The Christie NHS
NHS Foundation Trust

Meeting of the Board of Directors

Monday 30th January 2012 at 1.00 p.m.

Trust Administration meeting room

The Christie NHS
NHS Foundation Trust

Public Meeting of the Board of Directors
Monday 30th January 2012 at 1.00 pm in the Trust administration meeting room, The Christie

Agenda

1.00 p.m. Presentation: Adrian Bloor: Christie Stem Cell Transplant Programme: Outcomes and future development

				Page
1/12	**Standard business**			
a	Apologies		Chairman	
b	Minutes of previous meeting – 25th November 2011	*	Chairman	3
c	Action plan rolling programme/matters arising	*	CEO	11
2/12	**Key reports**			
a	Chief executive's report	*	CEO	13
b	Medical director's report	*	MD	17
c	Integrated performance report	*	Exec dirs	23
3/12	**Strategy**			
a	IT Strategy 2009-2014 – progress review	*	DoF&BD	87
4/12	**Approvals**			
a	Monitor declaration for quarter 3 submission	*	DoF&BD	103
b	Risk awareness and mandatory training for board and senior managers	*	DoN&Q	119
5/12	**Board assurance & sub committee minutes held in November & December 2011**	*	Chairs of committees	123
6/12	**Any other business**			
7/12	**Date and time of the next meeting** Monday 27th February 2012 at 1.00 pm in the Trust administration meeting room, The Christie			

* paper attached

The Christie NHS
NHS Foundation Trust

DRAFT Public minutes of the meeting of the Board of Directors of The Christie NHS Foundation Trust held on Friday, 25th November 2011 at 12 p.m. in the trust administration meeting room centre, The Christie NHS Foundation Trust

Present:	Lord Keith Bradley (KB)	Chairman
	Mr Bill Farndon (BF)	Senior non-executive director
	Mr Lee Childs (LC)	Non-executive director
	Sir Duncan Nichol (DN)	Non-executive director
	Jenni Murray (JM)	Non-executive director
	Mrs Caroline Shaw (CEO)	Chief executive
	Dr Chris Harrison (MD)	Medical director
	Mr Ian Moston (DoF&BD)	Director of finance & business development
	Mrs Jackie Bird (JB)	Director of nursing & quality
	Roger Spencer (RGS)	Chief operating officer
In Attendance:	Thelma Gowenlock	Governor, volunteers
	Neil Wrathall	Governor, staff: non-clinical
	Kate Hurry	Head of communications
	Rachel Daniel	Head of marketing and membership
	Mrs Karen Baxter	Assistant board secretary

The chairman welcomed two of our governors Thelma Gowenlock and Neil Wrathall, along with Kate Hurry, head of communications, Rachel Daniel, head of marketing and membership and Mr Don Berry, a local resident who were all observing the meeting.

Before the meeting commenced the Board received a clinical presentation by Mr Vijay Sangar entitled dynamic sentinel lymph node biopsies for penile cancer.

VS gave an overview of penile cancer and the rationale and background for using dynamic sentinel node biopsy (DSNB). He stated that The Christie is the second centre in the UK to offer this treatment and the only centre in the North of England. VS explained that this technique is extremely successful and reliable with very low complication rates. It also reduced length of stay in hospital for patients.

CS sought clarification on what other centre in the UK uses this technique. VS stated that St. Georges Hospital is the other centre with comparable results to ours.

CH queried whether this procedure could be used on other types of cancer. VS stated that this was entirely possible. For example, breast cancer and he was aware that a well designed study had been set up to demonstrate this. Melanoma was another area where this procedure could be successful.

Mr Sangar was thanked for his excellent presentation.

		Action
62/11	**Standard business**	
a	**Apologies**	
	No apologies were received.	
b	**Minutes of previous meeting – 28th October 2011**	
	The minutes of the meeting held on the 28th October 2011 were approved and the Chairman was authorised to sign them.	
c	**Action plan rolling programme/matters arising**	
	The CEO confirmed all actions are either complete or are covered on the agenda. The Christie Clinic reporting arrangements are covered in part 2 of the meeting.	
63/11	**Key reports**	
a	**Chief executive's report**	
	CS drew particular attention to the following issues in her report: (i) The 20:20 vision project was progressing well. Rachel Daniel, head of communications and marketing, is now leading this project and will manage the consultation and co-ordinate the implementation of the action plan. Rachel will be working with Manchester Business School to restructure the questions and evaluate responses received. (ii) On 14th November the trust were proudly presented with a Green Apple award for endeavours in environmental best practice. This is a national award won in competition with 500 other nominated organisations. (iii) The CEO had recently attended a meeting to discuss MAHSC developments. These included the funding of an extended clinical trials co-ordination unit hosted by The Christie that can be accessed by other specialties and MAHSC organisations. This is an extremely positive development for the trust. (iv) CS and RGS had attended the NHS CEO conference in London on 24th November. This included presentations by Andrew Lansley, David Nicholson and David Flory. Topics high on the agenda were delivering on QIPP, integration between patient pathways and organisations and reform.	
b	**Medical directors report**	
	CH drew particular attention to the following issues in his report: (i) A reorganisation of the clinical leadership has taken place to match the reduction from three to two clinical divisions. Two divisional clinical directors have been appointed - Dr Nick Slevin and Dr Jeremy	

		Action
	Lawrance. (ii) CH was pleased to advise the board that Dr Prakash Manoharan, consultant radiologist, had been appointed as a member of the Administration of Radioactive Substances Advisory Committee (ARSAC). This is a very significant achievement and a great tribute to both Dr Manoharan and the trust. iii) The trust had been informed of the sad news that Dr Ian Todd had passed away. Dr Todd had worked at the Christie from 1958 to the late 80s and had been involved in some very significant developments and clinical trials. His daughter Sue continues to work in the radiology department. (iv) The Cancer Network has now established a new Acute Oncology Planning and Implementation Group to support the development of new services. Dr Makin had attended the first meeting representing the trust. Whilst new services will be set up in acute trusts with emergency departments, there is a need to provide additional oncologist support locally. (v) The Department of Health plans to run a national bowel cancer symptoms awareness campaign for 8 weeks from the end of January 2012. CH reported that this will have huge potential outcomes for patients nationally and this will bring opportunities for The Christie. JM asked if CH knew of any plans nationally to repeat the bowel cancer home testing arrangements. CH stated there were numerous and very different ways of screening and these would have an impact on the trust.	
c	**Integrated performance report**	
	RGS outlined month 7 performance. He highlighted: Quality patient satisfaction - 92% excellent or good Outpatient 20 minute wait - 82.6% (target 80%) 11 complaints 1 inquest Chemotherapy 30 minute waiting time 41.3% (target 45%). This is below target this month due to a 20% increase in activity in the Oak Road treatment centre; an escalation plan has been implemented. No MRSA cases CDiff better than trajectory - two attributable cases for the year so far. No SUI panels, five executive reviews and no significant incidents. Risks - One corporate risk at 16 which is 62 day performance and one divisional risk at 15 which is concerning clinical trials in the Oak Road Patient Treatment Centre. Financial risk rating is 4 Patients treated - +0.35% against plan Objectives - one green, three amber, mandatory services - green Efficiency - length of stay 6.25 days, sickness absence 3.75% which is a slight increase due to seasonal factors, agency 2.3% of total pay bill. RGS drew attention to the following additional reports in the performance report this month.	

		Action
	62 day performance - 81.1% for month reporting green. CaRPs referral times continue to be monitored carefully and there is a slight increase this month which is a good indication for Q4 performance. A copy of a letter sent by CS and KB to David Bennett, Chair and Interim CEO at Monitor was included in the performance report and was a good demonstration of progress achieved in this area. Medical revalidation - CH provided an update. He stated that this national process for revalidation of doctors will start from late 2012 and has been developed over many years. This will be based upon a 5 year cycle of annual appraisal leading to a recommendation to the GMC that the individual doctor may continue to practice. There is a national benchmark set and the Christie has achieved in all cases. The existing process for consultant appraisal has been reviewed and enhanced to ensure this is more robust. Accurate trust-wide recording of appraisal activity is now in place along with a quality assurance system. Industrial action planned for 30th November 2011 - The trust had received strike notification from four unions with key impact areas being radiotherapy, domestics, porters and administration and clerical. Contingency plans are in place to mitigate against the potential impact of this action on the organisation and to ensure the continuing safety of patients and staff. Actions taken include the setting up of a 24 hour control room, communication plan to patients, staff and media and guidance for managers on sickness and recording of absence and leave for child care due to closure of schools. Major incident 7.11.11 - On the afternoon of Monday, 7th November the electricity supply was disrupted due to a contractor cutting through a high voltage cable. A control room was established and a number of actions taken. It was pleasing to note that this live testing worked well and CS congratulated RGS and his team. Questions were invited from the board concerning items in the performance report. DN stated that he was pleased to see figures concerning chemotherapy outreach and asked what percentage of patients were still being treated at The Christie. RGS stated it was planned for approximately 50%. Further details would be presented in the proposed chemotherapy strategy due to be presented to the Board of Directors in January.	**COO**
	WF sought clarification on the slight increase in radiotherapy waiting times. RGS stated this was due to a minor build up and that in the long term more patients would be treated at satellite centres. IM reminded board members that a key part of the capital programme was the linear accelerator work and that a retraction on this site would soon start to happen. KB thanked the executive team for a good set of results for the month.	

		Action
64/11	**Strategy**	
a	**Update on marketing plan 2011/12**	
	Rachel Daniel attended the meeting to give a six monthly update on the marketing plan for 2011/12. RD highlighted the following achievements: The production of the Annual Report and summary review for 2010/11 - presented on time and on budget. Website development - The new trust and charity websites have been completed and effectively promote The Christie. The functional back end of the charity website is to be developed further to be more interactive. This will allow the charity to develop closer relationships with fundraisers and improve services to them. Social media - Good relationships have been established with the new BBC health correspondent based at Salford and through that we have received national coverage. Our Twitter and Facebook details are now added to our promotional materials where appropriate. Increase in positive media coverage about charity in regional and local media - Dennis Tueart's book and the recent Peter Kay event received extensive media coverage. KB stated it was interesting to note that now the BBC are based at Media City in Salford there seemed to be an increase in the use of local talent for comment on health matters. This will have a very positive impact for The Christie. The Board agreed this was an excellent marketing plan which was developing constantly. KB asked that congratulations are passed on to the whole team.	
65/11	**Approvals**	
a	**CQC unannounced inspection report and action plan**	
	As reported at October's board meeting, the CQC carried out an unannounced inspection on the 5th October 2011. Five key standards were reviewed and the trust was found to be compliant in all five standards. JB stated the action plan had been agreed by the executive team and will be formally reviewed and managed to conclusion through the management board and progress will be provided to the quality assurance committee for Board. WF stated that the executive team should be congratulated on the outcome of this report. He did note however that the subject of care plans being communicated with patients seemed to be a key area here. JB reported that she had recently worked clinically on Ward 12 and had specifically asked six patients about their care plan and each patient was able to confirm exactly what this was.	

		Action
	JM asked about communication training with medical staff specifically concerning the breaking of bad news. CH stated that the Maguire communication skills unit are highly specialised in this area with an excellent support scheme in place. The medical revalidation system will also identify individuals who need extra support in this area. It was requested that CH provides a paper to January 2012 Board showing the range of things we do in this area. JB reiterated that the CQC evidence was based on one ward for two hours and was a snapshot only. CS stated it was important to note that the issues identified had been reviewed and followed up in the action plan. The action plan following the CQC unannounced inspection was approved.	**MD**
b	**Review of case for development of the Education Centre within the School of Oncology**	
	Dr Richard Berman and Dr Cathy Heaven attended to present the case for the development of the education centre within the school of oncology. RB explained the proposal and why more space and better facilities were needed. He stated that the school of oncology currently has an annual surplus of £200,000 but that with the new development it was estimated this would see a 10% increase p.a. LC stated he had enjoyed reading the business case which was extremely well put together and was entirely reasonable and it should be reiterated that this needed to be viewed as a long term investment. DN acknowledged that this was a great opportunity for the school of oncology but stated that if the numbers in medical students were to double it was important to manage the risk in this area carefully. JM queried how patients feel about having medical students involved in their care. CH confirmed that this is very carefully managed with a strict protocol of behaviour adhered to. This business case was approved but it was noted that it would also be presented to the charitable funds committee for that element of funding to be approved. Dr Richard Berman and Dr Cathy Heaven were both thanked for an excellent presentation.	

		Action
66/11	**Board assurance reports and sub committee minutes held in October 2011**	
a	**Audit committee – 28.10.11**	
	LC reported that the audit committee continued to closely monitor the accuracy of the Ascribe system and that work was continuing in this area. Concerns had been raised by Internal Audit about The Christie Clinic and in particular the quality of reporting as it appeared that some key information was missing. IM stated the level of information and quality is addressed in his paper in part 2 of this meeting. The issue of waivers had been discussed and further work is being undertaken. This has also been discussed at both performance meetings and management board. External audit provision - The Audit Commission will be reformed in February 2012 and the audit committee had agreed to wait for the outcome before considering alternative options available.	
67/11	**Any other business**	
	None was raised.	
	Date and time of next meeting:	
	Monday, 30th January 2012 at 1 p.m. in trust administration meeting room.	

The Christie NHS
NHS Foundation Trust

Agenda item 1/12 c

Public Meeting of the Board of Directors
Monday 30th January 2012
Action plan rolling programme after 25th November 2011 meeting

Month	From Agenda No	Issue	Responsible Director	Action	To Agenda no
30/01/2012		Safe & sustainable presentation	COO	Mike Burrows invited to board but unable to attend	-
		Monitor return - Q3 report	DoF&BD	Monitor Q3 report for approval	4/12 a
		Quality improvements 2012	DoN&G	Paper to January board	deferred to 27/02/12 meeting
		Chemotherapy strategy	COO	Present strategy to January board.	2 February 2012 board away day agenda
27/02/2012		Financial plans - revenue 2012/13 and 5 year capital programme	DoF&BD		
		Quality improvements 2012	DoN&Q	Deferred from January meeting	
25/03/2012		Corporate objectives 2012/13	MD	For approval	
		Financial plans - revenue 2012/13 and 5 year capital plan	DoF&B	For approval	
		Assurance framework 2012/13	DoN&Q	For approval	
		Annual plan 2012/13	Chairman	For final review	
		Annual board reporting cycle	Chairman	For approval	
		Letter of representation & independence	Chairman	Directors to sign	
		Register of directors interests	Chairman	Report for approval	
		Annual governance statement	DoN&Q	For approval	
		Key stakeholder action plan	CEO	For approval	
30/04/2012		Monitor return - Q4 report	DoF&BD	Monitor Q4 report for approval	
		CQC Essential standards of quality and safety	DoN&Q	Declaration for approval	
		Annual reports from audit & governance committees	NED	For information	
		20:20 vision	CEO	Launch of the vision	
28/05/2012					
25/06/2012					

The Christie NHS
NHS Foundation Trust

Agenda item 2/12 a

Meeting of the Board of Directors
Monday 30th January 2012

Report of	Chief executive
Paper Prepared By	Caroline Shaw
Subject/Title	Chief executive’s report
Background Papers	n/a
Purpose of Paper	To keep the board of directors updated on key external developments & relationships
Action/Decision Required	The board is asked to note the contents of the paper.
Link to: ➢ NHS Strategies and Policy	
Link to: ➢ Trust’s Strategic Direction ➢ Corporate Objectives	Achievement of corporate plan and objectives
Impact on resources and risk and assurance profile You are reminded that resources are broader than finance and also include people, property and information.	
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.	

The Christie NHS
NHS Foundation Trust

Agenda item 2/12 a

Meeting of the Board of Directors
Monday 30th January 2012

Chief executive's report

1. **Innovation Investment fund**
We are participating in a development project together with ten other trusts and some venture capitalist funds. The project is sponsored by the Department of Health and facilitated by the NHS Confederation. Its aim is to establish an innovation investment fund which can facilitate the rapid development and marketing of innovations. The Christie is one of four trusts on the project steering board.

2. **NHS Global**
The COO and DoF&BD met with Richard Stubbs from NHS Global who is seeking views on development and the provision of added value to the FT community. Further discussion will take place at a future date on the next stages of development.

3. **20:20 Vision update**
The 20:20 Vision engagement exercise is progressing well with 920 responses received by 16th January 2012. The initial set of questions has been updated and a feedback response form has been devised for completion when stakeholder meetings are held. The project team is currently working to update the meeting schedule and complete feedback forms for all meetings.

We are working with Manchester Business School regarding the evaluation of the responses. The first 500 responses have been given to The University and the initial interim feedback paper is due at the end of January. Further interim papers with follow at the end of February and March, and the final paper will follow in early April. A programme of engagement is currently taking place with a small team wearing 20:20 Vision t-shirts encouraging people to have their say both on-site and in shopping centres across the area.

4. **Proton therapy update**
Andrew Lansley announced in December 2011 that the government does plan to invest in proton beam therapy. The Christie is committed to offering patients the best possible treatments and this new service will help save more lives, particularly children, teenagers and young adults with cancer. As one of three potential sites we, together with the Manchester team, are now looking forward to working with the Department of Health to complete our business case.

4. **Stakeholder event**
The 5th annual joint stakeholder event will be hosted by The Christie on 25th January 2012. The event offers all key stakeholders the opportunity to hear first hand details of how developments to improve outcomes, productivity and savings have been delivered along with plans for the future. The event is aimed at GPs, emerging clinical commissioning groups, cancer network leads, public health, community and practice nursing and those with a specialist interest in cancer services. Relevant feedback from the event will be reported in the February chief executive's report.

5. Planning meeting

Our plans for a multi-storey car park on Kinnaird Road were discussed at the Manchester City Council Planning Committee on 22nd December 2011 along with the Manchester Cancer Research Centre proposal for a new research building. The committee deferred a decision to allow members to undertake a site visit which is scheduled for 19th January 2012 ahead of the next planning committee meeting on the same day.

6. Macmillan Quality Award

Following an exhaustive day of inspection The Christie at Oldham has been awarded the Macmillan Quality Award. The Oldham centre scored a 5, the highest possible mark which is rarely given. Congratulations to all those who worked on the project and to all the staff at Oldham who continue to maintain such a high standard of patient care.

The Christie NHS

NHS Foundation Trust

Agenda item 2/12 b

Meeting of the Board of Directors

Monday 30th January 2012

Report of	Medical Director
Paper Prepared By	Dr Chris Harrison
Subject/Title	Medical director's report
Background Papers	n/a
Purpose of Paper	To bring to the attention of the board of directors current issues relating to the Trust or external network
Action/Decision Required	To note
Link to: ➢ NHS Strategies and Policy	Cancer Outcomes Framework
Link to: ➢ Trust's Strategic Direction ➢ Corporate Objectives	All objectives of the Trust
Impact on resources and risk and assurance profile You are reminded that resources are broader than finance and also include people, property and information.	Nil
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.	NWCIS - North West Cancer Intelligence Service CRF - Clinical Research Facility ARSAC - Administration of Radioactive Substances Advisory Committee QIPP - Quality, Innovation, Productivity and Prevention

The Christie NHS
NHS Foundation Trust

Agenda item 2/12 b

Meeting of the Board of Directors

Monday 30th January 2012

Medical Director's Report

1. **Clinical Presentation**
This month's clinical presentation will be by Dr Adrian Bloor, consultant haematologist, who will talk about "Christie Stem Cell Transplant Programme: Outcomes and future development".

2. **Clinical Outcomes**
We have completed the pilot phase of our new clinical outcomes data collection. This focused on gynaecology and lung cancers.

The aim is to improve both timeliness and completeness of data required for the cancer registry and to provide effective and structured data to allow us to monitor activity and analyse outcomes.

In the Gynaecology pilot, 122 new cases (100%) have been captured since September 2011. Of these, all relevant stage values have been recorded (>98%) and similarly with grade, disease status, performance status and treatment intent (all >90%). There were similar results for the lung cancer pilot.

Roll out is following within the breast, upper gastro intestinal, colorectal and urology disease groups and total trust roll out is planned to be complete by June 2012.

3. **Breast Implants**
In response to the Medicines and Healthcare products Regulatory Agency (MHRA) we completed a return to establish the number of silicone gel filled implants and removals for rupture.

We were able to confirm there have been no 'PIP' implants ever procured or implanted at The Christie ('PIP' is the type of implant about which there has been national publicity).

No example of rupture of implants from any manufacturer from implants inserted after 2001 were identified.

4. **Critical Care Visit**
The Greater Manchester Critical Care Network undertook a planned visit to The Christie on 5th January. The purpose was to assess our compliance against level 2 critical care standards and discuss the increasing requirement for short-term level 3 critical care arising from The Christie Clinic, Haematology and Transplant Service and clinical trial activity. We await the feedback from the visit and will respond accordingly.

5. **Communication Skills for Medical Staff**
The board has asked for further details of the training provided in communication skills for medical staff and how standards are maintained.

Members will be aware that The Christie has an outstanding reputation for training in communication skills through the Maguire Unit. Cathy Heaven, our associate director of education is also national clinical lead for the national programme 'Connected', which has recently been commissioned to develop a programme in New Zealand.

All consultants involved in multi-disciplinary teams of The Christie are required to undertake an advanced communication skills course as a peer review requirement. This course is provided by the Maguire Unit.

Assessment of skills is through the annual consultant appraisal programme which now includes a requirement for standard patient feedback.

Communication with consultants is specifically covered in the national patient survey and The Christie has consistently been in the top rated trusts in the country on this criterion.

Specialist Registrars (Specialists in Training) attending multi-disciplinary teams are required to undergo advanced communication skills training with progress being assessed through the annual training appraisal and feedback.

More junior doctors (those undergoing basic postgraduate training at various levels) undertake a 1-day course as part of their ongoing development.

Medical students attending The Christie (now all 390 students in the final year) undergo a 2-hour communication skills training programme as part of their attachment here. The modern medical curriculum builds communication skills development into all five years, including patient contact from the start of the course.

6. Cancer Survivorship

Dr Makin was successful in her application to Macmillan Cancer Support for the testing of a late effects pathway and a coordinator post for people previously treated for pelvic cancer.

This builds upon the previous NHS improvement project and work undertaken by Dr Davidson and colleagues in relation to late toxicity measurement and patient related outcomes, which the board has previously heard about.

This will be one of several pieces of work endorsed by management board to implement the Christie Cancer Survivorship Strategy over the next 2 years.

7. Research and Development Update

- Clinical Research Infrastructure bid

The Clinical Research Infrastructure bid was submitted on December 14th, the bid was Reviewed by the MAHSC Strategic Committee with very positive feedback; The Christie delivered more activity for the same level of funding as other bids from Manchester and was able to demonstrate significant growth (rising from 267 patients in 2006 to 898 in 2011).

Other bids in Manchester were from the Wellcome Trust, Clinical Research Facility (CRF) and a respiratory bid from South Manchester. The outcome is announced in March.

- Early phase trials unit

Dr Andrew Wardley has been appointed Clinical Director of the unit replacing Professor Malcolm Ranson.

- **Parliamentary Round Table Meeting**

Angela Ball, Research and Development Manager attended a meeting on December 7th to discuss the NHS reforms.

- **Clinical Trial Coordination Unit**

Funding for the unit has been secured from the MAHSC partners (£1million +); this will enable the unit to expand to support activity to non-oncology areas.

8. Cancer Research UK

The Cancer Research UK Translational Cancer Research Prize for 2011 has been awarded to our leaders of the Clinical Experimental Pharmacology team which includes Professor Caroline Dive, Professor Malcolm Ransom and Dr Fiona Blackhall.

9. Education

Cathy Heaven, associate director of education has been invited to work with the Northern health board in New Zealand to set up a communication skills programme. This is based on the English programme 'Connected', for which Cathy is the national clinical lead. The work also involves Allie Fellows, one of the trainers from the Maguire Unit.

10. GP Liaison Proposal

We have identified senior Christie clinicians to link with every Clinical Commissioning Group (CCG) locality and they are currently arranging to meet CCG chairs and their cancer lead clinicians.

Our leads will be listening to primary care colleagues' views, engaging and offering support to the new cancer leads and sharing new Christie proposals.

11. Visits to the Christie

Professor Arnie Purushotham

Professor Purushotham is Director of the Kings Health Partners Cancer Programme, Professor of Breast Cancer at Guys and St Thomas' NHS Foundation Trust and one of the authors of the recent publication on sustainable cancer care. He visited The Christie in December to meet clinicians and establish clinical and academic relationships and a return visit is planned.

Dr Mahmood Adil

Dr Adil is the National QUIPP Clinical Adviser and was asked to visit The Christie because of our approach to service line management and the Directory of Care. This visit resulted in our being involved in the national work on cost-effectiveness in radiotherapy and chemotherapy.

12. Safe and Sustainable – Redesign of Acute Healthcare Services

The safe and sustainable programme, is a Pan Manchester QUIPP initiative that will require support from acute trusts working in partnership with primary care.

Dr Makin attended the first meeting of the medical director group, which was chaired by Dr Raj Patel, Medical Director for Manchester PCT. In addition, Mr Malcolm Wilson will be attending a clinical group set up to review acute surgical provision across Greater Manchester.

Mike Burrows, Chief Executive NHS Greater Manchester attended our management board on 19th January to update on the programme of work.

13. Eurocan

Eurocan is a European Commission funded project involving 28 European cancer Institutions, including The Christie, and organisations to work together in a unique collaboration. The centres will collaborate on projects to help improve cancer research and treatment, including improving clinical outcomes. The first annual meeting took place in December 2011.

14. National Reference Groups – Specialised Commissioning

Dr Nick Slevin has been appointed as the Chair of a new national advisory group on radiotherapy. The group is part of the new clinical advisory system set up to advise the National Commissioning Board on clinical matters. This will be an important position as new technology for radiotherapy is developed and as a national tariff for radiotherapy is implemented.

15. Oncotype DX

This is a new test that can predict the response of some types of breast cancer to treatment. It is currently being assessed by NICE but the outcome of that process is not yet known. In the meantime a small pilot study is being carried out to assess how useful the test is in practice. Discussions with commissioners continue, although until definitive NICE guidance is published, it is unlikely that the test will be introduced into routine practice and then only if the NICE assessment is supportive.

The Christie NHS
NHS Foundation Trust

Agenda item 2/12 c

Integrated performance and quality report for month 9 - December 2011

Report of	Executive Directors
Paper Prepared By	Chris Harrison, Medical Director Roger Spencer, Chief Operating Officer Ian Moston, Director of Finance & Business Development Jackie Bird, Director of Nursing & Quality Marie Hosey, Head of Performance Joanne Fitzpatrick, Deputy Director of Finance
Subject/Title	Integrated performance and quality report for month 9
Background Papers (if relevant)	Balance scorecards Commissioner reports
Purpose of Paper	The report shows the trust's performance for strategy, finance, efficiency, workforce, patients' experience, clinical quality, access and targets
Action/Decision Required	To note the content of the report
Link to: ➢ NHS Strategies and Policy	NHS Plan Cancer plan Cancer waiting times Choose and book NHS planning guidance Payment by results NHS financial regime
Link to: ➢ Trust's Strategic Direction ➢ Corporate Objectives	8.3 Improving Quality of Care within our agreed Quality Framework 8.3 Developing a Network of Services 8.3 Developing an Ambitious Programme of Cancer Research 8.3 Establishing our Image and Reputation as a Leading Comprehensive Cancer Centre 8.3 Developing a Nationally Recognised Programme of Cancer Education 8.3 Being an Excellent Employer and Recruiting Excellent Employees 8.3 Demonstrating Excellent Quality, Operational and Financial Management 8.3 Protecting and Enhancing the Environment and Local Community
Resource Impact	None
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.	IP – Inpatients DC – Day Case MRI – Magnetic Resonance Imaging CT – Computer Tomography NWMP – North West Medical Physics FCE – Finished consultant episode CWT – cancer waiting times QRP - Quality risk profile

Summary month 9 performance report

Quality

- 95% 'excellent' or 'good' in patient satisfaction survey
- Outpatient 20 minute wait – 80.9% (local target 80%)
- Chemotherapy 47.1% were seen within 30 minutes (local target 45%)
- Pharmacy turnaround times of simple and complex scripts – 84.2% (target 80%)
- Quality and risk profile continues to be high in compliance remaining at 96% in December, with a low risk of non compliance.

Patient safety

- 0 MRSA bacteraemia since October 2009
- Clostridium Difficile - after 9 months we have had 3 attributable cases. We have a trajectory of no more than 16
- 4 executive reviews were held in December
- 0 SUI panels were held in December
- 16 complaints in December raising 31 issues, 14 were related to care and treatment.
- 0 inquests were held in December

Finance

- **Monitor financial risk rating is 4**
- Our financial risk rating is 4, with a deficit of £2,121,000 which is £2,988,000 below plan for the year. This surplus includes £4,619,000 relating to the net pro-rata impact of impairments. Excluding unbudgeted impairments and the impact of IAS20, the Trust would have a surplus of £2,498,000, which is better than plan by £1,631,000
- December activity is +0.63% against plan, year to date position is +0.94% against plan
- Agency costs are 1.8% of the total salary bill for December

Performance

- 18 week referral to treatment times – achieved
- 31 day and 31 day subsequent targets – achieved
- 62 day performance – 70.3% adjusted for the reallocation policy – 93.8%.
- Overall sickness – 3.54% (target of 4%).
- Rolling average length of stay remains ahead of target in December at 6.20 days (target of 6.4 days)
- DNA rates are better than target
- **Current Monitor governance rating of amber/green**

Compliant
Non compliant

	Monitor Target	Threshold	Q2	Q3	Dec
Weighting 1.0	Clostridium difficile year on year reduction (Cumulative)	<22 attributable cases p.a.	**1**	**3**	**3**
	MRSA year on year reduction	<1 case p.a.	0	0	0
	18 week referral to treatment – NAP	95%	Achieved	Achieved	Achieved
	18 week referral to treatment - AP	90%	Achieved	Achieved	Achieved
	62 day with agreed reallocation	79%	**88.8%**	**88.8%**	**93.8%**
Weighting 0.5	31 day cancer	96%	**98.1%**	**98.5%**	**98.5%**
	2 week urgent cancer referral	93%	**n/a**	**n/a**	**n/a**
	MRSA screening	100%	**100%**	**100%**	**100%**
	28 day readmission – cancelled ops	95%	**100%**	**100%**	**100%**
	Minimise delayed transfers of care	Under 3.5%	**0%**	**0%**	**0%**

Subject to validation and breach reallocations as at 07/01/12

If you require appendices for the following meetings please contact marie.hosey@christie.nhs.uk
A detailed integrated performance report for the Christie Clinic is included in the finance report.

Appendix 1	Board of Directors
Appendix 2	Management Board
Appendix 3	Commissioners

Integrated performance and quality report for month 9 – December 2011

Quality accounts			
1	**Patient experience**	Patient satisfaction survey Complaints	
			91%
2	**Clinical effectiveness**	Adherence to NICE guidance Clinical audits Staging data MDS dataset from MDT's Peer review and external accreditation	
			90%
3	**Patient safety**	Infection control Significant incidents Litigation, claims & inquests Executive reviews SUI panels Top clinical & safety risks Quality risk profile (QRP)	
			90%
Progress by section			
4	**Strategy**	Market & business developments Key trends and forecasts Strategic objectives Top corporate and financial risks	
			80%
5	**Finance**	Income & expenditure Cash flow Debtors Gross margin	
			85%
6	**Efficiency**	Length of stay Day case activity Theatre / diagnostic utilisation	
			90%
7	**Workforce**	Use of bank & agency Sickness absence	
			90%
8	**Access and targets**	Cancer waiting time targets 18 week referral to treatment Radiotherapy turnaround times Waiting times on the day	
			90%
9	**Research and development**	Clinical trials and studies	
			90%
10	**Sustainable development management plan**		
			80%
11	**62 day correspondence**		

Introduction

This report describes the Trust's quality, patient safety, finance and performance for the month of December (month 9). It reports performance by presenting information for key indicators that measure; patient experience, clinical effectiveness, patient safety, strategy, finance, efficiency, workforce and access targets. The report includes information on actions from previous board meetings, together with reports on exceptions and trends provided by the responsible director in the additional reports section.

Additional reports included this month are:

Please note that the numbering of sections in the commentary relates directly to the number of the sections in the performance tables in the second part of the report.

- The Prime Minister's Nursing Quality Forum
- National care of the dying audit.
- Network 62 day performance
- Pathology services development plan.

QUALITY ACCOUNTS

1. Patient experience

1.1 Patient Satisfaction Surveys

95% of patients rated our service as either “excellent” or “good” in December. Several wards and treatment locations scored particularly well receiving 0 negative responses. General waiting times for treatment were the main focus of the small number of negative comments. Overall only 29 out of 2072 questions were answered with a poor rating. These areas are outlined in the data appendices at section 1.1 in the quality section accompanied by an improvement plan to address each issue.

1.2 Complaints

In December we received sixteen complaints. There were eight written responses due in December. All eight were completed within the deadline. A breakdown of complaints is set out in the patient experience section.

1.3 Eliminating mix sex accommodation

There were no incidents of mixed sex accommodation in December. There were 29 episodes of mixing for clinical need located in the Critical Care Unit.

2. Clinical effectiveness

The national cancer outcomes framework produced a number of outcome measures relevant to cancer care. These have not yet been mandated nationally but we have analysed those aspects which are relevant to treatment at The Christie and present the figures in the following tables. Over time it is anticipated that other centres will publish their own data, enabling comparison and benchmarking to be undertaken. The full rationale for each of the indicators is given in the national framework but brief comments are given below each table.

1	90 day survival following completion of radical radiotherapy	February	March	April	May	June	July	August	September	October	November
1.1	Number of patients receiving radical radiotherapy	760	811	771	740	758	750	820	790		
1.2	Number of radical patients dying within 90 days of radiotherapy	24	31	26	26	23	31	32	46		
1.3	% 90 day survival	96.8%	96.8%	96.6%	96.5%	97.0%	95.9%	96.1%	94.2%		

90 day survival following completion of radical (curative intent) radiotherapy is a marker of the safety and outcome of treatment and is proposed by the national framework. Figures of over 90% are considered to be indicating a high survival rate.

2	30 day survival following palliative radiotherapy	February	March	April	May	June	July	August	September	October	November
2.1	Number of patients receiving palliative radiotherapy	168	191	154	167	173	166	181	202	164	216
2.2	Number of patients dying within 30 days after completion.	25	31	30	34	21	26	19	28	21	21
2.3	% 30 day survival	85.1%	83.8%	80.5%	79.6%	87.9%	86.2%	89.5%	86.1%	87.2%	90.3%

30 day survival following palliative radiotherapy is a measure of outcome of treatment albeit an incomplete one because it does not demonstrate the extent to which palliative radiotherapy was successful in relieving symptoms or improving quality of life. However, the data indicates that a large proportion of patients’ survival for more than 30 days after palliative treatment and are therefore likely to have benefited from this intervention.

3	Wrong route chemotherapy	February	March	April	May	June	July	August	September	October	November
3.1	Number of intrathecal administrations	36	15	16	28	20	25	26	2	26	25
3.2	Number of inappropriate intrathecal administrations	0	0	0	0	0	0	0	0	0	0

Intrathecal chemotherapy involves injecting chemotherapy drugs directly into the cerebrospinal fluid. Inadvertent injection of the wrong drug by this route is almost invariably fatal and stringent measures are in place to prevent this. Over the years there have been more than 10

deaths (not at The Christie) from this error. The data is included in the national framework as a good measure of the safety and outcomes of chemotherapy administration. The Christie is the largest provider of this specialist type of chemotherapy in the Northwest.

4	30 day survival following last chemotherapy cycle given	February	March	April	May	June	July	August	September	October	November
4.1	Total chemotherapy cycles prescribed.	3756	4381	3889	3999	4155	4180	4572	4350	4236	4355
	Total Patients given chemotherapy	2458	2606	2511	2539	2568	2737	2704	2661	2625	2619
	Total Patients died within 30 days of receiving chemotherapy	46	47	46	48	50	47	42	45	49	41
	Total Patients died after 30 days of receiving chemotherapy	407	391	496	418	364	288	226	153	78	24
4.2	Total Patients alive after 30 days of receiving chemotherapy	2412	2559	2465	2491	2518	2590	2662	2616	2576	2578
	% survival (patients alive after 30 days/total patients receiving chemo)	98.1%	98.2%	98.2%	98.1%	98.1%	98.2%	98.5%	98.3%	98.1%	98.4%

30 day survival following last chemotherapy cycle is a marker of the outcome of such treatment. Over 98% of patients are alive 30 days after receiving chemotherapy. The Board has previously seen figures for the regular audit that is undertaken of deaths following chemotherapy and which show that the vast majority of such deaths occur due to disease progression. Deaths due to the complications of treatment are rare and are individually audited on a case by case basis.

Death within 30 days following surgery is an indicator for surgical outcomes. The data here is for major cases only and show that we have had no such deaths in the time period shown. This is an indication of the quality of surgical care, teamwork and facilities available. Where post operative surgical deaths do occur (there have been more in the current years) they are audited on an individual basis.

5	Death following surgery	February	March	April	May	June	July	August	September	October	November
5.1	Total major cases	31	28	24	25	30	26	28	32	27	33
5.2	Total patients alive at 30 days following major surgery	31	28	24	25	30	26	28	32	27	33
5.3	% survival	100%	100%	100	100	100	100	100	100	100	100
5.4	Colorectal major cases	11	11	6	6	9	11	9	10	8	14
5.5	Total patients alive at 30 days following major surgery	11	11	6	6	9	11	9	10	8	14
5.6	% survival	100%	100%	100	100	100	100	100	100	100	100
5.7	Urology major cases	6	4	6	4	6	4	3	9	5	9
5.8	Total patients alive at 30 days following major surgery	6	4	6	4	6	4	3	9	5	9
5.9	% survival	100%	100%	100	100	100	100	100	100	100	100
5.10	Gynae major cases	5	9	7	9	11	9	8	8	8	9
5.11	Total patients alive at 30 days following major surgery	5	9	7	9	11	9	8	8	8	9
5.12	% survival	100%	100%	100	100	100	100	100	100	100	100
5.13	Plastics major cases	7	3	2	3	1	0	3	3	0	0
5.14	Total patients alive at 30 days following major surgery	7	3	2	3	1	0	3	3	0	0
5.15	% survival	100%	100%	100	100	100	N/A	N/A	100	N/A	N/A
5.16	Pseudomyxoma major cases	9	5	4	6	5	8	5	7	7	5
5.17	Total patients alive at 30 days following major surgery	9	5	4	6	5	8	5	7	7	5
5.18	% survival	100%	100%	100	100	100	100	100	100	100	100
5.19	Pelvic multidisciplinary major cases	2	0	2	1	2	0	1	1	3	4
5.20	Total patients alive at 30 days following major surgery	2	0	2	1	2	0	1	1	3	4
5.21	% survival	100%	N/A	100	100	100	N/A	100	100	100	100

The outcome data presented indicates excellent quality of care. Over the coming months we will be expanding this data to demonstrate longer term survival rate for patients treated at The Christie. Over time we anticipate that other Trusts will publish similar data to enable benchmarking.

3. Patient safety

3.1 MRSA bacteraemia

There were no MRSA cases in December.

MRSA screening
Our current position for screening of appropriate admitted patients is 100%.

MSSA
There was one case of MSSA bacteraemia in December.

Infection Control Clostridium difficile
After 9 months we have had 3 attributable cases. This is well below our trajectory at month 9 of a maximum of no more than 16 cases.

Glycopeptide Resistant Enterococcus (GRE)
There was one case of GRE colonisation in December.

Escherichia Coli (E-Coli)
There were seven cases of E-Coli in December. This is slightly higher than the average monthly figure so far this year. Root cause analysis has been undertaken and there is no indication of cross infection or bad practice.

3.2 Significant incidents

Patient harm
There were 21 patient harm incidents reported in December. None of these resulted in significant patient harm.

Never Events
There were no never events in December.

3.3 Litigation, claims and inquests

Claims

Clinical negligence, employer liability and public liability
One new employer liability claim was logged by the NHSLA this month. This related to an employee who was trapped in a lift.

Payments
£200 was paid in handling fees to the NHSLA this month relating to an employer liability claim which has been closed at no cost to the Christie.

Inquests
There were no inquests held in December relating to patients of The Christie

Police involvement
No police involvement was required this month.

3.4 Executive reviews

Four executive reviews were held in December.

Date of executive review	Incident Report Number	Incident Date	Description	Outcome	External report	Coroner	SUI panel
2.12.11	W7961	17.11.11	Patient with clinical needs left waiting for transport in area with no supervision.	• Full review of the requirements of patients awaiting transport			
16.12.11	W8089	29.11.11	Ward keys missing – (did not include medication keys)	• Appropriate locks changed			
30.12.11	C118-11 and associated complaints	Various	Delay in appointments being made for chemotherapy treatment - some appointments not received	• Reviewing clinics and scheduling of chemotherapy. • Checking procedure introduced for appointments. • Potential for sending appointments by text to be assessed.			
30.12.11	W8258	10.12.11	Number of issues relating to chemo-therapy regime	• Review of flow of complex chemotherapy scripts. • Folinic acid rescue to be prescribed on kardex rather than on chemotherapy script. • Information pack being developed for educational purposes of nurses.			

3.5 SUI panels

There were no SUI panels held in December.

3.6 Top 10 corporate and financial risks

There is 2 new corporate risks this month scoring 20 as outlined below.

Risk Number	Risk	Current risk score	Target date for reduction of risk score	Control measures
1 →	Impact on Trust income due to the introduction of PbR Tariff for Radiotherapy and Chemotherapy (Indicative tariff published for 1213 mandated tariff potentially 13/14)	**20**	31st Mar 2012	• Independent review of Trust PLICS data • Establish meeting with PbR lead at DH to debate PLICS and National Tariff difference with regard to Medical and Clinical oncology PbR tariffs. • Membership on national costing groups by Finance and Clinical staff to influence tariff. • Benchmarking with other Cancer Centres.
2 →	Impact on Trust income due to the introduction of PbR Tariff for Critical Care - Indicative Tariff published for 1213	**20**	31st Mar 2012	• Negotiate termination of SLA with other providers for on call provision • Negotiate transition path with commissioners and top up tariff for oncology CCU bed days
3 →	The 62 day cancer waiting time target is not achieved, because local agreement proposed by the National cancer director is not implemented in the GMCCN	**16**	31st Jan 2012	• All Trusts compliance measures implemented • SHA, GMCCN and other providers escalation • Monitor submissions of referral data. • New reallocation in place for Q3.
4 →	Lack of a comprehensive whole system Research Strategy for the Trust	**15**	31st Jan 2011	• Development of a Trust wide research strategy • Delivering the action plan from the failed BRC bid • Development of Clinical Academic positions
5 →	Identification & Delivery of **2011/12** Recurrent Trust Wide Cost Improvement Programme (including potential increase)	**15**	31st Mar 2012	• Three year financial plan developed in response to the likelihood of real term reduction in exchequer funding in future years. • Identified the quantum of savings required to maintain FRR of 4 for next 3 years.
6 →	Failure to implement new system for appraisal and revalidation	**12**	31st Jan 2012	• Financial pressures identified. • Meeting arranged to discuss pressures in November 2011. • Implementation of required infrastructure including staff, effective systems and processes.
7 →	Failure of Electronic Prescribing supplier 'Ascribe' to deliver to agreed project timescale	**12**	31st Mar 2012	• New contract in place with supplier with agreed measures and penalties • Issues escalated to supplier through project director • Monthly project boards in place, attended by supplier
8 →	Segregation of waste in line with HTM 07-01. The safe management of waste, all organisations must have this	**12**	28th Feb 2012	• New draft waste policy includes all the facets required to embrace new segregation streams. The policy in addition supports NHSLA requirements • Initial training has taken place. Communication packages are being produced to formulate awareness of new waste streams for nursing and clinical staff. Further exercise to be undertaken for facilities domestic and porters
9 →	To maintain relationships with key stakeholders during the transition of NHS structural reforms	**12**	31st Mar 2012	• The date will continue to change until the new the Clinical Commissioning Groups are authorised, which is expected to be 31.3.12. We are continuing to engage with our existing commissioners and as CCG's are formed develop on going dialogue
10 →	Financial and reputational risk of appearing to be a less safe organisation as a result of being assessed at NHSLA level 2.	**12**	31st Dec 2012	• Improvement plan in place • NHSLA assistance contacted • Monthly board level reporting on progress

3.7 Top 10 divisional risks

There are 4 new divisional risks this month, all of which are outlined below.

Risk Number	Risk	Current risk score	Target date for reduction of risk score	Control measures
1 → R&D	Risk to continued R&D Funding (£1.7M) from DH for ORTC	**15**	31st Mar 2012	• Employ more academics to ensure targets are met. • Increase commercial trials portfolio to cover financial gap. • Only employ staff on 1 year temp contract.
2 NEW HR	Risk to safety of patients due to Specialist trainees not complying with essential training and reduced capacity to address this. Of particular concern is the resuscitation training	**15**	31st Mar 2012	• Action plan written for deanery to address deficit. • L&D contacted over deficit • Discussion with resuscitation team over capacity
3 NEW FACS	Failure to comply with water system management regulatory requirements Whilst carrying out work on water systems a substantial number of further dead legs have been identified	**15**	30th Jul 2012	• Legionella committee to oversee all risk related issues and progress against any gaps in controls • Action plan has been developed which details all of the issues regarding the external assurers report to ensure that gaps in control are managed. • Action plan will include a new schedule of work for the redundant pipework “dead legs”
4 NEW CCS	Risk of in-patients not being seen in a timely manner, by a dietician impacting on the patients health	**12**	28th Feb 2012	• Business case approved for CQUIN money for inpatients and post has been recruited to for 12 months. • Patients are seen according to clinical priority. • Referrals are reviewed daily by the team and case loads for the day are prioritised daily. • All patients who are discharged before seen , a letter requesting referral to the community dietician is sent to the consultant and GP.
5 → NS	Significant increase in demand for chemotherapy will result in delays in providing chemotherapy.	**12**	31st Mar 2012	• Escalation process for clinical priorities. • Clinicians decision on deferrals to meet demand • Chemotherapy steering group established for long term plans including outreach chemotherapy services.
6 → CCS	Potential loss of income and service due to network review of urology operating sites within the south west sector of Manchester.	**12**	31st Jan 2012	• Informal agreement on operating sites • Discussion at CEO level with SRFT & UHSM • Exploring option of partnership with another provider to provide urology oncology surgery • Urology team collecting audit information to share with commissioners
7 → FACS	Service disruption risk from backlog maintenance.	**12**	30th Mar 2012	• Surveys are risk assessed and monitored to enable prioritisation of maintenance. • Annual improvement work programme in place • Awaiting outcome of 2012/13 capital programme.
8 → Education	Potential risk of £160K+ reduction of trust income following Multi-professional Education and Training review	**12**	31st Mar 2012	• Manage capacity of student placements and ensure that all student placements across professions are captured to ensure accurate allocation of funding.
9 → CCS	Financial impact of not maintaining or improving on existing high level performing CQINS target, relating to patient experience	**12**	31st Mar 2012	• Internal Audit undertaken • Action plan determined • Targeting of in-patient • On-going monitoring
10 NEW FACS	Failure to maintain electrical supplies with respect to increased demand expected from the new Young Oncology Unit (YOU), Hematology Transplant Unit (HTU) and Selectron Brachytherapy developments	**12**	31st Mar 2012 (TBR)	• Business case is to be presented to C&WPG 10.01.12 • Recommendation to installation a new substation (comprise of a new transformer, generator, switchgear and installation) to provide additional electrical capacity

3.8 Quality and risk profile

December results for The Christie

Our performance for December remained at a high level of 96% compliance with a low risk of none compliance.

We expect our position to continue to improve over the course of the year.

The summary of our QRP performance as published in the December report can be found in the data appendices in section 2.5.

PERFORMANCE REPORT

4. Strategy

4.1 Market and business development

This shows the monthly number of referrals to clinicians at the Christie and the number of patients with a first outpatient appointment at the trust. We have received high levels of external referrals in December.

4.2 Key trends and forecasts

Monitor and local compliance ratio

Activity at month 9 is marginally above plan.

	Actual	Plan	Variance
Month 1 activity	19353	18507	4.57%
Month 2 activity	20446	20353	0.46%
Month 3 activity	21431	21721	-1.33%
Month 4 activity	20517	20915	-1.90%
Month 5 activity	22590	22333	1.15%
Month 6 activity	21959	21784	0.80%
Month 7 activity	21631	21316	1.48%
Month 8 activity	22956	22301	2.94%
Month 9 activity	20427	20299	0.63%
Cumulatively	**191310**	**189529**	**0.94%**

A report on activity and income and further action is set out in the month 9 finance report.

4.3 Strategic objectives

Our strategic objectives for 2011/12 have been agreed by the Board of Directors in March 2011. The objectives were reviewed in October and have been assessed accordingly. Updates can be found in the data appendices under section 3.3.

5. Finance

5.1 Income & expenditure

A change in the accounting treatment of donated assets and government grants under International Accounting Standards 20 (IAS20) has resulted in the Trust reporting a cumulative deficit of £2,121,000 to the end of December 2011, which is £2,988,000 below plan for the nine month period. Incorporated into the reported position is also the net pro-rata impact of impairments of £4,619,000. Excluding unbudgeted impairments and the impact of IAS20, the Trust would have a surplus of £2,498,000, which is better than plan by £1,631,000.

The financial position reflects an overachievement of both clinical and non-clinical income, whilst overspends on non pay are partially offset by pay vacancies. The trust's share of profit distribution from The Christie Clinic is above plan following a significant improvement in month, whilst the financial position has also benefited from profits on the disposal of assets.

5.2 Cash flow

The exchequer cash balance is £38,107,000 which is an increase since 1st April 2011 of £16,752,000. Minimal interest has been received from exchequer cash balances for the month

5.3 Debtors

Invoiced debt has decreased by £495,000 since year end. Debtor days are 12 in month against a target of 12. 80% of debt is within 60 days, with 91% within 90 days..

5.4 Gross margin

The divisional margins reflect 2009/10 full year service line reporting

6. Efficiency

6.1 Length of stay (LOS)

Average rolling LOS has slightly increased from 6.17 in November to 6.20 days in December. (Target no more than 6.4 days).

6.2 Day Case activity

Day case activity has over performed against the plan after 9 months. The activity variance is 2.14% against plan. To ensure this level of performance is maintained the work on transferring appropriate elective cases to an outpatient setting is continuing.

6.3 Theatre Utilisation

There were no cancelled operations on the day for non-clinical reasons in December.

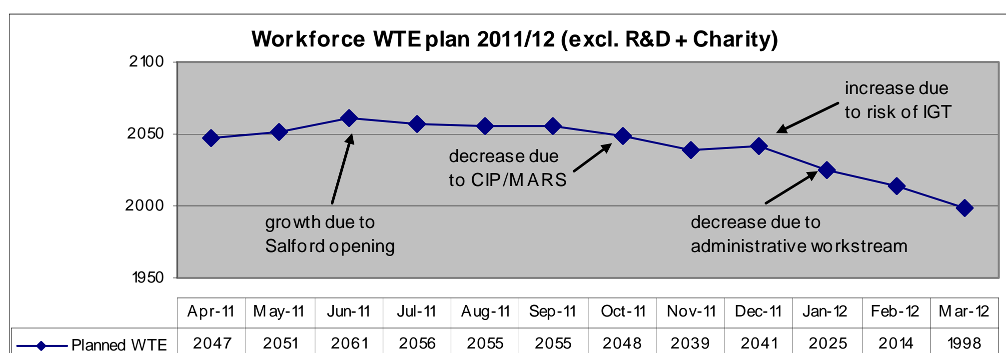
6.4 Diagnostic utilisation

High utilisation continues for MRI, CT.

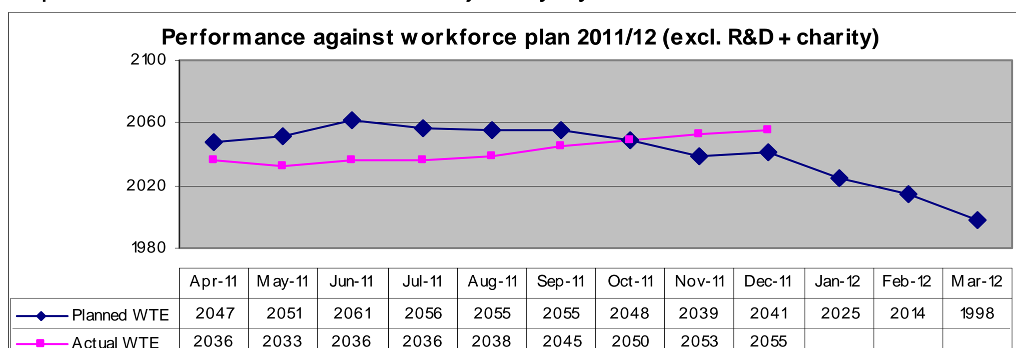
7. Workforce

7.1 Headcount and whole time equivalent (WTE)

The table below shows our workforce plan in WTE's for 2011/12. It shows where adjustments to our establishment have been made and the reasons for the adjustments.



This table shows our monthly performance in WTE's against our workforce plan. The month's position is not following the planned trajectory because of the timing of mutually agreed resignation scheme, and the administration and clerical review project. It is anticipated that actual will return to trajectory by March 2012.



7.2 Use of bank and agency

Agency costs are at 1.8% of the total pay bill in December. This is in line with planned use of temporary staff as set out in the table below and previously reported.

Staff group	Project	Project completion date
Critical care Doctors	Level 3 development	31st March 2012
Pharmacy	Mandated chemotherapy currency	31st March 2012

7.3 Sickness absence

The position for December is 3.54% against a target of 4%. This is an improvement on November which was 3.84%. There is a detailed analysis in section 6.

8. Access and targets

8.1 Extended cancer waiting time targets

Our performance against each standard for December is outlined below.

Existing Standards	Operational Standard	Q2	Q3	Dec-11
14 day standard (2WW)	93%	n/a	n/a	n/a
62 day with reallocations	79%	88.8%	88.8%	93.8%
31 day standard	96%	98.1%	98.5%	98.5%
62 day screening standard	90%	70.0%	63.6%	100%
62 day consultant upgrade standard	Not yet set	85.7%	88.6%	93.8%
31 day drug standard	98%	100%	99.8%	99.3%
31 day surgery standard	94%	97.3%	96.5%	98.1%
31 day radiotherapy standard	94%	100%	100%	100%
Breast 14 day symptomatic	93%	n/a	n/a	n/a

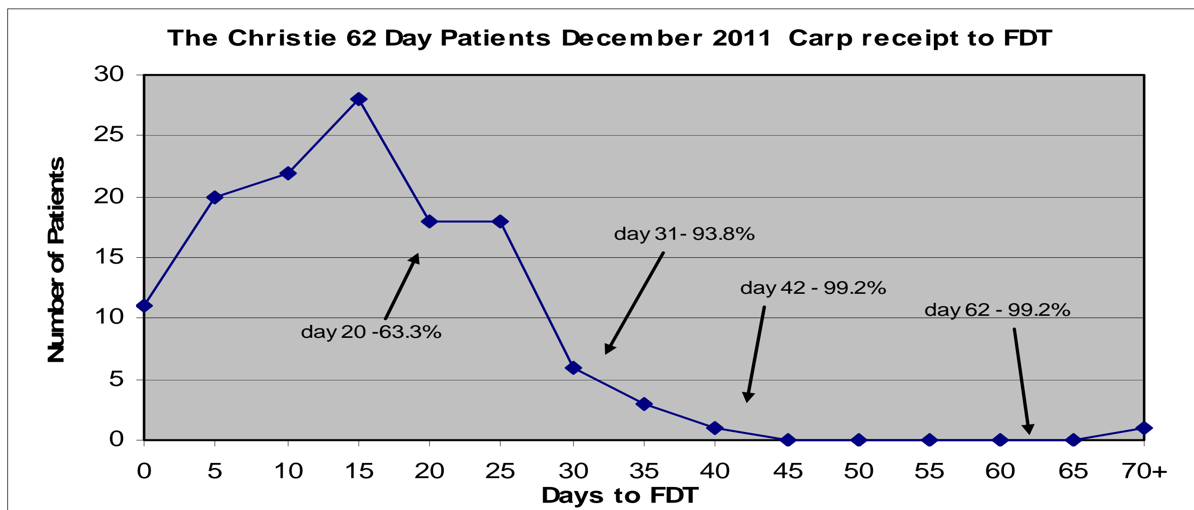
* Subject to validation and breach reallocations.
* Data Accurate as of 07/01/12

Performance

We have achieved 98.5% against the 31 day target, 99.3% against the 31 day drug standard, 98.1% against the 31 day surgery and 100% against the radiotherapy targets in December. All are within target.

62 day performance

Trust performance with the agreed reallocations has been achieved for both the Christie 79% threshold and the National 85% threshold in month.
Performance for the quarter has also been achieved above these targets.



Referral Timebands

First Seen Trust	CaRP receipt time-bands				
	0 - 38	39 - 42	43 - 62	63 +	Total
Bolton	5		1		6
CMMC	2	1	2		5
East Cheshire	4	2	2	1	9
Mid Cheshire	5		1	1	7
Pennine	21	2	8	5	36
Salford	14	3	3	1	21
South	6	1	5	1	13
Stockport	5	1	4	4	14
Tameside	9	2	2	2	15
Trafford	2				2
WWL	6	1	5		12
Others	1		1		2
Total	**80**	**13**	**34**	**15**	**142**

This table shows the referral times for this group of patients from other trusts. It shows that 65% of referrals were received before day 42.

The Christie - 62 day performance			
Month	Total number of patients	Performance with no reallocations	Oct 11 GMCCN policy
Oct-11	120	60.0%	80.0%
Nov-11	132	68.9%	91.9%
Dec-11	128	70.3%	93.8%
Q3	**380**	**66.6%**	**88.8%**

Performance following breach reallocations is considerably above thresholds. In addition to this, actions agreed between network providers have shown further improvements to referral times. A detailed assessment of progress against the network improvement plan is set out in the additional report section.

Internal treat within 31 day target
Internal performance monitoring of the number of patients we treat within 31 days from receipt of referral into the Christie to treatment is excellent in December at 93.8% against a target of 85%.

18 weeks
An update on the position against the 18 week target is detailed within the report. In December 100% of referrals received, had a clock start date provided. The monthly target has been achieved with 96% of admitted patients seen within 18 weeks from referral to treatment and 99% of non-admitted patients seen within 18 weeks from referral to treatment. Our data completeness (subject to validation) is within the 90-110% threshold for both admitted and non-admitted patients.

Radiotherapy
The percentage of palliative radiotherapy patients treated within the Royal College targets in December has slightly increased from November's position. The average wait has also slightly reduced and is still below target. The percentage of radical patients has also slightly reduced and the average waiting time has slightly reduced. Plans have been put in place to try and maintain these improvements in waiting times whilst also maintaining high levels of activity from now to the end of the financial year.

8.2 Waiting times on the day

Outpatients
The current position with respect to waits in out patients is that 80.9% of patients waited less than 20 minutes in December. This is above the 80% target.

Pharmacy
The pharmacy 20 minute waiting time is for those patients who attended the dispensary with a prescription requiring immediate dispensing. The turnaround times of simple and complex scripts have been combined to show the overall performance, it is at 84.2% in December.

Chemotherapy
47.3% of patients waited less than 30 minutes in December, against a target of 45%. 64% were seen in less than 1 hour. The average wait was 62 minutes. As anticipated the target of 45% has been achieved in December. However the Q3 position has not been achieved. To ensure continuing improvement in this measure over established chemotherapy nursing staff have been put into post to deliver the increased activity and further plans are in place to pilot the relocation of activity in Bury from Feb 2012.

8.3 CQUINS 2011/12

The table below demonstrates the CQUINs targets at month 9, December 2011. These are locally agreed with commissioners and aimed at improving quality. There are no adverse variances to report.

December-2011							
Goal Number	Indicator Number	Indicator Name	Tolerance %			Reporting Frequency	Performance
1	1	VTE Assessment	>=90	81-89	<=80	Monthly	*95.9%
2	2	Patient experience - personal needs	>=81.7	75-81.6	<75	Annual	
3	3	GP and community service engagement	100		0	Quarterly	pass
3	4	GP and community evaluation	>=60	40-59	<40	Annual	
4	5	Improved information flows	100		0	Quarterly	pass
5	6	30 Day mortality	100	99-90	<90	Quarterly	pass
5	7	Pervic Radiotherapy	100		0	Bi-annual	
5	8	IMRT	100		0	Quarterly	pass
5	15	Clinical Outcome Measures	100		0	Quarterly	pass
6	9	Directory of Care - Audit	100		0	Annual	
6	10	Directory of Care - Implementation	100		0	Bi-annual	
7	11	BMT - Transplant related mortality	100		0	Annual	
7	12	BMT - Overall patient survival	100		0	Annual	
7	13	BMT - patient questionnaires	100		0	Annual	
7	14	BMT - Quality of life assessment	100		0	Annual	
8	16	Malnutrician - patient experience	100		0	Quarterly	pass
8	16	Malnutrician - screening	100	90-99	<90	Quarterly	pass

*VTE assessment is subject to validation.

9. Research and development

9.1 Clinical trials / studies

Section 8 in the data appendices of this report demonstrates the progress for the research and development division.

10. Sustainable development management

10.1 Sustainable development management plan (SDMP).

Measures are set out in section 9 and show the current sustainable position, and managed with the following 5 indicators:

- Good corporate citizenship (including travel, procurement, facilities management, workforce, community engagement, new buildings and indirectly, financial mechanisms)
- Energy and carbon management
- Food waste
- Low carbon travel, transport and access
- Carbon emissions from waste

Updates on these five measures are outlined below:

Sustainable development (good corporate citizenship)

The table shows the percentage compliance from a self assessment against the criteria set out in the DH toolkit. (www.corporatecitizen.nhs.uk)

- Graphs indicate progress for each of the six elements with an overall trust rating. Detailed evidence is available separately.
- The trust commissioners' report, for all ten areas of sustainability, including the six corporate citizenship elements, are detail on separate reports via each trust lead. The reports include current status, progress, planed activities, risks, mitigation, monitoring, assurance and communication.

Energy, water and the carbon reduction commitment (CRC)

The graph indicates the percentage compliance against the target set out by the trust, based on the carbon trust target of 10% from 2007. An additional target has been set by the trust (component objective 1.8c) i.e. “Ensuring that our carbon emissions fall within the lower half of NHS organisations in annual national benchmarking”.

Graph highlights:

- May 2011: A high demand of electricity was required due to unseasonably warm weather, culminating in use of air conditioning and cooling systems.
- June and July: Electricity demand was not as high due to a poor summer.
- August 2011: The Combined Heat and Power Plant (CHP), which normally would produce energy efficiently, had an engine failure. This has culminated in all electrical power having to be imported from the national grid, rather than in house export generation. This increases the carbon footprint. Please note energy partners, "Dalkia" are currently working to get the CHP plant up and working. Meetings are taking place to discuss the excess imported electricity, including the Carbon reduction commitment (CRC) implication of buying carbon for the 2011 to 2012 period.
- September: The CHP continues to be out of action for the full month, this has now had a noticeable effect on the performance figures and 10% reduction graph.
- Energy targets are not being achieved and it is recognised that patient activity needed to be embraced as with waste.
- October: The CHP is now back in operation and having a positive effect on the overall energy performance figures drawn from the energy centre.
- December: The recent cold months and dark nights have had an effect on the site energy consumption; the 10% reduction in energy consumption has not been achieved when marked against 2007.

Development:

- CRC data has been submitted to our CRC agent and we should soon have a good indication of the Trust liability for the next period.
- The Trust Display Energy Certificate for 2011 has been issued. Our current rating is 144/F, this is an improvement on the previous two years. With new energy efficient capital developments this can be further improved.
- The site wide survey undertaken by Schneider Energy has been completed and rationalised, the proposed measures only incorporate the initiatives that give the maximum carbon and energy saving potential for the shortest payback period.

Food Waste

The graph indicates the percentage compliance against the target set out by the trust of 10% year, on year.

Graph highlights:

- Food waste targets of 10% were continually being achieved, however new patients menu has been on trail and due to a few changes the food wastage increased to 13% in November 2011. Following trial food wastage is anticipated to improve again
- Continual stringent monitoring of ward sheets information (bed numbers, meals, and specific requirements) has resulted in target being achieved.
- Food oils are collected and recycled but not included within the percentage

Development:

The following elements should ensure we continue to achieve the trust target

- A trialled plated menu system took place on the HTU, CCU and YOU and was a success **-** Menu cards on bedside cabinet where patients can choose a hot meal at any time of the day to consume (24/7/365) reducing food waste i.e. patients eat when the feel they can
- HTU is to use the new system starting in December and the YOU aim to start in the new year
- CCU are interested in the same system, however fewer numbers of meals

Low carbon travel

The graph indicates the changes from modes of transport that are highly polluting to a more sustainable form of transport. The annual travel survey is now embraced as part of the overall mandatory NHS and trust wide staff survey to see how many staff are walking, cycling, using public transport or car sharing against a target to reduce reliance on the car, as a means of getting to work. Carried out at a set time each year, the survey will give a more representative and consistent approach across the travel choices that a variety of staff choose, rather than just the staff who are prepared and willing to complete a travel survey. Furthermore the staff numbers surveyed will be consistent which has been a concern with regard to the unique travel survey

Graph highlights:

- A modal shift target set by the MCC for sustainable travel, via staff, was achieved over a 5 year period from 2005 to 2010.
- A new 11 year modal shift pattern, 2011 – 2022, has now been instigated as part of the MCRC and MSCP planning application.
- A new sustainable travel policy has been instigated to communicate and address requirements for the trust
- A new green travel plan has been instigated to detail actions agreed
- The staff survey in December 2011, reporting in March 2012, will format the base line for the above 11 year progress reports

Development:

- Actions within the travel plan are committed to reducing the number of staff travelling to the trust by car, thereby reducing demand for on-road parking the travel plan target is based on the requirement to convert and additional 330 single occupancy vehicle drivers to a sustainable alternative. Capital and revenue has been agreed to support the initiatives over an eleven year program.

Carbon emissions from clinical waste

The graph indicates the percentage compliance against the weight target set out by the trust of 5% year on year. This is converted into carbon emissions for monitoring and reporting.

Graph highlights:

- In April 2010 and 2011 the graph indicates the required 5% trust year on year target reduction.
- The graph measures the carbon emission reduction i.e. the waste per ton calculation factor changed from 0.089 to 0.053 due to an industry improved process of carbon from incineration.

- The target line includes square meterage increases/decreases and patient activity backdated to April 2011 to take into effect the patient activity plan.
- Graph continues to show the trust s meeting agreed target.
- It is important to note that actual patient numbers have not been as high as planned. This is taken into account within waste monitoring, however areas producing high levels of waste has in fact increased, but does not reflect within graph.

Development:

- New waste controls are to be embraced via a new policy and waste manual.
- Following training, new waste streams will embrace legislation requirements and aid to ultimately reduce waste
- A communication, awareness and training program is currently taking place.

11. Recommendation

The board is asked to note performance for month

Month 9 2011-12

DATA APPENDICES

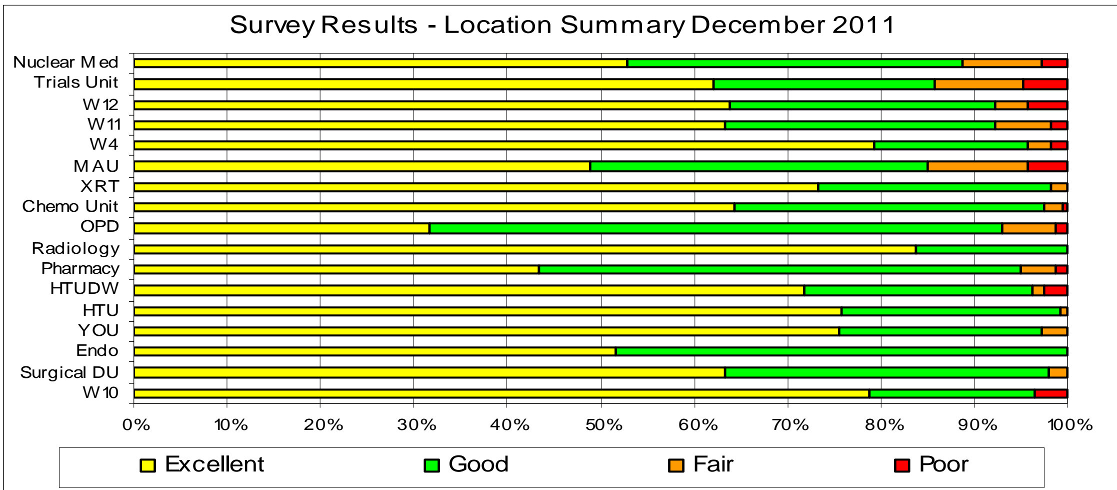
Quality Accounts		Page
1	Patient experience	46
2	Patient safety	51

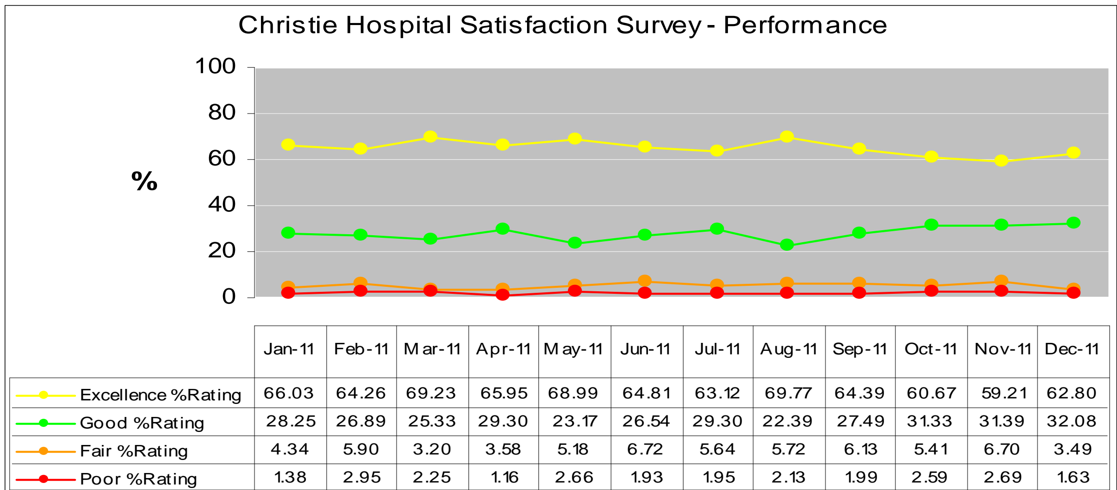
Performance		Page
3	Strategy	57
4	Finance	60
5	Efficiency	62
6	Workforce	67
7	Access and targets	72
8	Research and development	76
9	Sustainable development	77

Quality accounts

1. Patient experience

1.1	
Issue	• **Outcome and satisfaction**
Indicator	• Satisfaction rating
Source	• Patient survey • Complaints • Patient advice and liaison service • Patient administration system
Target	• Care Quality Commission





	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Excellence %Rating	66.03	64.26	69.23	65.95	68.99	64.81	63.12	69.77	64.39	60.67	59.21	62.80
Good %Rating	28.25	26.89	25.33	29.30	23.17	26.54	29.30	22.39	27.49	31.33	31.39	32.08
Fair %Rating	4.34	5.90	3.20	3.58	5.18	6.72	5.64	5.72	6.13	5.41	6.70	3.49
Poor %Rating	1.38	2.95	2.25	1.16	2.66	1.93	1.95	2.13	1.99	2.59	2.69	1.63

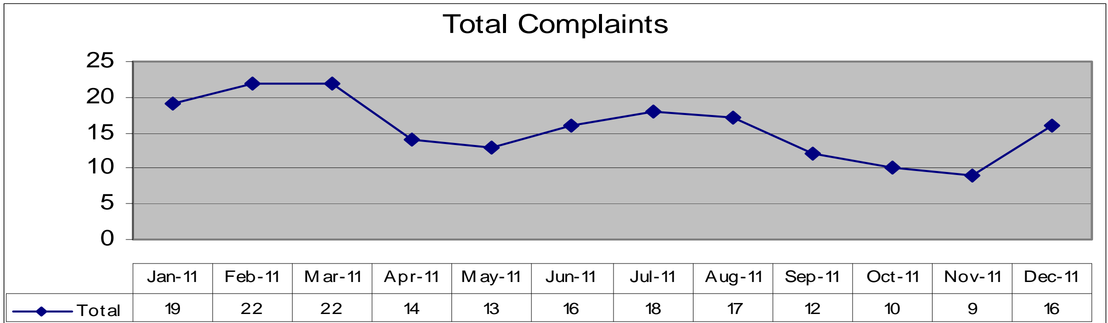
Areas of poor compliance	Total questions asked	poor responses	% rated as poor	Actions
Ward 10	120	4	3.3%	• To encourage patients to use the treatment information leaflets available and the CNS services for communication regarding treatments • Staff to utilise the skills of the ward pharmacist in relation to information regarding side effects of medications
HTU DW	120	2	1.7%	• Full review of turnaround times for admissions to wards, including deep clean of the rooms.
Pharmacy	182	2	1.1%	• Pharmacy service tender issued for 3rd party pharmacy partner for the procurement, storage and dispensing of outpatient medication. Tender process due to be complete by March with outcomes of reduced patient waits increase in home care availability.
Outpatients	200	2	1.0%	• Patient consultation facilities to be investigated to ensure all measures are taken to provide patients with full privacy • Performance to carry out audit on medical oncology OPD waiting times, findings to be incorporated into action plan.
Chemotherapy Unit	230	1	0.4%	• A ground floor manager has been recruited to liaise with patients and keep them up to date regarding waiting times. • Work is ongoing to encourage 2 day visits for local patients. Cap on daily numbers of patients • 4 over established posts agreed and recruited to, to meet additional activity as well as all vancancies filled..
Medical Admissions Unit	55	2	3.6%	• Patient consultation facilities to be investigated to ensure all measures are taken to provide patients with full privacy
Ward 4	120	2	1.7%	• Newly implemented admission and scheduling process should help to reduce any similar future incidents of inpatient admission delays.
Ward 11	120	2	1.7%	• Team ensuring all patients are given info on who to contact on discharge contact numbers all in the information booklets as well
Ward 12	120	5	4.2%	• Newly implemented admission and scheduling process should help to reduce any similar future incidents of inpatient admission delays. • Patients are informed of all the information available to them relating to their treatment
Trials Unit	130	6	4.6%	• Every effect will be made in clinics to ensure patients are satisfied before the leave with their consultation especially when standard care and no CRN involvement. • To meet with Chemotherapy day services manager about scheduling problems, and identify a solution to reduce waiting times. • Delays in receiving treatment on the day- audit to be completed end of the January looking at dispensing times for oral treatment, to identify bottlenecks and improve times or/and communication about waits.
Nuclear Medicine	65	1	1.5%	• Analysis into response to be undertaken to determine areas for improvement

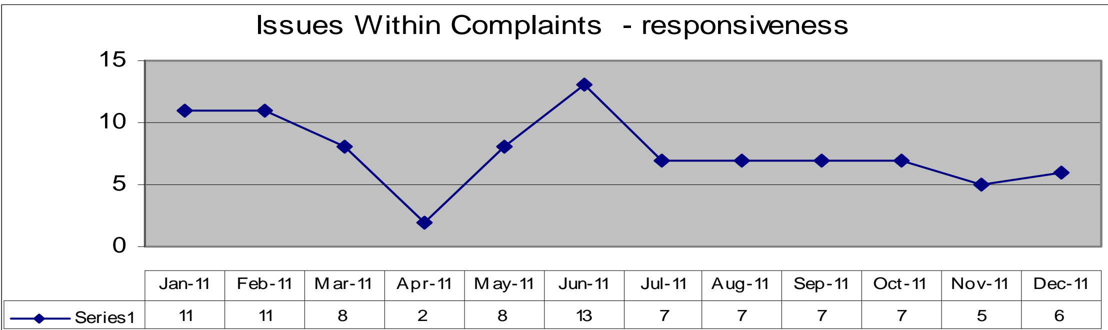
Baseline questions are measured about a range of issues that may be encountered by patients, carers and relatives. The issues covered are:

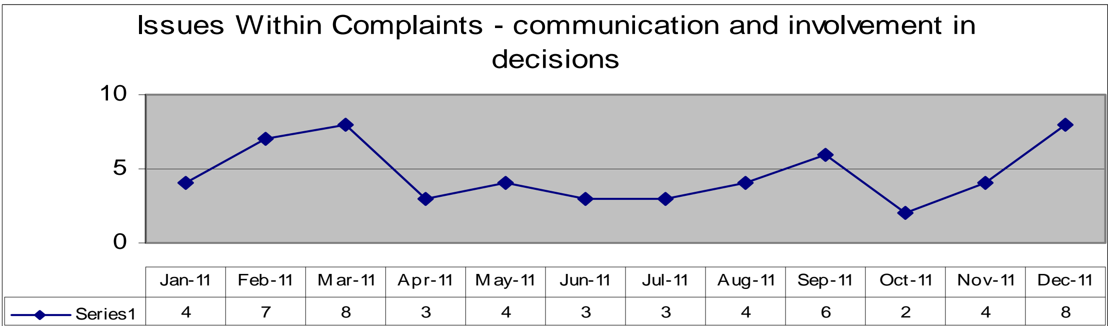
• Dignity and respect	• Privacy
• Pain relief	• Waiting times
• Availability of information	• Cleanliness
• Attitude of staff	

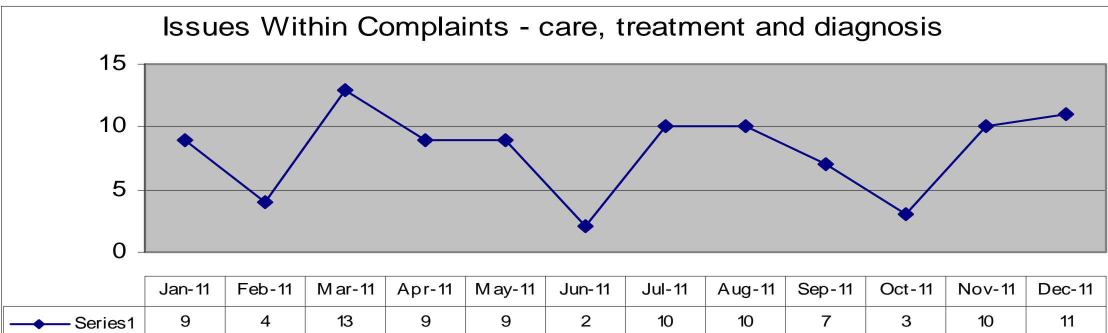
1.2	
Issue	• **Complaints**
Indicator	• Number of complaints • Staff attitudes • Care, treatment and diagnosis • Cleanliness • Communications • Number of complaints by Consultant for care and treatment • Complaints as % of total activity • Complaints per 1000 FCE’s
Source	• Complaints database • Healthcare Commission return • Governance team

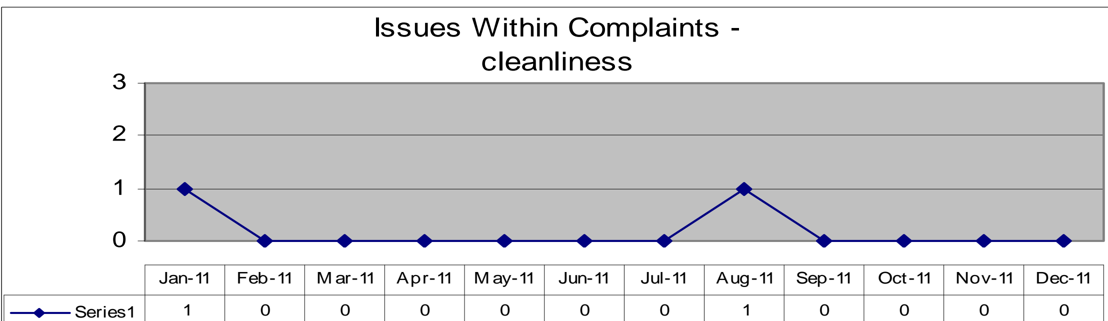
Target	• Care Quality Commission

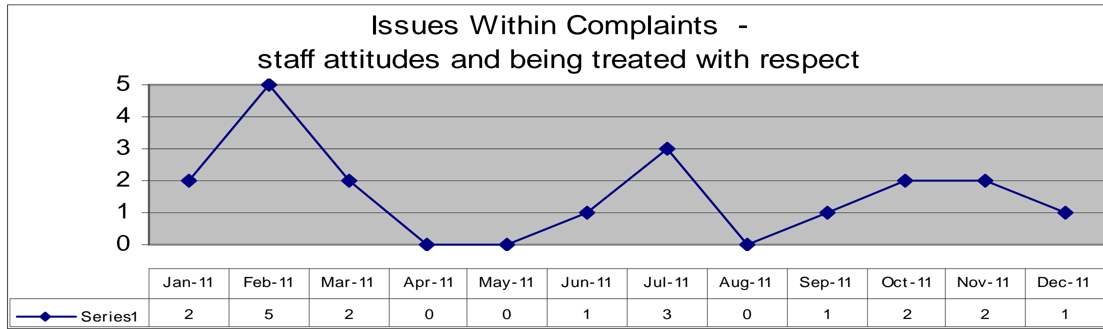




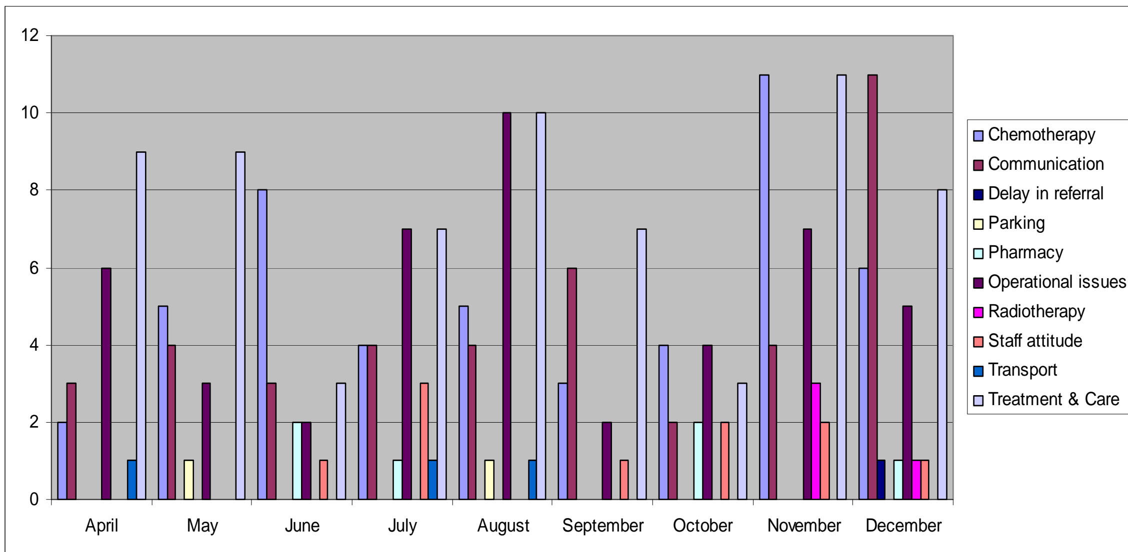




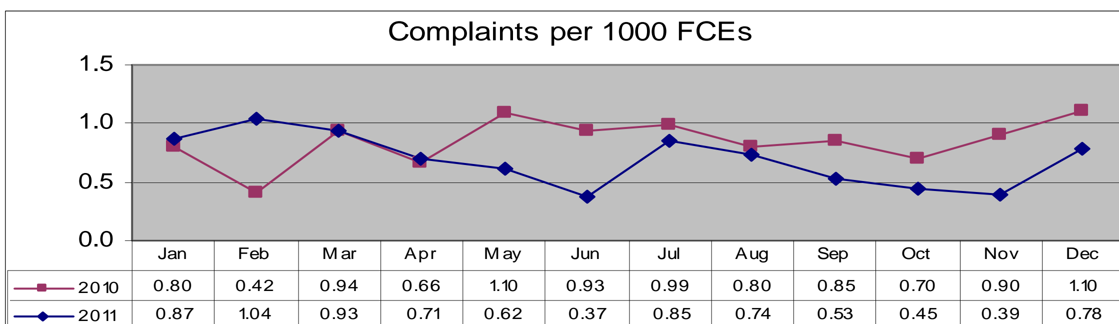




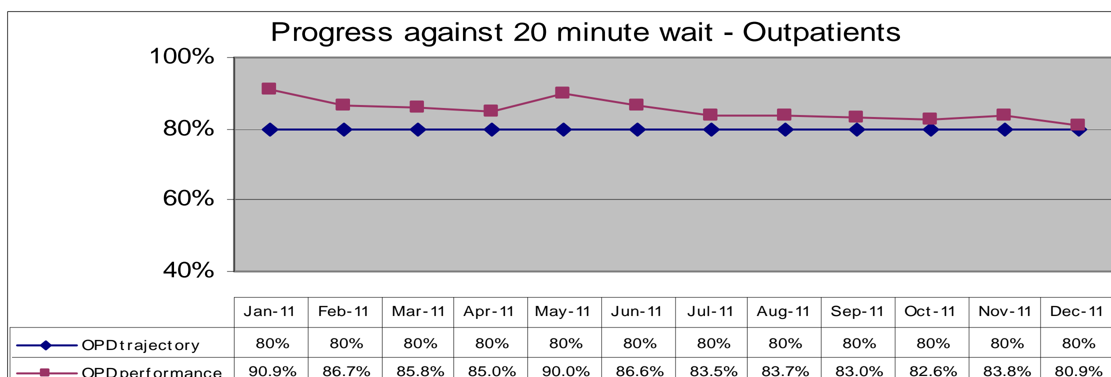
Consultant	Treatment	Operational issues	Level	Grade	Inpatient (IP) or Outpatient (OP)	Primary concern
1(C110-11)	2	0	3	4	OP	Medical/Nursing
2 (C111-11)	1	1	3	3	OP	Medical
3 (C112-11)	0	1	2	3	OP	Chemo
4 (C114-11)	0	1	2	3	OP	Chemo
5 (C115-11)	1	0	3	3	OP	Medical
6 (C116-11)	0	1	2	3	OP	Chemo
7 (C120-11)	0	1	3	3	OP	Chemo
3 (C121-11)	0	1	2	2	OP	Xrt
8 (C123-11)	1	0	2	2	IP	Nursing
7 (C125-11)	3	0	2	3	IP	Nursing



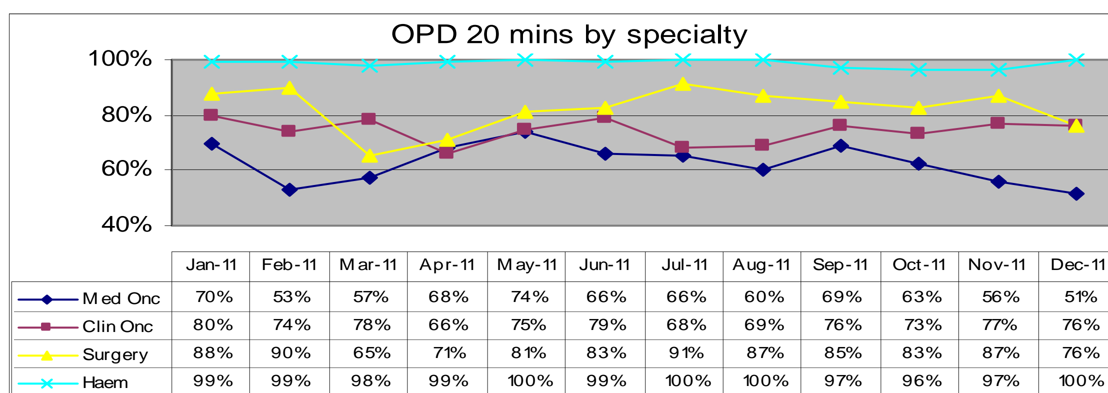
Total complaints 2010/11 - /12	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number	23	19	22	22	14	13	16	18	17	12	10	9	16
Activity (total)*	20665	21344	20830	23026	19353	20446	21431	20517	22590	21959	21631	22956	2042
Complaints as % of total activity	0.11	0.09	0.11	0.10	0.07	0.06	0.07	0.09	0.08	0.05	0.05	0.04	0.08



1.3	
Issue	• **Waiting time on the day**
Indicator	• 20 minute wait in outpatient department from appointment to seen • Turnaround of simple and complex prescriptions in pharmacy • 30 minute wait in chemotherapy from chair time to treatment
Source	• Daily sample audit in OPD • Pharmacy Qmatic system • Daily audit in service chemotherapy
Target	• Internal performance target

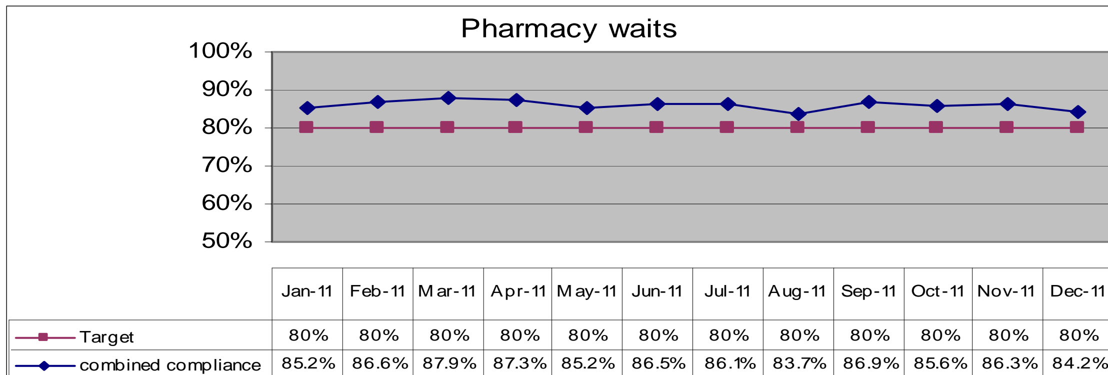


	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
OPD trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
OPD performance	90.9%	86.7%	85.8%	85.0%	90.0%	86.6%	83.5%	83.7%	83.0%	82.6%	83.8%	80.9%

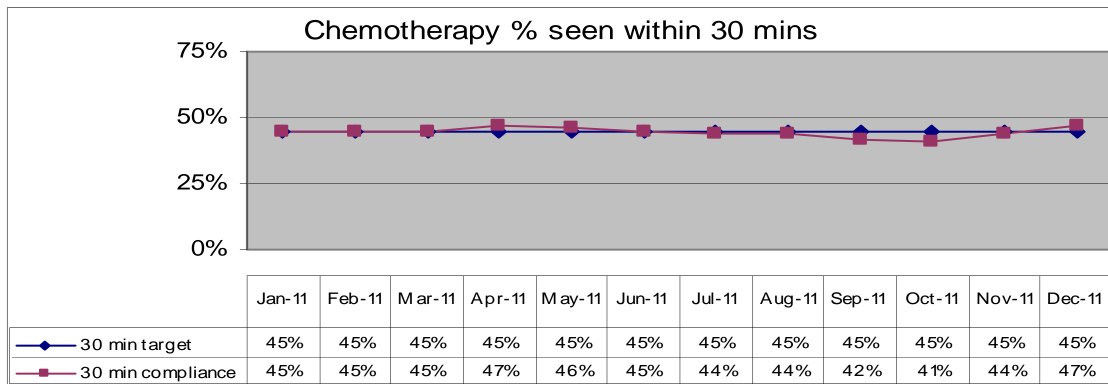


	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Med Onc	70%	53%	57%	68%	74%	66%	66%	60%	69%	63%	56%	51%
Clin Onc	80%	74%	78%	66%	75%	79%	68%	69%	76%	73%	77%	76%
Surgery	88%	90%	65%	71%	81%	83%	91%	87%	85%	83%	87%	76%
Haem	99%	99%	98%	99%	100%	99%	100%	100%	97%	96%	97%	100%

2. Patient safety

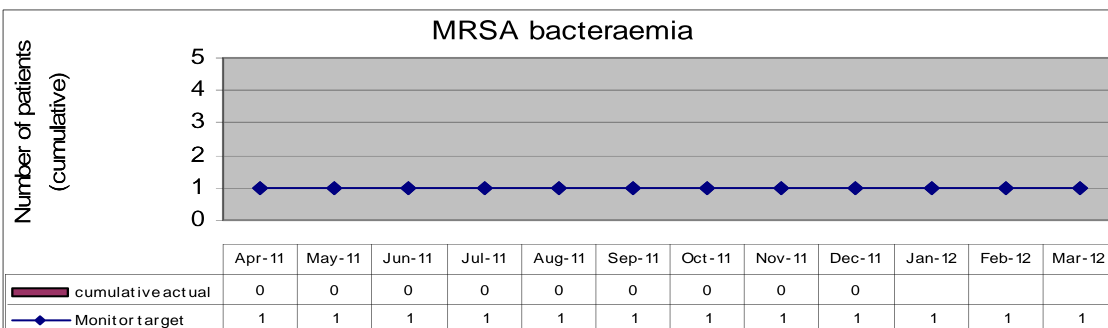


	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
combined compliance	85.2%	86.6%	87.9%	87.3%	85.2%	86.5%	86.1%	83.7%	86.9%	85.6%	86.3%	84.2%

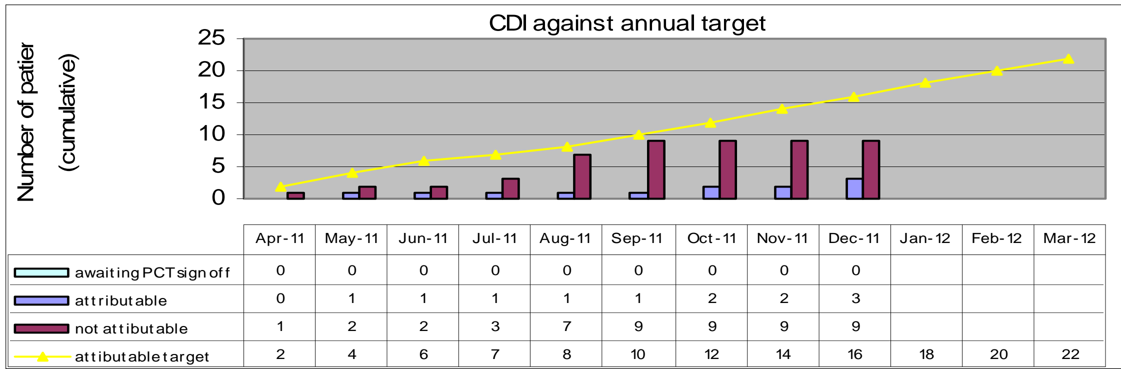


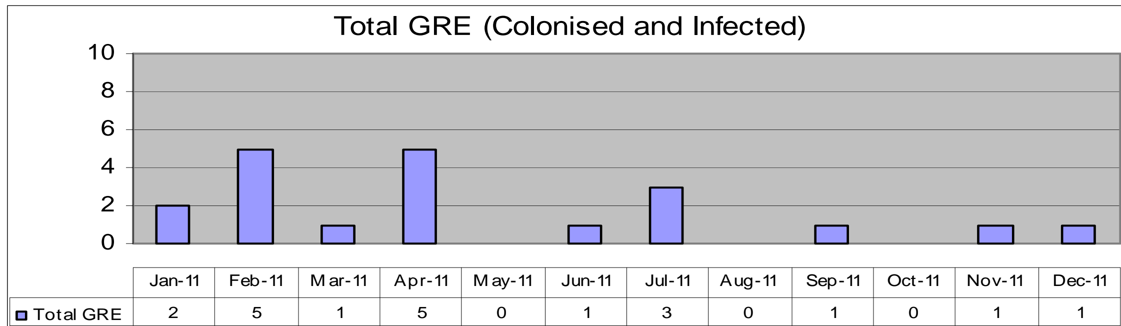
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
30 min target	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%
30 min compliance	45%	45%	45%	47%	46%	45%	44%	44%	42%	41%	44%	47%

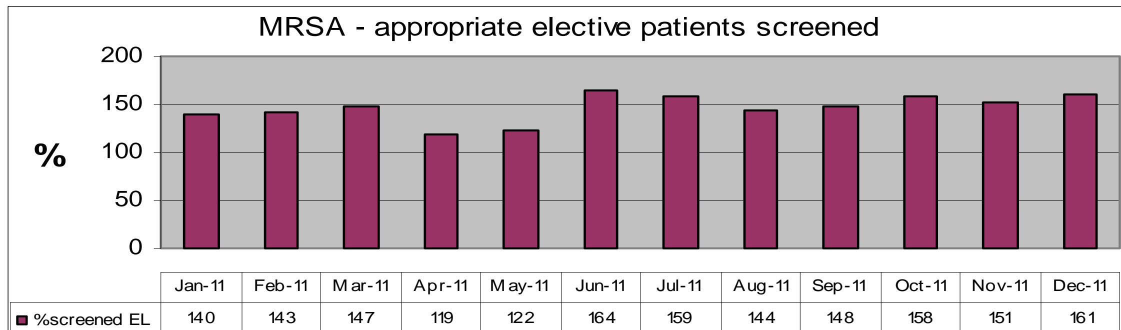
2.1	
Issue	• **Infection**
Indicator	• Levels of healthcare acquired infections
Source	• Infection control team
Target	• Care Quality Commission national targets • Monitor priority 1 targets

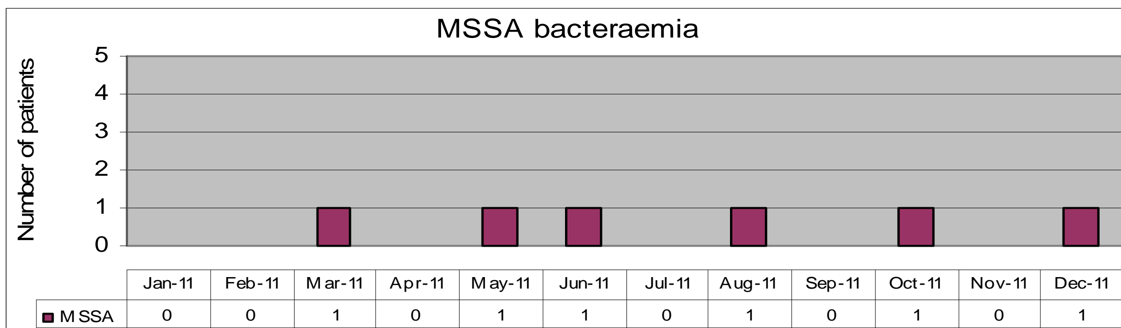


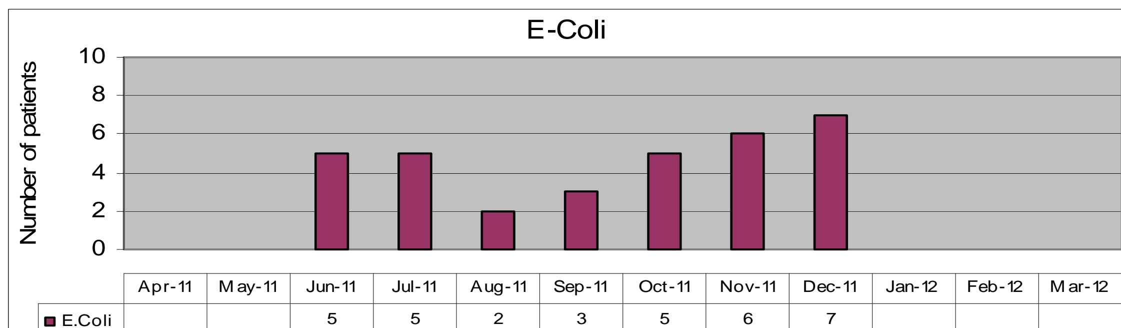
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
cumulative actual	0	0	0	0	0	0	0	0	0			
Monitor target	1	1	1	1	1	1	1	1	1	1	1	1


CDI against annual target
Number of patier (cumulative)
25
20
15
10
5
0
Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11 Jan-12 Feb-12 Mar-12
awaiting PCT sign off 0 0 0 0 0 0 0 0 0
attributable 0 1 1 1 1 1 2 2 3
not attibutable 1 2 2 3 7 9 9 9 9
attibutable target 2 4 6 7 8 10 12 14 16 18 20 22

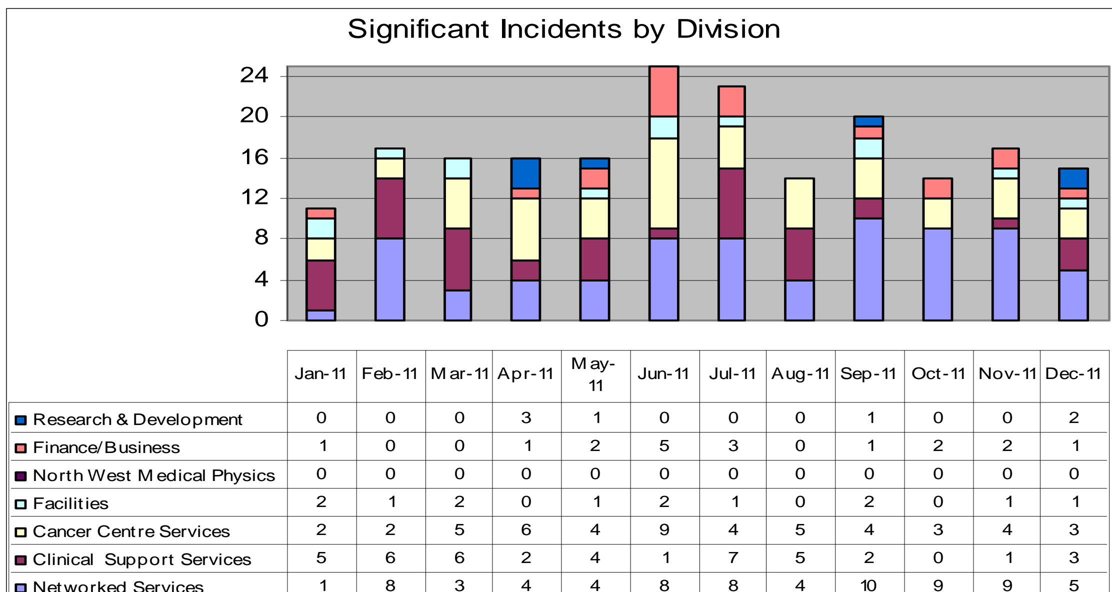

Total GRE (Colonised and Infected)
10
8
6
4
2
0
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
Total GRE 2 5 1 5 0 1 3 0 1 0 1 1


MRSA - appropriate elective patients screened
%
200
150
100
50
0
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
%screened EL 140 143 147 119 122 164 159 144 148 158 151 161


MSSA bacteraemia
Number of patients
5
4
3
2
1
0
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
MSSA 0 0 1 0 1 1 0 1 0 1 0 1


E-Coli
Number of patients
10
8
6
4
2
0
Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11 Jan-12 Feb-12 Mar-12
E.Coli 5 5 2 3 5 6 7

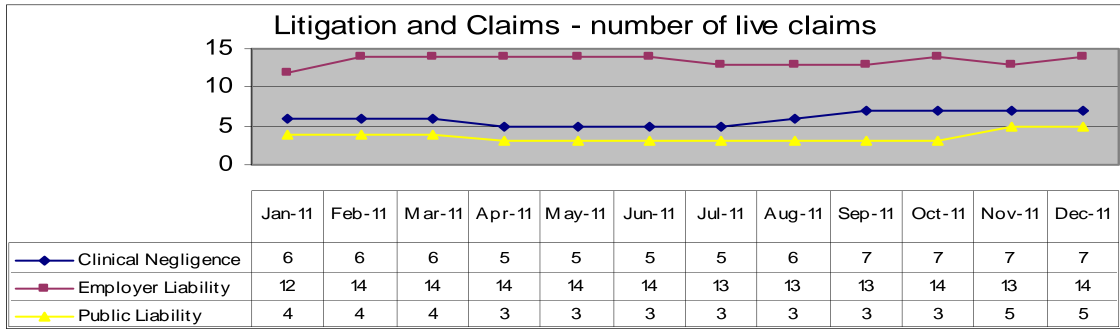
2.2	
Issue	• **Significant incidents**
Indicator	• Number of incidents per division and seriousness • Patient harm – locations and incidents
Source	• Datex system
Target	• Internal performance target

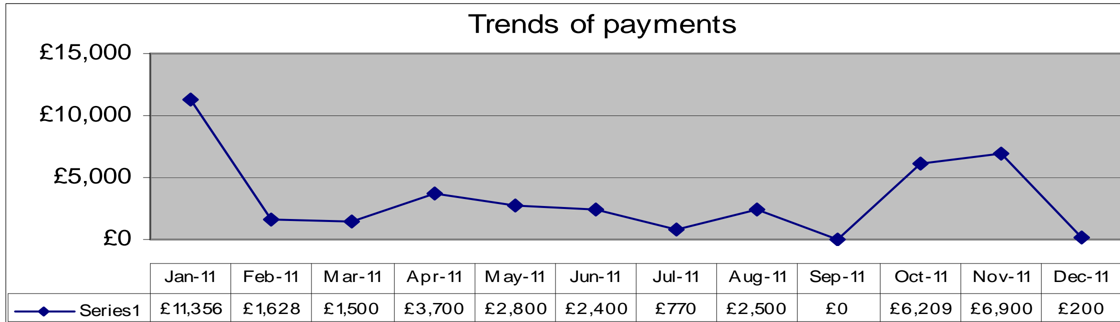


	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Research & Development	0	0	0	3	1	0	0	0	1	0	0	2
Finance/Business	1	0	0	1	2	5	3	0	1	2	2	1
North West Medical Physics	0	0	0	0	0	0	0	0	0	0	0	0
Facilities	2	1	2	0	1	2	1	0	2	0	1	1
Cancer Centre Services	2	2	5	6	4	9	4	5	4	3	4	3
Clinical Support Services	5	6	6	2	4	1	7	5	2	0	1	3
Networked Services	1	8	3	4	4	8	8	4	10	9	9	5

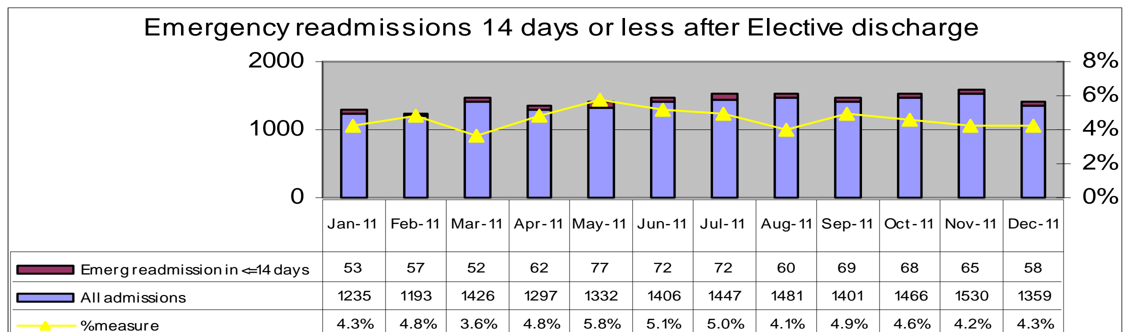
Locations of patient harm incident	Number of patient harm incidents
ORTC (Oak Rd Treatment Centre)	5
Ward 1&4	3
Ward 11	3
YOU	2
CTU (Clinical Trials Unit)	1
HTU	1
HTU DAY	1
MAU	1
PAT Suite (Patient Admission and Transfer)	1
Radiology	1
Ward 10	1
Ward 12	1
TOTAL	**21**

2.3	
Issue	• **Litigation and claims**
Indicator	• Number of outstanding claims • Trend and forecast of amount paid out • Details of inquests held
Source	• Datex system
Target	• Internal performance target





2.4	
Issue	• **Readmissions**
Indicator	• Emergency readmissions within 14 days from an elective admission
Source	• Medway
Target	• Quality indicator

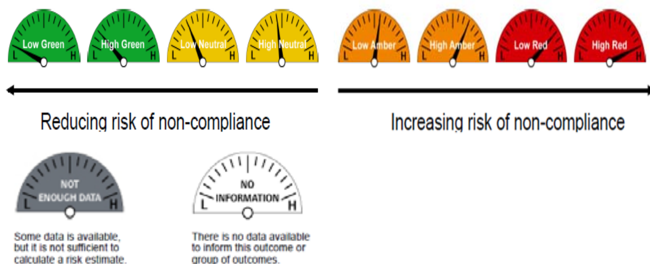


2.5	
Issue	• **Quality and risk profile (QRP)**
Indicator	• Involvement and information • Personalised care, treatment and support • Safeguarding and safety • Suitability and staffing • Quality and management
Source	• CQC
Target	• Quality indicator

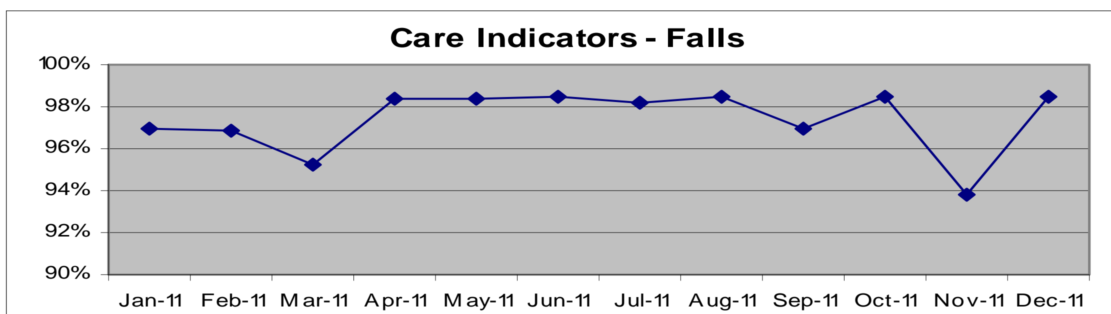
For each indicator and section an assessment is made based on Trust data, against national performance data. The results are expressed as the risk of non-compliance with standards. The scale for this is set out below:

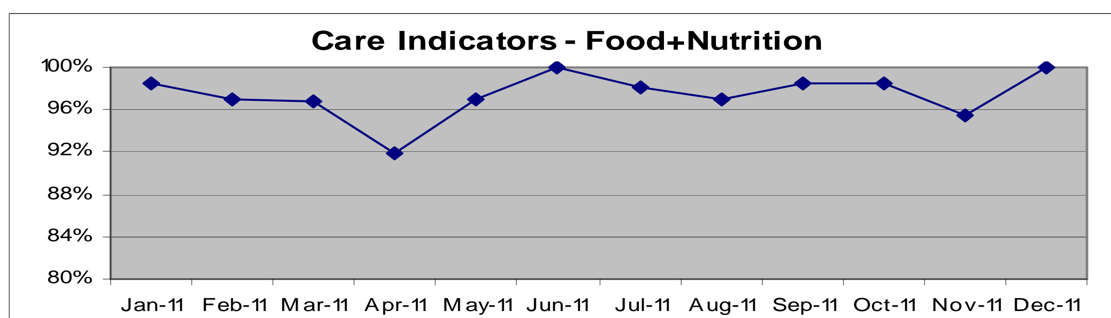
Section		Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Involvement and Information		LG	LG	LG	N/A	LG	Not in Rep	Not in Rep	N/A	Not in Rep	Not in Rep	Not in Rep
Outcome 1 (R17)	Respecting and involving people who use services	LG	LG	LG	N/A	LG	LG	LG	N/A	LG	LG	LG
Outcome 2 (R18)	Consent to care and treatment	No Information	No Information	No Information	N/A	No Information	No Information	No Information	N/A	No Information	No Information	No Information
Personalised Care, Treatment and Support		HG	HG	LN	N/A	HG	Not in Rep	Not in Rep	N/A	Not in Rep	Not in Rep	Not in Rep
Outcome 4 (R9)	Care and welfare of people who use services	LG	LG	LG	N/A	LG	LG	LG	N/A	LG	LG	LG
Outcome 5 (R14)	Meeting nutritional needs	LG	LG	LG	N/A	LG	LG	LG	N/A	LN	LN	LN
Outcome 6 (R24)	Cooperating with other providers	HG	HG	LN	N/A	HG	HG	HG	N/A	HG	HG	HG
Safeguarding and Safety		LN	LN	LN	N/A	LG	Not in Rep	Not in Rep	N/A	Not in Rep	Not in Rep	Not in Rep
Outcome 7 (R11)	Safeguarding people who use services from abuse	Not Enough Data	Not Enough Data	Not Enough Data	N/A	Not Enough Data	Not Enough Data	Not Enough Data	N/A	Not Enough Data	Not Enough Data	Not Enough Data
Outcome 8 (R12)	Cleanliness and infection control	HG	LG	LG	N/A	LG	LG	LG	N/A	LG	LG	LG
Outcome 9 (R13)	Management of medicines	LG	LG	LG	N/A	LG	LG	LG	N/A	LG	LG	LG
Outcome 10 (R15)	Safety and suitability of premises	LG	LG	LG	N/A	LG	LG	LG	N/A	HG	HG	LN
Outcome 11 (R16)	Safety, availability and suitability of equipment	LN	LN	LN	N/A	Not Enough Data	Not Enough Data	Not Enough Data	N/A	LN	LN	LN
Suitability of Staffing		HG	LN	LN	N/A	LN	Not in Rep	Not in Rep	N/A	Not in Rep	Not in Rep	Not in Rep
Outcome 12 (R21)	Requirements relating to workers	HG	HG	LN	N/A	LN	LN	LN	N/A	LN	HG	HG
Outcome 13 (R22)	Staffing	HG	HG	LN	N/A	LG	LG	LG	N/A	LG	LG	LG
Outcome 14 (R23)	Supporting Staff	HG	LN	LN	N/A	LN	LN	LN	N/A	LN	LN	HG
Quality and Management		LN	LN	LN	N/A	LN	Not in Rep	Not in Rep	N/A	Not in Rep	Not in Rep	Not in Rep
Outcome 16 (R10)	Assessing and monitoring the quality of service provision	LN	LN	HG	N/A	HG	HG	LN	N/A	LN	LN	LN
Outcome 17 (R19)	Complaints	Not Enough Data	Not Enough Data	Not Enough Data	N/A	LN	LN	LN	N/A	LN	Not Enough Data	Not Enough Data
Outcome 21 (R20)	Records	LN	LN	LN	N/A	LG	LG	LG	N/A	LG	LG	LG

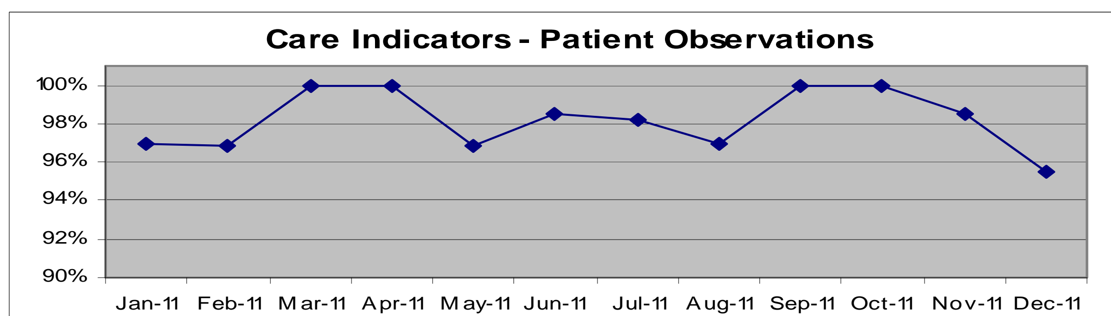
KEY

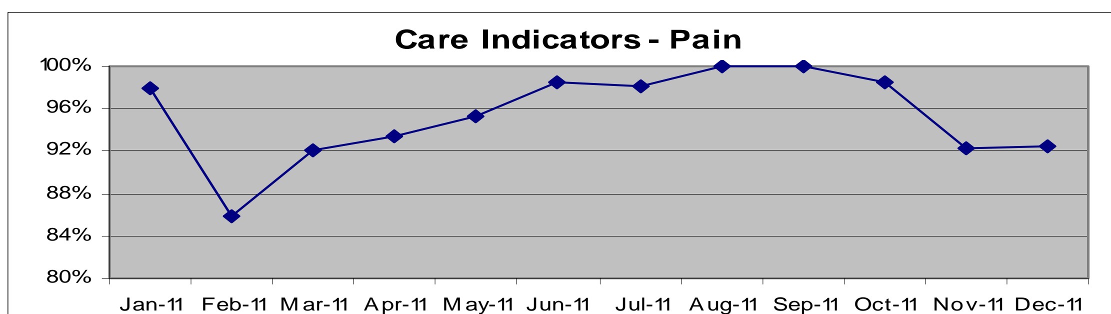


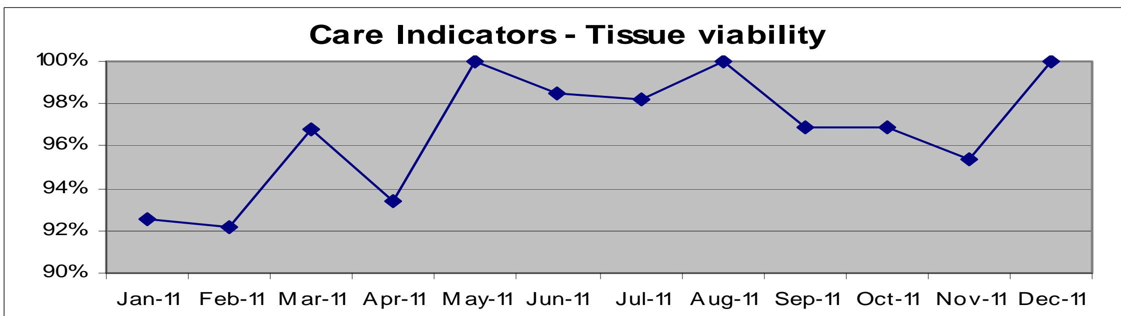
2.6	
Issue	• **Nursing inpatient quality indicators**
Indicator	• Falls • Food and nutrition • Patient observation • Pain • Tissue viability • Medicines • Infection control
Source	• Medway
Target	• Quality indicator

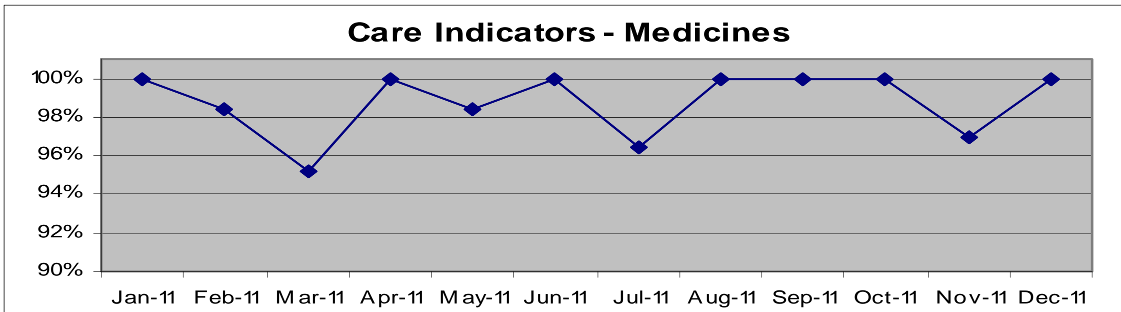






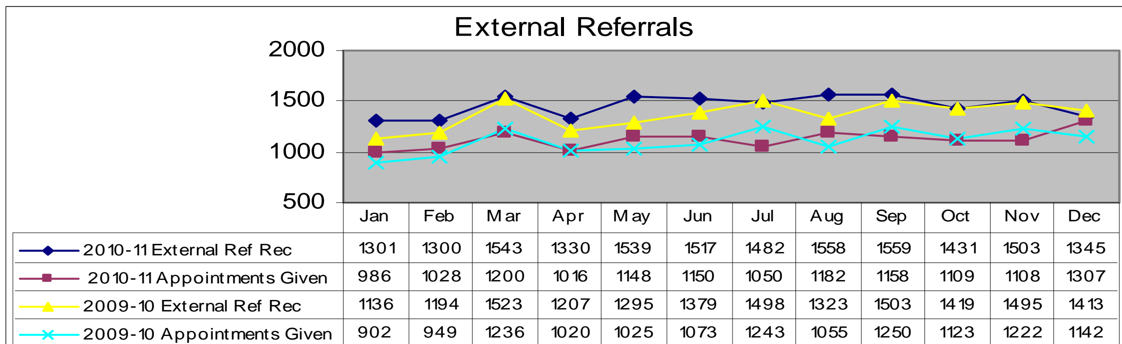






3. Strategy

3.1	
Issue	• **Market and business development**
Indicator	• Trust referral rates by diagnosis / procedure • Competitor referral rates by diagnosis / procedure
Source	• Referrals received by Trust from PAS
Target	• LDP Commissioner plan

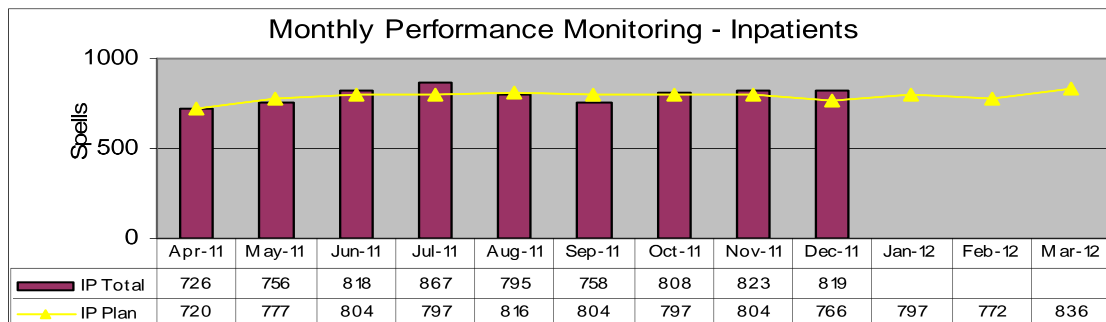


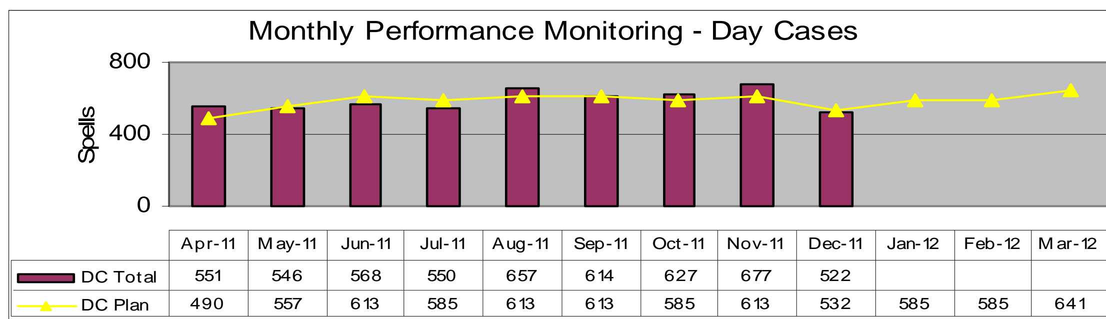
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010-11 External Ref Rec	1301	1300	1543	1330	1539	1517	1482	1558	1559	1431	1503	1345
2010-11 Appointments Given	986	1028	1200	1016	1148	1150	1050	1182	1158	1109	1108	1307
2009-10 External Ref Rec	1136	1194	1523	1207	1295	1379	1498	1323	1503	1419	1495	1413
2009-10 Appointments Given	902	949	1236	1020	1025	1073	1243	1055	1250	1123	1222	1142

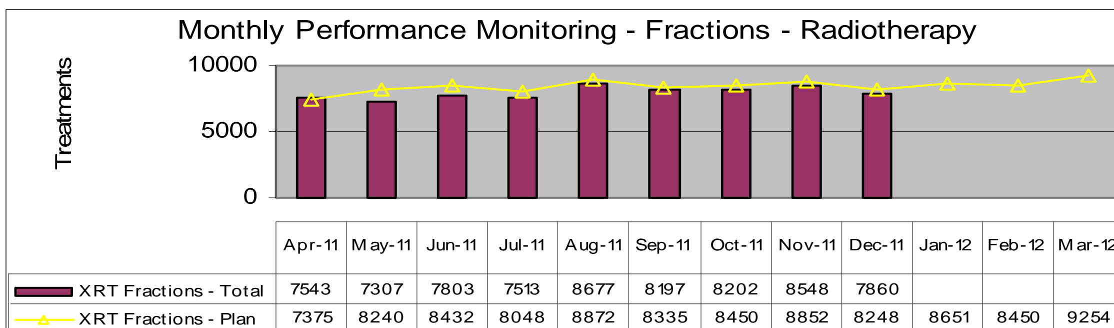
3.2	
Issue	• **Key trends and forecasts**
Indicator	• Monitor risk ratios reflecting current financial performance • Projected activity growth by division • Cash flow forecast for 6, 12 and 24 months
Source	• Finance ledger
Target	• Monitor – Financial Risk Rating

Trust Objective Themes & Performance Indicators		Weight	Tolerances Green =	 Amber =	 Red =	Current Month Data	Monitor risk rating	Indicator October 2011	 November 2011	 December 2011
Achievement of Plan	EBITDA achieved (%)	10%	85%	70%	50%	116.6%	5	▲	▲	▲
Underlying Performance	EBITDA margin (%)	25%	9%	5%	1%	7.7%	3	▲	▲	▶
Financial Efficiency	Return on Assets excluding Dividend (%)	20%	5%	3%	-2%	3.0%	3	▲	▲	▶
Financial Efficiency	I&E Surplus margin net of dividend (%)	20%	2%	1%	-2%	4.6%	5	▶	▲	▲
Liquidity	Liquidity Ratio (days)	25%	25	15	10	80.9	5	▲	▲	▲
Overall Monitor Risk Rating			4	3	2		4.10	▶	▲	▶
Income & Expenditure: YTD	Overall financial position variance (%) - (underspend)/overspend against plan		<0%	<0 to 3%	>3%	344.6%		▲	▼	▼
CIP Performance	Underperformance against target - In year to current month (%)		<0%	<0 to 3%	>3%	13.66%		▲	▲	▲
CIP Performance	Underperformance against target - Full year impact - in year (%)		<0%	<0 to 3%	>3%	-0.59%		▲	▲	▲
CIP Performance	Underperformance against target - Full year impact - recurrent (%)		<0%	<0 to 3%	>3%	17.76%		▲	▲	▲
Capital Expenditure	Exchequer Capital Spend to date (£'000)					£6,935k				
Cash Balance	Current balance to date (£'000)					£38,107k				
Cash Balance	Percentage of planned value		>90%	80-90%	<80%	114%		▲	▲	▲
Private Patient Cap	PP Cap is 9.4% of all patient income		<8.5%	8.5%-8.9%	>8.9%	8.2%		▲	▲	▼
Debtor Days	Average length of time debt is outstanding		<12	<15	>16	12		▼	▶	▲
Public Sector Payment Policy	Trade creditors paid in month within 30 days (%)		>95%	90-94%	<90%	97.9%		▲	▼	▲
Public Sector Payment Policy	Trade creditors paid in month within 10 days (%)		>80%	65-80%	<65%	87.6%		▼	▲	▲
Additional indicators of Potential risk										
Accurate financial planning	Unplanned decrease in EBITDA margin in two consecutive quarters		<2	2	>2			▶	▶	▶
Maintence of good risk rating	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months		<3	>3	>2			▶	▶	▶
Maintence of good risk rating	FRR 2 for any quarter		>2	2	<2			▶	▶	▶
Secure cash position	Working capital facility (WCF) agreement includes a default clause other than standard clauses specified by Monitor		No		Yes			▶	▶	▶
Good cash flow	Debtors > 90 days past due account for more than 5% of total debtor balance		<5%	5% - 10%	>10%	5.3%		▼	▼	▲
Timely payments	Creditors > 90 days past due date for more than 5% of total creditor balances		<5%	5% - 10%	>10%	1.67%		▼	▲	▼
Stable board leadership	Two or more changes in Finance Director in a twelve month period		<2	2	>2			▶	▶	▶
Stable board leadership	Interim Finance Director in place over more than one quarter end		<1	1-2	>2			▶	▶	▶
Secure cash position	Quarter end cash balance < 10 days of operating expenses		>10 days	8-10	<8	81		▲	▲	▲
Accurate financial planning	Capital expenditure < 75% of plan for the year to date		>75%	50% - 75%	<50%	88.1%		▼	▼	▼
Accurate financial planning	Capital expenditure > 125% of plan for the year to date		<125%	125% - 150%	>150%	88.1%		▲	▲	▲

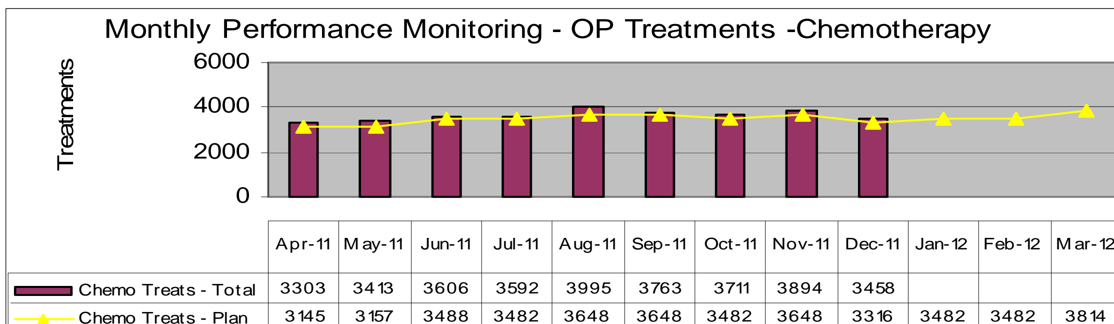
Projected activity by treatment type





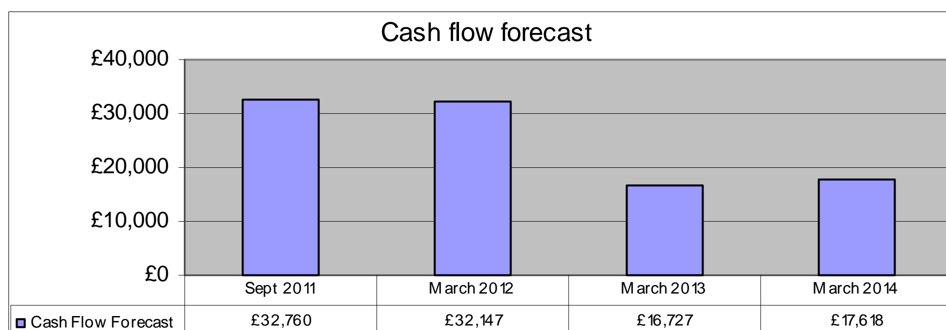


	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
XRT Fractions - Total	7543	7307	7803	7513	8677	8197	8202	8548	7860			
XRT Fractions - Plan	7375	8240	8432	8048	8872	8335	8450	8852	8248	8651	8450	9254



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Chemo Treats - Total	3303	3413	3606	3592	3995	3763	3711	3894	3458			
Chemo Treats - Plan	3145	3157	3488	3482	3648	3648	3482	3648	3316	3482	3482	3814

Cash flow forecast



	Sept 2011	March 2012	March 2013	March 2014
Cash Flow Forecast	£32,760	£32,147	£16,727	£17,618

3.3	
Issue	• **Strategic objectives**
Indicator	• Progress against corporate objectives
Source	• Corporate plan
Target	• Annual objectives 11/12

Strategic objective 1	**NHS Services:** These are the NHS clinical services that we provide at The Christie site in South Manchester and across the cancer network. Our objective is to provide the best specialist NHS services for cancer patients with world class outcomes as measured by the quality of patient experience, patient safety and clinical effectiveness of our services.	
Strategic objective 2	**Research and Education:** This is the research and education we undertake, often in partnership with universities and other higher and further education organisations. Our objective is to further develop our programme of world leading research and education that leads to changes in international clinical practice and standards	
Strategic objective 3	**Joint Ventures:** This includes non-NHS funded services that we provide and which generate surpluses to support our NHS funded activities. It includes our joint venture with Health Care America to provide private patient services such as the proposed proton beam therapy services. Our objective is to maximise the opportunities for generating surpluses from non-NHS funded cancer services to reinvest in core NHS provision	

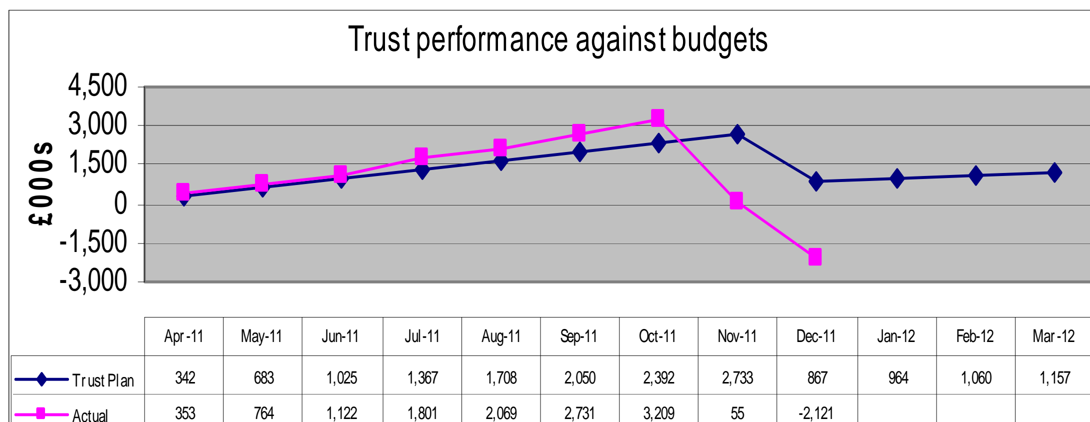
Strategic objective 4	**The Charity:** The charity operates with the appropriate level of independence. However, as the corporate trustee of the charity, the Board of Directors of The Christie ensures that there is alignment between the objectives of the two organisations. Our objective is to further develop and grow the reputation and income of the Christie Charity.

3.4	
Issue	• **Key external development**
Indicator	• Policy, technology and environmental changes
Source	• Medical director assessment
Target	• Annual objectives 11/12

Policy
Technology
External environment

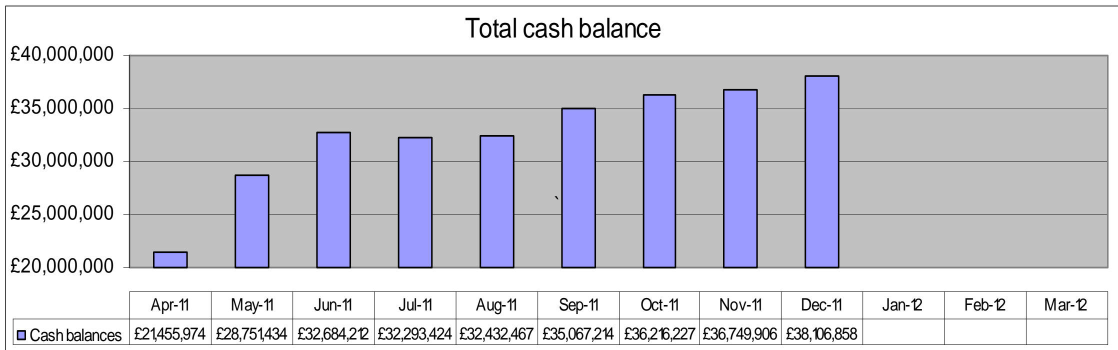
4. Finance

4.1	
Issue	• **Income and expenditure**
Indicator	• Performance against budgets
Source	• Finance ledger
Target	• Monitor – Financial Risk Rating



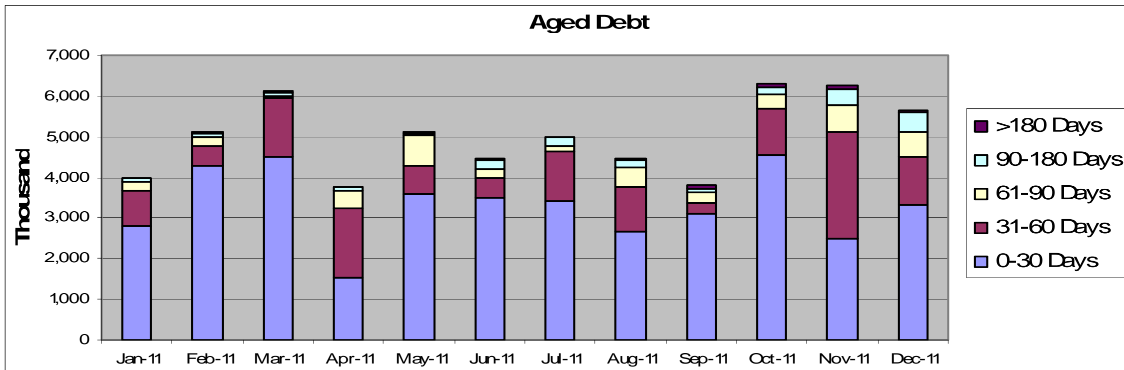
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Trust Plan	342	683	1,025	1,367	1,708	2,050	2,392	2,733	867	964	1,060	1,157
Actual	353	764	1,122	1,801	2,069	2,731	3,209	55	-2,121			

4.2	
Issue	• **Cash flow**
Indicator	• Total cash flow • Cash flow by division
Source	• Finance ledger
Target	• Monitor – Financial Risk Rating

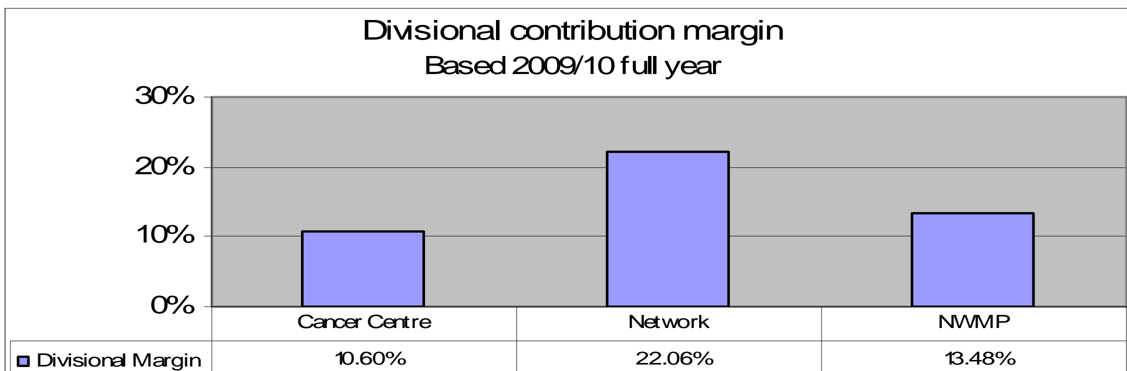


	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Cash balances	£21,455,974	£28,751,434	£32,684,212	£32,293,424	£32,432,467	£35,067,214	£36,216,227	£36,749,906	£38,106,858			

4.3	
Issue	• **Debtors**
Indicator	• Value of 30, 60 and 90 day debtors
Source	• Finance ledger



4.4	
Issue	• **Gross margin**
Indicator	• Gross margin for each division
Source	• Finance ledger



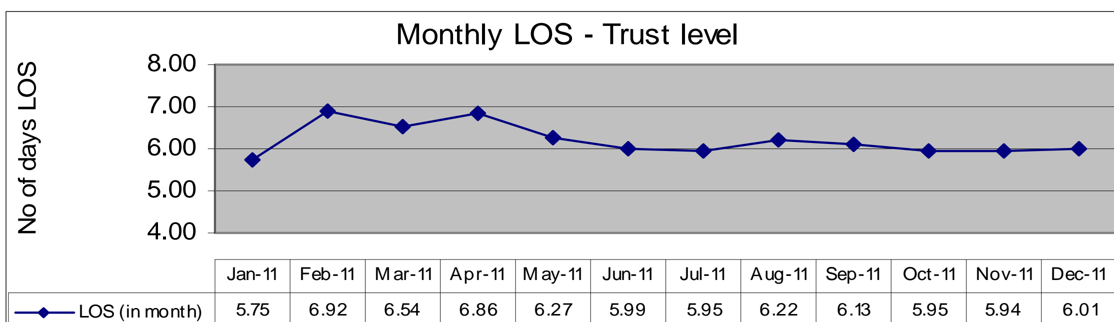
	Cancer Centre	Network	NWMP
Divisional Margin	10.60%	22.06%	13.48%

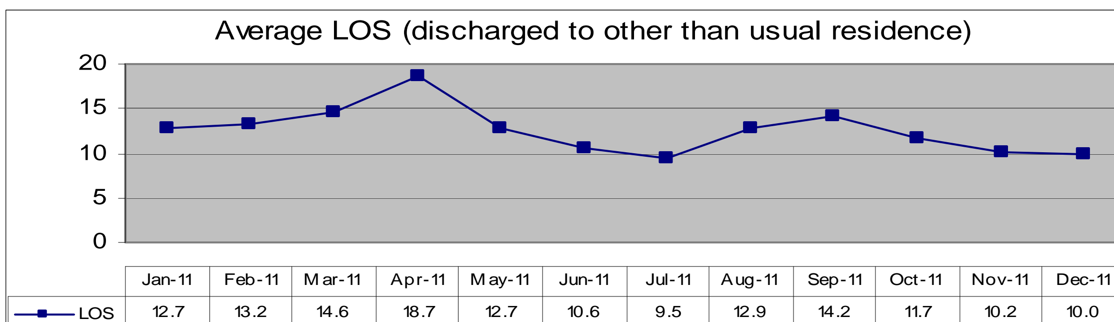
5. Efficiency

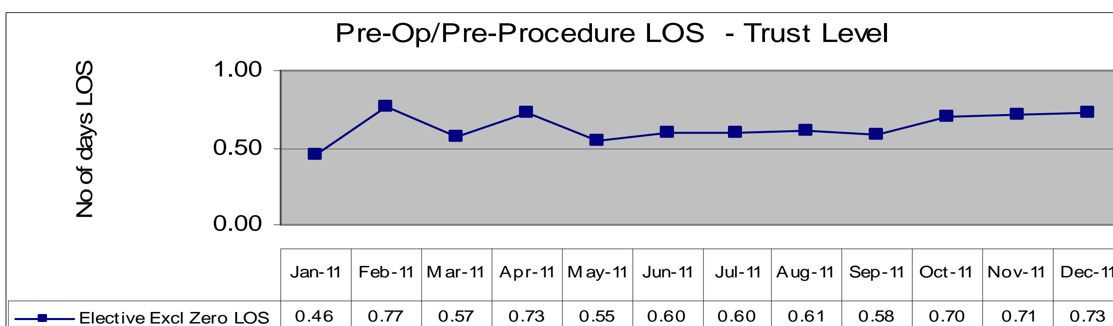
5.1	
Issue	• **Length of stay**
Indicator	• Rolling 12 Month LOS • Month of Discharge LOS • LOS for discharges to other than usual address • Pre-op LOS
Source	• Patient administration system
Target	• Strategic objectives 11/12 • NHS Better Care, Better Value Indicators

The table below demonstrates that our Rolling LOS has shown a consistently low average over the last 12 months. Measures are continuingly being introduced in order to try and maintain the downward trend of LOS.

Reporting month	Total	EL	NEL
Nov-10	6.09	5.32	7.17
Dec-10	6.08	5.31	7.13
Jan-11	6.07	5.33	7.08
Feb-11	6.09	5.29	7.17
Mar-11	6.11	5.31	7.16
Apr-11	6.28	5.47	7.31
May-11	6.30	5.46	7.37
Jun-11	6.27	5.45	7.30
Jul-11	6.28	5.50	7.25
Aug-11	6.26	5.50	7.22
Sep-11	6.25	5.49	7.21
Oct-11	6.25	5.47	7.22
Nov-11	6.17	5.40	7.12
Dec-11	6.20	5.42	7.15







5.2	
Issue	• **Ward occupancy**
Indicator	• Percentage occupancy at midnight by ward
Source	• Patient administration system
Target	• Internal performance target

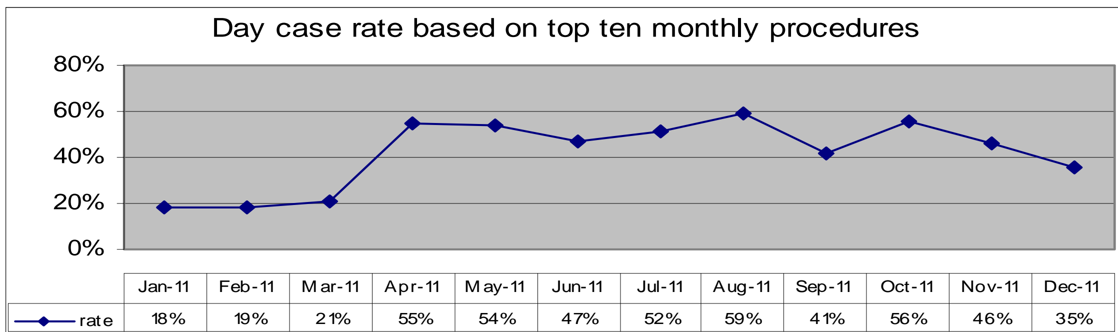
Ward	01a WARD	04 WARD	11 Ward	12 Ward	Young Oncology Unit	Admissions Unit	10 Ward	Critical Care Unit	Haematology & Transplant Unit
Dec-10	53%	90%	79%	83%	56%	77%	65%	61%	92%
Jan-11	50%	96%	84%	86%	71%	73%	65%	60%	88%
Feb-11	28%	91%	86%	85%	63%	70%	83%	63%	95%
Mar-11	37%	96%	92%	93%	67%	84%	70%	72%	97%
Apr-11	45%	94%	92%	93%	49%	80%	68%	68%	99%
May-11	55%	90%	87%	91%	59%	71%	72%	66%	98%
Jun-11	54%	86%	88%	88%	53%	71%	70%	77%	97%
Jul-11	51%	92%	93%	92%	56%	79%	74%	45%	97%
Aug-11	52%	90%	92%	93%	53%	80%	62%	57%	94%
Sep-11	55%	86%	85%	88%	59%	80%	67%	64%	91%
Oct-11	59%	84%	87%	88%	71%	68%	74%	63%	93%
Nov-11	60%	93%	96%	93%	62%	84%	82%	66%	97%
Dec-11	51%	81%	86%	80%	58%	76%	75%	83%	97%

Network services
Cancer centre services

Efficiency benchmark = 82%

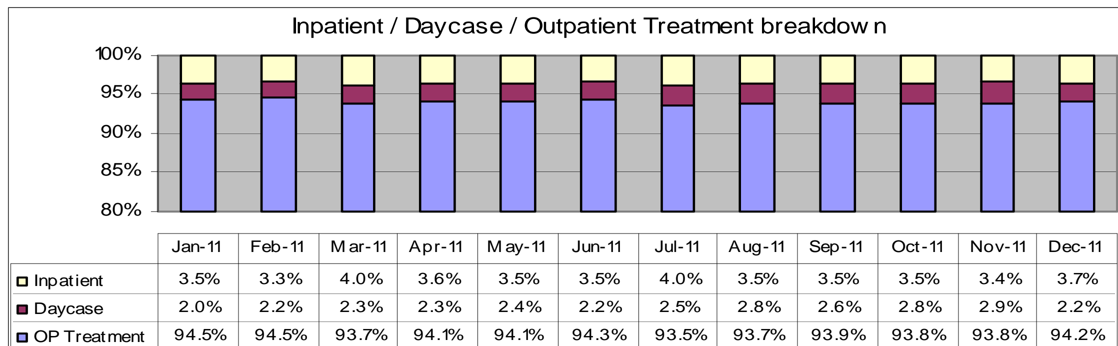
5.3	
Issue	• **Day case rates**
Indicator	• Number of patients treated as day cases as a percentage of the total patients for top ten procedures by volume
Source	• Patient administration system
Target	• Internal performance target

The increase in rate from April onwards has been due to a recent project that has looked at moving some activity from an inpatient setting to an outpatient setting for the benefit of the patients.

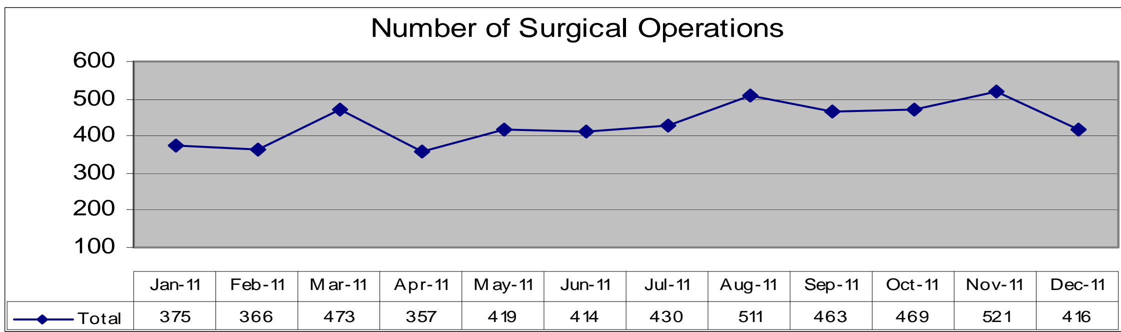


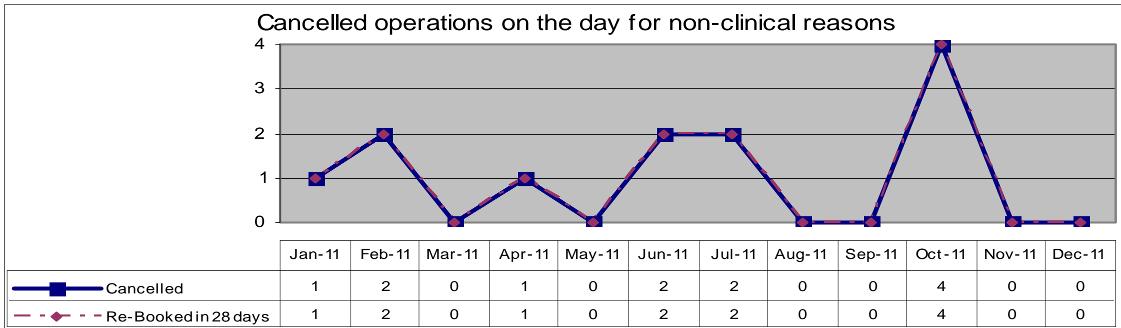
5.4	
Issue	• **Day case versus outpatient and inpatient rates**
Indicator	• This demonstrates the movement of procedures and treatments away from an inpatient setting to a day case and outpatient setting
Source	• Patient administration system
Target	• Internal performance target

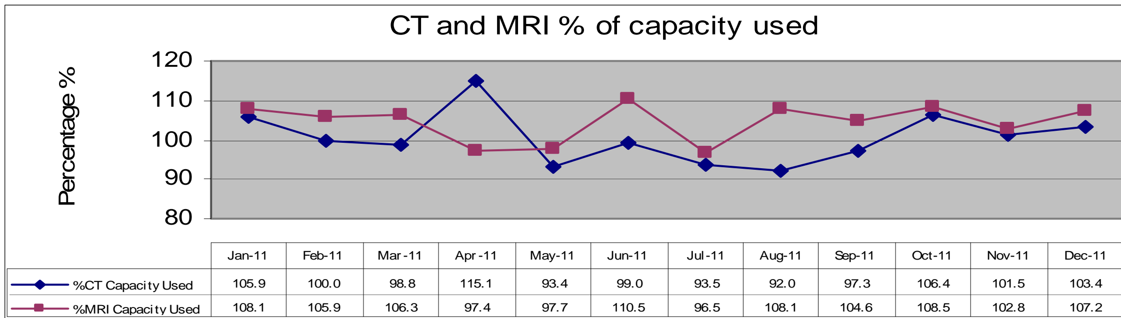
The movement of activity from an inpatient to an outpatient setting from April onwards as described in the day case rate can also be seen here when looking at the split of treatment activity.

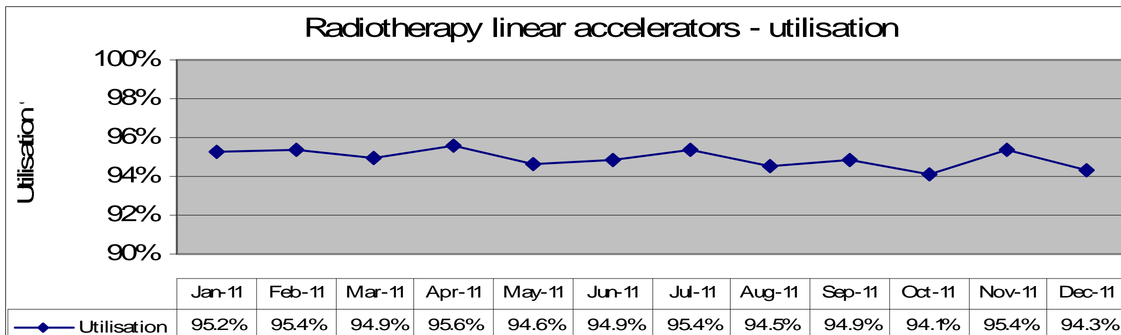


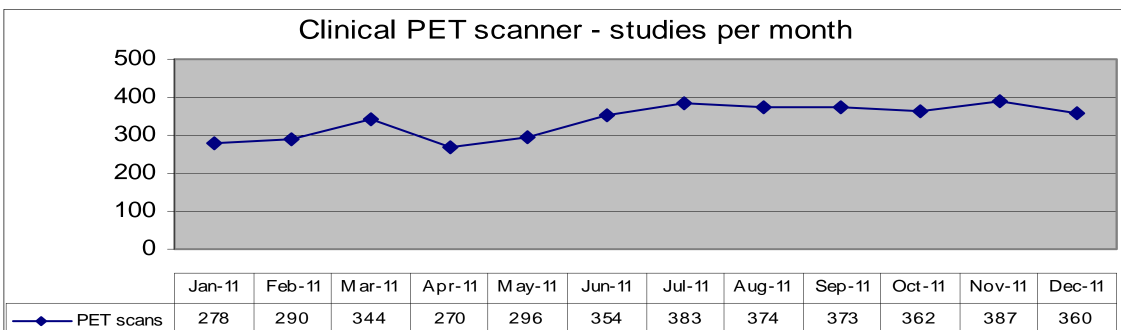
5.5	
Issue	• **Theatre utilisation**
Indicator	• Number of operations • Number of operations cancelled on the day for non-clinical reasons • CT & MRI capacity • Linear Accelerator Utilisation • PET scan activity
Source	• Patient administration system • Clinical information system
Target	• Internal performance target • Monitor priority 2 target (28 day readmission for cancelled ops)


Number of Surgical Operations
600
500
400
300
200
100
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
Total 375 366 473 357 419 414 430 511 463 469 521 416

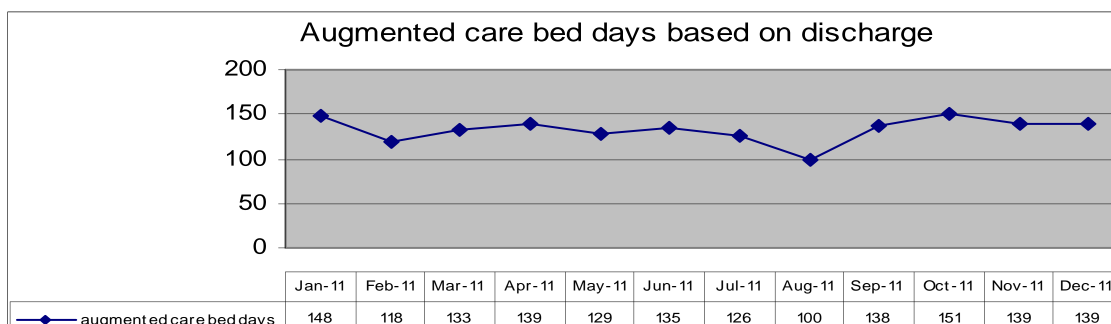

Cancelled operations on the day for non-clinical reasons
4
3
2
1
0
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
Cancelled 1 2 0 1 0 2 2 0 0 4 0 0
Re-Booked in 28 days 1 2 0 1 0 2 2 0 0 4 0 0


CT and MRI % of capacity used
Percentage %
120
110
100
90
80
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
%CT Capacity Used 105.9 100.0 98.8 115.1 93.4 99.0 93.5 92.0 97.3 106.4 101.5 103.4
%MRI Capacity Used 108.1 105.9 106.3 97.4 97.7 110.5 96.5 108.1 104.6 108.5 102.8 107.2

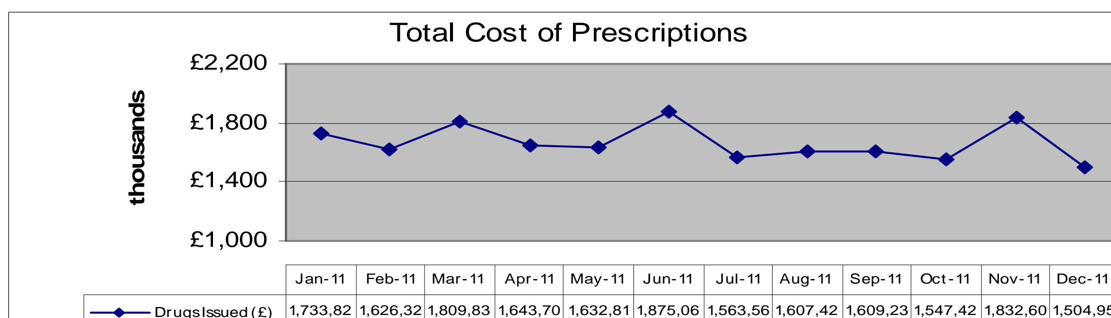

Radiotherapy linear accelerators - utilisation
Utilisation
100%
98%
96%
94%
92%
90%
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
Utilisation 95.2% 95.4% 94.9% 95.6% 94.6% 94.9% 95.4% 94.5% 94.9% 94.1% 95.4% 94.3%

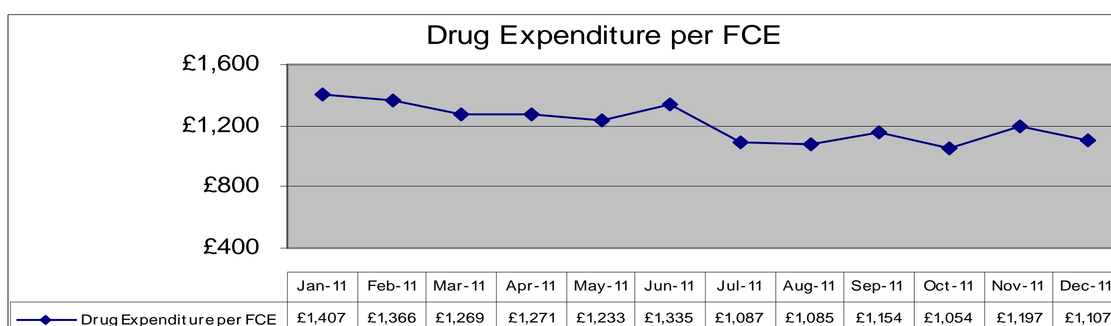

Clinical PET scanner - studies per month
500
400
300
200
100
0
Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11
PET scans 278 290 344 270 296 354 383 374 373 362 387 360

5.6	
Issue	• **Augmented care bed days**
Indicator	• Number of HDU episodes • Average occupancy
Source	• Patient administration system
Target	• Internal performance target



5.7	
Issue	• **Drug prescription**
Indicator	• Total cost of prescriptions • Mean cost per finished consultant episode
Source	• Finance ledger • Patient administration system
Target	• Internal performance target

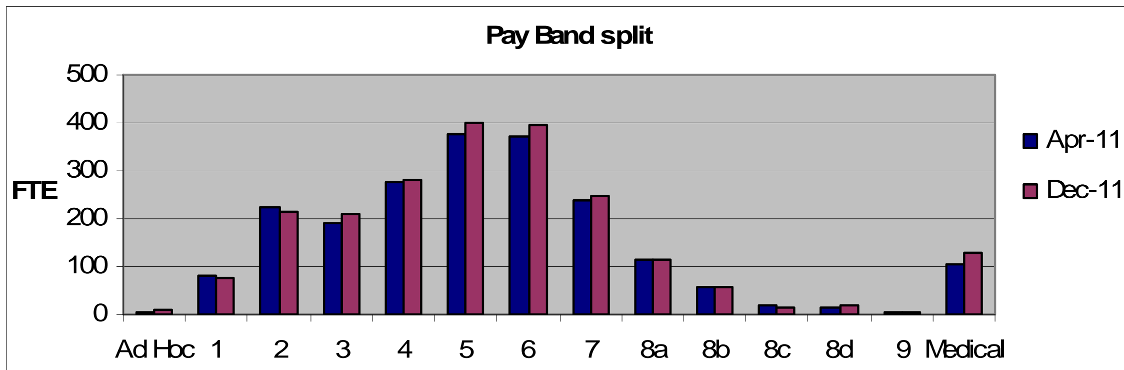


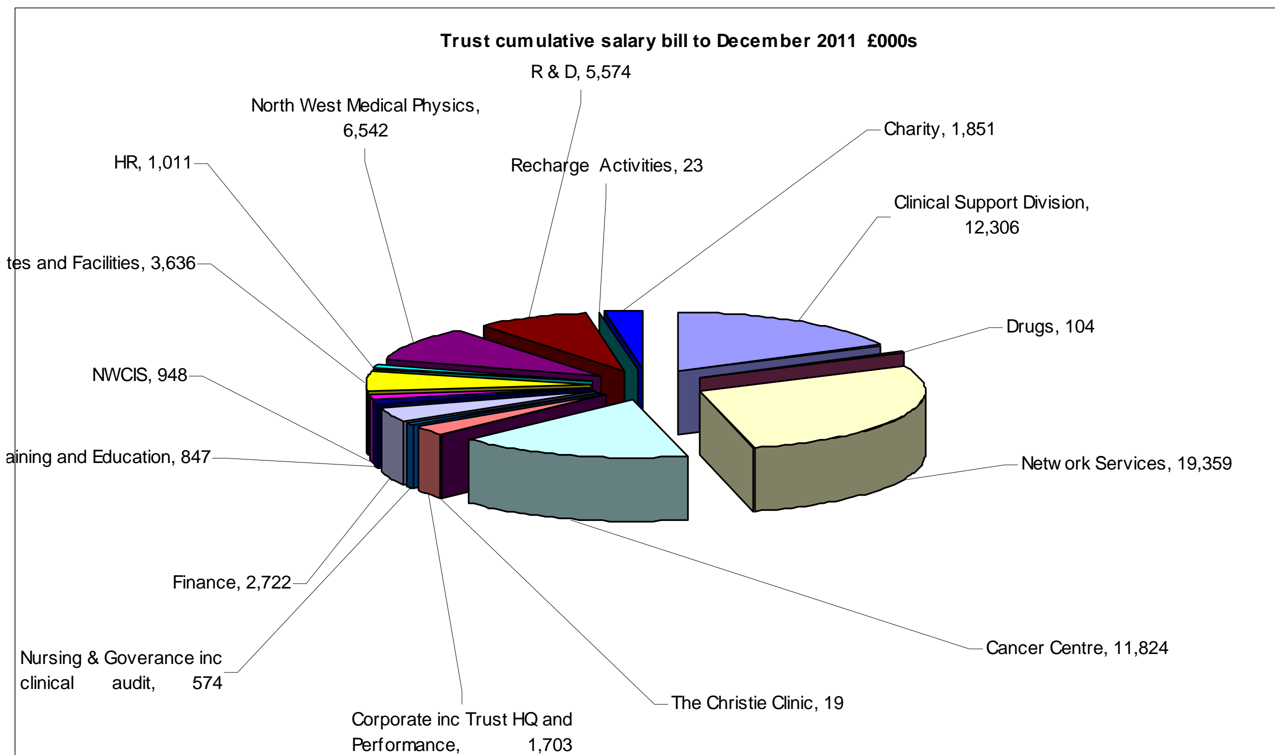


6. Workforce

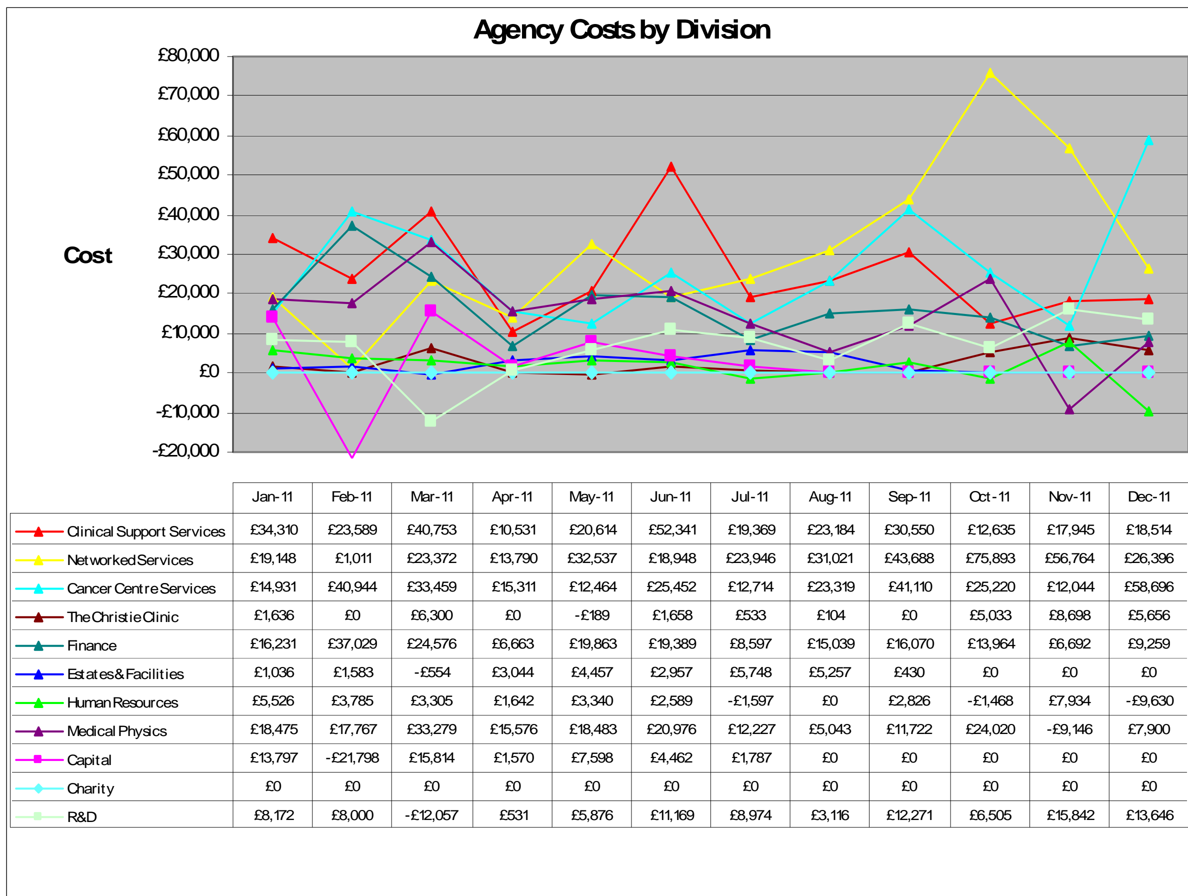
6.1	
Issue	• **Headcount and salary bill**
Indicator	• Total headcount • Total WTE • Gross salary bill
Source	• Finance ledger • Integrated personnel system
Target	• Internal performance monitoring

The graph below shows the split by banding of all staff in the organisation. Movement in this split is being monitored as part of the efficiency programme



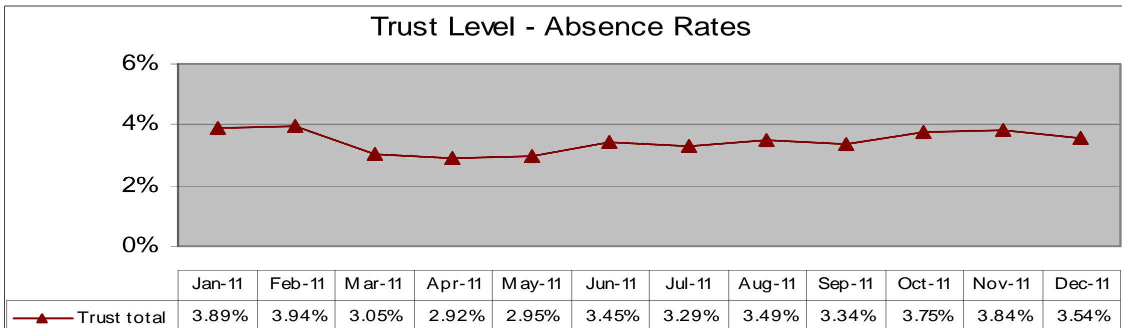


6.2	
Issue	• **Use of agency and bank**
Indicator	• Total cost per month by division
Source	• Finance ledger
Target	• Corporate objectives 10/11 • NHS Better Care, Better Value Indicators

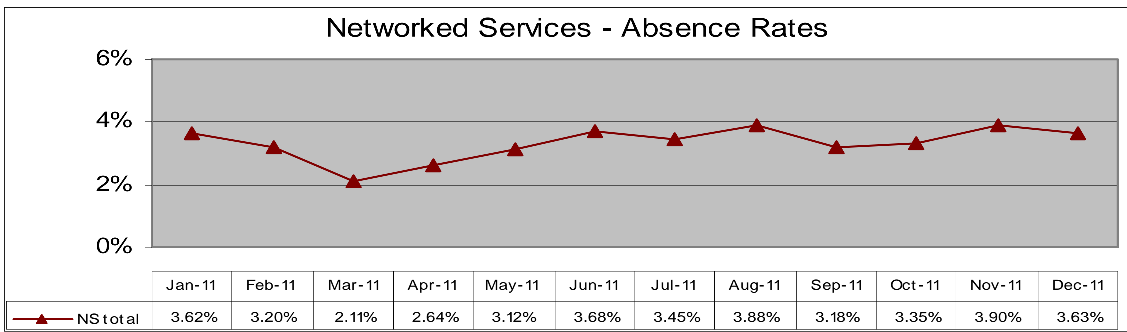


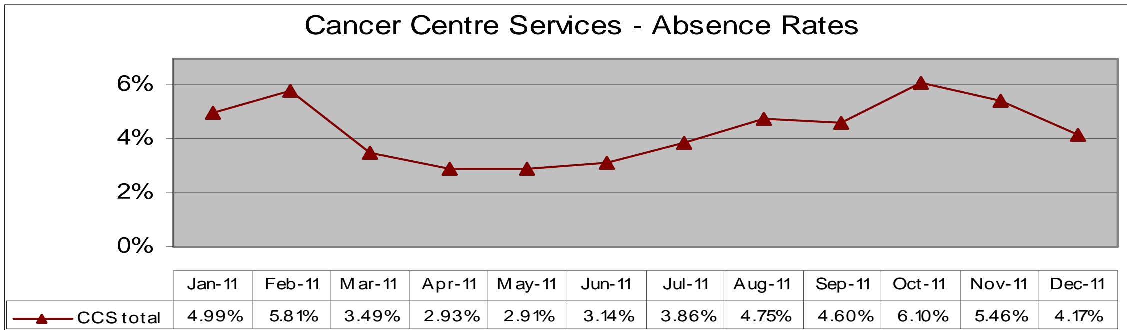
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Clinical Support Services	£34,310	£23,589	£40,753	£10,531	£20,614	£52,341	£19,369	£23,184	£30,550	£12,635	£17,945	£18,514
Networked Services	£19,148	£1,011	£23,372	£13,790	£32,537	£18,948	£23,946	£31,021	£43,688	£75,893	£56,764	£26,396
Cancer Centre Services	£14,931	£40,944	£33,459	£15,311	£12,464	£25,452	£12,714	£23,319	£41,110	£25,220	£12,044	£58,696
The Christie Clinic	£1,636	£0	£6,300	£0	-£189	£1,658	£533	£104	£0	£5,033	£8,698	£5,656
Finance	£16,231	£37,029	£24,576	£6,663	£19,863	£19,389	£8,597	£15,039	£16,070	£13,964	£6,692	£9,259
Estates & Facilities	£1,036	£1,583	-£554	£3,044	£4,457	£2,957	£5,748	£5,257	£430	£0	£0	£0
Human Resources	£5,526	£3,785	£3,305	£1,642	£3,340	£2,589	-£1,597	£0	£2,826	-£1,468	£7,934	-£9,630
Medical Physics	£18,475	£17,767	£33,279	£15,576	£18,483	£20,976	£12,227	£5,043	£11,722	£24,020	-£9,146	£7,900
Capital	£13,797	-£21,798	£15,814	£1,570	£7,598	£4,462	£1,787	£0	£0	£0	£0	£0
Charity	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
R&D	£8,172	£8,000	-£12,057	£531	£5,876	£11,169	£8,974	£3,116	£12,271	£6,505	£15,842	£13,646

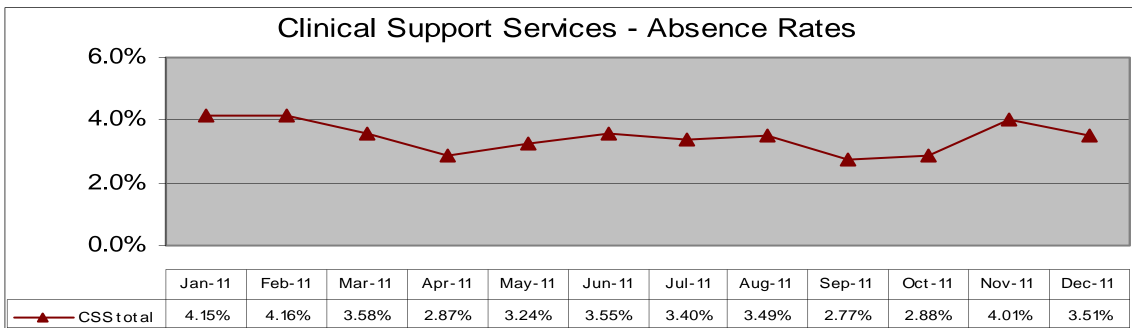
6.3	
Issue	• **Sickness**
Indicator	• Number of staff long term sick / division • Number of staff short term sick / division • Absence rates – target 4%
Source	• Integrated personnel system
Target	• Corporate objectives 10/11 • NHS Better Care, Better Value Indicators

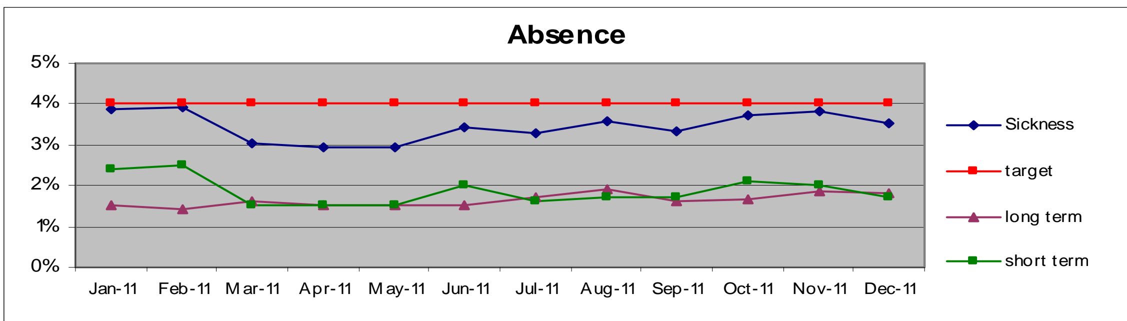


	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Trust total	3.89%	3.94%	3.05%	2.92%	2.95%	3.45%	3.29%	3.49%	3.34%	3.75%	3.84%	3.54%

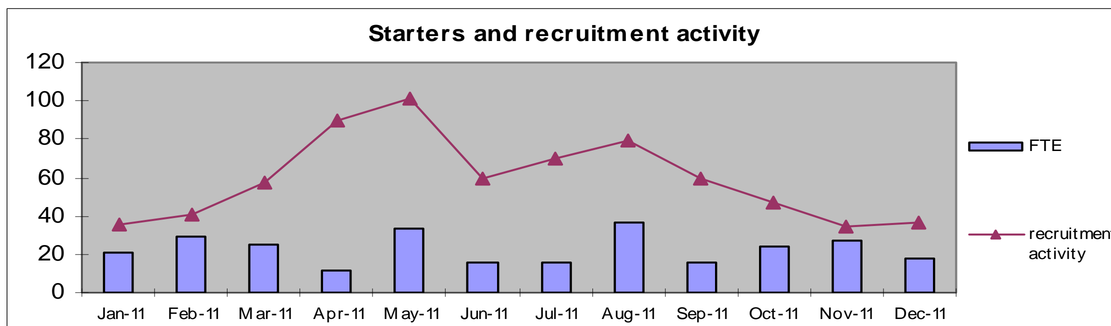

Networked Services - Absence Rates
6%
4%
2%
0%
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
NS total
3.62%
3.20%
2.11%
2.64%
3.12%
3.68%
3.45%
3.88%
3.18%
3.35%
3.90%
3.63%


Cancer Centre Services - Absence Rates
6%
4%
2%
0%
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
CCS total
4.99%
5.81%
3.49%
2.93%
2.91%
3.14%
3.86%
4.75%
4.60%
6.10%
5.46%
4.17%


Clinical Support Services - Absence Rates
6.0%
4.0%
2.0%
0.0%
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
CSS total
4.15%
4.16%
3.58%
2.87%
3.24%
3.55%
3.40%
3.49%
2.77%
2.88%
4.01%
3.51%

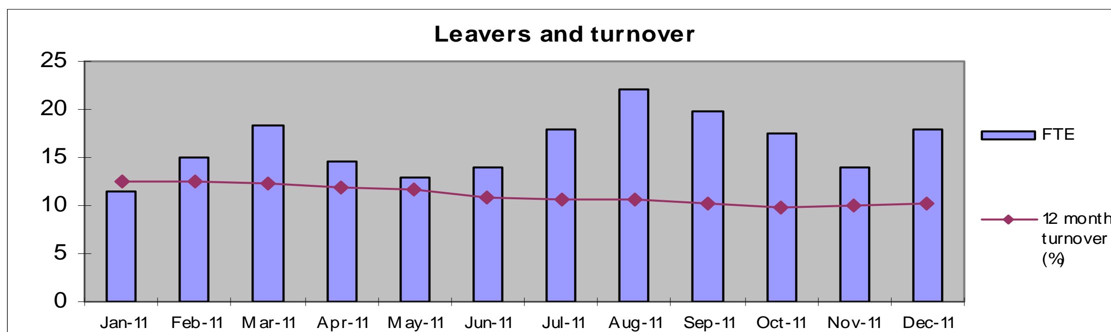

Absence
5%
4%
3%
2%
1%
0%
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Sickness
target
long term
short term

6.4	
Issue	• **Recruitment activity**
Indicator	• Number of posts out to advert in month • Number of staff recruited in month
Source	• Integrated personnel system
Target	• Internal performance monitoring

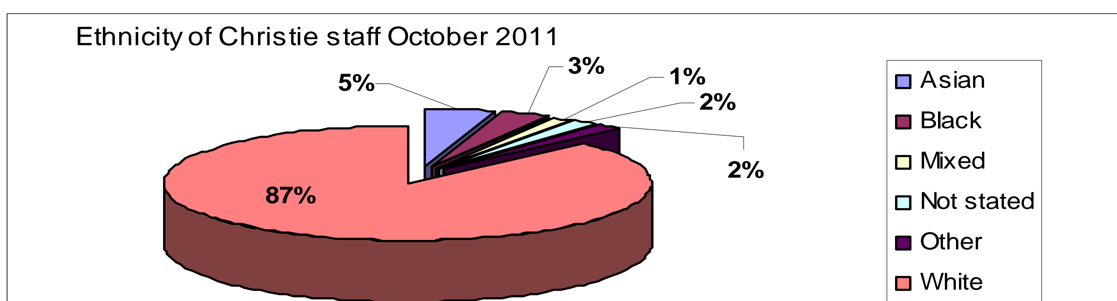


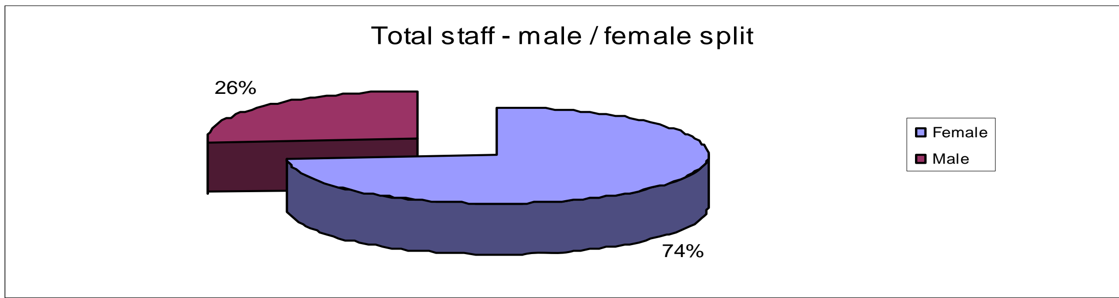
Please note FTE recruitment are posts in our permanent payroll. Other recruitment activity does not impact on this.

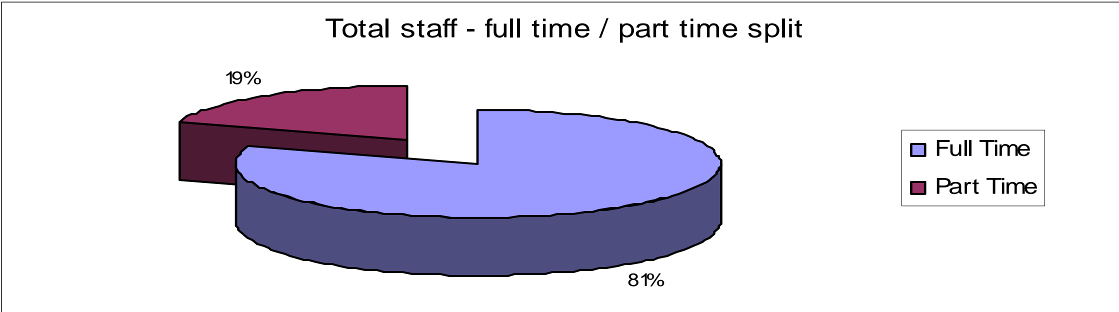
6.5	
Issue	• **Staff Turnover**
Indicator	• Number of leavers
Source	• Integrated personnel system
Target	• Internal performance monitoring • NHS Better Care, Better Value Indicators

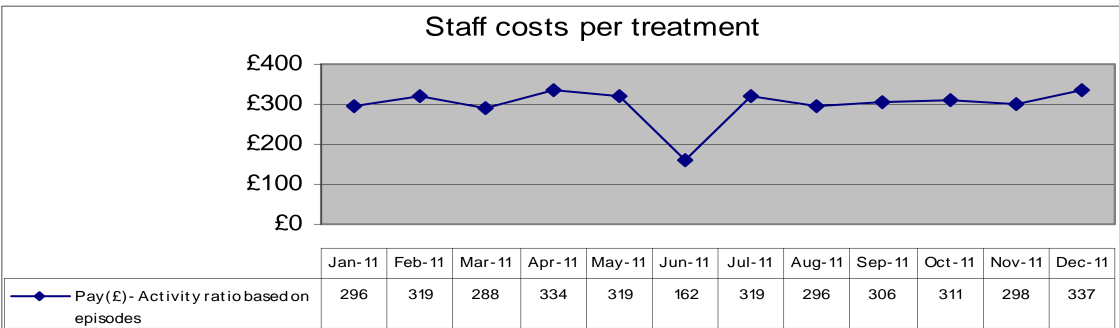


6.6	
Issue	• **Diversity**
Indicator	• Staffs' ethnic mix compared to local population • Staff metrics (updated quarterly - July 2011 (shown)
Source	• Integrated personnel system • National census
Target	• Internal performance monitoring



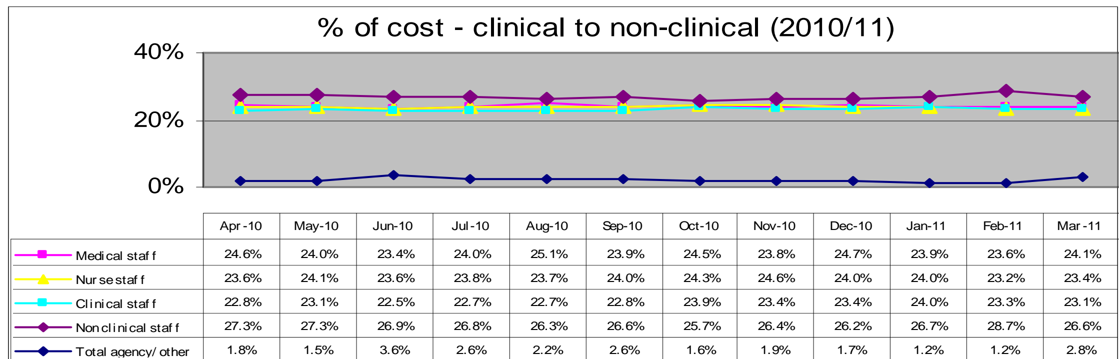






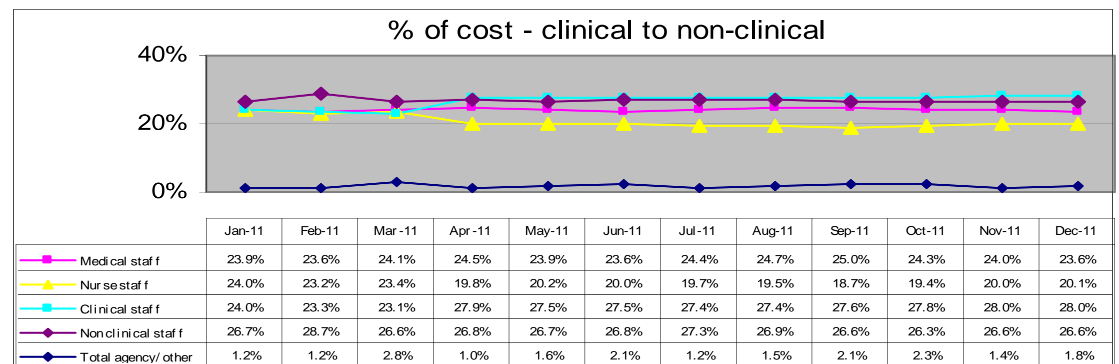
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Pay (£) - Activity ratio based on episodes	296	319	288	334	319	162	319	296	306	311	298	337

Last financial years figures are represented below:



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Medical staff	24.6%	24.0%	23.4%	24.0%	25.1%	23.9%	24.5%	23.8%	24.7%	23.9%	23.6%	24.1%
Nurse staff	23.6%	24.1%	23.6%	23.8%	23.7%	24.0%	24.3%	24.6%	24.0%	24.0%	23.2%	23.4%
Clinical staff	22.8%	23.1%	22.5%	22.7%	22.7%	22.8%	23.9%	23.4%	23.4%	24.0%	23.3%	23.1%
Non clinical staff	27.3%	27.3%	26.9%	26.8%	26.3%	26.6%	25.7%	26.4%	26.2%	26.7%	28.7%	26.6%
Total agency/ other	1.8%	1.5%	3.6%	2.6%	2.2%	2.6%	1.6%	1.9%	1.7%	1.2%	1.2%	2.8%

Current year:



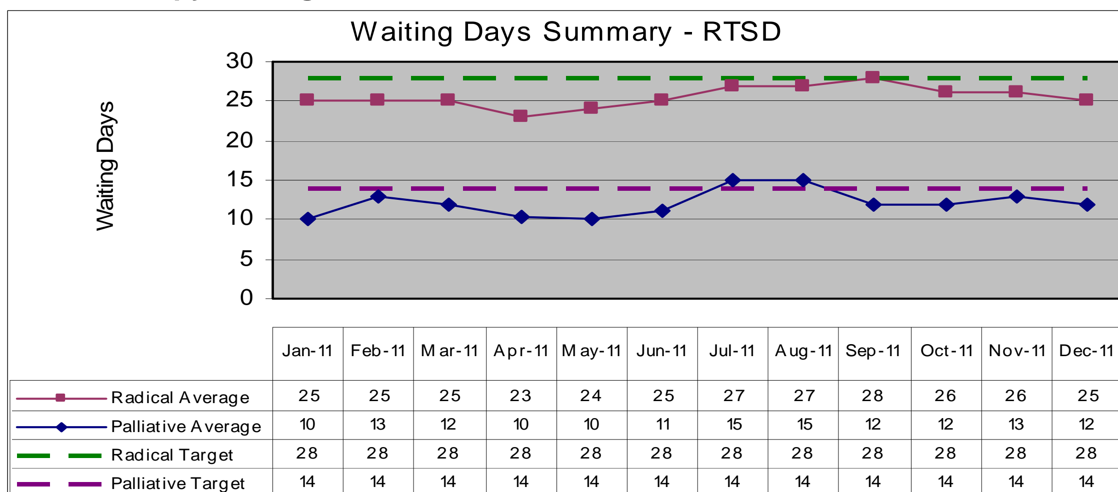
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Medical staff	23.9%	23.6%	24.1%	24.5%	23.9%	23.6%	24.4%	24.7%	25.0%	24.3%	24.0%	23.6%
Nurse staff	24.0%	23.2%	23.4%	19.8%	20.2%	20.0%	19.7%	19.5%	18.7%	19.4%	20.0%	20.1%
Clinical staff	24.0%	23.3%	23.1%	27.9%	27.5%	27.5%	27.4%	27.4%	27.6%	27.8%	28.0%	28.0%
Non clinical staff	26.7%	28.7%	26.6%	26.8%	26.7%	26.8%	27.3%	26.9%	26.6%	26.3%	26.6%	26.6%
Total agency/ other	1.2%	1.2%	2.8%	1.0%	1.6%	2.1%	1.2%	1.5%	2.1%	2.3%	1.4%	1.8%

7. Access and targets

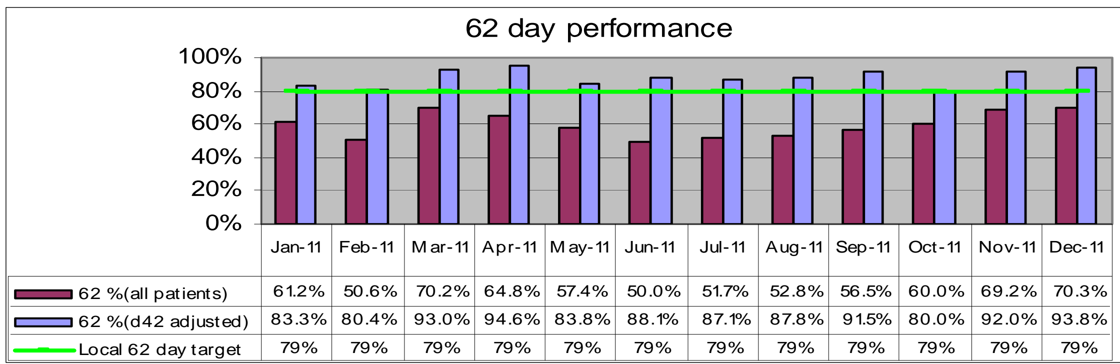
7.1	
Issue	• **Waiting time targets**
Indicator	• Breach of outpatient targets • Breach of inpatient targets • Breach of diagnostic targets • Breach of cancer targets • Radiotherapy waiting times • Progress against 18 week maximum waiting time
Source	• Waiting list returns • Cancer waiting time returns • Multi access radiotherapy system
Target	• Monitor priority 1 targets

Maximum waiting time of 11 weeks for outpatients	Monitor priority 1 target	100%
Maximum wait of 20 weeks for inpatients	Monitor priority 1 target	100%
Maximum wait of 13 weeks for a diagnostic appointment	Monitor priority 1 target	100%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	Monitor weighting 0.5	100%
Maximum waiting time of 31 days for subsequent treatments for all cancers	Monitor weighting 1.0	100%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	Monitor weighting 1.0	Not known

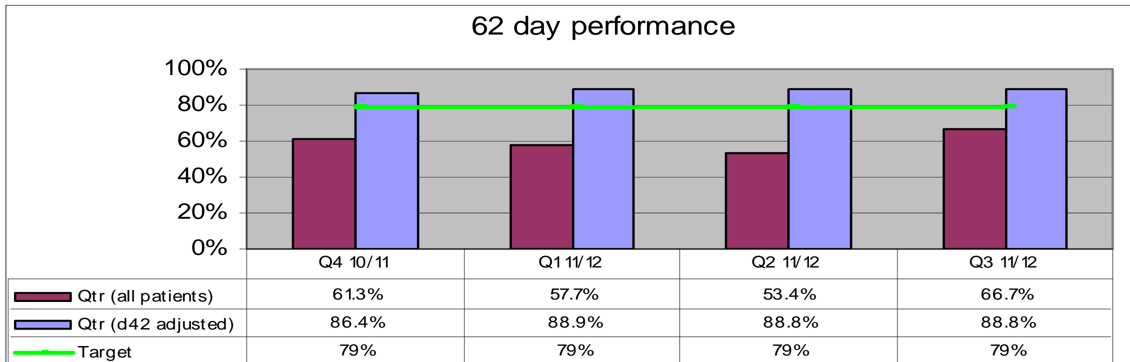
Radiotherapy waiting times



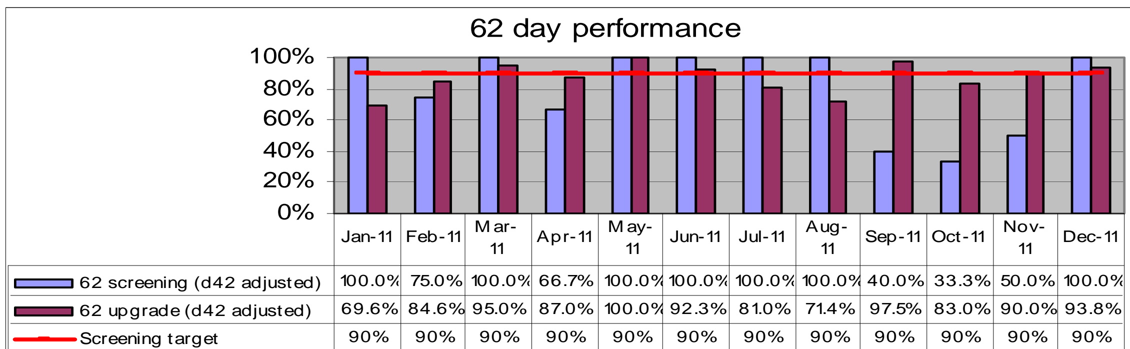
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Radical Average	25	25	25	23	24	25	27	27	28	26	26	25
Palliative Average	10	13	12	10	10	11	15	15	12	12	13	12
Radical Target	28	28	28	28	28	28	28	28	28	28	28	28
Palliative Target	14	14	14	14	14	14	14	14	14	14	14	14



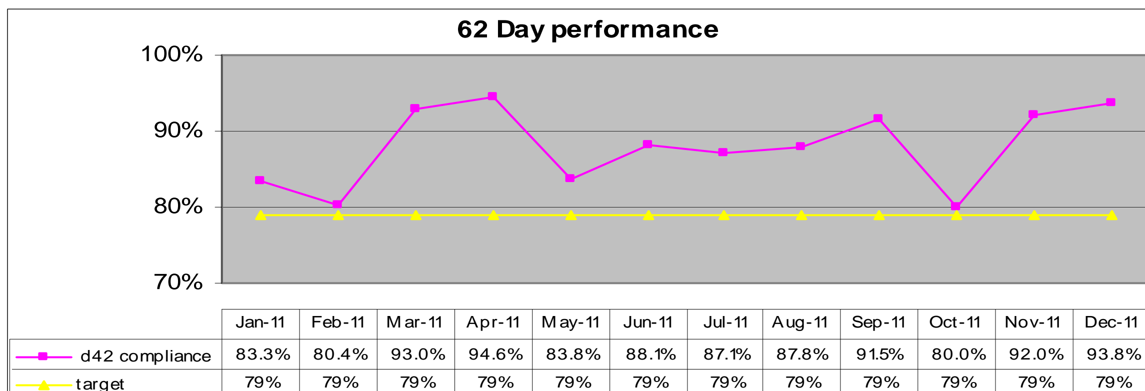
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
62 %(all patients)	61.2%	50.6%	70.2%	64.8%	57.4%	50.0%	51.7%	52.8%	56.5%	60.0%	69.2%	70.3%
62 %(d42 adjusted)	83.3%	80.4%	93.0%	94.6%	83.8%	88.1%	87.1%	87.8%	91.5%	80.0%	92.0%	93.8%
Local 62 day target	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%



	Q4 10/11	Q1 11/12	Q2 11/12	Q3 11/12
Qtr (all patients)	61.3%	57.7%	53.4%	66.7%
Qtr (d42 adjusted)	86.4%	88.9%	88.8%	88.8%
Target	79%	79%	79%	79%



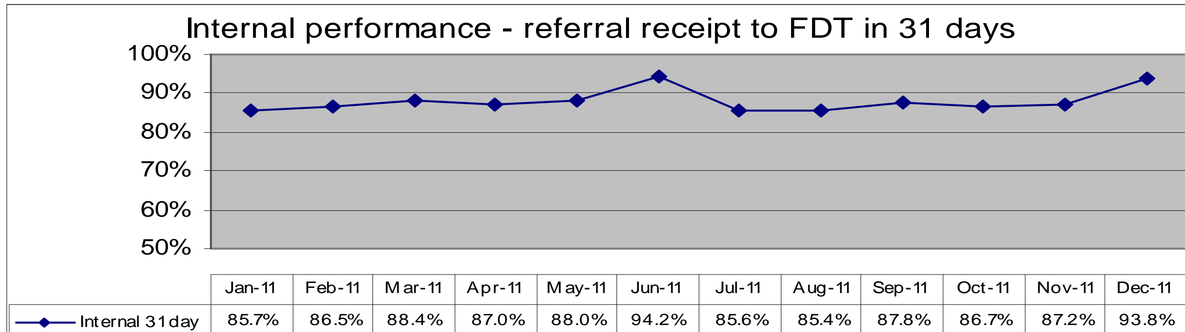
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
62 screening (d42 adjusted)	100.0%	75.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	40.0%	33.3%	50.0%	100.0%
62 upgrade (d42 adjusted)	69.6%	84.6%	95.0%	87.0%	100.0%	92.3%	81.0%	71.4%	97.5%	83.0%	90.0%	93.8%
Screening target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



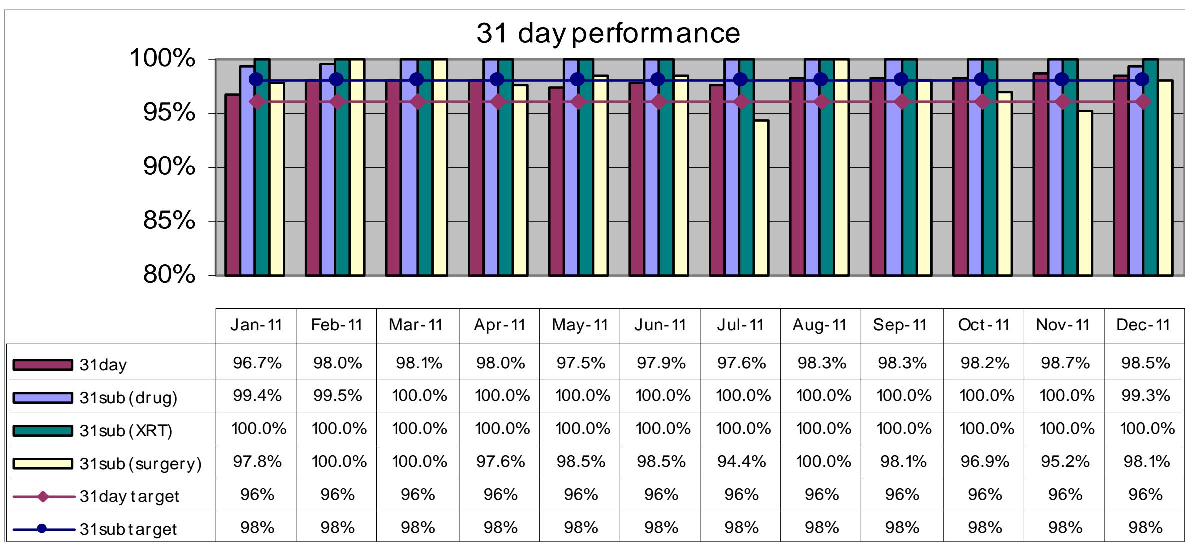
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
d42 compliance	83.3%	80.4%	93.0%	94.6%	83.8%	88.1%	87.1%	87.8%	91.5%	80.0%	92.0%	93.8%
target	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%

	Q2 11-12			Q3 11-12		
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
62 before reallocations	51.7%	52.8%	56.5%	60.0%	69.2%	70.3%
62 after reallocations (Day 42 Reallocations)	87.1%	87.8%	91.5%	80.0%	92.0%	93.8%
62 upgrade compliance	81.0%	71.4%	97.5%	83.0%	90.0%	93.8%
62 screening compliance	100.0%	100.0%	40.0%	33.3%	50.0%	100.0%
62 Q without reallocations	53.4%			66.7%		
62 Q with reallocations	88.8%			88.8%		

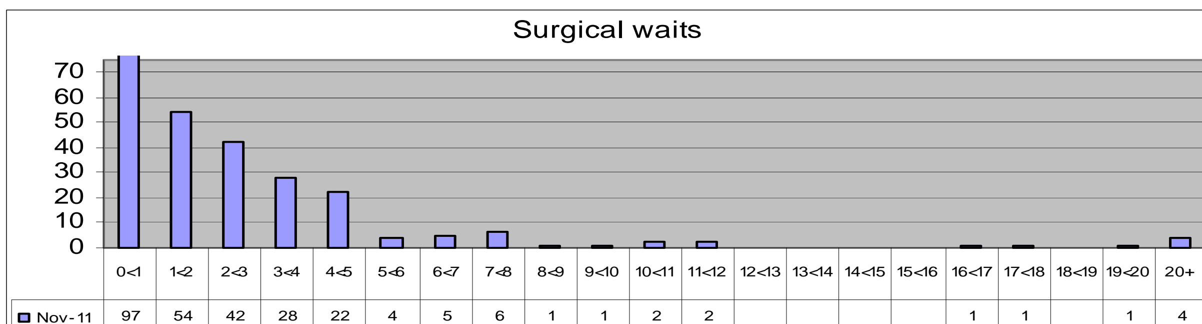
Internal target – receipt of referral to treatment in 31 days



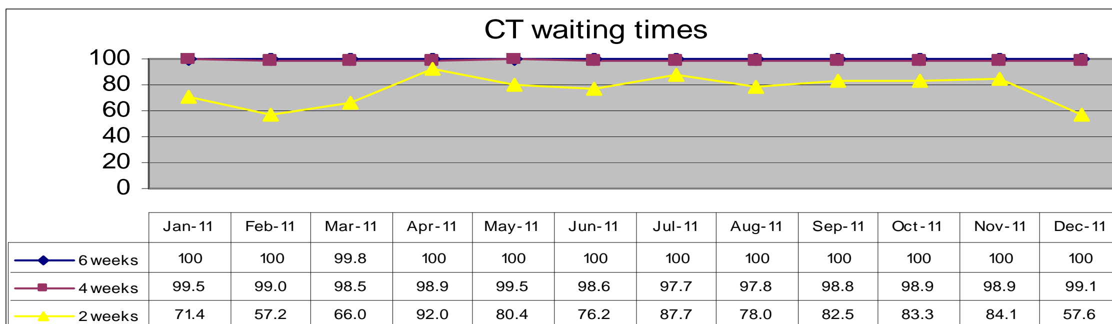
31 day cancer waiting time

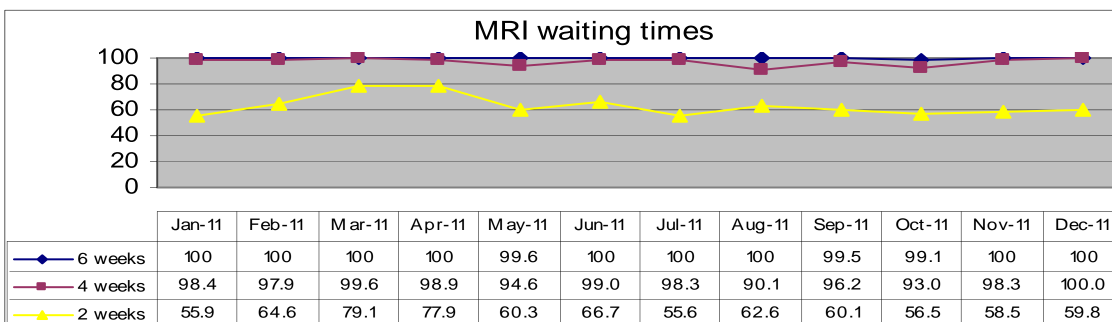


Surgical waiting list



Radiology waiting times



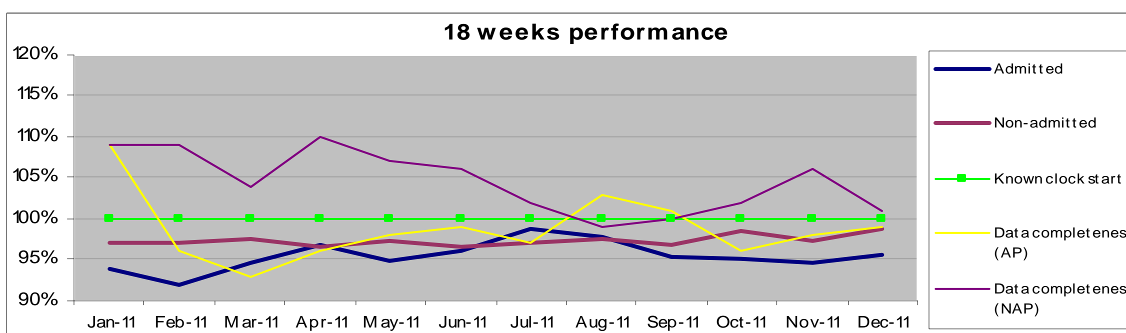


Progress against 18 weeks

The table below shows previous months performance for data completeness.

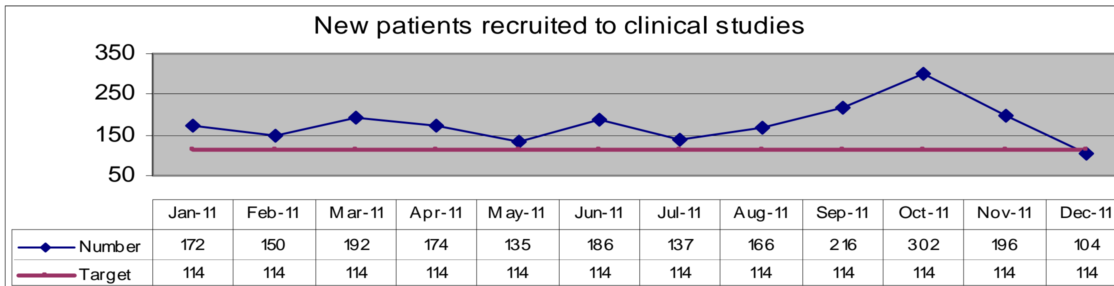
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Admitted	94%	92%	95%	97%	95%	96%	99%	98%	95%	95%	95%	96%
Non-admitted	97%	97%	98%	97%	97%	97%	97%	98%	97%	98%	97%	99%
Known clock start	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Data completeness (AP)	109%	96%	93%	96%	98%	99%	97%	103%	101%	96%	98%	99%
Data completeness (NAP)	109%	109%	104%	110%	107%	106%	102%	99%	100%	102%	106%	101%

The graph below summarises performance for admitted and non-admitted patients, known clock start dates each month and data completeness figures for admitted and non-admitted patients.

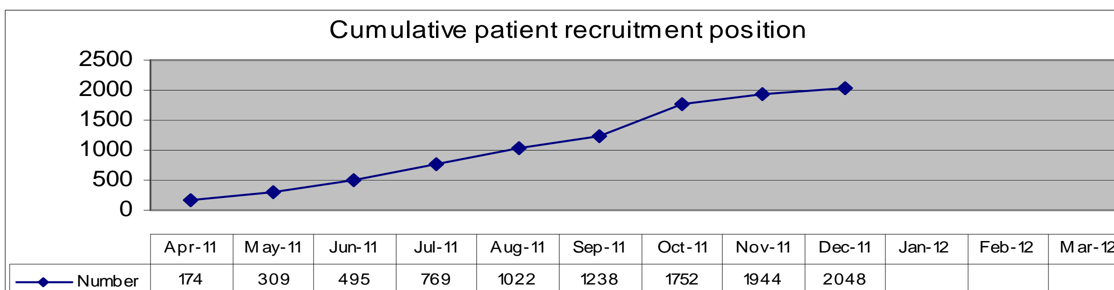


8. Research and development

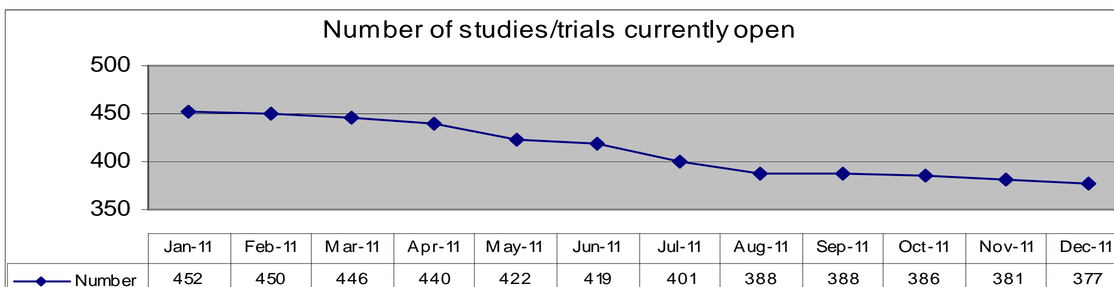
8.1	
Issue	• **Developing a programme of cancer research**
Indicator	• Number of new patients recruited to clinical studies • Cumulative patient recruitment position • Number of clinical studies/trials currently open
Source	• Medway • Research and development database
Target	• Corporate objective 3 (09/10)



	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Number	172	150	192	174	135	186	137	166	216	302	196	104
Target	114	114	114	114	114	114	114	114	114	114	114	114



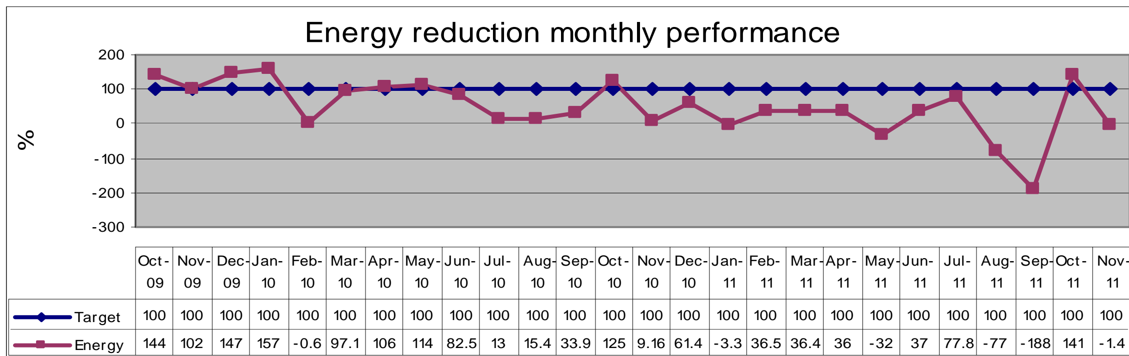
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Number	174	309	495	769	1022	1238	1752	1944	2048			



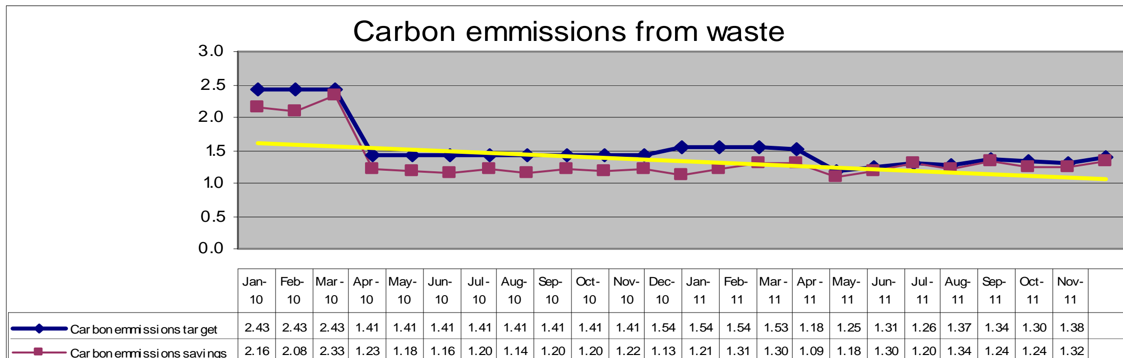
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Number	452	450	446	440	422	419	401	388	388	386	381	377

9. Sustainable development management

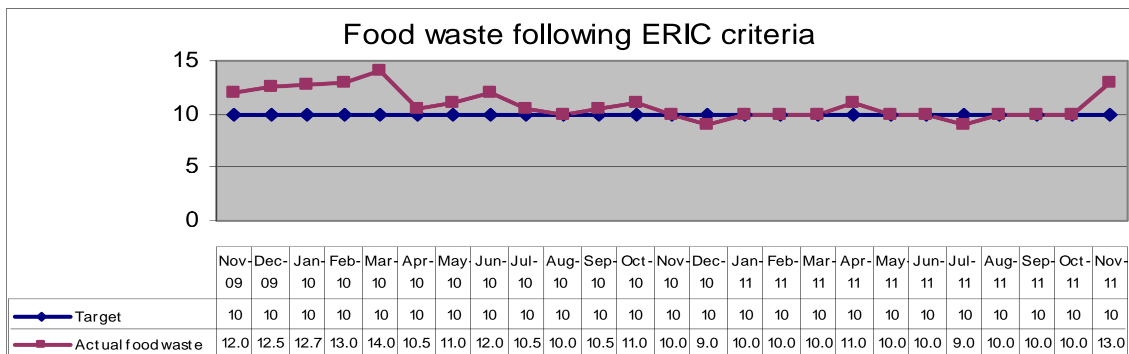
9.1	
Issue	• **Sustainable development management plan (SDMP)**
Indicator	• Energy and carbon management • Food waste • Low carbon travel, transport and access • Carbon emissions from waste • Good corporate citizenship
Source	• Good corporate citizenship assessment toolkit
Target	• Corporate objective 8 (10/11) • NHS carbon reduction strategy



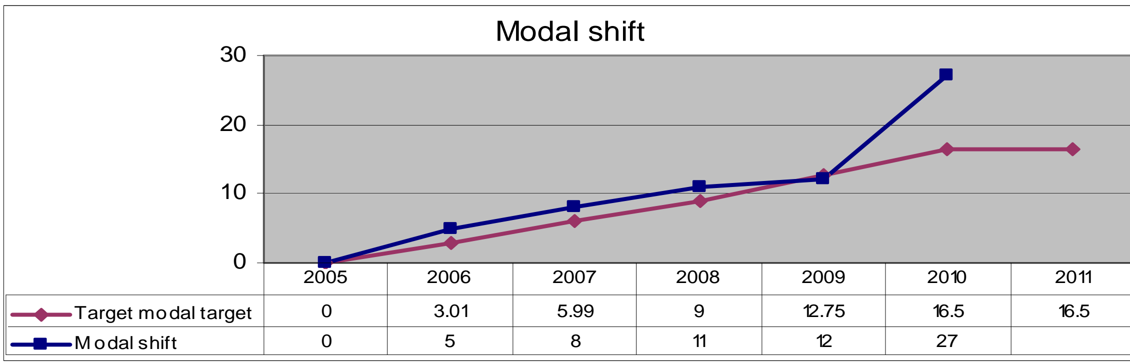
	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
Target	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Energy	144	102	147	157	-0.6	97.1	106	114	82.5	13	15.4	33.9	125	9.16	61.4	-3.3	36.5	36.4	36	-32	37	77.8	-77	-188	141	-1.4



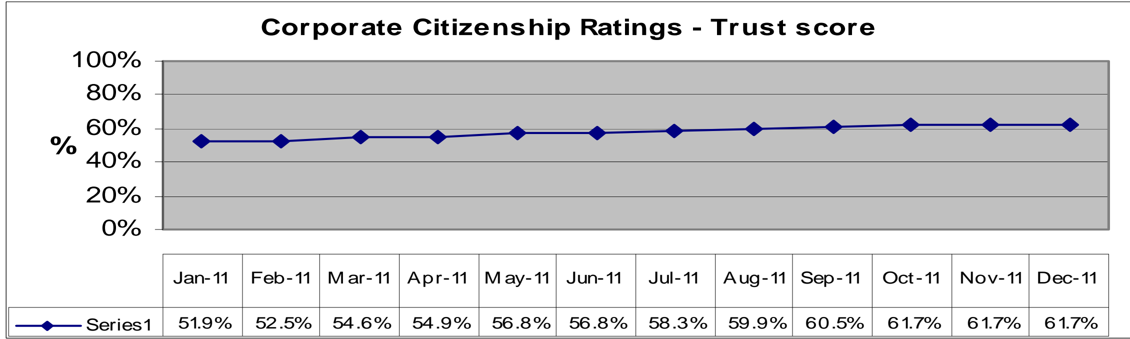
	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
Carbon emmissions target	2.43	2.43	2.43	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.54	1.54	1.54	1.53	1.18	1.25	1.31	1.26	1.37	1.34	1.30	1.38
Carbon emmissions savings	2.16	2.08	2.33	1.23	1.18	1.16	1.20	1.14	1.20	1.20	1.22	1.13	1.21	1.31	1.30	1.09	1.18	1.30	1.20	1.34	1.24	1.24	1.32



	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
Target	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Actual food waste	12.0	12.5	12.7	13.0	14.0	10.5	11.0	12.0	10.5	10.0	10.5	11.0	10.0	9.0	10.0	10.0	10.0	11.0	10.0	10.0	9.0	10.0	10.0	10.0	13.0



	2005	2006	2007	2008	2009	2010	2011
Target modal target	0	3.01	5.99	9	12.75	16.5	16.5
Modal shift	0	5	8	11	12	27	



	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Series1	51.9%	52.5%	54.6%	54.9%	56.8%	56.8%	58.3%	59.9%	60.5%	61.7%	61.7%	61.7%

10. Additional Reports

10.1 The Prime Minister's Nursing Quality Forum

The Prime Minister on the 6th January announced the setting up of a National Quality Forum. The purpose of the Forum is to identify ways to tackle shortcomings in nursing practice standards identified through National reviews and reports, such as Mid Staffordshire, and to ensure compliance with improving the experience of patients in NHS care with regards to dignity and respect.

The Prime Minister's forum on improving nursing care will focus on:

- All hospitals implementing the NHS Institute Productive Ward - Releasing Time to Care programme by April 2013, with 20 trusts given "targeted support", particularly focusing on elderly care.
- Setting up of a Nursing Quality Forum to "identify good practice and advise on what is best to implement" and tackle barriers to spread.
- The Forum is to "secure greater frontline nursing leadership in the future", "exhibit national leadership" and "stimulate local action by those delivering care to address problems and promote the improvements".
- The Forum is to launch a "red tape challenge", identifying "pieces of bureaucracy which get in the way of nurses performing their jobs properly".
- The Forum to encourage uptake of intentional nursing rounds by "raising its profile and demonstrating the benefits".
- Local HealthWatch organisations are to lead patient-led inspection regime from April 2013.
- National surveys to ask "whether patients, carers and staff would recommend their hospital to their families and friends in their hour of need".

Source: Nursing Times On Line, January 6th 2012

The Chair of the Nursing Quality Forum has yet to be confirmed, as have the Terms of Reference but will consist of patients and nurse leaders from across the profession and the focus will be on spreading good practice such as the work showcased to David Cameron during his visit to Salford on intentional rounding. Following the Prime Minister's announcement a meeting was held with senior nursing leaders who have agreed to review the practice and evidence base of intentional rounding with a view as to how this can be introduced for the benefit of our patients. A high level description of intentional rounding is:

- Intentional Rounding - is a process where nurses and support staff carry out regular checks with individual patients at set intervals based on their risk assessment and care plan needs such as pressure ulcers, falls, nutritional needs, intimacies of care requirements. Having checked on the patient, the check is ended by the patient being asked: "Is there anything else I can do for you - I have time". This encourages patients to express their needs even when staff are or are perceived to be busy.

10.2 National Care of the dying audit.

National Care of the Dying Audit Round 3
(CA11/512)

Division

Clinical Support Services / Palliative Care Support Team

Participants

Project lead: Carole Mula
Other staff involved: Anne-Marie Raftery
Phil Higham

Background

58% of all deaths in England occur in the hospital sector (NAO 2008). It is therefore important for trust board, managers and clinicians to recognise that it is a core responsibility of hospitals to ensure a dignified death for patients and to provide appropriate support to their relatives and carers.
The Liverpool Care Pathway for the Dying Patient (LCP) has been recommended for use as a model of best practice in the last hours of life in National policy and more recently in the End of Life Care Strategy. Building on rounds 1 & 2, the results from this 3rd round will provide a snapshot of performance against goals of the LCP.
The NCDAH round 3 has been listed in the DH 2011/12 quality accounts list of recommended national audits.

Aim

To improve/assure care of the dying in the last hours or days of life.

Objectives

1. To improve the knowledge related to the process of dying
2. To improve the quality of care in the last hours or days of life

Standards

Standards are focused on 2 areas:
1. Organisational provision
2. Patient level of care

(see main report)

Evidence base

Liverpool Care of the Dying Pathway (LCP) version 12.
(also see main report)

Sample

131 hospital trusts provided data for the organisational element, 178 individual hospitals submitted a total of 7058 patient data sets for the clinical element.
The Christie completed the organisational element and 46 patient data sets.

Methodology

Audit tool design / Pilot: Tool design & pilot carried out nationally.
Process: *A retrospective audit design was used to gather data on the provision of care. In addition, clinical data from a minimum of 30 consecutive deaths between 01/04/2011 & 30/06/2011 was collected retrospectively by nurses from the PCST. Data was uploaded nationally via an electronic on-line tool. The Christie collected data from all its deaths in the 3 month period (n=46).*

Presentation & improvement

Date of completion: National report published December 2011
Responsible group or committee:
Date of presentation: TBC

Date for re-audit: National re-audit due *2013*
Monthly audits undertaken as part of CQUINs

Findings

The following is a summary of The Christie report produced by the national audit team – copies of the full report are available from the Palliative Care Support Team or the Clinical Audit Department.

The results have been produced in 2 parts:

Part A – organisational level aspects of care
Part B – clinical data on patient level care

A set of 'Key Performance Indicators' (KPI's) have been developed by the national team to illustrate performance against specific 'themes' of care provision and delivery. These have been listed in this summary along with a more detailed breakdown of the data that underpins these KPI's.

A set of Red, Amber & Green (RAG) scores have been calculated, based on the inter quartile range (IQR):

- **RED** represents the spread of performance for the bottom 25% of hospitals
- **AMBER** represents the spread of performance for the middle 50% of hospitals
- **GREEN** represents the spread of performance for the top 25% of hospitals

PART A – ORGANISATIONAL AUDIT

Key Performance Indicator	National	Christie
KPI 1: Access to information relating to death & dying: to support care in the last hours of life.	**Median 71%** IQR (57% - 71%)	**100%**
KPI 2: Access to specialist support (specialist palliative care services, LCP facilitator) for care in the last hours or days of life.	**Median 63%** IQR (50% - 75%)	**50%**
KPI 3: Care of the dying: continuing education, training & audit.	**Median 67%** IQR (50% - 83%)	**75%**
KPI 4: Care of the dying: clinical provision/protocols promoting patient privacy, dignity & respect, up to & including after death.	**Median 78%** IQR (67% - 89%)	**89%**

PART B – PATIENT LEVEL AUDIT

Key Performance Indicator	National	Christie
KPI 5: Anticipatory prescribing for the 5 key symptoms that may develop (pain. agitation, RTS, N&V, dyspnoea)	**Median 83%** IQR (73% - 92%)	**96%**
KPI 6: Communication with relatives/carers regarding the plan of care, to promote understanding.	**Median 71%** IQR (65% - 80%)	**94%**
KPI 7: Ongoing, routine assessment of the patient, relatives or carer.	**Median 76%** IQR (69% - 84%)	**94%**
KPI 8: Compliance with completion of the LCP	**Median 67%** IQR (59% - 76%)	**96%**

Project Number: 11/512

KEY (Change status)

1 Recommendation agreed but not yet actioned
2 Action in progress
3 Recommendation fully implemented
4 Recommendation never actioned (please state reasons)
5 Other (please provide supporting information)

The Christie NHS
NHS Foundation Trust

Clinical Audit Action Plan

Project title	*National Care of the Dying Audit Round 3*

Action plan lead	Name: Carole Mula	Title: Consultant Macmillan Nurse in Palliative Care	Contact: Ext 3559

Ensure that the recommendations detailed in the action plan mirror those recorded in the "Recommendations" section of the report. The "Actions required" should specifically state what needs to be done to achieve the recommendation. All updates to the action plan should be included in the "Comments" section.

Recommendation	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Comments/action status** *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc)*	**Change status** (see Key)
To develop policies on Implantable Cardioverter Defibrillators and Cultural needs. To update policy on Last Offices / Care after death. To update policy on Mouth care	Liaise with Martin Hamer Liaise with Martin Hamer Liaise with Cathy Mais	31th July 2012 31st July 2012 31st July 2012	Martin Hamer Martin Hamer Carole Mula		
Develop, deliver and evaluate training programme for staff on V12 Liverpool Care Pathway. To include all staff groups – Nursing. Medical & AHP's.	Develop, implement and evaluate training programme for all staff groups (nursing, medical, AHP) on end of life care and the use of the Liverpool care pathway Explore end of life care / LCP as mandatory requirement for all staff	30th Dec 2012	Carole Mula	Liaised with divisional lead nurses on 3rd January 2012, agree to delivery of education commencing week 9th January.	

Feedback audit findings	Feedback results to all relevant staff via meetings, distribution of summary sheet and ongoing monthly reports. Report at divisional board 16th January 2012.	30th March 2012	Carole Mula		
Revise current data collection tool to enable appropriate ongoing coalition and analysis of data in line with national audit requirements	Joint working with Phil Higham	29th Feb 2012	Carole Mula		
Implement 7 day face to face specialist palliative care service	To secure ongoing funding for additional nursing posts as per specialist palliative care business case (2011)	30th September 2012	Carole Mula	Implement 7 day working for 12/12 using fixed term contract nursing posts (2012 / 2013)	
Review provision of 24 /24 hour specialist palliative care telephone advice currently provided by the specialist palliative care team and St Ann's Hospice	Feasibility study of 24/24 telephone provision by specialist palliative care team (providing ongoing funding to secure fixed term posts in place) / explore Private Palliative Care / review St Ann's Hospice provision	30th September 2012	Carole Mula		
To agree an LCP facilitator role within The Christie	To agree with member of the specialist palliative care team to take on the role of LCP facilitator with protected time in the working week	29th June 2012	Carole Mula		
To secure sessions from social work and psychology for specialist palliative care	Liaise with Martin Hamer (social work) Liaise with Tanya Hawthorn/ Jane Younger (psychology)	31st August 2012	Carole Mula		

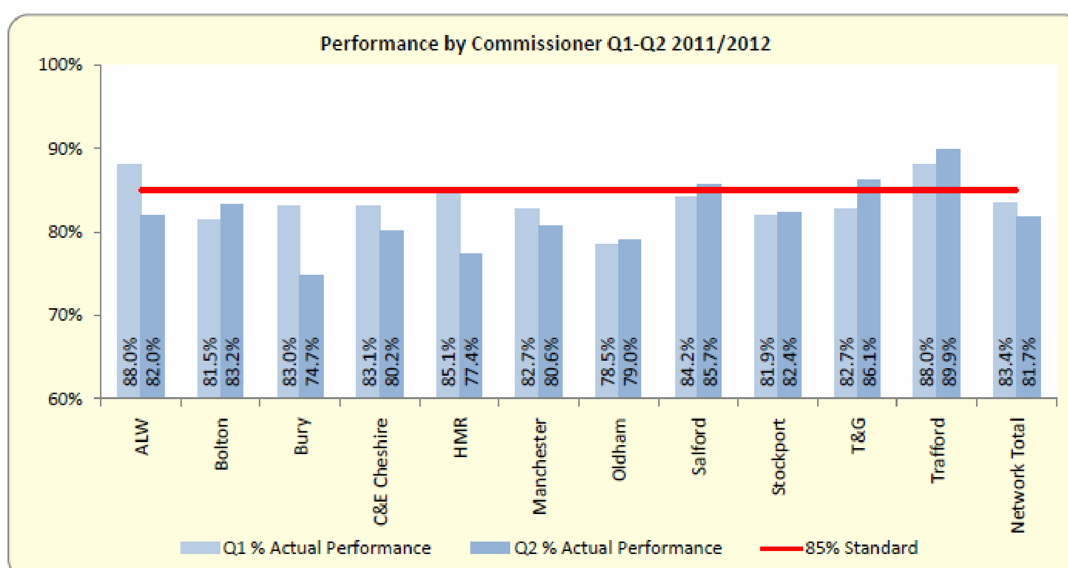
10.3 GMCCN 62 day performance for Q3.

Greater Manchester & Cheshire Cancer Network: Cancer Treatment Within 62 Days
Performance by Commissioner - November 2011

	October 2011				November 2011			
Commissioner	Breaches	In Target	Total Treated	% Actual Performance	Breaches	In Target	Total Treated	% Actual Performance
ALW	4	34	38	89.5%	2	37	39	94.9%
Bolton	7	40	47	85.1%	42	42	46	91.3%
Bury	10	16	26	61.5%	7	34	41	82.9%
C&E Cheshire	9	52	61	85.2%	12	69	81	85.2%
HMR	5	17	22	77.3%	8	25	33	75.8%
Manchester	12	52	64	81.3%	8	52	60	86.7%
Oldham	8	35	43	81.4%	6	32	38	84.2%
Salford	5	31	36	86.1%	2	31	33	93.9%
Stockport	6	35	41	85.4%	5	44	49	89.8%
T&G	5	26	31	83.9%	9	30	39	76.9%
Trafford	5	28	33	84.8%	6	26	32	81.3%
Network Total	76	366	442	82.8%	107	422	491	85.9%

Quarter 1 11/12			
Commissioner	Total Treated	Breaches	Q1 % Actual Performance
Trafford	92	11	88.0%
ALW	125	15	88.0%
HMR	87	13	85.1%
Salford	95	15	84.2%
C&E Cheshire	225	38	83.1%
Bury	112	19	83.0%
Manchester	162	28	82.7%
T&G	104	18	82.7%
Stockport	127	23	81.9%
Bolton	135	25	81.5%
Oldham	93	20	78.5%
Network Total	1357	225	83.4%

Quarter 2 11/12			
Commissioner	Total Treated	Breaches	Q2 % Actual Performance
Trafford	109	11	89.9%
T&G	108	15	86.1%
Salford	112	16	85.7%
Bolton	113	19	83.2%
Stockport	136	24	82.4%
ALW	128	23	82.0%
Manchester	196	38	80.6%
C&E Cheshire	303	60	80.2%
Oldham	119	25	79.0%
HMR	106	24	77.4%
Bury	99	25	74.7%
Network Total	1529	280	81.7%



3

Cancer Treatment Within 62 Days: Greater Manchester & Cheshire Network

PERFORMANCE BY PROVIDER - RECALCULATED
(based on the automated application of breach reallocations)

November 2011

Provider	Breaches	In Target	Total	% Actual Performance
CMFT	0.5	16.5	17.0	97.1%
WWL	1.0	32.0	33.0	97.0%
Salford	2.0	42.0	44.0	95.5%
Royal Bolton	3.0	39.0	42.0	92.9%
Christie*	4.5	45.5	50.0	91.0%
Stockport	7.0	47.0	54.0	87.0%
East Cheshire	4.5	24.5	29.0	84.5%
UHSM	9.5	47.5	57.0	83.3%
Mid Cheshire	8.0	39.0	47.0	83.0%
Tameside	9.0	31.5	40.5	77.8%
Pennine	23.5	70.0	93.5	74.9%
Trafford	4.0	9.0	13.0	69.2%
Network Total	76.5	443.5	520.0	85.3%

PERFORMANCE BY PROVIDER - RECALCULATED
(based on the automated application of breach reallocations)

October 2011

Provider	Breaches	In Target	Total	% Actual Performance
WWL	4	29.5	33.5	88.1%
Trafford	1	12.5	13.5	92.6%
CMFT	1.5	14.5	16	90.6%
Mid Cheshire	3.5	28	31.5	88.9%
Salford	5	35	40	87.5%
UHSM	6	41.5	47.5	87.4%
Tameside	5	29	34	85.3%
Stockport	6	34	40	85.0%
Bolton	7	37.5	44.5	84.3%
Christie*	9	36	45	80.0%
East Cheshire	6.5	21	27.5	76.4%
Pennine	24.5	67	91.5	73.2%
Network Total	79.0	385.5	464.5	83.0%

* The Christie NHS FT as a specialist Cancer Service provider is monitored against an agreed 79% standard by the Department of Health and Monitor.

62-day Q3 Forecast - completed 20 January 2012

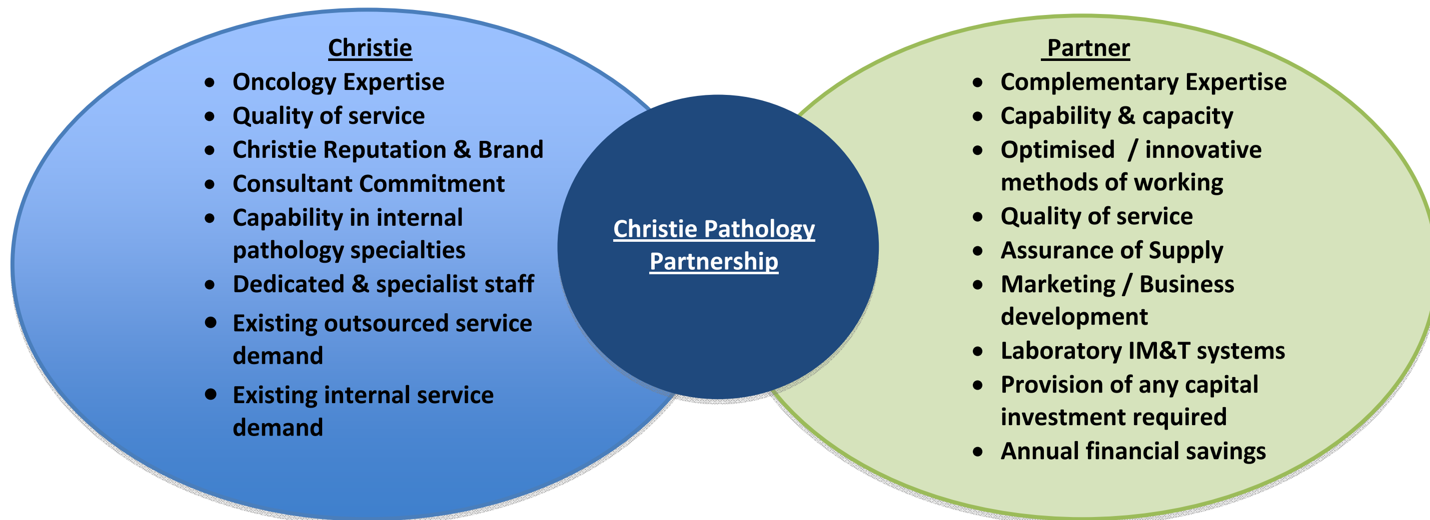
Trust	In target	Breaches	Accountble Treatments	% compliance
CMFT	46	4	50	92.0
Salford	103.5	11	114.5	90.4
Christie	127.5	16	143.5	88.9
WWL	89	11.5	100.5	88.6
Bolton	100	13.5	113.5	88.1
Mid Cheshire	106.5	15.5	122	87.3
UHSM	134.5	22	156.5	85.9
Trafford	29.5	5	34.5	85.5
Tameside	101	18	119	84.9
Stockport	133.5	24	157.5	84.8
East Cheshire	70.5	15	85.5	82.5
Pennine	204.5	65	269.5	75.9
Total	**1246**	**220.5**	**1466.5**	**85.0**

5

10.4 Pathology services development plan.

In line with the programme of work set out in our clinical support service review reported to the Board, a project to develop pathology services has been underway. In the next few weeks, a pre-qualification questionnaire will be issued as the next step in our process to identify a suitable partner to develop our services with. The project process, specification and subsequent documentation has been approved by the Management Board. The following summary sets out our objectives.

We are looking for a specialist partner with demonstrable capability and experience in operating within the pathology market who can augment and complement and/or manage the expertise at the Christie and who is committed to investing in and successfully developing an enhanced pathology service.
The selected partner must, as a minimum, have the capability and capacity to deliver the currently outsourced services, augment and manage the internal Christie technical capacity and expertise, deliver ongoing service and financial improvement and provide any capital investment required by their proposed solution.
Furthermore, an ideal partner should demonstrate strategic and cultural alignment and be committed to identifying and pursuing additional opportunities to expand the Christie brand and services within the North West and in other parts of the UK.
It is envisaged in this more competitive market, with the provision of clinical services becoming more complex and more specialised that the demands on pathology services will become greater and more sophisticated. Pathology service partners will therefore need to respond by continuing to improve both quality and financial efficiencies and specifically highlight in their response how these quality & financial efficiencies are to be shared with the Christie.
The success of the partnership will be in combining complementary expertise and resources to develop a compelling, competitive and high quality service offering, which can be marketed effectively.
The diagram below demonstrates the nature of partnership that the Christie is seeking and the contribution that it expects each party to bring to the venture.



A report on progress will be provided at the shortlisting stage.

The Christie NHS
NHS Foundation Trust

Agenda item 3/12 a

Meeting of the Board of Directors
Monday 30th January 2012

Report of	Director of Finance and Business Development
Paper prepared by	John Glover, Deputy Chief Information Officer Matthew Barker Hewitt, Head of Information
Subject/Title	Informatics Strategy 2009 – 2014: Progress Review January 2012
Background papers (if relevant)	Informatics Strategy 2009 – 2014 Informatics Strategy 2009 – 2014: Progress Review November 2010 Informatics Strategy 2009 – 2014: Progress Review July 2011
Purpose of Paper	To update Board of Directors on the progress being made with the Informatics Strategy 2009 – 2014, with specific focus on the Electronic Patient Record Replacement project
Action/Decision required	Receive update on Informatics Strategy 2009 – 2014
Link to: ➢ NHS strategies and policy	Equity and excellence: Liberating the NHS Liberating the NHS: An Information Revolution (Consultation on Proposals)
Link to: ➢ Trust's Strategic Direction ➢ Corporate objectives	Ensure our clinical outcomes are consistent with the best European standards. Develop a networked approach to delivering modern facilities and care models at other sites. Improve the quality and quantity of clinical research, as partners in the Manchester Cancer Research Centre. Ensure individuals are treated with dignity, respect and care, throughout the patient journey. Maintain financial viability and meet better health, national performance and clinical standards.
Resource impact	No new requirements

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.	ICT – Information Communications Technology IM&T – Information Management & Technology EPR – Electronic Patient Record IT – Information Technology EP – Electronic Prescribing IGT – Information Governance Toolkit RIS – Radiology Information System PACS – Picture Archiving Communications System SAN – Storage Area Network ITIL – Information Technology Infrastructure Library MAHSC – Manchester Academic Health Science Centre CCIO – Chief Clinical Information Officer MCRC – Manchester Cancer Research Centre

The Christie NHS
NHS Foundation Trust

Informatics Department

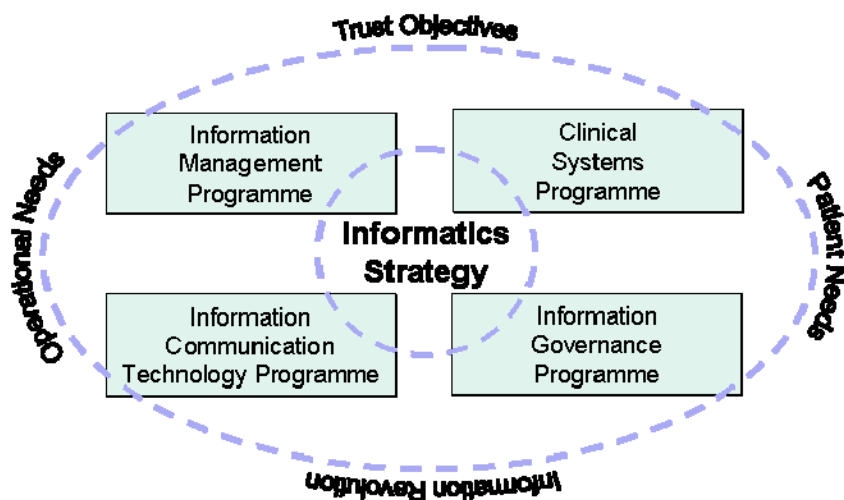
Informatics Strategy 2009 – 2014: Progress Review December 2011

1. Introduction

1.1. This paper is the fifth in a series of biannual reports updating on progress against the four programmes identified within the strategy and advising on key issues.

1.2. The strategy affirms the increasing importance and reliance the Trust has on its Informatics services to achieve key objectives and meet its clinical, operational and business needs.

1.3. The four programmes are interdependent and subject to a wide range of factors impacting upon its future shape and scope.



1.4. The advancements made by the clinical systems, information management and information communication technology (ICT) teams, under the direction of the Informatics Board, are being recognised across the Trust however this remains work in progress. In particular it is acknowledged that a number of key pieces of infrastructure are becoming legacy systems, with the inherent problems this brings, and will need to be replaced when existing contract terms expire.

1.5. In addition the expansion of technology across the organisation, in particular mobile technology and remote working, along side an outcome driven demand for information outputs has meant ICT and informatics support services continue to need improvement to resolve the real life difficulties of working in an environment which is semi electronic. The delivery of these challenges has been supported by:

- additional resources (Appendix 1);
- improved clinical involvement;
- a focus on clinical outcomes;
- implementation of business change and;
- the development of programme management.

These developments are enhancing the capability of the Informatics service to meet the growing expectations of the Trust and to respond positively to the environmental changes that will undoubtedly impact upon the strategy. Overall progress with the strategy is displayed graphically in Appendix 2.

1.6. The release of the new NHS wide information strategy titled *'The Information Revolution'* has been further delayed from its original target date of early summer to an anticipated release date in the New Year. On release of this document it will be appropriate to review, interpret and amend the current Informatics strategy.

2. **Information Management Programme** - *improving the quality and usefulness of our information by focusing on the lifecycle of data, from capture to reporting*

2.1. Progress Update

- *Achieve high quality management of data* – Expansion of the provision of data continues through initiatives such as the clinical portal and reworking existing reporting on chemotherapy and radiotherapy in preparation for changes to Payment by Results. Clinical outcomes data capture pilots are underway in two disease groups and initial results have shown substantial improvements to the capture of key data items such as disease stage. A third phase pilot has also commenced with a system of recording significant events in the patient pathway that are pertinent to care and therefore outcomes. Organisational reporting and benchmarking with all patients is the aim, along with reporting of indicators that are significant to individual disease groups.

- *Develop the Christie Data Warehouse* – First phase developments for reporting on pharmacy data and outcomes are being validated to provide new outputs and replace more manual based systems of collation and comparison. Approximately 200 performance indicators and measures have been developed through the project. The first phase of benefits will be fully assessed and embedded before proposals for the next phase seek approval.

- *Support for financial and operational management* – Development of cross system data extracts and transformation to enhance the accuracy and scope of the patient level costing system continue to be developed. Direct benefits to operational reporting and data warehouse expansion are also enabled through these tactical initiatives.

- *Support and enable research* – Significant developments to support research are now underway through the Acropolis translation research platform project that officially commenced on the 1st of October. Partnership links via Manchester Academic Health Science Centre (MAHSC) to Kings Health partners and leading industry developers are in place. The Christie is taking a central role in this work. Further projects of this nature are expected with developments in European wide datasets for benchmarking and more recognition for the significant role health informatics plays to enable the development of personalised medicine, translational research and benchmarking.

3. Clinical Systems Programme - *deploying and managing the clinical systems needed to support the delivery of care for our patients*

3.1. Progress Update

- *Electronic Patient Record (EPR) replacement* – The strategic business case is expected to be available from early in January 2012 (see project timelines in Appendix 3) and is expected to be approved in March 2012. The EPR Procurement Project Manager is now in post and is focussing on developing the business case and the different options for investment approach. To date 39 requirements gathering events have been completed which have involved 99 different staff which has resulted in over 500 separate requirements being identified. A facilitated workshop took place in November to agree the EPR architecture, functionality scope and procurement strategy which has provided greater understanding of the delivery timescales which have now been reviewed and approved by the EPR Project Board. The Project Board have approved the establishment of a Project Management Office to support the delivery of the replacement EPR system, job descriptions have been developed and the appropriate process will be followed to appoint to this team by March 2012.

  The work conducted to date has been very positive however the project board are mindful of the risks of project creep and timescale slippage associated with large and complex projects of this nature. Additionally the need to review the membership of the project board so that it properly reflects the new management structures within the organisation is essential to making sure that appropriate project governance is in place. The approval process which is due to take place between January and March is another important period for the project which needs to be closely managed and monitored to ensure that timescales are maintained and organisational buy-in is achieved, to support this the project will be moving to routine reporting to the weekly Executive Directors meeting.

- *The Christie clinical portal* – The first phase of the clinical portal development was completed in-line with agreed plans and has been available to two GP practices (10 GP's) throughout the pilot phase. Feedback from the pilot sites has been positive and access to the portal will be extended to all GP's across Greater Manchester and Cheshire from the 5th of December. The portal team are now working with Salford Royal NHS Foundation Trust to undertake a pilot within their A&E department with a view to extend access to all A&E departments across Greater Manchester and Cheshire by the end of March. Phase two of the portal is scheduled for release on the 12th of December and new ideas for development and opportunities for wider usage across the health community are being considered. Work to communicate the existence of the portal is being actively progressed. Opportunities for further development of a *'portal of portals'* joining up islands of clinical data across Greater Manchester has been discussed with colleagues from University Hospitals of South Manchester NHS Trust and Manchester Primary Care Trust. The outcome of these discussions is still in its infancy however it is expected that this work will result in some initial integration work with South Manchester and the submission of a capital bid to Manchester PCT to support development of appropriate portal infrastructure during 2012/13.

  A number of challenges still exist that the portal project team must resolve in relation to striking the balance between ensuring that the portal is operated in-line with Information Governance requirements whilst not creating unreasonable obstacles to the effective use of the portal to support patient care across the health community.

- *Order communications and result management* – Dr Rhidian Bramley has developed a Radiology order communications and result management system which is being used by a large number of clinicians across the Trust. Dr Bramley has been pioneering a flexible approach to developing software which meets the needs of the clinical teams. The success of this work can be seen from the rapid uptake and completeness of result acknowledgment within this system. This work is helping to reduce the risks associated with result management and has stimulated the debate of how best to provide our electronic patient record systems in the future through a combination of in-house written and third party developed software. His work is also feeding into the EPR replacement specification and is helping to enhance clinical engagement with Informatics services. Additionally the clinical systems team have worked with our EPR supplier System C to develop a *'results available'* flag in the Medway outpatient module. The new results flag immediately informs clinical teams of the availability of new diagnostic results alongside existing clinic management data which will enhance the efficient running of outpatient clinics.

- *Electronic prescribing (EP)* – Work on wider deployment and use of electronic prescribing is underway and a plan exists to ensure that all outpatient chemotherapy non-trial regimens will be available in the system by the 1st of January 2012. The administration of this chemotherapy will also be recorded in full by nursing staff to ensure a complete audit record for this prescribing. The remaining trial regimens will be built during 2012 and work is ongoing to understand the resource requirement needed to facilitate this work as early in 2012 as possible.

  Engagement with the supplier on delivery of additional functionality has improved following escalation by the Project Director unfortunately there remain issues of confidence in the supplier's ability to deliver software in-line with agreed timescales. The impact of this is additional cycles of product testing as the project team work to ensure that software is fit for purpose before deployment. The Project Board remain focussed on these issues and are reporting regularly to the Informatics Board. The new contract is helping focus the supplier's efforts to resolve these issues as the Trust has the ability to financially penalise the supplier for their failure to deliver agreed functionality in-line with the contract and/or in relation to poor system performance levels.

- *Electronic clinical correspondence* – The Trust has continued to work alongside all acute hospitals in Greater Manchester to implement a single integrated solution for transmission of electronic clinical correspondence to GP's. The project has been delayed with an expectation that the system is now likely to commence operation during April 2012. Alongside other Trust's in Greater Manchester The Christie has made it clear to the project team of the need to achieve agreed project milestones. The GP's requirement for a single Greater Manchester approach to delivery of this functionality and the efficiency benefits of implementing projects collectively rather than each organisation operating independently remains obvious and the Greater Manchester Directors of IM&T are working collaboratively to achieve this.

- *IT Enabled Change* – The business change team in conjunction with divisional representatives and change agents are working on a variety of projects to improve efficiency within the Trust including the implementation of a text appointment reminder service, piloting testing of voice recognition, assessing the opportunities for queue management and self check-in and the options for electronic document management systems to achieve a paper-lite/less clinical record. These work streams are all at various stages of development and will be progressed as appropriate, with those that make it to full implementation being subject to business cases and approvals, there are concerns as to the availability of sufficient project management resources to undertake this work but these will be addressed through the business case approval process.

- *PACS & RIS replacement* – The Greater Manchester PACS and RIS Replacement programme board is now established and is overseeing a number of important work streams. Proposals have been shared with the Greater Manchester Chief Executive Group and a Senior Responsible Owner has been assigned by this group to oversee this work. The Trust is well represented on the programme board and is providing both management and clinical input. A national purchasing framework is anticipated to be available in March 2012 and this is likely to simplify Radiology Information System (RIS) and Picture Archiving and Communication System (PACS) procurement in advance of contract conclusion in June 2013. The financial savings associated with this work are estimated to be between 30-40% of the current contract expenditure.

4. **Information Governance Programme** - *ensuring that risks are managed, and that we comply with legal and other regulatory requirements*

4.1. Progress Update

- *Information Governance Structure & Accountabilities* – The cultural change for information governance awareness is apparent in the organisation and continues to grow. Expertise in the organisation is being developed to reduce reliance on external support and improve cost effectiveness. Work is focused now on achieving compliance for the department of health's information governance toolkit version 9 by March 2012. Significant programmes of work are underway such as roll out of annual refresher training for all staff, data sharing agreements and contracts with all partner/supplier organisations processing personal information. Risk reviews and widespread audits will commence to further improve our standards.

5. ICT Programme : enabling people through technology - *providing the communication links and equipment needed to deliver high quality care*

5.1. Progress Update

- *Salford radiotherapy treatment centre* – The Salford radiotherapy satellite centre is critically dependent upon the ICT infrastructure to support the delivery of clinical services. The core ICT infrastructure was originally designed and implemented at the Oldham radiotherapy satellite centre as a first of type in the UK and the lessons learned from this initial implementation have helped to facilitate the smooth implementation and transition to business as usual of the second radiotherapy centre at Salford.

- *New theatre development* – ICT works to support the creation of the two new operating theatres was completed on plan and in-line with budget. The new theatres offer access to a video streaming system that allows live streaming of video and audio across the computer network from the new theatres to the auditorium from multiple camera angles including a feed from the Da Vinci robot, which is supporting education and training needs.

- *Northwest Medical Physics computer network migration* – The project team have now agreed the timelines and methodology for a migration onto The Christie computer network. The Medical Illustration department is to be used as a pilot migration during December and following sign off plans will be implemented to transfer all the remaining users and services.

- *2011/12 capital programme* – The delivery of the 2011/12 ICT Capital Programme has continued with the deployment of replacement network infrastructure, the upgrade of the Trusts firewalls, the linking of the active directory to the Electronic Staff Record and the ongoing desktop refresh work to ensure that equipment is replaced when it reaches 5yrs in age ensuring that the Trust benefits from high quality and reliable desktop computer infrastructure. The project to implement the new Storage Area Network (SAN) has progressed well, following demonstration and signoff at Informatics Board in December a phased data migration will commence transferring systems on a gradual basis between January and March, the new infrastructure will significantly improve the disaster recovery and backup/restore capabilities of the Trust's ICT infrastructure. The new virtual private network facilities have been implemented and will be developed along with the virtual desktop infrastructure to facilitate greater home working and reduced expenditure on Trust laptop infrastructure. The perimeter and local area network security project has commenced and will be completed before the end of the financial year.

- *2012/13 capital programme proposals* – The proposals have been discussed and approved by the Informatics Board so that they can be incorporated into the 2012/13 capital planning cycle. The priorities supported by the Informatics Board include the creation of a data centre in the new multi storey car park, desktop PC refresh, network switch refresh, wireless network access point refresh and clinician portable device refresh.

- *NHS patient entertainment system* – Further discussions have been held with Hospedia with regards to improving bedside access to clinical systems and vastly improving the patient entertainment systems available to our NHS patients. Exploratory discussions have taken place with representatives from The Christie Charity to see whether it would be viable to provide this service free of charge to the patient and funded from charitable donations. The charity have expressed an interest

in this idea and requested that a proposal be developed and submitted to the March meeting of the Charitable Funds Committee.

- *New capital schemes* – Further engagement has taken place with regards to ICT requirements with a range of new capital schemes including the Young Oncology/Haematology and Transplant unit, the MCRC and the new car park.

- *Site redevelopment schemes* – ICT works to facilitate the opening of the new Endocrinology facility, Trust headquarters/meeting facilities and the clinical trial inpatient facility on Ward 9. The ICT elements of these schemes have been completed in-line with overall project timescales and within agreed budgets. ICT works associated with the new Oak Road entrance are planned to be completed within agreed timescales and initial engagement has taken place with Education & Training representatives in relation to the Education Centre redevelopment.

- *Telephone system upgrade* – The trust telephone system has just been upgraded to the latest version of the Mitel system. This work will facilitate increased resilience of telephony services and further phased migration to modern IP based telephony services. As part of the upgrade electronic fax and enhanced call management services are being pilot tested. This upgrade has required staff training to support the effective management of the system and has identified a number of historic weaknesses in some areas of the system, to address these short comings and to maximise the benefits of the upgraded system the Head of ICT will be undertaking a full review of the telephony systems and developing a roadmap for future development.

- *ICT support* services – The Head of ICT has now been in post for approximately eight months and has been working to implement new reporting structures resulting in appointments to the following roles Infrastructure Manager, ICT Project Manager and ICT Support Manager. Opportunities to appoint a joint ICT Security Manager in-conjunction with Salford Royal and Wigan Wrightington and Leigh NHS Foundation Trusts is being discussed as a way to effectively and efficiently fill this important role. Further training has taken place to facilitate the implementation of a service management framework ITIL (Information Technology Infrastructure Library) and an implementation plan will be developed early in 2012 to start to adopt this framework following the recent appointment to the Head of ICT Support post. In support of this plans are being worked up to implement both software and hardware asset management tools.

6. Leadership & Structure

6.1. *Chief Clinical Information Officer* – Dr Rhidian Bramley has been confirmed in post as the Trust's first Chief Clinical Information Officer (CCIO). The Trust is amongst the very first Trust's nationally to benefit from the creation of this type of role which is considered best practice in Health Informatics. The CCIO will now create and lead the Clinical Advisory Group to ensure that clinical staff are fully involved in shaping the future of the Informatics services, specification of new clinical system requirements and the development of the Informatics strategy. The CCIO will also play an important role on the Informatics Programme Group prioritising issues, undertaking risk assessments, supporting the resolution of issues and ensuring the Informatics programme is maintained in-line with the overarching Informatics strategy.

6.2. To improve efficiency and ensure appropriate governance structures are in place the meeting and reporting structures for Informatics were revised earlier this year (Appendix 4). All groups are now meeting regularly with the exception of the Clinical Advisory Group which will meet for the first time in January following the appointment of the CCIO.

6.3. The first group of 15 Change Agents selected from a wide variety of departments and professions from across the Trust have now graduated. The development of the Change Agent network is critical to further developing the change management resources within the Trust. It is still early days but the initial signs are very positive as a high number of the change agent graduates have started to utilise their skills to support the delivery of a number of different work streams being coordinated under the IT Enabled Change Programme. These work streams currently include the electronic clinical correspondence project, text appointment reminders project, voice recognition project, queue management project and the electronic transmission of letters project. It is hoped that a second wave of change agents will be selected in the New Year to undertake formal training following Informatics Board review of progress to date with the Change Agents.

6.4. The Trust's National Informatics Management trainee has now taken up post following completion of their induction and orientation. The new trainee is proving to be a useful addition to the department and is currently working alongside the Change Manager on the specification and procurement of the replacement Electronic Patient Record. The Informatics service will be looking to continue its support of this import scheme by applying to host a trainee next year.

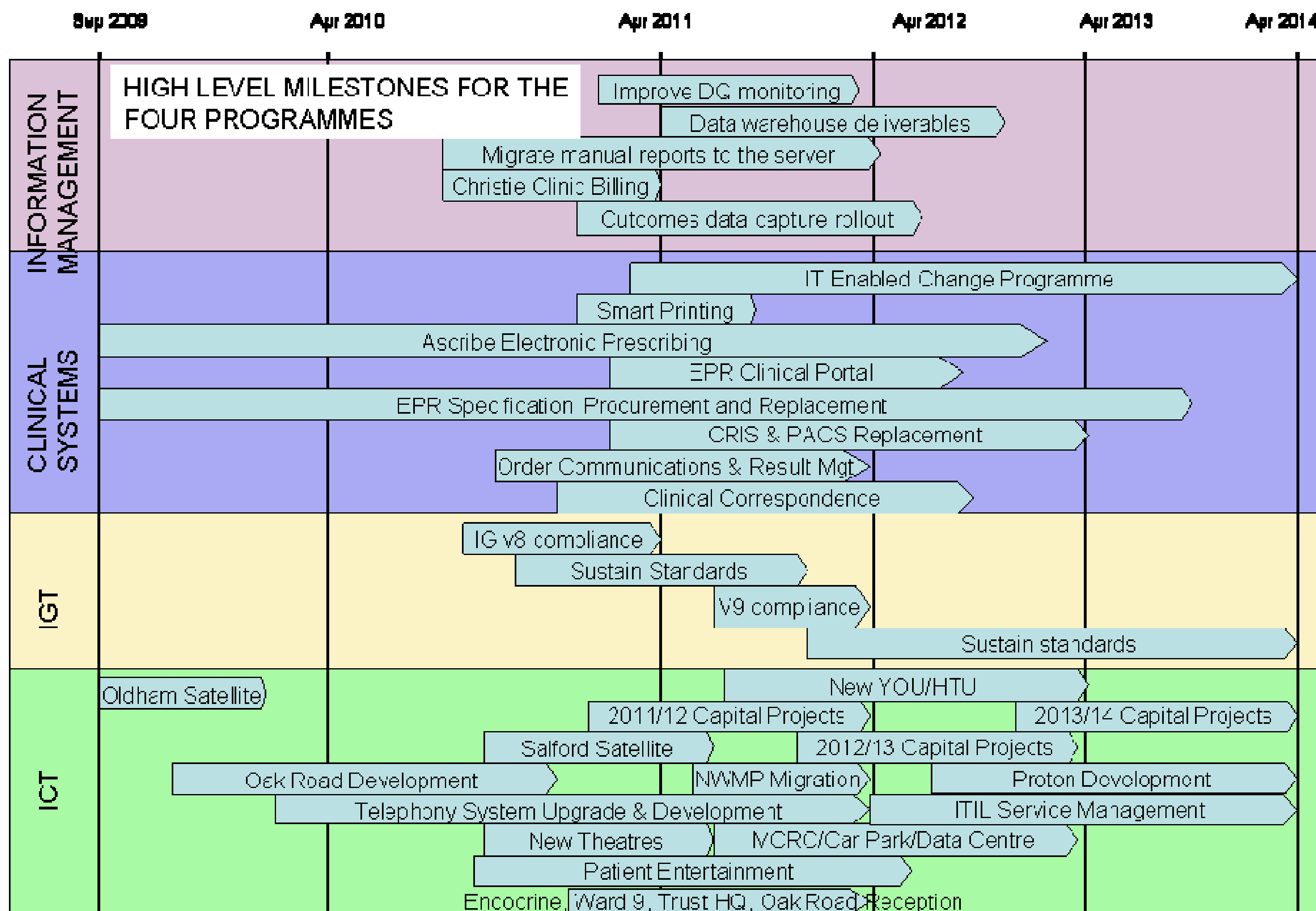
6.5. The Informatics Department has joined the new regional Informatics Staff Development network and sent a representative to the inaugural North West Health Informatics Conference at which the new staff development network was launched. This event was very successful and is being championed by the Director of Finance for the SHA cluster. The event itself facilitated a number of important networking opportunities and opportunities to share best practice. With next years event already being planned the intention will be to send a broader range of delegates to participate in the 2012/13 conference.

John Glover – Deputy Chief Information Officer
Matthew Barker-Hewitt – Head of Information

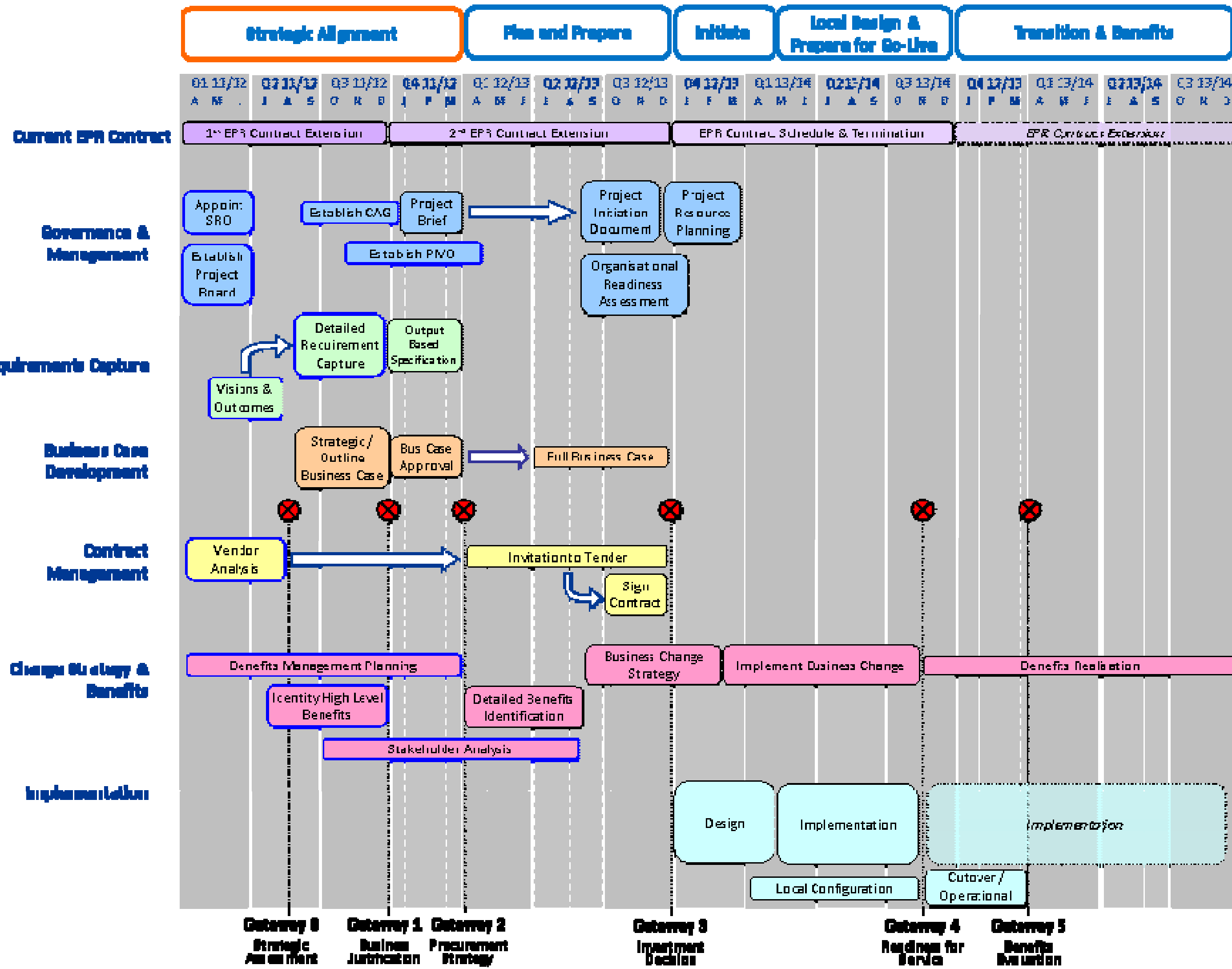
Appendix 1 – Informatics Strategy Financials – December 2011

Item	2009/10 (actual)	2010/11 (actual)	2011/12 (estimated)
Information Management Programme	£544,000	£624,000	£661,000
Data Warehouse			£105,000
Clinical Systems Programme	£909,000	£1,015,000	£1,233,000
EPR Portal			£50,000
Electronic Clinical Documents			£10,000
EPR Replacement			£80,000
Information Governance Programme	£25,000	£57,000	£40,000
ICT Programme	£785,000	£1,578,000	£1,324,000
Radiotherapy Satellites		£353,000	£373,000
Oak Rd Treatment Centre (exc entertainment & cabling)		£442,000	
New Theatres (exc video system & cabling)		£7,000	£8,000
Telecommunications	£58,000	£114,000	£137,000
Video Conferencing Managed Service			£22,000
ICT Capital Projects	£246,000	£96,000	£283,000
Grand Total	**£2,567,000**	**£4,286,000**	**£4,326,000**

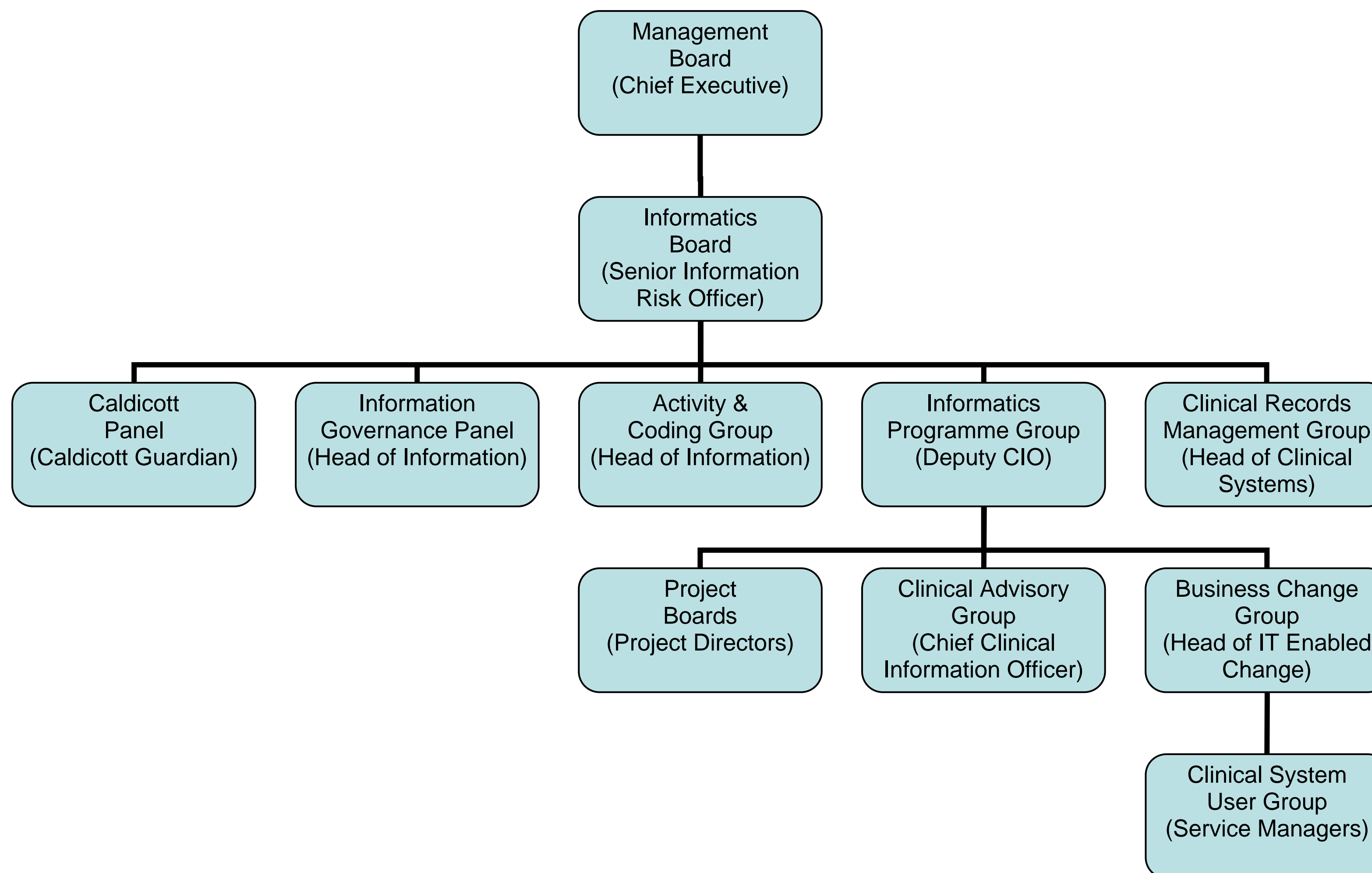
Appendix 2 – Informatics Strategy Progress Update – December 2011



Appendix 3 – EPR Replacement Timeline



Appendix 4 – Informatics Governance Structures – December 2011



The Christie NHS
NHS Foundation Trust

Agenda item 4/12 a

Meeting of the Board of Directors
Monday 30th January 2012

Report of	Director of finance and business development and Chief operating officer
Paper prepared by	Ian Moston and Roger Spencer
Subject/Title	Monitor declaration for quarter 3 submission
Background papers (if relevant)	
Purpose of Paper	To present the draft narrative that will be submitted to Monitor together with the three Board of Directors declarations
Action/Decision required	To approve the submission
Link to: ➢ NHS strategies and policy	Monitor Compliance framework
Link to: ➢ Trust's Strategic Direction ➢ Corporate objectives	Strategic objective 1. NHS Services – Continue to meet the overarching financial and quality requirements of the Care Quality Commission, Department of Health and Monitor.
Resource impact	None
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.	

The Christie NHS
NHS Foundation Trust

Agenda item 4/12 a

Meeting of the Board of Directors
Monday 30th January 2012

Monitor Declaration for Quarter 3 submission

1. Introduction

The Compliance Framework for 2011-12 sets out the approach Monitor will take to assess the compliance of NHS FTs with their terms of authorisation and to intervene when necessary. The basic principle is one of self regulation with Trusts being required to report in-year on a quarterly basis and more frequently as required by Monitor should risks emerge. The form of reporting is a linked spreadsheet displaying the income and expenditure, balance sheet and cash flow actuals against the annual plan. There is also an analysis on significant financial variances and other exceptional issues, a governance report which certified compliance against key performance targets, a quality declaration and a self assessment table against a number of measures which give early warnings of the potential for a trust to have financial failings.

There are three declarations/board statements to be signed

2. Finance Declaration

NHS foundation trusts must certify future financial risk ratings as set out in paragraph 89 of the Compliance Framework issued by Monitor in March 2011.

Declaration 1 - That the Board anticipates that the trust will maintain a Financial Risk Rating of at least 3 over the next 12 months.

If this declaration cannot be made additional documentation has to be submitted.

3. Governance Declaration

NHS foundation trusts must confirm compliance with their Authorisation in relation to all healthcare targets and indicators listed in Appendix B of Monitor's 'Compliance Framework 2011-12' issued in March 2011.

Declaration 1 - The Board confirms that all targets and indicators have been met (after application of thresholds) over the period and that sufficient plans are in place to ensure that all known targets and indicators which will come into force during 2011-12 will also be met.
Details of any elections held (including turnout rates) and any changes in the Board or board of Governors are included in this return.

4. Quality Board Statement

This is a new requirement for 2011/12 requiring all NHS foundation trusts to make a quality board statement as set out in Appendix D2 of the 2011-12 Compliance Framework issued by Monitor in March 2011.

Declaration 1 - The board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

If this declaration cannot be made relevant documents must be included in the return to Monitor.

5. Narrative report and declarations

The narrative that will be submitted to Monitor is attached at Appendix A together with full copies of each declaration at Appendix B. Declaration 1 will be signed for all three.

The Christie NHS
NHS Foundation Trust

Appendix A

Monitor Declaration for Quarter 3 submission

1. Finance

1.1 Income & expenditure

We are reporting an income and expenditure deficit for the nine months to 31st December 2011 of £2.121m, which is £2.892m below plan. EBITDA is £1.512m better than plan. The deterioration in Q3 is due to the impact of impairments on the Salford satellite centre and the theatre development, and the impact of IAS20.

NHS clinical income is £4.046m above the nine month plan. This continues to be driven by above plan activity for chemotherapy, transplants, first and follow-up outpatient attendances and cost per case drugs. We have been successful in securing a contract variation of £955k for the forecast additional transplant activity. All contracts including Wales have been signed by commissioners without dispute.

Other income increases include commercial income such as drug sales, other one off funding sources and income from trading with The Christie Clinic. Costs required to deliver this income are reflected by increases within expenditure. The Charity contribution is above plan and matches expenditure.

Pay costs remain below the cumulative plan by £0.178m. Vacancies have reduced, efficiency savings are identified and posts are now fully recruited for the Salford development.

Q3 drug expenditure is higher than plan but includes an increase in cost per case and trial drugs for which there is additional income as well as the impact of increased chemotherapy activity.

The CIP to Q3 is fully achieved and in-year slippage mitigated. We are on target to achieve full year recurrent CIP.

Interest receivable is lower than plan as a consequence of lower interest rates nationally and the board's decision to continue to hold the majority of the trust's cash in a Paymaster General account. Dividend costs and interest payable are in line with plan. The trust's share of private patient income from the equity accounted joint venture is above the cumulative plan by £246k.

Depreciation is below plan by £0.557k due to a reassessment of depreciation on the Oak Road Treatment Centre. Impairments are above plan by £5.079m further to a valuation from the District Valuer of two recently completed capital projects. Further details on impairments are set out in section 1.8.

1.2 Cash flow

The exchequer cash balance, excluding current asset investments, at the end of December is £4.682m above plan. This is due to the improved EBITDA and asset sales (3 residential properties) and working balance changes.

1.3 Balance sheet

Non current assets are below the Q3 plan, reflecting a £5m decrease in the value of fixed assets in the quarter as a result of above plan impairments.

Net current assets are £2.786m above to plan. This reflects:

- the above plan cash position £4.683m
- below plan stock of £0.204m
- above plan creditors/liabilities of £2.128m
- above plan debtors/accrued income/prepayments of £0.436m.

Debtor days are 12 against our internal target of 12 days.

The trust consistently achieves the 30 day and 10 day public sector payment policies, with the December percentages being:

- 30 days policy 97.9% against a target of 95%
- 10 days policy 87.6% against a target of 80%

The investment in Kaupthing, Singer and Friedlander has been revalued to the latest administrator's estimate of 79p in the pound. At 31st December, 63p had been paid leaving an investment of £160k.

1.4 Strategic Capital Projects

Progress against the major capital investments is continuing to programme. To date, all three brought forward projects (ORPTC, Theatres, and Salford) are completed and into their Defects Period under the NEC Contract and remain on or below budget.

The Oak Road Treatment Centre has been completed and is open to patients. The final element of that scheme, inpatient research beds on an adjacent existing ward, is also now complete. The scheme is under budget and VAT reclaims are being finalised with HMRC. All works required to achieve the required BREEAM rating are complete and confirmation is awaited of an "Excellent" rating.

Financial Review meetings are ongoing with the cost advisor in relation to the new surgical theatres in order to finalise the account.

The satellite radiotherapy facility in Salford went operational in July 2011 and is now reaching capacity. The commercial agreement and SLA for clinical and non clinical support are both complete and signed by both parties. Following initial technical issues, the SRS service with Salford Royal FT has commenced.

The trust has a number of new Capital projects that were identified within the annual plan. A brief update on each is set out below.

A redevelopment of YOU services in conjunction with the Teenage Cancer Trust and integration with the HTU

Interserve have been appointed as Principal Supply Chain Partner under the Procure 21+ framework to develop designs and costs to RIBA Stage D for an integrated YOU and HTU building. This work is progressing according to programme towards an anticipated site start in November 2012 (subject to all necessary approvals).

Multi Story car park (MSCP).

As reported previously, the Planning Officer has asked for both the new multi storey car park and an additional research facility to be built by the Manchester Cancer

Research Centre (MCRC) to be incorporated in a single planning submission. The planning applications for both the MSCP and MCRC were submitted in late September 2011 and went to the Planning Committee meeting on the 22nd December 2012. The planning decision was deferred until a site visit is undertaken by the committee. The site visit will be held on the morning of 19th January and the application reviewed at the Planning Committee meeting later the same day.

The aim will be to complete the car park by the end of 2012/early 2013 to minimise temporary car parking requirements.

To date only design fees have been committed on the above schemes pending Detailed Reviews and the GMP being approved by the Board of Directors.

Relocation of Selectron and Iodine Suite (PDR radiotherapy and brachytherapy).
The Detailed Review was considered at the September Board of Directors and approved.

The procurement route for the construction phase on the above 3 schemes has been considered by the Core Teams. ProCure21+ is thought to be the appropriate solution. The procurement process has been carried out and the following PSCP appointments made:

- Multi Storey Car Park project awarded to Keir Health (Northern)
- YOU/HTU project awarded to Interserve Project Services Ltd.
- Radiotherapy and Brachytherapy project awarded to Interserve Project Services Ltd.

Proton Beam Therapy
We continue to work closely with University College London Hospitals (UCLH) and the Department of Health to assist the DH with their Proton Beam Therapy strategy. However the majority of the work undertaken to date remains 'frozen' awaiting a positive indication from the DH. The intention remains to locate the new Christie Clinic Ambulatory Centre above the PBTU and design considerations are ongoing.

1.5 Private patient cap

The table below summarises financial performance on private patient activity over the first nine months of the financial year.

Income type	Annual Budget 2011/12 £	Cumulative Budget M9 £	Cumulative Actual M9 £	Cumulative Variance M9 £
% of Turnover	(167,962)	(125,972)	(186,206)	(60,235)
Activity based SLA Income	(1,898,842)	(1,424,132)	(1,561,206)	(137,074)
Non recurrent Agreement Fee	(1,000,000)	(750,000)	(750,000)	0
Fixed Fee	(620,557)	(465,418)	(465,418)	(0)
High cost consumables	0	0	(156,680)	(156,680)
Lease income	(1,260,000)	(945,000)	(945,000)	0
Purchase recharges	0	0	(170,532)	(170,532)
Salary recharges	(409,893)	(307,420)	(198,421)	108,999
Maintenance recharges	0	0	(79,653)	(79,653)
Staff compensatory Fee	(1,299,999)	(975,000)	(727,831)	247,169
Total	**(6,657,253)**	**(4,992,941)**	**(5,240,947)**	**(248,006)**

(Brackets) denotes income, an underspend or an over recovery of income

In addition to the income above, the Trust has also taken its share of The Christie Clinic trading cumulative reported position for the period to 31st December 2011. This value of £1,596,277 is shown within Other Non Operating Income and Expenses. Total income from private sources is therefore £6,837,224 for the period. This is 8.19% of clinical income compared to the cap of 9.2%.

1.6 Indications of potential financial risk

We have reviewed the indictors of potential financial risk as set out in the compliance framework for 2011-12. One potential financial risk indicator has been breached. The risk indicator for debtors over 90 days has triggered an amber rating during quarter 3. This currently stands at 5.3%, which is an improvement from the month 8 position. The debt over 90 days relates predominantly to drugs and SLA recharges to a number of PCTs, and the escalation process has been enacted in line with the Trust's policy.

We are satisfied that no other indicators are breached.

1.7 Financial Risk Rating

The quarter 3 return shows we have a FRR of 4.1 compared to a plan of 3.9. The increase is due to above plan EBITDA performance which has improved the Return on Capital Employed (ROCE) metric.

1.8 Impairment

We have now received valuations from the District Valuer for both the Salford radiotherapy facility and the new surgical theatres. The resulting impairment totals £8m, with £5.2m and £2.8m for the satellite centre and theatre development respectively. A pro-rata share of the impact (£6m) has been incorporated into the financial position.

The District Valuer has also undertaken a desktop valuation of the Trust's land and buildings based on a prospective valuation date as at 31st March 2012. This has indicated an impairment in land values of £2.9m, reducing the land value to £15m. The buildings valuation has indicated a total buildings valuation of £110m. Whilst overall there is an upwards revaluation on buildings, an analysis is currently being undertaken on a property by property basis to ascertain revaluations and impairments on each property, which will then determine the in year impact on the income and expenditure account. Once the values are confirmed, this will be incorporated into the financial position. The Trust is reviewing its reserves to determine whether any funding is available internally to assist in managing this increase in cost.

2. Performance

2.1 Core standards

We are compliant with core standards in Quarter 3 and have signed declaration 1.

2.2 Areas of compliance

2.2.1 62 day referral to treatment indicator.

The Christie - 62 day performance			
Month	Total number of patients	Performance with no reallocations	Oct 11 GMCCN policy
Oct-11	120	60.0%	80.0%
Nov-11	132	68.9%	91.9%
Dec-11	128	70.3%	93.8%
Q3	**380**	**66.6%**	**88.8%**

The Christie is compliant with both the local and national performance thresholds for this indicator when reallocation of breaches is accounted for. The thresholds have been met under the suggested reallocations thresholds from both the National Cancer Directors report and from Helen Bellairs report.

2.2.2 Referrals to the Christie.

Referral times to the Christie from other providers have improved throughout Q3 with approximately 62% of referrals coming in before day 42 in Q3 This is due to the work that is going on within each locality setting and the continuing work on five of the pathways that is being led by the Greater Manchester and Cheshire Directors of Operations group.

October 2011 CaRPs received in month. 61% received before day 42

First Seen Trust	CaRP receipt time-bands				
	0 - 38	39 - 42	43 - 62	63 +	Total
Bolton	9		4	2	15
CMMC	5	1	1		7
East Cheshire	4		4		8
Mid Cheshire	3		1		4
Pennine	19	3	9	8	39
Salford	20	1	3	1	25
South	8	1	2	3	14
Stockport	4		5	1	10
Tameside	3	1	2	4	10
Trafford	4	3	3	1	11
WWL	4	1	2		7
Others	1		3	3	7
Total	**84**	**11**	**39**	**23**	**157**

November 2011 CaRPs received in month. 60% received before day 42

First Seen Trust	CaRP receipt time-bands				
	0 - 38	39 - 42	43 - 62	63 +	Total
Bolton	5		1		6
CMMC	4		3	1	8
East Cheshire	6		5	1	12
Mid Cheshire	9			1	10
Pennine	23	6	17	5	51
Salford	14	1	2	1	18
South	7		2	1	10
Stockport	4	1	6	4	15
Tameside	2	1	4	3	10
Trafford	4				4
WWL	8	2	1	1	12
Others	2		4	2	8
Total	**88**	**11**	**45**	**20**	**164**

October 2011 CaRPs received in month. 65% received before day 42

First Seen Trust	CaRP receipt time-bands				
	0 - 38	39 - 42	43 - 62	63 +	Total
Bolton	5		1		6
CMMC	2	1	2		5
East Cheshire	4	2	2	1	9
Mid Cheshire	5		1	1	7
Pennine	21	2	8	5	36
Salford	14	3	3	1	21
South	6	1	5	1	13
Stockport	5	1	4	4	14
Tameside	9	2	2	2	15
Trafford	2				2
WWL	6	1	5		12
Others	1		1		2
Total	**80**	**13**	**34**	**15**	**142**

Q3 CaRPs 62% received before day 42

	CaRP receipt time-bands				
	0 - 38	39 - 42	43 - 62	63 +	Total
Q3 Total	252	35	118	58	463

2.3 Areas of compliance

2.3.1 CWT targets for quarter 3 2011/12 (all figures are subject to validation)

Existing Standards	Operational Standard	Breach reallocation	Without reallocations
14 day standard (2WW)	93%	n/a	n/a
62 day standard	79%	88.8%	66.6%
31 day standard	96%	98.5%	n/a
New Standards			
62 day consultant upgrade standard	Not yet set	88.6%	79.6%
31 day drug standard	98%	99.8%	n/a
31 day surgery standard	94%	99.3%	n/a
31 day radiotherapy standard	94%	100%	n/a
Breast 14 day symptomatic standard *(from Dec 2009)*	93%	n/a	n/a

2.3.2 18 week milestones

We have been compliant with the milestones for this target each month since March 2008. Our current Q3 position is 95.1% performance for admitted patients, and 98.1% for non admitted patients. We have obtained 100% of clock start dates for all patients referred to us.

2.3.3 Infection rates

MRSA

We have had 0 MRSA bacteraemia in Q3 against a target of 1. 100% of appropriate admitted patients were MRSA screened in Q3.

2.3.4 Clostridium difficile

Our Q3 position is 3 attributable case against our target of 22.

2.4 Greater Manchester and Cheshire Cancer Network performance on 62 days for Q3

The following 62 day performance has been reported by the cancer network, GMCCN commissioners to GMCCN organisations **(subject to validation).** This is following assessment of performance using the application of the 62 day breach reallocation policy.

Trust	In target	Breaches	Accountble Treatments	% compliance
CMFT	46	4	50	92.0
Salford	103.5	11	114.5	90.4
Christie	127.5	16	143.5	88.9
WWL	89	11.5	100.5	88.6
Bolton	100	13.5	113.5	88.1
Mid Cheshire	106.5	15.5	122	87.3
UHSM	134.5	22	156.5	85.9
Trafford	29.5	5	34.5	85.5
Tameside	101	18	119	84.9
Stockport	133.5	24	157.5	84.8
East Cheshire	70.5	15	85.5	82.5
Pennine	204.5	65	269.5	75.9
Total	**1246**	**220.5**	**1466.5**	**85.0**

3. Quality

The Trust on a quarterly basis holds a Quality Assurance Committee which is a formal sub committee of the Board and is wholly Non-Executive Director led. The purpose of the meeting is to hold the Executive Directors of the Trust to account with regards Quality Governance and this is achieved through receiving assurance of quality systems across the Trust and through a formal internal Audit plan looking at Quality outcomes.

At the meeting in November 2011 the following issues were discussed and assurance obtained:

- The Trust had an unannounced visit by the Care Quality Commission (CQC) on the 5th October 2011. The CQC found that as an organisation we are **compliant** (people who use services are experiencing the outcomes relating to the essential standard) with the five outcomes that were inspected.

- The five outcomes inspected were:
  - Outcome 1: Respecting and involving people who use services;
  - Outcome 4: Care and welfare of people who use services;
  - Outcome 7: Safeguarding people who use services from abuse;
  - Outcome 14: Supporting Services;
  - Outcome 16: Assessing and monitoring the quality of service provision.

- The CQC in their report identified some areas for improvement that would enhance our compliance. The areas for enhancement were:
  - Consistent training in Equality & Diversity and the Mental Capacity Act 2005 (Outcome 1&4);
  - Variation in knowledge of staff with regards their safeguarding understanding and responsibilities this was recorded as a minor concern (outcome 7);
  - Accurate recording of Training & Development on the Learning & Development System (Outcome 14);
  - Staff returning to work after a period of time off are not receiving update training or information (Outcome 14)

- An action plan was developed, approved by the Board of directors and presented to the CQC with a deadline of the 31st March 2012 for all actions to be completed. The action plan is being monitored through the Management Board and the Quality Assurance Committee.

- The Quality Assurance Committee in November 2011 reviewed the Trust's approach of hearing patients stories at the Board of directors meeting and identified how the current practice will evolve during 2012 to ensure that the patient experience remains central to clinical and service developments;

- The Quality Assurance Committee reviewed the quarterly report from the risk committee and assurance was received on the management of risk assessments and risk registers and it was noted that the risk committee had commissioned a review of the movement in the top divisional and corporate risks over the previous six months;
- The committee received assurance on the progress being made in meeting the requirements for a NHSLA Level 3 standards which will be assessed in quarter 3 2012/13;

- The Committee commenced its annual committee effectiveness review which will be reported back to the Board of Directors in February 2012.

The Board of Directors have been assured of the following performance:

- The quality performance of the organisation as set out in the monthly integrated performance report against local and national targets and indicators;
- On trajectory to meet quality targets identified in our ward to Board metrics
- The Trust has had No Never events

4. Non Financial Information

4.1 Membership

As at the end of December 2011 we had 23,226 members. Of these 20,541 are public members and 2,685 are staff (including volunteers) members.

4.2 Mandatory services

There are no changes to our mandatory services that would trigger a variation to our terms of authorisation. In addition there has been no disposal of protected assets.

In line with our annual plan we have developed a pre-qualification questionnaire (PQQ) to identify a suitable partner to develop our Pathology services with. This will be issued at the beginning of February 2012. The project process, specification and subsequent documentation has been approved by the Management Board.

Through the PQQ we are looking for a specialist partner with demonstrable capability and experience in operating within the pathology market who can augment and complement and/or manage the expertise at the Christie and who is committed to investing in and successfully developing an enhanced pathology service.

4.3 Council of governors and member update

There were no governor elections during quarter 3 of 2011-12. We have had changes to our partner governors. The North West Development Agency has withdrawn as a partner governor. Melanie Clare is therefore no longer one of the partner governors. The Association of Greater Manchester Authorities appointed Cllr John Battye to replace Cllr Eileen Hulme.

4.4 Board update

The composition of the board remains unchanged during Q3. Arrangements have been started during Q3 to fill the vacancy that we have as a result of the election of our chairman and to replace another non executive who is to retire at the end of the year. The interviews will be held in early March 2012 following an extension to the recruitment process, with likely start dates following approval by the Council of Governors of April or early May.

4.5 Incidents and Complaints

The serious untoward incident reported to the commissioners has now been investigated and reported as appropriate, and the relevant actions completed. The incident is now closed.

Ian Moston
Director of finance and business development

The Christie NHS Foundation Trust

In Year Governance Declaration

Quarter 3 2011-12 (01 Oct 2011 to 31 Dec 2011)

NHS foundation trusts must confirm compliance with their Authorisation in relation to all healthcare targets and indicators listed in Appendix B of Monitor's 'Compliance Framework 2011-12' issued in March 2011. No supporting detail is required unless compliance cannot be confirmed.

The Board's declaration of its Governance Risk Rating at this time is GREEN

(calculated on sheet Targets and Indicators)

Please sign one of the two declarations below. If you sign declaration 2 please ensure you provide supporting details and explanations on the 'Targets and Indicators' worksheet, or it the space available is insufficient, on documents accompanying this return.

DECLARATION 1

The Board confirms that all targets and indicators have been met (after application of thresholds) over the period and that sufficient plans are in place to ensure that all known targets and indicators which will come into force during 2011-12 will also be met.

Details of any elections held (including turnout rates) and any changes in the Board or board of Governors

Signed:

On behalf of the Board of Directors

Acting in Capacity as: [Please type here]

DECLARATION 2

For one or more targets the Board cannot make Declaration 1 and has provided relevant details on worksheet "Targets and Indicators" in this return. The Board confirms that all other targets and indicators have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets and indicator which that will come into force during 2011-12 will also be met.

Details of any elections held (including turnout rates) and any changes in the Board or board of Governors are included in this return.

Signed:

On behalf of the Board of Directors

Acting in Capacity as: [Please type here]

NB no additional pages are required

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

The Christie NHS Foundation Trust

In Year Quality Board Statement

Quarter 3 2011-12 (01 Oct 2011 to 31 Dec 2011)

NHS foundation trusts must make a quality board statement as set out in Appendix D2 of the 2011-12 Compliance Framework issued by Monitor in March 2011.

Please sign one and only one of the two declarations below.

DECLARATION 1

The board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients

Signed: ____________________

On behalf of the Board of Directors

Acting in Capacity as: [Please type here]

DECLARATION 2

The Board cannot make Declaration 1 and has provided relevant details on documents accompanying this return.

Signed: ____________________

On behalf of the Board of Directors

Acting in Capacity as: [Please type here]

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

The Christie NHS Foundation Trust
NHS Foundation Trust
In Year Finance Declaration
Quarter 3 2011-12 (01 Oct 2011 to 31 Dec 2011)

NHS foundation trusts must certify future financial risk ratings as set out in paragraph 89 of the *Compliance Framework* issued by Monitor in March 2011.

Please sign **one** of the two declarations below.

DECLARATION 1
The Board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.

Signed: ______________________________

On behalf of the Board of Directors

[Please type here]

Acting in Capacity as: ______________________________

DECLARATION 2
The Board cannot make Declaration 1 and has provided relevant details on documents accompanying this return.

Signed: ______________________________

On behalf of the Board of Directors

[Please type here]

Acting in Capacity as: ______________________________

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

The Christie NHS
NHS Foundation Trust

Agenda Item 4/12 b

Meeting of the Board of Directors
Monday 30th January 2012

Report of	Director of Nursing and Quality
Paper Prepared By	Eve Scott, Head of Risk and Safety and Louise Westcott, Company Secretary
Subject/Title	Risk awareness and mandatory training for Board and senior managers
Background Papers	None
Purpose of Paper	For consideration and decision
Action/Decision Required	a. should the training be held before the monthly Board of Directors meeting on the last Monday of the month; b. should the training be held after the Quality Assurance / Audit Committee meeting on the last Friday of the month; c. should an additional separate board away day session be held annually to cover mandatory training requirements and risk awareness training; d. whether the sessions should be held in public or private; e. whether senior managers should be invited to attend the risk awareness sessions
Link to: ➢ NHS Strategies and Policy	NHS LA risk management standards CQC Essential Standards
Link to: ➢ Trust's Strategic Direction ➢ Corporate Objectives	All objectives of the Trust
Impact on resources and risk and assurance profile You are reminded that resources are broader than finance and also include people, property and information.	
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them.	NHSLA – NHS Litigation Authority DPA – Data Protection Act FOI – Freedom of Information CQC – Care Quality Commission

The Christie NHS
NHS Foundation Trust

Agenda Item 4/12 b

Meeting of the Board of Directors
Monday 30th January 2012

Risk awareness and mandatory training for Board and senior managers

1 Introduction

This paper sets out options for meeting the NHSLA requirement that all Board members are given risk awareness training.

2 Background

The NHSLA criterion 1.4 requires that risk awareness training is delivered to all Board members. As a minimum requirement the approved documentation must include a description of the:

a. process for ensuring that all board members and senior managers receive relevant risk management awareness training;
b. process for recording attendance;
c. process for following up non-attendance;
d. process for monitoring compliance with all of the above.

In order for us to achieve NSHLA 3 we must be able to demonstrate that we are monitoring compliance with the minimum requirements contained within the approved documentation described above. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented.

3 Proposed process

A rolling schedule of slots will be made available at key points in the year. These slots would be used to deliver both mandatory training and other risk awareness training to Board and senior managers.

These slots could be either before a monthly Board meeting on the last Monday of the month, or, after the Quality Assurance or Audit Committee on the last Friday of the month. Alternatively an additional separate board away day session could be held annually to cover mandatory training requirements and risk awareness training.

The session will be held in private. It is essential that attendance is maximised to fulfil the requirement to train all Board members.

4 Proposed Content

The mandatory training is already in process, and is due to be repeated in February 2012. However, it is proposed that these sessions have two components; the practical sessions needed for when Board members visit clinical areas, together with the high level accountabilities that the Board has collectively around the skill in question.

The risk awareness training would be topics that are pertinent at the time or identified through horizon scanning and would be delivered by an external expert, e.g. the Trust solicitors.

Current suggestions include;

1. Employment law
2. Coroners Inquest & Rule 43
3. Corporate Homicide
4. Governance requirements between organisations working on the same site
5. Board accountabilities regarding security of sensitive information (DPA, FOI)

5 Conclusion

The Board are asked to consider the following questions;

a. should the training be held twice yearly in July and February before a monthly Board of Directors meeting on the last Monday of the month (1 to 2 hours);
b. should the training be held twice yearly in July and February after the Quality Assurance / Audit Committee meeting on the last Friday of the month (1 to 2 hours);
c. should an additional separate board away day session be held annually to cover mandatory training requirements and risk awareness training (4 hours);

6 Recommendation

That the board decide on the method and regularity of training in order to comply with NHSLA and CQC requirements.

The Christie NHS
NHS Foundation Trust

Agenda item 5/12

Meeting of the Board of Directors
Monday 30th January 2012

Report of	Chief executive
Paper Prepared By	Company secretary
Subject/Title	Board assurance & sub committee minutes held in November & December 2011
Background Papers	N/A
Purpose of Paper	To receive assurance & draft minutes of committee meetings: 1. Management board – 22nd November & 20th December 2011 2. Quality assurance committee – 25th November 2011 3. Charitable funds committee – 16th December 2011
Action/Decision Required	To note assurance/minutes of board sub committee meetings
Link to: ➢ NHS Strategies and Policy	
Link to: ➢ Trust's Strategic Direction ➢ Corporate Objectives	Corporate Plan and Objectives
Impact on resources and risk and assurance profile You are reminded that resources are broader than finance and also include people, property and information.	None
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.	

The Christie NHS
NHS Foundation Trust

Minutes of the Management Board meeting held on Thursday 17th November 2011 at 4.00 pm in the Trust Meeting Centre

Present: Membership	Caroline Shaw (CS) Roger Spencer (RGS) Chris Harrison (CH) Ian Moston (IM) Jackie Bird (JB) Wendy Makin (WM) Joanne Fitzpatrick (JF) Stephanie Jenkins (SJ) Bernie Delahoyde (BD) Nick Slevin (NS)	Jeremy Lawrance (JALL) Ranald Mackay (RM) John Adams (JA) Prof John Radford (JAR) Angela Ball (AB) Jason Dawson (JD) Prof Peter Trainer (PT) Richard Cowan (RC) Cathy Heaven (CHe)
In attendance	Phil Haji-Michael (PHM) Malcolm Wilson (MW) Mike Dennis (MD) Mike Leahy (MGL) Rhidian Bramley (RB)	Eve Rowlands (ER) (for items 62/11 a) and 64/11 e) John Glover (JG) (for item 64/11 b) Jan Ledward, NHS NW (JL) (for item 64/11a)
Minutes:	Kate McBride (KM)	

Action

61/11 Standard business

a **Apologies**
Received from Dr Juan Valle and Dr Lia Mensace who had been invited to the meeting in their capacity as clinical directors.

b **Minutes of the meeting held on 20th October 2011**
The minutes were accepted as correct.

c **Action plan rolling programme**
The rolling programme was accepted as correct and items scheduled were covered on the agenda.

62/11 Matters arising

a **20:20 update**
ER reported the forum last week went well. The board had agreed to extend the consultation to the end of March to allow time for adequate response. Communication plan will be monitored weekly at the general managers' meeting and invitations for comment have been sent to EDs and NEDs. The HSJ have requested an interview with CS to learn about the consultation which is the first of its kind in the UK for an NHS organisation.
CS thanked the consultant body for their contributions.

b **Pathology service review**
SJ advised that the project is on track and rated green. Specification is being developed and advertisements will be placed in January.

c **Admin and clerical review**
SJ reported that the review has been rated red this month as it is behind schedule and has not achieved the envisioned savings. The design has been changed and anticipated savings will be identified with a consultation at the end of the month.
IM commented that the review is a key CIP target.
Action: Report on progress to next meeting — **GM-CSS**

d **Research development plans**
RGS presented CH's report which noted dialogue with Professor Jacobs' team at the university and work on benchmarking with clinical academics.
CS added that the MAHSC board had recently agreed to provide £1.3.m funding to support the extension of the clinical trials coordination unit and that she had been appointed chair of the Greater Manchester Comprehensive Learning and Research Network. IM noted the appointment adding that we should not underestimate the importance of having key people in this type of organisation which could potentially lead to funding and other opportunities.

e **Three to two clinical divisions**
WM presented the self-explanatory report which summarises actions taken by CH and the team who are set to proceed to implementation in January 2012.

63/11 Approvals

a **CQC report and action plan**
Following an unannounced visit of the CQC on the 5th October, their inspection revealed that whilst we are fully compliant, there is some room for improvement and enhancement of services. Particular mention was made of up to date training for staff returning from a long absence, and recognising care plans with patients.
MGL commented that perhaps the CQC's wording was rather ambiguous and had they asked patients about their 'cancer management plan' then all patients would have agreed that they have full involvement. JB agreed that this was a matter of semantics but suggested that a comment such as 'discussed with patient plan of care' in the casenotes would be sufficient.
JB asked the committee to approve the action plan which is to be returned to the CQC within 28 days of receipt.
Approved.
Action: Report progress to management board monthly **JB**

b **Reconfiguration of the Christie Research Strategy Group**
JAR proposed R&D's plans to reconfigure the group to a committee to better reflect the range of research across the Trust.
The current CRSG agrees, develops and delivers clinical and translational research ensuring that they link to the Trust's corporate objectives.
The proposal is for the group to become a committee (CRSC) to better reflect themes for a future BRC bid and other academic representatives including MAHSC and MCRC.
The committee will report to management board.
Approved.
Action: Annual plan of meetings and lead names to CS **DD-R&D**

c **Summary of funding requests and approvals from Capital & Workforce Planning Group**
Charitable support for cafeteria costs at Christie @ Salford and Christie @ Oldham – not approved at CWPG
R&D project fund – approved to go to CFC
Improving research infrastructure for radiotherapy related research – approved to go to CFC
Amendment to 'charitable funds' budget holder authorisation levels – approved to go to CFC
Appointment of early phase clinical academics - new clinical senior lecturer – approved
Development of the education centre – approved to go to BoD and CFC
MARS applications – ratified
FT membership scheme – not approved at CWPG
Way finding internal signage – ratified

d **Development of the Education Centre**
RC talked through his presentation and paper seeking management board's approval to approach the board of directors and charitable funds committee for £1.7m of funding.
With study days doubling and essential training days increasing 4-fold, the Education Centre can no longer meet demand and is having to decline internal and external requests.
£1.7m funding would facilitate building works to expand the Education Centre's space above the dining room and relocate medical illustration to new accommodation adjacent to radio-isotopes.
JAR supported the funding request commenting that the move 'links well with the ethos of The Christie' and how education is crucial to the reputation of The Christie as an international cancer hospital.
RM supported the move of medical illustration to radio-isotopes.
Approved to go to board of directors and charitable funds committee.
Action: Approval to submit the proposal to the Board of Directors for consideration. **GM/ Education**

64/11 Corporate planning

a **CCG development**
Jan Ledward, Commissioning Development Transition Director from NHS Northwest, briefed the committee on the main changes to the NHS from the white paper.
Key items include 'no decision about me without me' and moving from target drivers to an outcome focus.
JL talked about the importance of an organisation such as The Christie being a 'champion' in cancer as despite cancer being one of the biggest killers in the UK, GPs don't see diagnosed patients on a daily basis.
JL advised the committee to recognise the level of responsibility GPs have been given and be positive, supportive and encouraging.

b **Records portal demo**
JG gave a demonstration of the clinical portal system which makes information from The Christie electronically accessible to GPs and eventually to Christie satellites and A&E departments in the NW.
The system went live to GPs 5 weeks ago and so far feedback has been very positive.
MW commended the system and advised intellectual property rights be sought. He queried if the portal was 'one way traffic' or if GPs could contact us via the portal. JG explained that though technically this would be very easy, and in fact there was already a feedback tool, there is nothing yet in place to deal with incoming queries.
RC queried the ability to adapt the system and JG confirmed this was possible though there is only a 3 month window whilst the specialists hired for the project remain under contract.

c **GP liaison proposals**
WM talked to the committee about the importance of working with GPs to ensure close relationships throughout transition of the white paper particularly as The Christie is a tertiary centre and therefore slightly more detached.
CH wrote to GP leads to express willingness to meet and educational events are being arranged.
CS noted good progress but asked for a faster pace.
Actions:
1) Identify relationship manager for CCG and publish on website **AMD**
2) List of CCGs and contact names to December meeting

d **Mandated currency chemo and radiotherapy**
Sue Robinson, Head of Income, attended to talk to the committee about the expansion of PbR (payment by results). 75% of The Christie's NHS contracted income is local and so this presents a real threat of financial risk. Operating frameworks and guidance are expected to be received within the next couple of weeks and in the meantime the finance team will continue working closely with the Marsden and Clatterbridge to look for solutions. SR asked the committee to consider clinical and management leadership.

e **Industrial action management plans**
ER advised the committee that four unions, including UNISON and Unite, have voted in favour of strike action. Weekly emergency planning meetings are taking place to consider divisional and departmental contingency plans. ER warned of indirect staff absence such as childcare issues from closed schools. A 24 hour command centre will be in operation to deal with service planning, communication and media interest. The Trust plans to ensure all cancer treatments can be delivered on the day.

65/11 For review

a **The integrated performance report**
Performance meetings took place earlier this week to consider the monthly reports for November. RGS advised the committee that the chairman and CS recently met with Monitor and it was considered that there could be no further impediment to a green rating identified, which would be considered in quarter 4.

b **Finance report**
IM reported the position as considerably better than plan, but warned the committee to keep an eye on CIP.

c **Summary of policies and procedures reviewed by the document ratification committee**
Nothing to report.

d **Divisional board meetings notes**
Noted.

e **Notes of management board sub committees**
Noted.

66/11 Any other business
JAR reported major £1m bid to MAHSC to fund a trials coordination unit.

CS extended an optional invite to CDs to the December meeting.

Date and time of the next meeting
Thursday 15th December 2011 at 4.00pm in the Trust Meeting Centre

The Christie NHS Foundation Trust

DRAFT Minutes of the Management Board meeting held on Thursday 15th December 2011 at 4.00 pm in the Trust Meeting Centre

Present: Membership	Caroline Shaw (CS) Roger Spencer (RGS) Chris Harrison (CH) Ian Moston (IM) Jackie Bird (JB) Joanne Fitzpatrick (JF) Stephanie Jenkins (SJ) Bernie Delahoyde (BD) Nick Slevin (NS)	Jeremy Lawrance (JALL) Ranald Mackay (RM) Prof John Radford (JAR) Angela Ball (AB) Jason Dawson (JD) Prof Peter Trainer (PT) Richard Cowan (RAC) Cathy Heaven (CHe)
In attendance	Phil Haji-Michael (PHM) Mike Dennis (MD) Rhidian Bramley (RB)	Lia Menasce (LM) Jane Sykes (JS) Eve Rowlands (ER)
Minutes:	Kate McBride (KM)	

Action

67/11 Standard business

a **Apologies**
Received from Wendy Makin, John Adams, Malcolm Wilson, Juan Valle, John Logue and Mike Leahy.

b **Minutes of the meeting held on 17th November 2011**
The minutes were accepted as correct.

c **Action plan rolling programme**
The rolling programme was accepted as correct and items scheduled were covered on the agenda.
AB updated the board that following last month's meeting JAR was in the process of writing to the members of the Christie Research Strategy Group with a list of meeting dates and will send a copy of this letter to CS.

68/11 Matters arising

a Project reports

i) **20:20 engagement**
RGS presented the report updating the board that the engagement is on schedule though there is a higher proportion of patient response than clinical. JF and WM have prepared a pack to issue to clinical peers and CS suggested thinking about a standard script.

ii) **Pathology service review**
Following final review of the PQQ and information of memorandum, further changes are to be made to the documents which will have to be brought back to management board before going to advert.

iii) **Admin and clerical review**
SJ updated the board that a redesign has been approved by the project board which is considered to deliver the highest savings and least risk. The team will proceed to consultation paper and begin consultation process with staff by 20th January.
NS noted that the report appeared to be driven by savings rather than

improvement to services. SJ will ensure that the next report focuses more on quality.
IM added that the review was the first large scale scheme to cross divisions and lessons learnt will 'stand us in good stead'.

iv) **CQC action plan**
JB advised the plan is on target and asked the board to ensure that everyone is up to date with their equality & diversity and Mental Capacity Act training.
Findings of the DNAR audit were communicated to medical staff at the mortality and morbidity meeting on the 2nd December followed by correspondence from WM and PHM.

v) **Level 3 critical care**
The project is on track to achieve level 3 by January. MD anticipates the annual evaluation by the Network in the new year will suggest recommendations rather than anything regulatory.

vi) **Bed management**
JD summarised the report noting that the opening of Ward 12 reduced Trust bed occupancy from 94% to 90%. SOS admissions are being assessed to understand variances.

vii) **Bribery Act**
JF informed the board that every senior member of staff has been written to prompting good response. An online register has been created on the intranet. Code of conduct will be brought to January's meeting and the register will be audited on a regular cycle through the audit board.

69/11 Corporate planning

a **GP liaison proposals**
CH tabled a list of contact names prepared by WM who has briefed the listed consultants individually. CH noted the list was mainly surgical and clinical and commented that it would be useful to contain other specialities too.
RAC queried if generally GPs were impressed that we are an international centre.
CS explained that this was not the case going on to say that in fact it would seem the impression given is that GPs think it detracts from good local care and is seen as a downfall rather than an accomplishment.
CS asked the board to ensure that everyone is properly briefed and so able to talk generally as well as about their own specialty.
Action: Progress report in January **AMD**

b **Workforce efficiency proposals**
RGS reminded the board that they had heard the workforce efficiency proposals at an earlier meeting and the update provided from ER was to remain confidential until submitted to staffside.
Management board approved moving forward on current proposals and the further development of schemes in work up.

c **Draft chemotherapy strategy**
JD talked through his presentation describing various ways to provide patients with local access to treatment. Currently only 54% of treatments which could be provided via local access are done so though a target of 80% is anticipated via various initiatives including community nurses and home care. A pilot scheme will take place in Bury and a business case is being developed to figure out the best combination of models to reach the proposed 80%.
SJ suggested a mobile unit would benefit areas of depravation.
JAR and AB noted the potential risk to uptake of trials as patients choosing local

access would be restricted. CS asked R&D to be involved in the preparation of a business case.

d **Update on capital programme**
IM provided a summary progress report on current and proposed future capital projects including the proton beam therapy unit, new young oncology unit and Christie Clinic Ambulatory Centre, new MCRC, multi-storey car park and relocation of the gynaecological PDR, radionuclide and bracytherapy suite. Current projects are on plan.

70/11 Approvals

a **Radiopharmacy tender award proposal**
RM asked the board to approve award of tender to six companies (Covidien UK, Diagnostic Imaging, GE Healthcare, IBA Molecular, Imaging Equipment and Imotek International) to provide radiopharmaceuticals and thermal paper to CMPE for use at The Christie and distribution to other Trusts. RM confirmed that prices are generally staying the same and suppliers selected provide either the lowest cost or are the sole supplier.
Approved

b **Summary of funding requests and approvals from Capital & Workforce Planning Group**
Appointment of replacement consultant endocrinologist – approved
Replacement of 8808 transducer probe – approved
Replacement of apheresis service cell separator machine – approved
Purchase of hospira plum A volumetric infusion pumps and Baxter colleague pumps – ratified exchequer funding request and recommended charity bid to CFC
Update on commercial strategy implementation – approved

71/11 For review

a **The integrated performance report**
The report was discussed at this week's performance reviews. Improvement has been seen with the 62 day target following network wide agreement and further improvement is expected. The current amber green rating with Monitor is anticipated to turn green for the next quarter.

b **Finance report**
IM commented that the overall surplus of £55k is misleading as the true figure of £4m is highly impacted upon by partner assets including Salford and theatres. Unmet CIP is a concern and IM asked the individual divisions to clarify how the missing £820k would be reached with responses as follows:
Following further review, networked services have closed the gap to only £14k; cancer centre services are confident they will meet their target following identification of further posts to be removed; CMPE have met their target; R&D are undertaking more trials and are confident they will be 10% over target by the end of the year which will be further increased by drugs savings; the shortfall of corporate CIP has been reduced to only £5k.
IM talked about the shortfall from the A&C review and procurement and explained that a paper would be taken to FRG with propositions of how to find the balance.

c **Summary of policies and procedures reviewed by the document ratification committee**
JS remarked that all policies and procedures taken to the document ratification committee were ratified with only a few exceptions which were declined for minor reasons.

d **Divisional board meetings notes**
Noted.

e **Notes of management board sub committees**
Noted.

72/11 Any other business
CS wished the board a merry Christmas and thanked everyone for their hard work over the past year.

Date and time of the next meeting
Thursday 19th January 2012 at 4.00pm in the Trust Meeting Centre

The Christie NHS
NHS Foundation Trust

DRAFT Minutes of the meeting of the Quality Assurance Committee of The Christie NHS Foundation Trust held on Friday, 25th November 2011

Present:	Bill Farndon (BF) (Chairman) Lord Keith Bradley (KB) Lee Childs (LC) Sir Duncan Nichol (DN) Dame Jenni Murray (JM)	Senior non-executive director Chairman Non-executive director Non-executive director Non-executive director
In Attendance:	Jackie Bird (JB) Jane Sykes (JS) Chris Harrison (CH) Debbie Rimmer (DR) Heather Walters (HW) Kate McBride (KM)	Director of nursing & quality Deputy director of nursing & quality Medical director Mersey Internal Audit Agency Mersey Internal Audit Agency Minutes

Action

35/11 Standard business

a **Apologies**
None received.

b **Minutes of last meeting held on 30th September 2011**
The minutes were accepted as correct.

c **Actions – rolling programme and matters arising**
All items are on the agenda.

36/11 Patient stories
JB had been asked to investigate the plausibility of introducing patient stories to board meetings where a patient, actor, video or written story of a patient's experience would be presented monthly to the board of directors. Patient stories are considered good practice at other trusts and help 'close the gap' between ward and board.
JB invited the committee to consider more definitively their requirements and asked them to consider the emotional impact if patients or their families were to present personally. It is important to decide whether a story would be selected randomly or intentionally for a suggested theme.
JM applauded the idea and volunteered to find the first story.
Action: Proposals to next meeting following brainstorming session **JB/BF**

37/11 NHSLA assessment
a **Schedule and progress report**
JB assured the committee that policies are being sampled at a rate of 4-5 a month and she is therefore confident that all policies will go through a mini 'mock' assessment. Policies will have to be updated to reflect the move to two clinical divisions from three. The team are in the process of arranging a peer review with Salford who have been rated level 3 since 2007.
MIAA will be carrying out an audit in January with regard to meeting one of the NHSLA standards (medicines practice operational policy).

38/11 Risk

a **Report from the risk committee**

JS talked through her regular summary to the committee for the period September to November. Highlights include:

- Risk committee receives monthly NHSLA report
- Provisional date for NHSLA inspection 12/13 to be announced in April
- Risk assessments are taking place
- Directors are comparing their top 10 risks to those of a few months ago

Though the report was commended for being informative and user friendly, the committee queried whether approval by the chair of the committee is required.

b **External reports – CQC unannounced inspection 5.10.11**

JB clarified that the report had been discussed at the earlier board meeting. Action plan update will be brought to next meeting.

BF reiterated the points made at the board meeting that the positive feedback from the inspection reflected the efforts of everyone within the organisation.

39/11 Internal audit

a **Joint venture arrangement review**

BF explained that the *draft* report of MIAA went to the audit committee in October and he had particularly asked that the report be heard at the quality assurance committee.

HW presented the report with the caveat that amendments suggested at the audit committee had not yet been made.

BF referred to discussions at the board meeting around what information should be made available from TCC. JB talked about a lack of understanding of how the private sector work in developing their quality and performance matrices, and if they submit data to the CQC for a Quality Risk Profile to be developed, and advised she will correspond with Paula Bygrave, governance manager at TCC, to clarify.

HW advised the need to be realistic about what information we require and to consider that if it is not something TCC can easily access it could be unfair to expect them to use resources to obtain this. **MIAA**

Action: Report and follow up to audit committee.

40/11 Scheduled items

a **Terms of reference**

BF proposed minor changes in section 9 to clarify the relationship with the audit committee regarding risk management.

JB added that membership should be updated to amend executive secretary to the board to company secretary and minute taker.

b **Committee effectiveness assessment**

BF asked the committee to complete a questionnaire on effectiveness in a similar style to that used by the MIAA to assess how well the various committees are working. Going forward it was suggested that we make use of user friendly online tools such as survey monkey.

41/11 Any other business

There was no other business to note.

Date and time of next meeting:

24th February 2012 1.00pm in the Trust Meeting Centre

The Christie NHS
NHS Foundation Trust

DRAFT

Charitable Funds Committee

Friday 16th December 2011 at 12:00 noon in Room 6, Trust Administration

Present	Lord K Bradley (KB - Chair) Mr Lee Childs (LC) Mr W Farndon (WF) Mrs J Bird (JB) Dr C Harrison (CH) Mr. I Moston (IM) Mr R Spencer (RGS)	Non-executive director (Chair) Non-executive director Non-executive director Director of nursing & quality Medical director Director of finance & business development Chief operating officer
In Attendance	Ms L Hadley (LH) Mrs J Fitzpatrick (JF) Mr A Stallard (AS) Mr J Miller (JM) Dr N Slevin (NS) Ms A Ball (AB) Professor J Radford (JR) Dr R Cowan (RC) Dr C Heaven (CHe)	Corporate development manager Deputy director of finance Div finance manager, charities & research For presentation For item 28/11 c i) For items 28/11 c i, ii & iii) For items 28/11 c ii, iii & iv) For item 28/121 c iv) For item 28/11 c iv)

On behalf of the CFC, KB congratulated Joanne Fitzpatrick on being awarded Deputy Finance Director of the year by the HFMA Association.

Presentation: Major Donors – Jack Miller
KB welcomed Jack Miller (JM), Head of Major Relationships and Community, to the meeting. JM explained the current Christie picture which shows a relatively static figure over the last 4 years (with the exception of 2007/08). The ambition of the major donor team is to raise £1m per year in planned giving. Working with major donors is different to the vast majority of the other income streams and involves long term approaches. JM felt the key is to build philanthropic relationships rather than transactional charitable donations.

Major donor research indicates there is significant opportunity for growth especially in the North West and felt the key selling point is localism where donors can see first hand the benefit of their donation. JM explained the market is becoming increasingly competitive with increased scrutiny from donors. The major donor team is looking at developing a clear stewardship and bespoke donor journey plan for each major donor and to be the charity of choice in the North West for major donors.

KB thanked JM for an interesting presentation. Following a question from LC, JM agreed some donors preferred a tangible donor 'shopping list'. IM expressed his appreciation of the approach being taken and commended the idea of a gift suite. He felt it important to establish a specific case of need for major donors … what The Christie has to offer and what is expected in return.

BF asked whether celebrities were excluded from the major donor stream. JM explained some celebrity activities did not touch major donors but there was a definite link.

RGS highlighted the underperformance of the major donor stream where currently spend exceeds income and asked whether it is viable to continue with this particular activity. KB reported the trust had been unsuccessful in the national market although the trust has a strong regional brand. KB asked whether there were opportunities nationally. JM indicated their major focus is local whilst keeping an eye on the national picture. IM felt the trust had a better chance of accessing this market with the development of the proton business case.

Item **Action**

24/11 Standard business

a Apologies

Apologies were received from Dame Jenni Murray, Sir Duncan Nichol and Mrs. Caroline Shaw.

b Minutes of meeting on 16th September 2011

The minutes of the meeting held on 16th September 2011 were accepted as a correct record.

c **Rolling action plan**

LH reported the two items on the rolling programme have been deferred to the March 2012 meeting.

25/11 Matter arising

There were no matters arising.

26/11 Fundraising

a Performance report

LH reported as at the end of October, fundraising income is £8.4m which is £1.4m ahead of plan. These results compared against those of the previous year show the charity is just over £1.6m ahead on last year.

Expenditure at the end of month 7 is just over £1m against a target of £1.2m meaning our ROI is 1:7.8 with an annual target of 1:5.7.

LH then reported on progress within the individual income streams:

Corporate continues to perform well. This is against a difficult backdrop where many companies are looking to make efficiency savings.

Sporting events continues to perform well and is ahead of target. 2012 is the final year as the main charity of choice for the GMR. The 2011 event saw 4,000 participants run on behalf of The Christie with 5,000 anticipated joining up for next year.

Major donors – LH reported on a pledge from the Peter Kay concert of £150,000 and a recent chairman's lunch following which 2 guests have pledged support in the new year.

Community is behind and feeling the economic pinch. This stream is having to generate more activity for the same amount of income. The decrease is due to a 13% drop in the number of donations, a 9% drop in donors and a 6% drop in the average gift to the organisation.

Direct marketing is ahead of target and continues to perform well.

Tribute stream is also ahead of target.

General donations are behind and the future of this income stream is explained in the next paper.

Legacies continue to show good growth and this position has been achieved without any exceptional gifts.

KB and RGS commented on an excellent set of results.

b Fundraising activity report

LH explained this additional report is to provide information to CFC on other relevant fundraising activity. She drew particular attention to the following:

Item **Action**

i. The charity is currently working with I&G Cohen on a kerbside collection scheme which is now being expanded to include a clothing recycling unit, the first of which will be located in Prestwich. If successful the scheme will be rolled out to other locations.

ii. Capital appeals campaign – the trust has the opportunity to embark on 3 major capital appeal partnerships with other charities, the first of which is the MCRC building in partnership with CRUK and the University of Manchester. Due to the nature of financial commitments from each partner, a suggested fundraising agreement has been proposed whereby gifts of over £100,000 are allocated on a 3:1:1 basis. Legal advice on the ramifications of this is currently being sought. IM felt it important that any advice received should be reported to CFC. KB agreed and indicated that if action is required prior to the next meeting appropriate steps will be taken.

Action: Legal advice on the capital appeals campaign 3:1:1 split to be brought back to 16th March 2012 meeting — **CDM**

BF asked when the new 'Charity Hub' is opening and LH confirmed this would be early in the new year.

27/11 Finance Director's Report

IM drew particular attention to the following issues:

i. **Kaupthing Singer & Friedlander (KSF)** – An additional payment of 5p has been made. This brings the total dividend received to 63p.

ii. **Charitable fund budget holder authorisation levels** – IM reported that this particular item is asking for CFC approval to raise the financial authorisation limit of named research charitable fund holders from £5k to £25k. LC conceded £5k may be too low but felt £10k would be a more appropriate figure. LC also expressed concern at the number of waivers being used to avoid going out to competitive tender. IM shared LC's concern and has suggested an enhanced reporting mechanism be put in place. Compliance with charitable funds reporting and management requirements would need to be met by the budget holders. RGS felt this request was more to do with a reduction in bureaucracy. Following discussion KB suggested approving the request with regular quarterly reports to CFC and a review in 12 months' time to give an assurance that monies are being spent appropriately.

Approved: Quarterly reports to CFC with a review in 12 months — **DoF&BD**

28/11 Funding applications and other finance issues

a Commitments update

IM drew attention to the recommendation that following completion of the 3 major schemes the residual balance should be transferred back to the main Cancer Appeal Fund which was the original source of these funds.

Approved Transfer of £3.647m from the 3 major capital schemes back to the Cancer Appeal Fund and all future donations relating to the schemes be transferred to the Cancer Appeal Fund.

b Approvals by the chief executive

There were no approvals by the chief executive for July to September 2011.

c New application for charitable funding

i Radiotherapy research infrastructure

KB welcomed Dr Slevin (NS) and Angela Ball (AB) to the meeting. NS outlined the background to this request to secure funding to improve the infrastructure for radiotherapy related research. LC asked whether all potential income streams had been exhausted eg the University. NS explained this request is to enable a research portfolio to be established with the aim/expectation that after 5 years the funding will be picked up by the University. Radiotherapy related research is not strong globally so the University will not make the initial investment. BF asked about the need for 2

Item **Action**

additional physicists. NS explained the medical physics service has focused heavily on the recent service developments and researchers are frustrated at not having access to physics support for research projects.

Following further discussion CFC approved the request for £637,241 from the general research fund to support a consultant post, a secretarial post and 2 medical physics posts for five years to expand the radiotherapy research infrastructure.
Approved: £637,241 from Cancer Research Fund C*040*

ii R&D project fund
JR explained the importance of improving set up times for research projects. This R&D project fund will be open to competition proposed primarily by clinical/ academic leads. Project proposals will be submitted to an external panel for review ensuring that only the best research proposals will be funded. KB indicated the importance of regular reports to CFC from those granted funding.

Following further discussion CFC approved the request for £105,000 from the general research fund to support a small scale pilot or proof of concept project for up to £25,000 each per year for a maximum of 2 years with a requirement for regular progress reports to the CFC. **CDM**
Approved: £105,000 from Cancer Research Fund C*040*

iii Early phase clinical academics – senior lecturer
JR explained that the senior lecturer post is required to support the early phase of clinical infrastructure within the new Oak Road treatment centre to increase early phase clinical research activity. The expectation is for The Christie to pay for clinical sessions with the University and MCRC paying for the academic sessions (50:50 split).

Following further discussion CFC approved the request to support a full time clinical senior lecturer/consultant grade post for 5 years from the cancer research fund.
Approved £158,704 from Cancer Research Fund C*040*

iv Update report – senior lecturer in medical oncology
Professor John Radford (JR) updated CFC on the contribution made by Dr Kim Linton following CFC approval in 2009 to support 50% of her salary for 3 years from the Lymphoma Research Fund. JR explained that Dr Linton has performed to the highest level and has made a major contribution to the research output and profile of the lymphoma group and believes the trust is receiving good value for the investment made by the CFC and Lymphoma Research Fund.

KB noted the importance of these updates and asked JR to pass on the congratulations of CFC to Dr Linton for her work so far.

v Development of the education centre
KB welcomed Dr Cowan (RC) and Dr Heaven (CH) to the meeting. RC explained the background to this request reminding CFC of the vision set by the trust to be a world leading cancer centre providing national and international leadership in cancer education. To achieve this goal expansion of the current educational facility is required. BF indicated he is very much in support but expressed concern at the loss of ward 3. IM explained ward 3 would not be lost but has been made available on a temporary basis as a decant ward. BF also expressed concern at the additional contingency that would be required but IM explained this was already included in the funding requested.

JB noted the exceptional Deanery reports and commended the work of the School of Oncology.

Following further discussion CFC approved £1,000,600 from the cancer appeal fund

Item		Action
	to support a new educational facility. (which includes £250,000 contingency if external funding is not secured.) **Approved: £1,000,600 from the Cancer Appeal Fund C*100* This includes £250,000 contingency if further external funding is not secured**	
29/11	**Any other business** None.	
30/11	**Date and time of the next meeting** Friday 16th March 2012 at 12.00 noon in Trust Administration	

The Christie NHS
NHS Foundation Trust

Chairman: Lord Bradley **Chief Executive: Caroline Shaw**

The Christie NHS Foundation Trust, Wilmslow Road, Manchester M20 4BX
Tel: 0161 446 3000 Fax: 0161 446 3977 www.christie.nhs.uk