

**Meeting of the Board of Directors
May 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>NHSI</td> <td>NHS Improvement</td> </tr> <tr> <td>JFP</td> <td>Joint Forward Plan</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>CIP</td> <td>Cost Improvement Programme</td> </tr> </table>	CEO	Chief Executive Officer	MCRC	Manchester Cancer Research Centre	NHSI	NHS Improvement	JFP	Joint Forward Plan	CQC	Care Quality Commission	GM	Greater Manchester	ICB	Integrated Care Board	ICS	Integrated Care System	CIP	Cost Improvement Programme
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Trust Report
For April 2024 (month 1)

Executive Summary

- Key patient quality indicators for April show no significant adverse variances or issues for escalation.
- Performance in April for the 62-day consolidated cancer standard was 71.2% which is better than the operating plan standard of 70%.
- Six corporate risks are scored at 15 or above on the risk register.
- Cumulative financial performance at the end of April (Month 01) is a £669k surplus against a planned £584k surplus. This is a positive variance of £85k to plan.
- Key financial performance indicators in month 01 show one adverse variance which is the level of recurrent CIP identified being £8.9m identified so far against a £14m annual target.
- Workforce indicators for April show a slight increase in sickness absence rates
- We have updated the project arrangements following approval of actions from the cultural audit engagement process and communications have been shared with staff.
- We have had significant representation at the recent ESTRO annual conference in Glasgow.
- Christie Education projects and events continue to support our aims and objectives.
- We remain rated overall as Good by the CQC.
- We continue to be in segment 2 of the System Oversight Framework.
- Capital schemes are progressing to plan across the Trust.
- New CQC single assessment framework is now in place, we are assessing ourselves against the quality statements as preparation for a future inspection.
- The final report of the Infected Blood Inquiry was published on Monday 20 May 2024 with details and guidance made available to staff.

Quality of Care

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

There were 12 complaints in April which is equal to the monthly average. The number of contacts with the Patient Advice and Liaison Service (PALS) service in April was 32, higher than the previous month.

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

1. Limitation on equipment & facilities to deliver planned activity or progress developments due to insufficient capital funding (CDEL) (16)
2. Risk of not achieving the financial plan including the value improvement programme in 2024/25 (20)
3. Risk that patients may experience harm due to significant delays in the management of patients with penile cancer (16)
4. Risk of delayed cancer referral and treatments due to not meeting 24 / 62-day targets (15).
5. There is a risk to the Trust's ability to demonstrate compliance and adherence to its regulatory and statutory requirements (16)
6. There is a risk of Radiology being unable to provide an appropriate turnaround time for reporting of images due to insufficient resource (16)

Operational Performance

The 2024/25 NHSE Planning Guidance 2 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 April against the 2 key cancer standards was;

- The 62-day consolidated standard was 71.2%% against a threshold of 70%.
- We achieved 80% 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 98.3% against a target of 96%.

During April there were 4 operations cancelled on the day 1 for non-clinical reasons and 3 due to lack of critical care capacity, all were rebooked within 28 days

Financial Performance

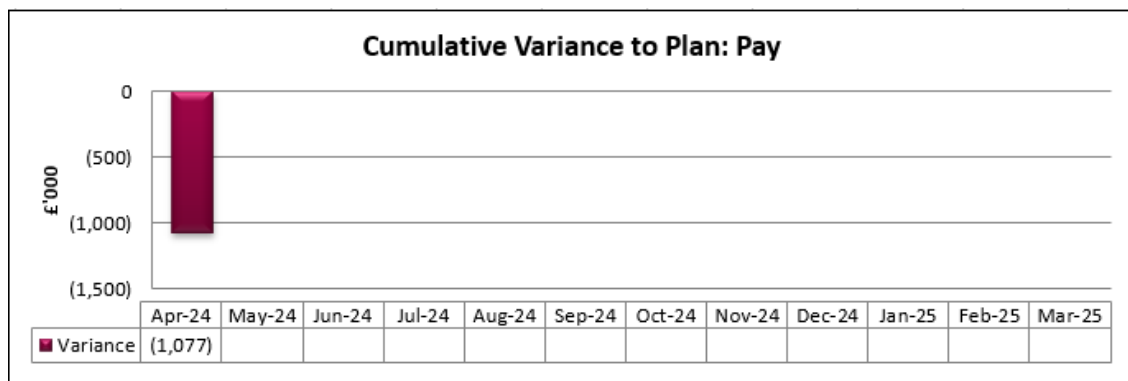
Revenue: Financial performance is ahead of plan by £85k as illustrated in the table below. The Trust is reporting a £669k surplus against a £584k planned surplus position. The better than plan position is primarily due to :-

- pay underspends arising from vacancies
- interest received on the Trust's cash balances above planned levels

Month 01 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(423,078)	(35,257)	(35,065)	192
Other Income	(70,059)	(5,844)	(5,843)	1
Pay	225,643	18,809	17,732	(1,077)
Non Pay (incl drugs)	241,910	20,159	20,506	347
Operating (Surplus) / Deficit	(25,584)	(2,132)	(2,669)	(537)
Finance expenses/ income	30,932	2,578	2,950	373
(Surplus) / Deficit	5,349	446	281	(165)
Exclude impairments/ charitably funded capital donations	(12,625)	(1,030)	(950)	80
Adjusted financial performance (Surplus) / Deficit	(7,276)	(584)	(669)	(85)

The pay underspend of (£1,077k) is illustrated in the graph below :-

- £286k relates to income backed services, including GM Cancer, R&I and The Christie Charity, which has an equivalent reduction in income
- The balance on the Trust pay underspend in M01 is due to vacancies predominantly in clinical posts, most noticeably consultants (£341k) and scientific, technical and therapeutic (£356k).



Capital: The capital plan for 2024-25 has been agreed at £17.4m. The Trust has spent £639k to M01, primarily on:

- TIF ward refurbishment
- 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 £8.9m giving a recurrent shortfall of £5.1m. The level of non-recurrent VIP identified to date is £6.1m, under plan by £1.4m. Year to date, £1m has been delivered against a target of £1.7m.

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	£0.1m ahead of plan
Capital: Capital expenditure against plan	£1.5m under plan

CIP identified (recurrent) against target of £14m	£8.9m identified
Debtor days compared to 15-day target	9 days
Cash balance	£128m
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 92.7% and 84.6% respectively. Sickness absence rates increased slightly in April to 4.35% (threshold of 3.4%). The overall turnover for the Trust has reduced from last month to 13.25%. These issues and the associated plans for improvement have been considered by the Workforce Assurance Committee.

Staff can access a range of key information including Trust workforce policies, information on Health & Wellbeing, recruitment resources and information on leadership and PDRs through this link [MeetWorkforceTeam - 1 \(pagetiger.com\)](#).

The Christie has signed up to NHS England's [charter on sexual safety at work](#), with ten pledges for organisations to follow to safeguard staff. In doing so we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our staff. We have established a task and finish group who are working to implement all ten commitments by July 2024.

[Changes to the immigration system announced in December 2023](#) by the UK government have taken effect from March and April 2024. These changes will impact staff and new recruits across NHS Trusts. From 4 April 2024, Certificates of Sponsorship issued for applications to the Health and Care Visa route for those occupations paid by NHS bands will need to meet the national pay scale for their role or the new minimum salary threshold of £23,200. In addition, Certificates of Sponsorship issued for overseas workers requiring a general Skilled Worker Visa but sponsored by an NHS organisation will need to meet the new salary threshold of £38,700. We are currently working through our records and will contact any staff member who may be impacted by these changes.

Improving the working lives of NHS staff is a key strategic priority, as made clear in the NHS long term workforce plan. [NHS England have written to NHS Trust Boards](#) requiring them to take a number of actions specifically aimed at improving the working lives of Junior Doctors in Training. We will be incorporating these actions into our existing work plans to improve rota management, improve induction, reduce payroll errors and protect time for training.

Congratulations to Dr Yamini McCabe who won an SAS Clinical Achievement Award at the NHS England North West SAS Conference on April 24th.

Culture

The cultural audit outcomes and engagement process have now been discussed by our Management Board and Board of Directors, who have given approval for the actions to be implemented. We have updated the project arrangements and scheduled a number of meetings of an oversight group with representatives from different staff groups and divisions as well as staff side representation. The communications plan for the next steps of the cultural audit implementation will focus on using the divisional cascade via the senior management committee and service divisions. We are also developing the "continuing the conversation" approach set out in the plan. The aim is to incorporate implementation of the cultural audit plan into normal business. The specific role of the board was discussed at the April public meeting. A progress report will be provided at the June meeting.

Research

ESTRO is a non-profit, scientific organisation that aims to foster, in all aspects, radiotherapy, clinical oncology & related subjects. Its mission is to further reinforce radiation oncology as a core partner in multidisciplinary cancer care and to guarantee accessible and high-value radiation therapy for all cancer patients who need it.

They hold an annual conference that took place between 3-7 May 2024 in Glasgow. We were the most present and visible hospital at ESTRO in terms of output and impact of the research that our radiotherapy group presented.

It was announced at the ESTRO general assembly, that Prof Corinne Faivre-Finn will receive the Klaus Bruner award at ESTRO 2025 in Vienna.

As a tribute to Professor Breur's pioneering work, ESTRO created this annual "Gold Medal" award lecture in his name. The Breur Award is the highest honour that can be conferred on an ESTRO member and is awarded in recognition of the major contribution made by the winner to European Radiotherapy. The recipient of this prestigious award delivers a lecture during the Opening Ceremony of the ESTRO Congress.

Following on from the ESTRO assembly, we hosted visiting radiotherapy specialists from Ukraine who talked about Radiotherapy in Ukraine. Dr Lesia Mytsak, Dr Maryna Sokolovska, Dr Liudmila Bordiuh, and Dr Serhii Mykhiliuk joined us on 9th May and spoke about their experiences delivering radiotherapy in Ukraine.

Education

As part of Christie Education's EDI series spotlighting accessibility of cancer care, Paula McGowan OBE (mother of Oliver McGowan and ambassador for The Oliver McGowan mandatory training on learning disability and autism) is a key speaker at our 3rd event, aimed at health and social care staff.

Christie Education have supported Christie clinical teams with a range of events, including national conference work with the UK Cutaneous Lymphoma Group and internationally focused work with Astra Zeneca surrounding prostate cancer.

Our Gateway C primary care oncology/early diagnosis education suite has seen continued success with its Scotland launch, and endorsements from Chief Medical Officer and Cabinet Secretary respectively. NHSE funded FIT work has launched, with endorsement from CRUK. Further funding streams have been secured from GM Cancer, RM partners and commercial sponsors.

Strategic and Service Developments

Pathology JV Re-procurement – initial bidder submissions have been received in line with the procurement timetable. An evaluation process is now underway in line with the tender documents following which the Dialogue process will commence.

Work continues on the formation of a 20-bedroom ward in the former Trust Administration and Digital floors. Internally, the partitions are complete and work on the decorations and finishes such as the wall cladding, services and floor finishes continues. Externally, the cladding to the steel frame continues and within the ground floor of Oak Road area, a hoarding has been erected to allow the reconfiguration to proceed. The key project risks continue to be managed.

Work on the refurbishment of the existing Art Room completed in early May 2024. This project is funded by The Christie Charity.



Planning Permission for the next major strategic development, the Advanced Scanning and Imaging Centre (ASIC) development was received in December 2023. The current actions are the completion of the current design stage and the development of the Treasury compliant Outline Business Case. The Trust is progressing the initial phases of a scheme to replace the Derek Crowther building along Wilmslow Road with a new Advanced Pathology Centre and so facilitate one of the key decants for the ASIC development. The delivery vehicle with the Christie Charity is being developed.

Our Carbon Energy Fund Scheme is a key project in our sustainability aspirations and puts us a step closer towards achieving the NHS Net Zero targets. All major works are complete and the scheme is anticipated to be fully operational in the summer 2024.

The replacement of the Superficial Treatment unit and the CT SIM2 have both commenced and are due to complete in May 2024.

More information about our new developments can be found at: <http://christie.nhs.uk/about-us/our-future/our-developments/>.

Infected Blood Inquiry final report

The final report of the [Infected Blood Inquiry](#) was published on Monday 20 May 2024. The Inquiry's detailed recommendations will be considered by a clinically led NHS England task and finish group, with next steps shared as soon as possible.

Blood is now distributed to NHS hospitals by NHS Blood and Transplant, which was established in 2005 to provide a national blood and transplantation service to the NHS. Modern safety standards are extremely rigorous and NHS Blood and Transplant's services follow strict guidelines and testing to protect both donors and patients, and are subject to regular inspections by independent regulators.

A new online resource is available for patients and the public to find support services from across the NHS <https://nhs.uk/infected-blood-support>

Staff members who have any concerns should contact the Occupational Health Team - tmc-tr.occupationalhealthchristie@nhs.net or call 0161 446 3845. Information is also available on [HIVE](#).

The following further information has also been made available to clinical staff:

Although it is unlikely there are people living with undetected HIV from the infected blood period, concerned patients can be pointed towards [information on HIV diagnosis](#) and the [HIV testing services search tool](#).

Hepatitis B, another infection that can be linked to infected blood, usually clears up on its own without treatment, but some patients acquire chronic hepatitis B. Patients concerned about hepatitis B infection can be directed towards relevant [hepatitis B information](#) or to visit their GP or [local sexual health clinic](#).

All blood donors are screened at every donation and every donation is tested before it is sent to hospitals. Blood services and blood safety has been transformed not only in terms of technological advances in testing but also in the way donors are recruited and checked they are safe to donate.

There have been no reported and confirmed cases of hepatitis C, from any UK blood component, since a 1997 transfusion and for HIV from a transfusion in 2002. NHS England will convene an Extraordinary Clinical Reference Group to inform relevant actions from a specialised commissioning perspective, following the Inquiry report publication.