

**Board of Directors Public meeting  
Thursday 24<sup>th</sup> September 2026 at 2.00pm  
Trust meeting room**

**Agenda**

**Patient story / clinical presentation:** Scanning experience – Justine Carson, patient

**30 mins**

| <b>Public items</b>                                           | <b>Decision</b> |   | <b>Lead</b>     | <b>Page</b> | <b>Timing</b> |
|---------------------------------------------------------------|-----------------|---|-----------------|-------------|---------------|
| <b>20/26 Standard business</b>                                |                 |   |                 |             |               |
| a Apologies                                                   | Note            |   | Chair           |             |               |
| b Declarations of interest                                    | Note            |   | Chair           |             |               |
| c Minutes of previous meeting – 25 <sup>th</sup> June 2026    | Approve         | * | Chair           | 2           | 5 mins        |
| d Action plan rolling programme, action log & matters arising | Review          | * | CEO             | 8           |               |
| <b>21/26 Performance &amp; finance</b>                        |                 |   |                 |             |               |
| a Trust report                                                | Review          | * | CEO             | 11          | 5 mins        |
| b Integrated performance quality & finance report             | Review          | * | COO             | 20          | 10 mins       |
| c Value Improvement Programme update                          | Review          | * | COO             | 61          | 5 mins        |
| <b>22/26 Strategy</b>                                         |                 |   |                 |             |               |
| a Strategy refresh engagement plan                            | Review          | * | DoS             | 65          | 10 mins       |
| <b>23/26 Governance (regulatory / statutory compliance)</b>   |                 |   |                 |             |               |
| a Reports from committees (June/July meetings)                |                 |   |                 | 70          |               |
| (i) Audit Committee – June/July                               |                 |   |                 | 77          |               |
| (ii) Workforce Assurance Committee – June                     | Review          | * | Committee chair | 81          | 10 mins       |
| (iii) Quality Assurance Committee - June                      |                 |   |                 | 85          |               |
| (iv) Senior Management Committee – July/August                |                 |   |                 |             |               |
| b Board assurance framework                                   | Approve         | * | CEO             | 88          | 10 mins       |
| c Winter assurance checklist                                  | Approve         | * | COO             | 100         | 5 mins        |
| <b>24/26 Any other business</b>                               |                 |   |                 |             |               |

**For information**

**Reflections on the meeting**

**Date and time of the next meeting**

Thursday 22<sup>nd</sup> October 2026 at 2:00pm

D/CEO Deputy / Chief Executive Officer  
EMD Executive Medical Director  
DoS Director of Strategy  
COO Chief Operating Officer  
ECN Executive Chief Nurse

\* paper attached  
v verbal  
p presentation



**Public meeting of the Board of Directors**  
**Thursday 25<sup>th</sup> June 2026 at 2.00 pm**  
**Trust Meeting Room**

**Present:** Chair: Prof Joe Rafferty (JR), Chair  
Roger Spencer (RS), Chief Executive Officer  
Alveena Malik (AM), Non-Executive Director  
Amanda Oates (AO), Non-Executive Director  
Dr Marisa Logan-Ward (MLW), Non-Executive Director  
Sarah Corcoran (SC), Non-Executive Director  
Roy Dudley-Southern (RDS), Non-Executive Director  
Dr Diana Tait (DT), Non-Executive Director  
Dan Bate (DB), Non-Executive Director  
Jim Hughes (JH), Non-Executive Director  
Nick Williams (NW), Non-Executive Director  
Grenville Page (GP), Non-Executive Director  
Eve Lightfoot (EL), Director of Workforce  
Prof Fiona Blackhall (FB), Director of Research,  
Prof Chris Harrison (CJH), Senior Adviser Governance & Strategy  
John Wareing (JW), Director of Strategy  
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  
Prof Adrian Bloor (AB), Director of Future Christie  
Prof Rikki Goddard-Fuller (RGF), Director of Education

**Minutes:** Louise Westcott (LW), Company Secretary

**In attendance:** Jeanette Livings (JL), Director of Communications  
Katie Ross, Superintendent Therapy Radiographer, Christie @ Macclesfield

**Clinical presentation: A patient story – SACT @ Home – Gemma Jones (GJ), Lead Nurse SACT & Crawford Meek (CMk), Manager Christie @ Home, Ros Wyatt-John (RWJ) Pharmacy lead, Kelly Havern (KH), SACT nurse and Diane Dore, patient.**

CM introduced the service that launched in 2015 and the purpose to provide treatment and care at home. A daily route planner works out the route for the nurses to follow each day. Nurses treat across North and South and there is support available for the teams.

CM described how the service works with patients referred in 2 weeks ahead, their prescription is sorted 10 days ahead, screening done and the drug dispensed 4 days ahead of treatment. A courier then delivers the treatment 1 to 2 days before the nurse attends to deliver the treatment.

Diane introduced herself. She is a stage 4 breast cancer patient and has been having treatment for over 10 years. She has treatment at home daily and a monthly injection delivered by the team at home. She comes into the organisation for scans or if she is unwell but otherwise has treatment at home.

CH asked where the patient is based, Diane responded that she's in Wilmslow and it would normally take 30 mins to travel in. She hasn't had to come into hospital, and this has made a big difference as she doesn't feel like a cancer patient for much of the time. She described only coming in for scans or when she's been poorly but otherwise likes not having to visit the site for care and being able to get on with life.



Diane described having to be at home to receive the drugs on a particular day and then get a text from the nurse on the day of the injection within a window of a couple of hours. Has contacted and asked if the nurse could come in the morning / afternoon and this is accommodated.

NB asked if she needs any equipment in the house. Diane responded that she doesn't need to keep anything in the house, just refrigerate the drug.

DT asked how she keeps in touch with the medical team and if she misses the interaction with other patients. Diane Initially appreciated the community and having the shared experience. She has now transitioned to feel like she wasn't in this phase and in a more stable manageable phase and home treatment is a positive for her mentally. It can sometimes feel a little bit far away. She also has a call with the pharmacist monthly. Did feel very disconnected at a point in time and so requested a face to face and it helped. The treatment is adaptable and responsive. Might find a video consultation helpful with an annual face to face to feel more connected.

VS asked how KH feels going into a patient's home if she feels unsure or there is a clinical issue. KH responded that she feels there is support from colleagues and she can use clinical judgement, there is the backup of the hotline, the GP, someone in the office, and they can call 999.

VS asked Diane how she would have felt if after 3 to 6 months she'd been asked to go to care at home. Diane responded that it's not one size fits all, but she probably would have liked it, and it would have helped as she had a young family.

NW asked how the team deal with things when they go wrong, for example the nurse being delayed due to an accident, traffic, courier / pharmacy delay etc. CM noted that there are 7 Christie electric cars that the nurses use, we work with couriers and can move deliveries dependent on delays. We look to get treatment to patients 2 days before. Late add on's are not always added on and this can result in issues with drugs being delivered. The nurse calls the patient ahead of going out, if the treatment isn't there, they may have to delay. Medicines that are assessed for use in care at home need stability and a long shelf life to reduce potential logistical issues.

GP asked about GP's. KH responded that nurses call GP's on a patient's behalf; they respond well to our nurses. Diane echoed that they don't always know where she is up to with treatment, but they do see her on the same day and are responsive.

EL asked about being off site and how the team keep connected and support each other. KH responded that the team are all together in the morning and have a handover. There's a WhatsApp group for all the team, and they meet at the end of the day and discuss the patients and any issues.

AB asked what the wish list is and what could make the service better. Diane responded that she's very happy but the medication arriving with the nurse would be even better. GJ responded that ideally, they'd like numerous hubs to be able to provide this service to every postcode every day in a more efficient and widespread way.

CMk noted that it can be problematic having poor WIFI in locations to access chemo regimes and nurses have to use printed versions on occasion.

RDS asked what stops being able to take medicines with the nurses. RWJ noted that this relates to insurance and liability, cold chain storage etc, there are lessons from 3<sup>rd</sup> party homecare and other options are being explored.

NB noted that logistical challenges are being worked up, and that this is going to be scaled up. Need hubs, cold chain, more cars and staff etc – all part of the neighbourhood oncology plans.

GP asked about pressure on time and needing to cover lots of visits, is there plenty of allowance. GJ responded that the route planner does show how much can be done on a day but it's still inefficient as we are currently doing it, need to cut out journey times. Lots of things have to align currently to deliver this service.



RWJ added that appointment times do allow for traffic / patient being unwell. KH responded that there is a buffer and the team do cover each other so most of the time all patients are treated.

CM concluded that we delivered 9% of SACT last year with all the existing constraints.

JF asked if Diane had any other questions. Diane said she didn't. Huge thanks were extended to Diane for taking the time to speak to Board and huge thanks to the team for delivering this service.

| Item         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>16/26</b> | <b>Standard business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |
| <b>a</b>     | <b>Apologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |
|              | Sarah Corcoran, non-executive director / Fiona Blackhall, Director of Research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| <b>b</b>     | <b>Declarations of Interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |
|              | MLW declared that she is a non-executive director with HSSIB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| <b>c</b>     | <b>Minutes of the previous meeting – 30<sup>th</sup> April 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|              | The minutes were accepted as a correct record.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| <b>d</b>     | <b>Action plan rolling programme, action log &amp; matters arising</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
|              | All items from the rolling programme are complete or noted on the agenda.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| <b>17/26</b> | <b>Performance &amp; Finance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |
| <b>a</b>     | <b>Trust Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|              | <ul style="list-style-type: none"> <li>There are no adverse variances against our objectives at month 2 and we are on green in all 6 NHS oversight framework domains. There is no adverse performance to note.</li> <li>NHSE have published a new oversight framework for 2026/7 – the IPQFR will be amended to reflect this.</li> <li>The Trust has a comprehensive escalation process in place to manage the heatwave, and the plans have been activated. <ul style="list-style-type: none"> <li>CM noted that IP areas have air handling units and reflective screens have been added to the windows. Pharmacy have got cooling in place, and there is extra ice / cold drinks for patients.</li> <li>Patients coming for outpatient clinics have been contacted and offered virtual appts or to rearrange if don't want to travel.</li> <li>Equipment – cooling in place. Linacs at Salford are a concern, but our engineers have been there and no issues so far.</li> </ul> </li> <li>The Ockenden report in maternity services at Shrewsbury &amp; Telford Hospital has been released but with wider consequences. The Amos report into neonatal and maternity care is also expected. VS noted that we are looking at the requirements and are doing a True for Us review to address and learning. This will be managed through the QAC.</li> <li>Openness, leadership, speaking up, consistent care, patient safety and EDI impact are all learning points, there are also issues relating to the mortuary.</li> <li>VS feels assured that there are no areas of concern from our initial review.</li> <li>AO noted that the patient voice is key.</li> <li>VS noted that we have implemented Martha's Rule here which helps to support our assurance around this.</li> </ul> |        |



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| <b>b</b> | <b>Integrated performance quality &amp; finance report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|          | <ul style="list-style-type: none"> <li>CM outlined our position nationally at the end of 2025/26 – for 62 days we were 12.4% above the national position, for FDS we were 16.6% above the national position and 7.7% above for the 31 day standard. All targets were achieved.</li> <li>Board noted the month 2 financial position including liquidity. This was noted as on plan and further detail will be considered at the next meeting.</li> <li>JR asked what the teams have been doing to maintain our position. CM noted that this requires intensive management of the PTL's to ensure patients are individually managed.</li> <li>GP noted that the position is very positive and AFT will allow us to further improve.</li> <li>CM noted that the new oversight framework shows new measures, there are now 21 metrics. These are all mapped within the governance structures to monitor their progress.</li> <li>RS noted that we are ranked 2<sup>nd</sup> nationally at Q4 2025/26 (last assessment).</li> <li>Exec summary of the IPQFR shows overall performance.</li> <li>SC (in writing ahead of the meeting) asked about complaints. VS responded that we have had an increase that correlates with lower PALs due to sickness and leavers that is in hand.</li> <li>In terms of the quality of complaint responses, we have had around 15% of complaints reopened, which is very low.</li> <li>Clinical trials recruitment – actual numbers going into trials has decreased – this reflects the trials that are on offer at the current time. Portfolio related. We benchmark well in terms of trial uptake nationally.</li> </ul> |  |
| <b>c</b> | <b>Value Improvement Programme update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|          | <ul style="list-style-type: none"> <li>Paper shows the monthly update and position for 2026/7.</li> <li>The paper gives a breakdown of the approach, governance arrangements, quality impact assessments and the framework that's in place</li> <li>VIP profiling across GM was outlined. We have profiled this equally across the year unlike some other organisations who have back ended their VIP target.</li> <li>GP noted the VIP risk and asked about the £25m target and the gap with the recurrent / non recurrent – how confident are we of delivery.</li> <li>The month 2 position was outlined and shows all VIP is identified. This is monitored weekly and reported monthly. We are on track at this point.</li> <li>Looking to keep the risk at the same level for now and this will be reassessed regularly.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>d</b> | <b>Annual compliance with CQC requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|          | <ul style="list-style-type: none"> <li>VS noted the annual update against the CQC requirements.</li> <li>We have had IR(ME)R inspections looking at PET and Radiotherapy – both have has good feedback and few actions to improve.</li> <li>We attend quarterly relationship meetings and keep them updated with issues and innovation. Overall, the relationship is positive.</li> <li>More changes with regulatory standards are coming and the compliance team are engaged with this.</li> <li>Continuing to map evidence and keep this up to date to respond when we are</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |



|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|              | <p>inspected.</p> <ul style="list-style-type: none"> <li>• Excellence in Action programme continues and is rolled out across the organisation.</li> <li>• No questions</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |    |
| <b>e</b>     | <b>Standing financial instructions (SFI) update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
|              | <ul style="list-style-type: none"> <li>• SP noted the updates to the SFI's as an interim update. This has been ratified by the Audit Committee and relates to consultancy work and a reflection of the Terms of Reference of the Remuneration Committee.</li> <li>• GP asked if all NEDs would need to declare each individual piece of work within an interest. LW confirmed that the advice is to declare to provide transparency.</li> <li>• Updated SFIs approved.</li> </ul>                                                                            |    |
| <b>18/26</b> | <b>Governance (regulatory / statutory compliance)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
| <b>a</b>     | <b>Reports from Committees (April/May 2026)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
| <b>i</b>     | <b>Audit Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
|              | <ul style="list-style-type: none"> <li>• GP noted the report and invited questions.</li> <li>• It was noted that the latest meeting has gone through the year-end position.</li> <li>• The supply chain risk and emergency event risks were reviewed. Noted that risk appetite work will continue and be reflected in future versions of BAF risks.</li> <li>• Annual report &amp; accounts 2025/6 were signed off and submitted following review.</li> </ul>                                                                                                |    |
| <b>ii</b>    | <b>Senior Management Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
|              | <ul style="list-style-type: none"> <li>• Report shows the business of the SMC aligned to the work of the Board.</li> <li>• It was clarified that the Transformation Assurance Committee will be non-exec led.</li> </ul>                                                                                                                                                                                                                                                                                                                                     |    |
| <b>b</b>     | <b>Board Assurance Framework</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
|              | <ul style="list-style-type: none"> <li>• Latest BAF presented.</li> <li>• WAC have considered a review of the description of the workforce risk to better reflect the latest data and NOF metrics.</li> <li>• Target risk score on supply chain risk will be updated following review at Audit Committee.</li> </ul>                                                                                                                                                                                                                                         | LW |
| <b>c</b>     | <b>Strategic &amp; annual objectives and strategic risks 2026/7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
|              | <ul style="list-style-type: none"> <li>• RS noted the drawing together of the annual objectives under each of the strategic objectives and the corresponding strategic risks.</li> <li>• The Board will receive further update on the progress against the risks later in the year.</li> </ul>                                                                                                                                                                                                                                                               |    |
| <b>d</b>     | <b>Independent well-led development review</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
|              | <ul style="list-style-type: none"> <li>• RS outlined the summary report from the independent review of well-led by ConsultOne (part of AuditOne).</li> <li>• The findings of the report alongside the findings of the other independent reviews will form an overall development plan.</li> <li>• Board noted that they held a separate session with Mike Gill to go through the report in detail and consider the feedback under the quality statements.</li> <li>• The high-level overview and focus of the report was noted and Board asked to</li> </ul> |    |



|              |                                                                                                                                                                                                                                                                         |  |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|              | receive a further response to the various independent reviews undertaken as part of the AFT application process at a later meeting.                                                                                                                                     |  |
| <b>e</b>     | <b>Annual reports from audit, quality &amp; workforce</b>                                                                                                                                                                                                               |  |
|              | <ul style="list-style-type: none"> <li>Noted and approved at the joint meeting of the assurance committees on 23<sup>rd</sup> June</li> </ul>                                                                                                                           |  |
| <b>f</b>     | <b>Annual report, financial statements &amp; quality accounts 2025/6</b>                                                                                                                                                                                                |  |
|              | <ul style="list-style-type: none"> <li>RS noted that the joint assurance meeting on 23<sup>rd</sup> June approved the report for submission following its review by external audit. The signed report has been submitted and will be laid before parliament.</li> </ul> |  |
| <b>19/26</b> | <b>Any other business</b>                                                                                                                                                                                                                                               |  |
|              | <ul style="list-style-type: none"> <li>CH's final Board meeting, JR thanked him for his incredible work for The Christie.</li> </ul>                                                                                                                                    |  |
|              | <b>Reflections of the meeting</b>                                                                                                                                                                                                                                       |  |
|              | <p>Great patient story.</p> <p>WhatsApp being used for communication between nurses – this has been reviewed by the IG team and no clinical information is shared.</p>                                                                                                  |  |
|              | <b>Date and time of the next meeting</b>                                                                                                                                                                                                                                |  |
|              | Thursday September 2026 at 2pm                                                                                                                                                                                                                                          |  |



Meeting of the Board of Directors - 24th September 2026  
Action plan rolling programme after June 2026 meeting

C Culture P Performance S Strategy G Governance

| Month                            | From Agenda No                              | Category | Issue                                                                    | Responsible Director | Action                           | To Agenda no       |
|----------------------------------|---------------------------------------------|----------|--------------------------------------------------------------------------|----------------------|----------------------------------|--------------------|
| 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                   | 21/26b             |
|                                  |                                             | P        | Value Improvement Programme                                              | COO                  | Review                           | 21/26c             |
|                                  |                                             | S        | Strategy refresh engagement plan                                         | DoS                  | Review                           | 22/26a             |
|                                  | <b>Planning &amp; Development Day</b>       | S        | Board Planning & Development                                             | Chair                | Board development programme      |                    |
| October 2026                     |                                             | C        | Patient story                                                            | CEO                  | To hear a patient story          | Board presentation |
|                                  |                                             | P        | Integrated performance & quality and finance report                      | COO                  | Monthly report                   |                    |
|                                  |                                             | P        | Value Improvement Programme                                              | COO                  | Review                           |                    |
|                                  |                                             | S        | Future Christie update                                                   | DFC                  | Review                           |                    |
|                                  |                                             | P        | EPRR Compliance statement                                                | COO                  | Approve                          |                    |
|                                  |                                             | G        | Regulatory preparedness update                                           | ECN                  | Review                           |                    |
|                                  |                                             | G        | Inquiry self-assessments                                                 | ECN                  | Review                           |                    |
|                                  | <b>Planning &amp; Development Day</b>       | S        | Board Planning & Development                                             | Chair                | Board development programme      | N/A                |
| November 2026                    |                                             | C        | Patient story                                                            | CEO                  | To hear a patient story          |                    |
|                                  | Annual reporting cycle                      | P        | Integrated performance & quality and finance report                      | COO                  | Monthly report                   |                    |
|                                  |                                             | S        | Strategy update                                                          | DoS                  | Six month review                 |                    |
|                                  |                                             | P        | Value Improvement Programme                                              | COO                  | Review                           |                    |
|                                  |                                             | S        | Future Christie update                                                   | DFC                  | Review                           |                    |
|                                  |                                             | S        | Higher Education Institute update                                        | DoE                  | Note                             |                    |
|                                  |                                             | C        | Freedom to speak up guardian                                             | FTSUG                | Annual report                    |                    |
|                                  |                                             | S        | Annual Sustainability Report - Boards responsibility for Carbon Net Zero | DCEO                 | Note approval by Audit Committee |                    |
| December 2026 - no Board meeting |                                             | P        | Integrated performance & quality and finance report                      | COO                  | Monthly report                   | By email           |
|                                  | <b>Planning &amp; Development / Council</b> | S        | Board planning                                                           |                      |                                  |                    |
|                                  |                                             | S        | Council / Board - strategy update                                        |                      |                                  |                    |
| January 2027                     |                                             | 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                           |                    |

| Month                                             | From Agenda No                        | Category | Issue                                                                                                                         | Responsible Director | Action                      | To Agenda no       |
|---------------------------------------------------|---------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|--------------------|
| February 2027 - 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                |                             |                    |
|                                                   | <b>Planning &amp; Development Day</b> | S        | Board development & planning                                                                                                  | Chair                | Board Development programme | N/A                |
| March 2027                                        |                                       | C        | Patient story                                                                                                                 | CEO                  | To hear a patient story     | Board presentation |
|                                                   | Annual reporting cycle                | P        | Integrated performance & quality and finance report                                                                           | COO                  | Monthly report              |                    |
|                                                   |                                       | S        | Future Christie update                                                                                                        | DFC                  | Review                      |                    |
|                                                   |                                       | P        | Value Improvement Programme                                                                                                   | COO                  | Review                      |                    |
|                                                   | Annual reporting cycle                | S        | Annual reporting cycle                                                                                                        | Executive directors  | Approve                     |                    |
|                                                   |                                       | C        | Staff survey initial results                                                                                                  | DoW                  | Review                      |                    |
|                                                   | Annual reporting cycle                | G        | FPPT Compliance report                                                                                                        | Chair                | Approve annual compliance   |                    |
| April 2027                                        |                                       | 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                  | Approve                     |                    |
|                                                   | Provider licence                      | G        | Self certification declarations                                                                                               | CEO                  | To approve the declarations |                    |
|                                                   |                                       | G        | Modern Slavery Act statement (in Trust Report)                                                                                | CEO                  | Approve                     |                    |
|                                                   |                                       | C        | Freedom to speak up Guardian report                                                                                           | FTSUG                | 6 monthly update            |                    |
|                                                   | Annual reporting cycle                | P        | Risk Management strategy 2025-26 annual review                                                                                | ECN                  | Approve                     |                    |
| May 2027 - no meeting Planning & Development Day  | Annual reporting cycle                | P        | Integrated performance & quality and finance report                                                                           | COO                  | Monthly report              | By email           |
|                                                   | <b>Planning session</b>               | S        | Planning                                                                                                                      |                      |                             |                    |
| June 2027                                         |                                       | S        | Green Plan refresh                                                                                                            | DoS                  | Approve                     |                    |
|                                                   |                                       | C        | Patient story                                                                                                                 | CEO                  | To hear a patient story     |                    |
|                                                   | Annual reporting cycle                | P        | Integrated performance & quality and finance report                                                                           | COO                  | Monthly report              | 17/26b             |
|                                                   | Annual reporting cycle                | G        | Annual reports from audit, quality and workforce assurance committees                                                         | Committee chairs     | Assurance                   | At joint meeting   |
|                                                   | Annual reporting cycle                | G        | Annual compliance with the CQC requirements                                                                                   | ECN                  | Declaration / approval      | 17/26d             |
|                                                   |                                       | P        | Value Improvement Programme                                                                                                   | COO                  | Review                      | 17/26c             |
|                                                   |                                       | S        | Annual objectives / BAF 2026/27                                                                                               |                      | Approve                     | 18/26b/c           |
|                                                   | Annual reporting cycle                | G        | Annual report, financial statements and quality accounts (incl Annual governance statement / Statement on code of governance) | EDoF                 | Approve                     | 18/26e             |
| July 2027 - no meeting Planning & Development Day |                                       | P        | Integrated performance & quality and finance report                                                                           | COO                  | Monthly report              | By email           |
|                                                   | <b>Planning session</b>               | S        | Service Review day with senior leadership teams                                                                               |                      |                             |                    |
| August 2027 - no meeting                          |                                       | P        | Integrated performance & quality and finance report                                                                           | COO                  | Monthly report              | By email           |



**Action log following the Board of Directors meetings held on**

**Thursday 25<sup>th</sup> June 2026**

| <b>No.</b> | <b>Agenda</b> | <b>Action</b>                                                                            | <b>By who</b> | <b>Progress</b> | <b>Board review</b>                |
|------------|---------------|------------------------------------------------------------------------------------------|---------------|-----------------|------------------------------------|
| 1          | 18/26b        | Target risk score on supply chain risk to be updated following review at Audit Committee | LW            | Complete        | 23/26b – Board Assurance Framework |



**Meeting of the Board of Directors**

**Thursday 24<sup>th</sup> September 2026**

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject / Title</b>                                                                   | Trust report                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Author(s)</b>                                                                         | Executive Directors                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Presented by</b>                                                                      | Roger Spencer, Chief Executive                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Summary / purpose of paper</b>                                                        | 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.                                                                                                                              |
| <b>Recommendation(s)</b>                                                                 | The board is asked to review the contents of the paper                                                                                                                                                                                                                                                                                                                                                  |
| <b>Background Papers</b>                                                                 | Integrated Performance, Quality and Finance Report<br>Finance Report                                                                                                                                                                                                                                                                                                                                    |
| <b>Risk Score</b>                                                                        | See Board Assurance Framework                                                                                                                                                                                                                                                                                                                                                                           |
| <b>EDI impact / considerations</b>                                                       | Positive impact relating to compliance with standards                                                                                                                                                                                                                                                                                                                                                   |
| <b>Link to:</b><br>➤ <b>Trust's Strategic Direction</b><br>➤ <b>Strategic Objectives</b> | 1. To deliver safe, effective & equitable care<br>2. To deliver excellent financial and operational performance<br>3. To provide integrated clinical, research and education services<br>4. To be an excellent place to work and attract the best staff<br>5. To transform our services to improve access and reduce health inequalities<br>6. To provide leadership within the wider NHS cancer system |
| <b>Acronyms or abbreviations contained in the report</b>                                 | NHSE    NHS England<br>FDS    Faster Diagnosis Standard<br>PDR    personal development review<br>GM    Greater Manchester<br>VIP    Value Improvement Programme<br>EPR    electronic patient record<br>AI    Artificial Intelligence<br>NIHR    National Institute for Health & Care Research                                                                                                           |



## Trust Report

### September 2026 (August data)

#### Introduction

*We continue to perform well with no current issues requiring escalation and a projected achievement of annual objectives across all 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 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 the Board Assurance Framework and details of operational performance are in the Integrated Performance, Quality & Finance report.

The NHS Oversight Framework 2026/27 outlines how we are assessed [NHS England » NHS Oversight Framework 2026/27](#). Trust monthly reporting reflects this framework.

#### Board Capability

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

The [NHS England provider capability](#) domains were assessed as 'Green' for 2025/26.

The table below summarises the position with all domains rated Green, with no escalation required.

| NHSE Board capability domain             | Relevant Indicators                                               | Evidence                                                                                                           | RAG rating |
|------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------|
| <b>1. Strategy &amp; Leadership</b>      | Oversight Framework segment; national ranking                     | NOF Segment 1, Q1 ranked 9 <sup>th</sup> nationally NHS Acute & Specialist Trusts.                                 | Green      |
| <b>2. Quality of Care</b>                | 62-day cancer standard; Faster Diagnosis Standard; nurse staffing | 62-day and FDS remain above target. Nurse staffing consistently exceeding the minimum target of 80% planned levels | Green      |
| <b>3. Workforce</b>                      | Sickness absence; PDR compliance; training compliance             | Sickness 4.86% (lowest in GM). PDR compliance (89.3%) and mandatory training compliance (94.9%)                    | Green      |
| <b>4. Partnerships &amp; System Role</b> | GM Collaborative contributions; national audits                   | Leadership in Cancer Alliance. Lead GM aseptic programme. OECl reaccreditation confirms global top-tier status.    | Green      |
| <b>5. Financial Sustainability</b>       | Monthly surplus; VIP delivery                                     | Surplus (£3.17m) on plan; value improvement plan target on track.                                                  | Green      |
| <b>6. Improvement &amp; Innovation</b>   | Clinical trial set-up; AI pilots; EPR milestones                  | Research set-up below 60-days. Digital/AI projects and Future Christie milestones progressing to plan.             | Green      |



The Trust was selected as part of the second wave of organisations invited to seek AFT status, reflecting operational, quality and financial performance and consistent placement in Segment 1 of the NHS Oversight Framework.

The Christie continues to make progress with its application for Advanced Foundation Trust (AFT) status. The Trust has completed submission of Board Memorandum and supporting evidence to NHS England and has now reached the final assessment stage. NHS England has confirmed that its review of the submission has been completed.

The application process has been supported by a comprehensive programme of assurance, stakeholder engagement and Board development activity. Preparation work has included the development of briefing materials, stakeholder engagement with system partners.

The focus of the programme is on final preparations for the Board-to-Board assessment with NHS England, scheduled for 30 September 2026.

### **Operational Performance – Month 5 Position**

We continue to perform strongly across all domains. We are in Segment 1 of the NHS Oversight Framework, and at Q1 are ranked 9<sup>th</sup> nationally among acute and specialist providers. Our international standing ranks us as one of the top 25 global cancer centres as reported at the September 2025 board meeting. Our overall NHSE provider capability rating is assessed as 'Green' for 2025/26.

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

### **Strategic Objectives – Month 5 Position**

*Progress against the 2026/27 annual milestones of each of our six strategic objectives is currently rated Green, with risks actively managed and oversight of risks 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 August. Two operational risks currently score above 12 and risks are monitored via the Risk & Quality Governance Committee, with mitigation plans in place.

Safe staffing was maintained, with nurse staffing consistently exceeding the minimum target of 80% planned levels.

Incident reporting remains within expected limits, with 97% of reported incidents resulting in low or no harm. Healthcare-associated infections remain an area of focus, with E. coli, Klebsiella and P. aeruginosa bloodstream infections above the year-to-date trajectories and targeted improvement actions in place.



National Cancer Audit Programme (NATCAN): The latest quarterly reports from the National Cancer Audit Collaborating Centre provide overall assurance regarding outcomes for Christie patients across the audited tumour sites (lung, prostate, bowel, kidney, ovarian cancer and non-Hodgkin lymphoma). No significant adverse outlier positions were identified and reported outcomes and pathway measures are consistent with national benchmarks

A separate issue has been identified regarding the completeness of data submitted nationally through COSD, particularly in relation to clinical nurse specialist, staging and performance status information. This has affected reported data-completeness measures, notably within the bowel and prostate cancer audits, and should be distinguished from concerns regarding the quality of clinical care. Remedial work has been completed to improve these national data submissions, including resubmitting historical information, and the Trust is awaiting updated national reporting to confirm the impact of these changes. Looking forward, a new Electronic Patient Record will provide a more structured and standardised approach to capturing cancer data, improving completeness and reducing the risk of similar issues in future.

You can access all of the reports and data dashboards here:

<https://www.natcan.org.uk/news/national-cancer-audits>

## **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: Board of Directors
- Executive Lead: Executive Director of Finance

At Month 5, the Trust is delivering a financial surplus of £3.17 million, in line with plan. The principal financial risk remains recurrent efficiency delivery, although the full value has been identified the recurrent target has been offset by non-recurrent delivery.

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

R&I continues to make strong progress in improving research study set-up. In August, 54% of studies were confirmed within 60 days; however, all new studies entering the pathway achieved the standard, with the overall position affected by a small number of legacy studies. The number of long-standing studies exceeding 60 days has reduced from 16 to three, and there have been no further breaches to date in September.

Progressive improvement in external quality markers of education include those related to NOF ratings, National Education & Training Survey 81.5% (72.6% 2022) and National Training Survey 78.2% (75.4% 2023). Undergraduate learner experience within the Christie remains



stable with overall satisfaction scores of 91-99% across disciplines. Workforce Education activity updates include a 37% increase in colleagues accessing CPD funding for education opportunities with WRES data demonstrating equal access/activity for racially minoritised staff.

#### **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 94.9%, and PDR completion is at 89.3%. Sickness absence is currently at 4.86%, the lowest in Greater Manchester. The Christie continues to be rated in the top category nationally for compassionate and inclusive culture, staff engagement, safe & healthy, morale and flexibility, as confirmed by the NHS Staff Survey 2025.

The NHS Staff Standards have now been released. The Trust's proposed approach to implementation and self-assessment has been described and will be monitored through the Workforce Committee and reported to Workforce Assurance Committee.

The Trust continues to respond proactively to significant national workforce developments. Preparations are in place for changes introduced through the Employment Rights Act, including enhanced duties relating to sexual safety, supported by the Trust's established Sexual Safety Action Plan. Work is also underway to align local leadership arrangements with the new NHS Leadership and Management Framework, while implementation of the national Band 5 nursing role review remains on track. The Trust has further reinforced its commitment to inclusion, respect and appropriate use of patient information through adoption of national definitions on antisemitism and anti-Muslim hostility, refreshed staff communications and updated policies.

#### **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, connected to the NHS App. 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.

The Trust's Electronic Patient Record (EPR) Programme continues to progress following Board approval of the Outline Business Case in February 2026. The programme aims to replace the Trust's current patient record and clinical information systems with a modern, integrated digital platform that will support the transformation of clinical pathways, improve patient and staff



experience, enhance information sharing and provide a foundation for future service improvement.

During recent months, significant work has been undertaken to evaluate delivery options, develop the preferred approach and establish the principles, governance arrangements and assurance mechanisms required to support development of the Full Business Case. The programme has also identified the key risks, dependencies and organisational readiness requirements that will need to be addressed before a final investment decision is made. Independent assurance and due diligence activities are being built into the programme to provide confidence that risks are understood and appropriately managed throughout delivery.

Key areas of activity include:

- Finalising the future operating model and governance arrangements.
- Completing financial modelling and affordability assessments.
- Undertaking legal, commercial and technical due diligence.
- Developing workforce, clinical safety, data and cyber assurance plans.
- Establishing benefits realisation measures and completing equality and health inequalities assessments.
- Commissioning independent assurance at key programme gateways.

The programme is currently working towards submission of a Full Business Case later in 2026.

## 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.*

- Status: Green
- Key Updates: OECI reaccreditation; GM Collaborative leadership; network expansion
- BAF Risks: 0 ≥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      |             | Board of Directors            |
| 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            |



| Strategic Objective                               | Risk rating | Committee oversight |
|---------------------------------------------------|-------------|---------------------|
| 6   Leadership Within the Wider NHS Cancer System |             | Board of Directors  |

## 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;

### 1. Implementation of the 10 Year Health Plan Accelerates

During summer 2026, NHS England and DHSC moved from policy development into implementation of the 10 Year Health Plan for England, with increasing emphasis on the three strategic shifts:

- Hospital to community
- Analogue to digital
- Sickness to prevention

Key expectations emerging for providers include:

- Expansion of neighbourhood health models.
- Greater use of digital technologies and AI-enabled tools.
- Increased focus on prevention and population health.
- Development of Modern Service Frameworks in priority areas including cardiovascular disease, dementia, mental health and end-of-life care.
- Greater emphasis on productivity and reducing variation in care.

Implication for The Christie: Continued expectation to demonstrate digital transformation, prevention initiatives and contribution to integrated care pathways beyond acute specialist services.

### 2. New National Standards for Patient Communications

On 3 July 2026, NHS England introduced new standards intended to improve how patients experience elective care and waiting lists. The standards require:

- Confirmation when a referral has been accepted.
- Regular waiting list updates (at least every 12 weeks).
- Minimum three weeks' notice for new planned appointments.
- Faster re-booking arrangements when appointments are changed.
- Greater use of the NHS App as the primary communication channel while maintaining non-digital alternatives.

**Implication for providers:**

- Review outpatient booking processes.
- Strengthen patient communications.
- Increase use of NHS App functionality.
- Ensure compliance with accessibility and inclusion requirements for patients unable to use digital channels.

### 3. Digital Transformation and NHS App Expansion

NHS England has reiterated that the NHS App will become the principal digital front door to the NHS, with expectations for greater patient self-service, appointment management, referral tracking and communications.



Alongside this, NHS organisations are being encouraged to deploy:

- Ambient Voice Technology.
- Electronic prescribing.
- Digital triage tools.
- Workflow automation.
- AI-enabled productivity solutions.

**Implication for The Christie:** Supports current ambitions around ambient voice technology and wider digital transformation programmes.

#### **4. Quality and Clinical Standards Reform**

National policy has increasingly focused on a renewed quality agenda, including:

- Development of a new national quality strategy.
- Creation of Modern Service Frameworks (MSFs) replacing some traditional service improvement approaches.
- Greater emphasis on standardisation and evidence-based pathways.

NICE confirmed that its 2026/27 priorities will align with these national reforms, focusing particularly on:

- Cancer.
- Cardiometabolic disease.
- Mental health.
- Women's health.
- Health technology adoption.

**Implication:** Cancer providers should expect further standardisation and quality requirements linked to future cancer MSFs.

#### **5. Public Health and Prevention Agenda Strengthened**

The updated NHS Public Health Functions Agreement 2026/27, published in August 2026, reinforces delivery of the prevention agenda through:

- Vaccination programmes.
- Screening programmes.
- Reducing health inequalities.
- Increasing uptake in underserved communities.

The agreement explicitly aligns public health commissioning with the 10 Year Health Plan's shift from treatment to prevention.

**Implication:** Continued expectation that providers evidence prevention activity and address inequalities in access, outcomes and screening uptake.

#### **6. Vaccination Policy Developments**

Following meningococcal disease outbreaks earlier in 2026, the Joint Committee on Vaccination and Immunisation (JCVI) published recommendations supporting:

- Routine adolescent MenB vaccination for future cohorts.
- Additional catch-up arrangements for certain age groups.
- Continued focus on improving vaccine coverage nationally.

While primarily affecting public health commissioners, the recommendations indicate the continued national policy focus on prevention and immunisation programmes.



## **7. Financial and Payment System Changes**

NHS England updated the 2026/27 NHS Payment Scheme in August 2026.

Key changes include:

- Revised urgent and emergency care payment arrangements.
- New guidance on patient-not-present activity.
- Changes to radiotherapy payment models.
- Updated ophthalmology pricing.
- Ongoing focus on activity, productivity and value.

The Board will receive a report on recent national inquiry outcomes and the Trust self-assessment against their recommendations in October 2026.

### **NHS Federated Data Platform (FDP)**

To improve patient access and reduce waiting times, The Christie is implementing Patient Stratified Follow-Up and developing Single Queue Diagnostics for PET-CT services using the NHS Federated Data Platform (FDP), a national NHS England digital platform that supports the use of data to improve service delivery.

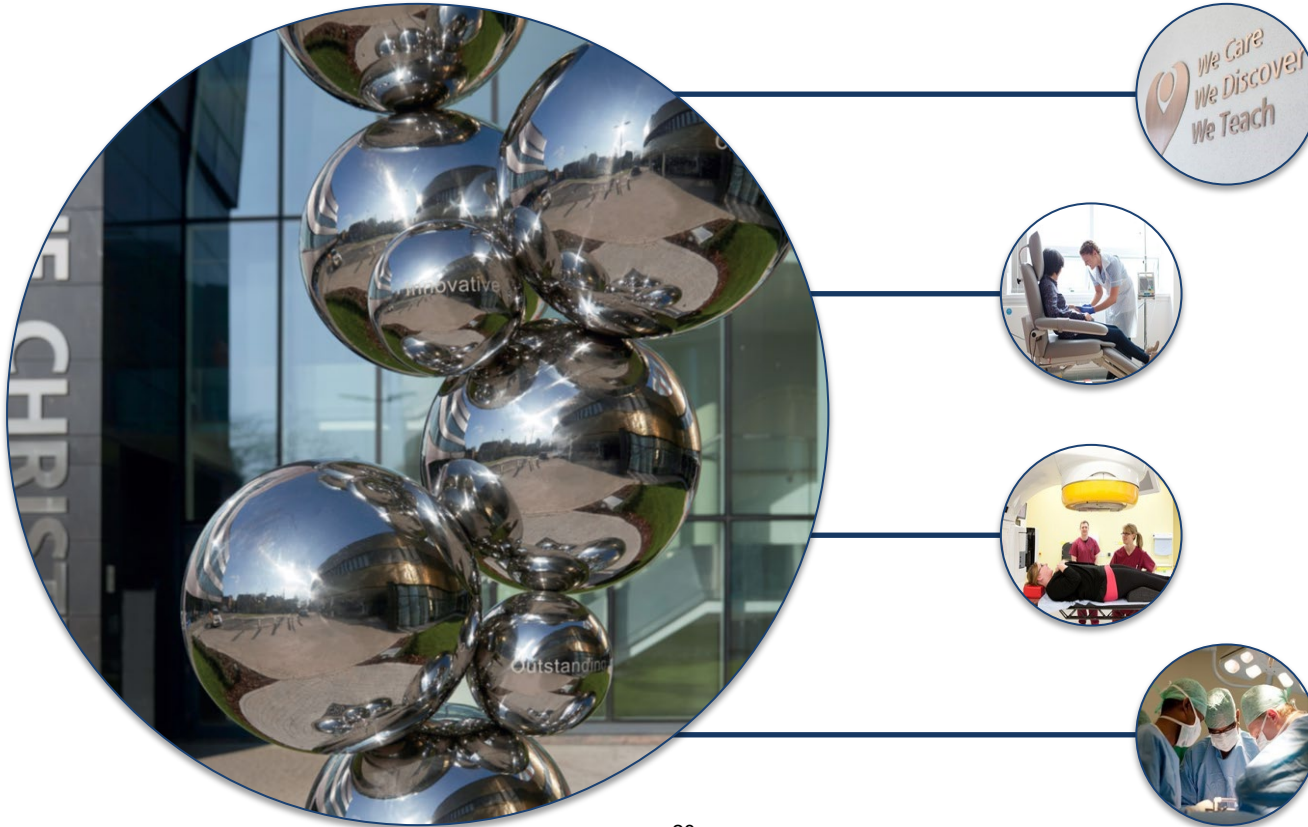
These initiatives are intended to streamline patient pathways, support more efficient management of follow-up care, and help maximise the effective use of diagnostic resources across Greater Manchester.

To support these initiatives, identifiable patient information is processed within the FDP, including demographic details (such as name, address, date of birth and NHS number) together with relevant clinical information. Authorised Christie staff access and use this information to coordinate patient appointments and support the delivery of personalised care.

A number of concerns relating to the FDP supplier have been raised with the Trust by external parties including Amnesty International; these have been appropriately escalated to NHS England, which is responsible for the national FDP programme and supplier oversight.

Further detail can be found on the Trust website [Statement on the Federated Data Platform \(FDP\)](#).





# EXECUTIVE SUMMARY

**Quality & Safety (slides 3-14):** Incident reporting remains within expected limits, with 97% of reported incidents resulting in low or no harm; however, 27 risks were overdue review at month end. Healthcare-associated infections remain an area of focus, with E. coli, Klebsiella and P. aeruginosa bloodstream infections above the year-to-date trajectories and targeted improvement actions in place.

**Finance (slides 14-18):** The Trust reported a £3.17m year-to-date surplus at month 5, broadly in line with plan, with a cash balance of £105.4m. The principal financial risk remains recurrent efficiency delivery, although the full value has been identified the recurrent target has been offset by non-recurrent delivery.

**Access & Performance (slides 19-28) :** Performance is above standard for the faster diagnosis and 18-week measures, with the recent improvement in faster diagnosis now sustained over several months. The remaining priority is the 24-day pathway, which improved to 83% in August but remains below the 85% internal target, requiring focused review of breach causes and delivery of service-level actions.

**Workforce (slides 29-37):** Agency expenditure remains controlled at £0.14m, predominantly relating to medical staffing, while bank expenditure increased by £0.09m to £0.64m in August. Further workforce assurance should focus on the drivers of bank usage and whether staffing arrangements are supporting sustainable operational delivery.

**Outcomes (slides 38-39):** Thirty-day mortality following systemic anti-cancer therapy remains within the expected range and is consistent with published Christie and national rates. Continued surveillance is required to identify any emerging variation and maintain assurance that clinical outcomes remain stable.

**Research (Slides 40-41):** Research and innovation performance is being assessed through the 2026/27 NHS Oversight Framework, with the available information reflecting the first-quarter position. Further development of the report is required to provide a clear summary of research delivery, including clinical trial recruitment, performance against plan and areas requiring management action.

**Overall Assessment:** The Trust's overall position remains stable, with delivery against key quality, financial and constitutional standards providing assurance of operational control; however, sustained focus is required on healthcare-associated infections, recurrent efficiency delivery and improvement of the 24-day cancer pathway metric. Collectively, the indicators suggest a Trust performing well overall, with no immediate concerns regarding quality or financial sustainability, but with targeted action required to address a small number of identified risks and secure longer-term performance improvement.



**A total of 966 incidents were reported to DCIQ in August 2026.**

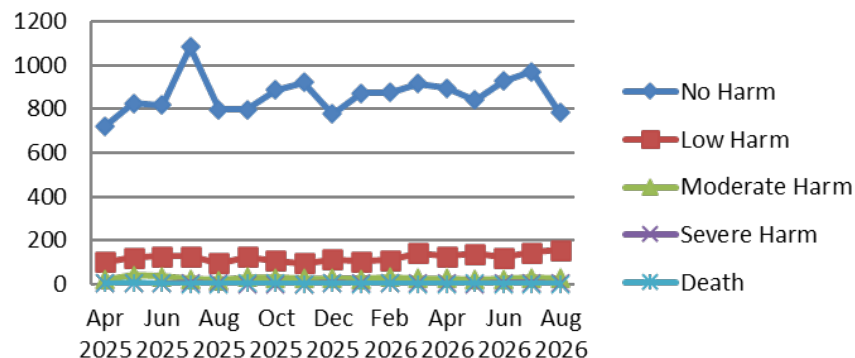
At the time of reporting, 80% of incidents have been finally approved. 1% of incidents have been rejected for reasons such as duplication and incidents which involve care provided by an external trust.

97% of all incidents reported resulted in low/no harm.

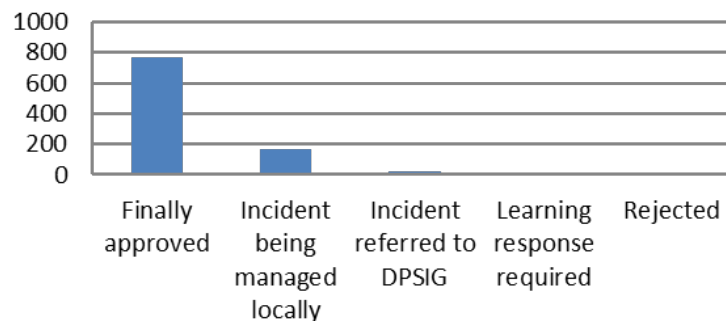
15% of incidents were reported to be a 'near miss', evidencing a positive reporting culture.

Reporting trends in August were within the expected limits.

**Incidents by Reported (month) and Severity (Initial)**



**Incidents by Approval status**

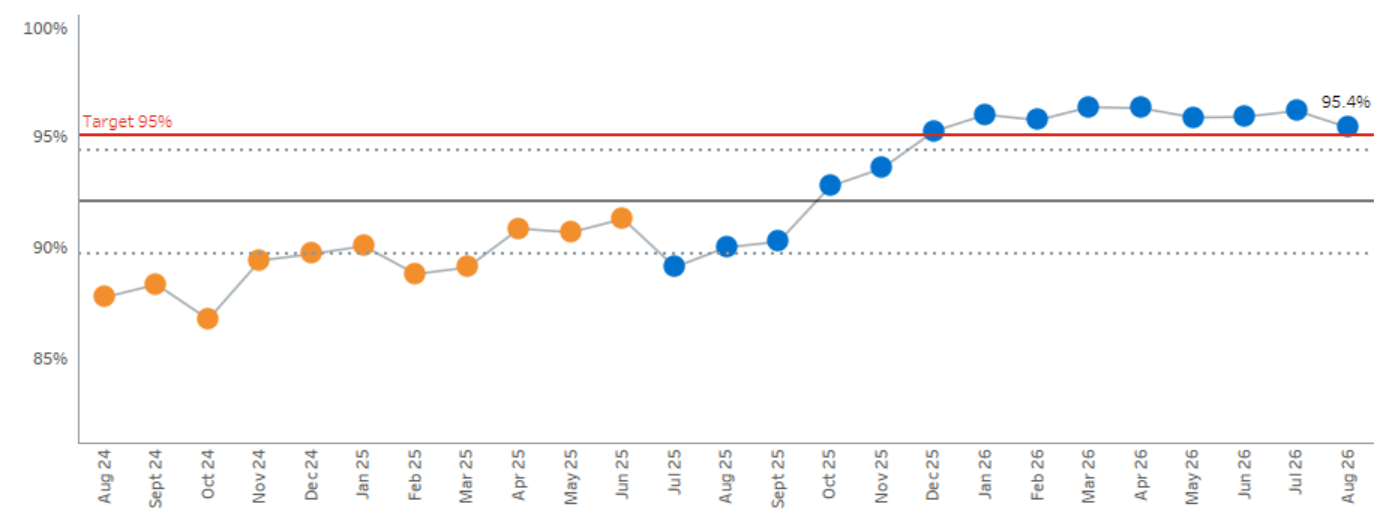


# Integrated Performance Report - Patient Care Metrics Summary

| Metric                                                                 | Month  | Measure | Target | Variation                                                                            | Assurance                                                                            |
|------------------------------------------------------------------------|--------|---------|--------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Sepsis - screening (presenting as an emergency)                        | August | 99.00%  | 90.00% |   |   |
| Sepsis - timely treatment with IV antibiotics (established inpatients) | August | 96.00%  | 90.00% |   |   |
| VTE Assessment Within 14 Hours of Admission                            | August | 95.36%  | 95.00% |   |   |
| Falls per 1000 bed days                                                | August | 4.7     | 3.8    |   |   |
| Pressure sores per 1000 bed days                                       | August | 0.4     | 0.5    |   |   |
| Category 3 pressure ulcers                                             | August | 0.0     | 0.0    |   |   |
| Hospital Cancelled Operations on the day for non clinical reasons      | August | 5.0     | 0.0    |  |  |



# VTE Assessment Within 14 Hours of Admission



**Icons**

Improving

Failing

**Summary**

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

**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**

Performance has improved from c.87-90% to 95.4%, with a sustained upward trend since autumn 2025, indicating that recent process changes are having a consistent impact against the 95% standard.

Variation earlier in the period caused by inconsistent completion within 14 hours at the point of admission, linked to workflow, ownership, or timing of assessment.

As time progresses, consistently hitting above target will ensure the process moves from an assurance phase of failing to passing.

**Actions (SMART)**

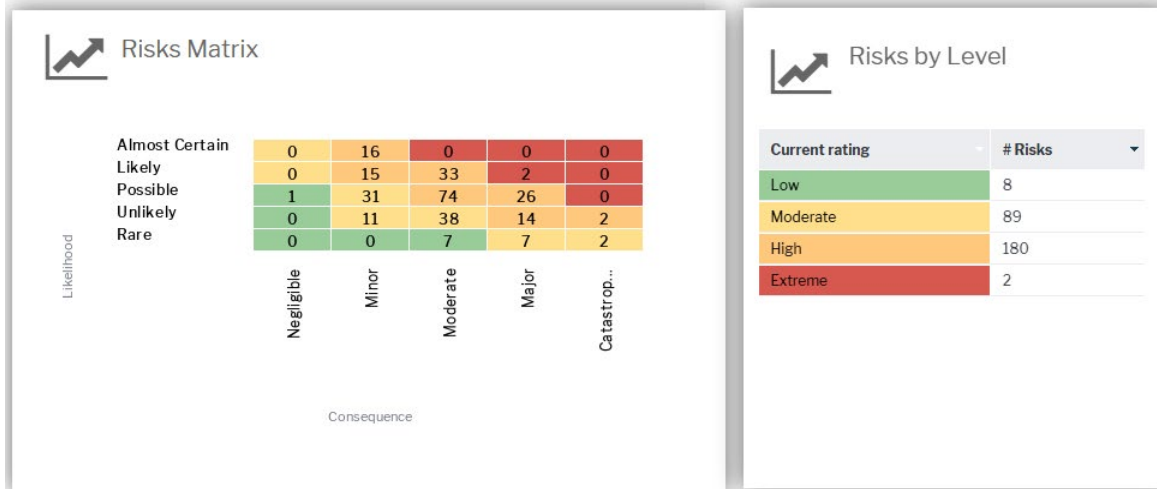
Implement new form checklist in CWP, monitored daily, with compliance reported at ward level.

Weekly exception reporting at operational management group.

Sustained performance ≥95% for three consecutive months by embedding real-time tracking and targeted support to outlier areas.



# Risk Profile



- In August 2026 there were 275 open risks recorded in DCIQ
- Of the risks open, 65% (n=180) were rated as high
- 2 risk was rated as being 'extreme'
  - Risk 548 – Value Improvement Programme – Trust Wide Risk Register
  - Risk 602 – Radiopharmaceutical production for North West Region – Divisional Risk Register
- 90% of all active risks were reviewed within planned timeframes (27 risks were overdue scheduled review)



# Trust wide risk register

| Risk ID | Risk                                                                                                                                                                                                                                                      | Risk register | Type             | Date opened | Initial rating | Current likelihood | Current consequence | Previous Rating | Current rating | Target rating | Movement | Trend | 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                                                                                                                  | Trust wide    | External Risk    | 10/03/2025  | 16             | 3                  | 3                   |                 | 9              | 6             | ↔        | ↗     | 14/08/2026       |
| 267     | Risk of; Ineffective management and application of procedural and clinical documents due to fragmented document control systems.                                                                                                                          | Trust wide    | Operational Risk | 28/02/2019  | 15             | 4                  | 3                   | 12              | 12             | 3             | ↔        | ↗     | 18/09/2026       |
| 514     | There is a risk that patients may experience harm due to significant delays in the management of patients with colorectal cancers.                                                                                                                        | Trust wide    | Clinical Risk    | 05/09/2025  | 16             | 3                  | 4                   | 12              | 12             | 8             | ↔        | ↗     | 01/10/2026       |
| 530     | There is a risk that may impact patient safety due to non- compliance with mandatory training                                                                                                                                                             | Trust wide    | Workforce Risk   | 22/09/2025  | 12             | 3                  | 3                   | 12              | 9              | 6             | ↓        | ↗     | 31/12/2026       |
| 548     | If the Trust does not deliver the 2026/27 recurrent Value Improvement Programme (VIP) target due to the challenging scale of savings, then there is risk of limited capacity to invest in and improve patient care, leading to reduced ability to achieve | Trust wide    | Financial Risk   | 30/09/2025  | 12             | 4                  | 4                   | 16              | 16             | 8             | ↔        | ↗     | 29/07/2026       |
| 630     | Risk that the Aseptic unit will be unable to deliver required capacity during a period of recovery following shutdown due to a recognised inability to maintain required operational & safety standards                                                   | Trust wide    | Operational Risk | 26/01/2026  | 20             | 3                  | 4                   |                 | 12             | 4             | ↔        | ↗     | 30/09/2026       |
| 640     | (Business continuity risk) Failure of back up isolator resulting in inability to produce trial / critical medications.                                                                                                                                    | Trust wide    | Operational Risk | 11/02/2026  | 15             | 3                  | 4                   | 15              | 12             | 5             | ↓        | ↗     | 30/09/2026       |
| 703     | If we fail to maintain and improve robust patient administration systems and processes, there will be adverse clinical and financial outcomes                                                                                                             | Trust wide    | Clinical Risk    | 19/06/2026  | 12             | 4                  | 3                   |                 | 12             |               | ↔        | ↗     | 30/07/2026       |

- One risk has been escalated and is pending acceptance onto the Trust Wide Register :

| Risk ID | Risk                                                                                                                                                                                                                                                        | Risk register                    | Type           | Subtype                    | Status | Risk owner      | Date opened | Initial rating | Current likelihood | Current consequence | Previous Rating | Current rating | Target rating | Movement | Next Review Date |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------|----------------------------|--------|-----------------|-------------|----------------|--------------------|---------------------|-----------------|----------------|---------------|----------|------------------|
| 647     | There is a risk that the Trust cannot effectively assure workforce capability and competence, because workforce education resources, systems, governance and quality assurance arrangements are insufficient, resulting in reduced organisational assurance | School of Oncology Risk Register | Workforce Risk | Workforce Performance Risk | Active | Eleanor Mcmanus | 26/02/2026  | 12             | 4                  | 3                   | 12              | 12             | 6             | ↔        | 30/09/2026       |

- Extreme Risks on Divisional Risk Registers:

| Risk ID | Risk                                                                                 | Risk Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Risk register                            | Divisional Risk Ownership | Status | Risk owner    | Date opened | Initial rating | Current rating | Current likelihood | Current consequence | Movement (Current rating - Previous rating) | Trend | Next Review Date | Date closed | Review date        | Review comments                                                                                                                                                   |
|---------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------|--------|---------------|-------------|----------------|----------------|--------------------|---------------------|---------------------------------------------|-------|------------------|-------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | There is a risk of loss of radiopharmaceutical production for the North West region. | There is a risk that the Regional Radio pharmacy at The Christie will be unable to supply radiopharmaceuticals to up to 13 hospital sites if critical infrastructure or equipment fails. Specifically, failure of the Air Handling Unit (AHU), isolators, or cleanroom integrity could compromise MHRA compliance and aseptic conditions, leading to production stoppage, disruption of patient treatment pathways, and potential licence breaches. This risk is increased as The Christie Radio pharmacy unit is currently the sole supplier for radiopharmaceuticals within Greater Manchester. | Christie Medical Physics and Engineering | NWS Risk Register         | Active | gregory James | 10/12/2025  | 9              | 16             | 4                  | 4                   |                                             |       | 31/10/2026       |             | 17/09/2026 1:51 PM | 17/09/26 - Discussed at CMPE directorate board, JC updated risk remains the same, shortage week of 21/09, this will have a restriction of amount of radioisotopes |



## Integrated Performance Report - Safer Staffing

| WARD                                                                                                                                                      | Day Reg Fill Rate | Night Reg Fill Rate | CHPPD - Registered | Day Unreg Fill Rate | Night Unreg Fill Rate | CHPPD - Unregistered | Month total inpatients at 23:59 each day | CHPPD - Overall |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|--------------------|---------------------|-----------------------|----------------------|------------------------------------------|-----------------|
| Oncology Critical Care Unit                                                                                                                               | 85%               | 90%                 | 23.3               | 58%                 | 52%                   | 2.4                  | 162                                      | 25.7            |
| Palatine Ward                                                                                                                                             | 89%               | 97%                 | 6.0                | 71%                 | 108%                  | 1.7                  | 875                                      | 7.8             |
| Ward 10                                                                                                                                                   | 90%               | 87%                 | 4.2                | 66%                 | 127%                  | 2.6                  | 802                                      | 6.8             |
| Ward 11                                                                                                                                                   | 100%              | 104%                | 5.4                | 96%                 | 125%                  | 4.5                  | 608                                      | 9.8             |
| Ward 12                                                                                                                                                   | 101%              | 103%                | 3.8                | 97%                 | 113%                  | 3.0                  | 852                                      | 6.9             |
| Ward 4 and 4a                                                                                                                                             | 104%              | 114%                | 4.4                | 103%                | 129%                  | 3.6                  | 800                                      | 8.0             |
| Ward 2                                                                                                                                                    | 100%              | 99%                 | 4.2                | 99%                 | 90%                   | 2.3                  | 593                                      | 6.5             |
| Acute Assessment Unit                                                                                                                                     | 90%               | 101%                | 6.3                | 75%                 | 99%                   | 2.6                  | 587                                      | 8.9             |
| <b>TOTAL</b>                                                                                                                                              | <b>94%</b>        | <b>99%</b>          | <b>5.4</b>         | <b>85%</b>          | <b>111%</b>           | <b>2.8</b>           | <b>5,279</b>                             | <b>8.3</b>      |
| Care Hours Per Patient Day (CHPPD)= Hours of registered ward-based staff + Hours of non-registered ward based staff / Total number of inpatients at 23.59 |                   |                     |                    |                     |                       |                      |                                          |                 |

### Understanding the performance

Recruitment and retention group established to focus on HCA staffing across the Trust. Increase in vacancies and patients requiring enhanced observations of care have resulted in some reductions in HCA fill rates. Daily safe staffing ensured through redeployment and senior nurse oversight.



## Integrated Performance Report - Friends & Family Test & Patient Experience

| Metric                       | Month  | Measure | 25/26 Avg | Variation | Assurance |
|------------------------------|--------|---------|-----------|-----------|-----------|
| Inpatient Response Rate      | August | 31.80%  | 34.00%    |           |           |
| Inpatient Recommended Score  | August | 97.30%  | 97.00%    |           |           |
| Outpatient Recommended Score | August | 95.10%  | 96.00%    |           |           |
| Number of new complaints     | August | 22      | 17        |           |           |
| Number of PALS               | August | 69      | 48        |           |           |



## HCAIs against thresholds 2026-27 – HOHA & COHA only

| Indicator           | Threshold | Position         | YTD | Threshold adjusted to month 5 | Difference |
|---------------------|-----------|------------------|-----|-------------------------------|------------|
| <i>C.Difficile</i>  | ≤ 35      | Above trajectory | 25  | 15                            | +10        |
| E.coli BSI          | ≤ 43      | Above trajectory | 33  | 18                            | +15        |
| Klebsiella spp. BSI | ≤ 24      | Above trajectory | 20  | 10                            | +10        |
| P.Aeruginosa BSI    | ≤ 8       | Above trajectory | 4   | 3                             | +1         |

## HCAIs being monitored

| Indicator | Target         | Position      | YTD | Threshold adjusted to month 5 |
|-----------|----------------|---------------|-----|-------------------------------|
| MRSA BSI  | Zero tolerance | At trajectory | 0   | -                             |
| MSSA BSI  | No target      | No target     | 13  | -                             |

## HCAI Surveillance, Learning and Improvement Assurance

**Surveillance and oversight:** Continuous monitoring of all reportable HCAIs with routine reporting and escalation through governance structures.

**Learning response (PSIRF):** All cases are subject to proportionate learning responses to identify contributory factors and assess if avoidable.

**Improvement actions:** Targeted interventions (e.g. antimicrobial stewardship, device care, hygiene standards) are implemented and tracked.

**Embedding learning:** Themes are shared across teams to support sustained improvement and prevent recurrence.

Please note: all cases are reviewed by the Infection Prevention and Control team along with divisional colleagues to identify opportunities for learning. The trust delivered a second IPC summit in July 2026 covering a broad range of IPC topics including the core foundations of good IPC practice such as bare below the elbows and hand hygiene. The summit included representation from NHS E and UKHSA.



# Christie CODE Quality Assurance Programme

CODE = Care, Observation, Documentation, Experience

## CODE (Care Observation Documentation Experience) and Quality Mark current accreditation status

August 2026

| Ward/dept                 | CODE outcome         | Last inspection date       |
|---------------------------|----------------------|----------------------------|
| Palatine Ward             | Gold                 | July 2026                  |
| Withington Ward           | Gold                 | September 2025             |
| Ward 2                    | Gold                 | October 2025               |
| Ward 4                    | Green                | March 2026 (due sept 2026) |
| Ward 10                   | Gold                 | December 2025              |
| Ward 11                   | Gold                 | November 2025              |
| Ward 12                   | Gold                 | July 2026                  |
| CRF                       | Gold                 | June 2026                  |
| AAU                       | Gold                 | May 2026                   |
| Ward/dept                 | Quality Mark outcome |                            |
| Outpatients               | Gold                 | October 2025               |
| Ambulatory Care           | Gold                 | September 2025             |
| Christie at Macclesfield  | Gold                 | May 2023                   |
| Christie at Oldham        | Gold                 | May 2023                   |
| Christie at Salford       | Gold                 | March 2023                 |
| Christie at Tameside      | Gold                 | July 2026                  |
| Withington radiotherapy   | Gold                 | November 2022              |
| Integrated procedure unit | Gold                 | January 2026               |

The CODE (inpatients) Quality Mark (non-ward-based areas) Quality Scheme Tool translates gathered/observed evidence against standards into an overall colour-rated status for the ward

**Gold status** = 10 or more gold standards, no red standards

**Green status** = All standards green or gold

**Red status** = One or more standards red

- Networked sites at Macclesfield, Oldham, Salford and Tameside along with Withington radiotherapy will be re-accredited in 2026.
- Care quality assurance monthly audit process (mini-CODE) and quality improvement programme forms basis of annual assessment process.

Note: Satellite sites at Macclesfield, Oldham, Salford and Tameside along with Withington radiotherapy will be revalidated in 2026. CODE assurance and sustainability established through the monthly mini-CODE inspections. This process has been reviewed and updated in May 2026.



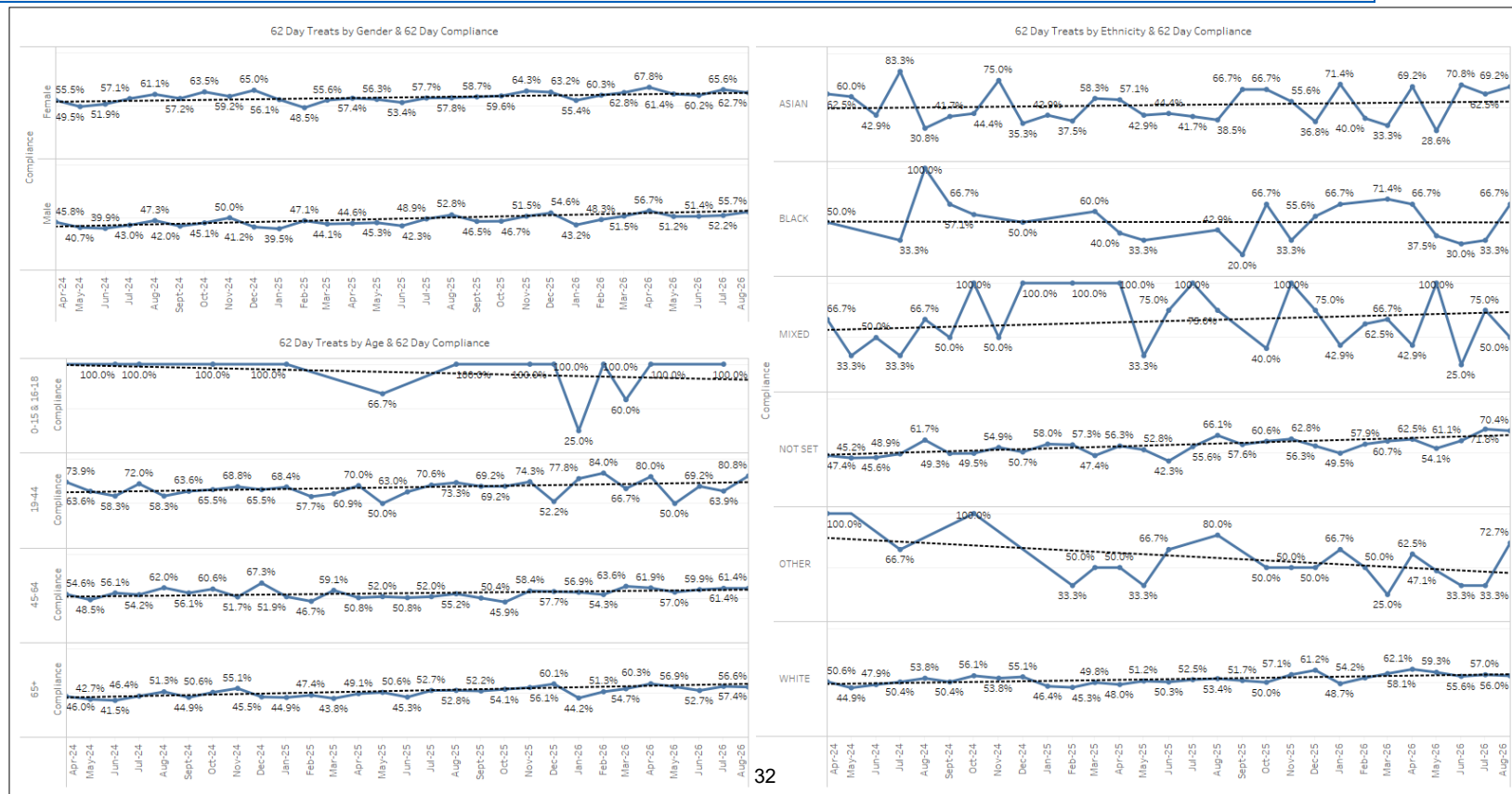
# Cancer Standards – Health Inequalities Analysis

62 Day Treatments between 01/04/2023 – 31/08/2026 analysed by gender, age and ethnicity.



# Cancer Standards – Health Inequalities Analysis

62 Day Treatments between 01/04/2023 – 31/08/2026 analysed by gender, age and ethnicity.



## What is the NWLMDS?

The [National Waiting List Minimum Data Set](#) is a weekly return at patient level which focuses on the number of patients currently on an open referral to treatment pathway. This is effectively a measure of how many patients are currently awaiting treatment at each Trust. Several data points are submitted for each patient which cover all the relevant pathway dates and waiting times can be calculated. Patient demographics are also included within the return including Ethnicity Code which is based on the national data set.

## What are we submitting?

The Ethnicity code field is currently being completed on the weekly return using the available data we have within our master patient index. The data is extracted live and so is as timely as possible. As the weekly return includes patients registered on a pathway up to the previous Sunday, this provides a challenge to ensure ethnicity data is captured at the point of registration. The return is a snapshot each week and whilst some patients will appear in multiple returns, there is a short window to update the ethnicity code and therefore report correctly. There are no opportunities to backdate the data.

Each return contains approximately between 3500 – 4000 records. The breakdown of the ethnicity coding in the latest August return is below;

|                    |                                                     | Return Week Ending |            |
|--------------------|-----------------------------------------------------|--------------------|------------|
|                    |                                                     | 19/04/2026         | 31/08/2026 |
| Ethnicity Category |                                                     | %                  | %          |
| A                  | White - British                                     | 44.4%              | 51.0%      |
| B                  | White - Irish                                       | 0.7%               | 0.7%       |
| C                  | White - Any other White background                  | 1.1%               | 1.3%       |
| D                  | Mixed - White and Black Caribbean                   | 0.2%               | 0.2%       |
| E                  | Mixed - White and Black African                     | 0.3%               | 0.2%       |
| F                  | Mixed - White and Asian                             | 0.2%               | 0.2%       |
| G                  | Mixed - Any other mixed background                  | 0.2%               | 0.3%       |
| H                  | Asian or Asian British - Indian                     | 0.4%               | 0.7%       |
| J                  | Asian or Asian British - Pakistani                  | 1.0%               | 1.0%       |
| K                  | Asian or Asian British - Bangladeshi                | 0.1%               | 0.2%       |
| L                  | Asian or Asian British - Any other Asian background | 0.5%               | 0.6%       |
| M                  | Black or Black British - Caribbean                  | 0.2%               | 0.4%       |
| N                  | Black or Black British - African                    | 0.8%               | 1.0%       |
| P                  | Black or Black British - Any other Black background | 0.1%               | 0.2%       |
| R                  | Other Ethnic Groups - Chinese                       | 0.4%               | 0.3%       |
| S                  | Other Ethnic Groups - Any other ethnic group        | 1.4%               | 2.3%       |
| Z                  | Not stated                                          | 5.9%               | 39.4%      |
| 99                 | Not Set                                             | 42.4%              | 0.0%       |

## Next Steps & Measuring Progress

The table shows that the initial investigation into the weekly returned a compliance that was roughly in line with our overall MPI analysis that shows that we have recorded ethnicity data for approximately 55% of our patients.

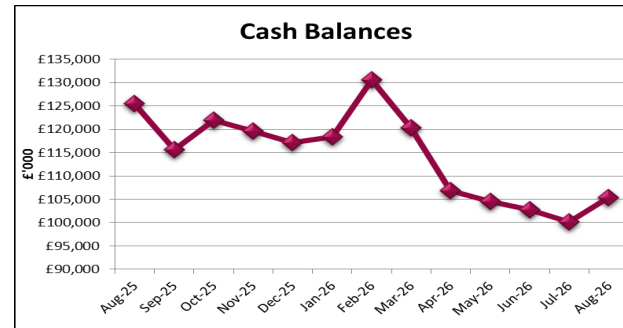
To improve this percentage, we implemented a more robust process of capturing the data using any available sources and means at the point of referral. This will include checking the Greater Manchester Care Record for each patient who has one and contacting referring Trust's. As the subsequent weeks show these processes have started to yield a significant improvement in the weekly return coverage.

As the data shows, whilst there has been a large reduction in the numbers of missing data items, there has been a corresponding large increase in the 'Not Stated' category. To ensure 100% accuracy with the recording these records are also being reviewed and we should see a reduction in this category until it reaches its nationally comparable level.



This report outlines the M5 consolidated financial performance of The Christie NHS Foundation Trust and its wholly owned subsidiary The Christie Pharmacy Ltd.

| Month 05 YTD position                                     | Annual Plan     | YTD Budget      | YTD Actual      | Variance     |
|-----------------------------------------------------------|-----------------|-----------------|-----------------|--------------|
|                                                           | £'000           | £'000           | £'000           | £'000        |
| Clinical Income                                           | (506,037)       | (210,849)       | (213,301)       | (2,453)      |
| Other Income                                              | (95,127)        | (39,278)        | (38,056)        | 1,223        |
| Pay                                                       | 288,927         | 119,592         | 117,277         | (2,315)      |
| Non Pay (incl drugs)                                      | 283,996         | 118,768         | 121,396         | 2,627        |
| <b>Operating (Surplus) / Deficit</b>                      | <b>(28,240)</b> | <b>(11,767)</b> | <b>(12,685)</b> | <b>(918)</b> |
| Finance expenses/ income                                  | 25,292          | 10,538          | 11,271          | 733          |
| <b>(Surplus) / Deficit</b>                                | <b>(2,948)</b>  | <b>(1,228)</b>  | <b>(1,414)</b>  | <b>(186)</b> |
| Exclude impairments/ charitably funded capital donations  | (4,552)         | (1,897)         | (1,756)         | 141          |
| <b>Adjusted financial performance (Surplus) / Deficit</b> | <b>(7,500)</b>  | <b>(3,125)</b>  | <b>(3,170)</b>  | <b>(45)</b>  |



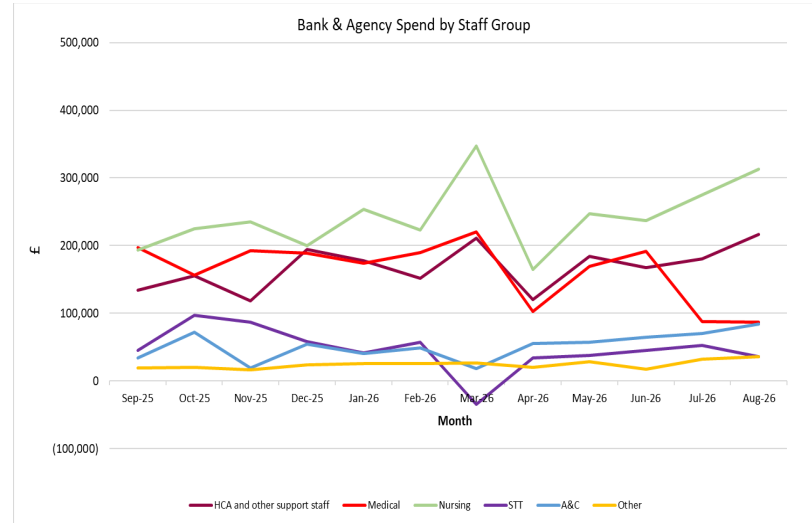
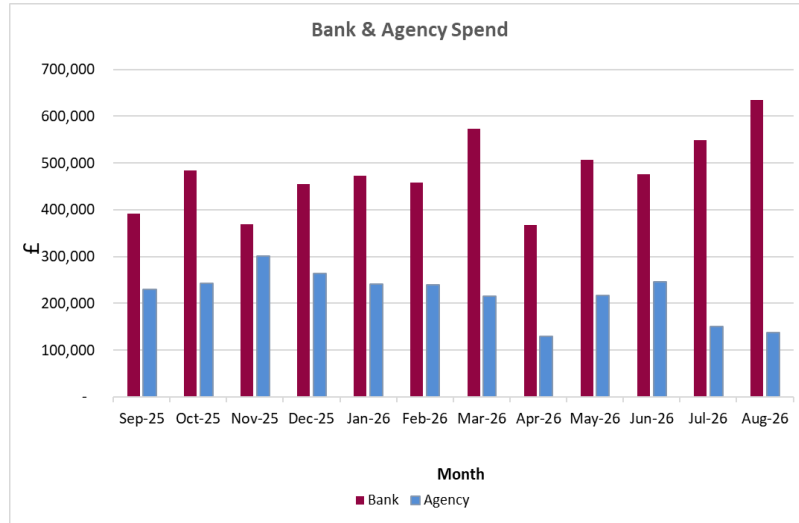
## I&E

- The Trust is reporting a surplus at the end of month 05 of (£3.17m) against a YTD plan of (£3.13m), which gives a YTD variance of (£0.05m).
- Identified in-year VIP is £25.3m against a target of £25.3m. The VIP shortfall against the recurrent VIP target is £1.4m (RAG rated shortfall of £2.4m), where £11.2m has been identified against a target of £12.6m (89% of recurrent target identified). Non-recurrent identified VIP is £14.1m against a target of £12.6m, overachieving by (£1.4m).

## Balance sheet / liquidity

- The cash balance as at 31st August 2026 is £105.4m with a forecast for the 31st March 2027 of £88.3m.
- Capital spend for month 05 is £8.8m, this was £4.6m above the plan submitted to NHSE driven by phasing differences to the initial plan.
- Targets have been achieved against payment of creditors paid within the 30-day Better Payment Practice Code target.



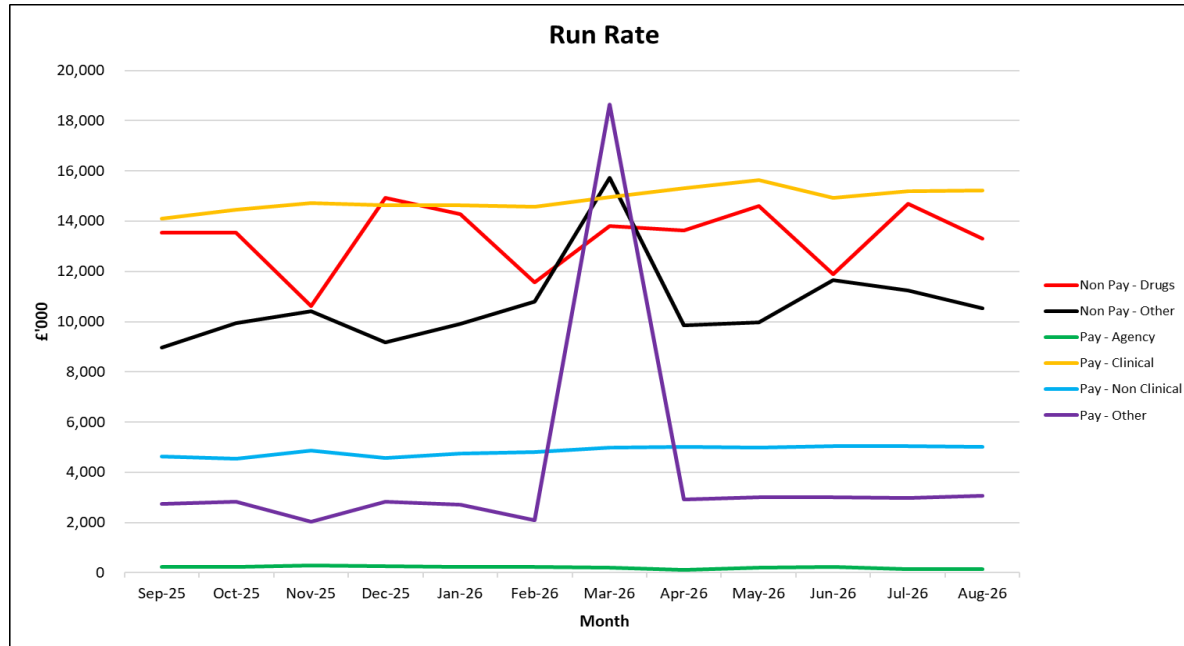


Agency spend in month 05 is £0.14m, a decrease of (£0.01m) from month 04. The spend is predominantly on medical agency.

Alongside this, bank spend in month 05 is £0.64m, an increase of £0.09m from month 04.

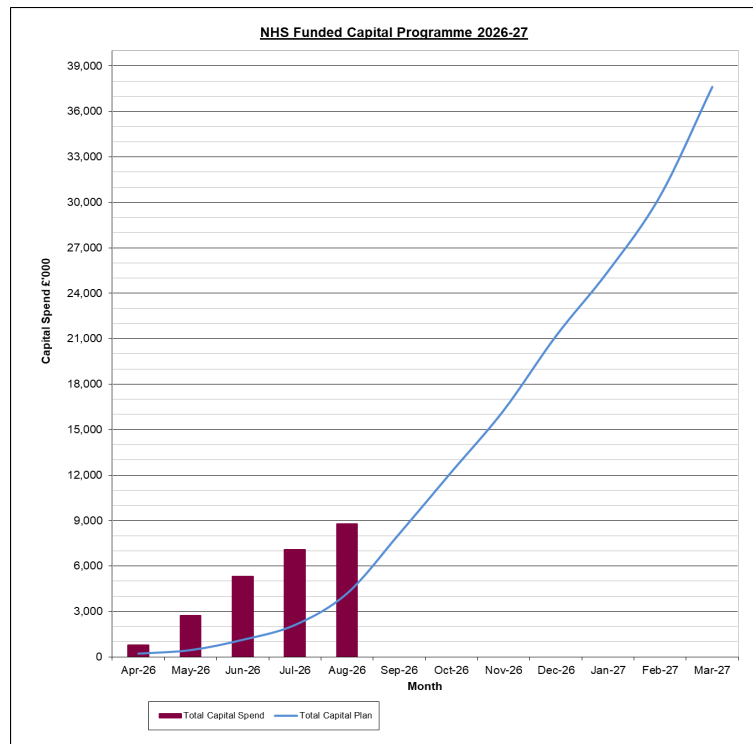


# Finance (Expenditure)



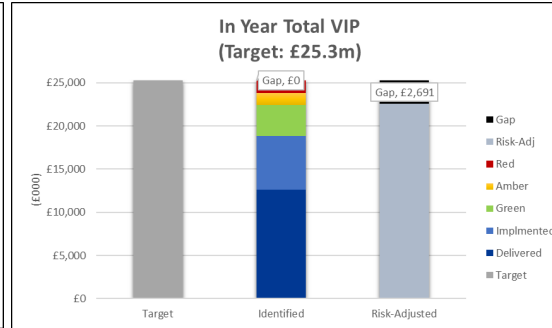
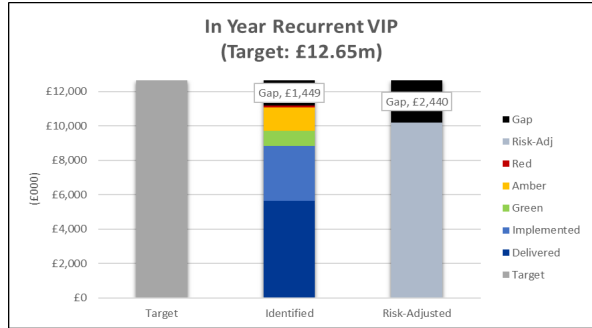
- Drugs spend in month 05 is £13.3m, a decrease of £1.4m from month 04 driven by a decrease in cost and volume drug expenditure.
- Non-Pay – Other spend in month 05 is £10.5m, a decrease of £0.7m from month 04. The majority is driven by a £0.6m reduction in spend on clinical supplies & services.
- Key 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 05 is £0.1m, in line with month 04.
- Pay – Clinical spend in month 05 is £15.2m, in line with month 04.
- Pay – Other spend in month 05 is £3.1m, an increase of £0.1m from month 04.<sup>36</sup>





The 2026-27 Capital plan is £37.6m The Trust has incurred £8.8m to the end of month 5 on capital schemes overspending by £4.6m against the 2026-27 plan.



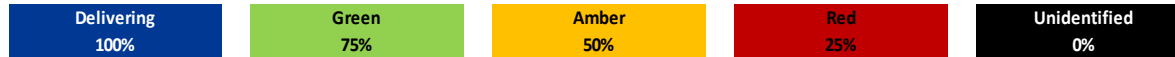


## Total In year CIP

- Total identified VIP schemes reported are £25.3m (£14.1m non recurrent / £11.2m recurrent).
- Risk adjusted identified schemes value £22.6m, leaving £2.7m unidentified.

## Recurrent

- Schemes totalling £11.2m have been identified recurrently against a recurrent target of £12.6m,
- This leaves £1.4m of the recurrent target unidentified, RAG rated unidentified £2.4m.



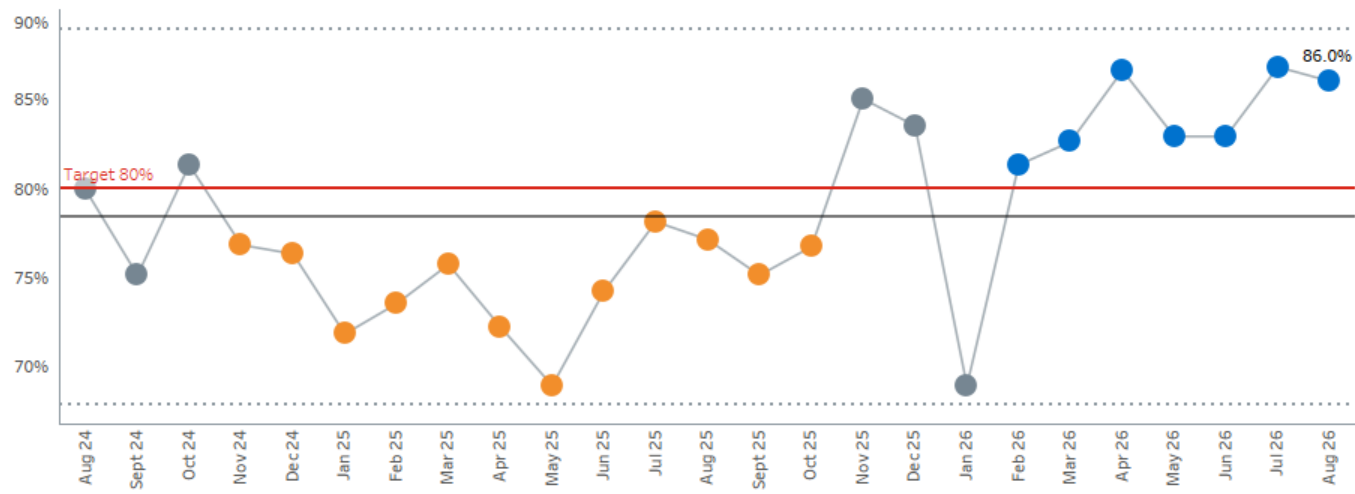
| Annual            |                  |                      |                        |                                       |                                         | Year To Date     |                     |                    |
|-------------------|------------------|----------------------|------------------------|---------------------------------------|-----------------------------------------|------------------|---------------------|--------------------|
|                   | Target<br>(£000) | Identified<br>(£000) | Unidentified<br>(£000) | Risk-Adjusted<br>Identified<br>(£000) | Risk-Adjusted<br>Unidentified<br>(£000) | Target<br>(£000) | Delivered<br>(£000) | Variance<br>(£000) |
| Total VIP         | 25,298           | 25,298               | 0                      | 22,608                                | 2,691                                   | 10,541           | 10,541              | 0                  |
| Recurrent VIP     | 12,649           | 11,200               | 1,449                  | 10,209                                | 2,440                                   | 5,270            | 3,542               | 1,728              |
| Non-Recurrent VIP | 12,649           | 14,099               | (1,449)                | 12,399                                | 250                                     | 5,271            | 6,999               | (1,728)            |



| Metric                   | Month  | Measure | Target | Variation                                                                            | Assurance                                                                            |
|--------------------------|--------|---------|--------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 18 weeks                 | August | 97.20%  | 92.00% |   |   |
| 24 day (Internal Target) | August | 83.00%  | 85.00% |   |   |
| 28 Day FDS               | August | 100.00% | 80.00% |   |   |
| 31 day                   | August | 99.20%  | 96.00% |   |   |
| 62 Day                   | August | 86.00%  | 80.00% |   |   |
| Waiting >52 Weeks        | August | 0.00%   | 0.00%  |  |  |



# Percentage of patients treated for cancer within 62 days of referral



### 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 we know that the target may/may not be achieved. The closer the target line lies to the mean the more likely the target will be achieved or missed at random.

## Understanding the performance

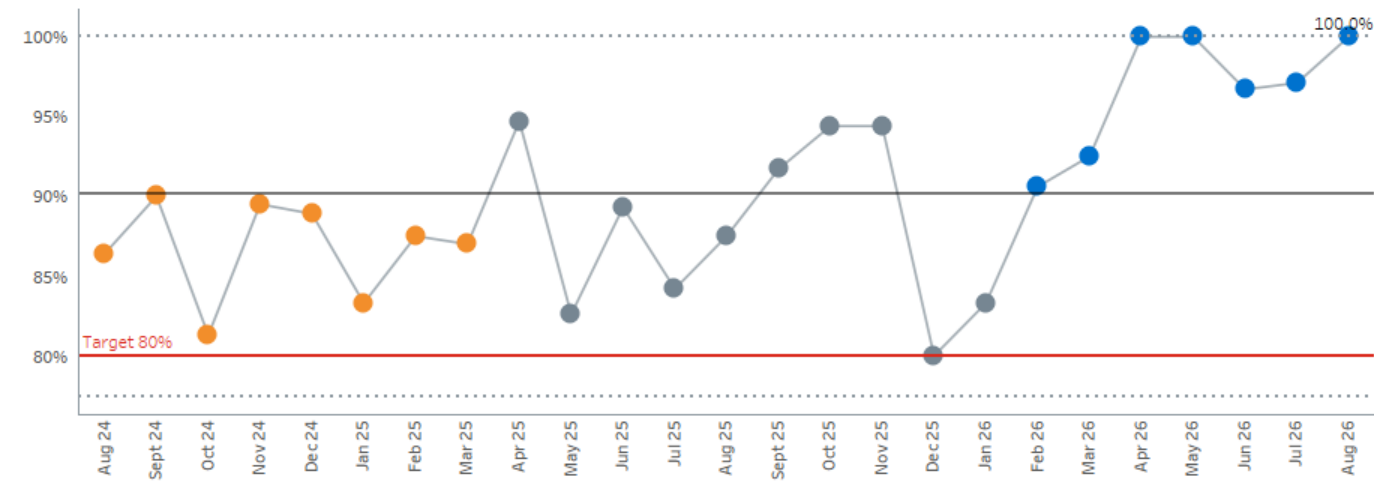
August 2026 performance was 86.0%, exceeding the 80% internal target by 6 percentage points. Performance remained above target for seven consecutive months from February to August 2026. The SPC chart identifies a sustained improving trend, following the January 2026 reduction to approximately 69%. July 2026 reached approximately 87%, the joint-highest performance in the period; August reduced by around 1 percentage point. Delivery is above target but continues to show normal month-to-month variation, so improvement is not yet fully embedded.

## Actions (SMART)

Maintain monthly performance at or above 80% to 31 March 2027; any deterioration below 80% will require a service-level recovery plan within 10 working days.



# Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks



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 we know that the target may/may not be achieved. The closer the target line lies to the mean the more likely the target will be achieved or missed at random.

**Understanding the performance**

FDS performance has improved significantly during 2026, increasing from 80.0% in December 2025 to 100% in both April and May 2026, with performance remaining consistently above the 80% national standard thereafter.

The SPC chart demonstrates a sustained shift in performance rather than short-term variation. Since February 2026, all reported months have exceeded the target and most have exceeded 90%, indicating that improvement is becoming embedded within routine operational delivery.

Performance variability has reduced. The period between August 2024 and December 2025 was characterised by fluctuation around the target, whereas recent months show a more stable and predictable process.

The key challenge is now sustainability rather than recovery. Whilst recent performance has reached 100%, maintaining this level will require continued focus on diagnostic capacity, pathway management, data quality and timely clinical decision-making to prevent regression.

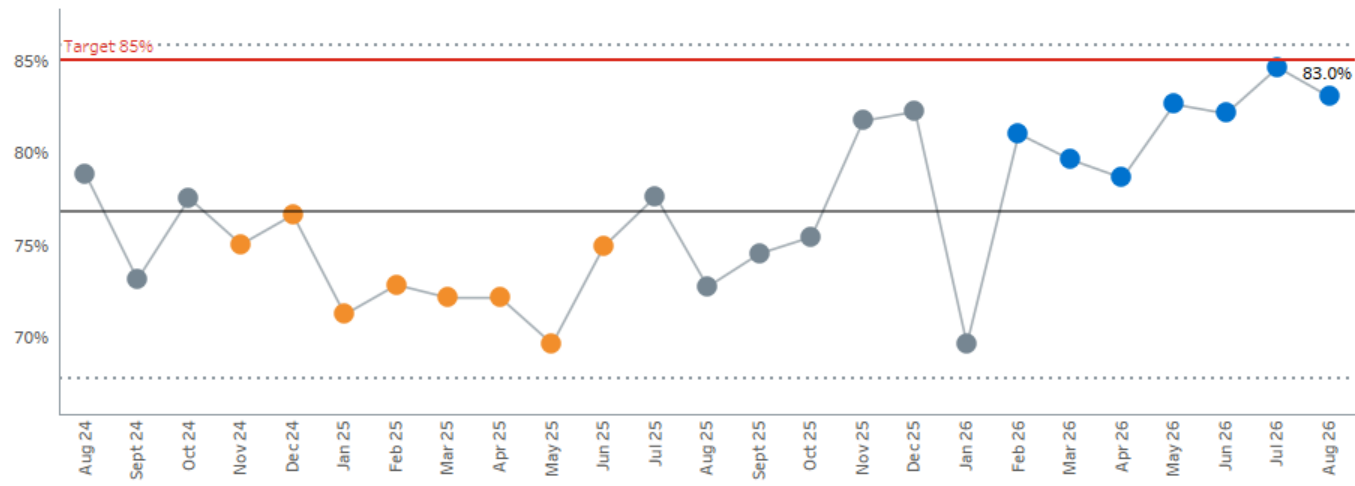
**Actions (SMART)**

Maintain FDS performance at ≥90%, with all breaches reviewed monthly and corrective actions agreed through Cancer Performance governance.

Maintain weekly review of patients approaching 21 days without a confirmed diagnosis or next diagnostic step, with escalation of delays to divisional teams.



# Percentage of patients treated for cancer within 24 days of IPT (Internal Target)



**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 we know that the target may/may not be achieved. The closer the target line lies to the mean the more likely the target will be achieved or missed at random.

**Understanding the performance**

Performance has improved from 69.7% in January 2026 to 83.0% in August 2026, with six consecutive months remaining above the process mean.

The chart indicates a sustained improvement, rather than normal month-to-month variation, following the January 2026 low point.

The 85% internal target has not been achieved in any reported month, although July 2026 reached approximately 84.5%. August 2026 performance reduced by approximately 1.5 percentage points from July, leaving a 2 percentage-point gap to target.

Performance is improving but is not yet consistently at the required level; the causes of the remaining breaches need to be understood and addressed.

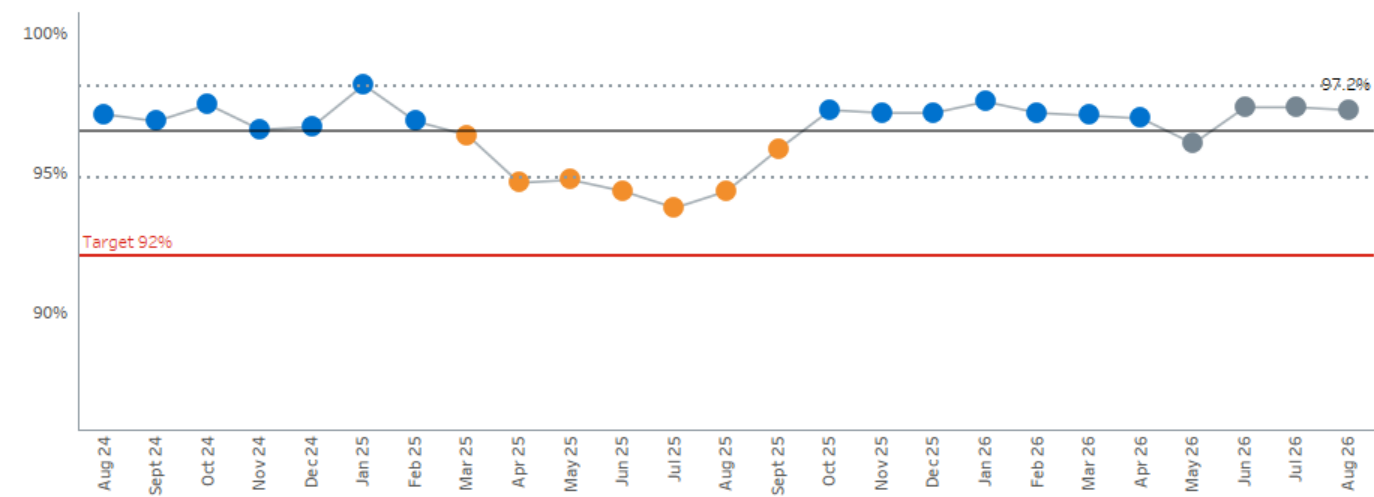
**Actions (SMART)**

By 30 September 2026, the cancer performance team will review every August pathway exceeding 24 days, categorising the cause, responsible service and avoidability, and report the three highest-volume causes and associated actions

By 31 October 2026, each service contributing to the three principal causes will implement a documented improvement action, with a named owner, completion date and expected reduction in breaches, monitored weekly through the relevant performance forum.

Weekly review of patients approaching day 20 and escalate unresolved barriers, with the aim of achieving the 85% internal target by 30 November 2026 and sustaining it for three consecutive months.

# 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**

Performance was 97.2% in August 2026, remaining 5.2 percentage points above the 92% target. The 18-week standard has been achieved in every month shown, including the lowest point of approximately 93.8% in July 2025. Performance declined between March and July 2025 before recovering from August 2025 and returning to around 97% by October 2025. The SPC chart identifies common-cause variation, indicating no statistically significant change in the underlying process. Recent performance is stable at approximately 97%, providing assurance against the target, although continued monitoring is required to maintain delivery.

**Actions (SMART)**

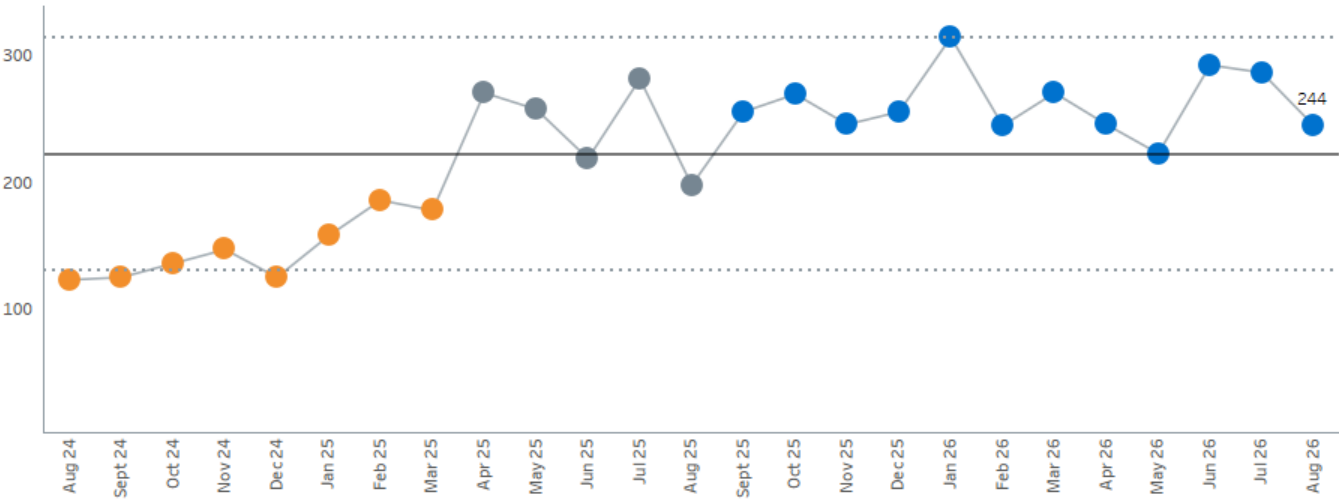
Maintain performance at or above 92% each month to 31 March 2027, with any deterioration below 95% subject to service-level review and a documented recovery plan within 10 working days.

# Integrated Performance Report - External Referrals Received Summary

| Metric                                               | Month  | Measure | Variation                                                                           | Assurance                                                                           |
|------------------------------------------------------|--------|---------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| External Referrals Received<br>- ALL Specialties     | August | 2,281   |  |  |
| External Referrals Received<br>-Clinical Oncology    | August | 920     |  |  |
| External Referrals Received<br>-Haematology          | August | 244     |  |  |
| External Referrals Received<br>-Medical Oncology     | August | 660     |  |  |
| External Referrals Received<br>-Surgical Specialties | August | 416     |  |  |



# External Referrals Received - Haematology



Icons

Improving

No Target

Summary

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

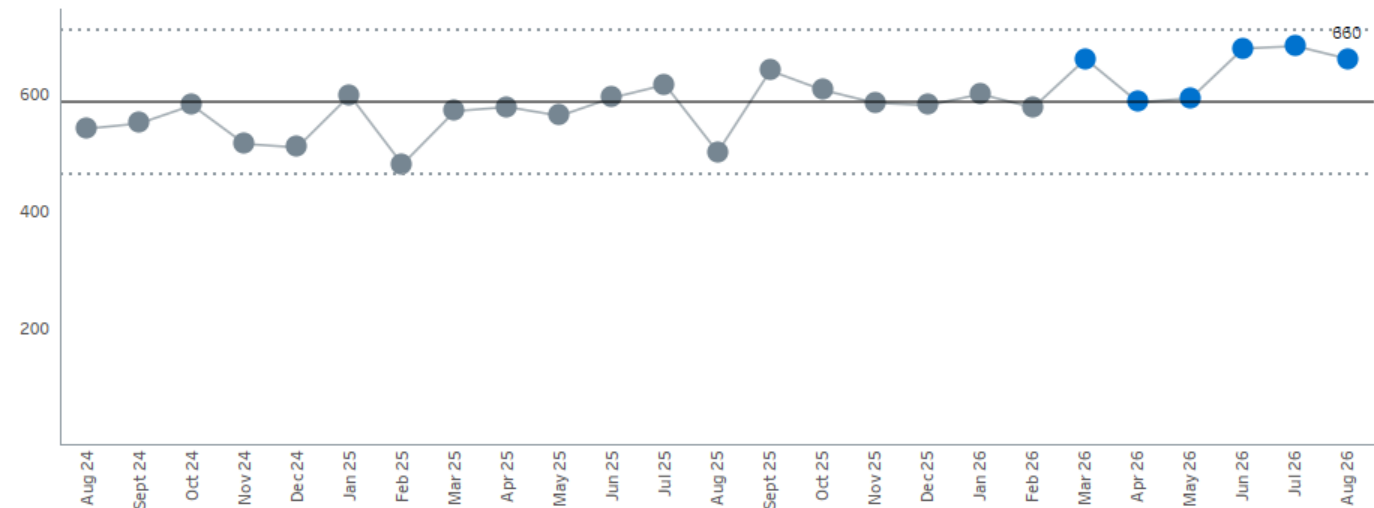
**No Target** There is no set target for this data

## Understanding the performance

The change in numbers of referrals since April 2025 is due to the Mid Cheshire hospital Haematology service takeover. 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. As the reporting timeframe progresses a new consistent average will be seen and the performance icon will reflect that.



# External Referrals Received - Medical Oncology



### Icons

Common Cause

No Target

### Summary

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

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

## Understanding the performance



# Integrated Performance Report - Inpatient Length of Stay Averages

| Metric                                                     | Month  | Measure | 25/26 AVG | Variation                                                                           | Assurance                                                                           |
|------------------------------------------------------------|--------|---------|-----------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Inpatient LOS - All Patients (excluding zero LOS)          | August | 7.7     | 7.2       |  |  |
| Inpatient LOS - Elective Patients (excluding zero LOS)     | August | 6.7     | 6.2       |  |  |
| Inpatient LOS - Non-Elective Patients (excluding zero LOS) | August | 8.3     | 7.9       |  |  |
| Inpatient LOS - Transfer Patients (excluding zero LOS)     | August | 21.3    | 20.3      |  |  |



# Integrated Performance Report - Diagnostic 6 Week Waiting Times Summary

| Metric                        | Month  | Measure | Target | Variation | Assurance |
|-------------------------------|--------|---------|--------|-----------|-----------|
| Magnetic Resonance Imaging    | August | 99.20%  | 99.00% |           |           |
| Computed Tomography           | August | 99.40%  | 99.00% |           |           |
| Non-obstetric Ultrasound      | August | 98.40%  | 99.00% |           |           |
| Dexa Scan                     | August | 100.00% | 99.00% |           |           |
| Cardiology - Echocardiography | August | 99.00%  | 99.00% |           |           |
| Flexi Sigmoidoscopy           | August | 100.00% | 99.00% |           |           |
| Cystoscopy                    | August | 100.00% | 99.00% |           |           |
| Barium Enema                  | August | 100.00% | 99.00% |           |           |
| Colonoscopy                   | August | 100.00% | 99.00% |           |           |
| Gastroscopy                   | August | 100.00% | 99.00% |           |           |
| DM01 Return - All Scans       | August | 99.30%  | 99.00% |           |           |



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.

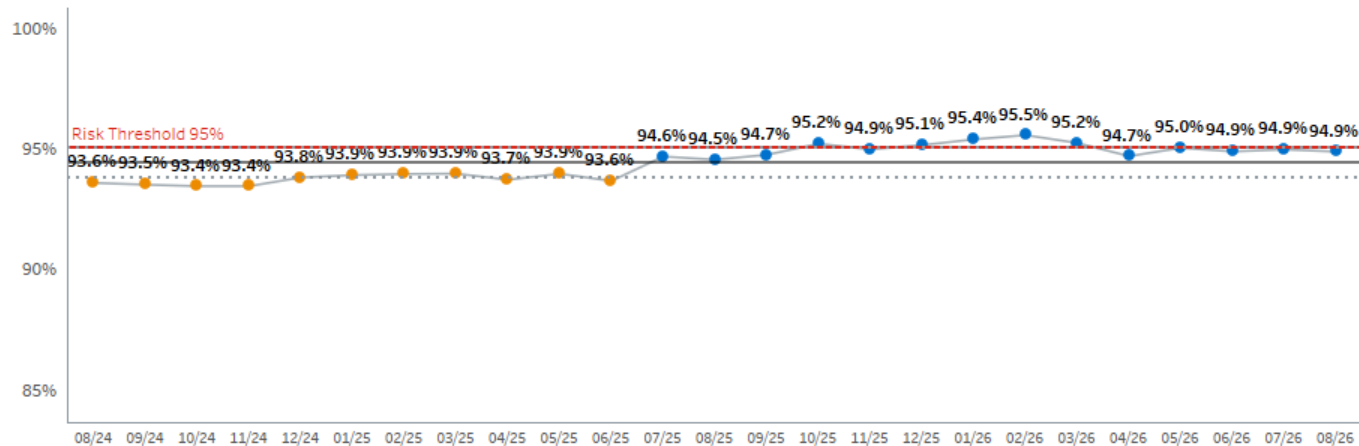
**Metric** - the KPI metric  
**Measure** - the value of the **Metric** as of the end of the **Month**  
**Target** - the Trust defined minimum or maximum limit for each **Metric**  
**Mean** - the average of the **Measures** over the past 12 months

| Metric             | Month       | Measure | Risk Threshold / Target | Mean   | Performance                                                                          | Assurance                                                                            |
|--------------------|-------------|---------|-------------------------|--------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Appraisal          | August 2026 | 89.30%  | 90.00%                  | 88.65% |   |   |
| Mandatory Training | August 2026 | 94.85%  | 95.00%                  | 94.41% |   |   |
| Absence            | August 2026 | 5.00%   | 4.10%                   | 4.86%  |   |   |
| All Turnover       | August 2026 | 11.85%  | 11.00%                  | 11.45% |   |   |
| Voluntary Turnover | August 2026 | 9.54%   | 9.00%                   | 9.12%  |   |   |
| Vacancy Rate       | August 2026 | 10.13%  | 5.00%                   | 8.08%  |  |  |

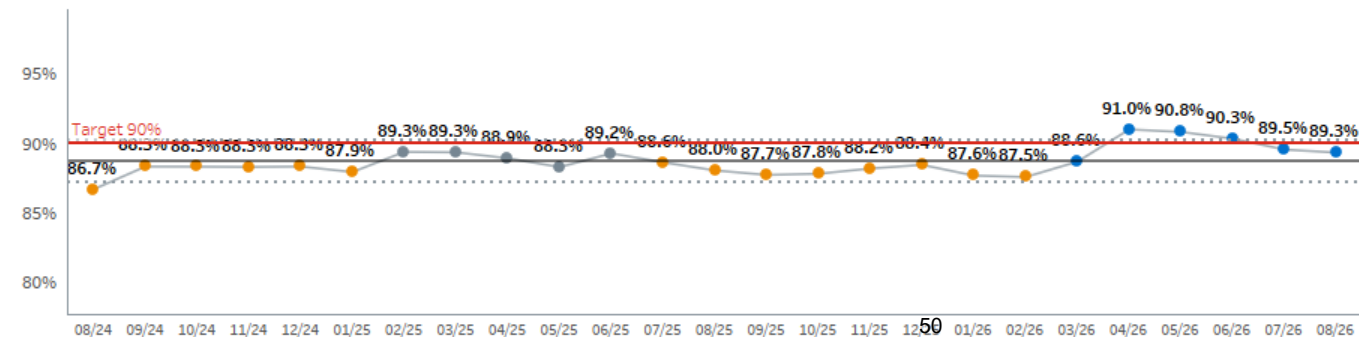
# Our People - Mandatory Training and Appraisal Compliance

The Christie: All Directorates

## Mandatory Training



## Appraisal



Performance

Improving



Assurance

Hit & Miss



### Summary

- There are 3,466 outstanding modules.
- The Face to Face training compliance % for August is 84.8%
- The online training compliance % for August is 95.8%

Performance

Improving



Assurance

Hit & Miss

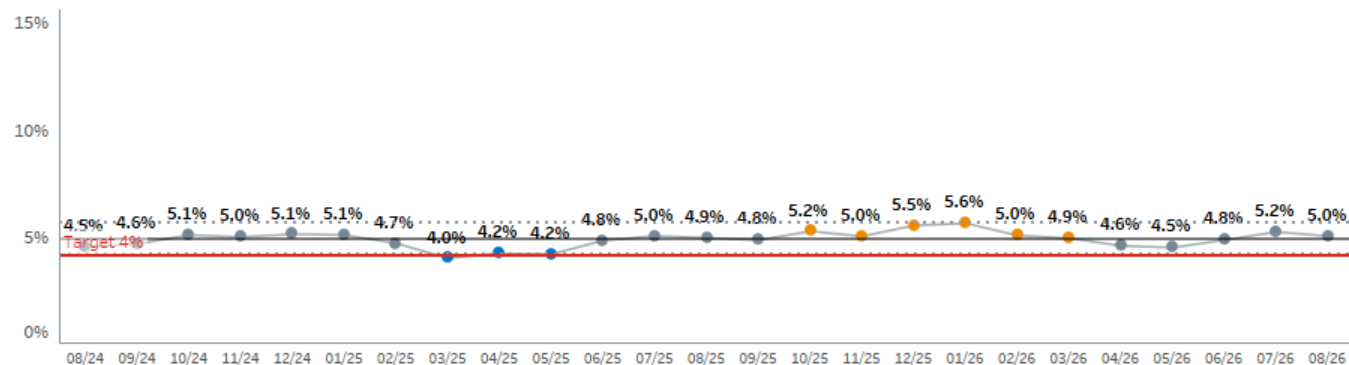


### Summary

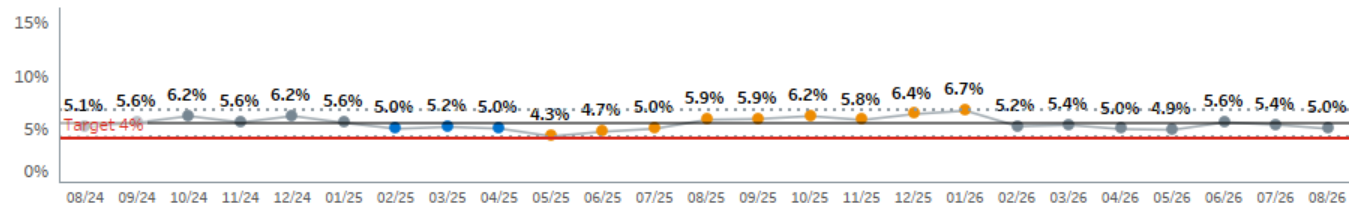
- There are 386 outstanding appraisals.

# Our People - Sickness Absence

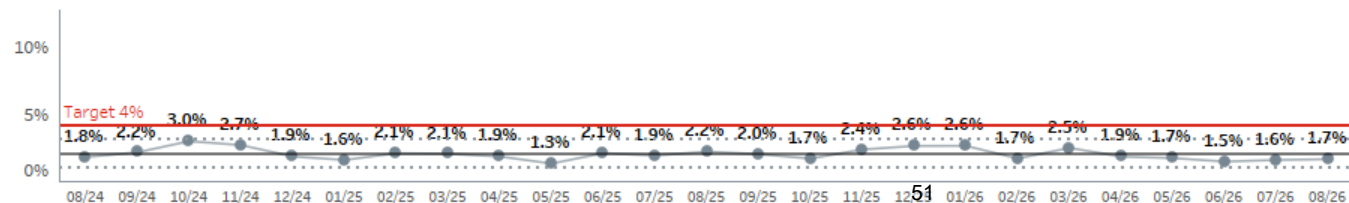
## All Absence



## Nursing and Midwifery



## Medical and Dental



### Performance

Common Cause



### Assurance

Failing



### Summary

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

- There were 169 absences still open at the end of August.

### Performance

Common Cause



### Assurance

Failing



### Performance

Common Cause



### Assurance

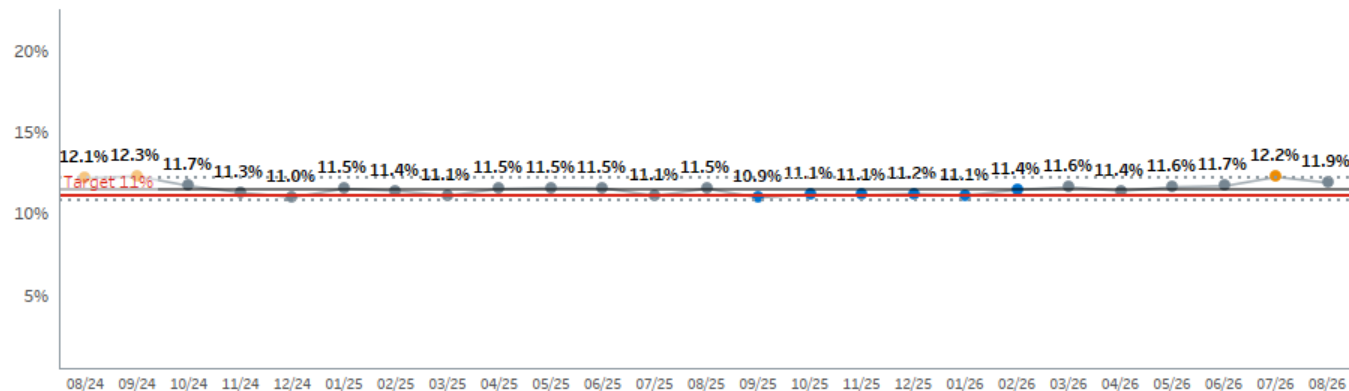
Passing



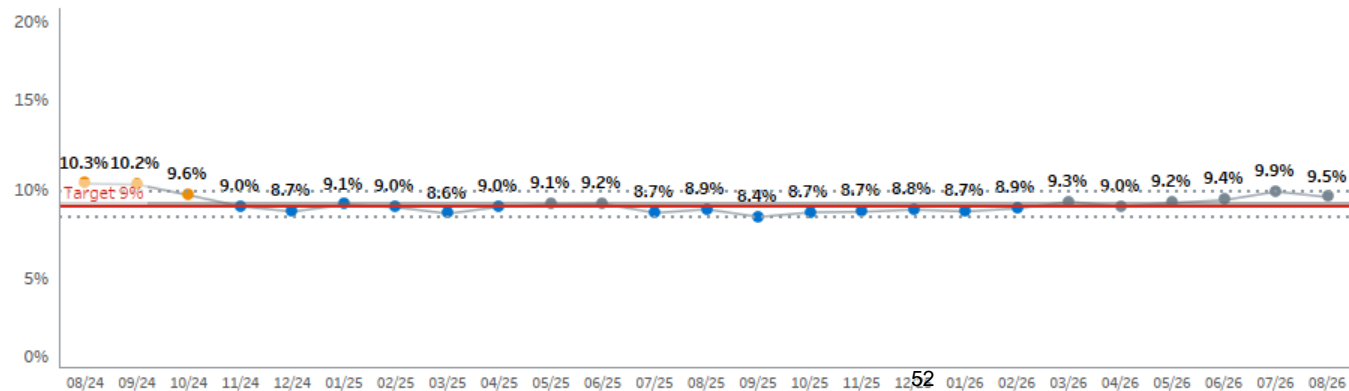
# Our People - Turnover

The Christie: All Directorates

## All Turnover



## Voluntary Turnover



### Performance

Common Cause



### Assurance

Hit & Miss



### Summary

- 52 colleague(s) left the Trust in August.

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

#####

### Performance

Common Cause



### Assurance

Hit & Miss



### Summary

- 26 colleague(s) left the Trust in August for voluntary reasons.

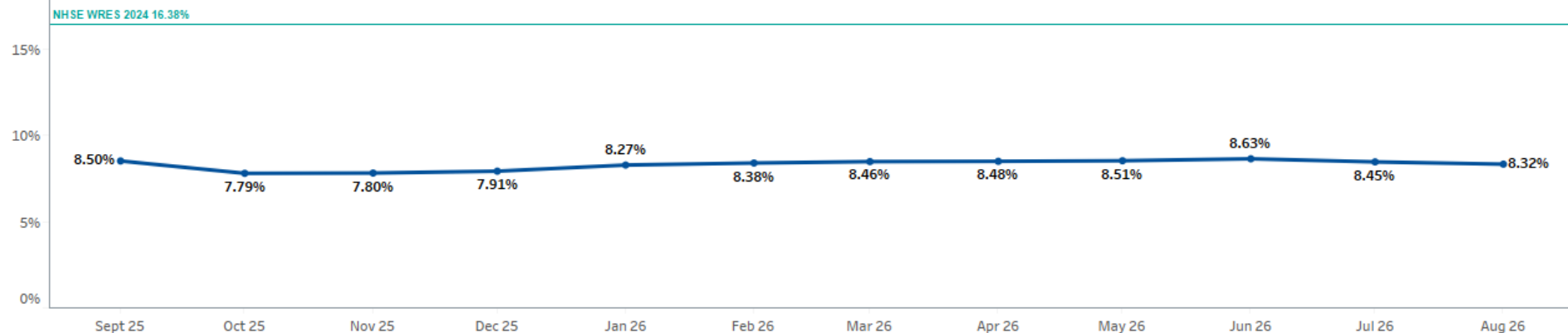
- The top voluntary leaving reason was **Voluntary Resignation - Relocation**.

- The top voluntary leaving reason was **Voluntary Resignation - Other/Not Known**.

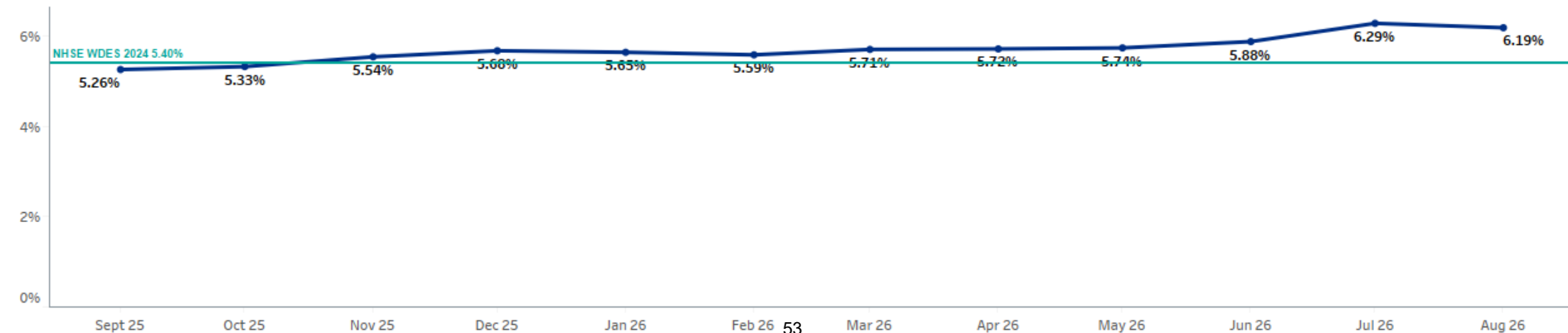
- The top voluntary leaving reason was **Voluntary Resignation - Further education or training**.

## Our People - Senior Management Representation

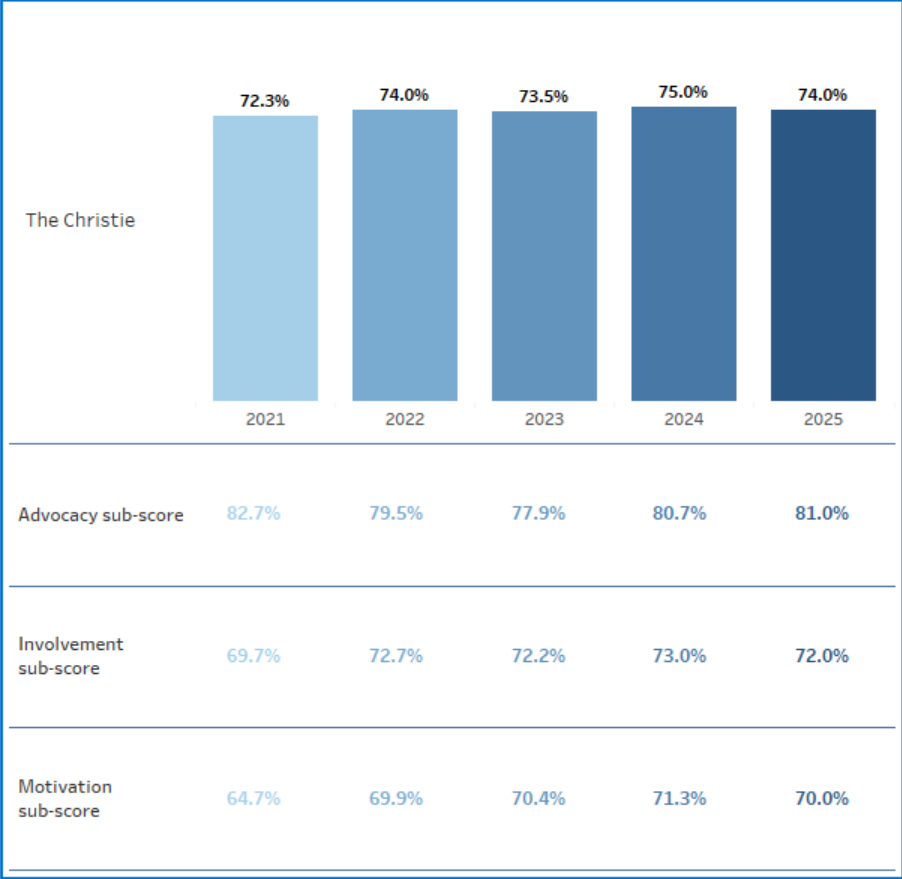
### Senior Management (Band 8A - VSM) BAME %



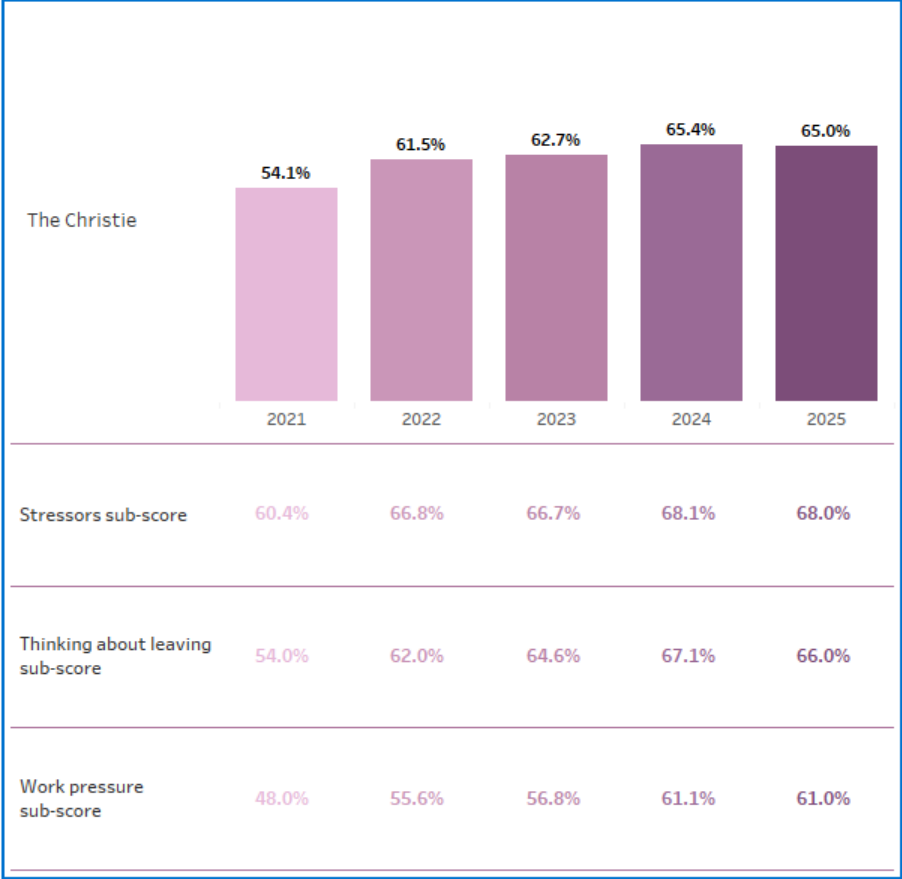
### Senior Management- (Band 8A - VSM) Disability %



Staff Engagement Score

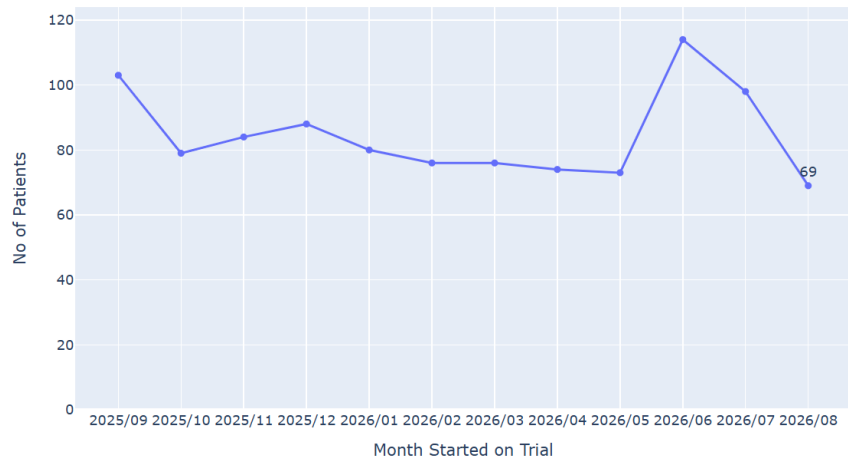


Morale Score

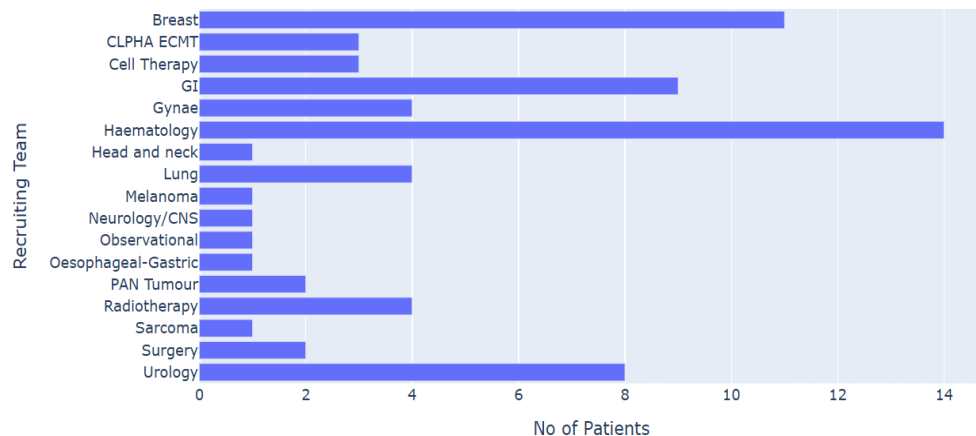


## Clinical Trial Entries

Number of patients consenting to a treatment clinical trial, 01/09/25 - 31/08/26

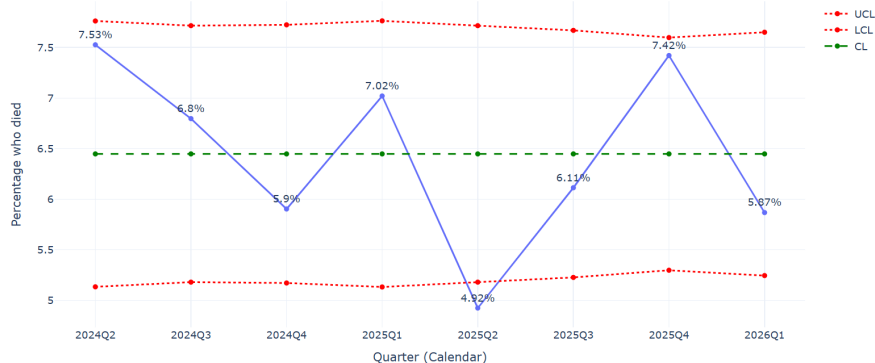


Patients Starting on a Trial in August 2026

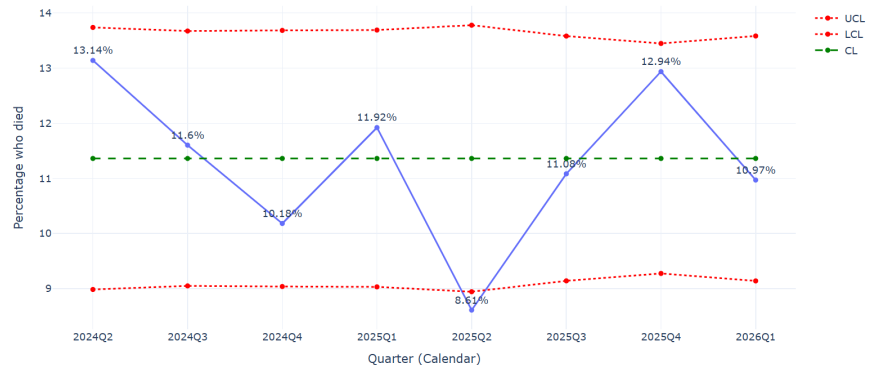


## 30-Day SACT Mortality

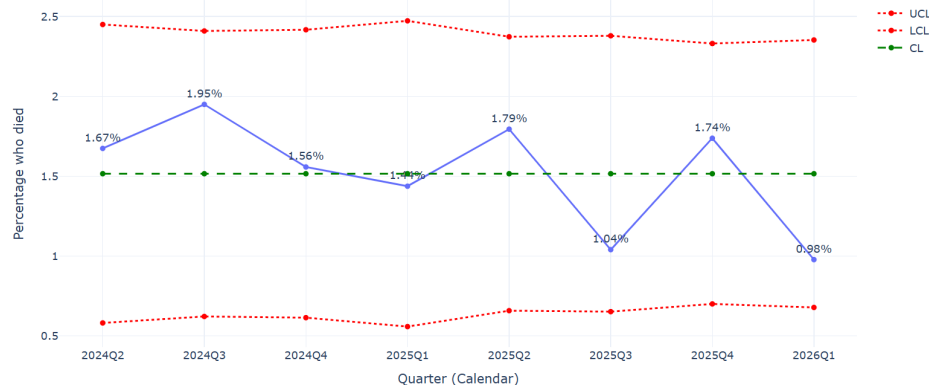
Unadjusted 30 day mortality rate - Patients who died within 30 days of receiving their final SACT treatment  
**Any treatment intent**



Unadjusted 30 day mortality rate - Patients who died within 30 days of receiving their final SACT treatment  
**Palliative treatment intent**



Unadjusted 30 day mortality rate - Patients who died within 30 days of receiving their final SACT treatment  
**Curative treatment intent**



The control line shows the 30-day mortality rate over the entirety of time frame shown (01-04/2024 - 30/03/2026).

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.

\*30-day mortality post-Systemic Anti-Cancer Therapy - Case-Mix Adjusted Rates – NDRS

## YTD April to Sept 2026

60 Day pathway ( Data pull 4<sup>th</sup> September 2026)

**NHS**  
The Christie  
NHS Foundation Trust

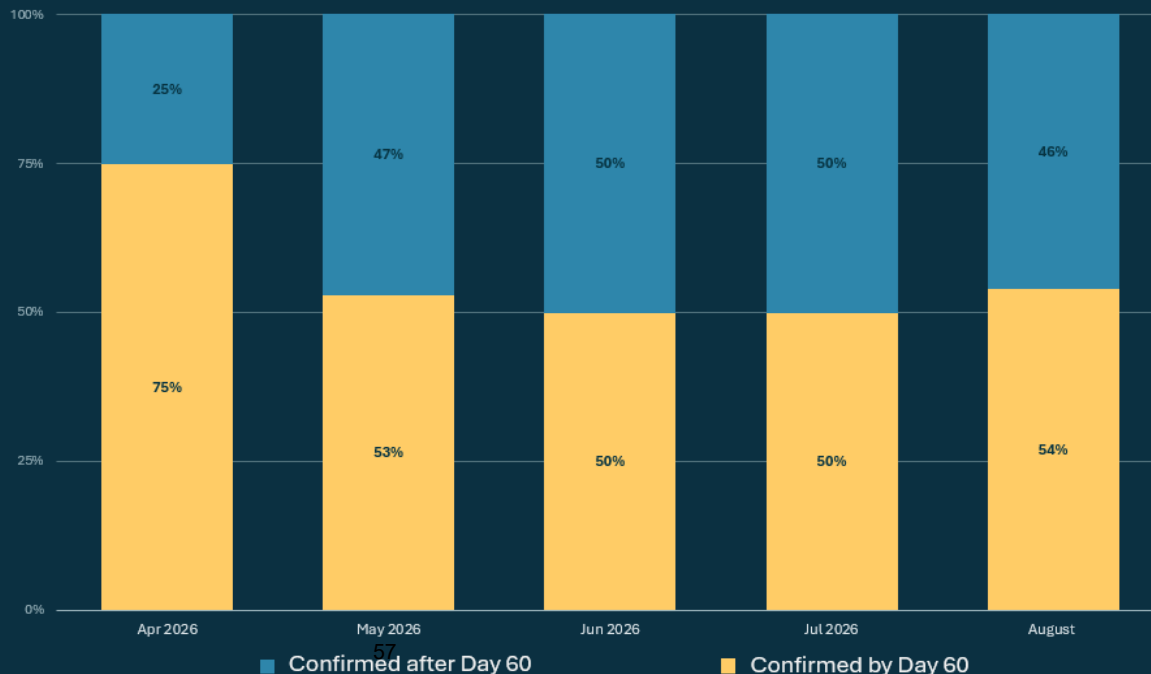
Total studies 72

Studies excluding for:

- Extension study
- No C&C required
- Study status
- Trust/ Sponsor declined.

Local data:-

- 11 studies <60 days
- 2 studies >60 days
- 30 studies pending HRA approval
- No breaches in August-  
**data discrepancy with NIHR Reporting.**



## YTD NOF 90 day

### 90 Day pathway

**51**

records  
in NIHR 90 day  
report

**20/51**

in-scope met  
≤90 days

**135.5**

median days  
in-scope

**31**

excluded: low  
recruiting / rare

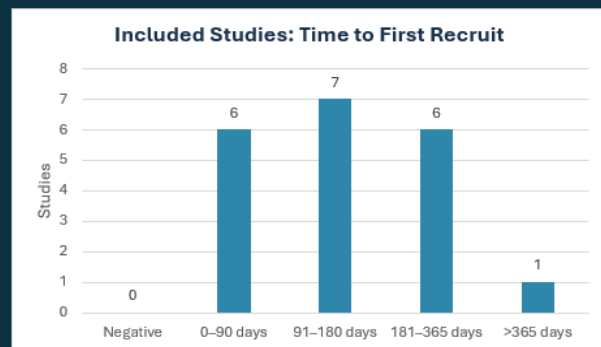
**101**

Studies awaiting  
FPFV

**30%**

Within 30 days YTD

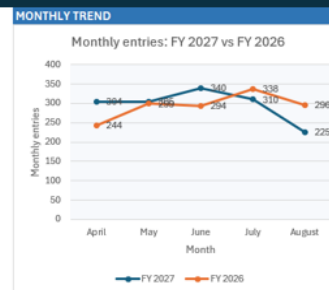
### Days to first Trust recruit



### YTD recruitment- all studies

| MONTHLY YTD COMPARISON |         |         |            |
|------------------------|---------|---------|------------|
| Month                  | FY 2027 | FY 2026 | YoY change |
| April                  | 304     | 244     | +24.6%     |
| May                    | 305     | 299     | +2.0%      |
| June                   | 340     | 294     | +15.6%     |
| July                   | 310     | 338     | -8.3%      |
| August                 | 225     | 296     | -24.0%     |

| KEY TEAM DRIVERS — LARGEST ABSOLUTE YTD CHANGES |         |         |        |
|-------------------------------------------------|---------|---------|--------|
| Team                                            | FY 2027 | FY 2026 | Change |
| Lung                                            | 315     | 430     | -115   |
| Radiotherapy                                    | 97      | 6       | 91     |
| Urology                                         | 102     | 25      | 77     |
| ECMT                                            | 62      | 126     | -64    |
| Cell Therapy                                    | 61      | 20      | 41     |
| Haematology                                     | 72      | 111     | -39    |
| Endocrine                                       | 54      | 88      | -34    |
| TYA – Teenage & Young Adult                     | 107     | 79      | 28     |
| Head and Neck                                   | 43      | 20      | 23     |
| Gynae                                           | 53      | 33      | 20     |



# Oversight Framework 26/27

The NHS Oversight Framework 2026/27 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 data below relates to Q1 (Access to services module data has been excluded for specialist cancer Trusts whilst the national team work on a different way of displaying this data). 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.

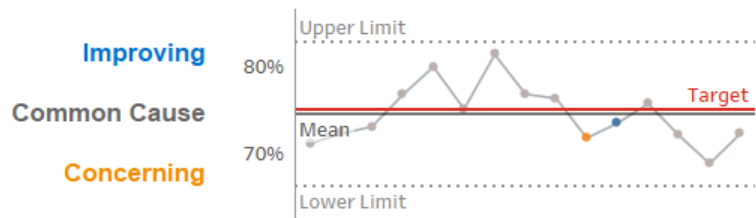
| Domain area                               | Metric                                                                                                | Measured                                                                                                               | Q1 26/27 Value          | Q1 26/27 Score | DOMAIN SEGMENT | DOMAIN SCORE | Overall Adjusted Segment | Average Metric Score | Status                  |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|----------------|--------------|--------------------------|----------------------|-------------------------|
| Effectiveness of care & Population Health | 30 day readmission rate band                                                                          | Annual                                                                                                                 |                         | 2              | 4              | 3            | 1                        | 1.81                 | New Scoring             |
|                                           | % of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service | Quarterly (Rolling 12 month period)                                                                                    | 0% (less than 5%)       | 4              |                |              |                          |                      | New Scoring             |
| Experience of care                        | CQC inpatient survey satisfaction rate                                                                | Annual                                                                                                                 |                         | 1              | 1              | 1.01         |                          |                      | 25/26 Continued Scoring |
|                                           | NHS staff survey advocacy rate                                                                        | Annual                                                                                                                 | 8.07 (2025 Data Period) | 1.02           |                |              |                          |                      | New Scoring             |
| Finance productivity and innovation       | Planned surplus or deficit                                                                            | Annual                                                                                                                 | 1.26%                   | 1              | 3              | 2.61         |                          |                      | 25/26 Continued Scoring |
|                                           | Variance to plan year-to-date                                                                         | Quarterly                                                                                                              | 0.03                    | 1              |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | Combined finance score                                                                                | Quarterly                                                                                                              |                         | 1              |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | % of clinical trials set up within 90 days                                                            | Quarterly - data cut is taken on the third Friday after the end of each quarter                                        | 22.22%                  | 4              |                |              |                          |                      | New Scoring             |
|                                           | Data Quality Maturity Index                                                                           | Quarterly - latest monthly position                                                                                    | 95.8                    | 1              |                |              |                          |                      | New Scoring             |
|                                           | Implied productivity growth                                                                           | Quarterly - year to date figure to latest month vs same period in previous year                                        | not in Q1 dashboard     |                |                |              |                          |                      | Contextual              |
|                                           | Relative cost difference (National Cost Collection Index)                                             | Annual                                                                                                                 | 120.38                  | 3.85           |                |              |                          |                      | New Scoring             |
| Patient safety                            | Breadth and depth of clinical audit outliers                                                          | Quarterly - using latest available data for each audit                                                                 |                         | 1              | 1              | 1.36         |                          |                      | New Scoring             |
|                                           | NHS staff survey raising concerns sub-score                                                           | Annual                                                                                                                 | 6.94                    | 1.07           |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | % of patients to acquire a new grade 3 or 4 pressure ulcer                                            | Quarterly - latest available data                                                                                      | no data                 |                |                |              |                          |                      | Contextual              |
|                                           | % of safety incidents resulting in harm                                                               | Quarterly - latest month available                                                                                     | not in Q1 dashboard     |                |                |              |                          |                      | Contextual              |
|                                           | Number of cases of MRSA in the last 12 months                                                         | 12-month rolling                                                                                                       | 1                       | 2              |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | Rate of c-difficile                                                                                   | 12-month rolling (case count) Quarterly (testing data)                                                                 | 0.88                    | 1              |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | Rate of e-coli                                                                                        | 12-month rolling (case count) Quarterly (testing data)                                                                 | 1.63                    | 3              |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | Rate of inpatient falls that cause harm                                                               | Annual                                                                                                                 | not in Q1 dashboard     |                | Contextual     |              |                          |                      |                         |
| People and workforce                      | Healthcare worker flu vaccination rate                                                                | Quarterly (Q2 figure will be directly inherited from Q1 figure as there is no flu vaccination programme in the summer) | 53.90%                  | 1.75           | 1              | 1.38         |                          |                      | New Scoring             |
|                                           | National education and training survey satisfaction rate                                              | Annual                                                                                                                 | 82%                     | 1.61           |                |              |                          |                      | New Scoring             |
|                                           | NHS staff standards score                                                                             | Annual                                                                                                                 | 8.03                    | 1.02           |                |              |                          |                      | New Scoring             |
|                                           | NHS staff survey engagement theme score                                                               | Annual                                                                                                                 | 7.44 (2025 Data Period) | 1.02           |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | Sickness absence rate                                                                                 | Quarterly – aggregated monthly figures                                                                                 | 5%                      | 1.9            |                |              |                          |                      | 25/26 Continued Scoring |
|                                           | Temporary staffing cost relative band                                                                 | Quarterly                                                                                                              |                         | 1              |                |              |                          |                      | New Scoring             |
|                                           | Temporary staffing cost relative band - BANK                                                          |                                                                                                                        | 1                       | 1              |                |              |                          |                      | New Scoring             |
|                                           | Temporary staffing cost relative band - AGENCY                                                        |                                                                                                                        | 2                       | 3              |                |              |                          |                      | New Scoring             |



# 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.

**Meeting of the Board of Directors  
Thursday 24<sup>th</sup> September 2026**

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                    | <p>This paper provides:</p> <ul style="list-style-type: none"> <li>• An overview of the Month 5 position for the Value Improvement Programme (VIP)</li> <li>• A summary of progress in delivery of the full years target</li> <li>• The approach for 26/27 linked to operational planning guidance</li> </ul>                                                                |
| Recommendation(s)                                                                                                                                             | <p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> <li>• The content of the report and</li> <li>• The associated actions identified to improve delivery.</li> </ul>                                                                                                                                                                          |
| Background papers                                                                                                                                             | NA                                                                                                                                                                                                                                                                                                                                                                           |
| Risk score                                                                                                                                                    | Risk 3629 – Score 12                                                                                                                                                                                                                                                                                                                                                         |
| Link to:<br>➤ Trust strategy<br>➤ Corporate objectives                                                                                                        | <p>Executive objective:</p> <p>1 -To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer.</p> <p>6 - To maintain excellent operational, quality and financial performance</p> <p>Board Assurance Framework: Risk 1, Risk 6, Risk 7, Risk 9, Risk 10</p> |
| 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. | <p>Value Improvement Programme: VIP</p> <p>Quality Impact Assessment: QIA</p> <p>Equality Impact Assessment: EIA</p> <p>NHS England: NHSE</p> <p>Getting it Right First Time (GIRFT)</p> <p>Model Health System (MHS)</p> <p>Clinical Advisory Group (CAG)</p>                                                                                                               |



## Value Improvement Programme Month 5 update

### 1.0 Purpose

The 2026/27 Value Improvement Programme remains on track to deliver the £25.3m target at Month 5. Confidence in delivery has increased, resulting in a reduction in the programme risk score from 16 to 12. Alongside delivery of the current year programme, the Trust is undertaking a review against the NHS England National Grip and Control Checklist and developing the 2027/28 Value Maker Programme through staff engagement, benchmarking and the proposed Value Summit to support a sustainable pipeline of future opportunities.

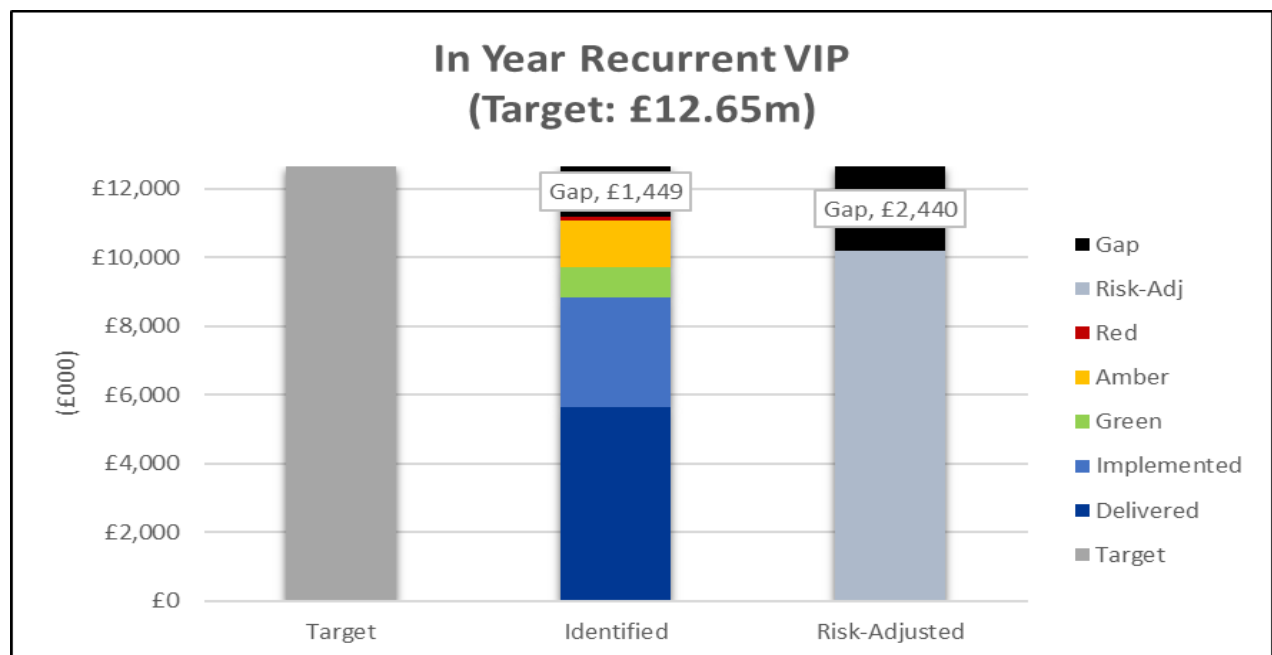
The rest of this paper provides the Board with assurance on the Month 5 delivery position, and a summary of the work underway to develop a sustainable pipeline of value opportunities for 2027/28.

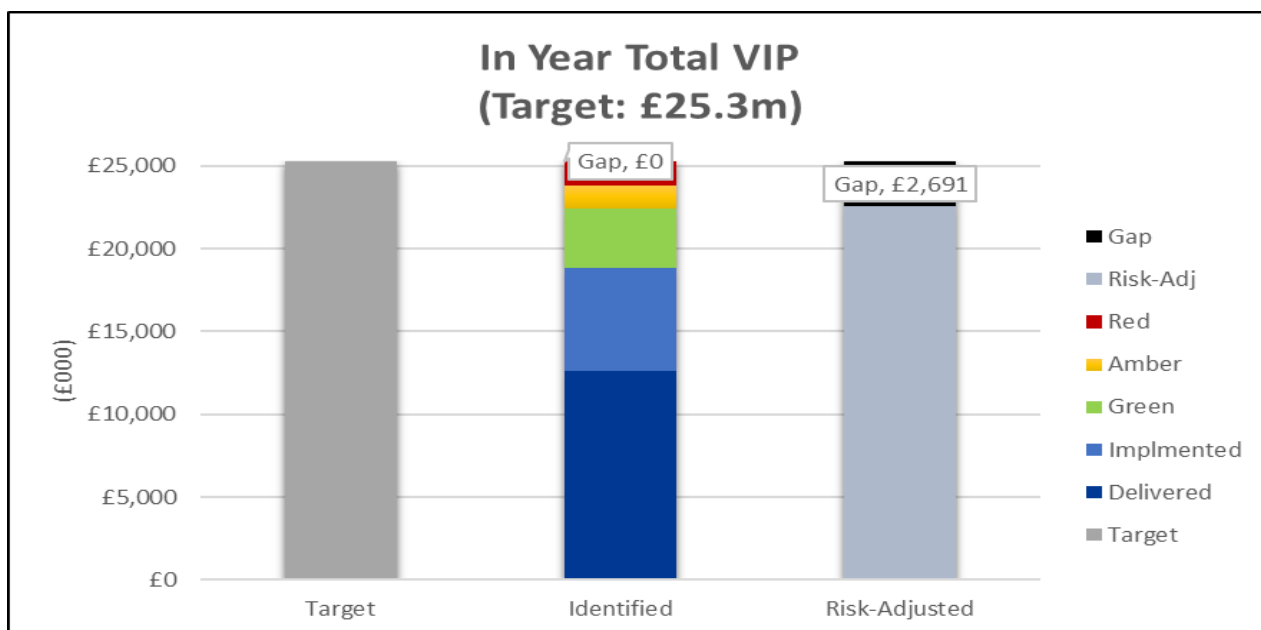
### 2.0 Month 5 position

The Month 5 position provides continued assurance that the Trust remains on track to deliver the £25.3m Value Improvement Programme target for 2026/27. Whilst a risk-adjusted gap of £2.7m remains, forecast delivery, divisional performance reviews and executive oversight indicate that the programme remains deliverable within the financial year.

- Total identified schemes are £25.3m, comprising £14.1m non-recurrent and £11.2m recurrent.
- Risk-adjusted identified schemes total £22.6m, leaving a risk-adjusted gap of £2.7m.
- Recurrent schemes total £11.2m against the £12.6m recurrent target, leaving a recurrent gap of £1.4m. The RAG-rated unidentified recurrent value is £2.4m.

Delivery and forecast performance continue to be reviewed through the Value Improvement Board and the Operational Performance Improvement Group (OPIG), with focused action on schemes yet to deliver and the remaining recurrent gap.





| Annual            |                  |                      |                        | Year To Date                       |                                      |         |
|-------------------|------------------|----------------------|------------------------|------------------------------------|--------------------------------------|---------|
|                   | Target<br>(£000) | Identified<br>(£000) | Unidentified<br>(£000) | Risk-Adjusted Identified<br>(£000) | Risk-Adjusted Unidentified<br>(£000) |         |
|                   | Target<br>(£000) | Delivered<br>(£000)  | Variance<br>(£000)     |                                    |                                      |         |
| Total VIP         | 25,298           | 25,298               | 0                      | 22,608                             | 2,691                                | 10,541  |
| Recurrent VIP     | 12,649           | 11,200               | 1,449                  | 10,209                             | 2,440                                | 5,270   |
| Non-Recurrent VIP | 12,649           | 14,099               | (1,449)                | 12,399                             | 250                                  | 5,271   |
|                   |                  |                      |                        |                                    |                                      | 3,542   |
|                   |                  |                      |                        |                                    |                                      | 6,999   |
|                   |                  |                      |                        |                                    |                                      | (1,728) |

### 3.0 Risk and Assurance

#### 3.1 Risk

Following review of forecast delivery, outstanding schemes and mitigating controls, the Value Improvement Board recommended, and OPIG supported, a reduction in the VIP delivery risk score from 16 to 12. This reflects improved confidence that the programme will deliver the 2026/27 target, while recognising that achievement of the recurrent savings requirement remains a key area of focus.

Programme delivery is supported through divisional accountability, monthly performance review, financial validation and executive oversight through established governance arrangements. Schemes continue to be subject to proportionate Quality Impact Assessment and Equality and Health Inequality Assessment processes to ensure that delivery does not adversely affect patient care or outcomes.

### **3.2 National Grip and Control checklist**

The Trust is undertaking a refreshed assessment against the NHS England National Grip and Control Checklist to provide independent assurance that recognised best practice in financial management, productivity, expenditure control and value improvement is being applied consistently. The outcome of the review and any resulting actions will be presented through Audit Committee and will provide additional assurance regarding the maturity of the Trust's value improvement arrangements.

### **4.0 Engagement: Value Maker Programme**

Alongside delivery of the current year programme, our Value Maker Programme for 2027/28 moves the Trust from an annual savings exercise towards a continuous improvement model as part of our Quality Management System, bringing together quality, productivity, workforce and financial improvement to create sustainable value. This will retain clear financial accountability while further embedding the approach of improving quality and consequently providing services that are value for money.

Actions completed and planned include:

- Staff workshops to identify waste, generate ideas and begin building the opportunity pipeline for 2027/28.
- Use of GIRFT, Model Health System and other benchmarking intelligence to identify variation, productivity opportunities and best practice via opportunity packs.
- Development of a single pipeline of ideas, with opportunities assessed for patient benefit, quality, deliverability and recurrent financial value.
- A proposed Trust-wide Value Summit to share and celebrate best practice, connect clinical, operational, corporate and finance colleagues, and generate the next phase of improvement opportunities.

The Value Summit will support wider staff ownership of value improvement and help translate successful local improvement into opportunities that can be spread across the Trust. The resulting pipeline will inform the 2027/28 planning process and be developed through the established VIP governance arrangements.

### **5.0 Conclusion**

The Board can take assurance that the Month 5 Value Improvement Programme remains on track to deliver the £25.3m target and that confidence in delivery has improved, reflected in the reduction of the programme risk score from 16 to 12. In parallel, the Trust is strengthening its approach through the NHS England Grip and Control review and developing a longer-term Value Maker Programme, supported by staff engagement, benchmarking and the proposed Value Summit, to ensure a sustainable pipeline of opportunities for 2027/28 and beyond.

The Board is asked to:

- Note the Month 5 Value Improvement Programme position and that the programme remains on track to deliver.
- Note the reduction in the VIP delivery risk score from 16 to 12.
- Note the NHS England Grip and Control Checklist review and planned reporting through Audit Committee.
- Support the proposed approach to developing the 2027/28 Value Maker Programme, including staff engagement activities and the proposed Trust-wide Value Summit.

**Agenda item 22/26a**

**Meeting of the Board of Directors**  
**Thursday 24<sup>th</sup> September 2026**

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject / Title</b>                                               | Refreshing The Trust Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Author(s)</b>                                                     | John Wareing, Director of Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Presented by</b>                                                  | John Wareing, Director of Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Summary / purpose of paper</b>                                    | The purpose of this paper is to provide an overview of the proposed approach for refreshing the Trust's strategy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Recommendation(s)</b>                                             | The Board's endorsement is sought to initiate this process and to support the engagement plan that will underpin its success.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Background Papers</b>                                             | The Christie Strategy 2023-2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Risk Score</b>                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>EDI impact / considerations</b>                                   | <p>Equality, diversity and inclusion considerations are integral to the proposed strategy refresh process. The engagement approach includes targeted involvement of patients, carers, staff and community groups from diverse backgrounds, including those with protected characteristics and traditionally under-represented groups.</p> <p>Accessible engagement methods and targeted outreach will help ensure the refreshed strategy reflects the needs of the communities the Trust serves. No adverse equality impacts have been identified at this stage; equality considerations will continue to inform the development of the strategy, and a full Equality Impact Assessment will be undertaken where required.</p> |
| <b>Link to:</b><br>➤ <b>Trust's Strategic Direction / Objectives</b> | Trust Strategy 2023 - 2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Acronyms or abbreviations contained in the report</b>             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**Meeting of the Board of Directors**  
**Thursday 24<sup>th</sup> September 2026**  
**Refreshing The Trust Strategy**

**Introduction**

The purpose of this paper is to provide an overview of the proposed approach for refreshing the Trust's strategy. This process will be underpinned by evidence, systematic stakeholder engagement, and clear governance arrangements, ensuring that the renewed strategy reflects the aspirations, needs, and priorities of our staff, patients, and wider community. The refreshed strategy will guide the Trust's direction, facilitate quality improvement, and enhance our capacity to respond to external and internal challenges.

Board engagement will take place throughout the process through planned development and planning session.

**Timeline and Process**

The refresh will be delivered through five distinct phases, each with specific objectives and activities:

| Ref | Timescales               | Phase                    | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | October – November 2026  | Preparation and Planning | <ul style="list-style-type: none"> <li>Establish Steering Group.</li> <li>Define roles, responsibilities, and reporting structures for the Steering Group and subcommittees.</li> <li>Develop a detailed project plan, including key milestones, deliverables, risk management framework, and communication strategy.</li> <li>Conduct initial stakeholder mapping to identify all groups whose input will be essential.</li> <li>Launch internal communications to inform staff about the process, its purpose, and how they can participate.</li> </ul> |
| 2   | December – February 2026 | Evidence Gathering       | <ul style="list-style-type: none"> <li>Collect and analyse quantitative and qualitative data from internal performance metrics (clinical outcomes, financial results, staff satisfaction scores) and external sources (national policy, best practices, local demographic trends).</li> <li>Review previous strategy documents for lessons learned and areas requiring improvement.</li> <li>Hold preliminary discussions with key partners (local authorities, voluntary sector, commissioners) to gather contextual insights.</li> </ul>                |

| Ref      | Timescales           | Phase                     | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                      |                           | <ul style="list-style-type: none"> <li>• Compile a baseline assessment report to inform subsequent stakeholder engagement.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>3</b> | January – April 2027 | Stakeholder Engagement    | <ul style="list-style-type: none"> <li>• Conduct a series of staff workshops, ensuring representation from all departments and roles (clinical, administrative, support services).</li> <li>• Deploy surveys to staff, patients, carers, and the public, allowing broad and anonymous participation.</li> <li>• Facilitate open forums and drop-in sessions across Trust sites, led by Board members and senior leaders, to encourage real-time feedback and two-way dialogue.</li> <li>• Organise patient experience panels, including representatives from diverse backgrounds, to discuss priorities, barriers, and aspirations.</li> <li>• Host focus groups with traditionally under-represented staff and patient groups to ensure inclusivity.</li> <li>• Engage with external stakeholders (commissioners, regulatory bodies, community groups) via structured roundtable discussions and interviews.</li> <li>• Attend community events and meet with voluntary sector partners to capture perspectives beyond the formal healthcare environment.</li> <li>• Maintain open feedback channels throughout, including a dedicated email address, intranet page, and feedback boxes at Trust locations</li> </ul> |
| <b>4</b> | May 2027             | Drafting and Feedback     | <ul style="list-style-type: none"> <li>• Analyse all stakeholder engagement outcomes and aggregate themes, priorities, and recommendations.</li> <li>• Draft the refreshed Trust strategy, referencing both evidence and stakeholder input.</li> <li>• Share the draft strategy with staff, patients, and key partners via internal platforms and targeted communication.</li> <li>• Host feedback workshops and digital forums to collect further comments and suggestions.</li> <li>• Refine the strategy document, integrating feedback and addressing areas of concern.</li> <li>• Prepare a summary report on engagement findings, demonstrating how input has shaped the strategy.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>5</b> | June – July 2027     | Finalisation and Approval | <ul style="list-style-type: none"> <li>• Present the final strategy to the Board for formal approval.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Ref | Timescales | Phase | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----|------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |            |       | <ul style="list-style-type: none"> <li>• Publish the approved strategy and make it accessible via the Trust's website, intranet, and printed materials.</li> <li>• Deliver a Trust-wide communication campaign to ensure all staff, patients, and stakeholders are aware of the new strategy, its vision, and implementation plan.</li> <li>• Establish implementation monitoring arrangements, including progress reports and review points.</li> </ul> |

### Engagement with Staff

Staff will be actively involved in every phase of the refresh process, with a focus on fostering ownership and encouraging innovation. Key engagement methods include:

- Staff workshops led by facilitators designed to elicit creative ideas and practical improvement suggestions.
- Regular open forums and drop-in sessions, scheduled at different times and locations to maximise accessibility for all shifts.
- Online surveys with tailored questions to capture departmental perspectives, followed by publication of survey results and actions taken.
- Feedback channels such as a dedicated email address, online feedback forms, and physical suggestion boxes.
- Opportunities for staff to join the Steering Group or working groups, ensuring diverse voices help shape strategy development.
- Recognition events and awards for staff who contribute outstanding ideas or feedback.

### Engagement with Patients

Patients and carers will play a pivotal role, using the following engagement methods:

- Patient experience panels scheduled quarterly during the process.
- Surveys designed for accessibility (multiple languages, alternative formats) to ensure inclusivity.
- Focus groups with patients from different backgrounds, including those with protected characteristics.
- Community outreach events where Trust representatives listen to patient stories and record their insights.
- Collaboration with local patient organisations to extend reach and credibility.
- Provision for anonymous feedback to ensure honest, candid contributions.

### Engagement with wider Stakeholders

Broader engagement will ensure the strategy aligns with community priorities, policy direction, and partner organisations:

- Roundtable discussions with health and social care partners, commissioners, and voluntary sector leaders to identify joint priorities and opportunities for collaboration.

- Meetings with regulatory bodies and policymakers to ensure compliance and anticipate sector changes.
- Targeted outreach to community groups, especially those under-represented in health services, using culturally appropriate methods.
- Interviews with local business leaders, education partners, and public sector agencies to foster cross-sector synergy.
- Publication of stakeholder engagement outcomes, demonstrating transparency and accountability.

### **Governance and Reporting**

The Steering Group will oversee all activities, holding regular meetings to monitor progress, review risks, and address emerging issues. Subgroups will be established for specific tasks (e.g. data analysis, staff engagement, patient involvement), with clear reporting lines back to the Steering Group and Board.

Risks will be proactively managed using a dedicated risk register, with mitigation plans developed for high-priority issues.

Following approval, implementation monitoring arrangements will be established, including biannual strategy reviews and publication of progress reports.

### **Conclusion**

This detailed, phased approach will ensure the Trust's refreshed strategy is robust, inclusive, and aligned with the needs and aspirations of our staff, patients, and partners. The Board's endorsement is sought to initiate this process and to support the engagement plan that will underpin its success.

**Agenda Item 23/26a(i)**

**Meeting of the Board of Directors**

**Thursday 24 September 2026**

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject / Title                                                                                                                                               | Audit Committee and Joint Assurance Committee report – June 2026                                                                                                                                                                                                                                          |
| Author(s)                                                                                                                                                     | Jo D'Arcy, Assistant Company Secretary<br>Grenville Page, Committee Chair                                                                                                                                                                                                                                 |
| Presented by                                                                                                                                                  | Grenville Page, Committee Chair                                                                                                                                                                                                                                                                           |
| Summary / purpose of paper<br>(alert / advise / assure)                                                                                                       | This paper provides the Board with a AAA summary of the items considered by the Audit Committee and Joint Assurance Committee at their June meetings and any subsequent actions required by the Board.                                                                                                    |
| Recommendation(s)                                                                                                                                             | To note the report and any actions required.                                                                                                                                                                                                                                                              |
| Background papers / sources of assurance                                                                                                                      | Audit Committee papers – 23 June 2026<br>Joint Assurance Committee papers – 23 June 2026                                                                                                                                                                                                                  |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                           |
| Link to:<br>➤ Board Assurance Framework<br>➤ NHS Oversight Framework<br>➤ Corporate objectives<br>➤ Regulation                                                | <ul style="list-style-type: none"> <li>• Board Assurance Framework – Risks 4,5, 6, 8, 10 and 14</li> <li>• Corporate objective 1 - To deliver safe, effective &amp; equitable care</li> <li>• NHS Oversight Framework: Finance and Productivity domains</li> <li>• CQC Regulations – 15 and 17</li> </ul> |
| Risk score                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                       |
| 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. | <p>EDI – Equality, Diversity &amp; Inclusion</p> <p>MIAA – Mersey Internal Audit Agency</p> <p>PDR – Performance Development Review</p>                                                                                                                                                                   |



## Meeting of the Board of Directors

Thursday 24 September 2026

### Audit Committee and Joint Assurance Committee summary report – June 2026

#### 1 Introduction

The committee meetings took place on 23 June 2026. The meetings were quorate. All decisions are valid.

#### 2 AAA summary from committee meeting

The summary in Appendix 1 gives the Board information on the items that were considered by the committee at their meeting and the key items agreed for reporting under the headings of Alert / Advise / Assure.

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 committee in June 2026.



## Appendix 1

| Alert              | Assurance rating (if applicable) | Action (to be taken) | By Whom | Target Date |
|--------------------|----------------------------------|----------------------|---------|-------------|
| No alerts to raise | N/A                              | N/A                  | N/A     | N/A         |

| Advise:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Assurance rating (if applicable) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| The Committee discussed the Board Assurance Framework (BAF), noting that a Board-led review of risk appetite is planned, with a subsequent reassessment of BAF risks and target scores to ensure alignment with realistic organisational risk appetite. Supply chain risk remains dynamic due to external factors, though mitigations are in place and ongoing monitoring continues; committee members also reflected on whether risks from smaller contracts are sufficiently captured. Further actions were agreed to review the appropriateness of supply chain target risk levels, clarify the rationale for the cyber risk position, and address discrepancies in risk scoring and target dates. | N/A                              |
| Confirmation was received that DSPT standards have been met for the June 2025 submission, with a full digital report due to the committee in July.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                              |

| Assure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BAF reference | CQC reference | Assurance rating |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------------|
| Successful preparation and audit of the 2025/26 annual accounts on a going concern basis, with thanks extended to the teams involved following a smooth audit process. A significant prior period adjustment was highlighted as a one-off, presentational change that did not impact the reported surplus, although it required extensive restatement across the accounts. Consolidation of The Christie Pharmacy Limited accounts noted. Assurance received from external auditors, who raised no significant concerns, with only minor, non-material misstatements identified for future learning. The committee agreed high assurance based on the robustness of processes and audit outcomes. | 4, 5, 6       | N/A           | High             |
| External audit - a clean (unmodified) opinion with no material concerns, confirming appropriate use of the going concern basis and no significant weaknesses in value for money arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A           | N/A           | N/A              |
| Internal audit - substantial assurance opinion, reflecting a strong and responsive control environment, with good progress in closing historic actions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A           | N/A           | N/A              |
| The Trust Annual Report and Accounts 2025/26 was approved with confirmation of no significant governance concerns for reporting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A           | N/A           | N/A              |
| The assurance committee annual reports were reviewed and approved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A           | N/A           | N/A              |

### Risks discussed (including any new risks identified):

- As noted under advise section above.

The following agenda items were also discussed during the meetings:

- Approval of previous minutes and a review of actions (both meetings)
- Executive Director of Finance report (Audit Committee)
- Annual Governance Statement return (Joint Assurance Committee)



**Agenda Item 23/26a(i)**

**Meeting of the Board of Directors**

**Thursday 24 September 2026**

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject / Title                                                                                                                                               | Audit Committee report – July 2026                                                                                                                                                                                                                                                                        |
| Author(s)                                                                                                                                                     | Jo D’Arcy, Assistant Company Secretary<br>Grenville Page, Committee Chair                                                                                                                                                                                                                                 |
| Presented by                                                                                                                                                  | Grenville Page, Committee Chair                                                                                                                                                                                                                                                                           |
| Summary / purpose of paper<br>(alert / advise / assure)                                                                                                       | This paper provides the Board with a AAA summary of the items considered by the Audit Committee at their July meeting and any subsequent actions required by the Board.                                                                                                                                   |
| Recommendation(s)                                                                                                                                             | To note the report and any actions required.                                                                                                                                                                                                                                                              |
| Background papers / sources of assurance                                                                                                                      | Audit Committee papers – 16 July 2026                                                                                                                                                                                                                                                                     |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                           |
| Link to:<br>➤ Board Assurance Framework<br>➤ NHS Oversight Framework<br>➤ Corporate objectives<br>➤ Regulation                                                | <ul style="list-style-type: none"> <li>• Board Assurance Framework – Risks 4,5, 6, 8, 10 and 14</li> <li>• Corporate objective 1 - To deliver safe, effective &amp; equitable care</li> <li>• NHS Oversight Framework: Finance and Productivity domains</li> <li>• CQC Regulations – 15 and 17</li> </ul> |
| Risk score                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                       |
| 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. | <p>EDI – Equality, Diversity &amp; Inclusion</p> <p>MIAA – Mersey Internal Audit Agency</p> <p>PDR – Performance Development Review</p>                                                                                                                                                                   |



## Meeting of the Board of Directors

Thursday 24 September 2026

### Audit Committee summary report – July 2026

#### 1 Introduction

The committee meetings took place on 16 July 2026. The meeting was quorate. All decisions are valid.

#### 2 AAA summary from committee meeting

The summary in Appendix 1 gives the Board information on the items that were considered by the committee at their meeting and the key items agreed for reporting under the headings of Alert / Advise / Assure.

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 committee in July 2026.



## Appendix 1

| Alert                                                                                                                                                                                                                                                                                                                                                                                                                                | Assurance rating (if applicable) | Action (to be taken)                                                 | By Whom | Target Date                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|---------|------------------------------|
| Committee discussed ongoing risks related to limited storage for IV fluids; reliance on frequent deliveries, and lack of buffer stock, which pose challenges during supply disruptions and peak periods, reference made to past incidences where close management of stock was required. TCPC Board Chair raised the risk could potentially lead to hindering TCPC's ability to support service expansions such as Christie at Home. | Medium                           | To be reviewed at Risk & Quality Governance Committee in August 2026 | DoP     | RQGC meeting date 12.08.2026 |

| Advise:                                                                                                                                                                                                          | Assurance rating (if applicable) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Committee supported the NHSE Board Assurance Statement – Fuller Inquiry and Mortuary Governance Assurance to be signed by the Trust CEO and Chair to enable submission by the national deadline of 31 July 2026. | N/A                              |

| Assure:                                                                                                                                                                                                                                                                                                                                                               | BAF reference | CQC reference | NOF metric | Assurance rating |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------|------------------|
| High assurance on digital and cyber security controls, supported by the MIAA DSPT review receiving an overall assurance rating of low risk / veracity of the organisation's self-assessment - high confidence. Recognition of ongoing external cyber risk which cannot be fully eliminated due to the external threat environment and evolving national requirements. | 4, 8          | N/A           | N/A        | High             |
| High assurance from the Director of Finance report noting that the audited accounts and annual report had been laid before Parliament on 8 July 2026.                                                                                                                                                                                                                 | 4,5,6         | N/A           | ✓          | High             |
| Completion of the Fit and Proper Person Test MIAA review with substantial assurance.                                                                                                                                                                                                                                                                                  | N/A           | 5             | N/A        | N/A              |

### **Risks discussed (including any new risks identified):**

- Pharmacy risk noted under alert section above.
- Committee noted that cyber risk remains incorporated within the Emergency Event strategic risk, with the target score revised to reflect the current control environment. Members agreed that the strategic risk remained appropriately described and supported the continued inclusion of cyber risk within the existing risk framework. It was also noted that a separate cyber risk register is maintained for operational risks, while the Board Assurance Framework provides oversight of strategic risks.
- The supply chain risk remains unchanged with a risk score of 12.

The following agenda items were also discussed during the meetings:

- Approval of previous minutes and a review of actions
- Committee terms of reference
- Internal audit Q1 follow up report
- Ant-fraud progress report
- Failure to prevent fraud organisation preparedness gap analysis
- Fraud, bribery and corruption staff survey report 2025/26



- 2025/26 Assessment: Government Functional Standard GovS 013: Counter Fraud (NHS Requirements)
- External audit progress report and sector update
- External audit re-tender



**Agenda Item 23/26a(ii)**

**Meeting of the Board of Directors  
Thursday 24 September 2026**

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject / Title                                                                                                                 | Workforce Assurance Committee report – June 2026                                                                                                                                                                                                                                                                                               |
| Author(s)                                                                                                                       | Jo D'Arcy, Assistant Company Secretary<br>Amanda Oates, Committee Chair                                                                                                                                                                                                                                                                        |
| Presented by                                                                                                                    | Amanda Oates, Committee Chair                                                                                                                                                                                                                                                                                                                  |
| Summary / purpose of paper<br>(alert / advise / assure)                                                                         | This paper provides the Board with a AAA summary of the items considered by the Workforce Assurance Committee at their June meeting and any subsequent actions required by the Board.                                                                                                                                                          |
| Recommendation(s)                                                                                                               | To note the report and any actions required.                                                                                                                                                                                                                                                                                                   |
| Background papers /<br>sources of assurance                                                                                     | Workforce Assurance Committee papers – 18 June 2026                                                                                                                                                                                                                                                                                            |
| EDI impact / considerations                                                                                                     | The report has a positive EDI impact. It outlines actions that support inclusive workforce culture, wellbeing, staff development and compliance with statutory equality duties. Continued monitoring through the EDI annual report, staff survey results, and workforce dashboard will ensure that any EDI risks are identified and addressed. |
| Link to:<br>➤ Board Assurance Framework<br>➤ Trust strategy<br>➤ Corporate objectives<br>➤ CQC Quality standard<br>➤ Regulation | <ul style="list-style-type: none"> <li>• Board Assurance Framework – Risks 3, 4 and 12</li> <li>• Corporate objective 4 - to be an excellent place to work and attract the best staff</li> <li>• CQC Regulations – 5, 9, 10, 12 and 18</li> </ul>                                                                                              |
| Risk score                                                                                                                      | N/A                                                                                                                                                                                                                                                                                                                                            |
| Acronyms or abbreviations<br>that appear in the attached<br>paper.                                                              | EDI – Equality, Diversity & Inclusion<br>MIAA – Mersey Internal Audit Agency                                                                                                                                                                                                                                                                   |



**Meeting of the Board of Directors  
Thursday 24 September 2026**

**Workforce Assurance Committee summary report – June 2026**

**1 Introduction**

The committee took place on 18 June 2026. Quoracy met with 4 of 4 members present, including the Chair. All decisions are valid.

**2 AAA summary from committee meeting**

The summary in Appendix 1 gives the Board information on the items that were considered by the committee at their meeting and the key items agreed for reporting under the headings of Alert / Advise / Assure.

An assurance level was discussed and agreed for each item presented as an 'assure' 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 committee in June 2026.



## Appendix 1

### Staff Story - Christie @ Macclesfield, presentation from Daniel Holt, Operational Manager Therapeutic Radiographer

Christie @ Macclesfield continues to demonstrate sustained growth and service maturity, driven by expanded treatment capability, technological innovation and an integrated, resilient workforce model aligned to activity. Ongoing development focuses on further service expansion, addressing capacity constraints linked to case mix and site factors, and strengthening cross-site integration and staff experience.

| Alert              | Assurance rating (if applicable) | Action (to be taken) | By Whom | Target Date |
|--------------------|----------------------------------|----------------------|---------|-------------|
| No alerts to raise |                                  |                      |         |             |

| Advise:                                                                                                                                                                                                                             | Assurance rating (if applicable) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Resident doctors' oversight arrangements are strengthening, with transition to a BAF-based reporting framework and improving rota compliance (100% achieved in May).                                                                | N/A                              |
| Two actions from the medical devices review have been completed, with a further update due in October; one remaining action (radiology audit) is on track for December, and medium assurance is maintained pending full completion. | Medium                           |
| NHSE North-West letter - Staff survey, EDI performance and Board assurance - robust governance and action plans in place, noted for cross-referencing of recommendations in future papers.                                          | N/A                              |

| Assure:                                                                                                                                                                                                                                                                                                                                        | BAF reference | CQC reference | Assurance rating |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------------|
| Overall high assurance across workforce performance, including improvements in appraisal rates, mandatory training compliance (~95%), and stable workforce indicators such as sickness reduction and strong temporary staffing management.                                                                                                     | 3,4,12        | 18            | High             |
| Employee relations annual report - processes are robust, with stable case numbers, appropriate oversight, and a comprehensive improvement programme in place; no systemic concerns or trends identified.                                                                                                                                       | N/A           | N/A           | High             |
| Employment Rights Act 2025 - the Trust is well prepared for implementation of the Employment Rights Act 2025, with confirmation gained that all required actions have been completed that are required by October; further guidance is awaited on zero hours contracts. Strong level of assurance given until next required update in October. | N/A           | N/A           | Strong           |
| Positive staff survey results with strong benchmarking performance and structured action planning in place.                                                                                                                                                                                                                                    | N/A           | N/A           | N/A              |

#### Risks discussed (including any new risks identified):

- Clarity and refinement of workforce-related BAF risk description needed prior to Board presentation to ensure adequate reflection of workforce numbers and skill mix.



The following agenda items were also discussed during the meeting:

- Approval of previous minutes and a review of actions
- Director of Workforce report
- National job matching profiles for nursing
- Education six monthly report
- The Christie people and culture plan update
- Nurse safe staffing bi-annual report



**Agenda Item Agenda Item 23/26a(iii)**

**Meeting of the Board of Directors**

**Thursday 24 September 2026**

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject / Title                                                                                                                                               | Quality Assurance Committee report – June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Author(s)                                                                                                                                                     | Jo D'Arcy, Assistant Company Secretary<br>Sarah Corcoran, Committee Chair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Presented by                                                                                                                                                  | Sarah Corcoran, Committee Chair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Summary / purpose of paper<br>(alert / advise / assure)                                                                                                       | This paper provides the Board with a AAA summary of the items considered by the Quality Assurance Committee at their June meeting and any subsequent actions required by the Board.                                                                                                                                                                                                                                                                                                                                                                            |
| Recommendation(s)                                                                                                                                             | To note the report and any actions required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Background papers /<br>sources of assurance                                                                                                                   | Quality Assurance Committee papers – 24 June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| EDI impact / considerations                                                                                                                                   | No direct adverse EDI impacts identified. The report demonstrates positive EDI consideration through improved patient ethnicity data enabling better analysis of inequalities, strong safeguarding arrangements for vulnerable groups, and governance processes that support equitable, high-quality patient care and experience.                                                                                                                                                                                                                              |
| Link to:<br>➤ Board Assurance Framework<br>➤ Trust strategy<br>➤ Corporate objectives<br>➤ CQC Quality standard<br>➤ Regulation                               | <ul style="list-style-type: none"> <li>• Board Assurance Framework – Risks 1, 2, 4 and 7</li> <li>• Corporate objective 1 - To deliver safe, effective &amp; equitable care</li> <li>• Corporate objective 3 - To provide integrated clinical, research and education services</li> <li>• Corporate objective 5 - To transform our services to improve access and reduce health inequalities</li> <li>• Corporate objective 6 - To provider leadership within the wider NHS cancer system</li> <li>• CQC Regulations – 9, 10, 12, 13, 14, 16 and 20</li> </ul> |
| Risk score                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 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. | <p>EDI – Equality, Diversity &amp; Inclusion</p> <p>MIAA – Mersey Internal Audit Agency</p> <p>PDR – Performance Development Review</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |



**Agenda Item xx/26**

**Meeting of the Board of Directors  
Thursday 24 September 2026**

**Quality Assurance Committee summary report – June 2026**

**1 Introduction**

The committee took place on 24 June 2026. Quoracy met with 5 of 5 members present, including the Chair. All decisions are valid.

**2 AAA summary from committee meeting**

The summary in Appendix 1 gives the Board information on the items that were considered by the committee at their meeting and the key items agreed for reporting under the headings of Alert / Advise / Assure.

An assurance level was discussed and agreed for each item presented as an 'assure' 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 committee in June 2026.



## Appendix 1

| Alert              | Assurance rating (if applicable) | Action (to be taken) | By Whom | Target Date |
|--------------------|----------------------------------|----------------------|---------|-------------|
| No alerts to raise | N/A                              | N/A                  | N/A     | N/A         |

| Advise:                                                                                                                                                                                                                                                                                  | Assurance rating (if applicable) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Aseptic unit risk update: committee discussed recovery following a high-risk audit outcome; unit exited external compliance management in May. Cultural and governance improvements are being embedded, with a lessons learned report coming to the committee in December.               | Medium                           |
| Patient ethnicity data completeness: Significant improvement in data completeness noted (>98%) providing a stronger basis for analysing inequalities. Further report coming back to the committee in February on how the data will inform equality initiatives and service planning.     | Medium                           |
| Lost to follow up: Improvements noted through automation (RPA) and strengthened oversight; however, some reliance on manual processes remains. Further progress report to come back to the committee in February.                                                                        | Medium                           |
| Acute and Inpatient Improvement Programme: Committee noted strengthened operational grip recognising progress but acknowledging the need for more quantified trend data and further analysis. Further deep dive on “no criteria to reside” patients to come to the committee in October. | Medium                           |

| Assure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BAF reference | CQC reference | Assurance rating |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------------|
| Integrated Governance Assurance Report - high levels of harm-free care (97%) and sustained improvements in incident management and closure rates, alongside a reduction in complaints and strengthened patient experience oversight. Governance processes have been enhanced through inclusion of NOF references and the introduction of a new quality improvement triage system, supporting more effective prioritisation and delivery of impactful improvement work. | 1,2,4         | 9,10,12,16,20 | Strong           |
| Nutrition and Hydration compliance with CQC Regulation 14 supported by robust and well-embedded processes for nutritional screening, care planning and referral, with sustained 100% compliance. Effective governance and oversight arrangements are in place, alongside comprehensive audit and inspection regimes.                                                                                                                                                   | 4             | 14            | Strong           |
| Safeguarding children, young people, and vulnerable adults annual report - full compliance with statutory duties, strong training uptake, effective multi-agency working and no serious reviews identified. A single residual risk relating to safeguarding supervision is being actively managed through a trust-wide implementation plan, with clear                                                                                                                 | 4             | 13            | High             |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |    |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|------|
| strategic priorities in place to strengthen legal compliance, data insight, patient information and support for vulnerable groups.                                                                                                                                                                                                                                                                                                                                                    |   |    |      |
| Infection Prevention & Control annual report - robust governance arrangements and strengthened oversight in place. While performance against some infection targets is mixed, clear actions are in place, alongside improved antimicrobial prescribing through digital systems and targeted audit. Ongoing work reflects national trends and the complexity of the Trust's patient cohort, with continued focus on patient-centred learning through the inclusion of patient stories. | 4 | 12 | High |

**Risks discussed (including any new risks identified):**

- BAF Risk 7 - System issues with MDT and 62 day pathway; current risk score 12, target 8. Needs review.
- BAF Risk 2 - Learning from incidents risk – PSIRF embedding; current risk score 9, target 4 and feels achievable.
- BAF Risk 1 - New technologies and increased standards of care; innovative practice used. Current risk score 6, target 4.
- Discussion on digital clinical risk and whether this needs to be pulled out into the BAF. To be considered as part of work for Board on risk appetite.

The following agenda items were also discussed during the meeting:

- Approval of previous minutes and a review of actions
- Internal audit progress report and audit recommendation tracker
- Lung - clinical outcomes annual series bite size report
- Board assurance framework (BAF) 2025/26
- QICA annual plan
- Quality Report
- Feedback from NED department visit



**Meeting of the Board of Directors**

**Thursday 24<sup>th</sup> September 2026**

|                                                                                                                                                                      |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject / Title</b>                                                                                                                                               | Senior Management Committee report – July / August 2026                                                                                                                                                                                              |
| <b>Author(s)</b>                                                                                                                                                     | Louise Westcott, Company Secretary                                                                                                                                                                                                                   |
| <b>Presented by</b>                                                                                                                                                  | Roger Spencer, Committee Chair                                                                                                                                                                                                                       |
| <b>Summary / purpose of paper<br/>(alert / advise / assure)</b>                                                                                                      | This paper provides the Board with a AAA summary of the items considered by the Senior Management Committee at their May meeting and any subsequent actions required by the Board.                                                                   |
| <b>Recommendation(s)</b>                                                                                                                                             | To note the report and any actions required.                                                                                                                                                                                                         |
| <b>Background papers / sources of assurance</b>                                                                                                                      | Senior Management Committee papers – July / August 2026                                                                                                                                                                                              |
| <b>EDI impact / considerations</b>                                                                                                                                   | The report has a neutral to positive indirect EDI impact. The committee's oversight of governance, risk management, internal control and declarations of interest supports fair, transparent and consistent decision-making across the organisation. |
| <b>Link to:</b><br>➤ <b>Board Assurance Framework</b><br>➤ <b>NHS Oversight Framework</b><br>➤ <b>Strategic objectives</b><br>➤ <b>Regulation</b>                    | <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Strategic objectives</li> <li>• NHS Oversight Framework</li> <li>• CQC Regulations</li> </ul>                                                                          |
| <b>Risk score</b>                                                                                                                                                    | N/A                                                                                                                                                                                                                                                  |
| <b>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.</b> | <p>EDI – Equality, Diversity &amp; Inclusion</p> <p>MIAA – Mersey Internal Audit Agency</p> <p>PDR – Performance Development Review</p>                                                                                                              |

**Meeting of the Board of Directors**

**Thursday 25<sup>th</sup> September 2026**

**Senior Management Committee – AAA Report (July/August 2026)**

**July 2026**

**Alert**

- Sustaining performance against the 62-day cancer pathway remains a key organisational focus. While performance remains above target at 84.6%, ongoing risks include tumour-site variation, diagnostic delays, inter-provider transfer issues, referral challenges and capacity pressures, particularly within urology services.
- Executive oversight continues of a small number of significant risks, including one corporate risk above the agreed risk appetite threshold and ongoing colorectal service risks relating to capacity and recruitment.
- Capacity, workforce, data quality and research performance risks were highlighted through integrated performance reporting and remain areas requiring continued management attention alongside delivery of major transformation programmes.

**Advise**

- The Committee received assurance that a structured improvement programme is in place to support progression from sustained 62-day performance above 80% towards the Trust's ambition of 85%, supported by an intervention-level benefits register and targeted pathway improvements.
- Progress continues on strategic transformation programmes, including the Electronic Patient Record programme, Future NHS Workforce Solution implementation, Christie Connect staff communications platform and the Advanced Foundation Trust application. These programmes form part of the Trust's wider portfolio of strategic change initiatives.
- Work towards Advanced Foundation Trust status is progressing, with ongoing engagement with NHS England and preparation of supporting evidence and documentation.

**Assure**

- The Committee noted continued strong organisational performance, including achievement of 84.6% against the 62-day cancer pathway standard over the last quarter, representing five consecutive reporting periods above the national target, and a positive financial position at Month 3.
- Assurance was received regarding the management of corporate risks, CQC preparedness arrangements and implementation of improvement plans across priority clinical pathways.
- The Committee approved strategic and operational decisions, including progression as an early adopter site for the Future NHS Workforce Solution, business cases and contract awards, and received assurance that key transformation programmes remain aligned with wider organisational priorities.

Overall, the Committee was assured that operational performance, risk management and strategic transformation programmes remain on track, whilst recognising the need for continued focus on sustaining cancer pathway performance, managing key risks and delivering major change programmes.

## **August 2026**

### **Alert**

- The Committee considered the changing inpatient population and noted increasing numbers of frailer, older and higher-acuity patients, creating pressures on patient flow, workforce capacity, critical care demand and discharge processes. A coordinated improvement plan covering inpatient care, seven-day working and flow arrangements is coming back to the next meeting.
- Critical care capacity remains under pressure, with increased cancellations linked to longer lengths of stay and more complex patient needs. The Committee highlighted the need for stronger oversight of patient flow and future service developments to incorporate critical care capacity requirements.
- A new trust-wide risk relating to the robustness of administration and scheduling processes has been added to the corporate risk register. In addition, concerns regarding mandatory and role-specific training compliance were escalated through governance reporting arrangements.

### **Advise**

- The Committee received an update on the Trust's Electronic Patient Record (EPR) programme and supported accelerated mobilisation of resources required to maintain delivery momentum.
- Progress was noted on the Trust's Advanced Foundation Trust application, with engagement planned with NHS England during September and a decision anticipated later in the year. The application is expected to support future system partnership opportunities and pathway leadership arrangements.
- An update was received on the North of England Cancer Biomedical Research Centre expression of interest, for which The Christie is proposed as host organisation. Development of the application continues, supported by extensive scientific, patient and public involvement activity.

### **Assure**

- The Committee received assurance that the Trust remains in a stable financial position with a reported surplus in line with plan, safety indicators remain within expected limits and the corporate risk register continues to reduce in size through active risk management.
- The Committee approved business cases relating to replacement of the radiotherapy physics quality control record system and urology RALP consultant capacity, together with a number of contract awards supporting service delivery and infrastructure.
- Governance reports highlighted successful closure of a temperature-control risk, progress in pathology and surgical improvement plans, and ongoing work across workforce, research governance and digital transformation programmes.

This report provides a high-level summary of the key strategic, operational and assurance matters considered by the Senior Management Committee during August 2026.

**Board of Directors meeting  
 Thursday 24<sup>th</sup> September 2026**

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br><br>The cover paper gives detail of the updates.                                                                                                                                                                                                                |
| Recommendation(s)                                                                                                                                             | <ul style="list-style-type: none"> <li>• To note the risks and controls relating to the strategic risks on the Board Assurance Framework,</li> <li>• To note that updates will be made to the risks that are the responsibility of the Board following discussion.</li> <li>• To scrutinise and review the assigned risks, controls and assurances and confirm any changes for Board approval.</li> </ul> |
| Background papers                                                                                                                                             | Board assurance framework. Strategic objectives 2025/26, operational plan and revenue and capital plan 2025/26.                                                                                                                                                                                                                                                                                           |
| Risk score                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                       |
| Link to:<br>➤ Trust strategy<br>➤ Strategic objectives                                                                                                        | <ul style="list-style-type: none"> <li>• Trust's strategic direction</li> <li>• Divisional implementation plans</li> <li>• Our Strategy</li> <li>• Key stakeholder relationships</li> </ul>                                                                                                                                                                                                               |
| 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<br>ECN      Executive chief nurse<br>EDoF      Executive director of finance<br>EMD      Executive medical director<br>COO      Chief operating officer<br>DoW      Director of workforce<br>DCEO      Deputy chief executive officer<br>WAC      Workforce Assurance Committee                                                                                        |



**Board of Directors meeting**  
**Thursday 24<sup>th</sup> September 2026**

**Board Assurance Framework**

**1 Introduction**

The board assurance framework (BAF) outlines the risks to achievement of the strategic objectives and is presented to each Board and assurance committee meeting. The framework details the risk description, controls and gaps, responsible committee, risk appetite and target risk score. The overview shows changes in risk scores over time.

**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 to accurately reflect current strategic risks.

**3 Updates to risks**

All risks in the framework have been reviewed to reflect the current position. Risk descriptions, controls, gaps and assurances have been updated.

The following risk descriptions have been updated to reflect the position at August 2026;

- **Risk 2 Learning from patient safety incidents**

**Previous 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.

**Updated description;** If quality governance, assurance and organisational learning arrangements are not sufficiently effective to identify, escalate, investigate and respond to quality and patient safety concerns, then opportunities to learn and improve may not be consistently recognised or embedded, resulting in avoidable harm, variation in care quality, reduced regulatory assurance, reputational damage and failure to achieve the Trust's strategic objectives.

- **Risk 3 Recruitment and retention of skilled staff**

**Previous 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.

**Updated description;** If the organisation fails to maintain effective workforce resourcing supply and retention strategies, then it will face shortages leaving us at risk of delivering our integrated delivery plan.

- **Risk 4 Compliance with regulatory standards**

**Previous 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.

**Updated description;** If the Trust is unable to consistently comply with regulatory, statutory & licensing requirements due to changes in regulatory expectations, service complexity, workforce pressures or weaknesses in governance & assurance arrangements, this could



result in patient safety concerns, regulatory action, reputational damage & failure to achieve the Trust's strategic objectives.

- **Risk 5 Capital funding**

**Previous 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.

**Updated description;** If we're not allocated adequate CDEL (ICB plus surplus) there is a risk that we won't deliver the planned strategic developments impacting on patient care and efficiency.

- **Risk 6 NHSE Financial Framework and support for growth**

**Previous 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.

**Updated description;** If the changes in the NHSE financial framework do not adequately fund efficient patient care & growth in activity there is a risk that we will not be able to deliver our integrated delivery plan.

- **Risk 7 Ineffective Greater Manchester system-wide cancer pathways**

**Previous 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.

**Updated description;** There is a risk that The Christie cannot achieve its strategic objective of delivering timely and equitable specialist cancer care because of increasing demand and dependencies on external providers across the end-to-end cancer pathway, leading to delayed commencement of treatment, failure to achieve cancer waiting time standards and adverse impacts on patients and the organisation.

- **Risk 10 Financial balance**

**Previous 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.

**Updated description;** If we do not deliver our planned efficiency savings there is a risk that we won't achieve our financial plan.

- **Risk 12 Staff engagement**

**Previous 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.

**Updated description;** If leadership fails to actively model and foster an inclusive, compassionate and psychologically safe workplace this could result in poor behaviour and poor department/divisional cultures. Leads to risk to patient care and safety.

## 5 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.
- To scrutinise and review the assigned risks, controls and assurances and confirm any changes for Board approval.



**BOARD ASSURANCE FRAMEWORK - OVERVIEW OF RISKS**

| RISK No. | Risk Title                                                 | Risk Description                                                                                                                                                                                                                                                                                                                                                                                                                                          | Responsible Committee                         | Risk Appetite | Inherent Risk Score | Q1 25/26 | Q2 25/26 | Q3 25/26 | Q4 25/26 | Q1 26/27 | Q2 26/27 | Target Risk Score | Current Risk Score | Review /Target date                  |
|----------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------|---------------------|----------|----------|----------|----------|----------|----------|-------------------|--------------------|--------------------------------------|
| RISK 10  | Financial balance                                          | If we do not deliver our planned efficiency savings there is a risk that we won't achieve our financial plan                                                                                                                                                                                                                                                                                                                                              | Board of Directors                            | Averse        | 25                  | 5        | 5        | 15       | 15       | 15       | 15       | 5                 | 15                 | Relates to VIP 2026/27               |
| 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                                                                                                                                                                                                                                                                                                  | Strategy & Transformation Assurance Committee | Cautious      | 20                  | 12       | 12       | 12       | 12       | 12       | 12       | 8                 | 12                 | Review Q3 2026/27                    |
| RISK 7   | Ineffective Greater Manchester system-wide cancer pathways | There is a risk that The Christie cannot achieve its strategic objective of delivering timely and equitable specialist cancer care because of increasing demand and dependencies on external providers across the end-to-end cancer pathway, leading to delayed commencement of treatment, failure to achieve cancer waiting time standards and adverse impacts on patients and the organisation.                                                         | Quality Assurance Committee                   | Cautious      | 25                  | 12       | 12       | 12       | 12       | 12       | 12       | 8                 | 12                 | Reviewed Q1 2026/27                  |
| RISK 4   | Compliance with regulatory standards                       | If the Trust is unable to consistently comply with regulatory, statutory & licensing requirements due to changes in regulatory expectations, service complexity, workforce pressures or weaknesses in governance & assurance arrangements, this could result in patient safety concerns, regulatory action, reputational damage & failure to achieve the Trust's strategic objectives                                                                     | Board of Directors                            | Averse        | 15                  | 12       | 12       | 12       | 12       | 12       | 12       | 4                 | 12                 | Reviewed Q2 2026/27                  |
| 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                                                                                                                                                                                                                                                                                         | Strategy & Transformation Assurance Committee | Cautious      | 20                  | 12       | 12       | 12       | 12       | 12       | 12       | 8                 | 12                 | Review Q3 2026/27                    |
| 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        | 12       | 12       | 12       | 8                 | 12                 | Reviewed Q1 2026/27                  |
| 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                  | 10       | 10       | 10       | 10       | 10       | 10       | 10                | 10                 | Review Q4 2025/26                    |
| RISK 2   | Learning from patient safety incidents                     | If quality governance, assurance and organisational learning arrangements are not sufficiently effective to identify, escalate, investigate and respond to quality and patient safety concerns, then opportunities to learn and improve may not be consistently recognised or embedded, resulting in avoidable harm, variation in care quality, reduced regulatory assurance, reputational damage and failure to achieve the Trust's strategic objectives | Quality Assurance Committee                   | Averse        | 15                  | 12       | 12       | 9        | 9        | 9        | 9        | 4                 | 9                  | Review Q3 2026/27                    |
| RISK 3   | Recruitment and retention of skilled staff                 | If the organisation fails to maintain effective workforce resourcing supply and retention strategies, then it will face shortages leaving us at risk of delivering our integrated delivery plan.                                                                                                                                                                                                                                                          | Workforce Assurance Committee                 | Averse        | 20                  | 9        | 9        | 9        | 9        | 9        | 9        | 6                 | 9                  | Review Q3 2026/27                    |
| RISK 6   | NHSE Financial Framework and support for growth            | If the changes in the NHSE financial framework do not adequately fund efficient patient care & growth in activity there is a risk that we will not be able to deliver our integrated delivery plan                                                                                                                                                                                                                                                        | Board of Directors                            | Cautious      | 16                  | 16       | 16       | 16       | 8        | 8        | 8        | 4                 | 8                  | Review Q3 2026/27                    |
| RISK 12  | Staff engagement                                           | If leadership fails to actively model and foster an inclusive, compassionate and psychologically safe workplace this could result in poor behaviour and poor department/divisional cultures. Leads to risk to patient care and safety.                                                                                                                                                                                                                    | Workforce Assurance Committee                 | Averse        | 16                  | 8        | 8        | 8        | 8        | 8        | 8        | 4                 | 8                  | Review Q3 2026/27                    |
| 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        | 8        | 8        | 8        | 4                 | 8                  | Reviewed Q4 2025/26                  |
| 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        | 12       | 6        | 6        | 6        | 4                 | 6                  | Review Q3 2026/27                    |
| RISK 5   | Capital funding                                            | If we're not allocated adequate CDEL (ICB plus surplus) there is a risk that we won't deliver the planned strategic developments impacting on patient care and efficiency                                                                                                                                                                                                                                                                                 | Board of Directors                            | Eager         | 15                  | 5        | 5        | 5        | 5        | 5        | 5        | 5                 | 5                  | Review Q3 2026/27 / Within tolerance |

|                                 |                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    |                                      |                   |                                                   |   |       |             |   |       |
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| RISK 1                          | New technologies and increased standards of care                                                                                                                                                                                                                                                                                          |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    | Date Risk Opened                     |                   | 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                               |                   | 6                                                 |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    | Date of Last Review                  |                   |                                                   |   |       |             |   |       |
| Associated Strategic Objectives | To deliver safe, effective & equitable care                                                                                                                                                                                                                                                                                               |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    | Aug-26                               |                   |                                                   |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    | Executive Lead Responsible Committee |                   | Exec Medical Director Quality Assurance Committee |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    | Assurance Level                      |                   | Medium                                            |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                        |          |                                                                                                                                                                                                                                                                                                                             |       |          |                 |       |                    | Risk Appetite                        |                   | Cautious                                          |   |       |             |   |       |
| Actions                         | Key Control established                                                                                                                                                                                                                                                                                                                   |   | Key Gaps in Controls                                                                                   |          | Assurance                                                                                                                                                                                                                                                                                                                   |       |          | Gaps in         |       | Actions to address |                                      | Target date       |                                                   |   |       |             |   |       |
|                                 | 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<br>Model for delivery of upcoming NICE guidance established and in place |   | Uncertainty around what / when. External factors. Issue with breast cancer treatment - scale of impact |          | Level 1 – Data and management reports<br>• Review of NICE guidelines through risk-based process with divisional support<br>• risk register in place.□<br>Level 2 – Management team and committee scrutiny<br>• Review NICE guidelines compliance through QAC and monthly IPQFR□<br>Level 3 – External assurances<br>• NICE□ |       |          | None identified |       | None identified    |                                      | Review Q3 2026/27 |                                                   |   |       |             |   |       |
| Scoring                         | Inherent Risk                                                                                                                                                                                                                                                                                                                             |   |                                                                                                        | Q1 26/27 |                                                                                                                                                                                                                                                                                                                             |       | Q2 26/27 |                 |       | Q3 26/27           |                                      |                   | Q4 26/27                                          |   |       | 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     | 2                  | 3                                    | 6                 | 2                                                 | 3 | 6     | 2           | 2 | 4     |

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| RISK 3                          | Recruitment and retention of skilled staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Date Risk Opened      |   |                    | Current Risk Score            |                   |       |          |   |       |             |   |       |
| Description                     | If the organisation fails to maintain effective workforce resourcing supply and retention strategies, then it will face shortages leaving us at risk of delivering our integrated delivery plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Apr-24                |   |                    | 9                             |                   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Date of Last Review   |   |                    |                               |                   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Aug-26                |   |                    |                               |                   |       |          |   |       |             |   |       |
| Associated Strategic Objectives | To deliver safe, effective & equitable care<br>To deliver excellent financial and operational performance<br>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   |       |          |   |       |             |   |       |
|                                 | Staffing levels maintained through coordinated and risk based utilisation of bank and agency<br>Christie People and Culture Plan 2023-26<br>Quarterly oversight of Trust wide vacancies and recruitment activity presented to the workforce committee & WAC<br>Divisional oversight of recruitment activity and vacancies discussed at the monthly service review meetings<br>Turnover analysis and 'next chapter' data presented and discussed six monthly at the workforce committee<br>Robust sickness absence management and health and wellbeing offer<br>Connect & reflect sessions in place for new starters within first 3 months of employment<br>Weekly executive led vacancy management panel in place<br>Recruitment of onboarding coordinator<br>Nursing workforce lead appointed<br>Completion and reporting to WAC of progress against the 10 point plan to improve resident doctors lives. |   | National staff shortages impacting recruitment. |          | Level 1 – Data and management reports<br>• Divisional oversight of recruitment through Service & Operational Review meetings<br>Level 2 – Management team and committee scrutiny<br>• Review compliance through WAC People & Culture plan updates and update on compliance with CQC regulation<br>• F&PP Compliance report to WAC / Board<br>• Safe staffing 6 monthly reviews to external standard<br>Level 3 – External assurances<br>• National staff survey<br>• CQC Inpatient survey<br>• OECl accreditation<br>• MIAA Bank & Admin audit - Moderate assurance |       | None identified       |   | None identified    |                               | Review Q3 2026/27 |       |          |   |       |             |   |       |
| Scoring                         | Inherent Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                 | Q1 26/27 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Q2 26/27              |   |                    | Q3 26/27                      |                   |       | Q4 26/27 |   |       | 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                  |                               |                   |       |          |   |       | 2           | 3 | 6     |



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| RISK 10                         | Financial balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                 | Date Risk Opened                                                             | Current Risk Score                                               |          |       |          |   |             |   |   |       |
| Description                     | If we do not deliver our planned efficiency savings there is a risk that we won't achieve our financial plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                 | Apr-24<br>Date of Last Review<br>Aug-26                                      | 15                                                               |          |       |          |   |             |   |   |       |
| Associated Strategic Objectives | To maintain excellent operational, quality and financial performance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                 | Executive Lead<br>Responsible<br>Assurance Level<br>Risk Appetite            | Exec Director of Finance<br>Board of Directors<br>High<br>Averse |          |       |          |   |             |   |   |       |
| Actions                         | Key Control established                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Key Gaps in Controls                                                                                                                        | Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | Gaps in         | Actions to address                                                           | Target date for                                                  |          |       |          |   |             |   |   |       |
|                                 | Activity plans agreed with Divisions and progress monitored weekly at TOG and monthly at Senior Management Committee.<br>Variable income performance tracked as part of month end financial position and reviewed in the clinical Divisions monthly financial meetings.<br>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 | Commissioning intentions. Funding growth. Impact of cost increases (power/medicines etc) as a result of global factors (war in Middle East) | Level 1 – Data and management reports<br>• Monthly Divisional scrutiny of financial position<br>• Trust Operation Group (TOG) review weekly<br>Level 2 – Management team and committee scrutiny<br>• Reports to Senior Management Committee, Audit Committee and Board of Directors<br>Level 3 – External assurances<br>• MIAA review of financial systems<br>• External audit of Annual Accounts<br>• MIAA review of VIP programme<br>• MIAA Key Financial systems - substantial assurance |          | None identified | Complete Quality Impact Assessments for all identified schemes as they arise | Relates to VIP 2026/27                                           |          |       |          |   |             |   |   |       |
| Scoring                         | Inherent Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Q1 26/27 |                 | Q2 26/27                                                                     |                                                                  | Q3 26/27 |       | Q4 26/27 |   | Target Risk |   |   |       |
|                                 | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I                                                                                                                                           | Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | L        | I               | Score                                                                        | L                                                                | I        | Score | L        | I | Score       | L | I | Score |
|                                 | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5                                                                                                                                           | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3        | 5               | 15                                                                           | 3                                                                | 5        | 15    |          |   |             | 1 | 5 | 5     |

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| RISK 12                         | Staff engagement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                 | Date Risk Opened<br>Jun-25                                                         | Current Risk Score                                               |          |             |   |   |       |
| Description                     | If leadership fails to actively model and foster an inclusive, compassionate and psychologically safe workplace this could result in poor behaviour and poor department/divisional cultures. Leads to risk to patient care and safety.                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                 | Date of Last Review<br>Aug-26                                                      | 8                                                                |          |             |   |   |       |
| Associated Strategic Objectives | To be an excellent place to work and attract the best staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                 | Executive Lead Responsible<br>Assurance Level<br>Risk Appetite                     | Director of Workforce<br>Workforce Assurance<br>Medium<br>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.<br>Service & Operational reviews include 'people & culture' focus for all divisions. Progress reports to WAC.<br>Divisions report staff engagement activity / priorities to Workforce Committee on rolling programme<br>Workforce Assurance committee receive regular presentations from divisions on cultural activities.<br>Strategic Leaders Forum - scheduled across the year<br>Divisional plans in place for events and meetings across the year | None identified      | Level 1 – Data and management reports<br>• Divisional action plans from staff survey<br>• Service & operational reviews<br>Level 2 – Management team and committee scrutiny<br>• Reporting to Workforce Committee, Workforce Assurance Committee and Board of Directors<br>• Board development session on Inclusive Culture facilitated by NHS Providers expert Sept 2024<br>• Board approved Inclusive Culture Plan Nov 2024<br>Level 3 – External assurances<br>• Annual CQC Staff Survey 2024 / 2025 |   | None identified | Implementation of next phase of People & Culture Plan - reporting to WAC June 2026 | Review Q3 2026/27                                                |          |             |   |   |       |
| Scoring                         | Inherent Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | Q1 26/27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   | Q2 26/27        |                                                                                    | Q3 26/27                                                         | Q4 26/27 | Target Risk |   |   |       |
|                                 | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I                    | Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | L | I               | Score                                                                              | L                                                                | I        | Score       | L | I | Score |
|                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                    | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 | 4               | 8                                                                                  | 2                                                                | 4        | 8           |   |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                 |                                                                                    |                                                                  |          |             | 2 | 2 | 4     |



|                                 |                                                                                                                                                                                                                                                                                                                                                          |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        |                       |                                               |          |   |       |          |   |       |             |   |       |
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| 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                | 12                                            |          |   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                          |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        | Date of Last Review   |                                               |          |   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                          |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        | Aug-26                |                                               |          |   |       |          |   |       |             |   |       |
| Associated Strategic Objectives | To transform our services to improve access and reduce health inequalities                                                                                                                                                                                                                                                                               |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        | Executive Lead        | Dir of Future Christie                        |          |   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                          |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        | Responsible Committee | Strategy & Transformation Assurance Committee |          |   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                          |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        | Assurance Level       | Medium                                        |          |   |       |          |   |       |             |   |       |
|                                 |                                                                                                                                                                                                                                                                                                                                                          |                                   |       |                                                                                                                                                                                                                                                                                |   |                                    |                                                                                                                        | Risk Appetite         | Cautious                                      |          |   |       |          |   |       |             |   |       |
| Actions                         | Key Control established                                                                                                                                                                                                                                                                                                                                  | Key Gaps in Controls              |       | Assurance                                                                                                                                                                                                                                                                      |   | Gaps in                            | Actions to address                                                                                                     |                       | Target date for                               |          |   |       |          |   |       |             |   |       |
|                                 | Future Christie team leading service change ambitions incorporating technological advances with partners. Engaging with other health providers around effective systems on the market. Development of strategic outline case for new EPR<br>Year 1 objectives on track for delivery - patient portal / expanded AI / EPR outline case / staff engagement | Recognition of fast moving market |       | Level 1 – Data and management reports<br>• reports to Board of Directors<br>Level 2 – Management team and committee scrutiny<br>• Execs, SMC and Board reports<br>Level 3 – External assurances<br>• Deloitte engaged in options appraisal for new EPR<br>• OECl accreditation |   | Development of full business cases | EPR business case to Board July 2026. Seeking expertise internally & externally around best option - 'expert customer' |                       | Review Q3 2026/27                             |          |   |       |          |   |       |             |   |       |
| Scoring                         | Inherent Risk                                                                                                                                                                                                                                                                                                                                            |                                   |       | Q1 26/27                                                                                                                                                                                                                                                                       |   |                                    | Q2 26/27                                                                                                               |                       |                                               | Q3 26/27 |   |       | Q4 26/27 |   |       | 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                                            |          |   |       |          |   |       | 2           | 4 | 8     |

**Board of Directors**

**Thursday 24 September 2026**

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| Subject / Title                                         | Winter Planning 2026/27 Board Assurance Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Author(s)                                               | Jo Leece – AD Performance and Improvement<br>Claire McPeake – Chief Operating Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Presented by                                            | Claire McPeake - Chief Operating Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Summary / purpose of paper<br>(alert / advise / assure) | This paper provides assurance that The Christie NHS Foundation Trust has developed a comprehensive Winter Plan for 2026/27 that supports the safe, effective and resilient delivery of specialist cancer services throughout the winter period. The plan has been developed in line with national requirements and reflects the operational, workforce, patient flow, infection prevention and business continuity requirements of a specialist tertiary cancer centre. The completed Board Assurance Statement demonstrates that the Trust has reviewed and assessed its readiness arrangements across all required domains and has identified appropriate controls and mitigations to manage periods of increased operational pressure. |
| Recommendation(s)                                       | The Board of Directors is asked to: <ol style="list-style-type: none"> <li>1. Take assurance that the Trust has established appropriate arrangements to maintain safe and effective services throughout winter 2026/27.</li> <li>2. Note the outcome of the Board Assurance Statement self-assessment.</li> <li>3. Approve submission of the completed Board Assurance Statement to NHS England.</li> </ol>                                                                                                                                                                                                                                                                                                                               |
| Background papers / source of assurance                 | The source of assurance is the Trust's Winter Planning 2026/27 Board Assurance Statement and supporting Winter Plan, which have been developed through established operational resilience, emergency preparedness, business continuity and winter planning processes. The Board Assurance Statement provides evidence that the Trust has reviewed its readiness across                                                                                                                                                                                                                                                                                                                                                                    |



|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|                                                                                                                                                                          | all required domains, including governance and executive leadership, prevention, occupancy and discharge, capacity, patient flow, infection prevention and control, and operational resilience. The assessment demonstrates that appropriate controls, escalation arrangements, mitigations and leadership oversight are in place to support the continued delivery of safe, effective and resilient specialist cancer services throughout the winter period.                                                          |
| Risk score / BAF reference                                                                                                                                               | The Board is asked to take assurance that risks associated with winter operational resilience are being managed through existing corporate risk management, business continuity, emergency preparedness and operational governance arrangements. Reference to relevant strategic risks should be aligned to the current Board Assurance Framework.                                                                                                                                                                     |
| EDI impact/considerations                                                                                                                                                | A Quality and Equality Impact Assessment has informed development of the Winter Plan and has been reviewed as part of the planning process. The assessment considers impacts on patients, carers and staff, including vulnerable and high-risk patient groups. Identified impacts are managed through established governance arrangements and operational delivery plans.                                                                                                                                              |
| <p>Link to:</p> <ul style="list-style-type: none"> <li>➤ Trust strategy</li> <li>➤ Corporate objectives</li> <li>➤ CQC Quality standard</li> <li>➤ Regulation</li> </ul> | <p>This paper supports the Trust's strategic objectives relating to:</p> <ul style="list-style-type: none"> <li>• Delivery of safe, effective and high-quality patient care.</li> <li>• Operational resilience and continuity of specialist cancer services.</li> <li>• Compliance with statutory emergency preparedness and resilience requirements.</li> <li>• Workforce wellbeing and organisational sustainability.</li> <li>• Partnership working across the Greater Manchester health and care system</li> </ul> |
| You are reminded not to use acronyms or abbreviations wherever possible. However,                                                                                        | <p>BAS – Board Assurance Statement</p> <p>EPRR – Emergency Preparedness, Resilience and</p>                                                                                                                                                                                                                                                                                                                                                                                                                            |



|                                                                                    |                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>if they appear in the attached paper, please list them in the adjacent box.</p> | <p>Response</p> <p>IPC – Infection Prevention and Control</p> <p>PPE – Personal Protective Equipment</p> <p>QEIA – Quality and Equality Impact Assessment</p> <p>RTT – Referral to Treatment</p> |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|





# Winter Planning 26/27

## Board Assurance Statement (BAS)

### 1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust Boards has oversight that all key considerations have been met. It should be signed off by both the Trust / Provider's Accountable Officer and Chair.

### 2. Guidance on completing the Board Assurance Statement (BAS)

#### Section A: Board Assurance Statement

Please include the Trust / Provider name at the top of the tab.

This section gives Trust the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

#### Section B: 26/27 Winter Plan checklist

This section provides a checklist of what Boards should ensure is covered in their 2026/27 Winter Plans.

### 3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via [england.eecpmo@nhs.net](mailto:england.eecpmo@nhs.net) by **30 September 2026**.



## Winter Planning 26/27

### Section A: Board Assurance Statement (BAS)

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

**Board Assurance Statements should not be submitted until they have been tested during a regionally-led winter exercise programme.**

Provider/Trust Name (drop down):

If Other, write Provider/Trust Name: The Christie NHS Foundation Trust

Contact details (email, phone number):

Claire McPeake

Date:

01/07/2026

Please complete these sections

| Assurance statement                 |     |                                                                                                                                                                       | Confirm (Y/N) | Additional comments or qualifications (optional)                                                                                                                                                                                                                                                | Blockers/Support requirements (optional) |
|-------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Governance and executive leadership |     |                                                                                                                                                                       |               |                                                                                                                                                                                                                                                                                                 |                                          |
| 1                                   | 1.1 | The Board has assured the Trust Winter Plan for 2026/27.                                                                                                              | Yes           | The Christie NHS Foundation Trust has developed its Winter Plan for 2026/27 to support safe, effective and resilient delivery of specialist                                                                                                                                                     |                                          |
|                                     | 1.2 | The Board is assured that a robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.         | Yes           | A quality and equality impact assessment has informed development of the Winter Plan and is used to consider the impact of winter arrangements on patients, staff and service delivery. Any identified risks or impacts are managed through the Trust's governance and operational planning     |                                          |
|                                     | 1.3 | The Board is assured that the Trust's plan was developed with appropriate input from and engagement with all system partners, including primary care and social care. | Yes           | The Trust works collaboratively with Greater Manchester partners and relevant system stakeholders to support patient flow, discharge, escalation planning, mutual aid and operational resilience throughout the winter period. As a specialist cancer centre, the Trust's key system interfaces |                                          |
|                                     | 1.4 | The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.                                        | Yes           | The Trust participates in regional and system winter preparedness exercises. Any learning identified through these regionally led winter exercise programmes will be reviewed and incorporated into the Trust's                                                                                 |                                          |
|                                     | 1.5 | The Board has identified a named Executive Winter Sponsor with accountability for winter preparedness (including vaccinations), escalation and operational delivery.  | Yes           | Claire McPeake Chief Operating Officer                                                                                                                                                                                                                                                          |                                          |
|                                     | 1.6 | The Board is assured that clear governance arrangements, escalation processes and operational leadership arrangements are in place throughout the winter period.      | Yes           | Clear governance, escalation and operational leadership arrangements are in place throughout the winter period. These include executive oversight, on-call arrangements, incident management processes, business continuity arrangements and operational reporting routes to                    |                                          |

**Winter Planning 26/27**  
**Section B: 26/27 Winter Plan checklist**

This section provides a checklist on what Boards should assure themselves is covered by 26/27 Winter plans.  
**Board Assurance Statements should not be submitted until they have been tested during a regionally-led winter exercise programme.**

| Section B: 26/27 Winter Plan checklist |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Please complete these sections |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
|----------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                                        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Confirm (Y/N)                  | Additional comments or qualifications (optional)                                                                                                                                                                                                                                                                                                                                                                                               | Blockers/Support requirements (optional) |
| Prevention                             |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 1                                      | 1.1 | The Board is assured there are plans in place to deliver a frontline healthcare worker (FHCW) flu vaccination programme that achieves the trust level uptake ambitions and demonstrates:<br>•the offer is accessible to all frontline staff between 1 October – 31 March with the majority of vaccinations completed by 30 November;<br>•that both walk-in and bookable appointments are available;<br>•that all FHCW vaccination activity will be recorded on Record a Vaccination Service (RAVS); and<br>•the FHCW flag has been applied to the ESR records of all clinical and non-clinical staff who are in direct contact with patients to ensure accurate reporting on FDP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                            | The Trust has committed to delivering a comprehensive frontline healthcare worker flu vaccination programme. Plans are in place to support vaccination uptake through accessible bookable and walk-in opportunities, targeted communications, operational oversight and appropriate recording in line with national reporting requirements. The Trust will ensure vaccination activity is monitored and recorded through the required systems. |                                          |
|                                        | 1.2 | The Board is assured that frontline staff vaccination, respiratory virus prevention, and staff health measures are supported by targeted operational plans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                            | Targeted operational plans are in place to support staff vaccination, respiratory virus prevention and staff health measures throughout winter. These include vaccination planning, infection prevention and control measures, staff communications, operational oversight and access to staff.                                                                                                                                                |                                          |
|                                        | 1.3 | The Board is assured that plans are in place to offer vaccinations (flu and COVID-19) to long stay inpatients (21 days and above) and inpatients who are being discharged into a care home.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No                             | As a specialist tertiary cancer centre, The Christie does not operate a routine inpatient flu and COVID-19 vaccination programme for long-stay inpatients or patients                                                                                                                                                                                                                                                                          |                                          |
|                                        | 1.4 | The Board is assured that population health intelligence and risk stratification information are used in partnership with system colleagues to identify and support vulnerable patients and high-risk cohorts ahead of and during periods of winter pressure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                            | The Trust uses patient and service intelligence to identify and support vulnerable and high-risk patient cohorts, including immunocompromised cancer patients, frail                                                                                                                                                                                                                                                                           |                                          |
| Occupancy and discharge                |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 2                                      | 2.1 | The Board is assured that a review of discharges across each pathway required to manage bed demand and occupancy has taken place ahead of winter with system partners. These have been developed jointly with local authority, Community Health Service Providers and system partners, including holiday-period arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                            | Discharge pathways have been reviewed to support patient flow, bed availability and safe discharge throughout the winter period. The Trust works with local authority                                                                                                                                                                                                                                                                          |                                          |
|                                        | 2.2 | The Board is assured that model discharge pathway requirements are in place to optimise discharge seven days a week across acute, community and social care services. This should include:<br>•coordinated escalation, surge and extreme surge response arrangements, including bed escalation capacity, which have been tested and capable of safe activation to maintain patient flow, create additional capacity and support operational resilience during periods of increased demand.<br>•executive-led governance arrangements to provide oversight of occupancy, the number of discharges required and delivered each day to support safe bed availability and flow, along with the number of patients who are NCTR by pathways 1 to 3 with monitoring of patients with long discharge delays.<br>•targeted operational actions to reduce long discharge delays.<br>•Discharge to Assess pathways that operate effectively with home first as the default and assessment taking place outside hospital wherever possible. These should be supported by integrated escalation arrangements with community and social care partners to maintain patient flow. | Yes                            | Arrangements are in place to support effective discharge planning, seven-day patient flow, executive oversight of occupancy, escalation of discharge delays and op                                                                                                                                                                                                                                                                             |                                          |
|                                        | 2.3 | The Board is assured that pre-Christmas and holiday-period occupancy reduction plans will be implemented.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                            | Plans are in place to support safe occupancy levels ahead of Christmas and during the holiday period. This includes proactive discharge planning, review of patients                                                                                                                                                                                                                                                                           |                                          |
|                                        | 2.4 | The Board is assured that Same Day Emergency Care (SDEC) and ambulatory emergency care pathways have been optimised to support admission avoidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                            | The Christie NHS Foundation Trust does not have an Emergency Department or Same Day Emergency Care. However, as a specialist cancer centre, the Trust has                                                                                                                                                                                                                                                                                      |                                          |
|                                        | 2.5 | The Board is assured that frailty pathways have been reviewed and are operating effectively to support avoidance of unnecessary admission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                            | The Christie is a specialist cancer centre, however, as a standard there are processes in place to identify and support those with complex needs through multidisciplinary                                                                                                                                                                                                                                                                     |                                          |
| Capacity                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
|                                        | 3.1 | The Board is assured that workforce resilience assumptions are evidenced and include safe staffing levels, appropriate skill mix, redeployment models and staff wellbeing support, with clear mitigations in place for sustained periods of increased demand.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                            | Workforce resilience planning is in place and includes safe staffing arrangements, appropriate skill mix, escalation processes, flexible deployment where required, s                                                                                                                                                                                                                                                                          |                                          |

|                                        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3                                      | 3.2 | The Board is assured that rotas have been reviewed to ensure consistent senior clinical decision-making capacity at times of peak pressure, including weekends, supported by clear escalation and supervision arrangements.                                                                                                                                                                                                                                                                                                                   | Yes | Rotas are reviewed to ensure appropriate senior clinical and operational decision-making capacity is available during periods of peak demand, including weekends and evenings.                                                                                                                   |
|                                        | 3.3 | The Board is assured that elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.                                                                                                                                                                                                                                                                                                                                               | Yes | Elective and cancer services are planned and managed to maintain delivery throughout winter. Capacity planning considers seasonal variation, referral patterns, diagnostic services and patient flow.                                                                                            |
|                                        | 3.4 | The Board has reviewed its 4-hour and 12-hour, and RTT trajectories, and is assured that the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off for 2026/27.                                                                                                                                                                                                                                                                                                                                  | Yes | The Christie does not have an Emergency Department, therefore 4-hour and 12-hour Emergency Department standards are not directly applicable. RTT, cancer and diagnostic services are planned and managed to maintain delivery throughout winter.                                                 |
|                                        | 3.5 | The Board is assured that there are effective operational actions in place to ensure urgent community capacity is prioritised for the sickest patients.                                                                                                                                                                                                                                                                                                                                                                                       | Yes | The Trust works collaboratively with system partners to support timely discharge and appropriate use of community services for patients requiring ongoing support. Urgent community capacity is prioritised for the sickest patients.                                                            |
| Flow                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                  |
| 4                                      | 4.1 | The Board is assured that emergency department crowding mitigations have been reviewed and implemented to actively eliminate corridor care as a patient safety priority. This should include implementation of relevant GIRFT recommendations, and with defined safety thresholds, clear escalation triggers, and routine Board level oversight of associated risks, including dignity, privacy and clinical harm.                                                                                                                            | Yes | The Christie does not have an Emergency Department, therefore Emergency Department crowding and corridor care are not directly applicable in the same way as general acute providers.                                                                                                            |
|                                        | 4.2 | The Board is assured that ambulance handover plans are deliverable and supported by appropriate operational arrangements and escalation processes.                                                                                                                                                                                                                                                                                                                                                                                            | Yes | The Christie does not operate as a Type 1 Emergency Department receiving ambulance conveyances in the same way as general acute providers. Appropriate operational arrangements and escalation processes are in place.                                                                           |
|                                        | 4.3 | The Board is assured that escalation arrangements with system partners support timely transfer of care and patient flow.                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | Escalation arrangements are in place with Greater Manchester and wider system partners to support timely transfer of care, discharge planning, patient flow and operational resilience.                                                                                                          |
|                                        | 4.4 | The Board is assured that plans are in place to implement the Model ED and Model Discharge requirements ahead of winter.                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | The Trust has reviewed relevant national requirements. Model ED requirements are not directly applicable due to the absence of an Emergency Department. Model Discharge requirements are in place to support timely transfer of care and patient flow.                                           |
| Infection Prevention and Control (IPC) |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                  |
| 5                                      | 5.1 | The Board is assured that plans, infrastructure, estates arrangements, IPC governance and operational capability are in place to enable the safe rapid reconfiguration of physical space, creation of additional clinical capacity and implementation of patient cohorting arrangements during periods of increased demand or infectious disease transmission, supported by appropriate environmental risk assessments and compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections. | Yes | Plans are in place to support infection prevention and control resilience during winter, including IPC governance, estates considerations, environmental risk assessments and compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections. |
|                                        | 5.2 | The Board is assured that IPC colleagues, including the Director of Infection Prevention and Control or nominated IPC Lead, have been engaged in the development of the winter plan, and are confident in the planned mitigations and actions.                                                                                                                                                                                                                                                                                                | Yes | Infection Prevention and Control leads, have been engaged in development of the winter plan and support the planned mitigations and actions. No risks have been identified.                                                                                                                      |
|                                        | 5.3 | The Board is assured that fit testing arrangements are in place for relevant staff, are appropriately recorded and monitored, and can be rapidly expanded during periods of increased respiratory disease and gastrointestinal viral transmission. Appropriate PPE supply, stock management and escalation arrangements are in place to support periods of increased demand.                                                                                                                                                                  | Yes | Fit testing arrangements are in place for relevant staff and are recorded and monitored through established arrangements. PPE supplies, stock management and escalation arrangements are in place to support periods of increased demand.                                                        |
|                                        | 5.4 | The Board is assured, as encompassed by criterion 5 of the Health and Social Care Act 2008: code of practice on the prevention and control of infections, that a patient cohorting plan, including risk-based escalation, is in place that is understood by all staff and is ready to be activated by site management teams.                                                                                                                                                                                                                  | Yes | A patient cohorting plan is in place and can be activated where required to support management of infectious disease risks and outbreak situations. This is supported by appropriate operational arrangements and escalation processes.                                                          |
| Leadership and operational grip        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                  |
| 6                                      | 6.1 | The Board is assured that on-call arrangements are in place and have been tested, and those on-call have access to medical and nursing leaders for urgent advice, and effective operational oversight to ensure urgent community capacity is prioritised for the sickest patients, where needed.                                                                                                                                                                                                                                              | Yes | Robust on-call arrangements are in place and supported by access to executive, medical, nursing and operational leadership. These arrangements provide oversight to ensure urgent community capacity is prioritised for the sickest patients, where needed.                                      |
|                                        | 6.2 | The Board is assured that plans are in place to monitor and report real-time pressures utilising the OPEL framework, with clear triggers for escalation and timely operational response.                                                                                                                                                                                                                                                                                                                                                      | Yes | Whilst the national OPEL framework is primarily designed for urgent and emergency care systems, The Christie operates an established internal escalation framework to monitor and report real-time pressures.                                                                                    |
|                                        | 6.3 | The Board is assured that mutual aid arrangements have been reviewed and are capable of activation, if required.                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | Mutual aid arrangements have been reviewed and are capable of activation where required in line with Greater Manchester governance, escalation and mutual aid arrangements.                                                                                                                      |
|                                        | 6.4 | The Board is assured that business continuity plans have been reviewed and tested where appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | Business continuity plans have been reviewed and are in place to support operational resilience during winter. Arrangements cover service continuity, escalation, and operational resilience.                                                                                                    |

|                                           |     |                                                                                                                                                                                                                                                                                |     |                                                                                                                                                                       |
|-------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | 6.5 | The Board is assured that severe weather and infrastructure disruption contingencies have been reviewed.                                                                                                                                                                       | Yes | Severe weather and infrastructure disruption contingencies have been reviewed. Plans are in place including the Adverse Weather policy to manage risks relating to    |
|                                           | 6.6 | The Board is assured that industrial action contingencies have been reviewed where relevant.                                                                                                                                                                                   | Yes | Industrial action contingency arrangements have been reviewed and can be implemented where required. These support safe staffing, prioritisation of urgent cancer     |
|                                           | 6.7 | The Board is assured that plans are in place to support staff welfare through periods of high demand.                                                                                                                                                                          | Yes | Plans are in place to support staff welfare during periods of increased operational pressure. These include access to occupational health and wellbeing support, lead |
| Specific actions for Mental Health Trusts |     |                                                                                                                                                                                                                                                                                |     |                                                                                                                                                                       |
| 7                                         | 7.1 | The Board is assured that a plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via NHS 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers. | Yes | The Christie NHS Foundation Trust is not a Mental Health Trust. Mental health crisis services are provided through relevant system mental health providers. The Tr    |
|                                           | 7.2 | The Board is assured that any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.                                                                                                 | Yes | The Christie NHS Foundation Trust is not a Mental Health Trust. Where Christie patients have mental health, safeguarding or complex support needs, these are ma       |
|                                           | 7.3 | The Board is assured that liaison psychiatry pathways and Section 136 arrangements remain resilient during periods of peak demand.                                                                                                                                             | Yes | The Christie NHS Foundation Trust is not a Mental Health Trust. Relevant mental health liaison pathways are accessed through system arrangements where require        |

## Executive Approval

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the Trust / Provider's Accountable Officer and Chair.

**Trust / Provider Name:** The Christie NHS Foundation Trust

**Provider CEO name:** Roger Spencer

**Date reviewed:**

**Provider Chair name:** Professor Joe Rafferty

**Date reviewed:**

*Please update following completion of the BAS template*

**Please provide name and contact details of designated Senior Responsible Officer (Executive Level)**

**Please provide confirmation that the SRO has reviewed and approved the responses within this document, confirming they are correct and complete.**

**Please confirm date reviewed**

# BAS Self-Assessment Dashboard

## Trust

**Overall Assessment Rating: 5 - Full assurance**



### Section B

Prevention  
Flow, occupancy and discharge  
Capacity and community  
UEC Flow  
Infection Prevention and Control (IPC)  
Leadership and operational grip  
Specific actions for Mental Health Trusts

#### Rating

4 - Substantial assurance

5 - Full assurance

5 - Full assurance

5 - Full assurance

5 - Full assurance

5 - Full assurance

5 - Full assurance