

**Meeting of the Board of Directors
December 2024**

Subject / Title	Trust report																		
Author(s)	Executive Directors																		
Presented by	Roger Spencer, Chief Executive																		
Summary / purpose of paper	This report brings together the key issues for the Board of Directors in relation to our performance, strategy, workforce, the Greater Manchester system landscape, the regulatory landscape and other pertinent matters within the scope of the board's responsibilities.																		
Recommendation(s)	The board is asked to note the contents of the paper.																		
Background Papers	Integrated Performance, Quality and Finance Report Finance Report																		
Risk Score	See Board Assurance Framework																		
EDI impact / considerations																			
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Achievement of corporate plan and objectives																		
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	<table> <tr> <td>CEO</td> <td>Chief Executive Officer</td> </tr> <tr> <td>MCRC</td> <td>Manchester Cancer Research Centre</td> </tr> <tr> <td>NHSE</td> <td>NHS England</td> </tr> <tr> <td>CQC</td> <td>Care Quality Commission</td> </tr> <tr> <td>GM</td> <td>Greater Manchester</td> </tr> <tr> <td>ICB</td> <td>Integrated Care Board</td> </tr> <tr> <td>ICS</td> <td>Integrated Care System</td> </tr> <tr> <td>VIP</td> <td>Value Improvement Programme</td> </tr> <tr> <td>CDEL</td> <td>Capital Departmental Expenditure Limit</td> </tr> </table>	CEO	Chief Executive Officer	MCRC	Manchester Cancer Research Centre	NHSE	NHS England	CQC	Care Quality Commission	GM	Greater Manchester	ICB	Integrated Care Board	ICS	Integrated Care System	VIP	Value Improvement Programme	CDEL	Capital Departmental Expenditure Limit
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NHSE	NHS England																		
CQC	Care Quality Commission																		
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Trust Report
December 2024 (November data)

Board Scorecard

Corporate objective	Indicators	Tolerances			Current month	Year to date
All	CQC rating	N/A			Good	Good
All	SOF Rating	N/A			2	2
Quality of Care & Performance						
1,6	Proportion of incidents that are low/no harm (%)	90%+			98.7%	N/A
1,6	31 day compliance (%)	96%			97.2%	N/A
1,6	Patients meeting the faster cancer diagnosis standard (%)	75%			89.9%	N/A
1,6	MRSA bacteraemia infection (attributable) (N)	TBC			2	12
1,6	Clostridium difficile infection (attributable) (N)	TBC			3	34
Finance and Use of Resources						
6	Financial sustainability / liquidity (days)	>21	21 to 14	<14	14	14
6	Overall financial position (% variance to control total)	0% below plan	0 - 10% below plan	>10% below plan	0.0%	0.0%
6	Recurrent VIP performance (% achieved)				75%	75%
6	Current cash balance (£'000)				£118,854	£118,854
6	Exchequer capital spend to date (variance to plan %)	within 10%	10 to 20%	>30%	(103.7%)	5.8%
6	Average length of time debt is outstanding	<15	>16 - 20	>20	12	12
6	Public Sector Payment Policy - trade creditors paid within 30 days (number and volume)	>95%	95 - 85%	<85%	99%	99%
People and Culture						
7	PDRs completed (%)				87.3%	N/A
7	Mandatory training (%)	>80%	<79%		93.6%	N/A
7	Voluntary turnover in first 2 years (%)	<31%	>32%		13.23%	N/A
Research						
4	New trails open per month (N)	>10	9-10	<8	17	121
4	No. patients consented into studies (N)	>250	200-249	<199	181	1861
4	Christie Sponsored research: new studies opening (N)	>2	1	0	3	14
4	Research patient experience - % strongly agree they would participate in research again	90%	75-89%	<75%	Not available	Not available
Education						
3	Undergraduate placement activity	>165	135-165	<135	148	1104
3	CPD activity (internal & external)	>440	340-440	<340	1047	5853
System						
1,6	62 days (%)	>70%	<69.9%		75.9%	N/A
1,6	Priority patients not admitted (deferred)	0			>1	0
Digital						
4	Customer Satisfaction score of "Good"	>95%	85-94%	<85%	95.3%	97.1%

Executive Summary

- We remain rated overall as Good by the CQC.
- We continue to be in segment 2 of the System Oversight Framework.
- Key patient quality indicators for November show no significant adverse variances there was one issue for escalation relating to a never event. We remain a high reporting, low harm organisation.
- Performance in November for the 62-day consolidated cancer standard was 80.8% which is better than the operating plan standard of 70%.
- Six operational risks are scored at 15 or above on the risk register.
- Cumulative financial performance at the end of October (Month 8) is a (£5.9m) surplus against a planned (£4.7m) surplus. This is a favourable variance of (£1.2m) to plan.
- Key financial performance indicators in month 8 show one adverse variance which is the level of recurrent VIP identified being £10.5m identified so far against a £14m annual target.
- Workforce indicators for November show a slight increase in sickness absence rates.
- PDR performance and mandatory training performance is over the established thresholds.
- Christie Education projects and events continue to support our aims and objectives.
- Capital schemes are progressing to plan across the Trust.
- The organisation has initiated “The Future Christie programme” to support the delivery of the Christie strategy 2023 to 2028 and take a longer-term view on the modernisation of care, discovery and education models

Quality of Care

Indicators of the Safety and Effectiveness of our services showed no significant adverse variances in November. Details of November quality indicators are given in the Integrated Performance, Quality and Finance Report.

Pressure ulcers and falls were in line with internally set trajectory in November.

There were 12 complaints in November. The number of contacts with the Patient Advice and Liaison Service (PALS) service in November was 22 which is low compared to other months.

Nurse staffing numbers met the levels to ensure appropriate levels of safety and care with indicative staffing to maintain a 1:8 nurse to patient ratio which is nationally recommended.

Six operational risks are scored at 15 or above on the risk register. These are monitored by the Risk & Quality Governance Committee to ensure that appropriate controls are in place and reviewed by the board's assurance committees to provide assurance to the board:

1. Not identifying and delivering 2025/26 recurrent VIP programme impacting on financial sustainability and ability to treat patients (16)
2. Limitation on equipment & facilities to deliver planned activity or progress developments due to insufficient capital funding (CDEL) (16)
3. Risk of delayed patient treatment due to extended turnaround times in histopathology results (16)
4. Risk to treatment delivery due to workforce recruitment & retention in Aseptics (15)
5. There is a risk to the Trust's ability to demonstrate compliance and adherence to its regulatory and statutory requirements (15)
6. Risk of disruption to operations & patient safety due to out-of-date evacuation plans (15)

Operational Performance

The 2024/25 NHSE Planning Guidance has two Christie applicable cancer metrics;

- 62 day cancer standard
- 28 day Faster Diagnostic Standard (FDS)

The 62-day standard is a barometer of how well the system is performing with cancer pathways. Compliance at the end of November against the 2 key cancer standards was;

- The 62-day consolidated standard was 75.9% against a threshold of 70%.
- We achieved 89.9% against the 75% threshold for the Faster Diagnosis Standard which measures initial referral to diagnosis.

The majority of Christie referred patients are monitored via the 31-day standard (decision to treat to treatment start).

- We have continued to achieve the 31-day standard for treatment to start within 31 days of the decision to treat at 97.2% against a target of 96%.

During November there were 3 operations cancelled on the day for non-clinical reasons. They were all rebooked within 28 days.

In November we launched the Proud2bOps project at the Trust, the purpose of which is to create a culture for operational managers to lead, collaborate, and deliver exceptional patient care. The aim is to be a courageous and supportive network, where all Divisions come together to share knowledge and work as one operational management team to deliver 'Leading Cancer Care'.

The project is a structured way to engage with the operational teams across the Trust with the following focus;

- Create an environment where we look after each other and promote positive wellbeing
- Work together, across Divisions,
- Protect time for the network and regularly come together to share experiences,

- Create opportunities to mentor and develop staff, and role model aspired leadership behaviours,
- Prioritise kindness and respect creating a safe and inclusive space where operational managers can learn and thrive,
- Embody The Christie values in our actions, across the network and the Trust.

The project has a timetable of modules throughout 2025/26 culminating in a celebration event in March 2026.

Financial Performance

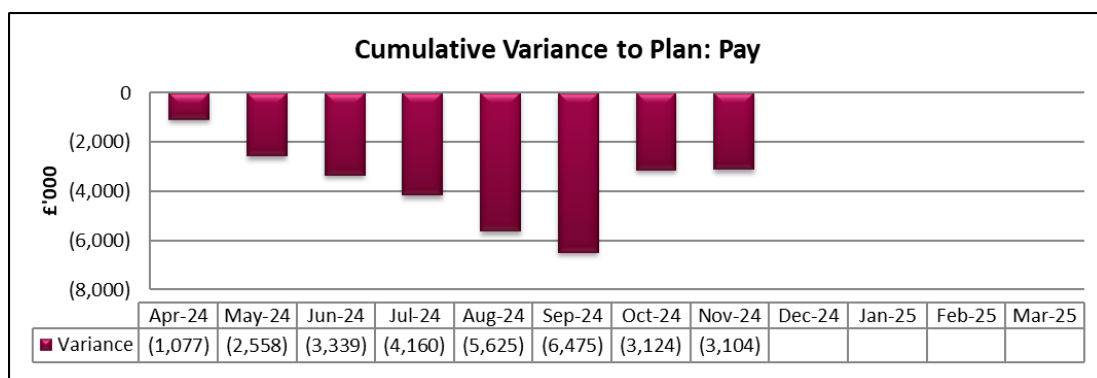
Revenue: Financial performance is ahead of plan by (£1.2m) as illustrated in the table below. The Trust is reporting a (£5.9m) surplus against a (£4.7m) planned surplus position. The better than plan position is primarily due to :-

- Pay underspends arising from vacancies
- Over-achievement of clinical income to-date.

Month 8 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(425,423)	(283,602)	(298,152)	(14,550)
Other Income	(77,778)	(51,733)	(48,525)	3,209
Pay	234,921	156,442	153,327	(3,115)
Non Pay (incl drugs)	242,696	161,804	175,461	13,657
Operating (Surplus) / Deficit	(25,584)	(17,090)	(17,889)	(799)
Finance expenses/ income	30,932	20,617	20,194	(423)
(Surplus) / Deficit	5,349	3,527	2,305	(1,222)
Exclude impairments/ charitably funded capital donations	(12,355)	(8,232)	(8,168)	64
Adjusted financial performance (Surplus) / Deficit	(7,006)	(4,705)	(5,863)	(1,158)

The pay underspend of (£3.1m) is illustrated in the graph below :-

- (£3.0m) relates to income backed services, including GM Cancer, R&I and Charity-funded posts, which has an equivalent reduction in income.
- The balance on the Trust pay underspend in M08 is mainly due to vacancies predominantly in clinical posts, most noticeably scientific, technical and therapeutic (£2.3m) and consultants (£1.9m).
- These are offset by £7.2m that relates to the backdated pay award in M07 and M08.



Capital: The capital plan for 2024-25 has been agreed at £18.4m. The Trust has spent £9.2m to M08, which is 94% year to date against the capital plan, primarily on:

- TIF ward refurbishment
- Ongoing digital projects
- Small replacement assets

Value Improvement Programme. The annual VIP target of £21.4m is split into a £14m recurrent target and a £7.4m non-recurrent target. The level of recurrent VIP identified to date is £10.5m giving a recurrent shortfall of £3.5m. The level of non-recurrent VIP identified

to date is £9.9m, over plan by (£2.4m). Year to date, £14.3m has been delivered against a target of £14.3m.

KPIs: Variances from the planned financial performance against key measures include capital expenditure and the level of recurrent VIP delivered to date. As shown in the table, there are no other significant variances:

Measure of Financial Performance	Red / Amber / Green rating
Revenue: Trust Control Total compared to plan	£1.2m ahead of plan
Capital: Capital expenditure against plan	£0.6m under plan
VIP identified (recurrent) against target of £14m	£10.5m identified
Debtor days compared to 15-day target	12 days
Cash balance	£118.9m
Better Payment Practice Code (95% target)	99%

Workforce

Our workforce performance indicators show mandatory training compliance and personal development plan rates are both above (better than) thresholds at 93.6% and 87.3% respectively. Sickness absence rates increased slightly in November to 5.01% (threshold of 4.2%). The overall turnover for the Trust has reduced from last month to 11.17%. These issues and the associated plans for improvement have been considered by the Workforce Assurance Committee.

NHS Annual Staff Survey 2024

The NHS Annual Staff survey closed on Friday 29 November 2024. The final response rate was 48% which is equal to the response rate in 2023.

Prizes were awarded to the teams with the highest response rates: -

- Small Team – Corporate Development – 100%
- Medium Team – Hard Facilities – 95%
- Large Team – Digital – 67%
- Extra Large Team – Soft Facilities – 67%

National publication of the of the NHS Survey will take place in March 2025.

Inclusive Culture Strategy

The Trust Board has approved the Christie's first Inclusive Culture Strategy. The Strategy sets out our aim to create a culture where everyone feels valued, listened to and respected; and where we draw on the skills and lived experiences of all. We know that for people to thrive at work, they need to feel safe, feel they belong and feel included. We must therefore understand, encourage, and celebrate diversity across our organisation and our patient groups.

Our Inclusive Culture Strategy has been aligned to our Trust Strategy and other organisational and NHS strategies including the Christie People and Culture Plan, Our Values and Behaviour Framework the NHS People Promise and the NHS EDI Improvement Plan.

The Strategy is built on 4 themes: -

1. Purposeful and compassionate leadership
2. Harnessing connectivity and conversation
3. Improved experience and outcomes
4. Effective governance, policy, systems, and data

The Strategy will be launched in January 2025.

New Wellbeing Guide

Feedback from the Cultural Audit told us that colleagues would benefit from a directory of services and offers so staff can find all the available health and wellbeing support in one

place. In response to that, a [new colleague health and wellbeing guide](#) has been developed and published on HIVE.

The guide outlines details of the support, what they offer and how colleagues can access each so staff can maintain their health and wellbeing and thrive both at work and at home. Printed versions for those colleagues who might not have regular access to HIVE are available. Please contact the [Engagement Team](#) to request paper versions to keep in colleague rest areas.

Christie-mas quiz

36 teams took part in the annual Christie-mas Quiz on 5th December. After a nail-biting tiebreaker, Kidney Beans (Renal Cancer Team) took home the 2024 Silver Salver together with the Fruit Basket and 5 x £20 gift tokens.

The Quiztie Puddings (Marketing & Communications) were runners-up, and third place went to Our Drinking Team has a Quiz Problem (Radiology Education). [The photos of the evening can be seen here.](#) Special thanks to the Restaurant Team for the fabulous food and organisation of the dining room!. We wish you all the very best for the festive season and hope to see you again next year.

Research

This year, we have already opened the same number of trials as our total for 2023/2024. CRUK Recent Grant Successes (2024-2029):

- **Lung Cancer Centre of Excellence:** Secured £4 million in investment over the next 4–5 years for The Christie and UCL.
- **ACED (Alliance for Cancer Early Detection)** - £50m across the alliance via joint application with the 7 ACED partners (2 new partners in Dana-Farber and DKFZ)
- **Clinical Academic Training** - £8.5m to Manchester– top ranked location within the UK network and represents an uplift of £2.1m on previous award

Clinical Trial Success: Recruited the first global patient for the Merck study: *An open-label, multicenter, randomized Phase 2 study of the ATR inhibitor tuvusertib in combination with the PARP inhibitor niraparib or the ATM inhibitor lartisertib in participants with BRCA mutant and/or homologous recombination deficiency (HRD)-positive epithelial ovarian cancer that progressed on prior PARP inhibitor therapy.*

UK Research and Development Forum (May 2025): Ten posters have been accepted, along with one oral presentation.

The R&I finance team's efforts have significantly reduced aged debt, now accounting for just 39% of all debt. Manchester Metropolitan University has awarded Research and Innovation the *Employer of Choice* award for our innovative placements in a non-clinical setting.

Education

Education activities continue in support of wider corporate objectives and HEI ambition.

Strategic and Service Developments

Pathology JV Re-procurement - the procurement process continues. We intend to issue the final statement of requirements in January with a view to BAFO completion in early February 2025. We are dovetailing this process with plans to develop new pathology facilities and anticipate making final contract award by end of May 2025. The long-term estate option for new pathology facilities at the Withington site has been identified. The trust is continuing dialogue with The Christie Charity as to its role in funding and delivering the project.

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Work has commenced on the refurbishment of Ward 12 with more minor works to other wards anticipated to be included before project completion at the end of March 2025.

The replacement of the Superficial Treatment unit is complete and work has commenced on the formation of a temporary pharmacy to support the replacement of the existing inpatient pharmacy robot by the end of March 2025.

Finally, the first components for the multi year linear replacement program have been delivered to the site and is in the process of being installed.

Future Christie Project

The organisation has initiated “The Future Christie programme” to support the delivery of the Christie strategy 2023 to 2028 and take a longer-term view on the modernisation of care, discovery and education models. The aim of the programme is to ensure the Christie can continue to deliver the latest innovative care and enhance patient and workforce experience for the next 10 years in line with the national focus for the NHS. Our aim is to define an ambitious and achievable programme that catapults The Christie into adopting proven technology and practice to advance the Christie strategy.

The Future Christie programme has continued to take shape with workshop sessions with the Board, Governors, clinical and technical leads and provisional engagement with industry partners. We have also had an approach from the Royal Marsden on the basis of the long term planning and evolving care models and will be engaging on where collaboration opportunities could be progressed. Internally there has been significant support for the intention scale and ambition however important to recognise the scale of transformation and the resource required to meet the ambitions.

Provisional programmes of work are developing and will be detailed to the board in the new year.

We have been approached by the Department of Health of Northern Ireland. The Minister for Health in Northern Ireland, Mike Nesbitt MLA has commissioned a strategic review of Radiotherapy Services provision in Northern Ireland. It will consider the challenges, and opportunities, facing the service. It will also seek to develop and implement a strategic plan for the delivery of radiotherapy services for the population of Northern Ireland up to 2040.

The objectives of this programme are to deliver:

- A co-ordinated, radiotherapy service capable of meeting the future demands of an aging population.
- Access to new radiotherapy techniques and treatment protocols
- Integration of precision imaging services to enable more advanced radiotherapy techniques to be delivered.
- A platform for world class research and training, encouraging the best clinicians to work and train in Northern Ireland.

We have been invited to act as a critical friend for this review and are working to respond to the request.

Regulation and Governance

The Trust Fit and Proper Persons Test (FPPT) Policy has been updated to correctly reflect the assurance and approval committees. The Policy was previously approved by the Board of Directors in September 2023. The updated policy has been published on the intranet.