paid within target	**1,885**	**31,126**	1,600	35,260
Percentage of NHS trade invoices paid within target	**96%**	**98%**	92%	98%

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

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

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

8. Finance costs and finance revenue

8.1 Finance income

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Bank interest receivable*	**6,771**	**6,771**	4,539	3,410
Total	**6,771**	**6,771**	4,539	3,410

* Average interest rates were 4.9% (2022-23 2.89%) on the Government Banking Service (GBS) account and 3.2% (2022-23 0.3%) on the commercial accounts .

8.2 Finance costs - financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Interest on loans and overdrafts (note 16.2)	**1,246**	**1,246**	1,334	1,334
Interest on Lease Obligations (note 16.2)	**5**	**5**	6	6
Unwinding Discount on provisions (note 17)	**44**	**44**	16	16
Total	**1,296**	**1,296**	1,356	1,356

9. Intangible assets

All Intangible Assets of The Christie NHS Foundation Trust Group are held by The Christie NHS Foundation Trust. Neither The Christie Charitable Fund nor The Christie Pharmacy Limited hold any Intangible Assets.

9.1 Intangible assets

	Group 2023-24				Group 2022-23			
	Software purchased	**IT (Internally generated and 3rd Party)**	**Intangible assets under construction**	**Total**	Software purchased	IT (Internally generated and 3rd Party)	Intangible assets under construction	Total
	£000	**£000**	**£000**	**£000**	£000	£000	£000	£000
Gross cost at 1 April	**3,358**	**401**	**3,216**	**6,975**	3,415	401	0	3,816
Additions - Purchased	**3,676**	**0**	**2,368**	**6,044**	0	0	3,216	3,216
Disposal / Derecognition	**0**	**0**	**0**	**0**	(57)	0	0	(57)
Gross cost at 31 March	**7,034**	**401**	**5,584**	**13,019**	3,358	401	3,216	6,975
Accumulated Amortisation								
Accumulated amortisation at 1 April	**3,046**	**80**	**0**	**3,126**	3,025	0	0	3,025
Charged during the year	**78**	**80**	**0**	**158**	78	80	0	158
Disposal / Derecognition	**0**	**0**	**0**	**0**	(57)	0	0	(57)
Accumulated amortisation at 31 March	**3,124**	**160**	**0**	**3,284**	3,046	80	0	3,126
Net book value - purchased at 31 March	**3,910**	**241**	**5,584**	**9,735**	312	321	3,216	3,849

10. Property, Plant and Equipment

10.1 Property, Plant and Equipment 2023-2024

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

* During 2023-24 the Trust has worked with the other Greater Manchester NHS organisations to achieve the Capital allocation budget set by NHSE for the financial year, ensuring capital resource prioritisation across the geographic area. The larger capital projects for the Foundation Trust in the year included :- £9,258k, Elective Recovery Target Investment Fund (PDC capital) for a new ward development along with an additional £4,503k being funded from Trust funds, £4,873k Linear accelerator replacement programme.

** The Christie Charity has provided the majority of the funding to purchase donated assets. The Trust may also receive other voluntary donations and grants from time to time. There are no restrictions placed on the use of these assets as part of the offer of funding and as such the Trust has full ownership of these assets.

*** Land and buildings were revalued as at 31 March 2024 by an independent valuer. Independent valuations have not been undertaken for the remaining classes of Property, Plant and Equipment as their carrying amount is deemed to be the fair value.

**** Following the divestment of the Christie Charitable Fund from the group, the buildings owned by the charity with a value of £5,050k have been disposed of by the group. These building are wholly owned by the independent charity which was newly established on the 1st April 2023. The Plant and Machinery assets and the Information Technology assets are historic assets that are fully utilised and are no longer used by the Trust, disposing from the Asset Register at a Nil Net Book Value.

10.2 Property, Plant and Equipment 2022-2023

	Group					
	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Total
	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2022	7,780	283,469	98,478	125,838	20,934	536,499
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	0	0	0	0	0
Transfer by Absorption	0	0	0	121	677	798
Additions - purchased	0	5,077	57,739	8,838	3,520	75,174
Additions - purchased from The Christie Charitable Fund contributions	0	352	0	121	0	473
Additions - DHSC donated assets						0
Impairments charged to Operating Expenses	0	(14,850)	0	0	0	(14,850)
Reversal of impairments credited to operating expenses	0	13,298	0	0	0	13,298
Reclassification of investment property*						0
Reclassification	0	145,276	(151,185)	5,758	151	0
Revaluation	0	6,388	0	0	0	6,388
Disposals / derecognition	0	0	0	(15,116)	(2,593)	(17,709)
Disposals - new finance lease (lessor)	0	(89,745)	0	0	0	(89,745)
Gross cost at 31 March 2023	7,780	349,265	5,032	125,560	22,689	510,325
Accumulated Depreciation						
Accumulated depreciation at 1 April 2022	0	0	0	53,168	11,528	64,696
Transfer by Absorption	0	0	0	0	0	0
Charged during the year	0	9,395	0	8,175	3,149	20,719
Revaluation	0	(9,395)	0	0	0	(9,395)
Disposals / derecognition	0	0	0	(15,113)	(2,593)	(17,706)
Accumulated depreciation at 31 March 2023	0	0	0	46,230	12,084	58,314
Net book value at 31 March 2023	7,780	349,265	5,032	79,330	10,605	452,011
NBV - Purchased at 31 March 2023	7,539	257,994	5,026	64,279	10,003	344,840
NBV - Donated as at 31 March 2023	241	86,221	6	15,051	602	102,121
NBV- Charity Owned Assets at 31 March 2023	0	5,050	0	0	0	5,050
Net book value at 31 March 2023	7,780	349,265	5,032	79,330	10,605	452,011

10.3 Property, Plant and Equipment (continued)

The net book value of land and buildings at 31 March comprises:

	Group 2023-2024	Group 2022-2023
	£000	£000
Freehold	**358,167**	345,539
Total	**358,167**	345,539

10.4 Economic Lives of Non-current Assets

	Group	
	Min Life	**Max Life**
Intangible assets	**Years**	**Years**
Information technology - Internally Generated	**1**	**5**
Software purchased	**1**	**7**
Property, Plant and Equipment		
Buildings excluding dwellings	**9**	**125**
Plant and machinery	**1**	**20**
Information technology	**1**	**10**

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

	Group 2023-2024	Group 2022-2023
	Property, plant and equipment	Property, plant and equipment
	£000	£000
Impairments arose from:		
New construction brought into use	**0**	14,850
Changes in market price	**818**	0
Reversal of impairments - Changes in market price	**(4,106)**	(13,298)
Total	**(3,288)**	1,552

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

10.6 Other gains and (losses)

	Group 2023-2024	Group 2022-2023
	Property, plant and equipment	Property, plant and equipment
	£000	£000
Gains on disposal	**33**	195
Losses on disposal	**(10)**	(4,203)
Losses on disposal of charitable fund assets*	**(65,177)**	0
Total	**(65,154)**	(4,008)

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

10.7 Right of use assets

	Group 2023-2024	Group 2022-2023
	Land	Land
	£000	£000
Cost as at 1 April	**1,318**	1318
Gross Cost at 31 March	**1,318**	1318
Accumulated Depreciation		
Depreciation as at 1 April	**98**	0
Charged during the year	**98**	98
Accumulated Depreciation at 31 March	**196**	98
Net book value at 31 March	**1,122**	1220

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.

	2023-2024			
	TCPC	**CPP**	**CPPFAC**	**Total**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2023	**26,302**	**1,869**	**1,239**	**29,409**
Share of profit	**6,346**	**333**	**287**	**6,966**
Less distributions	**(5,801)**	**0**	**0**	**(5,801)**
Carrying value at 31 March 2024	**26,847**	**2,202**	**1,526**	**30,573**

	2022-2023			
	TCPC	CPP*	CPPFAC*	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	20,501	1,312	880	22,692
Share of profit	5,801	557	359	6,717
Carrying value at 31 March 2023	26,302	1,869	1,239	29,409

* Prior year values have been re-stated to correctly allocate the share of profit between CPP and CPPFAC rather that full allocation to CPPFAC as previously reported. The tables above show the updated carry values against each of the Joint Ventures.

On 15 September 2010 the Trust entered into an LLP agreement with HCA International Limited to establish The Christie Clinic LLP - trading as The Christie Private Care (TCPC). The carrying value and profits represent the contractual arrangements of The Christie Clinic LLP.

In December 2020, The Christie Private Care opened two dedicated operating theatres for private oncology treatments. The Trust invested £2.5m reflecting The Christie Clinic LLP contractual requirements.

On 1st July 2012, TCPC entered into an agreement with practicing consultants to establish LOC@The Christie LLP. LOC is an abbreviation for Leaders in Oncology Care. The partnership provides outpatient chemotherapy services. The TCPC figures above include LOC@The Christie LLP.

On 1 June 2014 the Trust entered into an LLP agreement with Synlab UK Limited to establish The Christie Pathology Partnership LLP (CPP). The carrying value represents the value of non-current assets transferred from The Christie NHS Foundation Trust Group to The Christie Pathology Partnership LLP as part of the initial setup with Synlab investing working capital equal to the value of the non-current assets and the profits.

On 1 June 2016 the Trust entered into an LLP agreement with Synlab UK Limited to establish CPP Facilities LLP (CPPFAC). The carrying value represents the value and profits represent the contractual arrangements of CPP Facilities LLP.

11.2 Disclosure of aggregate amounts for assets of joint ventures

All investments in joint ventures by The Christie NHS Foundation Trust Group have been entered into by The Christie NHS Foundation Trust.

	TCPC	**CPP**	**CPP Facilities**
Proportion of ownership interests held by The Christie NHS Foundation Trust	**49.0%**	**50.0%**	**50.0%**
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 2023 and the Quarter 1 management accounts to the end of March 2024 but are not adjusted for share of profits attributable but not distributed to The Christie NHS Foundation Trust.

	2023-2024		
	Gross Assets	**Net Assets**	**Total Profit**
	As at 31 March 2024 £000	**As at 31 March 2024 £000**	**2023-2024 £000**
The Christie Clinic LLP (TCPC)	**14,495**	**38,162**	**16,495**
The Christie Pathology Partnership LLP (CPP)	**5,884**	**4,394**	**658**
CPP Facilities LLP (CPPFAC)	**4,760**	**3,107**	**555**
Total	**25,139**	**45,663**	**17,708**

	2022-2023		
	Gross Assets	Net Assets	Total Profit
	As at 31 March 2023 £000	As at 31 March 2023 £000	2022-2023 £000
The Christie Clinic LLP (TCPC)	17,330	35,251	13,355
The Christie Pathology Partnership LLP (CPP)	4,600	3,354	1,117
CPP Facilities LLP (CPPFAC)	4,254	2,418	715
Total	26,185	41,022	15,187

Inventories	**Group 2023-2024 £000**	**NHS Foundation Trust 2023-2024 £000**	Group 2022-2023 £000	NHS Foundation Trust 2022-2023 £000
Drugs	**3,550**	**221**	2,804	127
Raw materials and Consumables	**283**	**283**	205	178
Total	**3,833**	**504**	3,009	305
Inventories recognised in expenses	**(79,876)**	**(4,716)**	(68,110)	(4,703)
Total	**(79,876)**	**(4,716)**	(68,110)	(4,703)

Inventories include raw materials and consumables held by The Christie Pharmacy Limited.

13. Trade and Other Receivables and Financial Assets

13.1 Trade and Other Receivables

	Group			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
NHS contract receivables	**3,606**	4,121	**0**	0
Non- NHS contract receivables	**10,526**	10,980	**0**	0
NHS contract receivables not yet invoiced*	**3,823**	12,239	**0**	0
Non-NHS contract receivables not yet invoiced	**4,140**	0	**0**	0
Interest Receivable	**616**	433	**0**	0
Provision for impairment of receivables	**(586)**	(702)	**0**	0
Prepayments	**5,114**	5,884	**0**	0
VAT receivable**	**1,255**	2,416	**0**	0
Clinician pension tax provision reimbursement funding from NHSE	**6**	4	**489**	630
Charitable fund receivables	**0**	875	**0**	0
Other receivables	**345**	124	**0**	0
Trade and other receivables	**28,845**	36,374	**489**	630

* The NHS contract receivables not yet invoiced includes £150k relating to expected funding for the recently agreed Consultants pay award, the prior year figure included a value for Agenda for change pay offer which is central funded and has now been paid during 2023-24. (2022-23 £6,558k)

** VAT receivable includes £733k (2022/23 £2,080k) VAT owing to The Christie Pharmacy Limited.

	NHS Foundation Trust			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
NHS contract receivables	**3,606**	4,121	**0**	0
Non- NHS contract receivables	**10,522**	10,980	**0**	0
NHS contract receivables not yet invoiced*	**3,823**	12,239	**0**	0
Non-NHS contract receivables not yet invoiced	**3,894**	253	**0**	0
Interest Receivable	**616**	433	**0**	0
Provision for impairment of receivables	**(586)**	(702)	**0**	0
Prepayments	**5,061**	5,865	**0**	0
VAT receivable	**522**	336	**0**	0
Clinician pension tax provision reimbursement funding from NHSE	**6**	4	**489**	630
Charitable fund receivables	**0**	327	**0**	0
Other receivables **	**903**	122	**156**	0
Trade and other receivables	**28,367**	33,979	**645**	630

* The NHS contract receivables not yet invoiced includes £150k relating to expected funding for the recently agreed Consultants pay award, the prior year figure included a value for Agenda for change pay offer which is central funded and has now been paid during 2023-24. (2022-23 £6,558k)

** The Other receivables includes a loan for £714k to the Subsidiary company The Christie Pharmacy, £556k will be repaid by 31 March 2025 and the remain balance of £156k being repaid by 31 July 2025.

13.2 Allowances for credit losses

	Group and NHS Foundation Trust	
	Receivables and contract assets	Receivables and contract assets
	2023-2024	2022-2023
	£000	£000
At 1 April	**702**	368
New allowances arising	**226**	334
Reversals of allowances	**(342)**	0
At 31 March	**586**	702

14 Cash and cash equivalents

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Balance at 1 April	**196,803**	**142,911**	200,560	150,909
Net change in the year*	**(60,195)**	**(7,161)**	(3,757)	(7,998)
Balance at 31 March	**136,608**	**135,750**	196,803	142,911

* During the year the NHS Charity divested from the group and was set up as an independent charity. As at 1st April 2023 the charity cash balance was £53,434k this was transferred to the newly established independent charity.

	Group	NHS Foundation Trust	Group	NHS Foundation Trust
Broken down into:	**2023-2024**	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Cash at commercial banks and in hand	**888**	**30**	2,532	38
Cash with the Government Banking Service	**135,720**	**135,720**	194,271	142,873
Cash and Cash Equivalents as in Statement of Financial Position	**136,608**	**135,750**	196,803	142,911

14.1 Analysis of changes in net (debt)/ funds

		Group Movement in	
	1 April 2023	**year**	**31 March 2024**
	£000	**£000**	**£000**
Cash at bank and in hand	**196,803**	**(60,195)**	**136,608**
Debt due within one year (Borrowings see note 16.1)	**(3,852)**	**22**	**(3,830)**
Debt due after one year (Borrowings see note 16.1)	**(47,564)**	**3,520**	**(44,044)**
Total net funds	**145,387**	**(56,653)**	**88,734**

		NHS Foundation Trust Movement in	
	1 April 2023	**year**	**31 March 2024**
	£000	**£000**	**£000**
Cash at bank and in hand	**142,911**	**(7,161)**	**135,750**
Debt due within one year (Borrowings see note 16.1)	**(3,852)**	**22**	**(3,830)**
Debt due after one year (Borrowings see note 16.1)	**(47,564)**	**3,520**	**(44,044)**
Total net funds	**91,495**	**(3,619)**	**87,876**

15 Trade and other payables

	Group			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
NHS payables revenue	**9,556**	4,085	**0**	0
Non-NHS payables revenue	**10,288**	7,870	**0**	0
Capital Payables	**12,163**	16,802	**0**	0
Other payables	**180**	91	**0**	0
Other taxes payable	**116**	90	**0**	0
Pensions Contributions Payables	**2,737**	2,438	**0**	0
Accruals	**23,463**	32,441	**0**	0
PDC dividend payable	**125**	398	**0**	0
NHS Charitable funds trade and other payables	**0**	266	**0**	0
	58,628	64,481	**0**	**0**
Taxes payable	**4,498**	4,130	**0**	0
Total Trade and Other Payables	**63,126**	68,611	**0**	0

	NHS Foundation Trust			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
NHS payables revenue	**9,556**	4,085	**0**	0
Non-NHS payables revenue	**9,432**	7,165	**0**	0
Capital Payables	**12,163**	16,802	**0**	0
Other payables	**166**	89	**0**	0
Pensions Contributions Payable	**2,737**	2,438	**0**	0
Accruals	**21,923**	35,676	**0**	0
PDC dividend payable	**125**	398	**0**	0
	56,101	66,653	**0**	0
Taxes payable	**4,456**	4,100	**0**	0
Total Trade and Other Payables	**60,557**	70,753	**0**	0

15.1 Other liabilities

	Group			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
Deferred Income: contract liabilities (Research and Development)	**788**	664	**3,764**	3,171
Deferred grants	**1,319**	1,302	**1,724**	2,018
Deferred income: other (non-IFRS 15)	**5,132**	6,274	**9,011**	7,754
Total Other Liabilities	**7,239**	8,239	**14,499**	12,943

	NHS Foundation Trust			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
Deferred Income: contract liabilities (Research and Development)	**788**	664	**3,764**	3,171
Deferred grants	**1,319**	1,302	**1,724**	2,018
Deferred income: Other (non-IFRS 15)	**5,132**	6,274	**9,011**	7,754
Total Other Liabilities	**7,239**	8,239	**14,499**	12,943

Non-current deferred income includes income related to research and development funds received to undertake clinical trials and other research projects which last in excess of one year and a 125 year lease of land to the University of Manchester on which the MCRC building is situated £2,500k (2022-23 £2,522k).

£664k of revenue included in the deferred income balance as at 1 April 2023 was recognised in 2023-24 (£603k 2022-23).

16. Borrowings

All Borrowings of The Christie NHS Foundation Trust Group are by The Christie NHS Foundation Trust. The Christie Charitable Fund does not have any Borrowings.

16.1 Borrowings

	Group			
	Current		Non-current	
	2023-2024	2022-2023	**2023-2024**	2022-2023
	£000	£000	**£000**	£000
Loan from ITFF	**929**	930	**8,240**	9,152
Loan from ITFF - Proton Beam Therapy Unit	**2,804**	2,826	**35,382**	37,893
Lease Liabilities	**97**	96	**422**	519
Total	**3,830**	**3,852**	**44,044**	**47,564**

Loans from Independent Trust Financing Facility (ITFF)

16.1.1 The Trust had an application for a £21m loan to support its investment in new buildings to improve patient access to services approved by the Foundation Trust Financing Facility.

Repayment of the loan principle commenced from 15 September 2011 on a bi-annual basis. The loan is charged at a fixed interest rate of 4.2% per annum. The final repayment date is 15 March 2034.

16.1.2 The Trust had an application for a £52.5m loan to support its investment in the Proton Beam Therapy Unit approved by the Independent Trust Financing Facility.

The Trust had drawn down £51.4m of the loan as at 31 March 2024. It is not anticipated the remaining £1.1m will be drawn down against this loan. Repayment of the loan commenced in November 2018 and is on a bi-annual basis. The loan is charged at a fixed interest rate of 2.14% per annum.

16.2 Reconciliation of liabilities arising from financing activities

	Group			
	DHSC Loans	**Other Loans**	**Lease Liabilities**	**Total**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2023	**50,802**	**0**	**615**	**51,417**
Cash movements:				
Financing cash flows - payments of principal	**(3,423)**	**0**	**(97)**	**(3,520)**
Financing cash flows - payments of interest	**(1,270)**	**0**	**(4)**	**(1,274)**
Non-cash movements:				
Interest charge arising in year	**1,246**	**0**	**5**	**1,252**
Carrying value at 31 March 2024	**47,356**	**0**	**519**	**47,875**

	Group			
	DHSC Loans	Other Loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	54,247	48,406	0	102,653
Cash movements:				
Financing cash flows - receipts of principal	0	37,139	(95)	37,044
Financing cash flows - payments of principal	(3,423)	0	0	(3,423)
Financing cash flows - payments of interest	(1,356)	0	(6)	(1,362)
Non-cash movements:				
Impact of Implementing IFRS16 on 1 April 2022	0	0	710	710
Interest charge arising in year	1,334	0	6	1,340
Other movements	0	(85,545)	0	(85,545)
Carrying value at 31 March 2023	50,802	0	615	51,417

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 2024	31 March 2023	**31 March 2024**	31 March 2023
	£000	£000	**£000**	£000
Pensions - ill health retirement	**31**	28	**347**	363
Pensions - early departure costs	**10**	10	**53**	60
Personal injury claims	**30**	42	**0**	0
Legal claims	**261**	467	**0**	0
Other	**1,149**	1,307	**487**	726
Total	**1,480**	**1,855**	**887**	**1,150**

	Pensions Ill health retirement	**Pensions early departure**	**Personal injury claims**	**Legal Claims**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2023	**392**	**70**	**43**	**468**	**2,033**	**3,005**
Change in discount rate	**(23)**	**(3)**	**0**	**0**	**(107)**	**(132)**
Arising during the year	**0**	**0**	**22**	**112**	**278**	**412**
Utilised during the year	**(30)**	**(11)**	**(24)**	**(127)**	**(15)**	**(207)**
Reversed unused	**0**	**0**	**(11)**	**(192)**	**(583)**	**(786)**
Unwinding of discount	**37**	**7**	**0**	**0**	**32**	**76**
At 31 March 2024	**376**	**63**	**30**	**261**	**1,637**	**2,367**
Expected timing of cash-flows:						
Not later than 1 year	**31**	**10**	**30**	**261**	**1,149**	**1,480**
Later than 1 year not later than 5 years	**111**	**33**	**0**	**0**	**45**	**189**
Later than 5 years	**235**	**20**	**0**	**0**	**443**	**698**
	377	**63**	**30**	**261**	**1,637**	**2,367**

The above provision for personal injury is based upon information supplied by the NHS Litigation Authority. The associated contingent liability is shown under note 18.1.

Other provisions are:

	£000
VAT*	**1,142**
Clinicians' tax provision **	**495**
	1,637

* The VAT provision is an estimate of VAT due to HMRC as a result of changes in NHS VAT guidance and an ongoing review by HMRC.

** Clinicians who are members of the NHS Pension Scheme, and who as a result of work undertaken, face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold are able to have this charge paid by the NHS Pension Scheme. The Trust has a contractually binding commitment to pay the corresponding amount on retirement to ensure that they are fully compensated. This provision is broadly equal to the commitment. NHS England will refund the payments and a corresponding asset is recognised in receivables (note 13.1).

£4,665k is included in the provisions of the NHS Litigation Authority as at 31 March 2024 in respect of the clinical negligence liabilities of the Trust (£5,483k at 31 March 2023).

18. Contingencies at 31 March

18.1 Contingent Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
Personal injury claim	**(16)**	**(16)**	(28)	(28)
Indemnities	**0**	**0**	(380)	0
	(16)	**(16)**	(408)	(28)

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

18.2 Contingent Assets

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

19. Commitments

19.1 Capital commitments

At 31 March 2024 the capital commitments contracted amounted to £1m (31 March 2023: £0.6m). The current commitment reflects the development of a new ward which is expected to be completed and opened in early 2024-25.

20. Losses and special payments

	Group			
	2023-2024 Number of Cases	**2023-2024 Amount**	2022-2023 Number of Cases	2022-2023 Amount
		£000		£000
Bad Debts	**76**	**24**	10	16
Stores losses - pharmaceuticals*	**1**	**199**	1	161
Ex gratia payments - staff/patients loss of personal effects	**0**	**0**	2	1
Ex gratia payments - personal injury with advice	**2**	**12**	7	41
Ex gratia payments - Real Living Wage Payments **	**0**	**0**	0	144
	79	**235**	20	363

*3,556 low cost drugs items were written off across the year (2,513 2022-23) in Pharmacy stores due to expiration dates, or breakages and spillages.

** In the prior year - 2022-23 this related to the payment to ensure staff are paid at the Real Living Wage rate. This relates to approximately 400 staff but group as a one of payment for reporting purposes, there ws no further additional payment in 2023-24.

21. Related Party Transactions

The Christie NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with The Christie NHS Foundation Trust, The Christie Pharmacy Limited or The Christie Charitable Fund.

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 £1,710k (2022-23: £1,046k) with the Department. In addition the Group had significant transactions (£1.5m and greater) with other entities for which the Department is regarded as the parent. These entities are listed below:

Health Education England
Manchester University NHS Foundation Trust
NHS Cheshire and Merseyside ICB
NHS Derby and Derbyshire ICB
NHS England - Central Specialised Commissioning Hub
NHS England - Core
NHS Greater Manchester ICB
NHS Lancashire and South Cumbria ICB
NHS Resolution
North East and Yorkshire Regional Office
North West Regional Office
Northern Care Alliance
Pennine Acute Hospitals NHS Trust

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

	2023-2024 Receivables	**2023-2024 Payables**	2022-2023 Receivables	2022-2023 Payables
	£000	**£000**	£000	£000
HM Revenue & Customs	**1,255**	**4,614**	2,416	4,230
NHS Pension Scheme	**0**	**2,737**	0	2,438
NHS Blood & Transplant	**0**	**39**	0	33

	2023-2024 Income	**2023-2024 Expenditure**	2022-2023 Income	2022-2023 Expenditure
	£000	**£000**	£000	£000
HM Revenue & Customs	**0**	**17,783**	0	15,711
NHS Pension Scheme	**0**	**26,783**	0	23,928
Welsh Health Bodies	**4,898**	**0**	4,845	0
NHS Blood & Transplant	**0**	**2,920**	21	2,972

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

	2023-2024 Receivables	**2023-2024 Payables**	2022-2023 Receivables	2022-2023 Payables
	£000	**£000**	£000	£000
The Christie Clinic LLP	**2,098**	**101**	1,807	356
The Christie Pathology Partnership LLP	**340**	**136**	451	207
CPP Facilities LLP	**259**	**78**	282	39

	2023-2024 Income	**2023-2024 Expenditure**	2022-2023 Income	2022-2023 Expenditure
	£000	**£000**	£000	£000
The Christie Clinic LLP	**9,358**	**971**	8,644	1,567
The Christie Pathology Partnership LLP	**1,516**	**6,767**	1,497	6,671
CPP Facilities LLP	**916**	**3,458**	905	3,614

The Trust has had material transactions with the following:

	2023-2024 Income	**2023-2024 Expenditure**	2022-2023 Income	2022-2023 Expenditure
	£000	**£000**	£000	£000
The Christie Pharmacy Limited	**140**	**88,924**	109	70,213

22. Financial instruments

IFRS 9 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities. Under the NHS financial regime the service provider relationship that the Trust has with its commissioners and the way they are funded, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 9 mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Market risk

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The Trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk. It holds no significant investments other than short-term bank deposits. Other than cash balance, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cash-flows are substantially independent of changes in market interest rates.

Liquidity risk

Liquidity risk is the possibility that the Trust might not have the funds available to meet it's commitments to make payments. Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities.

The Trust's net operating costs were incurred under annual service agreements primarily with NHS England, which are financed from resources voted annually by Parliament. The Trust has achieved a risk ratio for liquidity of 1 (lowest risk) as defined by NHS Improvement's compliance framework. This illustrates the liquidity risk to the Trust is low.

Interest-Rate Risk

All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest, the Trust is not, therefore, exposed to significant interest-rate risk.

22.1 Fair value measurement of financial assets

Financial assets and financial liabilities measured at fair value in the Statement of Financial Position are grouped into three levels of a fair value hierarchy. The three levels are defined based on the observability of significant inputs to the measurement as follows:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities

Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly

Level 3: unobservable inputs for the asset of liability

The following table shows the levels within the hierarchy of financial assets measured at fair value on a recurring basis:

As at 31 March 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
	£000	**£000**	**£000**	**£000**
Financial assets				
Investments in Joint Ventures - note 11.1	**0**	**0**	**30,573**	**30,573**

As at 31 March 2023	Level 1	Level 2	Level 3	Total
	£000	£000	£000	£000
Financial assets				
Investments listed on the Stock Exchange - note 11.3	492	0	0	492
Investments in Joint Ventures - note 11.1	0	0	29,409	29,409

The level 3 valuation for investments in joint ventures is recognised at cost the carrying amount increased or decreased to recognise The Christie's share of its profit or loss. The level 3 valuation for other financial assets is based on the Administrator's assessment of potential recovery.

22.2 Financial Assets

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
NHS receivables	**7,924**	**7,924**	16,994	16,994
Non-NHS receivables	**15,041**	**14,733**	10,835	10,981
Cash at bank and in hand	**136,608**	**135,750**	196,803	142,911
Other investments	**0**	**0**	583	0
Total at 31 March	**159,573**	**158,407**	225,215	170,885
Financial assets are stated at amortised cost.				
Receivables and Other Financial assets not relating to definition of Financial Assets	**6,369**	**5,583**	8,545	6,528

22.3 Financial Liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
NHS payables	**9,556**	**9,556**	4,085	4,085
Non-NHS payables	**47,652**	**46,420**	59,642	62,170
Borrowings - loans from the Department of Health and Social Care	**47,356**	**47,356**	50,801	50,801
Obligations under leases	**519**	**519**	615	615
Total at 31 March	**105,083**	**103,851**	115,143	117,671
Financial liabilities are stated at amortised cost.				
Other payables not relating to definition of Financial Liabilities	**5,918**	**4,581**	4,486	4,100

22.4 Maturity of financial liabilities

	Group	**NHS Foundation Trust**	Group	NHS Foundation Trust
	2023-2024	**2023-2024**	2022-2023	2022-2023
	£000	**£000**	£000	£000
In one year or less	**61,042**	**59,811**	67,584	70,112
In more than one year but not more than five years	**18,233**	**18,233**	19,466	19,466
In more than five years	**34,169**	**34,169**	37,379	37,379
Total	**113,444**	**112,213**	124,429	126,957

This maturity analysis of financial liabilities is required by IFRS 7 (para B11D) to be an analysis of undiscounted future contractual cash flows (i.e. gross liabilities including finance charges). It is not expected to match the book values detailed in note 23.3 above.

23. Public Dividend Capital

	Group 2023-2024 £000	**NHS Foundation Trust 2023-2024 £000**	Group 2022-2023 £000	NHS Foundation Trust 2022-2023 £000
Public dividend capital at start of year	**165,512**	**165,512**	155,374	155,374
New public dividend capital received	**10,609**	**10,609**	10,138	10,138
	176,121	**176,121**	165,512	165,512

During 2023-24 the Trust received the following New Public Dividend Capital :-

Project	**£'000**
Elective Recovery Targeted Investment Fund estates funding	9,258
Electronic Health Records - Electronic Patient Management Administration	825
Brought forward - Electronic Patient Management Administration	526
Total	**10,609**

24. Events after the reporting year

In 2023-24 The Christie NHS Foundation Trust had no events after the reporting year.

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