

**The Christie NHS Foundation
Trust
Rapid Review**

15th November 2021

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The Christie NHS Foundation Trust

Rapid Review

1. Background

In August 2020 a number of members of staff employed by the Christie NHS Foundation Trust (The Christie) contacted an external party to seek help in raising concerns about the Research and Innovation (R&I) Division. They had initially contacted the Freedom to Speak Up Guardian (FTSUG) of The Christie in February 2020 and had been dissatisfied with the response they had received in August 2020 following the completion of an internal review process. Also, in August 2020 a member of staff contacted the Chairman copying the email to all members of the Medical Staff Committee. This repeated the matters raised with the FTSUG in February and made some further comments about the role of the "Executive Board". A further email was sent to the Chairman by the same person in October 2020, which enclosed a document which summarised a range of concerns, "accused parties" and described how these concerns were being addressed.

The same external party who had been approached by staff members contacted the Regional Director of NHS England and NHS Improvement (NHSEI) for the North West who, decided that an independent rapid review of the issues raised should be undertaken. A team was appointed to undertake the review:

Angela Schofield, Chairman of an NHS Foundation Trust (lead investigator)

Sally Baines, former NHS Human Resources Director

Sheena Bedi, GP, Non-Executive Director of an NHS Foundation Trust, member of the North West BAME Assembly

Stephen Falk, Consultant Oncologist, Bristol, former Clinical Research Network Clinical Director West of England

Terms of Reference for the review were agreed by NHSEI, which related to the issues raised:

1. How the Trust responded to the review conducted by Wendy Fisher, which highlighted issues in management and culture within the R&I Division in 2018.
2. How the Trust handled the review into concerns raised about the R&I Division in 2020. Including whether the people that raised concerns suffered detriment as result of speaking up.
3. How the Trust handled allegations concerning the sharing of patient data with commercial partners in and around 2018-date. Including whether the people that raised concerns suffered detriment as result of speaking up.
4. Whether there was a failure of the Trust to engage with clinicians in relation to commercial partnerships, to ensure that:
 - a. the scope and benefits were clear;
 - b. the decision making, including procurement was transparent; and
 - c. the risks had been identified and mitigated before any agreement was signed.
5. The appropriateness of recruitment decisions within the R&I Division during this period.
6. In the context of these issues consider what learning the Trust should consider and make recommendations in that respect.

The Programme Management Office (PMO) established by NHSEI circulated information about the review, including the Terms of Reference, to staff of the Christie and organised a confidential inbox for anyone who wished to provide information to the review. In total 40 people contacted the inbox. Some just left their name and contact details, others provided information to the review. All respondents were given the option of their identity to be protected. All were invited to meet the review team whether the issues they reported appeared to be related to the Terms of Reference or not. Nine people decided that they did not wish to meet members of the review team. Of the 31 people who contacted the inbox and who met the team, nine expressed general views or

comments contrary to the critical views which had been widely circulated by two people in advance of the review commencing. In addition, 23 people from management positions at The Christie were invited to meet the team.

The review team have conducted the review in strict confidence and committed to protecting the anonymity of individuals who requested this. The final report is being provided to NHSEI and the Regional Director of NHSEI will decide on subsequent handling of the report and actions required as a result of the findings.

The review largely focussed on the R&I Division of The Christie. Relatively few people came forward from other parts of the Trust.

The Chairman and Chief Executive expressed support for the review. However, there were instances where some colleagues felt that senior management had sought to shape the communications about the review.

The intention has been that this should be a rapid review. The review team has relied extensively on the information gained from meetings with respondents and those people invited to meet them. The review team has also received a large amount of written information.

It is important to note that the Covid-19 pandemic commenced at around the same time that concerns were being raised in February 2020. This was a period of considerable pressure and occupied a large amount of the time of clinicians and managers. Many people worked from home and others were redeployed into different roles. This will have had an impact on the time taken to respond to concerns and implement related procedures.

2. The review team's response to the Terms of Reference

2.1 ToR 1 How the Trust responded to the review conducted by Wendy Fisher which highlighted issues in management and culture within the R&I Division in 2018.

The Wendy Fisher Project 'Initiating Research' was commissioned by the R&I Division in September 2017 and reported in March 2018. There was no expectation that it would be received or considered in detail by the Board of Directors. It was part of a wider project, which included benchmarking and a survey of the R&I Division. The purpose of the project was "to propose solutions, which will demonstrate an improvement in the set-up of hosted research" at The Christie. The catalyst for the project was poor performance against the NIHR Performance in Initiating 70-day metric.

This was essentially an operational review relating to the "nuts and bolts" of the organisation of research. However, the reviewers received comments about the culture in research and reflected this in their report. It states that there were "mixed responses in general when discussing the research culture within the Trust. While many felt that research was integral to The Christie and was viewed by all staff in that way, many others referred to the concept of "us and them" and highlighted perceived divisions between the research and routine care teams. It was raised by some that research is often viewed as an add-on for The Christie and that there is not sufficient recognition from the board level.

The review team was told that, generally, there was little knowledge of the Wendy Fisher report and, although there had been an action plan, which was deemed to have been largely completed, the cultural issues mentioned had not been addressed.

An earlier review was undertaken in 2012, 'External Performance Review of the Systems and Processes in the R&D Division'. This makes seven clear recommendations, and it would be worthwhile to revisit these, possibly in conjunction with the Wendy Fisher report, to assess the opportunities for clarifying objectives, developing relationships, and agreeing plans for improvement.

2.1.1 Recommendations

- The new Research Director should be asked to review the Wendy Fisher report, 'Initiating Research' and the 2012 report, 'External Performance Review of the Systems and Processes in the R&D Division' together with the progress on the action planning for both with a view to engaging a wide range of parties on the issues raised.
- The Board of Directors should actively review the content of both these two reports to assure themselves that the appropriate level of attention has been given to the findings and recommendations.

2.2 ToR 2 How the Trust handled the review into concerns raised about the R&I division in 2020, including whether the people that raised concerns suffered detriment as a result of speaking up.

Concerns were raised through contact by some colleagues with the Freedom to Speak Up Guardian (FTSUG) in February 2020 and separately by other individuals with the FTSUG and more generally over a period of time.

The current FTSUG is the first person to hold the role at The Christie and has been in the position since 2016. She has three days per week allocated for this work. She feels that she has the full support of the senior leadership and The Board of Directors. As FTSUG she is supported by the Director of Workforce who is her point of contact on the board. Her line manager in her substantive role is the Head of Patient Experience.

She has direct access to the Chairman and Chief Executive if required. She regularly presents her report to the board in public. The Trust is in the process of appointing Freedom to Speak Up Champions. The Trust has a Non-Executive Director who is nominated to take an interest in FTSU issues and the FTSUG has direct access to her.

2.2.1 Collective concerns raised with the Freedom to Speak Up Guardian (FTSUG) in February 2020

In February 2020 the FTSUG was contacted by an individual who had concerns about the R&I Division including some HR matters. The individual indicated that others may also come forward. This occurred and the FTSUG produced a draft document, which was then finalised by the group. They submitted an agreed document to her entitled 'Concerns in the Research and Innovation Division' relating to the leadership and governance arrangements within the division. This document is presented under four themes:

- A breakdown of trust and confidence in the Managing Director's leadership
- A culture that makes it difficult to raise concerns or productively challenge decisions
- Lack of transparency, communication, and engagement
- Behaviours and risks associated with the proposed agreement with Roche and its subsidiaries Flatiron and Foundation Medicine

The FTSUG referred this document to the Director of Workforce and the decision was taken, following consultation with the two Medical Directors, the Chief Executive, the Chairman and the Non-Executive Director of FTSU, to ask a Non-Executive Director to review the concerns raised.

It should be noted that a number of people questioned the independence of the Non-Executive Director undertaking the review as she had, through a position external to The Christie, a relationship with Roche. The review team was assured that she appropriately declared a relatively limited interest and that this did not influence the contents of her report

It became clear in discussions that the Non-Executive Director interpreted her role as examining the information provided to her through documents and discussions, in order that she could report back to the Trust's Executive Directors on the issues that had been raised, so that they could consider the actions that needed to be taken. It is now acknowledged that it would have been helpful to have had written Terms of Reference, as some people had believed that she would be representing the views of those who had raised issues with the FTSUG. It was made clear to the Non-Executive Director that specific points relating to HR procedures and governance were being investigated by the Director of Workforce. Similarly concerns that had been expressed about the management style of the Managing Director (MD) of the R&I Division were excluded, as they were being investigated separately through "appropriate trust procedures".

The Non-Executive Director stated in her report: "Several issues which led to a breakdown of confidence in the leadership and perceived difficulty in constructive challenge, relate to long-standing tensions and specific interpersonal relationships. While governance frameworks do need review, they cannot compensate for a lack of trustful and respectful relationships. It will be necessary to address these going forward, but they are not appropriate to be dealt with in this review. Some are now being more formally addressed."

The Non-Executive Director's report in June 2020 made constructive observations. She presented her review to relevant Executive Directors and they proposed that the areas for further consideration were:

- Consider whether the role of the Research Director is allocated time and support to be effective
- Consider how best to ensure effective dialogue and engagement with senior clinical and scientific investigators
- Consider how best to ensure that the research strategy satisfactorily addresses the key issues for senior scientific investigators from all departments and professions/disciplines
- Consider the best approach to using data science to measure real time clinical outcomes in the context of more easily available genetic sequencing and analysis
- Consider the future role and function of the R&I Division and its relationship with the University of Manchester

These issues were not directly raised by those who had raised concerns with the FTSUG and failed to acknowledge the matters related to leadership and culture. The Medical Director who drafted the letter to the FTSUG had not seen the original document, 'Concerns in the R&I Division'. The directors were aware of the fact that this was only a partial response but did not know how other issues were being addressed.

The FTSUG gave the response of the Executive Directors to the colleagues who had raised their concerns. Some thanked the FTSUG for her support and acknowledged the actions to be taken in relation to the strategic direction for the R&I Division but expressed disappointment and dissatisfaction with the failure to address the range of concerns they had raised. At this point the case was closed and the FTSUG reported the views received from her contacts to the Director of Workforce. No further action was taken about the concerns which had been raised with the FTSUG.

The review team believes that the Executive Directors who had knowledge of this issue missed an opportunity to demonstrate that they wished to understand the concerns expressed and work openly with colleagues in the R&I Division to explore ways in which these could be addressed. Those who had raised concerns did not know that the Executive Directors had not seen their document and therefore it could be perceived that their response was dismissive and did not acknowledge the serious nature of the issues raised. It is possible that if the response had addressed the specific concerns raised matters would not have been escalated and the NHSEI review would not have been necessary. This comment has been echoed by a number of people the review team has spoken to.

It became apparent to the review team that the mechanism for the review of HR issues, behaviours, leadership and culture (which had been expressly excluded from the Non-Executive Director's review) was the investigation of a single grievance raised by a colleague in March 2020. The review team consider it inappropriate to use a personal grievance to extract learning about a series of general concerns expressed by four people who may or may not have raised the grievance. By taking this approach these issues were not considered by anyone other than the person who investigated the grievance. It is also clear that the range of issues excluded from consideration were not covered by the grievance review.

A Medical Director wrote an open letter on 3 February 2021 providing a summary of the actions taken in response to the concerns raised in February 2020. This was sent to all staff as the identity of those involved was unknown. This perpetuates the position of the Executive Team that the concerns were appropriately investigated although this would not be the judgement of the review team as outlined above.

2.2.2 Other contacts with the FTSUG

In total 11 people told the review team that they have contacted the FTSUG over the last one to two years. Not all of them were from the R&I Division. A number of them told us that they had been trying to raise concerns for some time and, although they did not want to approach the FTSUG, they felt that they had run out of options. Generally, it was felt that the FTSUG was kind and listened, but the process was ineffective.

The Trust's Audit Committee commissioned an independent review from MIAA Solutions into FTSU processes. In view of the scope of the NHSEI rapid review, this was limited to "ascertaining the policies and procedures that were in place and making commentary based on national best practice". The Trust policy, which was in place in February 2020, was the 'Raising Concerns at Work Policy' October 2018. This was revised in November 2020. MIAA have been advised that many of the comments made in their audit had already been pre-empted in this revision. MIAA's report is dated January 2021.

The MIAA report draws attention to a number of shortcomings in the October 2018 policy in relation to national guidance and best practice. Particularly relevant to the rapid review are the comments:

“There are no defined reporting lines to govern how an investigation is carried out, by whom and how issues should be escalated.”

“There is a lack of clarity to indicate who within the Trust should be made aware that a particular type of concern has been raised and the seriousness of this”

2.2.3 Observations on the FTSU process

The FTSU process regarding the concerns raised in February 2020 was mismanaged. It should have been clear that the exclusion of several matters that were fundamental to the concerns raised was incorrect. The plan to use a personal grievance, which should be a confidential process, to address these concerns was inappropriate and did not encompass the range of issues raised. A number of HR and behavioural issues were raised in the concerns and there is no indication of actions being taken to respond to these. The issues that were raised were serious and it is hard to understand why someone did not consider asking the individuals concerned if they would be prepared to meet and discuss their concerns. The FTSUG trusted that the executive directors would respond appropriately to the 'Concerns in R&I' document. The case should not have been closed when the individuals who had raised concerns were dissatisfied.

The FTSUG is well-liked and the Trust's arrangements for FTSU generally reflect good practice. However, with this particular issue, the FTSUG did not receive the support needed to seek an appropriate resolution.

2.2.4 Recommendations regarding the FTSU process

- That the Trust reviews the FTSU arrangements in the light of the latest national guidance and the MIAA report.
- That the Trust should consider how to ensure that the FTSUG, while receiving the support of directors and having access to them, is also seen to be independent of directors in providing guidance where there may be a conflict.
- In line with the MIAA report, the Trust should clarify how the FTSUG should seek advice and support with complex whistle-blowing cases. This may also be a general point for FTSU arrangements elsewhere. There will be occasions when the FTSUG is not able to escalate an issue within her/his organisation and there is a need for clarity on the options available outside the organisation which may include NHSEI regionally or the National Guardian's Office.
- That the Trust considers changing the reporting arrangement of the FTSUG.
- The Trust is in the process of identifying FTSU champions to raise awareness to the opportunities for and encouragement to speak up. This is welcome. It is also recommended that the Trust considers recruiting additional FTSUGs from a diversity of backgrounds, to provide choices for individuals to approach with concerns.
- That the Trust reinforces the messages to staff that it is important to speak up and raise concerns; that they will be listened to and receive a reply. Timescales for receiving responses should be set and met.

2.2.5 The general matter of raising concerns and suffering detriment

The Terms of Reference of the review include identifying any instances where individuals report suffering detriment as a result of raising concerns.

Members of the review team met a total of 20 staff who described suffering detriment as a result of raising concerns over the last three-to-four years. They included clinical and non-clinical staff from band 4 to senior grades. Many of them asked for their identity to be protected.

They had raised concerns formally and informally through a variety of routes; line management, escalation to senior management, directors, HR, Occupational Health, FTSUG.

2.2.6 The types of concerns that had been raised by staff

An experience of bullying, harassment and racial prejudice was described along with lack of respect at work. Patronising behaviour, humiliation and verbal aggression by managers and clinicians in public and private spaces contributed to the perception that working environments were emotionally unsafe.

Concerns were raised regarding unsafe staffing and excessive workloads, including workforce structures and skill mix that did not meet service requirements.

A number of staff described a lack of trust in some of their managers who didn't always engage with staff or demonstrate insight into their work.

2.2.7 Perceptions on the way concerns were handled

Comments on the FTSU process are provided above.

Some line managers were described as very supportive and helpful, while some actively discouraged staff from taking further action about concerns, saying that they "shouldn't interfere", "it wasn't their place to have an opinion" and should "stop reporting". Some felt that they had to approach the FTSUG because managers didn't respond.

HR were reported as sometimes unsupportive and showing lack of sensitivity, preferring formal rather than informal routes of resolution.

Occupational Health were sometimes reported as unsupportive and encouraging staff to "just accept it, it's easier and better for your health".

2.2.8 Perceived detriments as result of speaking up

Although the review team believes that there was no breach of confidentiality of the names of the people who presented the 'Concerns in the R&I Division' to the FTSUG, some of them believe that they suffered detriment as a result of speaking up to the FTSUG and others. These were described as having an emotional and psychological impact; time off work; loss of confidence; anxiety and medical conditions requiring treatment.

Some staff felt that their only remaining course of action was to resign, leading to loss of income and reduced career prospects.

2.2.9 Observations on raising concerns

- There appears to have been a view that negative comments are limited to a small number of colleagues. However, some of the people who have come forward are long-standing, loyal, senior staff on whom The Christie relies for effective management day to day.
- The concerns expressed extend beyond those reported to the FTSUG in February 2020.
- There may be an over-reliance on staff survey results as the sense-check of the feelings of staff. This needs to be complemented with structured listening.
- The R&I division has many talented, experienced staff who are passionate about their work and wish to see The Christie thrive. However, a number of them do not feel valued and supported.
- The review team was contacted by some colleagues who do not recognise the negative comments they had seen reported.

2.2.10 Recommendations regarding raising concerns

- The Trust should invest in organisation development for the R&I Division which will fully engage staff of all grades.
- The Board of Directors should reinforce its commitment to Freedom to Speak Up, and raising concerns generally, without personal detriment.
- The Board of Directors should be clear in its zero tolerance of poor behaviours anywhere in the organisation.

2.3 ToR 3 How the Trust handled allegations concerning the sharing of patient data with Roche through the Foundation Medicine (FM) programme and Flatiron in and around 2018-date. Including whether people that raised concerns suffered detriment as a result of speaking up.

The review team heard from a number of people at different levels and from different professional backgrounds who had concerns about patient data specifically in relation to the FM project at the time when the numbers of samples obtained were being rapidly increased. The Trust's Caldicott Panel considered this on 14 January 2020 and actions were agreed. The minutes state, "Despite Standard Operating Procedures (SOP), acknowledgement that roll out of tests at scale without additional infrastructure contributed to breach as no oversight/training to ensure processes were followed and standardised. Learning will be translated for the main programme which is still in development."

Some staff did not feel that their concerns about potential data breaches were welcome as there was a desire from the senior leadership to progress the project at pace. Others noted a general lack of understanding of the resources required for such work and a reluctance to engage the appropriate expertise.

The review team was informed about one specific breach which related to the identification of a single sample from a private patient. This was dealt with appropriately by Christie Private Care.

The review team also heard concerns about the lack of a Database Access Policy with one describing legitimate access arrangements to different patient databases as "muddy at best".

2.3.1 Observations

It would appear that insufficient attention was paid to the issue of the sharing of patient data with a commercial partner. Those who had an understanding of the ethical and technical considerations found it difficult to raise their concerns.

2.3.2 Recommendation

That the Trust should review its policies and processes related to database access

2.4 ToR 4 Whether there was a failure at the Trust to engage with clinicians in relation to commercial partnerships to ensure that:

- a. the scope and benefits were clear;**
- b. the decision-making, including procurement was transparent; and**
- c. the risks had been identified and mitigated before any agreement was signed.**

2.4.1 Background

At the outset, it is important to point out that the work to take forward the commercial partnership with the Roche subsidiaries, Foundation Medicine and Flatiron, was put on hold in March 2020, when reservations about the arrangements were raised. Contracts had not been agreed.

The Christie has been successfully collaborating with Roche in research activity for a number of years as is to be expected of a major cancer centre. In June 2018 a Memorandum of Understanding was signed to explore broader initiatives to facilitate improvements in outcomes for patients. This included projects with Foundation Medicine (molecular profiling) and Flatiron (real world data). The management of these projects has led to considerable comment. In December 2018 the Office for Life Science issued a press release which included an announcement that, "A further £30million investment in UK by healthcare company Roche, including a £20million investment over 3 years in a precision cancer research partnership with The Christie. This will use cutting-edge genomic technology and big data to accelerate the next generation of digital clinical trials for rare cancers".

This press release came as a surprise to many clinicians at The Christie and caused speculation about the £20m investment. It created the impression among many people that an arrangement had actually been agreed when this was not the case.

In August 2019 The Christie appointed a project manager for these programmes and she almost immediately began to raise questions about the governance arrangements relating to the relationship

between The Christie and Roche. She was dissatisfied with the responses received to her questions about data sharing, procurement, legal agreements, financial arrangements, etc.

In August 2020 she wrote to the Chairman copying her email to all members of the Medical Staff Committee, enclosing the document, 'Concerns in the R&IDivision' which had been presented to the FTSUG in February 2020 and summarising her views about the failings of the Executive Board. She sent a further email to the Chairman in October 2020 enclosing her "tracker" highlighting, "the failed attempts of The Christie board to address the concerns raised by numerous staff at hTe Christie Hospital around behaviours and performance of executive and non-executive members."

24.2 Project management

There are differing views about the project management arrangements which were put in place to explore the potential and practicalities of the partnership. Some felt that appropriate and effective arrangements were established with representative membership. The more widely expressed views were that there were many shortcomings with the arrangements. Some senior medical oncologists were particularly concerned and devoted a significant amount of time of the Systemic Therapy Research Group to analyse the implications of the proposals.

NHSEI commissioned MIAA Solutions to undertake an assessment of procurement arrangements for the Roche programmes to support the work of the review team. They used their expertise to examine policies, financial information and statements and information provided to the review team.

This is a summary of their findings:

- There is general agreement with the observations and recommendations of the 'Independent Assessment of the Progression of Real-World Evidence/Big Data Partnership Opportunities at The Christie 2018-2020'. Commissioned by The Christie Executive Team. Author - Professor Andrew Hughes Chair Experimental Cancer Medicine, University of Manchester.
- There is no established corporate strategy defined in respect of development of partner collaboration, partnership agreements or commercial partnership(s).
- There is no evidence that a commercial partnership was formally established with Roche, although published statements could have been interpreted as indicating a formal business relationship had been agreed or was likely to be established. The Trust's Standing Financial Instructions would have required a business case for a programme of this scale to have been approved by the Board of Directors. (This is acknowledged by the Trust. The project had not reached this stage when it was stopped).
- There is a lack of an adequately robust approach to define the aims and outcomes of the cited collaboration programme. The scope and benefits were not clear.
- There is no evidence base to support receipt of benefit to the value of £20m cited by those raising concerns ...in respect of a 'commercial partnership' with Roche.
- There is little evidence of appropriate programme management arrangements required to provide effective oversight given the "ground-breaking" nature and scale of the proposed initiatives, as referenced in press releases. Appropriate programme management would have provided a discipline to accommodate the unique arrangements proposed and to link with corporate processes to address the complexity and range of challenges in procurement and technical aspects of the proposed programmes in respect of FM and Flatiron.

This includes a clearly articulated and managed procurement process which should have been in place for a programme of this complexity and size. Advice was sought and provided but was not coherently reviewed. There does not appear to have been Standard Operating Procedures or clearly identified key decision points.

It is reasonable to assume that formal programme arrangements would also have highlighted the internal capacity needed to effectively assess and implement the key tasks and to ensure an appropriate corporate response to the advice provided at several points in respect of the complex procurement, legal and related governance challenges associated with the initiatives.

Timeframes for action and escalation points were not adequately addressed.

- The proposed programmes were not established and embedded within corporate wide governance, risk management and reporting arrangements. The risks although known and referenced in numerous e-mail exchanges were not assessed formally. The risk appetite was not considered.
- It would appear that there was compliance with the Hospitality Policy. Given the scale and the timing of the discussions with Roche, it may have been wise for explicit approval to have been sought for the instances of travel and hospitality and to disclose the active programmes with which the hospitality was linked. The Trust could have considered funding these events in the circumstances of being in discussions with a potential commercial partner.

24.3 Comments and reactions to this partnership have been received from a number of sources:

24.3.1 'Concerns in the R & I Division' (February 2020)

The document, 'Concerns in the R&I Division' raises a number of issues regarding the Roche partnership. The authors comment on the lack of an adequate assessment of resources required to deliver the partnership. Some staff had been asked to take on additional work which caused them to feel stressed and overworked. Others were excluded from discussions despite having relevant responsibilities and expertise. Concerns were raised about the lack of project plan, risk management arrangements and a clear procurement process.

24.3.2 Comments in correspondence and meetings with medical oncologists May 2020 onwards

In May 2020 five medical oncologists raised concerns about a number of issues including the partnership with Roche. In their initial letter they stated:

"The agreement to engage with Flatiron was made before there had been any (appropriate) level of discussion with Principal Investigators (PIs). The majority of the PIs first realised about the Trust's involvement in Flatiron and FM through a press release featuring our CEO. As a result, the concerns of clinicians were not apparent until late in development leading to a breakdown in negotiations, which still may compromise future collaborations."

By this time the Roche collaboration regarding FM and Flatiron had been paused by the executive team. In response the Trust's Medical Directors stated, "clinicians were part of early discussions and a clinical lead was appointed. It is however evident that the amount of clinical input and leadership to the process turned out to be insufficient. There seem to be many misunderstandings amongst the PIs about this initiative although it is clear that there could have been more opportunities for senior clinicians to be leading and shaping the work."

24.3.3 Non-Executive Director's "Freedom to Speak Up – a Review June 2, 2020"

As has been described above, a Non-Executive Director was asked to review the issues raised in 'Concerns in the R&I Division'. Her assessment was that clinicians felt that their concerns had not been addressed. "Even though the Systemic Therapy Research Group committed a large amount of its meeting time to debating issues, they were not clear how their advice was being used in legal and contractual discussions. Lead clinicians described themselves to her as "not invited", "excluded", "not involved".

She made the following observation in her report:

"My impression is that the Roche partnership project would have benefited from clearer and more consistent description and communication of the mission together with better recording and communication of key processes, procedures and decisions. The situation has been complicated by a breakdown in key relationships but my observation is that "the partnership" and "building a clinico-genomic database" are interpreted differently by different stakeholders which has led to anxiety, misunderstandings and mistrust".

It is disappointing that a review, undertaken by a board member with appropriate expertise, which took a great deal of time to undertake and represented a range of views, was not shared more widely as it may have opened a door to meaningful discussion with the people who had expressed their concerns.

24.34 'Independent Assessment of the Progression of Real-World Evidence/Big Data Partnership Opportunities at The Christie 2018-2020' (December 2020)

In October 2020 the Trust commissioned Professor Andrew Hughes, Chair in Experimental Cancer Medicine, to undertake a review, 'Independent Assessment of the Progression of Real-World Evidence/Big Data Partnership Opportunities at The Christie 2018-2020'.

The introduction to the terms of reference for this review refers to the concerns voiced by some staff including senior clinicians about aspects of the proposals to develop a partnership with Roche; unhappiness with a revised draft R&I strategy; the concerns raised with the FTSUG and the Non-Executive Director's review of these.

The objectives of the review were:

- To examine the criticism and concern in relation to the process of how the partnership proposals were undertaken to progress Big Data capabilities and developments in respect of the Flatiron and FM initiative.
- To identify what might have been done differently and learning for the organisation.
- To reflect on similar projects that have recently been undertaken across the Trust and currently in development with a view to informing a comprehensive future framework whereby the Trust is able to develop an agile, robust, and transparent approach to similar partnership opportunities.

The pre-final draft of the report was provided to the Trust in December 2020. This was immediately leaked to a wide audience before the Trust had the opportunity to comment. This included names and some individuals had not given their permission to be mentioned. The final report was presented on 8 January 2021 after some redactions had been made following consultation with the Trust's Clinical Research Strategy Group.

The report summarises a number of points, including:

- The requirement to provide samples from 5,000 patients which represented a 50-fold increase on current practice.
- The economic assessment of the potential savings for The Christie was provided by a consultancy appointed by Roche. It is believed that these savings represented a considerable over-estimate.
- There was not a clear strategy driving the relationship with FM and Flatiron.
- The benefits were not articulated.
- There was insufficient clinical leadership
- Insufficient clinical time was provided.
- There was no internal communication before the press release in December 2018.
- There was no underpinning calculation for the £20m investment by Roche into The Christie. Some believed that this was a cash injection.
- There was lack of clarity about the executive leadership of the programme
- The Board of Directors had not been briefed about what was potentially a significant commercial partnership.

The Trust issued its response to the review in February 2021. The Trust has acknowledged many of the observations and recommendations made by Prof Hughes and gave explanations for a number of the points he raised. It is evident that they will take these into account in future ventures. The review team gained the impression that many colleagues in the Trust who were familiar with the Roche programme were encouraged by Prof Hughes report and supported his recommendations.

24.35 Report to The Christie Management Board by a Medical Director – 24 September 2020

This paper states, "The scientific, commercial contractual financial reputational and other issues associated with this (strategic partnership with Roche) are extremely complex and potentially controversial." It outlines a number of actions which include a programme to raise awareness of the opportunities relating to Real World Evidence; the review to be commissioned from Professor

Hughes; a joint Christie-University Steering Group; a Trust steering group to focus on internal governance procedures. The report notes that further negotiation with Roche “remains paused pending the outcome of these pieces of work.”

2.4.4 Allegations of financial irregularity in relation to the commercial partnership

A former employee of The Christie has made public allegations about bribery and embezzlement regarding the conduct of individuals and their relationship with Roche. These comments appear to arise from the reference to £20m being provided by Roche to The Christie and the incidences of travel and hospitality being provided by Roche for some Christie employees. When these allegations were received in October 2020 the Director of Finance referred them to MIAA Counter Fraud. Counter Fraud has reported to The Christie’s Audit Committee that they have not received information to enable them to investigate these allegations.

The rapid review team, via MIAA’s report cited above, have established that £20m was not paid by Roche to The Christie. This amount mentioned in the December 2018 OLS press release appears to refer to alternatives to a provision of cash. The review team has not seen an explanation for this specific amount.

Items of hospitality and travel funded by Roche were declared by some employees in the Trust’s Hospitality Register. In view of the discussions with Roche about a potential commercial relationship it may have been wise to seek approval for these gifts and consider whether it was appropriate to accept this funding.

2.4.5 Observations

- It is understandable that there was enthusiasm among the leadership of The Christie for a major programme which could potentially lead to significant improvements in the treatment of patients with rare cancers and contribute to the ongoing development of knowledge. In addition, there was national encouragement for partnerships between the NHS and industry to stimulate this research.
- Some of the people who have raised concerns supported the overall purpose of the collaboration but were critical about the governance arrangements as has already been described.
- There is no doubt that this was a major project, but it did not receive the leadership, governance or infrastructure support which was needed to enable its potential to be explored. Central to this was sharing the ambition with clinical leaders and those who were essential to the success of the programme and seeking their views on its value and implementation. There was a disconnect between the aspirations of the leadership and the views of significant stakeholders within the Trust.
- It can be seen from the sources cited above that many experienced and committed professionals had serious reservations about the way in which the programme was managed. Some felt that their well-intentioned comments were dismissed in the interests of making progress.
- Executive Directors have recognised the shortcomings of the approach adopted in the leadership of this programme as evidenced by the comments made to medical oncologists in June 2020, in the report to the Management Board in September 2020 and in commissioning the review from Professor Andrew Hughes. The decision to put negotiations on hold in March 2020 is a reflection of the need to take stock and reconsider not only this programme but the learning for entering into future major commercial partnerships.

2.4.6 Recommendations

The Christie’s Chief Executive and executive directors acknowledged the shortcomings in the ways in which the governance processes and engagement with colleagues were managed. They agreed to put discussions on hold in early 2021. It is important to identify the learning and the review team makes the following recommendations:

- That the Board of Directors considers the full report ‘Independent Assessment of the Progression of Real-World Evidence/Big Data Partnership Opportunities at The Christie 2018-2020’, Professor Andrew Hughes and the Non-Executive Director’s ‘Freedom to Speak Up – a Review June 2, 2020’ to draw out the key learning points for the board’s oversight and governance arrangements and to determine the policies and protocols for entering into future large scale commercial partnerships which potentially impact on service delivery.

- The Trust should develop a clear policy supported by protocols to support decision-making regarding entering into major commercial relationships. This should identify the role of the Board of Directors.
- Any plans to enter into commercial partnerships in future should be supported by clearly articulated programme management arrangements including a lead director, assigned responsibilities, timescales, risk management arrangements and escalation points. This should incorporate a communications plan for engagement with key stakeholders and reporting to the Board of Directors or an agreed sub-committee of the Board.
- That there should be a clear communication strategy for any major projects to ensure that key stakeholders are well informed and have the opportunity to contribute to planning and implementation.
- The Trust's Audit Committee may wish to commission a study of the procurement processes in relation to the relationship with Roche and corporate partners in order that the Trust can develop SOPs for future ventures.
- The Audit Committee should review the Trust's Hospitality Policy to assure itself that it is appropriate for protecting the Trust and individual colleagues when there are active discussions with a potential commercial partner of the scale envisaged with Roche.

2.5 TOR 5 The appropriateness of recruitment decisions within the R&I Division during this period.

Comments had been reported to NHSE that there had been some inappropriate HR practices, particularly in relation to recruitment and associated decisions.

2.5.1 Jobs not advertised appropriately

It has been suggested that some posts have not been appropriately advertised externally in accordance with the Trust's policy. There is no indication that this is systematic practice.

2.5.2 Acting up/paying higher grades

It would appear that there was not a consistent approach to arranging for colleagues to cover more senior vacancies, with or without payment and for paying a higher grade to cover gaps. This created a lack of transparency which led to speculation about whether or not individuals were being paid more and whether grades had been uplifted.

It should be noted that these decisions took place during the pandemic so it might not be unreasonable for a pragmatic approach. However, some individuals still appeared to be receiving acting up allowances with no apparent paperwork, with no indication of the additional duties they undertake for the additional grade, sometime later.

2.5.3 Contract renewal issues

The R&I Division has a large number of temporary/fixed term contracts (FTCs). A spot check showed that 76 of 203 posts were FTCs. This may be a feature of short-term funding for research projects but seems to be excessive.

Some colleagues are very concerned about the uncertainty created by having FTCs and some feel that they are used as a form of threat when it is known that longer term funding is available for their post.

2.5.4 Staffing levels and skill mix

Several people raised concerns about staffing levels and skill mix particularly in the Clinical Research Facility (CRF) and the R&I office. They commented that managers seemed to lack awareness of staffing levels and did not listen to safety concerns until there was a crisis approaching. It was noted that the Chief Nurse has subsequently commissioned a review into the CRF.

2.5.5 Turnover in the R&I Division

The Review Team was informed that there is relatively high turnover in the R&I Division, particularly involving colleagues from BAME backgrounds. The data available did not enable more detailed analysis.

2.5.6 Recommendations

- To review all acting up payments in the R&I Division to ensure that they have the necessary approvals.
- The Trust should undertake an audit of the use of FTCs and review their policy with a view to developing a more supportive approach to this dedicated and often long-serving group of staff. This could include appropriate briefing and guidance documents for line managers on the use of FTCs.
- Each individual on an FTC should have a one-to-one meeting with their line manager to consider their personal employment situation and the legal implications.
- In view of the comments received about the turnover of staff from BAME backgrounds in the CRF it is recommended that a look back exercise is undertaken to establish the actual position.
- That the use and effectiveness of exit interviews be reviewed.

3. Matters not included in the rapid review's Terms of Reference

During the course of discussions with those people who had asked to speak to the review team a number of issues were raised which the team feels should be reported.

3.1 Leadership of the R&I Division

The Research and Innovation Division is led by the Research Director (RD) with two PAs allocated for this role and the Managing Director (MD). The MD also has responsibility for the School of Oncology, in addition to a range of other responsibilities. The main committee for oversight is The Christie Research Strategy Committee. The Division reports regularly to the Management Board and the Board of Directors. There is no clarity amongst clinicians as to which of the medical directors is responsible for R&I.

The post of Research Director has recently been revised and a new appointment has been made.

The review team heard considerable criticism of the leadership as being ineffective and remote, which has been strongly refuted by R&I leadership. Issues which have been cited as supporting this position are:

3.1.2 Research strategy

The Research Strategy review was carried out in line with Trust procedures and timelines.

In February 2020 a letter with 29 signatories who were mainly Medical Oncologists was sent to the RD and MD criticising the draft strategy and urging them to delay presenting the strategy to the Management Board. As a result of this further work on the strategy was put on hold by the Management Board, and the Medical Directors were asked to explore the issues and determine a way forward

3.1.2.1 Observation

The development of any strategy is complex and requires strong leadership and open participation from key stakeholders. Research is an integral element of The Christie's purpose and future. The context for the agreement of a research and innovation strategy for The Christie with its ambitions and considerable assets is multi-faceted. There are competing views from highly successful researchers with international reputations. The funding arrangements appear to be contentious and a potential obstacle to reaching agreement. All of these issues need to be openly and skilfully addressed for the Trust to achieve coherence. It seems to be the case here that the leadership from the division and the executive team was insufficient for the task.

3.1.2.2 Recommendation

- The new Director of R&I needs to be fully supported to lead the development of the R&I strategy.
- The leadership of the Trust should be fully engaged in working with stakeholders to clarify The Christie's ambitions for research within Greater Manchester, nationally and internationally.

3.1.3 Reconfiguration of clinical research management

In May 2020 five Medical Oncologists wrote to the Medical Directors requesting the opportunity to discuss the reconfiguration of clinical research management at The Christie. This states "Sadly, since we previously wrote to you in February regarding the research strategy, which the principal investigators

collectively felt was unacceptable, there has been little progress made in improving the relationship between clinical investigators and Christie managers.”

There followed meetings and exchanges of messages about the Roche partnership, the relationship between PIs and research management and effective leadership of the division.

On 24 September 2020 one of the medical directors reported to the Management Board that the role of the R&I Director would be enhanced by increasing the PA allowance and revising the job description. This confirmed that the postholder would be part of the executive team and be a key leader on research for the board of directors. There would be an open and transparent recruitment process to the new role. In addition, the medical directors would become members of The Christie Research Strategy Committee.

3.1.3.1 Observation

This decision to recruit a new Research Director with increased time and enhanced responsibilities and relationships indicates a significant change in approach by the Management Board and responds to the proposals made by the Medical Oncologists. This provides a positive opportunity to bring in new leadership to listen to the various stakeholders and work with them to develop plans to achieve The Christie's ambitions for research.

3.1.4 Relationships and behaviours in the R&I Division

The review team has heard from a number of people who work in or have previously worked in the R&I Division or had direct relationships with colleagues in the Division because of the nature of their work. Some people have asked for their identity to be protected as they did not want their comments to be associated with them. A number of people have been emotional in discussing their experiences with us. A common theme is pride in working for The Christie and for the contribution they make. They came forward because they want there to be change. However, others have left the Trust, some being quite embittered.

They have described instances of inappropriate behaviours and unfair treatment. They have felt intimidated and unable to challenge the instigators or give feedback. Examples include the existence of cliques, the abuse of positional power and senior colleagues being difficult and obstructive. While some acknowledged that they can be personally overbearing, others appear to be unaware of the impact they have.

The review team were very concerned to hear the negative experiences of a number of very committed and talented people in the R&I Division. Some of them have described how they have sought to navigate round difficult relationships to avoid finding themselves in stressful and demoralising situations.

3.1.4.1 Observations

- The leadership of the R&I Division must take responsibility for a culture where colleagues feel intimidated rather than being encouraged to thrive. The division needs strong, consistent, compassionate leadership that builds trust. The leadership of the R&I Division is regarded by many as ineffective and has allowed inappropriate behaviours to continue without challenge.
- There appear to be examples of dysfunctional relationships within the R&I Division with references to cliques and silos (and related preferential treatment). There is cynicism about a lack of willingness to address cultural issues which have been raised in external reports.
- There is widespread concern amongst clinical staff about slow study setup times, lack of engagement of R&I with new researchers, processes that have not kept pace with changes in research governance. These transactional issues should be relatively straightforward to resolve with effective leadership and operational structures.

3.1.4.2 Recommendations

- The Christie leadership should review the management arrangements for the division.
- The new RD should be supported to develop a strong, knowledgeable, and inclusive leadership team.
- The Trust should invest in organisation development for the R&I Division which will fully engage staff of all grades.

3.2 Bullying and harassment

The Trust's Positive Working Relationships Policy defines bullying and harassment as follows:

"Bullying: Offensive, intimidating, malicious or insulting behaviour. It is often an abuse or misuse of power through means intended to undermine, humiliate or injure the recipient".

"Harassment: Unwanted conduct that has the purpose or effect of violating people's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. This conduct may be related to a relevant protected characteristic: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation. This conduct may also be related to political affiliation and trade union membership".

3.2.1 Types of incidences

A number of respondents described incidences of bullying and/or harassment within the R&I Division that could be considered to fall within these definitions. Examples ranged from feeling minimised or excluded when they raised any concerns, unfair criticisms and a generally unkind culture to more severe cases of one-to-one harassment including criticisms and a perception of unfair performance management, abuse of positional power, the threat of withholding fixed term contract extensions and being spoken to inappropriately or harshly in front of other colleagues.

It should be noted that some of the individuals who raised concerns of bullying behaviour towards them were also described as bullies by others, with examples of their behaviour provided to us.

The review team noted the considerable recent work undertaken with the Respect Campaign to raise awareness and to try to address this issue. This demonstrates the Trust's commitment to zero tolerance of inappropriate behaviours, and we have heard from leaders how important this is. However, disappointingly only around 150 people had signed up/made the pledge to this campaign in the first 10 months and it was reported that there was a perceived lack of senior leadership engagement of this agenda with the exception of the Workforce Director. Some staff reported feeling that the Respect Campaign was tokenistic and lacked the depth of attention and stewardship needed.

In July 2020 Unison issued a "Notice of Awareness" to the Chief Executive regarding the lack of leadership and action to address inappropriate behaviours.

When staff raised issues with HR there was a tendency to advise that matters should be put in writing or raise a formal grievance rather than seek to resolve the issue more informally.

3.2.2 Observation

There was a view amongst some senior leaders, that there is a safe environment in which staff feel comfortable to speak up and that bullying is tackled effectively. It is important to recognise that all organisations will have incidences of inappropriate behaviours and bullying, and leadership needs to constantly reinforce its lack of tolerance.

3.2.3 Recommendations

- The Trust should consider whether it would be of value to initiate widespread organisational development/cultural interventions within R&I to identify and address underlying behavioural issues.
- The Trust are advised to review their Positive Working Relationships Policy particularly in relation to the intent of the alleged perpetrator. Current ACAS guidance around harassment states that harassment must have violated a person's dignity whether it was intended or not or created a hostile environment for the person whether it was intended or not. This is consistent with the Equality Act 2010 which makes it clear that it is not the intent of the perpetrator that is important but how the individual was made to feel.
- It would be beneficial for the organisation to consider the introduction of Bullying and Harassment Champions or supporters so staff have someone who they feel they can approach for informal support and advice other than HR who may have to deal with any formal processes.

3.3 Concerns about racist behaviours

The review team has received concerns from people working in The Christie who have experienced or witnessed racist behaviour. Sadly, racism exists in society and occurrences which could be considered racist, where people

from Black, Asian and minority ethnic (BAME) backgrounds are treated differently and, in some instances offensively, will be features of many organisations. The review team found no evidence that The Christie or the R&I directorate has a systemic or widespread racism problem, however, there are individuals or isolated pockets within the workplace where some staff perceive that they have been treated differently because of their race/ethnic background.

The review team noted the recent work undertaken within the Trust including launching the Respect Campaign, EDI champions, ensuring that BAME members of staff sit on interview panels and work to support more BAME staff to apply for internal promotional posts and the reverse mentoring programme.

Concerns raised by individuals largely related to insidious behaviours including the perception of being treated differently from white colleagues, e.g. performance process when they tried to raise safety or service concerns; grievances taking longer or concerns about not being listened to or dismissed.

A specific concern was raised about the apparent high turnover of staff from a BAME or European background in the CRF in 2019/20.

3.3.1 Recommendations

- The Trust should seek feedback from BAME staff on their experiences and examine information provided in exit interviews from the last three years.
- Through an external organisation, the Trust should examine how BAME colleagues have been treated in recruitment, promotion, disciplinary and grievance hearings over the last three years.
- The Trust should examine the feedback mechanisms from both staff and service users and seek assurance that all, regardless of their background (and particularly those from marginalised groups), are fairly and equitably represented when services are reviewed, and feedback is sought.

3.4 Board of Directors' oversight

The Board of Directors receive updates on Research as a part of their routine business. They also visit the R&I Division and attend an annual event where research projects are presented. These reports are generally positive and provide information which were described to the Review team as "good news stories".

On 24 September 2020 the Board received a report 'Raising concerns summary and supporting papers' which was the first time the unitary board as a whole were made aware of the range of concerns about the R&I Division. Some non-executive directors were surprised to hear the extent of the concerns. A full discussion took place and non-executive directors noted that an external independent review was the correct approach and that it was important for the board to learn from this experience.

3.4.1 Observation

This experience provides an opportunity for the Board of Directors to review the triggers for escalation for serious issues and risks. Some of the executive directors were aware of a number of concerns in the R&I Division which had been raised via various routes over the previous months. Some of the Non-executive directors would have wished to have been aware of these issues earlier. If the collective expertise of all board members had been briefed on the issues which were being raised it is possible that actions would have been taken which may have averted the escalation to NHSEI.

Considered together these would have given indications of what has been described as "a perfect storm" and greater attention should have been paid to the signs. Some may feel that these should have been brought to the attention of the unitary board at an earlier point.

The majority of executive directors are long-standing employees of The Christie which brings many strengths. Many find the executive team approachable and open. There is also a view of "us and them" with executives being located in a physically remote "ivory tower". These types of views are held in many organisations and the circumstances of the pandemic have created new barriers. The long working relationships have however created a perception for some that there is little challenge between the executives and there is a notion of the "old guard".

3.4.2 Recommendations

- That either the full Board or a limited-life sub-committee, with a majority of non-executive directors reviews the reports that have been received about R&I including 'External Performance Review of the

Systems and Processes in the R&D Division from 2012; the Wendy Fisher report; the report of the Non-Executive Director into the 'Concerns in the R&I Division' raised with the FTSUG; internal audit reports; 'Independent Assessment of the Progression of Real-World Evidence/Big Data Partnership Opportunities at The Christie 2018-2020', (Professor Andrew Hughes) December 2020; Review of the Clinical Research Facility, Professor Jaclyn Smith, December 2020; and the responses to these to assure themselves that full attention has been paid to them and that learning has been acted upon.

- The Board should review its structures for the escalation of issues and scoring of risks. It would be helpful for this to be facilitated and overseen by the Audit Committee.
- That the Board reviews its arrangements for communicating with and listening to the experiences of the employees of The Christie.

3.4.3 Important Note:

The Chairman felt that the Board of Directors should have had the opportunity to conduct an independent investigation and should have been advised of the allegations being made in order to enable the Board to address the concerns being raised without waiting for the outcome of the review.

The Chairman of the Audit Committee felt that, as a statutory body, the Trust should have been permitted to commission an independent audit of the procurement arrangements with Roche.

4. ToR 6 In the context of these issues consider what learning the Trust should consider and make recommendations in that respect.

The review team's observations and recommendations have been made under the relevant sections of this report. The following general remarks are provided with a view to being helpful to the Board of Directors and NHSEI.

There is no doubt that The Christie NHS Trust is a highly regarded and successful healthcare provider and cancer research institution. It has an excellent reputation nationally and internationally and is rated as Outstanding by the Care Quality Commission. The great majority of people who asked to meet the review team have worked at The Christie for many years and are proud to be part of an organisation which plays such an important role in society, providing high quality care and contributing widely to the development of knowledge about the treatment of cancer. There is a well-established executive team and an experienced board of directors.

It may therefore be thought to be surprising that NHSEI found it necessary to commission an external rapid review to look into concerns which had been raised by colleagues within the Research and Innovation Division. The root cause of this seems to be an apparent failure by those people in leadership positions who were aware of the concerns that had been raised, in the circumstances covered by the review, to listen to and take notice of a number of people who have some serious issues about the way they are treated and wish to contribute to an improvement in the culture.

The leadership of The Christie had a number of opportunities to avert this rapid review as colleagues in the R&I Division began to speak up about their concerns. Not only did they not seem to recognise this but there were occasions when they appeared to be defensive and dismissive.

The directors received a number of indications of a "perfect storm" in the R&I Division. These included the contact with the FTSUG, the criticism of the research strategy from senior clinicians and representations from medical oncologists to the medical directors regarding a range of issues. Decisions were made to pause work on the research strategy and to put discussions with Roche on hold but the symptoms which led to these actions did not seem to be examined and the connections were not made. If there had been greater reflection about this the directors could have intervened to provide the leadership needed to support colleagues, address concerns, and resolve complex management issues. (The review team are not able to assess whether matters would have been handled differently if there had not been the significant distraction of the pandemic.)

It is disappointing that the unitary board as a whole was not aware of the concerns that were being expressed as it is very likely that the collective experience of all directors would have ensured that steps were taken to address the communication and governance issues which were causing much uneasiness among a number of very committed colleagues.

The review team would recommend to the Board of Directors that they consider the evidence, observations and recommendations from this review, with a view to assuring themselves that colleagues throughout the Trust are confident that they will be supported to speak up through compassionate management arrangements and an

assertive FTSU service; that the Board has mechanisms to hear the experience of colleagues; that the Board can be held to account as a fair employer through its culture and transparent processes.

The review team is not able to assess the potential for patients of the proposals for a commercial partnership to take forward molecular profiling and real-world data. However, it would be most regrettable if significant developments were delayed because there were inadequate project management and governance arrangements, leading to the work being put on hold.

5. Acknowledgements

The review team would like to thank all those people who came forward and those who responded to invitations to attend meetings. Everyone has been very open with the views and willingness to answer questions. The majority of people who met the team were very proud to work for The Christie and to be associated with the care provided for its patients. Their contact with the review was largely motivated by a desire to see improvements implemented in order that The Christie might thrive in the future.