NHS
The Christie
NHS Foundation Trust

Quality report 2022/23

Quality Report

Part 1: Statement on quality from the Chief Executive

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients. 2022/23 has been another 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 on-going 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 further as we continue to be one of the top scoring Trusts for quality of care in the national inpatient survey The Christie NHS Foundation Trust.pptx (live.com). 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 2022 2021 National Cancer Patient Experience quantitative reports (ncpes.uk)

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

The Board of Directors is strongly committed to building on our existing high standards of quality, and we aim to maintain our reputation for excellence throughout the coming years, especially at a time when any additional resources available to the NHS remain limited. Our results show that we provide high quality care, and we want to maintain this through the implementation of our quality plan 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
22nd June 2023

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

2.1 Quality priorities for 2022/23

2.1.1 Improving patient falls prevention and management

We planned to continue to develop our programme of falls prevention and management interventions to keep patients safe. We want to learn from all our patient falls, not just those that result in harm.

The key quality indicators set for this were:

- There will be no more than 3.35 inpatient falls per 1000 occupied bed days
- We will introduce improved falls prevention and management awareness training to front line clinical staff
- We will relaunch our Falls Prevention Group with a new format to monitor the delivery of our ambitious falls action plan
- We will develop the way we learn from Outpatient falls through our new Outpatient Falls Prevention leads

This quality improvement will be monitored and measured monthly through the Falls Prevention Group, and a report will be provided for information to Friday FoCUS (Focus on Care Understanding Safety) meetings every 2 months.

2.1.2 Review, reintroduction, and expansion of the Christie Quality Mark for all Christie satellite sites

The Christie Quality Mark Accreditation was introduced in response to our patients expressed need to be assured that wherever they receive their treatment they can feel confident that it is of the same high standard.

We will restart the programme of the Christie Quality Mark accreditation that was paused during covid and expand to new sites not previously accredited.

This will be evidenced by:

- The standards and process for accreditation will be reviewed to ensure it meets current service delivery and practices.
- A full programme of inspections will be planned to include all sites that deliver chemotherapy and radiotherapy treatments.
- All sites will be inspected as per the planned programme.
- An engagement and re-education programme will be initiated with all sites to ensure a full understanding of the Quality Mark and the expectation for sites to achieve accreditation.

This quality assurance and improvement accreditation process will be measured through the monitoring of the programme of accreditations and by the production of individual assessment reports that will be presented to Quality Assurance Committee.

More information on the Christie Quality Mark can be found at: [The Quality Mark | Assurance of Our High Standards of Care (christie.nhs.uk)]

2.1.3 Development 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.

This will be evidenced by:

- The Clinical Research Facility (CRF) and the Acute Ambulatory Care Unit (AACU) will undertake their initial CODE accreditation.
- A programme of revalidation will be established to revalidate all previously accredited wards.
- Two new standards ('Care of the patient in last days of life' and 'Care of the patient with diabetes or risk of hyperglycaemia') will be formally included in all new and ongoing CODE accreditations.

This CODE accreditation process will be measured through the monitoring of the programme of accreditations and the production of individual assessment reports that will be presented to an Executive quality panel to give the formal accreditation decision.

More information on The Christie CODE can be found at: The Christie CODE Quality Scheme

2.2 Achievement against quality priorities for 2022/23

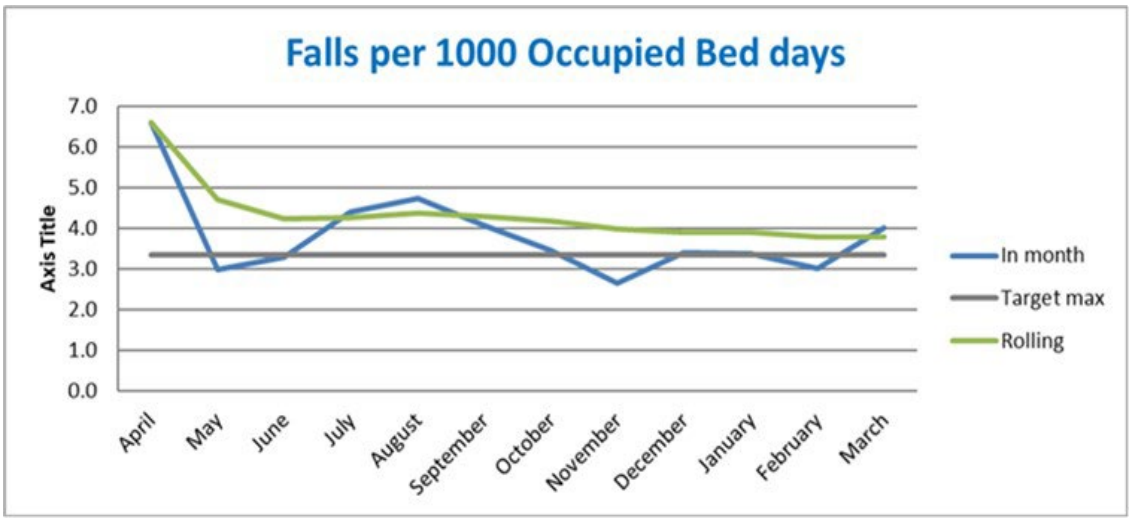
2.2.1 Improving patient falls prevention and management

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.

Our internal ambition was to achieve 3.35 falls per 1000 occupied bed days. 3.35 was our performance for the year 2020/21 followed by 3.8 in 2021/22. This compares to a national average of around 6.6. Our overall performance for 2022/23 was slightly above this ambitious target, at 3.6 falls per 1000 occupied bed days – however this was an improvement on the previous year and well below the national average.

Inpatient falls reviews were overseen by a multidisciplinary falls prevention group which was chaired by the Associate Chief Nurse for Quality and Patient Safety. This group developed and delivered a Trust wide falls action plan. The actions were developed from national guidance, and also from learning we identified through our falls screening tools, and root cause analysis.

We joined the National Audit of Inpatient Falls, so that we can share learning from across the NHS in England. We have improved the way we investigate outpatient falls, by having an 'Outpatient Falls Lead Nurse (Matron)' and are developing our processes for managing outpatient falls. We have identified and reviewed an applicable falls prevention training package, which we plan to launch in 2023/24.



2.2.2 Review, reintroduction, and expansion of the Christie Quality Mark for all Christie satellite sites

The programme of the Christie Quality Mark accreditation was paused during the covid pandemic and was recommenced in 2022/23 with an expansion to new sites not previously accredited.

In 2022/23 we achieved the quality ambition with the following evidence:

- The Christie @ sites were the focus of this year's accreditation programme.
- The standards and processes for both chemotherapy and radiotherapy have been reviewed and updated in collaboration with Service Leads and a Quality Mark inspection tool was developed. This involved reviewing the elements of care, the evidence base and the care statements in regard to Ambulatory Chemotherapy Services, Radiotherapy Services at the Withington and Satellite sites and Proton Beam Service.
- A timetable for accreditation was established including the provision for pre-site visits. In 2022/23 The Christie Quality Mark accreditations were facilitated at the Withington site and Christie @Salford, with the other Christie@ sites planned for May 2023. All sites inspected achieved the Quality Mark accreditation.
- The Quality Mark programme was reported six monthly through the Patient Experience Committee and monitored yearly by the Quality Assurance Committee, which allows for a broad conversation about successes and challenges, areas of concern and opportunities for learning and improvement.

2.2.3 Development and expansion of the Christie Quality CODE

The Christie Quality CODE programme was extended to include two new standards and clinical areas not previously accredited.

In 2022/23 we achieved the quality ambition with the following evidence:

- The Clinical Research Facility (CRF) undertook their CODE accreditation for the first time on 3rd November 2022 and subsequently presented their GOLD accreditation to the Executive panel on 7th December 2022.
- The CODE programme was delivered across the inpatient areas, with associated action plans put in place to address areas for improvement.
- Two new standards – 'care of the patient in the last days of life' and 'care of the patient with diabetes or risk of hyperglycemia' are now included in the CODE accreditations.
- The programme was reported six monthly through the Patient Experience Committee and monitored yearly by the Quality Assurance Committee, which allows for a broad conversation about successes and challenges, areas of concern and opportunities for learning and improvement.

2.3 Our quality ambitions for 2023/24

2.3.1. We will ensure that Preferred Place of End-of-Life Care (PPC) conversations are held with patients and appropriately documented and updated

This will be evidenced by:

- Ensuring that all appropriate staff have access to end-of-life care education
- Improved and consistent documentation of preferred place of care conversations
- Annual audit of documentation to ensure that PPC conversations have been appropriately held with patients
- Ensure that PPC data is monitored against protected characteristics to ensure equity of experience.

This quality improvement will be monitored by the Supportive Care Team and the Quality and Standards Directorate.

2.3.2. Review and continue to expand The Christie Quality Mark for all @Christie sites and outreach services

This will be evidenced by:

- The standards and process for accreditation will be reviewed to ensure it meets current service delivery and practices.
- A full programme of inspections is planned to include all sites that deliver chemotherapy and radiotherapy treatments - programme has been developed and agreed.
- An engagement and re-education programme will be initiated with all sites to ensure a full understanding of the quality mark and the expectation for all sites to achieve.

This quality improvement will be monitored through the accreditation programme with updates provided 6 monthly to the Patient Experience Committee and yearly to the Quality Assurance Committee.

2.3.3. Development 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.

This will be evidenced by:

- Undertake a full review of the framework to ensure it remains fit for purpose.
- 2023/24 will include Acute Ambulatory Care Unit (AACU), Outpatients, Interventional Procedure Unit.
- Develop a staff health and wellbeing standard to be added to the accreditation process.
- Standardise the post accreditation process in the event that Gold Standard is not achieved.
- Review the current Communication standard and include bedside handover.
- This year we intend to review 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.

This quality improvement will be monitored through the accreditation programme with updates provided 6 monthly to the Patient Experience Committee and yearly to the Quality Assurance Committee.

2.4 Statements of assurance from the Board

2.4.1 Review of services

During 2022/23 The Christie NHS Foundation Trust provided 14 relevant national health services:

1. Critical care
2. Haematology and transplantation
3. Specialist surgery
4. Endocrinology
5. Clinical oncology
6. Medical oncology
7. Acute oncology
8. Chemotherapy
9. Radiotherapy including intensity modulated radiotherapy (IMRT) and image guided radiotherapy (IGRT)
10. Brachytherapy and molecular imaging
11. Teenage and young oncology
12. Radiology
13. Christie Medical Physics & Engineering
14. 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 Management Board and Risk and Quality Governance Committee.

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by The Christie for 2022/23.

2.4.2 Participation in clinical audits and national confidential enquiries

During 2022/23, 11 national clinical audits and 1 national confidential enquiry covered relevant health services that The Christie NHS Foundation Trust provides.

During 2022/23, 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 2022/23 are as follows:

1. Bowel cancer (NBOCAP)
2. ICNARC Intensive Care National Audit and Research Centre Case Mix Programme (CMP)
3. Lung cancer (NLCA)
4. National Emergency Laparotomy Audit (NELA)
5. National Prostate Cancer Audit
6. Oesophago-gastric cancer (NAOGC)
7. National Audit of Care at the End of Life (NACEL)
8. Learning Disabilities Mortality Review (LeDeR)
9. National Acute Kidney Injury Programme (NAKIP)
10. National audit of inpatient falls (NAIF)
11. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
12. 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 2022/23, 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	66/66	100%
ICNARC (CMP)	665/665	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	357/357	100%
NACEL	21/21 40/40	100%
LeDeR	0/0	100%
NAKIPg	8184/8184	100%
NAIF	0/0**	0%
SHOT	4.82 per 1000 components	100%
NCEPOD (TfCtAS)	8/9	NA

* Submission delayed but is to be carried out

** NAIF platform to change to allow tertiary entry; it wasn't possible to enter 3 eligible falls that occurred this year at The Christie

2.4.3 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.

Currently the portfolio of Christie research is made up of early phase clinical trials (35%), late phase clinical trials (41%) and other research including basic science, biobank and observational studies (24%). The number of patients receiving health services provided or sub-contracted by The Christie in 2022/23 that were consented during this period to participate in research was 2675.

2.4.4 Quality goals and the CQUIN framework

2022/23 represented a transitional return to the Commissioning for Quality and Innovation (CQUIN) payment framework, which had been paused since the start of the COVID pandemic, with no financial penalties applied to Trusts demonstrating engagement in delivering the CQUIN scheme milestones.

For The Christie, values and milestones were attributed to 2 CQUIN schemes, and achievement of those milestones was monitored by NHS England, to demonstrate Trust engagement.

Indicator Reference	CQUIN	Value (£k)	Proportion of Contract (%)
PSS2	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	£1,668k	1.00%
CCG1	Flu vaccinations for frontline healthcare workers	£417k	0.25%
Totals		**£2,085k**	**1.25%**

The total amount of income attributed to CQUIN in 2022/23 was £2,085k.

The achieving high quality Shared Decision-Making conversations scheme milestones were fully achieved. The flu vaccinations for frontline healthcare workers target of 90% vaccinated by 28 February 2023 was partially achieved, with 75.74% of frontline staff vaccinated.

NHS England concluded that the Trust had appropriately engaged in delivering the CQUIN scheme milestones, and therefore no financial penalties were imposed in 2022/23 and the Trust earned £2,085k.

2.4.5 Care Quality Commission

The Christie NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983. The Christie NHS Foundation Trust has no conditions on registration. The Christie underwent routine unannounced well led and core medical service inspections during October and November 2022. The inspection rating of Good was published on 12th May 2023. An action plan to address the areas for improvement identified in the CQC report was submitted on 5th June 2023. The CQC has not taken enforcement action against The Christie NHS Foundation Trust during 2022/23.

2.4.6 Data Quality

The Christie submitted records during 2022/23 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 2023 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	97.2%	100%	99.70%
Outpatient care	99.8%	100%	
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 Radiology Information System (RIS) User Group meets regularly and is chaired by Performance Management. This meeting brings 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.

2.4.7 Information Governance

The Christie NHS Foundation Trust's Data Security and Protection Toolkit compliance overall score for 2021/22 resulted in standards met. Mersey Internal Audit Agency, the Trust's internal auditors, provided assurance to the evidence provided in the Data Security and Protection Toolkit.

The 2022/23 Data Security and Protection Toolkit assessment is covering from May 2022 to June 2023 having been taken out of alignment with financial reporting periods in recognition of the impact of the pandemic, with decision to retain these timelines to release wider Trust pressures around financial reporting deadlines. The Trust is working towards continued compliance, with internal auditor verification taking place.

2.4.8 Payment by Results / Information Governance

The Christie NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during the reporting period.

A Data Security and Protection Toolkit Clinical Coding Audit took place in December 2022, by the Trust's NHS Digital approved auditor the results of this audit are as follows:

	% Correct
Primary diagnosis	91.5%
Secondary diagnosis	91.8%
Primary diagnosis	96.5%
Secondary diagnosis	92.3%

2.5 Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	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 2021/22	The Christie Performance 2022/23	National average	National Highest/ lowest
The Trusts patient reported outcome measures scores for: i. groin hernia surgery ii. varicose vein surgery iii. hip replacement surgery iv. knee replacement surgery	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2021/22	The Christie Performance 2022/23	National average	National Highest/ lowest
The percentage of patients aged: i. 0 to 14 ii. 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 Performance 2021/22	The Christie Performance 2022/23	National average 2021/22	National Highest/ Lowest 2021/22
The Trust's responsiveness to the personal needs of its patients	Ensuring that people have a positive experience of care	84.4%	Expected publication of 22/23 figures delayed as of May 2023 due to merger of NHS Digital & NHS England	74.5%	H - 85.2% L - 67.3%
Hospital stay: 01/11/2020 to 30/11/2020; Survey collected 01/01/2021 to 31/05/2021					
The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients receiving a good experience of care whilst under the care of The Christie. The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of patient satisfaction surveys and the National Friends and Family test.					

NHS Outcomes Framework	Indicator	The Christie (National) Performance Q1	The Christie (National) Performance Q2	The Christie (National) Performance Q4
National Pulse Survey 4 Measures taken in Q1, Q2 & Q4	Engagement	6.33 (6.64)	6.5 (6.62)	7.67 (6.59)
	Advocacy	6.92 (6.68)	7.06 (6.65)	8.23 (6.59)
	Involvement	5.87 (6.44)	6.35 (6.46)	7.69 (6.45)
	Motivation	6.20 (6.8)	6.09 (6.74)	7.09 (6.73)
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 2021/22	The Christie Performance 2022/23	National average 2022/23	National Highest/ Lowest 2022/23
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.	95.36%	95.86%	93.8%	H – 99.6% L – 73.0%
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 2021/22	The Christie Performance 2022/23	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.	98.1%	97.6%	VTE data collection was suspended in March 2020 due to COVID. As of May 2023, this collection has not re-commenced, therefore there are no national figures for VTE.	
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 2021/22	The Christie Performance 2022/23	National average 2021/22	National Highest/ Lowest 2021/22
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.	71.02	Data is obtained through national reporting which was yet not available as of June 2023.	25.04	H – 78.6 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 2021/22	The Christie Performance 2022/23	National average 2021/22	National Highest/ Lowest 2021/22
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.	4616 13 0.28%	6377 9 0.14%	45638 104 0.23%	H - 5477 L – 678 H – 23 L – 0 H- 1.02% L- 0%

The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to record the incidences of patient safety, the rate of incidences and the percentage of severe harm or death of patient safety incidences within The Christie.

The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required This will be reviewed through the quarterly Patient Safety and Experience report.

2.6 Staff who "Speak Up"

The Christie is committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak up. When staff feel confident and safe to speak up the following benefits are achieved:

- The Trust is made aware of situations that could potentially impact on patient care
- The Trust has the opportunity to take action so that any detrimental consequence is avoided
- The Trust has the opportunity to learn
- Staff are able to share their anxiety about a situation and therefore reduce their stress
- Staff feel a greater sense of engagement, inclusion and support for Trust values

Every opportunity is taken to raise the profile of the importance of raising concerns and support available, including attendance by the Freedom to Speak Up Guardian (FTSUG) at team meetings, attendance at Christie@ centres and presence at staff inductions.

Any member of staff can approach the FTSUG for advice and support to raise their concern and the Guardian is supported by Champions in promoting the speaking up message.

Other activities which helped to promote a positive speaking up culture include;

- A display during Freedom to Speak Up month focusing on the themes suggested by the National Guardian's Office
- Development of videos of senior staff sharing their experiences of speaking up and listening
- Production of a video of our ethnic diversity staff network's experiences
- Refreshing the Freedom to Speak Up policy to reflect the updated national policy

A review of the concerns raised under the Freedom to Speak Up policy was undertaken to assess activity against the following principles for speaking up:

- The person raising the concern was thanked and dealt with in a supportive way
- The concern was investigated
- There was communication with the person raising the concern
- Outcome, following investigation of the concern, was shared with the person raising the concern
- Learning from concerns raised, where appropriate, was identified and shared

To provide a better understanding of Trust culture in relation to speaking up, results from the national staff survey questions relating to speaking up were analysed and the FTSUG asked for feedback from staff who contacted the service.

The FTSUG provides a twice-yearly report to a number of 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.

Part 3: Review of quality performance in 2022/23

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 scrutinised frequently so that adverse trends can be identified early.

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

The Board's Quality Assurance Committee is responsible for providing board assurance on 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, through a programme of Executive walk rounds. Non-Executives and Governors also undertake regular visits to clinical areas to see at first hand the quality of care and environment and to hear directly from patients about their experience of the hospital.

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

3.1 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.

3.1.1 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.

The 'Friends & Family Test' has been re-established post-covid for over a year now and is a huge resource/set of data in relation to patients experience at The Christie. The main changes made to improve FFT are:

- making the wording of the mandatory question and standard response scale more effective in collecting good quality feedback, and
- making it easier for patients to give feedback by changing the timing requirements for responding and providing the opportunity for people to give anonymous, quick feedback via FFT when they want to.

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, measured as percentage of positive scores ranged between 94% to 98% for the inpatient ward areas and 94% 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 2023/24 to understand the opportunities for improving patient experience.

3.1.2 National inpatient survey 2021/22

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 619 patients responded. The response rate was 56%, compared to national average of 39%.

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

Top 5 scores vs Picker Average	Trust	Picker Avg
Q2. Did not mind waiting as long as did for admission	88%	65%
Q43. Told who to contact if worried after discharge	98%	75%
Q14. Able to get food outside of meal times	92%	73%
Q3. Did not have to wait long time to get to bed on ward	93%	74%
Q25. Right amount of information given on condition or treatment	94%	80%

Most improved scores	Trust 2021	Trust 2020
Q15. Got enough to drink	99%	98%
Q25. Right amount of information given on condition or treatment	94%	93%
Q43. Told who to contact if worried after discharge	98%	97%
Q28. Given enough privacy when being examined or treated	100%	99%
Q20. Had confidence and trust in the nurses	100%	99%

The percentage of responders that rated their experience at 7/10 or above was 96%. Whilst the area for greatest improvement was in regard to patients being asked for their feedback on the quality of the care during their stay.

There were no questions where The Christie was much worse, worse or somewhat worse than most Trusts.

Following the 2021/22 survey, the results were discussed with key managers and at relevant Trust Committees.

3.2 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 assessment was carried out in September 2022 at The Christie's sites in Withington and Macclesfield.

The Christie's highest rating was for the ward food, with the Trust's Withington site scoring 100%, nearly 10% above the national average of 90.2%. The patient assessors were particularly impressed with the variety of dishes available. Unlike many hospitals, patient food at The Christie is prepared and cooked on-site, and the in-house catering team are responsible for the complete service from delivery to patient.

The Withington site also scored highly in all other areas, beating the national average in every category. This was the first time that The Christie at Macclesfield has taken part in the assessment. The centre, which opened in 2021, does not serve food but scored highly in all areas, including cleanliness (99.38%) and condition and appearance of the site (100%).

Both sites performed well in terms of the quality of care for disabled patients and those with dementia, beating the national average by over 10% in both categories.

3.3 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
Thursday 28th April 2022	John Archer, Clinical Services Manager Tom Edwards, Clinical Services Manager Dr Ed Smith, Consultant	A live stream video on Proton Beam Therapy Service.	Covid restrictions in place
Thursday 26th May 2022	Professor Adrian Bloor	Presentation on CAR-T therapy service developments.	Covid restrictions in place
Thursday 30th June 2022	Professor Ananya Choudhury, Honorary Academic Consultant Cynthia Eccles, Consultant Research Radiographer	Presentation on MR Linac based Radiotherapy.	Covid restrictions in place
July	**No meeting**		
August	**No meeting**		
Thursday 29th September 2022	Patient Experience Day of Peritoneal Service	Board members attended the event following the meetings of the Board.	Visited Acute Oncology Assessment Unit Chief Operating Officer & Company Secretary, 4 Non-Executive Directors
Thursday 27th October 2022	Ben Vickers - Patient Safety Specialist & Risk Lead Matt Bilney - Associate Chief Nurse (Quality and Patient	Patient Safety Strategy.	Visited Christie @ Macclesfield Chair, CEO, Deputy CEO, Chief Operating Officer, Director of Workforce, Chief Nurse,

Date	Presenter	Topic	Board of Directors Visits
	Safety)		Medical Director, 6 Non-Executive Directors
Thursday 24th November 2022	Donna Graham, Consultant Leanna Goodwin, Research Practitioner	Digital Apps and Inclusivity	Visited Outpatients Chief Operating Officer, Chair, 2 Non-Executive Directors
December	**No meeting**		
Thursday 26th January 2023	Dr Tim Cooksley, Consultant Liz Perry, Matron - Acute & Critical Care	Acute Oncology – patient flow & the Christie hotline	Visited New & Old Outpatient Pharmacy Chief Operating Officer, Company Secretary, Chair, 3 Non-Executive Directors
February	**No meeting**		
Thursday 30th March 2023	Karen Jewers, Lead Cancer Nurse at WWL Kathryn Place, MacMillan Transformation Manager Kalena Marti, Consultant in Medical Oncology	The Christie@Wigan service - patient & staff interviews	Palatine Ward – new Beds for CAR-T Chief Operating Officer, Company Secretary, Chair, 4 Non-Executive Directors

3.4 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 Executive Chief Nurse and Director of Quality. The plan sets out our quality ambitions based on 3 themes, Safe, Quality Improvement and Clinical Effectiveness, and a positive experience and how we will govern, measure and achieve quality in care over the next 3 years.

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.

Whilst the COVID-19 pandemic presented the NHS with some of the greatest challenges it has ever experienced, we remained focused on quality and are incredibly proud of the response from our workforce and patients, to build on the progress made since the launch of the 2017-2020 Quality Plan.

The pandemic and its transition into 'Living with COVID-19' in early 2022 has enabled us to reflect and re-evaluate on our previous objectives in line with The Christie strategic objectives and the times we now live in. 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 attitudes, 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.

3.5 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: or https://www.christie.nhs.uk/about-us/the-foundation-Trust/about-the-Trust/board-of-directors-meetings/

4. Clinical Indicators - Patient Experience

4.1 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 2022/23 The Christie received 171 complaints. The chart below shows a comparison of complaints received over previous financial years:

4.2 Learning from Complaints 2021/22

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

Issues	Actions taken
Poor experience within Pharmacy department.	It is recognised by the Trust and company directors that the patient experience can sometimes fall short of what we would like to deliver when patients attend pharmacy. With this in mind there is currently a project to build and commission a separate outpatient dispensary within the main site, at a location more convenient for all patients and visitors. It is the intention, separating the outpatient service from all other pharmacy activity, that the supply of medication will be far more efficient and result in patients receiving their medicines in a timelier manner. It is anticipated that the new dispensary will open in the summer of 2023.
A patient concerned about the lack of emotional support from the clinical nurse specialist team in a particular specialty.	The clinical specialty have recruited additional Clinical Nurse Specialist support to better meet the emotional needs of patients coming through the service.
Patient experienced poor communication whilst on the ward.	To improve communication between staff, the ward manager has introduced an update board so doctors can write treatment changes on for the nurses to see. Our doctors have also been encouraged to verbally handover any information regarding patients and their families to the named nurse or nurse in charge to avoid any delays in communicating this information going forward.
Patient concerned that they received no response to their email sent to the department.	Review of administration processes and also undertaking an audit of our doctor of the day emails to identify if this is the most appropriate person for requests to be sent to.

5. Clinical indicators - Clinical Effectiveness

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

As described in our 2020/21 quality accounts, outcomes such as mortality and complication rates after highly specialised, urological, gynaecological and colorectal surgery at The Christie have been reported to the Board of Directors and when published have set international benchmarks for standards of care. Similarly, outcomes of radiotherapy and chemotherapy for specific cancer types have shown care at The Christie to be of international standard. These results are published in professional journals and discussed at the Trust's regular mortality and morbidity meetings.

The Board of Directors receives a monthly presentation from a clinician describing a patient's story including the outcomes and effectiveness of the care that they provide. The Board of Directors also receives summary reports on the outcome measures. Reports are discussed at the quarterly morbidity and mortality meetings with the technical reports available to Board members if required.

Cancer survival is dependent upon the type of disease, some cancers have worse prognosis than others e.g. lung cancer and therefore geographical differences in survival are often related to the relative incidence of poor prognosis cancers in that region. In the North West, there is a particularly high rate of lifestyle related cancers in particular smoking related cancers that have poor prognosis.

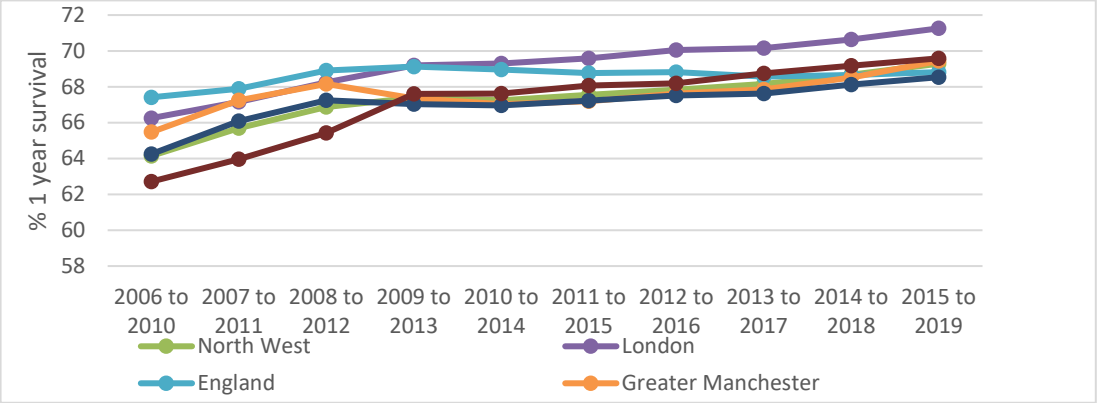
As a specialist cancer centre, The Christie only sees patients in specific parts of the patient pathway following diagnosis rather than at the point of diagnosis and may not see some patients at all depending on their type of cancer and the stage of their cancer at diagnosis. For some cancer types only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

5.1 One- and Five-Year Cancer survival

Our aim is to provide leadership within Greater Manchester and Cheshire to improve awareness of cancer symptoms and to support earlier local diagnosis, for example through supporting screening programmes. We aim to work with the providers in Greater Manchester and Cheshire to ensure effective diagnostic, treatment and referral pathways to The Christie and to ensure, through our clinical audit and other mechanisms that the treatment we provide meets best evidence-based practice guidelines.

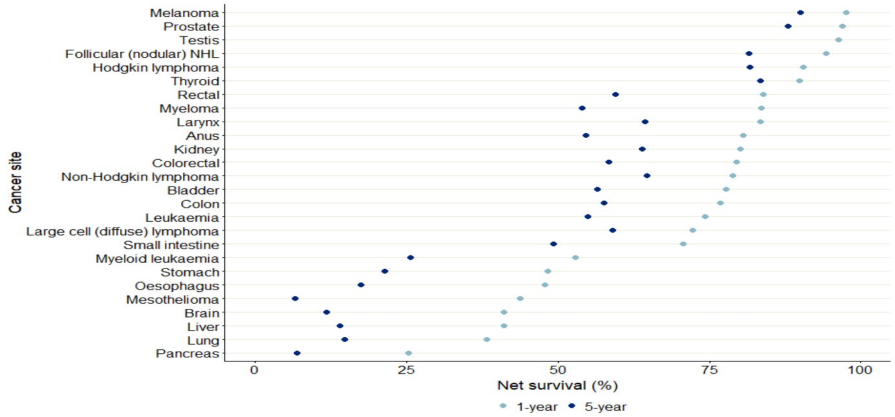
As a specialist cancer centre, we have a responsibility to lead improvements in cancer services across Greater Manchester and Cheshire and whilst both one year and five-year survival rates are the result of many factors other than the services provided by The Christie they are influenced by our services. We have the opportunity to support efforts at cancer prevention and earlier detection, as well as ensuring rapid diagnosis and referral when needed.

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



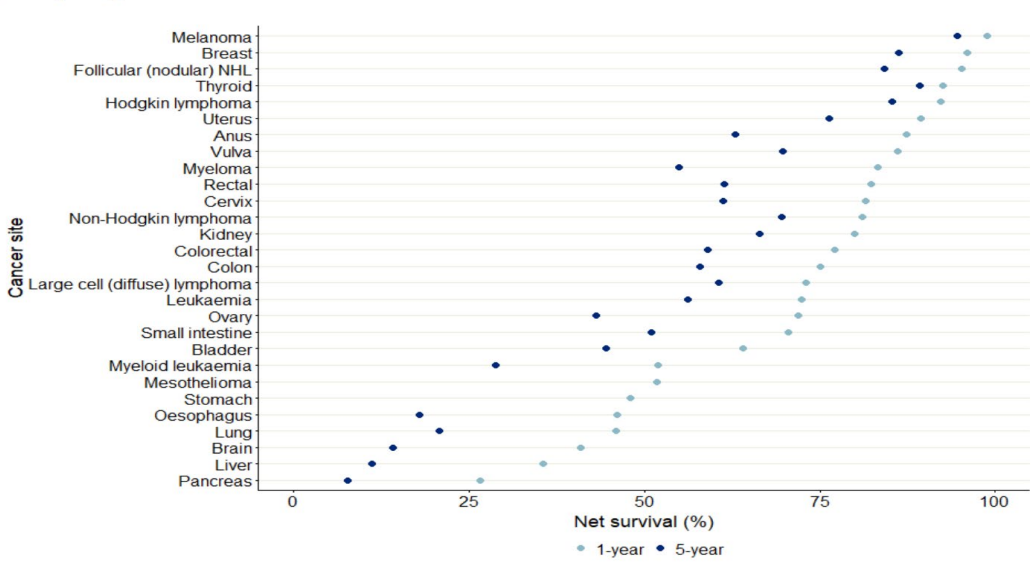
Data from [adultcancerfinal_ods_update051120.ods (live.com)]

Figure 2: Age-standardised 1-year and 5-year net survival for males (aged 15 to 99 years) diagnosed cancer 2014 - 2018.



Data source [Cancer survival in England for patients diagnosed between 2014 and 2018, and followed up to 2019 - GOV.UK (www.gov.uk)]

Figure 3: Age-standardised 1-year and 5-year net survival for females (aged 15 to 99 years) diagnosed cancer 2014 - 2018.



Data source [Cancer survival in England for patients diagnosed between 2014 and 2018, and followed up to 2019 - GOV.UK (www.gov.uk)]

Table 1: One year survival (percentages with 95% confidence intervals) by cancer type. Data for The Christie is for patients diagnosed between 2015 and 2019 using data from eforms in CWP. England data are taken from non standardised survival data published by Public Health England for patients diagnosed in 2015 – 2019. adultcancerfinal_ods_update051120.ods (live.com) *Note that England data are net survival whereas The Christie data are crude survival.*

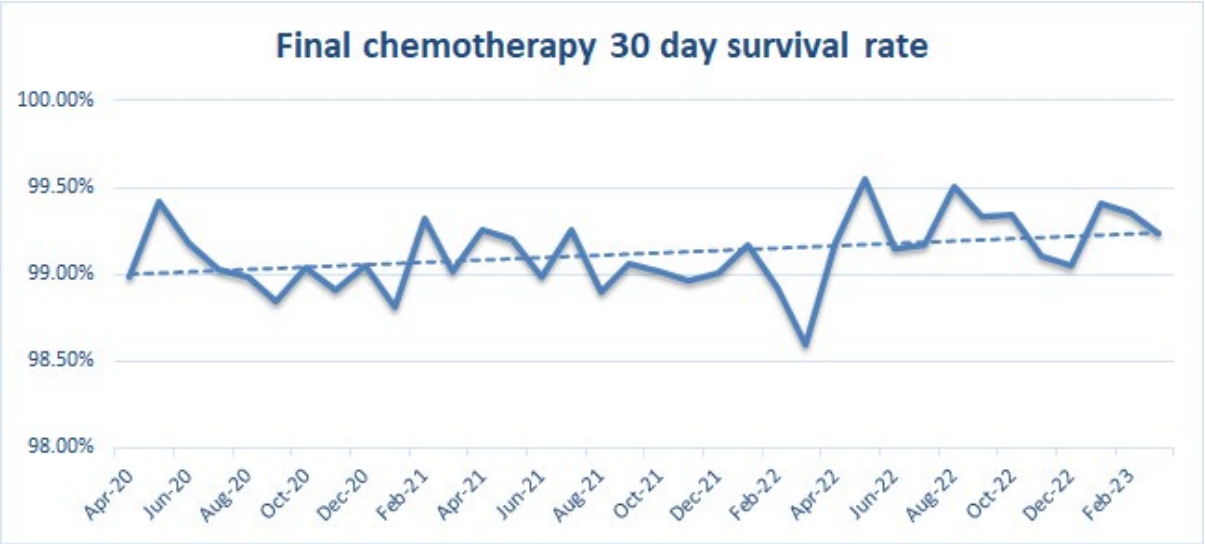
		All stage combined		Stage I		Stage II		Stage III		Stage IV	
Lung		41.9%		87.6%		72.0%		48.8%		19.2%	
	England	41.7	42.1	87.2	88.0	71.2	72.8	48.3	49.3	18.9	19.4
	Christie	47.7%		82.3%		66.8%		51.5%		29.4%	
		46.5	48.8	80.1	84.0	62.6	70.3	49.0	53.8	27.8	30.8
Prostate	England	96.8%		100.8%		100.9%		100.6%		86.5%	
		96.7	96.9	100.7	100.9	100.7	101.0	100.4	100.7	86.1	86.8
	Christie	97.1%		99.0%		99.0%		99.0%		89.0	
		96.6	97.5	98.8	99.5	98.0	99.4	97.8	99.1	87.2	90.7
Colorectal	England	76.3%		97.7%		92.8%		88.1%		41.9	
		76.0	76.5	97.4	97.9	92.5	93.1	87.7	88.4	41.4	42.4
	Christie	81.6%		95.6%		94.1%		92.2%		62.2	
		80.3	82.7	91.3	97.3	92.0	95.5	90.7	93.3	59.5	64.3
Ovary	England	75.5%		98.8%		91.7%		74.7%		54.8	
		75.0	76.0	98.5	99.1	90.2	93.1	73.8	75.6	53.5	56.1
	Christie	85.5%		98.2%		92.2%		84.8%		77.2	
		82.3	87.9	91.6	99.1	78.0	95.8	79.5	88.3	69.8	82.1

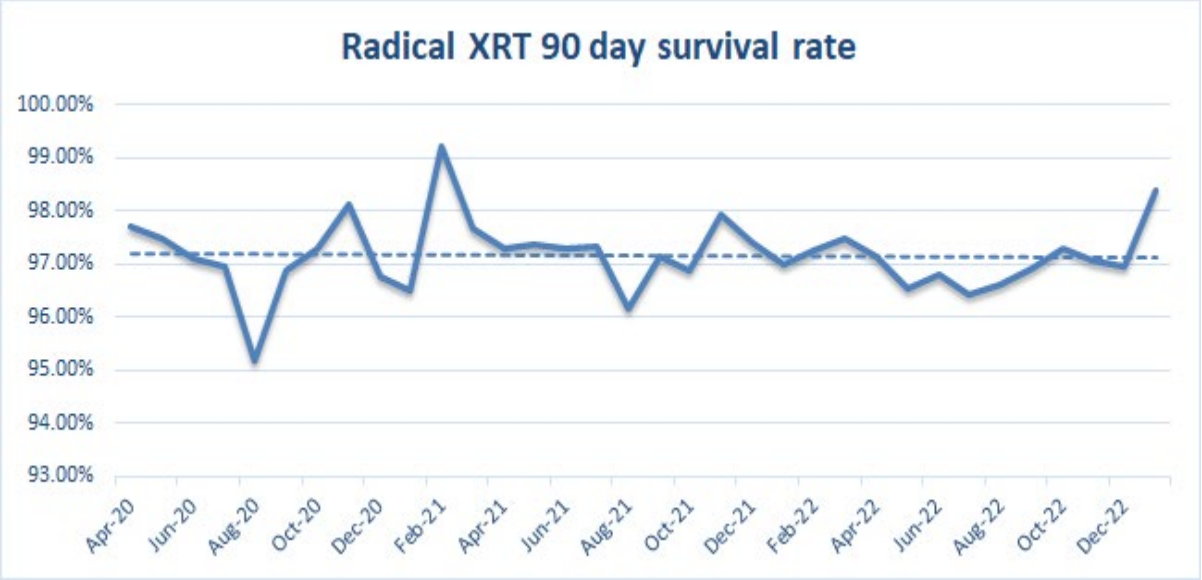
The table shows that for all cancer types the five-year survival figures in Greater Manchester are similar to those for England as a whole.

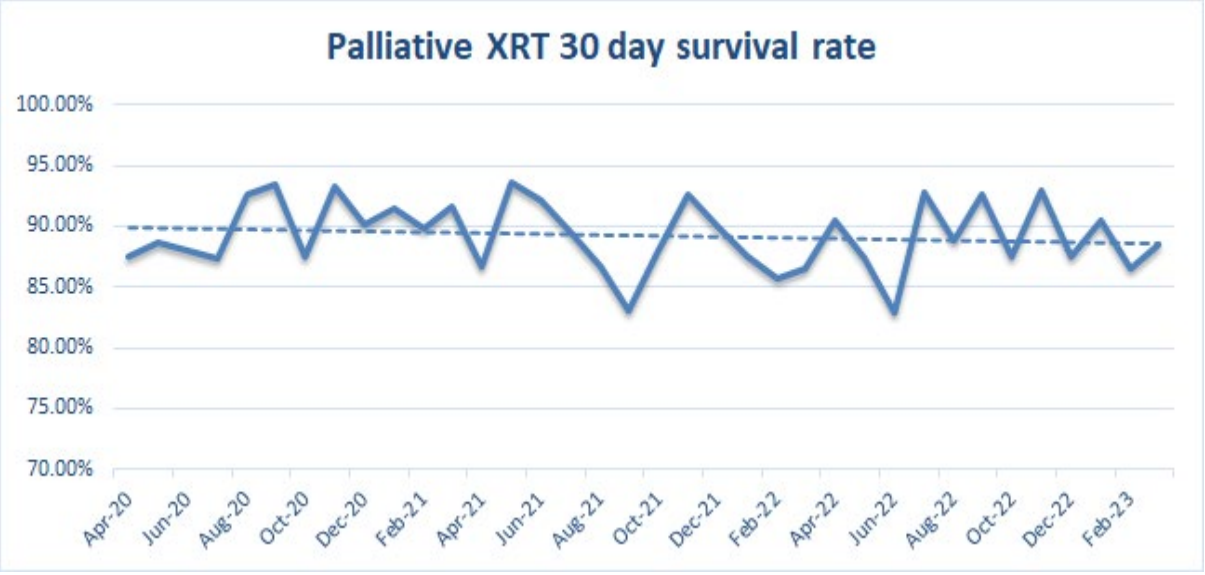
Demonstrating that our treatments are effective is very important as is demonstrating our contribution to improvements in cancer care across Greater Manchester and Cheshire. We have selected three indicators: the coverage of our clinical audit programme, examples of outcome data available and patient safety.

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

5.2 Survival rates for 30 days post chemotherapy treatment, 90 days post radical radiotherapy treatment and 30 days post palliative radiotherapy treatment.







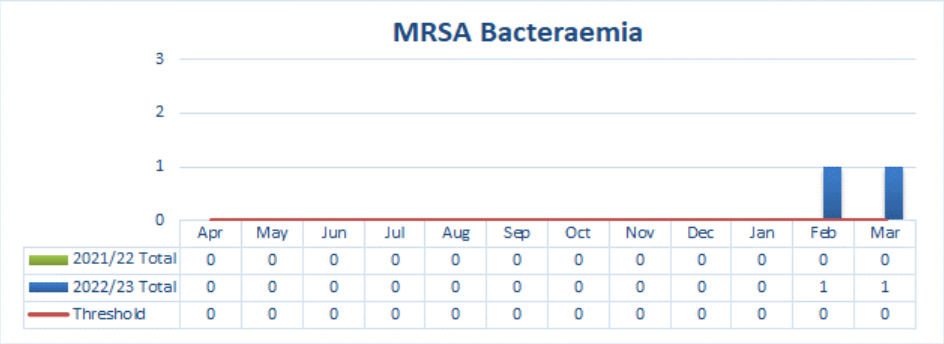
6. Clinical indicators - Patient safety

6.1 Healthcare acquired infections

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

6.1.1 MRSA bacteremia

In 2022/23 we have had two cases of MRSA bacteremia, against a threshold of 0.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22 Total	0	0	0	0	0	0	0	0	0	0	0	0
2022/23 Total	0	0	0	0	0	0	0	0	0	0	1	1
Threshold	0	0	0	0	0	0	0	0	0	0	0	0

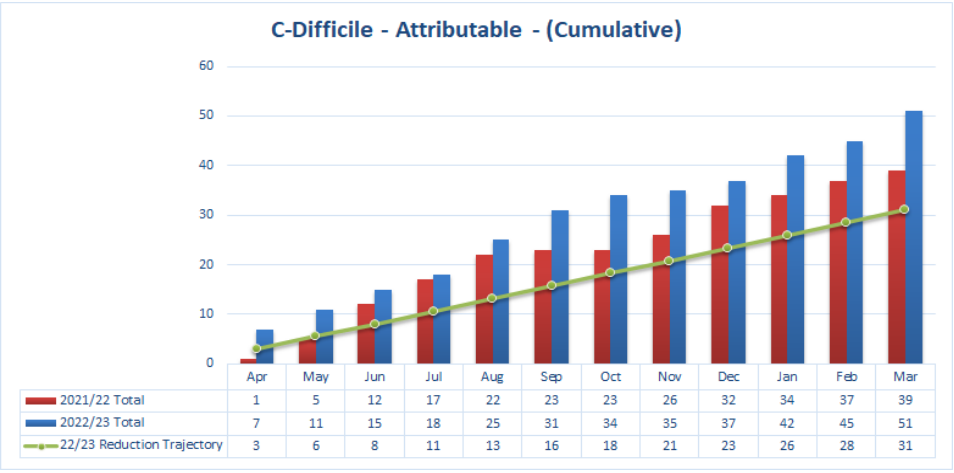
6.1.2 MRSA % appropriate elective patients

In 2022/23 The Christie screened 100% of eligible elective patients.

6.2 Healthcare acquired infections - Clostridium Difficile

There were 51 cases of Clostridium Difficile infections (CDI) – healthcare acquired in 2022/23 against an agreed threshold of no more than 31. There were 8 community acquired cases identified on admission and therefore not attributable to the Trust. Upon full root cause analysis, there were no healthcare acquired cases due to lapses in care.

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22 Total	1	5	12	17	22	23	23	26	32	34	37	39
2022/23 Total	7	11	15	18	25	31	34	35	37	42	45	51
22/23 Reduction Trajectory	3	6	8	11	13	16	18	21	23	26	28	31

6.3 Incidents Management

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

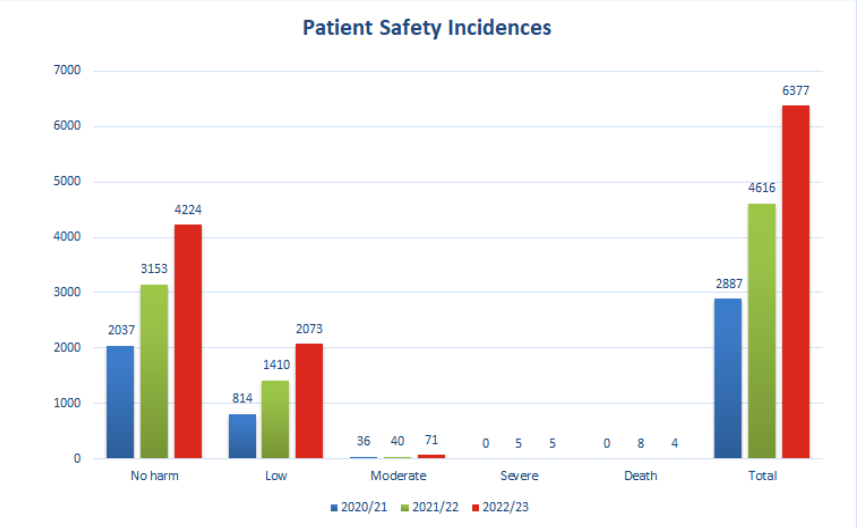
All reported incidents are investigated, with the level of investigation commensurate with the incident grade. All incidents with an impact grade of 3 (moderate) and above, out of a maximum of 5, are reported on a weekly basis to the executive team. These incidents are triaged by an executive review 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 also established 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 2022/23 is not formally closed down until the end of May 2023, therefore the data contained within these accounts is subject to further validation.

6.3.1 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 Committee
- Patient falls at the Falls Prevention Group

Reporting levels have remained fairly static overall and remain in line with clinical activity trends.

6.3.2 Serious Incidents

There were 5 serious incidents investigated this year. These related to:

- Incorrect chemotherapy dosing
- Missed spinal metastases on CT scan
- Delayed nephrostomy tube change
- Blood transfusion following transplant
- Chemotherapy dose reduction

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

6.3.3 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.

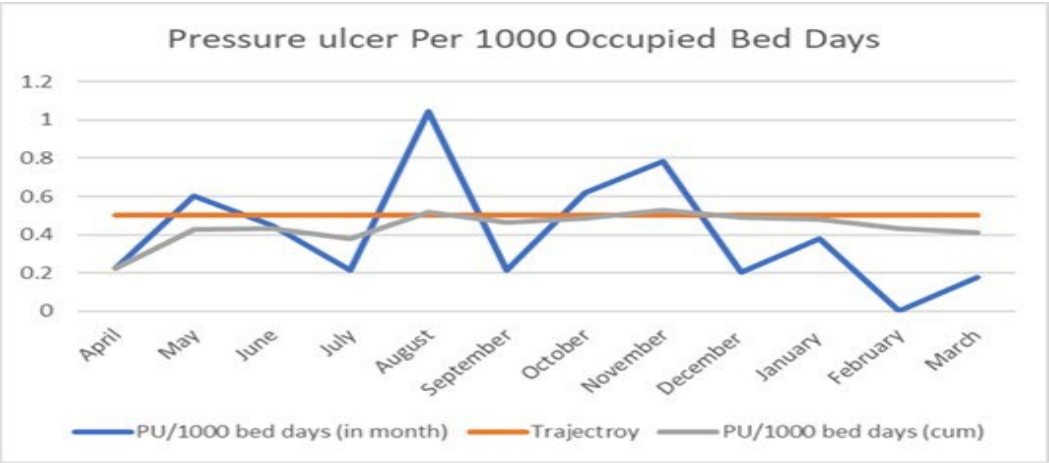
Information from this initial discussion is taken account of within the incident investigation and the person undertaking the Duty of Candour keeps in touch with the patient or their family as appropriate during the investigation. At the end of the investigation, feedback is given on the outcome which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

6.3.4 Never Event

There have been 0 never events in 2022/23.

6.3.5 Pressure Ulcers

Our internal ambition for 2022/23 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 24 hospital acquired pressure ulcers, which was 0.4 per 1000 occupied bed days. This was achieved by having a robust training programme in place for pressure ulcer prevention, and also by learning from investigations of any category 2 or above pressure ulcers through our biweekly quality meeting (Friday FoCUS). For example, following an increase in medical device related pressure ulcers on patients' ears, a new nasal cannula oxygen therapy device was implemented. Following this there was a reduction in the number of medical device related pressure ulcers. There were no category 3 or 4 pressure ulcers in the year.



6.3.6 Patient Falls

Please see section 2.1

6.3.7 Local Clinical Audits

In 2022/23, 217 audits were completed across the divisions as shown in the table:

Division	Number of completed audits in 2017/18	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
Clinical Support and Specialist Surgery	88	95	72	83	81	92
Networked Services	82	69	98	93	88	102
Other (Quality & standards, School of oncology, Research)	17	18	22	11	15	23
Total	**187**	**182**	**192**	**187**	**184**	**217**

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.

7. NHS Staff Survey

Indicator	2021	2022	National Average (Specialist Trusts only)
Q14c - % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	16.2%	14.8%	18.1%
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	60.0%	63.4%	84.1%

8. Inpatient mortality reviews at the Christie 2022-23

8.1 Learning from Deaths: Inpatient mortality reviews at the Christie 2022-23

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 25th April 2023; it is an on-going process.

Table 1: Activity 2022-23	**Quarter 1 Apr – Jun**	**Quarter 2 Jul - Sep**	**Quarter 3 Oct - Dec**	**Quarter 4 Jan – Mar**	**Total**
No. deaths	**69**	**84**	**76**	**89**	**318**
No. deaths that have triggered SCR review	18	14	18	16	66
No. completed SCRs	18	12	15	11	56
No. discussed at MSG	18	11	12	4	45

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.

8.2 Monitoring of deaths

Deaths each week are monitored by the Executive review group to identify any exceptional trends. For 2022/23, 318 Christie patients died at the Withington site. A comparison with previous years is shown in table 2.

Table 2: On-site deaths annually

	2016 - 2017	2017 - 2018	2018 - 2019	2019 – 2020	2020 - 2021	2021 - 2022	2022 - 2023
Total deaths in year	237	271	295	286	213	251	318
Deaths following emergency admission	212 (90%)	222 (82%)	266 (91%)	244 (85%)	178 (84%)	216 (86%)	260 (82%)
Emergency admissions - year	5081	6212	5921	6071	5779	6453	6969
% deaths / total emergency admissions	4.17%	3.57%	4.49%	4.02%	3.08%	3.35%	3.73%
Total admissions (excluding day cases)	10, 079	10,768	10,154	10,479	9619	9381	11670
% deaths / total admissions	2.35%	2.51%	2.88%	2.73%	2.21%	2.67%	2.72%

Table 3: 2022/23 Assessment of avoidable deaths* as confirmed at Mortality Group meeting of 25.04.2023:

*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

2022 – 2023 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	29	6	-	-	-	-	-	-	6	1	1	0
May	20	5	-	-	-	-	-	-	5	-	-	-
Jun	20	6	-	-	-	-	-	-	6	-	-	-
Jul	28	5	-	-	-	-	-		5	-	-	-
Aug	25	2	-	-	-	-		-	2	-	-	-
Sep	31	4	-	-	-	-		-	4	-	-	-
Oct	26	3	-	-	-	-	-	-	3	-	-	-
Nov	25	5	-	-	-	-	1	-	4	-	-	-
Dec	25	4	-	-	-	-	-	-	4	-	-	-
Jan	32	1	-	-	-	-	-	-	1	-	-	-
Feb	29	3	-	-	-	-	-	-	3	-	-	-
Mar	28	0	-	-	-	-	-	-	-	-	-	-
Total	**318**	**44**	**-**	**-**	**-**	**-**	**1**	**-**	**43**	**1**	**1**	**-**

Table 4: Quarter 1 – 4 Ratings of overall care* after Mortality Group meeting 25.04.2023:
*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	29	7	-	-	-	5	2
May	20	5	-	-	-	3	2
Jun	20	6	-	1	-	3	2
Jul	28	5	-	-	-	3	2
Aug	25	2	-	-	-	-	2
Sep	31	4	-	-	1	2	1
Oct	26	3	-	-	1	1	1
Nov	25	5	-	-	1	1	3
Dec	25	4	-	-	-	1	3
Jan	32	1	-	-	-	-	1
Feb	29	3	-	-	-	1	2
Mar	28	0	-	-	-	-	-
Total	**318**	**45**	**-**	**1**	**3**	**20**	**21**

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

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

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 30days 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.

8.3 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.

9. Performance Key Indicators

National targets and minimum standards	Target	Threshold 2022/23	Q1	Q2	Q3	Q4	Yearly position
Infection control	Number of Attributable C-Diff cases	31	15	16	6	14	**51**
	Number of MRSA Bacteraemia	0	0	0	0	2	**2**
	MRSA Screening	100%	100%	100%	100%	100%	**100%**
Cancer Targets	% of cancer patients waiting a maximum of 31 days for diagnosis to first definitive treatment	96%	98.1%	98.3%	97.7%	97.6%	**98.0%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (anti- cancer drugs)	98%	99.7%	99.9%	99.6%	99.6%	**99.7%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (Radiotherapy)	94%	99.5%	99.7%	99.5%	99.3%	**99.5%**
	% of cancer patients waiting a maximum of 31 days for subsequent treatment (surgery)	94%	99.4%	99.7%	99.4%	99.1%	**99.5%**
	% of cancer patients waiting a maximum of 14 days from GP referral to first outpatient appointment.	93%	89.5%	86.4%	93.5%	95.2%	**91.4%**
	% of cancer patients waiting a maximum of 28 days from GP referral to receiving a confirmed diagnosis.	75%	87.5%	48.0%	46.4%	42.3%	**49.4%**
	% 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%	76.5%	76.8%	80.1%	71.8%	**76.2%**
	% 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%	80.6%	85.5%	83.0%	78.3%	**81.8%**
	% of cancer patients waiting a maximum of 62 days from screening referral to first definitive treatment (based on national allocated position)	90%	73.3%	58.8%	82.4%	92.0%	**78.9%**
18 Weeks	18 week incomplete pathways	92%	98.2%	97.6%	97.8%	96.7%	**97.5%**
6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	98.7%	99.1%	99.7%	99.4%	**99.3%**

Feedback from External Parties on the Christie 2022/23 Quality Accounts.

Healthwatch
GM Commissioners
NHS Christie Governors

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