

**Meeting of the Board of Directors
May 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.	<div>CEO</div> <div>Chief Executive Officer</div> <div>MCRC</div> <div>Manchester Cancer Research Centre</div> <div>NHSE</div> <div>NHS England</div> <div>CQC</div> <div>Care Quality Commission</div> <div>GM</div> <div>Greater Manchester</div> <div>ICB</div> <div>Integrated Care Board</div> <div>ICS</div> <div>Integrated Care System</div> <div>VIP</div> <div>Value Improvement Programme</div> <div>CDEL</div> <div>Capital Departmental Expenditure Limit</div>



Trust Report
May 2025 (April data)

Board Scorecard

Corporate objective	Indicators	Tolerances			Current month	Year to date
All	CQC rating	N/A			Good	Good
All	SOF Rating	N/A			2	2
Quality of Care & Performance						
1,6	Proportion of incidents that are low/no harm (%)	90%+			98.1%	N/A
1,6	31 day compliance (%)	96%			97.6%	N/A
1,6	Patients meeting the faster cancer diagnosis standard (%)	75%			94.4%	N/A
1,6	MRSA bacteraemia infection (attributable) (N)	TBC			0	0
1,6	Clostridium difficile infection (attributable) (N)	TBC			4	4
Finance and Use of Resources						
6	Financial sustainability / liquidity (days)	>21	21 to 14	<14		-
6	Overall financial position (% variance to control total)	0% below plan	0 - 10% below plan	>10% below plan	0.0%	0.0%
6	Recurrent VIP performance (% achieved)				70%	70%
6	Current cash balance (£'000)				£123,590	£123,590
6	Exchequer capital spend to date (variance to plan %)	within 10%	10 to 20%	>30%	(38.0%)	(38.0%)
6	Average length of time debt is outstanding	<15	>16 - 20	>20	10	10
6	Public Sector Payment Policy - trade creditors paid within 30 days (number and volume)	>95%	95 - 85%	<85%	98%	98%
People and Culture						
7	PDRs completed (%)				87.6%	N/A
7	Mandatory training (%)	>80%			<79%	93.5%
Research						
4	New trails open per month (N)	>10	9-10	<8	16	16
4	No. patients consented into studies (N)	>250	200-249	<199	174	174
4	Christie Sponsored research: new studies opening (N)	>2	1	0	1	1
4	Research patient experience - % strongly agree they would participate in research again	90%	75-89%	<75%	100%	100%
Education						
3	Undergraduate placement activity	>165	135-165	<135	144	144
3	CPD activity (internal & external)	>440	340-440	<340	451	451
System						
1,6	62 days (%)	>70%			<69.9%	72.2%
1,6	Priority patients not admitted (deferred)	0			>1	0

Executive Summary

- We are rated Good overall by the CQC.
- We are in segment 2 of the System Oversight Framework.
- Patient quality indicators for April show no significant adverse variances and no issues for escalation. We remain high reporting and low harm.
- Performance in April for the 62-day consolidated cancer standard was 72.2% which is below the operating plan standard of 75%, it is anticipated that we will achieve the standard for Q1.
- 6 operational risks are scored at 15 or above on the risk register.
- Cumulative financial performance at the end of May (Month 01) is a (£0.6m) surplus against a planned (£0.6m) surplus. This is a break-even variance of (£0.0m) to plan.
- Key financial performance indicators in month 01 show one adverse variances which is capital expenditure overspending by £0.1m.
- Workforce indicators for April show an increase 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.

Quality of Care

One incident in April was identified as meeting the criteria of a notifiable safety incident and so required statutory duty of candour. Other indicators of the Safety and Effectiveness of our services showed no significant adverse variances. Details of April quality indicators are given in the Integrated Performance, Quality and Finance Report.

Pressure ulcers and falls were in line with internally set trajectory in April. There were 13 complaints in April. The number of contacts with the Patient Advice and Liaison Service (PALS) service in April was 31 which is the same as in the previous month.

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

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

1. Not identifying and delivering 2025/26 recurrent VIP programme impacting on financial sustainability and ability to treat patients (16)
2. There is a risk of a patient inadvertently receiving an unintended blood component or product (15)
3. There is a risk to treatment delivery due to the Aseptic service's workforce recruitment and retention (15)
4. Breach of trust compliance target 28-day Faster Diagnosis Standard (FDS) for patients with a possible haematology malignancy (15)
5. There is a risk of microbiological contamination or delivery of service in the Aseptic Unit due to facility limitations (15)
6. There is a risk to patient safety & experience due to issues relating to requesting & resulting of blood tests sent externally to MFT (15)

Operational Performance

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

- The 62-day consolidated standard was 72.2% against a threshold of 70%.
- We achieved 94.4% against the 75% threshold for the Faster Diagnosis Standard which measures initial referral to diagnosis.

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

- We have continued to achieve the 31-day standard for treatment to start within 31 days of the decision to treat at 97.6% against a target of 96%.

During April there were 4 operations cancelled on the day for non-clinical reasons. They were both booked within 28 days.

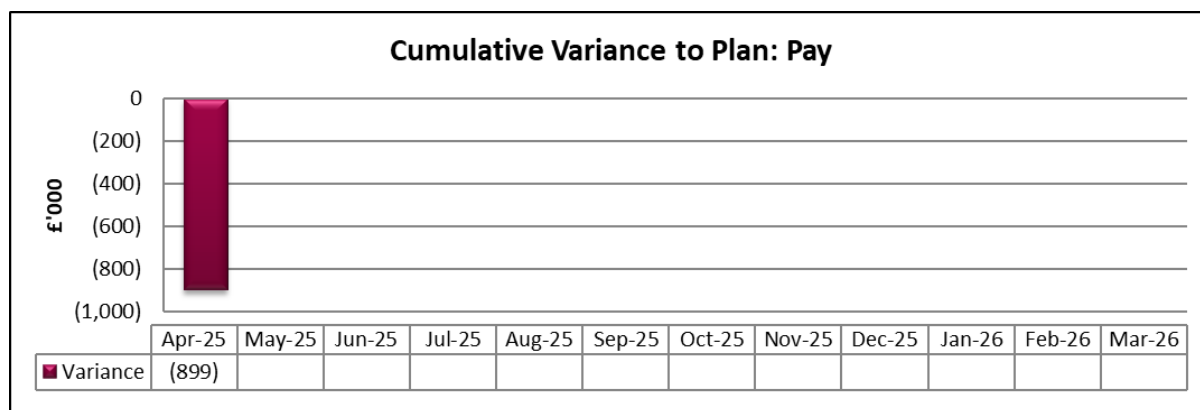
Financial Performance

Revenue: Financial performance is in line with plan as illustrated in the table below. The Trust is reporting a (£0.6m) surplus against a (£0.6m) planned surplus position.

Month 01 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(466,475)	(38,873)	(37,877)	996
Other Income	(80,368)	(6,694)	(6,326)	369
Pay	263,864	21,990	21,090	(899)
Non Pay (incl drugs)	256,672	21,386	20,848	(537)
Operating (Surplus) / Deficit	(26,307)	(2,192)	(2,264)	(72)
Finance expenses/ income	23,089	1,924	2,059	135
(Surplus) / Deficit	(3,218)	(268)	(204)	64
Exclude impairments/ charitably funded capital donations	(4,282)	(357)	(379)	(23)
Adjusted financial performance (Surplus) / Deficit	(7,500)	(625)	(584)	41

The pay underspend of (£0.9m) is illustrated in the graph below :-

- (£0.1m) relates to income backed services, including GM Cancer, R&I and Charity-funded posts, which has an equivalent reduction in income.
- The balance on the Trust pay underspend in M01 is mainly due to vacancies predominantly in clinical posts, most noticeably consultants (£0.4m) and scientific, technical and therapeutic (£0.2m) and admin & clerical staff (£0.2m).



Capital: The capital plan for 2025-26 is £51.1m, subject to confirmation by NHS England. At month 1 the actual spend is £0.3m against the in month plan of £0.2m.

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 £8.8m, which reduces to £6.3m after applying a RAG rating, giving a recurrent shortfall of £3.8m (£6.4m shortfall against RAG rated value). The level of non-recurrent VIP identified to date is £13.8m, over plan by (£1.2m). Year to date, £2.1m has been delivered against a target of £2.1m.

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

Measure of Financial Performance	Red / Amber / Green rating
Revenue: Trust Control Total compared to plan	£0.0m in line with plan
Capital: Capital expenditure against plan	£0.1m over plan
VIP identified (recurrent) against target of £12.6m	£8.8m identified (£6.3m RAG rated)
Debtor days compared to 15-day target	10 days
Cash balance	£123.6m
Better Payment Practice Code (95% target)	98%

Workforce

Our workforce performance indicators show mandatory training compliance and personal development plan rates are both above (better than) thresholds at 93.5% and 87.6% respectively. Sickness absence rates have increased slightly in April to 4.13% (threshold of 3.4%). The overall all year turnover is 11.27%. These issues and the associated plans for improvement have been considered by the Workforce Assurance Committee.

To support our ongoing focus on improvements in how we lead and manage across the Trust, we are launching a new strategic leaders forum. Leadership can be both rewarding and challenging. We want to create a space where you can support each other and contribute to the Trust's culture and strategy in meaningful ways. This initiative will bring together approx. 140 of our strategic leaders across the organisation (roughly band 8C+ and medical equivalent) to discuss our collective leadership challenges and develop ways of tackling these together. The first event will take place on Monday 23rd June.

To mark International Family Equality Day 2025, the Families and Carers EDI Staff Network Group held a virtual coffee morning. The Families & Carer group is a safe space to discuss your family circumstances, identify and improve challenges for families and carers in the workplace. To find out more about the group please email the- christie.parentsandcarers@nhs.net

12th-18th May was Mental Health Awareness Week, which has been running since 2001, sponsored by the Mental Health Foundation. This year the theme was 'community'. Staff were invited to get involved in a programme of sessions held during the week, including our lunchtime [Pause and Refresh sessions](#).

As part of our efforts to manage costs responsibly and ensure we meet our required savings targets, The Christie has introduced a vacancy management process. This means that before any new or replacement post is advertised or recruited to, it will need to go through a formal approval process. The aim of this process is to ensure that any recruitment aligns with our clinical priorities and wider organisational needs. It will also help us assess whether alternative approaches can be taken. We recognise how vital it is to have the right people in place to deliver excellent patient care and maintain safe and effective services. For this reason, we will endeavour to minimise any delays to recruitment, particularly for clinical and frontline roles that are critical to patient care.

We are celebrating the [National Day for Staff Networks](#) with a drop-in event on Thursday 5 June from 12 to 3.30pm in the auditorium. This event will formally launch our eight staff networks and there will be the chance to learn more about what our networks do and to join them.

Our [staff network groups](#) are a source of connection and support for colleagues who are underrepresented across the Trust. All colleagues are invited to attend this vibrant event that demonstrates our commitment to equality, diversity and inclusion, so please come and enjoy the celebrations, achievements and entertainment and support us in promoting a sense of belonging in the workplace. You can drop in for as little or as long as you want. The staff network stands will be open from 12pm until 1.15pm. Certificates will be presented at 1.30pm to our EDI champions and coordinators who have undertaken dedicated learning, supporting them in role to create a more inclusive environment.

Research

Momentum continues in the number of studies opening per month. Christie sponsored Research whilst opening one study in April, has more in the pipeline to open and is continuing to support the opening of sites for the TOURIST trial.

The Research & Innovation team attended the UK Research Development Forum 2025 Conference in Manchester on 19–20 May, delivering an oral presentation and exhibiting 20 posters that showcased our quality improvement initiatives.

We are also pleased to share that we received an excellent review in the OECl report – a testament to the hard work and dedication of our teams. An action plan will be developed to address the recommendations and further strengthen our research activity. In parallel, we continue to maintain momentum in study set-up, working to open more studies and offer a wider range of trials to our patients.

Education

Education activity across our portfolio remains strong, with sustained growth across external CPD and digital clinical placement areas. This includes our highly prestigious advanced surgical cadaveric course under the expert leadership of Christie surgical specialists, expansion of our Gateway C Programme (specialist primary care oncology - <https://www.gatewayc.org.uk/>) with new contracts and a recently completed course activity with Mental Health Learners. All areas continue to receive positive evaluation from learners and participants, supporting approaches to ongoing educational enhancement.

Our ALKnowledge platform, co-created by the ALK+ve national patient group, Christie/GM Lung cancer teams and Christie Education (<https://alkknowledge.org>) is now fully launched and has attracted wide interest at national and international levels with an accompanying scholarly track of academic presentation and publication.

Continued discussion with the Organisation of European Cancer Institutions has focused on capacity building/funding streams in European observer/fellow programmes for both specialist cancer care practice and primary/generalist care cancer education. This network will be coordinated by the OECl and Christie in partnership with other key European centres and provide practice exchange opportunities for a wide range of staff groups.

Institute colleagues continue to generate impact at local, national and international levels through academic education leadership and scholarship. This includes the Christie Library team with named authorship on a systematic review paper of treatment toxicity, Ellie McManus (Associate Director of Education) on the external advisory education Board of Gustave-Roussy and the Digital Clinical Placement Team shortlisted for partnership of the year at the Student Nursing Times Awards for 'Bridging the gaps in bereavement clinical education: A collaborative digital clinical placement model'.

Strategic and Service Developments

Pathology JV Re-procurement - the final contract was approved through the Trust approvals process and the contract awarded in May 2025.

Work continues the refurbishment of Ward 12. As this project moves closer to completion, attention will move to the refurbishment of Ward 11.

The ASICS project team has concluded a key design stage (RIBA Stage 3) including a full review of the project cost plan. The team will continue to focus on detailed design development, supporting decant activity, commencement of supply chain engagement and the development of a target cost.

Linear accelerator 11 is being installed in the newly refurbished area, planned to be operational in June.

Future Christie Project

Approach to change: To meet the ambitions of the Future Christie programme work has taken place on the approach to change. This is underpinned by the key principles of pace

and wholesale adoption of high impact changes to be implemented in an organisational cycle of modernisation.

Building the team: Expressions of interest have been received for the Medical Director of the Future Christie programme and interview will be taking place in late May. The advert is out for the Associate Director of Transformation that will coordinate the collective transformation functions that operate across the organisation.