NHS
The Christie
NHS Foundation Trust

Quality report 2023/24

Contents

Quality Report

Statement on quality from the Chief Executive

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients. 2023/24 has been a challenging year experienced by the NHS. At The Christie we have continued to focus on the quality of care and treatment we give to our patients. Without a doubt, the strength of our underlying patient centered culture, highly motivated and compassionate staff and oncology expertise has enabled us to respond to new demands. We continue to do all we can to make sure our patients get the treatment, information and support they need.

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

Through the hard work and commitment of all our staff we continued to provide high quality care and services to our patients and their families. This is evidenced as we continue to be one of the top scoring Trusts for quality of care in the national inpatient survey. We have continued to work hard on presenting readily available information for our patients about the quality of our services. Feedback from our patients on the Friends and Family Test has consistently scored high as a recommendation of a place for care. Our patients have given us one of the best national ratings of care in the most recent National Cancer Patient Experience Survey results published in July 2023.

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

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

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

Roger Spencer
Chief Executive Officer
5th June 2024

Priorities for improvement and statements of assurance from the board

Quality ambitions for 2024/2025

We will work collaboratively to improve mouthcare for inpatients. This will be achieved and evidenced by:

- Delivery of a quality improvement project aligned to the Health Education England mouth care toolkit.
- Evidence the baseline knowledge and understanding of staff and patients, through a feedback survey.
- Delivery of an e-learning programme of education to staff: Mouth Care Matters programme provided by Health Education England.
- Monitor incident data on respiratory infections throughout the course of the project.
- Consideration of the fundamentals of mouth care as a new CODE standard.

We will work to increase the number and the quality of the Advanced Care Plans This will be achieved and evidenced by:

- An increase in the number of Mayfly (Advanced Care Planning education) facilitators within the Trust.
- Delivery of a programme of regular, planned Mayfly education sessions that can be accessed by all appropriate clinical staff.
- Exploration of the opportunities to further involve those with lived experience in the education programme.
- Working collaboratively to develop Advanced Care Planning prompts, within established clinical proformas, within electronic patient records, to trigger Advanced Care Planning discussions where appropriate.
- Work jointly with Greater Manchester Electronic Palliative Care Co-ordinating Systems and Digital Sharing Palliative and End of Life Care (PEoLC) Group, to ensure live Advanced Care Planning/Electronic Palliative Care Co-ordinating Systems information is shared across health and social care settings as appropriate.

We will reduce the number of patients with darker skin tones experiencing tissue damage. This will be achieved and evidenced by:

- Ensuring that all patients admitted as an inpatient have a skin integrity assessment that gives consideration to their skin tone.
- Amending our assessment document to ensure that skin tone is noted and considered.
- Providing robust education and training to increase awareness and knowledge amongst staff.
- Review of data in relation to incidents of pressure damage in patients with darker skin tones.
- Repeating a baseline audit of staff awareness around the differences between how skin damage presents in patients with darker skin versus lighter skin.

Achievement against quality priorities for 2023/24

Our ambition was to ensure that Preferred Place of End-of-Life Care (PPC) conversations are held with patients and appropriately documented and updated.

While we worked towards achieving this ambition, it became apparent that Preferred Place of End-of-Life Care is one element of a wider important piece of work and was therefore reviewed and revised.

PPC subsequently became a key element of the broader ambition of Advanced Care Planning. The ambition was therefore amended to:

We will work to ensure that Advanced Care Planning (ACP) conversations are held with patients and appropriately documented and updated.

In 2023/24 there were several Mayfly training sessions facilitated within the Trust. 'Mayfly' is a Future Care Planning education and communication skills programme which focuses on enhancing the skills and confidence of professionals delivering end of life care in all settings. It supports professionals to have "difficult conversations" around advance care planning. The Mayfly training sessions were available to staff from across the Trust.

The Palliative and Supportive Care Team (PSCT) have recruited two new End of Life Care facilitators during 2023/24. These roles have been created to support roll-out of education and support for staff across the Trust, in regard to palliative and end of life care. This includes the ongoing delivery of further Mayfly sessions during 2024/25. The sessions are aimed at increasing the skills and confidence of staff in having ACP conversations with patients and those important to them, and eliciting their worries, concerns and preferences for the future. The roll-out of further training and a greater facilitation of support for staff will support achievement of the ambition of an increased use of the ACP form within the electronic patient records.

It is now possible to view the number of ACPs being created via the Christie Data Insights platform. This provides an important monitoring tool supporting oversight of the PSCT to monitor the number of care plans and trends.

During 2023/24 PSCT conducted an ACP audit. The aim of the audit was, 'to undertake a retrospective audit of documentation on the electronic Clinical Web Portal (CWP) of advance care planning discussions with patients and/or their significant others'. The audit highlighted evidence of good ACP conversations between professionals and patients but it also highlighted a need to carry out further education to increase the completion of the ACP form and create a greater level of consistency. The new facilitators will play an important role in this work.

The audit also identified a need to create more links to the ACP form within the electronic patient records. This will be included in the review of the electronic patient records system. We felt that, as this ambition was only partially achieved in 2023/24 we would continue to work to improve the number and quality of ACP's during 2024/25.

Our ambition was to review and continue to expand the Christie Quality Mark for all @Christie sites and outreach services.

In 2023/2024 we achieved the quality ambition with the following evidence:

- All Christie @ sites were inspected in 2023, with all sites accredited or reaccredited with the Quality Mark.
- The Christie @ Macclesfield site, delivering systemic anti-cancer therapy (SACT) and radiotherapy,

achieved the Quality Mark in their first inspection in May 2023.

- The Laurel Suite at Stockport NHS Foundation Trust, delivering SACT locally to Christie patients, was reaccredited with the Quality Mark in December 2023.
- The Quality Mark programme was presented six monthly through the Patient Experience Committee, annually at the Risk and Governance Committee and at Council of Governors: Patient Safety and Experience Committee.
- All Service Level Agreement (SLA) sites will be inspected during 2024.

Our ambition was to develop and expansion of the Christie Quality CODE

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

During 2023, the CODE inspections were paused to enable a robust review of the framework and to ensure it remained fit for purpose. The review was undertaken collaboratively with the clinical teams, to ensure the Christie CODE Quality standards reflected evidence-based nursing, supported by national or local policies and legislation. The 16 fundamental of care standards were aligned with the CQC Care Standards of Safe, Effective, Caring, Responsive, and Well-Led. A further standard was initiated to capture the care delivery of the acutely unwell patient. Furthermore, a review of the processes when a department did not achieve the required standards also took place. Any associated actions will be led by the Lead nurse/Matron and Ward Manager with the support of the Lead Nurse /Matron for Quality. This was to ascertain assurances that quality care is being delivered, though where omissions in care were evident this was challenged, and appropriate action plans initiated.

In 2023/2024 the quality ambition was achieved as follows:

- The Clinical Research Facility CRF) underwent their first accreditation achieving Gold status.
- We standardised the post accreditation process if the Gold standard is not achieved.
- Undertook a full review of the framework that reinforced the assurances that The Christie CODE Quality Accreditation Scheme remains fit for purpose.
- Collaborative working with clinical teams within specific specialty, e.g., Infection Prevention Care, Diabetes, Tissue Viability to undertake a review of all CODE standards to ensure the rigour of the process and to provide assurance of the sustained quality of care provided by a department with Gold status accreditation.
- Reviewed all the standards and included bedside handover where relevant to clinical practice and care delivery.
- Staff health and wellbeing questions were added to the staff survey to establish individuals understanding of services offered to them in the Trust.
- A further new standard, `Care of the Deteriorating Patient', was initiated to capture the care delivery of the acutely unwell patient.
- Collaborative working with the one of the Governors and the Patient Experience Advisor and Macmillan Survivorship Network Manager to initiate a relative/carer survey for the CODE. This is to capture their feedback in relation to their experience when caring for their loved ones are being cared for in the inpatient wards.

The intended inspections of Acute Ambulatory Care Unit (AACU), Outpatients, Interventional Procedure Unit have been incorporated into the inspection programme for 2024/25.

Statements of assurance from the Board

Review of services

During 2023/24 The Christie NHS Foundation Trust provided 14 relevant national health services:

- Critical care
- Haematology and transplantation
- Specialist surgery
- Endocrinology
- Clinical oncology
- Medical oncology
- Acute oncology
- Systemic anti-cancer therapy (SACT)
- Radiotherapy
- Brachytherapy and molecular imaging
- Teenage and young oncology
- Radiology
- Christie Medical Physics & Engineering
- Proton Beam Therapy

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

Participation in clinical audits and national confidential enquiries

During 2023/24, 11 national clinical audits and 1 national confidential enquiry covered relevant health services that The Christie NHS Foundation Trust provides.

During 2023/24, The Christie participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Christie was eligible to participate in and participated in during 2023/24 are as follows:

- Bowel cancer (NBOCAP)
- ICNARC Intensive Care National Audit and Research Centre Case Mix Programme (CMP)
- Lung cancer (NLCA)
- National Emergency Laparotomy Audit (NELA)
- National Prostate Cancer Audit (NPCA)
- Oesophago-gastric cancer (NAOGC)
- Learning Disabilities Mortality Review (LeDeR)
- National Acute Kidney Injury Programme (NAKIP)
- National audit of inpatient falls (NAIF)
- Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
- National Comparative Audit of NICE Quality Standard QS138 (NCAoNQS)
- NCEPOD Transition from child to adult services study

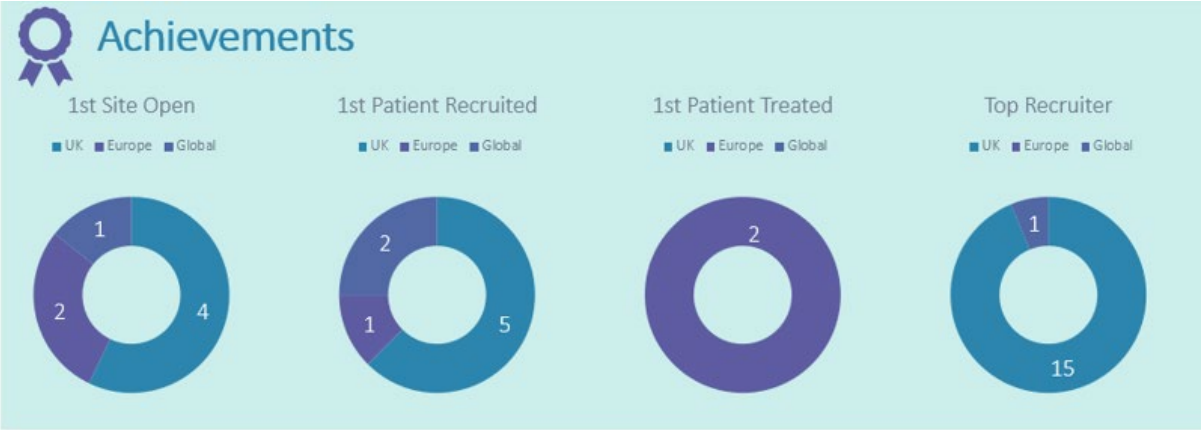
The national clinical audits and national confidential enquiries that The Christie participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audits and enquiries	Numbers submitted (eligible)	Percentage of Eligible Submitted
NBOCAP	62/62	100%
ICNARC (CMP)	652/652	100%
NLCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NELA	29/29	100%
NPCA	Data submitted via COSD – recorded against Trust first seen	100%
NOGCA	464/464	100%
LeDeR	1/1	100%
NAKIPg	8023/8023	100%
NAIF	3/3	100%
SHOT	4.82 per 1000 components	100%
NCAoNQS	18/18	100%
NCEPOD (TfCtAS)	8/9	89%

Participation in clinical research

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

The Christie has over 800 Clinical Trials open, consenting over 3,000 patients to studies from Phase I to IV and Biobank studies. Our portfolio is roughly split between commercial and non-commercial studies. During 23/24m we recorded several firsts outlined below.



Our five-year Research and Innovation Strategy focusses on: -

We have been successful in continuation funding for iMatch, to scale up activity and overcome barriers in complex cell and gene therapies. Professor Fiona Blackhall, Director of Research and Innovation has been appointed to the National Institute of Health Care Research Manchester BioMedical Research Centre, Cancer Cluster Lead. We have been recognised for our sustainability work, winning the BioNow 2024 Social Impact Award for our work with InterCare, in recycling Clinical Trials kit in Africa.

Quality goals and the CQUIN framework

The Christie is participating in 2 CQUIN schemes, and achievement of those milestones was monitored by NHS England.

CQUIN Reference	CQUIN Indicator Title	Value (£) (Note 1)	Proportion of Contract (%)
CQUIN01	Flu vaccinations for frontline healthcare workers	£469,478	0.25%
CQUIN11	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	£1,877,915	1%
Totals		**£2,347,393**	**1.25%**

The total amount of income attributed to CQUIN in 2023/24 was £2,347,393.

The achieving high quality Shared Decision-Making conversations scheme milestones were fully achieved in 2023/24.

The flu vaccinations for frontline healthcare workers target of 80% vaccinated for 2023/24 was partially achieved, with 58% of frontline staff vaccinated. Whilst below target, The Christie was the highest performing Trust in Greater Manchester.

NHS England concluded that the Trust had appropriately engaged in delivering the CQUIN scheme milestones, and therefore no financial penalties were imposed in 2023/24 and the Trust earned £2,347,393.

Care Quality Commission

The Christie NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Its regulated activities include:

- diagnostic and screening procedures
- treatment of disease, disorder or injury
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- surgical procedures

The Trust has no conditions on registration.

A CQC inspection rating of **Good** was published on 12th May 2023 following its medical core service and well led inspection in 2022/23.

In 2023/24 the Trust underwent a CQC Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R and the inspection process concluded. No ratings are given by the CQC for IR(ME)R inspections.

The CQC has not taken enforcement action against The Christie NHS Foundation Trust during 2023/24.

Data Quality

The Christie submitted records during 2023/24 to the secondary uses service (SUS) for inclusion in the hospital episode statistics. The percentage of records in the latest published data as at March 2024 are as follows:

	% of records in published data which included the patient's valid NHS number	% of records in published data which included the patient's valid general practitioner registration code
Admitted Patient Care	91.58%	100%
Outpatient Care	90.56%	93.0%
Accident and Emergency Care	Not applicable	Not applicable

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

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

Information Governance

The Christie NHS Foundation Trust's Data Security and Protection Toolkit compliance overall score for 2022/23 resulted in achievement of standards met. Mersey Internal Audit Agency, the Trust's internal auditors, provided assurance to the evidence provided and veracity of our self-assessment against the Data Security and Protection Toolkit framework.

The 2023/24 Data Security and Protection Toolkit assessment is currently being undertaken and will be completed by the deadline of 30th June 2024.

Coding Audit

A Data Security and Protection Toolkit Clinical Coding Internal Audit took place during the financial year by the Trust's NHS Digital approved auditor. The results of the audit are as follows:

	Mandatory Requirement	Advisory Requirement	% Correct 2022/23	% Correct 2023/24
Primary diagnosis	>=90%	>=95%	91.5%	91.5%
Secondary diagnosis	>=80%	>=90%	91.8%	91.4%
Primary diagnosis	>=90%	>=95%	96.5%	92.8%
Secondary diagnosis	>=80%	>=90%	92.3%	92.2%

Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average	National Highest/ lowest
The value and banding of the summary hospital-level mortality indicator ("SHMI") The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions.	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average	National Highest/ lowest
The Trusts patient reported outcome measures scores for: groin hernia surgery varicose vein surgery hip replacement surgery knee replacement surgery	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average	National Highest/ lowest
The percentage of patients aged: 0 to 14 15 or over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital which forms part of the Trust.	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie (National) Performance Q1 23/24	The Christie (National) Performance Q2 23/24	The Christie (National) Performance Q4 23/24
National Pulse Survey 4 Measures taken in Q1, Q2 & Q4	Engagement	6.64 (6.64)	6.91 (6.67)	7.04 (6.63)
	Advocacy	7.05 (6.64)	7.34 (6.67)	7.44 (6.65)
	Involvement	5.91 (6.46)	6.69 (6.49)	7.02 (6.48)
	Motivation	6.97 (6.81)	6.69 (6.83)	6.67 (6.77)
PULSE survey replaced the National Staff Friends & Family Test in April 2021				
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of staff who would recommend The Christie as an organisation that provides good quality care for their family or friends. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through quarterly Board level scrutiny of the outcomes of the National Staff Friends and Family Test.				

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average 2023/24	National Highest/ Lowest 2023/24
The percentage of patients admitted as an inpatient to the Trust who would recommend the Trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	95.86%	96.76%	93.6%	H – 100% L – 74.4%
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to the Trust who would recommend The Christie as an organisation that provides good quality care for their family or friends. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the National Friends and Family test.					

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average 2022/23	National Highest/ Lowest 2022/23
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	Treating and caring for people in a safe environment and protecting them from avoidable harm.	97.6%	98.6%	VTE data collection was suspended in March 2020 due to COVID. The collection has restarted in April 2024, therefore there are no national figures for VTE for 2023/24.	

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

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

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average 2022/23	National Highest/ Lowest 2022/23
Rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	82.5	Data is obtained through national reporting which was yet not available as of May 2024.	26.8	H – 92.8 L – 0

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

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

NHS Outcomes Framework	Indicator	The Christie Performance 2022/23	The Christie Performance 2023/24	National average 2023/24	National Highest/ Lowest 2023/24
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	6377 9 0.14%	7809 7 0.09%	NRLS national reporting has been replaced with the 'Learn from patient safety events' service. As of Sep 23 annual publishing of data has been paused. The Trust is connected with the new service and submits data in line with the new process.	

Speaking Up

The Christie is committed to promoting an open and transparent culture across the organisation so that all staff feel safe and confident to speak up and that this is normal, everyday practice.
Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We continue to develop support, guidance and training for our managers and supervisors, so they feel confident and able to deal with any concern raised with them.

There are other options in terms of who staff can speak up to, depending on what feels most appropriate to them and the Freedom to Speak Up policy outlines the different routes. We have a Freedom to Speak Up Guardian, supported by Freedom to Speak Up champions who provide confidential advice and support to any member of staff wishing to raise a concern.
The Freedom to Speak Up plan describes our aims and action to promote, develop and support the culture, values and behaviour that will meet the ambition that we are comfortable to speak up.
Every opportunity is taken to raise the profile of the importance of raising concerns, including attendance by the Freedom to Speak Up Guardian at team meetings, at Oldham, Salford and Macclesfield and presence at staff inductions.

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

Review of quality performance in 2023/24

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

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

Committee.

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

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

Patient experience

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

Friends and Family Test

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

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

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

The FFT monthly scores for 2023/24, measured as percentage of positive scores ranged between 93% to 96% for the inpatient ward areas and 89% to 97% for the outpatient/daycase areas.
The overwhelming response is clearly positive, but the Quality and Standards team will continue to work closely with the departmental teams to consider the negative responses during 2024/25 to understand the opportunities for improving patient experience. The work in 2024/25 will build on work done during 2023/24 that involved a greater analysis of Friends and Family data. This work has been reported through the Patient Experience Committee.

The Trust will undertake a review of its Friends and Family platform during 2024/25 to understand any opportunities for development.

National inpatient survey 2022/23 -results published in 2023.

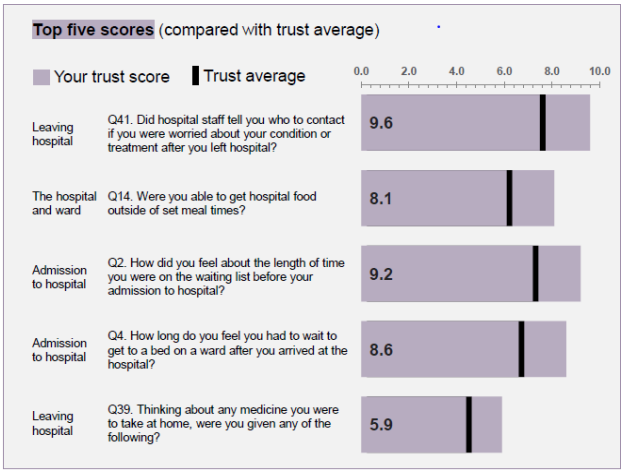
The Christie has again received excellent results in the annual inpatient survey commissioned by the Care Quality Commission (CQC).

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

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

1250 patients of The Christie were invited to participate, of which 558 patients responded. The response rate was 48%, compared to national average of 40%.

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



Significant Increase	Point change
Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	+0.6
Q38. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	+0.2

The overall care score was 9.0, compared to a national average of 8.1. This score was much better than expected.

There were 41 questions where the Trust was somewhat better, better or much better than expected. There were no questions where The Christie was much worse, worse or somewhat worse than most Trusts.

Following the 2022/23 survey, the results were discussed with key managers and at relevant Trust Committees.

National Cancer Patient Experience Survey 2022 – published in 2023.

The Cancer Patient Experience Survey is an important annual survey of 61 questions covering all aspects of experience from diagnosis to post treatment support. The survey covered 14 areas including support from a patient's GP practice to diagnosis, hospital care and living with and beyond cancer and therefore not all questions are directly related to care provided at The Christie.

However, the survey allows the Trust to monitor patient experience by comparing results with the previous year and benchmarking with other Trusts nationally. In 2022 1408 Christie patients received the survey with 729 responding, a response rate of 52%.

The overall care score from patients was 9.1, which is excellent and is above the expected range.
The Christie results show that for 12 questions The Trust's score was above the expected range. The Hospital Care section was particularly strong with 8 out of 9 questions having a
score above the expected range. The Trust also performed strongly in the Living with and Beyond section, the support provided to family and carers and regarding discussions about research opportunities.
The Christie results show that for 2 questions The Trust's score was below the expected range. Most relevant to The Christie is the experience reported regarding waiting times for clinics and the day unit.
These results will form the basis of a combined action plan, also collating results from the National Inpatient Survey.

Comparison with 2021 results

The 2022 results showed that over half the questions had an improved score compared to the 2021 results, with 3 questions having a statistically significant improvement, these were:

Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis.
2021 score 67% / 2022 score 79%

Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options.
2021 score 67% / 2022 score 79%

Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home.
2021 score 53% / 2022 score 63%.

PLACE Assessment

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

The last assessments were carried out in October 2023 at The Christie's site in Withington and Macclesfield.
All inpatient wards, except Oncology Critical Care Unit (OCCU), were assessed along with outpatient areas and oak road treatment centre. All general circulation areas were covered, including Oak Road foyer, lifts, corridors, public toilets, external areas, car parks C and D and the main entrances. The lunch service on two wards, 4 and 10 was also assessed.

Across all of the PLACE domains The Trust's Withington site scored higher than the national average scores. The highest rating was for cleanliness, with the Trust's Withington site scoring 99.3%. In the Privacy & Dignity domain

the site scored nearly 10% above the national average.

The patient assessors were particularly impressed with the cleanliness of facilities and commented that the patient is at the centre of what The Christie is about.

The Christie at Macclesfield site also performed well and whilst the site does not serve food, it scored highly in all other areas and achieved higher scores than the national averages in 4 of the 5 domains reviewed. The one area where the site scored lower than the national average was Privacy & Dignity was only marginally lower with 86.2%.

Both sites performed well in terms of the quality of care for disabled patients and those with dementia and scored significantly higher than the national averages.

Patient experience stories to the Board

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

Date	Presenter	Topic	Board of Directors Visits
Apr-2023	Julie Davies, Lead Radiographer, Christie at Oldham	Tour of the Oldham site and talk from staff & patients	Whole Board visit to Christie @ Oldham
May-2023	Damian Child, Director of Pharmacy / Ev Dolan, Lead Nurse Research / Lydia Sutherland, lead pharmacist in clinical trials / Helen Donavon, Lead Nurse CRF	Aseptic Suite & research including the patient pathway	
Jun-2023	Claire Adams, Head of SACT services, Crawford Meek, Senior Charge Nurse, Gemma Jones, Matron for SACT Services and Hollie Cowley, Deputy Service Manager, SACT Services. and Dean Stafford (patient)	Bloods closer to home / Homecare / network	Board visit to Oak Road Treatment Centre
Jul-2023	**No meeting**		
Aug-2023	**No meeting**		
Sep-2023	Dr Maria Serra Consultant Clinical Oncologist, Janine McDermott Brachytherapy Nurse and Paul McManus, patient	Past, Present & Future of Brachytherapy at the Christie and the patient pathway	
Oct-2023	Dr James Price, Head & Neck Oncologist & Erica Murphy, patient	Head & Neck pathway, patient's perspective & use of ePROMs	
Nov-2023	Gemma Jones, Modern Matron SACT Services, Maggie Flynn, Senior Healthcare Assistant and Anne-Marie Bradburn, Ward Manager SACT Services and Elizabeth Holden, patient	SACT services – quality improvement / Patient safety	
Dec-2023	**No meeting**		
Jan-2024	Rachael Edwards, Clinical Service Manager, Radiotherapy, Alix Robertson, Band 5 Radiographer & Mark Williams, Salford prostate patient.	Radiotherapy at Withington site	
Feb-2024	**No meeting**		

Mar-2024	Rebecca Shearer, NIHR Manchester CRF Operations Lead, Helen Donovan, Matron CRF, Prof Fiona Thistlethwaite, Director Christie CRF, Jasmin David, patient	The Christie Clinical Research Facility	4 NEDs visit to CRF

Quality Plan 2022 – 2025

The Quality Plan 2022-2025 is aimed at staff, patients, carers and stakeholders and has been developed in partnership under the leadership of the Chief Nurse and Executive Director of Quality. The plan sets out our quality ambitions and how we will govern, measure and achieve quality in care over its 3-year duration. The quality plan 2022-25 is based on 3 themes: Safe, Quality Improvement and Clinical Effectiveness, and Positive experience.

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

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

The Trust remains committed to achieving the best quality care and outcomes for our patients and to improve and deliver quality, safe, effective, and personalised care, within a culture of learning and continuous service improvement.

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

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

Safer Staffing

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

The monthly data on our safe staffing levels and the six monthly reports can be seen in the public Board papers which can be seen at: Board of directors meetings | The Christie NHS Foundation Trust

Complaints

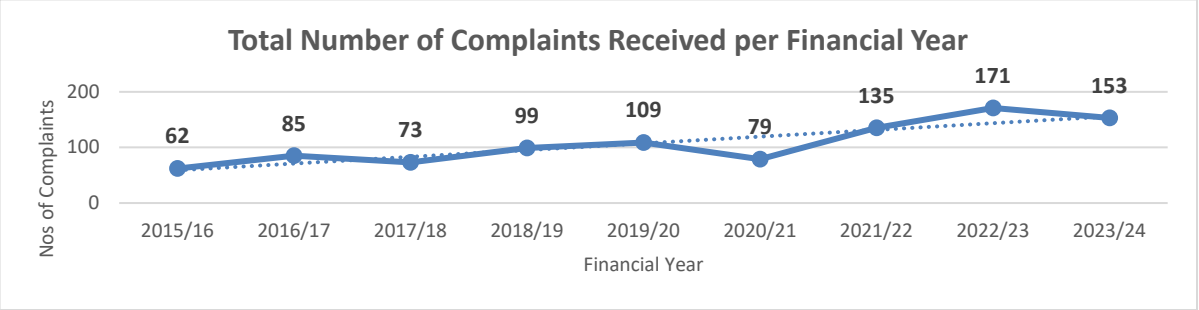
We continue to resolve complaints at source; our clinicians, matrons, ward sisters and charge nurses have a high profile on wards and in clinical departments where they focus on patient experience and ensure continual improvement in care and service delivery on a day-by-day basis.

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

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

In 2023/24 The Christie received 153 formal complaints. It should be noted that 14 of these 153 complaints initially made were withdrawn at some stage during the process of investigation/response.

The chart below shows a comparison of complaints received over previous financial years:



Learning from Complaints 2023/24

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

Issues	Actions taken
Patient arrived for appointment to be told it had been cancelled. Letter sent but not received by the patient.	It was recognized that this can be a very frustrating experience. A process has now been established that aims to improve this situation and hopefully prevent it from happening in the future. The solution is to phone all patients whose appointments have been cancelled in addition to sending of a letter.
Communication with family could have been better during a patient's end of life care.	The Senior Sister of the ward provided refresher training for all the staff on end-of-life care, including both nurses and health care assistants. To disseminate key information from the Clinical Guidance for the Care of patients in the last days and hours of life and The Care After Death Policy. The senior sister gave a presentation at Friday Focus and the learning was identified in the Learning Improvement Bulletin.
Communication error between main site scheduling team and outreach scheduling team.	Communication sent out to remind all schedulers of importance of informing the outreach team of any deferrals. Recognized that a deferral can impact on patients that may have future treatment appointments at an outreach site and of the importance that any deferral may have on future appointments.

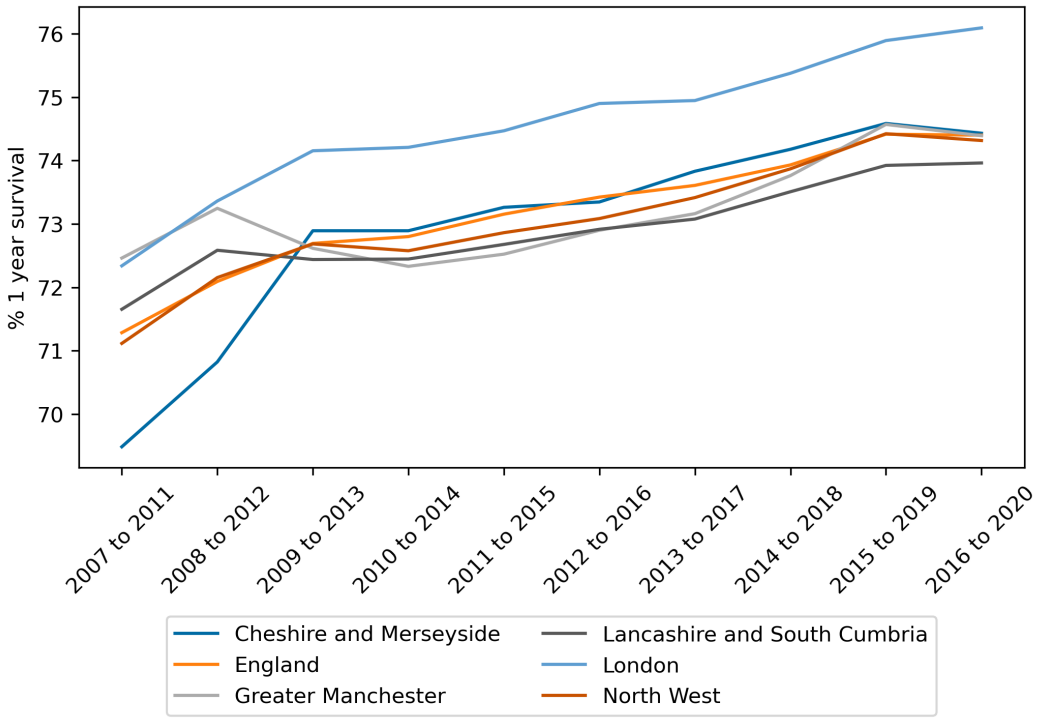
Clinical indicators - Clinical Effectiveness

One- and Five-Year Cancer survival

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

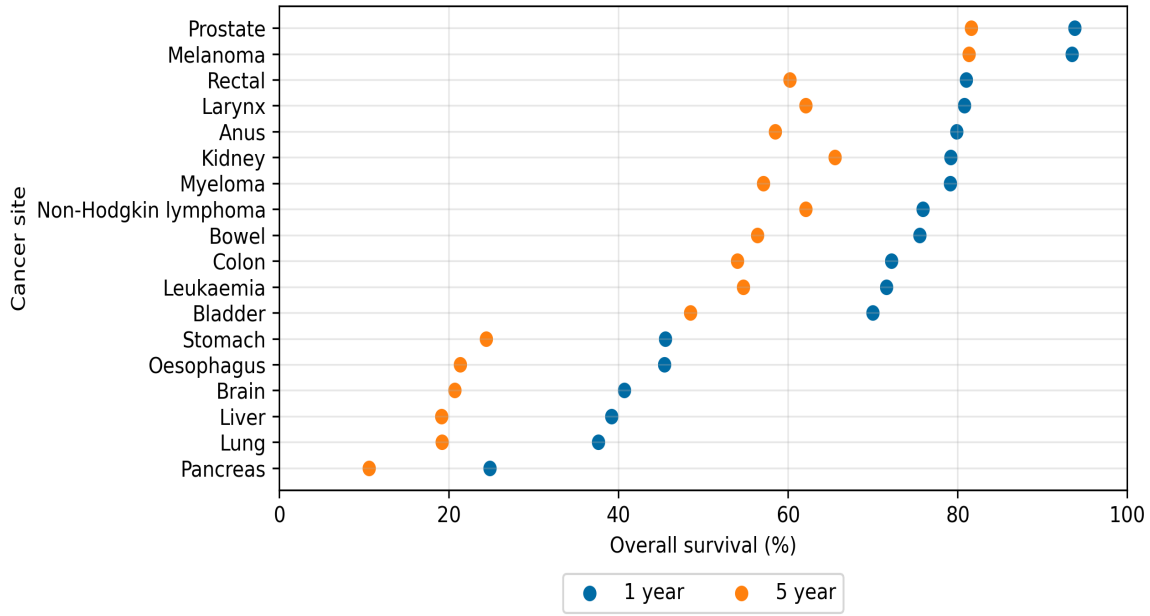
One- and Five-Year Cancer survival

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



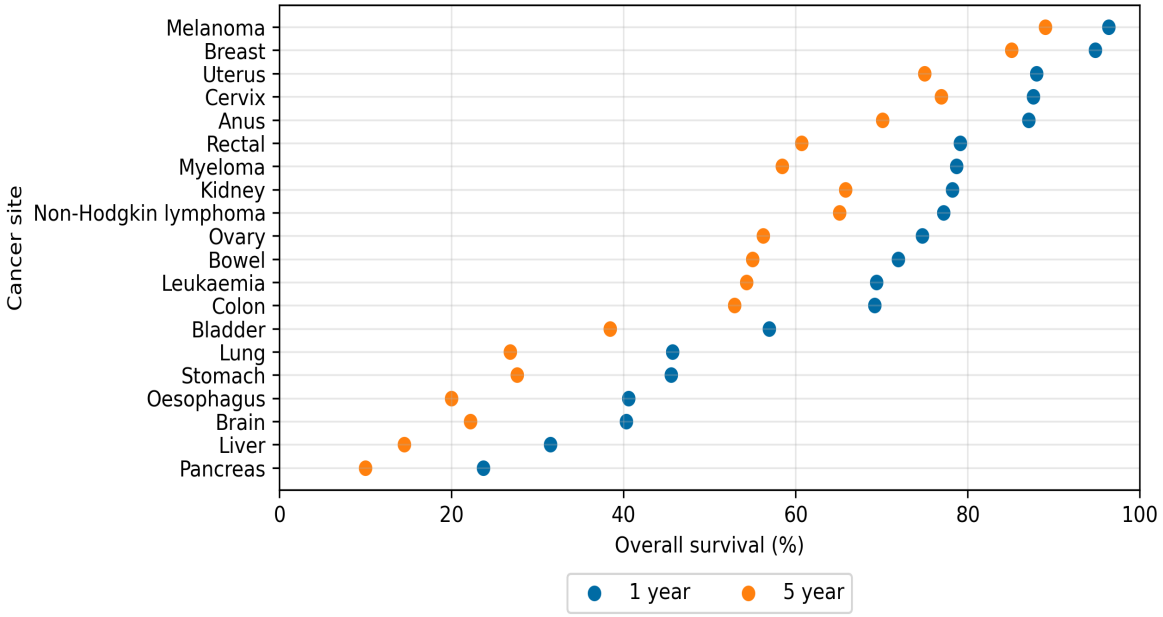
Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

Figure 2: Non-standardised one year and five-year overall survival for males (aged 15 to 99 years) in England diagnosed with cancer between 2016 - 2020.



Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

Figure 3: Non-standardised one year and five-year net survival for females (aged 15 to 99 years) in England diagnosed with cancer between 2016 - 2020.



Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

Table 1: One year survival estimates (percentages with 95% confidence intervals) by cancer type. Data for The Christie are for patients diagnosed between 2016 and 2020 using data from eforms in CWP followed up in 2021. England data are taken from survival data published by NHS England for patients diagnosed in 2016 – 2020 followed up in 2021.

Both estimates are overall survival with estimates for all stages combined non-standardised for both The Christie and England figures, but England figures for stage are standardised by age whereas The Christie are not.

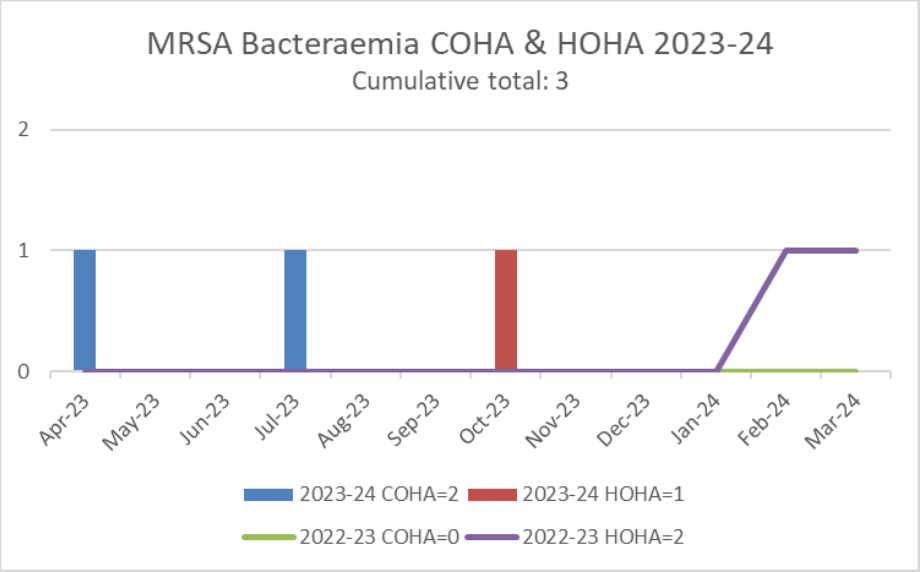
		All stages combined		Stage I		Stage II		Stage III		Stage IV	
Brain	Christie	53.24									
		49.94	56.21								
	England	40.5									
		39.9	41.2								
Breast	Christie	97.04		99.58		98.71		94.84		82.26	
		96.67	97.37	99.28	99.76	98.23	99.06	93.1	95.98	79.15	84.7
	England	94.8		97.7		96.7		93.5		66.6	
		94.7	94.9	97.5	97.9	96.5	96.9	93	94	65.5	67.6
Colon	Christie	80.77		91.67		94.42		93.78		62.57	
		79.18	82.11	53.9	98.78	91.18	96.5	91.7	95.35	59.09	65.42
	England	70.8		95.2		92		85.7		42.2	
		70.5	71	94.4	96	91.5	92.5	85.1	86.2	41.5	42.8
Lung	Christie	51.69		82.89		68.34		51.96		32.33	
		50.44	52.7	80.72	84.7	64.08	71.87	49.29	54.42	30.67	33.82
	England	41.5		88.1		75.8		52.6		22.5	
		41.2	41.7	87.1	89.1	74.2	77.4	51.9	53.4	22.2	22.9
Melanoma	Christie	95.7		100		98.02		97.27		80.49	
		94.61	96.56	100	100	90.94	99.02	94.14	98.38	73.48	84.99
	England	95		99.1		96.3		94.3		56.9	
		94.8	95.1	98.8	99.2	95.5	96.9	93	95.3	53.6	60
Ovary	Christie	88.33		97.85		89.8		88.71		81.16	
		86.07	90.25	91.67	99.46	74.76	94.3	84.07	92.07	74.36	85.51
	England	74.7		96.1		89.6		74.3		57.7	
		74.2	75.2	95.5	96.6	87.5	91.3	73.3	75.4	56.2	59.1
Prostate	Christie	97.22		99.41		98.86		98.68		89.74	
		96.75	97.57	99	99.65	97.94	99.36	97.85	99.19	87.69	91.17
	England	93.8		98.2		98.4		97.7		87.7	
		93.7	93.9	98	98.4	98.2	98.7	97.4	98	87	88.3
Rectal	Christie	85		95.38		91.68		90.95		63.94	
		83.28	86.46	90.98	97.67	87.29	94.08	88.62	92.82	59.11	68.36
	England	80.3		95.7		91.7		90.2		51.9	
		80	80.6	95	96.3	90.6	92.7	89.7	90.7	50.9	52.9

Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

Clinical indicators - Patient safety

Healthcare acquired infections - MRSA bacteremia

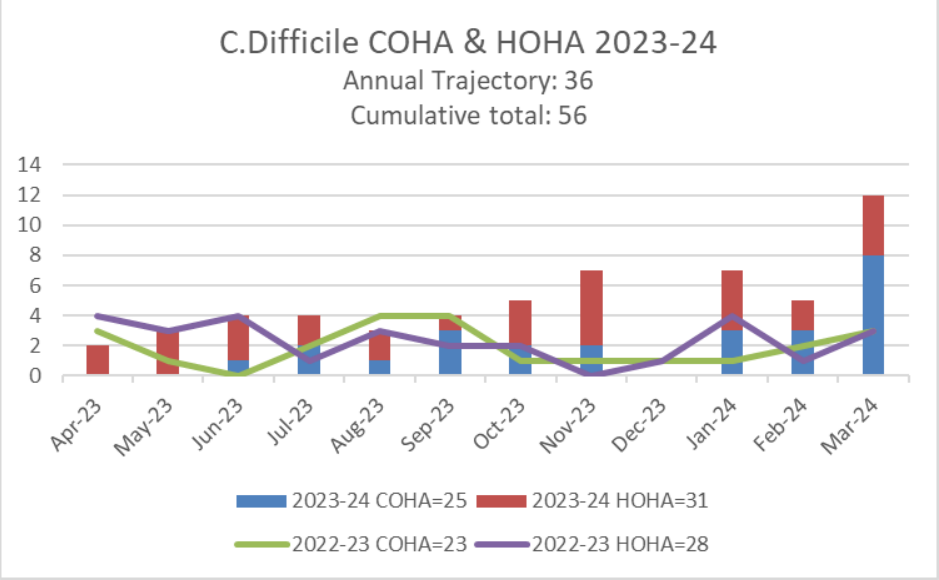
In 2023/24 we have had three cases of MRSA bacteremia, against a threshold of 0.



Healthcare acquired infections - Clostridium Difficile

There were 56 cases of Clostridium Difficile infections (CDI) – healthcare acquired in 2023/24 against an agreed threshold of no more than 36. Upon full root cause analysis, there were 3 healthcare acquired cases where cases identified lapses in care.

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



Incidents Management

We have a strong system of incident reporting and review which enables us to identify underlying problems and to learn from events, thereby preventing recurrence. Until March 2024 we uploaded patient safety incidents from our internal system to the National Reporting and Learning System (NRLS), at which point we transitioned to reporting into the new Learning from Patient Safety Events (LFPSE) system.
Comparison of our reporting practices with those of Trusts in the same cluster of specialist Trusts shows that we have good levels of reporting and low levels of patient harm, indicating an appropriate culture of reporting and learning within the organisation.

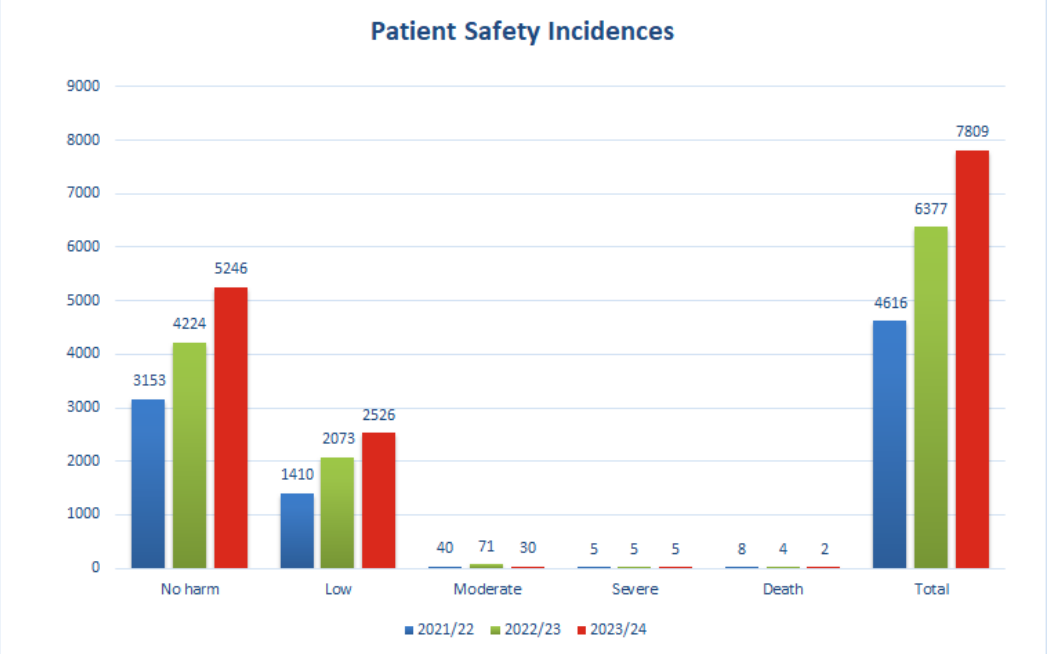
All reported incidents are investigated, with the level of investigation commensurate with the incident grade. All incidents with an impact grade of 3 (moderate) and above, out of a maximum of 5, are reported on a weekly basis to the executive team. These incidents are triaged by an executive review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

We also review our systems and processes in the light of national reports in order to ensure that similar incidents will not happen at The Christie. The data for the second half of 2023/2024 is not formally closed down until the end of May 2024, therefore the data contained within these accounts is subject to further validation.

Patient Safety Incidences

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

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



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

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

Serious Incidents

There were **8 serious incidents** investigated this year. These related to:

Accident involving a patient	1
Patient care/monitoring	1
Clinical incident	3
Deteriorating Patient	1
Lab investigations	1
Transfusion	1
Medication incident	4
Administration	3
Prescribing	1

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

Duty of Candour

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

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

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

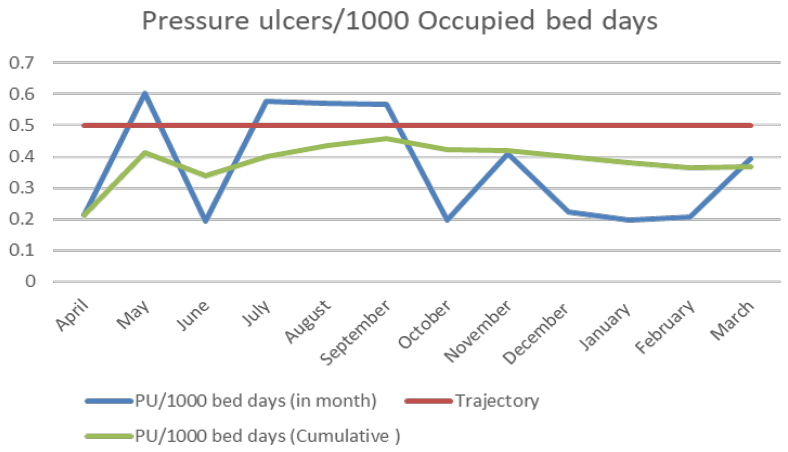
Never Events

There have been 0 never events in 2023/24.

Pressure Ulcers

Our internal ambition for 2023/24 was to have no more than 26 hospital-acquired pressure ulcers (category 2 or above), or 0.5 per 1000 occupied bed days. We achieved this ambition, having 22 hospital-acquired pressure ulcers, which was 0.36 per 1000 occupied bed days. This was achieved by having a robust training programme in place for pressure ulcer prevention, introduction of skin tone assessment to identify early skin changes in

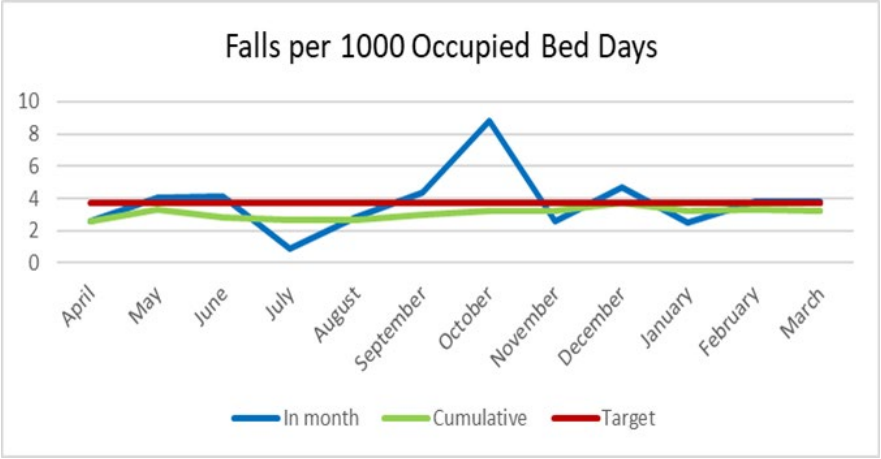
different skin tones and also by learning from investigations of any category 2 or above pressure ulcers through our biweekly quality meeting (Friday FoCUS). Following the introduction of skin tone assessment as part of the skin assessment reduced the pressure ulcers in darker skin tones and no patient with darker skin tone developed PU within this period. There were no category 3 or 4 pressure ulcers in the year.



Patient Falls 2023/24

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

Our internal ambition was to achieve ≤3.8 falls per 1000 occupied bed days. Our overall performance below this ambitious target, at 3.2 falls per 1000 occupied bed days. This was also an improvement on our previous year's performance, where we had 3.6 falls per 1000 occupied bed days.



Local Clinical Audits

In 2023/24, 214 audits were completed across the divisions as shown in the table:

Division	Number of completed audits in 2018/19	Number of completed audits in 2019/20	Number of completed audits in 2020/21	Number of completed audits in 2021/22	Number of completed audits in 2022/23	Number of completed audits in 2023/24
Clinical Support and Specialist Surgery	95	72	83	81	92	74
Networked Services	69	98	93	88	102	119
Other (Quality & standards, School of oncology, Research)	18	22	11	15	23	21
Total	**182**	**192**	**187**	**184**	**217**	**214**

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

NHS Staff Survey

Indicator	2022	2023	National Average (Specialist Trusts only)
Q14c - % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	14.8%	15.0%	17.5%
Q15 - % of staff believing that the Trust provides equal opportunities for career progression or promotion regardless of ethnic background, gender, religion, sexual orientation, disability, age	63.4%	60.2%	57.2%

Learning from Deaths: Inpatient mortality reviews at the Christie 2023-24

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

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

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

The process aims to highlight examples of excellent care, as well as identifying where improvements and learning is needed. Feedback is provided to responsible clinicians and also to families if they have raised a concern, or should a review identify a serious lapse in care.
The data in this report represents the findings validated up to the most recent Mortality Surveillance Group meeting on 26th March 2024; it is an on-going process.

Table 1: Activity 2023-24	Quarter 1 Apr – Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan – Mar	Total
No. deaths	83	84	81	72	320
No. deaths that have triggered SCR review	15	23	18	13	69
No. completed SCRs	15	23	17	8	63
No. discussed at MSG	15	22	17	4	58

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

In response to the Trust's operational plan to respond to the Covid-19 crises, routine SCRs were suspended from December 2021 to February 2022 resulting in the reduced proportion of SCRs completed. During this period, on-

site deaths continued to be screened and monitored through ERG, with the option to conduct an exceptional SCR if a concern had been raised through the screening process (e.g., if a bereaved relative had raised concerns around care) or if a death occurred in a patient diagnosed with a learning disability.

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

Monitoring of deaths

Deaths each week are monitored by the Executive Review Group to identify any exceptional trends. For 2023/24, 320 Christie patients died at the Withington site. A comparison with previous years is shown in table 2.

Table 2: On-site deaths annually

	2017 - 2018	2018 - 2019	2019 – 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023- 2024
Total deaths in year	271	295	286	213	251	318	320
Deaths following emergency admission	222 (82%)	266 (91%)	244 (85%)	178 (84%)	216 (86%)	260 (82%)	269 (84%)
Emergency admissions - year	6212	5921	6071	5779	6453	6969	6974
% deaths / total emergency admissions	3.57%	4.49%	4.02%	3.08%	3.35%	3.73%	3.39%
Total admissions (excluding day cases)	10,768	10,154	10,479	9619	9381	11670	12,344
% deaths / total admissions	2.51%	2.88%	2.73%	2.21%	2.67%	2.72%	2.69%

Table 3: 2023/24 Assessment of avoidable deaths* as confirmed at Mortality Group meeting of 26.03.2023:

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

2023 – 2024 Month	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
Apr	27	3	0	0	0	0	0	1	2	0	-	-
May	32	7	0	0	0	0	0	0	7	0	-	-
Jun	24	5	0	0	0	0	1	0	4	0	-	-
Jul	28	4	0	0	0	0	1	0	3	0	-	-
Aug	24	9	0	0	0	0	0	0	9	0	-	-
Sep	32	9	0	0	0	0	0	1	8	0	-	-
Oct	25	6	0	0	0	0	0	1	5	0	-	-
Nov	28	7	0	0	0	0	1	1	4	0	-	-
Dec	28	4	0	0	0	0	0	0	3	0	-	-
Jan	25	3	1	0	0	1	0	0	1	0	-	-
Feb	28	1	0	0	0	0	0	0	1	0	-	-
Mar	19	0	0	0	0	0	0	0	0	0	-	-
Total	**320**	**58**	**1**	**0**	**0**	**1**	**3**	**4**	**47**	**0**	**-**	**-**

Table 4: Quarter 1 – 4 Ratings of overall care* after Mortality Group meeting 26th March:
*RCP rating 1=very poor care, 2=poor care, 3=adequate care, 4=good care, 5=excellent care

2022 - 2023 Month	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
Apr	27	3	0	0	2	0	1
May	32	7	0	0	1	2	4
Jun	24	5	0	1	0	2	2
Jul	28	4	0	0	0	3	1
Aug	24	9	0	1	0	4	4
Sep	32	9	0	0	1	5	3
Oct	25	6	0	1	0	2	3
Nov	28	7	0	1	1	1	3
Dec	28	4	0	0	0	2	2
Jan	25	3	0	0	1	0	2
Feb	28	1	0	0	0	1	0
Mar	19	0	0	0	0	0	0
Total	320	58	0	4	6	22	25

The data reflects the final ratings in completed reviews as ratified at MSG for avoidability and overall care as of 25th April 2023. No deaths were considered to have a >50% chance of avoidability (score 1-3).
There were no cases with an overall care score of very poor (score 1). There was one case with an overall score of poor score (score 2)
No deaths required to be reported to CQC and the Trust has not received any mortality outlier notification. There was one LD death that has been referred to LeDeR.

Table 3 for the previous years:

	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	N/A Covid -19 death	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
2020-21	215	75	0	-	-	-	1	2	72	15	2	2	0
2021-22	252	95	0	-	-	-	2	2	91	0	0	0	0
2022-23	318	65	0	-	-	-	1	1	63	0	1	1	0

Table 4 for the previous years:

	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
2020-21	215	91	-	-	3	27	61
2021-22	252	95	-	1	6	39	49
2022-23	318	66	-	2	4	27	33

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

The patient with an overall care score of 2 was due to concerns re lack of clarity in the documentation over issue of faecal incontinence. Poor care was identified around care after death involving communication. Related procedures / practices were not followed. Care after death updated guidance being rolled out. The mortality reviews for these patients included input from the supportive care team and no significant lapses in care were identified.
One case referred to LeDeR was due to the patient's history of autism and learning needs. He was capable of self-care and had no previous concerns regarding capacity. Waiting to hear back from the LeDeR reviewers' team.

Learning from deaths

Aspects of good practice and areas for improvement are fed back to the appropriate clinician. Any concerns identified are also shared within directorates or more widely, especially if associated with an incident or complaint.
Examples of learning from mortality reviews during this reporting period include:
An alertive task process was established for out-of-hours imaging involving the junior doctors and on-call radiographers.
Following the potential cause of deterioration due to nephrotoxic pain relief medication administered to a patient with risk factors for Acute Kidney Injury, the supportive care team have raised the profile to use ACE – Assessment, Communication and Escalate
A pilot Micro-learning session on the wards has been conducted to positive reviews. The topic was 'Conditioning – 3Es Eat/Excrete/Exercise' to ward 11 staff. There are plans to roll this out to the other topics and other wards with the help from Clinical Librarian services.
Multiple examples of excellent end of life care with ward and supportive care teams managing challenging circumstances sensitively and compassionately.

Performance Key Indicators

National targets and minimum standards	Target	Threshold 2023/24	Q1	Q2	New Threshold	Q3	Q4	Yearly position
Infection control	Number of Attributable C-Diff cases	**36**	9	11		12	24	**56**
	Number of MRSA Bacteraemia	**0**	1	1		1	0	**3**
Cancer Targets	% of cancer patients waiting a maximum of 31 days for diagnosis to first definitive treatment	**96%**	97.6%	97.4%	**96.0%**	98.5%	98.4%	
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (anti- cancer drugs)	**98%**	100.0%	99.4%				
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (Radiotherapy)	**94%**	99.6%	99.2%				
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (surgery)	**94%**	99.6%	98.6%				
	% of cancer patients waiting a maximum of 14 days from GP referral to first outpatient appointment.	**93%**	100.0%	89.2%	***standard discontinued***			
	% of cancer patients waiting a maximum of 28 days from GP referral to receiving a confirmed diagnosis.	**75%**	50.0%	46.2%		77.8%	55.3%	**58.1%**
	% of cancer patients waiting a maximum of 62 days from GP referral to first definitive treatment including rare and testicular cancers (based on national allocated position).	**85%**	69.0%	69.3%	**70.0%**	69.1%	67.1%*	
	% of cancer patients waiting a maximum of 62 days from consultant upgrade date to first definitive treatment including rare and testicular cancers (based on national allocated position).	**85%**	77.1%	76.6%				
	% of cancer patients waiting a maximum of 62 days from screening referral to first definitive treatment (based on national allocated position)	**90%**	68.8%	58.3%				
18 Weeks	18 week incomplete pathways	**92%**	97.0%	97.1%		97.4%	97.8%	**97.4%**
6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	**99%**	98.9%	98.5%		98.9%	97.5%	**98.5%**

subject to validation

The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX
United Kingdom

Phone 0161 446 3000
Fax 0161 446 3977
www.christie.nhs.uk

Keep up-to-date with all our news from the latest Christie developments to charity events.

Follow us on Twitter **@TheChristieNHS**

Join us on Facebook
www.facebook.com/TheChristieNHS