The Christie
NHS Foundation Trust

**Board of Directors meeting**
**Thursday 30th March 2023 at 12.45 pm**
**Seminar Room 4/5, Second Floor Education Centre**

**Agenda**

**Clinical presentation:** The Christie@Wigan service - patient & staff interviews – Kathryn Place

| | **Public items** | | | **Page** |
|---|---|---|---|---|
| **06/23** | **Standard business** | | | |
| a | Apologies | | Chair | |
| b | Declarations of interest | | Chair | |
| c | Minutes of previous meeting – 26th January 2023 | * | Chair | 2 |
| d | Action plan rolling programme, action log & matters arising | * | CEO | 8 |
| **07/23** | **Board assurance** | | | |
| a | Board assurance framework 2022/23 & progress against annual objectives | * | | 11 |
| b | Quality Assurance Committee report – January 2023 | * | Committee chair | 22 |
| c | Audit Committee report – February 2023 | | | 25 |
| **08/23** | **Key Reports** | | | |
| a | Trust report | * | CEO | 28 |
| b | Integrated performance, quality & finance report | * | COO | 36 |
| c | Responsible Officer Report: Appraisal and Revalidation 2022-23 | * | EMD | 75 |
| d | Staff survey 2022 results | * | DoW | 78 |
| **09/23** | **Approvals** | | | |
| a | 5 year strategy 2023-28 | * | DCEO | 90 |
| b | Board governance | * | Chair | 102 |
| | i Directors letters of representation<br>ii Register of directors' interests<br>iii Fit & proper persons declaration<br>iv Declaration of independence<br>v General data protection requirement (GDPR) | | | |
| c | Annual reporting cycle 2023/24 | * | CEO | 110 |
| **10/23** | **Any other business** | | Chair | |

**Date and time of the next meeting**
Thursday 27th April 2023 at 12:45pm

| | | | |
|---|---|---|---|
| CEO | Chief Executive Officer | * | paper attached |
| COO | Chief Operating Officer | v | verbal |
| ECN | Executive Chief Nurse | p | presentation |
| DoW | Director of Workforce | | |

The Christie
NHS Foundation Trust

**Public meeting of the Board of Directors**
**Thursday 26th January 2023 at 12.45 pm**
**Trust Admin meeting room 6 & by virtual means**

**Present:** Chair: Chris Outram (CO), Chairman
Roger Spencer (RS), Chief Executive Officer
Kathryn Riddle (KR), Non-Executive Director
Dr Jane Maher (JM), Non-Executive Director
Robert Ainsworth (RA), Non-Executive Director
Alveena Malik (AM), Non-Executive Director
Tarun Kapur (TK), Non-Executive Director
Grenville Page (GP), Non-Executive Director
Prof Kieran Walshe (KW), Non-Executive Director
Prof Chris Harrison (CJH), Deputy CEO
Bernie Delahoyde (BD), Chief Operating Officer
Eve Lightfoot (EL), Director of Workforce
Theresa Plaiter (TP), Deputy Chief Nurse
Dr Neil Bayman (NB), Executive Medical Director
Sally Parkinson (SP), Interim Executive Director of Finance
Prof Richard Fuller (RF), Director of Education
Prof Fiona Blackhall (FB), Director of Research
John Wareing, Director of Strategy

**Minutes:** Louise Westcott, Company Secretary

**In attendance:** Jo D'Arcy, Assistant Company Secretary
Linda Seddon, Public Governor
Mike Molete, Public Governor
Darren Buckley, Siemens Healthineers

**Clinical presentation** Acute Oncology **–** patient flow & the Christie hotline – Dr Tim Cooksley, Consultant and Liz Perry, Matron - Acute & Critical Care

CO welcomed TC and LP to the meeting.
TC introduced the Christie and the national position in relation to acute care. He outlined the acute care crisis that the NHS is currently experiencing. Media are very interested in the extent of the difficulties currently. This is created by the serious lack of flex in the system in terms of demand and bed numbers. Bed occupancy is key and we are running at over 95% occupancy which leads to big queues and patients not being treated appropriately.

A&E attendances have remained relatively static alongside a significant drop in the 4 hour wait performance. This rapid reduction in performance has a significant impact on how long patients are waiting for a bed.

The total number of acute medical admissions has been rising year on year. Many more are coming from Emergency Department's as well as through GP's. There is also a significant crisis in primary care alongside this.

A plan has been issued around management of better medical pathways for acute care.

LP then outlined the approach for The Christie in supporting the system and seeing our own patients. The patients call the Hotline and we triage them there and ask the acute oncology doctors to triage again those that would normally have been sent to A&E's. We also have a paramedic crew here that help to transport patients here or to where they are going.

There has been a focus on use of our beds, our service is led by Advanced Nurse Practitioners (ANP's) and works 7 days a week. Patients are often turned around so that they do not need to be admitted to an inpatient bed. Ambulatory care pathways are being looked at and increased to manage the demand. The recruitment & retention programmes for AAU nursing teams was noted.

The team support the pressures in the system and look at patients in other hospitals to bring them here where appropriate. There's weekly teaching for the staff, including hotline staff, around new therapies that are coming through to ensure they are up to date with new treatments. There's also a way of sharing learning with staff around incidents that have happened – an example relating to surgical patients was given, all staff can join the sessions.

Acute oncology teams within GM are closely linked to the team here and they will contact us about patients admitted elsewhere.

The team are looking to audit patients that have bypassed the hotline and ended up elsewhere to understand this better. ePROMs is also being rolled out to our patients so that clinicians can identify issues and better support patients.

TC noted that there's been significant international work around acute oncology and the conditions that can be managed in an ambulatory model. The work around management of these patients is being led here and shared. New pathways are being developed and influencing national management of these conditions in oncology patients. This work continued through covid and additional papers were published. There is increased understanding of the impact of new therapies and work is being done to manage the impact of these treatments on patients in an ambulatory way. We are influencing national policy.

There are international models to manage patients at home with clinicians going out to patients rather than bringing them in to hospital.

Challenges include resource and workforce, patient complexity and the culture change. There's an opportunity to lead nationally.

CO noted the positive feedback that we've had from patients who are being managed in this way. She asked if this will continue. TC noted that we will continue to look at innovative ways to treat patients properly and early and managing those that can be managed in an ambulatory setting in the best way and use beds in a very careful way.

JM noted how great it is to see the system developing. JM asked about the patients who don't call the hotline and patients who are no longer on treatment but may need help. TC noted that a hub & spoke model where we guide the management of patients more locally would be ideal. Increasingly we would like patients to be picked up in other places and referred through the hotline. Toxicity can continue for some time after treatment and we are still supporting them. Patients who don't fit the guideline are still seen here.

AM noted how important the learning is for the team and asked how they manage patients who may want to be admitted but will be sent home. TC responded that this is about honest conversations and assurances to patients around the safety of the management at home. Most are happy and understand this. There can be a few who need to stay. The important thing is to keep checking practice to make sure we are doing things correctly and safely. The team can also tap into district / Macmillan nurses etc.

BD noted that we are also looking at virtual wards and asked TC about this. TC noted that these are relevant for patients who would otherwise have been admitted and have the monitoring at

home. The key is about keeping people out of hospital. We need to look at specific conditions, what we are doing is ambulatory care rather than virtual ward care.

NB commented how important it is that we recognise the expertise and leading aspects of care here. This is down to the team who are leading this.

CO thanked them for attending.

| Item | | Action |
|---|---|---|
| **01/23** | **Standard business** | |
| **a** | **Apologies** | |
| | Prof Janelle Yorke (JY), Executive Chief Nurse | |
| **b** | **Declarations of Interest** | |
| | No declarations of interest noted. | |
| **c** | **Minutes of the previous meeting – 24th November 2022** | |
| | The minutes were accepted as a correct record. | |
| **d** | **Action plan rolling programme, action log & matters arising** | |
| | All items from the rolling programme are noted on the agenda. | |
| **02/23** | **Board Assurance** | |
| **a** | **Quality Assurance Committee report – November 2022** | |
| | KW outlined the assurance items that are referenced in the paper. It was noted that the levels of assurance were discussed and it was noted that high risks can still receive high assurance around the controls.<br>JM noted that we continue to assess whether we are getting information on the right things.<br>The key to show what the high / medium / low assurance means will be added to future reports.<br>Noted. | |
| **b** | **Board assurance framework 2022/23** | |
| | RS noted the latest version of the BAF that reflects the assurance levels given and the end of Q3 position. There have been some changes to risk scores and gaps in control.<br>This will be updated as we continue to review risks through the assurance committees. Level of risk and application of assurance received needs constant review and reflection.<br>GP asked about cyber security and the issue of cyber security insurance. BD noted that the risk is being reassessed currently by the digital team and this will be reported for the year end position of the BAF. | |
| **03/23** | **Key Reports** | |
| **a** | **Trust report** | |
| | RS updated the Board on communications from the CQC last week following our routine inspection process. We are waiting to see their report and feedback. The previous relationship manager has retired, the new relationship manager | |

| | | |
|---|---|---|
| | advised that the delay in the process is down to personnel issues at the CQC meaning their rating meeting hasn't taken place. We don't know when the meeting will take place.<br>The CQC letter received following the inspection was discussed and noted.<br>RS noted that our performance remains stable with no big changes to report on. He drew attention to the award of funding to the experimental cancer medicine centre (ECMC).<br>RS noted that industrial action is a key issue for the Board to note and this will be an ongoing and long term issue that requires long term planning over a period of time that will impact services.<br>We are in the planning phase of the 2023/24 operational & financial plans – the circumstances are very challenging in terms of demand and the current financial position of the system. The Board will hear more on 3rd February at their Time Out day.<br>CO noted that she took part in the green team awards and the entries were extremely impressive.<br>RA asked about what we provide in terms of surgical support. RS noted that we provide theatre space for other surgeons to come here and undertake their operations and in a few cases we will undertake the surgery dependent on the specialty and the Trust referring the patient to us. We are also providing additional diagnostic support. | |
| **b** | **Integrated performance, quality & finance report** | |
| | BD outlined the September performance.<br>There was 1 serious incident (SI) and no never events or major incidents. 5 moderate incidents that are going through detailed review.<br>There were 2 cases of C.difficile with no lapses in care, over the year we are above trajectory although this is in line with other organisations. 5 cases of E-Coli post 48 hours and no Covid nosocomial infections.<br>We had 11 new complaints in month with 38 PALS contacts received, average LOS is at 6.34 days and there were 3 cancelled operations on the day, all for different reasons. 5 corporate risks at 15+; 1 at 16 and 3 at 15.<br>In terms of things to note for access, 62 days performance worsened in month compared to the previous month at 78.5% and this is anticipated to remain at this level in January due to deferrals from December, we are still getting a lot of late referrals.<br>24-day performance is key and this was 82.2%. 31-day performance at 98.1% which is the target that covers the majority of patients. There are 41 104+ day patients.<br>Referrals are within the predicted range.<br>Activity is overall on plan and at about 106% of our plan overall. Surgical operations are above plan and day cases slightly behind. New attendances are slightly behind – validation is taking place as chemotherapy /radiotherapy first treatments are above plan.<br>PDR compliance has improved slightly to 84.9%, the clinical divisions are the main focus. Essential training overall is at 87.8%, additional sessions are being put on to address this and sickness is high at 6.22%. This was predominantly down to colds and flu and this is now coming down.<br>The number of staff coming into post has increased compared to our vacancies. We monitor recruitment processes weekly. | |

| | | |
|---|---|---|
| | Finance;<br>➢ £75k surplus compared to a breakeven plan / £29k surplus in month<br>➢ I&E deficit **£13.4m**<br>➢ Cash balance **£146m**<br>➢ Capital expenditure at **20.1%** below NHSI plan – timing issue due to the Paterson build<br>➢ CIP – a further **£94k** of savings has been identified in month. This brings the total identified to **£4m** (55%) against a recurrent target of £7.3m<br>GP asked about the 104 day waiters. BD noted that these are looked at every week and are late referrals from other Trusts. We find that these patients need further diagnostics but we see them as quickly as we can. There have been particular issues with diagnostics. Part of the issue is the number of people on 2 week wait pathways compared to the number who have cancer. NB noted that all these long waiters go through a harm review to see what's gone wrong and what harm if any has happened. JM asked if most have multiple conditions that confuse things. NB agreed that many do have other frailties as well as rare diagnoses and patients who don't comply with the pathway.<br>KW asked about the safer staffing data and levels of vacancies etc and whether there is anything to worry about in this. BD noted that we do very well with staffing and we do use bank & agency. Sickness in December did create some problems. There has been no harm / patient safety incidents relating to staffing levels. TP noted that the safer staffing process and review looks at professional judgement as well as the numbers. Actions are taken forward in relation to this feedback. The team are looking at how they use data better to continually assess the levels of staffing including supportive roles that ensure quality care. Bank & agency is reviewed in divisional reports and there's a task & finish group looking at bank and agency use.<br>**Noted** | |
| **c** | **Industrial action** | |
| | EL and BD presented the current position.<br>Unions that have balloted were detailed. RCN will strike again on 6th and 7th February. The BMA are balloting the junior doctors and we await the outcome. Society of Radiographers are not balloting. The Physiotherapists are taking action but not here. UNITE have achieved the mandate and they will strike on 2nd March. The GMB are not balloting.<br>BD outlined the impact of the RCN strikes on 18th and 19th January. 143 were on strike on 18th and 139 on 19th. A total of 41 outpatient appointment were cancelled and 21 elective care episodes. Overall we did lose some activity on these days, we are continuing to look at this impact. Inpatient admissions were down and theatre cases were down as we didn't book them in.<br>EL noted that we have regular industrial action meetings and close liaison with the unions. The derogation process and agreements are now established for RCN and UNISON. There have been multiple operational planning meetings and an incident response approach is used on the days of strike.<br>There are no clear end dates to industrial action. This will continue for multiple unions and strikes can continue for 6 months once they have agreed to strike. We are also looking at the impact of other industrial action e.g. teachers. There is also the potential to re-ballot members.<br>There is a wider impact of the strikes that includes impacts on other risks; | |

| | | |
|---|---|---|
| | • Loss of activity<br>• Cancer waiting time performance<br>• Financial risk of recovery<br>• 5 bank holidays with the current industrial action mandate<br>We are planning to compensate for the lost activity, this needs a Trust wide response. Business continuity plans need to look at a sustainability assessment to allow us to continue. This will need a concerted effort and focus.<br>KW noted that maintaining the best relationships with the unions is so important. KW asked about potential impact of pay awards and whether they will be funded. SP noted that we have been asked to plan for 5% pay award and they have said anything over this will be fully funded although it never truly is for a number of reasons.<br>GP asked about the impact on mutual aid and the impact of acute care. BD noted that we will continue to offer what we can and maintain what we can. Derogations are key here.<br>CO noted that the strike is about national pay & conditions and not any issue with the Trust. | |
| **04/23** | **Any other business** | |
| | No items raised. | |
| | **Date and time of the next meeting** | |
| | Thursday 30th March 2023 at 12:45pm | |

The Christie
NHS Foundation Trust
Agenda item 06/23d

**Meeting of the Board of Directors - March 2023**

**Action plan rolling programme after January 2023 meeting**

| Month | From Agenda No | Issue | Responsible Director | Action | To Agenda no |
|---|---|---|---|---|---|
| **March 2023** | Annual reporting cycle | Corporate planning (corporate objectives / BAF 2022/23) | Executive directors | Approve next year's BAF | 09/23d |
| | Annual reporting cycle | Letter of representation & independence | Chair | Directors to sign | 09/23b |
| | Annual reporting cycle | Register of directors interests | Chair | Report for approval | 09/23b |
| | Annual reporting cycle | Integrated performance & quality report and finance report | COO | Monthly report | 08/23b |
| | Annual reporting cycle | Declaration of independence (non-executive directors only) | Chair | For completion by NEDs | 09/23b |
| | | 5 year strategy 2023-29 | DCEO | Approve | 09/23a |
| | | Medical Appraisal & Revalidation Annual report | EMD | Approve | 08/23d |
| | | Annual reporting cycle | Chair | Approve | 09/23c |
| | | | | | |
| **April 2023** | Annual reporting cycle | Integrated performance & quality report and finance report | COO | Monthly report | |
| | | Corporate objectives & BAF 2023/24 | CEO | Approve | |
| | | Register of matters approved by the board Arp 22- Mar 23 | CEO | Annual report to note | |
| | Annual reporting cycle | Annual Corporate Objectives | CEO | Review 2022/23 progress | |
| | | Modern Slavery Act update | CEO | Approve | |
| | Annual reporting cycle | Risk Management strategy 2021-24 | CN&EDoQ | Annual Review | |
| | | Board effectiveness review | Chairman | Undertake survey | |
| | | Freedom to speak up Guardian report | FTSUG | Quarterly update | |
| | | | | | |
| **May 2023** | Annual reporting cycle | Integrated performance & quality report and finance report | COO | Monthly report | |
| | Provider licence | Self certification declarations | EDoF&BD | To approve the declarations | |
| | Annual reporting cycle | Annual compliance with the CQC requirements | ECN | Declaration / approval | |
| | | Annual sustainability report | ECN | Update | |
| | Annual reporting cycle | Annual reports from audit & quality assurance committees | Committee chairs | Assurance | |
| | | | | | |
| **June 2023** | Annual reporting cycle | Integrated performance & quality report and finance report | COO | Monthly report | |
| | | Digital update | CCIO | Progress report | |
| | Annual reporting cycle | Annual report, financial statements and quality accounts (incl Annual governance statement / Statement on code of governance) | EDoF&BD | Approve | |
| | | | | | |
| **July 2023 - no meeting** | | Integrated performance & quality report and finance report | COO | Monthly report | By email |
| | | | | | |
| **August 2023 - no meeting** | | Integrated performance & quality report and finance report | COO | Monthly report | By email |
| | | | | | |
| **Sep-23** | Annual reporting cycle | Integrated performance & quality report and finance report | COO | Monthly report | |
| | | | | | |

| Month | From Agenda No | Issue | Responsible Director | Action | To Agenda no |
|---|---|---|---|---|---|
| **October 2023** | Annual reporting cycle | Strategy refresh, corporate objectives & board assurance framework | DCEO | Interim review & update | |
| | | Christie role in addressing healthcare inequalities | DCEO | Report | |
| | | Integrated performance & quality report and finance report | COO | Monthly report | |
| | | Freedom to speak up guardian | FTSUG | Annual report | |
| | | | | | |
| **November 2023** | Annual reporting cycle | Integrated performance & quality report and finance report | COO | Monthly report | 39/22b |
| | | | | | |
| **December 2023 - no meeting** | | Integrated performance & quality report and finance report | COO | Monthly report | By email |
| | | | | | |
| **January 2024** | Annual reporting cycle | Integrated performance report | COO | Monthly report | 03/23b |
| | | Update on Industrial action | DoW/COO | Update | 03/23c |
| | | | | | |
| **February 2024 - no meeting** | | Integrated performance & quality report and finance report | COO | Monthly report | By email |
| | | | | | |

NHS
The Christie
NHS Foundation Trust

**Agenda item: 06/23d**

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

**Thursday 26th January 2023**

| No. | Agenda | Action | By who | Progress | Board review |
|---|---|---|---|---|---|
| | | No actions arising from the meeting. | | | |

The Christie
NHS Foundation Trust

**Agenda Item 07/23a**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

| | |
|---|---|
| Subject / Title | Board assurance framework 2022/23 & progress against annual objectives |
| Author(s) | Louise Westcott, Company Secretary |
| Presented by | Chief Executive Officer |
| Summary / purpose of paper | For the Board of Directors to receive an update on progress against the annual objectives for 2022/23 |
| Recommendation(s) | To approve the corporate objectives and board assurance framework 2022/23 |
| Background papers | 34/22c Progress with annual objectives 2022/23<br>Corporate objectives, board assurance framework 2021/22 |
| Risk score | N/A |
| Link to:<br>➢ Trust strategy<br>➢ Corporate objectives | • Trust's strategic direction<br>• Divisional implementation plans<br>• Key stakeholder relationships |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | BAF Board assurance framework<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>NHSE NHE England |

The Christie
NHS Foundation Trust

**Agenda item 07/23a**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

# Board assurance framework 2022/23 & progress against annual objectives

## 1. Introduction

This paper outlines the progress against the annual objectives for 2022/23 (appendix 1). The objectives were presented to Board at their meeting In October 2022. This is end of year review of progress against the objectives. The latest version of the 2022/23 Board Assurance Framework is also presented at appendix 2.

## 2. Background

The annual objectives for 2022/23 sit under each of the 8 corporate objectives. These are reviewed every 6 months to assess progress and a year end position is reported here. The Board Assurance Framework looks at the risks associated with delivery of the corporate objectives.

## 3. Corporate objectives 2022/23

The Corporate Objectives are a fundamental element in the development of the annual plan and enabling the executives and divisions to align their proposed programme of activity to the Trust's ambitions.

The eight Corporate Objectives and the cascade to the annual executive objectives are provided at Appendix 1. These are then fed into Divisional Objectives. Monitoring of the objectives has been through the integrated performance report and reports to board. Assurance is managed through the assurance committees and the monitoring of risk through the board assurance framework.

## 4. Board Assurance Framework

The Board Assurance Framework (BAF) 2022/23 was presented to the Board of Directors in January and the Audit Committee in February. Further review of the BAF has taken place by the Executive team and Company Secretary since the meetings.

### 4.1 Updates to risks

All risks in the 2022/23 framework have been reviewed to reflect the most up to date situation in the Trust and wider system.

Updates have been made to the assurance and key controls columns for some of the risks. Where one of the assurance committees has reviewed a risk, the level of assurance they have assigned has been added into the assurance level column.

Risk 1.2 Failure to learn from patient feedback (patient satisfaction survey / external patient surveys / complaints / PALS) – risk reduced to 4 (2/2) to reflect performance at month 11. This meets the year end risk target score.

Risk 1.3 Risk of exceeding the thresholds for harm free care indicators (falls, pressure ulcers) – risk score reduced to 4 (2/2) to reflect performance against indicators at month 11. This meets the year end risk target score.

Risk 7.4 Failure to deliver organisational development plans to create a sustainable evolving organisational culture that is adaptive to change – risk score reduced to 8 (2/4)

**4.2 Suggested updates**

The committee are asked to consider the papers received in their meeting and assign a level of assurance to issues relating to the risks identified on the BAF. This level of assurance will then be added to the BAF and reported to Board.

There are no other suggested updates to the risks identified in the Board Assurance Framework this month.

**5. Recommendation**

The board of directors is asked to note the progress at the end of the year against the annual objectives and to note the Board Assurance Framework 2022/23 that has been updated following review of risks through the assurance committees.

The Christie NHS Foundation Trust

## Executive Objectives 2022/23

| 1. To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 1.1 | To ensure delivery of the patient and public experience plans | To develop and implement a Trust Patient and Public Engagement Strategy | 31.3.23 | ECN | In progress – will roll over into 2023/24 |
| 1.2 | To support the divisions in the delivery of the Quality Strategy | To realise the year 2 goals of the 2022/24 Quality Plan | 31.3.23 | ECN | Complete |
| 1.3 | To implement the Trust Risk Management Strategy | To realise the implementation of strategy objectives: i) launch a trust-wide revised risk awareness training programme; ii) implementation of 'Risk Awareness Week'; implementation of Safety II – Learning from Excellence | 31.3.23 | ECN | Complete |
| 1.4 | Ensure all patient care areas provide high quality care and treatment | To implement stretch targets for ward CODE re-accreditation scheme assessments. | 31.3.23 | ECN | Complete |
| | | To implement CODE accreditation to ambulatory care, CRF | 31.3.23 | ECN | Complete |
| 1.5 | Ensure patients receive excellent acute and supportive care | Embed acute and supportive care directorate and clinical leadership | 31.3.23 | EMD | Complete |
| | | Develop Supportive Care strategy to align with Living with and beyond BRC bid | | | Complete |
| | | Expand ambulatory care capacity and implement virtual ward | | | Complete |
| 1.6 | To deliver improvements to the patient environment & experience | To deliver the 2022/23 Capital Plan in line with the ICS | 31.3.23 | EDoF | Complete |
| | | Transfer of the management of peripheral outpatient activity | 31.3.23 | COO | In progress – will roll over into 2023/24 |
| | | Implement the phase 1 of closed loop chemotherapy | 31.3.23 | COO | Complete |
| | | Enhance patient and staff experience in OP pharmacy services | 31.3.23 | COO | Complete |
| | | Explore the opportunities to improve patient facilities in CT | 31.3.23 | COO | Complete |
| 1.7 | Improve information provided to patients around their cancer and treatment | Implement the 'Please, Write to Me' guidance from the Academy of Medical Royal College across all clinical teams | 31.3.23 | EMD | Complete – audit planned |

| 2. To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 2.1 | Work in collaboration with regional, national and international research partners to provide world class cancer research | Refresh and embed new R&I strategy in alignment with other Christie clinical strategies and NIHR Biomedical Research Centre, Experimental Cancer Medicine Centre, Clinical Research Facility and CRUK Major Centre strategic objectives | 31.03.23 | DCEO/DRI | Complete |
| | | Completion of the of the Paterson development | 31.03.23 | EDoF | Complete |

| 3. To be an international leader in professional and public education for cancer care | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 3.1 | Refresh and implement the Christie Education Strategic Plan | Strategic plan approved with a focus on transforming cancer care through excellence in education and scholarship regionally, nationally and internationally | 31.3.23 | DCEO/DE | Complete |
| 3.2 | Increase accessibility to cancer education | Embed an expansive portfolio of inclusive cancer education programmes with a strong focus of personalised learning that supports **all** Christie staff and external colleagues | 31.3.23 | DCEO/DE | Complete |

| 4. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 4.1 | Develop and implement Christie Clinical Outcomes Strategy | Outcomes strategy approved and implementation commenced to;<br>• improve clinical data documentation<br>• streamline access to clinical data<br>• optimise use of clinical data to drive service delivery / improvement and research<br>• elevate ability to monitor key outcome metrics<br>• increase data literacy | 31.3.23 | EMD | Complete |
| 4.2 | Enhance and expand Christie International partnerships | Expand education offer to international partners and international clinical fellowship scheme | 31.3.23 | DCEO/DE | Complete |

| 4. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre | | | | | |
|---|---|---|---|---|---|
| Annual objective | | Measure | Timescale | Director | Progress |
| 4.3 | To further integrate cancer research between the University of Manchester and The Christie | Define a collaborative agreement with University of Manchester and CRUK that will enhance partnership and clinical and science relationships in preparation for the Paterson | 31.3.23 | DCEO | On-going discussions with UoM pending governance review of MAHSC by the Dean |

| 5. To provide leadership within the local network of cancer care | | | | | |
|---|---|---|---|---|---|
| Annual objective | | Measure | Timescale | Director | Progress |
| 5.1 | Implement the GM surgical oncology Strategy | Sustain Mutual Aid for GM to meet system recovery plans | 31.3.23 | COO | Complete |
| 5.2 | Refresh of chemotherapy delivery strategy | Align localisation of chemotherapy with the refreshed strategy | 31.3.23 | COO | In progress – will roll over into 2023/24 |
| | | Development of governance arrangements for delivery of trials at the outreach centres | 31.3.23 | COO | Complete |
| 5.3 | Development of Haematology strategy | Develop Haematology Strategy in line with Manchester Cancer plans | 31.3.23 | COO | In progress – will roll over into 2023/24 |
| 5.4 | Implement Radiotherapy Strategy | Develop further the role of the ODN in future commissioning models | 31.3.23 | COO | Complete |
| | | Support Radiotherapy service resilience across the North West. | 31.3.23 | COO | Complete |
| 5.5 | Delivery of National PET Service | Embed PET service provision into ICS | 31.3.23 | COO | Complete |
| | | Sustain PET CT services to GM in line with the NC2 contract | 31.3.23 | COO | Complete |
| 5.6 | Cancer System leadership | Implementation of the Cancer operating model within the ICS | 31.3.23 | Exec Team | Complete |

| 6. To maintain excellent operational, quality and financial performance | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 6.1 | To develop and deliver our financial strategy | Maintain a rating of 1 within the finance and use of resources oversight theme as part of the NHS System Oversight Framework | 31.3.23 | EDoF | Complete |
| | | Delivery of Trust profit share in line with the financial plan for TCPC and CPP | 31.3.23 | EDoF | Complete |
| 6.2 | Continue to improve relationships with commissioners | Agreement of 22/23 commissioner contract with NHSE and GM ICS which secures resource against planned activity. | 31.3.23 | EDoF | Complete |
| | | Work with the GM ICS in order to agree a fair and equitable allocation of the capital and revenue resources available to the system to deliver recovery and restoration of activity. | 31.3.23 | EDoF | Complete |
| 6.3 | To identify and deliver continuous improvement in patient care | Deliver service and patient improvements, measured through staff and patient surveys | 31.3.23 | COO | On plan |
| | | Deliver trust wide recurrent efficiency savings | 31.3.23 | COO | Behind plan – actions identified |
| 6.4 | Achieve and sustain upper quartile performance targets | Achieve performance targets:<br>• Maintain rating of 1 and segmentation of 1 within the Single Oversight framework<br>• Delivery of control total<br>• Delivery of Finance and Performance control total<br>• Achieve national research performance metrics for clinical trials<br>• Maintain a low level of clinical negligence claims.<br>• Quality Impact Assessments undertaken for all efficiency schemes signed off by Medical Director / Chief Nurse<br>• No breaches of national agency cap rates<br>• Survey results place The Christie in the top decile of performance nationally (friends & family, staff and patients) | 31.3.23 | Exec team | Complete |
| 6.5 | To deliver and implement Operational Plan in line with NHSI guidance | Deliver activity in line with plan | 31.3.23 | EDoF/COO | Complete |
| 6.6 | Implement digital solutions to achieve financial balance | Develop the Digital Strategy to align with the system | 31.10.22 | COO | Complete |
| | | Deliver 1st year milestones | 31.3.23 | COO | Year 1 started Jan 2023 – review Jan 2024 |

The Christie
NHS Foundation Trust

| 7. To be an excellent place to work and attract the best staff | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 7.1 | Deliver Christie People Plan 2022/23 objectives | To remain in the upper quartile for all domains of the NHS National staff survey and Staff FFT<br><br>PDR levels to be compliant with Trust threshold<br>Essential Training levels to be compliant with Trust threshold<br>Retention rates to benchmark equally against NHS average<br>Sickness rates to be compliant with Trust threshold | 31.3.23 | DoW | Complete<br><br>Thresholds not met – actions agreed |
| | | To deliver The Christie People Plan in year objectives including refresh of wellbeing/leadership and associated strategies<br><br>To implement the second phase of the Respect Campaign | 31.3.23 | DoW | People Plan refreshed in year – incorporated in plan<br><br>Underway |
| 7.2 | Promoting equality and diversity in the work place | To demonstrate progress against national requirements of equality, diversity & inclusion agenda | 31.3.23 | DoW | Complete |
| 7.3 | To effectively plan and resource services through the creation of innovative roles and structures | To develop & deliver plans to address the workforce risks.<br>To monitor progress of any related workforce sub-groups through the Workforce Committee. | 31.3.23 | DoW | Complete<br>Assurance Committee also established |

| 8. To play our part in the local health care economy and community | | | | | |
|---|---|---|---|---|---|
| **Annual objective** | | **Measure** | **Timescale** | **Director** | **Progress** |
| 8.1 | Play our part as a corporate citizen | Proactively engage with Greater Manchester Integrated Care System / Board (ICS/ICB) | 31.3.23 | Exec team | Complete |
| 8.2 | Promoting The Christie as a good local neighbour | Continue to implement Green Travel Plan | 31.3.23 | EDoF | Complete |
| | | Implement plan to improve car parking for patients, staff and local residents | 31.3.23 | EDoF | Complete |
| | | Regularly engage local residents regarding the Trust's plans | 31.3.23 | EDoF | Complete |

## Corporate objective 1 - To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer

| Number | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.1 | Risk to patients and reputational risk to trust of exceeding healthcare associated infection (HCAI) standards | ECN | 2 | 3 | Patients with known or suspected HCAI are isolated. Medicines management policy contains prescribing guidelines to minimise risk of predisposition to C-Diff & other HCAI's. Need to maintain low levels of Gram negative bacteraemia. RCA undertaken for each known case. Review of harm undertaken. Induction training & bespoke training if issues identified. Close working with NHS England at NIPR meetings. Clinical advisory group in place. Daily monitoing of staff / patient impact of covid cases. Following national guidance. IPC BAF presented to Board Jan 22. | None identified. No formal threshold set by commissioners. | **6** | Levels reported through performance report to Management Board and Board of Directors and quarterly to NHS Improvement. MIAA audit | None identified | Averse | Quality | High | 6 | 6 | 6 | 6 | | **6** | Year end |
| 1.2 | Failure to learn from patient feedback (patient satisfaction survey / external patient surveys / complaints / PALS) | ECN | 2 | 2 | Monthly patient satisfaction survey undertaken and reported through performance report. Negative comments fed back to specific area and plans developed by ward leaders to address issues. Action plans developed and monitored from national surveys. Complaints and PALs procedures in place. Action plans monitored through the Patient Experience Committee | None identified | **4** | Management Board and Board of Directors monthly Integrated performance and quality report. National survey results presented to Board of Directors. | None identified | Averse | Quality | Mediu m | 6 | 6 | 6 | 6 | | **4** | Year end |
| 1.3 | Risk of exceeding the thresholds for harm free care indicators (falls, pressure ulcers) | ECN | 2 | 2 | Trust aim to maintain 2016/17 levels. Collaborative projects in place. All falls come through executive nursing panel process. Call don't fall initiative. Falls group. Executive review group looks at attribution of avoidable / unavoidable. System for assessment of ulcers / grading used. Training across the trust (focus on theatres/critical care). NHSI criteria for assessment & expectations around pressure ulcers - internal review undertaken.Maintain low rates of catheter associated UTI's and maintain 95%+ VTE assessments. Increase in low harm | None identified | **4** | Regular reports to Quality Assurance committee and board (through the integrated performance report). | None identified | Averse | Quality | Mediu m | 6 | 6 | 6 | 6 | | **4** | Year end |
| 1.4 | Inequity of access for patients to Christie services due to delays in expanding care closer to home provision | COO | 3 | 4 | Approval for the trust to further expand the management of local oncology and chemeotherapy services across GM. Focus on improved digital access e.g. appointments / ePROMs and Shared Decision Making. Chemotherapy services in locations across GM & Cheshire - strategy on track but constrained by other trusts. | Workforce and engagement from other trusts. | **12** | Reports to Management Board | None identified | Cautious | Quality | High | 12 | 12 | 12 | 12 | | **8** | Year end |

## Corporate objective 2 - To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 | Risk to research profile and patient access to trials through reduced funding & changes to funding streams | EMD | 2 | 4 | Regular dialogue with national funding organisations on potential impact; open dialogue with strategic pharma partners; strong academic investment strategy to retain and attract world leading academics. Reporting to NHSE/I as and when required. Engaging in national webinars and updates. Sign up to regulators alerts - legislative changes assimilated into local processes as they arise. Any associated risks discussed and communicated. Levels of risk and mitigation reported through Research Division Board and Christie Research Strategy Committee | Oversight of potential legislative impact | **8** | Reports to Quality Assurance Committee | None identified | Cautious | Quality | Mediu m | 8 | 8 | 8 | 8 | | **8** | Year end |
| 2.2 | Failure to deliver the Paterson building within timescale and budget. | EDoF / EMD | 2 | 5 | Build continues on plan and budget with established governace & reporting through board & committees. | Impact of current economic environment on supply chain | **10** | Robust programme management (Steering Group, Finance Committee, Change Committee, Paterson Board) providing regular assurance reports to BoD | None identified | Cautious | Board | High | 10 | 10 | 10 | 10 | | **10** | Year-end |

## Corporate objective 3 - To be an international leader in professional and public education for cancer care

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.1 | Risk to delivery of the School of Oncology strategy due to restrictions of post COVID 19 financial regimes, creating strategic, financial, reputational and operational implications | EMD | 3 | 2 | Review the deliverables and prioritise in line with financial investment available. Maximise the potential of external income. Refresh the School of Oncology focus on integration of objectives with clinical and research divisions. Work with finance to review funding options, develop business cases for high priority initiatives and look at alternative funding sources. School of oncology board reports to Management Board. | Continuing inability to deliver all strategic objectives due to difficulty in accessing curent investment funds to deliver new initiatives. | **6** | Reporting to Workforce Assurance Committee and Board | None identified | Cautious | Workforce | | 8 | 8 | 6 | 6 | | **8** | Year end |

## Corporate objective 4 - To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.1 | Lack of evidence to show progress against the ambition to be leading comprehensive cancer centre | DCEO | 2 | 3 | Reaccreditation by OECI. Baseline measures identified and presented to Board of Directors. Looking at how we can be part of International Benchmarking. MCRC Strategy. Designated as the most technologically advanced cancer centre in the world outside North America.Updates to Board Time Outs / Board of Directors meetings | Availability of comprehensive data with which to compare ourselves | **6** | OECI reaccreditation. In segment 1 (System oversight framework). | None identified | Cautious | Board | | 6 | 6 | 6 | 6 | | **6** | Year end |

## Corporate objective 5 - To provide leadership within the local network of cancer care

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5.1 | Lack of on site capacity for Christie patients resulting in additional pressure on neighbouring organisations | COO | 2 | 4 | Expansion of ambulatory care models. Impemetion of the programmes to reduce LOS. Twice daily huddles. Monitor via weekly performance reports and IPQFR. Number of patients sent elsewhere reported through Exec Team weekly.Integrated performance report to Management Board and Board of Directors. Reports to Quality Assurance Committee. | Workforce | **8** | Reports to Quality Assurance Committee. | None identified | Averse | Quality | High | 8 | 8 | 8 | 8 | | 4 | Year end |
| 5.2 | Non delivery of the cancer element of the GM recovery plans | COO | 2 | 4 | Biosecurity measures regularly reviewed across the organisation. Transformation projects within OP (virtual clinics). Activity monitored daily. Planning submissions sent. Weekly review of theatre and anaesthetic schdules in place. Work continuing to develop relationships with partnering Trusts to progress the use of mutual aid. | None identified | **8** | Progress monitored through integrated performance report to Management Board and Board of Directors. Reports to Quality Assurance Committee. | None identified | Averse | Quality | High | 8 | 8 | 8 | 8 | | **0** | Year end |

## Corporate objective 6 - To maintain excellent operational, quality and financial performance

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6.1 | Key performance targets not achieved | COO | 4 | 3 | Executive led monthly divisional performance review meetings. Integrated performance & quality report to Management Board and Board of Directors monthly. Weekl;y performance reporting via trust operational group. Escalation internally & across GM of delays impacting waiting time targets. Monitoring cancer waiting time standards through GM Cancer & IPR. | None identified | **12** | Executive Team monitor activity weekly. Integrated performance report to Management Board, Quality Assurance Committee and Board of Directors. | None identified | Cautious | Audit / Quality | High | 12 | 12 | 12 | 12 | | **4** | Year end |
| 6.2 | Change in financial regime resulting in inability to deliver the Trust's strategic plan. | EDoF | 3 | 4 | Participating at national level and ICS (Greater Manchester) level to influence the new financial framework and its implementation. 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. | Changes in national funding arrangements and delegation of commissioning functions. | **12** | MIAA Key Financial controls - substantial assurance. HFMA review audit. To continue to report through Managment Board and Board of Directors via financial reports and updates. Executive Team monitor activity weekly. | None identified | Cautious | Audit | High | 20 | 20 | 12 | 12 | | **12** | Year end |
| 6.3 | Digital programme unable to support delivery of operational objectives | COO | 1 | 4 | CWP (clinical web portal) on stable platform. Review of digital programme and to align ditial strategy with Service strategies. Key projects moving forward e.g.Order comms. EPMA, ePROMs, clinical outcomes. Progress and objectives set/reviewed by Quarterly Digital board. | Internal capability & expertise to support system going forward. | **4** | Reports to Management Board & Board of Directors. | None identified | Cautious | Audit | High | 4 | 4 | 4 | 4 | | **4** | Year end |
| 6.4 | Not delivering the objectives of our commercial partnerships resulting in negative financial / patient experience or reputational impact | EDoF | 2 | 3 | Partnership Boards in place. Review of contract arrangemnts for CPP. TCP - Internal and external auditors in place. MIAA governance audit gave significant assurance. KPI's reported via partnerhip board structure. | None identified | **6** | Close contact with partners & management of joint incidents. Regular reports to Board and Audit Committee | None identified | Averse | Audit / Board | High | 6 | 6 | 6 | 6 | | **6** | Year end |
| 6.5 | Reputational damage, service disruption and financial loss due to cyber-attack. | COO | 3 | 5 | Risk committee regular reporting on cyber security alerts established. Digital Programme progression of key cyber security improvement projects continues. Digital Board reporting. NHS Digital linked monitoring tools being deployed. Internal scanning tools deployed. External summary reports provided. Regular testing and reporting of security vulnerabilities. Staff training mandatory. Cyber incident response support established via NHS Digital. | The Trust does not currently have cyber security insurance. | **15** | Data Security and Protection Toolkit submissions with audits undertaken. Digital board reporting. Board level Senior Information Risk Owner in place. | None identified | Averse | Audit | High | 20 | 20 | 20 | 15 | | **15** | Year end |
| 6.6 | Networked infrastructure failure due to out of support computer room hardware and capacity limitations. | COO | 3 | 4 | Data Centre co-location business case approved April 2021. Additional time and mitigations identified with detailed project plan working through with all vendors, will continue to be monitored through project board. Hardware ordered with indicative timescales for delivery. Further contingencies identified (with cost) within the project budget. | None identified | **12** | MIAA Shadow ICT arrangement audit - moderate assurance. Reports to Digital Maturity Board, Management Board & Board of Directors. | None identified | Cautious | Audit | High | 12 | 12 | 12 | 12 | | **0** | Year-end |

## Corporate objective 7 - To be an excellent place to work and attract the best staff

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7.1 | Target reductions in sickness levels not achieved | DoW / COO | 3 | 3 | Adherence with sickness management policy. Sickness levels monitored & reported through Service and Operational meetings | None identified | **9** | Monthly sickness levels as reported in Integrated performance and quality report. Return to work audits presented to workforce committee. | None identified | Cautious | Workforce | | 9 | 9 | 9 | 9 | | **3** | Year end |
| 7.2 | Risk of negative impact on delivery of services and staff engagement levels due to Trustwide staffing gaps in some occupations and ability to recruit and retain | DoW | 4 | 3 | R&R Trust wide group in operation reporting to the workforce committee. Commenced programme of work with an external organisation to develop our recruitment offer, advertising and brand.Commenced a programme of recruiting international nurses of a 6 month period. Quarterly oversight of Trust wide vacancies and recruitment activity presented to the workforce committee. Divisional oversight of recruitment activity and vacancies discussed at the monthly service review meetings. Turnover analysis and exit interview data presented and discussed six monthly at the workforce committee.PDR comliance | National staff shortages impacting recruitment | **12** | MIAA Bank & Agency audit underway. MIAA Recruitment & Retention / E Rostering Audits - substantial assurance. National staff survey 2021 results. Reports to Management Board . Agency spend. Workforce Committee Oversight | None identified | Averse | Workforce | High | 15 | 15 | 15 | 12 | | **15** | Year end |
| 7.3 | Poor workforce engagement impacting on delivery of services. | DoW | 3 | 3 | Divisional and Trust wide action planning of staff survey results to be monitored at monthly service reviews and Workforce Committee. Development of a wellbeing dashboard to be presented to workforce committee triangulating Employee Relations activity, absence, turnover and other related data. Refresh of the Christie People Plan focus of priorities based on the organisation needs/staff survey responses. Extension of two staff health & wellbeing advisor posts to support workforce wellbeing. | None identified | **9** | Regular reporting to Management Board and Board of Directors through the integrated performance report. | None identified | Averse | Workforce | High | 12 | 12 | 12 | 9 | | **6** | Year end |
| 7.4 | Failure to deliver organisational development plans to create a sustainable evolving organisational culture that is adaptive to change | DOW / EMD / COO | 2 | 4 | Facilitating Trust internal management structures to deliver improved engagement. Implementation of the Christie People Plan priorities for example Respect Campaign, cultures and values programme of work, management development programmes and creation of supportive toolkits. | None identified | **8** | Regular reporting to Management Board and Board of Dircetors through the Workforce report and associated executive reports. | None identified | Averse | Workforce | High | 10 | 10 | 10 | 10 | | **6** | Year end |
| 7.5 | Risk of non compliance with essential training needs | DoW | 3 | 3 | Delivery of training through virtual and e-platforms. Performance will be monitored through the service and operational review process. Escalations of potential non-compliance through meeting structures (Trust Operational Group, risk/operation performance reviews/Management Board etc). A review of the effectiveness of essential training has been commissioned by HEE, a number of recommendations have been made which will be implemented and monitored through the workforce committee. | None identified | **9** | Discussion at Divisional operational & performance reviews and Management Board. Reports to Board through integrated performance report | None identified | Cautious | Workforce | | 9 | 9 | 9 | 9 | | **6** | Year end |
| 7.6 | Race/Disability discrimination impacting staff experience and therefore patient care | DoW | 3 | 3 | Staff networks established, Board development sessions planned across the year focussing on discrimination. EDI programme board monitors delivery of the EDI plan and escalation of risks. Monitoring of WRES / WDES data in Workforce Committee | None identified | **9** | Reports to Workforce Committee, Management Board and Board. Staff story at each Workforce Assurance Committee. | None identified | Averse | Workforce | High | 9 | 9 | 9 | 9 | | **9** | Year end |

## Corporate objective 8 - To play our part in improving the local healthcare economy, community & environment

| | Principal Risks | Exec Lead | Likelihood | Impact | Key Control established | Key Gaps in Controls | Current Risk Score | Assurance | Gaps in assurance | Risk appetite (Averse / Cautious / Eager) | Responsible committee | Assurance level achieved (High / Medium / Low) | Opening Position | Position at end of Q1 | Position at end of Q2 | Position at end of Q3 | Position at end of Q4 | Target risk score | Target date for completion |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8.1 | Impact on our ability to obtain planning approval for future capital developments. | EDoF | 2 | 3 | Close working with Manchester City Council (MCC) planning and development issues as well as implementation of the Trust's green travel plan. Strategic planning framework approved which includes current and future requirements for travel to site. Regular communication with residents through the Neighbourhood Forum and newsletters and with local councillors. Agreement by MCC of strategic development plan and delivery of the Trust's 5 year Capital Plan delivery | None identified | **6** | Monitored through Management Board & Board of Directors. Capital programme shared with MCC and Board of Directors. | None identified | Cautious | Board | | 6 | 6 | 6 | 6 | | **3** | Year end |
| 8.2 | Failure to progress towards achievement of the NHS net zero Carbon targets through failure to achieve the annual milestones for The Christie set out in the Sustainable Development Management Plan | DCEO | 4 | 2 | Progress against SDMT plan regularly reported to Sustainability Committee and to Management Board as part of Integrated Performance Report. Progress against objectives overseen and reviewed by DCEO as Trust Net Zero lead. Board training on net zero Carbon completed in November 2022 | None identified | **8** | Progress against SDMT plan regularly reported to Board of Directors as part of Integrated Performance Report. Annual Report to Board of Directors. Oversight by Audit Committee | None identified | Cautious | Audit | High (in context of challenging targets) | – | – | 8 | 8 | | **8** | Year end |
| 8.3 | Reduced ability to provide services and support to patients due to national / global influences (supplies / fuel costs etc) | DCEO | 2 | 4 | Group in place to review supply chain | Global position | **8** | Reports to Audit Committee | None identified | Cautious | Audit | | 8 | 8 | 8 | 8 | | **8** | Year end |

The Christie
NHS Foundation Trust

**Agenda Item 07/23b**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

| | |
|---|---|
| Subject / Title | Quality Assurance Committee report – January 2023 |
| Author(s) | Company Secretary's Office |
| Presented by | Committee chair |
| Summary / purpose of paper | This paper provides the board with a summary of the assurance items considered by the Quality Assurance Committee at their January meeting and any subsequent actions required by the Board. |
| Recommendation(s) | To note the report and any actions |
| Background papers | Quality Assurance Committee papers 19th January 2023 |
| Risk score | BAF references noted within the report |
| Link to:<br>➢ Trust strategy<br>➢ Corporate objectives | • Trust's strategic direction<br>• Divisional implementation plans<br>• Our Strategy<br>• Key stakeholder relationships |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | |

The Christie
NHS Foundation Trust

**Agenda Item 07/23b**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

**Quality Assurance Committee report – January 2023**

## 1 Introduction

The Quality Assurance Committee took place on 19th January 2023. The following summary gives the Board information on the items that were considered, and any actions required by the Board.

## 2 Quality Assurance Committee agenda items

The items listed below were all presented to the Quality Assurance Committee for assurance in January:

Assurance level descriptions:

| HIGH | MEDIUM | LOW |
|---|---|---|
| Substantial assurance provided over the effectiveness of controls in mitigating the risk in delivering our targets. | Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve. | Assurance indicates limited effectiveness of controls. |

| Agenda item | BAF reference | Assurance rating given | Associated action (where applicable) and/or comments to note |
|---|---|---|---|
| Review of incident reporting volumes | 1.2 & 1.3 | Medium | **Key points noted:**<br>• Root cause of the perceived increase was explained to the Committee relating to the scripts (generated reports based on selected reporting criteria) and methodology used to previously count the data.<br>• Assurance was provided that the median number of incidents reported each week is stable at circa 140 and the divisional management processes and ERG processes to ensure the individual management of incidents is robust.<br>• New report format to be presented to next Committee meeting.<br>**Actions:**<br>• Timetable relating to the national changes on incident reporting to be provided to Committee members.<br>• Inform the Committee of any feedback from any other Committees where the new format of the patient safety report is received. |

| | | | |
|---|---|---|---|
| GM Cancer capacity update | 5.1/5.2 | High | **Key points noted:**<br>• Key controls in place covering BAF risks described.<br>• All beds are now fully back open post pandemic and twice daily huddles take place to look at bed management. There are also now more beds compared to pre-pandemic.<br>• Funding has been approved to extend cover for ambulatory care provision for all weekends.<br>No actions from Committee review. |
| Health and Safety Annual Report | 7.3 | High | **Key points noted:**<br>• New report format to be in place for next report and will include more information on assurance and lessons learnt.<br>**Actions:**<br>• To report back to the Committee as to where the Trust is up to in relation to the creation of the new compound for clinical waste.<br>• A more detailed breakdown to be provided in relation to the number of staff referred to occupational health. This will be picked up through the Workforce Assurance Committee at the March 2023 meeting. |
| Learning from deaths update | | High | **Key points noted:**<br>• Backlog of mortality reviews now completed.<br><br>No actions from Committee review. |

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 reports received for assurance by the Quality Assurance Committee in January 2023.

The Christie
NHS Foundation Trust

**Agenda Item 07/23c**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

| | |
|---|---|
| Subject / Title | Audit Committee report – February 2023 |
| Author(s) | Company Secretary's Office |
| Presented by | Committee chair |
| Summary / purpose of paper | This paper provides the board with a summary of the assurance items considered by the Audit Committee at their October meeting and any subsequent actions required by the Board. |
| Recommendation(s) | To note the report and any actions |
| Background papers | Audit Committee papers 16th February 2023 |
| Risk score | BAF references noted within report |
| Link to:<br>➢ Trust strategy<br>➢ Corporate objectives | • Trust's strategic direction<br>• Divisional implementation plans<br>• Our Strategy<br>• Key stakeholder relationships |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | DoF Director of Finance<br>CIO Chief Information Officer |

The Christie
NHS Foundation Trust

**Agenda item 07/23c**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

# Audit Committee report – February 2023

## 1 Introduction

The Audit Committee took place on 16th February 2023. The following summary gives the Board information on the items that were considered and any actions required by the Board.

## 2 Audit Committee agenda items

The items listed below were all presented to the Audit Committee for assurance.

During the discussions relating to the assurance ratings to be assigned to the relevant agenda items, a requirement for a further discussion to take place was identified to ensure that all Committee members are confident with the process for assigning assurance levels based on the associated BAF risks and the information being presented to the Committee to mitigate those risks. For the purposes of this meeting, the Committee Chair suggested an assigned level of satisfaction until this discussion has taken place.

Assurance level descriptions:

| HIGH | MEDIUM | LOW |
|---|---|---|
| Substantial assurance provided over the effectiveness of controls in mitigating the risk in delivering our targets. | Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve. | Assurance indicates limited effectiveness of controls. |

| Agenda item | BAF reference | Assurance rating suggested | Comments and associated action (where applicable) |
|---|---|---|---|
| Freedom to speak up (FTSU) assurance report | N/A | Medium-high satisfaction level | • FTSUG confirmed that the review provided a good chance to ensure the Trust are meeting all the requirements and are being reported on appropriately. An assessment of all the evidence in place was also undertaken as part of the review and the paper provided assurance against all the requirements noting that there are always opportunities to improve. Communication identified as a key area of focus. |
| Digital six-monthly update | 6.3/6.5 | Medium satisfaction level | • Committee comments supportive of report format and the detailed information contained within the report was aligned to |

| Agenda item | BAF reference | Assurance rating suggested | Comments and associated action (where applicable) |
|---|---|---|---|
| | | | the digital strategy.<br>• Noted position in relation to being behind with progress of audit actions.<br>• Top risk noted as reduced in score to a 12.<br>• A general overview of cyber also contained within the paper and responses to the MIAA questions for Boards to consider were also provided. |
| Executive Director of Finance report | 6.2 | High satisfaction level | • Month 9 accounts submitted on time.<br>• Internal audit contract extended to 31.3.24.<br>• The final accounts timetable and plans were agreed.<br>• The accounting policies were approved.<br>• The Tender waiver approvals were noted.<br>• The details of the Annual Plan 2023-24 were noted.<br>• Shouldn't we also make reference to HFMA resilience report and also substantial MIAA finance ratings |

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 reports received for assurance by the Audit Committee in February.

The Christie
NHS Foundation Trust

**Agenda item 08/23a**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

| | |
|---|---|
| Subject / Title | Trust report |
| Author(s) | Executive Directors |
| Presented by | Roger Spencer, Chief Executive |
| Summary / purpose of paper | This report brings together the key issues for the Board of Directors in relation to our performance, strategy, workforce, the Greater Manchester system landscape, the regulatory landscape and other pertinent matters within the scope of the board's responsibilities. It incorporates existing reports and responds to the feedback from the Board Time Out in July 2022. |
| Recommendation(s) | The board is asked to note the contents of the paper. |
| Background Papers | Integrated Performance, Quality and Finance Report<br>Finance Report |
| Risk Score | See Board Assurance Framework |
| Link to:<br>➢ Trust's Strategic Direction<br>➢ Corporate Objectives | Achievement of corporate plan and objectives |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | CEO Chief Executive Officer<br>MCRC Manchester Cancer Research Centre<br>CRF Clinical Research Facility<br>ECMC Experimental Cancer Medicine Centre<br>CRN Clinical research network<br>NIHR National Institute for Health and Care Research |

The Christie
NHS Foundation Trust
**Agenda item 08/23a**

**Meeting of the Board of Directors**
**30th March 2023**

**Trust Report**

## Introduction

**Executive Summary**

- We have four high risks on the risk register all of which have controls and mitigation in place – these are overseen the by risk committee with assurance provided by the three board assurance committees
- Financial performance is strong with a cumulative £1026k surplus against a break-even plan and no significant variances in financial metrics
- 2023/24 planning is being finalised with the GM ICS in time for submission by the end of March
- Operational performance is strong other than for the 62-day referral to treatment standard which we have not met mainly because of referrals being received late in this pathway
- The quality of care remains high with no significant adverse variances in indicators of the effectiveness, safety or patient experience of our services
- Our workforce indicators show good performance other than the staff absence rate which is above the target threshold
- We are assessing the ongoing impact of possible industrial action on our patients.
- Recent recognition of some of our researchers and success in education funding applications are outlined
- Greater Manchester ICB have launched a leadership and governance review across the system

This report brings together the key issues for the Board of Directors in relation to our performance, strategy, workforce, and the Greater Manchester system landscape, the regulatory landscape and other pertinent matters within the scope of the board's responsibilities.

This format consolidates information provided in a range of routine reports for the board and responds to requests from board members for regular and structured reporting of key system and regulatory developments.

## Risks

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

1. Risk of prolonged disruption to services, due to a severe cyber security incident.
2. Risk of not achieving the break-even financial plan including the cost improvement programme
3. Risk of delayed cancer referral and treatments due to not meeting 24 / 62-day targets
4. Risk of patients being lost to follow up

*See details in Integrated Performance, Quality and Finance Report*
*Responsible Executive Director - Chief Nurse*
*Responsible Assurance Committee – Quality/Audit/Workforce depending on risk*

## Financial Performance

Financial performance remains strong. The year-to-date position at Month 11 is a £1026k surplus compared to a breakeven plan within the latest plan submission of an annual break-even control total. The in-month position for month 11 is a surplus of £519k against a breakeven plan.

This is in line with the annual 2022/23 revenue plan re-submitted at the end of June. This plan includes additional revenue income provided to support inflationary pressures, particularly rising energy prices, and enabled a plan to break-even overall.

As shown in the table there are no significant variances from the planned financial performance against key measures.

| **Measure of Financial Performance** | Red / Amber / Green rating |
|---|---|
| Revenue: Trust Control Total compared to breakeven plan | £1,026k |
| Capital: Capital expenditure against plan | 12.05% below plan |
| CIP achieved (recurrent) against target | £4.4m of £7.3m target |
| Debtor days compared to 15-day target | 12 days |
| Cash balance | £151,660k |

**2023/24 Planning**
The Trust is part of the Greater Manchester Integrated Care System (GM ICS) and as such, must plan for its revenue and capital expenditure to fit within the cumulative capital and revenue limit for the GM ICS. Currently the cumulative GM ICS revenue and capital plans exceed both these limits hence there is more work to do on refining these plans and reducing the overall expenditure.

As usual, the Trust has undergone a robust planning cycle to assess the level of activity in the different disease groups, considering new NICE guidance and acuity of patients. This has led to a forecast level of activity that has been assessed in terms of the pay and non-pay resource requirement for the Trust. An Exec level 'check and challenge' process has been undertaken to ensure the activity is planned to be delivered as efficiently and effectively as possible.

The level of income offered by the Trust's commissioners has been included in the plan however this does not yet fund the entire amount of activity being planned. The funding source for this additional activity needs to be identified by the commissioners which is currently not complete. In addition, there is a level of inflation (mainly energy and drugs) more than the level of funding. This is a national issue which needs resolving for the entire GM ICS.

The next steps are submission of the current Trust plan on 27th March to the GM ICS with consolidation and national submission by the end of March.

*Financial details are provided in the Integrated Performance, Quality and Finance Report*
*Responsible Executive Director – Finance Director*
*Responsible Assurance Committee – Audit*

**Operational Performance**
Overall performance remains strong apart from the 62-day referral to treatment standard.

The February 62-day position has improved from January to 79.5% compliance (subject to validation). We have continued to achieve the 31-day standard for treatment to start within 31 days of the decision to treat.

Activity levels are monitored against agreed 2022/23 plan. At month 11, chemotherapy deliveries and radiotherapy fractions along with non-elective spells continue to be above plan whilst all other points of delivery are either on plan or tracking slightly below plan.

One operation was cancelled on the day for non-clinical reasons.

*Performance details are in the Integrated Performance, Quality and Finance Report*
*Responsible Executive Director – Chief Operating Officer*
*Responsible Assurance Committee – Quality Assurance*

**Quality of Care**

The reported metrics confirm that the quality of care at The Christie continues to be outstanding despite the pressures of recent years.

Safer staffing numbers have met the required acuity levels to ensure appropriate levels of safety and care for our patients. Indicative staffing, in line with nursing establishments, is set to maintain a 1:6 nurse to patient ratio. On occasion this has been extended to 1:8 which is in line with recommended national staffing ratios. While we have seen an increase in patient safety incidents, following thematic review, these were not related to nurse staffing ratios.

We continue to report cases of a range of infections although other than for C Difficile there are no national standards or thresholds. Although we continue to have patients with C Difficile, reflecting community prevalence of infection and the vulnerability of our patients, audits show that in no case has infection been the result of a lapse in the standards of care. There were no cases of hospital acquired nosocomial COVID-19 infections in February. There was 1 case of MRSA Bacteraemia in February that were deemed attributable to the Trust, this is the only case in year, and it arose in a patient with a known MRSA colonisation. A full root cause analysis investigation is underway.

The number of formal complaints increased slightly in February compared to the monthly average, the number of contacts with the Patient Advice and Liaison Service (PALS) service decreased from 41 in January to 45 in February.

One serious incident was reported in February. There were 7 incidents reported in month with the classification of moderate and none with the classification of major all of which are going through to full root cause analysis.

Our post treatment mortality rates remain within the expected very low limits.

The most recent CODE inspection was Ward 11, their 4th re-validation took place on 22nd February 2023 achieving GOLD status with 14 Gold standards and 2 Green standards, demonstrating influential leadership and great teamwork. The panel presentation to Roger Spencer, CEO and Theresa Plaiter, Deputy Chief Nurse took place on 28th February 2023.

Ward 12 will be inspected in March, when they have completed the inspection, all the inpatient wards will have been inspected in this cycle. A review of the standards will then take place and work to bring IPU and Outpatients on board with the CODE will be completed.

The Trust set out its ambition to deliver its services to a Christie Quality Mark standard that would be recognised by patients. With this ambition in mind, a patient focus group was initially developed and agreed what the “Christie experience” meant to them in the form of 5 statements.

- *We want to experience the same standard of care as if we were in The Christie at Withington when we use chemotherapy and radiotherapy services*
- *We want the same safe, clean environment with standards of pride as at The Christie at Withington*
- *We want to be greeted with a warm welcome and where we are a returning patient, to be recognised by staff*
- *We want continuity of care by our doctors and nurses and to know that we are partners in all care and decision making*
- *We want to recognise The Christie team in “The Christie @” sites*

The Quality Mark inspections are undertaken every 3 years, they were paused during the pandemic and was re-launched in November 2022. The Quality Mark accreditation is a set of specific standards for chemotherapy and radiotherapy, including patient and staff feedback. Oak Road Treatment Centre for its Chemotherapy services and Radiotherapy services on the Withington site

were inspected in November 2022, both achieved the Quality Mark. Proton Beam Therapy achieved the Quality Mark in January 2023 and The Christie at Salford in March 2023.

Forthcoming inspections are The Christie at Macclesfield Chemotherapy & Radiotherapy on 22nd March 2023 and The Christie at Oldham Radiotherapy on 3rd May 2023.

*See details in Integrated Performance, Quality and Finance Report*
*Responsible Executive Directors - Chief Nurse and Medical Director*
*Responsible Assurance Committee – Quality Assurance*

**Workforce**
Our summary workforce performance indicators continue to show overall good performance. The mandatory training compliance is at 88.4% and personal development plan rates are below the 84% target at 82.7%.

Sickness absence rates have continued to reduce in February but are still above the threshold of 3.4%. The annual adjusted turnover rate is at 15.22%. These issues and the associated plans for improvement have been considered by the new Workforce Assurance Committee.

**Gender Pay Gap**
The gender pay gap is an equality measure that shows the difference in average earnings between women and men. It is mandatory for all public sector employers with more than 250 employees to measure and publish their gender pay gap report annually. The average (mean) hourly pay difference between women and men at the Christie has increased by 32 pence per hour since 2021. The full report including an action plan to address the gap has been published on the Trust's website.

**International Women's Day**
The Christie marked International Women's Day on the 8th March which celebrated the social, economic, cultural, and political achievements of women. This year's theme was #EmbraceEquity. Staff were encouraged to show their support by:-

- Using one of the International Women's Day Microsoft Teams Backgrounds
- Reflecting and acting on what they could do in their role to embrace equity and promote gender equality.
- Share what they were doing to #EmbraceEquity for International Women's Day with colleagues, friends, and family or by posting on our International Women's Day Padlet Board
- Recognising the contribution of women at The Christie and promoting their work and sending thanks.
- Learning more about gender inequality and international women's day

**Industrial Action**
Agenda for Change Trade Unions have paused industrial action whilst they consider an 'offer in principle' for of a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift for 2023/24. The Junior Doctors took action with a full withdrawal of labour for 72 continuous hours from 7am on 13 March until 7am on 16 March. This constituted a hugely significant incident during which it was not possible to deliver 'normal' services and business continuity. The trust is very grateful for the energy, flexibility and support of our staff that has reduced the impact of industrial action on our patients. The BMA have announced a further 96-hour stoppage that will start just after the Easter bank holiday weekend and run from 06.59 on Tuesday 11th April to 06.59 on Saturday 15th April.

**Clinical Impact Awards**
The outcomes of applications to the 2022 national Clinical Impact Awards (NCIA) round have been communicated to applicants. From 1st April 2023 the rules regarding National Clinical Excellence Awards (NCEAs) and retirement/receipt of pension benefits are changing; NCEAs or NCIAs where the holder is in transition arrangements will no longer cease on receipt of pension benefits. Minimum eligibility criteria still apply, and as with any significant change to job plans, flexible retirement arrangements may result in the reduction in the duration of an award.

This change means that the option to extend an NCEA for up to six months due to retirement is no longer available, so any NCEA holders whose award expires in 2024 must apply in the 2023 round for their award to continue past 31st March 2024. If they do not re-apply their award will cease, with no reversion to a local award, and any future application will be as a non-national award holder.

*See details in Integrated Performance, Quality and Finance Report*
*Responsible Director - Director of Workforce*
*Responsible Assurance Committee – Workforce Assurance Committee*

**Research & Innovation**
Dr Matthew Krebs, Kate Duffus and team received the Healthcare Project of the Year Bionow Award 2022 at their annual awards ceremony on 16th March for the DETERMINE trial: Identifying new treatments for patients with rare cancers.

Along with Matt and Kate, the wider team attending the ceremony included representatives from The University of Manchester, CRUK Centre for Drug Development and pharmaceutical partners Roche and Novartis. This award recognises the leadership from The University of Manchester along with CRUK CDD, The Royal Marsden Hospital/ICR, The University of Birmingham, The Christie Hospital and key pharmaceutical partners who together have been instrumental to the development and delivery of this complex trial for patients of all ages – children, teenagers and adults.
Further information regarding the trial can be found here.

Three prominent cancer researchers from The Christie NHS Foundation Trust have been given prestigious Senior Investigator status by the National Institute for Health and Care Research (NIHR). Professor Janelle Yorke, The Christie's Executive Chief Nurse, and Professor Corinne Faivre-Finn, Honorary Consultant in Clinical Oncology, are both new appointees. Professor Tim Illidge, Professor of Targeted Therapy and Oncology, has been reappointed for a second term. Professor Janelle Yorke is the first Chief Nurse to have ever been given the award.

NIHR Senior Investigators are among the most high-profile and prestigious researchers funded by the NIHR. They receive an award of £20,000 a year for 4 years to fund activities supporting their research. They also help guide research capacity development and enhance the career paths of other NIHR researchers. Senior Investigator status is awarded according to a number of criteria, including quality and volume of internationally excellent research, impact on improvements in healthcare and engagement with the public and healthcare policymakers.

This announcement is the latest in a series of NIHR awards for staff at The Christie. Dr Ciara O'Brien, Consultant Medical Oncologist, was awarded a place on the NIHR research scholars' programme and Evelyn Dolan, Lead Research Nurse, was awarded a place on the NIHR senior research leader programme.

*Responsible Director: Professor Fiona Blackhall*
*Responsible Assurance Committee - Quality*

**Education**
Christie Education has recently been successful in obtaining funding via two significant industry awards, focusing on improving concordance with therapies in breast cancer care and a comprehensive international package of learning for patients, generalists and specialist oncology teams in ALK+ve non-small cell lung cancer.

Members of Christie Education continue to be active across a range of high profile external scholarly activities, including invited plenaries and specialist workshops at national and international education meetings (Alison Sanneh, Richard Fuller)

*Responsible Director - Director of Education*
*Responsible Assurance Committee - Quality*

**Strategic and Service Developments**
The Paterson project continues to make good progress with the works nearing completion and the commissioning and preparation of the building for use is underway. The site hoardings have been removed and the external landscaping works are nearing completion. The last few sections of cladding are being installed and internally the final items of snagging are being addressed and commission is advanced. We anticipate taking possession late March with the first staff moving into the building during April/May.

The outpatient pharmacy and new dispensing robot on the Withington site is nearing completion and this is currently anticipated to open in April/May 2023.

A number of schemes are at the planning and pre-construction stages including the Targeted Investment Fund Wards to create improved ward accommodation within the existing estate, the replacement of radiotherapy equipment in Oldham and Salford, the in the replacement of two CT scanners in radiology and the charity funded Art Room renovation. In addition, the proposed Advanced Imaging and Scanning Centre development along Wilmslow Road is at the pre-planning and briefing stages.

*Responsible Director – Director of Strategy and Chief Operating Officer with Deputy CEO*
More information about our new developments can be found at: http://christie.nhs.uk/about-us/our-future/our-developments/
*Responsible Assurance Committee – Board*

**Digital**
The Digital team are in the process of getting a new location, starting to deliver on their new strategy and introducing new core members of their senior team. The Digital Front door has been launched and the team are setting the building blocks for small change, digital skills, delivery, and governance. The team have started work on a new operating model. The operating model has 9 dimensions that will ensure delivery of the objectives set in the Digital Strategy.

*Responsible Director – COO*
*Responsible Assurance Committee - Audit*

**Greater Manchester System**
GM ICB are currently taking stock of their financial and performance position across the ICS, using a system diagnostic, which PWC are undertaking. They have also committed to examining whether the leadership and governance arrangements are optimised to respond to the outputs of the system diagnostic and current financial and performance pressures. In support of this commitment, the CEO of the ICS, with support from NHSE, has started a leadership and governance review to give them an independent and impartial view of current arrangements and the adjustments that need to be made to enable them to respond effectively to the financial and performance priorities.

Carnall Farrar (CF) will be delivering this review for the next 8 weeks, and will be engaging a large section of the leadership team across the system to do this. As part of this, they will be attending several system meetings in the coming weeks to introduce themselves and the approach they will be taking. The Carnell Farrar team are arranging 1:1s, as well as arranging to attend existing leadership team meetings. This is arranged for the Christie on 29th March.

The findings will be presented back to the collective leadership in the system. This will be crucial for understanding how the system can move forward as a collective leadership team and address its most pressing challenges.

*Responsible Director – Director of Strategy, with Chief Operating Officer for system performance issues and Deputy CEO for strategic issues. The CEO is the chair of the Greater Manchester Cancer Alliance Board.*
*Responsible Assurance Committee - Board*

**Regulatory Landscape**
Foundation trust capital resource limits - The Health and Care Act 2022 includes a new discretionary power allowing NHS England to impose a limit on the capital expenditure of a foundation trust. This statutory guidance explains the circumstances in which an order is likely to be made, and the method we would use to determine the limit.

*Responsible Director – Deputy CEO with Company Secretary and Portfolio Director*
*Responsible Assurance Committee - Board*

The Christie NHS Foundation Trust




Inspected and rated Outstanding ☆ CareQuality Commission

# CONTENTS

The Christie NHS Foundation Trust

## Safe



## Caring



## Responsive



## Effective



## Well-Led

# EXECUTIVE SUMMARY

The Integrated Performance, Quality & Finance report presents a summary dashboard that provides an overview of performance.

**Safe**

- One serious incident was reported in February, details of which can be found on slide 7. There were 7 incidents reported in month with the classification of moderate, details of which can be found on slide 8. All the incidents are still progressing through to full root cause analysis. No never events were reported in month.
- There are 4 Trust level risks scored at 15+. Details of these can be found on slide 12.
- Safer staffing numbers have met the required acuity levels to ensure appropriate levels of safety and care for our patients. Indicative staffing, in line with nursing establishments, is set to maintain a 1:6/7 nurse to patient ratio. On occasion this has been extended to 1:8 which is in line with recommended national staffing ratios. While we have seen an increase in patient safety incidents, following thematic review, these were not related to nurse staffing ratios.

**Responsive**

- Performance against the 62 day standard has improved significantly from January. Whilst the performance has improved the 62 day standard has not been met with a performance of 79.5%, subject to validation. The 62 day unvalidated upgrade performance is also below the standard with a performance of 81.0%. The internal 24 day target however improved significantly and the standard has been met and is at 85.8%. All 62 and 24 day breaches are reviewed to ensure any delays are understood and plans can be implemented to mitigate any future delays. A cross divisional task and finish group has been set up to investigate ways to improve the 62 day position. This has been accompanied by an analysis paper which will be presented at Management Board. All 31 day targets and 18 week RTT standards have been achieved in February subject to validation. Performance against the CWT thresholds is constantly monitored.
- The one patient waiting over 52 weeks at the end of February is an 18 week patient that has complex needs and their pathway includes several missed appointments and treatment dates cancelled by the patient.
- Due to a drop in working days referral numbers in February have dropped from January, however the figure is higher than the previous year's February total and the overall trend for the year continues to be significantly higher than the 21/22 average.
- Activity levels are now monitored against agreed 22/23 plana. As at month 11 chemotherapy deliveries and radiotherapy fractions along with non elective spells continue to be above plan whilst all other points of delivery are either on plan or tracking slightly below plan.

**Effective**

- There were 3 cases of C-Difficile, 4 cases of E-Coli, 2 cases of Klebsiella, 2 case of Pseudomonas, 2 cases of MSSA and 1 case of MRSA Bacteraemia in February that were deemed attributable to the Trust. No lapses in care have been identified. The MRSA bacteraemia case arose in a patient with a known MRSA colonisation. A full root cause analysis investigation is underway.
- There were no cases of hospital acquired nosocomial Covid-19 infections in February.
- Staff absence levels reduced slightly from January to a position of 4.05% against a target of 3.4%.
- Performance against the mandatory training threshold has been maintained but there has been a drop in the PDR performance which is now slightly below the target of 84.5%.

**Well – Led**

- The trust is reporting a month 11 position of £1026k surplus compared to a breakeven plan within the latest plan submission of an annual break even control total.
- The month 11 I&E deficit is £15,517k, prior to adjusting for donated depreciation, charitably funded capital donations, donated grant income, donated consumables, transfers by absorption and impairments.
- The cash balance is £151,660k.
- Performance to month 11 is £21,521k below the proposed plan submitted to NHSE&I. The Paterson scheme is behind plan by £9.4m. The Project Management team are continuously assessing the forecast spend on the project and the lease handover to the University is still planned for 23 March 2023 and the majority of this underspend is anticipated to be incurred by year end. IFRS 16 leases are £8m behind plan due to re-evaluation of the accounting treatment and current assessment is that a minimal sum will be recognised as such in 2022-23.

# SUMMARY DASHBOARD

NHS
The Christie
NHS Foundation Trust

## Safe

| Indicator | Threshold / Standard 22/23 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Serious Incident Reported | - | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 6 |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Radiation Incidents Reported (IRMER Reportable) | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 2 | 0 | 7 |
| Radiation Incidents Reported (IRMER Reportable - Grade 2 or above) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Number of Pressure Ulcers (Post admission - Grade 2 or above) | 26 (Avg 2 p/m 21/22) | 1 | 3 | 2 | 1 | 5 | 1 | 3 | 4 | 1 | 2 | 1 | 24 |
| Inpatient Falls Resulting in Harm (Grade 2 or above) | (Avg 3 p/m 21/22) | 7 | 3 | 2 | 3 | 4 | 5 | 12 | 2 | 5 | 6 | 7 | 56 |
| VTE Assessments Completed | 95.0% | 97.1% | 97.6% | 97.1% | 97.7% | 96.9% | 97.0% | 97.6% | 97.7% | 98.2% | 97.8% | 98.1% | - |
| Sepsis - timely treatment with IV antibiotics (established inpatients) | 90.0% | 91.3% | 90.0% | 94.6% | 98.6% | 94.7% | 83.3% | 92.7% | 95.8% | 90.6% | 97.1% | 97.4% | - |
| Sepsis - screening (presenting as an emergency) | 90.0% | 100.0% | 100.0% | 95.4% | 93.9% | 97.4% | 100.0% | 98.4% | 93.9% | 93.1% | 93.7% | 94.2% | - |
| Number of Corporate Risks Grade 15 or Above | - | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 4 | - |
| Safe Staffing (% of planned hours vs actual hours across all inpatient areas) | - | 89.4% | 92.0% | 87.0% | 85.9% | 91.0% | 87.5% | 88.8% | 89.1% | 85.4% | 92.2% | 86.0% | - |

## Responsive

| Indicator | Threshold / Standard 22/23 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 Day Compliance | 85.0% | 80.0% | 72.1% | 77.4% | 86.3% | 71.7% | 73.0% | 78.3% | 83.1% | 78.2% | 66.1% | 79.5% | - |
| 62 Day Compliance - Upgrades | 85.0% | 87.4% | 80.4% | 75.0% | 86.3% | 84.3% | 86.5% | 84.4% | 83.0% | 80.8% | 77.5% | 81.0% | - |
| 62 Day Compliance - Screening | 90.0% | 66.7% | 50.0% | 100.0% | 83.3% | 57.1% | 50.0% | 88.9% | 50.0% | 83.3% | 77.8% | 100.0% | - |
| 24 Day Compliance | 85.0% | 81.2% | 80.4% | 80.6% | 89.7% | 79.9% | 82.4% | 87.6% | 84.1% | 82.3% | 72.3% | 85.8% | - |
| 31 Day Compliance | 96.0% | 98.1% | 98.0% | 98.5% | 98.6% | 98.7% | 98.2% | 97.8% | 97.2% | 98.2% | 96.9% | 98.0% | - |
| 31 Day Compliance - Subsequent Drug Therapy | 98.0% | 100.0% | 99.6% | 99.5% | 100.0% | 100.0% | 99.6% | 100.0% | 99.7% | 99.2% | 100.0% | 100.0% | - |
| 31 Day Compliance - Subsequent Radiotherapy | 94.0% | 100.0% | 99.4% | 99.2% | 99.8% | 99.6% | 99.6% | 99.2% | 99.5% | 99.6% | 99.0% | 99.5% | - |
| 31 Day Compliance - Subsequent Surgery | 94.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.1% | 99.1% | 99.1% | 100.0% | 99.1% | 100.0% | - |
| 18 Weeks Compliance - Incomplete Pathways | 92.0% | 97.8% | 98.3% | 98.6% | 97.9% | 97.3% | 97.6% | 98.1% | 98.4% | 96.7% | 97.1% | 96.7% | - |
| Patients waiting >52 Weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | - |
| Patients waiting >104 days at end of month (All 62 Day Targets) | - | 30 | 19 | 25 | 66 | 48 | 43 | 40 | 37 | 41 | 38 | 45 | - |
| Length Of Stay (Elective & Non-Elective Inpatients) | 6.8 | 6.74 | 6.72 | 6.01 | 6.58 | 6.35 | 6.76 | 6.35 | 6.41 | 6.62 | 6.58 | 7.30 | - |
| Hospital Cancelled Operations on the day for non clinical reasons | 0 | 2 | 2 | 4 | 2 | 11 | 2 | 4 | 0 | 3 | 1 | 1 | 32 |
| Cancelled Operations due to COVID Reasons | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Hospital Cancelled Operations on the day for non clinical reasons - NOT rebooked within 28 days | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Complaints Received | 11 (21/22 Avg) | 11 | 16 | 13 | 17 | 15 | 10 | 13 | 11 | 11 | 11 | 15 | 143 |
| PALS Contacts | 48 (21/22 Avg) | 40 | 48 | 30 | 36 | 66 | 46 | 37 | 42 | 38 | 41 | 45 | 469 |
| Inquests | - | 2 | 2 | 8 | 3 | 2 | 6 | 2 | 2 | 3 | 3 | 2 | 35 |
| Coroner Request | - | 8 | 7 | 6 | 5 | 7 | 3 | 3 | 3 | 8 | 5 | 1 | 56 |

# SUMMARY DASHBOARD

NHS
The Christie
NHS Foundation Trust

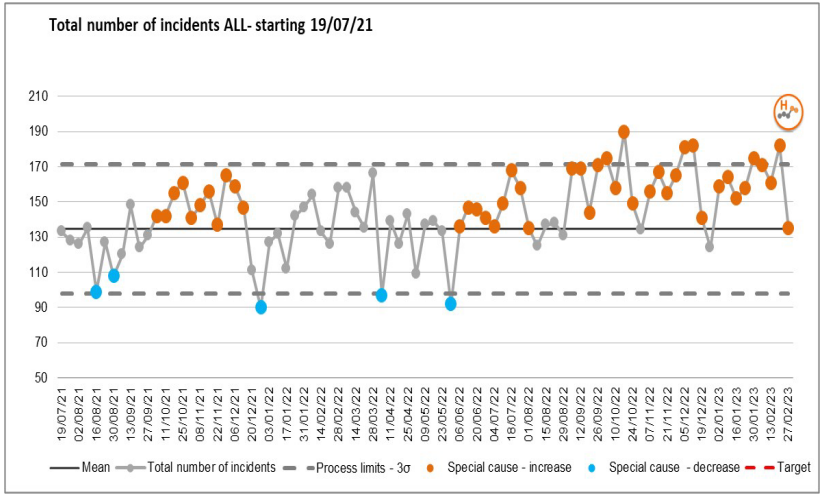
## Effective

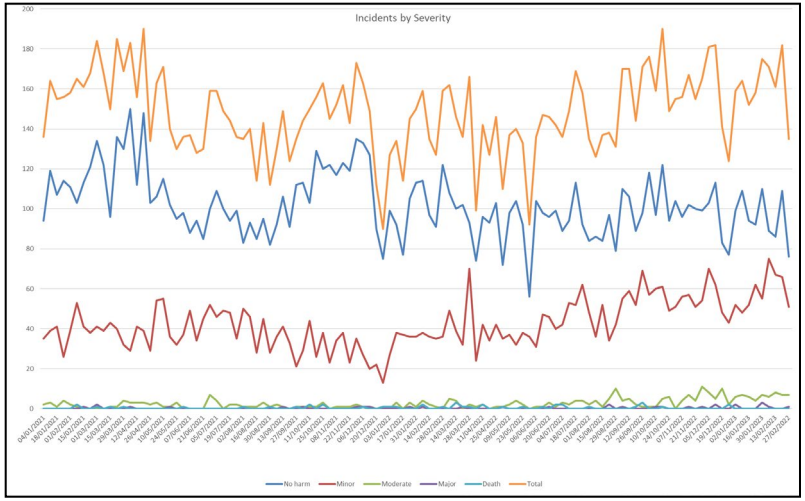
| Indicator | Threshold / Standard 22/23 | | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MRSA | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| C-Difficile - All Attributable Cases (Pre & Post 48 Hours) | 37 | | 7 | 4 | 4 | 3 | 7 | 6 | 2 | 1 | 2 | 5 | 4 | 45 |
| C-Difficile - Attributable Cases Due To Lapse In Care | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MSSA Bacteraemia - Attributable | - | | 2 | 3 | 2 | 2 | 1 | 3 | 0 | 1 | 2 | 2 | 2 | 20 |
| E-Coli - Attributable | 31 | | 5 | 7 | 3 | 2 | 4 | 5 | 5 | 6 | 5 | 4 | 4 | 50 |
| Klebsiella Species - Attributable | 19 | | 3 | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 2 | 4 | 2 | 16 |
| Pseudomonas Aeuriginosa - Attributable | 15 | | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 1 | 1 | 1 | 2 | 10 |
| COVID infections - Hospital Aquired | 0 | | 2 | 1 | 0 | 6 | 0 | 5 | 15 | 2 | 0 | 0 | 0 | 31 |
| Palliative Radiotherapy 30 Day Suvival Rate | - | | 90.4% | 87.3% | 82.9% | 92.8% | 88.8% | 91.4% | 88.1% | 93.3% | 88.5% | 92.8% | - | - |
| Final Chemotherapy 30 Day Survival Rate | - | | 99.2% | 99.6% | 99.2% | 99.2% | 99.5% | 99.3% | 99.3% | 99.1% | 99.1% | 99.4% | - | - |
| Surgery 30 Day Survival Rate | - | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | - | - |
| Staff Sickness | 3.4% | | 3.22% | 3.36% | 3.66% | 4.05% | 4.43% | 3.79% | 3.64% | 5.65% | 6.22% | 4.13% | 4.05% | - |
| Staff Mandatory Training | >80%** | <80% | 86.0% | 86.4% | 87.2% | 87.5% | 87.1% | 86.8% | 87.1% | 88.1% | 89.0% | 88.7% | 88.4% | - |
| Staff PDRs | >94.5% | <84.5% | 79.9% | 85.7% | 85.1% | 86.0% | 85.5% | 82.9% | 81.8% | 84.0% | 84.9% | 84.5% | 82.7% | - |

***Compliance if <80% & risk assessment in place*

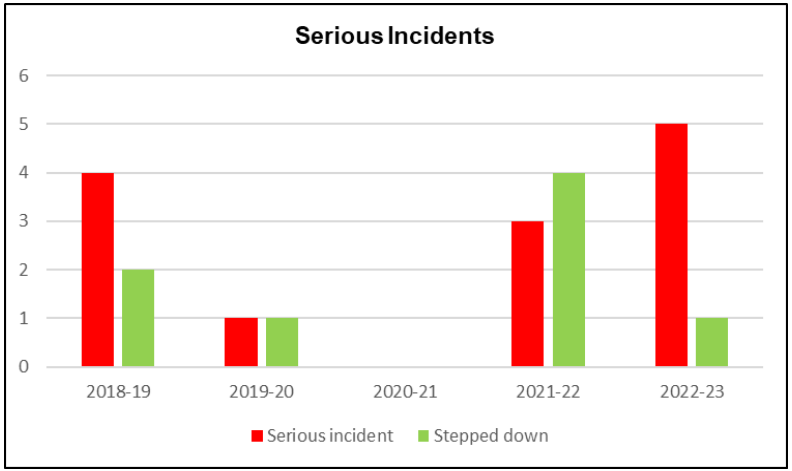
# 1.1 - Incident Reporting





# 1.2 - Serious Incidents and Never Events




**Never Events** – are defined are serious incidents that are wholly preventable

The last Never Event occurred in January 2020 which was the only incident in the last 5 years.

**Serious incidents**
There was 1 serious incident identified in February:

W75412- Blood transfusion for transplant patient

# 1.3 – Incidents identified that require a Learning Response



## February 2022

| Reference | Grade | Description | Outcome |
|---|---|---|---|
| W74890 | Moderate | Patient did not receive adjuvant Herceptin as referral not received | Investigation underway |
| W74715 | Moderate | Delayed patient referral | Investigation underway |
| W75610 | Moderate | Blood sampling not completed at required frequency – potential delay in medication change | Investigation underway |
| W75065 | Moderate | Patient was not rebooked for adjuvant radiotherapy appointment resulting in treatment delay | Investigation underway |
| W75626 | Moderate | Staff injury whilst opening manual door (RIDDOR reportable due to length of sickness absence) | Investigation underway |
| W75835 | Moderate | Issue with iQemo- Baxter chemotherapy interface resulting in treatment delay | Investigation underway |
| W75799 | Moderate | Patient discharged prior to physiotherapy assessment resulting in re admission | Investigation underway |

# 1.4 – Learning - Patient Safety Incidents



## Executive reviews- RCA learning and outcomes approved in February 2023

| Ref | Description | Root cause | Learning | Outcome |
|---|---|---|---|---|
| W73838 | Patient admitted for overnight stay and did not receive post treatment oral steroids. This resulted in re-admission 24 hours later with symptoms of abdominal pain, nausea and vomiting plus symptoms of potential Cytokinase Release Syndrome (CRS). | The steroid was placed at the end of the pharmacy script as a TTO and subsequently missed during the multiple stages of checking.<br>The TTO prescription which contained the oral steroids was missed at the point of treatment delivery.<br>The oral Dexamethasone was written as a TTO. | • Dexamethasone script requires rectification for current and subsequent cycle prescriptions<br>• Nurse training in the use of the 'Complete administration' button on iQemo<br>• Cell Therapy Team Prompt Sheet to include review of TTOs.<br>• Explore the script set up process with Pharmacy including protocol review.<br>• To check both prescription Kardex and iQemo at handover and discharge | Moderate |

# 1.4 – Learning - Patient Safety Incidents

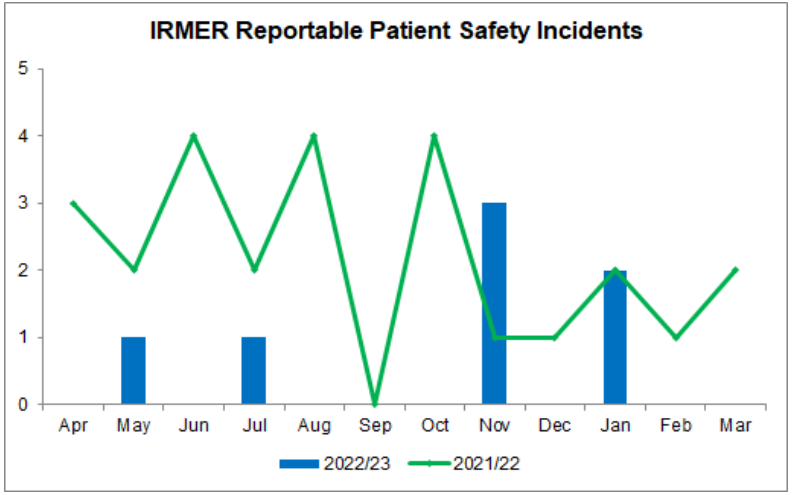


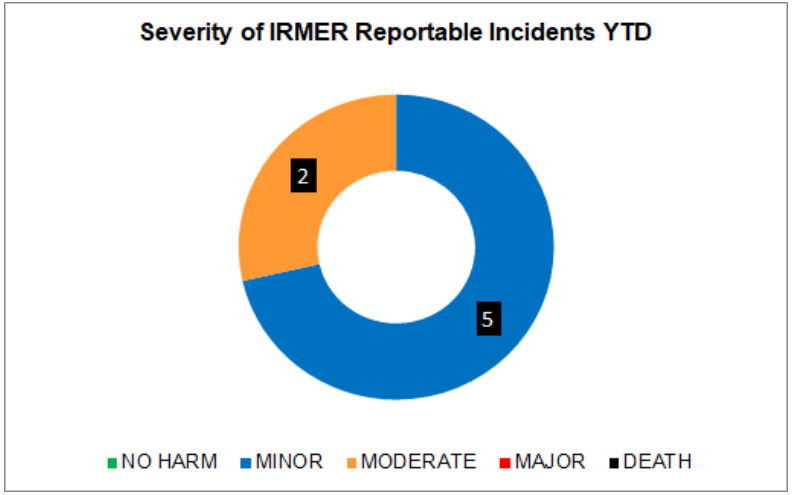
## Executive reviews- RCA learning and outcomes approved in February 2023

| Ref | Description | Root cause | Learning | Outcome |
|---|---|---|---|---|
| W73155 | The patient was not discussed at the Thyroid MDT in February 2022, as requested by the referring surgeon. | The preferred MDT process regarding referral to the Thyroid MDT via the e form on CWP is not being followed by all external Trusts. Emailed copies of a Word doc proforma and accompanying pathology reports directly to the Thyroid MDT Coordinator or the MDT shared inbox is still being accepted.<br><br>Further ongoing investigations appear to show that some external Trust's firewalls are preventing some emails being sent, emails with attachments (i.e., MDT proformas) are not sent. | • Share the generic shared in box with the MDT members<br>• SOP to be reviewed and updated with guidance for referrers, as it is currently more of a user guide for the MDT Coordinators- to be shared with the MDT members and signed off by the MDT Lead<br>• Formal histology required for patient, to be added into SOP<br>• Ensure that the ENT surgeons and all referring Trusts access CWP to use the electronic MDT request form .<br>• Review the possibility of providing training for referring Trusts<br>• Out of office to be set up to state referrals shouldn't be emailed to personal email accounts and to identify the correct process.<br>• When the final MDT confirmation list is sent out add an addendum requesting that if a referred patient doesn't appear on the list that they alert the MDT Coordinator<br>• Urgency to enforce the CWP online referral form and to reject paper/emailed proformas.<br>• Issue to be taken to cancer managers for them to address with the H&N teams at their Trusts . | Minor |

# 1.5 - Radiation Incidents



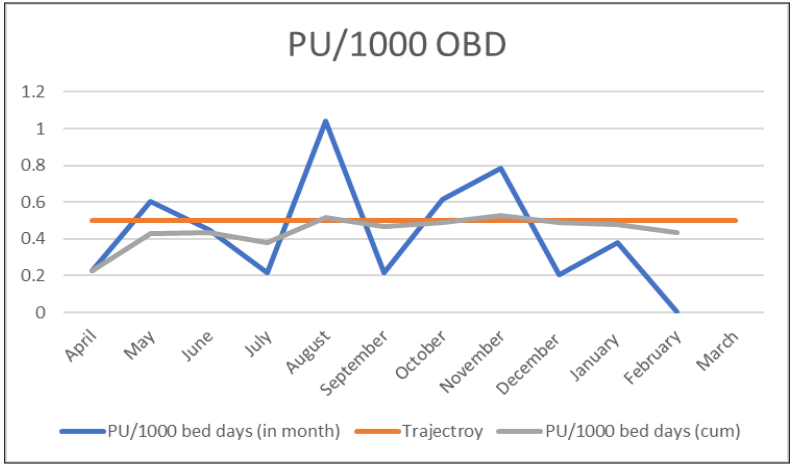


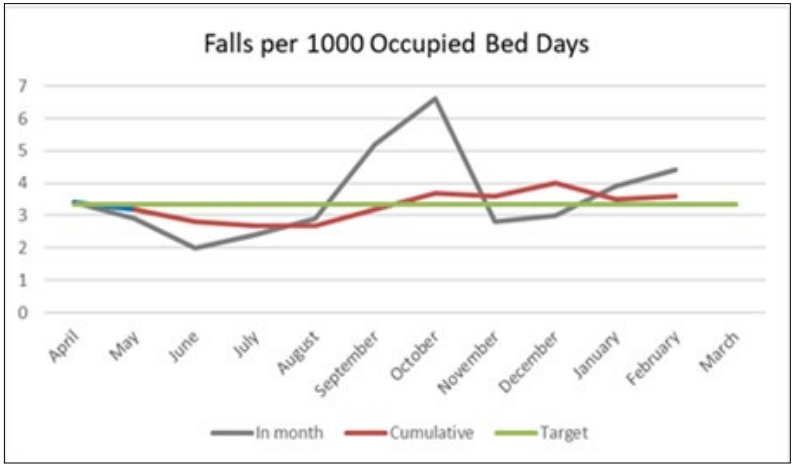




There were 0 IRMER reportable patient safety incidents in February 2022.

# 1.6 – Harm Free Care






The target for 2022/23 is no more than 26 category 2, deep tissue injuries or unstageable pressure ulcers (or less than 0.5/1000bed occupied days a month).

No patients have developed category 3 or 4 pressure ulcers.

There were 4.4 in-patient falls per 1000 occupied bed days in February which is a slight increase. There were 7 minor harm falls in month. No moderate or above falls.
The trust target is no more than 3.35 falls per 1000 occupied bed days – we are currently at 3.6.

47

**All harms are discussed at Friday FoCUS (a multi-professional forum for shared learning)**

# 1.7 - Corporate Risks



**There are 4 Trust-wide 15+ risks in February**

| Description | Score | Controls |
|---|---|---|
| Financial Risk 2023-24 (ID 3378) | 16 | The Trust has senior finance staff representing the Christie on all the key 23/24 planning groups including, GM Finance Directors Group, GM Finance Deputy Directors Group, National Payment Systems and Specialised Services Group.<br>Work has nearly completed with Divisions on agreeing activity targets for 23/24 which will be modelled using the new variable elective payments.<br>Capital plans have recently been reviewed and updated ready to be prioritised as a consequence of the capital budget constraints. A significant effort is being made to identify and address any capital risks within the 22/23 envelope to reduce the risk in 2023/24. |
| Post clinic appointments processes are contributing to a risk to patients being lost to follow up (ID 3299) | 15 | Additional support for R&B from other admin teams in place<br>T&FG established to introduce waiting list functionality for all FU<br>Review of OP reception working with regard to FU booking<br>Over-establishment posts created for R&B team to assist with turnover<br>Exploring new recruitment options for R&B team |
| Risk to delayed cancer referral and treatments due to not meeting 24 / 62 day target (ID 2407) | 15 | Existing mitigations in place (weekly meetings mitigating potential breaches through each step of the pathway). Work under way to look at how DSMs may be able to track this more regularly.<br>Radiotherapy treatment capacity in a much improved position compared to Nov/Dec/Jan.<br>Divisional work looking at pathway bottlenecks underway. |
| Risk of prolonged disruption to services, due to a severe cyber security incident. (ID 3218) | 15 | Specialist security organisation commissioned to review the Trust against the Cyber Essentials Plus accreditation. Gap analysis and remediation plan to follow.<br>Procurement of a detailed firewall 'co-pilot' service from a specialist security company to provide a perceived improvement to our perimeter defences for a 1 year period to allow benefit assessment and plans for ongoing support to be more informed.<br>Draft national cyber security strategy reviewed. ICS cyber posture expected to be improved in due course. Christie remains proactively involved with cyber security at the GM level. |

# 1.8 – Safe Staffing

The Christie NHS Foundation Trust

| | | DAY | NIGHT | Cumulative count over the month of patients at 23:59 each day | CHPPD (Care Hours Per Patient Per Day) |
|---|---|---|---|---|---|
| | | Hours | Hours | | |
| Registered Nurses | Total monthly PLANNED | 17790.5 | 10955 | 4908 | 5.0 |
| | Total monthly ACTUAL | 14317.5 | 10402.75 | | |
| | Average Fill Rate % | 80.5% | 95.0% | | |
| Care Staff | Total monthly PLANNED | 8857 | 5089 | 4908 | 2.3 |
| | Total monthly ACTUAL | 7018 | 4478.5 | | |
| | Average Fill Rate % | 79.2% | 88.0% | | |
| ALL Staff | Total monthly PLANNED | 26647.5 | 16044 | 4908 | 7.4 |
| | Total monthly ACTUAL | 21335.5 | 14881.25 | | |
| | Average Fill Rate % | 80.1% | 92.8% | | |

| Registered Nurses | DAY | | | NIGHT | | | Cumulative count over the month of patients at 23:59 each day | CHPPD (Care Hours Per Patient Per Day) |
|---|---|---|---|---|---|---|---|---|
| | Hours Planned | Hours Actual | % Fill Rate | Hours Planned | Hours Actual | % Fill Rate | | |
| Critical Care Unit | 1690 | 1690 | 100.0% | 1587.5 | 1587.5 | 100.0% | 153 | 21.4 |
| Palatine Ward | 6466 | 4344.5 | 67.2% | 1957 | 1853.5 | 94.7% | 818 | 7.6 |
| Ward 10 | 1794 | 1487.5 | 82.9% | 1343 | 1239.5 | 92.3% | 758 | 3.6 |
| Ward 11 | 1610 | 1345.5 | 83.6% | 1288 | 1127 | 87.5% | 780 | 3.2 |
| Ward 12 | 1920 | 1678.5 | 87.4% | 1316 | 1304.25 | 99.1% | 776 | 3.8 |
| Ward 4 | 1518 | 1357 | 89.4% | 1288 | 1265 | 98.2% | 750 | 3.5 |
| Ward 2 | 846.5 | 740 | 87.4% | 580 | 580 | 100.0% | 311 | 4.2 |
| Acute Assessment Unit | 1946 | 1674.5 | 86.0% | 1595.5 | 1446 | 90.6% | 562 | 5.6 |
| TOTAL | 17790.5 | 14317.5 | 80.5% | 10955 | 10402.75 | 95.0% | 4908 | 5.0 |

| Care Staff | DAY | | | NIGHT | | | Cumulative count over the month of patients at 23:59 each day | CHPPD (Care Hours Per Patient Per Day) |
|---|---|---|---|---|---|---|---|---|
| | Hours Planned | Hours Actual | % Fill Rate | Hours Planned | Hours Actual | % Fill Rate | | |
| Critical Care Unit | 0 | 0 | 100.0% | 0 | 0 | 100.0% | 153 | 0.0 |
| Palatine Ward | 2226 | 1718.5 | 77.2% | 654 | 688.5 | 105.3% | 818 | 2.9 |
| Ward 10 | 1310.5 | 908 | 69.3% | 649 | 315.5 | 48.6% | 758 | 1.6 |
| Ward 11 | 1161.5 | 897 | 77.2% | 667 | 632.5 | 94.8% | 780 | 2.0 |
| Ward 12 | 1561.5 | 1315.5 | 84.2% | 1198.5 | 1151.5 | 96.1% | 776 | 3.2 |
| Ward 4 | 1285 | 1120.5 | 87.2% | 977.5 | 874 | 89.4% | 750 | 2.7 |
| Ward 2 | 317 | 294.5 | 92.9% | 276 | 264.5 | 95.8% | 311 | 1.8 |
| Acute Assessment Unit | 995.5 | 764 | 76.7% | 667 | 552 | 82.8% | 562 | 2.3 |
| TOTAL | 8857 | 7018 | 79.2% | 5089 | 4478.5 | 88.0% | 4908 | 2.3 |

Safer staffing numbers have met the required acuity levels to ensure appropriate levels of safety and care for our patients.

NHS
The Christie
NHS Foundation Trust

## Positive feedback received…..

*"Thank you for your amazing skills and the empathy and kindness shown to my husband and I during my recent cancer treatment at The Christie. I could not have wished for better care. All my family are overjoyed with the prompt and effective treatment which has resulted in such a positive outcome."*

*To the whole lymphoma team who cared for Dad over the last 17/18 years.*
*We just wanted to write to the team to say thank you. I'm not sure those words are really enough for the extra years you gave our family with my Dad. From his first appointment Christmas eve 2004, to supporting him to make his end of life care plan, you have been incredible every step of the way.*
*There has been so many ups, downs, remissions, relapses, appointments and stays along the way. But whenever Dad told you he wanted to fight and wasn't giving up, you pulled through with a plan. There was always a wonderful new trial that you worked hard to get him part of. Dad always praised the Christie, and his fabulous team. Wherever we went and whoever he spoke to about it, he only had the best to say.*
*Thanks to all your hard work, compassion, innovation and care he got to see all 4 of his children grow up, settle down, 2 of us get married, meet his 2 Grandchildren and so much more in-between. All things we never thought we, as a family, would get to do.*
*As a family we spent a lot of time at the christie over the years. The care Dad received was always outstanding. The compassion, knowledge and care of every staff member was exceptional. Members of the clinic team would welcome Dad like an old friend, and Dad would often talk about them as such. I'd like to mention specifically Simeon, who became very much a friend to Dad in the last few months.*
*So even though Thank you seems totally inadequate, I hope you understand just how much we mean it and what a huge part you played in our lives, looking after our hero, determined, loving Dad."*

50

# 2.2 – Friends & Family Test

The Christie NHS Foundation Trust

## Monthly Summary

| | INPATIENT & DAYCASE RESPONSES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 - Very Good | 2 - Good | 3 - Neither Good nor Poor | 4 - Poor | 5 - Very Poor | 6 - Don't Know | Total Number of people eligible to respond | Total Responses | Response Rate | % Recommended |
| Apr-22 | 176 | 19 | 2 | 1 | 3 | 1 | 760 | 202 | 26.6% | 96.53% |
| May-22 | 202 | 22 | 12 | 1 | 2 | 0 | 864 | 239 | 27.7% | 93.72% |
| Jun-22 | 211 | 19 | 2 | 1 | 1 | 0 | 861 | 234 | 27.2% | 98.29% |
| Jul-22 | 235 | 26 | 9 | 3 | 2 | 3 | 918 | 278 | 30.3% | 93.88% |
| Aug-22 | 188 | 29 | 4 | 0 | 1 | 2 | 760 | 224 | 29.5% | 96.88% |
| Sep-22 | 230 | 28 | 5 | 2 | 3 | 2 | 878 | 270 | 30.8% | 95.56% |
| Oct-22 | 227 | 22 | 6 | 2 | 2 | 3 | 835 | 262 | 31.4% | 95.04% |
| Nov-22 | 237 | 23 | 2 | 3 | 5 | 2 | 905 | 272 | 30.1% | 95.59% |
| Dec-22 | 210 | 15 | 3 | 2 | 1 | 2 | 913 | 233 | 25.5% | 96.57% |
| Jan-23 | 233 | 23 | 3 | 1 | 1 | 2 | 866 | 263 | 30.4% | 97.34% |
| Feb-23 | 219 | 16 | 6 | 1 | 2 | 0 | 778 | 244 | 31.4% | 96.31% |
| YTD Total | 2368 | 242 | 54 | 17 | 23 | 17 | 9338 | 2721 | 29.14% | 95.92% |

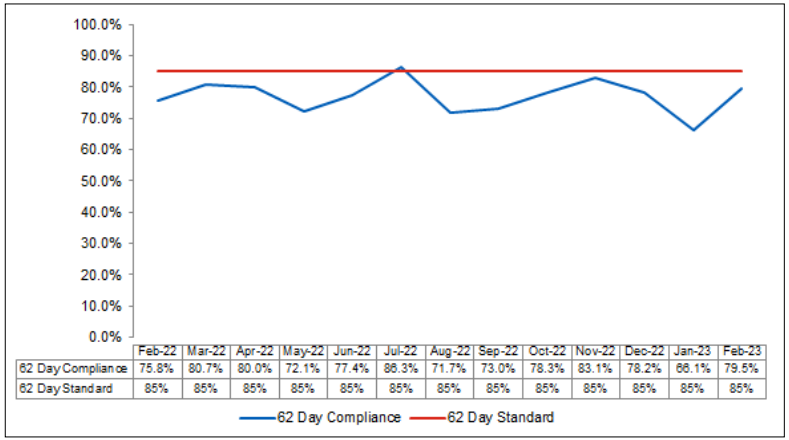
| | OUTPATIENT RESPONSES | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1 - Very Good | 2 - Good | 3 - Neither Good nor Poor | 4 - Poor | 5 - Very Poor | 6 - Don't Know | Total responses | % Recommended |
| Apr-22 | 1404 | 189 | 47 | 18 | 14 | 16 | 1688 | 94.37% |
| May-22 | 1696 | 210 | 49 | 23 | 20 | 27 | 2025 | 94.12% |
| Jun-22 | 1489 | 195 | 42 | 21 | 11 | 20 | 1778 | 94.71% |
| Jul-22 | 1901 | 207 | 60 | 27 | 15 | 35 | 2245 | 93.90% |
| Aug-22 | 1602 | 195 | 52 | 25 | 10 | 19 | 1903 | 94.43% |
| Sep-22 | 1438 | 168 | 54 | 25 | 17 | 18 | 1720 | 93.37% |
| Oct-22 | 1454 | 203 | 44 | 25 | 25 | 24 | 1720 | 93.35% |
| Nov-22 | 1857 | 232 | 50 | 23 | 25 | 23 | 2210 | 94.52% |
| Dec-22 | 1442 | 181 | 64 | 18 | 20 | 13 | 1738 | 93.38% |
| Jan-23 | 1781 | 233 | 59 | 30 | 10 | 26 | 2139 | 94.16% |
| Feb-23 | 1691 | 237 | 47 | 25 | 16 | 22 | 2038 | 94.60% |
| YTD Total | 17755 | 2250 | 568 | 260 | 183 | 243 | 21204 | 94.10% |

| Ward name | INPATIENT & DAYCASE RESPONSES - BY WARD | | | | | | Total Number of people eligible to respond | Total responses for each ward | Response rate for each ward |
|---|---|---|---|---|---|---|---|---|---|
| | 1 - Very Good | 2 - Good | 3 - Neither Good nor Poor | 4 - Poor | 5 - Very Poor | 6 - Don't Know | | | |
| 04 Ward (Dept 52) | 6 | 0 | 1 | 0 | 0 | 0 | 69 | 7 | 10.1% |
| 10 Ward-Surg Onc Unit (Dept 4) | 11 | 0 | 1 | 0 | 1 | 0 | 102 | 13 | 12.7% |
| 11 Ward (Dept 4) | 3 | 1 | 1 | 0 | 0 | 0 | 48 | 5 | 10.4% |
| 12 Ward (Dept 4) | 4 | 1 | 0 | 0 | 1 | 0 | 48 | 6 | 12.5% |
| The BMR Unit (Dept 16) | 17 | 1 | 1 | 0 | 0 | 0 | 48 | 19 | 39.6% |
| Endocrine Ward (Dept 63) | 6 | 0 | 0 | 0 | 0 | 0 | 17 | 6 | 35.3% |
| Haematology Day Unit (Dept 26) | 66 | 9 | 2 | 0 | 0 | 0 | 170 | 77 | 45.3% |
| Integrated Procedure Unit (Dept 2) | 100 | 4 | 0 | 1 | 0 | 0 | 206 | 105 | 51.0% |
| Palatine Ward (Dept 27) | 6 | 0 | 0 | 0 | 0 | 0 | 70 | 6 | 8.6% |
| Total | 219 | 16 | 6 | 1 | 2 | 0 | 778 | 244 | 31.4% |

# 3.1 - Cancer Standards



## 62 Day / 31 Day / 18 Weeks




| | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 Day Compliance | 75.8% | 80.7% | 80.0% | 72.1% | 77.4% | 86.3% | 71.7% | 73.0% | 78.3% | 83.1% | 78.2% | 66.1% | 79.5% |
| 62 Day Standard | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% |

| | | | 62 Days | | | |
|---|---|---|---|---|---|---|
| | | | 62 Classic | | Upgrades | |
| | | | Pts | Acc Num | Pts | Acc Num |
| 62 Compliance | (CaRP Rec) | Total Timeframe | 180 | 66.0 | 97 | 42 |
| FULL Christie Compliance | > 38 Days | <= 62 Days | 30 | 30 | 10 | 10 |
| FULL Christie Breach | <= 38 Days | > 62 Days | 4 | 4 | 4 | 4 |
| 50% Shared Breach | > 38 Days | > 62 Days, Treat > 24 Days | 19.0 | 9.5 | 8.0 | 4.0 |
| 50% Shared Compliance | <= 38 Days | <= 62 Days | 45.0 | 22.5 | 48.0 | 24.0 |
| FULL Referring Provider Breach | > 38 Days | > 62 Days, Treat <= 24 Days | 82 | 82 | 27 | 27 |
| | | | | | | |
| TOTAL Compliances | | | 75.0 | 52.5 | 58.0 | 34.0 |
| TOTAL Breaches | | | 23.0 | 13.5 | 12.0 | 8.0 |
| % Compliance | | | | 79.5% | | 81.0% |

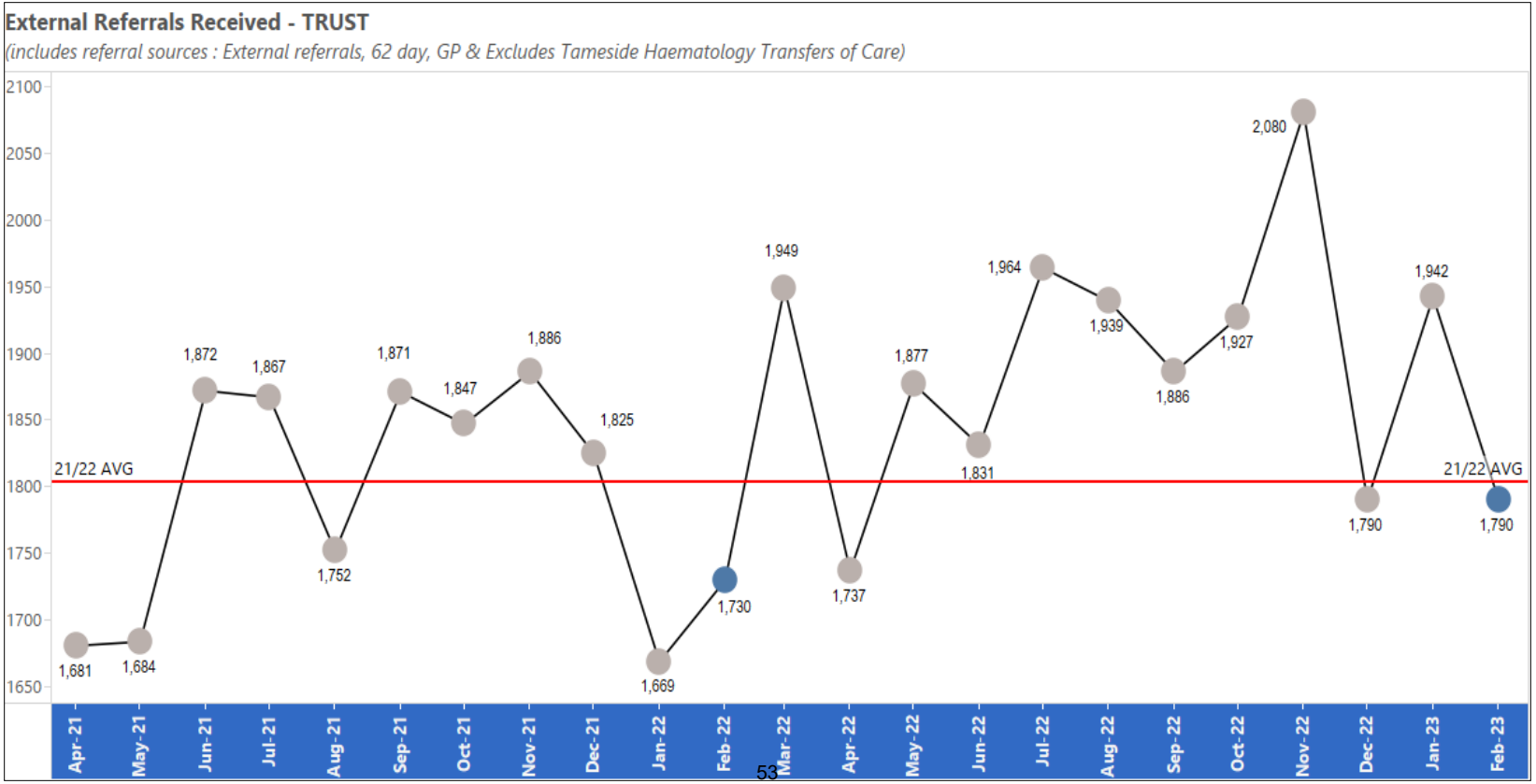
| National Standard | Standard | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 Day | 85% | 80.00% | 72.10% | 77.40% | 86.30% | 71.70% | 73.00% | 78.30% | 83.10% | 78.20% | 66.10% | 79.50% |
| 62 Day Upgrades | 85% | 87.40% | 80.40% | 75.00% | 86.30% | 84.30% | 86.50% | 84.40% | 83.00% | 80.80% | 77.50% | 81.00% |
| 62 Day Screening | 90% | 66.70% | 50.00% | 100.00% | 83.30% | 57.10% | 50.00% | 88.90% | 50.00% | 83.30% | 77.80% | 100.00% |
| 24 Day Internal | 85% | 81.20% | 80.40% | 80.60% | 89.70% | 79.90% | 82.40% | 87.60% | 84.10% | 82.30% | 72.30% | 85.80% |
| 31 Days | 96% | 98.10% | 98.00% | 98.50% | 98.60% | 98.70% | 98.20% | 97.80% | 97.20% | 98.20% | 96.90% | 98.00% |
| 31 Day Subsequent Drug | 98% | 100.00% | 99.60% | 99.50% | 100.00% | 100.00% | 99.60% | 100.00% | 99.70% | 99.20% | 100.00% | 100.00% |
| 31 Day Subsequent XRT | 94% | 100.00% | 99.40% | 99.20% | 99.80% | 99.60% | 99.60% | 99.20% | 99.50% | 99.60% | 99.00% | 99.50% |
| 31 Day Subsequent Surgery | 94% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 99.10% | 99.10% | 99.10% | 100.00% | 99.10% | 100.00% |
| 18 Weeks - Incomplete Pathways | 92% | 97.80% | 98.30% | 98.60% | 97.90% | 97.30% | 97.60% | 98.10% | 98.40% | 96.70% | 97.10% | 96.70% |

52

***All target positions are subject to validation and are correct as of the time of reporting.***

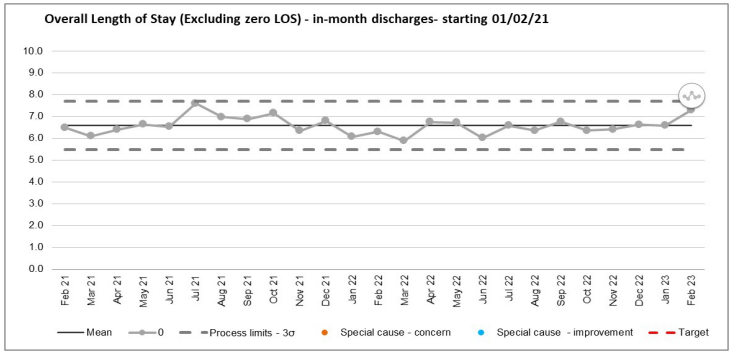
# 3.2 – Referrals Analysis

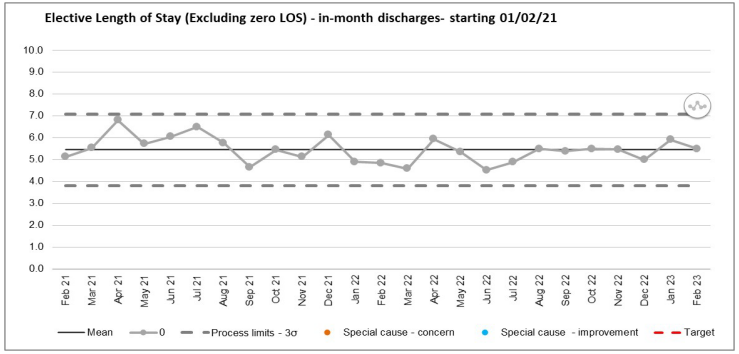


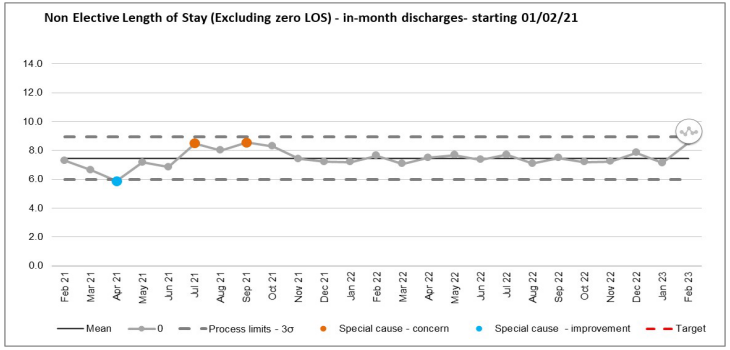


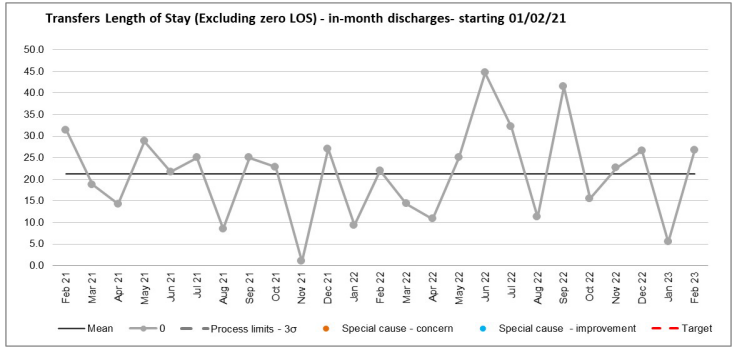
# 3.3 – Length of Stay





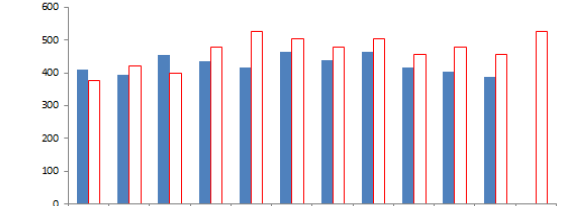




Overall length of stay as well as Elective, Non-Elective & Transfers admission types continue to be well within control limits.

# 3.4 – Activity

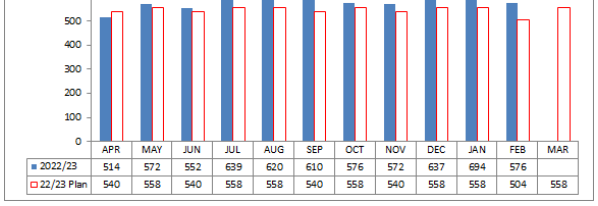


## Elective Spells



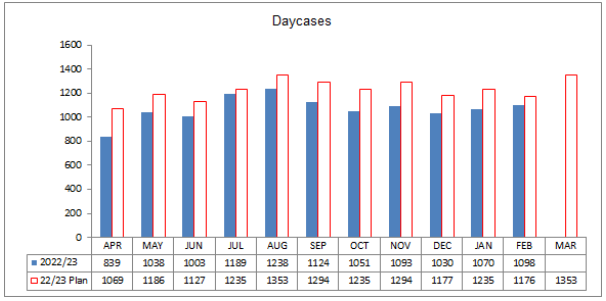
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 411 | 395 | 455 | 435 | 417 | 464 | 437 | 465 | 417 | 404 | 386 | |
| 22/23 Plan | 377 | 420 | 399 | 479 | 525 | 502 | 479 | 502 | 457 | 479 | 457 | 525 |

## Non-Elective Spells



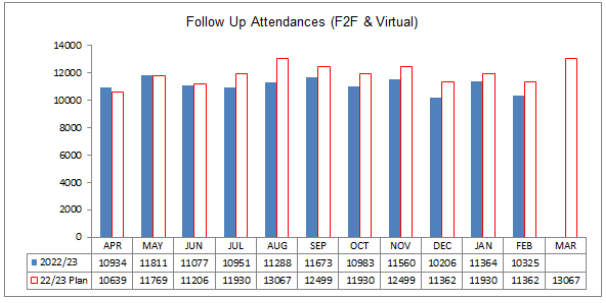
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 514 | 572 | 552 | 639 | 620 | 610 | 576 | 572 | 637 | 694 | 576 | |
| 22/23 Plan | 540 | 558 | 540 | 558 | 558 | 540 | 558 | 540 | 558 | 558 | 504 | 558 |

## Daycases



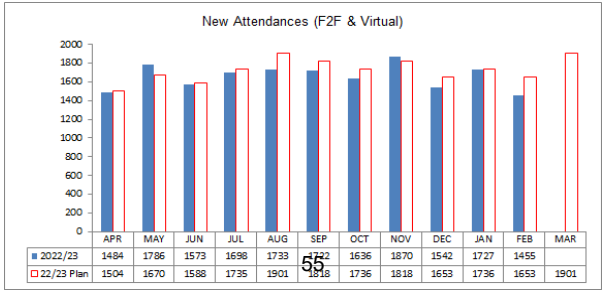
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 839 | 1038 | 1003 | 1189 | 1238 | 1124 | 1051 | 1093 | 1030 | 1070 | 1098 | |
| 22/23 Plan | 1069 | 1186 | 1127 | 1235 | 1353 | 1294 | 1235 | 1294 | 1177 | 1235 | 1176 | 1353 |

## Follow Up Attendances (F2F & Virtual)



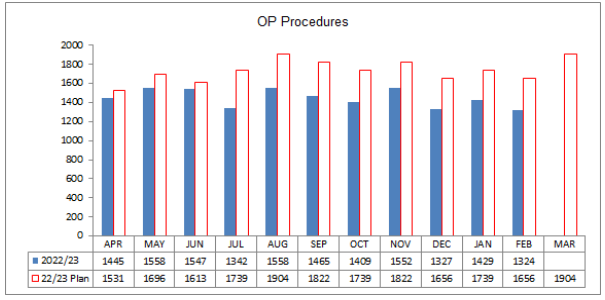
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 10934 | 11811 | 11077 | 10951 | 11288 | 11673 | 10983 | 11560 | 10206 | 11364 | 10325 | |
| 22/23 Plan | 10639 | 11769 | 11206 | 11930 | 13067 | 12499 | 11930 | 12499 | 11362 | 11930 | 11362 | 13067 |

## New Attendances (F2F & Virtual)



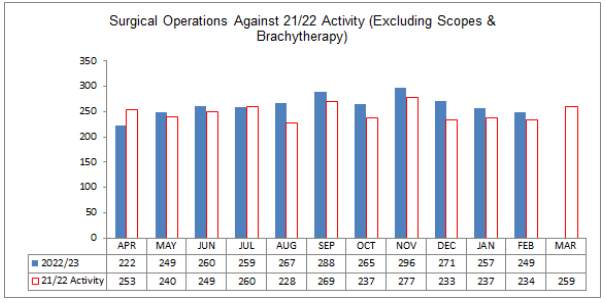
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 1484 | 1786 | 1573 | 1698 | 1733 | 1722 | 1636 | 1870 | 1542 | 1727 | 1455 | |
| 22/23 Plan | 1504 | 1670 | 1588 | 1735 | 1901 | 1818 | 1736 | 1818 | 1653 | 1736 | 1653 | 1901 |

## OP Procedures



| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 1445 | 1558 | 1547 | 1342 | 1558 | 1465 | 1409 | 1552 | 1327 | 1429 | 1324 | |
| 22/23 Plan | 1531 | 1696 | 1613 | 1739 | 1904 | 1822 | 1739 | 1822 | 1656 | 1739 | 1656 | 1904 |

## Surgical Operations Against 21/22 Activity (Excluding Scopes & Brachytherapy)

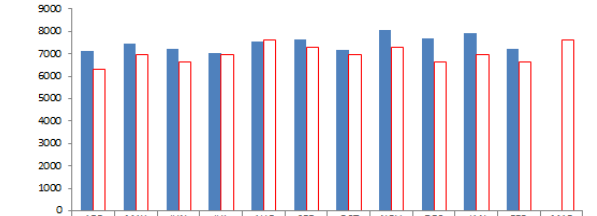


| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 222 | 249 | 260 | 259 | 267 | 288 | 265 | 296 | 271 | 257 | 249 | |
| 21/22 Activity | 253 | 240 | 249 | 260 | 228 | 269 | 237 | 277 | 233 | 237 | 234 | 259 |

# 3.4 – Activity

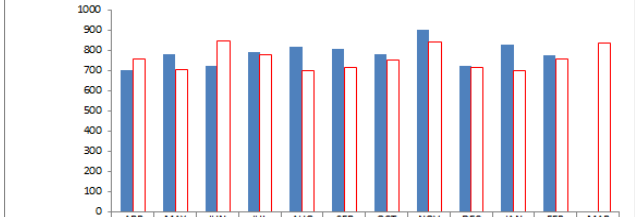


## Chemotherapy Deliveries



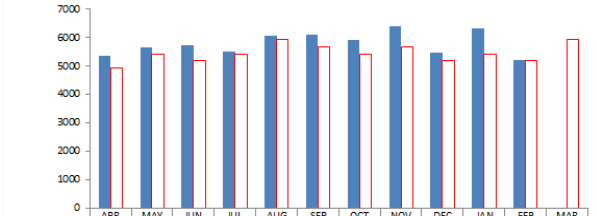
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 7100 | 7463 | 7197 | 7011 | 7535 | 7655 | 7187 | 8077 | 7663 | 7924 | 7238 | |
| 22/23 Plan | 6283 | 6945 | 6614 | 6945 | 7606 | 7275 | 6945 | 7275 | 6614 | 6945 | 6614 | 7606 |

## SACT 1st Treatments Against 21/22 Activity



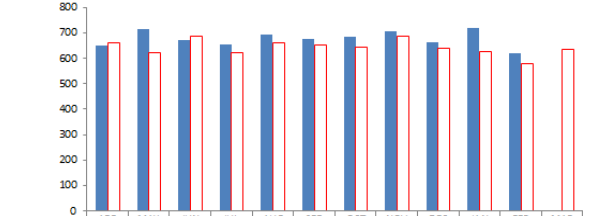
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 700 | 778 | 720 | 791 | 815 | 805 | 779 | 898 | 720 | 825 | 775 | |
| 21/22 Activity | 755 | 703 | 844 | 779 | 698 | 716 | 748 | 842 | 716 | 697 | 755 | 836 |

## Chemotherapy Reviews



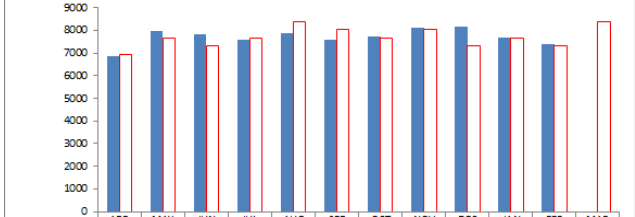
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 5356 | 5664 | 5746 | 5507 | 6051 | 6095 | 5909 | 6409 | 5463 | 6314 | 5209 | |
| 22/23 Plan | 4913 | 5431 | 5172 | 5431 | 5948 | 5689 | 5431 | 5689 | 5172 | 5431 | 5172 | 5948 |

## Radiotherapy 1st Fractions Against 21/22 Activity



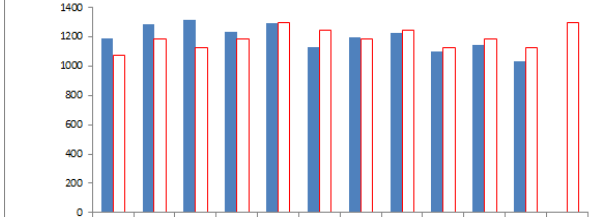
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 652 | 715 | 670 | 654 | 694 | 677 | 683 | 708 | 665 | 721 | 618 | |
| 21/22 Activity | 661 | 621 | 687 | 621 | 659 | 651 | 642 | 688 | 639 | 625 | 580 | 636 |

## Radiotherapy Fractions



| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 6867 | 7958 | 7810 | 7577 | 7862 | 7579 | 7729 | 8115 | 8155 | 7668 | 7381 | |
| 22/23 Plan | 6937 | 7668 | 7303 | 7668 | 8398 | 8033 | 7668 | 8033 | 7303 | 7668 | 7303 | 8398 |

## Radiotherapy Reviews

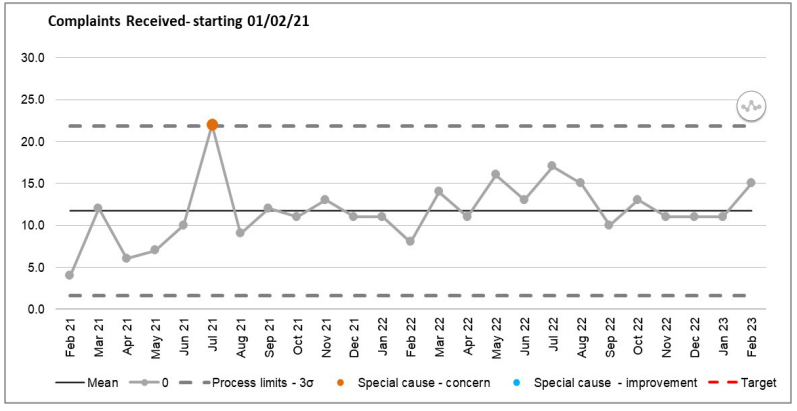


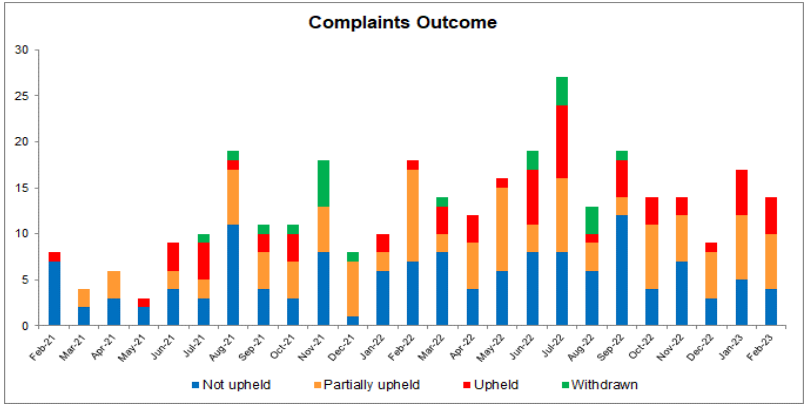
| | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | 1189 | 1287 | 1312 | 1236 | 1291 | 1131 | 1196 | 1223 | 1103 | 1144 | 1031 | |
| 22/23 Plan | 1072 | 1185 | 1129 | 1185 | 1298 | 1241 | 1185 | 1241 | 1129 | 1185 | 1129 | 1298 |

SACT 1st Treatments, 1st Fractions & Surgical Operations do not form part of the 22/23 activity plan and are used as supplementary guides to productivity. The figures are monitored against the previous year's month for comparison.

# 3.5 - Complaints





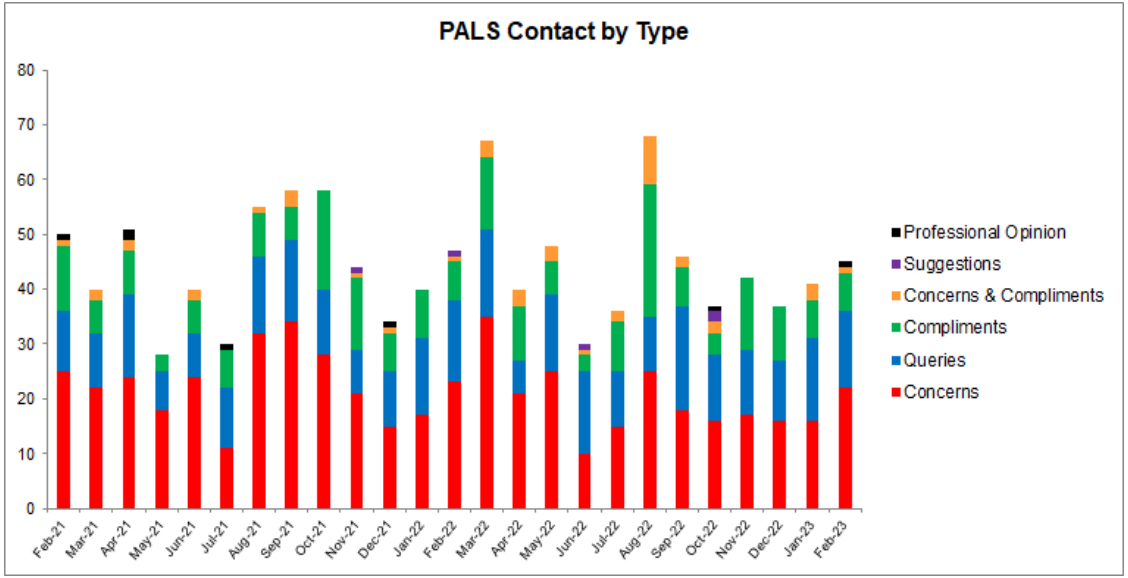

15 new complaints received in February 2023

14 complaints were closed in February 2023

**Ombudsman Cases**
Complainants have the right to refer their case to the Parliamentary and Health Service Ombudsman (PHSO) if they are not satisfied it has been resolved by the Trust. 0 cases were referred to the PHSO in January 2023. 1 case remains under investigation.

# 3.5 - PALS



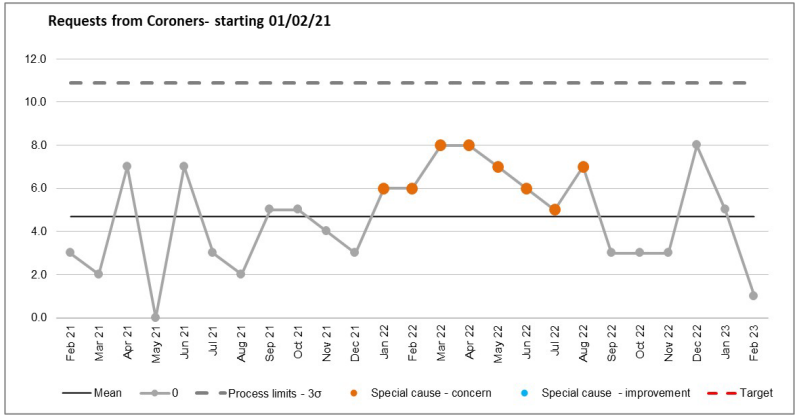


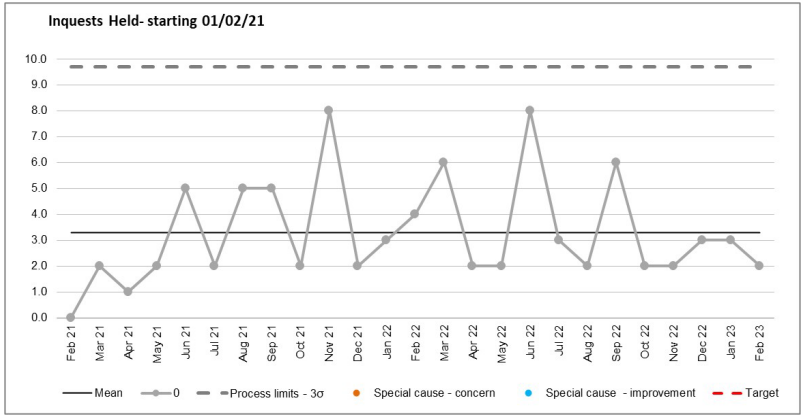

45 PALS contacts have been received in February 2023.

22 of those raised concerns about their experience at The Christie but did not wish to take them down the formal complaints route. The other reasons for contacting PALS are captured in the graph.

# 3.6 - Inquests

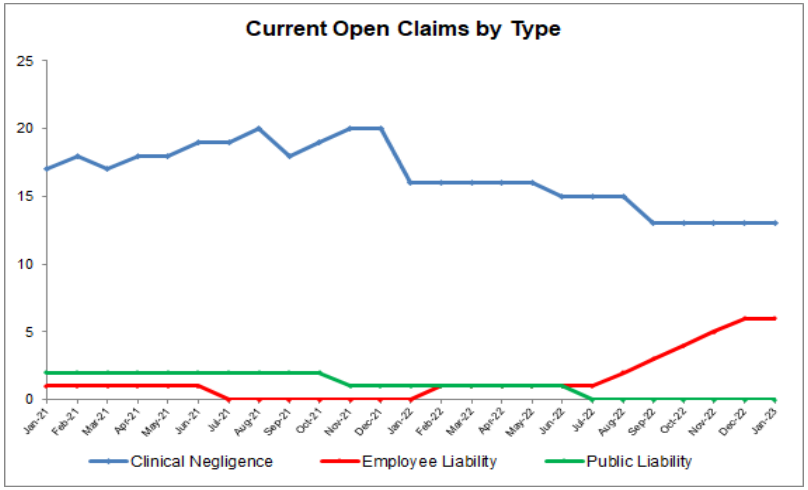


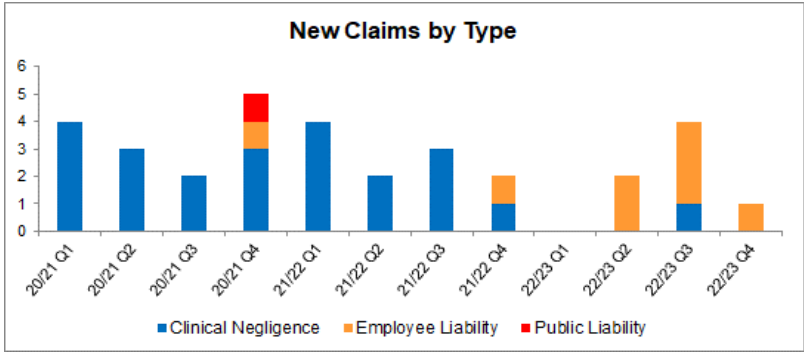

Requests from Coroners- starting 01/02/21
12.0
10.0
8.0
6.0
4.0
2.0
0.0
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Inquests Held- starting 01/02/21
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

# 3.7 - Claims

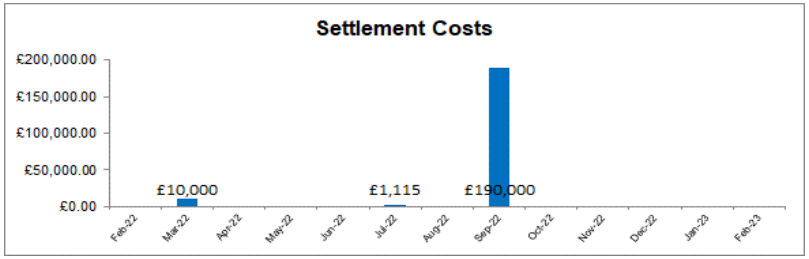





0 new Employer's Liability claims received in February 2023.

0 claim closed (withdrawn) in February 2023.



# 4.1 - Healthcare Associated Infections



| Curent Month | Community Onset - Indeterminate Acquisition (COIA) | Community Onset - Community Acquired (COCA) | Community Onset - Healthcare Acquired (COHA) | Healthcare Onset - Healthcare Acquired (HOHA) | Lapses in Care | Area(s) Occurred |
|---|---|---|---|---|---|---|
| Clostridium Difficile | | | 1 | 2 | 0 | (Ward 10) (Ward 11) (Ward 12) |
| E.coli Bacteraemia | | 2 | 2 | 2 | 0 | (Ward 10 x2) (AAU) (HTDU) (AACU) (CRF) |
| Klebsiella spp. | | 1 | 1 | 1 | 0 | (Ward 4) (AAU x2) |
| Pseudomonas aeruginosa bacteraemia | | | 1 | 1 | 0 | (OCCU) (AACU) |
| MSSA Bacteraemia | | | 1 | 1 | 0 | (Ward 2) (AACU) |
| MRSA Bacteraemia | | | | 1 | 0 | (Ward 4) |

| YTD | Community Onset - Indeterminate Acquisition (COIA) | Community Onset - Community Acquired (COCA) | Community Onset - Healthcare Acquired (COHA) | Healthcare Onset - Healthcare Acquired (HOHA) | Lapses in Care |
|---|---|---|---|---|---|
| Clostridium Difficile | 3 | 6 | 19 | 26 | 0 |
| E.coli Bacteraemia | 0 | 32 | 26 | 24 | 0 |
| Klebsiella spp. | 0 | 8 | 8 | 8 | 0 |
| Pseudomonas aeruginosa bacteraemia | 0 | 1 | 6 | 4 | 0 |
| MSSA Bacteraemia | 0 | 5 | 10 | 10 | 0 |
| MRSA Bacteraemia | 0 | 0 | 0 | 1 | 0 |

| Organism | COVID 19 first positive 8 – 14 days from admission (HO-pHA) | COVID 19 first positive 15 or more days from admission (HO-dHA) | Area(s) Occurred | Lapses in care |
|---|---|---|---|---|
| COVID-19 | 0 | 0 | | 0 |

| Organism | Number of Cases | Area(s) Occurred | Lapses in care |
|---|---|---|---|
| CPE colonisation / infection | 0 | | 0 |

There were 3 cases of C-Difficile, 4 cases of E-Coli, 2 cases of Klebsiella, 2 case of Pseudomonas, 2 cases of MSSA and 1 case of MRSA Bacteraemia in February that were deemed attributable to the Trust. No lapses in care have been identified.

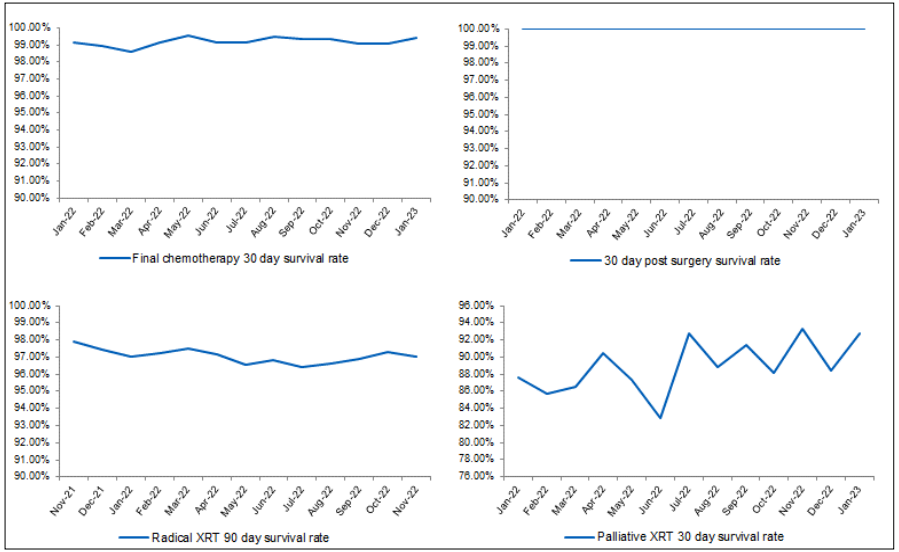
***Definitions***

*COCA - Cdiff: Is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 84 days prior to the specimen date (where day 1 is the specimen date)*
*E.coli, Klebs, Pseudo, MSSA, MRSA: Is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 28 days prior to the specimen date (where day 1 is the specimen date)*
*COIA - Symptoms commenced within first two days of admission and has been an inpatient in the trust in the past 4 weeks*
*COHA - Symptoms commenced within first two days of admission and inpatient in the past 12 weeks (but not past 4 weeks)*
*HOHA - Symptoms commenced within first two days of admission (No admission in past 12 weeks)*

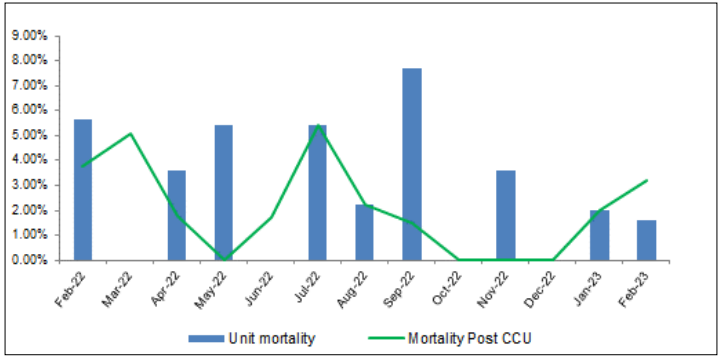
# 4.2 - Mortality Indicators & Survival Rates



## Survival Rates




## CCU Mortality Rate




Unit mortality represents the proportion of patients who had spells on the CCU who passed away on the unit. Total mortality represents the proportion of patients who had spells on the CCU who then passed away on either the CCU or another hospital ward.

## Inpatient Deaths – Onsite Deaths

| | | Feb-23 |
|---|---|---|
| Number of NHS Christie onsite deaths | Elective/planned admission | 4 |
| | Non Elective/emergency admission | 25 |
| | TOTAL | **29** |
| Number of deaths that have triggered Structured Casenote Review (SCR) Note: screening is ongoing so further triggers may be identified | Mortuary screened triggers (including reported to the coroner) - 5 | **6** |
| | Bereaved families raised concern – 0 | |
| | Medical Triggers - 1 | |
| | Nursing Triggers - 0 (inc in family concern) | |
| | COVID-19 - 0 | |
| | (note there may be more than one trigger) | |

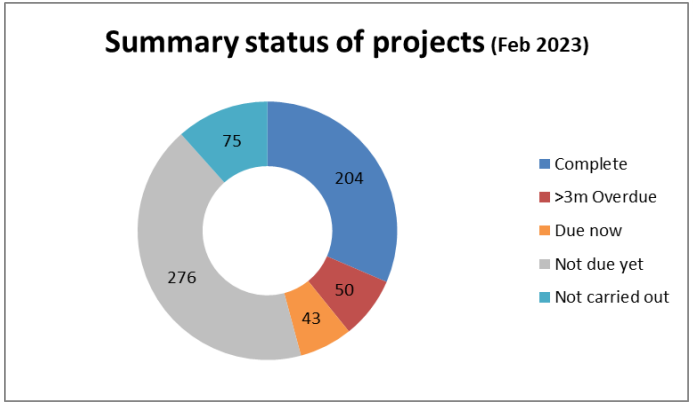
The Christie process for learning from deaths follows the 2017 NHSI guidance. All in-patient deaths are screened and where flagged by one or more triggers an independent structured case note review (SCR) is undertaken. Reviews are discussed by the Mortality Surveillance Group and the findings and actions from these are reported to the Executive Review meetings. Quarterly reports are made to Patient Safety and the Trust Quality Assurance Committees.

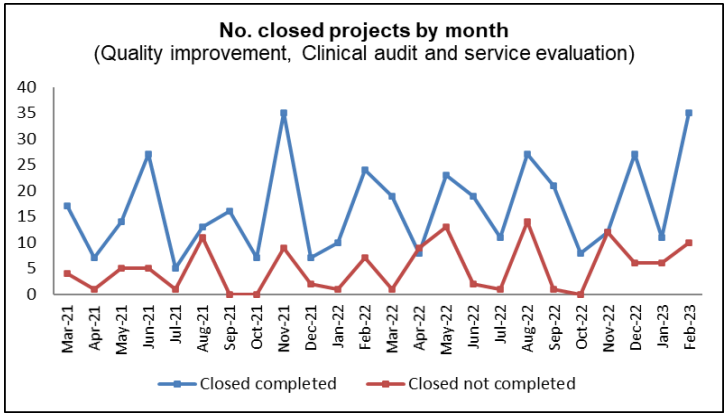
# 4.3 - Quality Improvement & Clinical Audit

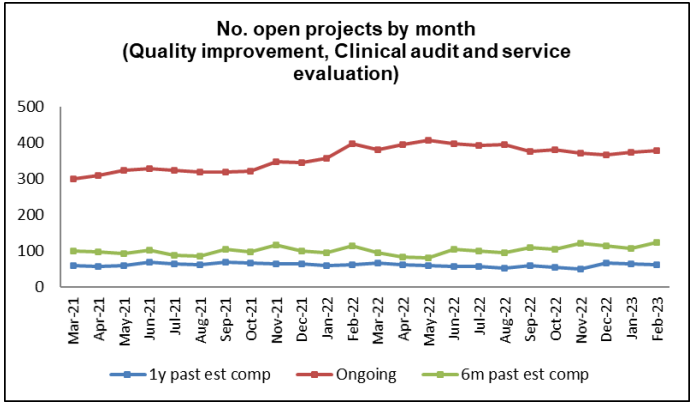


**QICA programme** – Quality Improvement and Clinical Audit Including service evaluations and patient surveys

Reminders are sent mid-quarter which lead to increased number of closed projects



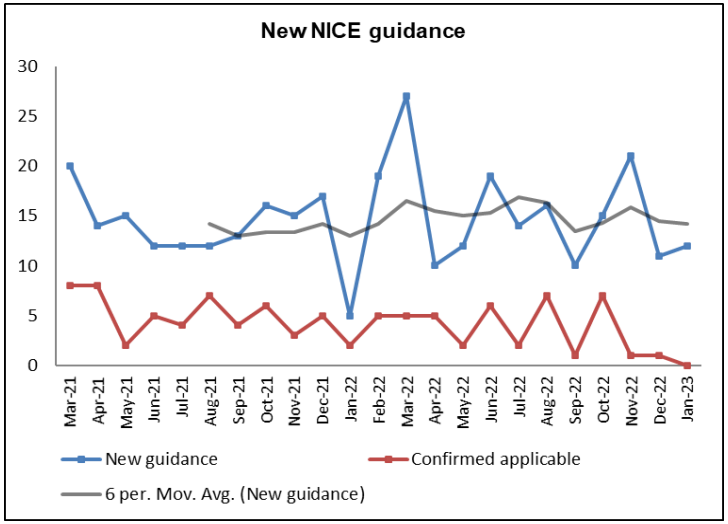



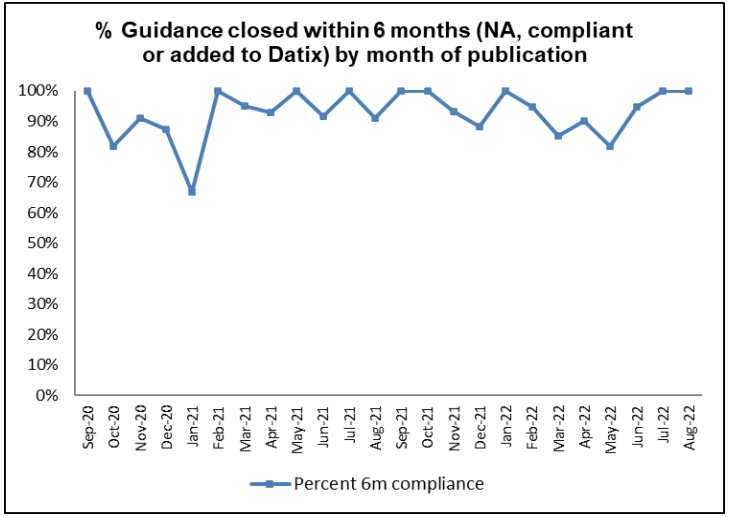




63

# 4.4 - NICE Guidance






**Implementation of nationally agreed best practice**
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.

The trust aims to close guidance within 6 months of publication. Guidance may be:

- compliant
- not applicable to the trust
- non or partially compliant with actions managed via the risk register

Note: normal trust processes for NICE guidance were paused during the Covid19 pandemic, affecting timescales

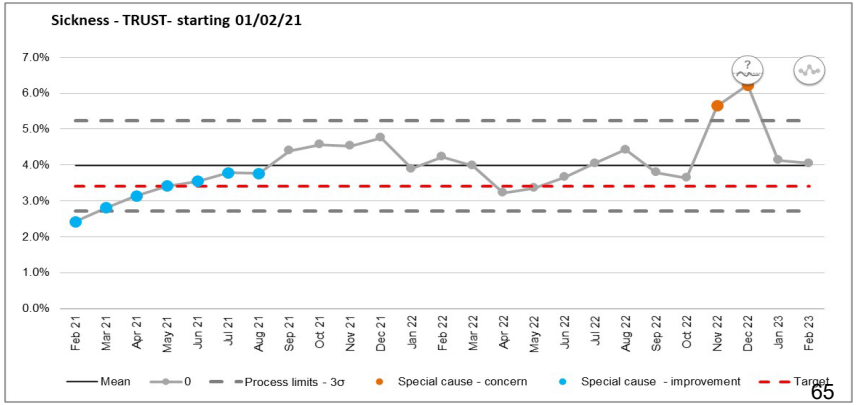
64

# 4.5 - HR Metrics (Sickness)



| Division | Excluding COVID related sickness | | | Inc COVID | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | YTD |
| Christie Medical Physics and Engineering | 1.74% | 1.26% | 1.62% | 2.32% | 1.73% | 2.87% | 2.20% | 3.55% | 2.92% | 2.26% | 4.91% | 2.75% | 2.56% | 2.29% |
| Clinical Networked Services | 3.83% | 3.49% | 2.63% | 3.58% | 4.23% | 4.15% | 3.80% | 3.26% | 3.08% | 5.03% | 5.46% | 3.55% | 3.66% | 4.65% |
| Clinical Support and Specialist Surgery | 4.93% | 5.16% | 4.27% | 3.59% | 4.82% | 3.99% | 5.65% | 4.12% | 3.22% | 7.07% | 8.02% | 4.22% | 5.03% | 5.78% |
| Corporate Development | 2.72% | 1.27% | 0.08% | 0.18% | 0.35% | 0.52% | 0.00% | 0.09% | 0.18% | 0.91% | 0.50% | 0.56% | 0.53% | 1.26% |
| Digital Services | 3.27% | 3.30% | 3.73% | 1.01% | 1.69% | 2.79% | 1.21% | 1.36% | 4.57% | 4.51% | 3.85% | 1.76% | 1.58% | 2.74% |
| Education (School of Oncology) | 5.25% | 2.99% | 4.59% | 5.54% | 4.36% | 2.52% | 1.24% | 1.35% | 1.13% | 0.39% | 0.86% | 3.96% | 3.33% | 3.17% |
| Estates & Facilities | 8.51% | 7.36% | 5.86% | 6.07% | 8.17% | 9.04% | 10.03% | 9.07% | 10.09% | 12.14% | 11.94% | 10.67% | 8.51% | 9.68% |
| Finance & Business Development | 2.45% | 3.12% | 1.44% | 0.37% | 1.16% | 0.60% | 1.23% | 1.33% | 2.76% | 4.57% | 3.62% | 2.76% | 1.87% | 2.10% |
| Medical Director's Office | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Performance | 8.49% | 5.14% | 2.62% | 1.96% | 1.25% | 4.54% | 3.16% | 8.16% | 5.05% | 10.69% | 4.46% | 3.89% | 4.15% | 4.84% |
| Quality and Standards | 12.89% | 11.64% | 8.12% | 7.25% | 4.84% | 6.62% | 6.07% | 3.45% | 3.99% | 7.24% | 9.09% | 7.45% | 6.98% | 7.28% |
| Research and Development | 1.97% | 2.09% | 1.41% | 2.12% | 2.53% | 3.22% | 4.03% | 3.26% | 3.12% | 4.22% | 4.91% | 4.16% | 3.18% | 3.89% |
| Strategy | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 1.65% | 1.77% | 6.38% | 6.38% | 8.24% | 3.62% | 0.00% | 3.95% |
| Trust Administration | 0.00% | 0.00% | 0.00% | 0.00% | 1.04% | 0.00% | 5.61% | 6.21% | 6.20% | 6.21% | 6.61% | 6.21% | 6.21% | 4.02% |
| Workforce | 2.98% | 2.56% | 1.95% | 2.06% | 1.82% | 3.10% | 2.76% | 1.51% | 2.86% | 4.28% | 3.60% | 1.74% | 0.96% | 2.59% |
| TRUST | **4.23%** | **3.98%** | **3.22%** | **3.36%** | **3.66%** | **4.05%** | **4.43%** | **3.79%** | **3.64%** | **5.65%** | **6.22%** | **4.13%** | **4.05%** | **4.85%** |

RAG Rating (>=Apr-16): <=3.4 GREEN; >3.4 RED




The sickness rate for February is **4.05%**

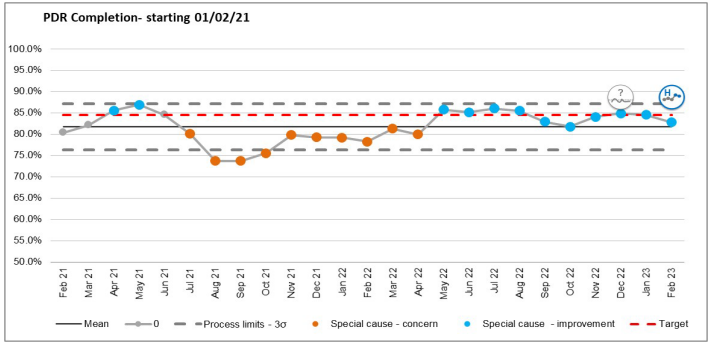
***From May 2022 sickness figures now include COVID related sickness***

# 4.6 - HR Metrics (PDRs & Essential Training)



| Division | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Christie Medical Physics and Engineering | 88.9% | 90.9% | 91.4% | 89.2% | 87.9% | 85.0% | 83.3% | 83.8% | 88.4% | 88.8% | 87.4% |
| Clinical Networked Services | 88.8% | 88.1% | 86.7% | 87.9% | 87.5% | 85.8% | 82.3% | 84.7% | 85.9% | 83.4% | 80.5% |
| Clinical Support and Specialist Surgery | 71.2% | 80.9% | 81.4% | 83.0% | 84.0% | 81.3% | 79.7% | 82.2% | 83.6% | 84.6% | 84.0% |
| Corporate Development | 91.4% | 94.4% | 89.2% | 84.0% | 85.3% | 96.9% | 93.9% | 91.2% | 93.9% | 88.6% | 75.0% |
| Digital Services | 92.4% | 87.9% | 81.3% | 88.0% | 79.1% | 71.6% | 79.3% | 82.6% | 85.4% | 91.1% | 88.5% |
| Education (School of Oncology) | 88.7% | 88.7% | 85.7% | 85.0% | 77.6% | 66.1% | 68.3% | 90.5% | 87.3% | 92.2% | 87.7% |
| Estates & Facilities | 54.9% | 82.6% | 81.6% | 83.0% | 80.5% | 74.4% | 78.8% | 84.3% | 83.2% | 83.4% | 82.0% |
| Finance & Business Development | 89.7% | 89.9% | 90.1% | 93.0% | 89.6% | 87.9% | 87.3% | 93.7% | 89.1% | 90.6% | 87.5% |
| Medical Director's Office | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 0.0% | 100.0% | 100.0% |
| Performance | 86.4% | 82.6% | 87.0% | 88.0% | 87.5% | 87.5% | 82.6% | 91.3% | 91.3% | 91.3% | 87.0% |
| Quality and Standards | 74.1% | 78.6% | 88.5% | 92.0% | 92.0% | 85.2% | 78.6% | 75.0% | 76.7% | 82.8% | 74.2% |
| Research and Development | 83.6% | 88.4% | 90.4% | 92.0% | 90.5% | 89.2% | 88.1% | 86.3% | 81.7% | 82.1% | 83.0% |
| Strategy | 100.0% | 66.7% | 66.7% | 75.0% | 50.0% | 50.0% | 37.5% | 37.5% | 30.0% | 33.3% | 30.0% |
| Trust Administration | 86.7% | 86.7% | 80.0% | 80.0% | 86.7% | 86.7% | 86.7% | 73.3% | 80.0% | 66.7% | 80.0% |
| Workforce | 88.5% | 92.3% | 84.6% | 87.0% | 89.1% | 89.7% | 93.2% | 91.7% | 94.9% | 94.9% | 98.3% |
| **Grand Total** | **79.9%** | **85.7%** | **85.1%** | **86.0%** | **85.5%** | **82.9%** | **81.8%** | **84.0%** | **84.9%** | **84.5%** | **82.7%** |

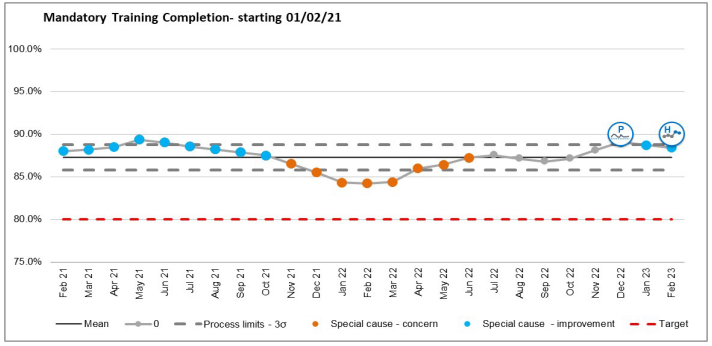
RAG Rating: >=94.5% GREEN; 85<>94.5 AMBER; <=84.5 RED




PDR Compliance for February is **82.7%**

| Division | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Christie Medical Physics and Engineering | 93.5% | 93.5% | 94.6% | 94.6% | 94.9% | 92.8% | 94.1% | 94.1% | 96.1% | 95.3% | 95.3% |
| Clinical Networked Services | 82.3% | 82.9% | 84.1% | 85.4% | 84.8% | 85.1% | 85.6% | 87.2% | 87.9% | 87.8% | 87.5% |
| Clinical Support and Specialist Surgery | 82.4% | 82.9% | 83.2% | 82.6% | 82.1% | 81.4% | 82.0% | 83.2% | 84.6% | 83.4% | 82.8% |
| Corporate Development | 98.3% | 93.5% | 98.5% | 95.1% | 96.2% | 98.6% | 99.2% | 98.7% | 97.2% | 97.3% | 95.3% |
| Digital Services | 94.5% | 93.2% | 94.0% | 92.0% | 92.4% | 94.6% | 94.5% | 96.2% | 96.6% | 97.0% | 96.7% |
| Education (School of Oncology) | 96.2% | 95.4% | 95.7% | 95.3% | 93.2% | 94.7% | 95.0% | 96.5% | 94.3% | 93.6% | 94.1% |
| Estates & Facilities | 88.6% | 93.3% | 92.8% | 93.7% | 93.4% | 93.8% | 92.1% | 92.1% | 93.0% | 94.3% | 93.4% |
| Finance & Business Development | 98.0% | 97.2% | 96.7% | 98.1% | 98.8% | 99.9% | 99.0% | 98.4% | 98.3% | 98.1% | 98.2% |
| Medical Director's Office | 100.0% | 100.0% | 90.0% | 90.0% | 90.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Performance | 99.6% | 98.4% | 99.2% | 97.6% | 96.8% | 97.2% | 97.9% | 97.4% | 95.7% | 96.4% | 95.6% |
| Quality and Standards | 88.4% | 88.0% | 87.5% | 87.7% | 92.6% | 88.3% | 89.4% | 88.3% | 90.4% | 93.0% | 93.5% |
| Research and Development | 90.9% | 90.8% | 91.7% | 92.6% | 92.6% | 92.8% | 92.6% | 93.3% | 94.0% | 94.0% | 93.7% |
| Strategy | 97.7% | 94.4% | 94.6% | 96.9% | 93.6% | 95.5% | 95.5% | 88.2% | 87.3% | 99.0% | 98.1% |
| Trust Administration | 95.1% | 92.6% | 93.8% | 94.5% | 93.9% | 93.9% | 98.3% | 99.4% | 98.2% | 98.2% | 98.2% |
| Workforce | 94.1% | 91.1% | 92.2% | 90.0% | 86.4% | 88.4% | 89.5% | 89.8% | 90.3% | 90.9% | 94.1% |
| **Grand Total** | **86.0%** | **86.4%** | **87.2%** | **87.5%** | **87.1%** | **86.8%** | **87.1%** | **88.1%** | **89.0%** | **88.7%** | **88.4%** |

RAG Rating >80% GREEN or <80% with risk assessment undertaken; <80% RED with no risk assessment undertaken



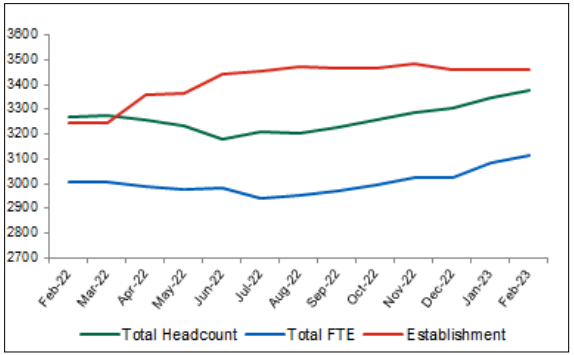

Mandatory Training Compliance for February is **88.4%**

# 4.7 - Workforce Metrics



## Total FTE & Total Headcount

| Trust | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Headcount | 3270 | 3277 | 3255 | 3234 | 3180 | 3212 | 3205 | 3227 | 3254 | 3289 | 3302 | 3349 | 3379 |
| Total FTE | 3005 | 3009 | 2988 | 2977 | 2985 | 2943 | 2951 | 2971 | 2994 | 3027 | 3025 | 3083 | 3115 |
| Establishment | 3244 | 3247 | 3361 | 3361 | 3445 | 3451 | 3473 | 3465 | 3466 | 3483 | 3462 | 3462 | 3461 |




## Leavers

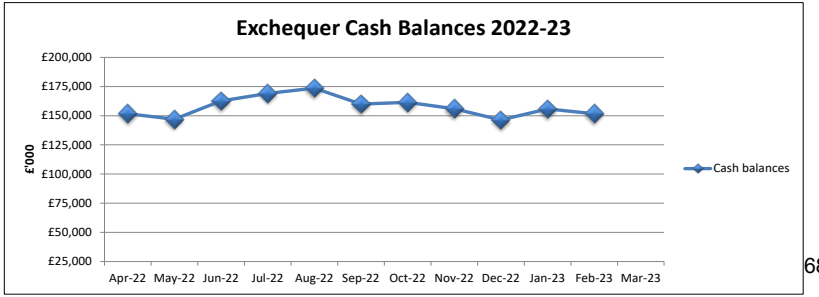
| Leavers Headcount | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dismissal | 3 | 0 | 1 | 2 | 1 | 4 | 0 | 0 | 0 | 1 | 2 | 1 | 1 |
| End of Fixed Term Contract | 3 | 1 | 4 | 8 | 7 | 8 | 18 | 12 | 5 | 1 | 0 | 0 | 1 |
| Mutually Agreed Resignation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Redundancy | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Retirement | 5 | 15 | 6 | 4 | 3 | 7 | 4 | 0 | 7 | 3 | 3 | 5 | 3 |
| TUPE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Voluntary Resignation | 33 | 41 | 42 | 37 | 24 | 58 | 46 | 48 | 28 | 25 | 27 | 35 | 24 |
| Others | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 0 |
| Grand Total | 46 | 57 | 54 | 52 | 35 | 78 | 69 | 60 | 41 | 30 | 32 | 43 | 30 |
| 12 Month Turnover % Headcount | 15.97% | 16.73% | 17.74% | 17.54% | 17.47% | 18.98% | 19.60% | 19.93% | 19.77% | 19.34% | 18.96% | 18.70% | 18.04% |
| Adjusted 12 month Turnover %* | 13.17% | 14.07% | 15.01% | 14.97% | 15.24% | 14.54% | 16.78% | 16.73% | 16.53% | 16.10% | 15.80% | 15.66% | 15.22% |

* Turnover based on substantive leaving reasons only (Dismissal, M.A.R.S, Redundancy, Retirement, Voluntary Resignation, Other)

# 5.1 - Finance (Executive Summary)

The Christie NHS Foundation Trust

| | YTD Budget | YTD Actual | Variance |
|---|---|---|---|
| | £'000 | £'000 | £'000 |
| NHS Clinical - Block Contract Income | (254,106) | (272,245) | (18,139) |
| NHS Clinical Income | (54,351) | (47,899) | 6,452 |
| Charitably funded capital donations | 0 | (468) | (468) |
| Donated CEF grant income | 0 | (0) | (0) |
| Other non clinical income | (60,148) | (55,644) | 4,504 |
| **Income** | **(368,605)** | **(376,256)** | **(7,652)** |
| Pay | 174,320 | 163,900 | (10,420) |
| Drugs | 91,429 | 96,438 | 5,009 |
| Other non pay | 86,222 | 99,767 | 13,545 |
| **Total expenditure** | **351,971** | **360,105** | **8,134** |
| EBITDA | (16,634) | (16,151) | 482 |
| Non operating income | (6,274) | (8,428) | (2,154) |
| Non operating expenditure | 40,080 | 40,096 | 16 |
| **(Surplus) / Deficit** | **17,172** | **15,517** | **(1,655)** |
| Exclude impairments | (12,833) | (12,833) | (0) |
| Exclude charitably funded capital donations | 0 | 468 | 468 |
| Exclude donated CEF grant income | 0 | 0 | 0 |
| Exclude donated depreciation | (4,339) | (4,178) | 161 |
| Exclude consumables donated from DHSC | 0 | 0 | 0 |
| Exclude contributions to expenditure - inventory donated | 0 | 0 | 0 |
| Exclude gains/(losses) from transfers by absorption | 0 | 0 | 0 |
| **Adjusted financial performance (surplus) / deficit** | **(0)** | **(1,026)** | **(1,026)** |




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

## I&E

- The trust is reporting a month 11 position of £1026k surplus compared to a breakeven plan within the latest plan submission of an annual break even control total.
- The in month position for month 11 was a £519k surplus against a break even plan.
- The month 11 I&E deficit is £15,517k, prior to adjusting for donated depreciation, charitably funded capital donations, donated grant income, donated consumables, transfers by absorption and impairments.
- 2022-23 CIP - £4.4m has been identified at this stage against a recurrent 22/23 CIP plan of £7.3m.

## Balance sheet / liquidity

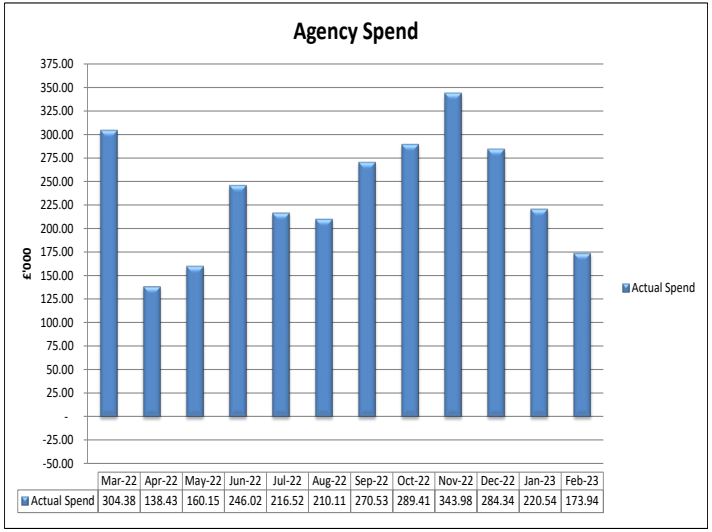
- The cash balance is £151,660k.
- Debtor days has increased to 12 days compared to the previous month at 11 days.
- Capital expenditure is 29.6% below the NHSI plan as a result of the current Paterson underspend (anticipated to concluded on plan) and the IFRS 16 leases yet to be committed.

## Other

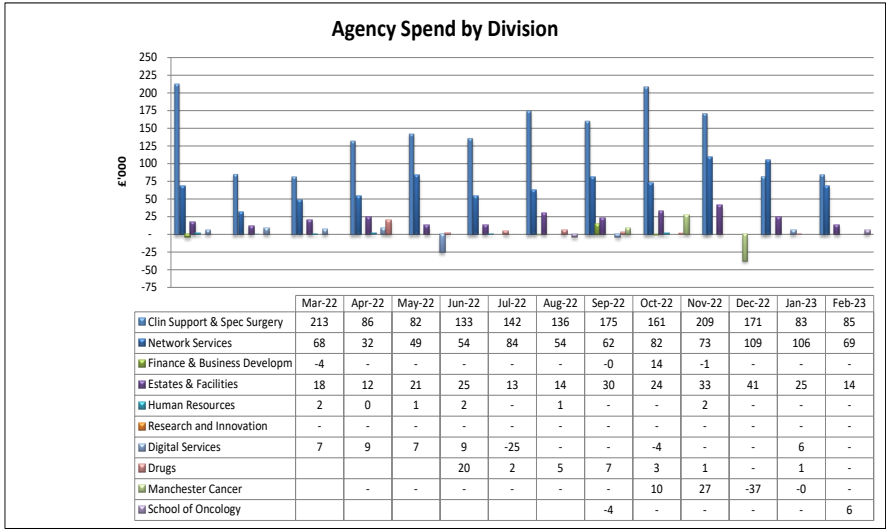
- TCPC profit of £4.7m has been included in the M11 financial position. This has been offset by the equivalent level of expenditure.
- 30 day BPPC is at 97% of value for NHS invoices with 91% achieved against the cumulative volume of invoices.

# 5.2 - Finance (Expenditure)






| | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual Spend | 304.38 | 138.43 | 160.15 | 246.02 | 216.52 | 210.11 | 270.53 | 289.41 | 343.98 | 284.34 | 220.54 | 173.94 |




| | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clin Support & Spec Surgery | 213 | 86 | 82 | 133 | 142 | 136 | 175 | 161 | 209 | 171 | 83 | 85 |
| Network Services | 68 | 32 | 49 | 54 | 84 | 54 | 62 | 82 | 73 | 109 | 106 | 69 |
| Finance & Business Developm | -4 | - | - | - | - | - | -0 | 14 | -1 | - | - | - |
| Estates & Facilities | 18 | 12 | 21 | 25 | 13 | 14 | 30 | 24 | 33 | 41 | 25 | 14 |
| Human Resources | 2 | 0 | 1 | 2 | - | 1 | - | - | 2 | - | - | - |
| Research and Innovation | - | - | - | - | - | - | - | - | - | - | - | - |
| Digital Services | 7 | 9 | 7 | 9 | -25 | - | - | -4 | - | - | 6 | - |
| Drugs | | | | 20 | 2 | 5 | 7 | 3 | 1 | - | 1 | - |
| Manchester Cancer | | - | - | - | - | - | - | 10 | 27 | -37 | -0 | - |
| School of Oncology | | | | | | | -4 | - | - | - | - | 6 |

The agency spend is £173k relating to month 11, a decrease of £46k from month 10 mainly within Network Services. Alongside this, bank usage has decreased by £15k in month.

# 5.2 - Finance (Expenditure)




| | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pay - Clinical | 8,689 | 9,489 | 9,015 | 8,813 | 8,913 | 8,585 | 8,906 | 10,845 | 9,562 | 9,415 | 9,359 | 9,375 |
| Pay - Non Clinical | 3,005 | 3,153 | 3,172 | 3,159 | 3,181 | 3,204 | 3,235 | 4,100 | 3,397 | 3,305 | 3,340 | 3,505 |
| Pay - Other | 1,626 | 8,748 | 2,105 | 2,270 | 2,165 | 2,369 | 2,133 | 1,109 | 2,048 | 2,336 | 2,129 | 1,688 |
| Pay - Agency | 238 | 304 | 138 | 160 | 246 | 217 | 210 | 271 | 289 | 344 | 284 | 221 |
| Non Pay - Drugs | 7,165 | 6,897 | 8,276 | 8,744 | 8,773 | 8,541 | 9,319 | 9,464 | 8,379 | 8,602 | 9,073 | 9,506 |
| Non Pay - Other | 9,140 | 13,165 | 7,133 | 7,852 | 7,500 | 9,062 | 8,586 | 7,314 | 9,430 | 8,544 | 10,369 | 10,333 |

# 5.3 - Finance (Capital)

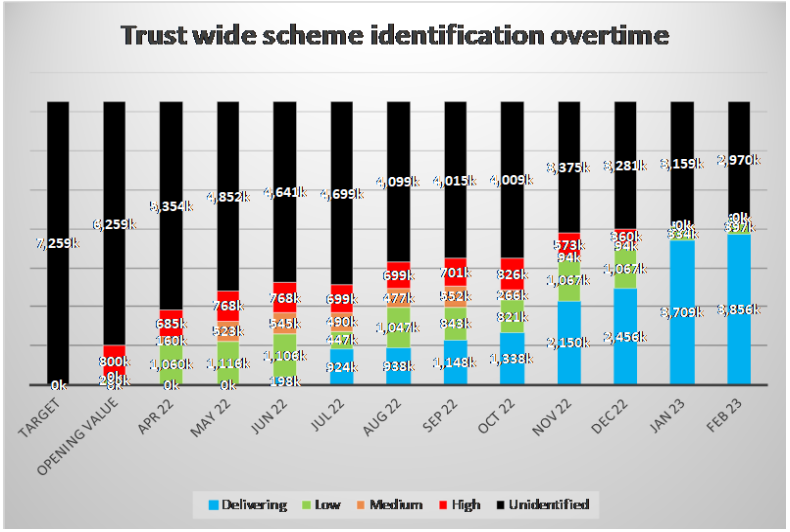
The Christie NHS Foundation Trust

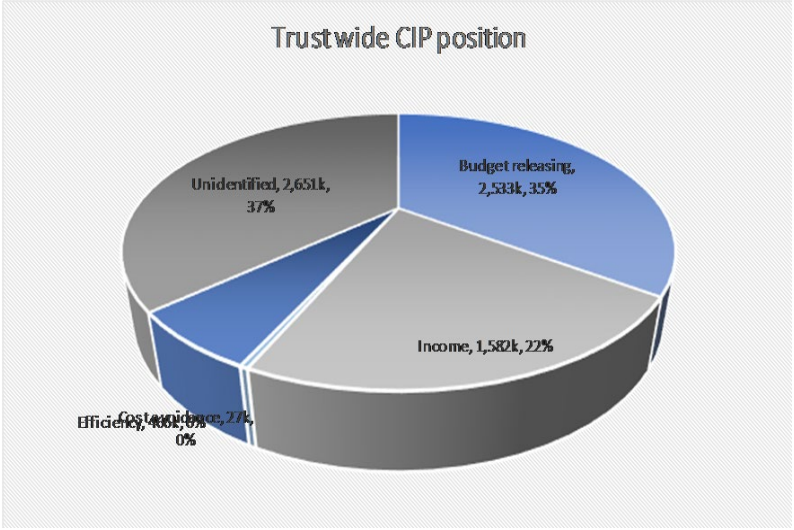
| Capital Summary 2022-23 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Total 2022-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Capital Plan | 8,870 | 6,258 | 667 | 4,815 | 7,146 | 8,780 | 6,548 | 6,635 | 8,692 | 5,650 | 8,635 | 6,080 | 78,776 |
| Total Capital Spend in month | 5,422 | 3,036 | 5,943 | 7,614 | 6,164 | 3,718 | 5,198 | 4,732 | 4,842 | 349 | 4,157 | | 51,175 |
| Variance to Plan | (3,448) | (3,222) | 5,276 | 2,799 | (982) | (5,062) | (1,350) | (1,903) | (3,850) | (5,301) | (4,478) | (6,080) | (41,681) |
| Cummulative to Plan | (3,448) | (6,670) | (1,394) | 1,405 | 423 | (4,639) | (5,989) | (7,892) | (11,742) | (17,043) | (21,521) | (27,601) | (69,282) |

Performance to month 11 is £21,521k below the proposed plan submitted to NHSE&I. The Paterson scheme is behind plan by £9.4m. The Project Management team are continuously assessing the forecast spend on the project and the lease handover to the University is still planned for 23 March 2023 and the majority of this underspend is anticipated to be incurred by year end. IFRS 16 leases are £8m behind plan due to re-evaluation of the accounting treatment and current assessment is that a minimal sum will be recognised as such in 2022-23.

# 5.4 - Finance (CIP)






Identified CIP is up to £4.4m. This is a £183k increase on last months, and is 61% of the recurrent target of £7.3m

£3.8m of CIP has been delivered year to date, 53% of the recurrent target. With £147k being delivered in February.

# 5.5 Better Payment Practice Code – Non NHS



| | | April | May | June | July | August | September | October | November | December | January | February | March |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MONTH 01 | MONTH 02 | MONTH 03 | MONTH 04 | MONTH 05 | MONTH 06 | MONTH 07 | MONTH 08 | MONTH 09 | MONTH 10 | MONTH 11 | MONTH 12 |
| TOTAL FOR MONTH | AMOUNT | £42,479,673 | £27,888,769 | £16,877,376 | £22,635,719 | £24,741,845 | £25,781,960 | £25,122,609 | £27,739,707 | £28,834,743 | £17,208,279 | £28,075,559 | £0 |
| | COUNT | 2,028 | 2297 | 1787 | 2060 | 1976 | 2464 | 2067 | 2730 | 2335 | 2090 | 1872 | 0 |
| | | | | | | | | | | | | | |
| PAID WITHIN 30 DAYS | AMOUNT | £42,255,238 | £27,252,700 | £16,553,831 | £22,197,907 | £24,006,353 | £24,938,814 | £24,192,300 | £26,673,070 | £27,983,351 | £16,923,498 | £27,238,221 | £0 |
| | COUNT | 1,817 | 2,032 | 1,522 | 1,897 | 1,733 | 2,067 | 1,749 | 2,222 | 2,191 | 1,955 | 1,814 | 0 |
| | | | | | | | | | | | | | |
| PERCENTAGE PAID WITHIN | | | | | | | | | | | | | |
| 30 DAYS (on score card) | | 99% | 98% | 98% | 98% | 97% | 97% | 96% | 96% | 97% | 98% | 97% | 0% |
| | | | | | | | | | | | | | |
| PERCENTAGE INVOICE | | | | | | | | | | | | | |
| COUNT WITHIN 30 DAYS | | 90% | 88% | 85% | 92% | 88% | 84% | 85% | 81% | 94% | 94% | 97% | 0% |
| | | | | | | | | | | | | | |
| | | 92% | 90% | 87% | 94% | 89% | 86% | 88% | 83% | 96% | 96% | 97% | |
| | | | | | | | | | | | | | |
| CUMMULATIVE TOTAL | | £42,479,673 | £70,368,442 | £87,245,817 | £109,881,536 | £134,623,381 | £160,405,341 | £185,527,949 | £213,267,656 | £242,102,400 | £259,310,679 | £287,386,238 | £287,386,238 |
| CUMMULATIVE WITHIN 30 DAYS | | £42,255,238 | £69,507,938 | £86,061,768 | £108,259,675 | £132,266,028 | £157,204,842 | £181,397,142 | £208,070,212 | £236,053,563 | £252,977,061 | £280,215,282 | £280,215,282 |
| % PAID WITHIN 30 DAYS | | 99% | 99% | 99% | 99% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% |
| | | | | | | | | | | | | | |
| CUMMULATIVE TOTAL COUNT | | 2028 | 4325 | 6112 | 8172 | 10148 | 12612 | 14679 | 17409 | 19744 | 21834 | 23706 | 23706 |
| CUMMULATIVE WITHIN 30 DAYS | | 1817 | 3849 | 5371 | 7268 | 9001 | 11068 | 12817 | 15039 | 17230 | 19185 | 20999 | 20999 |
| % COUNT WITHIN 30 DAYS | | 90% | 89% | 88% | 89% | 89% | 88% | 87% | 86% | 87% | 88% | 89% | 89% |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

30 days policy has achieved 98% against a target of 97%, for the cumulative value of invoices (£280,215k); with 89% achieved against the cumulative volume of invoices (23,706).

# 5.6 Better Payment Practice Code – NHS



| | | April | May | June | July | August | September | October | November | December | January | February | March |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MONTH 01 | MONTH 02 | MONTH 03 | MONTH 04 | MONTH 05 | MONTH 06 | MONTH 07 | MONTH 08 | MONTH 09 | MONTH 10 | MONTH 11 | MONTH 12 |
| TOTAL FOR MONTH | AMOUNT | £4,599,363 | £1,808,386 | £1,122,268 | £2,015,655 | £708,609 | £4,312,022 | £2,978,748 | £3,990,724 | £2,889,190.38 | 2,609,208.03 | 1,370,490.76 | |
| | COUNT | 213 | 215 | 56 | 89 | 96 | 147 | 116 | 138 | 177 | 157 | 111 | |
| | | | | | | | | | | | | | |
| PAID WITHIN 30 DAYS | AMOUNT | £4,580,884 | £1,719,914 | £1,067,875 | £1,933,869 | £695,839 | £4,093,622 | £2,908,058 | £3,802,690 | £2,851,555.90 | 2,575,107.33 | 1,370,050.72 | |
| | COUNT | 186 | 198 | 52 | 78 | 82 | 133 | 100 | 131 | 161 | 150 | 110 | |
| | | | | | | | | | | | | | |
| PERCENTAGE PAID WITHIN | | | | | | | | | | | | | |
| 30 DAYS (On Score Card) | | 100% | 95% | 95% | 96% | 98% | 95% | 98% | 95% | 99% | 99% | 100% | 0% |
| | | | | | | | | | | | | | |
| PERCENTAGE INVOICE | | | | | | | | | | | | | |
| COUNT WITHIN 30 DAYS | | 87% | 92% | 93% | 88% | 85% | 90% | 86% | 95% | 91% | 96% | 99% | 0% |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CUMMULATIVE TOTAL | | £4,599,363 | £6,407,749 | £7,530,017 | £9,545,672 | £10,254,281 | £14,566,303 | £17,545,052 | £21,535,775 | £24,424,966 | £27,034,174 | £28,404,664 | £28,404,664 |
| CUMMULATIVE WITHIN 30 DAYS | | £4,580,884 | £6,300,798 | £7,368,673 | £9,302,543 | £9,998,381 | £14,092,003 | £17,000,061 | £20,802,752 | £23,654,308 | £26,229,415 | £27,599,466 | £27,599,466 |
| % PAID WITHIN 30 DAYS | | 100% | 98% | 98% | 97% | 98% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| | | | | | | | | | | | | | |
| CUMMULATIVE TOTAL COUNT | | 213 | 428 | 484 | 573 | 669 | 816 | 932 | 1070 | 1247 | 1404 | 1515 | 1515 |
| CUMMULATIVE WITHIN 30 DAYS | | 186 | 384 | 436 | 514 | 596 | 729 | 829 | 960 | 1121 | 1271 | 1381 | 1381 |
| % COUNT WITHIN 30 DAYS | | 87% | 90% | 90% | 90% | 89% | 89% | 89% | 90% | 90% | 91% | 91% | 91% |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

30 days policy has achieved 97% against a target of 95%, for the cumulative value of invoices (£28,404k); with 91% achieved against the cumulative volume of invoices (1,515).

The Christie
NHS Foundation Trust

**Agenda item 08/23c**

**Meeting of the Board of Directors**

**Thursday 30th March 2023**

| | |
|---|---|
| Subject / Title | Responsible Officer Report: Appraisal and Revalidation 2022-23 |
| Author(s) | Dan Saunders, Responsible Officer<br>Yvonne Clooney, Appraisal/Revalidation Co-ordinator |
| Presented by | Neil Bayman, Executive Medical Director |
| Summary / purpose of paper | The Board is asked to note the content of this report and the on-going plan. |
| Recommendation(s) | Board are asked to note the report |
| Background Papers | N/A |
| Risk Score | N/A |
| Link to:<br>➢ Trust's Strategic Direction<br>➢ Corporate Objectives | Medical Appraisal Policy<br>All objectives |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | RO Responsible Officer<br>GMC General Medical Council<br>ELA employer liaison adviser<br>NHSE NHS England |

The Christie
NHS Foundation Trust

**Agenda item 08/23c**

**Meeting of the Board of Directors**

**Thursday 30th March 2023**

# Responsible Officer Report: Appraisal and Revalidation 2022-23

## 1 Introduction

Medical appraisal is an annual process that all licensed doctors are required to participate in; not only is this a contractual obligation, but it is also a requirement of continued registration and licensing by the GMC.

Revalidation is the process by which licensed doctors are required to demonstrate that they meet the required standards and are fit to practice. The Responsible Officer will make a revalidation recommendation to the GMC, usually once in a 5-year revalidation cycle. The doctor must ensure that all the evidence required, as outlined in Good Medical Practice, is organised and sufficiently documented.

## 2 Medical Appraisal

Medical Appraisal from April 2022 continued to follow the "support, not paperwork" model introduced during the height of the Covid-19 pandemic where the expectations for Medical Appraisal reduced the requirements for the pre-appraisal documentation and expected a supportive process that encouraged reflection on the past year, to recognise the impact of the pandemic and also the personal and professional development of doctors with the emphasis on health and well-being.

We currently have 297 connected doctors. Of these 26 recently connected to the Christie and will not undergo an appraisal until later in the year. A total of 271 appraisals were due and 222 have been completed to date. Of the 49 remaining, 3 are currently on maternity leave, 1 has recently returned from bereavement leave, 12 are in progress, and a further 33 appraisals are due over the next month we are working hard to ensure that these appraisals can take place in year.

The number of appraisals that meet all the standards outlined by the AOA is lower than in previous years for multifactorial reasons including sickness absence, reduced appraiser/appraisee ratio and some challenges related to conflicting clinical and diary commitments.

## 3 Appraisers

The number of doctors requiring appraisal is increasing and our overall pool of appraisers has been decreasing due to trained medical appraisers leaving/stepping down from their role. Our policy states 5-6 appraisals per appraiser we are therefore committed to securing additional appraisers to maintain compliance with our policy and to maintain the quality of our appraisals.

We currently have 39 trained appraisers, representing an increase of 3 on last year. We have asked Divisions to support the recognition and training of new appraisers proportionate

to the demands applied by the Division. One appraiser will stand down from 31st March 2023 and two appraisers are currently inactive which reduced our pool in year to 36. Nine new appraisers have been identified and are currently completing training. This will increase our total number of trained appraisers for 2023/24 appraisal year to 45. It is anticipated that forthcoming revisions to the Job Planning process will seek to identify some additional appraisers from within clinical divisions.

Our optimum number of appraisers would be closer to 58, so there remains a shortfall which we continue to work towards addressing. We are grateful to all appraisers who have continued to willingly carry out appraisals. The Appraiser Group continues to meet regularly to support all appraisers, address concerns and encourage more colleagues to come forward.

There have been no concerns about non engagement of a doctor in the past year.

## 4 Revalidation

In year we submitted a total of 53 recommendations. 45 of these were revalidated and 8 were deferred, the reason for deferral was primarily down to Multi-Source feedback not being available as the pandemic had limited our ability to gather patient feedback. Of those deferred, 5 have subsequently been revalidated taking our total number of positive revalidation recommendations in year to 50, 1 has moved onto another Designated Body and the remaining 2 will be revalidated later in the year.

All revalidation recommendations for 2022/23 were made within the required timeframe and have been accepted by the GMC.

## 5 Recommendation

The Board is asked to note the information provided in the report.

NHS
The Christie
NHS Foundation Trust

**Agenda item 08/23d**

**Meeting of the Board of Directors**

**Thursday 30th March 2023**

| | |
|---|---|
| Subject / Title | NHS Staff Survey Results 2022 |
| Author(s) | Jane Hanson - Engagement and OD Manager |
| Presented by | Eve Lightfoot – Director Workforce |
| Summary / purpose of paper | To provide the Board of Directors with:<br>• an initial overview of the NHS Staff Survey results 2022, likely areas of focus for action planning and suggested next steps<br>• an overview of the free text comments, likely areas of focus for action planning and suggested next steps |
| Recommendation(s) | The Board are asked to:<br>• note the contents of the paper |
| Background papers | NHS Staff Survey 2021 Results |
| Risk score | |
| Link to:<br>➢ Trust strategy<br>➢ Corporate objectives | Achievement of Corporate Plan and objectives |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | |

**Agenda item: 08/23d**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

**NHS Staff Survey Results 2022**

## 1 Introduction

This paper provides an initial overview of the staff survey results received from Picker our survey contractor, along with benchmarked data compared to the other Acute Specialist Trusts who have also used Picker to administer their survey. It includes a summary of highlights alongside a comparison to our historical scores from 2021.

## 2 Summary of Highlights

The results are under embargo and should be treated in confidence until the national survey results are published. This is expected to be in March 2023, but an exact publication date has not yet been confirmed from NHSE.

We will present further analysis and comparisons once the national results are available.

We were the 2nd highest ranked in our overall positive scores when compared with the other Acute Specialist Trusts who appointed Picker.

**Response Rate – Figure 1 shows a summary of our responses**

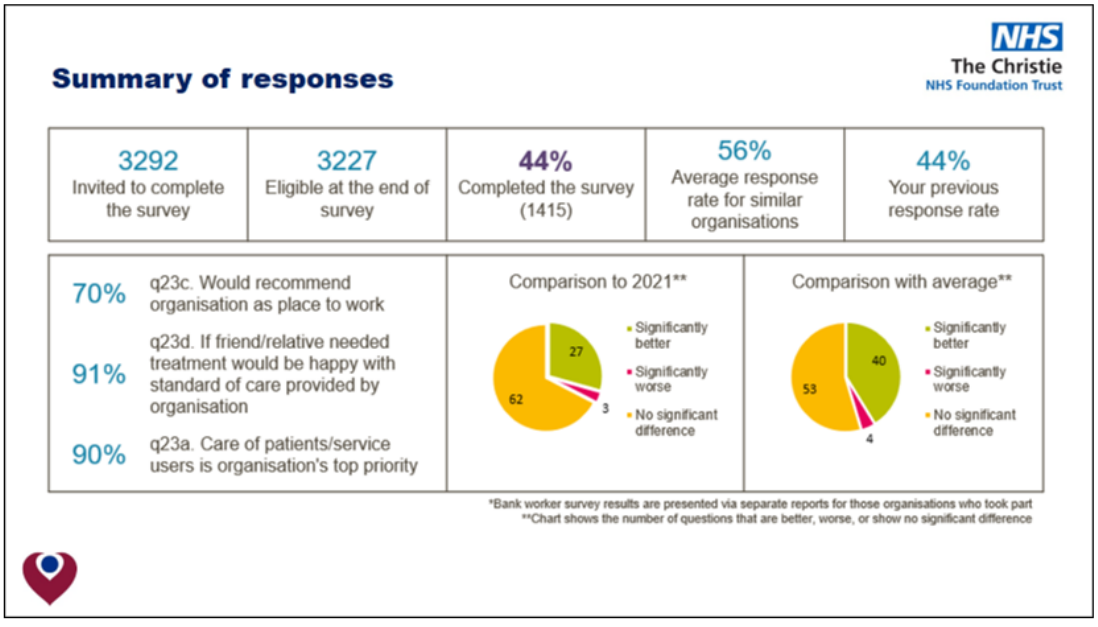



Figure 1 shows we achieved a 44% response rate which matches our 2021 response rate. This is lower than the average response rate of 56% for similar organisations.

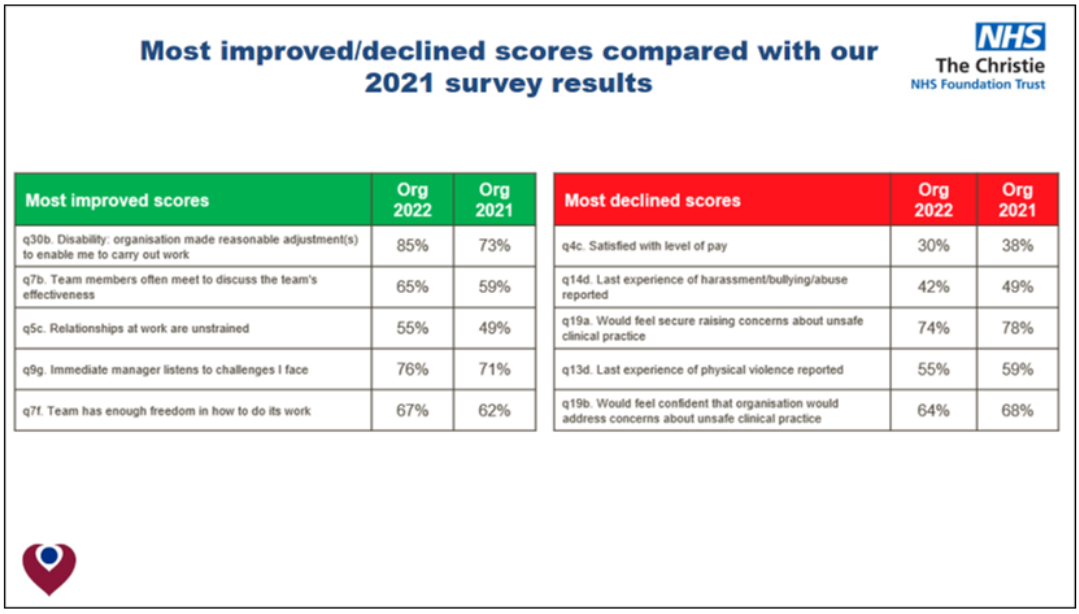
A total of 117 questions were asked in the 2022 survey, of these, 112 can be compared to 2021 and 97 can be positively scored. Our results include every question where we received at least 11 responses (the minimum required). Our results show that in 27 questions we scored significantly better than in 2021, just 3 questions were significantly lower and 62 had no significant difference.

The 3 questions that are highlighted as scoring significantly lower when compared to our 2021 results are:

- **Your job**: Satisfied with level of pay 38% in 2021 compared with 30% in 2022
- **Health Wellbeing and Safety at Work**: Would feel secure raising concerns around unsafe clinical practise 2021 score of 78% compared with 74% in 2022
- **Health Wellbeing and Safety at Work**: Feel confident the organisation would address concerns about unsafe clinical practise 68% in 2021 compared with 64% 2022

70% of colleagues would recommend the organisation as a place to work, this is a small reduction when compared to our score of 71.1% in 2021.

**Figure 2 - shows our most improved/declined scores compared with our own 2021 survey results**

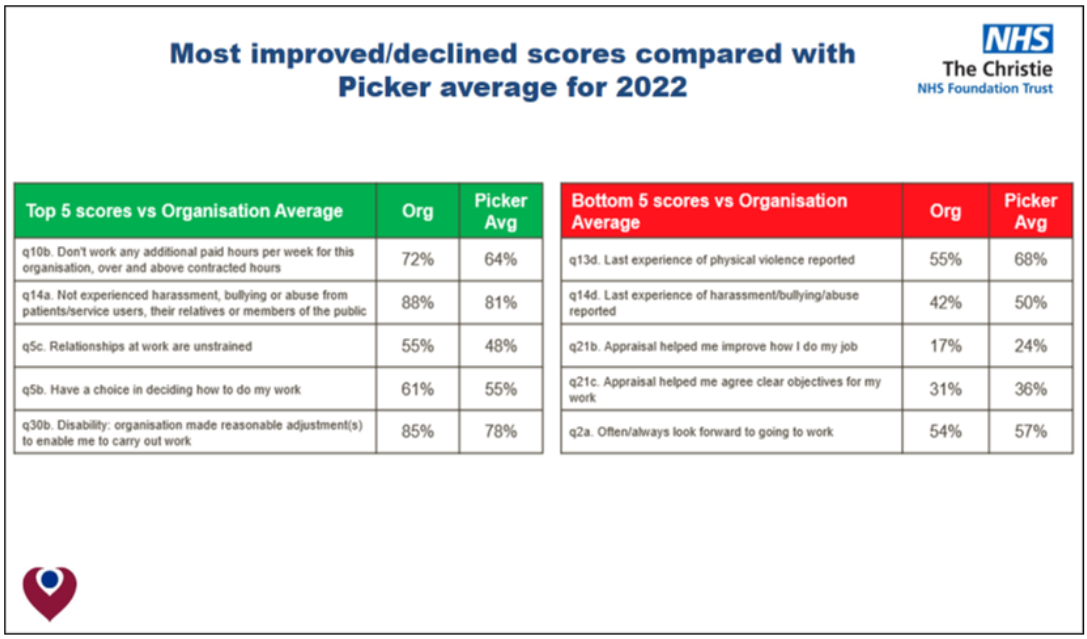



| Most improved scores | Org 2022 | Org 2021 |
|---|---|---|
| q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work | 85% | 73% |
| q7b. Team members often meet to discuss the team's effectiveness | 65% | 59% |
| q5c. Relationships at work are unstrained | 55% | 49% |
| q9g. Immediate manager listens to challenges I face | 76% | 71% |
| q7f. Team has enough freedom in how to do its work | 67% | 62% |

| Most declined scores | Org 2022 | Org 2021 |
|---|---|---|
| q4c. Satisfied with level of pay | 30% | 38% |
| q14d. Last experience of harassment/bullying/abuse reported | 42% | 49% |
| q19a. Would feel secure raising concerns about unsafe clinical practice | 74% | 78% |
| q13d. Last experience of physical violence reported | 55% | 59% |
| q19b. Would feel confident that organisation would address concerns about unsafe clinical practice | 64% | 68% |

When looking at the most improved scores there has been a significant improvement of 12% when asked question Q30b Disability: organisation made reasonable adjustments to enable me to carry out my work. When looking at the most declined scored, there is an 8% reduction in those who are satisfied with the level of pay.

**Figure 3 - shows our most improved/declined scores when compared with the Picker average for 2022 survey results**



Most improved/declined scores compared with Picker average for 2022

NHS The Christie NHS Foundation Trust

| Top 5 scores vs Organisation Average | Org | Picker Avg |
|---|---|---|
| q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours | 72% | 64% |
| q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public | 88% | 81% |
| q5c. Relationships at work are unstrained | 55% | 48% |
| q5b. Have a choice in deciding how to do my work | 61% | 55% |
| q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work | 85% | 78% |

| Bottom 5 scores vs Organisation Average | Org | Picker Avg |
|---|---|---|
| q13d. Last experience of physical violence reported | 55% | 68% |
| q14d. Last experience of harassment/bullying/abuse reported | 42% | 50% |
| q21b. Appraisal helped me improve how I do my job | 17% | 24% |
| q21c. Appraisal helped me agree clear objectives for my work | 31% | 36% |
| q2a. Often/always look forward to going to work | 54% | 57% |

When looking at the most improved scores we scored significantly higher than the Picker average in Q30b *Disability: organisation made reasonable adjustments to enable me to carry out work*. When looking at the most declined scores we score significantly lower than the Picker average on questions 13d and 14d which both relate to the reporting of incidents, notably of physical violence and harassment/bullying/abuse.

## 3 Initial Observations

- **Your Job -** positive scores have increased compared to our 2021 score apart from Q4c 'satisfied with level of pay' which has decreased by 8%. When compared with other comparator Trusts, we scored 3% lower than the average on only one question Q2a 'Often/always look forward to going to work'.

- **Your Team & People in your organisation** – all positive scores have increased compared to our 2021 score except for one question Q7i 'Feel a strong personal attachment to my team' which remained the same. This could indicate that more support is needed around hybrid working to ensure teams are connecting with each other. A deeper dive of the results, when available, should enable us to understand this in more detail.

- **Your Manager –** all positive scores have increased compared to our 2021 score. The most significant increases of 5% were in response to the questions Q9g 'Immediate manager listens to challenges I face' and Q9h 'Immediate manager cares about my concerns'. In general, positive scores were higher than the average when compared with Picker's comparator.

- **Your Health, Wellbeing and Safety at Work** – we have increased or stayed the same in our positive scores when compared to 2021, apart from Q14d 'Last experience of harassment/bullying/abuse reported' which has decreased by 7%

(fallen from 49% in 2021 to 42% in 2022). We also scored significantly lower in this question than Picker's comparator (50%). Questions Q19a 'Would feel secure raising concerns about unsafe clinical practice' and Q19b 'Would feel confident that organisation would address concerns about unsafe clinical practice' have both also decreased by 4% since 2021.
61% think the organisation is taking positive action on health and wellbeing which is the same as in 2021.This suggests that staff may instead value a different type of health and wellbeing provision/service.

- **Personal Development** – there has been an increase in our positive scores in relation to career development opportunities and developing skills when compared to 2021 however, we are below Picker's comparator for the questions relating to appraisals. Whilst the number of colleagues receiving an appraisal is almost the same when compared to 2021, responses indicate there is little satisfaction in the process and the value that it adds in terms of setting clear objectives and helping to improve how our colleagues carry out their role.

- **Your Organisation** – there is an increase in our positive scores when compared to 2021, with the most notable increase of 12% when compared to 2021 for Q30b 'Disability: organisation made reasonable adjustment(s) to enable me to carry out work'. When compared with Picker's comparator, in general positive scores were higher than the average.

## 4 People Promise Themes Results Overview

There has been an increase in all scores across all People Promise Themes except *we are recognised and rewarded* where we stayed the same when compared to 2021. As can be seen in Figure 4 below, there is only one area where our organisation scores the same as the benchmark, 'We are always learning'. We score higher than the benchmark average across all other themes. It is really encouraging to see that the Trust has increased scores in both Staff Engagement and Morale with an increase of 0.2 in both and are higher than the benchmark average.

**Figure 4 – People Promise thematic comparison to 2021**

| People Promise elements | 2021 score | 2022 score | Statistical change? | 2022 Benchmark Average |
|---|---|---|---|---|
| We are compassionate and inclusive | 7.6 | 7.8 | ↑ | 7.5 |
| We are recognised and rewarded | 6.2 | 6.2 | ↔ | 6.0 |
| We each have a voice that counts | 7.0 | 7.1 | ↑ | 7.0 |
| We are safe and healthy | 6.2 | 6.4 | ↑ | 6.3 |
| We are always learning | 5.5 | 5.7 | ↑ | 5.7 |
| We work flexibly | 6.3 | 6.4 | ↑ | 6.3 |
| We are a team | 6.8 | 7.0 | ↑ | 6.9 |
| **Themes** | **2021 score** | **2022 score** | **Statistical change?** | **2022 Benchmark Average** |
| Staff Engagement | 7.3 | 7.4 | ↑ | 7.3 |
| Morale | 6.0 | 6.2 | ↑ | 6.0 |

**Figure 5 shows the comparison of our position nationally, alongside other Greater Manchester Trusts and Oncology Centres**

| | We are compassionate and inclusive | We are recognised and rewarded | We each have a voice that counts | We are safe and healthy | We are always learning | We work flexibly | We are a team | Staff Engage-ment | Moral |
|---|---|---|---|---|---|---|---|---|---|
| The Christie | **7.8** | 6.2 | **7.1** | 6.3 | **5.7** | 6.4 | 7.0 | **7.4** | **6.2** |
| The Royal Marsden | 7.5 | 5.8 | 6.9 | 6.1 | **5.7** | 5.9 | 6.8 | 7.2 | 5.9 |
| Clatterbridge | 7.7 | **6.3** | **7.1** | **6.4** | **5.7** | 6.5 | **7.1** | 7.2 | 6.1 |
| Bolton NHS FT | 7.4 | 6.0 | 6.9 | 6.0 | 5.6 | 6.1 | 6.9 | 7.0 | 5.9 |
| East Cheshire NHS Trust | 7.3 | 5.8 | 6.7 | 5.9 | 5.4 | 6.2 | 6.7 | 6.9 | 5.7 |
| Manchester Uni FT | 7.0 | 5.5 | 6.4 | 5.8 | 5.1 | 5.6 | 6.4 | 6.5 | 5.4 |
| Northern Care Alliance | 7.2 | 5.7 | 6.7 | 5.9 | 5.2 | 6.0 | 6.6 | 6.7 | 5.7 |
| Stockport NHS FT | 7.2 | 5.8 | 6.7 | 5.8 | 5.4 | 6.1 | 6.7 | 6.7 | 5.7 |
| Thameside & Glossop | 7.2 | 5.9 | 6.7 | 6.0 | 5.4 | 6.2 | 6.7 | 6.8 | 5.8 |
| Wrightington, Wigan & Leigh | 7.2 | 5.8 | 6.7 | 6.1 | 5.1 | 6.3 | 6.7 | 6.9 | 6.0 |
| GMMH | 7.1 | 6.0 | 6.5 | 5.8 | 5.3 | 6.4 | 6.9 | 6.5 | 5.5 |
| Pennine Care | 7.6 | **6.3** | 7.0 | 6.3 | 5.6 | **6.8** | **7.1** | 7.1 | 6.1 |

*Those in bold highlight the highest and lowest scores for each People Promise theme*

## 5 Likely areas of focus for action planning

- Respectful Resolutions and organisational listening
- Appraisals, manager conversations and feedback (including skill and capacity)
- Continued focus on engagement and retention mechanisms
- Reporting concerns about safety in clinical practice
- Wellbeing support

Work is in progress in respect of the Respectful Resolutions training, this will replace the RESPECT training.

The appraisal process is currently being reviewed with a focus on the PDR process and associated policy. Some teams are currently trialling Delve's Talent Tool as an alternative to the current appraisal process.

The focus on engagement and retention mechanisms is ongoing. The survey results indicate that 24% of colleagues will look for another job within the next 12 months with 11% saying they would want to stay with the Christie but work in another department, the rest would look to work in another Trust. A deeper dive has been carried out and responses are summarised in the Additional Findings section of this report.

Reporting concerns about safety in clinical practice is one of the areas we had the most decline in when compared to our 2021 results (4% decline).

## 6 Next Steps

The table below describes the key milestones for disseminating further information, communicating across the organisation and focused action planning. The Board are asked to note the staff survey results update and actively engage in divisional action planning.

| Activity | Timeline 2023 |
|---|---|
| Gain access to our data breakdown and develop reports<br>(still awaiting local questions and free text comments)<br>- incl. comparison data with GM and oncology centres | Jan/Feb |
| - Divisional comms via E&OD Manager & HRBPs | End March/early April |
| - Local deep dive on results. Dissemination of Divisional packs and action planning | March/April |
| - Trust-wide comms (mechanism TBD)<br>- Share results infographic | End March/April (due to embargo) |
| - Focus on action<br>- Collaborative sharing of best practice and ideas<br>- Review mechanisms/conversations/check-ins established (TBD)<br>- Share results infographic | April - July |
| - Monitor action plans via Workforce Committee accountability<br>- Preparations for next survey in Q3 | June onwards |

## 7 Free text comments overview – Staff Survey 2022

Colleagues were asked 3 free text questions in the 2022 staff survey. Their responses are anonymous and cannot be split into Divisions, however this information provides a valuable resource to inform action planning. The comments have been analysed and grouped into topics to enable themes to be identified; these are outlined below.

### Response Rate

| Question | Responses |
|---|---|
| Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? | 278 |
| On what grounds have you experienced discrimination? | 20 |
| Any additional comments about working in this organisation | 212 |

### Free text comments summary

The topics raised in response to the 3 free text comments questions have been summarised in the list show in Figure 6 below. It is worth noting that there has been a significant increase (when compared to the 2021 free text comments), where colleagues

state they are proud to work here and that The Christie is a fantastic place to work, this was ranked 9th highest in 2021 compared to 2nd highest in 2022. Staffing level concerns remain in the top 3 and this year highlights the detrimental impact this is having on accessing learning and development opportunities.

**Figure 6 – Summary of most frequently raised comments/areas of significance (in order of highest first) from the three free text comments questions.**

| | |
|---|---|
| 1. | Feel supported in my development |
| 2. | Proud to work here/fantastic place to work |
| 3. | Staffing level concerns |
| 4. | Staffing pressures prevent time for learning opportunities/study |
| 5. | Management upskilling/line manager support to develop |
| 6. | Poor senior management leadership/lack of visibility |
| 7. | Dissatisfaction with pay |
| 8. | Inconsistent approach to flexible/home working in suitable roles (presenteeism) |
| 9. | Strengths are recognised and utilised |
| 10. | Progression pathways unclear |
| 11. | Feeling under-valued |
| 12 | Lack of development /opportunities for promotion for admin staff |

**Figure 7 – Summary of suggestions in response to: Does your organisation act fairly with regards to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age**

| | | |
|---|---|---|
| Lots of opportunity for internal promotion/progression | Contribution and commitment not recognised or rewarded | Strengths are recognised and utilised |
| Staffing pressures prevent time for learning opportunities/study | Lack of funding for training | Consider upskilling band 4s to band 5 nurses – transferable skills aid retention |
| Lack of development /opportunities for promotion for admin staff | Fair advertising/recruitment process | Lack of role responsibility between band 3 and band 4 apart from pay |
| Lack of support from manager | Restricted for part time working | Unclear pathways to progress |
| Access to development not consistent | Lack of reward/recognition for completing professional qualifications | Supported in my development |

**Figure 8 – Summary of suggestions in response to: On what grounds have you experienced discrimination?**

| | | |
|---|---|---|
| Previous mental health issues | Being a parent | Unfair overtime opportunities |
| Wanting to work flexibly | Unfair working onsite compared to those working from home | Low pay – no acknowledgement of overseas training/experience |
| Raising concerns | Pregnancy | Working part time |

**Figure 9 - Summary in response to any additional comments about working in this organisation**

| | | |
|---|---|---|
| Necessity of qualification for certain roles is a barrier | Not confident to raise concern | Lack of empathy for teams |
| Poor senior management leadership and lack of visibility | Inconsistent approach to flexible/home working in suitable roles (presenteeism) | Proud to work here/fantastic place to work |
| Staffing levels concerns | More promotion of physical wellbeing | Low people management skill level |
| More permanent roles created to reduce turnover | Slow recruitment processes | Mental health/stress/wellbeing stigma |
| Feeling under-valued | Admin recruitment not aligned to increase in consultant recruitment | Dissatisfaction with pay |
| Lack of adequate equipment (IT systems and clinical) | Poor working environment/review of space | Poor recognition mechanisms (reliant on goodwill) |

**Free text comments - next steps**

Work continues around improving competency around leadership, management and upskilling which has remained in the top 5 most frequently raised comments this year, this has been prioritised for Year 1 in the People and Culture Plan. A scoping exercise has been commissioned (Mar – May 2023) to pin down the gap in our current management skills training, and propose an outline design for a comprehensive management training programme to address this. Once this is complete, a decision will be required on how to resource the delivery of this training on an ongoing basis. We continue to enhance our leadership development activity, and activity is underway during 2023 to develop a leadership transitions framework and our consultant development offer, alongside our internal and external leadership development programmes

There will be a focus on career pathways and development for Administrative staff via a working group led by the Director of Workforce and the Chief Operating Officer to ensure this staff group feel valued.

The Engagement and OD Manager will work alongside the HR Business Partners to present Staff Survey results and Divisional Packs to divisional leads to discuss and agree their areas of focus for action planning.

Responses in relation to *Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age* will be shared with School of Oncology as these will contribute to their widening participation plans which involves offering holistic career development conversations, in confidence individual activity to explore career aspirations and routes to achieving these. Action planning can involve supporting and encouraging individuals to apply to study, guidance on applying for stretch opportunities, secondments and general career advancement pathways. Trust wide Widening Participation are promoting accessibility through new pre-employment programmes in collaboration with a local college, and increased work experience programmes, such as T-Levels. to support the concept that our workforce reflects the diversity of the communities we serve.

Responses in relation *why colleagues are planning to leave the organisation* will be shared to inform discussions in relation to the continued focus on engagement and retention mechanisms. Work is underway to implement ways of connecting with new starters to ensure they receive a great welcome and help them navigate through their first few weeks, providing signposting to useful contacts eg payroll, Tech bar etc. There will be checking in activity at specific points during their first 6 months of employment to ensure they are aware of the support available to them and will include a reminder of the staff benefits, staff network groups they may want to join or the learning and development opportunities they are available to them. The Trust induction programme is being developed to take place twice a month to enable each session to have a dedicated focused workshop on the Trust values.

Work is underway to identify development opportunities for our colleagues working within

lower bands to provide clearer development pathways for progression.

Work has been undertaken to review the Trust's award and recognition offers, this will be implemented in the Autumn 2023. Any activity will be linked to our new values to aid the embedding process and provide a sense of purpose. This will include long service awards moving from annually to quarterly to ensure that eligible colleagues receive their award closer to their anniversary date. A new event, Autumn Accolades, will provide an opportunity for colleagues to be recognised for their contribution via nominations from their peers.

## 8 Additional Findings

Several comments related to colleagues looking to leave the organisation in the future are shown in Figure 10.

**Figure 10 – Summary of reasons why colleagues are planning to leave the organisation**

| | | |
|---|---|---|
| Not supported when raising concern | Lack of flexibility for home working | Level of work versus pay |
| Low staffing concerns | Not putting patient safety first | Lack of progression opportunities |
| Pension contribution exceeding pay increase | No work-life balance | Lack of respect by colleagues |
| Unprofessional behaviour/bullying | Presenteeism ethos of senior management | Lack of flexibility for start and finish times (non-medical) |

## 9 Update on Actions from Staff Survey 2021

Several Trust-wide actions were implemented in response to the priority areas identified from the Staff Survey 2021 results which are outlined below:

- Colleagues told us they would like more support around health and wellbeing. In response, we set up the Menopause Café, reviewed the Menstruation to Menopause Policy, set up the Engagement Stand and provided an extra focus on financial wellbeing on HIVE and via in person and online workshops. The Wellbeing Advisors offered 1:1 and team wellbeing support.

- Colleagues told us they would like the Trust to have a more transparent culture. In response, everyone was provided with the opportunity to contribute to shaping the new Values and Behaviours via focus groups, an online survey and feedback

boards in work areas.

- Colleagues told us they would like to see improvements around recognition and reward. In response a review has been undertaken on how we recognise and reward colleagues and have made recommendations for improvements.

- Colleagues told us they would like more support from their line manager. In response, a review has been undertaken of the current line manager support and new material is being developed. In addition, several new cohorts of the Christie Leadership Development Programme have been commissioned for Band 4-7 managers.

- Colleagues told us they would like to see a more inclusive approach to support for all colleagues. In response we have developed a new approach to our EDI Delivery Plan, introduced EDI Co-ordinators and have integrated more diverse content into our leadership and management development and are exploring different approaches to develop a broader range of colleagues at different levels.

**Divisional Action Plans**

From the Staff Survey 2021 results, each Divisional Lead was asked to identify the 2 People Promise themes requiring the most improvement that they could commit to improving engagement on and to set meaningful and achievable actions. They were accountable for providing updates on progress on their action plans at Workforce Committee meetings.

**Recommendation**

The Board of Directors are asked to note the contents of the paper.

NHS
The Christie
NHS Foundation Trust

**Agenda item 09/23a**

**Meeting of the Board of Directors**
**30 March 2023**

| | |
|---|---|
| Subject / Title | The Christie Strategy 2023 – 2028 |
| Author(s) | Dr Neil Bayman, Executive Medical Director<br>John Wareing, Interim Director of Strategy |
| Presented by | Dr Neil Bayman, Executive Medical Director<br>John Wareing, Interim Director of Strategy |
| Summary / purpose of paper | The attached document is the proposed summary Trust Strategy for 2023 – 2028. It follows extensive discussion and engagement with a range of stakeholders (staff, Governors, Board, wider NHS) over the preceding 18 months. This document will be used as the basis for a public facing version to be placed on the Trust website during April.<br>An implementation plan will be developed in the forthcoming period and regular updates will be provided. |
| Recommendation(s) | Members of the Board are requested to approve the 2023 – 2028 Trust Strategy |
| Background papers | N/A |
| Risk score | N/A |
| Link to:<br>➢ Trust strategy<br>➢ Corporate objectives | 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. | None |

NHS
The Christie
NHS Foundation Trust

# Leading cancer treatments and improving outcomes for patients

## Our Strategy 2023 - 2028

# Contents

# About The Christie

The Christie specialises in cancer treatment, research and education and is the largest single site cancer centre in Europe.

Treating more than 60,000 patients a year from across the UK, we became the first UK centre to be officially accredited as a comprehensive cancer centre and are supported by an independent charity.

The Christie employs over 3,000 staff, all of whom are determined to provide the best possible cancer care and patient experience. Some of the developments we have made in the last few years are outlined here. During our last strategy we have built a state of the art proton therapy centre as well as creating facilities in Macclesfield.

Our experts have been pioneering cancer research breakthroughs for more than 100 years and The Christie is well known for many world-firsts which have advanced cancer treatment on a global scale.

Housing the largest single site early phase clinical trials unit in the UK, we have an excellent reputation as an international leader in research and innovation, which is further strengthened by being a partner in the Manchester Cancer Research Centre (MCRC) and Health Innovation Manchester. The rebuilt Patterson building will further complement this work when it opens in 2023.

A core element of The Christie is education. With its own School of Oncology, the first of its kind in the UK, The Christie educates healthcare professionals from across the country, enhancing the patient experience and promoting developments in cancer care.

# Refreshing The Christie Strategy

The Christie strategy 2023-2028 sets out how we will continue to deliver our mission - to care, discover and teach - through the four themes of our vision

1. Leading cancer care
2. The Christie experience
3. Local and specialist care
4. Best outcomes

The refreshed Trust strategy has been built from integrating our Clinical strategies (made up from the ambitions of our internationally recognised clinical teams and the future-plans of our state-of-the-art clinical services) with our Research and Innovation, Education and Clinical Outcomes strategies which have each been renewed in parallel.

Our ambitious plans for **research and innovation** will see The Christie learning from every patient, breaking down the barriers for patients to participate in research, and applying this knowledge to improve the lives of patients with cancer now and in the future.

Through our inclusive culture of world-class **education** we will develop professionals in all disciplines who are compassionate and contribute to excellent care for patients at all stages of their cancer journey. Collaborative partnerships at local, national and international levels will drive educational innovation and research and enable us to learn from and with patients and communities to improve cancer healthcare within Greater Manchester and beyond.

We will improve **clinical outcomes** for cancer patients through generation of real-word evidence, achieved through deploying systems to capture and assure quality of real-time clinical datasets from every patient. We will embed a data culture in collaboration with our partners, empowering clinicians utilise data to drive improvements and developing a framework for the introduction of new technologies and artificial intelligence.

This next iteration of **The Christie Strategy** has been informed through extensive consultation with our staff, patients and public. To ensure our strategy meets the expectations of our stakeholders and aligns to the aspirations of the Greater Manchester Integrated Care Partnership and the Greater Manchester Cancer Plan, the four themes of our Christie Vision are framed around three key priorities for the next 5 years

- working in partnerships to support local and national systems
- tackling cancer inequalities to level-up outcomes for all patients and populations
- improving cancer outcomes through deploying the latest technologies and practice changing evidence.

Delivery of the strategy will be supported through our enabling strategies for Digital, People and Culture, and Quality, which describe how we will deploy the latest technologies to improve efficiency and effectiveness; grow, develop and retain a diverse and valued expert workforce; and prioritise patient safety and the very best patient experience respectively.

Underpinning the delivery of our ambitions in the next five years will be our values and behaviours. These have been reviewed alongside this strategic refresh; our new framework applies to all our Christie colleagues and defines how we approach our work and treat each other. Our values are beliefs or principles that are important and meaningful to us, and our behaviours are observable actions that bring these values – and our vision – to life.

# Our Values & Behaviours

Our Values and Behaviours shape the way we work. Values are beliefs or principles that are important and meaningful to us – they are what drives us. Behaviours are observable actions that bring these values to life. Our behaviours demonstrate our values through how we do things, what we say, how we say it, and how we treat others and expect to be treated ourselves.

During summer 2022, we were supported by our trade union partners to run a series of engagement activities with over 260 colleagues. Colleagues shared stories about what a successful day at The Christie looked like to them and we explored what they, and others, were doing that made it a success. These conversations formed our key values - we Act with Kindness to one another, we Connect with People to build feelings of belonging and community, and we Make a Difference for our colleagues and patients through our work, and our relationships with each other. Each value is as important as the other.

Our values and behaviours define how we approach our work and treat each other. They sit alongside what we do. This framework applies to all our Christie colleagues and details the behaviours required when we interact with each other, our patients, and our visitors. Through demonstrating these behaviours we can deliberately shape our culture to help us achieve our Christie Vision, and positively influence areas such as patient experience and outcomes, staff wellbeing and continuous improvement.

## 2018 - 2023 Strategy Review

Under our four strategic pillars of Leading Cancer Care, The Christie Experience, delivering Local & Specialist care and ensuring Best Outcomes, the 2018 - 2023 strategy set a range of ambitious objectives. A number of the successes are highlighted below:

We completed of the UKs first high energy Proton Therapy Centre – the Centre has recently treated its 1000th patient…



We completed the Christie @Macclesfield Centre – bringing care closer to people's homes.

We continue to support international collaboration through our work with partners in Kenya…supporting the successful application for a £2.8m NIHR grant to improve oesophageal cancer survival in Kenya.


We continued to drive forward innovation in service delivery through becoming a European Centre of Excellence for Prostate Cancer.

# 1. Leading cancer care

**What we are doing now**

We have developed a regional centre for brachytherapy to provide cutting edge treatments for patients with prostate and cervical cancer.

We have implemented a first of its kind dedicated service for older patients, the Senior Adult Oncology Service, which brings together a range of clinicians focussed on the particular needs of older people.

Through the collaboration with The University of Manchester and Cancer Research UK, we are on track to complete the £150m Patterson building, a world class transformational research facility dedicated to boosting treatment options for cancer patients.

We routinely publicise our outcome data through our monthly performance reports and annual quality accounts on our website.

**Our ambition for the future**

We will realise the potential of the Patterson development - seamless integration of research with clinical care.

We will grow our pipeline of Christie leaders with regional, national and international influence.

We will accelerate research delivery through efficiencies and innovation - tomorrow's treatments to patients faster.

We will create sustainable opportunities for our staff to work within international partnerships to tackle cancer inequalities locally and globally.

We will further develop accessible and inclusive cancer care education and training through the development of an 'Excellence in Education' centre and exploration of the impact of registered education provider status.

# 2. The Christie Experience

**What we are doing now**

We continue to offer high quality patient experience with patients consistently rating the Trust as providing excellent care. In the 2021 National Patient Experience Survey rated The Christie as achieving ‘much better than expected results’

We continue to develop The Christie School of Oncology to have national impact. It played a key role in supporting staff training during the pandemic and continues to increase the range and breadth of it’s offer.

We have worked with the Manchester University NHS Foundation Trust so that we can continue to support the delivery of acute medical services ensuring our patients receive optimum care.

**Our ambition for the future**

We will improve in-patient experience and efficiencies through emerging / next generation ward environments.

We will establish system-wide Christie Research Outreach - access to research for every patient across Greater Manchester.

We will personalise the Christie out-patient experience embedding digital healthcare tools.

We will embed cancer partnerships beyond GM by building on the success of national service networks and hosting Operational Delivery Networks.

We will grow active patient and public engagement opportunities across cancer education priorities.

# 3. Local and specialist care

**What we are doing now**

Patients told us that they found the care at The Christie to be of exceptional quality. We deliver cutting edge treatments via our network of radiotherapy centres.

We have expanded our chemotherapy at home service to deliver treatment close to people's homes, saving them time and travel.

In partnership with Alliance Medical we have continued to implement the National PET 1 contract and through the National PET 2 contract we are expanding local access to PET CT in Greater Manchester.

During the pandemic, we worked with other NHS providers to ensure cancer surgery could continue for patients in Greater Manchester, offering mutual aid and developing a GM wide surgical hub.

Utilising innovative technology such as the MR LINAC to offer cutting edge treatments.

**Our ambition for the future**

We will develop a single Christie non-surgical oncology service with equitable care for all patients across GM.

We will collaborate with system partners to improve access to cancer diagnosis and treatment targeting areas of greatest need.

We will expand cancer survivorship programme with system leadership for managing late effects, supportive care and research.

We will establish a Christie Advanced Cancer Scanning Centre for state-of-the-art diagnostics and increasing system capacity.

We will work with partner organisations to integrate a sustainable next-generation cancer pathology service in cytogenetics, histopathology and blood sciences.

# 4. Best outcomes

**What we are doing now**

We are leading the four cancer themes as part of the recently accredited and expanded Manchester Biomedical Research Centre.

We are continuing to build on our expertise in proton beam therapy through research.

Through our academic investment plan, we have continued to recruit world experts to contribute to our work on experimental cancer therapeutics, radiotherapy related research and discovery research in tumour specific themes such as lung, prostate, melanoma and pancreatic cancer.

We have invested in our surgical programme through the purchase of next generation surgical robots.

We have provided patients with important information about their treatment via data on effectiveness, safety and patient experience.

**Our ambition for the future**

We will drive improvements in quality, safety and patient experience through real-time data for ‘data-enhanced clinicians’.

We will accelerate improving outcomes through launching a Clinical Outcomes & Data Unit (CODU).

We will develop a secured-data environment with regional/national capability in collaboration with research partners.

We will work in partnership with the GM Cancer Alliance to establish and report cancer equality metrics and KPIs.

We will improve outcomes for older patients with cancer through the Christie Senior Adult Oncology service.

Keep up-to-date with all our news from the latest Christie developments to charity events.

The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX
United Kingdom
Phone 0161 446 3000

www.christie.nhs.uk

**Join the conversation on Twitter**
Follow us @TheChristieNHS
Follow our charity @TheChristie

**Join us on Facebook**
www.facebook.com/TheChristieNHS
www.facebook.com/TheChristiecharity

**Follow our charity on Instagram**
www.instagram.com/christiecharity

NHS
The Christie
NHS Foundation Trust

**Agenda item 09/23b**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

| | |
|---|---|
| Report of | Chief executive |
| Paper Prepared By | Company secretary |
| Subject/Title | Board Governance:<br>• Letters of representation - appendix 1<br>• Register of interests - appendix 2<br>• Fit & Proper Persons declaration – appendix 3<br>• Declaration of independence (non-executive directors only) – appendix 4<br>• General Data Protection Regulation (GDPR) – appendix 5 |
| Background Papers | None |
| Purpose of Paper | To request completion of the letters of representation, register of interests and fit & proper persons declaration from each Board member and the declaration of independence by the non-executive directors. |
| Action/Decision Required | To note |
| Link to:<br>➢ NHS Strategies and Policy | NHSEI Code of Governance |
| Link to:<br>➢ Trust's Strategic Direction<br>➢ Corporate Objectives | Objective 7 |
| Impact on resources and risk and assurance profile<br>You are reminded that resources are broader than finance and also include people, property and information. | None |
| You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box. | |

The Christie
NHS Foundation Trust

**Agenda item 09/23b**

**Meeting of the Board of Directors**
**Thursday 30th March 2023**

**Directors' representations**

**1. Representation by all members of the board**

Under the terms of authorisation as a Foundation Trust it is necessary for the board to confirm their awareness of all significant matters within the organisation and disclose any matters of consequence to the organisation. This is done for the previous 12 months.

A draft of the letter is attached as appendix 1. All board members are asked to sign this letter to confirm the statements contained within it.

**2. Register of Commercial Interests and Affiliations**

The register is required to comply with standing orders 8-10 (included in our constitution as Annex 8) which cover declarations and register of interests, pecuniary interests and standards of business conduct and is also part of The Christie response to the published national guidelines on "Standards of business conduct for NHS staff".

All board members are required to review their entry on the register and complete the standard declaration (appendix 2). A summary of this information is published on The Christie website.

**3. Fit and proper persons declaration**

The fit and proper person's requirement (FPPR) is a statutory requirement for all care providers registered with the Care Quality Commission (CQC) to ensure the suitability of all their directors and those acting in an equivalent capacity. The requirement was brought into force for NHS bodies on 27th November 2014 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5. The Regulations introduce the following criteria for assessing fitness. A Director must:

- be of good character
- have the necessary qualifications, competence, skills and experience
- be capable, by reason of their health, of undertaking the relevant position (after any reasonable adjustments under the Equity Act 2010)
- not have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England would not be regulated activity
- not be unfit, as per the 'unfit' criteria

Responsibility for ensuring the fitness of directors rests with the individual provider organisation. The Trust needs to ensure the fitness of all its new directors on recruitment, but the requirement will also be on-going in that we will need to constantly assure ourselves of the continuing fitness of our directors. The Trust will also need to ensure appropriate action is taken to react to information it might receive about a director which might call into question his/her fitness. A one-off retrospective check was carried out in respect of the directors in post at the time of the introduction of the requirement. The Chair is required to sign off director appointments as meeting the requirement.

All board members are required to complete the fit and proper persons declaration (appendix 3).

**4. Declaration of independence by all non-executive directors**

The board of directors is required to identify in the annual report each non-executive director it considers to be independent. The board should determine whether each director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. Each non-executive director will be asked to provide a declaration confirming their independence. A draft declaration of independence form is attached as appendix 4.

The board of directors should confirm that it has received an appropriate declaration of independence from each non-executive director and considers each non-executive director to be independent.

**5. General Data Protection Regulation (GDPR)**

The General Data Protection Regulation (GDPR) came into force on 25th May 2018 and was designed to modernise laws that protect the personal information of individuals.

As a foundation trust we are required to publish certain information about you in various publications and on our external website; these include the trust's annual report (which includes the remuneration report), charity annual report, register of interests, director profiles etc. All these documents contain personally identifiable information relating to your role as a director/ trustee. As we are required to seek your agreement to the disclosure of this information on an annual basis this now forms part of our normal annual governance process.

If you would like any further details on the disclosures being made please contact the company secretary's office. The agreement form is attached at appendix 5.

**6. Recommendation**

Each member of the board is asked to sign the relevant letter of representation (available for signing at the board meeting), the declaration of their commercial interests and affiliations, the fit and proper persons declaration and the general data protection regulation (GDPR) form. Non-executive directors will, in addition, be asked to sign the declaration of independence.

The board is asked to confirm that it considers each non-executive director to be independent.

NHS
The Christie
NHS Foundation Trust

**Appendix 1**

[30th March 2023]

Wilmslow Road
Withington
Manchester
M20 4BX
Direct Tel: 0161 446 3043
Hospital Tel: 0845 226 3000
Email: louise.westcott1@nhs.net
Internet: www.christie.nhs.uk

[ ]

Dear Chris/Roger,

**Disclosure of significant matters of a strategic, operational or governance nature**

I confirm that to the best of my knowledge and belief I have informed the board about all significant matters of a strategic, operational or governance nature that I have become aware of as part of my employment on behalf of the Trust. There are no matters of consequence that I have not already disclosed to the board or one of its committees.

Through meetings of the board and its committees held throughout the year I can confirm that to my knowledge and belief the Trust operates sound governance in relation to risk and performance management and board roles, structures and capacity.

I have also reviewed my declaration of interests in the Trust's register and can confirm that it is accurate as at today's date and no conflict of interest exists.

[As chair of the [audit/quality assurance] committee I have been responsible for ensuring that assurance is provided to the board on all matters of [corporate and financial/clinical and research] governance and risk. I can confirm that, to the best of my knowledge and belief, the board has been advised about all significant matters.]

Yours sincerely

[Grenville Page
Non-executive director
Chair of the Audit Committee]

[Kieran Walshe
Non-executive director
Chair of the Quality Assurance Committee]

[Tarun Kapur
Non-executive director
Chair of the Workforce Assurance Committee]

[Kathryn Riddle / Jane Maher / Robert Ainsworth / Alveena Malik
Non-executive director]

[others Title]

[Chris Outram
Chair – letter to Roger]

NHS
The Christie
NHS Foundation Trust

**Appendix 2**

# Board of Directors' Register of Interests 2023

| Name of company, partnership, local authority of other body or organisation | Nature of the interest (shareholder, director, partner, advisor, employee etc) | Type of interest (direct or indirect and whether it is pecuniary or non-pecuniary) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I confirm that I have understood the Trust Code of Conduct for Directors and Employees and in making this declaration to The Christie; I confirm compliance with the requirements of the register of interests.

I accept that in submitting this declaration, it does not remove my personal responsibility of ensuring I am not in a position or situation which may result in a potential breach of this policy.

Signed:…… Date:……March 2023.

Name: ……

Title:……

*Please note that checks may be made relating to any interests declared to ensure they comply with the fit and proper persons requirements.*

NHS
The Christie
NHS Foundation Trust

**Appendix 3**

## Fit and Proper Person Declaration

In line with the requirement for Directors of an NHS Foundation Trust to be a fit and proper person, I hereby declare

| Declaration | Confirmed |
|---|---|
| I am of good character by virtue of the following: | |
| • I have not been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence | |
| • I have not been erased, removed or struck-off a register of professionals maintained by a regulator of health or social care. | |
| • I have not been sentenced to imprisonment for three months or more within the last five years | |
| • I am not an undischarged bankrupt | |
| • I am not the subject of a bankruptcy order or an interim bankruptcy order | |
| • I do not have an undischarged arrangement with creditors | |
| • I am not included on any barring list preventing them from working with children or vulnerable adults | |
| I have the qualifications, skills and experience necessary for the position I hold on the Board | |
| I am capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010 | |
| I have not been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider | |
| I am not prohibited from holding the relevant position under any other law. e.g. under the Companies Act or the Charities Act. | |
| | |

| | |
|---|---|
| **Signed** | |
| **Name** | |
| **Position** | |
| **Date** | March 2023 |

The Christie
NHS Foundation Trust

**Appendix 4**

# Declaration of independence 2023

**Name:**

**Title of Post:** Non executive director

Please state if you:

- have been an employee of the NHS foundation trust within the last five years;

- have, or have had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust;

- have received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme;

- have close family ties with any of the NHS foundation trust's advisers, directors or senior employees;

- hold cross-directorships or has significant links with other directors through involvement in other companies or bodies;

- have served on the board for more than nine years from the date of their first election;

- are an appointed representative of the NHS foundation trust's university medical or dental school.

Signed: …… Date: ……

**Appendix 5**

## Board governance declaration

## General Data Protection Regulation (GDPR)

The General Data Protection Regulation (GDPR) came into force on 25th May 2018 and was designed to modernise laws that protect the personal information of individuals.

As a foundation trust we are required to publish certain information about you in various publications and on our external website; these include the trust's annual report and charity annual report. These documents contain personally identifiable information relating to your role as a director/ trustee e.g. the remuneration report and director profiles.

We are required to seek your agreement to the disclosure of this information on an annual basis. This will now form part of our normal annual governance process. I would be grateful, therefore, if you could confirm below your agreement to your information being published.

If you would like any further details on the disclosures being made please contact the company secretary's office.

---

## General Data Protection Regulation (GDPR)

In making this declaration to The Christie NHS Foundation Trust I confirm my agreement to the disclosure of relevant information about me being published for the year 2022/23.

Signed ……

Title …….

Date ……..

NHS
The Christie
NHS Foundation Trust

**Agenda item 09/23c**

**Meeting of the Board of Directors**
**Thursday 30th March 2022**

| | |
|---|---|
| Subject / Title | Annual board reporting cycle 2023/24 |
| Author(s) | Louise Westcott, Company Secretary |
| Presented by | Chief Executive Officer |
| Summary / purpose of paper | To summarise the Board of Director's month by month strategic and regulatory requirements / priorities for 2023/24 |
| Recommendation(s) | To approve the annual board reporting cycle 2023/24 |
| Background papers | Annual board reporting cycle 2022/23 |
| Risk score | N/A |
| Link to:<br>➢ Trust strategy<br>➢ Corporate objectives | All corporate objectives<br>NHSEI Code of Governance |
| 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. | CoG – council of governors<br>F&PP – fit and proper persons<br>SO – standing orders<br>SFI – standing financial instructions |

NHS
The Christie
NHS Foundation Trust

**Agenda item 09/23c**

**Meeting of the Board of Directors**

**Thursday 30th March 2023**

**Annual board reporting cycle 2023/24**

## 1. Introduction

The annual board reporting cycle 2023/24 is based on the Intelligent Board format which has been used as the basis for the board reporting cycle since The Christie NHS Foundation Trust was authorised in April 2007.

The reporting cycle presents a framework for our board governance requirements and is updated annually to reflect any changes made to reporting deadlines.

## 2. Approval

The board is asked to approve the annual board reporting cycle 2023/24.

NHS
The Christie
NHS Foundation Trust

# Annual board reporting cycle 2023/24

**Apr 2023 – Sep 2023**

| Item | April 2023 | May 2023 | June 2023 | July 2023 | Aug 2023 | Sept 2023 |
|---|---|---|---|---|---|---|
| ***Integrated performance report – quality accounts (patient experience, clinical effectiveness and patient safety), strategy, finance, efficiency, workforce, access and targets, research and development and additional reports** | ✓ | ✓ | ✓ | By e-mail | By e-mail | ✓ |
| **Strategic planning:** | | | | | | |
| **5-year strategy** | | | | Time Out | | |
| **Corporate plan and objectives** | | | | | | |
| **Board Assurance Framework** | ✓ | ✓ | ✓ | | | ✓ |
| **Annual Plan** | | | | | | |
| **Finance & investment (included in DoF report)** | Quarterly | | | By e-mail | | |
| **Financial plans – revenue and capital** | ✓ **(subject to receipt of guidance)** | | | | | |
| **Regulatory requirements:** | | | | | | |
| **Annual compliance - CQC regulations & key lines of enquiry** | Declaration | | | | | |
| **Annual reports from audit & governance committees** | Draft | Approve | | | | |
| **Annual Governance Statement** | Draft | Approve | | | | |
| **Annual report, financial statements and quality accounts** | Draft | Approve | | | | |
| **Statement on code of governance** | Draft | Approve | | | | |
| **Letter of representation & independence** | | | | | | |
| **Board development / time out days** | | Exec development session<br>Set July agenda | | Service reviews / Update on 5 year strategy | | |
| **Other Items** | Registers of approvals<br>Register of sealings<br>Approve SOs and SFIs (after approval by audit) | | | | | |

NHS
The Christie
NHS Foundation Trust

**Annual board reporting cycle**
**Oct 2023 – Mar 2024**

| Item | October 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | March 2024 |
|---|---|---|---|---|---|---|
| ***Integrated performance report – quality accounts (patient experience, clinical effectiveness and patient safety), strategy, finance, efficiency, workforce, access and targets, research and development and additional reports** | ✓ | ✓ | By e-mail | ✓ | By e-mail | ✓ |
| **Strategic and annual items:** | | | | | | |
| **5-year strategy** | | | | | | Reported in corporate objectives |
| **Corporate plan and objectives** | Interim review | | | | | Approve next year's |
| **Board Assurance Framework** | ✓ | ✓ | | ✓ | | Approve next year's |
| **Annual Plan** | | Draft | Approve/ submit | | | |
| **Finance & investment** | Quarterly | | | Quarterly | | |
| **Financial plans – revenue and capital** | | | | | Review this year plans Draft plans- revenue & capital (Board time out) | First draft for next year |
| **Regulatory requirements:** | | | | | | |
| **Annual compliance- CQC regulations & key lines of enquiry** | | | | | | |
| **Annual reports from audit & governance committees** | | | | | | |
| **Annual Governance Statement** | | | | | | |
| **Annual report, financial statements and quality accounts** | | | | | | |
| **Statement on code of governance** | | | | | | |
| **Letter of representation & independence** | | | | | | Directors to sign |
| **Board development / time out days** | Set joint board / CoG agenda | | Approve annual plan | | Review revenue & capital plans | Review board effectiveness |
| **Other Items** | | | | | | Governance (Register of interests / F&PP) Review annual reporting cycle |