

Quality report

2024/25



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Quality Report

Statement on quality from the Chief Executive

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients. 2024/25 has been a challenging year experienced by the NHS. At The Christie we have continued to focus on the quality of care and treatment we give to our patients. Without a doubt, the strength of our underlying patient centered culture, highly motivated and compassionate staff and oncology expertise has enabled us to respond to new demands. We continue to do all we can to make sure our patients get the treatment, information and support they need.

Our track record of publishing information on the quality of our services continues, with our integrated quality, finance and performance report published monthly which demonstrates our achievements on each of the three components of quality: patient experience, safety and effectiveness of care. This annual report shows the progress we have made over the past 12 months and our quality improvement plans for the future.

Through the hard work and commitment of all our staff we continued to provide high quality care and services to our patients and their families. This is evidenced as we continue to be one of the top scoring Trusts for quality of care in the national inpatient survey. We have continued to work hard on presenting readily available information for our patients about the quality of our services. Feedback from our patients on the Friends and Family Test has consistently scored high as a recommendation of a place for care. Our patients have given us one of the best national ratings of care in the most recent National Cancer Patient Experience Survey results published in July 2024.

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

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

I am pleased to present this report to you and to certify the accuracy of the data it contains.



Roger Spencer
Chief Executive Officer
15th May 2025

Priorities for improvement and statements of assurance from the board

Quality ambitions for 2025/2026

We will work collaboratively to improve mouthcare for inpatients. This will be achieved and evidenced by:

- Expansion of the Quality Improvement project that was first agreed in 2024, to include outpatients, and is aligned to the Health Education England mouth care toolkit.
- Development of a sustainable education training for staff that is based upon the Mouth Care Matters programme as provided by Health Education England.
- Development of specialist sub-groups of the project that will focus on patients with protected characteristics.
- Monitor local data on respiratory infections throughout the course of the project to understand the impact of the Mouthcare matters programme on respiratory infections. This aligns with the GNBSI and AMS strategy work.
- Adapt the personal care standard within the CODE, to further capture all aspects of oral assessment and care delivery.

We will increase engagement and involvement with patients and their carers in continuous quality improvement. This will be achieved and evidenced by:

- The development of a patient and carer engagement forum.
- Engagement and involvement of patient and their carers in the 2025-2028 quality plan
- Procurement of a new Friends and Family tool to enhance data collection and increase usability for teams across the Trust.
- Ensuring the capture of qualitative patient feedback from specialist roles within the Trust.
- Explore innovative digital opportunities to enhance the capture of structured, real-time patient and carer feedback, that can be embedded within the Trusts quality improvement workstreams.
- Embedding Patient Safety Partners within the quality and governance structures of the Trust.
- Ensure our engagement activities are inclusive and support the reduction of health inequalities

Achievement against quality priorities for 2024/25

We will work collaboratively to improve mouthcare for inpatients. The following has been achieved:

- Delivery of a quality improvement project aligned to the Health Education England mouth care toolkit commenced in May 2024 and has been supported by the Trusts executive team. The focus during 2024/25 has been on inpatient services and there has been agreement to extend the period of the project as a Quality Ambition to outpatient services due to the size of the work and the success of the 2024/25 work.
- Baseline knowledge and understanding of staff and patients, was sought through a feedback survey. The surveys were conducted prior to the commencement of face-to-face training and the summary of the results were presented in October 2024 to the Quality & Safety Group and fundamentals of care group.
- The training needs of staff were agreed, and it was agreed that a face-to-face training programme be established for clinical staff from inpatient areas. The sessions have been facilitated on a weekly basis during March and April 2025 with an agreement to continue monthly training beyond April 2025.
- The automatic practice of suspending the Oral Hygiene care plan on the patient electronic record CWP once the Last Days of Life Management and Ongoing care plan was initiated has been changed so that the Oral Hygiene care plan remains live. The positive change supports the delivery of good quality end of life care.

Our ambition was to work towards increasing the number and the quality of the Advanced Care Plans. The following has been achieved:

- The Inpatient Improvement Group established a workstream in 2024 to explore advance care planning for patients attending The Christie NHS Trust. This programme of work has since been absorbed into the new *End of Life* Patient Safety Priority Group.
- An advance care planning working group established, and terms of reference agreed with key stakeholders.
- A project plan has been developed and a programme of work has begun.
- Registered with the Resuscitation Council UK with the view of deploying the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) approach for advance care planning. ReSPECT is a process that facilitates conversations about a person's wishes for future emergency care, and recommendations for their clinical care in a future emergency, including resuscitation and thus will supersede the current allow a natural death form in due course.
- Commitment and approval gained from the Patient Experience Committee for implementation of advance care planning using the ReSPECT model.
- Undertaken a survey of medical staff to understand some of the current challenges around advance care planning. This will be rolled out to other clinical staff including nursing and allied health professionals (AHPs).
- There has been ongoing learning from other organisations nationally and locally who have implemented ReSPECT.
- Met with Health Innovation Manchester to ensure alignment with the Greater Manchester Care Record (GMCR) and the Electronic Palliative Care Coordination System (EPaCCS).
- Work is ongoing with the digital team to develop the electronic ReSPECT form for CWP.
- Working with The Christie Institute for Cancer Education and Maguire Communication Skills Unit to explore and develop targeted training for staff delivering advance care planning discussions in line with previous Mayfly training, advanced communication skills training and train the trainers.
- Grand Round planned April 2025 to provide colleagues with the opportunity to discuss the Trust's plans to deploy the Resuscitation Council's ReSPECT approach and ensure wider engagement.

- There is an ongoing internal communications and awareness raising approach through established groups and committees.
- Ongoing awareness raising of ACP through Board Rounds

We will reduce the number of patients with darker skin tones experiencing tissue damage. The following has been achieved:

- Skin tone evaluation is part of the pressure ulcer risk assessment tool (Purpose-T) and must be completed during admission and subsequent reassessments. This gives assurance that every patient admitted to the Christie has a skin assessment which considers their skin tone to provide equitable care.
- The SSKIN bundle assessment is conducted every 24 hours, including skin tone evaluation, alongside a comprehensive skin check and repositioning. Any changes in skin tone identified during these assessments are classified as a Category 1 pressure ulcer, triggering an escalation of prevention measures. This documentation highlights the skin tone assessment. On identification of altered skin tone, a full assessment of the pressure ulcer risk is also completed.
- Monthly pressure ulcer prevention and management training includes a focus on skin tone assessment. Six monthly TVN link nurses' study days still focus on skin tone assessment and documentation.
- The Datix system tracks data on patients with varying skin tones who develop pressure ulcers. During this financial year, two cases of Category 1 pressure ulcers were identified in patients with skin tones 2 and 3, while one patient with skin tone 3 developed deep tissue injury. Prompt detection of skin changes effectively prevented the progression of severe pressure ulcers within the Trust.
- Due to TVN team capacity, an audit to assess staff awareness of the differences in how skin damage manifests in patients with darker versus lighter skin has not been conducted. This will be completed in 2025/26.

Statements of assurance from the Board

Review of services

During 2024/25 The Christie NHS Foundation Trust provided 14 relevant national health services:

- Critical care
- Haematology and transplantation
- Specialist surgery
- Endocrinology
- Clinical oncology
- Medical oncology
- Acute oncology
- Systemic anti-cancer therapy (SACT)
- Radiotherapy
- Brachytherapy and molecular imaging
- Teenage and young oncology
- Radiology
- Christie Medical Physics & Engineering
- Proton Beam Therapy

The Christie has reviewed all the data available to them on the quality of care in all 14 of these relevant services.

This takes place through monthly performance reviews, at our Senior Management Committee and Risk and Quality Governance Committee.

Participation in clinical audits and national confidential enquiries

During 2024/25, 18 national clinical audits and 3 national confidential enquiry covered relevant health services that The Christie NHS Foundation Trust provides.

During 2024/25, The Christie participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Christie was eligible to participate in and participated in during 2024/25 are as follows:

1. Bowel cancer (NBOCAP)
2. Lung cancer (NLCA)
3. National Prostate Cancer Audit (NPCA)
4. Oesophago-gastric cancer (NAOGC)
5. Metastatic Breast Cancer (NAoMe)
6. Primary Breast Cancer (NAoPri)
7. Ovarian Cancer (NOCA)
8. Pancreatic Cancer (NPaCA)
9. Non-Hodgkin Lymphoma (NNHLA)
10. Kidney Cancer (NKCA)
11. National Care at the End of Life (NACEL)
12. National Emergency Laparotomy Audit (NELA)
13. Learning Disabilities Mortality Review (LeDeR)
14. National Comparative Audit of NICE Quality Standard QS138 (NCAoNQS)
15. National Acute Kidney Injury Programme (NAKIP)
16. National audit of inpatient falls (NAIF)
17. ICNARC Intensive Care National Audit and Research Centre Case Mix Programme (CMP)
18. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
19. NCEPOD End of Life Care (NCEPOD – EoLC)
20. NCEPOD Blood Sodium (NCEPOD – BS)
21. NCEPOD Acute illness in people with a Learning Disability (NCEPOD – AILD)

The national clinical audits and national confidential enquiries that The Christie participated in, and for which data collection was completed during 2024/25, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audits and enquiries	Numbers submitted (eligible)	Percentage of Eligible Submitted
NBOCAP	62/62	100%
NLCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NPCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NAOGC	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NAoMe	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NAoPri	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NOCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NPaCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NNHLA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NKCA	Treatment data only submitted via COSD data – recorded against Trust first seen	100%
NACEL	80/80	100%
NELA	35/35	100%
LeDeR	1/1	100%
NCAoNQS	12/12	100%
NAKIP	8425/8425 (to Feb 2025)	100%
NAIF	1/1	100%
CMP	387 to date	NA
SHOT	Not yet reported	NA
NCEPOD – EoLC	1/2	50%
NCEPOD – BS	3/6	50%
NCEPOD – AILD	Awaiting request from NCEPOD	NA

Participation in clinical research

The Christie has a long history of supporting research through its 100 plus year history; this was recognised in 2007 with the creation of a dedicated Research and Development Division, now Research and Innovation (R&I) Division. The R&I Division serve a population of 3.2 million and is the largest cancer research network in the country. The success of research is demonstrated by a varied portfolio of studies, strong recruitment of patients on to clinical trials and academic publications with a high impact.

The Christie has over 800 Clinical Trials open, consenting over 2,800 patients to studies from Phase I to IV and Biobank studies. Our portfolio is split between 51% Non- Commercial and 49% non-commercial. During 24/25 we recorded several firsts as outlined below.



We have also had numerous high profile studies shown in the media, in both local and national news across television and online, which continues to highlight the impact that our research has on our patients and their families. Some of these are highlighted below however further stories and successes can be viewed here [Research Newsroom | Developments & Innovations at The Christie](#)

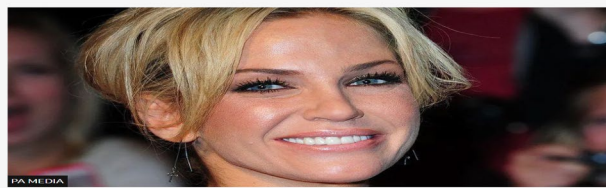
Leukaemia patient celebrates six-year cancer-free milestone after new drug trial

EXCLUSIVE - Patient's six-year cancer-free miracle could be replicated to help others

By **CHRIS RICHES**, North-West Correspondent
18:10, Wed, Dec 4, 2024 | UPDATED: 14:34, Thu, Dec 5, 2024

Patient recruited to largest lung cancer clinical trial

Harding breast cancer study spots 88 women at risk



Sarah Harding died from breast cancer in 2021 but wanted to inspire studies into earlier diagnoses

Manchester trainee lawyer now cancer free after UK's first liver transplant for advanced bowel cancer

[Home](#) > [About us](#) > [News at The Christie](#) > [Latest news stories](#) > [Patient recruited to largest lung cancer clinical trial](#)

Press release posted 17 February 2025

David Mather (81), a retired company director from Hale in Greater Manchester is one of the first patients in the world to be recruited to the largest clinical trial using radiotherapy to treat lung cancer that has spread.

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> [Manchester trainee lawyer now cancer free after UK's first liver transplant for advanced bowel cancer](#)

Press release posted 6 January 2025

Quality goals and the CQUIN framework

There were no CQUIN's in 2024/25.

Care Quality Commission

The Christie NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Its regulated activities include:

- diagnostic and screening procedures
- treatment of disease, disorder or injury
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- surgical procedures

The Trust has no conditions on registration.

A CQC inspection rating of **Good** was published on 12th May 2023 following its medical core service and well led inspection in 2022/23.

In 2023/24 the Trust underwent a CQC Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of its Radiotherapy service and the inspection process concluded. No ratings are given by the CQC for IR(ME)R inspections.

No regulatory inspections or enforcement action against The Christie NHS Foundation Trust during 2024/25

Data Quality

The Christie submitted records during 2024/25 to the secondary uses service (SUS) for inclusion in the hospital episode statistics. The percentage of records in the latest published data as at March 2025 are as follows:

	% of records in published data which included the patient's valid NHS number	% of records in published data which included the patient's valid general practitioner registration code
Admitted Patient Care	97.5%	99.8%
Outpatient Care	99.8%	93.0%
Accident and Emergency Care	Not applicable	Not applicable

The Christie NHS Foundation Trust, as part of its quality improvements programme, will be taking the following actions to improve data quality:

- The Trust continues to undertake a series of clinical coding audits, including annual individual coder audits, HRG deep dive audits and individual classification code audits as required.
- A suite of data quality reports are utilised.
- The band 6 Senior Performance Analyst post within the performance team has been revised to include day to day supervision of the Data Quality Officers, this provides a more consistent link to any teams inputting data into Careflow.
- The Data Quality team are looking to set up a Radiology Information System (RIS) User Group to meet regularly. This meeting will bring together all of the imaging services who utilise RIS with an aim to improve the consistency with which activity is recorded across all of the teams.
- We continue to work collaboratively with commissioners to respond to data challenges.

Information Governance

The Christie NHS Foundation Trust’s Data Security and Protection Toolkit compliance overall score for 2023/24 resulted in achievement of standards met. Mersey Internal Audit Agency, the Trust’s internal auditors, provided assurance to the evidence provided and veracity of our self-assessment against the Data Security and Protection Toolkit framework.

The 2024/25 Data Security and Protection Toolkit assessment is currently being undertaken and will be completed by the deadline of 30th June 2025.

Coding Audit

A Data Security and Protection Toolkit Clinical Coding Internal Audit took place during the financial year by the Trust’s NHS Digital approved auditor. The results of the audit are as follows:

	Mandatory requirement	Advisory requirement	2024-25	2023-24
Primary Diagnosis	>=90%	>=95%	90	91.5
Secondary Diagnosis	>=80%	>=90%	93.7	91.4
Primary Procedure	>=90%	>=95%	94.7	92.8
Secondary Procedure	>=80%	>=90%	94.5	92.2

Reporting against core indicators

NHS Outcomes Framework	Indicator	The Christie Performance 2023/24	The Christie Performance 2024/25	National average	National Highest/lowest
The value and banding of the summary hospital-level mortality indicator (“SHMI”) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions.	This is not applicable to The Christie as we are a specialist cancer hospital.			
The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.					

NHS Outcomes Framework	Indicator	The Christie Performance 2023/24	The Christie Performance 2024/25	National average	National Highest/lowest
The Trusts patient reported outcome measures scores for: groin hernia surgery varicose vein surgery hip replacement surgery knee replacement surgery	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			

The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.

NHS Outcomes Framework	Indicator	The Christie Performance 2023/24	The Christie Performance 2024/25	National average	National Highest/lowest
The percentage of patients aged: 0 to 14 15 or over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital which forms part of the Trust.	Helping people to recover from episodes of ill health or following injury	This is not applicable to The Christie as we are a specialist cancer hospital.			

The Christie NHS Foundation Trust considers that this indicator is not applicable to the Trust as all our patients have a cancer diagnosis and are not part of the inclusion criteria.

NHS Outcomes Framework	Indicator	The Christie (National) Performance Q1 24/25	The Christie (National) Performance Q2 24/25	The Christie (National) Performance Q4 24/25
National Pulse Survey 4 Measures taken in Q1, Q2 & Q4	Engagement	7.14 (6.36)	6.30 (6.51)	6.96 (6.40)
	Advocacy	7.57 (6.20)	6.36 (6.41)	7.42 (6.26)
	Involvement	6.98 (6.25)	6.18 (6.49)	6.80 (6.38)
	Motivation	6.86 (6.61)	6.35 (6.64)	6.65 (6.57)
<i>*PULSE survey replaced the National Staff Friends & Family Test in April 2021</i>				
<p>The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of staff who would recommend The Christie as an organisation that provides good quality care for their family or friends.</p> <p>The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through quarterly Board level scrutiny of the outcomes of the Quarterly People Pulse Survey.</p>				

NHS Outcomes Framework	Indicator	The Christie Performance 2023/24	The Christie Performance 2024/25	National average 2024/25	National Highest/Lowest 2024/25
The percentage of patients admitted as an inpatient to the Trust who would recommend the Trust as a provider of care to their family or friends.	Ensuring that people have a positive experience of care.	96.76%	96.25%	93.6%	H – 100% L – 74.4%
<p>The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to the Trust who would recommend The Christie as an organisation that provides good quality care for their family or friends.</p> <p>The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the National Friends and Family test.</p>					

NHS Outcomes Framework	Indicator	The Christie Performance 2023/24	The Christie Performance 2024/25	National average 2024/25 (Q1-Q3)	National Highest/Lowest 2024/25 (Q1-Q3)
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	Treating and caring for people in a safe environment and protecting them from avoidable harm.	98.6%	91.3%	89.4%	H – 100% L – 14.3%
VTE data collection restarted in April 2024. At the time of reporting only Q1-Q3 national figures were available.					
<p>The Christie NHS Foundation Trust considers that this data is as described for the following reasons: to show the percentage of patients admitted to The Christie that have had a full risk assessment of venous thromboembolism.</p> <p>The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the results of the venous thromboembolism assessments on admission.</p>					

NHS Outcomes Framework	Indicator	The Christie Performance 2023/24	The Christie Performance 2024/25	National average 2023/24	National Highest/Lowest 2023/24
Rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over.	Treating and caring for people in a safe environment and protecting them from avoidable harm.	84.9 (22/23 score - 82.5)	Data is obtained through national reporting which was yet not available as of April 2025.	28.1 (22/23 score - 26.8)	H – 84.9 L – 0
<p>The Christie NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing to monitor compliance to the above target and to take any remedial action if required: This will be reviewed through monthly Board level scrutiny of the results of the C.difficile numbers and through the monthly review with our commissioners.</p> <p>**The Christie rate is high due to a relatively small number of bed days in comparison to the number of C-Diff cases.</p>					

NHS Outcomes Framework	Indicator	The Christie Performance 2024/25	
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period	Treating and caring for people in a safe environment and protecting them from avoidable harm.	Total number of Patient Safety incidents	8189
		Percentage of all total incidents reported	79%

Speaking Up

The Christie is committed to promoting an open and transparent culture across the organisation so that all staff feel safe and confident to speak up and that this is normal, everyday practice.

Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We continue to develop support, guidance and training for our managers and supervisors, so they feel confident and able to deal with any concern raised with them.

There are other options in terms of who staff can speak up to, depending on what feels most appropriate to them and the Freedom to Speak Up policy outlines the different routes. We have a Freedom to Speak Up Guardian, supported by Freedom to Speak Up champions who provide confidential advice and support to any member of staff wishing to raise a concern. There is a plan to expand the network of Champions to further support this work.

The Freedom to Speak Up plan describes our aims and action to promote, develop and support the culture, values and behaviour that will meet the ambition that we are comfortable to speak up.

Every opportunity is taken to raise the profile of the importance of raising concerns, including attendance by the Freedom to Speak Up Guardian at team meetings, at Oldham, Salford and Macclesfield and presence at staff inductions.

The Freedom to Speak Up Guardian provides a twice-yearly report to several committees, including the Board of Directors and highlights the number and types of concerns as well as activity to support a positive speaking up culture. The answers to the Speaking Up related questions from the Staff Survey are analysed as part of this report and help to form the Speak Up plan for the coming year.

Review of quality performance in 2024/25

In February 2009, The Christie adopted a framework for quality reporting which provides the framework for monthly quality accounts reporting as part of our regular performance reports and this annual document. The Board of Directors believes that quality of care should be reported and scrutinised frequently so that adverse trends can be identified early.

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

The Board's Quality Assurance Committee is responsible for providing board assurance on quality issues.

Reports on quality of care are made to the Council of Governors meetings and a governor sub-committee on quality receives reports and assurance of the quality work of the Trust. The executive team regularly reviews the quality of care within the hospital through visits to clinical areas and regular meetings with clinical leaders. Non-Executives and Governors also undertake regular visits to clinical areas to see at first hand the quality of care and environment and to hear directly from patients about their experience of the hospital.

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

Patient experience

Satisfaction levels with care provided at The Christie are extremely high and all our efforts are directed towards ensuring the best possible experience for patients at a time of enormous stress and worry for them and their families.

Friends and Family Test

The NHS Friends and Family Test (FFT) is an important tool whereby The Christie receives direct, regular and real time feedback from our patients. This feedback is used to help shape and further improve our services for our patients.

Following their most recent experience at the Christie, patients are invited to answer the question; "Overall, how was your experience of the service". Patients can respond via text message (free of charge) or via an online form. Text messages are sent to patients within 48 hours of their inpatient stay or outpatient episode. Patients can opt out of responding at any time. Given the number of patients who are regular patients for treatment, the text message is sent to the patient's mobile number once per month only, even if they have attended more frequently, and asks them to think about their most recent experience. Patients are asked to respond on a 5-point scale from 'very good' to 'very poor'. Following the patient's response, a second, follow up question is asked to tell us if there is anything that we could have done better. Specific comments are anonymised, though patients are encouraged to contact our Patient Advice and Liaison Service should they wish their comments to be handled directly.

The response rate for FFT and individual ward/department results is collated monthly and high-level results published in the performance report, as well as all the results from FFT being available to all staff to see on the 'Data Insights' page of the Trust's intranet.

The FFT monthly scores for 2024/25, measured as percentage of positive scores ranged between 93% to 96% for the inpatient ward areas and 95% to 97% for the outpatient/daycase areas.

The overwhelming response is clearly positive, but the Quality and Standards team will continue to work closely with the departmental teams to consider the negative responses and this will be further aided by the procurement of a new Friends and Family platform during 2025/26.

National inpatient survey 2023/24 -results published in 2024

The Christie has again received excellent results in the annual inpatient survey commissioned by the Care Quality Commission (CQC).

The Trust was identified as performing 'Much better than expected'. This is because the proportion of respondents who answered positively to questions about their care, across the entire survey, was significantly above the Trust average.

Patients were eligible to participate in the survey if they were aged 16 years or over and had spent at least one night in hospital. The survey was significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content. This survey was conducted using a push-to-web methodology (offering both online and paper completion).

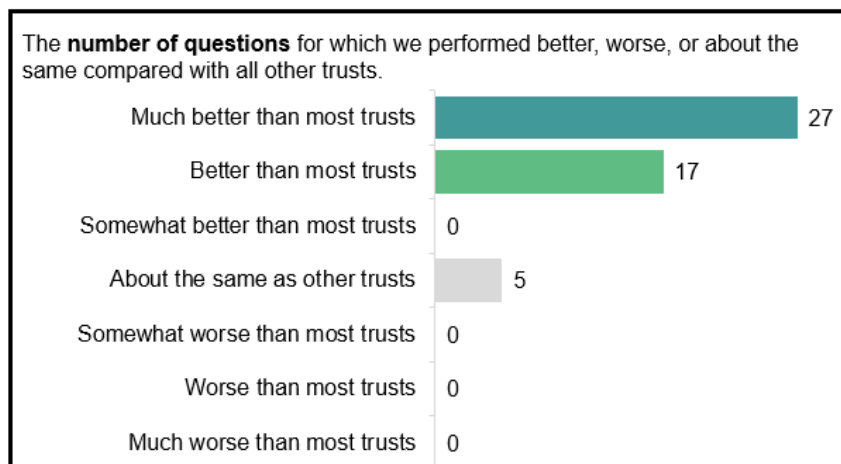
1250 patients of The Christie were invited to participate, of which 651 patients responded. The response rate was 59%.

The overall care score was 9.1, compared to a national average of 8.1. This score was much better than expected.

The survey is divided into 11 sections and the Trust results showed scores in 9 which were 'much better than most trusts', 1 was 'better than other trusts' and 1 was the 'same'. Out of the 41 questions we were much better than other trusts for 27 questions, better than for 17 questions and about the same as other trusts for 5. These scores are represented in the two tables below.

Table 12: Section Scores

Section	2023 Score	Band
Section 1. Admission to hospital	8.9	Much better
Section 2. The hospital and ward	8.5	Much better
Section 3. Doctors	9.5	Much better
Section 4. Nurses	9.0	Better
Section 5. Your care and treatment	9.0	Much better
Section 6. Virtual wards	8.6	Much better
Section 7. Leaving hospital	8.0	Much better
Section 8. Feedback on quality of care	3.8	
Section 9. Kindness and compassion	9.7	Much better
Section 10. Respect and dignity	9.7	Much better
Section 11. Overall experience	9.1	Much better



Following the 2023/24 survey, the results were discussed with key managers and at relevant Trust Committees.

National Cancer Patient Experience Survey 2023 – published in 2024.

The Cancer Patient Experience Survey is an important annual survey of 61 questions covering all aspects of experience from diagnosis to post treatment support. The survey covered 14 areas including support from a patient's GP practice to diagnosis, hospital care and living with and beyond cancer and therefore not all questions are directly related to care provided at The Christie.

However, the survey allows the Trust to monitor patient experience by comparing results with the previous year and benchmarking with other Trusts nationally. In 2023 1368 Christie patients received the survey with 674 responding, a response rate of 49%.

The results are shown as a percentage score. Trusts whose score is above the upper limit of the expected range are positive outliers, with a score statistically significantly higher than the national mean. This indicates that the Trust performs better than Trusts of the same size and demographics are expected to perform. The opposite is true if the score is below the lower limit of the expected range; these are negative outliers. For scores within the expected range, the score is what we would expect given the Trust's size and demographics.

The overall care score from patients was 9.0, which is excellent and is above the national average score. The Christie results show that for 11 questions The Trust's score was above the expected range. The Hospital Care section was particularly strong with 8 out of 9 questions having a score above the expected range. The Trust also performed strongly in the support from hospital staff section, the deciding on best treatment section and regarding discussions about research opportunities.

The Christie results show that for 1 question The Trust's score was below the expected range. This was that cancer research opportunities were discussed with the patient.

Comparison with 2022 results

The 2023 results showed that 7 questions had a statistically significant improvement from 2022, these were:

Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis.

- **2022 score 72%**
- **2023 score 78%**

Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis.

- **2022 score 78%**
- **2023 score 81%**

Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options.

- **2022 score 79%**
- **2023 score 82%**

Q27. Staff provided the patient with relevant information on available support.

- **2022 score 92%**
- **2023 score 94%**

Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital.

- **2022 score 72%**
- **2023 score 77%**

Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right.

- **2022 score 70%**
- **2023 score 76%**

Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home.

- **2022 score 63%**
- **2023 score 64%**

The 2023 results show that only one score was statistically significantly lower from 2022, this was:

Q58. Cancer research opportunities were discussed with patient.

- **2022 score 64%**
- **2023 score 56%**

Following the 2023 survey, the results were discussed with key managers and at relevant Trust Committees.

PLACE Assessment

The Patient-Led Assessments of the Care Environment (PLACE) is an annual assessment looking at non-clinical services and the environment. Patient assessors are recruited and then attend a training session to carry out the assessment with an equal number of staff assessors and an independent assessor from another Trust. Our members carrying out the assessment, and some staff new to the process, benefitted from the detailed training session that the trust provided a couple of weeks prior to the assessment, with the provision of afternoon tea, and the opportunity to meet other assessors and ask questions.

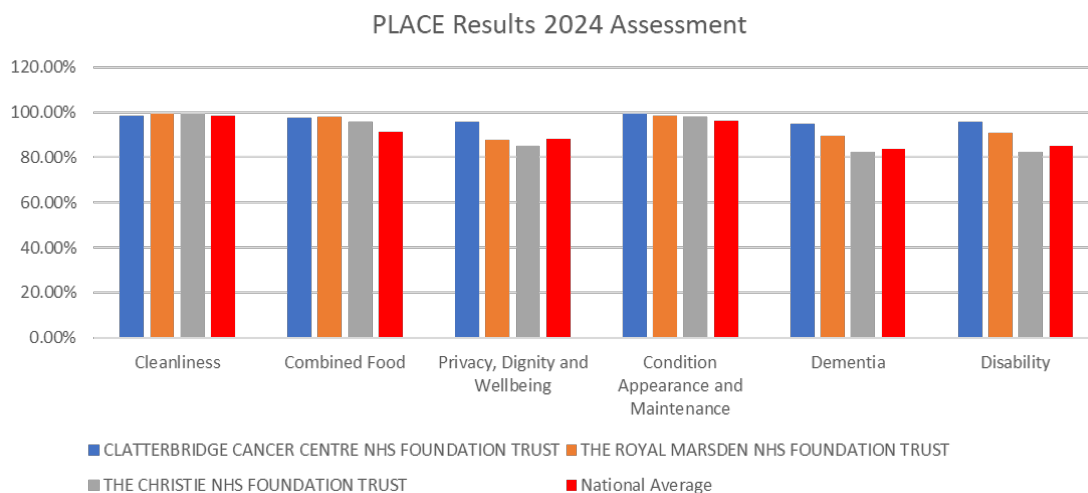
The assessments looked at areas such as privacy and dignity, food & hydration, cleanliness, accessibility and general condition/maintenance and appearance as well as the extent to which the environment has the ability to support the care of those with dementia and disability. There are also two assessments regarding organisational facilities and organisational food provision that are completed in advance of the assessment day.

On this occasion due to a Covid Outbreak we were unable to assess ward 11 or Ward 4 based on Infection Control advice. Oncology Critical Care Unit (OCCU) as usual was not appropriate to be assessed. Outpatient areas in Dept 22, Oak Road Patient Treatment Centre, Radiotherapy and Proton Beam Therapy were assessed. All general circulation areas were covered, including Oak Road foyer, lifts, corridors, public toilets, external

areas, car parks C and D and the main entrances. The lunch service on two wards, 12 and 10 was also assessed.

The Christie Withington site scored better than national average in three facets across the PLACE Domains, but there are some general areas that need improvement.

Comparison of assessment scores against Royal Marsden and Clatterbridge Specialist Trusts 2024.



An action plan has been produced and will be updated via PEC (Patient Experience Committee). Many of the original actions were resolved quickly after the assessment so the main actions are now generic issues or those requiring financial investment. There will be some attention to Dementia issues and Privacy & Dignity requirements which were discussed at PEC.

Patient feedback included the following comments;

- Good solid purpose-built buildings providing patients with pleasing environment in which to prepare their treatments. The areas I saw were light, spacious and comfortable. If I was a patient I would feel at ease and relaxed in this hospital environment. A good place to be if one has health problems that need to be treated.
- Generally, everywhere was clean and welcoming. The depts were airy, looked comfortable and homely.

The Christie at Macclesfield site also performed well and whilst the site does not serve food, it scored highly in all other areas and achieved higher scores than the national averages in 4 of the 5 domains reviewed. The one area where the site scored lower than the national average was Privacy & Dignity was only marginally lower with 86.2%. Patient comments included :-

- Very impressed by the thorough and detailed approach of all the colleagues in this assessment-high quality!
- I enjoyed the Macmillan Centre very much. It is colourful with good seating. In particular the display of booklets and the variety of information leaflets are impressive and so suitable for patients who require knowledge about their ailments.

Patient experience stories to the Board

Board meetings are held on the last Thursday of the month at 12.45pm. There are no meetings in February, May, July, August or December.

Date	Presenters	Topic / area	Non-Executive Director visits to departments
April 2024	Hanna Simpson - Clinical Nurse Specialist and Claudia (patient)	Haematology Ambulatory Care	Haematology Ambulatory Care
May 2024	No meeting		
June 2024	Kathryn Banfill - Clinical Oncology Consultant, Rachael Wooder - Lead Dosimetrist Radiotherapy and Doug (patient)	Lung Cancer Services	Radiotherapy
July 2024	No meeting		
August 2024	No meeting		
September 2024	Annie Dewberry - Associate Chief Nurse, Sabrina Scott - AACU ward manager, Laura Bradley - Advanced Clinical Practitioner, Sophia McGough - Senior Sister & Hotline Manager and Jane (patient)	Acute Oncology Service	
October 2024	Lorraine Gillespie - Dietetic Manager & Specialist Oncology Dietitian	Nutrition & Dietetics	
November 2024	Tom Edwards - Clinical Services Manager for Protons, Penelope Hart Spencer - Health Play Specialist and Leanne Simms - Paediatric Proton Day Unit Manager	Proton Beam Therapy Service	Proton Beam Therapy Centre
December 2024	No meeting		
January 2025	Kathy Kyllis and Lucy Roberts - SRS Specialist Radiographers	The Christie at Salford – Stereotactic Radiosurgery	Christie at Salford
February 2025	No meeting		
March 2025	David Thomson - Clinical Oncology Consultant and Trish Murray - Head and Neck Clinical Nurse Specialist	Engaging staff to improve patient pathways - Network Services	Quality Improvement & Clinical Audit and Clinical Outcomes Data Unit

Quality Plan 2022 – 2025

The Quality Plan 2022-2025 is aimed at staff, patients, carers and stakeholders and has been developed in partnership under the leadership of the Chief Nurse and Executive Director of Quality. The plan sets out our quality ambitions and how we will govern, measure and achieve quality in care over its 3-year duration. The quality plan 2022-25 is based on 3 themes: Safe, Quality Improvement and Clinical Effectiveness, and Positive

experience.

Everything we do at The Christie is aimed at achieving the best quality care and outcomes for our patients by delivering high quality, safe, caring, responsive, effective and well led services.

The Quality plan supports recommendations from several published reports over the last decade to improve quality of care the NHS provides. It underpins a shared understanding of quality outlined by the NHS England's National Quality Board 2021 and acknowledges the impact excellent leadership, collaboration and the culture within our organisation has on empowering our patients and staff, their experiences and outcomes.

The Trust remains committed to achieving the best quality care and outcomes for our patients and to improve and deliver quality, safe, effective, and personalised care, within a culture of learning and continuous service improvement.

Improving quality and achieving the aims of the Quality Plan 2022-2025 requires a structured and multifaceted approach to improvement. These include organisational culture, leadership, education, training and development, best outcomes and standards that are inherent in the values, behaviours and performance of The Christie workforce.

We aim to deliver the highest quality care and treatment with real patient benefits by listening, collaborating, caring and learning.

Safer Staffing

Requirements for reviewing and reporting safer staffing were outlined in a succession of publications, including NHS England National Quality Board guidance on Safe Staffing (2016) and in conjunction with, [Developing Workforce Safeguards](#) October 2018.

The monthly data on our safe staffing levels and the six monthly reports can be seen in the public Board papers which can be seen at: [Board of directors meetings | The Christie NHS Foundation Trust](#)

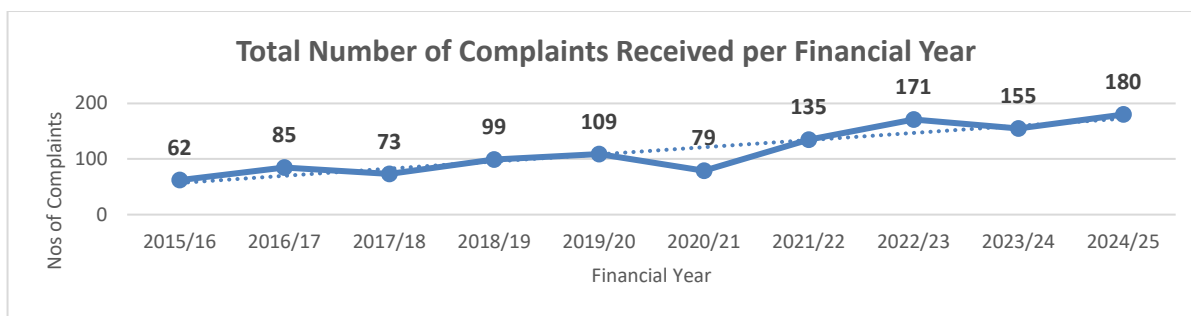
Complaints

We continue to resolve complaints at source; our clinicians, matrons, ward sisters and charge nurses have a high profile on wards and in clinical departments where they focus on patient experience and ensure continual improvement in care and service delivery on a day-by-day basis.

All complaints are reviewed weekly by the executive directors and all new complaints are triaged through an executive review process so that there is a triangulation between incidents, claims and complaints.

All issues within a complaint are logged separately so if a complainant raises a number of issues all relating to care and treatment, all of these issues can easily be depicted for lessons learning purposes.

The chart below shows a comparison of complaints received over previous financial years:



Learning from Complaints 2024/25

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

Issues	Actions taken
Communication with patient and family was felt to be poor at times	This has been addressed in the daily ward huddles, emphasising the impact of our communication on patients and relatives, and the importance of escalating any questions to the appropriate individuals for feedback and reassurance. In these huddles, we have also discussed our collective responsibility towards all patients on the ward, not just those assigned to our individual teams on any given day.
Why is there not a process for the new patient registration form to be forwarded to the reception prior to the first appointment to allow time for the hospital to make necessary arrangements in meeting the communication needs for patients	The trust is currently reviewing our registration form and how it can be returned prior to a patient's first appointment. A digital solution is due to be implemented, which will enable patients with specific communication needs to let the trust know and for us to implement any necessary requirements in advance of any appointment
Support for family at patients end of life.	The Ward Manager is working closely with the Supportive Care Team to improve training and teaching processes, and the Trust has appointed two specialist nurses specifically to improve the standard of care patients and families receive at the end of life.

Clinical indicators - Clinical Effectiveness

One- and five-year cancer survival

As a specialist cancer centre, The Christie only sees patients in specific parts of the patient pathway following diagnosis rather than at the point of diagnosis and may not see some patients at all depending on their type of cancer and the stage of their cancer at diagnosis. For some cancer types only the most advanced patients are referred to The Christie. For others, none of the most severe cancer patients are referred here. These differences need to be accounted for when benchmarking survival outcomes for Christie patients against national figures.

National figures are published annually by NHS England, with the latest publication including patients diagnosed up to 2020. More up to date figures are expected to be published in the summer of 2025.

For this report, we include only those data by NHS England up to 2020 and compare Christie survival for the latest period of data, those patients diagnosed between 2016 and 2020, followed up in 2021.

Where national survival data are available by stage at diagnosis, we are able to show comparable if not better 1 year survival for our patients compared to the national average (Table 1).

We then show up to date one year survival estimates for Christie survival for patients diagnosed in the years 2020 to 2021 inclusive, and 2022 to 2023 inclusive in Table 2.

Methodology

The analysis in this report was created by the Clinical Outcomes and Data Unit.

Survival analysis for patients at the Christie includes information taken from diagnosis and staging forms completed at the patient's first appointment (DS) or records at the team's multidisciplinary team meeting (MDT) for diagnosis and staging.

One year survival is calculated from date of diagnosis or, if the patient does not have a date of diagnosis recorded, date seen at the Christie is used as a proxy if they have not received any previous treatment for that cancer. Patients who do not have a DS or MDT record for one of the included cancer types, who do not have a date of diagnosis recorded or where date seen cannot be used as a proxy have not been included in this analysis. The cancer types included in this report are limited to those reported nationally by NHS England that are comparable to those seen at the Christie.

Survival definitions

There are a number of methods to calculate survival rates, with definitions of those used in this report listed below. The method that has been used is given in the figure and table captions throughout this report and the difference in methods does make Christie and national data more difficult to directly compare.

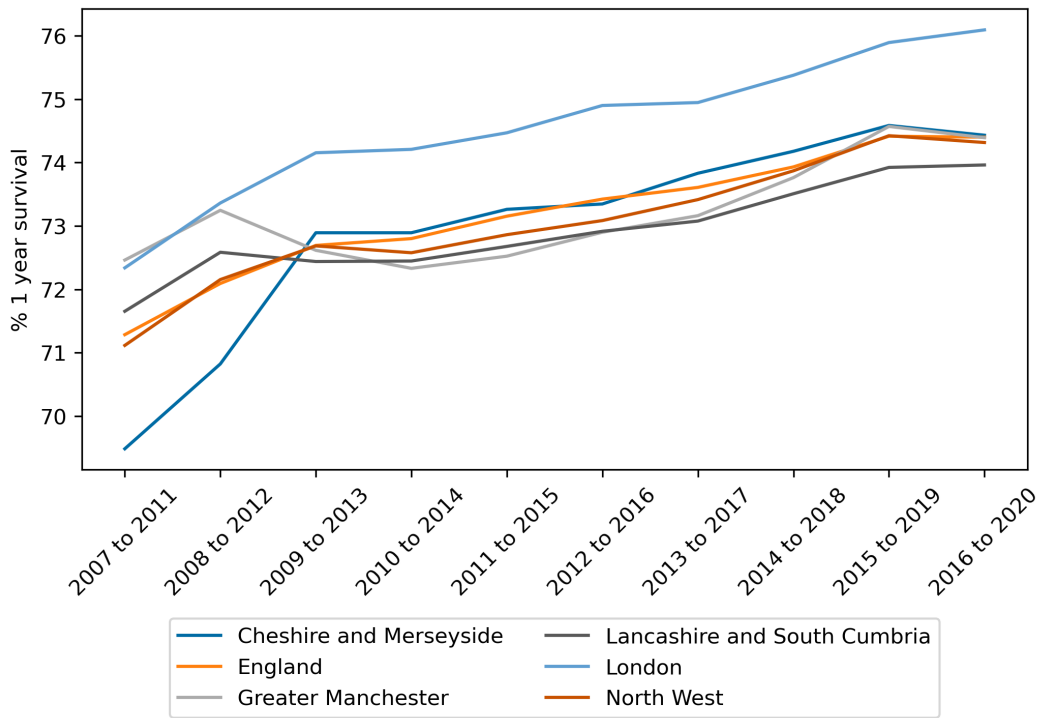
Overall (non-standardised) survival – Estimator of survival using the length of time from diagnosis to death from any cause or to follow up. This is the method used for all survival estimates for Christie patients in this report and for national estimates in Figures 2 and 3 and for all stages combined in Table 1.

Net survival - Estimator of survival using the length of time from diagnosis to death from any cause or to follow up, adjusted for the expected survival of the general population with similar age, sex and socio-economic status. This method aims to estimate cancer specific survival and is used for the information shown in Figure 1.

Age standardised – Survival rates are adjusted using International Classification of Survival Standard (ICSS) weightings. This method aims to allow comparison over time across different areas and is used for the stage specific national estimates in Table 1.

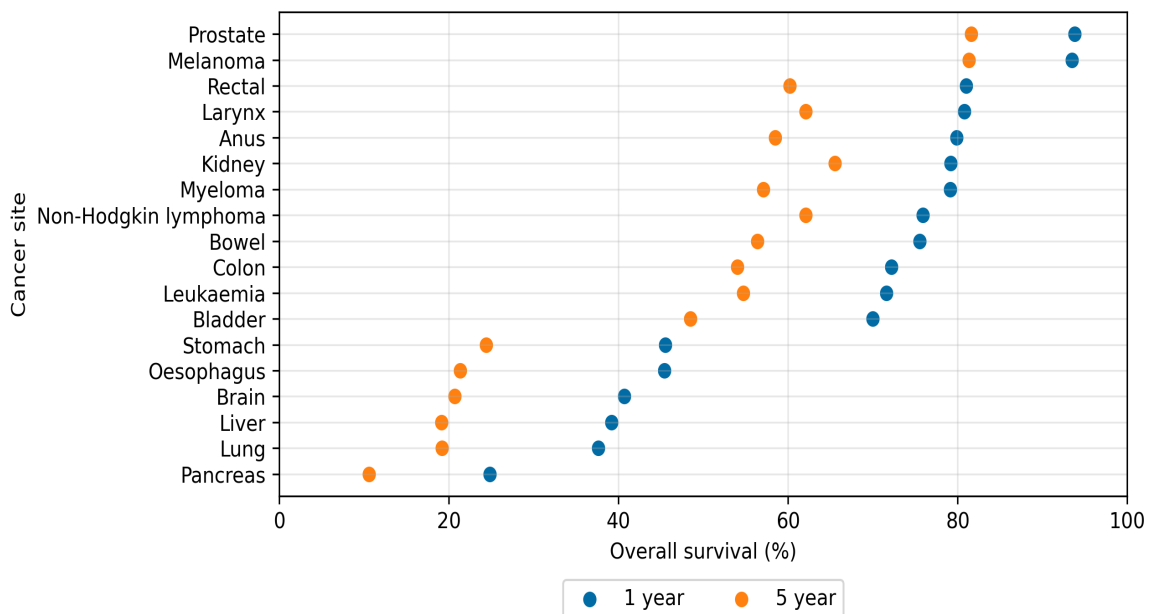
One- and Five-Year Cancer survival in England

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



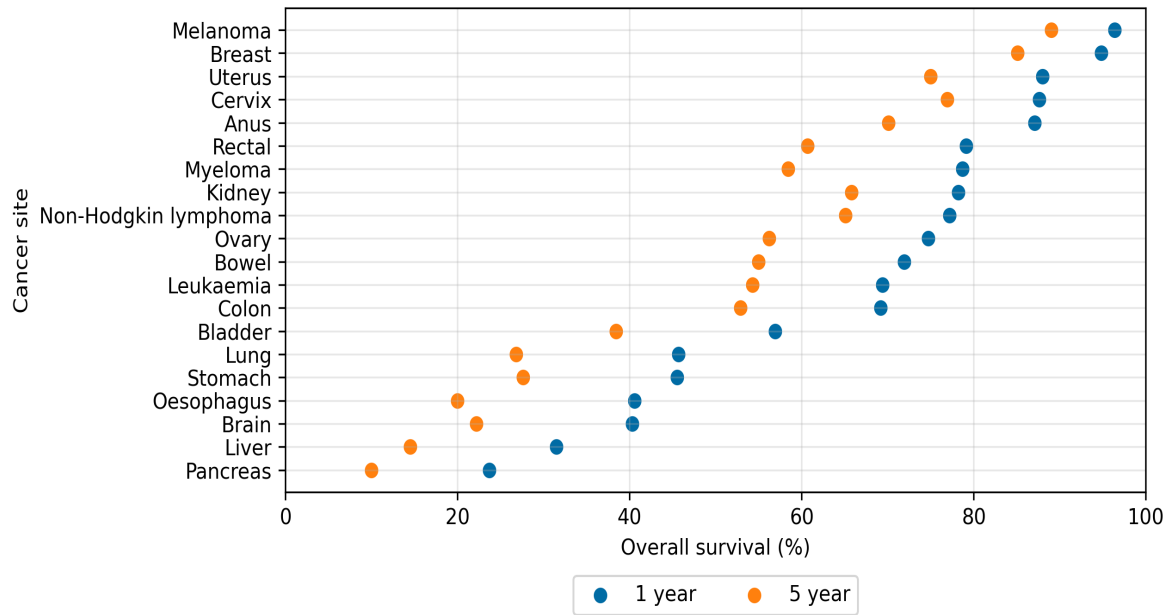
Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

Figure 2: Non-standardised one year and five-year overall survival for males (aged 15 to 99 years) in England diagnosed with cancer between 2016 - 2020.



Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

Figure 3: Non-standardised one year and five-year overall survival for females (aged 15 to 99 years) in England diagnosed with cancer between 2016 - 2020.



Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

One-year cancer survival in England compared to The Christie

Table 1: One year overall survival estimates (percentages with 95% confidence intervals) by cancer type. Data for The Christie data are for patients diagnosed between 2016 and 2020 using data from eforms in CWP followed up in 2021. England data are taken from survival data published by NHS England for patients diagnosed in 2016 – 2020 followed up in 2021. Survival was unable to be estimated for groups with low numbers of patients, denoted as 'Unable to estimate' in the table.

Both estimates are overall survival with estimates for all stages combined non-standardised for both The Christie and England figures, but England figures for stage are standardised by age whereas The Christie are not.

Cancer type	Source	All stages combined	Stage I	Stage II	Stage III	Stage IV
Brain	Christie	59.03 (56.09, 61.54)				
	England	40.5 (39.9, 41.2)				
Breast	Christie	97.17 (96.81, 97.49)	99.59 (99.3, 99.76)	98.69 (98.21, 99.04)	96.29 (94.76, 97.22)	84.2 (81.61, 86.46)
	England	94.8 (94.7, 94.9)	97.7 (97.5, 97.9)	96.7 (96.5, 96.9)	93.5 (93, 94)	66.6 (65.5, 67.6)
Colon	Christie	81.72 (80.33, 83.02)	Unable to estimate	94.31 (90.56, 96.15)	94.38 (92.33, 95.9)	65.74 (62.73, 68.57)
	England	70.8 (70.5, 71)	95.2 (94.4, 96)	92 (91.5, 92.5)	85.7 (85.1, 86.2)	42.2 (41.5, 42.8)
Lung	Christie	55.3 (54.2, 56.23)	84.63 (82.63, 86.19)	70.25 (66.16, 73.62)	54.04 (51.27, 56.45)	35.02 (33.43, 36.5)
	England	41.5 (41.2, 41.7)	88.1 (87.1, 89.1)	75.8 (74.2, 77.4)	52.6 (51.9, 53.4)	22.5 (22.2, 22.9)
Melanoma	Christie	95.94 (94.83, 96.72)	Unable to estimate	97.93 (90.58, 98.98)	97.66 (94.32, 98.68)	80.6 (73.51, 85.12)
	England	95 (94.8, 95.1)	99.1 (98.8, 99.2)	96.3 (95.5, 96.9)	94.3 (93, 95.3)	56.9 (53.6, 60)
Ovary	Christie	87.22 (85.9, 88.42)	95.19 (90.6, 97.57)	90.39 (77.82, 94.47)	78.39 (73.89, 82.21)	72.99 (67.23, 77.31)
	England	74.7 (74.2, 75.2)	96.1 (95.5, 96.6)	89.6 (87.5, 91.3)	74.3 (73.3, 75.4)	57.7 (56.2, 59.1)
Prostate	Christie	97.56 (97.17, 97.91)	99.45 (98.94, 99.71)	99.12 (98.31, 99.54)	98.81 (98.03, 99.28)	90.96 (89.25, 92.41)
	England	93.8 (93.7, 93.9)	98.2 (98, 98.4)	98.4 (98.2, 98.7)	97.7 (97.4, 98)	87.7 (87, 88.3)
Rectal	Christie	86.81 (85.25, 88.14)	97.7 (93.2, 98.79)	91.51 (86.93, 94.01)	92.63 (90.26, 94.2)	69.75 (65.55, 73.54)
	England	80.3 (80, 80.6)	95.7 (95, 96.3)	91.7 (90.6, 92.7)	90.2 (89.7, 90.7)	51.9 (50.9, 52.9)

Data source https://files.digital.nhs.uk/A9/647D6D/adult_cancer_survival_2016_2020.xlsx

One-year cancer survival at The Christie over time

Table 2: One year overall survival estimates (percentages with 95% confidence intervals) by cancer type for Christie patients. Data are for patients diagnosed in 2020 and 2021 inclusive, followed up in 2023, and 2022 and 2023 inclusive, followed up in 2025. These include patients with a DS or MDT form in the time period for those where a date of diagnosis was recorded or date seen could be used as a proxy.

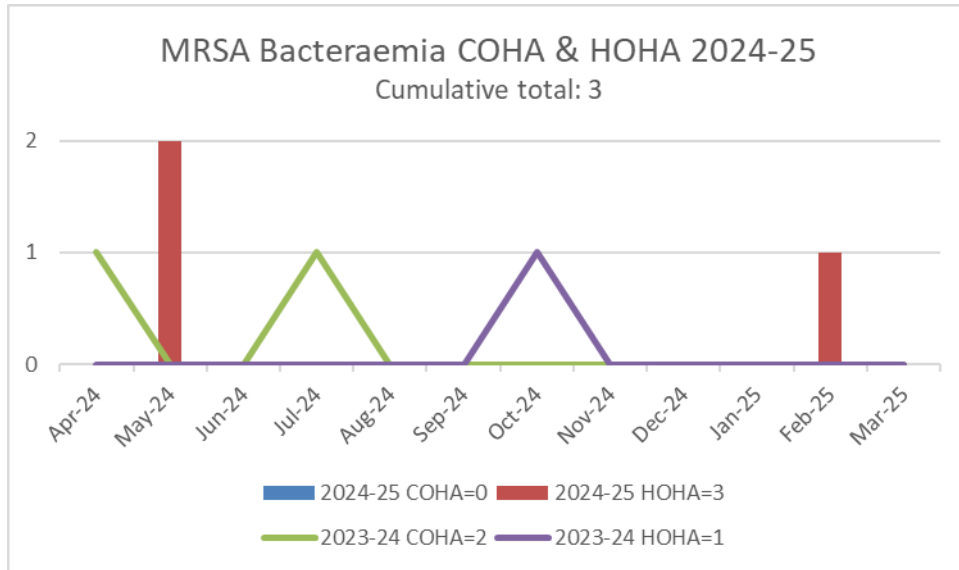
Survival was unable to be estimated for groups with low numbers of patients, denoted as 'Unable to estimate' in the table.

Cancer type	Time period	All stages combined	Stage I	Stage II	Stage III	Stage IV
Brain	2020-2021	64.87 (59.66, 68.74)				
	2022-2023	63.06 (57.72, 67.44)				
Breast	2020-2021	97.71 (97.18, 98.13)	99.82 (99.3, 99.96)	99.1 (98.46, 99.48)	96.65 (94.51, 97.97)	85.14 (80.18, 88.42)
	2022-2023	98.06 (97.56, 98.42)	99.7 (99.11, 99.84)	99.09 (98.44, 99.47)	97.25 (95.16, 98.21)	84.52 (78.81, 88.17)
Colon	2020-2021	83.58 (81.23, 85.5)	Unable to estimate	92.31 (86.54, 95.66)	95.82 (93.16, 97.46)	65.25 (60.11, 69.45)
	2022-2023	83.11 (80.07, 85.5)	Unable to estimate	97.89 (90.53, 98.97)	93.15 (89.18, 95.25)	65.4 (59.25, 70.24)
Lung	2020-2021	60.97 (59.26, 62.58)	87.45 (84.79, 89.67)	74.43 (68.11, 79.69)	57.14 (52.85, 61.2)	40.08 (37.24, 42.74)
	2022-2023	65.1 (63.44, 66.65)	89.5 (87.2, 91.23)	74.4 (68.09, 78.99)	63.55 (58.94, 67.11)	41.63 (38.53, 44.34)
Melanoma	2020-2021	96.57 (95.16, 97.58)	Unable to estimate	95.45 (83.02, 98.84)	95.9 (90.43, 98.27)	89.39 (79.04, 94.8)
	2022-2023	94.4 (91.7, 95.95)	Unable to estimate	98.48 (89.73, 99.79)	95.03 (90.31, 97.48)	73.33 (57.85, 83.88)
Ovary	2020-2021	85.49 (83.16, 87.52)	95.52 (86.76, 98.53)	92.31 (68.36, 96.13)	77.48 (69.95, 83.35)	72.87 (64.31, 79.7)
	2022-2023	85.04 (82.61, 87.16)	98.33 (88.75, 99.76)	Unable to estimate	80.6 (74.42, 85.43)	78.0 (69.76, 83.24)
Prostate	2020-2021	97.55 (96.88, 98.08)	99.3 (98.33, 99.71)	98.45 (97.04, 99.19)	98.2 (96.68, 99.03)	93.05 (90.58, 94.9)
	2022-2023	97.62 (96.95, 98.05)	99.29 (98.31, 99.7)	99.11 (98.3, 99.54)	98.36 (97.13, 99.07)	92.47 (89.68, 94.04)
Rectal	2020-2021	86.8 (84.28, 88.94)	Unable to estimate	91.96 (84.04, 95.09)	93.57 (90.39, 95.72)	69.46 (62.62, 75.3)
	2022-2023	92.1	97.3	93.33	97.16	76.19

		(89.92, 93.82)	(89.62, 99.32)	(86.52, 96.76)	(94.43, 98.26)	(68.45, 82.28)
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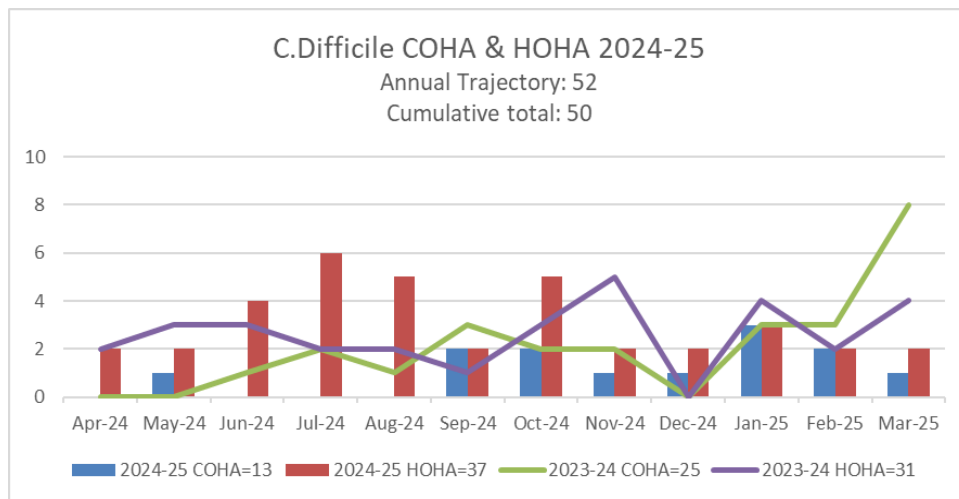
Healthcare acquired infections - MRSA bacteremia

In 2024/25 we have had three cases of MRSA bacteremia, against a threshold of 0.



Each of the MRSA bacteremia cases has led to a collaborative review, bringing together clinical teams, governance colleagues and infection control representatives. The reviews have led to action plans being developed and shared with the executive review group. One of the key themes to fall from the reviews is patient pathways through the organization, understanding these clearly and the opportunity for positive work to reduce future incidences.

Healthcare acquired infections - Clostridium Difficile



There were 50 cases of Clostridium Difficile infections (CDI) – healthcare acquired in 2024/25 against an agreed threshold of no more than 52. Three of the healthcare acquired cases identified lapses in care.

Each case of CDI is subjected to a full review. Cases identifying lapses in care will follow the HCAI PSIRF process

with oversight from Executive Review Group. The thresholds were increased this year to reflect the national increase in CDI. This demonstrates most attributable cases of CDI are induced by the specialist treatment provided at The Christie.

Incident Management

We have a strong system of incident reporting and review, which enables us to identify and learn from events, thereby preventing recurrence. Until March 2024 we uploaded patient safety incidents from our internal system to the National Reporting and Learning System (NRLS), at which point we transitioned to reporting into the new Learning from Patient Safety Events (LFPSE) system.

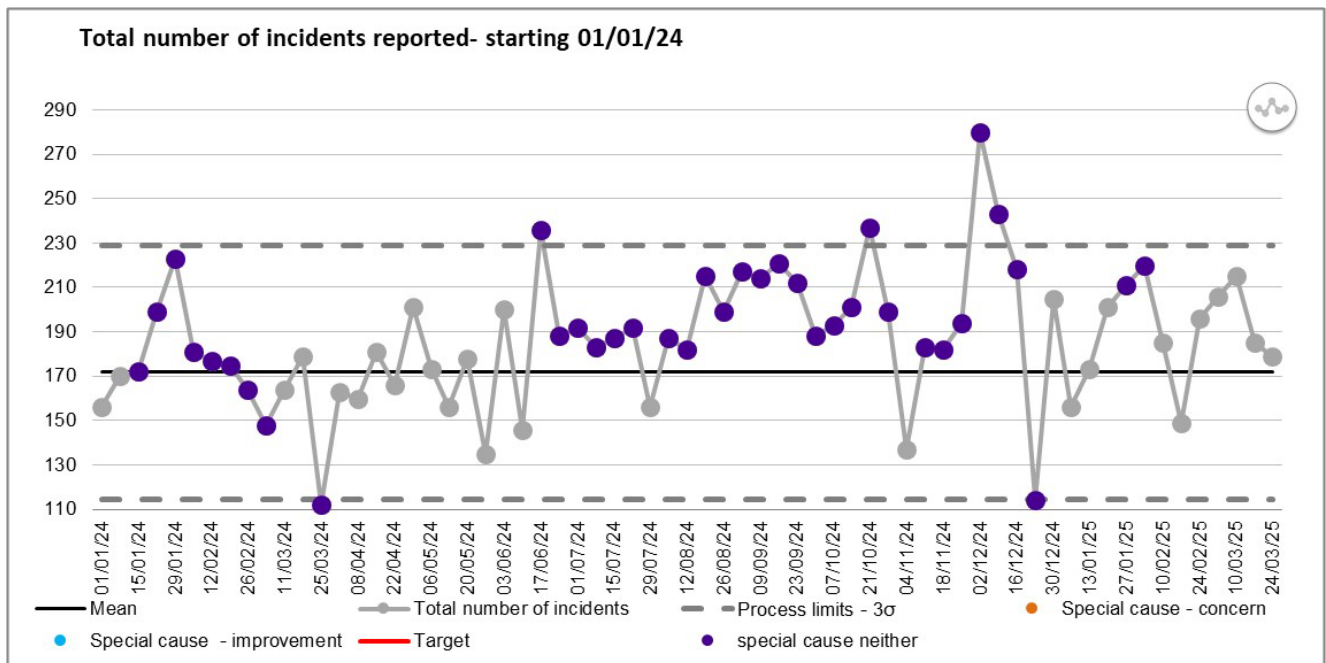
Comparison of our reporting practices with those of Trusts in the same cluster of specialist Trusts shows that we have good levels of reporting and low levels of patient harm, indicating an appropriate culture of reporting and learning within the organisation.

As an organisation, we transitioned to the Patient Safety Incident Response Framework (PSIRF) in April 2024. The Trust now follows our PSIRF Plan and Policy, available on our public website. As part of our PSIRF governance, incidents are triaged and reviewed by divisions at a weekly Divisional Patient Safety Improvement Group (DPSIG). This group reviews incident themes and trends, identifies where learning responses are required and ensures patient and staff engagement. Learning responses are a key part of our PSIRF processes and focus on identifying key areas of improvement with a systems focused approach.

Patient Safety Incidences

The Christie is regarded as a high reporting, low harm organisation.

The Christie has a small number of in-patient beds (approximately 160), compared with other hospitals, and over 95% of its activity is ambulatory care (out-patients and day cases).



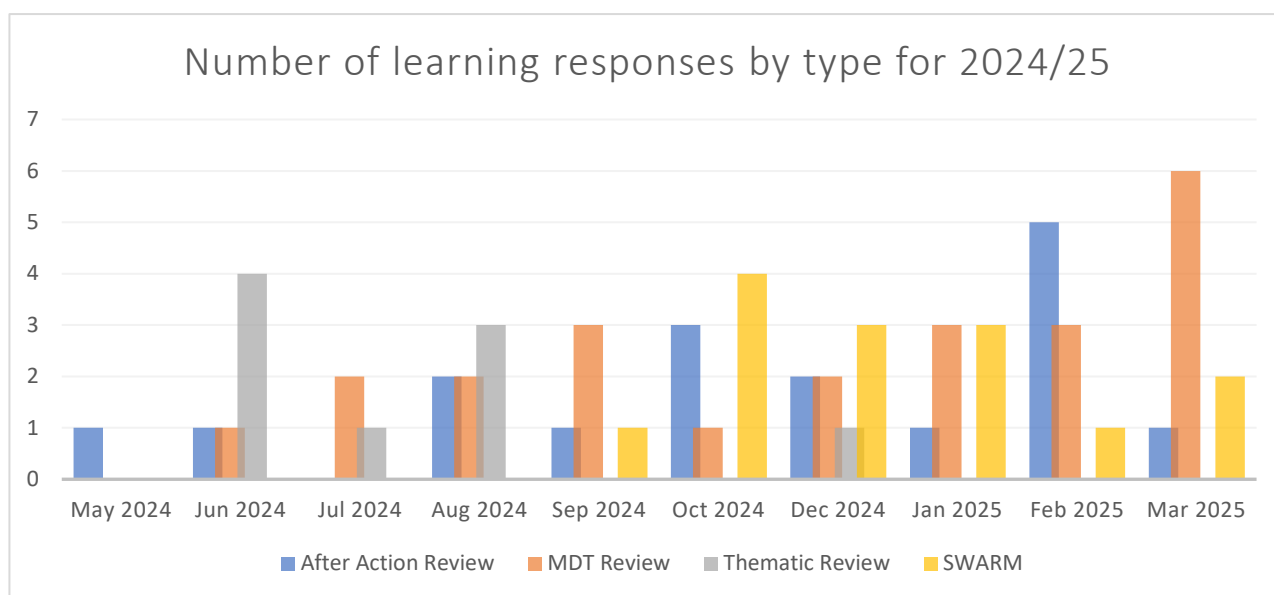
As part of our transition to PSIRF, the Trust reviewed a range of data including incidents, complaints, and stakeholder engagement. This review allowed us to identify our Patient Safety Priorities and develop workstreams to address ongoing improvement work. The PSIRF plan is reviewed annually to assess the progress

and requirements of the Patient Safety Priorities. Our current priorities for 2025/26 will be:

- End of Life care
- Deteriorating Patient
- Medication and Transfusion Safety

Summary of Learning Responses

Our patient safety events are triaged and reviewed in line with PSIRF principles, and a proportionate learning response is agreed. The purpose being to identify learning and key areas for improvement. The below table shows the number by type of learning response carried out across 2024/25.



Duty of Candour

We have a Duty of Candour policy which is based on the requirements of Regulation 20 of the Health and Social Care Act. Each incident handler is asked to ensure that a Duty of Candour conversation happens as soon as reasonably practicable for each notifiable patient safety incident. The handler may arrange for a more appropriate person to talk with the patient or their family, for example the consultant or a senior nurse.

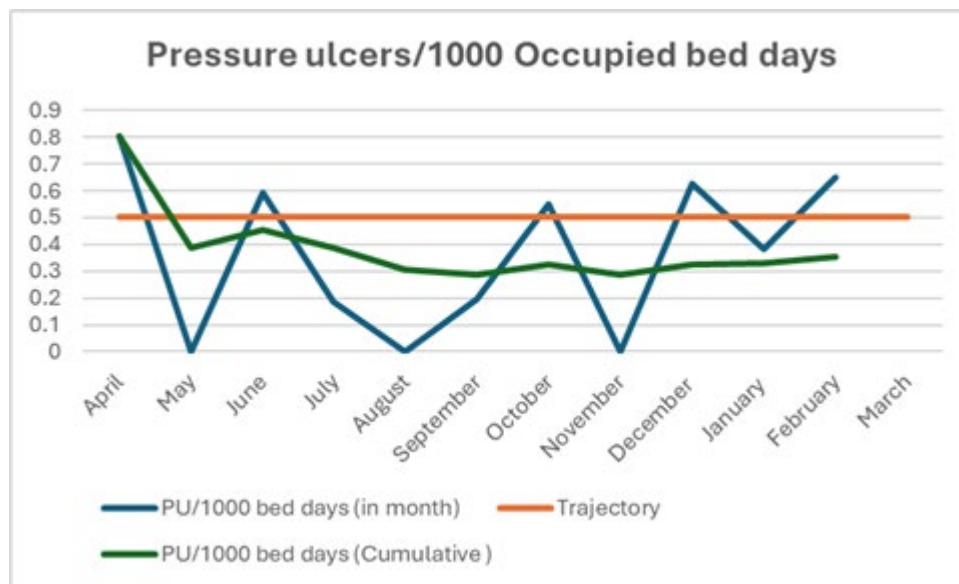
Information from this initial discussion is considered within the learning response, if applicable, and the person undertaking the Duty of Candour keeps in touch with the patient or their family as appropriate during this time. On completion of the learning response, feedback is provided on the findings which will include any learning that has been identified.

Never Events

In 2024/25, the Trust had 1 never event which was reported to StEIS. The never event involved the incorrect use of a 1 ml syringe to measure insulin for a patient receiving treatment for hyperkalaemia. This resulted in a 10-fold dosage of insulin being administered.

Pressure Ulcers

Our internal ambition for 2024/25 was to have no more than 0.5 per 1000 occupied bed days hospital-acquired pressure ulcers (category 2 or above).. Until the end of February 2025, we had 20 hospital-acquired pressure ulcers, which was 0.35 per 1000 occupied bed days. This was achieved by having a robust training programme in place for pressure ulcer prevention, continuing with skin tone assessment to identify early skin changes in different skin tones and also by learning from investigations of any category 2 or above pressure ulcers through our PSIRF agenda and fundamentals of care group monitoring. There were no category 3 or 4 pressure ulcers in the year.



Patient Falls 2024/25

Falls are monitored per 1000 occupied bed days which enables us to identify trends against our activity. All fall incidents are reported to the trust incident management system for investigation and learning. Incidents of falls where it is identified that there is potential for learning or where care did not meet trust standards (risk assessments, documentation, post fall management) are considered for a learning response. Trust wide learning is shared via the Learning for Improvement Bulletin and the Quality and Safety Group monthly.

Local Clinical Audits

In 2024/25, 218 audits and quality improvement projects were completed. These cover a broad range of areas including patient outcomes, patient experience and pathway related work, with projects being led by a wide range of colleagues including medical, nursing and AHP and operational teams. The work breaks down across the divisions as shown in the table:

Division	Number of completed audits in 2019/20	Number of completed audits in 2020/21	Number of completed audits in 2021/22	Number of completed audits in 2022/23	Number of completed audits in 2023/24	Number of completed audits in 2024/25
Clinical Support and Specialist Surgery	72	83	81	92	74	78
Networked Services	98	93	88	102	119	117
Other (Quality & standards, School of oncology, Research)	22	11	15	23	21	23
Total	192	187	184	217	214	218

The results of these audits are described in the annual clinical audit report with data from some of these audits being reported to the Board of Directors.

NHS Staff Survey

Indicator	2023	2024	National Average (Specialist Trusts only)
Q14c - % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	14.6%	15.5%	17.2%
Q15 - % of staff believing that the Trust provides equal opportunities for career progression or promotion regardless of ethnic background, gender, religion, sexual orientation, disability, age	60.4%	64.1%	57.1%

In 2024/25 there has been a trust wide piece of work initiated to look at the national violence and aggression reduction standards. The work has been collaboratively led and has involved multiple engagement sessions with staff from across the organization to gauge what experience looks like for staff and to understand what the policy and focus of the Trust needs to be moving forward. The engagement has led to the development of a new SOP on how to manage violence and aggression, and a revised policy. The work is going to be supported by an internal communication program that will be shared during 2025/26.

Learning from Deaths: Inpatient mortality reviews at the Christie 2024-25

The Christie's approach to learning from deaths aligns with the NHS Improvement (NHSI) 2017 national guidance. As a tertiary specialist Trust exclusively treating patients with a cancer diagnosis, The Christie does not participate in Hospital Standardised Mortality Ratios (HSMR) or the Summary Hospital-Level Mortality Indicator (SHMI).

All inpatient deaths occurring on-site are screened using a defined set of clinical triggers. In addition, bereaved families are routinely asked whether they have any concerns regarding the care provided during the final admission. Since the implementation of the Medical Examiner Service at The Christie, structured case reviews (SCRs) may also be initiated at the request of a Medical Examiner.

Where triggers are identified, a comprehensive case note review is undertaken using the Royal College of Physicians (RCP) Structured Judgement / Case-note Review (SCR) tool. Reviews are conducted by one or more independent clinicians not involved in the patient's care.

The findings are presented to the Trust's Mortality Surveillance Group (MSG). Where concerns are identified, cases are escalated to the Executive Review Group (ERG). Each case is rated by the RCP framework on a scale of 1 to 5 for overall quality of care—where 5 indicates excellent care and 1 indicates serious problems in care. A separate scale of 1 to 6 is used to assess avoidability of death, with 6 representing 'definitely not avoidable' and 1 'definitely avoidable'. Any case rated 1 or 2 on either scale is escalated immediately to the ERG for further review. The ERG receives weekly updates on the status of SCRs.

In March 2024, the Trust successfully implemented a new mortality review module within the Datix Cloud IQ (DCIQ) system. This enables real-time tracking of SCR allocation, completion, and validation, enhancing the governance of the mortality review process.

The aim of this programme is to identify opportunities for learning and service improvement, as well as to recognise examples of exemplary care. Feedback is routinely provided to clinicians and, where concerns have been raised or significant lapses identified, to bereaved families.

This report presents validated findings as of the Mortality Surveillance Group meeting held on 13 March 2025. The review process remains ongoing.

Table 1: Activity
2024-25 @01/01/2025

	Quarter 1 Apr – Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan – Mar	Total
No. deaths	107	106	94	83	390
No. deaths that have triggered SCR review	22	26	25	22	95
No. completed SCRs	22	26	23	8	79
No. discussed at MSG	22	26	18	3	69

Monitoring of deaths

The Executive Review Group reviews all inpatient deaths on a weekly basis to monitor for emerging trends. In 2024/25, 390 deaths were recorded on-site at the Withington location.

A comparison with previous years is shown in table 2. The lower mortality figures in 2020/21 and 2021/22 reflect reduced inpatient activity during the COVID-19 pandemic. During this period, all deaths within 28 days of a positive COVID-19 swab underwent SCR, contributing to higher review rates.

Table 2: On-site deaths annually

	2017 - 2018	2018 - 2019	2019 – 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023- 2024	2024- 2025
Total deaths in year	271	295	286	213	251	318	320	390
Deaths following emergency admission	222 (82%)	266 (91%)	244 (85%)	178 (84%)	216 (86%)	260 (82%)	269 (84%)	323 (83%)
Emergency admissions - year	6,071	5,866	5,979	5,776	6,364	6,914	7,794	8,998
% deaths / total emergency admissions	3.66%	4.53%	4.08%	3.08%	3.39%	3.76%	3.45%	3.59%
Total admissions (excluding day cases)	10,235	9,716	10,009	9,168	10,080	11,189	11,732	13,813
% deaths / total admissions	2.65%	3.04%	2.86%	2.32%	2.49%	2.84%	2.73%	2.34%

Table 3: 2024/25 Assessment of avoidable deaths* as confirmed at Mortality Group meeting of 24.04.2025:

*RCP rating 1=definitely avoidable, 2=strong evidence avoidability, 3=probably avoidable (more than 50-50), 4=possibly avoidable but not very likely, 5 Slight evidence of avoidability, 6=definitely not avoidable

2024 – 2025 Month	Total Deaths (non LeDeR)	Total Deaths Reviewed (non LeDeR)	Deaths Avoidable > 50% (non LeDeR)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	LeDeR Deaths	LeDeR Deaths Reviewed	LeDeR Deaths Avoidable > 50%
Apr	35	7	0	0	0	0	0	1	6	0	-	-
May	43	6	0	0	0	0	0	0	6	0	-	-
Jun	29	9	0	0	0	0	0	0	9	0	-	-
Jul	37	12	0	0	0	0	0	2	10	0	-	-
Aug	32	4	0	0	0	0	0	0	4	1	1	0
Sep	36	9	0	0	0	0	0	1	8	0	-	-
Oct	36	9	0	0	0	0	0	1	8	0	-	-
Nov	30	5	0	0	0	0	0	0	5	0	-	-
Dec	27	3	0	0	0	0	0	0	3	1	1	0
Jan	33	3	0	0	0	0	0	0	3	0	-	-
Feb	26	0	0	0	0	0	0	0	0	0	-	-
Mar	24	0	0	0	0	0	0	0	0	0	-	-
Total	388	67	0	0	0	0	0	5	62	2	2	0

Table 4: Quarter 1 – 4 Ratings of overall care* after Mortality Group meeting 26th March:

*RCP rating 1=very poor care, 2=poor care, 3=adequate care, 4=good care, 5=excellent care

2024 - 2025 Month	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
Apr	35	7	0	0	0	0	7
May	43	6	0	0	1	1	4
Jun	29	9	0	0	2	4	3
Jul	37	12	0	0	0	6	6
Aug	33	5	0	0	1	3	1
Sep	36	9	0	0	2	5	2
Oct	36	9	0	0	2	3	4
Nov	30	5	0	0	0	1	4
Dec	28	4	0	0	2	0	2
Jan	33	3	0	0	0	0	3

Feb	26	0	0	0	0	0	0
Mar	24	0	0	0	0	0	0
Total	390	69	0	0	10	23	36

The data reflects the final ratings in completed reviews as ratified at MSG for avoidability and overall care as of 25th April 2023. No deaths were considered to have a >50% chance of avoidability (score 1-3).

There were no cases with an overall care score of very poor (score 1). There was one case with an overall score of poor score (score 2)

No deaths required to be reported to CQC and the Trust has not received any mortality outlier notification. There was one LD death that has been referred to LeDeR.

Table 3 for the previous years:

	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	RCP1	RCP2	RCP3	RCP4	RCP5	RCP6	N/A Covid -19 death	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
2021-22	251	95	0	-	-	-	2	2	91	0	0	0	0
2022-23	318	65	0	-	-	-	1	1	63	0	1	1	0
2023-24	320	74	0	-	-	-	3	4	67	0	0	0	0

Table 4 for the previous years:

	Total deaths	Total Deaths Reviewed	RCP 1	RCP 2	RCP 3	RCP 4	RCP 5
2021-22	251	95	-	1	6	39	49
2022-23	318	66	-	2	4	27	33
2023-24	320	74	-	3	4	31	32

There were five deaths which were associated with slight evidence of avoidability.

Of the cases that had slight evidence of avoidability:

- A patient had received immunotherapy with lessons learnt regarding medications to be avoided in myasthenia gravis. The care delivered was good throughout the admission.
- A complex uneventful post-operative patient had acquired C.diff. There were lessons identified on patient selection, early Microbiology involvement, and timely cessation of anti-microbials. The care delivered was good.
- A Haematology patient with significant tumour load might have benefitted from a different chemotherapy regimen though the one delivered was not a contraindication.
- A death post-interventional radiology procedure was not as a direct result of the procedure. There has been learning for the Oncology teams to directly liaise with the interventional radiology team, with information on prognosis and escalation plans for the patient.

Two cases referred to LeDeR authorities were due to the patients' history of autism and learning needs. Both reviews and learning will be shared with the LeDeR authorities. LeDeR deaths were considered unavoidable.

Learning from deaths

Learning from SCRs is shared with the responsible clinical teams and escalated where appropriate. Themes identified in 2024–25 include:

- Advance care planning: One of the areas for improvement frequently identified in the review process is around early conversations with patients and their families on appropriate escalations of care, end of life discussions, which had been escalated to the inpatient improvement group and an Advanced Care Planning working group was established in 2024. Subsequently the patient safety team has now included this area of work as one of the local Patient Safety Priority and workstream.
- Medication safety: Following a death linked to immunotherapy related myasthenic-like syndrome, Trust circulated a safety alert regarding medication interactions in patients with Myasthenia gravis via Learning from Improvement bulletin.
- Child Death Review: The Trust chaired its first Child Death Review Meeting (CDRM) for a 17-year-old patient, who died shortly after discharge from the Christie at a hospice. There was excellent multi-agency involvement including education, healthcare, social care, and police. No modifiable factors were identified in the child’s death. The care provided to the child while as an inpatient was deemed excellent.

Performance Key Indicators – National Cancer standards

The following table provides assurance that the Trust has met the National Cancer Standards performance targets during 2024/25

National targets and minimum standards	Target	Threshold 2024/25	Q1	Q2	Q3	Q4	Yearly position
Cancer Targets	% of cancer patients waiting a maximum of 31 days for diagnosis to first definitive treatment	96%	99.4%	99.1%	98.5%*	98.9%*	99%*
	% of cancer patients waiting a maximum of 28 days from GP referral to receiving a confirmed diagnosis.	75%	83.3%	88.6%	86.8%*	83.7%*	85.6%*
	% of cancer patients waiting a maximum of 62 days from GP referral to first definitive treatment including rare and testicular cancers (based on national allocated position).	70%	72.3%	77.2%	78.1%*	72.9%*	75.2%*
18 Weeks	18 week incomplete pathways	92%	97.3%	97.0%	97.7%*	97.8%*	97.6%*
6 Weeks diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	99.2%	98.6%	99.1%	99.3%	99.1%

**subject to validation as national upload deadlines have not passed at the time of reporting.*

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Your Ref:

Our Ref: CHRISTIEQA012

Date: 10th June 2025

Roger Spencer
Chief Executive
The Christie NHS Foundation Trust
550 Wilmslow Road
Manchester M20 4BX

Dear Roger

RE: The Christie NHS Foundation Trust Quality Account 2024 - 2025 request for contribution from Healthwatch Manchester.

Thank you for affording Healthwatch Manchester the opportunity to contribute to the suggested content for the above.

As per our previous response (derived from our members and colleagues) Healthwatch Manchester would like to see an 'easy-read' version of the Quality Account.

Our Quality Accounts Review Team have provided the following for this period:

- Of some concern is that the Privacy Dignity and Wellbeing score is below the national average as well as those for Dementia and Disability. Evidence of how The Christie aims to improve all these scores would be welcome.
- Complaints have increased to their highest recorded level. The reason for this is not mentioned in the Account and insight into this would be welcomed.
- It is pleasing to see that a thematic cause for the rise in MRSA cases has been identified and therefore measures to address this can be identified.
- Of great concern is the significant number of deaths reported this year at The Christie, and the biggest contributor to this increase are deaths following emergency admission.
- 323 deaths are expressed as a percentage: 3.6%. Expressed as a percentage this value is extremely high and indicate the actual number of emergency admissions of approximately 10,000. Clarification regarding this would be welcome.
- The total number of deaths and number of deaths reviewed are missing from Table 4 on page 41 in the Account.
- All five targets mentioned in the table on page 42 have exceeded their quality threshold, in some cases by a significant percentage. Assurance from the Christie that the threshold will no longer be exceeded in future would be welcome. As a visual aid, this table is very small and does not enable the reader to understand the situation easily.

In conclusion to this review, I would like to thank the Quality Accounts Review Team at Healthwatch Manchester for their timely review this year.

I look forward to receiving a copy of the finalised Quality Account for 2024 - 2025.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Neil Walbran'.

Neil Walbran
Chief Officer



Governors

Our lead governor emailed an account of our Quality Report which was received on the 7 June with some queries and questions, all of which were reviewed and addressed accordingly.

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