

**Meeting of the Board of Directors
 July 2025**

Subject / Title	Trust report
Author(s)	Executive Directors
Presented by	Roger Spencer, Chief Executive
Summary / purpose of paper	This report brings together the key issues for the Board of Directors in relation to our performance, strategy, workforce, the Greater Manchester system landscape, the regulatory landscape and other pertinent matters within the scope of the board's responsibilities.
Recommendation(s)	The board is asked to note the contents of the paper.
Background Papers	Integrated Performance, Quality and Finance Report Finance Report
Risk Score	See Board Assurance Framework
EDI impact / considerations	
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Achievement of corporate plan and objectives
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	CEO Chief Executive Officer MCRC Manchester Cancer Research Centre NHSE NHS England CQC Care Quality Commission FDS Faster diagnosis standard GM Greater Manchester PALS Patient advice & liaison ICB Integrated Care Board ICS Integrated Care System VIP Value Improvement Programme RAG Red, Amber, Green BMA British Medical Association



Trust Report
July 2025 (June data)

Board Scorecard

CQC Rating	Good				
Indicator	Score (NOF)				
	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
Operating priorities (elective / cancer)	1	1			
Outcomes	1	1			
Quality & inequalities (experience/workforce/safety/inequalities)	1	1			
Productivity & value for money (finance & efficiency/productivity)	1	1			

1 best / 5 worst

Executive Summary

- We are rated Good overall by the CQC.
- We are in segment 1 of the NHS Oversight Framework.
- Patient quality indicators for June show no significant adverse variances and no issues for escalation. We remain high reporting and low harm.
- Performance in June for the 62-day consolidated cancer standard was 72.3% with a requirement to reach the 75% target by March '26.
- 8 operational risks are scored at 15 or above on the risk register.
- 2025/26 financial revenue plan has been agreed and submitted at a £7.5m surplus
- Cumulative financial performance at the end of June (month 3) is a £1.4m surplus against a planned £1.9m surplus; a negative variance of £0.5m to plan.
- Key financial performance indicators at the end of M3 show two adverse variances; revenue variance to plan of £0.5m and the level of recurrent VIP delivered being £8.6m identified against a £12.6m annual target. Whilst the capital plan is £1m ahead of budget, this is a phasing issue and not of concern.
- Workforce indicators for June show a decrease in sickness absence rates from the previous month.
- PDR performance and mandatory training performance is over the required thresholds.
- Capital schemes are progressing to plan across the Trust.
- New NHS Oversight Framework (NOF) delivery metrics have been confirmed.

Quality of Care

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

Pressure ulcers and falls were in line with internally set trajectory in June. There were 15 complaints in June which is slightly above average. The number of contacts with the Patient Advice and Liaison Service (PALS) service in June was 46 which is higher than average.

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

8 operational risks are scored at 15 or above on the risk register. These are monitored by the Risk & Quality Governance Committee to ensure that appropriate controls are in place and reviewed by the board's assurance committees to provide assurance to the board. The risks are detailed in the Integrated Performance, Quality and Finance Report.

Outcomes

The latest National Disease Registration Service (NDRS) report on 90-day mortality after radical radiotherapy for lung cancer (June 2025) confirms The Christie NHS Foundation Trust as a top-performing centre nationally.

- **Consistently Low Mortality:** Over a five-year period, The Christie has maintained low 90-day mortality rates across both conventional radical and SABR (stereotactic ablative radiotherapy) lung cancer treatment cohorts.
- **No Outlier Flags:** At no point was The Christie flagged for high mortality; this includes all case-mix adjusted analyses.
- **Positive Performance Indicators:** The Trust is noted as having significantly lower-than-expected mortality in several reporting years, demonstrating excellence in safe delivery of lung radiotherapy.
- **National Benchmarking:** The report identifies The Christie as among the highest-performing trusts in England

External assessments

JAG (Joint Advisory Group on GI endoscopy) accreditation has been awarded to endoscopy services which have demonstrated they meet best practice quality standards. This accreditation is awarded for 5 years, subject to successful completion of an annual review.

Operational Performance

The 62-day standard is a barometer of how well the system is performing with cancer pathways, a third of all our patient referrals are relevant to this standard. Currently 25% of patients have already exceeded a 62 day wait before referral to the Christie. The Trust compliance at the end of June against the 2 key cancer standards was;

- **62-day consolidated standard:** Performance was 72.3% with a requirement to reach the 75% target by March '26. We are embedding a structured, accountable recovery programme for 62 days with an objective to achieve the standard by the close of quarter 2. There are three areas of strategic focus:
 - End to end pathway redesign – mapping and removing delays with closer working with our system partners
 - Capacity and productivity. Maximising theatre use and making best use of mutual aid
 - Digital and data maturity – tracking of pathways, optimised operational dashboards with early breach warnings
- **Faster Diagnosis Standard (FDS):** Performance was 89.3% against the 80% threshold which measures initial referral to diagnosis.

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

- We have continued to achieve the 31-day standard for treatment to start within 31 days of the decision to treat at 98.3% against a target of 96%.

The Trust has been asked to produce a Board assessment statement for Winter Planning 2025/26, which will be reviewed by the Quality Assurance Committee in September and sent to Board for approval and then submitted by the end of that month.

During June there were 6 operations cancelled on the day for non-clinical reasons. One patient was not rebooked within 28 days.

NHS Oversight Framework 2025/26

The NHS Oversight Framework sets out how NHS England and Integrated Care Boards (ICBs) oversee provider trusts. It replaces previous performance regimes, focusing on system collaboration, quality, finance, workforce, and leadership.

Oversight Domains and Christie Context

Domain	Relevance to The Christie
Quality of care, access and outcomes	Emphasis on cancer-specific performance measures such as 62-day standards, access to clinical trials, and outcome benchmarks.
Preventing ill health and reducing inequalities	The Christie contributes through regional partnerships and education but faces expectations to widen access to specialist services and research.
People	Recruitment, retention, and wellbeing of highly specialist staff are ongoing challenges, particularly in clinical oncology and advanced therapies.
Finance and use of resources	Despite a strong financial track record, cost pressures persist due to complex treatment models and infrastructure investment needs.
Leadership and capability	Well-established governance, with strong board and clinical leadership. Ongoing focus on digital capability and organisational resilience.

Segmentation and Oversight Level

The Christie is generally placed in Segment 1, indicating low risk and strong performance. This status allows for lighter-touch oversight but still requires:

- Routine reporting and assurance.
- Participation in system-level planning.
- Compliance with national standards and regulatory expectations.

System and ICS Collaboration

As part of the Greater Manchester ICS, The Christie plays a key role in:

- Regional cancer service delivery.
- Sharing workforce and digital solutions.
- Contributing to pathway redesign and service improvement across provider collaboratives.

Key Opportunities and Risks

Opportunities:

- Ability to shape regional and national cancer strategies.
- Track record of innovation and high performance.
- Strong clinical and academic partnerships.

Risks:

- Being assessed against performance standards not designed for tertiary centres.
- Rising costs not always matched by national tariffs.
- Additional regulatory burden that may not reflect specialist service complexity.

Further clarification has been received around the metrics that we will be assessed against in the new assessment framework. These are listed below. There is a financial override that automatically places organisations in segment 3 (or below) if they are not performing financially. The next assessment will be made at the end of Q2 (end of September).

Elective Care	Period Measured
OF0002 - Annual change in the size of the waiting list	End of period - year on year
OF0023 - Percentage of patients waiting less than 18 weeks	Monthly
OF0003 - Percentage of patients waiting over 52 weeks	
OF0106 - Difference between actual and planned 18 week elective performance	
Cancer	
OF0010 - Percentage of urgent cancer referrals to receive a definitive diagnosis within four weeks.	Rolling 12 month
OF0011 - Percentage of patients treated for cancer within 62 days of referral	
Finance	
OF0076 / OF0079 - Planned surplus/deficit	Annual Plan
OF0078 / OF0081 - Year-to-date variation from plan	YTD
Productivity	
OF0085 - Implied level of productivity	In-year figure to latest month vs same period in previous year
Patient Experience	
OF0069 - CQC inpatient survey satisfaction rate	Annual Publication
Safety	
OF0061 - Staff survey – raising concerns sub-score	Annual
OF0067 - CQC safe inspection score	Periodic Inspection
OF0088 - Rate of C-Difficile infections	Rolling 12 month
OF0020 - Number of MRSA infections	
OF0048 - Rate of E-Coli infections	
Effectiveness	
OF0025 - Average number of days between planned and actual discharge date	Month
OF0046 - Summary Hospital Level Mortality Indicator	Rolling 12 month
Workforce	
OF0084 - Staff survey engagement theme score	Annual
OF0082 - Staff sickness rate	Rolling 12 month

Financial Performance

Revenue: The Trust's financial performance at month 3 is behind plan as illustrated in the table below with a year to date (YTD) surplus of £1.4m against a £1.9m plan.

Month 03 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(467,717)	(116,757)	(114,703)	2,054
Other Income	(80,565)	(20,053)	(18,910)	1,143
Pay	264,030	64,812	64,081	(731)
Non Pay (incl drugs)	257,945	65,421	62,807	(2,614)
Operating (Surplus) / Deficit	(26,307)	(6,577)	(6,724)	(148)
Finance expenses/ income	23,089	5,772	6,450	678
(Surplus) / Deficit	(3,218)	(804)	(275)	530
Exclude impairments/ charitably funded capital donations	(4,282)	(1,071)	(1,103)	(33)
Adjusted financial performance (Surplus) / Deficit	(7,500)	(1,875)	(1,378)	497

The main factor driving the variance to plan at M3 is an amendment to non-clinical income from commissioners. This reduction of £2.2m for the year (which has previously been accrued into the position) has resulted in the removal of a cumulative balance of £550k from income at M3. The Trust remains in discussions with commissioners regarding this

adjustment and it has been and remains a key issue of the 2025/26 contract negotiations and Provider Oversight Meetings.

The other variances in the income and expenditure lines above mainly relate to pass through expenditure (drugs) or income backed services where an underspend on expenditure is directly related to a reduction in income with no impact on the bottom line.

Forecasting: From M3, the Trust will undertake monthly run rate forecasting to assess the likely year end position. No amendment to the year-end position has been made for the reduction of £2.2m yet as the Trust is still in negotiation with commissioners and mitigations are being sought.

Capital: The capital plan for 2025-26 is £51.1m, subject to confirmation by NHS England. At M3 the actual spend is £2.3m against the in-month plan of £1.3m.

Balance sheet: The cash balance at the end of M3 is £118.6m and debtor days are 13 days.

Value Improvement Programme. The annual VIP target of £25.30m is split into a £12.65m recurrent target and a £12.65m non-recurrent target. The level of recurrent VIP identified to date is £10.6m, which reduces to £8.1m after applying a RAG rating, giving a recurrent shortfall of £2.1m (£4.5m shortfall against RAG rated value). The level of non-recurrent VIP identified to date is £14.7m, over plan by (£2.1m). Year to date, £4.3m has been delivered against a target of £4.3m.

KPIs: Variances from the planned financial performance against key measures include the level of recurrent VIP identified to date and an overspend against plan of £1m on capital (albeit this is a phasing issue and not of specific concern):

Measure of Financial Performance	Red / Amber / Green rating
Revenue: Trust Control Total compared to plan	£0.5m worse than plan
Capital: Capital expenditure against plan	£1.0 over plan
VIP identified (recurrent) against target of £12.6m	£10.6m identified (£8.1m RAG rated)
Debtor days compared to 15-day target	13 days
Cash balance	£118.6m
Better Payment Practice Code (95% target)	97%

Workforce

Our workforce performance indicators show mandatory training compliance and personal development plan rates are both above (better than) thresholds at 93.7% and 88.5% respectively. Sickness absence rates have decreased slightly in June to 4.68% (threshold of 4.25%). The overall all year turnover is 11.5%. These issues and the associated plans for improvement have been considered by the Workforce Assurance Committee.

Industrial Action Update

The British Medical Association (BMA) announced on 8 July that resident doctors in England have voted overwhelmingly in favour of industrial action, with 90% supporting the move on a 55% turnout. This decision follows an ongoing campaign for full pay restoration. The ballot result gives the BMA a six-month mandate for industrial action, effective until 7 January 2026.

Five days of strike action took place from 7am on Friday 25 July until 7am on Wednesday 30 July. Contingency plans were put in place to ensure patient safety and service continuity. The Board will be briefed in the September meeting.

The Christie Colleague Annual Awards 2025 - Nominations for the Christie Colleague Awards were invited in July. Details of the award categories, the criteria and how to vote are on HIVE. [HIVE - The Christie Colleague Annual Awards 2025](#)

Shortlisted individuals and teams, along with those who nominated them, will be invited to a special celebration event in the auditorium on Wednesday 19 November 2025 where this year's winners will be announced

Leadership and Management Competency Framework - Following the launch of The Christie leadership and management competency framework in March, the self-assessment tools for each leadership stage are available to use. Each stage has its own downloadable form.

Annual Staff Garden Party - The Annual Staff Garden Party took place on Wed 9th July. Many took the opportunity to relax with their colleagues, have a picnic or lunch in the gardens and try their hand at some of the large garden games. The Chief Executive presented the prizes for the staff competitions [link to HIVE](#).

Several key medical leadership appointments have been made:

Professor Adrian Bloor - Appointed as Medical Director for Future Christie

Professor Bloor will lead the strategic delivery and clinical engagement of Future Christie — an ambitious, organisation-wide transformation programme. He will work closely with Tom Thornber, the Future Christie Director and other senior leaders to drive improvements in patient care through service innovation.

Dr Rob Metcalfe – Appointed as Divisional Medical Director for Networked Services

Dr Metcalfe will provide senior medical leadership to the Networked Services Division. As part of the Divisional Leadership Triumvirate, he will be responsible for clinical strategy, operational performance, and transformation across the division, in collaboration with the Future Christie programme. He will provide support to the division's Clinical Directors and ensure effective clinical engagement within Networked Services.

Dr Vidya Kasipandian - Reappointed as Associate Medical Director for Quality and Patient Safety

Dr Kasipandian will continue to lead on quality and clinical governance across the Trust. Her responsibilities include medical oversight of incidents, complaints, mortality reviews, and safeguarding, as well as supporting learning and improvement through the Patient Safety Incident Response Framework.

Research

Reducing clinical trial set-up times is a national priority. We are working towards a 60-day target for study set-up, aligning with national ambitions to speed up access to research for patients. National performance data will be released in August on set up times for Commercial studies.

Over £2 million has been awarded to 21 Research Projects from the Christie 2030 Idea to Impact Awards.

Professor Corinne Faivre-Finn has been awarded the Breur Gold Medal by the European Society for Radiotherapy and Oncology (ESTRO) its highest honour. Professor Faivre-Finn, Consultant Oncologist at The Christie and Professor of Thoracic Radiation Oncology at the University of Manchester, was recognised for her outstanding contributions to advancing lung cancer radiotherapy in Europe. A well-deserved international accolade.

Education

Education continues to welcome new and returning Christie staff members across a wide range of education activities with an overall increase of 16% in internal workforce learners. Christie Institute colleagues will be continuing their rolling engagement activity to ensure that staff, supervisors and line managers can access education opportunities. Applications remain open for the next round of funding for the Joanne Fitzpatrick award and we hope to launch a further round of the Tomkins family travelling bursary, both provided through the Christie Charity.

The end of the academic year provides an opportunity to review learner satisfaction across our in person and digital clinical placements across a whole range of programmes. This demonstrates extremely high levels of learner satisfaction (e.g. 95% overall satisfaction from nursing and AHP students; 91% from medical students), reflecting the important support and contribution to learning from all staff at The Christie. Continuing strong leadership in this critical area of activity, Dr Dan Anderson succeeds Dr Lubna Bhatt as Director of Undergraduate Education and Dr Sophie Raby has been appointed to lead Year 4 specialist oncology medical student placements.

We continue to celebrate the important contribution made through the Christie Observer and Fellowship schemes which share clinical practice exchange and improvement activity. There are currently over 100 fellows working and learning at the Christie across clinical service, research/innovation and education, celebrated through our recent Fellowships presentation event.

Strategic and Service Developments

Work continues on the wards refurbishment programme. Final comms room and data cabling plans have been resolved allowing final works to be progressed over the next few weeks to complete Ward 12. Ward 11 design development is progressing with a target start date for the refurbishment works of late summer.

The ASICS project team are progressing the next key design stage (RIBA Stage 4) which will run through until November 2025 and will underpin the development of the Contract Sum. This design stage will include stakeholder engagement workshops working closely with clinical and estate team members. In parallel, a decant strategy workstream has been established to drive forward the required decant activity to support the delivery of the ASICS project.

Linear accelerator 11 has been completed and is operational. LinAc 4 has been decommissioned with building work to refurbish the area now commenced. The new LinAc 4 will be operational in December 2025.

Future Christie Project

The Future Christie programme continues to accelerate delivery of our transformation ambitions. July has seen major progress across key enablers:

- **Electronic Patient Record (EPR):** The Strategic Options Appraisal has been completed and shortlisted proposals identified. We are now developing the Strategic Outline Business Case with a benefits framework aligned to Trust strategy and Future Christie goals.
- **Patient Communications Portal:** Governance has been embedded with a dedicated project board. Pilot engagement shows high patient satisfaction, with a full rollout roadmap now in place. The launch of real-time digital correspondence is planned for September.

- **Digital Integration:** The digital function has now formally transitioned under Future Christie leadership. A new Joint Delivery Committee is being established to align strategic planning and delivery across transformation, digital and strategy.
- **Royal Marsden collaboration Radiology & Radiotherapy:** High engagement with both teams has led to a joint session planned for July 22 to explore innovation and collaboration at scale.
- **Service Planning Day:** The day focused on shaping The Future Christie—an integrated, intelligent cancer centre. Key topics included digital care innovation, embedding research, improving discharge and scan communication, and agile governance. Workshops identified priorities like patient-centred redesign, AI integration, and whole-system transformation. Next steps include finalising Year 1 deliverables and creating a unified transformation plan.

Future Christie remains focused on enabling change at pace and scale—supporting the Trust to deliver more personalised, connected and efficient cancer care.

GM System update

The aggregate GM system financial position is £3.7m worse than plan at Q1 (June 2025). There are several providers that have highlighted risks regarding cash flow as a result of setting deficit plans and phasing cost improvement plans that deliver expenditure reductions towards the latter part of the financial year. GM ICB are in discussion with NHSE to understand the rules regarding accessing deficit cash funding.

Trust Execs have attended national meetings regarding changes to the financial framework, priorities and other changes that have been proposed. These changes are likely to be instigated during the financial year and the Board will be kept up to date with the impact on the Trust.