

Board of Directors meeting

Thursday 27th April 2023 at 12.45 pm

Seminar Room, The Christie at Oldham, Rochdale Road, Oldham, OL1 2JH

Agenda

Clinical presentation: Tour of the Oldham site and talk from staff & patients, led by Julie Davies, Lead Radiographer, Christie at Oldham

Public items			Page
11/23 Standard business			
a Apologies		Chair	
b Declarations of interest		Chair	
c Minutes of previous meeting – 30 th March 2023	*	Chair	2
d Action plan rolling programme, action log & matters arising	*	CEO	9
12/23 Board assurance			
a Board assurance framework 2022/23	*	CEO	13
b Quality Assurance Committee report – March 2023		Committee	17
		Chair	
c Board effectiveness review	v	Chair	
d Register of matters approved by the board	*	CEO	21
13/23 Reports			
a Trust report incl Modern Slavery statement	*	CEO	23
b Integrated performance, quality & finance report	*	COO	31
c Freedom to Speak Up 6 monthly report	*	FTSUG	70
14/23 Approvals			
a Corporate and Annual Objectives 2023/24 & risk appetite statement	*	CEO	137
15/23 Any other business			

Date and time of the next meeting

Thursday 25th May 2023 at 12:45pm

CEO	Chief Executive Officer	*	paper attached
COO	Chief Operating Officer	v	verbal
FTSUG	Freedom to Speak Up Guardian	p	presentation



Public meeting of the Board of Directors
Thursday 30th March 2023 at 12.45 pm
Seminar room 4/5 Education Centre & 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
Janelle Yorke (JY), Executive 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 Thistlethwaite (FT), Director of Christie CRF
John Wareing, Director of Strategy

Minutes: Louise Westcott, Company Secretary

In attendance: Jo D'Arcy, Assistant Company Secretary
Rupert Brereton, Pfizer

Clinical presentation The Christie@Wigan service - patient & staff feedback – Karen Jewers, Lead Cancer Nurse at Wigan Wrightington & Leigh (WWL), Kathryn Place, MacMillan Transformation Manager, Kalena Marti, Consultant in Medical Oncology, Angela Power, Senior Oncology Research Nurse.

KJ introduced herself and asked the team to introduce themselves, they outlined their roles as Christie staff working from WWL.

Wigan has a population of over 300k. The facilities at WWL were outlined, 12 chairs and 2 beds for colorectal and breast and lung (hospital at home patients) as well as Haematology services. The haematology activity belongs to WWL. There are also 3 outpatient rooms for breast & colorectal clinics, a Macmillan information centre and a therapy room.

At The Thomas Linacre Centre Outpatient Facility the clinic's include

Breast (Dr Takeuchi and Dr Kelly), Lung (Dr Chan), Urology (Dr Serra), a Radiology department and a Phlebotomy department.

SACT delivery was outlined and the activity was shown. There are about 4000 treatments delivered a year, The service requires future proofing.

KM noted the fantastic work led by Jason Banks the chemotherapy unit manager and his staff. They work extremely hard and run an excellent service. Dr Takeuchi is the other oncologist working alongside KM. The breast activity was outlined at Wigan with details of the clinics and the support associated with those clinics.

KM's colorectal activity was outlined alongside the pressures that take place in the service.

Capacity and activity are an issue for this service and the increasing demand. It was noted that colorectal nurse specialist time is pressured.

Both consultants also provide acute oncology cover.



The team are committed to the service and are research active. There are 23 trials open currently, mostly breast & colorectal. There is a high level of recruitment for trials and the feedback is very good. There are no research specific clinics and the current clinics are running over capacity. A collaborative framework is awaited.

Challenges were outlined including service, workforce and strategic issues. Treatments are becoming more complex, there's a lack of resilience within the service and there is insufficient CNS provision for both breast and colorectal. The physical footprint & resource is a major limiting factor of the breast and colorectal services. There is a need for a research SLA.

The Christie at Wigan has been in place for over 10 years and has developed in that time and the demand is increasing. Patient feedback is excellent, and the staff are very committed. There is pressure in terms of increasing demand.

Patient feedback and comments were shared with the Board relaying the positive feedback they receive, and patient feedback is collected regularly. End of treatment feedback is collected for each patient, and this is presented annually. Compliments are also collected.

Questions were invited.

JM thanked the team for the presentation. She asked if there were palliative care clinics. KM responded that WWL have a palliative service and they are part of the MDT. There's a dual approach from the team and the palliative service. They work closely together.

KW asked about the research activity and what's needed in the SLA around research. KM responded that the NIHR research nursing staff support the service but there needs to be more research to ensure this happens. The trials are WWL trials currently, but they may be the same trial as is led at the Christie so there needs to be a framework for Christie @ sites so that if a protocol comes into the Christie, it can also be rolled out to the peripheral sites. The SLA needs to be speeded up. CH agreed that the research team are pursuing the development of the SLA's as part of the strategy across the whole network. He acknowledged that this must be very frustrating at the local sites.

FT noted that staffing becomes a rate limiting step for the development of research and the staffing has to be part of the development. The development of the SLA needs to drive the resource.

GP asked about the issues around inequalities and what the service could be like going forward in terms of future proofing. KM responded that there are high levels of deprivation in the Wigan area and this means that presentation is later and demands more intense treatment. The inequality in the service relates to the lack of resilience within the current team. Patients can access services but do not want to travel so need the Christie experience at WWL. For the future we need to think about the full spectrum of patients that access services.

AM asked beyond the resources, what would the Board need to discuss in terms of the 5 year strategy of the service. KM responded that the team really want capacity, for example a rotational registrar that does Wigan in their rotation, running a central clinic, more CNS time is crucial and pharmacist resource. Real expansion needs to come with the appropriate resource. Need a 5 year vision for this. If there's going to be an expansion in the patients, then there would need consideration of the infrastructure to support this.

CO thanked the team for attending and for outlining their successes and challenges.

Item		Action
06/23	Standard business	
a	Apologies	
	Prof Fiona Blackhall (FB), Director of Research	
b	Declarations of Interest	



	GP noted he has been appointed as independent chair of the audit committee at Oldham City Council	
c	Minutes of the previous meeting – 26th January 2023	
	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.	
07/23	Board Assurance	
a	Board assurance framework 2022/23 & progress against annual objectives	
	The summary of progress for 2022/23 annual objectives was presented, the update was noted and the corresponding BAF 2022/23 that is considered in more detail at the assurance committees.	
b	Quality Assurance Committee report – November 2022	
	KW noted that the incident reporting volumes received medium assurance. This relates to the way data from Datix was collected and categorised. The move to a new Datix system will help to sort this out as the categorisation will be more meaningful. This is being followed up by the committee.	
c	Audit Committee report – February 2023	
	GP noted that the digital report was received, and this showed the development of KPI's and a reporting framework as well as work on risks. The medium rating recognises the ongoing work required to meet the challenges. The discussion showed great progress. A further discussion around assurance ratings will follow in the next meeting.	
08/23	Key Reports	
a	Trust report	
	<p>RS presented the Trust Report that outlines various activities in recent weeks. RS drew out the issue with industrial action. EL outlined that RCN, Unite and the junior doctors have all taken action recently. Any action relating to staff on AfC bands has paused and there is a consultation around a proposed pay deal. If this is not accepted their mandate is still live until June.</p> <p>In terms of the BMA and junior doctors we have had the first action and another 4 day action 11-15 April has been announced. A consultative ballot has been undertaken with consultants and this came back in favour of going to ballot for action. This will be sent out after Easter.</p> <p>EL noted the planning and consultation process. The meetings take place every day where necessary and the information from the meetings is uploaded to the intranet to communicate with staff. We have also sent specific communications to different staff groups. EL speaks weekly to the staff side and BMA reps. An open forum is also offered for staff relating to the action so that concerns and questions can be addressed.</p> <p>BD outlined the work with professional groups to plan to cover activity to ensure we provide safe services. There was some disruption in the first RCN strike and the junior doctor strike had a real impact and required a lot of planning to cover clinical areas. We did need to reduce our activity over the strike period. These were mainly follow ups. Overall we have reduced clinic activity to ensure we can cover the impact. An incident room runs for the period and ensures returns are</p>	



	<p>sent where necessary.</p> <p>As the next junior doctor strike falls in school holidays this will have a bigger impact. The bank holiday impact will also add to the overall impact on activity. Rotas are being agreed for the period this week so that we know what we need to cancel. NB stressed the priority is to keep patients safe.</p> <p>JM asked how this is affecting staff morale. NB noted universal support. Communications thanking staff before and after have been sent. The impact of the timing of the next action makes it more difficult as staff have existing leave.</p> <p>RS noted that the Board would like to thank the staff involved for their support during this difficult time.</p> <p>RS noted the information on the planning round 2023/24. We have submitted planning submissions in line with requirements and will continue to do so. The final submission of the Greater Manchester ICS may be made in April after some challenge from the regional office.</p> <p>The GM ICS has been moved into SOF rating 3 which requires more intervention from the regional office. There is a leadership & governance review as well as a financial review going on currently that we are supporting.</p> <p>GP asked what our rating is. RS confirmed that we are rated as 1, the best possible.</p> <p>RS also noted that we are very close to completion of the Paterson Development. We will be finished on time in line with our completion dates. Congratulations were extended from the Board.</p> <p>RS also noted the great success we've had with the designation of our NIHR senior investigators.</p> <p>Report noted.</p>	
b	Integrated performance, quality & finance report	
	<p>BD outlined the month 11 performance.</p> <p>There was 1 serious incident (SI), no never events or major incidents and 7 moderate incidents.</p> <p>There were 5 cases of C.difficile with no lapses in care, over the year we are above trajectory although this is in line with other organisations. 4 cases of E-Coli post 48 hours and no Covid nosocomial infections.</p> <p>We had 15 new complaints in month with 45 PALS contacts received, average LOS is at 7.3 days which is an increase and we are looking at what has caused this. There was 1 cancelled operation on the day. 4 corporate risks at 15+; 1 at 16 and 3 at 15.</p> <p>In terms of things to note for access, 62 days performance worsened in month compared to the previous month at 79.5%, we are still getting a lot of late referrals.</p> <p>24-day performance is key and this was 85.5%. 31-day performance at 98% which is the target that covers the majority of patients. There are 45 104+ day patients and 1 reported 52 week breach, this was a late referral.</p> <p>Referrals are within the predicted range.</p> <p>Activity is overall on plan. 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.</p> <p>PDR compliance has improved slightly to 82.7%, the clinical divisions are the</p>	



	<p>main focus. Mandatory training overall is at 88.4% against an 80% compliance rate, and sickness is down to 4.05%.</p> <p>The number of staff coming into post has increased compared to our vacancies. We monitor recruitment processes weekly.</p> <p>Finance;</p> <ul style="list-style-type: none"> ➤ £1m surplus compared to a breakeven plan / £519k surplus in month ➤ Cash balance £155m ➤ Capital expenditure on plan ➤ CIP – 61% of the £7.3m target has been identified, £3.8m / 53% delivered to date ➤ Agency spend has reduced in month <p>BD noted that we are looking at refreshing the metrics for next year to ensure we are monitoring the correct things.</p> <p>Questions were invited.</p> <p>Noted</p>	
c	Responsible Officer Report: Appraisal and Revalidation 2022-23	
	<p>NB noted the annual report describing doctor's appraisal and revalidation position to 2022/23. Participation is a contractual requirement and professional responsibility to continue their practice. This is done on a rolling programme and doctors are required to provide evidence every 5 years. Our compliance compares very favourably to benchmarking. The main challenge is the number of trained appraisers. We need 58 and currently have 39. We'll be up to 45 soon. 53 recommendations for revalidation were submitted in year and the deferrals were all valid.</p> <p>There were no concerns or escalations in year.</p> <p>KR asked how we can encourage more people to be appraisers. NB noted that this will be recognised in the job planning process. There's a new deputy appraisal lead who is actively finding new people and this has really helped.</p> <p>KW asked about the doctors who work here but are not under our RO. NB noted that this will be managed through their host employer, and they have the same options to collect the required information.</p> <p>Report noted.</p>	
d	Staff survey 2022 results	
	<p>EL presented the recent results.</p> <p>There was a 44% response rate, this is below the average of 52%. We offered paper and electronic surveys.</p> <p>Overall we had 62 question's that received a similar level of response, 3 were significantly worse and 27 were significantly better. This is excellent performance.</p> <p>EL outlined the improvements in team effectiveness, working relationships, freedom to work. The declined scores related to rate of pay and reporting of harassment & bullying. GP asked for clarification on the question's. EL noted that these are nationally set. TK asked if there is a way to feedback to those that produce the survey on specifics. EL noted that this can be done.</p> <p>In terms of the thematic review against the People Promise we have improved in most domains, there's a very positive improvement overall.</p> <p>Comparison with other oncology centres and GM Trusts was shown indicating</p>	



	<p>our excellent comparative performance.</p> <p>Free-text comments are reviewed and themed to try to address issues raised. We can direct our actions and focus on areas from some of these comments.</p> <p>We score above average in every theme of the People Promise.</p> <p>Nearly all scores show an improved position, none have declined.</p> <p>Our focus of action planning include organisational listening, appraisals, engagement & retention, reporting concerns about safety in clinical practice and wellbeing support.</p> <p>Next steps were outlined including dissemination, communications across the Trust and action planning and monitoring through the Workforce Committee.</p> <p>CO noted the very strong results which is very encouraging.</p> <p>CH added that we are a high reporting low harm organisation and some of this needs to be put alongside these results. This is part of a total picture.</p> <p>JM noted that the feedback is very important. The comments around the inconsistency of highbored working comes out and this local management can be different in different areas. This also relates to working patterns as well as where staff work.</p> <p>GP noted the positive things coming out and asked if the divisional breakdowns will focus action on the positive and negative outliers and take opportunity to learn. EL responded that each division get the breakdowns and are tasked with prioritising issues against this information, looking at impact and reporting this through. Learning is then shared across divisions.</p> <p>GP asked whether there is a bottom up solution approach. EL noted that this does happen and the staff do get asked what they think.</p> <p>KR noted the fabulous work the gardening team are doing and RS noted that patients nominated the team for a You Made a Difference Award.</p> <p>NB noted that we do learn from what we are doing well as well as what we are not doing well. He noted the clear difference we are making to our trajectory compared to the national trend.</p>	
09/23	Approvals	
a	5-year strategy 2023-28	
	<p>CO noted that the Board have been involved along the way to develop this strategy.</p> <p>NB and JW presented the summarised strategy for approval. This is bringing together the ambitions of the individual teams, strategic plans for clinical services and also the new Research & Innovation, Education and Clinical Outcomes strategy. Staff and governors have also been involved in this development.</p> <p>The paper outlines the content of an external facing document. Behind this are the individual strategies and much more detail.</p> <p>The 4 main themes remain and under each of these are a set of strategic deliverables. This links to our updated values and behaviours. There are threads throughout all of the strategies focused on tackling inequalities, improving cancer outcomes and working as a system.</p> <p>JW outlined that the document shows the deliverables and that we now need to work out how we break this down into annual objectives to ensure delivery of the objectives.</p> <p>NB asked the Board to approve this plan for the next 5 years.</p>	



	<p>CO asked for questions.</p> <p>BD noted that the divisions now need to work with this to establish what they will do over the next year and on.</p> <p>KW asked what will happen with the individual strategies for Research, Education and Outcomes. RS noted that these will follow with a delivery plan to show what we can monitor to show delivery.</p> <p>GP asked what the process is to ensure the underpinning strategies are aligned. NB noted that they have been developed alongside each other. Others are now developing their strategies to align with the agreed strategies, e.g. pharmacy.</p> <p>CH noted that the Management Board oversees this.</p> <p>AM asked about diversity and working with local communities. NB noted that one of the aims within the strategy is to lead cancer services in other sites to reach out to other communities. This has been central to the development of Christie sites.</p> <p>CH also pulled out the elements around local services and development of local services that address this as well as working with the system.</p> <p>AM noted that it may be helpful to make this more explicit.</p> <p>JW noted that the reference to partnerships is meant in the wider sense.</p> <p>CO thanked the team for the development of the strategy.</p> <p>NB asked the Board to approve this plan for the next 5 years.</p> <p>Approved.</p>	
b	<p>Board governance</p> <ul style="list-style-type: none"> i Directors letters of representation ii Register of directors' interests iii Fit & proper persons declaration iv Declaration of independence v General data protection requirement (GDPR) 	
	CO noted that the forms should be completed and returned by all Board members. This will be monitored and records kept by LW.	
c	Annual reporting cycle 2023/24	
	RS noted the annual reporting cycle 2023/24 that included all appropriate items. Approved.	
10/23	Any other business	
	No items raised.	
	Date and time of the next meeting	
	Thursday 27 th April 2023 at 12:45pm	



Meeting of the Board of Directors - April 2023

Action plan rolling programme after March 2023 meeting

Month	From Agenda No	Issue	Responsible Director	Action	To Agenda no
April 2023	Annual reporting cycle	Integrated performance & quality report and finance report	COO	Monthly report	13/23b
		Corporate & annual objectives & BAF 2023/24	CEO	Approve	14/23a
		Register of matters approved by the board Arp 22- Mar 23	CEO	Annual report to note	12/23c
		Modern Slavery Act update	CEO	Approve	13/23a
		Board effectiveness review	Chairman	Undertake survey	12/23c
		Freedom to speak up Guardian report	FTSUG	Quarterly update	13/23c
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 reporting cycle	Risk Management strategy 2021-24 one year review	CN&EDoQ	Annual Review	
		Annual sustainability report	ECN	Update	
June 2023	Annual reporting cycle	Integrated performance & quality report and finance report	COO	Monthly report	
		Digital update	CCIO	Progress report	
	Annual reporting cycle	Annual reports from audit & quality assurance committees	Committee chairs	Assurance	
	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
March 2024	Annual reporting cycle	Corporate planning (corporate objectives / BAF 2023/24)	Executive directors	Approve next year's BAF	
	Annual reporting cycle	Letter of representation & independence	Chair	Directors to sign	
	Annual reporting cycle	Register of directors interests	Chair	Report for approval	
	Annual reporting cycle	Integrated performance & quality report and finance report	COO	Monthly report	
	Annual reporting cycle	Declaration of independence (non-executive directors only)	Chair	For completion by NEDs	
		5 year strategy 2023-29 - year 1 review	DCEO		
		Digital Update	EMD/Dep CEO	Update	
		Workforce update	DoW	Quarterly review	
		Annual reporting cycle	Chair	Approve	

**Action log following the Board of Directors meetings held on
Thursday 30th March 2023**

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



**Board of Directors meeting
 Thursday 27th April 2023**

Subject / Title	Board Assurance Framework 2022/23														
Author(s)	Louise Westcott, Company Secretary														
Presented by	Louise Westcott, Company Secretary														
Summary / purpose of paper	<p>This paper provides the Board with the closing position of the Board Assurance Framework 2022/23 that summarises the risks to achievement of the corporate objectives.</p> <p>The cover paper gives detail of the updates.</p>														
Recommendation(s)	To note the Board Assurance Framework (BAF) 2022/23														
Background papers	Board assurance framework 2021/22. Corporate objectives 2022/23, operational plan and revenue and capital plan 2021/22.														
Risk score	N/A														
Link to: ➤ Trust strategy ➤ Corporate objectives	<ul style="list-style-type: none"> • Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships 														
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	<table> <tr> <td>BAF</td><td>Board assurance framework</td></tr> <tr> <td>ECN</td><td>Executive chief nurse</td></tr> <tr> <td>EDoF</td><td>Executive director of finance</td></tr> <tr> <td>EMD</td><td>Executive medical director</td></tr> <tr> <td>COO</td><td>Chief operating officer</td></tr> <tr> <td>DoW</td><td>Director of workforce</td></tr> <tr> <td>DCEO</td><td>Deputy chief executive officer</td></tr> </table>	BAF	Board assurance framework	ECN	Executive chief nurse	EDoF	Executive director of finance	EMD	Executive medical director	COO	Chief operating officer	DoW	Director of workforce	DCEO	Deputy chief executive officer
BAF	Board assurance framework														
ECN	Executive chief nurse														
EDoF	Executive director of finance														
EMD	Executive medical director														
COO	Chief operating officer														
DoW	Director of workforce														
DCEO	Deputy chief executive officer														



Board of Directors meeting
Thursday 27th April 2023

Board Assurance Framework 2022/23

1 Introduction

The board assurance framework (BAF) 2022/23 was presented to the Board of Directors and Quality Assurance Committee in March and Audit Committee in April.

2 Updates to risks

All risks in the 2022/23 framework have been reviewed to reflect the year-end position with information available at the time of production of this report.

- 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.
- The position at the end of quarter 4 has been added for all risks.
- An additional column has been added to indicate whether a risk is rolling over into next year (2023/24).
- The likelihood score has been updated for all risks to reflect whether the described risk happened in the financial year 2022/23.
- Where a risk has resolved in year or we have done what we said we would do, e.g., 2.2 the Paterson project completion / 6.6 new data centre completion, the risk has been scored as a 1 (1/1).
- Where a risk has not materialised in year, or we have mitigated the risk sufficiently to avoid the impact, we have reduced the likelihood score to a 1 and kept the impact score where it was last assessed, e.g., 1.3 – harm free care scored 4 (1/4)
 - 6.2 – financial regime scored 4 (1/4)
 - 6.3 – digital programme scored 4 (1/4)
 - 6.4 – commercial partnerships scored 3 (1/3)
 - 7.5 – mandatory training scored 5 (1/5)
 - 8.1 – planning approval scored 3 (1/3)
- 16 of the risks achieved their target risk score for year-end.
- 6 risks were scored lower than the target risk score at year-end.
- 3 risks were scored higher than the target risk score at year end. These were;
 - i. 6.1 - key performance targets not achieved, year-end score 12, target score 4 – this reflects the under achievement of the 62-day performance threshold for the year.
 - ii. 7.1 - target reduction in sickness levels not achieved, year-end score 9, target score 3 – this reflects that higher than target sickness levels across the year.
 - iii. 8.3 - reduced ability to provide services and support to patients due to national / global influences (supplies / fuel costs / strikes etc), year-end score 9, target score 8. This reflects the increase in this risk in relation to supply chain of certain materials such as radioisotopes and the impact of other national issues such as strike action.

3 Recommendation

To note the closing position of the Board Assurance Framework (BAF) 2022/23 that reflects the risks to achievement of the 2022/23 corporate objectives.





BOARD ASSURANCE FRAMEWORK 2022-23

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	Carried over	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 monitoring 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	✓	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	Medium	6	6	6	6	4	✓	4	Year end
1.3	Risk of exceeding the thresholds for harm free care indicators (falls, pressure ulcers)	ECN	1	4	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	Medium	6	6	6	6	4	✓	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	3	Approval for the trust to further expand the management of local oncology and chemotherapy 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.	9	Reports to Management Board	None identified	Cautious	Quality	High	12	12	12	12	9	✓	9	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	Carried over	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	3	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	6	Reports to Quality Assurance Committee	None identified	Cautious	Quality	Medium	8	8	8	8	6	✓	8	Year end
2.2	Failure to deliver the Paterson building within timescale and budget.	EDoF / EMD	1	1	Build continues on plan and budget with established governance & reporting through board & committees.	Impact of current economic environment on supply chain	1	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	1	X	1	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	Carried over	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	1	1	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 current investment funds to deliver new initiatives.	1	Reporting to Workforce Assurance Committee and Board	None identified	Cautious	Workforce		8	8	6	6	1	✓	6	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	Carried over	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 OECl. 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	OECl reaccreditation. In segment 1 (System oversight framework).	None identified	Cautious	Board		6	6	6	6	6	X	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	Carried over	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	1	4	Expansion of ambulatory care models. Impemeton 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	4	Reports to Quality Assurance Committee.	None identified	Averse	Quality	High	8	8	8	8	4	X	4	Year end
5.2	Non delivery of the cancer element of the GM recovery plans	COO	1	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	4	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	4	X	4	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	Carried over	Target risk score	Target date for completion
6.1	Key performance targets 2022/23 not achieved	COO	4	3	Executive led monthly divisional performance review meetings. Integrated performance & quality report to Management Board and Board of Directors monthly. Weekly 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	12	✓	4	Year end
6.2	Change in financial regime resulting in inability to deliver the Trust's 2022/23 strategic plan.	EDoF	1	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.	4	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	4	✓	4	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	Mediu m	4	4	4	4	4	✓	4	Year end
6.4	Not delivering the 2022/23 objectives of our commercial partnerships resulting in negative financial / patient experience or reputational impact	EDoF	1	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	3	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	3	✓	6	Year end
6.5	Reputational damage, service disruption and financial loss due to cyber-attack.	COO	2	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.	10	Data Security and Protection Toolkit submissions with audits undertaken. Digital board reporting. Board level Senior Information Risk Owner in place.	None identified	Averse	Audit	Mediu m	20	20	20	15	10	✓	10	Year end
6.6	Networked infrastructure failure due to out of support computer room hardware and capacity limitations.	COO	1	1	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. Project complete and operational.	None identified	1	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	1	X	1	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	Carried over	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	9	X	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	3	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 compliance	National staff shortages impacting recruitment	9	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	9	✓	12	Year end
7.3	Poor workforce engagement impacting on delivery of services.	DoW	2	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	6	Regular reporting to Management Board and Board of Directors through the integrated performance report.	None identified	Averse	Workforce	High	12	12	12	9	6	X	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	3	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	6	Regular reporting to Management Board and Board of Directors through the Workforce report and associated executive reports.	None identified	Averse	Workforce	High	10	10	10	10	6	X	6	Year end
7.5	Risk of non compliance with mandatory training needs	DoW	1	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	3	Discussion at Divisional operational & performance reviews and Management Board. Reports to Board through integrated performance report	None identified	Cautious	Workforce		9	9	9	9	3	X	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	✓	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	Carried over	Target risk score	Target date for completion
8.1	Impact on our ability to obtain planning approval for future capital developments.	EDoF	1	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	3	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	✓	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	1	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	2	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	2	✓	4	Year end
8.3	Reduced ability to provide services and support to patients due to national / global influences (supplies / fuel costs / strikes etc)	DCEO	3	3	Group in place to review supply chain.	Global position. Lack of control for supply chain e.g. radioisotopes	9	Reports to Audit Committee	None identified	Cautious	Audit		8	8	8	8	9	✓	8	Year end

Agenda Item 12/23b

**Meeting of the Board of Directors
Thursday 27th April 2023**

Subject / Title	Quality Assurance Committee report – March 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 March meeting and any subsequent actions required by the Board.
Recommendation(s)	To note the report and any actions
Background papers	Quality Assurance Committee papers 23 rd March 2023
Risk score	BAF references noted within the report
Link to: ➤ Trust strategy ➤ Corporate objectives	<ul style="list-style-type: none"> • Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	



Agenda Item 12/23b

**Meeting of the Board of Directors
Thursday 27th April 2023**

Quality Assurance Committee report – March 2023

1 Introduction

The Quality Assurance Committee took place on 23rd March 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 March:

Agenda item	BAF reference	Assurance rating given	Associated action (where applicable) and/or comments to note
Patient Safety Quarterly Report Oct - Dec 2022	1.3	Medium	<p>Key points noted:</p> <ul style="list-style-type: none"> • New report format welcomed by the Committee. • Moderate and above incidents increasing slightly, but as a proportion the figures remain the same and have been fairly static over the last 2 years. • Incident management has improved and the time for managing has now been cut by a third. <p>Actions:</p> <ul style="list-style-type: none"> • Report for January – March 2023 to include data on the activity against reported incidents for the satellite sites.
Patient Safety Incident Response Framework (PSIRF) six monthly compliance update	1.3	High	<p>Key points noted:</p> <ul style="list-style-type: none"> • Trust is on track in terms of progress against ICB projected timeline for implementation. • Datix to move to Cloud causing some challenges. Previous data will be accessible but will be a manual process. • Coronial expectations to be worked through and being managed at a regional level with ICB support. <p>No actions from Committee review.</p>
Lost to follow up review	1.2	Medium	<p>Key points noted:</p> <ul style="list-style-type: none"> • A number of actions were identified from the Exec reviews and associated risk assessment. • Progress is being reporting regularly to the Risk and Quality Governance Committee and the divisional improvement Board.



			<ul style="list-style-type: none"> A Task and Finish Group has been set up with monitoring processes in place. The actions are taking longer than expected to work through as the more things were looked into, more issues were found. Challenges relate to staff understanding roles and responsibilities and gaps in the process. Significant gaps in process at the end of a patient's treatment. Interim processes are now in place to ensure not losing patients to follow up. Extensive list of open referrals on the CareFlow system being addressed. <p>No actions from Committee review.</p>
Patient Experience Quarterly Report Oct - Dec 2022	1.2	High	<p>Key points noted:</p> <ul style="list-style-type: none"> Q3 has seen a decrease of 14% in complaints since the previous quarter but aware that there is a fluctuation over time. Internal targets in responding to complaints to be reviewed. <p>No actions from Committee review.</p>
Health and Safety Quarterly Report Oct - Dec 2022	7.3	High	<p>Key points noted:</p> <ul style="list-style-type: none"> No significant changes since last quarter. No incidents reported for contractors and down by 40% for those reported by the public. <p>No actions from Committee review.</p>
Safeguarding Vulnerable People Annual Report		High	<p>Key points noted:</p> <ul style="list-style-type: none"> The safeguarding team have combined with the dementia and frailty team, which has increased robustness as some patients overlap between the teams. This is working really well and helps to share skills and knowledge. The future plan for the team is detailed in the report, which aims to develop the support provided by the team. <p>No actions from Committee review.</p>
Research and Innovation Governance Six Monthly Report	2.1 & 2.2	High	<p>Key points noted:</p> <ul style="list-style-type: none"> NHS research is due to have its biggest overhaul, which gives huge opportunity to implement changes to work with national bodies and parties. Financial governance arrangements is a key piece of work. Aseptic capacity has been a major challenge. Income is down compared to pre covid, an invoicing lag is currently being addressed. Looking at expanding the academic portfolio and getting infrastructure to increase the number of grants for funding. <p>No actions from Committee review.</p>



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 March 2023.

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.



Meeting of the Board of Directors
Thursday 27th April 2023

Subject / Title	Register of matters approved by the board – 1 st April 2022 to 31 st March 2023
Author(s)	Company secretary
Presented by	Chief Executive
Summary / purpose of paper	For the board of directors to note the matters approved by the board from 1 st April 2022 to 31 st March 2023
Recommendation(s)	For the board to note
Background Papers	Complete register from April 2007 (available to directors on request from the company secretary)
Risk Score	n/a
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Corporate objective 6 - To maintain excellent operational, quality and financial performance
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.	GDPR General Data Protection Requirement GM Greater Manchester CQC care quality commission



Register of matters approved by the board of directors in public– 1st April 2022 to 31st March 2023

Item	Date of meeting	Agenda item	Subject and minute	Remarks/ Follow up
250	28 th April 2022	16/22a	Modern Slavery statement	Approved
251	26 th May 2022	21/22a	NHS Provider License conditions: self-certification declarations	Approved
252	30 th June 2022	26/22a	Schedule of Reservation of Powers	Approved
253	30 th March 2023	09/23a	5-year strategy 2023-28	Approved
254	30 th March 2023	09/23c	Annual reporting cycle 2023/24	Approved



Meeting of the Board of Directors
27th Thursday April 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 Finance Report
Risk Score	See Board Assurance Framework
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Achievement of corporate plan and objectives
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	CEO Chief Executive Officer MCRC Manchester Cancer Research Centre



**Meeting of the Board of Directors
27th April 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 by the risk committee with assurance provided by the three board assurance committees
- Financial performance is strong with a cumulative £1435k surplus against a break-even plan and no significant variances in financial metrics
- A further iteration of the 2023/24 revenue plan is due on 4th May 2023
- 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 industrial action on our patients.
- Christie education continues to develop and provide support to staff across the Trust
- Capital schemes continue to plan and The Paterson project was completed at the end of March 2023.
- In March 2023 NHS England (NHSE) launched the [new NHS provider licence](#)
- Health Inequalities Leadership Framework published for Boards

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 end of year position at Month 12 is a £1,435k surplus compared to a breakeven plan within the latest plan submission of an annual break-even control total. The in-month position for month 12 is a surplus of £410k 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	£1,435k
Capital: Capital expenditure against plan	4.2% below plan
CIP achieved (recurrent) against target	£4.2m of £7.3m target
Debtor days compared to 15-day target	12 days
Cash balance	£153,437k

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 and have been rejected by the national team.

There is now a process of NHSE regional team intervention to understand the drivers of the individual provider deficits. In addition, a piece of benchmarking work has been commissioned by the Integrated Care Board (ICB) and undertaken by PwC to establish areas of variance and explore the opportunity savings associated with reducing this variance. Both these pieces of work will form part of the resolution of the current gap to breakeven in the GM ICB.

A further iteration of the revenue plan is due on 4th May 2023. Resolution of the current overcommitment of the capital plan will follow agreement of the revenue plan. In the interim, the Trust will continue with delivery of its existing activity plan as previously reported.

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 March 62-day position has deteriorated slightly from February to 71.3% 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 12, 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.

12 operations were cancelled on the day for non-clinical reasons in March, 8 of these relate to 1 full day of day-cases being cancelled as the clinician was unable to travel due to poor weather. All were rebooked.

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.

The number of falls increased in month, of the 22 reported falls, one was moderate, 6 were minor harm and 15 no harm. The year-end falls rate is half the national average rate of falls per 1000 bed days.

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 6 cases of hospital acquired nosocomial COVID-19 infections in March. There was 1 MRSA Bacteraemia in March with no lapses in care.

The number of formal complaints increased in March compared to the monthly average, the number of contacts with the Patient Advice and Liaison Service (PALS) service increased from 45 in February to 55 in March. One serious incident was reported in March. 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.

PLACE rating - The Christie has been named the number one place for ward food in a patient-led assessment of UK care settings. The Trust scored 100% in this area, nearly 10% above the national average of 90.2%. Patients were particularly impressed by the variety of food on offer. Patient Led Assessments of the Care Environment took place at both the Withington and Macclesfield sites. Assessors gave the Trust high scores across all areas, including cleanliness, privacy and the quality of care provided for disabled patients and those with dementia.

Find out more on our website [Patient-Led Assessments of the Care Environment \(PLACE\) survey](#)

Infection control update - following a review by the Clinical Advisory Group, as of 3rd April, patients, staff and visitors are no longer required to routinely wear a mask while at any Christie site. Staff have been advised to speak to their line manager before coming in if they are experiencing flu-like symptoms. Patients and visitors who are experiencing flu-like symptoms are advised not to come to any Christie site unless necessary. They should let a member of staff know before they come in and wear a mask while they're with us. Staff are advised to continue to be vigilant of the signs & symptoms of seasonal respiratory illness and continue good hand hygiene practices. For staff and patients may still want to wear a mask, they are available from the main reception desk at all our sites

*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 87.1% and personal development plan rates are below the 84% target at 84.9%.

Sickness absence rates have in March but are still above the threshold of 3.4%. The annual adjusted turnover rate is at 14.97%. These issues and the associated plans for improvement have been considered by the new Workforce Assurance Committee.

Industrial Action - RCN members at the Christie will stage 48-hour industrial action beginning at 8pm on Sunday 30th April until 8pm on Tuesday 2nd May. This follows the vote by the RCN union to not accept the pay offer offered by the government in England. Divisions are now working to ascertain the impact of this industrial action. Unlike previous periods of industrial action, the RCN will not consider any derogations, so this is likely to result in more disruption than the previous nursing strike action. The Trust's priority is to ensure adequate staffing levels to provide safe patient care.

Staff Survey – the Trust has recently received the results of the NHS Staff Survey 2022. Divisional results packs are being prepared. Each Division will be required to identify actions aligned to the NHS People Promise themes. These action plans will be presented and monitored at the Workforce Committee. You can see the full report [here](#).

Nil By Mouth - on Friday 24th March all staff and volunteers were invited to join in a dawn to dusk fast to gain awareness of, and show solidarity with, their Muslim and Christian colleagues in Ramadan and Lent. Those who took part were able to post their reflections and experiences via the Nil by Mouth Teams Chat Link.

International Recruitment - our international recruitment campaign continues at pace. We now have 16 international nurses who have joined the Christie. We expect to reach our target of 26 before the summer.

Veterans' Aware VCHA accreditation - the Trust has achieved Veteran Aware status. Our Veteran Aware Working Group are committed to continuing to make The Christie an Armed Forces Friendly Employer, supporting staff who hold reservist roles and recognising the unique skills and experience of staff transitioning from the military into the NHS. We will continue to build our support for our patients from the Armed Forces Community to receive the care and support that they need, signposting them to appropriate services and resources, and ensuring they are not disadvantaged because of their service."

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

Education

In partnership with the Christie Charity, we are pleased to launch the Joanne Fitzpatrick education and professional development award, supporting non-clinically qualified staff at all levels to further their Christie career and contribute to service development. The award supports a range of UK based development opportunities (e.g., external qualifications, practice exchange visits to other healthcare providers, courses in leadership, coaching and relevant professional skills). It has been made possible through the generosity of Joanne's family and as a lasting tribute to the support and encouragement she provided for so many Christie colleagues.

Christie Education continues to develop external impact through new, funded work including with pharma (Novartis, Christie Digital Education) and international organisations (International Society of Geriatric Oncology, Christie Library).

Additional funding has been secured through Health Education England to further expand the numbers of Specialty Training Registrars in Combined Oncology at the Christie, recognising the Christie's commitment to outstanding training. Supporting this expansion, Christie Education has recently launched a new project focusing on safer transitions in practice led by Daniel Anderson (Paterson coaching project), which has also attracted additional external funding.

Responsible Director - Director of Education
Responsible Assurance Committee - Quality

Strategic and Service Developments

The Paterson project completed on schedule and within budget on 31st March 2023. University of Manchester, CRUK and Christie staff are moving into the building and transferring work from Alderley Park. The established governance meetings will continue until the final account is settled and all staff are transferred but this is a significant and pivotal achievement.

The outpatient pharmacy and new dispensing robot on the Withington site is complete and being commissioned to open in April/May 2023.

Several schemes are at pre-construction and 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 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.

More information about our new developments can be found at: <http://christie.nhs.uk/about-us/our-future/our-developments/>

Responsible Director – Director of Finance
Responsible Assurance Committee – Board

Health Inequalities

EDS 2022 - the Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. Implementation of the EDS is a requirement on both NHS commissioners and NHS providers. The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership

At the Christie we have gathered evidence and in partnership with patients, staff, staff networks and trade unions have evaluated, scored, and rated our outcomes. [Our assessment and action plan](#) have been published on the Trust's website.

The Leadership Framework for Healthcare Inequalities Improvement programme is an NHS England and Improvement (NHSEI) programme to ensure that the NHS better prevents and responds to the health inequalities which many communities experience. This is particularly important as the NHS continues to recover and reset from the COVID-19 pandemic, which has exacerbated and highlighted these long-standing inequalities.

The NHS Confederation has been commissioned to deliver a key component of this national work, to provide support and guidance on stronger NHS leadership action on health inequalities as defined in the NHS Long Term Plan. A national leadership framework, established to address health inequalities, was published in March aiming to support Trusts to be creative and innovative in delivering the national vision of 'exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes'.

This vision aligns with the Trust Strategy 2023-28 and the Board will get regular updates on our delivery plans for the strategic developments outlined in our strategy to address health inequalities.

The Modern Slavery Act 2015 (the Act) establishes a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is a statement of the steps the organisation has/is taking to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business. Part of the requirement of the Act is to produce

a statement that is approved by the board and published on the website. The updated statement for this financial year is appended to this report for approval. Following Board approval, the statement will be published on the trust website.

Further information can be found at <https://www.gov.uk/government/collections/modern-slavery-bill>

Responsible Director – Deputy CEO
Responsible Assurance Committee - Audit

Greater Manchester System

GM Integrated Care Board (ICB) are currently taking stock of their financial and performance position across the Integrated Care System (ICS), using a system diagnostic, which PWC are undertaking. In addition, they have commissioned Carnall Farrar to undertake a leadership and governance review. This is intended to provide an independent and impartial view of current operating arrangements and the adjustments that may be needed to enable them to respond effectively to the financial and performance priorities.

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

Regulation

We were notified on 21st April of a CQC inspection of our radiotherapy service for compliance with the Ionising radiation medical exposure regulations (IR(ME)R).

Following our CQC inspection in October and November 2022 we have submitted additional information as requested by the CQC. We await their response.

On 27th March, NHS England (NHSE) launched the [new NHS provider licence](#), together with [their response to the recent provider licence consultation](#).

The NHS provider licence forms part of the oversight arrangements for NHS providers. It was first introduced in 2013 and has since been held by all NHS foundation trusts, as well as independent sector providers, unless exempt. NHS trusts have been exempted until now, but changes brought by the Health and Care Act 2022 require them to be licenced too from 1st April 2023.

The new provider licence aims to: support effective system working; enhance the oversight of key services provided by the independent sector; address climate change; and make several necessary technical amendments.

The specific additions they have made to the licence following the consultation are as follows:

- A definition of 'cooperation' in the licence, which makes clear that NHSE uses this term synonymously with 'collaboration'.
- A clarification to *NHS2: Governance arrangements* that the 'systems and processes' to meet digital maturity guidance are 'corporate and/or governance' systems.
- Including 'hard to replace providers' in *CoS3: Standards of corporate governance, financial management and quality governance*
- Clarification to the *Integrated Care* condition that independent providers would not be expected to take action that risks their commercial sensitivities.

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

SLAVERY AND HUMAN TRAFFICKING STATEMENT

Introduction from the Board

We are committed to improving our practices to combat slavery and human trafficking.

Organisations Structure

The Christie is a specialist cancer centre serving a population of 3.2 million across Greater Manchester and Cheshire. We are an NHS Foundation Trust with approximately 3,000 employees and an annual turnover of approximately £350m.

Our business

We are a specialist cancer centre and we treat approximately 60,000 patients a year. We are a world pioneer in the care, treatment and research of cancer. We operate out of our main site in Withington, South Manchester and have radiotherapy centres at Salford, Oldham and Macclesfield as well as chemotherapy and outpatient services at sites across 14 other sites in Greater Manchester and Cheshire. We also provide chemotherapy service and treatment in patients' homes.

Our policies on slavery and human trafficking

We are committed to ensuring that there is no modern slavery or human trafficking in any part of our business and in so far as is possible we require our suppliers to hold a similar ethos.

The Christie NHS Foundation Trusts' guidance on Modern Slavery is to:

- Comply with legislation and regulatory requirements
- Make suppliers and service providers aware that we promote the requirements of the legislation
- Consider modern slavery factors when making procurement decisions
- Develop awareness of modern slavery issues

We will:

- Aim to include modern slavery conditions or criteria in specification and tender documents wherever possible,
- Evaluate specifications and tenders with appropriate weight given to modern slavery points,
- Encourage suppliers and contractors to take their own action and understand their obligations to the new requirements.

Trust staff must:

- Contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken.

Procurement staff will:

- Undertake awareness training where possible.
- Aim to check and draft specifications to include a commitment from suppliers to support the requirements of the act.
- Will not award contracts where suppliers do not demonstrate their commitment to ensuring that slavery and human trafficking are not taking place in their own business or supply chains.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2021.

SIGNATURE:



POSITION: Chief Executive Officer, The Christie NHS Foundation Trust
DATE: 27th April 2023



Safe

- [Incident Reporting](#)
- [Serious Incidents & Never Events](#)
- [Moderate Incidents](#)
- [Learning from Incidents](#)
- [Radiation Incidents](#)
- [Harm Free Care](#)
- [Pressure Ulcers](#)
- [Inpatient Falls](#)
- [Corporate Risks](#)
- [Safe Staffing](#)

Caring

- [Patient Experience](#)
- [Friends & Family](#)

Responsive

- [Cancer Standards](#)
- [Referral Analysis](#)
- [Length of Stay](#)
- [Activity](#)
- [Complaints/PALS](#)
- [Inquests](#)
- [Claims](#)

Effective

- [Healthcare Associated Infections](#)
- [Mortality Indicators & Survival Rates](#)
- [Quality Improvement & Clinical Audit](#)
- [NICE Guidance](#)
- [HR Metrics – Sickness](#)
- [HR Metrics – PDRs & Essential Training](#)
- [Workforce Metrics](#)
- [Research Metrics](#)

Well-Led

- [Finance – Executive Summary](#)
- [Finance – Income](#)
- [Finance – Expenditure](#)
- [Finance – Capital](#)
- [Finance – COVID Revenue & Capital](#)



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 March, details of which can be found on slide 7. There was 1 incident reported in month with the classification of death, one as moderate and two as no harm, 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 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 not been met with a performance of 71.3%, subject to validation. The 62 day unvalidated upgrade performance is also below the standard with a performance of 77.5%. The internal 24 day target is also below standard and is at 77.6%. All 62 and 24 day breaches are reviewed to ensure any delays are understood and plans can be implemented to mitigate any future delays. All 31 day targets and 18 week RTT standards have been achieved in March subject to validation. Performance against the CWT thresholds is constantly monitored.
- The one patient waiting over 52 weeks at the end of March is an 18 week patient that has complex needs and their pathway includes several missed appointments and treatment dates cancelled by the patient.
- Referral numbers in March increased significantly from February and is also higher than both the March 22 figure and the 21/22 average. Overall referrals received in 22/23 were 5% higher than in 2021/22.
- Activity levels are now monitored against agreed 22/23 plans. At year end chemotherapy deliveries, radiotherapy fractions along with non elective spells and surgical operations performed over plan with all other points of delivery were either on plan or performed very slightly below plan.

Effective

- There were 6 cases of C-Difficile, 8 cases of E-Coli, 1 cases of Klebsiella, 5 cases of MSSA and 1 case of MRSA Bacteraemia in March that were deemed attributable to the Trust. No lapses in care have been identified.
- There were 8 cases of hospital acquired nosocomial Covid-19 infections in March due to an outbreak on Ward 12.
- Staff absence levels increased slightly from February to a position of 4.41% against a target of 3.4%.
- Performance against the mandatory training threshold has been maintained and there has been a small improvement in the PDR performance which is now slightly above the 84.5% target.

Well – Led

- The trust is reporting a year end position of £1,435k surplus compared to a breakeven plan within the latest plan submission of an annual break even control total.
- The year end I&E deficit is £8,887k, prior to adjusting for donated depreciation, charitably funded capital donations, donated grant income, donated consumables, transfers by absorption and impairments. The cash balance is £153,437k.
- Performance to month 12 is £3,321k below the proposed plan submitted to NHSE&I. The Paterson scheme is behind plan by £2.3m and, whilst the building is, effectively, complete and the space to be occupied by the University has been leased over to them, a degree of 'snagging works' will be undertaken in 2023-24. IFRS 16 leases are £8m behind plan due to a re-evaluation of the accounting treatment whereby these contractual arrangements will not be recognised as a right of use capital in 2022-23. The Trust was successful in applying for capital funding in excess of the £4.9m in the original plan and this has resulted in an additional £5.2m of capital expenditure being incurred that was not assumed on submission of the plan. This included £4m for the 2 surgical robots and £0.5m for the CT scanner.



SUMMARY DASHBOARD



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	Mar-23	YTD	
Serious Incident Reported	-	0	0	1	0	0	0	0	1	1	2	1	1	7	
Never Events	0	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	0	7	
Radiation Incidents Reported (IRMER Reportable - Grade 2 or above)	0	0	1	0	0	0	0	0	0	0	1	0	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	1	25	
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	22	78	
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%	98.0%	98.8%	-	
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%	89.2%	-	
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%	94.8%	-	
Number of Corporate Risks Grade 15 or Above	-	5	4	5	5	5	5	5	4	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%	88.1%	-	
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	Mar-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%	79.4%	71.3%	-	
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%	78.8%	77.5%	-	
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%	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%	77.6%	-	
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%	98.3%	97.7%	-	
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%	99.5%	-	
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%	99.3%	-	
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%	99.2%	-	
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%	96.5%	-	
Patients waiting >52 Weeks	0	0	0	0	0	0	0	0	0	0	2	1	1	-	
Patients waiting >104 days at end of month (All 62 Day Targets)	-	30	19	25	66	48	43	40	37	41	38	45	34	-	
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	7.04	-	
Hospital Cancelled Operations on the day for non clinical reasons	0	2	2	4	2	11	2	4	0	3	1	1	12	44	
Cancelled Operations due to COVID Reasons	0	0	0	2	0	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	0	3	
Complaints Received	11 (21/22 Avg)	11	16	13	17	15	10	13	11	11	11	15	19	162	
PALS Contacts	48 (21/22 Avg)	40	48	30	36	66	46	37	42	38	41	45	55	524	
Inquests	-	2	2	8	3	2	6	2	2	3	3	2	0	35	
Coroner Request	-	8	7	6	5	7	3	3	3	8	5	1	7	63	

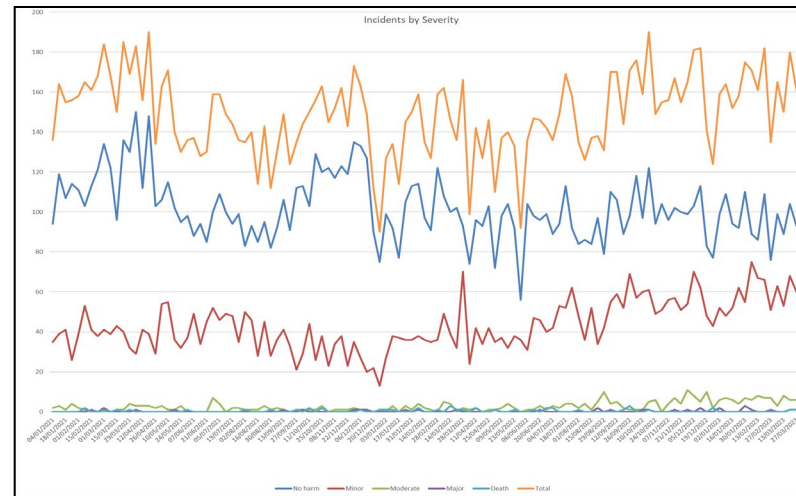
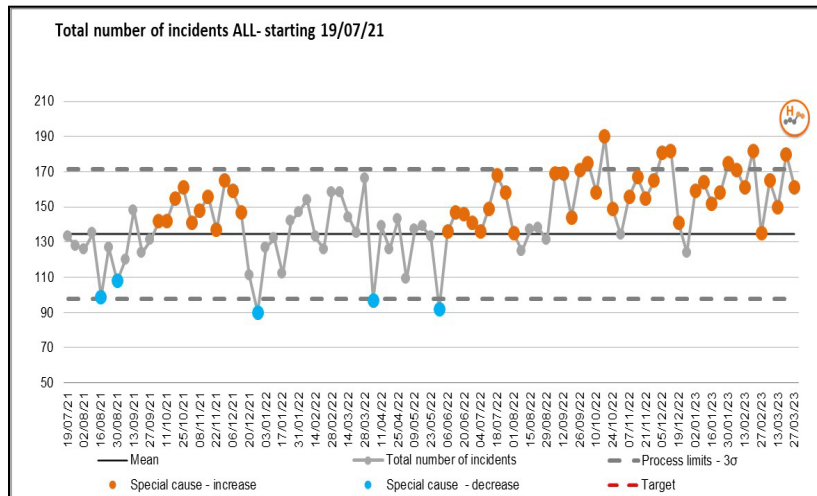


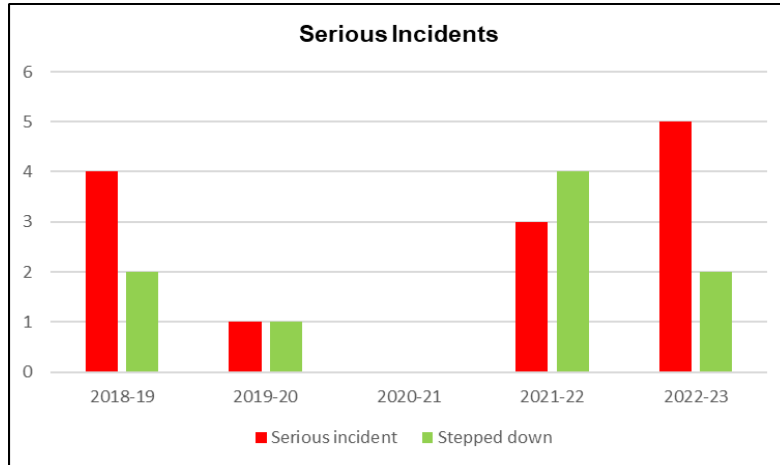
SUMMARY DASHBOARD

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	Mar-23	YTD
MRSA		0	0	0	0	0	0	0	0	0	0	0	1	1	2
C-Difficile - All Attributable Cases (Pre & Post 48 Hours)		37	7	4	4	3	7	6	2	1	2	5	4	6	51
C-Difficile - Attributable Cases Due To Lapse In Care		0	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	5	25
E-Coli - Attributable		31	5	7	3	2	4	5	5	6	5	4	4	8	58
Klebsiella Species - Attributable		19	3	0	0	0	1	2	0	2	2	4	2	1	17
Pseudomonas Aeruginosa - Attributable		15	0	0	0	2	0	3	0	1	1	1	2	0	10
COVID infections - Hospital Aquired		0	2	1	0	6	0	5	15	2	0	0	0	8	39
Palliative Radiotherapy 30 Day Survival Rate		-	90.4%	87.3%	82.9%	92.8%	88.8%	91.4%	88.1%	93.2%	88.1%	90.8%	89.3%	-	-
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%	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%	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%	4.41%	-
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%	87.1%	-
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%	84.9%	-
**Compliance if <80% & risk assessment in place															

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







Never Events – are defined as 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 March:

W74742- Chemotherapy dose reduction



March 2023

Reference	Grade	Description	Outcome
W76613	Death	Patient deterioration whilst awaiting removal of oesophageal stent	Root cause analysis
W74429	Moderate	Delayed blood product transfusion	MDT Meeting (new PSIRF Learning response tool)
W76284	No harm	Delay in patient's biochemistry results.	After Action review (new PSIRF Learning response Tool)
W76289	No harm	Blood sample not labelled as high risk	Learning Improvement Bulletin



Executive reviews- RCA learning and outcomes approved in March 2023

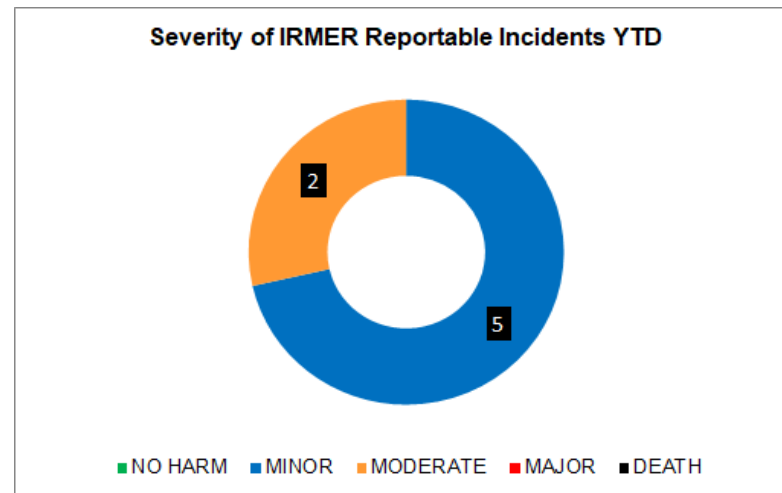
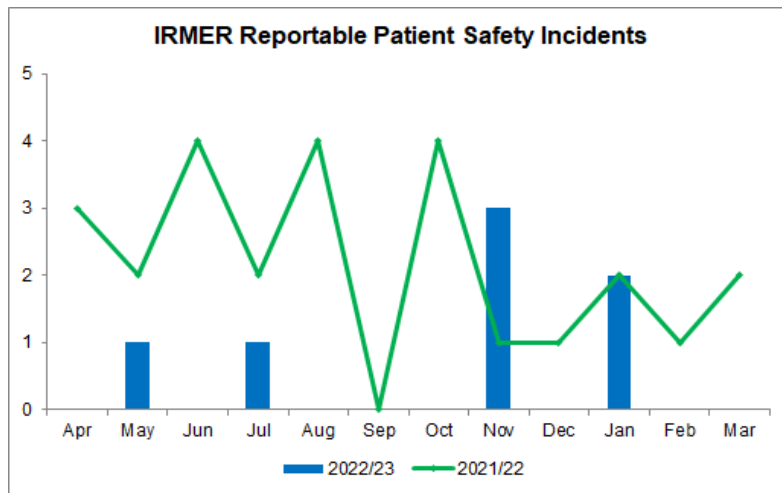
Ref	Description	Root cause	Learning	Outcome
W72102	Patient developed hypophysitis as a side effect from immunotherapy treatment and commenced hydrocortisone which was subsequently changed to prednisolone when the patient developed colitis	The discharge summary from The Christie did not explicitly state to recommence hydrocortisone when the prednisone was weaned	<ul style="list-style-type: none"> Share incident investigation with Non-Medical Prescribers, Safe medicines practice committee (to consider an alert on CWP for patients who require long term steroids) , OCCU team Create mandated checklist for discharges directly from OCCU 	Moderate
W72882	Patient for oesophageal stent insertion under nurse led sedation. The patient had the stent inserted which then slipped distally during the procedure. As the patient developed respiratory distress the procedure was abandoned.	Patient suffered a known complication (slippage of oesophageal stent from optimum position) during the procedure and simultaneously developed respiratory distress likely due to the pre-existing pneumonia that patient was suffering from prior to the commencement of the procedure	<ul style="list-style-type: none"> Development of Radiology care plans to include NEWS2 at key points Refresher training on SBAR handover for nursing/ AHP staff Patients who require a medical review post procedure to be seen within IPU, rather than transferred back to the Ward Audit of 20 care plans to ensure documented handover completed for every patient. Ensure joint RCA investigations are held with TCPC when the incident involves a TCPC patient. 	No Harm
W74471	A patient did not receive 3 doses of oral antibiotics as prescribed, with the reason given as 'drug not available'	Omitted medication process was not followed	<ul style="list-style-type: none"> Increase awareness of SOP for avoiding omitted medicines Further education around critical medications Learning shared widely across inpatient areas 	Minor



Executive reviews- RCA learning and outcomes approved in March 2023

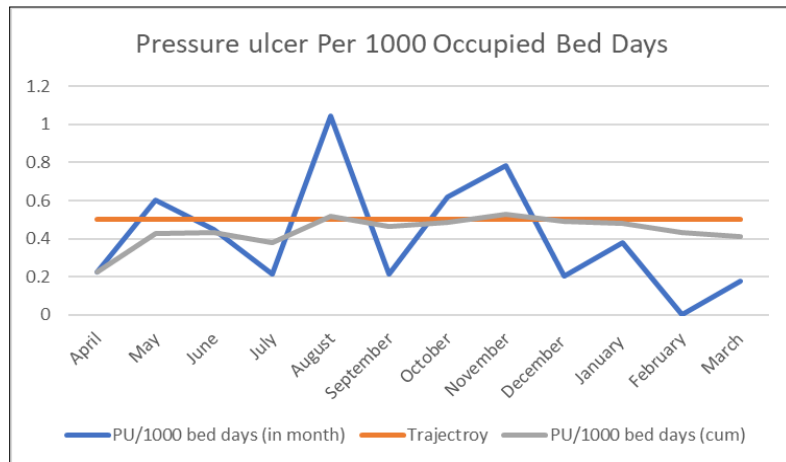
Ref	Description	Root cause	Learning	Outcome
W72935	Patient had an unwitnessed fall in a bathroom resulting in a fracture of the proximal left femur.	The metastases of the femur meant the patient was high risk of developing a pathological fracture. It is not believed that this fall could have been prevented	<ul style="list-style-type: none"> • Include nursing falls risk assessment in bedside handover • All internal transfers should have an internal transfer form completed • Review post fall protocol through Falls Prevention Group • Create a flow chart for the admission process for staff to follow when patients admitted directly to the ward. 	Moderate
W73523	Patient received Cycle 2 denosumab via Christie @ Home team on 26/10/22 with an adjusted calcium below the protocol parameters for safe administration	Failure to follow correct process for safe administration of medication.	<ul style="list-style-type: none"> • SOP currently awaiting ratification @ DRC in April 2023, has been updated to ensure checking process is clear. 	Moderate
W73838	Steroids were not given to a patient following treatment as part of a Phase 1 trial	The TTO prescription which contained the oral steroids was missed at the point of treatment delivery.	<ul style="list-style-type: none"> • Dexamethasone script requires rectifying for current and subsequent cycle prescriptions • Cell Therapy Team Prompt Sheet to include review of TTOs. • Explore the script set up process with Pharmacy including protocol review. • Check both prescription Kardex and iQemo at handover and discharge 	Moderate





There were 0 IRMER reportable patient safety incidents in March 2023.

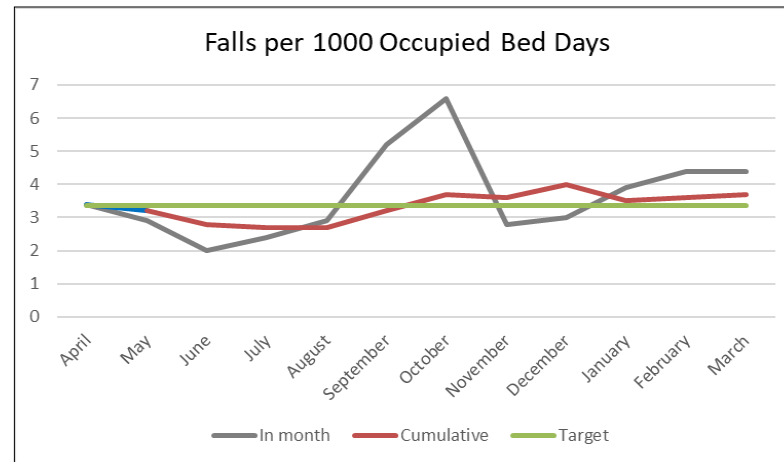




There was only 1 pressure ulcer in March, and this was minor harm.

End of year pressure ulcer rate is 0.4 pressure ulcers, which is below our internal improvement target of 0.5 per 1000 occupied bed days.

No patients have developed category 3 or 4 pressure ulcers in the year 2022/23.



There were 22 in-patient falls in March, and only one of these were of moderate harm, with 6 being minor harm and 15 no harm.

End of year falls rate is 3.6 falls per 1000 occupied bed days remains below the national reported data at 6.6 falls per 1000 occupied bed days, but is slightly over our internal threshold of 3.35.



There are 4 Trust-wide 15+ risks in March

Description	Score	Controls
Financial Risk 2023-24 (ID 3378)	16	End of March financial plan submitted to GM at £15.6m deficit; we continue to work with the GM ICB to finalise the Trust's capital and revenue 23/24 plan.
Post clinic appointments processes are contributing to a risk to patients being lost to follow up (ID 3299)	15	T&F group merged with the managed waiting list T&F group as they are both linked and work has been completed on the process mapping of risk in each area. There is a system C demonstration related to the waiting list booked for the 26th April 2023, to review process and application to our trust. ongoing conversations being had with digital about ERS
Risk to delayed cancer referral and treatments due to not meeting 24 / 62 day target (ID 2407)	15	In addition to existing mitigations: 1. Putting in place ad hoc clinics and improving management of clinic capacity around bank holidays. 2. Introducing method of tracking patients through the pathway on a more regular basis using DSMs. 3. Looking to introduce a method of pre-consent ahead of RTP to reduce delays in booking RTP appointments.
Risk of prolonged disruption to services, due to a severe cyber security incident. (ID 3218)	15	CE plus actions (to progress towards the standard) continue to be worked on. Working with NCA and the wider cyber special interest group to help shape GM cyber maturity governance and opportunities on collaborative improvements. GM Cyber crisis simulation event to be run on 20th April (instigated by Christie Cyber Security Manager). National cyber team to focus on assessing approx 25 key suppliers to the NHS. Around one third are used by the Christie. Awaiting further details on timescales



		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	19251.5	12409.75	5537	5.0
	Total monthly ACTUAL	15982	11681		
	Average Fill Rate %	83.0%	94.1%		
Care Staff	Total monthly PLANNED	9053	5826	5537	2.4
	Total monthly ACTUAL	7944.5	5372.5		
	Average Fill Rate %	87.8%	92.2%		
ALL Staff	Total monthly PLANNED	28304.5	18235.75	5537	7.4
	Total monthly ACTUAL	23926.5	17053.5		
	Average Fill Rate %	84.5%	93.5%		

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	2010	1910	95.0%	1900	1800	94.7%	165	22.5
Palatine Ward	6376.5	4690.5	73.6%	2194	2016.5	91.9%	920	7.3
Ward 10	2003	1584.5	79.1%	1375	1300	94.5%	842	3.4
Ward 11	1782.5	1587	89.0%	1426	1414.5	99.2%	875	3.4
Ward 12	1863	1572.5	84.4%	1496	1438.5	96.2%	855	3.5
Ward 4	2021.5	1892.5	93.6%	1445.25	1363	94.3%	842	3.9
Ward 2	1035	906	87.5%	746	705	94.5%	416	3.9
Acute Assessment Unit	2160	1839	85.1%	1827.5	1643.5	89.9%	622	5.6
TOTAL	19251.5	15982	83.0%	12409.75	11681	94.1%	5537	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	362.5	312.5	86.2%	225	225	100.0%	165	3.3
Palatine Ward	2356	2029.5	86.1%	1045	971	92.9%	920	3.3
Ward 10	1121	979.5	87.4%	550	400	72.7%	842	1.6
Ward 11	1069.5	908.5	84.9%	713	655.5	91.9%	875	1.8
Ward 12	1186	1069	90.1%	986	986	100.0%	855	2.4
Ward 4	1417.5	1345	94.9%	1175	1198.5	102.0%	842	3.0
Ward 2	443	424	95.7%	419	384.5	91.8%	416	1.9
Acute Assessment Unit	1097.5	876.5	79.9%	713	552	77.4%	622	2.3
TOTAL	9053	7944.5	87.8%	5826	5372.5	92.2%	5537	2.4

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



Positive feedback received.....

"On leaving the Christie today and speaking to one of the cleaners, I would like to congratulate everyone involved in the cleaning of your facility, it is a credit to you"

"To all in Ward 11, we wanted to write to say thank you for all the care you gave over the last months. Every staff member was so kind and generous to us and made a very difficult time easier. We know that she wasn't always the easiest to look after, but you all still had a smile, even when she needed a new cannula for the third time that day! We're also grateful that you allowed us to stay with her so much and take over your visiting room so often. All of those moments with her are so precious to us now. Your card to her made her feel so special and were so blown away by your kindness. Thank you all."

"Everybody in the pre op department were so kind, respectful and supportive. They are wonderful staff members- Thank you. We also saw the lady from the complementary Health and wellbeing team and again she helped so much - Thank you."

"From the start of my treatment to the final part of my treatment every member of staff from radiographer, nurses and clinical staff have been 100% supportive, helpful and caring. I couldn't ask for any better service. It was nice to be treated as a special person, even though they were busy all the time. They took time to reassure me everything was going to be alright. A big thank you to Jenny and Nicola (CSN) for making me feel welcome and all the team in the radiology department for all your patience and understanding."



Monthly Summary

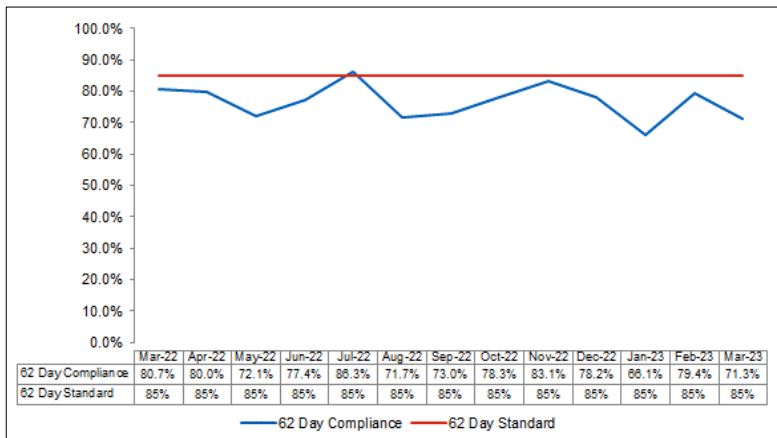
	INPATIENT & DAYCASE RESPONSES						Total Number of people eligible to respond	Total Responses	Response Rate	% Recommended
	1 - Very Good	2 - Good	3 - Neither Good nor Poor	4 - Poor	5 - Very Poor	6 - Don't Know				
Apr-22	176	19	2	1	3	1	760	202	26.6%	96.53%
May-22	202	22	12	1	2	0	864	239	27.7%	93.72%
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%
Mar-23	241	19	5	4	2	2	941	273	29.0%	95.24%
YTD Total	2609	261	59	21	25	19	10279	2994	29.13%	95.86%

	OUTPATIENT RESPONSES						Total responses	% Recommended
	1 - Very Good	2 - Good	3 - Neither Good nor Poor	4 - Poor	5 - Very Poor	6 - Don't Know		
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%
Mar-23	1762	245	81	26	25	14	2153	93.22%
YTD Total	19517	2495	649	286	208	257	23357	94.02%

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)	15	3	1	0	0	0	106	19	17.9%
10 Ward-Surg Onc Unit (Dept 4)	28	5	0	0	1	0	142	34	23.9%
11 Ward (Dept 4)	1	1	0	0	0	0	55	2	3.6%
12 Ward (Dept 4)	5	0	0	0	0	0	53	5	9.4%
The BMR Unit (Dept 16)	10	0	0	0	0	0	38	10	26.3%
Endocrine Ward (Dept 63)	5	0	0	0	0	0	14	5	35.7%
Haematology Day Unit (Dept 26)	57	4	0	1	0	0	179	62	34.6%
Integrated Procedure Unit (Dept 2)	113	6	3	2	1	1	258	126	48.8%
Palatine Ward (Dept 27)	6	0	0	0	0	1	74	7	9.5%
CTU Inpatient Ward (Dept 1)	1	0	1	1	0	0	22	3	13.6%
Total	241	19	5	4	2	2	941	273	29.0%



62 Day / 31 Day / 18 Weeks

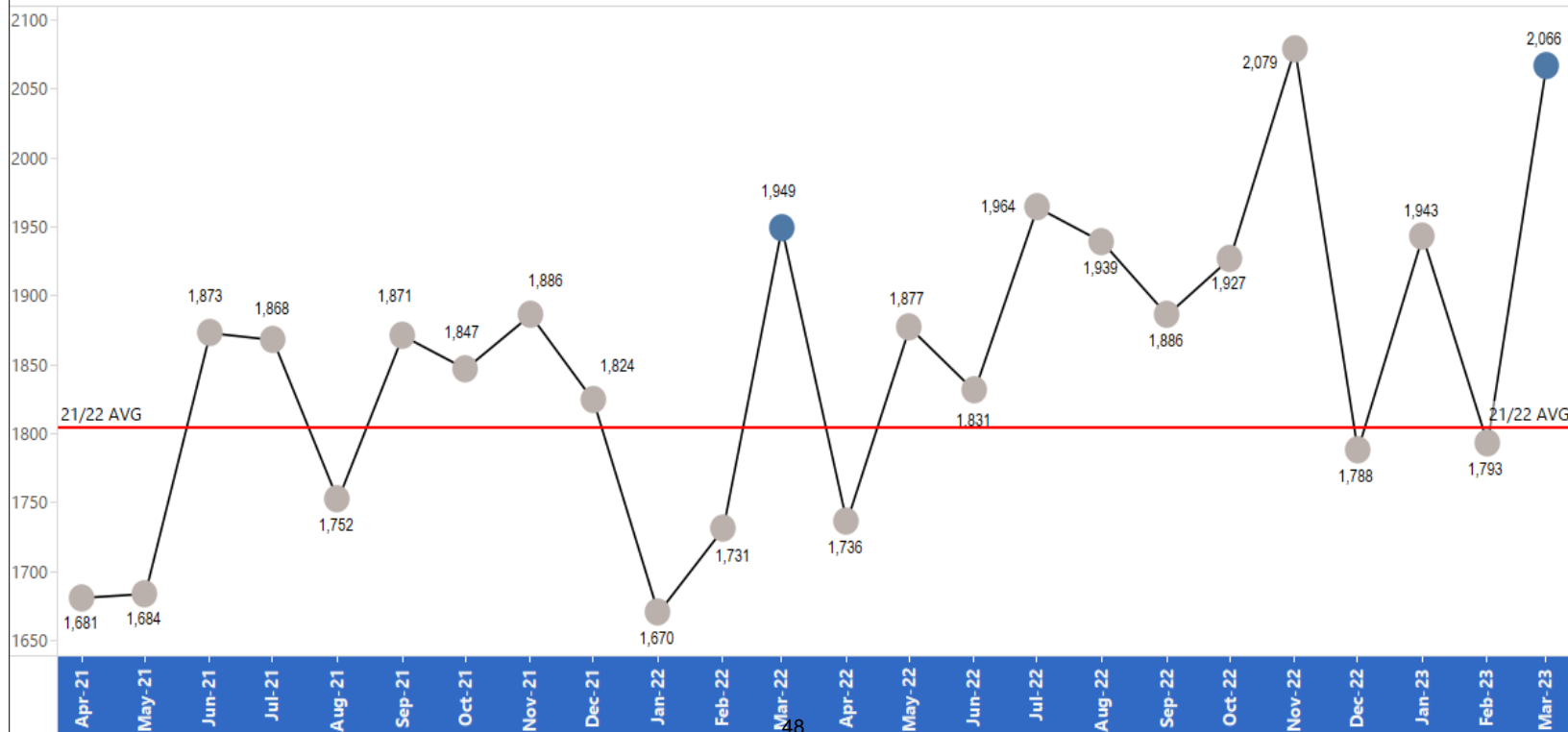


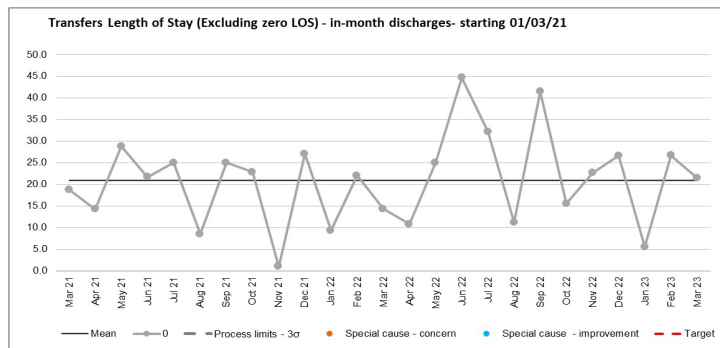
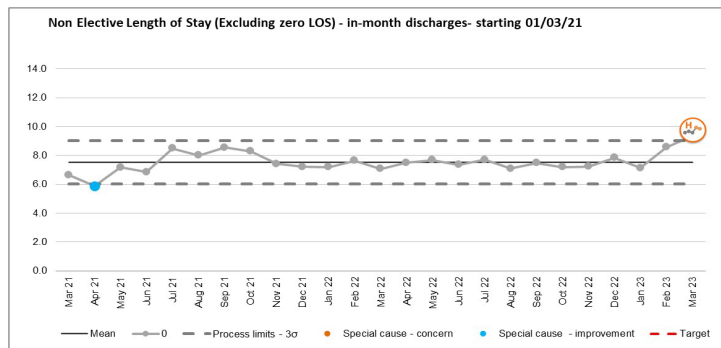
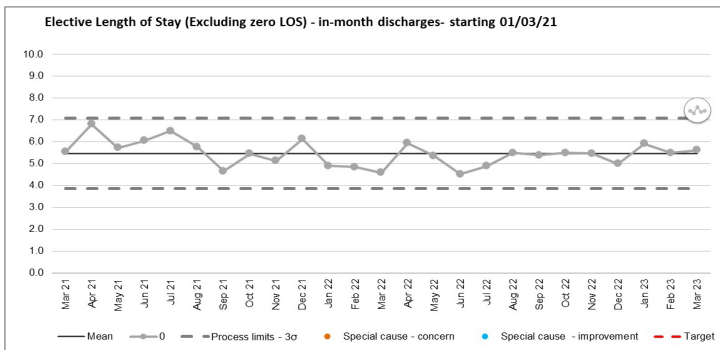
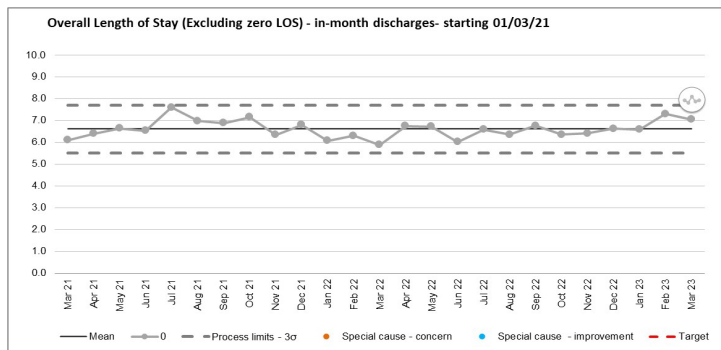
			62 Days			
			62 Classic		Upgrades	
			Pts	Acc Num	Pts	Acc Num
62 Compliance	(CaRP Rec)	Total Timeframe	217	87.0	112	51
FULL Christie Compliance	> 38 Days	<= 62 Days	32	32	13	13
FULL Christie Breach	<= 38 Days	> 62 Days	8	8	4	4
50% Shared Breach	> 38 Days	> 62 Days, Treat > 24 Days	34.0	17.0	15.0	7.5
50% Shared Compliance	<= 38 Days	<= 62 Days	60.0	30.0	53.0	26.5
FULL Referring Provider Breach	> 38 Days	> 62 Days, Treat <= 24 Days	83	83	27	27
TOTAL Compliances			92.0	62.0	66.0	39.5
TOTAL Breaches			42.0	25.0	19.0	11.5
% Compliance				71.3%		77.5%

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	Mar-23
62 Day	85%	80.00%	72.10%	77.40%	86.30%	71.70%	73.00%	78.30%	83.10%	78.20%	66.10%	79.40%	71.30%
62 Day Upgrades	85%	87.40%	80.40%	75.00%	86.30%	84.30%	86.50%	84.40%	83.00%	80.80%	77.50%	78.80%	77.50%
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%	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%	77.60%
31 Days	96%	98.10%	98.00%	98.50%	98.60%	98.70%	98.20%	97.80%	97.20%	98.20%	96.90%	98.30%	97.70%
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%	99.50%
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%	99.30%
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%	99.20%
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%	96.50%

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

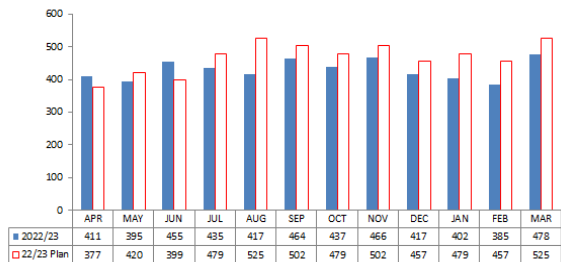


External Referrals Received - TRUST*(includes referral sources : External referrals, 62 day, GP & Excludes Tameside Haematology Transfers of Care)*

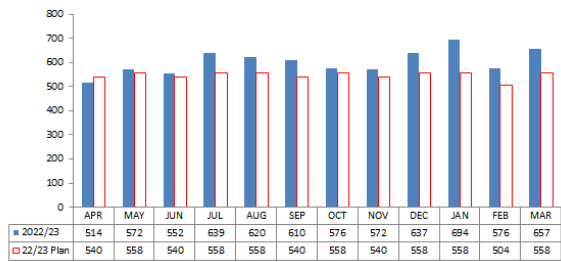


Overall length of stay as well as Elective admission types continue to be well within control limits. There has been a slight raise in non-elective LOS due to the discharge in March of some long stay patients.

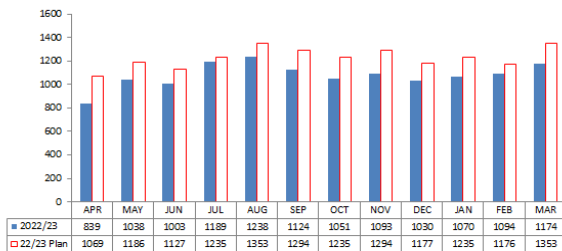
Elective Spells



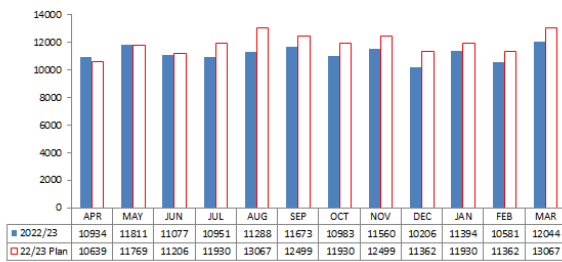
Non-Elective Spells



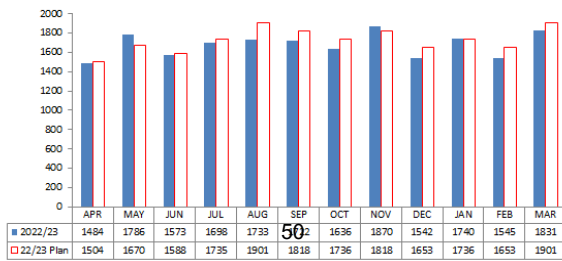
Daycases



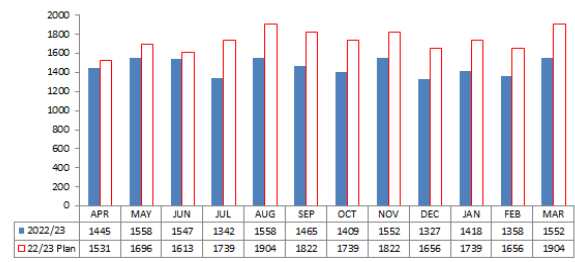
Follow Up Attendances (F2F & Virtual)



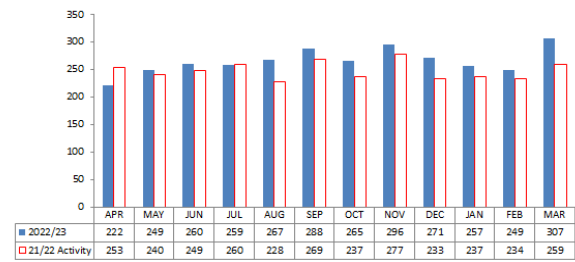
New Attendances (F2F & Virtual)



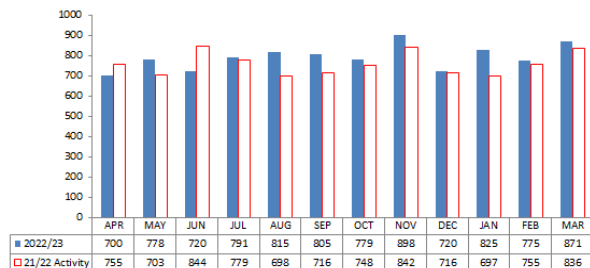
OP Procedures



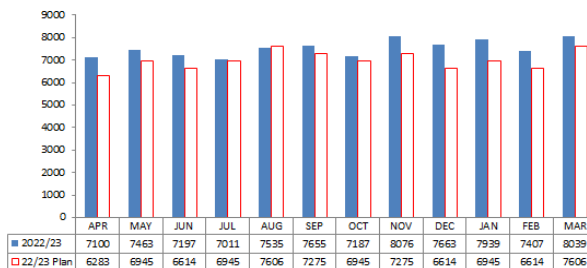
Surgical Operations



SACT 1st Treatments Against 21/22 Activity



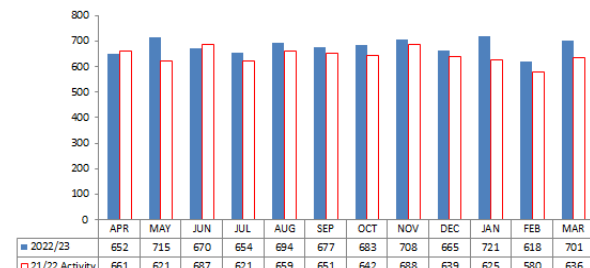
Chemotherapy Deliveries



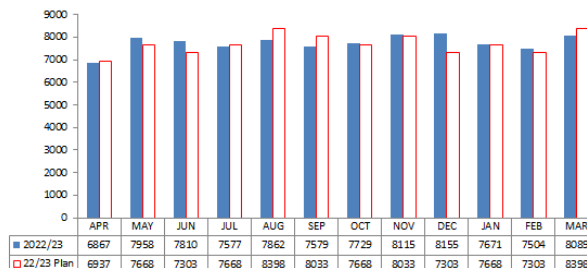
Chemotherapy Reviews



Radiotherapy 1st Fractions Against 21/22 Activity



Radiotherapy Fractions

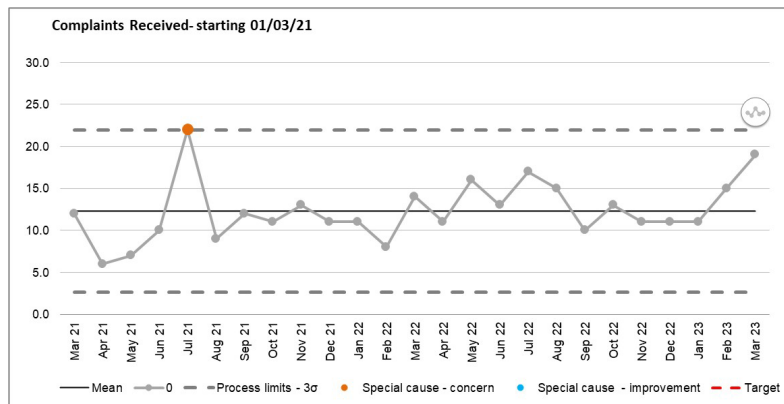


Radiotherapy Reviews



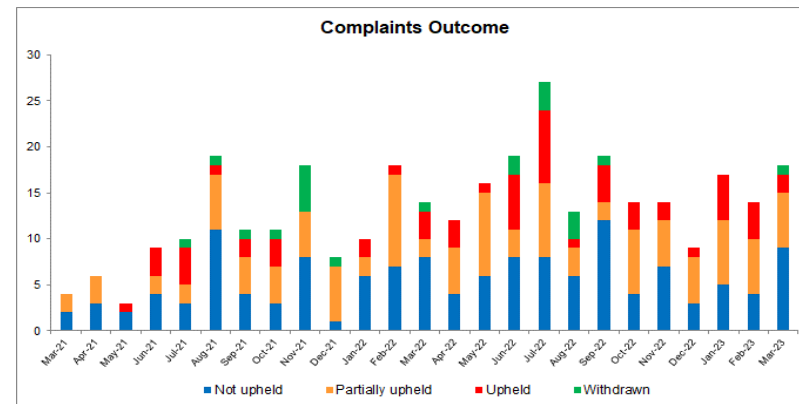
SACT 1st Treatments, 1st Fractions & Surgical Operations do not form part of the 22/23 activity plan and are used as supplementary guides to productivity. The figures are monitored against the previous year's month for comparison.





19 new complaints received in March 2023

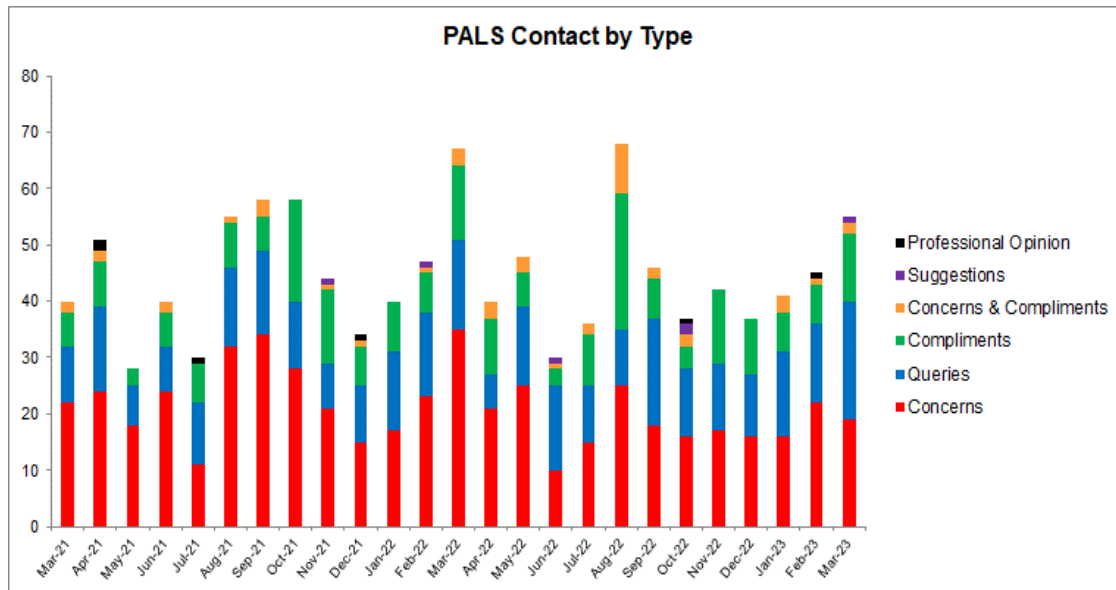
18 complaints were closed in March 2023



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 March 2023. 1 case remains under investigation.

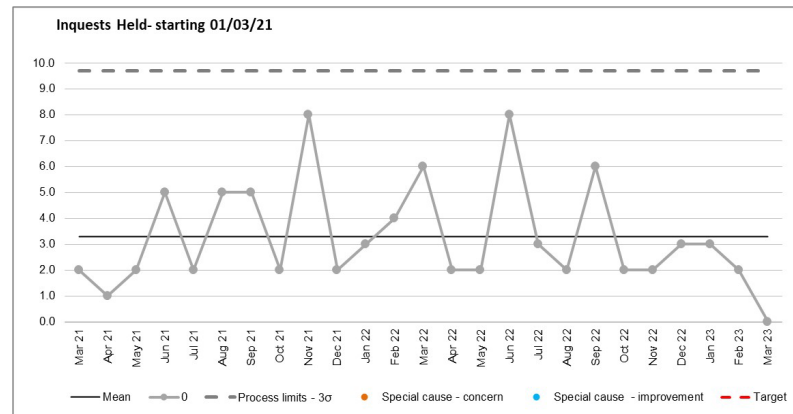
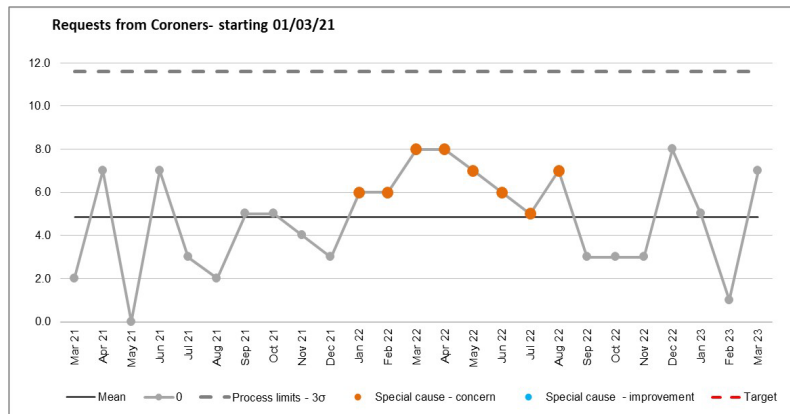


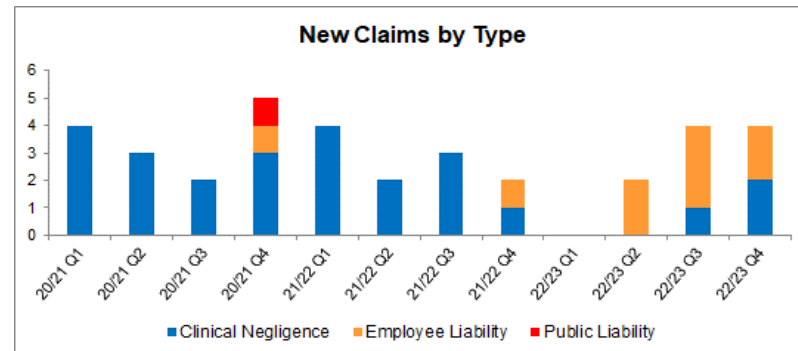
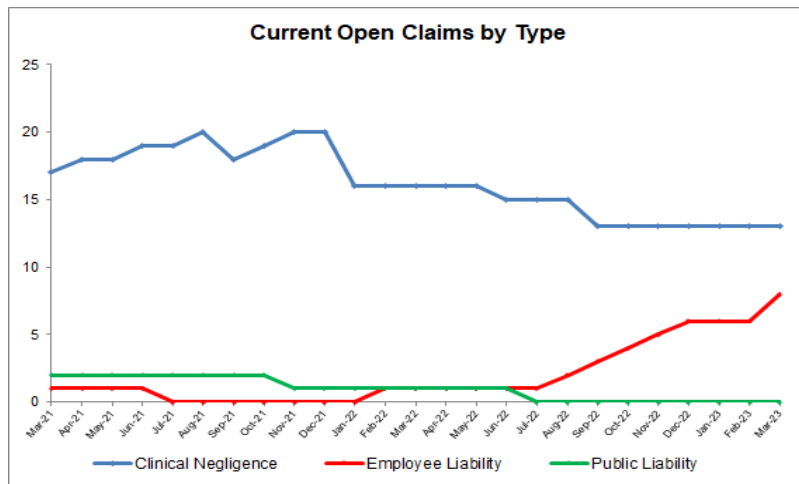


55 PALS contacts have been received in March 2023.

19 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.

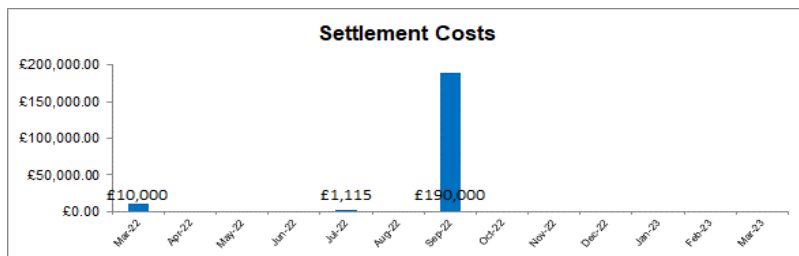






2 new 'Employee Liability' claims received in March 2023.

0 claims closed in March 2023.



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	3	3	0	(AAUx2) (CTUx1) (OPDx1) (Ward 12x3)
E.coli Bacteraemia		3	4	4	0	(Ward 12x1) (PWx1) (AAUx4) (AACUx1) (CRFx1) (IPUx1)
Klebsiella spp.		1	1		0	(AAU x2)
Pseudomonas aeruginosa bacteraemia		1			0	(OPDx1)
MSSA Bacteraemia		2	2	3	0	(Ward12x2) (Ward2 x1) (AAUx2) (AACUx2)
MRSA Bacteraemia				1	0	(Ward 11x1)

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	7	22	29	0
E.coli Bacteraemia	0	35	30	28	0
Klebsiella spp.	0	9	9	8	0
Pseudomonas aeruginosa bacteraemia	0	2	6	4	0
MSSA Bacteraemia	0	7	12	13	0
MRSA Bacteraemia	0	0	0	2	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	2	6	(Ward 12x7) (Ward 11x1)	0

There were 6 cases of C-Difficile, 8 cases of E-Coli, 1 cases of Klebsiella, 5 cases of MSSA and 1 case of MRSA Bacteraemia in March that were deemed attributable to the Trust. No lapses in care have been identified.

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

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)

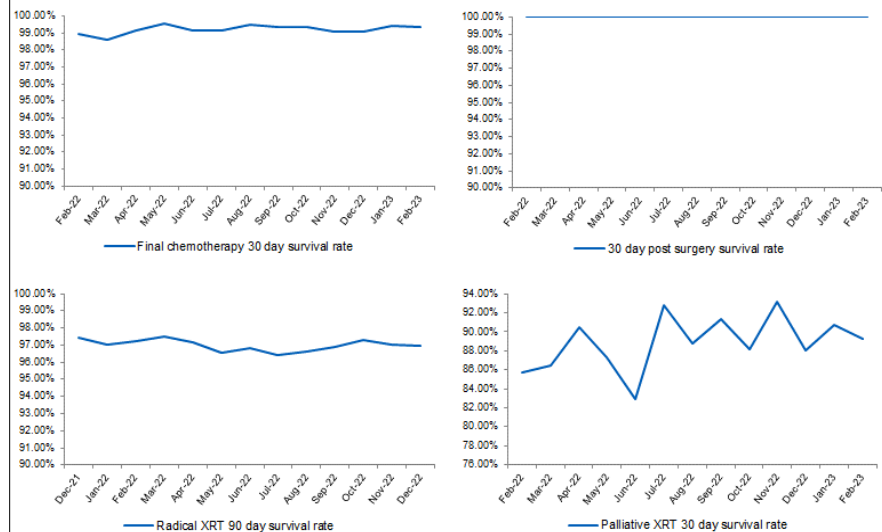
COIA - Symptoms commenced within first two days of admission and has been an inpatient in the trust in the past 4 weeks

COHA - Symptoms commenced within first two days of admission and inpatient in the past 12 weeks (but not past 4 weeks)

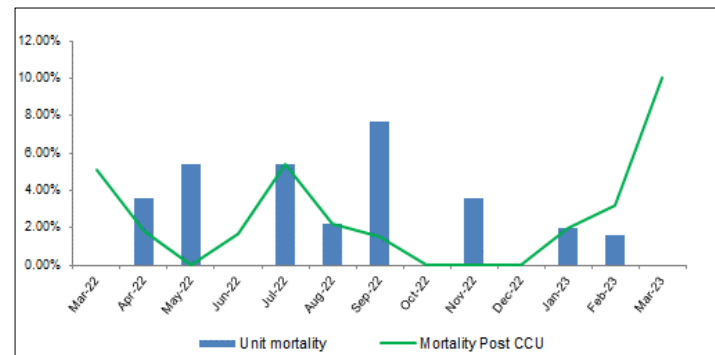
HOHA - Symptoms commenced within first two days of admission (No admission in past 12 weeks)



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

		Mar-23
Number of NHS Christie onsite deaths	Elective/planned admission	6
	Non Elective/emergency admission	22
	TOTAL	28
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) - 0	0
	Bereaved families raised concern – 0	
	Medical Triggers - 0	
	Nursing Triggers - 0 (inc in family concern)	
	COVID-19 - 0	
	(note there may be more than one trigger)	

57

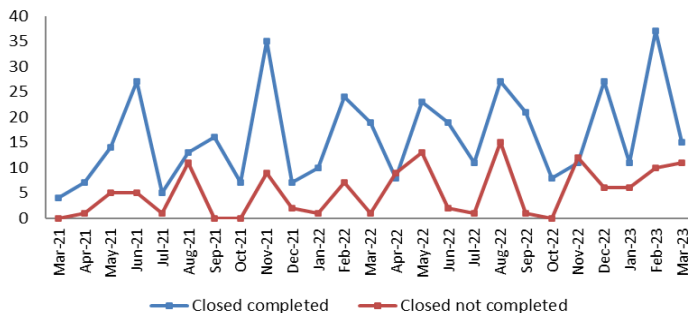
The Christie process for learning from deaths follows the 2017 NHSI guidance. All in-patient deaths are screened and where flagged by one or more triggers an independent structured case note review (SCR) is undertaken. Reviews are discussed by the Mortality Surveillance Group and the findings and actions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



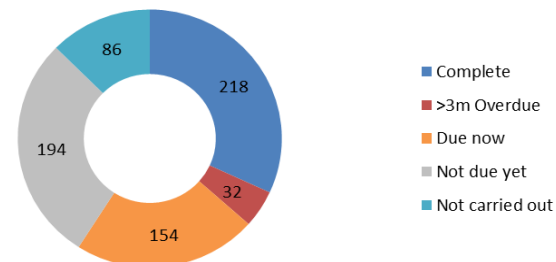
QICA programme – Quality Improvement and Clinical Audit
Including service evaluations and patient surveys

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

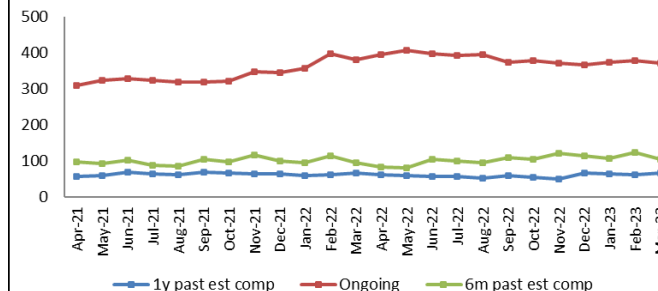
No. closed projects by month
(Quality improvement, Clinical audit and service evaluation)

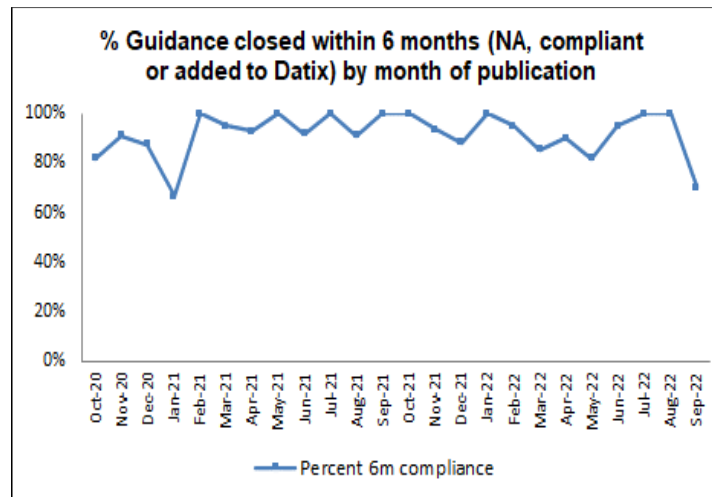
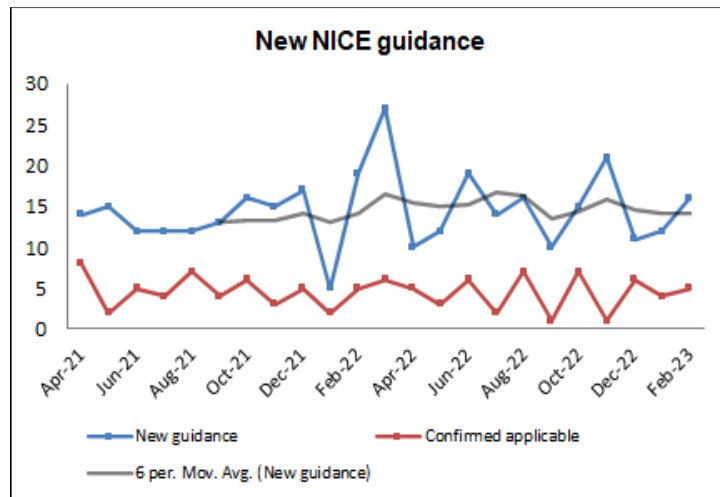


Summary status of projects (Mar 2023)



No. open projects by month
(Quality improvement, Clinical audit and service evaluation)





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:

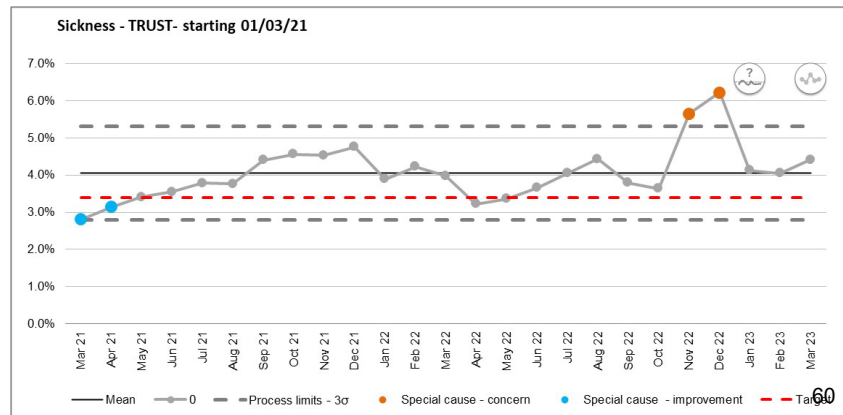
- compliant
- not applicable to the trust
- non or partially compliant with actions managed via the risk register

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



Division	Ex C-19 related sickness		Inc COVID											
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
Christie Medical Physics and Engineering	1.26%	1.62%	2.32%	1.73%	2.87%	2.20%	3.55%	2.92%	2.26%	4.91%	2.75%	2.56%	2.30%	2.29%
Clinical Networked Services	3.49%	2.63%	3.58%	4.23%	4.15%	3.80%	3.26%	3.08%	5.03%	5.46%	3.55%	3.66%	4.40%	4.65%
Clinical Support and Specialist Surgery	5.16%	4.27%	3.59%	4.82%	3.99%	5.65%	4.12%	3.22%	7.07%	8.02%	4.22%	5.03%	5.24%	5.76%
Corporate Development	1.27%	0.08%	0.18%	0.35%	0.52%	0.00%	0.09%	0.18%	0.91%	0.50%	0.56%	0.53%	0.31%	1.17%
Digital Services	3.30%	3.73%	1.01%	1.69%	2.79%	1.21%	1.36%	4.57%	4.51%	3.85%	1.76%	1.58%	1.45%	2.64%
Education (School of Oncology)	2.99%	4.59%	5.54%	4.36%	2.52%	1.24%	1.35%	1.13%	0.39%	0.86%	3.96%	3.33%	0.80%	2.95%
Estates & Facilities	7.36%	5.86%	6.07%	8.17%	9.04%	10.03%	9.07%	10.09%	12.14%	11.94%	10.67%	8.51%	9.70%	9.72%
Finance & Business Development	3.12%	1.44%	0.37%	1.16%	0.60%	1.23%	1.33%	2.76%	4.57%	3.62%	2.76%	1.87%	2.49%	2.13%
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	5.14%	2.62%	1.96%	1.25%	4.54%	3.16%	8.16%	5.05%	10.69%	4.46%	3.89%	4.15%	7.10%	5.03%
Quality and Standards	11.64%	8.12%	7.25%	4.84%	6.62%	6.07%	3.45%	3.99%	7.24%	9.09%	7.45%	6.98%	6.03%	7.17%
Research and Development	2.09%	1.41%	2.12%	2.53%	3.22%	4.03%	3.26%	3.12%	4.22%	4.91%	4.16%	3.18%	3.71%	3.87%
Strategy	0.00%	0.00%	0.00%	0.00%	0.00%	1.65%	1.77%	6.38%	6.38%	8.24%	3.62%	0.00%	0.00%	3.60%
Trust Administration	0.00%	0.00%	0.00%	1.04%	0.00%	5.61%	6.21%	6.20%	6.21%	6.61%	6.21%	6.21%	5.85%	4.18%
Workforce	2.56%	1.95%	2.06%	1.82%	3.10%	2.76%	1.51%	2.86%	4.28%	3.60%	1.74%	0.96%	1.24%	2.47%
TRUST	3.98%	3.22%	3.36%	3.66%	4.05%	4.43%	3.79%	3.64%	5.65%	6.22%	4.13%	4.05%	4.41%	4.83%

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

The sickness rate for March is **4.41%****From May 2022 sickness figures now include COVID related sickness*

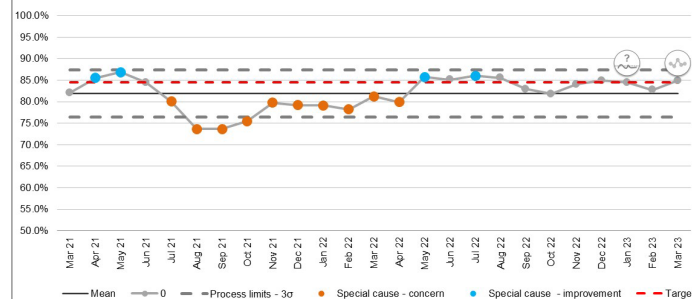
Division	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Christie Medical Physics and Engineering	88.9%	90.9%	91.4%	89.2%	87.9%	85.0%	83.3%	83.8%	88.4%	88.8%	87.4%	87.4%
Clinical Networked Services	88.8%	88.1%	86.7%	87.9%	87.5%	85.8%	82.3%	84.7%	85.9%	83.4%	80.5%	80.0%
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%	86.3%
Corporate Development	91.4%	94.4%	89.2%	84.0%	85.3%	96.9%	93.9%	91.2%	93.9%	88.6%	75.0%	90.0%
Digital Services	92.4%	87.9%	81.3%	88.0%	79.1%	71.6%	79.3%	82.6%	85.4%	91.1%	88.5%	93.6%
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%	92.3%
Estates & Facilities	54.9%	82.6%	81.6%	83.0%	80.5%	74.4%	78.8%	84.3%	83.2%	83.4%	82.0%	84.1%
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%	95.2%
Medical Director's Office	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	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%	91.3%
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%	84.4%
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%	90.5%
Strategy	100.0%	66.7%	66.7%	75.0%	50.0%	50.0%	37.5%	37.5%	30.0%	33.3%	30.0%	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%	85.7%
Workforce	88.5%	92.3%	84.6%	87.0%	89.1%	89.7%	93.2%	91.7%	94.9%	94.9%	98.3%	93.3%
Grand Total	79.9%	85.7%	85.1%	85.0%	85.5%	82.9%	81.8%	84.0%	84.9%	84.5%	82.7%	84.9%

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

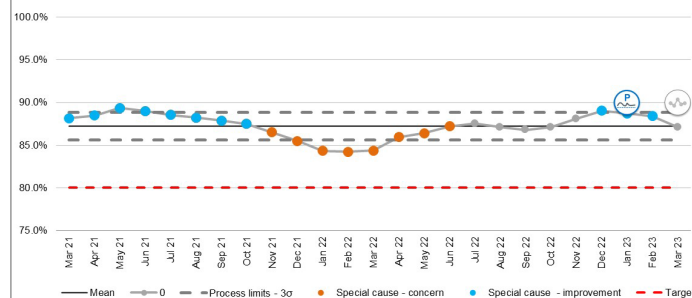
Division	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Christie Medical Physics and Engineering	93.5%	93.5%	94.6%	94.6%	94.9%	92.8%	94.1%	94.1%	96.1%	95.3%	95.3%	95.3%
Clinical Networked Services	82.3%	82.9%	84.1%	85.4%	84.8%	85.1%	85.6%	87.2%	87.9%	87.8%	87.5%	84.6%
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%	80.7%
Corporate Development	98.3%	93.5%	98.5%	95.1%	96.2%	98.6%	99.2%	98.7%	97.2%	97.3%	95.3%	97.4%
Digital Services	94.5%	93.2%	94.0%	92.0%	92.4%	94.6%	94.5%	96.2%	96.6%	97.0%	96.7%	98.7%
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%	94.3%
Estates & Facilities	88.6%	93.3%	92.8%	93.7%	93.4%	93.8%	92.1%	92.1%	93.0%	94.3%	93.4%	94.8%
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%	98.8%
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%	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%	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%	93.2%
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%	92.4%
Strategy	97.7%	94.4%	94.6%	96.9%	93.6%	95.5%	95.5%	88.2%	87.3%	99.0%	98.1%	91.0%
Trust Administration	95.1%	92.6%	93.8%	94.5%	93.9%	93.9%	98.3%	99.4%	98.2%	98.2%	98.2%	93.5%
Workforce	94.1%	91.1%	92.2%	90.0%	86.4%	88.4%	89.5%	88.8%	90.3%	90.9%	94.1%	92.8%
Grand Total	86.0%	86.4%	87.2%	87.5%	87.1%	86.8%	87.1%	88.1%	89.0%	88.7%	88.4%	87.1%

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

PDR Completion- starting 01/03/21

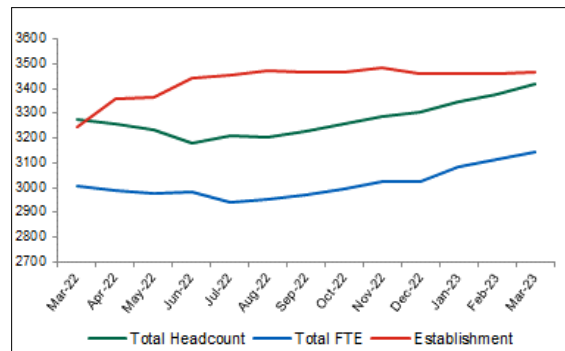
PDR Compliance for March is **84.9%**

Mandatory Training Completion- starting 01/03/21

Mandatory Training Compliance for March is **87.1%**

Total FTE & Total Headcount

Trust	Mar-22	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 Headcount	3277	3255	3234	3180	3212	3205	3227	3254	3289	3302	3349	3379	3418
Total FTE	3009	2988	2977	2985	2943	2951	2971	2994	3027	3025	3083	3115	3141
Establishment	3247	3361	3361	3445	3451	3473	3465	3466	3483	3462	3462	3461	3465



Leavers

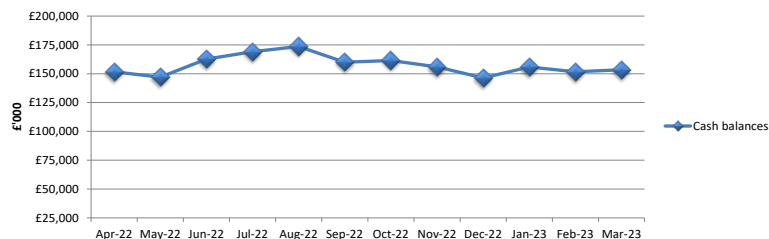
Leavers Headcount	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Dismissal	0	1	2	1	4	0	0	0	1	2	1	1	1
End of Fixed Term Contract	1	4	8	7	8	18	12	5	1	0	0	1	1
Mutually Agreed Resignation	0	0	0	0	0	0	0	0	0	0	0	0	0
Redundancy	0	0	0	0	1	0	0	0	0	0	0	0	0
Retirement	15	6	4	3	7	4	0	7	3	3	5	3	10
TUPE	0	0	0	0	0	0	0	0	0	0	0	1	0
Voluntary Resignation	41	42	37	24	58	46	48	28	25	27	35	24	30
Others	0	1	1	0	0	1	0	1	0	0	2	0	34
Grand Total	57	54	52	35	78	69	60	41	30	32	43	30	76
12 Month Turnover % Headcount	16.73%	17.74%	17.54%	17.47%	18.98%	19.60%	19.93%	19.77%	19.34%	18.96%	18.70%	18.04%	18.77%
Adjusted 12 month Turnover %*	14.07%	15.01%	14.97%	15.24%	14.54%	16.78%	16.73%	16.53%	16.10%	15.80%	15.66%	15.22%	14.97%

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



	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000
NHS Clinical - Block Contract Income	(277,210)	(309,312)	(32,102)
NHS Clinical Income	(59,293)	(47,771)	11,522
Charitably funded capital donations	0	(473)	(473)
Donated CEF grant income	0	(0)	(0)
Other non clinical income	(65,791)	(71,859)	(6,069)
Income	(402,293)	(429,414)	(27,121)
Pay	190,292	192,706	2,414
Drugs	99,743	104,643	4,900
Other non pay	94,021	110,006	15,985
Total expenditure	384,057	407,355	23,298
EBITDA	(18,237)	(22,059)	(3,823)
Non operating income	(6,754)	(11,112)	(4,359)
Non operating expenditure	43,724	42,058	(1,666)
(Surplus) / Deficit	18,733	8,887	(9,847)
Exclude impairments	4,733	1,879	(2,855)
Exclude charitably funded capital donations	(4,733)	(4,579)	154
Exclude donated CEF grant income	0	473	473
Exclude donated depreciation	0	(0)	(0)
Exclude consumables donated from DHSC	0	(922)	(922)
Exclude contributions to expenditure - inventory donated	0	0	0
Exclude gains/(losses) from transfers by absorption	0	922	922
Gains/(losses) from transfers by absorption	0	793	793
Adjusted financial performance (surplus) / deficit	0	(1,435)	(1,435)

Exchequer Cash Balances 2022-23



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 year end position of £1,435k surplus compared to a breakeven plan within the latest plan submission of an annual break even control total.
- The in month position for month 12 was a £410k surplus against a break even plan.
- The year end I&E deficit is £8,887k, prior to adjusting for donated depreciation, charitably funded capital donations, donated grant income, donated consumables, transfers by absorption and impairments.
- 2022-23 CIP - £4.2m has been identified at the end of the year against a recurrent 22/23 CIP plan of £7.3m.

Balance sheet / liquidity

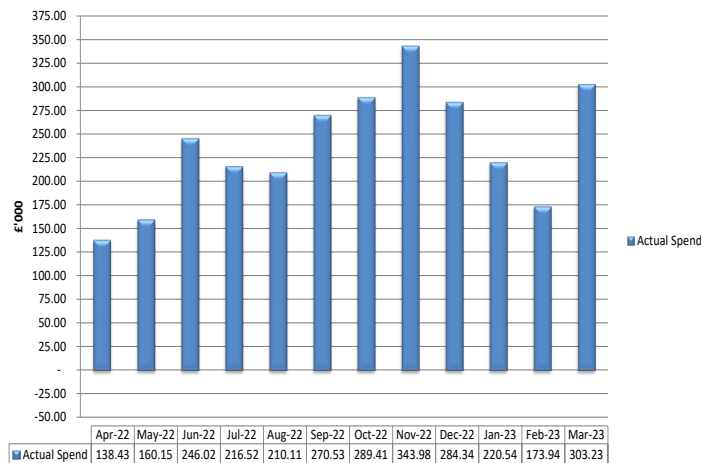
- The cash balance is £153,437k.
- Debtor days has remained at 12 days consistent with the previous month.
- Capital expenditure is 4.2% below the NHSI plan mainly as a result adjustments to the IFRS 16 lease changes, the current Paterson underspend, and also includes an offset from receiving additional PDC funding in Feb/March.

Other

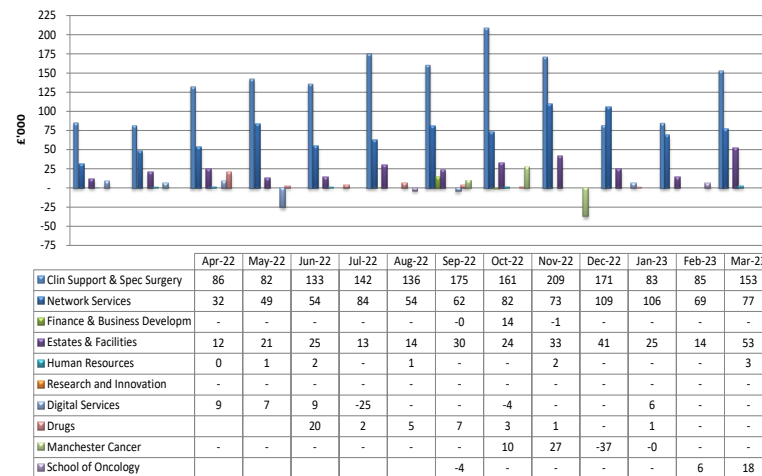
- TCPC profit of £5.8m has been included in the M12 financial position
- 30 day BPPC is at 98% of value for NHS invoices with 92% achieved against the cumulative volume of invoices. For Non NHS invoices this is 97% of value and 89% against the cumulative volume.



Agency Spend



Agency Spend by Division



The agency spend is £303k relating to month 12, an increase of £129k from month 11 mainly within Clinical Services due to an increase in specialising and vacancies. Alongside this, bank usage has decreased by £60k in month.





Increase on Pay Other relates to the notional pensions increase and non consolidated pay award which is offset by the equivalent income.

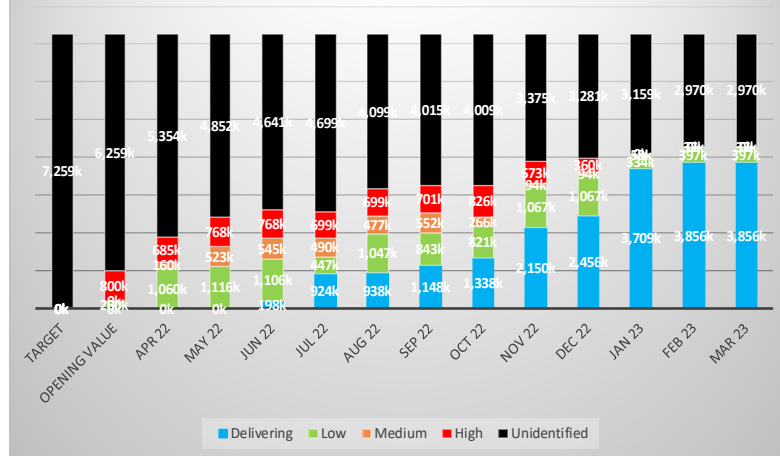


Capital Summary 2022-23	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total Capital Plan	8,870	6,258	667	4,815	7,146	8,780	6,548	6,635	8,692	5,650	8,635	6,080
Total Capital Spend in month	5,422	3,036	5,943	7,614	6,164	3,718	5,198	4,732	4,842	349	4,157	24,280
Variance to Plan	(3,448)	(3,222)	5,276	2,799	(982)	(5,062)	(1,350)	(1,903)	(3,850)	(5,301)	(4,478)	18,200
Cummulative to Plan	(3,448)	(6,670)	(1,394)	1,405	423	(4,639)	(5,989)	(7,892)	(11,742)	(17,043)	(21,521)	(3,321)

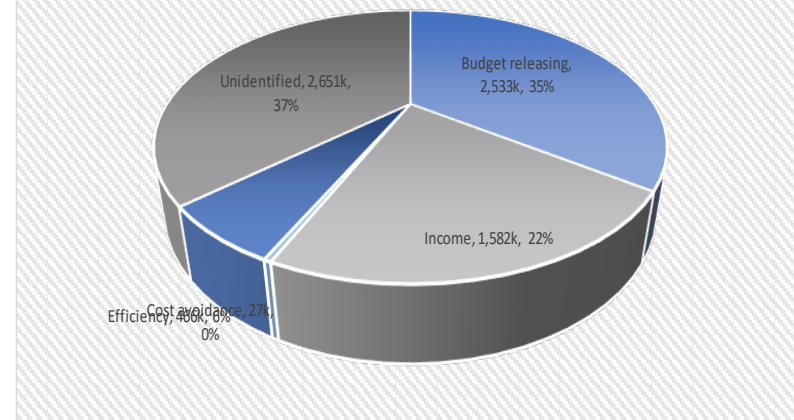
Performance to month 12 is £3,321k below the proposed plan submitted to NHSE&I. The Paterson scheme is behind plan by £2.3m and, whilst the building is, effectively, complete and the space to be occupied by the University has been leased over to them, a degree of 'snagging works' will be undertaken in 2023-24. IFRS 16 leases are £8m behind plan due to a re-evaluation of the accounting treatment whereby these contractual arrangements will not be recognised as a right of use capital in 2022-23. The Trust was successful in applying for capital funding in excess of the £4.9m in the original plan and this has resulted in an additional £5.2m of capital expenditure being incurred that was not assumed on submission of the plan. This included £4m for the 2 surgical robots and £0.5m for the CT scanner.



Trust wide scheme identification overtime



Trust wide CIP position



Identified CIP is up to £4.2m which represents the final figure for 22/23. This is a £229k increase on last months, and is 59% of the recurrent target of £7.3m.



		April	May	June	July	August	September	October	November	December	January	February	March
		<u>MONTH 01</u>	<u>MONTH 02</u>	<u>MONTH 03</u>	<u>MONTH 04</u>	<u>MONTH 05</u>	<u>MONTH 06</u>	<u>MONTH 07</u>	<u>MONTH 08</u>	<u>MONTH 09</u>	<u>MONTH 10</u>	<u>MONTH 11</u>	<u>MONTH 12</u>
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	£29,391,145
	COUNT	2,028	2297	1787	2060	1976	2464	2067	2730	2335	2090	1872	2434
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	£27,574,027
	COUNT	1,817	2,032	1,522	1,897	1,733	2,067	1,749	2,222	2,191	1,955	1,814	2,334
PERCENTAGE PAID WITHIN 30 DAYS (on score card)		99%	98%	98%	98%	97%	97%	96%	96%	97%	98%	97%	94%
PERCENTAGE INVOICE COUNT WITHIN 30 DAYS		90%	88%	85%	92%	88%	84%	85%	81%	94%	94%	97%	96%
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	£316,777,383
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	£307,789,310
% PAID WITHIN 30 DAYS		99%	99%	99%	99%	98%	98%	98%	98%	98%	98%	98%	97%
CUMMULATIVE TOTAL COUNT		2028	4325	6112	8172	10148	12612	14679	17409	19744	21834	23706	26140
CUMMULATIVE WITHIN 30 DAYS		1817	3849	5371	7268	9001	11068	12817	15039	17230	19185	20999	23333
% COUNT WITHIN 30 DAYS		90%	89%	88%	89%	89%	88%	87%	86%	87%	88%	89%	89%

30 days policy has achieved 97% against a target of 94%, for the cumulative value of invoices (£307,789k); with 89% achieved against the cumulative volume of invoices (26,140).



		April	May	June	July	August	September	October	November	December	January	February	March
		<u>MONTH 01</u>	<u>MONTH 02</u>	<u>MONTH 03</u>	<u>MONTH 04</u>	<u>MONTH 05</u>	<u>MONTH 06</u>	<u>MONTH 07</u>	<u>MONTH 08</u>	<u>MONTH 09</u>	<u>MONTH 10</u>	<u>MONTH 11</u>	<u>MONTH 12</u>
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	7,675,037.48
	COUNT	213	215	56	89	96	147	116	138	177	157	111	224
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	7,660,388.91
	COUNT	186	198	52	78	82	133	100	131	161	150	110	219
PERCENTAGE PAID WITHIN 30 DAYS (On Score Card)		100%	95%	95%	96%	98%	95%	98%	95%	99%	99%	100%	100%
PERCENTAGE INVOICE COUNT WITHIN 30 DAYS		87%	92%	93%	88%	85%	90%	86%	95%	91%	96%	99%	98%
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	£36,079,702
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	£35,259,855
% PAID WITHIN 30 DAYS		100%	98%	98%	97%	98%	97%	97%	97%	97%	97%	97%	98%
CUMMULATIVE TOTAL COUNT		213	428	484	573	669	816	932	1070	1247	1404	1515	1739
CUMMULATIVE WITHIN 30 DAYS		186	384	436	514	596	729	829	960	1121	1271	1381	1600
% COUNT WITHIN 30 DAYS		87%	90%	90%	90%	89%	89%	89%	90%	90%	91%	91%	92%

30 days policy has achieved 98% against a target of 96%, for the cumulative value of invoices (£36,079k); with 92% achieved against the cumulative volume of invoices (1,739).



Meeting of the Board of Directors

Thursday 27th April 2023

Subject / Title	Freedom to Speak Up six monthly report
Author(s)	Sue Mahjoob, Freedom to Speak Up Guardian
Presented by	Sue Mahjoob, Freedom to Speak Up Guardian
Summary / purpose of paper	This report presents the six-monthly update on freedom to speak up activities to the Board of Directors.
Recommendation(s)	The Board is asked to note the contents of the paper
Background papers	Previous 6 monthly reports to Board of Directors
Risk score	
Link to: ➤ Trust strategy ➤ Corporate objectives	Achievement of corporate plan and objectives The Christie People and Culture plan
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.	FTSUG – Freedom To Speak Up Guardian NGO- National Guardian's Office EDI- Equality, Diversity & Inclusion NHSEI - NHS England / Improvement



Board of Directors
Thursday 27th April 2023

Freedom to Speak Up report 1st October 2022 to 31st March 2023

1. Background

The Freedom to Speak Up Guardian's role is to support staff to effectively raise concerns, address barriers to speaking up and foster a positive speaking up culture so that concerns raised are viewed as an opportunity for learning and improvement.

This report presents the regular six month update on activity to Board of Directors.

2. Activity

The Freedom to Speak Up Guardian continues to attend meetings, Trust induction and medical induction to highlight the importance of speaking up and listening and other department and division meetings.

Drop in sessions at the Christie@ sites have recommenced after a pause due to Covid restrictions

The local induction pack templates provide detail on the role of the Freedom to Speak Up Guardian and reference the speaking up and listening. The use of videos relating to staff speaking up experience is included within digital placements; specialist radiotherapy clinical placement, nursing and proton beam.

Promotion of these messages is supported by the Freedom to Speak Up champions.

3. Culture

The importance of speaking up and listening have been acknowledged in two key documents relating to culture which have been launched in the last six months.

1. People and culture plan 2022-2025 sets out how we will value, support and develop our staff to create a thriving and sustainable workforce, and reference is made to the ambition that "We are comfortable to speak up and enjoy coming to work."
2. The Christie Values and Behaviours Framework, developed in consultation with staff, defines how we approach our work and treat each other. Within the Value "Make a Difference" staff have identified the expectation "I act as a role model, speaking out when I have concerns about a risk, wrong-doing, or poor behaviour being demonstrated" and that we lead the way by "I promote a Speak Up Culture, proactively creating opportunities for everyone to make suggestions, constructively criticise, and be open about errors, without fear or blame".

4. National Guidance and reports

4.1 NHS England and National Guardian's Office revised guidance

By 31 January 2024, all Trust boards will be expected to evidence in their Board papers:

An updated FTSU policy that reflects the new national template

Results of the trust's assessment of its FTSU arrangements against the revised guidance.

Assurance that it's on track with its FTSU improvement plan.

- National Freedom to Speak Up policy

The Christie policy has been updated to reflect the national policy, consultation took place via Workforce Committee, and policy was approved at Staff Forum and Local Negotiating Council.

- FTSU Board self-assessment

The Trust's self-assessment of Freedom to Speak Up arrangements following publication of NHS England and National Guardian's Office guidance and reflection and planning tool for Board

have been reviewed by the Executive and Non-executive leads for FTSU and will be discussed at Workforce Assurance Committee followed by the Trust Board.

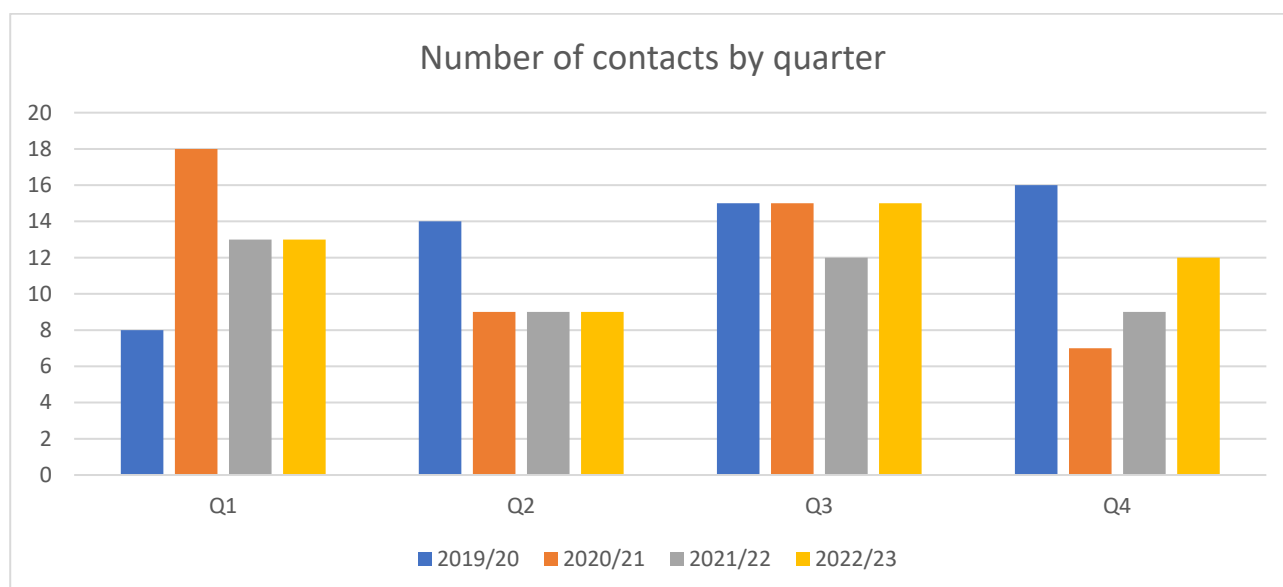
Action has been identified and when agreed, will be included in the FTSU plan. Progress with action is presented to the Trust board within the six monthly FTSU reports.

4.2 National Guardian's Office review of speaking up at Ambulance Trusts in England

Learning points for The Christie related to role modelling as well as embedding and evaluating the effectiveness of Freedom to Speak Up. Actions from the True for Us report are monitored via the Workforce Committee.

5. Contacts

5.1 Number of contacts by quarter



5.2 Type of contact

The table below describes the activity from 1st October 2022 to 31st March 2023. Descriptions of concerns are recorded as described by the staff member and each contact can have more than one issue.

Quarter	Number of contacts	Issue category	Description	Action
2022/23 Q3	15	Attitudes and behaviour (x8)	Colleague behaviour (x2) Manager behaviour (x4)	Options discussed – have conversation directly, mediation. Comments passed by FTSUG to HR or manager

Quarter	Number of contacts	Issue category	Description	Action
		Policies, procedures and processes (x7)	<p>Lack of support from manager (x2)</p> <p>Investigation process</p> <p>Inequitable use of recruitment reward system</p> <p>Recruitment process</p> <p>Unfair rota</p> <p>Lack of visible support for CQC engagement session</p> <p>Inequitable bonus system</p> <p>Unsupportive process for staff involved in other staff member's capability</p>	<p>Staff shared comments with HR</p> <p>Staff member decided not to proceed</p> <p>Staff member decided not to proceed</p> <p>Comments shared with senior managers and response as Trust following CQC process</p> <p>HR review that system is within rules</p> <p>Shared with senior leaders, consideration to be given as to how system can be improved</p>
		Quality and safety (x1)	Near miss with patient care	Investigated via datix
		Performance Capability (x2)	Staff capability (x2)	Staff raised with managers
		Staffing levels (x1)	Staffing levels	Manager aware and there are plans to improve recruitment and retention
		Other (x1)	Parity of opportunity and connection between sites and Withington site	Shared with senior manager for response

Quarter	Number of contacts	Issue category	Description	Action
2022/23 Q4	12	Attitudes and behaviour (x5)	Consultant behaviour (x2)	Advice given, support proposed from Workforce to support team development
			Colleague behaviour	Advice given – staff to speak with manager
			Manager behaviour (x2)	Staff to speak with senior manager
		Policies, procedures and processes (x3)	Management of covid sick leave implications for those who do not work from home	Advice and information given by HR
			Involvement in HR process (x2)	Advice given on how process works
			Unachievable expectations on team (x2)	Team members had conversation with Senior manager
		Quality and Safety (x3)	Lack of support for staff	Shared with Matron
			Staffing levels on ward	Shared with Matron
		Performance Capability (x2)	Manager performance (x2)	Team members had conversation with Senior manager
		Other (x1)	Noise from striking staff by entrance	Options for working staff to work from elsewhere

5.3 The Christie – Q3 & Q4 2022/2023 concerns

The percentages for patient and worker safety/quality concerns have increased but the small number of concerns means that one case can affect the overall percentage.

Element of:	
Patient safety/quality	3%
Worker safety/quality	9%
Attitudes and behaviours	40%
Policies, procedures and processes	29%

*denominator number of issues (35)

Who is speaking up?	
Senior leader	7%
Manager	44%
Worker	37%
Anonymous	11%

*denominator number of cases (27)

5.4 Summary

In summary, over the last six months, 40% of concerns (as a percentage of number of issues) have had an element relating to attitudes and behaviours. This compares with 31% and 50% for the previous six months. 29% related to policies, procedures and processes (32% Q1&Q2)

One concern related to patient safety and a clinical decision. It was reported on datix and investigated with an outcome. 3 issues were raised relating to lack of support and unachievable expectations placed on staff. These have been recorded as a quality issue as the staff involved have not been able provide a quality service.

There were 3 concerns raised anonymously which were passed onto the relevant manager. This is a higher number than usual.

Staffing levels was raised, which impacts on the quality of the service delivered.

6. FTSU plan

The Christie People and Culture Plan 2022-2025 sets out how we will value, support and develop our staff to create a thriving and sustainable workforce. It has six themes, each of which has an ambition. One theme relates to engaging our people and has a focus on building confidence to speak up.

The FTSU plan 2023/24 has been refreshed and describes the aims and action to promote, develop and support the culture, values and behaviour that will meet the ambition that “we are comfortable to speak up.” (Appendix 1).

The main achievements from FTSU plan 2022/23 were:

- Updated Trust policy to meet requirements of refreshed national Freedom to Speak Up policy
- Senior staff videos on speaking up and listening up used in virtual clinical placements and highlighted to all staff via Team Brief
- Production of video of Ethnic Diversity Group (EDG) staff network experiences, promoted at senior committees and via Team Brief
- Schwartz round held virtually and in person on “Should I speak up?”

Organisation highlights

- Purchase of Respectful Resolutions package to support positive attitude and behaviours which has a tool to aid speaking up
- Launch of Christie Values and Behaviours Framework, developed with staff input and reference the importance of a positive speaking up and listening culture.

Priorities for 2023/24:

- Review staff survey results and use to highlight targeting of effort to support a positive FTSU culture
- Work in conjunction with the Patient Safety Specialist to gain a more complete understanding of the safety culture and reasons for not feeling safe to speak up about clinical safety concerns
- Maximising the potential of Respectful Resolutions to support all who are involved in a concern and promoting the speaking up tool
- Development of posters to highlight examples of speaking up concerns and outcomes to counteract the Futility barrier to speaking up
- Enhance communication about zero tolerance approach to detriment
- Understand staff views on detriment and measure effectiveness of support

7. National NHS Staff survey

For the 2022 survey, the questions in the NHS Staff Survey are aligned to the People Promise which set out, in the words of NHS staff, the things that would most improve their working experience and is made up of seven elements.

One element is “We each have a voice that counts” and there were 4 questions relating to Freedom to Speak Up. In addition, there are two questions in the element “We are safe and healthy” relating to speaking up about reporting physical violence at work and harassment, bullying or abuse at work.

The results show that staff are less positive for feeling secure to raise a concern about unsafe clinical practice and being confident that their concern would be dealt with than in previous years. This pattern is reflected for the specialist trusts group and nationally.

However, for feeling safe to speak up about any concern and confidence that the organisation would address the concern, the results from 2021 to 2022 have improved. The average specialist trusts’ score has fallen over the same period.

The percentage of staff saying that they reported violence in the workplace and harassment, bullying or abuse from patients, relatives, members of the public, managers and colleagues has fallen; a pattern that is not experienced to the same extent by other specialist trusts.

Broadly speaking the clinical divisions feel less safe to raise any concern and less confident that the concern would be addressed.

Allied Health Professionals and Additional Professional Scientific and Technical staff feel less confident that their concerns would be addressed

For most of the Speak up questions, staff with protected characteristics report they feel less secure to raise concerns; and were less confident that their concerns would be addressed. They also are less likely to report harassment, bullying or abuse from staff or patients.

Appendix 2 has the report with all the findings.

8. Freedom to Speak Up Training

The National Guardian’s Office, in association with Health Education England launched Freedom to Speak Up e-learning training divided into three modules, Speak Up for all staff, Listen Up for managers at all levels and Follow Up for Senior leaders. The Speak Up module is part of the Trust mandatory training programme and 85.39% of staff are compliant. The training is also available in paper form for those who find accessing e-learning difficult.

Take up for the Listen Up and Follow Up modules which is for managers and not part of the Trust mandatory training programme is very low and these have been promoted via Team brief to encourage completion.

FTSU training modules are referenced to in the Management for success training programme. A ‘leadership transitions framework’ is being developed and there are plans to develop clinical, managerial and leadership programmes which will focus on key management and leadership skillsets to provide a firmer basis for leaders to know how to build psychologically safe teams which can listen, reflect and continually learn to enable safer patient care and higher levels of colleague engagement.

9. Equality and Diversity

For the Speak up questions, generally staff with protected characteristics report they feel less secure to raise concerns; and were less confident that their concerns would be addressed. This message is being shared with colleagues and plans are to be developed to respond to this.

The video highlighting the experiences of ethnically diverse staff has been promoted to all staff with the request that they watch the video, listen and learn and be an ally. The Trust’s support for this project was also highlighted for its contribution to a more inclusive environment that respects differences and removes barriers that prevent staff from flourishing.

Conversations are ongoing with the other staff networks to establish if they wish to undertake a similar project.

10. Effectiveness

Feedback from staff contacts

The NGO requires that Guardians ask those who contact the FTSUG if they would speak up again or have experienced detriment. The feedback tool is completed via a link so that responses can be anonymous. The questionnaire is sent when a case is closed and not all cases are closed in the quarter they are reported.

7 contacts replied.

7 said they would speak up again

7 felt they were made to feel they did the right thing in raising their concern

7 said they felt very well supported

All 7 understood what would happen once they raised a concern.

7 said they were communicated with very well

No respondents said they felt they suffered disadvantageous or demeaning behaviour as a result of speaking up.

Comments made:

Speaking to Guardian was helpful and felt very supported at time of expressing concern. I felt very welcomed and 'listened to'.

Positive experience. Sue has been a fantastic and much needed point of support during this process. She has taken the time to regularly check in, see how we are doing and if there is anything else that she can support us with. She is very approachable and actually listens to what you are saying. She does not judge and gives you the space and time to voice concerns in a safe, supported space. She provides updates in a timely manner. I would feel confident to use this service again if required and would recommend it as a service for those who have a concern to raise.

I felt reassured and that I finally had some support! Unfortunately, the situation in the office remains the same

Very welcoming, listened and gave another perspective to the situation.

Sue was incredibly helpful with streamlining our thoughts and creating a concise document that accurately reflected our concerns. She also fed back regularly on what was happening after we submitted the concerns and chased it up when necessary. She was very open and supportive throughout and myself and the other staff members who spoke to her felt that we gained a lot from it.

Raising my concern with Sue was exactly how it should be. I felt heard and she had some great advice. I contacted the Freedom to Speak Up service on behalf of someone in my team who had made a complaint via HR. The issue with HR wasn't resolved and unfortunately as a result my colleague feels that the process was futile and it hasn't done anything to help people raise a concern.

Suggestions for improvement of the FTSU service:

Potentially more opportunities to speak in person at the satellites - e.g a drop in session every 4-6 months maybe?

The Freedom to Speak Up service is a great service. Where this falls down is the HR processes that need to be followed when raising a complaint.

11. Conclusion

The Board of Directors are asked to note the detail in the report and support the activities in place and future activities to encourage a speaking up and listening culture.

Appendix 1

Freedom to Speak Up Plan 2023/2024

1. Introduction

The Christie People and Culture plan 2022-2025 sets out how we will value, support and develop our staff to create a thriving and sustainable workforce. It has six themes, each of which has an ambition.

One theme relates to engaging our people and has a focus on building confidence to speak up. This Freedom to Speak Up plan describes our aims and action to promote, develop and support the culture, values and behaviour that will meet the ambition that we are comfortable to speak up.

People and Culture Framework 2022-2025

Theme 1 – Engaging our people

NHS and NHS people promise	Ambition	Area of focus Priority area	Further Focus
Belonging to the NHS: We are recognised and rewarded. We each have a voice that counts	People feel proud to work here, feel supported and recognised. We are comfortable to speak up and enjoy coming to work	Culture, values and behaviours	<ul style="list-style-type: none">• Total reward & benefits• Listening & staff communication and engagement• Reward and recognition• Building confidence to speak up

2. The benefits of supporting staff to speak up safely in the workplace

When staff feel confident and safe to speak up the following benefits are achieved:

- The Trust is made aware of situations that could potentially impact on patient care
- The Trust has the opportunity to take action so that any detrimental consequence is avoided
- The Trust has the opportunity to learn
- Staff are able to share their anxiety about a situation and therefore reduce their stress
- Staff feel a greater sense of engagement, inclusion and support for Trust values and behaviours

3. Delivering the Freedom to Speak Up plan

The Freedom to Speak Up plan has four themes:

a. Raising Awareness

Raising awareness helps ensure that the message of speaking up safely is shared with all staff. Awareness will help combat the two main reasons people do not speak up – Fear (of detriment or consequences) and Futility (nothing is done). Raising awareness is everyone's business.

We want our staff:-

- To know how to raise concerns,
- To feel confident in doing so
- To feel that they are listened to
- To know that something will be done in response to issues that are raised

b. Ensuring a positive Freedom to Speak Up culture

A positive speaking up culture is one where people feel safe and confident to

- Share their thoughts, experiences and improvement ideas
- Participate in health and wellbeing conversations
- Call out incivility, discrimination or bullying.

The following principles (NHS England and National Guardian's Office) support a positive speaking up culture.

1. Value speaking up
2. Role model speaking up and set a healthy Freedom to Speak Up culture
3. Make sure workers know how to speak up and feel safe and encouraged to do so
4. When someone speaks up, thank them, listen up and follow up
5. Use speaking up as an opportunity to learn and improve
6. Support Freedom to Speak Up Guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements alike
7. Identify and tackle barriers to speaking up
8. Know the strengths and weaknesses of the organisation's speaking up culture and take action to continually improve.

The Board are supportive of a positive Freedom to Speak Up culture and:

- provide the resources required to deliver an effective Freedom to Speak Up function
- have an oversight to ensure the policy and procedures are being effectively implemented

c. Support

The main barriers for those raising concerns are Fear (of detriment or consequences) and Futility (nothing is done). Being open and honest with staff throughout the process and providing feedback, as far as might be appropriate to do so, can help to alleviate these worries. Feedback is vital so that those raising concerns understand how their disclosure has been handled and is dealt with.

Appropriate support should be offered to staff raising concerns, and those who have concerns raised against them, all the way through the process, not just at the point of them raising a concern.

d. Learning

Sharing the learning and providing ongoing opportunity for reflective practice and learning, via appropriate channels depending on the nature and confidentiality of the concern will support a positive Freedom to Speak Up culture. Learning and ideas for improvement are also gained from reviewing guidance and reports from external sources such as the National Guardians Office and NHS England.

4. Deliverables

The following are the deliverables for 2023/2024.

1. Raising Awareness

Support the organisation to raise awareness of the importance of speaking up and how to do this

Deliverables 2023

- Deliver regular communications to staff on how to raise concerns
- Promote speaking up cases and share learning
- Support national FTSU month

2. Ensuring a positive raising concerns culture

Ensure staff feel able and safe to speak up

Deliverables 2023

- Refresh NHSI board self-assessment of leadership and governance arrangements in relation to speaking up
- Update Trust policy to meet requirements of refreshed national Freedom to Speak Up policy and ensure it is easy to access
- Promote the NGO HEE e-learning and monitor compliance as part of the Trust essential training programme.
- Use staff survey results to highlight areas or staff groupings that require additional focus
- Work with the Patient Safety Specialist and the Risk team to highlight FTSU messages within the implementation of the NHS Patient Safety Strategy and support improvement in the confidence of staff raising clinical concerns
- Identify indicators of a healthy speaking up culture
- Promote Respectful Resolutions package which provides tools and training to address bullying and harassment and includes a tool to aid speaking up

3. Support

Ensure that staff feel supported both during and after raising a concern

Deliverables 2023

- Enhance and promote support arrangements for staff and managers involved in raising a concern
- Enhance communication about zero tolerance approach to detriment
- Understand views on detriment and measure effectiveness of support

4. Learning

Ensuring that the organisation learns from concerns raised

Deliverables 2023

- Continue with listening exercise with the staff network groups
- Contribute to a patient safety/FTSU culture exercise to ascertain views on culture and suggestions to improve confidence to raise a patient safety concern
- Identify further triangulation of information and use to identify areas for improvement
- Share good practice more widely by developing a series of posters that highlight examples of speaking up and outcomes

5. Measurement of the plan

We will know we have made a positive difference when

- There is a year-on-year improvement in the national staff survey scores for questions relating to speaking up.
- Feedback from staff who have raised concerns say they would raise a concern again (>90%)

Progress against the deliverables will be monitored via the Workforce Committee.





Freedom to Speak Up plan deliverables for 2023/2024

The actions will be led by the Director of Workforce and the Freedom to Speak Up Guardian.

Deliverable	Comment	Deadline
Raising awareness		
Deliver regular communications to staff on how to raise concerns	Ongoing Promotion of updated FTSU policy	May 2023
Promote speaking up cases and share learning	FTSU results to be considered alongside Trust organisational development work on psychological safety in teams	October 2023
Support national FTSU month		October 2023
Ensuring a positive raising concerns culture		
Refresh NHSI board self-assessment of leadership and governance arrangements in relation to speaking up	For discussion at Workforce Assurance Committee followed by the Trust board	January 2024
Update Trust policy to meet requirements of refreshed national Freedom to Speak Up policy and ensure it is easy to access	Policy updated and going through ratification	May 2023
Promotion of the NGO HEE e-learning and monitor compliance as part of the Trust essential training programme	Promoted via team brief and referenced in Trust training.	March 2024
Use staff survey results to highlight areas or staff groupings that require additional focus	Initial analysis complete	May 2023
Work with the Patient Safety Specialist and the Risk team to highlight FTSU messages within the implementation of the NHS Patient Safety Strategy and support improvement in the confidence of staff raising clinical concerns	Implementation of Patient Safety Strategy ongoing. FTSU captured within the domain of staff engagement within Patient Safety Incident Response Framework	September 2023
Identify indicators of a healthy speaking up culture	Link with HR metrics and culture work undertaken by the Organisational Development team	October 2023
Promote Respectful Resolutions package which provides tools and training to address bullying and harassment and includes a tool to aid speaking up	Planning in progress for launch	March 2024
Support		
Enhance and promote support arrangements for staff and managers involved in raising a concern	Respectful Resolution package purchased and gaps in support to be identified once package is in place	October 2023
Enhance communication about zero tolerance approach to detriment		October 2023
Understand views on detriment and measure effectiveness of support	Additional questions to be added to staff survey	March 2024
Learning		
Continue with listening exercise with the staff network groups	Ethnic diversity video complete and promoted Offer extended to staff networks	March 2024

Contribute to a FTSU/ patient safety culture exercise to ascertain views on culture and suggestions to improve confidence to raise a patient safety concern		March 2024
Identify further triangulation of information and use to identify areas for improvement		June 2023
Share good practice more widely by developing a series of posters that highlight examples of speaking up and outcomes		June 2023

Freedom to Speak Up plan deliverables for 2022/2023

Deliverable	Comment	Deadline
Raising awareness		
Delivery of regular communications to staff on how to raise concerns	Ongoing	
Promote speaking up cases and learning	Ongoing	
Support FTSU month	Display in engagement hub on NGO themes #speakupforsafety, #speakupforcivility, #speakupforinclusion, #speakupforeveryone  7. who you can speak up to.docx  8. #speakup for inclusion poster.docx	October 2023  6. #speakup for safety poster.docx  5b. #speakup for civility poster.docx
Ensuring a positive raising concerns culture		
Refresh NHSI board self-assessment of leadership and governance arrangements in relation to speaking up	Discussed at a board development day	April 2022
Support inclusion of FTSU for board development session	Discussed at a board development day	July 2022
Promote the NGO HEE e-learning and monitor compliance as part of the Trust essential training programme	Compliance monitored, e-learning promoted via team brief	August 2022
Work with the Patient Safety Specialist and the Risk team to highlight FTSU messages within the implementation of the NHS Patient Safety strategy	Outline of FTSUG role will be detailed in the involvement domain of the Patient Safety Incident Response (PSIR) Policy	September 2023
Update Trust policy to meets requirements of refreshed national Freedom to Speak Up policy	National policy published July 2022. Policy updated, approved by Staff Forum and LNC and with Document Ratification Committee for ratification	April 2023
Support		
Review and produce guidance of support arrangements for staff and managers involved in raising a concern in line with	Joint with HR managers, Unions. Respectful resolutions package with e-	October 2023

the work undertaken by the scrutiny panel for managing HR formal processes.	learning and other training, purchased to help staff involved in bullying and harassment. The guidance will be developed to link in with this package	
Learning		
Conduct a listening exercise with the staff network groups	EDG film complete and shared Initial conversation with LGBTQ+ staff network and the Faith and belief network	December 2023
Develop FTSU senior nurse reflections on speaking up and listening up for use on CPEP virtual study	Videos available	April 2022
Review information from staff survey and develop actions to reduce barriers to speaking up for different staff groups	Analysis of survey results undertaken. Results and barriers discussed at EDG	October 2022
Conduct a FTSU/ patient safety culture exercise to ascertain views on culture (Risk Management strategy)	Joint with Patient Safety Specialist	March 2023
Develop Schwartz round	2 Schwartz rounds took place 1 in person and 1 virtual	February 2023
Work with HR and Union colleagues in line with the Trust Respect campaign to support positive behaviours	RESPECT campaign promoted during Freedom to Speak Up month as part of #speakupforcivility.	March 2023

Appendix 2

Freedom to Speak Up – National Staff Survey 2022

1. Introduction

In the 2022 survey the questions in the NHS Staff Survey are aligned to the People Promise which set out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements.

“We each have a voice that counts” is the element that is very focused on speaking up., demonstrated by the questions below:

- 17a. I would feel secure raising concerns about unsafe clinical practice
- 17b. I am confident that my organisation would address my concern
- 21e. I feel safe to speak up about anything that concerns me in this organisation
- 21f. If I spoke up about something that concerned me, I am confident my organisation would address my concern

There are two questions in the element “We are safe and healthy” relating to speaking up.

- Q13d The last time you experienced physical violence at work, did you or a colleague report it?
- Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

2. Overview

The results show that staff are less positive for feeling secure to raise a concern about unsafe clinical practice and being confident that their concern would be dealt with. This pattern is reflected for the specialist trusts group and nationally.

However, for feeling safe to speak up about any concern and confidence that the organisation would address the concern, the results from 2021 to 2022 have improved. The average specialist trusts’ score has fallen over the same period.

The percentage of staff saying that they reported violence in the workplace and harassment, bullying or abuse from patients, relatives, members of the public, managers and colleagues has fallen; a pattern that is not experienced by other specialist trusts.

Broadly speaking the clinical divisions feel less safe to raise any concern and less confident that the concern would be addressed.

Allied Health Professionals and Additional Professional Scientific and Technical staff feel less confident that their concerns would be addressed

For most of the Speak up questions, staff with protected characteristics report they feel less secure to raise concerns; and were less confident that their concerns would be addressed.

3. 2021 survey

The following actions have been delivered following priorities identified in the 2021 survey:

- Informal process for reporting concern and options for speaking up promoted with development of poster and also highlighted during FTSU month
- Inclusion of reference to FTSU in department inductions
- Datix training for handlers of incidents and concerns
- Promotion of examples of speaking up and outcome using videos

Action in progress:

- Consideration for introducing method for anonymous reporting
- Development of process for staff feedback following an incident response to be captured within domain of staff engagement within Patient Safety Incident Response Framework (PSIRF)

- The development of a 'leadership transitions framework' and plans to develop clinical, managerial and leadership programmes which will focus on key management and leadership skillsets to provide a firmer basis for leaders to know how to build psychologically safe teams which can listen, reflect and continually learn to enable safer patient care and higher levels of colleague engagement

4. Results

4.1 Results for FTSU questions

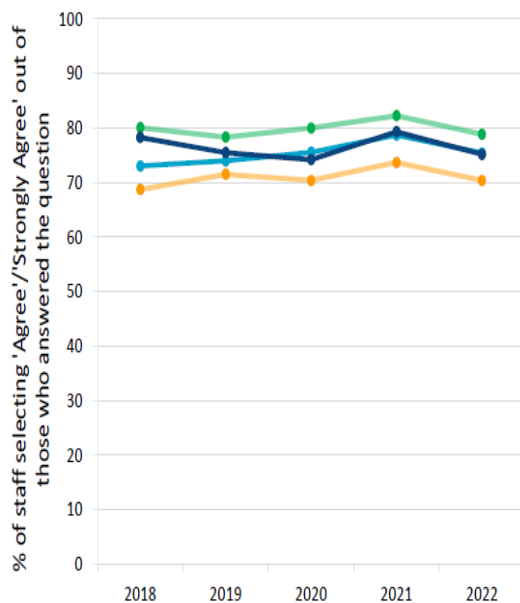
The responses for the FTSU questions have been compared both with "other specialist trusts" group, the Royal Marsden and Clatterbridge Centre for Oncology (Appendix A) and nationally. The Royal Marsden and Clatterbridge Centre for Oncology have shown similar fall in staff confidence in the FTSU questions.

4.1.1 Unsafe clinical practice concerns

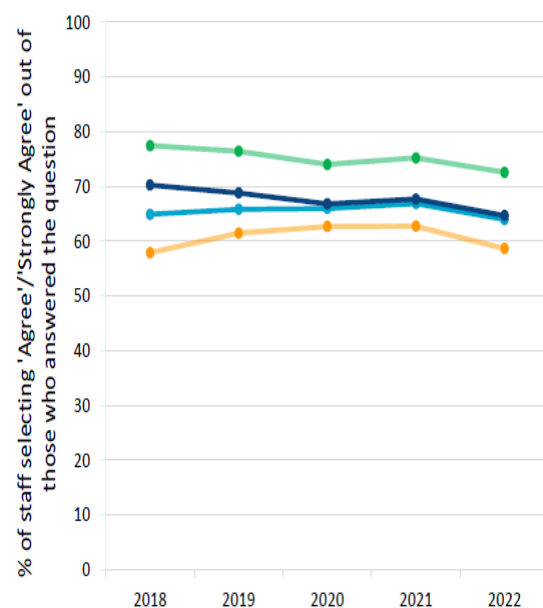
Nationally there has been a decline of 3.1% and 2.8% for these questions. The comparison with specialist trusts is below.

Key - Comparison with specialist trusts	Your org	Average
	Best	Worst

Q19a I would feel secure raising concerns about unsafe clinical practice.

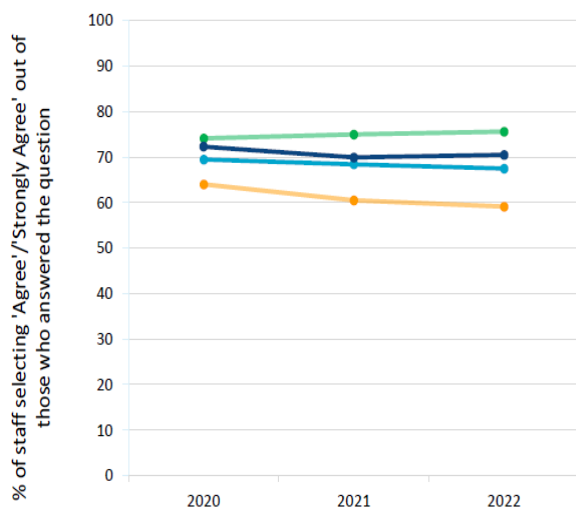


Q19b I am confident that my organisation would address my concern.

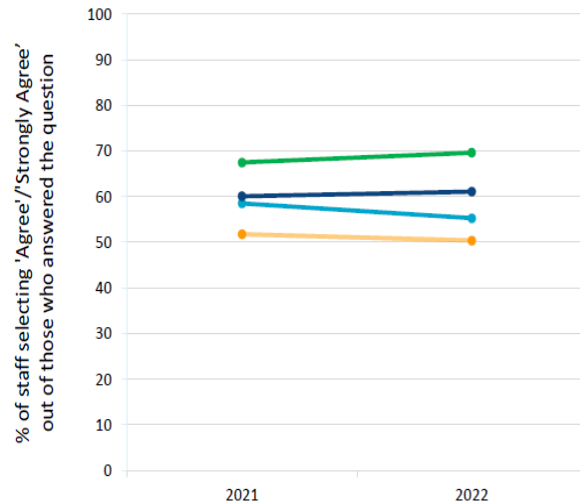


4.1.2 Raising any type of concern

Q23e I feel safe to speak up about anything that concerns me in this organisation.



Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



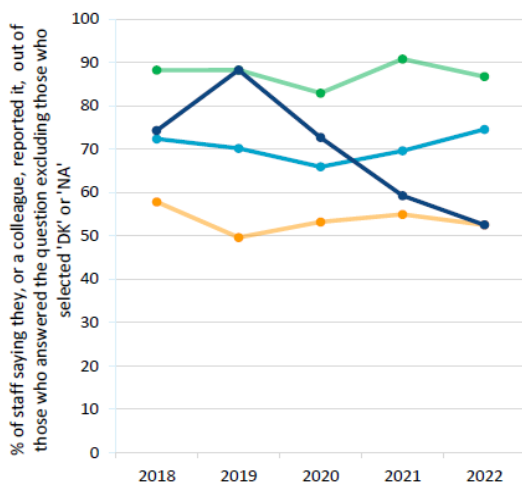
4.1.3 Reporting physical violence, harassment, bullying or abuse at work

Two questions that also relate to speaking up in relation to physical violence and harassment, bullying and abuse from patients, relatives, members of the public, managers or colleagues, have shown a fall in staff saying they reported it.

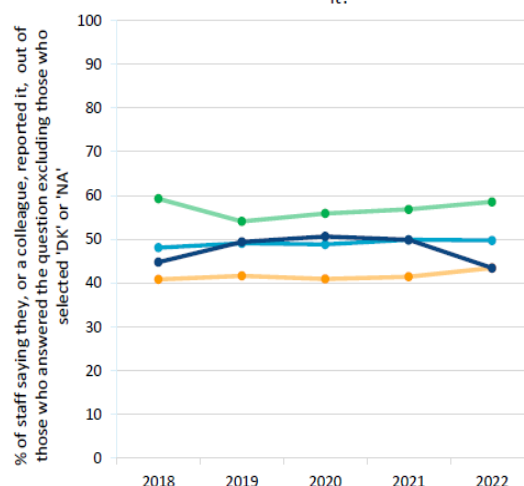
Some further analysis by some of the protected characteristics has been carried out on the responses for reporting harassment, bullying or abuse and physical violence where there are sufficient responses.

Key - Comparison with specialist trusts	Your org	Average
	Best	Worst

Q13d The last time you experienced physical violence at work, did you or a colleague report it?



Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

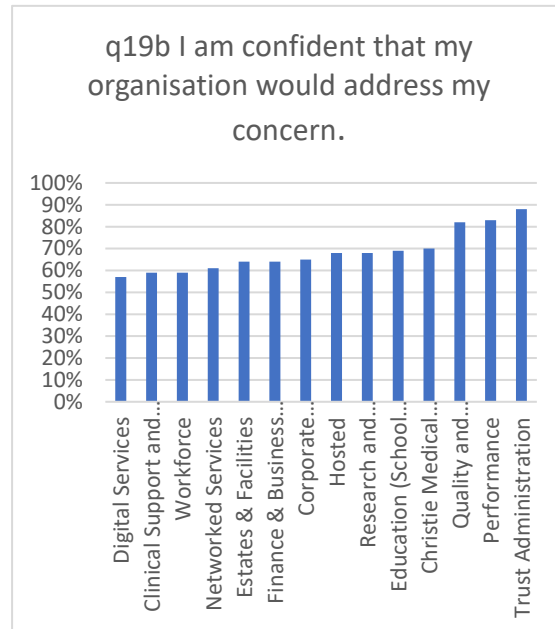
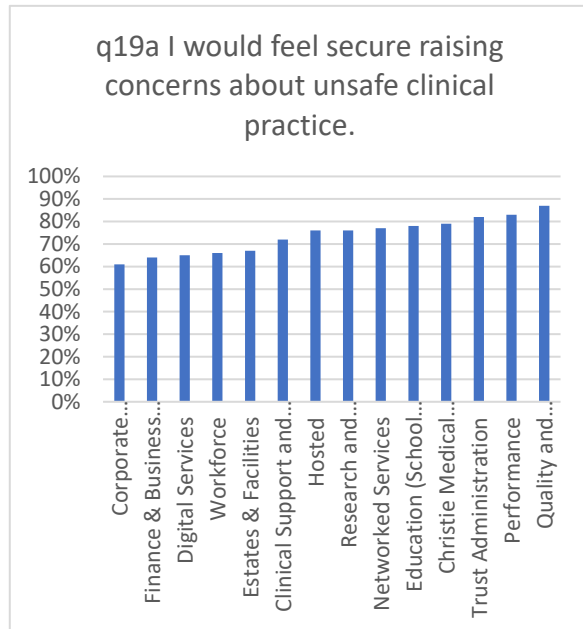


4.2 Divisional comparison

4.2.1 Unsafe clinical practice concerns

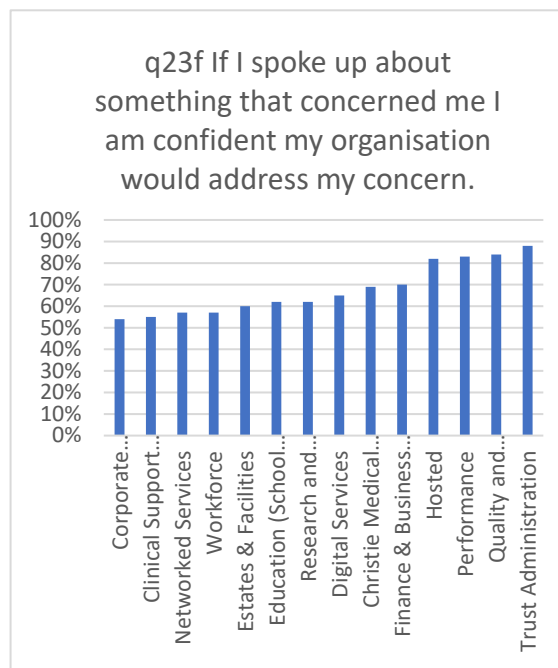
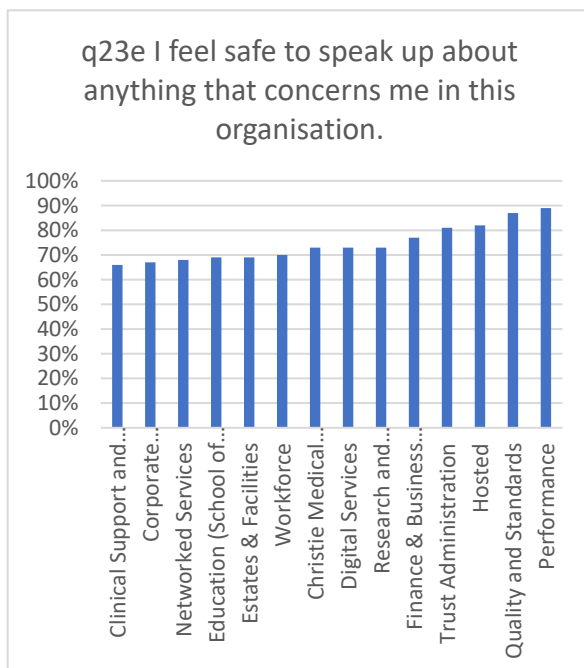
The FTSU questions have been analysed by division to see if we can identify any hot spot areas across the Trust in terms of speaking up.

For staff feeling secure to raise an unsafe clinical practice concern the lowest responses are, in the main, from our non clinical workforce.



4.2.2 Raising any type of concern

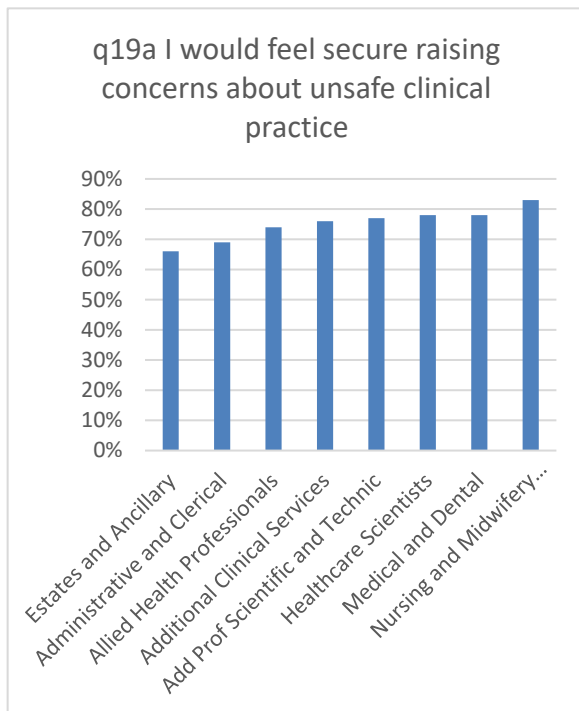
We have found that divisions that are currently going through a lot of change, do not score well for being able to speak up and feeling confident that something will be done.



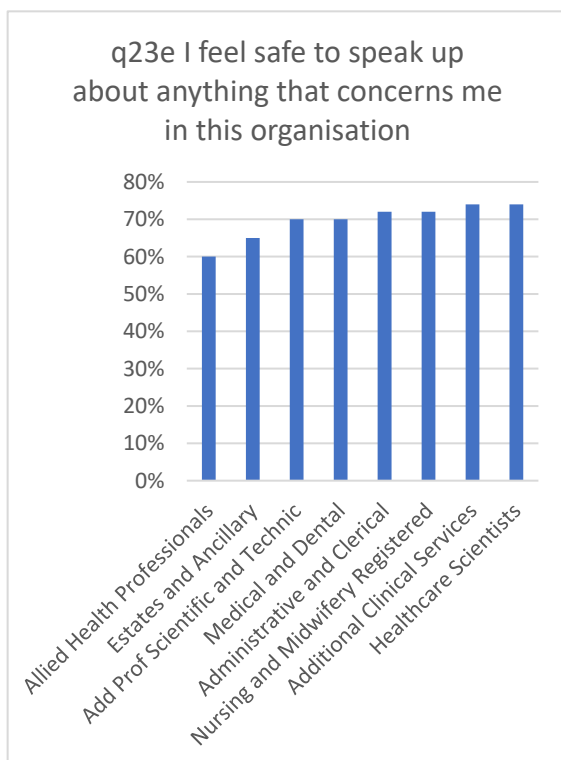
4.3 Staff grouping

4.3.1 Unsafe clinical practice concerns

Reviewing the results by staff grouping identifies where attention could be focussed, particularly where there has been no improvement in year.



4.3.2 Raising any type of concern



4.4 Protected characteristics

For most of the Speak up questions, staff with protected characteristics report they feel less secure to raise concerns; and were less confident that their concerns would be addressed.

Comparison over the years the questions have been asked, show that the trend for those with long term health conditions is improving for most of the questions; for minority ethnic groups it is fairly similar, with the exception of reporting bullying, harassment and abuse which is showing a decline.

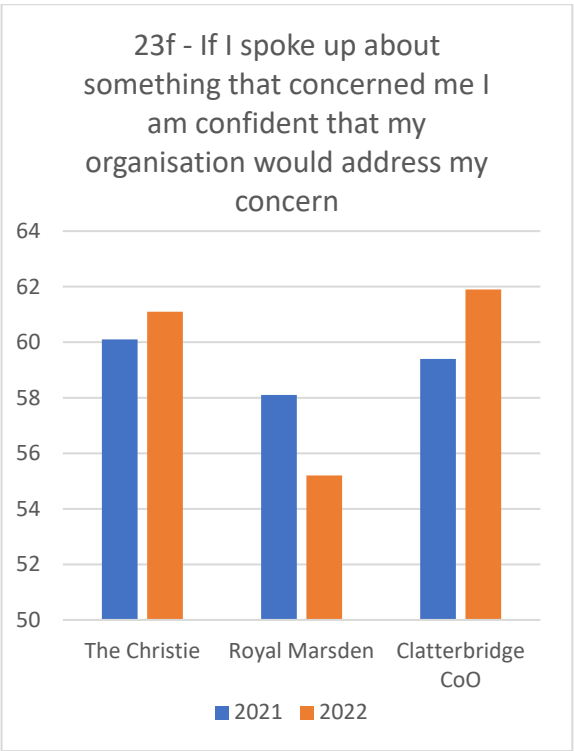
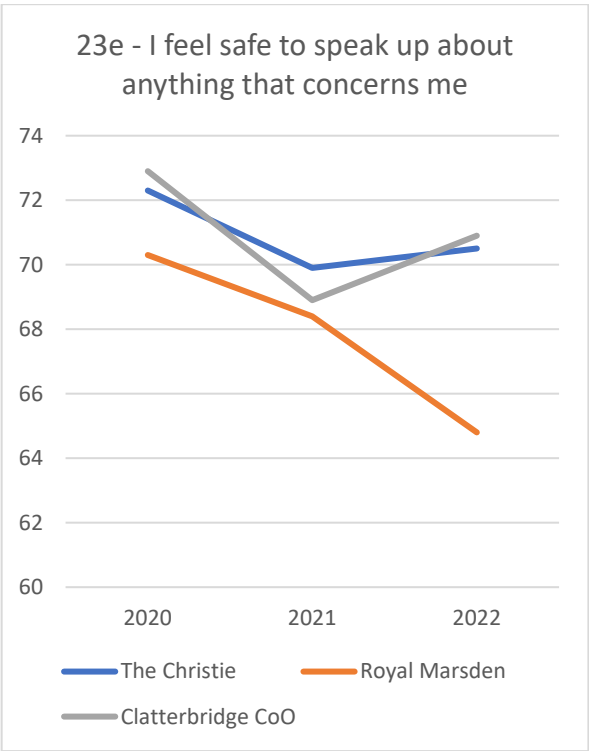
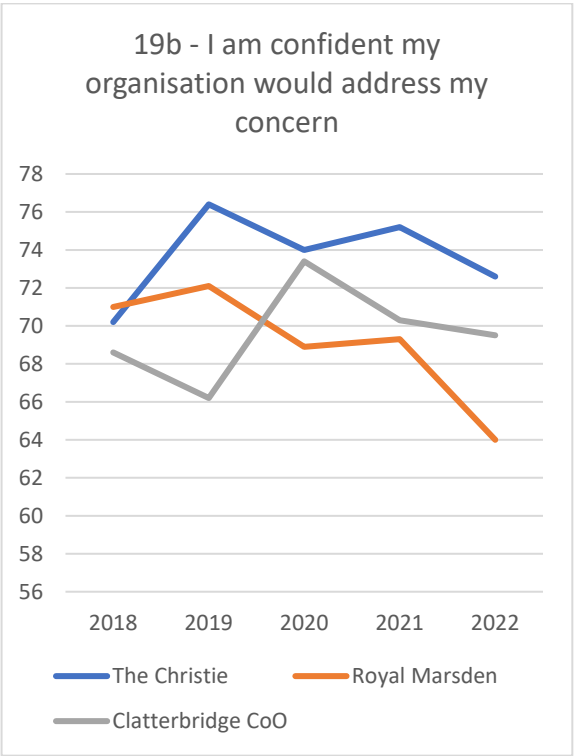
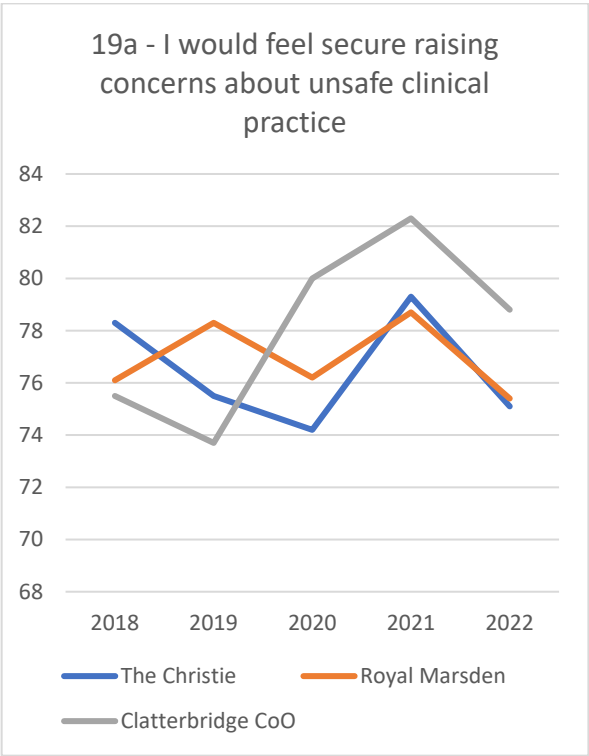
For those whose sexuality is gay, lesbian or bisexual, the trend is down for the questions relating to clinical concerns but improving for all concerns. Although the trend is downwards, gay and lesbians are more likely to report bullying, harassment and abuse than heterosexual colleagues.

5. Next steps

Success in the impact of the following action will be demonstrated by a year-on-year improvement in the national staff survey scores for questions relating to speaking up.

- Share findings with the Workforce team and Partnership Officer with a view to including speaking up and listening messages in wider Workforce activity
- Work with the Patient Safety Specialist and the Risk team to highlight FTSU messages within the implementation of the NHS Patient Safety Strategy and support improvement in the confidence of staff raising clinical concerns
- Promote concerns raised and the outcome to counteract the “Futility” barrier to speaking up
- Promote Respectful Resolutions package which provides tools and training to address bullying and harassment and includes a tool to aid speaking up
- Initiate conversations with the senior leads for the divisions or staff groupings, who show less confidence to speak up or that their concern would be addressed, to discuss opportunities to promote the speaking up and listening message.
- Share findings with the Equality and Diversity team, EDI Programme board and staff networks for identification of action that could be taken to reduce barriers and increase confidence.

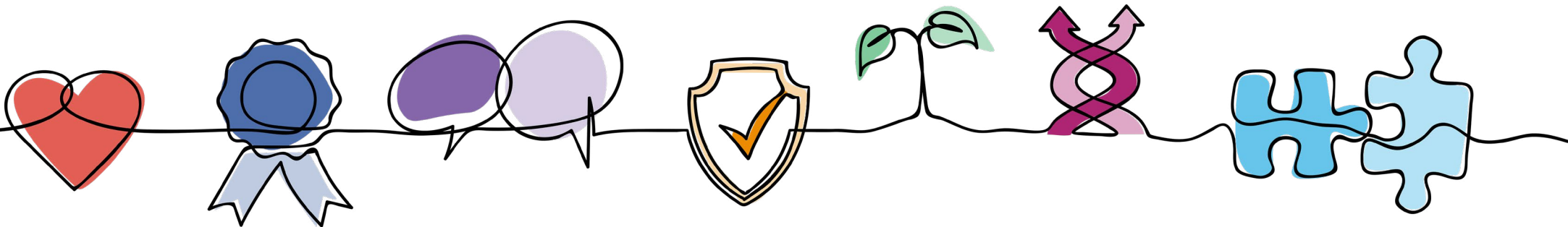
Appendix A
The Christie comparison with The Royal Marsden and The Clatterbridge Centre of Oncology





Freedom to Speak Up:

A guide for leaders in the NHS and
organisations delivering NHS services



Contents

Introduction	3	Responding to speaking up	16	Continually improving speaking-up culture	30
Why speaking up matters	3	National Guardian's Office training	16	Writing your improvement strategy	30
How to use the guide	4	Support managers	16	The improvement and delivery plan	31
Principles for leaders and managers	6	Learning from speaking up	18	Continuous improvement	31
Guidance for leaders	7	Triangulate data to identify wider issues	18	Indicators of concern	32
Valuing speaking up	8	Learn for improvement	20	Assurance	33
Understanding the value of speaking up	8	Supporting Freedom to Speak Up guardians	21	Ways to gather assurance	33
The senior lead responsible for Freedom to Speak Up	9	The guardian role	22	The guardian report	34
The non-executive director responsible for Freedom to Speak Up	9	Guardian models	22	Building widespread cultural change	36
The person responsible for people and organisational development	9	Recruiting guardians	23	Carry out wider cultural improvement	37
Investing in a Freedom to Speak Up guardian	9	Evaluating ringfenced time	24	Compassionate, inclusive leadership	38
Contingency planning	9	Line managing the guardian	25	Just and learning culture	40
Role-modelling speaking up	10	Case-handling procedures	25	Worker voice	41
Setting the tone for culture	10	Speaking-up data	25	Equality, diversity and inclusion	42
Reflecting on leadership behaviour	12	Tackling barriers to speaking up	26	Civility and respect	43
Communicating about speaking up	14	Identify barriers to speaking up	26	Health and wellbeing	44
Write your speaking-up policy	14	Groups that may face barriers	27		
Develop strong communication	14	Tackling barriers	27		
		Appoint speaking-up champions	28		
		Tackle detriment	29		

This guide is a collaboration between NHS England/National Guardians Office 2022.

An online version is available at:

www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs

Introduction

We want to make the NHS the best place to work.

We want our workers to feel valued and respected at work and to know that their views are welcomed. By meeting their needs, we also enable them to deliver the best possible care.

To do that, we need to provide the best possible working environment – one where speaking up is not only welcomed, but valued as an opportunity to learn and improve.

We each have a voice that counts

Ensuring that all our workers – permanent employees, agency staff, students, volunteers – have a voice that counts is a key part of the NHS People Promise:

We all feel safe and confident to speak up.

And we take the time to really listen to understand the hopes and fears that lie behind the words.

NHS People Promise

Why speaking up matters

When people speak up, everyone benefits. Building a more open culture, in which leadership encourages learning and improvement, leads to safer care and treatment and improved patient experience.

People are the eyes and ears of an organisation. Their views, improvement ideas and concerns can act as a valuable early warning system that a policy, process or decision is not playing out as anticipated or could be improved.

A speaking-up culture benefits staff satisfaction and performance, too. When people feel that their opinions matter and are valued and acted on, they become more committed – and performance and retention improve.

When people feel that speaking up about poor behaviour is welcomed and encouraged, and that it will be addressed at an early stage, organisations become less entrenched in formal employee relations processes. These can be costly and damage relationships.

So, people's voices play a vital role in informing and driving improvement. However, speaking up is not always easy – especially in organisations where leaders do not welcome challenge or change. That is why putting in place effective, person-centred speaking-up processes will support people to speak up and protect them in doing so. That way, more people should feel able to do so – to the benefit of your organisation and workers.

Who this guide is for

This guide is designed to be used by any senior team, owner or board in any organisation that delivers NHS commissioned services. This includes all aspects of primary care; secondary care; and independent providers. This audience has been chosen because it is the behaviour of senior leaders that has the biggest impact on organisational culture and behaviours.

Using this guide, and the accompanying self-reflection tool, will help you:

- build a culture and behaviours that is responsive to feedback from workers
- ensure that your organisation focuses on learning, to continuously improve quality of care and the experience of staff, patients and service users alike
- improve staff survey scores and other worker experience metrics
- demonstrate to regulators or inspectors the work you are doing to develop your speaking-up arrangements.

How to use this guide

This guide provides ideas for how your organisation might adhere with the Principles for leaders and managers ([see page 6](#)), with detailed information on key topics and recommendations for further reading. The accompanying reflection and planning tool, available at www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs, is designed to help you identify strengths in yourself, your team and your organisation – and any gaps needing work.

This resource is made up of:

Part 1 is the main guidance, with each section covering the Principles for leaders and managers ([see page 7](#) - the transactional information you need to develop your speaking-up process).

Part 2 shows how speaking up sits within the wider context of a compassionate and inclusive culture, how all elements of such a culture are closely linked to Freedom To Speak Up (FTSU), and must be implemented alongside it ([see page 36](#) - the transformational information you need for culture and behavioural change).

Use this guide alongside the reflection and planning tool as follows:

Step 1: Read the guide.

Step 2: Use the first stage of the reflection and planning tool to evaluate your existing arrangements or to reflect on which principles you want to focus on embedding.

Step 3: Use the second stage of the reflection and planning tool to plan your next steps.

Step 4: Share your plan with your workers, senior team or board, for their feedback or oversight.

Every organisation has its own set of strengths and challenges, and some will be at a more advanced stage in developing speaking-up arrangements than others. This is particularly the case for primary care and integrated care systems. Through 2022/23 NHS England and the National Guardian's Office are working to understand more about how speaking up can be embedded in these organisations and systems.

For this reason, this guide does not give instructions that must be followed from start to end. Instead, it offers guidance within different themes, leaving you free to work on the priorities most relevant to your organisation. The accompanying self-reflection tool will help you ascertain what those are.

A mechanical, tick-box approach to the self-reflection tool is unlikely to lead to a better culture and behaviours. Fundamentally, speaking up involves having a conversation. To be effective, this conversation requires trust and respect. So, improving speaking-up arrangements should begin with honest reflection on how you and your colleagues respond when people do speak up to you.

Terms used in this guide

Organisations	Integrated care boards, NHS trusts, NHS foundation trusts, primary care networks, GP confederations, GP practices, community pharmacies, dentists, optical businesses, independent providers, community interest companies
The leadership	In a trust or integrated care board, the board; in smaller or less complex organisations, a senior leadership group or contract holder
Senior leader	In a trust or integrated care board, executive directors; in primary care, GP partners, principal dentists, superintendent pharmacists, or directors or responsible officers for an optical business
Senior leader for Freedom to Speak Up	In a trust or integrated care board, the executive director responsible for Freedom to Speak Up; in primary care, a member of the senior leadership team
Speaking up	Encompasses matters often referred to as raising concerns, making suggestions for improvement, whistleblowing and protected or qualifying disclosures
Worker	An employee, secondee, contractor, student, volunteer, agency or temporary staff member, locum or governor delivering NHS care

The fundamentals of a healthy speaking-up culture

The principles below are the fundamental requirements for an environment where people feel safe to speak up with confidence.

Principles for leaders and managers

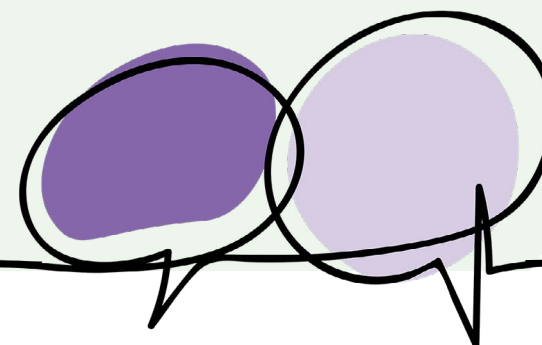
- ① Value speaking up.
- ② Role-model speaking up and set a healthy Freedom to Speak Up culture.
- ③ Make sure workers know how to speak up and feel safe and encouraged to do so.
- ④ When someone speaks up, thank them, listen up and follow up.
- ⑤ Use speaking up as an opportunity to learn and improve.
- ⑥ Support Freedom to Speak Up guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements alike.
- ⑦ Identify and tackle barriers to speaking up.
- ⑧ Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

Part 1

Guidance for leaders

Part 1 sets out the transactional information that you need to carry out the Freedom to Speak Up process.

You can work through the sections from start to finish or focus on areas of highest need for your organisation.



Valuing speaking up

Principle 1: Value speaking up.

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top. This section sets out the ways you can demonstrate that commitment.

Understanding the value of speaking up

Before an organisation's leaders can begin to effectively implement their speaking-up arrangements, they need to understand what speaking up is and the value it brings to the organisation.

A culture in which workers feel safe and can confidently share their voice and speak up plays a critical role in organisational effectiveness. Organisations where workers can highlight issues, challenge the status quo or question the norm are better able to innovate, perform well and provide ever safer, more effective care.

Your organisation will not successfully embed this cultural change without the absolute commitment of the people at the top. If you sense any hesitancy or resistance at this level to embedding speaking-up culture across your organisation, you need to invest the necessary time and resource to explore any fears. This may include providing development and coaching to ensure that the value of speaking up is embraced wholeheartedly.

Find out more

A good starting point to understand the importance of speaking up is Sir Robert Francis' [Freedom to Speak Up Review report](#) and the National Guardian's [website](#).



The senior lead responsible for Freedom to Speak Up

Having a senior person to champion Freedom To Speak Up (FTSU) and support your Freedom to Speak Up guardian helps demonstrate to your organisation your commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The senior lead should be accountable for these aspects of the FTSU guardian role:

- fair, inclusive recruitment ([see page 23](#))
- capacity ([see page 24](#))
- evaluating speaking-up arrangements ([see page 30 - 33](#)).

They should also be able to explain to oversight bodies the rationale for decisions around:

- ringfenced time, as well as the checks and balances put in place to show this time is sufficient and effective
- how the guardian was appointed
- how the organisation reviews its speaking-up arrangements.

The non-executive director responsible for Freedom to Speak Up

This non-executive director (NED) role is a senior, independent lead role specific to organisations with boards. In this context, the NED is predominantly a support for the guardian: a fresh pair of eyes to ensure that investigations are conducted with rigor and to help escalate issues, where needed.

They should have an in-depth knowledge of FTSU and be able to readily articulate:

- why a healthy speaking-up culture is vital ([see page 8](#))
- the indicators of a healthy speaking-up culture ([see page 4](#) and [page 11](#))
- the indicators that there is sufficient support for speaking up and wider culture transformation ([see page 24](#))
- the red flags that should trigger concern ([see page 11](#) and [page 32](#)).

The NED is also there to challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.

Organisations without boards – especially those sharing a guardian across a partnership or network – are likely to benefit from having an equivalent role.

The person responsible for people and organisational development

If your organisation has a dedicated person responsible for organisational development, they have a crucial role in promoting a speaking-up culture and behaviours – especially in ensuring that this permeates throughout the organisation. This requires work in a range of interconnected areas, set out in detail in Part 3: Communicating about speaking up ([page 36](#)).

Investing in a Freedom to Speak Up guardian

The Freedom to Speak Up guardian role is a complex and challenging one. Those in the role need both practical and emotional support.

All guardians should have ringfenced time to fulfil workers' needs. When you are calculating the amount of ringfenced time required for the role, consider the activities set out in the universal job description and the guidance from the National Guardian's Office. Also, factor in time for them to attend network events, supporting other guardians and for training and development in the role.

Contingency planning

It is important that you have contingency plans in place in case a FTSU guardian is unable to work. The plan should ensure:

- timely and helpful communications are sent explaining interim arrangements
- continuity of support for workers
- both the confidentiality agreed and the security of information shared with the Freedom to Speak Up guardian are maintained

Role-modelling speaking up

Principle 2: Role-model speaking up and set a healthy Freedom to Speak Up culture.

Role-modelling by leaders is essential to set the cultural tone of the organisation. This section sets out the ways you can role-model behaviour that leads to a healthy speaking-up culture.

Setting the tone for culture

The cultural tone of the organisation is set at the top. Leadership has the biggest impact on how workers behave – and actions speak louder than words. Workers take their cues on how to behave from the behaviour, decisions and communication style of their leadership. So, as a leader, it is essential that you embody the culture and behaviours you want to see.

To meet the challenges that face health and care, workers need to be curious, innovative, and challenge when they think something is not right. For this to happen, you need to demonstrate that you welcome people speaking up about ideas, issues, problems, challenges, opportunities and innovations.

You also need to show that everyone's voice matters. This involves identifying the barriers to speaking up that your people encounter and working with them to overcome them. Finally, you need to show that you value what you are told, by thanking people and sharing updates on the actions you have taken.



Speaking-up behaviours for leaders: do's and don'ts

DO...

- ✓ Ask workers for their opinions.
- ✓ Speak up yourself.
- ✓ Measure the impact of change.
- ✓ Show how you value speaking up as an opportunity to improve.
- ✓ Tell stories about the change that has occurred from speaking up stories.
- ✓ Encourage others to speak up and constructively challenge one another.
- ✓ Acknowledge that people face barriers to speaking up, understand where they exist, who they affect and develop actions to reduce them.
- ✓ Be visible and approachable and welcome approaches from workers.
- ✓ Listen with gratitude and respond with curiosity rather than defensiveness.
- ✓ When someone speaks up, listen, thank them, act, provide feedback and ask for feedback yourself.
- ✓ Take a 'learn, not blame' approach to dealing with issues and be willing to embrace new ways of working.
- ✓ Publicly acknowledge any mistakes.
- ✓ Accept your guardian's constructive challenge – they are there to help your organisation be the best it can be.

DON'T...

- ✗ Seek out those who have spoken up.
- ✗ Blame people for things that have gone wrong; instead, learn how to improve processes or behaviours.
- ✗ Focus on the person who has spoken up; focus on the issue.
- ✗ Warn people against speaking up 'outside' the organisation.
- ✗ Take a narrow approach to looking into speaking-up matters. Instead, try to get as much learning as possible.
- ✗ Be defensive and immediately start explaining away rather than listening and acknowledging a person's experience.
- ✗ Be too busy to listen.
- ✗ Talk about how to 'limit the damage' of speaking up. Instead, acknowledge mistakes and embrace the opportunity to learn and improve.

Reflecting on leadership behaviour

Given the significant impact of leaders' behaviour, it is vital that you and each of your senior colleagues reflect on your ability to shape culture and, specifically, whether your behaviour encourages or inhibits speaking up.

Ask colleagues to critique your behaviour. Receiving this feedback can be difficult – especially if it is critical – but it offers invaluable opportunities to reflect, learn and develop, so must always be welcomed.

Questions to reflect on

- ① Why and how are outcomes different when you are listening in order to learn, rather than to instruct, correct or win?
- ② How have you widened or changed who you listen to in the last year?
- ③ Who are you instinctively biased towards and against (even if you wish you weren't)?
- ④ Where is the best place to meet people so that they'll feel comfortable speaking up to you?
- ⑤ Do people have a choice about where they can talk to you?
- ⑥ Where do you feel most ready and able to hear what people say?
- ⑦ Where in your diary is there space for spontaneous conversation?
- ⑧ Do normal meetings incorporate enough slack for others to reflect, inquire, challenge and offer new ideas?
- ⑨ What's your reaction to being challenged?
- ⑩ What do you do to make others feel important, comfortable and significant?
- ⑪ How do you phrase your questions in ways that help other people to open up?



Further reading

Edmonson AC (2018). The Fearless Organization: Creating psychological safety in the workplace for learning, innovation, and growth. Wiley

Kline N (2002). Time to Think. Cassell.

Reitz M, Higgins J (2019). Speak Up: Say what needs to be said and hear what needs to be heard. FT Publishing International

Sinek S (2018). [How to change your company's culture with just a pen and paper](#) (video)

West M (2016). If it's about culture, it's about leadership (blog). London: The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2016/01/if-it%E2%80%99s-about-culture-it%E2%80%99s-about-leadership>

West MA (2021). Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care. The Swirling Leaf Press

West R, Eckert R, Stewart K, Pasmore B (2014). [Developing collective leadership for healthcare](#) (blog). London: The King's Fund.

Horizons [A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-.pdf](#) (horizonsnhs.com)

Cole M, Higgins, J (2021) [Stuck in the middle – and feeling the pinch](#) (blog)

Cole M (2021) [Questioning power](#) (blog)

Communicating about speaking up

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so.

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality. This section sets out how to develop a communication strategy and the key messages you can use.

Write your speaking-up policy

The first step is to write your speaking-up policy, drawing on the National [Speaking Up policy template](#). Its aim is to encourage speaking up by providing people with information about how to do this and what will happen when they do. Make sure it is well publicised and easily accessible to everyone and that the information it contains is accurate. Update changes, especially to named contacts, as soon as required.

The policy should include options for workers to speak up internally but also externally, if they feel this is preferable.

Top tip: Reaching diverse communities

The best way to reach someone will depend on a range of factors, including their role, their hours, whether they are desk based and any individual access issues, such as language, literacy, disability or health needs. The people who face the greatest barriers to speaking up may be the very people with the greatest need to do so.



Develop strong communication

To create a speaking-up culture, workers need to know that it is right to speak up. They also need to know how to do so and who they can speak to. To embed this understanding, they need to receive regular messages and clear information. This is best managed through a communications strategy.

Your communications strategy should include the following key messages, which you should regularly and consistently share:

- Speaking up is the right thing to do.
- Senior leaders welcome speaking up.
- Leaders want to hear from anyone who has a matter to raise, including ancillary staff, clerical staff, volunteers and temporary staff.
- Speaking up helps keep patients and service users safe and creates a more positive working environment.
- The leadership will take seriously any instances of staff being bullied, discriminated against, harassed or victimised for speaking up.

It should also include:

- clear information about how to speak up – with clear explanations of procedures and examples of different approaches, emphasising that people can speak up informally through day-to-day conversations
- examples, stories and data showing the impact of speaking up, the improvements made and learning generated as a result
- ways to communicate with different groups of workers about speaking up.

Alongside the communications strategy, build in measures to assess the impact of your communications. This enables you to:

- know if you are reaching the whole workforce. This is important, as by identifying who you are not reaching you can determine what other communication channels you should be using
- know which channel, messages or presenter has the biggest impact so that you can exploit that approach when needed
- provide assurance that all workers know how to speak up and have heard that speaking up is welcomed.

Tips:

Things to consider when planning a communication

- Who is the audience (or audiences)?
- What do you want the audience to think, do, say and feel as a result of the communication?
- What are the needs or preferences of each stakeholder group?
- What angle and approach will work best? For example, you might focus on injustice, a 'feel-good' story or someone's personal experience.
- Be persuasive by focusing on the 'why' before the 'how' and the 'what'.



Further reading

[Communications Planning: Getting the right message across in the right way](#). MindTools

Firstup (2019). [How to Improve Internal Communications: Goals & KPIs](#)

Sas C, Schmidt N, Patel A (2001). [A Systems Approach to Communication Process: Case study within an online community](#). Department of Computer Science, University College Dublin.

Sinek S (2011). Start with why: How great leaders inspire everyone to take action. London: Penguin

Timms H, Heimans J (2019). New power: how anyone can persuade, mobilize, and succeed in our chaotic, connected age. New York: Knopf Doubleday Publishing Group

Wheatley M, Frieze D (2006). [Using emergence to take social innovation to scale](#).



Find out more

The National Guardian's Office has produced a [policy review framework](#) that you can use as a tool to assess your policy.



Responding to speaking up

Principle 4: When someone speaks up, thank them, listen up and follow up.

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved. This may require managers to embed new behaviours and to have the training needed to enable this.

National Guardian's Office training

The National Guardian's Office has published guidance for delivering speaking-up training for health and care workers: [National Guidelines on Freedom to Speak Up Training](#).

The office has also worked with Health Education England to produce online learning for anyone working in health and care. [The Freedom to Speak Up in Healthcare in England programme](#) is designed to help workers understand their vital role in building a healthy speaking-up culture that protects patients and service users and enhances worker experience.

Module 1: Speak up is for all workers, including volunteers, students and trainees. Its aim is to help everyone to understand what speaking up is, how to speak up and what to expect when they do.

Module 2: Listen up is for managers at all levels and focuses on listening and understanding the barriers to speaking up.

Module 3: Follow up is aimed at all senior leaders, to help clarify their role in setting the tone around speaking-up culture and behaviours and how speaking up can promote organisational learning and improvement.

Support managers

Managers play a vital role in supporting senior leaders to set the right cultural tone for speaking up and for handling speaking-up matters effectively. Like you, and your senior colleagues, your managers will have influence over how their teams and colleagues behave. Leaders at every level need to role-model the speaking-up principles. It helps workers feel safe, valued and confident to speak up and workers are likely to emulate the values and behaviours they see in their more senior colleagues.

Make sure managers receive the support they need to handle speaking-up concerns. This could include training on listening and providing emotional and psychological support.

For some, it may also require training on how to carry out investigations where appropriate. It can be helpful to produce support material for managers, to help them create healthy, business as usual, speaking-up cultures.

The tips below are for you, as a leader, to share with your managers.

Tips: Guidance for managers

- Encourage workers to speak up in daily working life, including team meetings, supervisions and informal chats. Remind them that speaking up does not have to involve a formal process.
- Thank workers who speak up and give them feedback if necessary.
- If you have concerns of your own, be a positive role-model by speaking up yourself.
- Familiarise yourself with your organisation's speaking-up arrangements.
- Encourage curiosity about – and, where you think appropriate – challenge the status quo.
- Work hard to shift the focus from who has spoken up to what is being said, and from blaming to asking what can be learnt.
- Be aware of the barriers that may prevent workers from speaking up. These include perceptions that speaking up is not acted on, barriers that differing levels of seniority may introduce, or negative responses that make workers feel speaking up is unwelcome.
- Work hard to understand the barriers that colleagues from minority ethnic communities or people who have been recruited from abroad might face. Other groups of workers may face particular barriers to speaking up, as well – gain an understanding of these too.
- Accept that not everyone will feel comfortable speaking up to their line manager. This is not necessarily a reflection on the manager's abilities – it could be for many reasons. Make sure your workers know who they can speak to other than you and share contact details for the organisation's guardian in case they need them.



Learning from speaking up

Principle 5: Use speaking up as an opportunity to learn and improve.

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers. The information gleaned through speaking up is a precious resource that can help boost understanding and performance.

Triangulate data to identify wider issues

To help the board or leadership team identify patterns, trends and potential areas of concern, it is helpful to compare the themes in speaking-up cases with other data and information. You can use this intelligence to identify 'hotspots' where speaking up may be happening more or less often than expected, and to identify what aspects of patient safety and quality, worker well-being and culture need attention.

Below is a list of the types of data that could be used. The size of your organisation will determine how much of this you have available. At a minimum, a smaller organisation could triangulate speaking-up matters with indicators of the quality and safety of patient care (such as patient complaints) and indicators of work well-being (such as sickness rates).

Questions to ask of your data

- Why do some departments and staff groups have no issues?
- Who are the outliers, and why?
- Which departments and staff groups have consistently occurring issues?
- How have some departments been able to reduce their number of issues or increase the levels of speaking-up matters raised?
- What is the cause of unexpected spikes?
- Are any issues concentrated in one department or directorate, or do all types appear across different teams or parts of the organisation?

Data you could compare

Patient safety	Worker experience
Patient complaints	Grievance numbers and themes
Patient claims	Employment tribunal numbers and claims
Safeguarding issues	Exit interview themes
Patient safety incidents	Sickness rates
Near misses	Retention figures
Never events	National Staff Survey results, including response rates
Patient experience dashboard data	The National Quarterly Pulse Survey
Friends and Family Test data	Polls or pulse surveys
	Workforce Race Equality Standard, Workforce Disability Equality Standard, Stonewall Equality Index data
	Levels of suspension
	Use of settlement agreements
	Leadership behaviours survey
	Thematic reviews
	Use of suggestion and similar schemes
	Engagement in worker reward and recognition schemes

Tip: Working with data

Make sure your guardian has support from experts to interpret statistical information and that they are able to present all data and other intelligence in a way that maintains confidentiality.



Learn for improvement

The process of building a speaking-up culture requires an organisation to learn over time. As well as putting training in place ([see page 16](#)), it is helpful to learn from other organisations going through similar changes or facing similar issues to your own, and sharing good practice. The steps below show how to apply this learning to your organisation.

Step 1: Identify good practice This may be in a number of places including (but not limited to):

- National Guardian's Office case or speaking-up reviews
- NHS England bulletins
- National Guardian's Office monthly newsletters, blogs and case studies published on its website
- FTSU guardian regional and national networks
- FTSU support groups operating in integrated care systems or primary care networks
- your organisation's public information on speaking up – for example, on your website or in board papers or improvement plans.

Step 2: Carry out a gap analysis Complete a simple self-assessment or gap analysis against the good practice. Consider which aspects of the good practice are relevant to your organisation. If, at first, some appear irrelevant, could you adjust them to your organisational circumstances?

Step 3: Update your plan If you identify any improvement actions, add them to your annual improvement plan, to give your senior team or board an overview of the continuous improvement work you are doing.

Step 4: Share the good practice you have seen or generated, following the communications advice in Section 3.



Supporting Freedom to Speak Up guardians

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements.

The guardian role is a wide-ranging and complex one. Not only does it involve responding to workers who speak up and supporting them – it also involves:

- gaining a deep understanding of the organisation's speaking-up culture
- working extensively across the organisation to enable all speaking-up process to work well
- working in partnership and challenging senior leadership
- acting as a point of triangulation where quality of services and worker experience meet.

The role is expected to operate with a high degree of independence. However, this must be achieved without creating a sense of isolation or at the expense of co-operation. Guardians deal with complex, often distressing situations, supporting workers who may be in crisis. So, in addition to practical support, they need time and access to support mechanisms for themselves.

Find out more

The guardian job description must follow the [universal job description](#) drawn up by the National Guardian.

The guardian must follow the guidance produced by the [National Guardian's Office](#).

Guardian development must follow the [National Guardian's education and training pack](#).

The National Guardian's Office provides [guardian training](#) and maintains a [guardian database](#).



The guardian role

The guardian role is designed to meet several important outcomes. To achieve them, the role involves:

- **Reactive elements** Responding to workers who want to speak up and managing each case, including the initial conversation, by accurately recording, following up and feeding back
- **Proactive elements** Specifically:
 - looking at barriers to speaking up and working in partnership to help reduce them
 - communicating the role and making sure there is appropriate training on speaking up
 - supporting and challenging senior leaders, including through producing regular reports for the senior team or board
- **National requirements** Fulfilling the expectations of the National Guardian's Office, including:
 - providing information and regular data returns such as details of the cases they handle
 - reading and carrying out gap analyses based on case review or [speaking-up review reports](#)
 - playing an active part in guardian networks, including attending regional and national meetings, training and other events
 - making sure their knowledge and skills are current, including taking part in National Guardian Office training, keeping abreast of and implementing national guidance, and taking part in other activities such as webinars and conferences
- **Other elements** Including self-development, taking part in supervision or mentoring where needed, and supporting their own emotional and psychological well-being.

Guardian models

If the workers in your organisation do not already have access to a guardian, decide whether you want to appoint one to support your own organisation or to share guardian support with a partner organisation.

For smaller organisations, there are pros and cons for each option:

- **Guardians who work within the organisation they support** are close to where care is delivered and the people who deliver it. They understand local culture and can build trust. However, managing confidentiality and real or perceived conflicts of interest can be challenging. Guardians may be too close to the issues that workers wish to speak up about and risk losing essential impartiality.
- **Guardians who work outside the organisations they support** may be seen as more independent, but their distance from the organisation could affect their visibility, relationship building and capacity for proactive culture-building activities.

Further reading

National Guardian's Office (2021). [Exploring Freedom to Speak Up](#). [For primary care and integrated settings.] London: NGO

Sharif N (2020). [Inclusive Recruitment Toolkit](#). London: NHS England

Zapantis E (2021). [Recruiting for Inclusion](#). Blog. NHS Confederation



Recruiting guardians

Appointments to guardian roles – whether paid or voluntary – must be based on fair, open and inclusive competition. This is important for three reasons:

- It reassures workers that their guardian will operate independently, impartially and objectively (as they are required to).
- It gives workers more assurance they will be supported and listened to when they speak up.
- It provides opportunities for a diverse pool of candidates who can bring a wide range of skills, experience and values to the role.

Despite this, in 2020 62% of respondents to the National Guardian's 2020 Survey report revealed they had been recruited without open competition. This presents a risk for their organisations: if workers do not trust that their guardian is independent and impartial, they may not speak up.

Tips: Appointing a guardian



- Given the importance of being able to encourage minority ethnic workers and other groups of people to speak up, make sure the selection process includes an assessment of the candidates' ability to:
 - understand unconscious bias
 - sensitively ask probing questions to draw out discrimination
 - appreciate the factors that may prevent minority ethnic people from speaking up
 - understand people's different cultures and behaviours.
- Once the guardian is recruited, they need to undertake training from the National Guardian's Office and register on the Guardian Directory. Your guardian cannot begin to publicise their role or handle cases until they have been trained and registered.

Evaluating ringfenced time

However much ringfenced time is currently allocated to the guardian, you must have measures in place to evaluate whether they, and those who support them, have enough time.

Tips:

Questions to help evaluate the adequacy of ringfenced time

- Does the guardian have time to carry out both the reactive and the proactive parts of the role as well as satisfying development needs?
- How long do workers wait between approaching the guardian and the initial conversation, to better understand the matter they are speaking up about?
- How far are champions satisfied with the amount and quality of leadership and training they receive to support them in their role?
- What does feedback highlight about workers' experience of the speaking-up guardian when they have spoken up?
- Has the guardian completed all their actions on the speaking-up improvement action plans - on time and to a high standard?



Factors to include in your calculations

- **The number of workers in your organisation** - The larger your workforce the more time your guardian will need to help them speak up.
- **The number of organisations your guardian supports** - Irrespective of the number of staff, the more organisations your guardian supports, the more time they will need to engage with different senior leadership teams, work in partnership with others and properly understand and address barriers to speaking up.
- **Geographical spread and the number of sites** - In spread-out organisations, guardians may need to spend more time to connect with people, developing digital communications and engagement, or providing leadership to champions.
- **Progress against indicators** - The greater the need for improvement highlighted by tools like the [NHS Workplace Race Equality Standard \(WRES\)](#) and [Workplace Disability Equality Standard \(WDES\)](#), the more likely it is your workers need to speak out. It is also more likely that the issues they do speak out about will be complex and will take more time to talk through, understand and resolve.
- **Improvement initiatives** - Any widescale work that seeks to address cultural issues may increase people's awareness of, and willingness to speak up about, related matters.
- **The wider context** - The general environment in which your organisation is operating has an impact on workers. So, at times of change – such as mergers, organisational or operational restructuring, changes in Care Quality Commission (CQC) rating or entering special measures – guardians may see increased workloads.

Line managing the guardian

Unless the guardian has the skills, resources and support to provide a positive speaking-up experience, workers may lack the confidence to speak up – or, if they do, may not want to repeat the experience. So, as with any other role, the guardian will benefit from the support of a line manager as well as senior people to escalate matters to.

They also need to meet their organisations' wider expectations around line management – for example, supporting guardians to evaluate and address any development needs and to assess their performance appropriately.

Line managing a guardian is similar to line managing any other role. The main differences relate to the risks of breaching confidentiality or impinging on the guardian's independence. The guardian and their line manager need to address and clarify those issues early in their relationship, to make sure expectations are clear.

Find out more

Line managers will find the National Guardian Office's [universal job description](#) and guardian's [education and training guide](#) useful, as well as other [guidance](#).



Troubleshooting

The level of speaking up in an organisation, and the support that a guardian will need to provide, will fluctuate over time. Periods of significant change, incidents that identify poor quality, and external factors that might affect the workforce may all indicate that the available level of guardian support should be reassessed.

Case-handling procedures

It is important to have clear procedures in place around how cases are managed and handled. This helps with transparency and enabling everyone to understand the role they play. Having clarity on roles will help you swiftly escalate serious safety issues. Ideally, develop these procedures in partnership with managers, as they play a key part in looking into the concerns brought to the guardian.

Speaking-up data

The guardian is required to provide data to the National Guardian's Office each quarter. This enables learning and gives confidence to workers about the commitment of the organisation to building an open culture. Please support your guardian in this regard.

Tackling barriers to speaking up

Principle 7: Identify and tackle barriers to speaking up.

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether across the entire organisation or in small pockets. Finding and addressing them is an ongoing process.

Identify barriers to speaking up

Barriers are likely to shift over time, depending on how safe and confident workers feel at work (their internal, psychological wellbeing) and on external factors, such as changes in others' behaviour, financial security, difficulties at home or colleagues gossiping.

It is vital that the leadership team has a deep understanding of their workforce and empathy for those who are least heard. Freedom To Speak Up (FTSU) guardians play an important role in helping leaders identify the groups of people facing barriers and in helping deliver actions to bring about change.



Examples of barriers to speaking up

- Perceptions that nothing will happen as a result
- Fear of being viewed as a troublemaker
- Fear of judgement about raising a matter
- Fear of reprisals from colleagues, peers, managers
- Fear of impact on career
- Fear of jeopardising employment or residency status
- Language and cultural barriers
- Lack of confidence in the process
- Lack of trust in the FTSU guardian
- Lack of confidence the senior team will take the concern seriously
- Lack of positive experience about the benefits of speaking up
- Lack of time or not knowing how to speak up
- No response from the senior team after speaking up before
- Dissatisfaction with the investigation into, or response to, a previous speaking-up matter
- Communications about speaking up being delivered in a narrow or formulaic way

Groups that may face barriers

Anyone may feel vulnerable or encounter barriers to speaking up at any time. However, the [2020 Guardian Survey](#) highlighted the following people as facing particular barriers to speaking up:

- members of minority ethnic groups
- people identifying as LGBTQ+
- people living with disabilities or long-term health conditions
- people who have spoken up previously
- people without regular access to IT
- people on the lower pay bands
- students
- junior doctors on rotation, part-time workers, night-shift workers and community-based workers
- very senior workers who are concerned about career progression
- people who have been recruited from abroad and are working in England on a visa
- people who trained abroad
- people who had previously lived or worked in a culture in which concerns were not raised.

Tackling barriers

The best way to identify the barriers and assess how prevalent they are is to talk to people: through one-to-ones, focus groups, discussions with networks, forums, polls, surveys, digital message boards and social media.

Staff networks provide a place for people to come together and share their experiences. They may be somewhere those who are least often heard feel safe and included. So, it is crucial that Guardians build strong connections with all staff networks as part of their work to understand the barriers some people face to speaking up. The very purpose of staff networks is to make a difference, so working with them to co-create solutions would be sensible, and may give proposed changes more traction.

Barriers break down gradually as trust grows – and this happens when people's actions match their words. Most of the work to break down barriers involves ensuring clear and consistent messaging, role-modelling the behaviour you ask of others and following through on your commitments.

Appoint speaking-up champions

Only FTSU guardians can handle cases, but to promote speaking up and build trust with people who experience barriers to speaking up, many organisations also use a network of champions. This approach has been particularly effective in organisations with a large geographical spread and multiple sites, or where a guardian works across a partnership or networks of organisations.

It is important that the champion role is well understood – by the champions themselves and by the workers they are supporting.

Find out more

National Guardian's Office (2021). [Guidance on Champion and Ambassador Networks: Guidance for Freedom to Speak Up guardians](#). London: NGO



Tips: Building trust



- Demonstrate that when people speak up, leaders and managers listen and follow up.
- Communicate through a variety of traditional, digital and social-media channels and enlist the help of community influencers.
- Include speaking up in all local induction programmes – not just the corporate one.
- Repeatedly emphasise to groups most likely to face barriers that you value the voice and experience of all your workers.
- Repeatedly send messages to the whole organisation that you, and other senior leaders, will not tolerate people victimising those who speak up.
- Raise awareness of the importance of civility, respect, diversity and inclusion.
- Talk to people about their fears and ask what would help them speak up, making sure you respond compassionately and empathetically and thank them for sharing their experiences.
- Implement a 'just culture' approach across the whole organisation to ensure that the emphasis is on improvement, not blame.
- Understand your own biases.
- Understand the pressures workers face, and their fears – particularly in those from under-represented groups or those that have faced exclusion or discrimination.
- Show you will take time to listen well and take issues around bias and discrimination seriously.

Tackle detriment

Speaking up is often associated with retaliation or detriment.

- **Retaliation** is intended harm to the person who has spoken up.
- **Detriment** is the harm experienced by the person who has spoken up, even if this harm was not intended.

Retaliation and detriment can impact on the person's health and well-being and may lead them to leave the team or organisation. Some people who have spoken up say that even though they felt that speaking up led to a positive outcome, they found the process stressful and believe that this stress had a negative impact on their performance.

Examples of detriment

- Being dismissed, a contract not being renewed or being made redundant
- Receiving a negative performance appraisal or disciplinary action
- Being moved to less-desirable duties or locations, or being demoted or suspended
- Being denied the information or resources to do the job properly
- Being overlooked or denied access to promotion or training
- Being criticised for speaking up
- Being refused support to manage the stress associated with speaking up
- Being bullied, excluded or treated negatively
- Being perceived as a troublemaker

If a worker feels they have experienced detriment as a result of speaking up, the matter should be looked into by their manager or someone more independent, or through your formal grievance procedure. You may also consider signposting the worker to NHS England's [Speaking Up Support Scheme](#). Your organisation's process should be set out in your speaking-up policy.

Ideally, a senior speaking-up lead, such as the non-executive director (NED), should have sight of any grievances that involve allegations of detriment.

You and your senior colleagues need to communicate that detriment will not be tolerated. When it does occur, it is important that you act – and are seen to act.

It is one thing to respond to detriment when it happens. It is another to proactively try and prevent it occurring. So, it is important that guardians share themes and learning from the work they do around allegations of detriment to enable individuals and teams responsible for organisational development to think through how to prevent it.

Continually improving speaking-up culture

Principle 8: Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Writing your improvement strategy

You will want to develop a Freedom To Speak Up (FTSU) improvement strategy, but it does not matter what you call it as long as it incorporates goals that are well thought out, measurable and have been signed off by the senior team or board.

The strategy should set out clearly how speaking up fits in with the organisation's overall strategy and how it supports the delivery of related strategies. So, it should highlight the benefits of developing your speaking-up culture alongside other work to develop a healthy culture and behaviours, compassionate leadership and an inclusive workplace, and to increase civility and respect. Part 3 of this guide ([page 36](#)) shows how working on Freedom to Speak Up has a positive knock-on effect on many other important aspects of your culture and improvement work.

The strategy needs full buy-in from managers because its success depends on their willingness and ability to look into whatever matters are raised through the guardian.

Tips: Writing the improvement strategy



- Articulate a clear and ambitious vision about what you want speaking up to look like in your organisation.
- Set out ambitions and aims, based on a diagnosis of any speaking-up issues or areas for improvement that the organisation is currently facing. This should draw on learning from the National Guardian's case-review recommendations and best practice from others (for example, peer networks).
- Highlight any groups of people, geographical locations or service areas needing focus.
- Include clear objectives, measures and targets to monitor improvement.
- At the planning stage, think about what the values, behaviours, skills or knowledge you need to underpin your strategy.
- Co-producing the strategy with a diverse range of relevant stakeholders, including managers, will ensure there is a shared vision for speaking up.
- It should be signed off by the senior team or board, with planned periodic updates.
- Make sure the objectives include a focus on developing leadership values, behaviours, skills and knowledge that will help deliver the speaking-up vision.

The improvement and delivery plan

An improvement and delivery plan will help you deliver the strategy and attain the goals it sets out.

At first, the plan may focus on delivering your strategy, but over time it may evolve to include further actions in response to ad hoc gap analysis from best practice or recommendations from the National Guardian's [guidance or case reviews](#).

A good plan will contain success measures and information about how you will measure whether you have achieved your improvement goals.

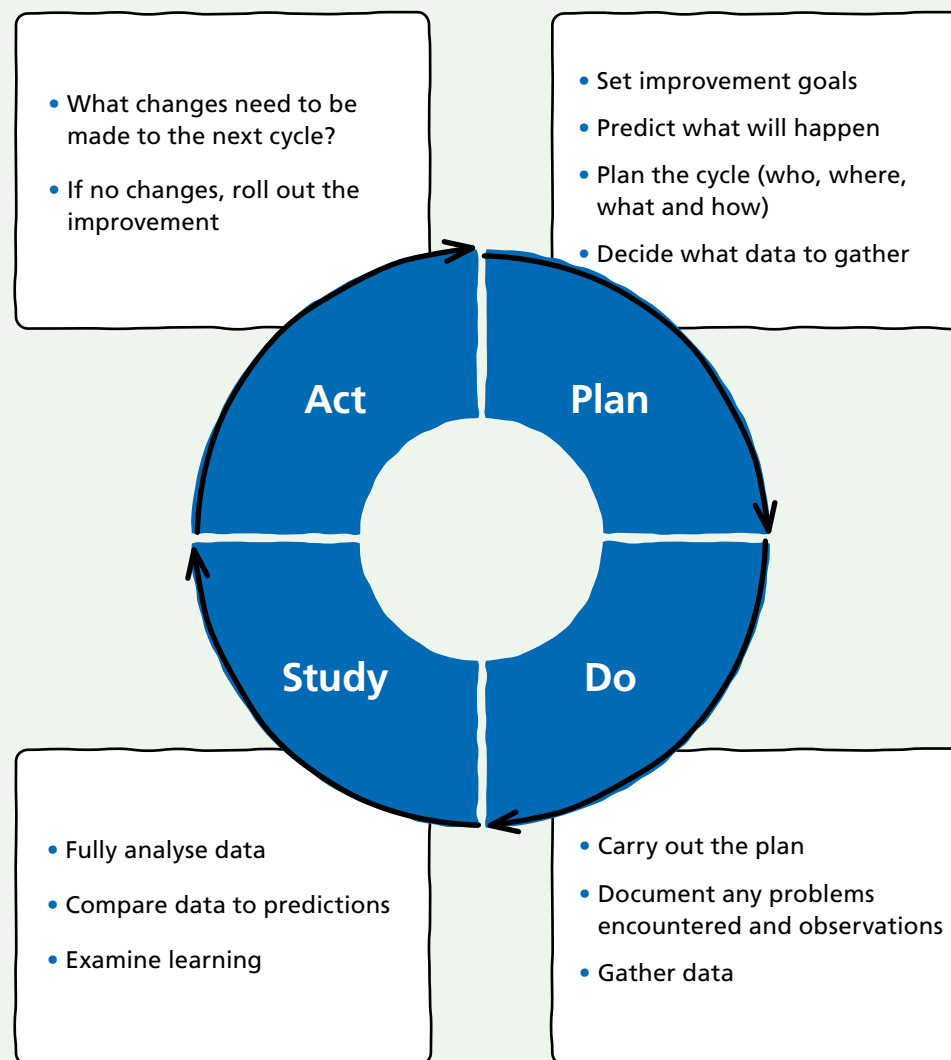
Sharing the updated plan and a progress report with your workers, senior team and board, if you have one, will demonstrate that you value speaking up.

Continuous improvement

Implementing a speaking-up culture is not a linear process. It takes time, and discovering which activities make the most difference to your organisation involves trial and error. Once you have implemented your improvement action plan (see above), you need to measure its impact to assess whether it is genuinely leading to positive change. The best way to do this is through a quality improvement approach to measuring and assessing for improvement.

A common model used in quality improvement is plan, do, study, act (PDSA) – also known as small cycles of change. This model (shown in Figure 2) shows an ongoing process of implementing, testing and changing, to create incremental improvements rather than a single, radical transformation, with each cycle of change building on previous learning.

Figure 2: The plan, do, study, act model



Find out more

Plenty of resources are available to help you develop your understanding of quality improvement and build skills. NHS England provide several useful resources:

- [Improvement Fundamentals](#) is a free course providing an introduction to improvement.
- [The Sustainable Impact Framework](#) is a tool that systematically captures the impact of widescale change programmes, tailored to support improvement work in complex systems.
- [Making Data Count](#) is a suite of practical guides and tools to help in using data to measure progress over time in system and service improvement. The resource includes simple tools and guidance on run charts and statistical process control charts.
- [The Statistical Process Control Tool](#) is free and easy to use. Paste in your data and it will generate a chart and flag anything needing investigation.



Indicators of concern

- Low numbers of cases (or none at all) are being raised with guardians.
- A high proportion of the cases raised are anonymous.
- A high proportion of the cases raised include an element of detriment for speaking up.
- The guardian does not have enough time to complete the activities set out in the universal job description, follow the guidance from the National Guardian's Office, attend network events and develop in the role.
- Guardians express frustration at the lack of support or action from their board or senior leaders.
- A guardian has been recruited through a process that was not fair and open.
- The annual staff survey (if your organisation has one) has a low participation rate.
- Your organisation scores poorly in response to Question 18f in the NHS Staff Survey or has a high overall score but certain groups score negatively.
- There is a low reporting rate for serious incidents and never events.
- There are lengthy delays in looking into speaking-up cases.
- Little change or learning is identified from speaking-up cases.
- There is high staff turnover overall, or in specific areas.
- Levels of worker satisfaction indicated by the staff survey, or within specific groups of people, are low overall.

Assurance

An important part of a speaking-up culture is having assurance that certain factors are working well. You and your senior colleagues or board need to seek ongoing assurance that the following are taking place:

- workers speak up with confidence and are treated well
- if there is evidence that a worker has been victimised as a result of speaking up, action is taken to address this
- workers who have suffered victimisation as a result of speaking up receive appropriate support and redress
- barriers to speaking up are identified and tackled
- all leaders and managers role-model speaking up and set a positive tone for speaking up
- learning is identified and shared across the organisation
- improvement actions are monitored and evaluated to ensure they lead to improvements.

Ways to gather assurance

Seeking assurance requires a proactive approach as the factors above may not be immediately apparent without some investigation, using a number of different approaches to gather information. For example:

- **Listen to workers** - Gather people's experience through walkabouts, conversations with governors, speaking-up cases, guardian user feedback, grievance themes, exit interviews, worker experience stories, polls and surveys, social-media comments, culture and behaviour reviews, staff networks and trade union representatives. What are workers telling you about the speaking-up culture and what needs improving?
- **Request a report from your guardian** - You should receive this at least twice a year.
- **Identify and audit the 'problem areas'** - Go out and actively seek problems, hold listening interventions and identify issues and themes, compare data from different sources to get a bigger picture, and do deep dives to identify what aspects of your speaking-up culture need to improve.
- **Assess governance** - If you have a NED, ask them to assess the effectiveness of your organisation's processes to ensure that the board, senior team and managers get to hear about risks and issues.
- **Learn from others** - Complete a gap analysis against what other organisations are doing, new national guidance, Model Hospital data, National Guardian Office case reviews ([summary doc](#)) or CQC thematic reports, to identify what about your speaking-up culture needs improving. Most of the analysis will be completed by your guardian. However, this does not preclude the senior lead for FTSU or the senior team or board forming their own views on areas for improvement.

The guardian report

The guardian writes and presents this report. The senior lead may support the guardian in this to ensure their report reflects internal house style, but the ideas, themes or issues they present must not be distorted. The report should not simply consist of a list of data, themes or activities carried out. It has to contain a detailed assessment – the ‘so what?’.

Further reading

National Guardian's Office (year). [Recording Cases and Reporting Data: Guidance for Freedom To Speak Up guardians](#). London: NGO



The guardian report should have three parts.

Part 1 (assessment of cases) should provide assurance that matters being spoken up about are quickly evaluated, escalated and responded to. It should also observe whether change has occurred as a result and what assurance the Guardian has received from the relevant manager that any change will address the issues highlighted and prevent them from arising again.

Part 2 (action taken) focuses on:

- providing assurance that FTSU arrangements are continually evaluated and improvements identified
- illustrating the barriers that exist in your organisation and what the plan is to remove them
- providing information on the level of detriment for speaking up and any issues underlying this
- offering assurance that there are good processes for dealing with this, that the processes are used and there is an action plan for improvement (no matter how good or bad things are)
- assurance that the speaking-up arrangements are continually improving as a result of user feedback, audit and gap analysis against good practice.

In Part 3, the report makes recommendations.

Full detail of the contents is shown on the next page.

What the guardian report should include

Part 1. Assessment of cases

- The number and types of cases being handled by the guardian(s)
- Analysis of trends, including whether the number of cases is increasing or decreasing, any themes in the matters being raised (such as types of issue, particular groups of workers who speak up or areas of the organisation in which matters are being raised more or less frequently than might be expected), and information on which groups of workers are, or are not, speaking up
- What has been learnt and what improvements have been made as a result of workers speaking up
- Potential patient-safety or worker-experience issues
- How speaking-up matters fit into a wider patient safety or worker experience context, to help build a broader picture of the speaking-up culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve.

Part 2. Action taken to improve speaking-up culture

- Actions taken to increase the guardian's visibility and promote all speaking-up channels
- Actions taken to support any workers who are unaware of the speaking-up process or who find it difficult to speak up
- Assessments of the effectiveness of the speaking-up process and individual case handling, including user feedback, pulse surveys and learning from case reviews
- Potential improvements following reports of workers feeling they have suffered detriment for speaking up
- Actions taken to improve the skills, knowledge and capability of workers to speak up, to support others to do so, and to respond to the issues they raise effectively.

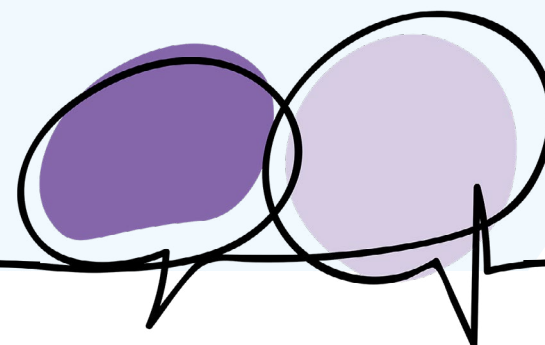
Part 3. Recommendations

Recommendations for any required action, with data and other intelligence presented in a way that maintains confidentiality.

Part 2

Building widespread cultural change

Part 2 sets out other transformational work that you could carry out alongside work on Freedom to Speak Up.



Carry out wider cultural improvement

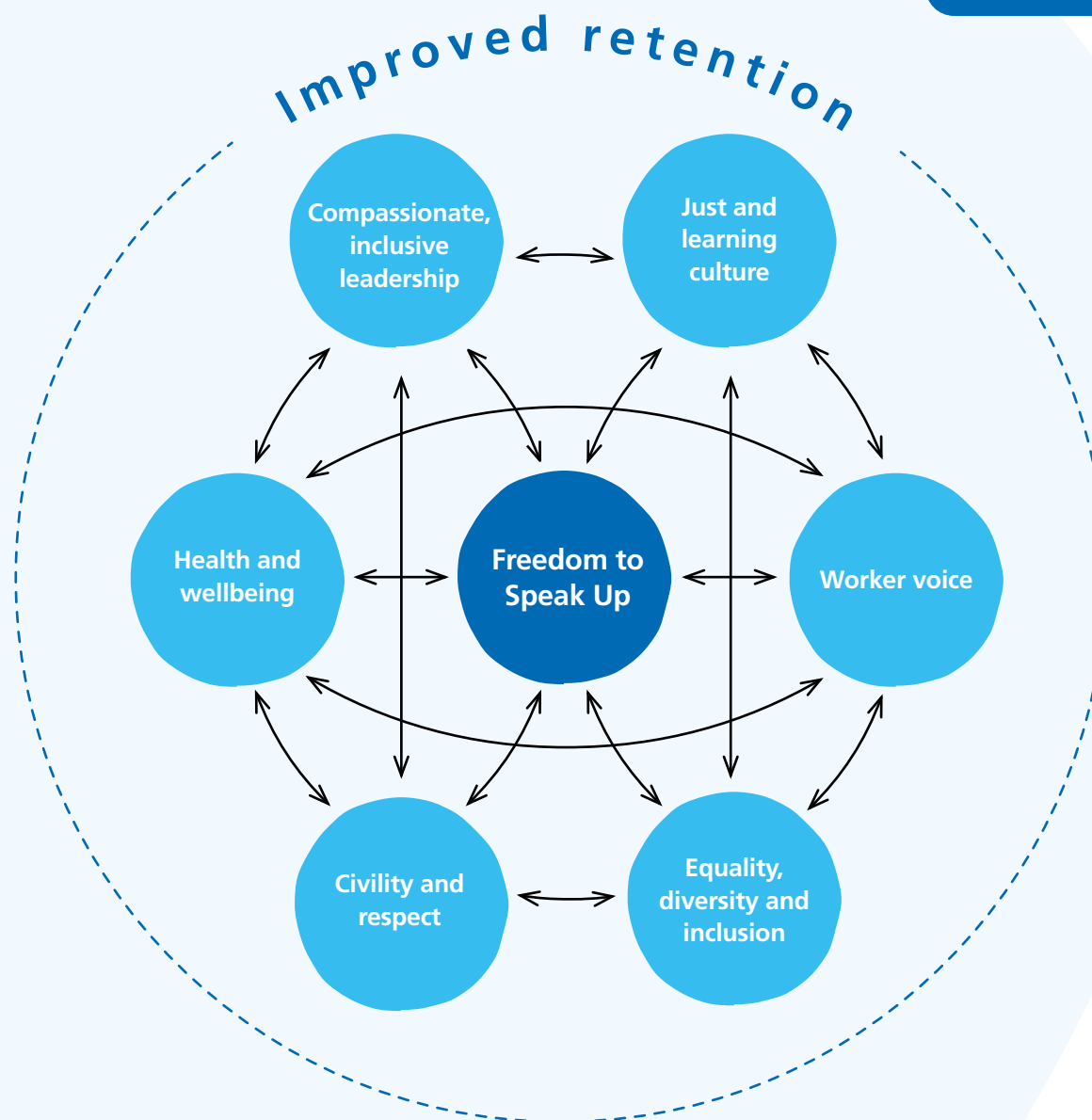
Ideally, improving your speaking-up culture should form part of wider culture improvement work because a healthy speaking-up culture is also one where people feel safe and confident to:

- share their thoughts, experiences and improvement ideas
- participate in health and wellbeing conversations
- call out incivility, discrimination or bullying.

Compassionate and inclusive working environments have a positive impact on staff engagement, too. If people feel comfortable doing all these things, this increases the likelihood they will stay working within the NHS.

For detailed information on how to retain staff read the [Improving staff retention: a guide for line managers and employers](#).

This part of the guide highlights the powerful links between Freedom to Speak Up (FTSU) and other elements of a compassionate and inclusive culture. The individual sections provide an overview of the relevant elements. They are not presented in priority order.



Compassionate, inclusive leadership

Compassionate and inclusive leadership has a profound impact on health and care at every level, from the experience of patients, service users and workers to the effectiveness of teams, organisations and systems. This approach to leadership is a key component of positive worker experience and wellbeing. Research has shown that the experience of staff supported by compassionate leaders is strongly associated with good quality of care for patients and service users.

It is also a powerful facilitator for innovation. Compassionate leaders support the creative and problem-solving process by giving time to every individual, understanding their challenges, empathising with them, and having the motivation to help each person to whom they offer leadership.

It involves being present for all and helping all those they lead. To nurture a culture of compassion, organisations require their leaders to be the 'carriers of culture' – to embody compassion in their leadership.

How it links with speaking up

When leaders set a tone of psychological safety in an organisation, people feel more able to speak up about the things that concern them. Creating a compassionate, inclusive culture ensures that every voice really matters and that every concern or issue raised will be treated respectfully. This supports staff wellbeing as well as retention.

Leaders are key to creating an environment that enables psychological safety, through:

- paying attention to those around them and seeing for themselves the challenges that colleagues face
- listening carefully and getting alongside colleagues who feel there are concerns within the organisation
- seeking to truly understand and empathise with those who want to improve care by raising issues
- taking action to determine how, together, colleagues can make the changes they wish to see.

Find out more



NHS England's [Culture and Leadership programme](#) is a modular which provides organisations the opportunity to understand more about their own culture using evidence based tools to help them develop compassionate, inclusive and collective leadership that will bring about culture change.

Further reading



Catlin K (2021). Better Allies – Everyday actions to create inclusive, engaging workplaces, 2nd edn. Better Allies Press.

NHS England. [The Culture and Leadership programme](#) links to a host of resources including guidance, case studies and wider reading, in particular:

- Changing healthcare cultures – through collective leadership
- What does compassionate and inclusive leadership mean to us?
- Trauma Informed Compassionate Leadership – Helping NHS leaders, teams and individuals to recover from the trauma of COVID-19, a compassionate approach

West MA (2021). Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care. The Swirling Leaf Press.

Wise T (2020). Fieldnotes on Allyship: Achieving equality together. Our Human Family Inc.

Just and learning culture

'Just culture' is a concept adopted from systems thinking. It holds that mistakes usually result from organisational issues rather than individual fault. 'Learning culture' is a related approach in which the senior teams or board commit to ongoing learning. In health and care, a just and learning culture helps workers feel confident to speak up when things go wrong, rather than fearing blame if they do so. Supporting workers to be open about their mistakes allows valuable lessons to be learnt so that organisations can prevent the same errors from being repeated.

How it links with speaking up

A just and learning culture creates an environment where Freedom To Speak Up can thrive – because speaking up when things go wrong becomes normal, everyday practice. Both approaches focus on learning when things go wrong and improving as a result, rather than finger-pointing or seeking blame (sometimes expressed as 'what was responsible, not who is responsible').

This does not equate to an uncritical, overly tolerant culture where 'anything goes': it means everyone being accountable but also feeling supported by their organisation.

Further reading

NHS England. [A Just Culture Guide](#).

Horizons [A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-.pdf \(horizonsnhs.com\)](#).



Find out more

[Principles and Practice of Restorative Just Culture](#). Four-day course. Mersey Care NHS Foundation Trust in partnership with Northumbria University.



Worker voice

Worker voice (also known as staff voice or employee voice) is the means by which people communicate their views at work and influence matters that affect them. A person's level of psychological safety strongly affects how they feel about sharing thoughts with others in the workplace, so this provides a bedrock for voice.

Effective voice contributes to multiple positive outcomes, not only for individuals but also for organisations and systems, as it supports innovation, productivity, increased job satisfaction, employee engagement and wellbeing and, ultimately, staff retention. When workers can speak out about their experience, this enables organisations to create a great work environment. This, in turn, helps organisations provide the best possible care, attract and retain staff, and improve staff health and wellbeing.

Like other areas of cultural improvement, building effective voice within an organisation has to be done through multiple initiatives – designing and developing approaches to communications and line management that nurture trust, which, in turn, enables workers to use their voice. It also involves looking at other factors that impact on worker experience, such as wellbeing, employer brand and communication. To be effective, this work must be championed by leaders.

How it links with speaking up

This guide focuses on speaking up as a means of reporting an area of concern. However, speaking up also encompasses completing the national NHS Staff Survey, the new quarterly pulse survey, sharing thoughts with a senior leader on a board walkabout or using social media to share an opinion. All of these are ways for workers to share their voice.

Find out more

NHS England. [We each have a voice that counts](#). Includes links to multiple resources including webinars, books, case studies, articles and training.

In April 22 the Staff Engagement Team in NHS England published a Listening Strategy. The document is designed to consolidate existing information about the national tools available to listen to staff and how each provides a complementary view of worker behaviour and sentiment to support improving employee experience and in tandem – patient experience. It also proposes several ways that NHS Trusts could expand on their approach to listening. The document will be available via [Employee Experience and Engagement - FutureNHS Collaboration Platform](#).

For NHS organisations three listening tools are available: the [NHS Staff Survey](#), the [National Quarterly Pulse Survey](#) and [the monthly Pulse Survey](#), as well as the accompanying free [People Pulse Diagnostic Tool](#).

A short animation describing how the Staff Survey links to the People Promise <https://youtu.be/UT2Qwj8nqvc>



Equality, diversity and inclusion

Equality, diversity and inclusion (EDI) has been described as the golden thread that runs through everything that happens in health and care. It informs behaviour, planning, policy, practice, process, operations and strategy and – above all – care. Applying the EDI lens to our work means consciously and actively advancing equality and producing evidence for continuous improvement, to keep workers, patients and service users physically and psychologically safe. This is not just our duty as care providers: it is a moral imperative.

Inclusion through speaking up can further be reinforced by enabling an 'effective ally' workforce. This involves workers effectively intervening, reporting incidents and speaking up on behalf of others. An effective ally can help de-escalate or even stop wrongdoing and put a halt to bad behaviours.

This is in contrast to a bystander culture within workplaces where, despite witnessing wrongdoing to others, people do not speak up. This can have detrimental effects on workplace experience and, ultimately, patient care.

How it links with speaking up

The most vulnerable workers need to feel that it is safe to speak up. By collecting and analysing data to identify any differences in the workplace experiences of different groups, colleagues with a focus on EDI and speaking up can work together to make sure everyone has equal access to speaking up and no one feels that speaking up is not for 'someone like them'.

As a relational exercise, speaking up is effective only if 'listening up' occurs too. This can happen only in psychologically safe spaces where equality and inclusion are the norm and where people across organisations (including line managers and guardians) are familiar with EDI principles. So, it is important that organisations support the growth of staff networks and encourage people's engagement with them. Guardians should reach out to the workforce via the staff networks.



Further reading

British Medical Association (2018). [Bullying and harassment: how to address it and create a supportive and inclusive culture](#)

Kline R (2019). [Leadership in the NHS](#). BMJ Leader 3(4).

Kline K, Somra G (2021). [Difference matters: the impact of ethnicity on speaking up](#). National Guardian's Office.

NHS England. [NHS Workforce Race Equality Standard](#).

West E, Nayar S, Taskila T (2017). The progress and outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process. London: University of Greenwich/NMC.

NHS England - [Equality, Diversity and Inclusion resources on FutureNHS](#)

Civility and respect

Civility and respect sit behind a positive workplace culture – they are the way people should treat each other. ‘Civility’ describes a behaviour: treating someone politely or with courtesy. ‘Respect’ involves valuing other people’s experience and feelings. The two are closely linked, as people show their respect for someone by acting with civility.

In health and care, civility and respect involve supporting, valuing and respecting workers for what they do and showing kindness, compassion and professionalism towards workers, patients and service users.

This means addressing behaviours such as unconscious bias, micro-aggressions and micro-behaviours, gossiping, undermining or excluding individuals, along with more obviously visible examples of bullying or harassment, such as rude or unkind behaviour, using a harsh tone of voice, raising one’s voice, rolling one’s eyes, making sharp comments or being overtly critical.

It also means ensuring that people are civil in their digital communication, avoiding making sharp, harsh or insulting comments on email or social media.

Further reading

NHS Employers (2019). [Professionalism and Cultural Transformation Toolkit](#). NHS Employers.

Porath C (2016). [Mastering Civility: A manifesto for the workplace](#). New York: Grand Central Publishing

Turner C. [When rudeness turns deadly](#). TED talk about incivility by UK emergency medicine consultant.



Working in an environment where these behaviours take place can have a debilitating impact on people’s health and wellbeing, as well as their performance. Supporting our workers to demonstrate civility and respect, and resolving conflict effectively and informally, is likely to help reduce sickness absence, turnover, presenteeism and low morale, as well as addressing poor communication skills that may lead to allegations of bullying and harassment.

How it links with speaking up

People need to feel confident that if they call out poor behaviour, they will not experience detriment or retaliation ([see page 30](#)). Creating and promoting psychologically safe spaces by promoting positive working relationships helps make staff feel secure, supported and confident to speak up, providing a healthier outlook for all. A speaking-up culture – whether speaking to line managers or guardians – plays a crucial role in developing a culture of civility and respect.

Find out more

[The Civility and Respect Toolkit and Framework](#) offers a practical, evidence-based overview on thinking and action, to understand what employees are experiencing and how this is contributing to workplace stressors and, ultimately, the cultural feel of the organisation. (Section 6 of the toolkit provides links to further resources.)

[civilitysaveslives.com](#) is the website of a group of UK health professionals who aim to raise awareness of the power of civility in medicine.



Health and wellbeing

For health and care organisations to provide high quality patient care, and to retain a happy and healthy workforce, colleagues need to feel supported at work and able to talk about wellbeing when they need to. Leaders, teams and employers should be offering their workforce access to support that helps them stay well at work. Support should always be available, and at a range of levels – including across teams, organisations, and sectors.

Before COVID-19, the NHS had started to put increasing emphasis on the health and wellbeing of its workers. The NHS People Plan and People Promise make key commitments to create and sustain cultures of wellbeing across the NHS and build on learning gained during the pandemic. This includes leaders thinking about wellbeing in a holistic manner and the many ways someone's wellbeing can be affected, as well as considering the impact of every experience, from a workplace induction to having access to breaks and safe spaces or to the relationship with their line manager.

Organisations are encouraged to promote and support the health and wellbeing of their workforce, not take the traditional approach of acting only when someone is unwell. This includes actively supporting colleagues to access occupational health and wellbeing when needed, and proactively checking in with colleagues to ask how they are. Creating an environment where people are happy and healthy, and supported to achieve their individual ambitions while delivering the highest levels of care, will help retain them in the NHS.

How it links with speaking up

For workers to speak up, they need to feel safe, respected and included, and assured that they will not be discriminated against. But they also need to feel they will be supported, looked after and cared for.

At the same time, developing a culture where workers feel safe to speak up and that, if they do, action will be taken, will help them feel more able to be open and honest during conversations about their health and wellbeing.

Find out more

The [NHS health and wellbeing framework and diagnostic tool](#) sets out the standards organisations need to meet for their workers to feel well, healthy and happy at work.

Three initiatives are being rolled out in the NHS:

- **Wellbeing guardians** are new roles, designed to provide oversight on speaking up at board level.
- **Health and wellbeing champions** are being appointed at all levels, to promote, identify and signpost ways to support wellbeing to colleagues.
- **Health and wellbeing conversations** are one-to-one meetings focus on the health and wellbeing every worker, revised at least annually. These conversations are designed to support the above two roles. Organisations can use this guidance on how to approach a conversation about wellbeing.

Find out more about [health and wellbeing champions](#).



NHS England
Wellington House
133-155 Waterloo Road
South Bank
London
SE1 8UG

This publication can be made available in a number of other formats on request.

© NHS England 2022

Publication approval reference: PAR1524_ii

Meeting of the Board of Directors
Thursday 27th April 2023

Subject / Title	Corporate and Annual Objectives 2023/24 & risk appetite statement														
Author(s)	Louise Westcott, Company Secretary														
Presented by	Chief Executive Officer														
Summary / purpose of paper	For the Board of Directors to receive the annual objectives for 2023/24 and to consider the refreshed Board Assurance Framework (BAF) 2023/24 and risk appetite statement.														
Recommendation(s)	<p>The board of directors are asked to;</p> <ul style="list-style-type: none"> • Approve the 2023/24 Corporate and annual objectives • Note the development of the 2023/24 board assurance framework (BAF) following approval of the objectives • Approve the risk appetite statement for publication on the Trust website. 														
Background papers	Corporate objectives, board assurance framework 2022/23														
Risk score	N/A														
Link to: ➤ Trust strategy ➤ Corporate objectives	<ul style="list-style-type: none"> • Trust's strategic direction • Divisional implementation plans • 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.	<table> <tr> <td>BAF</td><td>Board assurance framework</td></tr> <tr> <td>ECN</td><td>Executive Chief nurse</td></tr> <tr> <td>EDoF</td><td>Executive director of finance</td></tr> <tr> <td>EMD</td><td>Executive medical director</td></tr> <tr> <td>COO</td><td>Chief operating officer</td></tr> <tr> <td>DoW</td><td>Director of workforce</td></tr> <tr> <td>NHSE</td><td>NHE England</td></tr> </table>	BAF	Board assurance framework	ECN	Executive Chief nurse	EDoF	Executive director of finance	EMD	Executive medical director	COO	Chief operating officer	DoW	Director of workforce	NHSE	NHE England
BAF	Board assurance framework														
ECN	Executive Chief nurse														
EDoF	Executive director of finance														
EMD	Executive medical director														
COO	Chief operating officer														
DoW	Director of workforce														
NHSE	NHE England														

Meeting of the Board of Directors
Thursday 27th April 2023

Corporate and Annual Objectives 2023/24 & risk appetite statement

1. Introduction

This paper outlines the corporate and annual objectives for 2023/24 (appendix 1) and asks for approval of these. It also outlines how the Board Assurance Framework 2023/24 will be developed following this approval, to outline and manage the risks of achievement of the objectives. The Trust Risk Appetite Statement is also presented for approval before its publication on the website.

2. Background

Our Strategy 2023-28 describes where the Trust wants to be, and the operational plan describes how we will achieve this in year. The eight Corporate Objectives, whilst reviewed annually, have remained relatively consistent over the last eight years.

3. Corporate objectives 2023/24

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

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

4. Board Assurance Framework (BAF)

The Board Assurance Framework outlines the risks to achievement of the corporate objectives. The document is regularly reviewed by the company secretary and the executive directors and presented to each Board meeting and Assurance Committee. The risks within the framework determine the focus of the assurance committees so that the Board can get appropriate assurance against each risk.

The 2023/24 BAF is currently being developed to reflect the relevant risks in year. Some risks will be carried over from 2022/23. Others will relate to the refresh of the annual objectives that are presented here for approval and the strategic developments outlined in the Trust strategy 2023-28 that was approved at the March 2023 Board of Directors meeting.

The BAF will continue to evolve through regular review. The executive team will undertake a more detailed review of the BAF on a quarterly basis to ensure the risks remain relevant and the target risk scores reflect any changes as the year progresses. An additional column has also been added to show 'actions to address gaps'. This was a requirement of the March 2023 MIAA assurance framework review.

The 2023/24 BAF will be presented to the Board of Directors at the May meeting.

5. Risk Appetite Statement

A Board approved risk appetite statement supports the Board Assurance Framework, particularly the identified appetite against each risk that is outlined in the BAF. The statement is published on our website. The Board need to review this annually.

The recommended statement for 2023/24 is;

The Christie NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with patients, staff, the public and strategic partners. It operates within a low overall risk range. It will not accept risks that have a likelihood of a detrimental impact on patient or staff safety or compliance and regulatory objectives.

However, The Christie NHS Foundation Trust has a marginally higher risk appetite to take considered risks in terms of its impact on the strategic, reporting and operations objectives in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment. The highest risk appetite relates to our pursuance of innovation and transformation objectives.

6. Recommendation

The board of directors are asked to;

- Approve the 2023/24 Corporate and annual objectives
- Note the development of the 2023/24 board assurance framework (BAF) following approval of the objectives
- Approve the risk appetite statement for publication on the Trust website.

Executive Objectives 2023/24

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		Reporting	Timescale	Director	Progress
1.1	Publish all information required under the NHS Code of Governance for Provider Trusts – including relevant oversight framework metrics (See below)	Trust Annual Report and other governance documents prepared and reported to board with appropriate audit opinion	30.6.24	CS	
1.2	Publish information on our quality of care in 2023/24 in our annual Quality Report and Accounts	Annual Quality Report and Accounts prepared and reported to board with appropriate audit opinion	30.06.24	ECN	
1.3	Publish information on Environmental, Social and Governance (ESG) indicators in our board reports and website and incorporate into annual report	Annual report to board – incorporated into annual Trust report	30.06.24	DCEO	
1.4	Publish relevant metrics as set out in the NHS oversight metrics for 2023/24 when published (or 2022/23 metrics if 2023/24 not published by NHSE))	Monthly report to board Effective web site page – six monthly report to Audit Committee	Monthly	COO	
1.5	Publish information on clinical outcomes in line with the 2023/24 milestones in our Clinical Outcomes Strategy	Quarterly report to board Effective web site page – six monthly report to Audit Committee	31.3.24	EMD	
1.6	Publish progress with EDS 2022 self-assessment action plan	Quarterly report to board Effective web site page – six monthly report to Audit Committee	Quarterly	DoW	
1.7	Publish self-assessment and action plan for health inequalities based on socio-economic deprivation, ethnicity, and other community characteristics	Quarterly report to board Effective web site page– six monthly report to Audit Committee	Quarterly	DCEO	
1.8	Ensure that all board and sub-committee papers contain appropriate impact statements including for health inequalities and EDI	Board and committee papers contain appropriate impact assessment statements	31.08.23	CS	
1.9	Publish CQC report and action plan when available and implement agreed actions	Action plan developed, published, submitted to CQC within required timescales and reported to board Action plan implemented and reported to board	TBA	ECN	

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		Reporting	Timescale	Director	Progress
1.10	Develop our external website to ensure it provides up to date information on our quality of care	Six monthly reporting to Audit Committee	31.3.24	DCEO	

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		Reporting	Timescale	Director	Progress
2.1	Implement 2023/24 (year 1) milestones of Research & Innovation division strategy	Six monthly report to Quality Assurance Committee Annual report to board Effective web site page – six monthly report to Audit Committee	31.3.24	DRI	
2.2	Ensure plan for relocation of research teams into Paterson facility implemented	Six monthly reporting to Quality Assurance Committee	31.3.24	DRI	
2.3	Implement refreshed leadership and management structure for Research & Innovation division	Six monthly reporting to Quality Assurance Committee	31.3.24	DRI	

3. To be an international leader in professional and public education for cancer care					
Annual objective		Reporting	Timescale	Director	Progress
3.1	Implement the 2023/24 milestones of the Christie Education strategy	Six monthly report to Quality Assurance Committee Annual report to Board Effective web site page– six monthly report to Audit Committee	31.3.24	DE	
3.2	Implement refreshed leadership and management structure for Education division	Six monthly reporting to Quality Assurance Committee	31.3.24	DE	
3.3	Confirm future organisational governance arrangements for Christie Education and relationship to Education Sector	Six monthly reporting to Quality Assurance Committee Report to Board	31.3.24	DCEO/DE	

4. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre					
Annual objective		Reporting	Timescale	Director	Progress
4.1	Ensure the website carries accurate, up to date information on our comprehensive cancer centre status	Six monthly reporting to Audit Committee	31.3.24	DCEO	
4.2	Prepare for and secure reaccreditation with the OECl as a Comprehensive Cancer Centre	Achievement of reaccreditation	TBC	DCEO	
4.3	Develop our network of international relationships through the OECl by participating in OECl working groups	Reporting of attendance/involvement in working groups	31.3.24	DCEO	
4.4	Secure agreement on new governance arrangements for MCRC partnership with University of Manchester and CRUK	Agreement in place and reported to board	31.3.24	DCEO	
4.5	Promote the reputation of The Christie internationally by supporting attendance and scholarly contributions at prestigious international professional and corporate events.	Reporting of attendance at international meetings	31.3.24	DCEO	
4.6	Continue to develop partnerships in Kenya and Uganda, and others as appropriate	Include in regular international programme reports to board of directors	31.3.24	DCEO	
4.7	Increase range and uptake of activity made available internationally through the School of Oncology	Six monthly reporting to Quality Assurance Committee	31.3.24	DE	
4.8	Develop a Patient and Public Involvement & Engagement plan	Annual report to the Quality Assurance Committee	31.3.24	DCEO	

5. To provide leadership within the local network of cancer care					
Annual objective		Reporting	Timescale	Director	Progress
5.1	Provide direction and guidance as chair of GM cancer board and represent cancer at PFB	Reporting to Board of attendance/involvement	31.3.24	CEO	
5.2	Participate as part of senior leadership team of Greater Manchester Cancer	Reporting to Board of attendance/involvement	31.3.24	DoS	
5.3	Fully implement the GM Cancer operating model	Regular reporting to Board	31.3.24	CEO	

5. To provide leadership within the local network of cancer care					
Annual objective		Reporting	Timescale	Director	Progress
5.4	Continue transfer of management and accountability of local outpatient oncology care (including systemic therapy) – contracts to be held by The Christie NHS FT	Regular reporting to Management Board and Board	31.3.24	COO	
5.5	Develop and increase local systemic anti-cancer therapy delivery in line with agreed plan	Regular reporting to Management Board and Board	31.3.24	COO	
5.6	Development of governance arrangements for Christie led & hosted trials at the networked centres	Regular reporting to Management Board and Board	31.3.24	DoR	

6. To maintain excellent operational, quality and financial performance					
Annual objective		Reporting	Timescale	Director	Progress
Quality of Care					
6.1	Implement 2023/24 (year three) milestones of our 2022/24 Quality Strategy	Quarterly report to Quality Assurance Committee	Quarterly	ECN	
6.2	Implement the 2023/24 milestones of our Patient Experience plan	Quarterly report to Quality Assurance Committee	Quarterly	ECN	
6.3	Implement the 2023/24 milestones of the Trust Risk Management Strategy	Annual report to Board	31.3.24	ECN	
6.4	Extend the CODE accreditation programme	Quarterly report to Quality Assurance Committee	Quarterly	ECN	
6.5	Extend The Christie Quality Mark to cover @ Christie sites	Quarterly report to Quality Assurance Committee	Quarterly	ECN	
Operational Performance					
6.6	Achieve the agreed operational activity plan for 2023/24	Monthly performance reports to management board and board	Monthly	COO	
6.7	Achieve relevant national targets set out in 2023/24 NHS planning guidance	Monthly performance reports to management board and board	Monthly	COO	
6.8	Implement Year 1 milestones of the Digital Strategy	Six monthly reporting to Audit Committee	31.3.24	COO	

Financial Performance					
6.9	Achieve the Trust's 2023/24 revenue plan	Monthly financial performance reports to management board and board	Monthly	EDoF	
6.10	Achieve the Trust's 2023/24 capital plan	Monthly financial performance reports to management board and board	Monthly	EDoF	
6.11	Achieve the agreed level of cost-improvement and efficiency	Monthly financial performance reports to management board and board	31.3.24	COO	
6.12	Develop the Trust group structure to deliver the Trust strategy	Regular reports to Board	31.3.24	EDoF	
Strategy					
6.13	To achieve the year 1 milestones of the overall Christie Strategy	Six monthly reports to Board	31.3.24	All	

7. To be an excellent place to work and attract the best staff					
Annual objective		Reporting	Timescale	Director	Progress
7.1	Achieve year 1 milestones of The Christie People & Culture Plan 2023/26	Regular reporting to Workforce Assurance Committee	31.3.24	DoW	
7.2	Achieve Equality, Diversity and Inclusion (EDI) plan 2023/24 objectives	Regular reporting to Workforce Assurance Committee	31.3.24	DoW	
7.3	Implement updated Mandatory Training policy	Regular reporting to Workforce Assurance Committee	31.3.24	DoW	
7.4	Implement updated personal development plan (PDR) policy	Regular reporting to Workforce Assurance Committee	31.3.24	DoW	
7.5	Implement framework for Respectful Resolution programme	Regular reporting to Workforce Assurance Committee	31.3.24	DoW	

8. To play our part in the local health care economy and community					
Annual objective		Reporting	Timescale	Director	Progress
8.1	Contribute to GM System working	Regular reports to Board	31.3.23	DoS	
8.2	Achieve 2023/24 milestones for Trust Sustainability Plan	Six monthly reports to Audit Committee	31.3.24	DCEO	
8.3	Achieve 2023/24 milestones for Carbon Zero objective	Six monthly reports to Audit Committee	31.3.23	DCEO	
8.4	Participate in Anchor institutions initiative	Six monthly reports to Board	31.3.24	DoS	
8.5	Regularly engage local residents regarding the Trust's plans	Continued meetings of the Neighbourhood Forum reported through Management Board as part of capital reporting	31.3.23	EDoF	