The Christie
NHS Foundation Trust

Board of Directors meeting
Thursday 27 November 2025 at 12.45 pm
Trust meeting room

Agenda

Patient story / clinical presentation: Driving efficiencies in breast cancer treatment – Dr Caroline Wilson & Dr Alexandra Lewis, Acute oncology and breast medical oncology consultants, and a patient
30 mins

	Public items	**Decision**		**Lead**	**Page**	**Timing**
37/25	**Standard business**					
a	Apologies			Chair		
b	Declarations of interest			Chair		
c	Minutes of previous meeting – 23rd October 2025	Approve	*	Chair	2	5 mins
d	Action plan rolling programme, action log & matters arising	Review	*	CEO	8	
38/25	**Performance & finance**					
a	Trust report	Review	*	Execs	11	10 mins
b	Integrated performance quality & finance report	Review	*	COO	19	
c	Value Improvement Programme update	Review	*	COO	61	10 mins
39/25	**Planning**					
a	Future Christie update	Review	*	DFC	67	10 mins
40/25	**Governance (regulatory / statutory compliance)**					
a	Reports from committees (October 2025 meetings)					
	• Audit Committee	Review	*	Committee	74	10 mins
	• Senior Management Committee		*	chair	80	
b	Board assurance framework	Review	*	CEO	83	5 mins
c	Advanced Foundation Trust authorisation	Review	*	CEO	93	5 mins
41/25	**Any other business**					
	For information					
	Christie Higher Education Institution (HEI) project update	Note	*	DoE	97	
	Reflections on the meeting					
	Date and time of the next meeting					
	Thursday 29th January 2026 at 12:45pm					

D/CEO	Deputy / Chief Executive Officer
DFC	Director of Future Christie
COO	Chief Operating Officer
DoE	Director of Education

*	paper attached
v	verbal
p	presentation

Public meeting of the Board of Directors
Thursday 23rd October 2025 at 12.45 pm
Trust Meeting Room

Present:	Chair:	Prof Joe Rafferty (JR), Chair Roger Spencer (RS), Chief Executive Officer Tarun Kapur (TK), Non-Executive Director Alveena Malik (AM), Non-Executive Director Grenville Page (GP), Non-Executive Director Roy Dudley-Southern (RDS), Non-Executive Director Dr Diana Tait (DT), Non-Executive Director Amanda Oates (AO), Non-Executive Director Marisa Logan-Ward (MLW), Non-Executive Director Sarah Corcoran (SC), Non-Executive Director Prof Chris Harrison (CJH), Executive Director / Deputy CEO Claire McPeake (CM), Chief Operating Officer Vicky Sharples (VS), Chief Nurse and Executive Director of Quality Sally Parkinson (SP), Executive Director of Finance Dr Neil Bayman (NB), Executive Medical Director Eve Lightfoot (EL), Director of Workforce John Wareing (JW), Director of Strategy Prof Adrian Bloor (AB), interim Director of Future Christie Prof Fiona Blackhall (FB), Director of Research Prof Rikki Goddard-Fuller (RGF), Director of Education Jeanette Livings (JL), Deputy Director of Communications
Minutes:		Louise Westcott (LW), Company Secretary
In attendance:		Jo D'Arcy (JD), Assistant Company Secretary Lisa Hallett, Principal Clinical Scientist (member of staff) Lee Showman, Public Governor for Bury Dr Zhu-Chuen Oong, Clinical Oncologist

Clinical presentation: 'Improving outcomes by learning from every patient (RAPID-RT)' – Dr David Wolfe, Consultant Clinical Oncologist, Rachael Wooder, Lead Dosimetrist Radiotherapy and Kevin Dillon, patient.

Kevin explained that he had lung cancer and is currently without cancer. He cares for his wife and is extremely grateful to the Christie for his care and treatment. He was diagnosed on a mobile scanner in Tesco car park in Burnage, had chemotherapy, 33 radiotherapy treatments and has otherwise got on with his life. He explained that waiting for information is the hardest part, and he is waiting for the next scan at the moment. Found the treatment very tiring but was part of his life for that period, Kevin described having a reaction to the chemotherapy but was well looked after, he had support from family. He had an amazing experience here and was very complimentary about the clinicians that have cared for him.

DW described the new approach to getting patients into this trial and big data. We know that radiotherapy for lung cancer can result in a negative impact on the heart. How this is looked at in a research study is difficult. We want to look at all the data we have across GM for patients, to arrive at conclusions more quickly. DW described a rapid learning design study – look at patients that have already been treated and then look at changing dose to the heart in patients over a year to arrive at a hypothesis quickly. This uses the day-to-day clinical record and AI is used to work out where to reduce the radiotherapy dose to reduce the impact on the heart.

Controversial element is that there is an opt-out consent for the study, if they don't actively opt-out then they are automatically included. Patients were involved in the co-design of the study. This

results in a very inclusive nature to the study. All patients are involved except for 2. Can see a 5% survival benefit using this technique over a year between the 2 cohorts in the study.

This is the first study to do this rapid learning with all patients. AI supports this approach to allow it to work.

RW described the need to adapt radiotherapy workflows to manage demand and workforce issues in the future. She described the use of AI in planning that's allowed time savings. Manual versus AI contouring techniques compared – showed AI saved about 50% delineation time – specifically this saved time on contouring the heart. Efficiencies were also identified around specific staff groups. Feedback on the use of AI has been very positive. Concerns were around automation bias, training and impact on job roles. Experienced staff are always used to look at the AI contouring, feedback is important. The first UK evaluation (SMART) is being undertaken. Plans are being fed into the system to improve the quality of the output. The aim is to develop expertise and frameworks for evaluating human-in-the-loop AI, this is a first in the NHS.

Important to ensure we are representative in research trials; we need to incorporate AI appropriately and do things at scale and more quickly to get clinical changes implemented. This requires time to develop change and efficiency in patient care. Skill mix is vital.

Questions invited.

Lung health check picked up Kevin's cancer, more cancers are being picked up through this route. We don't have the rate of increase in workforce to match increase we're seeing in demand. We already have innovative roles in radiotherapy here. Scalability is an issue. DW noted this is scalable but requires buy in and infrastructure from a lot of people – change in mindset, different ways of working etc. Clinical pathways need to be reviewed to scale the potential, need to change the way we work.

Question on ethics of opt-out model and if this is the only way to do this. DW noted this allows us to be truly inclusive, we know the treatment is not going to have a negative effect, so this takes a lot of the ethical issues out. There are no extra treatments for the patient to undergo.

So important to get real data, the standards set by this approach & research governance approach are part of the process. Noted that this is still under ethics approval and through NIHR so still in a regulatory framework. This shows a road map for other studies.

How does this compare with other studies that are happening globally and how do we learn together. The numbers we have in the NHS mean we are leading globally for a whole population approach; others can move more quickly as don't have the same pressures.

Real world evidence – unique as we are one big centre and the way we use data is better than others. We can use clinician data. This is the way things are going.

JR thanked the team for their presentation.

Item		Action
31/25	**Standard business**	
a	**Apologies**	
	Tom Thornber, Director of Future Christie	
b	**Declarations of Interest**	
	No declarations made relating to the items on the agenda	
c	**Minutes of the previous meeting – 25th September 2025**	
	The minutes were accepted as a correct record.	
d	**Action plan rolling programme, action log & matters arising**	

	All items from the rolling programme are complete or noted on the agenda. Notes from Board planning day will be circulated to Board following this meeting.	LW
32/25	**Performance & Finance**	
a	**Trust Report**	
	• New format of the report is presented this month structured to align to the Board capability self-assessment and our 6 strategic objectives. • There are no adverse variances against objectives at month 6. • We are a positive outlier regionally and nationally both financially and in respect to the national standards. • Christie Clinical Research Facility (CRF) is being extended to 7 days – means we can increase capacity for studies in the GM CRF. We are the busiest CRF in GM. • Some discussion took place on how the great performance lands with staff. Report noted	
b	**Integrated performance quality & finance report**	
	• CM outlined the report and asked for feedback on the look of the report that aligns to the NHS Oversight Framework. • Executive summary notes the exceptions and what we are doing. • Comment that the trajectories and timelines could be clearer. • VTE compliance will be taken to the Quality Assurance Committee to get assurance on performance. • Asked for the opportunity for the NEDs to have a separate session to better understand all the information presented.	CM
c	**Value Improvement Programme update**	

	• Paper shows the monthly update.
	• At month 6 we have fully delivered the £25.3m target for the year, this is a significant achievement. Others in GM have not delivered.
	• The split between recurrent and non-recurrent VIP has worked well so far.
	• The focus is now on next year, if we can over deliver this year, we will do that.
	• A system session on confidence around delivery of plans took place with questions on next year as we will have a similar target, this will continue to be challenging.
	• The planning cycle includes the VIP, governance and quality impact assessments and this is working very well.
	• Questions around impact on staff of the ongoing pressure to make savings – there is considerable engagement with staff both clinically and non-clinically.
	• Pressure will increase on the non-recurrent element of the target as the capital programme accelerates. Need to focus on cash releasing and efficiency schemes.
	• The approach was acknowledged, and congratulations were extended to the executive team for achievement of the plan.
	The Board noted:
	  • Achievement of 2025/26 VIP target
	  • Plans for 2026/27 VIP	

33/25	**Planning**	
a	**Regulatory preparedness update**	
	• VS outlined a brief paper that outlines the Trust approach to preparation for a future regulatory inspection • Quarterly approach outlined that involves a lot of Trust wide engagement. • Board have undertaken mock interviews. • Acknowledged that making this an every day process is very good. • Learning is disseminated through feedback, engagement sessions, direct to individual areas with action plans etc. • Patients are already engaged and there is a plan to engage patients further in the second year related to the Quality Plan and Future Christie work.	
b	**Planning update**	
	• A new Planning Framework has been published with a focus on a rolling 5-year process. • An Integrated Delivery Plan is required for each organisation to meet the needs of its population. • A proposed new FT authorisation process is being developed. • A Governance structure has been set up to align planning that is clinically led. Key workstreams are surgery, SACT and radiotherapy supported by divisional management teams. • Benchmarking will be used – GIRFT, Model Hospitals etc. • Clinical priorities, operational requirements, workforce all part of the plan. • Specialty reviews mechanism described, the reviews will include the GM picture and work to address any issues we identify. Our clinicians are inputting into care delivered elsewhere. • Capacity and demand is built into the planning approach – specific to each major treatment modality and the patient pathway. • Confidence in ICB planning was queried – the ICB have a statutory responsibility but there's more focus on individual organisations responsibility now. • CM and AO to discuss design principles. • Board agreed with the recommendations outlined in the paper.	CM/ AO
c	**Future Christie update**	
	• AB introduced himself as cover for TT while he is off work for a period. • Future Christie is a transformation platform built around the patient, clinician and whole hospital. • Data will be further discussed in the second part of the meeting. • AVT – ambient voice technology demo was given showing the technology and what it does including the recording of a discussion, production of a letter and ability to edit / send electronically to the GP and to the patient portal. • Hope to have widespread adoption across the Trust by end of this year. • Surgical staff are trialling this and will then be extended. • Some due diligence is required, support will be put in place once this is launched. • Capacity challenge was discussed, looking at being bold and utilising what we	

	already have with a narrow focus on doing a small number of things well. • Bigger projects will create more of an issue, we are building this capacity now. • Quality control is required, and due diligence is being undertaken in the initial stages. The system is interpretive and needs checking. • Using existing forum to launch this and engage across the Trust. • We have been successful in a bid for AVT for £2.4m. • Data protection issues are part of the consideration – the suggested system is MHRA approved. This is a bolt on to the existing transcription system, there are no additional data protection issues identified. • This fits with the national & regional strategy. We have the national strategy in our line of sight – NHS App, Federated Data Platform etc. • Board approved the recommendations in the paper.	
34/25	**People & culture**	
a	**Freedom to Speak Up Guardian (FTSUG) update**	
	• Fiona Jenkinson (FJ) presented the update on the last 6 months of FTSU work at the Trust. • There have been a significant rise in contacts in Q2 coinciding with an increase in proactive engagement. • There is a general sense of uncertainty in the NHS at the moment plus issues in the wider world that have driven some of the activity. • A very high number of contacts relate to attitudes and behaviours. • Training for managers has been increased to equip leaders with the tools they need to deal with staff. • There have been 2 sexual safety concerns in this period, this shows that people are feeling safe to raise these concerns. • AHPs are over represented, medical staff are underrepresented in contacts. • FJ has identified a variation in recording of cases between previous FTSU Guardians and herself that can be seen through the data. • EDI data shows no firm conclusions around protected characteristics. • Champion network has expanded from 3 to 17 – these are from across staff groups, sites and bands. • Close working with EDI team and review of national requirements has taken place. • New FTSU plan launched structured around the National Guardian's Office (NGO) framework. • FTSU week took place last week. JR did the Swartz round. This was very well received. • Training & education are a focus – cultural reinforcement is key. • Feedback from the anonymous survey has been very positive. • Very important to get good feedback from the contacts and this is not the norm in other organisations. • Feedback to those who make contact is prioritised. • Champions network better represents our organisation and helps with specific issues such as overseas staff. • EL thanked FJ for her work in the first 8 months. FJ works very closely with the	

	Workforce team and the EDI networks as well as the chaplaincy. • Thanks were extended to FJ. • Board noted the update and actions.	
35/25	**Governance (regulatory / statutory compliance)**	
a	**Reports from Committees (September 2025)**	
i	**Quality Assurance Committee**	
	SC noted the lost to follow up work – medium assurance as work still to complete Medical safety also given medium assurance and will come back to the committee. Rolling programme reviewed.	
ii	**Workforce Assurance Committee**	
	TK noted the mandatory training escalation and that this is coming back to the next meeting.	
iii	**Audit committee**	
	GP noted a verbal update on EPRR compliance that was discussed in detail and action plans discussed. Sustainability was discussed that noted the challenging environment and funding constraints. Strong assurance on finance. Reg 15 on premises and equipment – high assurance following detailed report.	
iv	**Senior Management Committee**	
	RS noted the summary from the SMC that show the journey through the committee structure of issues coming to the Board.	
b	**Board Assurance Framework**	
	• BAF has been updated to show the current position against the strategic risks. • Quarterly risk scores added for Q2. • Updates made to the controls and gaps in assurance. • No escalations or increases in risk to note.	
c	**EPRR Compliance statement**	
	• CM noted that the annual compliance statement needs approving based on an 89% approval through an external assessment. • Audit committee endorsed for Board approval. • Approved.	
36/25	**Reflections of the meeting**	
	Excellent presentation. All Board members contributed. Quality of discussion was very good.	
	Any other business	
	• No items noted	
	Date and time of the next meeting	
	Thursday 27th November 2025 at 12:45pm	

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Agenda item 37/25d

Meeting of the Board of Directors - 27 November 2025
Action plan rolling programme after October 2025 meeting

C Culture P Performance S Strategy G Governance

Month	From Agenda No	Category	Issue	Responsible Director	Action	To Agenda no
November 2025		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality and finance report	COO	Monthly report	38/25b
		S	Strategy update	DoS	Six month review	38/25a
		P	Value Improvement Programme	COO	Review	38/25c
		S	Future Christie update	DFC	Review	39/25b
		S	Higher Education Institute update	DoE	Note	39/25a
		S	Annual Sustainabiltiy Report - Boards responsibility for Carbon Net Zero	DCEO	Note approval by Audit Committee	For information
December 2025 - no Board meeting		P	Integrated performance & quality and finance report	COO	Monthly report	By email
	Planning & Development / Council	S	Board planning			
		S	Council / Board - strategy update			
January 2026		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Interim review of annual objectives	CEO	Review progress	
	Annual reporting cycle	P	Integrated performance report	COO	Monthly report	
		S	Future Christie update	DFC	Review	
		P	Value Improvement Programme	COO	Review	
February 2026 - no Board meeting		P	Integrated performance & quality report and finance report	COO	Monthly report	By email
	Annual reporting cycle	G	Letter of representation & independence	Chair	Circulate	By email
	Annual reporting cycle	G	Register of directors interests / FPPT annual declaration	Chair		
	Annual reporting cycle	G	Declaration of independence (non-executive directors only)	Chair		
	Planning & Development Day	S	Board development & planning	Chair	Board Development programme	N/A
March 2026		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality and finance report	COO	Monthly report	For information
	Annual reporting cycle	G	Annual reporting cycle	Executive directors	Approve	
		S	Future Christie update	DFC	Review	
		P	Value Improvement Programme	COO	Review	
		C	Staff survey initial results	DoW	Note	
		G	National Job Matching Profiles for Nursing and Midwifery	DoW	Review	
	Annual reporting cycle	G	FPPT Compliance report	Chair	Approve annual compliance	

Month	From Agenda No	Category	Issue	Responsible Director	Action	To Agenda no
April 2026		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality and finance report	COO	Monthly report	
		G	Register of matters approved by the board	CEO	Note April 2023 to March 2024	
	Provider licence	G	Self certification declarations	CEO	To approve the declarations	
	Annual reporting cycle	S	Annual Corporate Objectives review / BAF	CEO	Review progress	
		G	Modern Slavery Act statement (in Trust Report	CEO	Approve	
		P	Trust Strategy Update	DoS	Review	
		C	Freedom to speak up Guardian report	FTSUG	6 monthly update	
	Annual reporting cycle	P	Risk Management strategy 2024-25 annual review	ECN	Annual Review	
May 2026 - no meeting	Annual reporting cycle	P	Integrated performance & quality and finance report	COO	Monthly report	By email
Planning & Development Day		S	Planning			
June 2026		C	Patient story	CEO	To hear a patient story	
	Annual reporting cycle	P	Integrated performance & qualityand finance report	COO	Monthly report	
	Annual reporting cycle	G	Annual reports from audit, quality and workforce assurance committees	Committee chairs	Assurance	
	Annual reporting cycle	G	Annual compliance with the CQC requirements	ECN	Declaration / approval	
		P	Value Improvement Programme	COO	Review	
		S	Annual objectives / BAF 2026/27		Approve	
	Annual reporting cycle	G	Annual report, financial statements and quality accounts (incl Annual governance statement / Statement on code of governance)	EDoF	Approve	
July 2026 - no meeting		P	Integrated performance & quality and finance report	COO	Monthly report	By email
Planning & Development Day		S	Service Review day with senior leadership teams			
August 2026 - no meeting		P	Integrated performance & quality and finance report	COO	Monthly report	By email
September 2026		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality and finance report	COO	Monthly report	
		P	Value Improvement Programme	COO	Review	
		S	Future Christie update	DFC	Review	
October 2026		C	Patient story	CEO	To hear a patient story	Board presentation
		P	Integrated performance & quality and finance report	COO	Monthly report	32/25b
		P	Value Improvement Programme	COO	Review	32/25c
		S	Future Christie update	DFC	Review	33/25c
		P	EPRR Compliance statement	COO	Approve	35/25c
		G	Regulatory preparedness update	ECN	Review	33/25a
		C	Freedom to speak up guardian	FTSUG	Annual report	
	Planning & Development Day	S	Board Planning & Development	Chair	Board development programme - externally facilitated	N/A

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Agenda item: /25d

Action log following the Board of Directors meetings held on

Thursday 23rd October 2025

No.	Agenda	Action	By who	Progress	Board review
1	31/25d	Further information on planning sessions and notes from previous planning session to be circulated to Board	LW	Complete – information circulated	To note additional dates
2	32/25b	Separate session with NEDs to better understand IPQFR	CM	Session arranged 27th November	N/A
3	33/25b	Discussion on design principles	AO/CM	Meeting arranged	N/A

The Christie NHS Foundation Trust

Agenda item 38/25a

Meeting of the Board of Directors

Thursday 27th November 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** ➢ **Strategic Objectives**	1. To deliver safe, effective & equitable care 2. To deliver excellent financial and operational performance 3. To provide integrated clinical, research and education services 4. To be an excellent place to work and attract the best staff 5. To transform our services to improve access and reduce health inequalities 6. To provider leadership within the wider NHS cancer system
Acronyms or abbreviations contained in the report	NHSE NHS England FDS Faster Diagnosis Standard PDR personal development review GM Greater Manchester VIP Value Improvement Programme EPR electronic patient record AI Artificial Intelligence NIHR National Institute for Health & Care Research

Trust Report

Thursday 27th November 2025 (October data)

Introduction

The Christie remains a high-performing organisation, strategically well positioned, with no current issues requiring escalation and a projected achievement of annual objectives across all strategic domains.

This consolidated view of the Trust's operational and strategic performance summarises the current position with regard to board capability assessment, compliance with operational requirements, progress against our annual strategic milestones all within the context of national policy developments. Further details on the items in the report can be obtained from the links provided. Risks to our strategic milestones are reported in detail in the Board assurance Framework and details of operational performance are in the Integrated Performance, Quality & Finance report.

Board Capability

The Christie's Board Capability self-assessment provides assurance of the board's leadership capacity, governance maturity, and preparedness to meet national performance expectations.

Our self-assessment of full compliance against the NHS England provider capability domains was approved at the September Public Board and submitted to NHSE by their October deadline. The table below summarises the position with all domains rated Green, with no escalation required. A declaration of full compliance has accordingly been made to NHSE.

NHSE Board capability domain	Relevant Indicators	Evidence	RAG rating
1. Strategy & Leadership	Oversight Framework segment; national ranking	NOF Segment 1, ranked 3rd nationally NHS Acute & Specialist Trusts.	
2. Quality of Care	62-day cancer standard; Faster Diagnosis Standard; nurse staffing	62-day and FDS remain above target. Nurse staffing consistently at/above safe 1:8 ratio.	
3. Workforce	Sickness absence; PDR compliance; training compliance	Sickness 5.26% (lowest in GM). PDR compliance (87.3%) and mandatory training compliance (95.2%)	
4. Partnerships & System Role	GM Collaborative contributions; national audits	Leadership in Cancer Alliance. Lead GM aseptic programme. OECI reaccreditation confirms global top-tier status.	
5. Financial Sustainability	Monthly surplus; VIP delivery	Surplus (£4.4m) on plan; value improvement plan target achieved.	
6. Improvement & Innovation	Clinical trial set-up; AI pilots; EPR milestones	Research set-up below 60-days. Digital/AI projects and Future Christie milestones progressing to plan.	

Operational Performance – Month 7 Position

The Trust's national ranking and Segment 1 status confirm our continued excellence and provide strong external assurance of our leadership and capability.

The Christie continues to perform strongly across all domains. We remain in Segment 1 of the NHS Oversight Framework, the highest possible rating, and are currently ranked third nationally among acute and specialist providers. This position reinforces our international standing as one of the top 25 global cancer centres as reported at the September board meeting.

Performance across quality, operational, financial and workforce domains remain compliant with requirements. Full details are provided in the Integrated Performance Report.

Strategic Objectives – Month 7 Position

Progress against the 2025/26 annual milestones of each of our six strategic objectives is currently rated Green, with risks actively managed and oversight of risks clearly assigned to committees or the board and tracked through the Board Assurance Framework.

Strategic Objective 1: Safe, Effective and Equitable Care

Quality remains consistently high, with proactive risk management and a maturing learning culture providing strong assurance on patient safety.

- Overall Status: Green
- BAF Risks: 0 ≥15
- Committee Oversight: Quality Assurance Committee
- Executive Lead: Executive Chief Nurse

There were no significant adverse quality variances in October. The recently published CQC Inpatient Survey and National Cancer Patient Survey both confirm that The Christie remains among the best performing providers nationally. Two operational risks currently score 15 or above and are actively monitored via the Risk & Quality Governance Committee, with mitigation plans in place.

Following a temporary suspension of production in the Aseptic Unit for five days during early October. The unit is now back to full operations.

Our learning culture continues to mature. The Patient Safety Incident Response Framework (PSIRF) has now been implemented across the organisation, and the latest version of the Learning Bulletin has been shared widely to support reflective practice and continuous improvement.

We have been notified by the CQC that we are required to undertake a self-assessment for an Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspection. An onsite visit is planned for 18th December 2025. The previous inspection took place in 2023 with no actions recommended.

Strategic Objective 2: Excellent Financial and Operational Performance

The Trust is financially stable and operationally compliant, with no deviation from plan and full delivery against agreed improvement targets.

- Status: Green
- BAF Risks: 1 ≥15
- Committee Oversight: Senior Management Committee
- Executive Lead: Executive Director of Finance

At Month 7, the Trust is delivering a financial surplus of £4.4 million, in line with plan. The Value Improvement Plan for 2025/26 has been achieved, and operational performance remains compliant against all major cancer standards, including the 62-day, 31-day and Faster Diagnostic Standard (FDS) metrics.

Strategic Objective 3: Integrated Clinical, Research and Education Services

The Trust is strengthening its research and academic profile, with national investment secured and a strategic education proposal in development.

- Status: Green
- BAF Risks: 0 ≥15
- Committee Oversight: Board of Directors
- Executive Lead: Director of Research and Director of Education

Research trial set-up times are currently below the national 60-day benchmark but have improved with further process improvements taking place to sustain and further improve this position. We have received a letter from DHSC outlining the requirement for Trusts to monitor set up time performance, embed monitoring into routine governance and take immediate actions required to improve.

A proposal to establish Higher Education status is presented to the November 2025 Board of Directors meeting for discussion. This represents a strategic opportunity to strengthen our academic partnerships and reinforce our position as a centre of excellence in cancer education.

Strategic Objective 4: Excellent Place to Work and Attract the Best Staff

The Christie maintains a high performing, engaged workforce with strong, nationally leading, indicators of morale, inclusion and leadership visibility.

- Status: Green
- BAF Risks: 0 ≥15
- Committee Oversight: Workforce Assurance Committee
- Executive Lead: Director of Workforce

Workforce indicators remain strong. Mandatory training compliance stands at 95.2%, and PDR completion is at 87.3%. Sickness absence is currently at 5.26%, the lowest in Greater Manchester. The Christie continues to be rated in the top category nationally for compassionate and inclusive culture, staff engagement, morale and flexibility, as confirmed by the NHS Staff Survey 2024.

The Trust has submitted its Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans following approval by the Senior Management Committee. This submission ensures we have met our regulatory obligations, and reflects our continued commitment to advancing equality, diversity, and inclusion across the organisation.

Resident Doctors undertook industrial action from 7am on Friday 14 November to 7am on Wednesday 19 November 2025. Our established operational planning processes were activated to ensure continuity of care and effective management throughout the period. The small number of follow up appointments impacted have been rearranged.

Staff engagement activity in October was extensive and well-attended. Highlights include the Research & Innovation Division Strategy away day, the Connect & Reflect event with new starters and a tour of the Oldham site by Board members.

Staff survey 2025 closes at the end of November, activities are underway to encourage staff to complete the survey.

Strategic Objective 5: Transform Services and Reduce Inequalities

Transformation is progressing as planned, with digital infrastructure and service equity both advancing in line with strategic commitments.

- Status: Green
- BAF Risks: 0 ≥15
- Committee Oversight: Board of Directors
- Executive Lead: Future Christie Director, and Director of Strategy

Our Future Christie transformation programme remains on track. The Patient Portal has been successfully rolled out, and development of a business case for a new electronic patient record (EPR) is underway. The capital programme is progressing to plan and remains within budget.

We continue to address inequalities in access to services. Notably, we have consistently achieved the Faster Diagnostic Standard target for haematology patients in Mid-Cheshire, demonstrating our commitment to equitable care across the region.

We have successfully secured additional funding for Ambient Voice Technology and a case is presented in November for consideration by the Board.

Strategic Objective 6: Leadership Within the Wider NHS Cancer System

The Christie's leadership role within the regional and international cancer system is recognised and expanding, reinforcing our strategic influence.

- Status: Green
- Key Updates: OECI reaccreditation; GM Collaborative leadership; network expansion
- BAF Risks: 1 ≥15
- Committee Oversight: Board of Directors
- Executive Lead: Director of Strategy

The Trust continues to play a leading role within the Greater Manchester Provider Collaborative, contributing to all eight shared priorities and leading the GM Aseptic programme. Our haematology network has expanded to include Macclesfield and Crewe with active plans to extend to additional sites, further consolidating our system leadership.

The table below summarises our current delivery status against the six strategic objectives, including risk ratings and committee oversight.

	Strategic Objective	Risk rating	Committee oversight
1	Safe, Effective and Equitable Care		Quality Assurance Committee
2	Excellent Financial and Operational Performance		Senior Management Committee
3	Integrated Clinical, Research and Education Services		Board of Directors
4	Excellent Place to Work and Attract the Best Staff		Workforce Assurance Committee
5	Transform Services and Reduce Inequalities		Board of Directors
6	Leadership Within the Wider NHS Cancer System		Board of Directors

Our Strategy 2023-2028

The table below outlines the main themes of the Trust Strategy and the high-level progress against each.

Leading Cancer Care	Theme	Exec Lead	Status
Realise the potential of the Paterson development to achieve seamless integration of research with clinical care	Outcomes	Director of Research	Paterson complete and fully occupied. Oct/Nov 2025 CRUK-MI Director commenced in post with a joint appointment as Honorary Consultant in Medical Oncology at The Christie.
Grow our pipeline of Christie leaders with regional, national and international influence	Outcomes	Executive Medical Director	Internal programmes established and well attended External programmes supported – e.g. national GIRFT review HPB cancer
Accelerate research delivery through efficiencies and innovation, bringing tomorrow's treatments to patients faster	Outcomes	Director of Research	Moving from analogue to digital with approval for implementation of EDGE, Ignite & Florence platforms in 2026
Create sustainable opportunities for our staff to work within international partnerships to tackle cancer inequalities locally and globally	Inequalities	Director of Strategy	Fellowship exchange in place. International programme established and developing partnerships in
Develop accessible and inclusive cancer care education and training through the development of education in the "Excellence in Education Centre" and the exploration of registered education provider status	Outcomes	Director of Education	Plan to achieve HEE Status to Board November 2025
The Christie Experience	**Theme**	**Exec Lead**	**Status**
Improve in-patient experience and efficiencies through the emerging/next generation ward environment	Cancer waits	Chief Operating Officer	Wards 14 & 15 operational. Ward renovations underway, ward 12 complete, 10 and 11 commenced
Establish Christie research outreach – access to research for every patient across Greater Manchester	Inequalities	Director of Research	Wigan & East Cheshire sites open. In planning to open Bolton in 2026.
Personalise the Christie Outpatient experience by embedding digital healthcare tools	Inequalities	Director of Future Christie	Patient App launched August 25.
Embed cancer partnerships beyond Greater Manchester by building on the success of national service networks and hosting Operational Delivery Networks	Outcomes	Director of Strategy	Host of NW Radiotherapy and TYA Specialised Clinical Networks Developing partnership with Mid Cheshire (haematology, SACT).
Grow active patient and public engagement opportunities across cancer education priorities	Inequalities	Director of Education	'Cancer through exclusion' series, launched Experts through Experience panel to guide priority setting, engagement / development of cancer specific education.
Local and Specialist Care	**Theme**	**Exec Lead**	**Status**
Develop a single Christie non-surgical oncology service with equitable care for all patients across Greater Manchester	Cancer waits	Director of Strategy	Haematology network established Consolidation of oncology Outpatient and SACT activity underway
Collaborate with partners to improve access to cancer diagnosis and treatment, targeting areas of greatest need	Cancer waits	Chief Operating Officer	Consolidation of outpatient, SACT & Haematology services.

			Specialist diagnostics – PETCT single queue. 62-day performance on track for achievement by year end.
Expand cancer survivorship programme with system leadership for managing the late effects, supportive care and research	Inequalities	Executive Medical Director	BRC living with & beyond programme MASCC designated centre of excellence in Supportive Care (June 2025)
Establish a Christie Advanced Scanning Centre for state-of-the-art diagnostics and increasing capacity	Cancer waits	Director of Finance	Business case approved, decant commenced
Work with partner organisations to integrate a sustainable next-generation cancer pathology service in cytogenetics, histopathology and blood sciences	Cancer waits	Chief Operating Officer	Re-procurement of joint venture partner completed. New build project for pathology facilities approved and commenced through The Christie Charity
Best Outcomes	**Theme**	**Exec Lead**	**Status**
Drive improvements in quality, safety, and patient experience through real-time data for data-enhanced clinicians	Outcomes	Director of Future Christie	Future Christie project in place – AVT funding received. Funding approved and further case for Board consideration November
Accelerate improving outcomes through launching a Clinical Outcomes and Data Unit	Outcomes	Director of Future Christie	CODU established. Review of future data requirements in progress
Develop a secure data environment with regional / national capability in collaboration with research partners	Outcomes	Director of Research	Future Christie and JAC – workshops in progress for EPR procurement
Work in partnership with the Greater Manchester Cancer Alliance to establish and report cancer equality metrics and KPIs	Inequalities	Director of Strategy	Reporting cancer standards by protected characteristics monthly. Focus on early diagnosis e.g. expanding targeted lung health check – reporting inequality measures
Improve outcomes for older patients with cancer through the Christie Senior Oncology service	Inequalities	Executive Medical Director	Service developed and operational

National Policy Developments

The Trust is appraised of and involved in shaping current NHS policy and well positioned to take advantage of emerging opportunities.

Recent updates to NHS England policy frameworks are directly relevant to our strategic planning. These include;

- Publication of the Medium Term Planning Framework Medium Term Planning Framework for 2026/27 to 2028/29
- NHSE is inviting feedback on the Advanced Foundation Trust Programme: guide for applicants. The Advanced Foundation Trust Programme will be a vehicle through which to reward and incentivise good performance. The intention is that by 2035 all providers will have become advanced foundation trusts, with freedoms including strategic and operational autonomy, a capability-based regulatory approach and greater financial flexibilities. This consultation is open from the **12 November 2025 to 11 January 2026**.

  Following consultation, the updated policy and guide for applicants will be published and implemented in 2026. NHS England » Advanced Foundation Trust Programme – guide for applicants

The NHS has now announced the next steps for the development of Advanced Foundation Trusts as part of the NHS 10-Year Health Plan. The Secretary of State for Health and Social Care, Wes Streeting, announced on 12 November that eight pilots have been announced. Although we are not one of the pilot phase organisations, The Christie will continue to be preparing to make sure that we are one of the first to go through the formal assessment process when it is finalised.

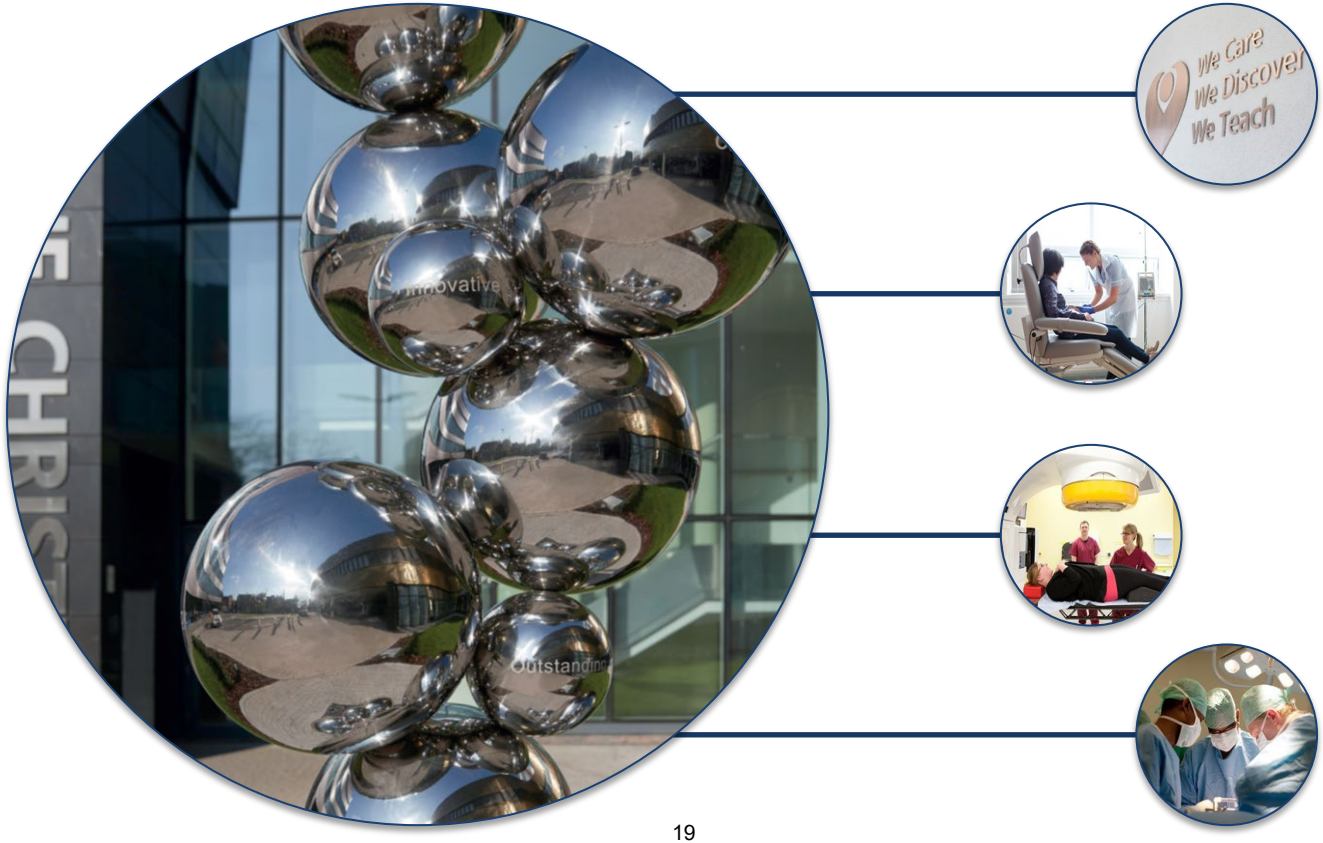
This would give us the freedom to continue our ambitious future programme of service changes to provide the very best care for our patients and to look after all of our staff. We will be working over the next three months to ensure our plans are in place so we can apply as soon as a national process is announced.

- Transforming medical training for the future of the NHS - This report identifies 11 recommendations, including four key priorities needed to modernise medical training:
    - Training must become more flexible
    - We must build on excellence beyond formal training routes
    - Current training bottlenecks are damaging and must be addressed
    - We need to rebuild inclusive team structures where doctors at every stage of training feel valued

Recommendation

To note that The Christie remains a high-performing organisation that is strategically well positioned and has declared full compliance with the NHSE Board capability domains.

The Christie NHS Foundation Trust



EXECUTIVE SUMMARY

NHS
The Christie
NHS Foundation Trust

Strategy and Leadership

The Trust remains well-aligned with national priorities under the NHS Oversight Framework 2025/26, showing strong domain-level performance and readiness for public benchmarking via Model Hospital. The integration of Leighton Haematology services temporarily affected key metrics, but responsive interventions (extra clinics, locum cover) demonstrate adaptive leadership. The 62-day cancer treatment improvement initiative (Nov 2025–Mar 2026) reflects a proactive approach to sustained performance improvement.

Quality of Care

Patient safety remains robust: one PSII reported in October. Positive safety culture evidenced by high reporting rates: 71% no-harm and 15% near-miss incidents. 13 learning responses were triggered locally embedding a continuous learning culture. Infection control: C. Difficile and P. Aeruginosa below trajectory; E. Coli and Klebsiella above, requiring targeted surveillance. Patient feedback continues to validate high-quality, compassionate care. Two operational risks scoring over 12 in October.

Workforce

Safe staffing sustained (1:7 average nurse–patient ratio, occasionally 1:8) with no correlation to incident trends. Staff absence: 5.26% (above target) due to short-term sickness. Turnover falling, and mandatory training compliance high (95.16%). PDR completion above target, supporting staff development and engagement.

Financial Sustainability

£4.4m surplus at month 7, aligned with plan. Capital spend £11.9m (slightly above plan) focused on ASIC, estates, digital, and asset replacement. Value Improvement Programme (VIP): £25.3m identified; £0.9m recurrent gap actively managed. Agency/bank costs stable or decreasing, reflecting strong workforce cost control.

Service Improvement

Cancer performance remains strong:62-day: 76.1% (above stretch target) 31-day: 98.5%, Faster diagnosis: 94.4% (target 80%), RTT 18-week: 96.4%; 52-week waiters equates to two patients, both resolved with treatments scheduled. Referral growth from service expansion in Haematology prompts ongoing capacity and pathway optimisation.

Overall Assessment

The Trust demonstrates robust leadership, financial stability, and high-quality care delivery, with clear evidence of strategic alignment and continuous improvement. Key focus areas ahead include infection control performance, short-term sickness management, and sustaining cancer pathway gains through capacity planning.

Report Flags

VTE - assessment compliance below target but improvement measures taking effect. Performance rising and expectation for Q3 end is to achieve the standard.

24 Day Performance – 60% of referrals received from secondary care past day 38 & 20% beyond day 62 which creates pressure to treat patients in under 24 days. Improvement plan in place being monitored through operational improvement group to reduce internal treatment times and numbers of breaches.

52 Week performance - In October, we reported that 0.04% (2 patients) of patients were waiting over 52 weeks for treatment, against a target of 0%. Patients now dated.

Vacancy Rate - The vacancy rate for October 2025 was 6.77%, exceeding the target threshold of 5.00%.

Oversight Framework 25/26

The new NHS Oversight Framework 2025/26 describes a consistent and transparent approach to assessing ICBs and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement. The initial data below shows the Trust's rankings based on the first cut of data (the Access to services module is not currently being populated for specialist cancer Trusts). Metrics have been grouped into domains and will be scored individually and across each domain, with Trust's being segmented into an overall score for comparison against other Trusts. The information is to be publicised on the Model Hospital platform.

Select a trust

The Christie NHS Foundation Trust (RBV)

View the glossary page

Average score

1.51

Trusts are scored on up to 30 measures of performance (metrics).

Scores range from 1.00 (high performing) to 4.00 (low performing).

How has average score been calculated?

Trust in financial deficit?

No

If an organisation is reporting a financial deficit or in receipt of deficit support, that organisation's segment can be no greater than 3.

How is financial deficit applied?

Segment

1 - High performing

Each trust is assigned to a segment ranging from 1 – 4 based on average metric score and taking into consideration the financial deficit override.

Some of the more challenged trusts may be referred to the Recovery Support Programme and therefore allocated to a fifth segment.
How has segment been calculated?

Trust rank

3 out of 134

Each trust receives a rank based first on their segment and then their average score within that segment. Ranks range from 1 (The segment one trust with the lowest average score) to 134 (The segment four trust with the highest average score)
How has rank been calculated?

Focussed performance areas

Access to services	(Blank)
Finance and productivity	2 - Above average
Effectiveness and experience of care	1 - High performing
Patient safety	1 - High performing
People and workforce	1 - High performing

Average score by trust rank placement

View full league table

Oversight Framework 25/26

The Christie NHS Foundation Trust

Segment	Finance and productivity domain segment
1 - High performing	2 - Above average

Return to overview

Domain	Sub-domain	Description	Reporting date	Metric value	Units	Metric score	Rank	Average value	Standard
Finance and productivity	Finance	Combined finance	Q1 2025/26		score	1.00			
Finance and productivity	Finance	Planned surplus/deficit	2025/26	1.39	percent	1.00	5 out of 134	-1.62	0
Finance and productivity	Finance	Variance year-to-date to financial plan	Month 3 2025	-0.37	percent	2.00	98 out of 134	0.00	
Finance and productivity	Productivity	Implied productivity level	To M12 2024/25 vs 2023/24	1.64	percent	2.92	86 out of 134	2.91	

Segment	Effectiveness and experience domain segment
1 - High performing	1 - High performing

Return to overview

Domain	Sub-domain	Description	Reporting date	Metric value	Units	Metric score	Rank	Average value	Standard
Effectiveness and experience	Effective flow and discharge	Average number of days from discharge ready date to actual discharge date (including zero days)	Jun-25	0.30	days	1.34	15 out of 126	0.70	
Effectiveness and experience	Patient experience	CQC inpatient survey satisfaction rate	2023		score	1.00			

Oversight Framework 25/26

The Christie NHS Foundation Trust

Segment	Patient safety domain segment
1 - High performing	1 - High performing

Return to overview

Domain	Sub-domain	Description	Reporting date	Metric value	Units	Metric score	Rank	Average value	Standard
Patient safety	Patient safety	NHS Staff survey - raising concerns sub-score	2024	6.93	out of 10	1.11	6 out of 134	6.42	
Patient safety	Patient safety	Number of MRSA infections	Jul 24 - Jun 25	3.00	count	2.63	55 out of 134	3.00	0
Patient safety	Patient safety	Rate of C-Difficile infections	Jul 24 - Jun 25	1.04	rate	2.11	26 out of 134	1.22	1
Patient safety	Patient safety	Rate of E-Coli infections	Jul 24 - Jun 25	1.05	rate	2.22	34 out of 134	1.16	1

Segment	People and workforce domain segment
1 - High performing	1 - High performing

Return to overview

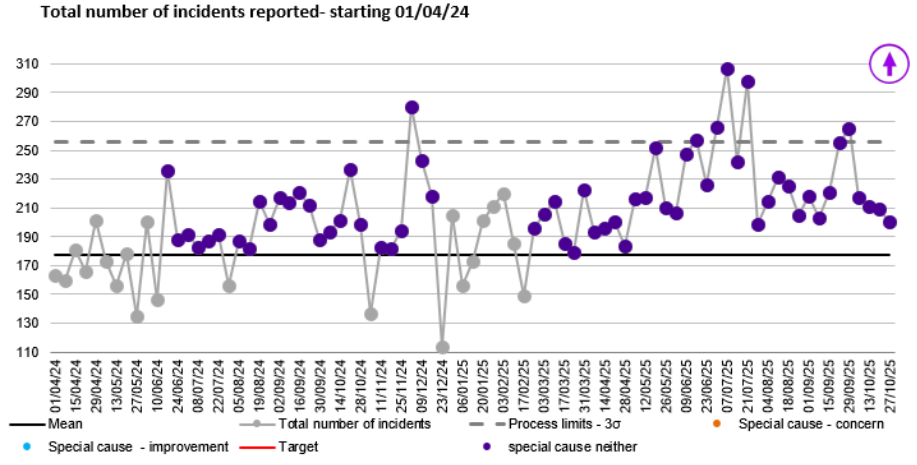
Domain	Sub-domain	Description	Reporting date	Metric value	Units	Metric score	Rank	Average value	Standard
People and workforce	Retention and culture	NHS staff survey engagement theme sub-score	2024	7.52	out of 10	1.02	2 out of 134	6.88	
People and workforce	Retention and culture	Sickness absence rate	Q4 2024-25	4.38	percent	1.38	22 out of 134	5.21	

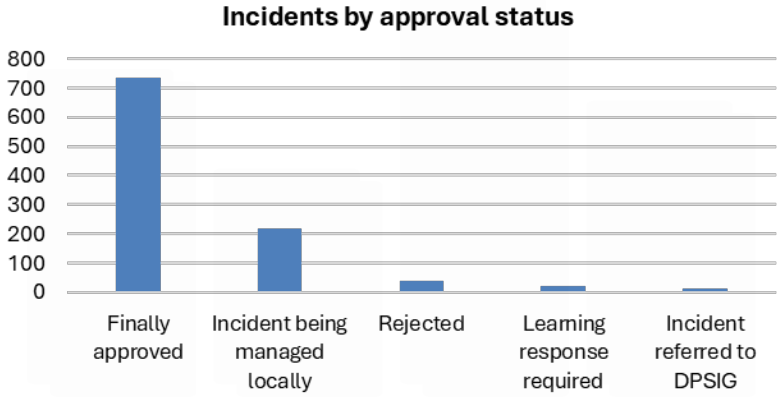
Incident Reporting

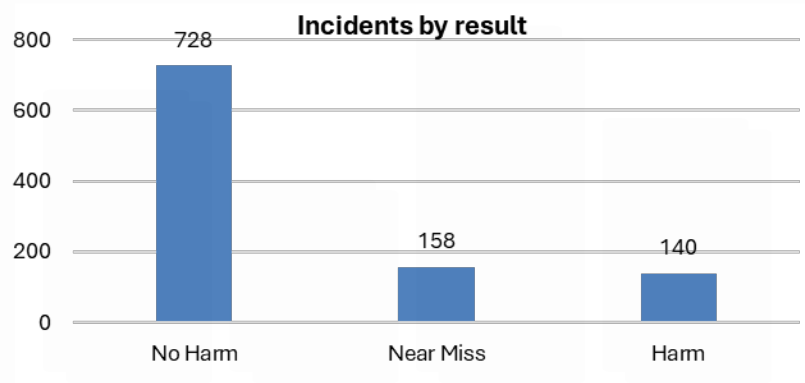
The Christie NHS Foundation Trust

A total of 1026 incidents were reported to DCIQ in October 2025.

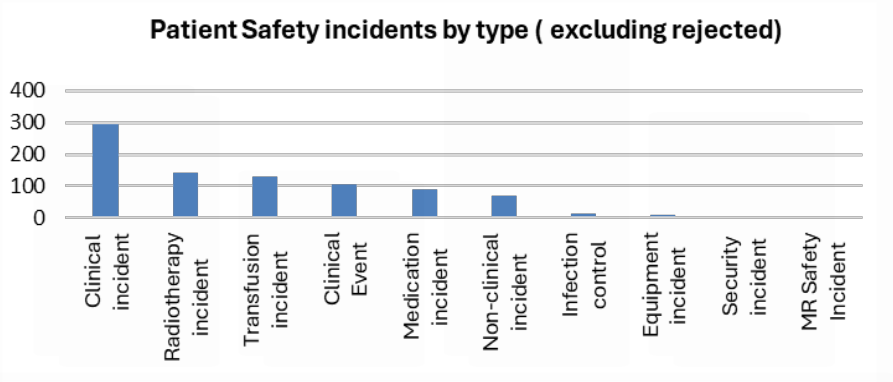
- At the time of reporting, 72% of incidents have been finally approved. 4% of incidents have been rejected for reasons such as duplication and incidents which involve care provided by an external trust. .
- 71% of incidents reported resulted in no harm
- 15% of incidents were reported to be a 'near miss', evidencing a positive reporting culture
- Reporting trends in October were within the expected limits.
- Although there was a 7% increase in incidents reported from last month, there was no increase in incidents resulting in harm.





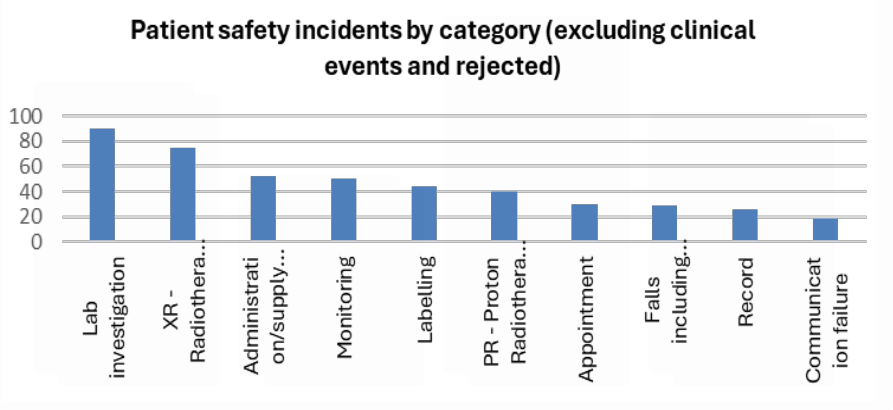


Incident Reporting



In October 2025, 88% of all incidents reported (904/1026) were classed as 'Incidents affecting a patient' and therefore reported to LFPSE (Learning from Patient Safety Events).

The chart shows that of these (excluding rejected), 106 (10%) were clinical events, this category includes cardiac arrests, known complications and events recorded for monitoring purposes.

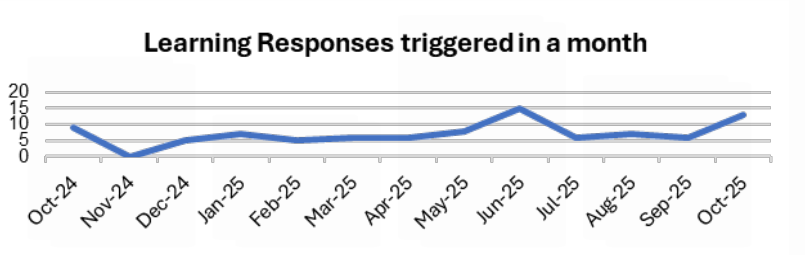


The remaining 762 incidents were categorised in the DCIQ system, and the chart shows the top 10 categories identified.

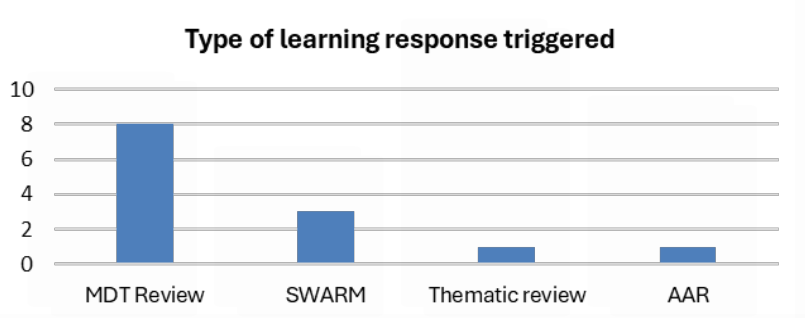
Lab investigation - 77% of lab investigation incidents were categorised as labelling errors. An order comms task and finish group led by CSSS has been agreed to review and improve compliance with sampling requirements.

XR radiotherapy - High reporting by the radiotherapy directorate is typical due to the requirement to report radiotherapy error and near misses (RTE) to NHS England. The directorate utilises PSIRF to ensure proportionality and systems learning through their incident management process.

Incidents identified that require a Learning Response

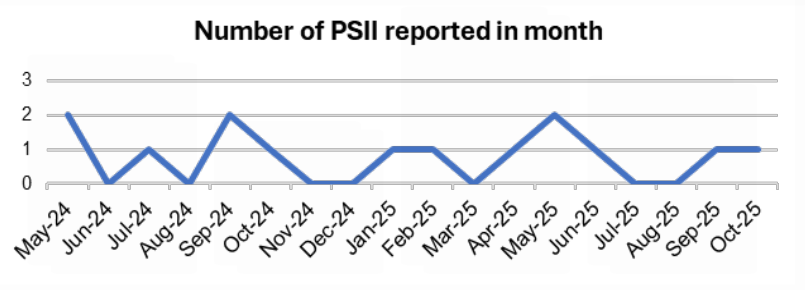


- Learning responses are triggered when an opportunity for new learning is identified.
- Potential learning responses are discussed and agreed at the PSIRF delivery group which is held weekly and attended by the patient safety team and divisional governance teams.
- 13 Learning responses were triggered locally and via the divisional PSIGs in October 2025:
- 6 triggered for presentation to the ERG
- 7 triggered for a local learning response



In October 2025, the following types of learning response were triggered:

- 8 MDT reviews
- 1 After Action Review
- 1 Thematic review
- 3 SWARM



- Patient Safety Incident Investigations (PSII) are triggered when there is a significant opportunity for learning and improvement. PSIIs are extensive investigations which result in specific outcomes recommended by trained investigators.

- 1 PSII was reported in October 2025:
- I17372– Unwitnessed fall resulting in intracranial bleed. Patient RIP

Integrated Performance Report - Patient Care Metrics Summary

NHS
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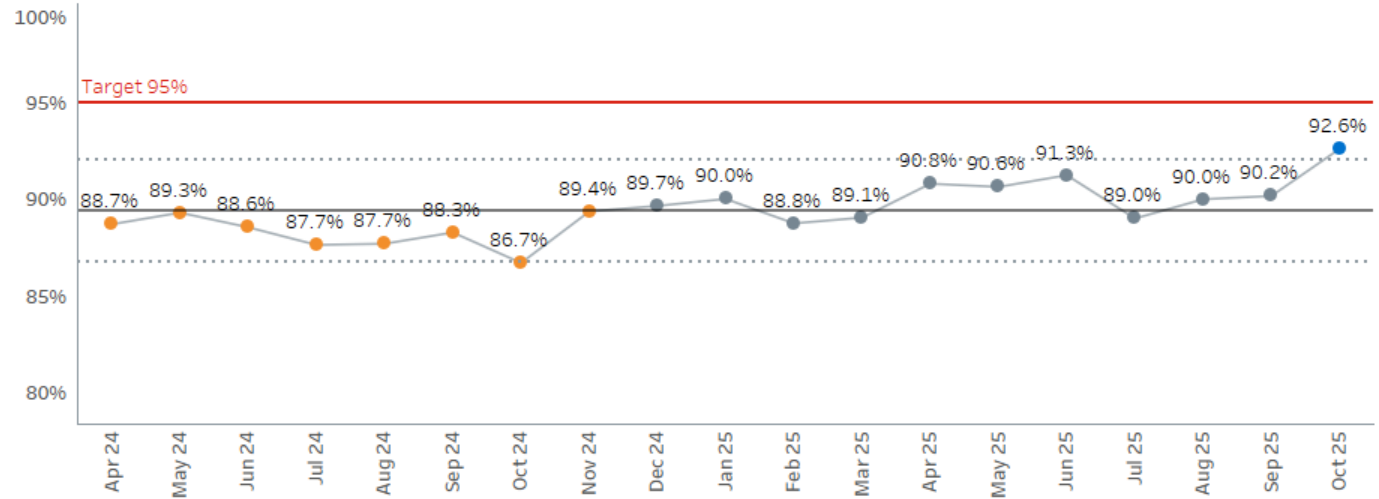
NHS Foundation Trust

Metric	Month	Measure	Target	Variation	Assurance
Sepsis - screening (presenting as an emergency)	October	96.90%	90.00%		P
Sepsis - timely treatment with IV antibiotics (established inpatients)	October	96.90%	90.00%		?
VTE Assessment Within 14 Hours of Admission	October	92.61%	95.00%	H	F
Falls per 1000 bed days	October	4.5	3.8		?
Pressure sores per 1000 bed days	October	0.4	0.5		?
Category 3 pressure ulcers	October	0.0	0.0		?
Hospital Cancelled Operations on the day for non clinical reasons	October	6.0	0.0		?

VTE Assessment Within 14 Hours of Admission



Icons

Improving

Failing

Summary

Common Cause This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.

Failing If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.

Understanding the performance

Improvement, driven by changes to practice in DOSA. Intervention made in closing days of October – expectations that performance further improved since data pulled.

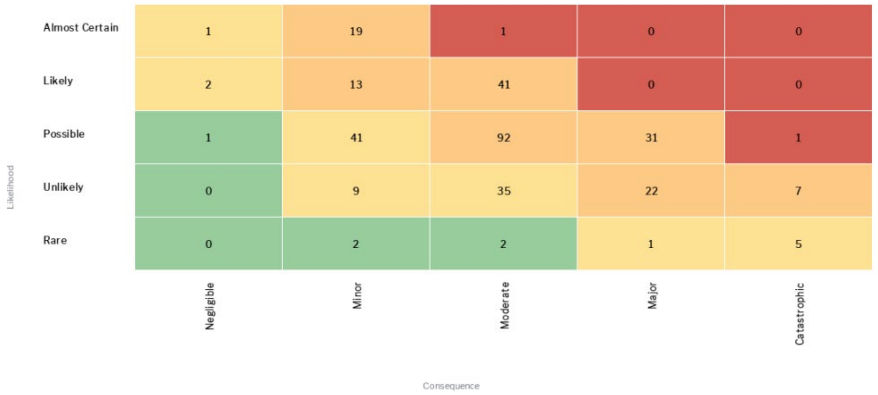
Performance still limited by poor performance in one area which is the focus of improvement over the next month.

Actions (SMART)

Continue current interventions in DOSA
Extend interventions to BMR

Operational Risks

New	New longer than 3 days	Active	Due next 30 days	Overdue
5 Risks	3 Risks	326 Risks	208 Risks	17 Risks



Current rating	# Risks
Low	5
Moderate	94
High	225
Extreme	2

- In October 2025 there were 326 open risks recorded in DCIQ
- Of the 326 risks open, 69% (n= 225) were rated as 'high' (≥ 10)
- 2 risks were rated 'extreme (≥15)
- 17 risks were overdue scheduled review

Operational Risks

The Christie NHS Foundation Trust

Risk ID	Risk	Risk Register	Type	Subtype	Risk owner	Date opened	Initial rating	Current likelihood	Current consequence	Current rating	Target rating	Movement	Next Review Date
101	There is a risk to the Trust's ability to demonstrate compliance and adherence to it's regulatory and statutory requirements under PSIRF	Trustwide	External Risk	Strategic Planning Risk	Benjamin Vickers	10/03/2025	16	3	3	9	6	↓	05/12/2025
357	There is a risk of a patient inadvertently receiving an unintended blood component or product	Trustwide	Clinical Risk	Patient Safety / Outcomes Risk	Sharon Jackson	16/06/2023	10	2	5	10	5	→	30/10/2025
389	Not Identifying and Delivering 25/26 recurrent VIP programme impacting on financial sustainability and ability to treat patients	Trustwide	Financial Risk	Financial Management / Waste Reduction Risk	Claire Mcpeake	30/10/2024	16	3	3	9	16	↓	30/11/2025
514	There is a risk that patients may experience harm due to significant delays in the management of patients with colorectal cancers.	Trustwide	Clinical Risk	Patient Safety / Outcomes Risk	Tracey Jones	05/09/2025	16	3	4	12		↓	14/11/2025
530	Non-compliance with Mandatory Training Requirements	Trustwide	Workforce Risk	Workforce Performance Risk	David Smithson	22/09/2025	12	4	3	12		→	31/12/2025

Risk ID	Risk	Risk Register	Type	Subtype	Risk owner	Date opened	Initial rating	Current likelihood	Current consequence	Current rating	Target rating	Movement	Next Review Date
339	There is a risk that a patient may develop a DVT if their VTE assessment is not completed	Acute and Inpatient	Clinical Risk	Patient Safety / Outcomes Risk	Annie Dewberry, Liz Perry	28/03/2025	9	3	3	9	3	→	25/11/2025

Risk ID	Risk	Risk Register	Type	Subtype	Risk owner	Date opened	Initial rating	Current likelihood	Current consequence	Current rating	Target rating	Movement	Next Review Date
496	There is a risks that patients may experience delays to their care and treatment due to limited medical resources within the anaesthetic service	Clinical Support and Specialist Surgery Risk Register	Clinical Risk	Patient Safety / Outcomes Risk	Lauren Oswald, Tracey Jones	23/07/2025	9	4	4	16	6	↑	03/12/2025

The Trust wide risks are defined as those that need impact Trust wide or need organisation wide involvement to resolve. Associate Director of Governance hold responsibility for this; agreeing new risk and overseeing controls, reviews and actions.

The Christie NHS Foundation Trust

Movement of extreme risks

Risks with a current risk score of 15 and above:

Risk ID	Risk	Risk Register	Type	Subtype	Risk owner	Date opened	Initial rating	Current likelihood	Current consequence	Current rating	Target rating	Movement	Next Review Date
236	Risk of harm to patients caused by potential microbiological contamination because of ASU facility limitations	Pharmacy	Operational Risk	Business Continuity Risk	Dawn Gillibrand	21/03/2025	9	3	5	15		↑	30/10/2025
562	Risk of reputational harm, patient harm (metastatic disease) & poor patient experience due to failure to comply with NICE guidance to offer Ribociclib treatment to eligible breast cancer patients	Networked Services Risk Register	Clinical Risk	Capacity Planning Risk	Mrs Caroline Rogers	10/10/2025	15	5	3	15	3	→	10/11/2025

Risks downgraded from extreme in October:

Risk ID	Risk	Risk Register	Type	Subtype	Risk owner	Date opened	Initial rating	Current likelihood	Current consequence	Current rating	Target rating	Movement	Next Review Date
453	There is a risk to patient safety and experience due to issues relating to how results appear from blood tests sent externally to Manchester Foundation Trust (MFT).	Haematology Teenage and Young Adults	Clinical Risk	Patient Safety / Outcomes Risk	Victoria Burns	14/05/2025	15	4	3	12		↓	13/11/2025
514	There is a risk that patients may experience harm due to significant delays in the management of patients with colorectal cancers.	Trustwide	Clinical Risk	Patient Safety / Outcomes Risk	Tracey Jones	05/09/2025	16	3	4	12		↓	14/11/2025

- As of the current reporting period, 2 risks have a score of 15 and above.
- 2 risks were downgraded from extreme in September (ID : 453, 514)
- In October 1/2 risks were reviewed within the required trust timescales and 50 were compliant with the trust's risk review process.

Safe Staffing

The Christie NHS Foundation Trust

		DAY	NIGHT	Cumulative count over the month of patients at 23:59 each day	CHPPD (Care Hours Per Patient Per Day)
		Hours	Hours		
Registered Nurses	Total monthly PLANNED	16537	13841	5078	5.7
	Total monthly ACTUAL	15731	13216		
	Average Fill Rate %	95.1%	95.5%		
Care Staff	Total monthly PLANNED	9908	7405	5078	2.9
	Total monthly ACTUAL	7909	6830		
	Average Fill Rate %	79.8%	92.2%		
ALL Staff	Total monthly PLANNED	26445	21246	5078	8.6
	Total monthly ACTUAL	23640	20046		
	Average Fill Rate %	89.4%	94.4%		

Registered Nurses	DAY			NIGHT			Cumulative count over the month of patients at 23:59 each day	CHPPD (Care Hours Per Patient Per Day)
	Hours Planned	Hours Actual	% Fill Rate	Hours Planned	Hours Actual	% Fill Rate		
Critical Care Unit	2130	1762	82.7%	2105	1821	86.5%	147	24.4
Palatine Ward	3112	2885	92.7%	2493	2281	91.5%	873	5.9
Ward 10	2156	1954	90.6%	1779	1649	92.7%	724	5.0
Ward 11	1779	1849	103.9%	1419	1450	102.2%	604	5.5
Ward 12	1849	1918	103.7%	1581	1682	106.4%	856	4.2
Ward 4	1852	1844	99.6%	1536	1535	99.9%	807	4.2
Ward 2	1477	1378	93.3%	1092	1032	94.5%	514	4.7
Acute Assessment Unit	2182	2141	98.1%	1836	1766	96.2%	553	7.1
TOTAL	16537	15731	95.1%	13841	13216	95.5%	5078	5.7

Registered Nursing Associates	DAY			NIGHT		
	Hours Planned	Hours Actual		Hours Planned	Hours Actual	
Critical Care Unit						
Palatine Ward		23				
Ward 10		68				
Ward 11						
Ward 12		21				
Ward 4						
Ward 2		11				
Acute Assessment Unit						

Care Staff	DAY			NIGHT			Cumulative count over the month of patients at 23:59 each day	CHPPD (Care Hours Per Patient Per Day)
	Hours Planned	Hours Actual	% Fill Rate	Hours Planned	Hours Actual	% Fill Rate		
Critical Care Unit	0	0	100.0%	0	0	100.0%	147	0.0
Palatine Ward	1379	1088	78.9%	1322	1199	90.7%	873	2.6
Ward 10	1520	1167	76.8%	795	741	93.2%	724	2.6
Ward 11	1573	1207	76.7%	1252	1183	94.5%	604	4.0
Ward 12	1777	1382	77.8%	1128	1065	94.4%	856	2.9
Ward 4	1781	1427	80.1%	1460	1309	89.7%	807	3.4
Ward 2	810	727	89.8%	678	644	95.0%	514	2.7
Acute Assessment Unit	1068	911	85.3%	770	689	89.5%	553	2.9
TOTAL	9908	7909	79.8%	7405	6830	92.2%	5078	2.9

**Nursing Associate hours are displayed seperately due to national guidance, however the actual hours are included alongside the Registered Nursing hours. The Trust does not have enough Nursing Associate posts to enable planned established hours.*

Integrated Performance Report - Friends & Family Test & Patient Experience

NHS
The Christie
NHS Foundation Trust

Metric	Month	Measure	24/25 Avg	Variation	Assurance
Inpatient Response Rate	October	31.00%	34.00%		
Inpatient Recommended Score	October	95.60%	97.00%		
Outpatient Recommended Score	October	96.30%	96.00%		
Number of new complaints	October	24	13		
Number of PALS	October	42	37		

Patient Experience

The Christie NHS Foundation Trust

Positive feedback received…..

“Members of the high peak Prostate cancer support group wanted to highlight the excellent service provided by CNS to both group and individual patients. The CNS's attendance at the support group is much appreciated along with his knowledge and caring manner, ability to put people at east and give people the information they need in a timely manner. It was indicated they would nominate him for an award if they could.”

“Compliments to Halima Ali - Adjuvant Abemacilib co-ordinator .”

“I would like to express my deepest thanks and appreciation for the care and support you gave me during my recent surgery. Your guidance, attention to detail and expertise made me feel confident and this eased my anxieties knowing I was in safe hands. You listened to me, shared kindness and compassion and for this, I will be forever grateful. Please extend my thanks to the surgical team, my entire care was outstanding."

“To the whole RT team at Macclesfield. A very small gesture of gratitude to show my thanks to all of you very lovely people. You have a role similar to that of angels. You can perform such miracles and it is all done with pure professionalism and kindness. My stage 4 diagnosis with mets will likley never leave but through your care and expertise, you have given me the best chance to see my daughter graduate and to perhaps even meet a grandchild. Never underestimate your roles or the impact you have/ Prioritise pleasure in all of your life choices. “

Healthcare Associated Infections

The Christie NHS Foundation Trust

HCAIs against thresholds 2025-26 – HOHA & COHA only

Indicator	Threshold	Position	Year so far (as at month 7)	Threshold adjusted to month 7	Difference
C.*Difficile*	≤ 52	Below trajectory	26	35	- 9
E.coli BSI	≤ 43	Below trajectory	37	29	+ 8
Klebsiella spp. BSI	≤ 24	Below trajectory	20	16	+ 4
P.Aeruginosa BSI	≤ 8	Below trajectory	3	5	-2

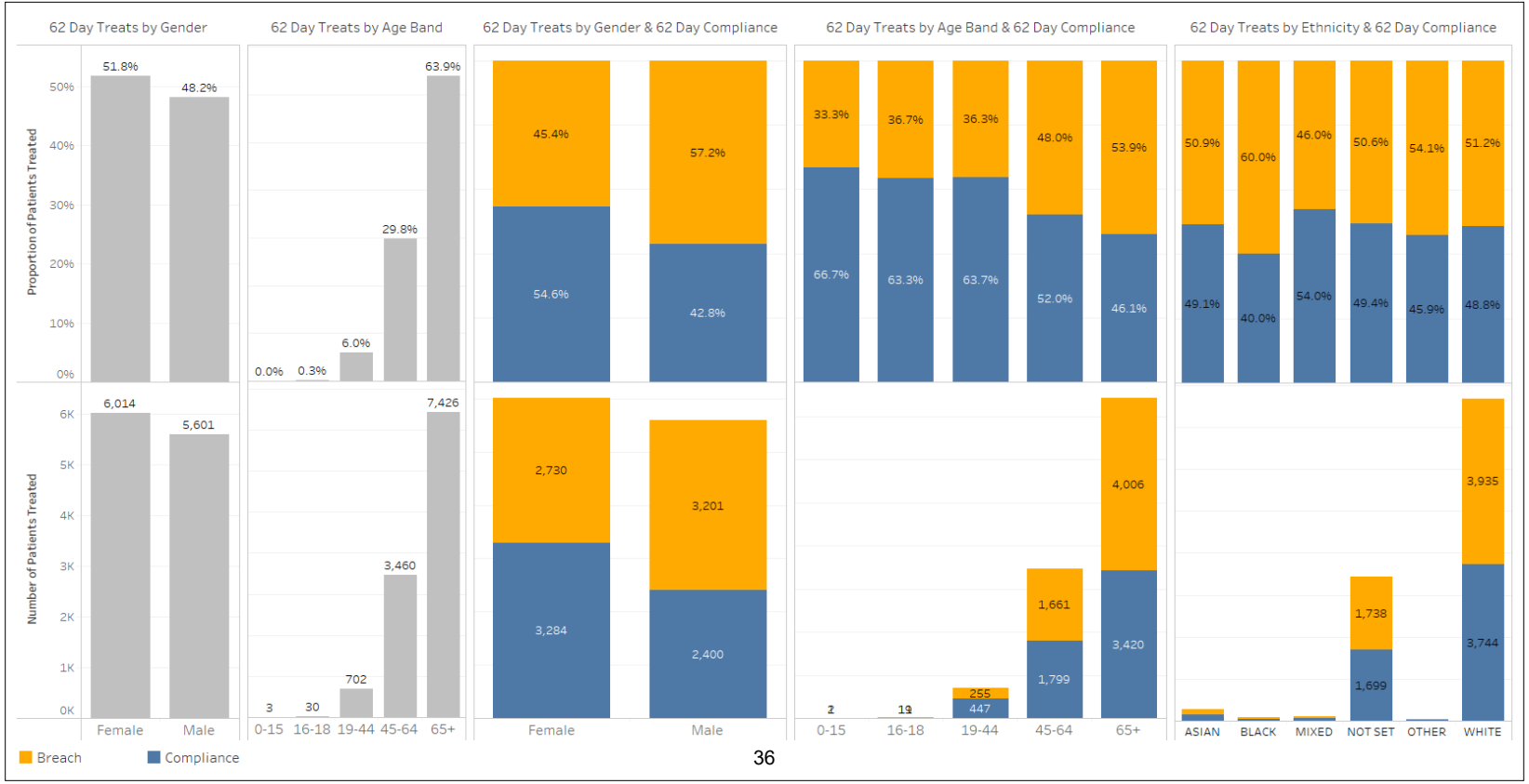
HCAIs being monitored

Indicator	Target	Position	Year so far (as at month 7)	Threshold adjusted to month 7
MRSA BSI	Zero tolerance	Above trajectory	2	-
MSSA BSI	No target	No target	14	-

There have been no further spikes in E.coli and Klebsiella hence the difference is now gradually reducing each month. The Trust held a well-attended IPC summit in October with NHSE representation. The summit focused on the thresholds and on the importance of the fundamentals of IPC practice for clinical staff.

Cancer Standards – Health Inequalities Analysis

62 Day Treatments between 01/04/2023 – 31/10/2025 analysed by gender, age and ethnicity.



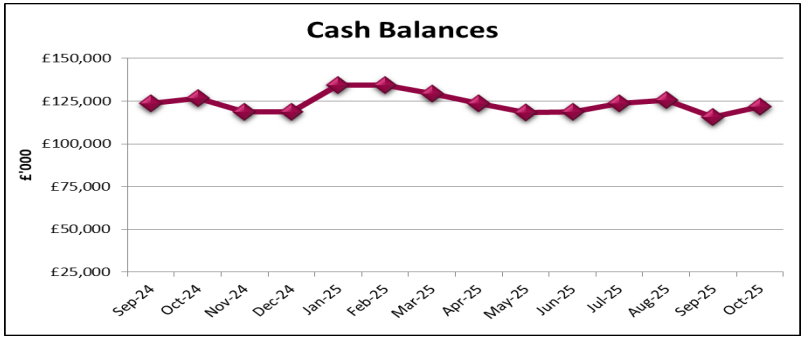
Cancer Standards – Health Inequalities Analysis

62 Day Treatments between 01/04/2023 – 31/10/2025 analysed by gender, age and ethnicity.

Finance (Executive Summary)

This report outlines the M7 consolidated financial performance of The Christie NHS Foundation Trust and its wholly owned subsidiary The Christie Pharmacy Ltd.

Month 07 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(470,558)	(274,397)	(275,446)	(1,049)
Other Income	(81,665)	(47,609)	(47,856)	(246)
Pay	267,386	154,795	151,900	(2,895)
Non Pay (incl drugs)	258,880	151,924	155,537	3,613
Operating (Surplus) / Deficit	**(25,957)**	**(15,287)**	**(15,865)**	**(578)**
Finance expenses/ income	22,739	13,410	14,035	624
(Surplus) / Deficit	**(3,218)**	**(1,877)**	**(1,830)**	**47**
Exclude impairments/ charitably funded capital donations	(4,282)	(2,498)	(2,575)	(77)
Adjusted financial performance (Surplus) / Deficit	**(7,500)**	**(4,375)**	**(4,405)**	**(30)**



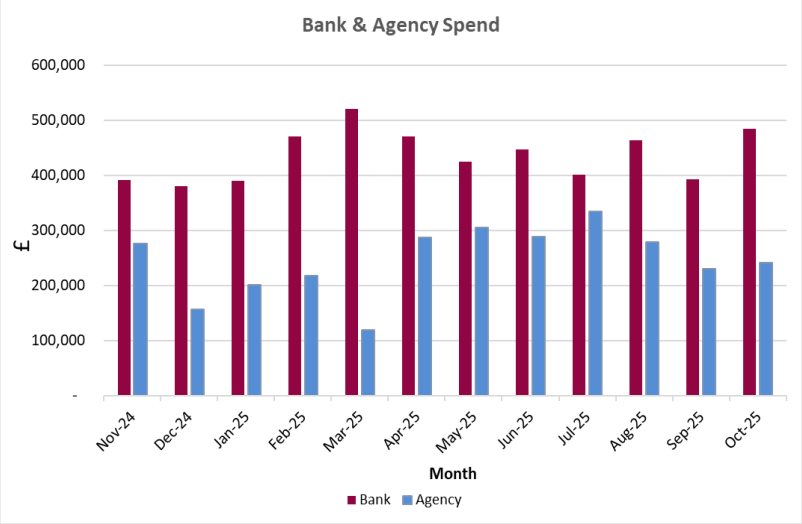
I&E

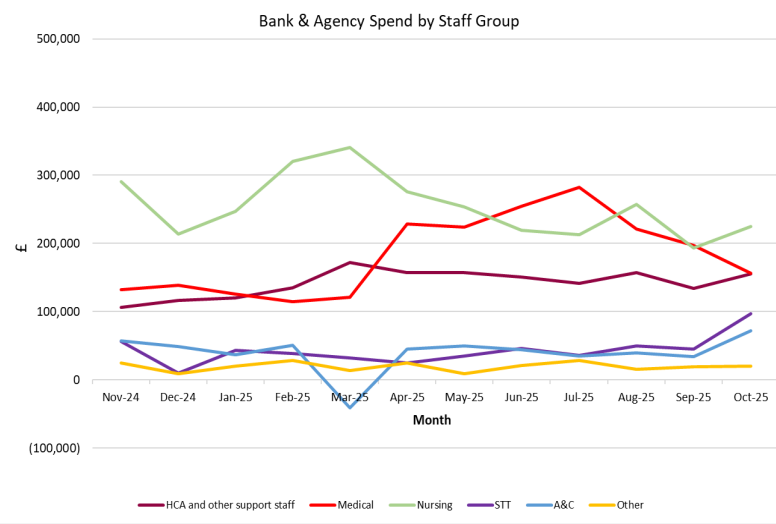
- The Trust is reporting a surplus at the end of month 07 of (£4.4m) against a YTD plan of (£4.4m), which gives a YTD variance of £0.0m.
- Identified in-year VIP is £25.3m against a target of £25.3m. The VIP shortfall against the recurrent VIP target is £1.3m (RAG rated shortfall £1.3m), where £11.3m has been identified against a target of £12.6m (90% of recurrent target identified). Non-recurrent identified VIP is £13.9m against a target of £12.6m, overachieving by (£1.3m).

Balance sheet / liquidity

- The cash balance as of 31st October 2025 is £121.9m, with a forecast yearend balance of £110.3m.
- Capital spend for 2025-26 was £11.9m, this was £1.5m above the revised plan submitted to NHSE.
- Targets have been achieved against payment of creditors paid within the 30-day Better Payment Practice Code target.

Finance (Expenditure)

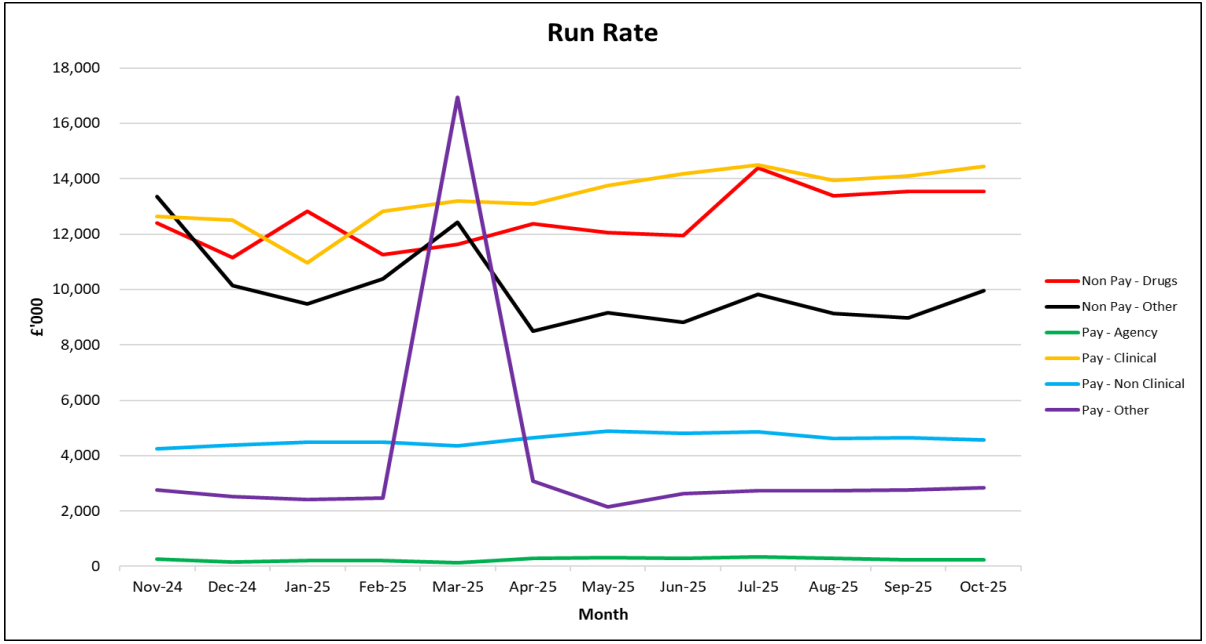




Agency spend in month 07 is £0.2m, £2.0m YTD, in line with month 06. The spend is predominantly on medical agency.

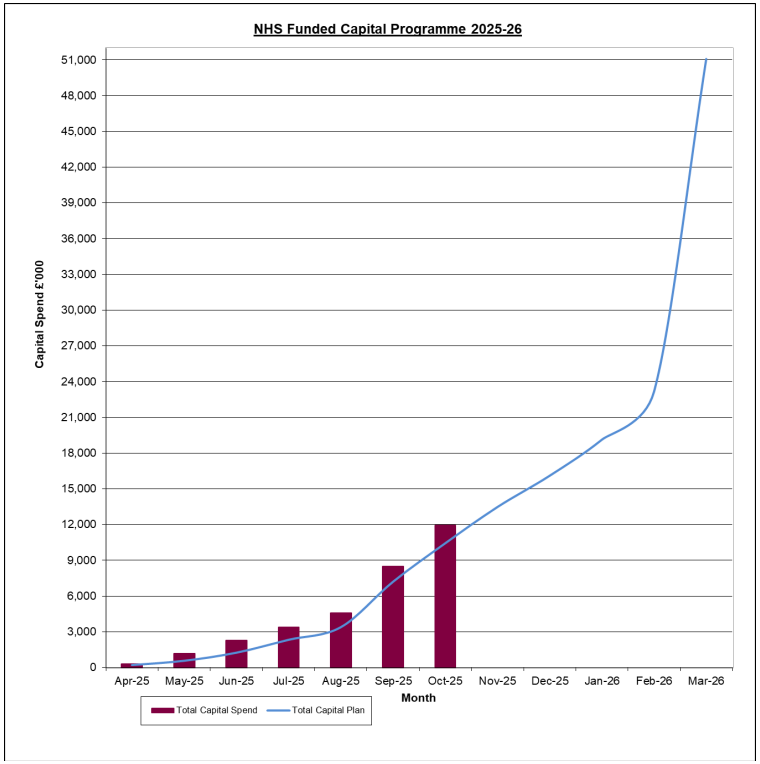
Alongside this, bank spend in month 07 is £0.5m and £3.1m YTD, an increase of £0.1m from month 06.

Finance (Expenditure)



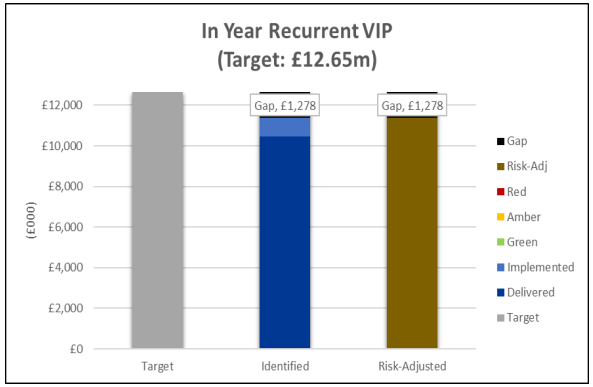
- Drugs spend in month 07 is £13.6m, which is in line with month 06 spend of £13.6m
- Non-Pay – Other spend in month 07 is £9.9m, an increase of £1.0m from month 06 driven by increased spend on premises & clinical supplies and services.
- Key elements of 'Non-Pay Other' spend consist of clinical supplies and services, premises and infrastructure costs and R&I costs.
- Pay – Agency spend in month 07 is £0.2m, consistent with month 06.
- Pay – Clinical spend in month 07 is £14.4m, an increase from month 06 of £0.3m driven by nursing.

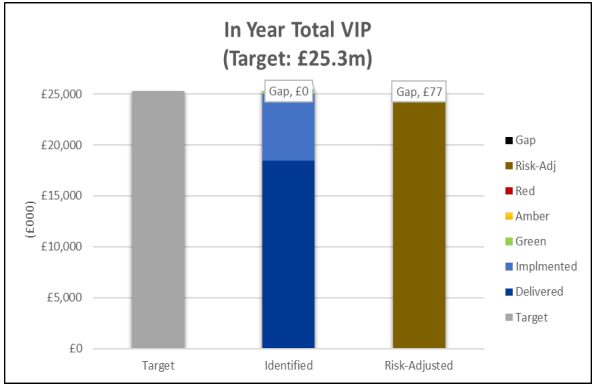
Finance (Capital)



The Trust has incurred £11.9m up to month 07 on capital schemes overspending by £1.5m against the 2025-26 plan. Capital expenditure is primarily on the ASIC scheme, the estates backlog programme, digital projects and a significant operational asset replacement programme across all divisions.

Finance (CIP)





Total In year CIP

- Total identified VIP schemes reported are £25.3m (£11.7m non recurrent / £13.6m recurrent).
- Risk adjusted identified schemes value £25.2m, leaving £0.1m unidentified.

Recurrent

- Schemes totalling £11.7m have been identified recurrently against a recurrent target of £12.6m,
- This leaves £0.9m of the recurrent target unidentified, RAG rated unidentified £1.0m.

Delivering	Green	Amber	Red	Unidentified
100%	75%	50%	25%	0%

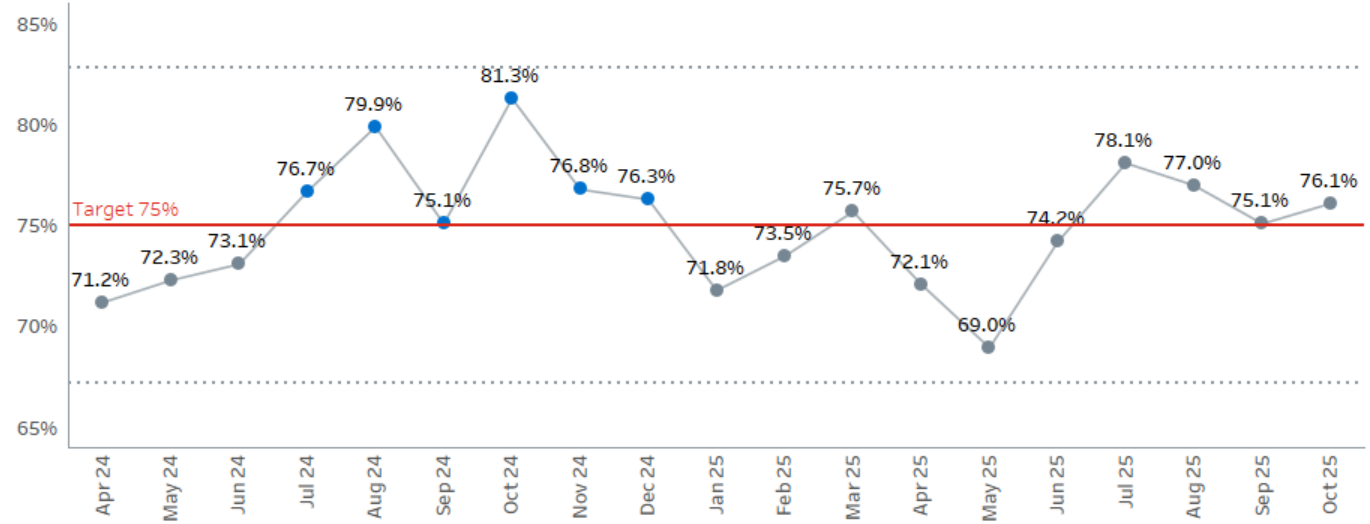
	Annual					Year To Date		
	Target (£000)	Identifed (£000)	Unidentified (£000)	Risk-Adjusted Identified (£000)	Risk-Adjusted Unidentified (£000)	Target (£000)	Delivered (£000)	Variance (£000)
Total VIP	**25,298**	**25,298**	**0**	**25,221**	**77**	**14,564**	**14,564**	**0**
Recurrent VIP	12,649	11,371	1,278	11,371	1,278	7,379	6,559	819
Non-Recurrent VIP	12,649	13,927	(1,278)	13,849	(1,200)	7,185	8,005	(819)

Integrated Performance Report - Cancer Standards Summary

NHS
The Christie
NHS Foundation Trust

Metric	Month	Measure	Target	Variation	Assurance
18 weeks	October	96.40%	92.00%		
24 day (Internal Target)	October	74.70%	85.00%		
28 Day FDS	October	94.40%	80.00%		
31 day	October	98.50%	96.00%		
62 Day	October	76.10%	75.00%		
Waiting >52 Weeks	October	0.04%	0.00%		

Percentage of patients treated for cancer within 62 days of referral



Icons

Common Cause

Hit & Miss

Summary

Common Cause This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.

Passing If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.

Understanding the performance

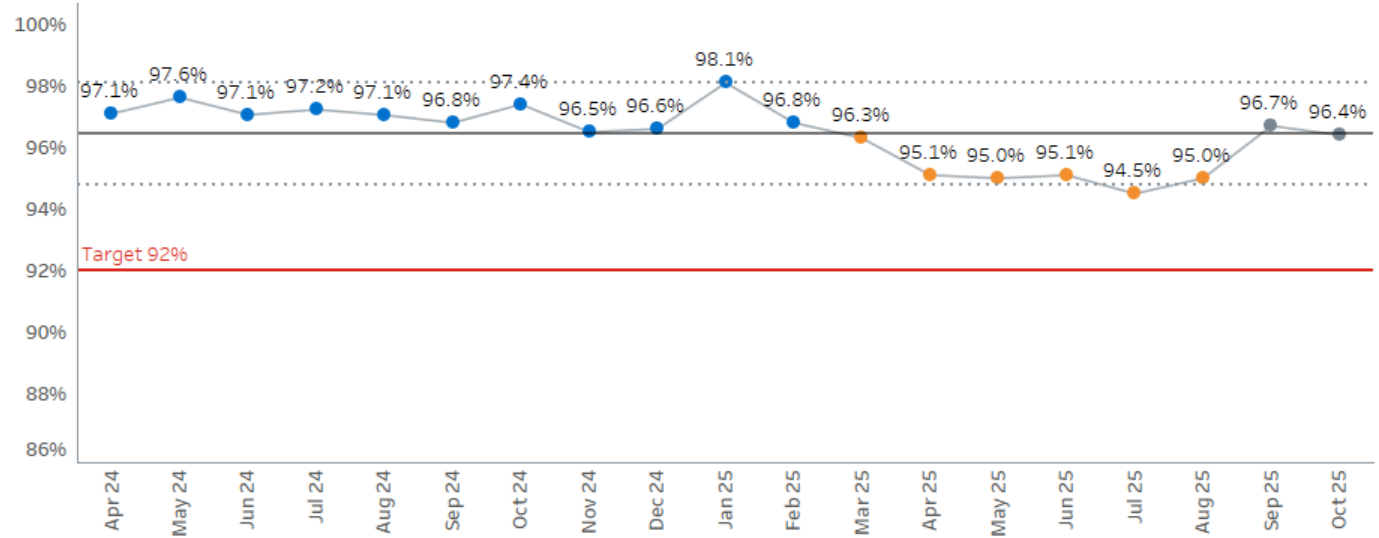
The variation suggests common cause variation, meaning the process is stable but not consistently meeting the target. Peaks correlate with periods of operational focus, while troughs reflect capacity constraints, diagnostic delays, or workforce pressures.

NHS medium-term planning requires consistent delivery of cancer standards, aligning with objectives for elective recovery and reducing long waits.

Actions (SMART)

Launch a targeted initiative to improve referral-to-treatment workflows, focusing on bottlenecks identified during low-performance months.
Increase the monthly percentage of patients treated within 62 days to ≥78% for at least 4 consecutive months.
Provide refresher training for MDT coordinators and pathway managers, and introduce weekly performance huddles to monitor progress.
Align actions with the Trust's strategic goals for cancer care and patient outcomes, ensuring timely access to treatment. Implement changes by November 2025, with a review in March 2026 to assess sustainability and impact.

Percentage of patients treated within 18 weeks



Icons

Common Cause

Passing

Summary

Common Cause This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.

Passing If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.

Understanding the performance

- The pathway is highly reliable, consistently exceeding the 92% target.
- The slight dip mid-2025 could be due to transfer of Leighton
- No evidence of systemic risk—variation is expected and controlled
- Corrective actions implemented are demonstrating sustained improvement
- Currently ranked 1st Nationally

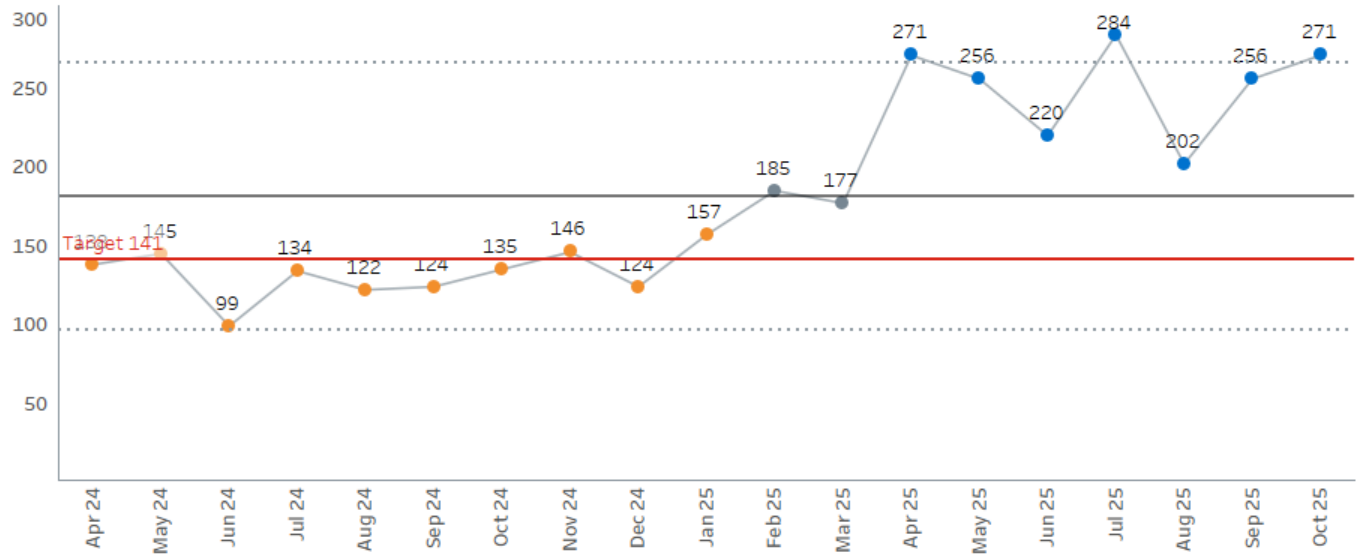
Actions (SMART)

Integrated Performance Report - External Referrals Received Summary

The Christie NHS Foundation Trust

Metric	Month	Measure	24/25 Avg	Variation	Assurance
External Referrals Received - ALL Specialties	October	2,381	2,067		
External Referrals Received -Clinical Oncology	October	1,047	978		
External Referrals Received -Haematology	October	271	141		
External Referrals Received -Medical Oncology	October	608	549		
External Referrals Received -Surgical Specialties	October	413	365		

External Referrals Received - Haematology



Icons

Improving

Hit & Miss

Summary

Hit or Miss The process limits on SPC charts indicate the normal range of numbers expected. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean the more likely it is that the target will be achieved or missed at random.

Improving **Something good is happening!** Something, a one-off or a continued trend or shift of numbers in the right direction.

Understanding the performance

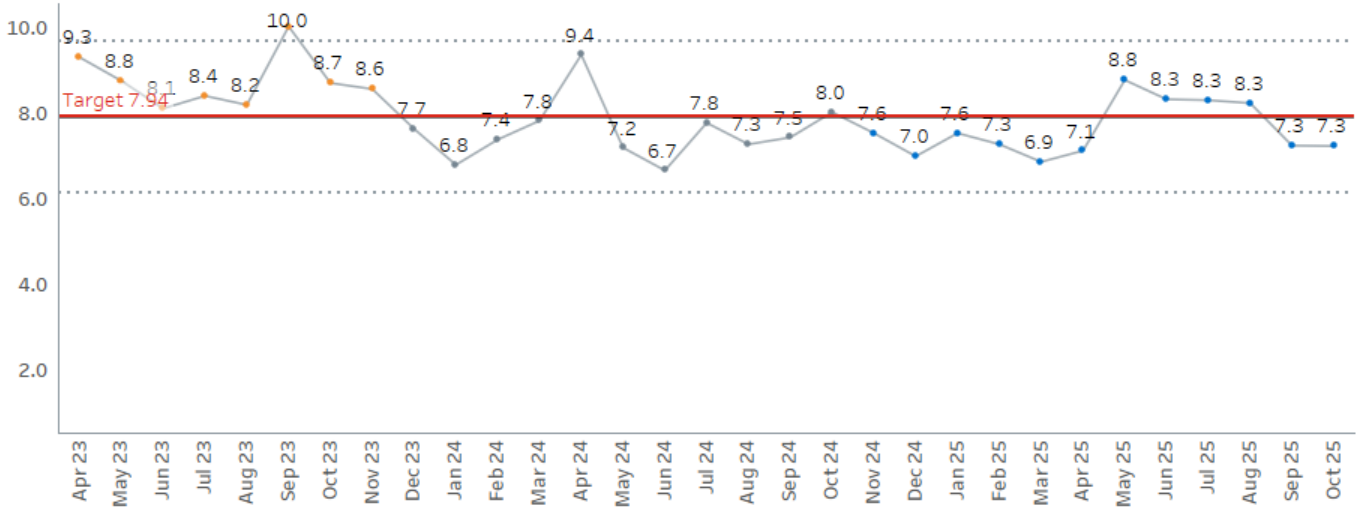
The current change in performance against the 24/25 average is due to the Mid Cheshire hospital Haematlogy service takeover in April. Additional Two Week Wait patients as well as non-cancer Haematology referrals are being accepted and therefore there has been a step change in the baseline number. By the end of 25/26 a new consistent average will be seen and the performance and assurance icons will reflect that.

Integrated Performance Report - Inpatient Length of Stay Averages

NHS
The Christie
NHS Foundation Trust

Metric	Month	Measure	Target	Variation	Assurance
Inpatient LOS - All Patients (excluding zero LOS)	October	7.1	7.0		
Inpatient LOS - Elective Patients (excluding zero LOS)	October	6.7	5.8		
Inpatient LOS - Non-Elective Patients (excluding zero LOS)	October	7.3	7.9		
Inpatient LOS - Transfer Patients (excluding zero LOS)	October	24.5	17.1		

LOS averages - Non-Elective patients (excluding zero LOS)



Icons

Improving

Hit & Miss

Summary

Improving **Something good is happening!**
Something, a one-off or a continued trend or shift of numbers in the right direction.

Hit or Miss The process limits on SPC charts indicate the normal range of numbers expected. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean the more likely it is that the target will be achieved or missed at random.

Understanding the performance

The LOS for non-elective patients has shown significant improvement since late 2023, moving from consistently above target to fluctuating around the target of 7.5 days. While there are periods of success (e.g., May 2024 at 6.7 days), variability persists, with occasional spikes above 8 days. This shows that interventions have had a positive impact but lack consistency. Sustained improvement will require targeted actions focusing on discharge planning, patient flow optimisation, and reducing delays in diagnostics and treatment.

Actions (SMART)

Implement a daily multidisciplinary discharge huddle for all non-elective wards to identify and resolve discharge barriers early.
Aim to reduce average LOS to ≤7.5 days for three consecutive months by March 2026.
Use existing ward teams and digital dashboards to track discharge readiness and escalate delays.
Aligns with organizational goals for patient flow, bed availability, and improved patient experience.

Integrated Performance Report - Diagnostic 6 Week Waiting Times Summary

The Christie NHS Foundation Trust

Metric	Month	Measure	Target	Variation	Assurance
Magnetic Resonance Imaging	October	99.70%	99.00%		
Computed Tomography	October	99.60%	99.00%		
Non-obstetric Ultrasound	October	100.00%	99.00%		
Dexa Scan	October	92.60%	99.00%		
Cardiology - Echocardiography	October	100.00%	99.00%		
Flexi Sigmoidoscopy	October	100.00%	99.00%		
Cystoscopy	October	100.00%	99.00%		
Barium Enema	October	100.00%	99.00%		
Colonoscopy	October	96.30%	99.00%		
Gastroscopy	October	100.00%	99.00%		
DM01 Return - All Scans	October	99.50%	99.00%		

*Lastest month figures are taken from the National Waiting List Weekly Return. Historical data trends are based on monthly DM01 figures. Latest data is refreshed with DM01 data once submitted.

Integrated Performance Report - Summary

Area Selection

Please select your area using the filters below. This will affect all other sections of the dashboard.

Division
The Christie

Directorate
All Directorates

Summary Table

The table below summarises the position as of the end of the previous month for the main HR KPI metrics.

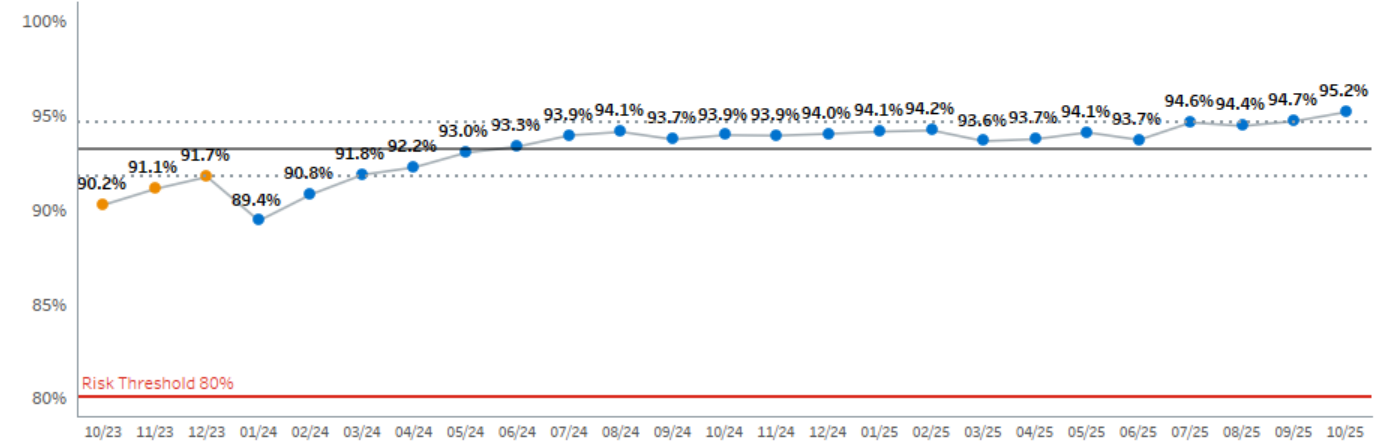
Metric - the KPI metric
Measure - the value of the **Metric** as of the end of the **Month**
Target - the Trust defined minimum or maximum limit for each **Metric**
Mean - the average of the **Measure**s over the past 12 months

Metric	Month	Measure	Risk Threshold / Target	Mean	Performance	Assurance
Appraisal	October 2025	**87.33%**	80.00%	87.37%		P
Mandatory Training	October 2025	**95.16%**	80.00%	93.18%	H	P
Absence	October 2025	**5.26%**	4.25%	4.72%		?
All Turnover	October 2025	**11.09%**	Null	12.32%	L	No Target
Voluntary Turnover	October 2025	**8.65%**	Null	10.02%	L	No Target
Vacancy Rate	October 2025	**6.77%**	5.00%	8.99%	H	F

Our People - Mandatory Training and Appraisal Compliance

The Christie: All Directorates

Mandatory Training



Performance	Assurance
Improving	Passing

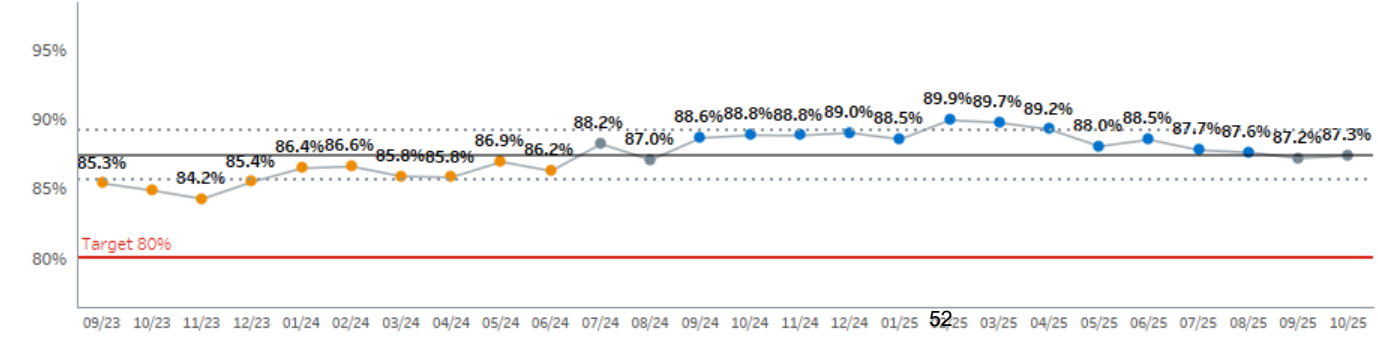
Summary

- There are **3,029** outstanding modules.

- The Face to Face training compliance % for October is **87.1%**

- The online training compliance % for October is **96.0%**

Appraisal



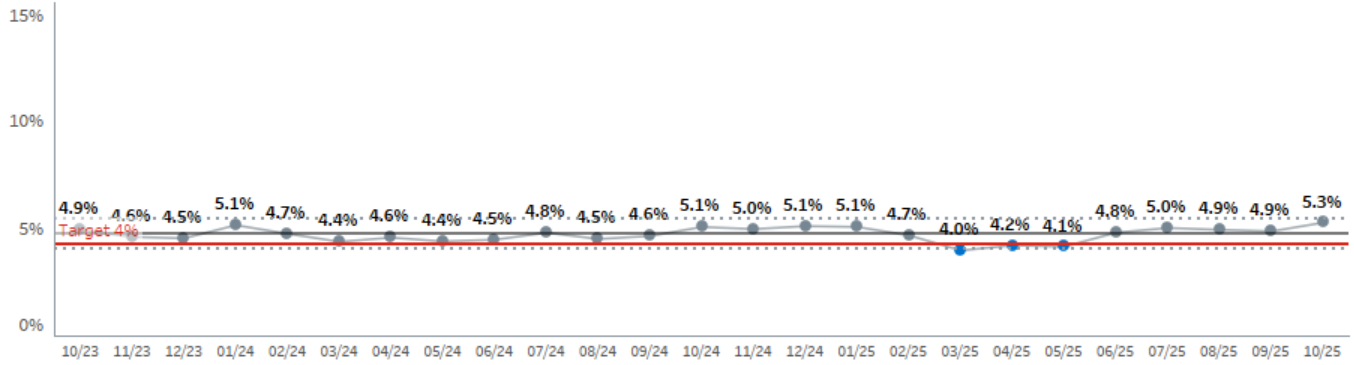
Performance	Assurance
Common Cause	Passing

Summary

- There are **445** outstanding appraisals.

Our People - Sickness Absence

All Absence



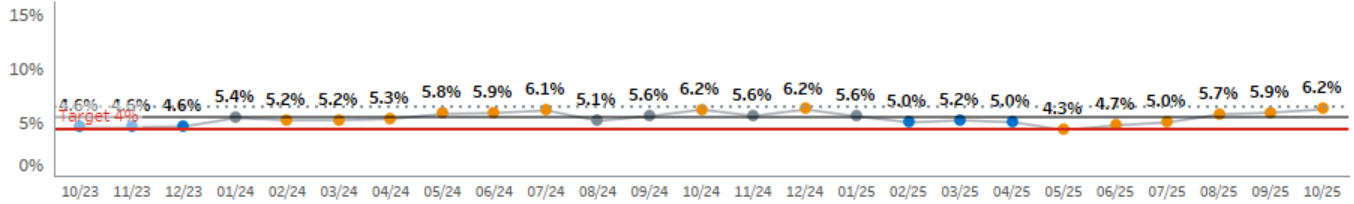
Performance	Assurance
Common Cause	Hit & Miss

Summary

- The rolling yearly sickness absence % is 5.0% as of October.

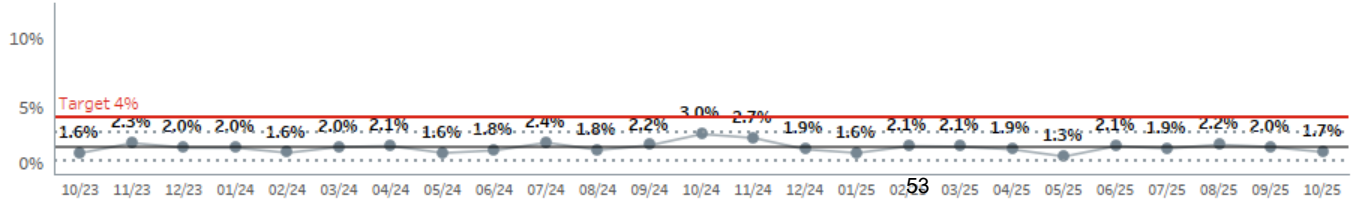
- There were 183 absences still open at the end of October.

Nursing and Midwifery



Performance	Assurance
Concerning	Failing

Medical and Dental

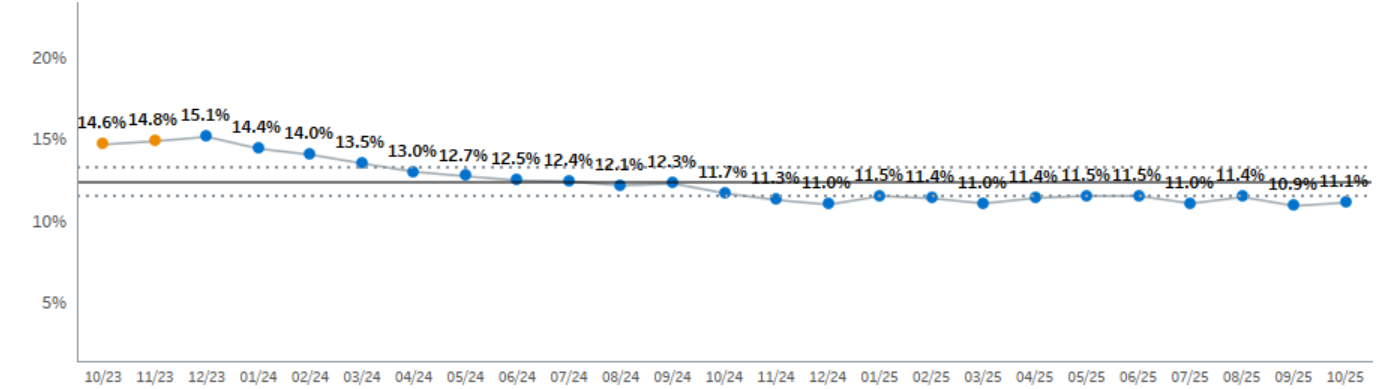


Performance	Assurance
Common Cause	Passing

Our People - Turnover

The Christie: All Directorates

All Turnover



Performance	Assurance
Improving	No Target

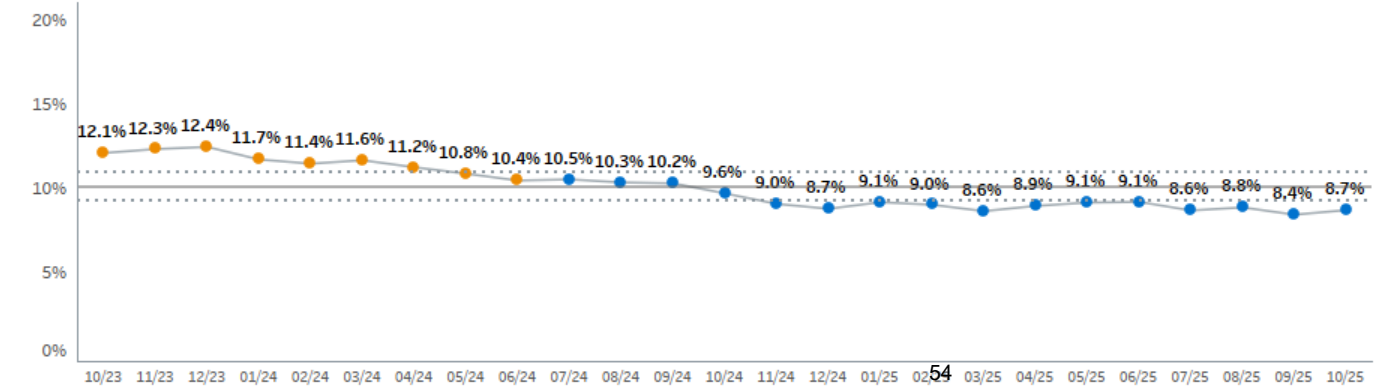
Summary

- 38 colleague(s) left the Trust in October.

- The top non-voluntary leaving reason was **End of Fixed Term Contract**.

- The 12m rolling Turnover % for October for staff with less than 1 year service was **48.31%**

Voluntary Turnover



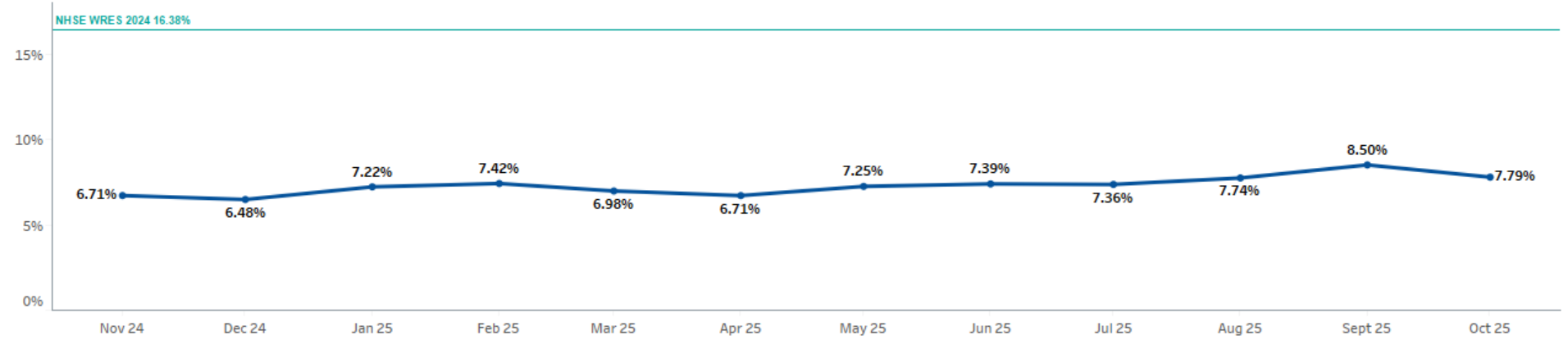
Performance	Assurance
Improving	No Target

Summary

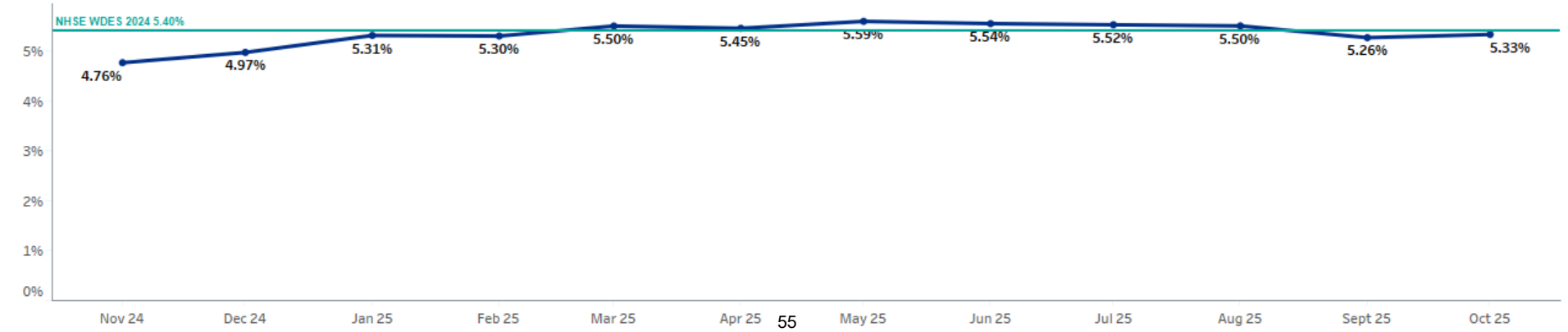
- The top voluntary leaving reason was **Voluntary Resignation - Relocation**.

Our People - Senior Management Representation

Senior Management (Band 8A - VSM) BAME %

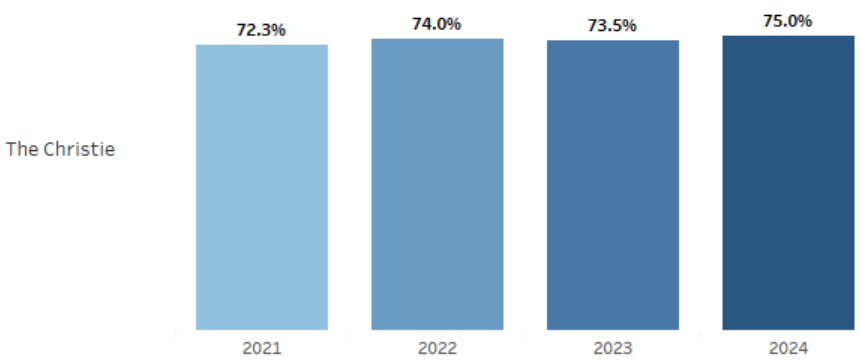


Senior Management- (Band 8A - VSM) Disability %



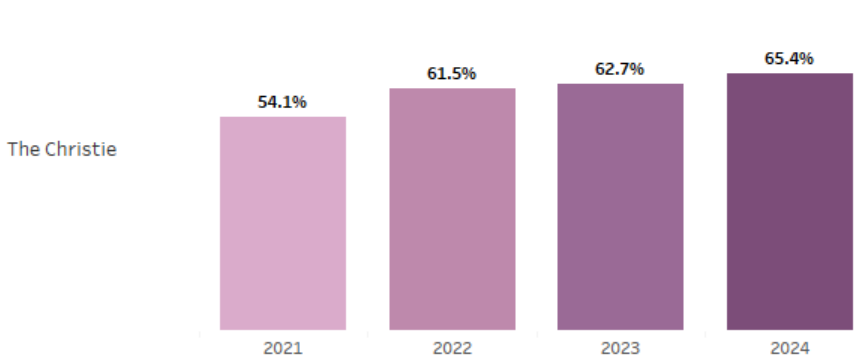
Our People - Staff Survey

Staff Engagement Score



	2021	2022	2023	2024
Advocacy sub-score	82.7%	79.5%	77.9%	80.7%
Involvement sub-score	69.7%	72.7%	72.2%	73.0%
Motivation sub-score	64.7%	69.9%	70.4%	71.3%

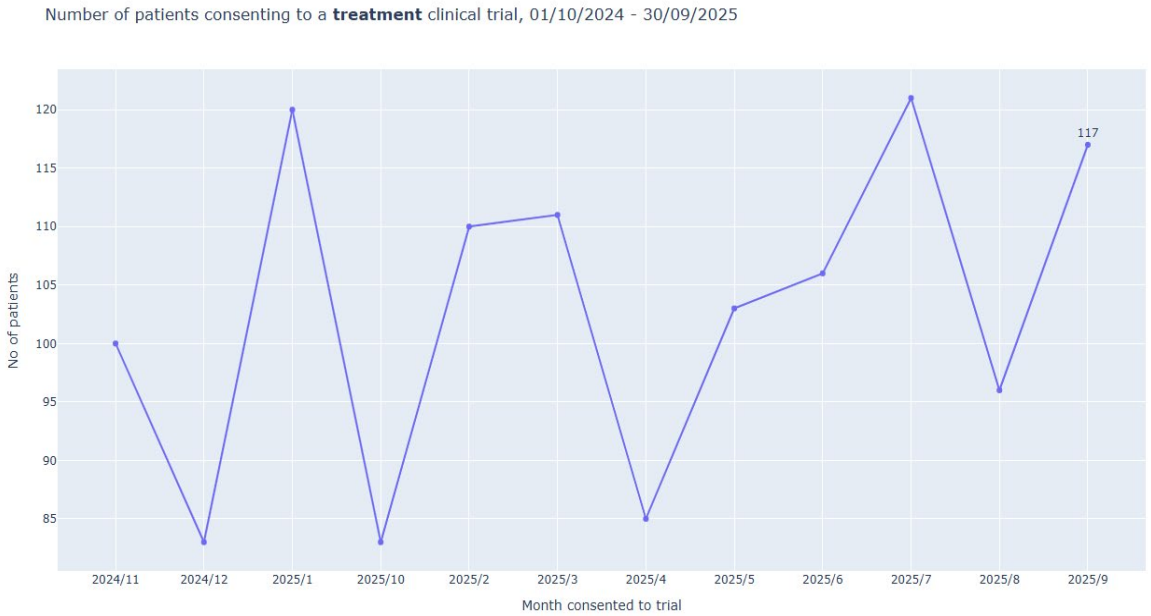
Morale Score

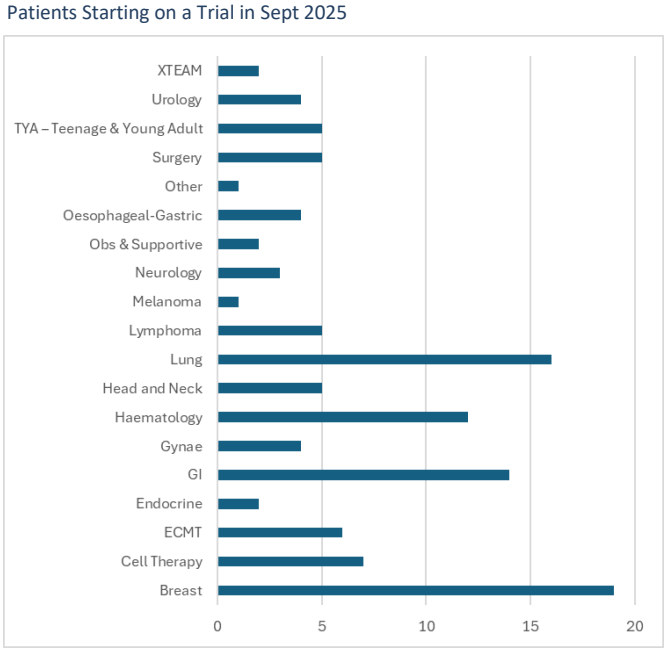


	2021	2022	2023	2024
Stressors (HSE index) sub-score	60.4%	66.8%	66.7%	68.1%
Thinking about leaving sub-score	54.0%	62.0%	64.6%	67.1%
Work pressure sub-score	48.0%	55.6%	56.8%	61.1%

Clinical Outcomes

Clinical Trial Entries

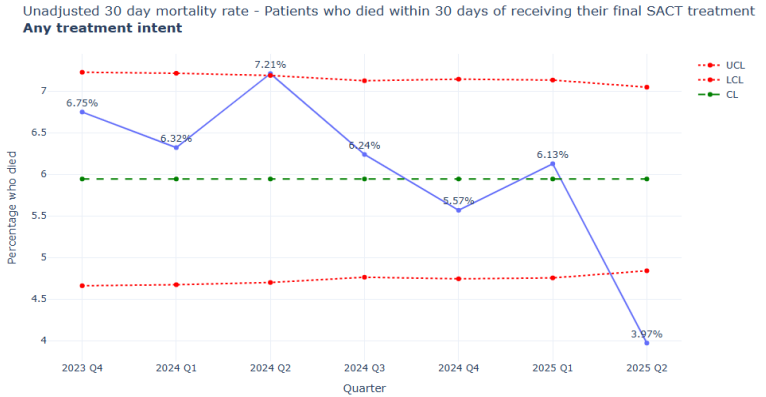


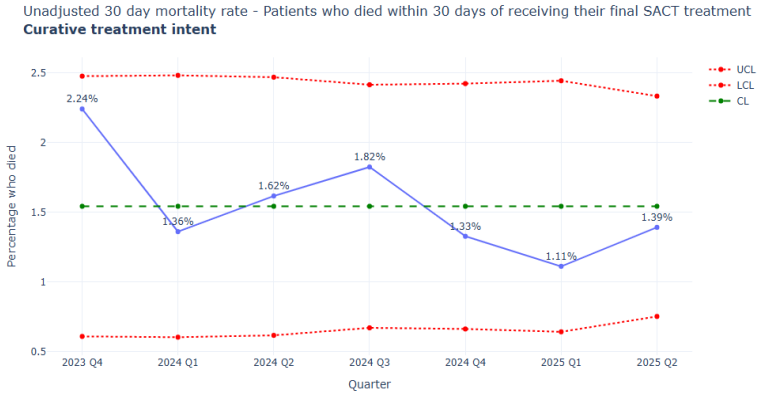


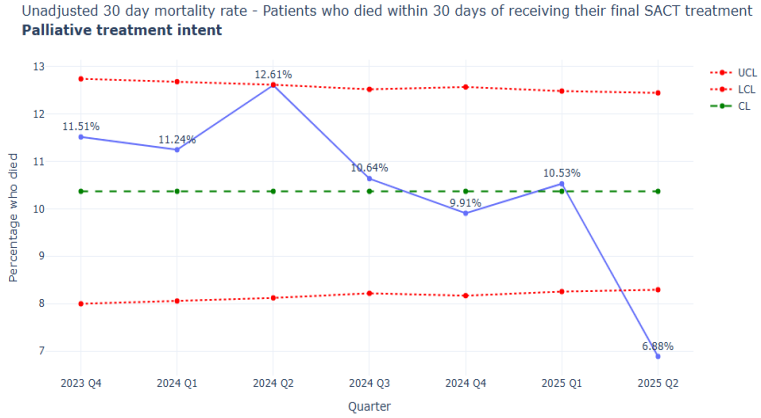
The number of patients starting on a clinical has increased by ~25% over the past 12 months.
The highest numbers of patients recruited are seen in Breast and Lung.

The Christie NHS Foundation Trust

30-Day SACT Mortality







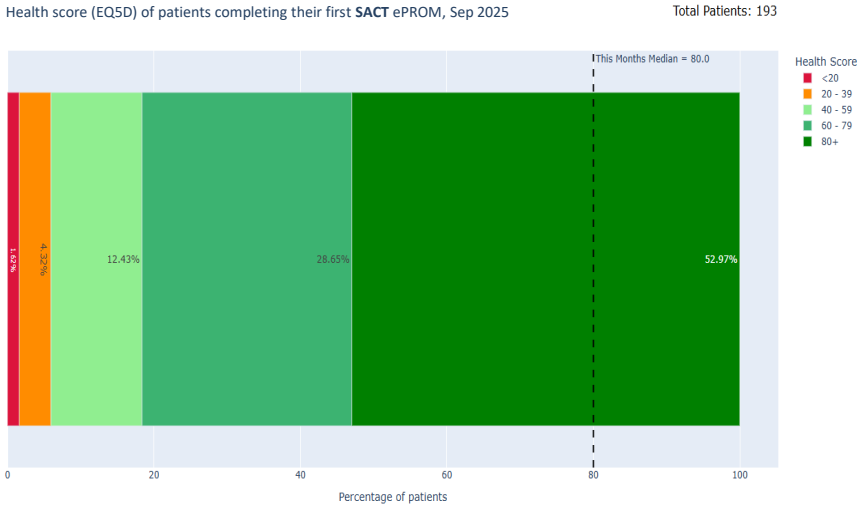
The control line shows the 30-day mortality rate over the entirety of time frame shown: 01/10/2023 – 30/09/2025
The UCL and LCL are the upper and lower confidence limits (respectively) around the CL. 95% Confidence limits.

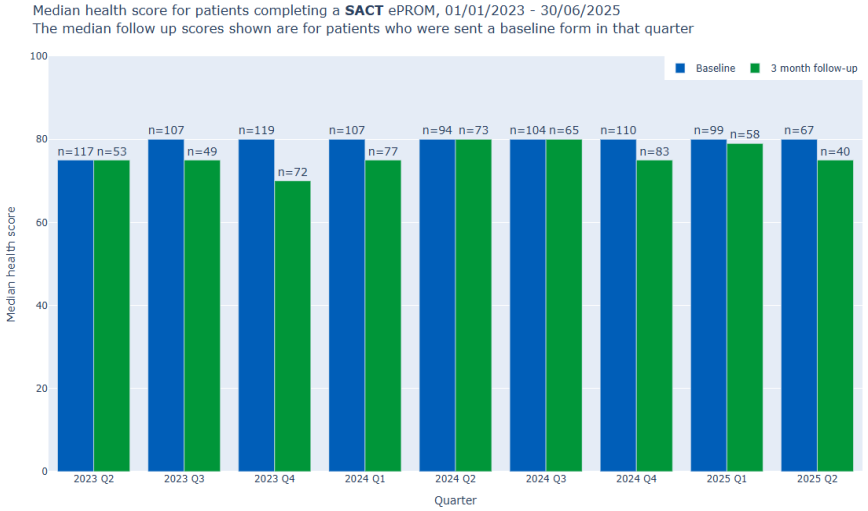
Current rates of 30-day post SACT mortality are within the normal range expected and are consistent with those published by NDRS* for The Christie and for national average rates.

Clinical Outcomes

Health Score* – SACT ePROMs

*Based on an overall EQ5D health score where 0 is worse health and 100 is best health.





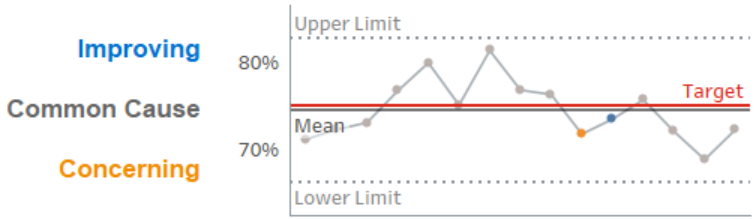
The median score is currently 80 for patients completing their first SACT ePROM.
Over the last 4 quarters, SACT treatment has had no clear negative impact on patient's health score following 3 months of treatment.

For the methodology used, or any queries on any clinical outcomes measures please contact the-christie.codu@.nhs.net

Integrated Performance, Quality & Finance Report - New Reporting Guidance

SPC Charts

A Statistical Process Control (SPC) chart is a graphical tool used to monitor, control, and improve a process by tracking data points over time and identifying variations that may indicate potential problems. Depending on the metric, a positive result could be either an upward or downward trend.



SPC Rules

These judgements are calculated based on the following set of rules:

- a data point is part of a series of 6 or more points in an upward or downward trend
- a data point is part of a series of 6 or more points above or below the mean
- a data point is part of a series of 3 points that are approaching the control limits
- a single data point is outside the control limits

Please note:
SPC charts can be an effective tool for identifying important variations in a dataset. However, the results can become less reliable when based on a sample that is too small.

Interpreting Performance Icons

Common Cause This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.

Improving **Something good is happening!** Something, a one-off or a continued trend or shift of numbers in the right direction.

Concerning **Something's going on!** Something, a one-off or a continued trend or shift of numbers in the wrong direction.

Interpreting Assurance Icons

No Target There is **no** set target for this data

Hit or Miss The process limits on SPC charts indicate the normal range of numbers expected. If a target lies **within** those limits then we know that the target may or may not be achieved. ..

Passing If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.

Failing If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.

The Christie NHS Foundation Trust

Agenda item 38/25c

Meeting of the Board of Directors
Thursday 27th November 2025

Subject / Title	Value Improvement Programme (VIP) 2025/26
Author(s)	Jo Bolger Leece, Assistant Director for Value Improvement
Presented by	Claire McPeake Chief Operating Officer
Summary / purpose of paper	This report provides: • An update on the Month 7 position of the Value Improvement Programme, confirming that the Trust has delivered its target for 2025/26. • An overview of progress in developing the 2026/27 VIP plan, including the NHSE Grip and Control plan. • Assurance that programme delivery is supported by robust governance, clinical engagement, and alignment with national and local strategic priorities. • Alignment to planning. **Executive Summary** The November report provides assurance that the Value Improvement Programme (VIP) remains on track, with the 2025/26 delivered and work now focussed on strengthening grip, governance and sustainability for 2026/27. The paper outlines benchmarking against the national Grip and Control checklist for financial management, and next steps to maintain financial resilience and operational excellence.
Recommendation(s)	The Board is asked to: 1. Note the Month 7 position, confirming delivery of the financial position for the £25.3m VIP target for 2025/26. 2. Support continued focus on recurrent efficiency delivery, ensuring sustainability beyond 2025/26. 3. Acknowledge the outcomes of the NHSE Grip and Control checklists and assurance that updates will be provided on progress as part of monthly VIP board papers. 4. Endorse alignment of value improvement programme with the operational planning framework. 5. Receive further updates on specialty review outputs and 2026/27 planning progress monthly.
Background papers	NA
Risk score	Risk 3629 – Score 12 Board Assurance Framework: Risk 1, Risk 6, Risk 7, Risk 9, Risk 10

Link to: ➢ **Trust strategy** ➢ **Strategic objectives**	Executive objective: 1. To deliver safe, effective & equitable care 2. To deliver excellent financial and operational performance
Acronyms or abbreviations used in the paper	Value Improvement Programme: VIP Quality Impact Assessment: QIA Equality Impact Assessment: EIA NHS England: NHSE Getting it Right First Time (GIRFT) Model Health System (MHS) Clinical Advisory Group (CAG)

Agenda item 38/25c

Board of Directors
Thursday 27th November 2025

Value Improvement Programme (VIP)

1.0 Background and Introduction

At the October board meeting, the Value Improvement Programme (VIP) report confirmed delivery of the 2025/26 target and a successful transition from 'in year' delivery to forward planning. This paper therefore focusses on assurance, grip and sustainability outlining how learning from the current year and national best practice is shaping the approach and governance for 2026/27.

The VIP continues to provide the Trusts single integrated framework for delivering operational and financial improvement in line with The Christie Strategy 2023-2028 and the NHS Operational Planning Framework. Building on the strong foundations established this year, attention has turned to embedding best practice from the national 'Grip and Control Checklist', ensuring that the Trust sustains short term financial discipline while maintaining long term value and resilience.

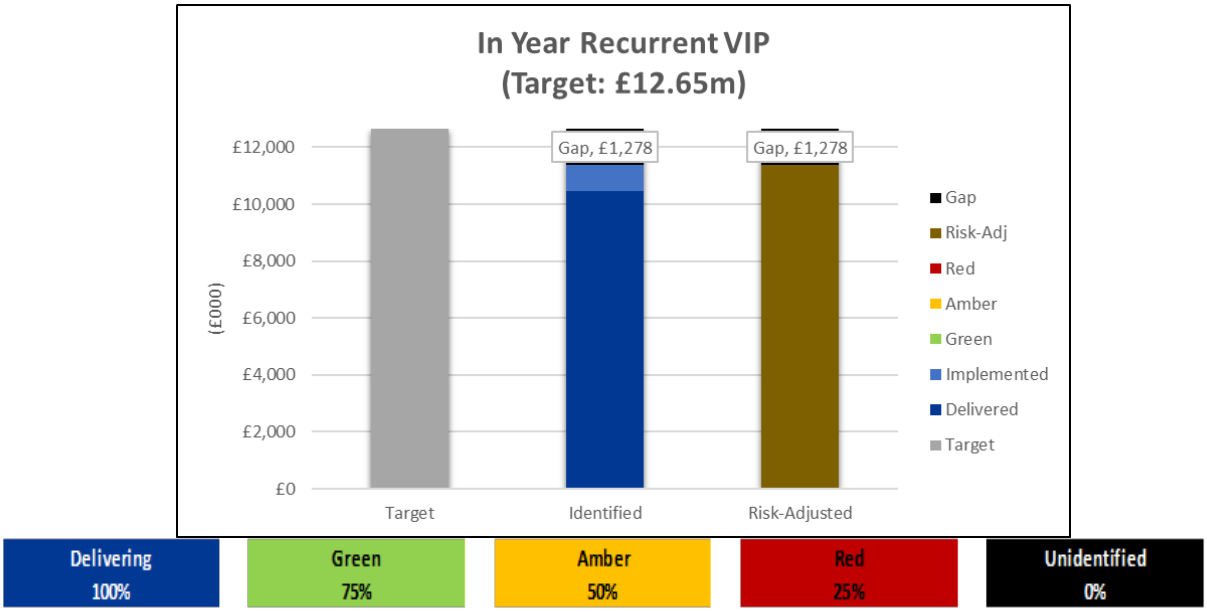
2.0 Financial Overview: VIP month 7

The Trust has achieved its full Value Improvement Programme (VIP) target of £25.3 million for 2025/26.

- Breakdown: £11.4 million of recurrent schemes and £13.9 million of non-recurrent schemes have been identified, meaning the total target has been fully met.
- Recurrent delivery: Against a recurrent target of £12.6 million, £11.4 million has been identified, leaving a shortfall of £1.3 million. This remains offset by additional non-recurrent savings achieved this year.
- Implementation status: £0.1 million of schemes are fully developed but still awaiting implementation by Divisions.
- Future planning: Any remaining recurrent shortfall at year end will be carried forward into the 2026/27 planning cycle.

Work is already underway to integrate financial, workforce, and operational planning for the 2026/27 VIP Programme, ensuring continued alignment with strategic priorities and sustainable improvement delivery.

	Annual					Year To Date		
	Target (£000)	Identified (£000)	Unidentified (£000)	Risk-Adjusted Identified (£000)	Risk-Adjusted Unidentified (£000)	Target (£000)	Delivered (£000)	Variance (£000)
Total VIP	25,298	25,298	0	25,221	77	14,564	14,564	0
Recurrent VIP	12,649	11,371	1,278	11,371	1,278	7,379	6,559	820
Non-Recurrent VIP	12,649	13,927	(1,278)	13,849	(1,200)	7,185	8,005	(820)



3.0 2026/27 Value Improvement Programme (VIP)

Planning for the 2026/27 VIP continues in line with the operational planning guidance. The focus remains on delivering sustainable, recurrent efficiencies while maintaining high-quality, patient-centred care. .

Key areas of progress:

- Scheme identification: Divisions are progressing identification of schemes aligned to planning guidance timescales. Fortnightly flash reports are now provided to the ICB Planning Hub with progress and risks.
- Delivery planning: The target remains to confirm 2026/27 schemes by December 2025, with implementation plans, milestones, and performance measures completed by March 2026, for delivery in Month 1 of 2026/27.
- Governance: A review of the NHSE national ‘grip and control’ checklist has been carried out. (See section 4.0)
- Engagement culture: To develop improvement capacity and capability, The Christie is being supported by NHS Impact team delivering 3 full day sessions on improvement techniques. Over 40 staff are already signed up to this. Staff are also being encouraged to submit ideas for improvement. Finance training continues to be expanded to support staff.
- Specialty reviews: Clinically led reviews are commencing using benchmarking from GIRFT and Model Health System data to identify opportunities, reduce variation, and drive improvement. Urology and Haematology are the first areas for deep dive.
- Productivity and efficiency: Focus on improving access and productivity in outpatients and theatres to reduce duplication, variation. Improved workforce planning by good roster and sickness management, recruitment and retention.
- Procurement, digital, and estates: Ongoing work to optimise resource use, improve flow, and support sustainable improvement linking to Future Christie will result in benefits realised in minimising the use of temporary staffing.

4.0 National Grip and Control Checklist – Financial Management Overview

The National Grip and Control Checklist is a tool issued by NHS England to ensure every NHS trust demonstrates robust, proactive financial discipline alongside operational delivery. It's designed as a self-assessment and assurance framework for Boards to demonstrate that the organisation has a clear handle on spending, productivity, and financial demonstrate l risk.

As part of the Value Improvement Programme and in line with NHS England's national guidance on 'Grip and Control', The Christie continues to assess its financial management arrangements against the national checklist to demonstrate strong stewardship, accountability, and value delivery.

The checklist provides assurance that all NHS trusts are maintaining:

- Tight financial governance: Clear lines of accountability from ward to board, with timely, accurate reporting and visibility of cost pressures.
- Expenditure control: Active monitoring of vacancies, agency use, procurement, and non-pay commitments to prevent overspend.
- Budget ownership: Delegated budget holders understand their positions, with monthly sign-off and variance analysis.
- Savings delivery: Cost improvement and value improvement schemes are tracked to delivery with financial and quality and equality impact assessment (QIA) oversight.
- Productivity focus: Integration with Model Health System metrics, GIRFT, workforce productivity, and use of benchmarking to target improvement.
- Financial management: Early escalation of risks through integrated performance management, with clear mitigations and recovery plans.

At The Christie, compliance with the national checklist underpins the Value Improvement Programme (VIP) ensuring grip on short-term financial control while sustaining long-term value and operational resilience. An assessment was carried out to benchmark against good practice and scored against 156 best practice checks using the following RAG rating.

GREEN: Fully implemented at The Christie, with evidence of sustained compliance and assurance in place.

AMBER: Partially implemented or under active review to strengthen compliance for 2026/27

RED: Not yet implemented or requires significant development.

Overall, The Christie assessed as 70% in GREEN, 28% AMBER and 2% in RED.

A summary of the internal assessment indicates:

- Compliance with core financial control requirements and 100% on governance controls (budgetary discipline, non-pay approvals, vacancy controls).
- Strengthening alignment between the VIP, workforce plans, and the operational planning framework for 2025/26. Improvements in staff engagement in identifying improvement ideas and understanding of financial sustainability.
- Further focus areas: embedding budget ownership at service level, enhancing in-year forecasting accuracy, and ensuring productivity gains are evidenced and released to the bottom line.

As a result of this assessment, a VIP Steering Group will be formalised to oversee progress in strengthening the further focus areas. This group will report to OPIG alongside a new

Non Pay steering group which will aim to proactively seek opportunities to reduce variation, and focus on innovation in non pay/inventory management.

Advisory practice in red:

1. *Non-clinical recruitment freeze* unless *it can be evidenced that role is business critical or key for financial improvement.* - No freeze, however every post is being currently reviewed at exec level vacancy panel.
2. *Conduct Estates six facet survey and action identified cost reductions.* – undergoing review.

5.0 Risk Management

The Value Improvement Programme reports to the Operational Performance Improvement Group (OPIG), chaired by the Chief Operating Officer, which oversees the Improving Access: Outpatient Improvement Board, Productivity Board (inpatients, theatres, Anaesthetics), corporate transformation.

The overall risk score for programme delivery remains high (12), reflecting the scale of efficiency required and ongoing demand growth. Mitigations include strengthened PMO oversight, phased pipeline development, and improved visibility through GIRFT and MHS dashboards.

6.0 Next Steps

- Finalise identification of all 2026/27 schemes by December 2025.
- Continue the clinical strategy reviews
- Review and respond to all RED rated grip and control advisory checks at Senior Management Committee.
- Ensure the operational planning requirements are completed to submit a compliant plan in line with the deadline for submission for activity, performance, finance and workforce for 3-5 years aligned to clinical strategy.

The Christie
NHS Foundation Trust

Agenda item 39/25a

Meeting of the Board of Directors

Thursday 27th November

Subject / Title	Future Christie Update
Author(s)	Adrian Bloor, Medical Director of Future Christie
Presented by	Adrian Bloor, Medical Director of Future Christie
Summary / purpose of paper	To update the Board on progress delivered to date within the Future Christie Programme, outline upcoming priorities for Year 1 delivery, and seek endorsement of programme direction and next-stage actions, including: • Deployment of Ambient Voice Technology (AVT) • Advancement of the Electronic Patient Record (EPR) procurement • Implementation of the Joint Analytics for Cancer (JAC) initiative – the foundation of the intelligent hospital vision. The Future Christie Programme continues to deliver significant progress toward building a world-leading, intelligent, and data-driven cancer centre. Over the past quarter, the programme has achieved major milestones across digital transformation, patient engagement, and data integration.
Recommendation(s)	The Board is asked to: 1. Note the ongoing progress made across key Future Christie workstreams. 2. Note the progress made with EPR business case and the timeline for delivery 3. Acknowledge the ongoing challenges and the mitigating actions in place.
Background Papers	Trust Strategy 2023-2028 / NHS 10-year plan / Future Christie Overview
Risk Score	See Board Assurance Framework Risk 13 and Risk 15
EDI impact / considerations	Positive EDI impact – the proposals are expected to advance equity, improve access, or reduce disparities for one or more protected or disadvantaged groups
Link to: ➢ Trust's Strategic Direction ➢ Strategic Objectives	1. To deliver safe, effective & equitable care 2. To deliver excellent financial and operational performance 3. To provide integrated clinical, research and education services 4. To be an excellent place to work and attract the best staff 5. To transform our services to improve access and reduce health inequalities 6. To provider leadership within the wider NHS cancer system

Acronyms or abbreviations used in the paper	EPR	Electronic patient record
	JAC	Joint analytics for Cancer
	AI	Artificial Intelligence
	AVT	Ambient Voice Technology

Meeting of the Board of Directors

Thursday 27th November

Future Christie Update

1.0 Introduction

The programme has moved from design into delivery, with progress across all core workstreams:

1. Patient Portal Implementation	Rolled out continues with over 5,000 patients now accessing appointment details and clinical correspondence electronically. Next steps for enhanced functionality include: • Trust wide rollout – inclusion of haematology and other areas not covered • Achieve nationally mandated 70% target for appointments surfacing on system • Bloods closer to home appointments • Laboratory and radiology results.
2. Ambient Voice Technology (AVT)	AVT working group established and deployment is now in the final stages although planned implementation date has moved from Q4 2025 to January 2026 in order to ensure this achieves full regulatory compliance AVT product currently undergoing technical validation and user acceptance testing due to complete end of November 2025 Business case developed to utilise Regional Transformation funding to expand use of technology beyond outpatient consultations and to deploy ambient technologies in other areas.
3. Electronic Patient Record (EPR)	Deloitte commissioned to develop outline business case and output based specification. Trust wide engagement and soft market engagement sessions scheduled for November and December 2026. Target for completion January 2026 Procurement expected to commence early 2026, consolidating multiple legacy systems and enabling future integration with JAC.
4. Joint Analytics for Cancer (JAC)	Phase 1 business case completed. Chief Data Officer post to be advertised November 2025. Interim Program Manager to be appointed Q4 2025 to initiate foundation work for program.
5. Engagement and Governance	Communications plan finalised with comms team. Video content creation to commence to surface on new screens across Trust to optimise program awareness with staff and patients.

2.0 Strategic Alignment and Benefits

The Future Christie Programme directly supports the Trust Strategy and Corporate Objectives, particularly in improving patient experience, operational excellence, and research capability. It aligns with the NHS Long-Term Plan through digital enablement, data-driven care, and partnership-based innovation.

3.0 Challenges and Mitigations

Challenge	Mitigation
Capacity for change	Investment in specialist roles (e.g., Chief Data Officer, Transformation Lead), rationalisation of the digital delivery portfolio to focus on priority projects, use of short-term project capacity to support implementation and partnership with Deloitte for EPR business case.
Cultural adaptation	Co-designed implementation plans, supported by staff education and communication strategies.
Procurement complexity	Adoption of an “expert customer” model with soft market engagement and specialist consultation to ensure value and optimal solutions.
Appointment of senior staff	Challenge due to banding and ability to offer competitive salary compared to Industry mitigated by optimising the opportunities available working within the Future Christie program not available in other parts of the NHS
EPR Business Case delivery	The timeline for the outline business case is very ambitious however this is mitigated by utilisation of an experienced partner and high levels of engagement within the organisation.

4.0 Next Steps and Year 1 Priorities

- Q4 2025 – Q1 2026: Deploy AVT in Surgical Services; expand Patient Portal features; complete EPR Outline Business Case; commence JAC data cleaning and recruitment.
- Q2 2026: Launch EPR procurement; link Patient Portal to NHS App; scale AVT Trust-wide.
- Q3 2026: Complete JAC Phase 2 business case; conduct impact reviews with staff and patients; co-design 2026–27 delivery plan.

5.0 Board engagement – EPR

Updates have been presented to Board at each Board meeting from April 2025. Additional sessions on Future Christie projects including EPR have also been delivered through Board

Planning sessions in May, July and October 2025. The Strategic Outline Case for a new EPR was approved at the September Private Board meeting.

The planned Board sessions in 2026 are;

- Friday 16th January – planning session and opportunity to discuss progress with the Outline Business Case
- Thursday 29th January – Private Board meeting – Deloitte to attend ahead of presentation of the Outline Business Case
- Friday 20th February – Board planning session – EPR Outline Business Case – request for approval

Attached as an appendix to this report is an outline project timeline for the EPR.

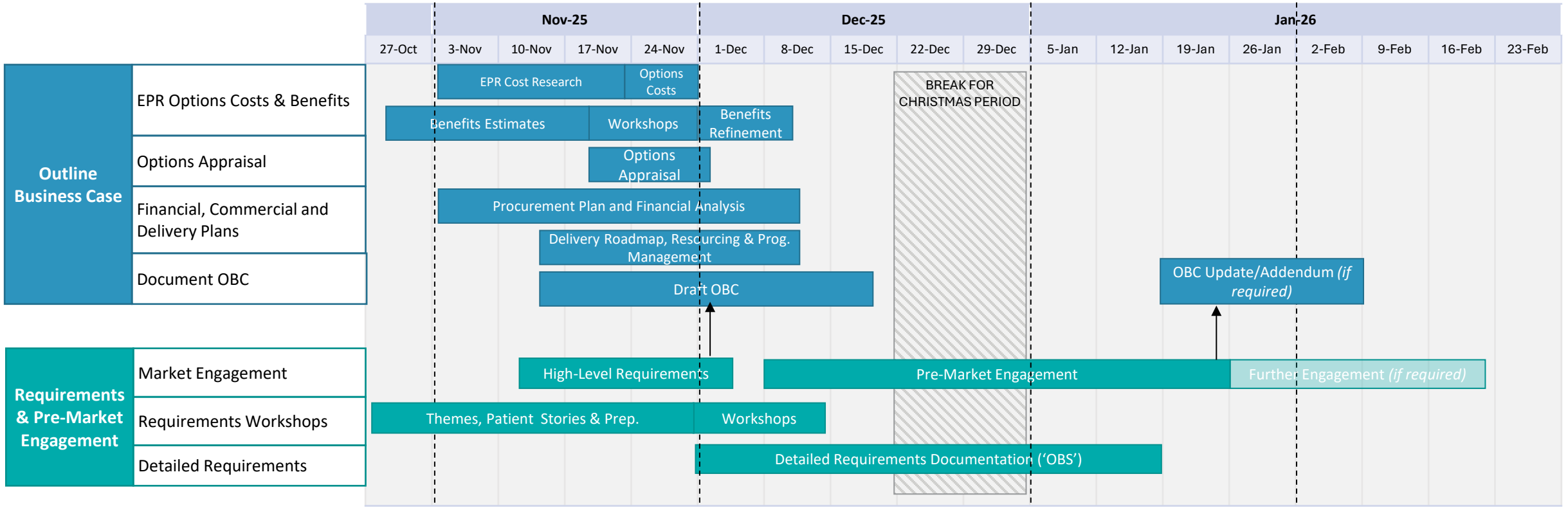
OBC and OBS Plan | Project Timetable

The Christie NHS Foundation Trust

Following approval of the Strategic Business Case in September 2025 timetable for OBC, requirements and procurement plan for Trust Board consideration in February 2026

For a standard competitive procurement approach, pre-market engagement is recommended to understand EPR supplier capabilities and manage procurement risks. Therefore a 'full set' of OBC phase activities are required but with significant constraints to the original completion timetable given the late start. Alternative compliant routes to procurement would be considered if available. The timetable aims to:

- Document an initial draft Outline Business Case within the planned timescales, incorporating November/December stakeholder workshops.
- Defer the commencement of pre-market engagement, allows more time to complete and provides the opportunity for iterative further engagement if required.
- Offer the facility update or create and addendum to the OBC based on insights learned from market engagement.



OBC and OBS Plan | Project Timetable

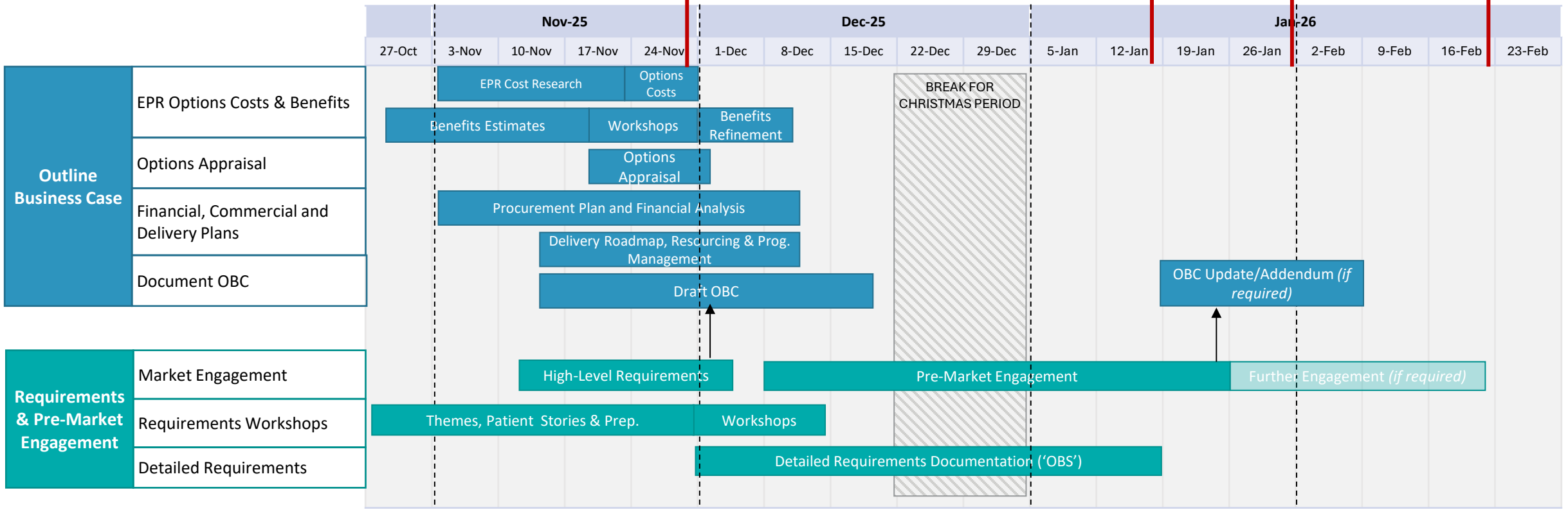
The Christie NHS Foundation Trust

20.2.26 Outline Business Case approval

29.1.26 Procurement approval

16.1.26 Board Update – overall progress and procurement options

27.11.25 Board Update – overall progress



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Agenda Item [xx/25]

Meeting of the Board of Directors
Thursday 27 November 2025

Subject / Title	Audit Committee report – October 2025
Author(s)	Assistant Company Secretary Committee Chair
Presented by	Committee Chair
Summary / purpose of paper	This paper provides the board with a summary of the items considered by the Audit Committee at their October meeting and any subsequent actions required by the Board.
Recommendation(s)	To note the report and any actions.
Background papers	Audit Committee papers – October 2025
Risk score	Board Assurance Framework (BAF) references noted within the report.
EDI impact / considerations	Ensure governance arrangements provide assurance and appropriate oversight of EDI requirements for the organisation.
Link to: ➢ Trust strategy ➢ Corporate objectives	• Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	

The Christie
NHS Foundation Trust

Agenda item [xx/25]

Meeting of the Board of Directors
Thursday 27 November 2025

Audit Committee report – October 2025

1 Introduction

The Audit Committee took place on 16 October 2025. The meeting was quorate. The following summary gives the Board information on the items that were considered by the committee at their meeting under the headings of Alert / Advise / Assure.

2 Audit Committee agenda items

The items listed in Appendix 1 of the report were presented to the Audit Committee in October 2025. Following discussion, the items are presented to Board for information and action where appropriate.

An assurance level was discussed and agreed for each item presented as an assurance item using the following criteria:

Strong	High	Medium	Low
Controls are suitably designed, being consistently applied and are effective in practice	Some issues identified that if not addressed, could increase the likelihood of the risk materialising	Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve	Assurance indicates poor effectiveness of controls

The Committee Chair will note any actions required by Board and make escalations to Board, as necessary.

3 Recommendation

The Board are asked to note the summary report from the Audit Committee in October 2025.

The Christie
NHS Foundation Trust

Appendix 1

Agenda item	BAF ref	CQC regulation reference	Assurance rating given	Key points and associated actions (where applicable)
33/25a	4, 8	N/A	Strong	**Deep Dive - BAF risk number 4 & 8: EPRR annual report & statement of assurance**
Assure				• Audit recently completed and confirmed substantial compliance at 89%. • EPRR committee reports to Risk & Quality Governance Committee then into Audit Committee. • Statement of Compliance (formally records the Trust's position and will be submitted to NHS England as required) endorsed by the committee. • Improvement plans in place to address the three remaining areas of partial compliance: communications resilience, countermeasures, and data protection assurance endorsed by the committee. • Continuation of the Trust's structured programme of training, exercising and third-party business continuity assurance supported by the committee. • Committee and Board to receive a further update at the conclusion of the 2025/26 assurance cycle, ensuring that they are kept fully informed of ongoing improvements and risks.
Alert				• Warning and informing - resilience for out-of-hours communications remains limited. However, the Trust has established a pool of trained spokespeople to provide cover, ensuring a reasonable level of resilience while work continues to strengthen the model, assessed as low risk for our Trust. • Duty to maintain plans (countermeasures) – Counter measures for mass vaccination, the potential impact for The Christie is assessed as limited, however proportionate arrangements are still required. This work is underway and will be overseen by the EPRR Committee to ensure appropriate alignment with national guidance and timely completion, assessed as low risk. • Data Protection Security Toolkit compliance - partial compliance, work in progress and remains on track.
Advise				• Third-party business continuity assurance continues to be a key area of focus. Participated in national exercises, both internally and externally. Good lessons learned and turned into tangible improvements. • Associated action plan is due for completion by October 2026 when the re-assessment takes place.
Agenda item	**BAF ref**	**CQC regulation reference**	**Assurance rating given**	**Key points and associated actions (where applicable)**

33/25b	4, 8	N/A	Medium	High	**Deep Dive - BAF risk number 4 & 8: Sustainability annual report**
Assure					• Discussions taking place with local partners and NHSE on funding options for the heating and decarbonisation plan. Support from the Development & Sustainability Committee on the plan. • GM wide climate change adaptation plan to be developed given consistency of impact across organisations, Trust will have an appendix to the plan based on its own requirements. • Low carbon skills fund a success last year, credit given to the estates team on the work completed to ensure it was used most efficiently for the Trust. Worked with the Energy Saving Trust. • High level actions from last year completed, remaining actions reviewed and shifted where appropriate to allow focus on the heat and decarbonisation plan. • Committee assured that the Trust is doing all possible given the current constraints and significant challenges. High assurance assigned based on the progress being made in delivery of the work plan and medium assurance agreed in terms of the context of achieving overall decarbonisation. The challenges faced with the agenda of work were recognised by the committee.
Alert					• No alerts to raise.
Advise					• Looking to implement environmental risk assessment requirement into business cases to make this a core consideration. Training to be implemented across divisions.
Actions					• Relevant pages of the heat and decarbonisation plan to be provided to committee members to show breakdown of energy usage at Christie sites.
Agenda item	**BAF ref**	**CQC regulation reference**	**Assurance rating given**		**Key points and associated actions (where applicable)**
33/25c	4,5,6, 10	N/A	Strong		**Executive director of finance report**
Assure					• Insurance - £600k, vast majority relates to properties. Review completed by Finance Team to ensure the insurance fit for purpose and also reviewed by Execs. • SFIs – updates relate to a minor change to procurement process and Charity Board of Trustees.
Alert					• No alerts to raise.

Advise				• Losses and special payments – Finance Team working with the Research and Development (R&D) team to reduce the aged debtors. The R&D team have now gone live with the Robotic Process Automation (RPA), and this is supporting the debt collection.
Agenda item	**BAF ref**	**CQC regulation reference**	**Assurance rating given**	**Key points and associated actions (where applicable)**
34/25c	N/A	15	High	**Premises & equipment compliance report (CQC regulation 15)**
Assure				• Robust procedure for cleaning and waste; procedures outlined and evidence provided within the report. • Security provided 24/7 365 days a week; operated via a rota system and restraint reduction training in place. Low levels of violence and aggression. CCTV in place and monitored. New development assessments take place for personal safety and security. • Work closely with staff side on inclusivity. Accessibility requirements assessed as part of new developments. • Hard facilities; team of 40 in-house technicians. Paterson and Macclesfield outsourced. Independent authorised engineers complete audits and action plans. Risk assessments and method statements in place. • Car parks and transport; look to promote cycling where possible and also linked to local public transport. • External facilities management arrangements are in place for the Paterson Building (through joint arrangements with the University), Macclesfield site (due to location), and for Christie at Oldham and Salford (through Northern Care Alliance). Robust performance management processes are in place, including defined KPIs, monthly meetings with providers, and regular monitoring and evidence logging. • Based on the report, supporting evidence, and discussion, the committee was assured at a high-level regarding compliance with CQC Regulation 15 (Premises and Equipment).
Alert				• No alerts to raise.
Advise				• No advise points to raise.

The following agenda items were discussed at the meeting but did not require an assurance level assigning:

Alert	• No alerts to raise.
Advise	• **Board assurance framework (BAF) 2025/26 -** Extract presented with risks relevant to the committee; risks 4 & 8. Deep dives focus on risks. • **Internal audit follow up report Q2 –** audit recommendation extension requests presented for 3 separate reviews; iQemo, Careflow Medicines Management and Role Specific Training. Reasoning for extension requests minuted. Extension requests agreed. • **External audit progress report -** Timetable discussions to take place ahead of planning work. Team remains the same as last year for completion of the audit.
Assure	• **Annual Reporting Cycle 2026** - annual reporting cycle presented to the committee which outlined the work plan for the next year. • **Internal audit progress report** – Bank Admin Staff and Discharge Management reviews completed and received moderate assurance; no changes to audit plan received; no concerns raised with current plan and progress. • **Anti-fraud progress report** – Counter Fraud Standard return completed; Trust received overall green rating in May 2025 submission. Local fraud prevention checks completed were summarised. Associated policy will be updated to reflect the new failure to prevent fraud regulation. Work has commenced on the review of NFI data matches – deadline for completion is March 2026. Current investigations outlined from the report - 9 referrals since April 2025.

The Christie
NHS Foundation Trust

Agenda Item 40/25a

Meeting of the Board of Directors
Thursday 27th November 2025

Subject / Title	Senior Management Committee report – October 2025
Author(s)	Louise Westcott, Company Secretary
Presented by	Committee Chair
Summary / purpose of paper	This paper provides the Board with a summary of the items considered by the Senior Management Committee at their October meeting in a triple A format.
Recommendation(s)	To note the report and any actions.
Background papers	Senior Management Committee papers – 16th October 2025
Risk score	Board Assurance Framework (BAF) references noted within the report.
EDI impact / considerations	Ensure governance arrangements provide assurance and appropriate oversight of EDI requirements for the organisation.
Link to: ➢ Trust strategy ➢ Strategic objectives	• Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
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.	CAG Clinical Advisory Group CQC Care Quality Commission WRES workforce race equality standard WDES workforce disability equality standard EPR electronic patient record PET positron emission tomography BAF Board Assurance Framework EPRR emergency preparedness, resilience & response

The Christie
NHS Foundation Trust

Agenda item 40/25a

Meeting of the Board of Directors
Thursday 27th November 2025

Senior Management Committee report October 2025

Items Considered were:

- Approval of previous meeting minutes and review of actions
- Mandatory training compliance and associated risks
- Risk register cleansing, training, and calibration
- Clinical Advisory Group (CAG) role and engagement
- Value Improvement Plan update
- Future Christie Programme updates, including Patient Portal, Ambient AI, and EPR
- National Training Survey feedback
- 6 monthly report from the Freedom to Speak Up Guardian
- WRES/WDES Progress report
- EPRR annual Compliance Statement
- CQC Well-led update on planning and preparedness
- Consideration of the development of a new Wholly Owned Subsidiary
- Review of the committee terms of reference
- 10-point plan to improve resident doctors lives – update
- Total Body PET-CT revenue and capital business case
- Ambient Voice Technology business case
- Joint Analytics for Cancer business case
- Contract awards – general maintenance call off fee, Strategic Capital & Estates support, Development of EPR outline contract award

See also the Trust Report and Integrated Performance Quality & Finance Report

ALERT

Mandatory Training Compliance Risks

Continued focus on compliance gaps and escalated through operational channels. Targeted interventions in identified low-compliance workforce groups. Operationally, this is overseen by the Risk Committee, with Board Assurance through the Workforce Committee.

National Training Survey / 10 Point Plan to improve resident doctors lives

Results from the NTS survey are improving but indicate pockets of issues relating to rotas, study leave and workload pressures that are being addressed through an action plan. 12 week delivery expectation around the 10 point plan.

Wholly owned subsidiary

Background shared around the requirement to consider establishment of WOS. Risks and benefits described and will come to Board for further consideration.

ADVISE

Business cases

Approval of all business case and contract awards presented in October (as listed above).

Future Christie Programme (Patient Portal, Ambient AI, EPR)

These initiatives were discussed and are on track. The board will receive further assurance reports.

Freedom to Speak Up Guardian report

The work of the Guardian continues and is well embedded in the organisation with strong plans for the future direction of the work in the Trust involving more champions across the Trust.

ASSURE

Risk review / cleansing

The overall number of risks on the register has reduced through continued focus & review and overdue risks have significantly reduced.

Value Improvement Plan

The VIP target for 2025/26 has been achieved and focus is now on the target for 2026/27.

EPRR Compliance statement

Approved and shows excellent progress with 89% compliance (substantial) that has been externally assured.

The Christie
NHS Foundation Trust

Agenda Item 40/25b

Board of Directors meeting
Thursday 27th November 2025

Subject / Title	Board Assurance Framework
Author(s)	Louise Westcott, Company Secretary
Presented by	Louise Westcott, Company Secretary
Summary / purpose of paper	This paper provides the Board with the Board Assurance Framework that summarises the risks to achievement of the strategic objectives. The cover paper gives detail of the updates.
Recommendation(s)	• To note the risks and controls relating to the strategic risks on the Board Assurance Framework, • To note that updates will be made to the risks that are the responsibility of the Board following discussion.
Background papers	Board assurance framework. Strategic objectives 2025/26, operational plan and revenue and capital plan 2025/26.
Risk score	N/A
Link to: ➢ Trust strategy ➢ Strategic objectives	• Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
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.	BAF Board assurance framework ECN Executive chief nurse EDoF Executive director of finance EMD Executive medical director COO Chief operating officer DoW Director of workforce DCEO Deputy chief executive officer

The Christie
NHS Foundation Trust

Agenda Item 40/25b

Board of Directors meeting
Thursday 27th November 2025

Board Assurance Framework

1 Introduction

The board assurance framework (BAF) is presented to each Board and assurance committee meeting. The risks identified in the framework relate to achievement of the strategic objectives.

2 Background

The Board Assessment Framework reflects the risks to achievement of the strategic objectives. These are regularly reviewed by the company secretary and executive directors.

2 Updates to risks

All risks in the framework have been reviewed to reflect the current position. Controls and assurances have been updated.

Risk 1 – If there are changes to NICE guidance or other advances in practice that we have not anticipated (diagnostic, therapeutic, care) there is a risk that there will be a delay in their introduction leading to a delay in patients obtaining the benefits of new treatments.

Risk score has increased from 6 (2x3) to 12 (4x3) due to the delay to the implementation of one NICE guideline relating to a breast cancer treatment. Mitigations are in place and the risk is anticipated to reduce by the end of Q4.

Risk 2 - If we do not follow the Patient Safety Incident Response Framework (PSIRF) there is a risk that we will miss opportunities to learn lessons and improve patient safety leading to preventable patient harm

Risk score has reduced following review by the Quality Assurance Committee of this risk from 12 (3x4) to 9 (3x3).

Risk 10 - If we do not achieve the operational plan and our planned efficiency savings there is a risk that we won't achieve financial balance on NHS activity.

Risk score for 2025/26 at the end of Q2 was 5 (1x5) and hit the target score following achievement of the VIP target. The score has now increased to 15 (3x5) and relates to the 2026/27 VIP plans.

Review dates and assurance levels have been updated for each risk.

3 Recommendation

The Board are asked;

- To note the risks and controls relating to the strategic risks on the Board Assurance Framework,
- To note that updates will be made to the risks that are the responsibility of the Board following discussion.

BOARD ASSURANCE FRAMEWORK - OVERVIEW OF RISKS

RISK No.	Risk Title	Risk Description	Responsible Committee	Risk Appetite	Inherant Risk Score	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Target Risk Score	Current Risk Score	Target date
RISK 6	**NHSE Financial Framework and support for growth**	If the changes in the NHSE financial framework do not maintain the level of income needed to support the planned growth in activity there is a risk that we will not be able to provide optimum care	Board of Directors	Cautious	16		16	16			4	16	**Reviewed Q2 25/26**
RISK 10	**Financial balance**	If we do not achieve the operational plan and our planned efficiency savings there is a risk that we won't achieve financial balance on NHS activity.	Board of Directors	Averse	25		5	5			5	15	**Reviewed Q2 - achieved VIP 25/26. Focus on VIP 26/27**
RISK 15	**Technological advancements**	If we do not keep pace with technological advancements, there is a risk that we will not provide the best possible experience to our patients and carers	Board of Directors	Cautious	20		12	12			4	12	**Reviewed Q2 25/26**
RISK 7	**Ineffective Greater Manchester system-wide cancer pathways**	If diagnostic, MDT and referral processes at local hospitals across the GM system are not efficient there is a risk that we receive patients on 62-day pathways late leading to them not being treated within 62 days.	Quality Assurance Committee	Cautious	25		12	12			8	12	**Reviewed Q3 24/25**
RISK 4	**Compliance with regulatory standards**	If we do not continuously review our compliance with the regulatory standards and take corrective action where needed there is a risk that we will fall below required fundamental standards and quality of care will be reduced.	Board of Directors	Averse	15		12	12			4	12	**Reviewed Q3 25/26**
RISK 13	**Transformational capacity & capability**	If we do not develop transformational capacity & capability, there is a risk that we will not transform services to improve access and reduce health inequalities	Board of Directors	Cautious	20		12	12			8	12	**Reviewed Q2 25/26**
RISK 1	**New technologies and increased standards of care**	If there are changes to NICE guidance or other advances in practice that we have not anticipated (diagnostic, therapeutic, care) there is a risk that there will be a delay in their introduction leading to a delay in patients obtaining the benefits of new treatments.	Quality Assurance Committee	Cautious	20	6	6	6			4	12	**Review Q3 25/26**
RISK 8	**Emergency event**	If there is a serious emergency event (pandemic/cyber-attack/extreme weather event etc) there is a risk of business disruption (increased staff absence, increased patient non-attendance and equipment malfunction) leading to delayed or cancelled care.	Audit Committee	Averse	20	12	10	10			5	10	**Review Q3 25/26**
RISK 2	**Learning from patient safety incidents**	If we do not follow the Patient Safety Incident Response Framework (PSIRF) there is a risk that we will miss opportunities to learn lessons and improve patient safety leading to preventable patient harm	Quality Assurance Committee	Averse	15		12	12			4	9	**Reviewed Q2 25/26**
RISK 14	**Supply chain**	If there are disruptions to the supply of essential products and services for the treatment and care of our patients, there is a risk of service disruption leading to delayed or cancelled care.	Audit Committee	Averse	12	9	9	9			3	9	**Review Q3 25/26**
RISK 3	**Recruitment and retention of skilled staff**	If we are unable to maintain current levels of skilled staff there is a risk that they will not have the time or expertise required for excellent care and communication leading to a reduction in the standards of patient safety and experience.	Workforce Assurance Committee	Averse	20		9	9			6	9	**Reviewed Q2 25/26**
RISK 12	**Staff engagement**	If we do not maintain levels of staff engagement there is a risk that turnover and sickness absence will increase leading to workforce shortages, poor staff experience and a deterioration in the quality of patient care.	Workforce Assurance Committee	Averse	16		8	8			4	8	**Reviewed Q2 25/26**
RISK 9	**Integrated research, education & service**	If our research, education and clinical services do not operate as an integrated whole there is a risk that we will not secure the benefits of high-quality research and education on patient care and that this will lead to less-than-optimal quality of care.	Board of Directors	Averse	12	8	8	8			4	8	**Reviewed Q2 25/26**
RISK 5	**Capital funding**	If we don't receive adequate CDEL there is a risk that we won't deliver the planned improvements resulting in delays in providing the best possible environment & equipment to provide care	Board of Directors	Eager	15		5	5			5	5	**Reviewed Q3 25/26 / Within tolerance**

RISK 1	New technologies and increased standards of care	Date Risk	Current Risk Score
Description	**If there are changes to NICE guidance or other advances in practice that we have not anticipated (diagnostic, therapeutic, care) there is a risk that there will be a delay in their introduction leading to a delay in patients obtaining the benefits of new treatments.**	Apr-24 Date of Last Review Oct-25	**12**
Associated Strategic Objectives	To deliver safe, effective & equitable care	Executive Lead	Exec Medical Director
		Responsible Committee	**Quality Assurance Committee**
		Assurance Level	Medium
		Risk Appetite	Cautious

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date
Actions	Annual planning process with divisions. The trust has a risk-based process with divisional support to assess applicability and implement relevant guidance. Guidance that is not resolved or on the risk register is monitored and escalated if there are issues	Uncertainty around what / when. External factors	Level 1 – Data and management reports • Review of NICE guidelines through risk-based process with divisional support • risk register in place. Level 2 – Management team and committee scrutiny • Review NICE guidelines compliance through QAC and monthly IPQFR Level 3 – External assurances • NICE	None identified	Forward views of upcoming NICE guidelines assessed	Review Q3 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	4	**20**	2	3	**6**	2	3	**6**			**0**			**0**	2	2	**4**

RISK 2	Learning from patient safety incidents	Date Risk	Current Risk Score
Description	**If we do not follow the Patient Safety Incident Response Framework (PSIRF) there is a risk that we will miss opportunities to learn lessons and improve patient safety leading to preventable patient harm**	Jun-25 Date of Last Oct-25	**9**
Associated Strategic Objectives	To deliver safe, effective & equitable care	Executive Lead	Exec Chief Nurse
		Responsible Committee	**Quality Assurance Committee**
		Assurance Level	Medium
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	The Trust has undertaken external training for the patient safety strategy covering all components of the patient safety strategy. The patient safety team have/ will continue to host training for incident handlers to ensure management of incidents across teams is standardised. Improvement workstreams have been established to implement recommendations following the publication of learning responses. Review through Patient Safety & Experience Committee and Risk & Quality Governance. Introduction of new DATIX system	New ways of working require new skills across the organisation and resource at a team level to manage incidents.	Level 1 – Data and management reports • PSIRF reports to Patient Safety Committee / Risk & Quality Governance / Senior Management Committee • ERG Level 2 – Management team and committee scrutiny • Review compliance through patient safety reports to QAC Level 3 – External assurances • MIAA review of PSIRF processes confirms substantial assurance • Updates presented to ICB	None identified	Further focus on improvement - Embed agreed Quality Improvement methodology across the Trust	Reviewed Q2 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	3	5	**15**	3	4	**12**	3	4	**12**			**0**			**0**	2	2	**4**

RISK 3	Recruitment and retention of skilled staff	Date Risk	Current Risk Score
Description	**If we are unable to maintain current levels of skilled staff there is a risk that they will not have the time or expertise required for excellent care and communication leading to a reduction in the standards of patient safety and experience.**	Apr-24 Date of Last Oct-25	**9**
Associated Strategic Objectives	To deliver safe, effective & equitable care To deliver excellent financial and operational performance To be an excellent place to work and attract the best staff	Executive Lead	Workforce Director
		Responsible Committee	**Workforce Assurance Committee**
		Assurance Level	High
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Staffing levels maintained through coordinated and risk based utilisation of bank and agency Christie People and Culture Plan 2023-26 Quarterly oversight of Trust wide vacancies and recruitment activity presented to the workforce committee & WAC Divisional oversight of recruitment activity and vacancies discussed at the monthly service review meetings Turnover analysis and 'next chapter' data presented and discussed six monthly at the workforce committee Robust sickness absence management and health and wellbeing offer Connect & reflect sessions in place for new starters within first 3 months of employment Weekly executive led vacancy management panel in place Recruitment of onboarding coordinator Nursing workforce lead appointed	National staff shortages impacting recruitment	Level 1 – Data and management reports • Divisional oversight of recruitment through Service & Operatonal Review meetings Level 2 – Management team and committee scrutiny • Review compliance through WAC People & Culture plan updates and update on compliance with CQC regulation • F&PP Compliance report to WAC / Board • Safe staffing 6 monthly reviews to external standard Level 3 – External assurances • National staff survey • CQC Inpatient survey • OECI accreditation • MIAA Bank & Admin audit - Moderate assurance	Actions outlined by MIAA in Nov 24 Divisional Recruitment audit	None identified	Reviewed Q2 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	5	**20**	3	3	**9**	3	3	**9**			**0**			**0**	2	3	**6**

RISK 4	Compliance with regulatory standards	Date Risk	Current Risk Score
Description	**If we do not continuously review our compliance with the regulatory standards and take corrective action where needed there is a risk that we will fall below required fundamental standards and quality of care will be reduced.**	Jun-25 Date of Last Oct-25	**12**
Associated Strategic Objectives	To deliver safe, effective & equitable care To deliver excellent financial and operational performance To be an excellent place to work and attract the best staff	Executive Lead	Exec Chief Nurse
		Responsible Committee	**Board of Directors**
		Assurance Level	Medium
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Self assessments underway against 2022 must do actions and well-led quality indicators. Attendance at CQC briefings / NHS Providers briefings Engagement in national updates and regulatory briefings. Designated leads for statutory requirements across the Trust reporting into committee structure. Policies and procedures in place e.g. conflicts of interest, SFI's, Document ratification processes. Membership of NHS Providers to recieve most up to date advice and guidance. Exec Team engagement in national briefings. Close working with regulators, GM ICS / ICB and NHSE. Attendance at system level and national meetings. Leads identified internally for each statutatory requirement e.g. health & safety / IRMER / CQC etc	External political factors	Level 1 – Data and management reports • Self assessment against 2022 Must Do's • Self assessment against Well Led / Safety quality indicators Level 2 – Management team and committee scrutiny • QAC /WAC review of CQC regulations - all on rolling programmes • Board level training on new CQC assessment framework Feb 24 • Board reporting on regulatory changes • Work of the 3 assurance committees • Board capbility self-assessment Level 3 – External assurances • CQC Inspection Reports (IR(M)ER) • NOF Rating 1 (Q1 rated 3/134 acute & specialist trusts) • MIAA role specific training audit (CQC Reg 19) - Limited assurance Oct 24 • MIAA data quality audit Oct 24 - moderate assurance • OECI accreditation	Full review of well-led quality indicators to indentify gaps	Plan in development for full review of all domains (1 per quarter) Actions relating to role specific training data reporting and compliance	Reviewed Q3 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	3	**15**	4	3	**12**	4	3	**12**			**0**			**0**	4	1	**4**

RISK 5	Capital funding	Date Risk	Current Risk Score
Description	**If we don't receive adequate CDEL there is a risk that we won't deliver the planned improvements resulting in delays in providing the best possible environment & equipment to provide care**	Jun-25 Date of Last Oct-25	5
Associated Strategic Objectives	To deliver excellent financial and operational performance	Executive Lead	Exec Director of Finance
		Responsible	**Board of Directors**
		Assurance Level	High
		Risk Appetite	Eager

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
	Financial planning includes utilisation of 'capital freedoms' (CDEL) to increase the CDEL allocation to deliver our plan. Capital planning is part of our planning process and based on risk assessment within divisions.	National / local funding rules / arrangements.	Level 1 – Data and management reports • Monthly finance reports Level 2 – Management team and committee scrutiny • summary of progress with capital plan/strategy implementation at Board / Planning Days • Regular reporting to Senior Management Committee & Board of Directors Level 3 – External assurances • ICB allocation - maximum capital freedoms	None identified	Capital bids collated including level of risk, impact on patient care and activity should the bid not be approved. Manage capital priorities within existing ICB allocation and support the ICB to deliver a compliant capital plan.	Reviewed Q3 25/26 / Within tolerance

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	3	5	**15**	1	5	**5**	1	5	**5**			**0**			**0**	1	5	**5**

RISK 6	NHSE Financial Framework and support for growth	Date Risk	Current Risk Score
Description	**If the changes in the NHSE financial framework do not maintain the level of income needed to support the planned growth in activity there is a risk that we will not be able to provide optimum care**	Jun-25 Date of Last Oct-25	16
Associated Strategic Objectives	To deliver excellent financial and operational performance	Executive Lead	Exec Director of Finance
		Responsible	**Board of Directors**
		Assurance Level	
		Risk Appetite	Cautious

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
	Senior team attendance at national and regional meetings to keep updated on policy changes and influence discussions on cancer. Monthly service & operational reviews to ensure efficient delivery of service. Board member attendance at national events to influence policy.	External political factors	Level 1 – Data and management reports • SOR's • Divisional Boards reports Level 2 – Management team and committee scrutiny • SMC reporting Level 3 – External assurances • External Audit VfM assessment	None identified	Continued attendance at regional & national events and on going discussions with ICB to understand funding	Reviewed Q2 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	4	**16**	4	4	**16**	4	4	**16**			**0**			**0**	1	4	**4**

RISK 7	Ineffective Greater Manchester system-wide cancer pathways	Date Risk	Current Risk Score
Description	**If diagnostic, MDT and referral processes at local hospitals across the GM system are not efficient there is a risk that we receive patients on 62-day pathways late leading to them not being treated within 62 days.**	Apr-24 Date of Last Oct-25	12
Associated Strategic Objectives	To deliver safe, effective & equitable care To deliver excellent financial and operational performance	Executive Lead	Chief Operating Officer
		Responsible	**Quality Assurance**
		Assurance Level	Medium
		Risk Appetite	Cautious

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
	Executive led monthly divisional performance review meetings. Integrated performance & quality report to Management Board and Board of Directors monthly. Weekl;y performance reporting via trust operational group. Escalation internally & across GM of delays impacting waiting time targets. Monitoring cancer waiting time standards through GM Cancer & IPR.	NHS pressures leading to delays in referrals from other Trusts	Level 1 – Data and management reports • 62 / 31 / 24 day reports to Senior Management Committee and Board • Service & Operational Review feedback Level 2 – Management team and committee scrutiny • 6 monthly review by QAC Level 3 – External assurances • MIAA review of 62 days / Cancer Alliance	Evidence of progress in underperforming parts of the pathway	Supporting cancer improvement plans in GM Cancer Pathway improvement workstream in GM Cancer	Reviewed Q3 24/25

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	5	**25**	4	3	**12**	4	3	**12**			**0**			**0**	4	2	**8**

RISK 8	**Emergency event**	Date Risk	Current Risk Score
Description	**If there is a serious emergency event (pandemic/cyber-attack/extreme weather event etc) there is a risk of business disruption (increased staff absence, increased patient non-attendance and equipment malfunction) leading to delayed or cancelled care.**	Apr-24 Date of Last Oct-25	**10**
Associated Strategic Objectives	To maintain excellent operational, quality and financial performance.	Executive Lead	Chief Operating Officer
		Responsible	**Audit Committee**
		Assurance Level	Medium
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	No ability to reduce likelihood as an organisation, however we do have an Annual Assurance process that is externally reviewed to develop our Statement of Compliance Adaptations to existing buildings / equipment to manage temperature rises. GM approach. Business Continuity Plans (BCP) - regularly tested and reviewed Extreme weather plan approved & published on intranet Data Security and Protection Toolkit submissions with audits undertaken. Digital board reporting. Board level Senior Information Risk Owner in place. Reviews of risk registers, alerts, reports, actions and observations MIAA audit - Data Protection Toolkit (DPST) Q4 23/24	The Trust does not currently have cyber security insurance.	Level 1 – Data and management reports • SDMP compliance • BCP compliance and effectiveness • Approved Extreme weather plan • Regular updates from NHS Digital - Vulnerability Monitoring Service Level 2 – Management team and committee scrutiny • Emergency Planning & Resilience Committee - reporting of regular testing of BCP's • Quarterly Net Zero and Climate Adaptation Committee (NZACAC) advises Executive Director • Annual SDMP report to MB and BoD (Assurance Scrutiny by Quality Assurance Committee) • Statutory disclosures in Trust Annual Report • Reports to Senior Management Comittee and Audit Committee • Annual Assurance Report and Statement of Compliance- substantial compliance Level 3 – External assurances • Internal audit of compliance with NHS requirements • NHSE review of plans and progress - agreement of current compliance (as in self-assessment) • MIAA Data Protection Toolkit assessment (DPST) - Substantial assurance July 2024	Not at 100% compliance for self-assessment / external assessment	Developing methodology to assess carbon footprint in collaboration with other Trusts Developing a CC Annual Report - Check what audit scrutiny this receives Review of cyber alerts Adaptation plan in development for future developments	Review Q3 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	4	20	5	2	10	5	2	10			0			0	5	1	5

RISK 9	**Integrated research, education & service**	Date Risk	Current Risk Score
Description	**If our research, education and clinical services do not operate as an integrated whole there is a risk that we will not secure the benefits of high-quality research and education on patient care and that this will lead to less-than-optimal quality of care.**	Jun-25 Date of Last Oct-25	**8**
Associated Strategic Objectives	To provide integrated clinical, research and education services	Executive Lead	Chief Executive Officer
		Responsible	**Board of Directors**
		Assurance Level	High
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	Research / Education / CODU plans all approved and being monitored through divisional boards and SMC		Level 1 – Data and management reports • Divisional Board reports Level 2 – Management team and committee scrutiny • Regular reports on progress to Board and assurance committees Level 3 – External assurances • OECI accreditation				Reviewed Q2 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	3	4	12	2	4	8	2	4	8			0			0	1	4	4

RISK 10	Financial balance	Date Risk	Current Risk Score
Description	**If we do not achieve the operational plan and our planned efficiency savings there is a risk that we won't achieve financial balance on NHS activity.**	Apr-24 Date of Last Oct-25	15
Associated Strategic Objectives	To maintain excellent operational, quality and financial performance.	Executive Lead	Exec Director of Finance
		Responsible	**Board of Directors**
		Assurance Level	High
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Activity plans agreed with Divisions and progress monitored weekly at TOG and monthly at Senior Management Committee. Variable income performance tracked as part of month end financial position and reviewed in the clinical Divisions monthly financial meetings. Development of mitigating strategies including efficiency and transformational programmes. Identification and consideration of new models of working to deliver and finance the Trust's strategic plan. Agreed governance of VIP schemes and escalating VIP reporting and responsibility to SMC. VIP delivery at a divisional level monitored via the Trusts Service Operational Review framework Board has recieved monthly financial report showing performance 2025/26 VIP achieved from month 6 - focus on 2026/27	Commissioning intentions. Funding growth.	Level 1 – Data and management reports • Monthly Divisional scrutiny of financial position • Trust Operation Group (TOG) review weekly Level 2 – Management team and committee scrutiny • Reports to Senior Management Committee, Audit Committee and Board of Directors Level 3 – External assurances • MIAA review of financial systems • External audit of Annual Accounts • MIAA review of VIP programme	None identified	Complete Quality Impact Assessments for all identified schemes	Reviewed Q2 - achieved VIP 25/26. Focus on VIP 26/27

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	5	25	1	5	5	1	5	5			0			0	1	5	5

RISK 12	Staff engagement	Date Risk	Current Risk Score
Description	**If we do not maintain levels of staff engagement there is a risk that turnover and sickness absence will increase leading to workforce shortages, poor staff experience and a deterioration in the quality of patient care.**	Jun-25 Date of Last Oct-25	8
Associated Strategic Objectives	To be an excellent place to work and attract the best staff	Executive Lead	Director of Workforce
		Responsible	**Workforce Assurance**
		Assurance Level	Medium
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Inclusive Culture Strategy developed through extensive engagement with staff and approved by Board. Board responsibilities outlined. Service & Operational reviews include 'people & culture' focus for all divisions. Progress reports to WAC. Divisions report staff engagement activity / priorities to Workforce Committee on rolling programme Workforce Assurance committee recieve regular presentations from divisions on cultural activities. Strategic Leaders Forum - scheduled across the year Divisional plans in place for events and meetings across the year	None identified	Level 1 – Data and management reports • Divisional action plans from staff survey • Service & operational reviews Level 2 – Management team and committee scrutiny • Reporting to Workforce Committee, Workforce Assurance Committee and Board of Directors • Board development session on Inclusive Culture facilitated by NHS Providers expert Sept 2024 • Board approved Inclusive Culture Plan Nov 2024 Level 3 – External assurances • Annual CQC Staff Survey 2024	None identified	Implementation of next phase of Inclusive Culture Strategy Extension of People & Culture Plan	Reviewed Q2 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	4	16	2	4	8	2	4	8			0			0	2	2	4

RISK 13	Transformational capacity & capability	Date Risk	Current Risk Score
Description	**If we do not develop transformational capacity & capability, there is a risk that we will not transform services to improve access and reduce health inequalities**	Jun-25 Date of Last Oct-25	**12**
Associated Strategic Objectives	To transform our services to improve access and reduce health inequalities	Executive Lead	Dir of Future Christie
		Responsible Committee	**Board of Directors**
		Assurance Level	Medium
		Risk Appetite	Cautious

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Future Christie Director and Medical Director in place. Director of Transformation appointed. Service Planning day with senior leadership team. Communication plan with wider organisation commenced. Alignment of Digital & Transformation under Future Christie. Year 1 objectives on track for delivery - patient portal / expanded AI / EPR outline case / staff engagement	None identified	Level 1 – Data and management reports • Exec review weekly Level 2 – Management team and committee scrutiny • Monthly to SMC and Board Level 3 – External assurances • Deliotte engaged in options appraial for new EPR	External assessment of capability and readiness to be developed	Development of the EPR OBC. Expansion of patient portal adoption and compliance with NHS App standards. Progression of data preparedness for JAC and Intelligent Hospital. Broader evaluation of AI pilots and automation opportunities Development of external partnerships for delivery of ambitions.	Reviewed Q2 25/26

	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
Scoring	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	4	**20**	3	4	**12**	3	4	**12**			**0**			**0**	2	4	**8**

RISK 14	Supply chain	Date Risk	Current Risk Score
Description	**If there are disruptions to the supply of essential products and services for the treatment and care of our patients, there is a risk of service disruption leading to delayed or cancelled care.**	Nov-24 Date of Last Oct-25	**9**
Associated Strategic Objectives	To deliver safe, effective & equitable care To deliver excellent financial and operational performance	Executive Lead	Chief Operating Officer
		Responsible Committee	**Audit Committee**
		Assurance Level	
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Pharmacy - TCP procurement team work closely with regional & national drug procurement teams. Mutual aid MOU in place in NW. Management with clinicians to avoid imapct on care Medical Physics - close relationship with national supply chains and management of demand based on availability of radioactive materials. BCP in place for Radiopharmacy to maintain supplies and regular discussions with supplier of FDG for the PETCT scanner. Procurement - policies & processes in place for management of supplies incl escalations & triggers / communication.	National / international shortages / supply issues	Level 1 – Data and management reports • Regular reports to relevant committee • Monitoring & review by management team Level 2 – Management team and committee scrutiny • Reports to The Christie Pharmacy Company Board and Audit Committee, via Trust Drug & Therapeutics Committee • Esclations from Risk & Quality Governance to Senior Management Committee Level 3 – External assurances • MIAA audits commissioned to review specific issues where appropriate	None identified	Review of alerts	Review Q3 25/26

	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
Scoring	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	3	4	**12**	3	3	**9**	3	3	**9**			**0**			**0**	3	1	**3**

RISK 15	Technological advancements	Date Risk	Current Risk Score
Description	**If we do not keep pace with technological advancements, there is a risk that we will not provide the best possible experience to our patients and carers**	Jun-25 Date of Last Oct-25	**12**
Associated Strategic Objectives	To transform our services to improve access and reduce health inequalities	Executive Lead	Dir of Future Christie
		Responsible Committee	**Board of Directors**
		Assurance Level	
		Risk Appetite	Cautious

	Key Control established	Key Gaps in Controls	Assurance	Gaps in	Actions to address	Target date for
Actions	Future Christie team leading service change ambitions incorporating technological advances with partners. Engaing with other health providers around effective systems on the market. Development of strategic outline case for new EPR	Recognition of fast moving market	Level 1 – Data and management reports • reports to Board of Directors Level 2 – Management team and committee scrutiny • Execs, SMC and Board reports Level 3 – External assurances • Deliotte engaged in options appraial for new EPR • OECI accreditation	Development of full business cases	Seeking expertise internally & externally around best option - 'expert customer'	Reviewed Q2 25/26

Scoring	Inherant Risk			Q1 25/26			Q2 25/26			Q3 25/26			Q4 25/26			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	4	**20**	3	4	**12**	3	4	**12**			**0**			**0**	1	4	**4**

The Christie NHS Foundation Trust

Agenda item 40/25c

Meeting of the Board of Directors
Thursday 27th November 2025

Subject / Title	Advanced Foundation Trust Authorisation
Author(s)	John Wareing, Director of Strategy & Partnerships Chris Harrison, Executive Director
Presented by	Roger Spencer, Chief Executive Officer
Summary / purpose of paper	To make the Board aware of the preparations being made for new authorisation as an Advanced NHS Foundation Trust.
Recommendation(s)	To note that the Executive Team is preparing for The Christie's authorisation as an Advanced NHS Foundation Trust under the revised framework announced in the NHS 10-year Plan and recently published guide for applicants. Further information will be brought to formal board meetings and discussed at development days.
Background papers / source of assurance	• 10 Year Health Plan for England: fit for the future - GOV.UK • NHS England » Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 • NHS England » Advanced Foundation Trust Programme – guide for applicants • Next day briefing: advanced foundation trust programme – guide for applicants
EDI impact/considerations	Positive EDI impact: The proposal is expected to advance equity, improve access, or reduce disparities for one or more protected or disadvantaged groups by enabling us to have continued freedom to develop services equitably – our application will need to be assessed as part of its development.
Link to: • Board Assurance Framework • Trust strategy • Strategic objectives • CQC Quality standards • Regulation	• The proposal directly addresses all the risks on the Board Assurance Framework (BAF) as it affects our continued ability to implement our strategic intentions and meet all our objectives. • It addresses the risk that if not redesignated as an Advanced Foundation Trust our levels of freedom and autonomy will be curtailed as we will not have demonstrated compliance with the new assessment criteria.
Risk score	If we are not able to demonstrate compliance there is a risk that our autonomy and freedoms will be curtailed leading to us being unable to fully implement our strategy with an impact on patient care, staff experience and system leadership. Impact 10 – Likelihood 2 = Inherent Risk Score 20
Acronyms or abbreviations in the paper	AFT: Advanced Foundation Trust FT: Foundation Trust

The Christie
NHS Foundation Trust

Agenda item 40/25c

Meeting of the Board of Directors
Thursday 27th November 2025

Advanced Foundation Trust Authorisation - Position Paper

1 Introduction

The Executive Team is preparing for The Christie's authorisation as an Advanced Foundation Trust (AFT) under the revised framework announced in the NHS 10-year Plan.

Authorisation in accordance with the new standards of governance, financial discipline, and system collaboration will enable us to maintain the freedom to pursue our ambitious strategy to enhance patient services, support our staff, and provide leadership at local, regional, national, and international levels.

A draft guide for prospective applicants has been published for consultation. This guidance sets out the process for authorisation and is framed around a range of Board statements across the six domains of the Insightful Board. For an AFT seeking to hold a contract for an integrated health organisation the guidance sets out further criteria for assessment. The guidance indicates a minimum four month process from acceptance onto the pipeline to a decision.

2 Strategic Context: the benefits of Advanced Foundation Trust status

The NHS 10-Year Health Plan sets a clear expectation that all NHS providers will achieve AFT status by 2035. To maintain consistency, existing Foundation Trusts will need to demonstrate that they meet the new, more rigorous standards and therefore undergo new authorisation.

AFT status offers a package of strategic freedoms and regulatory flexibilities aimed at enabling the highest-performing providers to operate with greater autonomy and impact. AFTs are required to deliver national planning and policy frameworks but benefit from a more mature, trust-based relationship with NHS England and regional teams. This shift is intended to protect senior leadership bandwidth, support long-term planning, and reduce unnecessary performance-management burden.

AFTs gain much greater strategic and operational autonomy, with annual planning becoming a primarily strategic conversation. Oversight is lighter-touch, with plans revisited only when material deviation occurs. Providers are expected to focus more on local priorities, delivery and innovation, supported by clearer accountability with local systems.

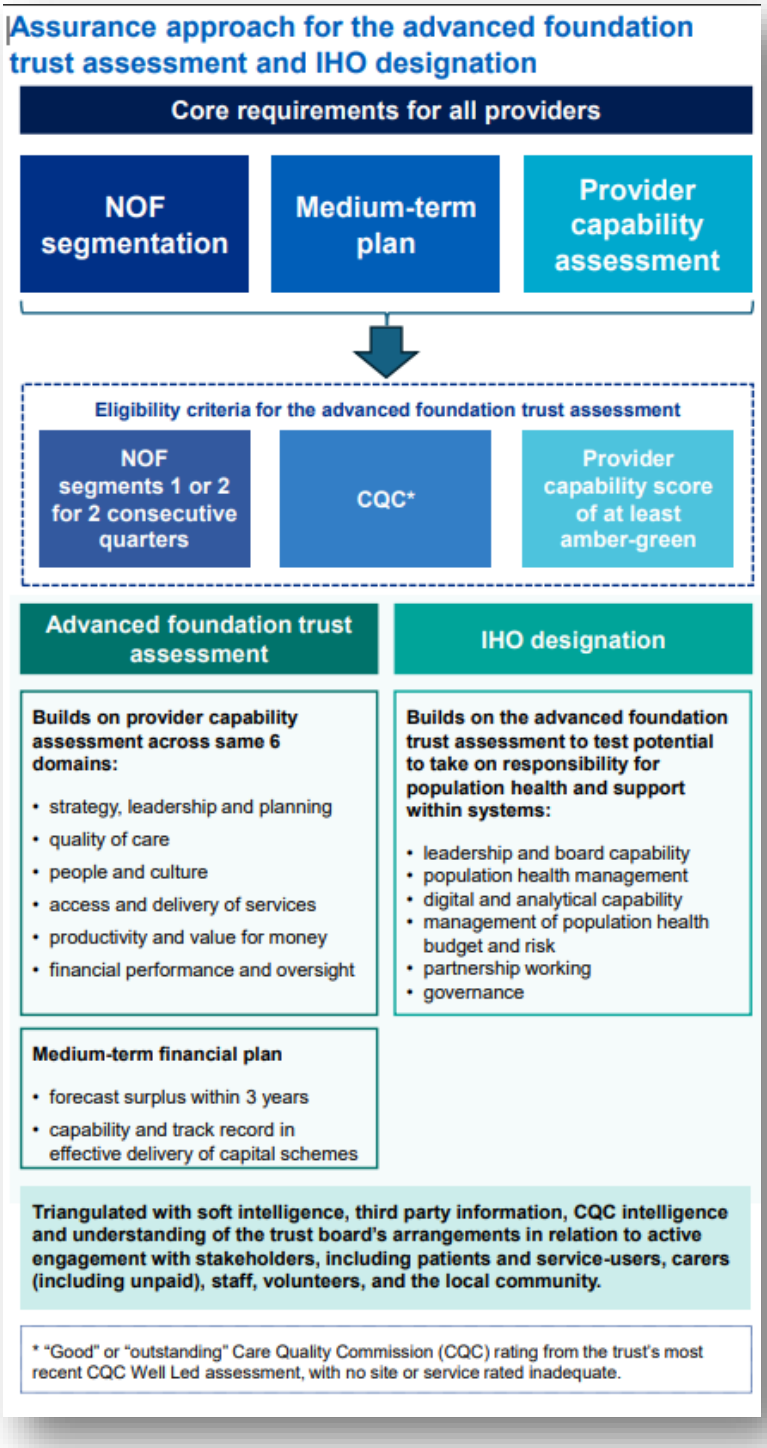
AFTs also benefit from a capability-based regulatory model. While the NHS Oversight Framework continues to apply, performance concerns will trigger proportionate, rules-based responses, with more time and flexibility to address issues. This approach is designed to avoid micromanagement and reinforce board-level accountability. AFT status is dynamic, requiring re-assessment every five years to incentivise continuous improvement.

AFT status is designed to offer meaningful financial flexibilities, including the ability to retain and reinvest revenue surpluses from 2024/25, enhanced capital autonomy (with business case approval not required for capital spend up to £100m from own resources), and limited revenue flexibilities to support transformation.

Finally, AFTs are positioned to take on enhanced leadership roles locally and nationally — potentially holding an Integrated Health Organisation contract, leading system-wide programmes, supporting challenged providers, and spreading innovation.

3 Authorisation Process

The draft guidance sets out the eligibility criteria required to apply to be an AFT and the evidence required to meet the 'bar' against which existing organisations will be assessed. The diagram below details key elements of the process.



4 Implications for The Board

- Strategic Positioning
  Becoming an AFT is not just an exercise in compliance – it gives us the strategic opportunity to shape local health systems and lead transformation across the populations we serve (Local, regional, national, international).

- Governance Readiness
  Boards must demonstrate appropriate governance structures and cultures that cultivate psychological safety, courage, and collectivism.

- Practical Readiness
  The Executive Team have set up a structured process for demonstrating readiness for designation as an AFT and are preparing a response to the proposed assessment criteria. The Board will be engaged in this through formal meeting reports and through regular development sessions.

  The planned Board sessions in Q4 2025/26 are;
  - Friday 16th January – planning session
  - Thursday 29th January – Board meeting
  - Friday 20th February – Board planning session

5 Recommendation

To note that the Executive Team is preparing for The Christie's authorisation as an Advanced Foundation Trust under the revised framework announced in the NHS 10-year Plan, and that further information will be brought to formal Board meetings and discussed at development sessions.

For information

Meeting of the Board of Directors

Thursday 27th November 2025

Subject / Title	Christie Higher Education Institution (HEI) project
Author(s)	Rikki Goddard-Fuller, Richard Postill, Tom Thornber
Presented by	Rikki Goddard-Fuller
Summary / purpose of paper	Update on Phase 2 pre-procurement activities ; Summary of Phase 3 plan to procure academic partnership
Recommendation(s)	To note update and next steps to enable strategic aim
Background papers / source of assurance	Board HEI paper (Oct 2024) + SMC HEI Update (November 2024): summary of Phase 1 activity and approval to progress Phase 2 pre-procurement preparation Assurance: HEI Oversight Board reporting to Senior Management Committee
EDI impact/considerations	Positive: growth in inclusive, accessible education for Christie staff and wider cancer care professional community
Link to: ➢ Board Assurance Framework ➢ Trust strategy ➢ Strategic objectives	Leading Cancer Care; The Christie Experience; Best Outcomes BAF 9: integrated research, education & service.
Risk score	BAF Risk 9: score 8
Acronyms or abbreviations that appear in the attached paper.	HE/I: Higher Education / Institution OFS: Office for Students TEF: Teaching Excellence framework

For information

Meeting of the Board of Directors

Thursday 27th November 2025

Christie Higher Education Institution Project - Phase 2 overview

1. Context and background

Establishing The Christie as an approved HEI and provider represents a strategic opportunity to strengthen our academic partnerships and reinforce our position as a centre of excellence in cancer education.

2. Scope of the paper

Update on Phase 2 activities, insights and next steps to progress an academic partnership.

3. Key findings or insights

Market and partner analysis: strong HE market interest reflecting Christie national and international comprehensive cancer centre status/education status and USP.

Christie Education Reconfigured: for Future HE Partnerships and student recruitment Pre-market engagement to assess interest, business models, and partnerships; identify and mitigate risks in the higher education sector. Joint venture models not favoured by HEIs. Target large TEF Gold vocational providers with credential support for OFS applications.

Product design + dynamic costing model: Projected break-even on most prudent modelling by Year 2 and surplus thereafter with Christie 'owned'/delivered core + option post-nominal model using primarily distance learning model (capital light use of existing infrastructure).

4. Implications + next steps

Clear market, demand and academic partner interest: capitalising this opportunity has been considered against control/ownership of venture and risk management (through choice of partner and procurement approach using fee/student credential model).

Consideration of partnership vehicle: Securing 'simple' credentialling partnership via an SLA with The Christie retaining sole ownership presents optimal balance of managing risk, reward and control. NHS Procurement route recommended as initial value/income modest with an estimated 4 month timeline.

Product development and student recruitment: 'Go live' enrolment and teaching start date of Q1 2027 has been identified. A detailed plan for recruitment, conversion and ongoing engagement of learners and partners has been developed.

Proposal to November Senior Management Committee for Phase 3 (Procurement-based approach to selecting an academic partner for credentialed education and support for an OFS application)

5. Recommendation

The Board of Directors is asked to note current progress and next steps.

Supporting information and context

Legal and financial advice: Detailed external review from KPMG and Browne Jacobson has been undertaken to provide full exploration of legal, regulatory, procurement and tax/accounting considerations for both partnership/joint venture and wholly owned operating models, refreshed in light of NHSE corporate costs exercise.

This has enabled a clear position to conduct pre-market engagement and support for the recommendation to progress with a Christie owned partnership.

Christie Education reconfiguration: Successful design and launch of new Christie Institute for Cancer Education, which has seen continued growth in footprint/learner activity and revenue in commercial and NHS education contract streams.

Reconciliation of corporate costs activity completed, and academic quality/governance processes now instituted to support readiness for credentialed education models.

Assurance is provided through a HEI oversight board chaired by Christie DCEO, reporting to Senior Management Committee.

Dynamic costing and income modelling: a full economic costing model, based on part time study model with three 'post nominal pathways' has been developed. Modelling includes a range of student recruitment, operating models and fee-based scenarios: all break even by year 2 of the programme and generate different levels of surplus by year 3.

Pre-market engagement - Market and product analysis.

A detailed business intelligence review of UK/EU HEIs has been undertaken to identify competitors, fee schedules and vocational options in cancer education programmes which would be attractive to UK and international students. This review has confirmed the unique value position of Christie in delivery of practice centric, knowledge-based education + vocational study options (cf Christie observerships) within a flexible model of study.

Product design/development work confirms a part time study/distance learning model, with an on-site workplace learning module (vocational observership) as optimum for a professional, in work, target audience. Core and options model preferred for maximum efficiency with post nominal routes (e.g., precision, primary care and surgical oncology) providing customisation routes for learners.

Pre-market engagement – pre-procurement discussion with HEIs.

A broader matrix of potential HEI partners for pre-market engagement selection incorporates parameters such as institutional size, international student focus, research intensive vs vocational/teaching intensive activity and existing health focus/expertise. The pre-engagement sample drawn from HEIs with TEF Gold award status. established PG healthcare programmes and smaller, newer HEIs with a strong international audience willing to offer more 'networked' education.

Discussions tested the concept, interest, nature of potential partnership/operating model and support for a Christie OFS application. Key findings:

- Strong approval for Christie brand, recognition of Education activity, authentic vocation learning, audience footprint and value/potential of a partnership.
- HE sector risk/risk appetite reflected in early termination of pre-engagement discussion with 2 HEIs (reflected in subsequent job reduction in provision/workforce within these HEIs and reputational/sustainability risk)
- Ongoing discussion with larger, well established vocationally focused TEF Gold providers: value of wider partnership with Christie alongside credentialling based model using HEI provider academic governance and award, and Christie ownership, design and delivery
- Clear support for eventual OFS application but preference for continued longer term working within strategic partnership.
- No appetite for shared risk/reward type models (e.g., Joint ventures) reflective of wider sector position. Initial fee/student credentialling models favoured.

Implications + next steps

- Strong evidence of an established market (which The Christie is already engaged with currently through CPD offerings), demand and academic partner interest**:** capitalising this opportunity has been considered against control/ownership of venture and risk management (through choice of partner and procurement approach using fee/student credential model).
- Consideration of partnership vehicle: A Joint Venture model not currently favoured in pre-engagement by HEIs sampled. Securing ‘simple’ credentialling partnership via an SLA with The Christie retaining sole ownership presents optimal balance of managing risk, reward and control and moving forward. NHS Procurement is suggested due to modest projected value and a 4-month timeline currently estimated for conclusion.
- Student recruitment: Based on marketing and recruitment timescales and academic governance processes within a HEI partner, a ‘go live’ enrolment and teaching start date of Q1 2027 has been identified. A detailed plan for recruitment, conversion and ongoing engagement of learners and partners has been developed.

A business case will be developed before the conclusion of the procurement exercise which will include any ‘Year Zero’ activity required for readiness for delivery.