

Agenda: Trust Board Part 1**Date/Time of Meeting: 31st May 2023, 10:00am**

	Preliminary Business		Lead	Time
22-23/24	Welcome, Introduction, Apologies and Quoracy	v	K Doran	10:00
23-23/24	Declarations of Interest	v	K Doran	
24-23/24	Minutes of the Last Meeting – 26 th April 2023	p	K Doran	
25-23/24	Matters Arising / Action Log	p	K Doran	
26-23/24	Cycle of Business	p	K Doran	
27-23/24	Chair and Chief Executive's Report to the Board	p	K Doran / L Bishop	
	Our Patients			
28-23/24	Patient Story	p	J Shaw	10:10
29-23/24	NED & Governor Engagement Walk-round	p	T Jones	10:20
	Our Strategy			
30-23/24	Progress against 5 Year Strategy	p	T Pharaoh	10:30
31-23/24	Digital Strategy	p	S Barr	10:40
	Our Performance			
32-23/24	Performance Committee Chair's Report	p	G Broadhead	10:50
33-23/24	Integrated Performance Report	p	Exec Leads	11:00
34-23/24	Finance Report	p	J Thomson	11:15
	Our Governance			
35-23/24	Extra-ordinary Audit Committee Chair's Report	p	M Tattersall	11:25
36-23/24	Charitable Funds Committee Chair's Report	p	E Abrahamson	11:35
37-23/24	Joint Committee - LUHFT and CCC Chair's Report including Terms of Reference	p	K Doran	11:45
38-23/24	Action from Board Development	p	K Doran / L Bishop	11:55
	Items for Inclusion on the Board Assurance Framework			
39-23/24		v	K Doran	12:15
	Questions from Governors and members of the public			
40-23/24		v	K Doran	12:25
	Any Other Business			
41-23/24		v	K Doran	12:35
	Reflections on the Meeting			
42-23/24		v	K Doran	12:45
	Date and time of next meeting hybrid MS Teams and Boardrooms CCC-L: 28th June 2023, 09:30am			
	Resolution: <i>"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".</i>			
	Close			

p paper
 * presentation
v verbal report



Draft Minutes of Trust Board Part 1
26th April 2023, 09:30

Kathy Doran	Chair
Mark Tattersall	Non-Executive Director
Geoff Broadhead	Non-Executive Director
Elkan Abrahamson	Non-Executive Director
Terry Jones	Non-Executive Director
Anna Rothery	Non-Executive Director
Asutosh Yagnik	Non-Executive Director
Liz Bishop	Chief Executive
Jayne Shaw	Director of Workforce & Organisational Development
Sheena Khanduri	Medical Director
Julie Gray	Chief Nurse
Joan Spencer	Chief Operating Officer
James Thomson	Director of Finance
Tom Pharoh	Director of Strategy (non-voting)
Sarah Barr	Chief Information Officer (non-voting)

In attendance:

Jane Hindle	Associate Director of Corporate Governance
Emer Scott	Associate Director of Communications
Skye Thomson	Corporate Governance Manager (Minutes)
Jane Wilkinson	Lead Governor
Laura Jane Brown	Staff Governor (Nurses)

Item No.	Standard Business
1-23	<p>Welcome, Introduction, Apologies & Quoracy: The Chair welcomed the Board and observing Governors and staff and noted there were apologies for absence from Geoff Broadhead. The Chair welcomed Jane Hindle, Associate Director of Corporate Governance to her first Board of Directors meeting.</p> <p>The Chair confirmed the meeting was quorate.</p>
2-23	<p>Declarations of Interest There were no declarations made in relation to any of the agenda items. The Boards register of interests is published on the Trust website: https://www.clatterbridgecc.nhs.uk/application/files/2316/8233/2399/The_Clatterbridge_Cancer_Centre_Register_of_Interests_2022-23.pdf</p>
3-23	<p>Minutes of Previous Meeting The minutes of the meeting held on 29th March 2023 were approved as a true and accurate record subject to the following amendments:</p>



	NED AY clarified that on page 8, NED Independence of Board, his declaration of interest update was Transformation Director at MHRA.
4-23	<p>Matters Arising / Action Log</p> <p>There were no matters arising. The Board noted that the following updates regarding the action log:</p> <p>P1-160-22 Review Committee Governance model</p> <p>This item was awaiting the new Associate Director of Corporate Governance. The Board noted the Trust is going through a process of evaluating Committee Effectiveness and agreed the review will come back in July.</p> <p>P1-013-23 VTE Incidents</p> <p>The Board noted the data on VTE incidents going to quality committee had been deferred until June and agreed this new timeline</p> <p>P1-045-23 Category 1 patients</p> <p>The Chief Operating Officer informed the Board that the due to the workforce needed to start category 1 patients on the weekend it is more cost effective to wait until Monday for them to start their treatment. The Trust aren't in a position to provide the service over the weekend. There are a small number of category 1 patients (a handful each year) and this process is reviewed intermittently. A review was taken to Performance Committee 2 years ago. The Board agreed to close the action.</p> <p>P1-045-23 CT Machine break downs</p> <p>The Chief Operating Officer noted that the Trust had problems in February with the CT and PET CT, which prompted the action for further information. The Trust has lost 37 scan days over 12 months. There has been a problem identified with a component part, however there is a global issue with supply. There is now an agreement to keep the part in the UK and the Trust are part of the replacement programme and don't foresee long term issues. The Board agreed to close the action.</p> <p>P1-045-23 SPC Charts</p> <p>The narrative around CW07 and CW08 from the Integrated Performance Report had been queried at the last meeting. The Chief Operating Officer informed the Board that the upper and lower limits of the SPC charts are determined by the last 18 months of performance and move when there is significant change. The lower limit for CW07 is below target, so although this year the target has been consistently met, as the lower limit is below target it is indicated that achievement of the target is likely to be inconsistent. For CW08 both the upper and lower limits are above target and so the target is likely to be achieved consistently. The Board agreed to close the action.</p> <p>P1-045-23 Freedom of Information Requests</p> <p>The Director of Finance informed the Board that Freedom of Information (FOI) requests are anonymous and the Trust doesn't record who they are from, and therefore can't determine how many are submitted by patients. The Board agreed to close the action.</p> <p>P1-053-23 Cheshire & Merseyside Cancer Alliance Reporting</p> <p>The Chief Executive noted that the reporting for the Cancer Alliance had moved to quarterly, however due to a lag in getting the data the Q1 report wouldn't be available until August and the Board doesn't meet in August. Therefore the report wouldn't come until September which is a large gap from the previous report in March 2023. The Chair had agreed that a brief report will come to the Board in July and then the standard quarterly reports will follow the cycle.</p>

	<p>The Chief Executive noted at the last Board meeting there were concerns on the faster diagnosis standard data which was 61% this is now 71%. For the 1st time since covid the national standard for faster diagnosis was met at 75%. There is a better feeling regarding trends nationally, regionally and locally. The Chair noted positive feedback regarding this was received on northern regional call. The Board agreed to close the action.</p>
5-23	<p>Cycle of Business The Board noted the cycle of business and the deferral of the Charitable Funds Committee Chair's report to May 2023.</p>
6-23	<p>Chair's report The Chair informed the Board of the flurry of activity with NHS England regionally and nationally undertaking the operational and financial planning for the year. It is important that Boards are sighted on issues. Trust's projecting deficits are having ongoing discussions with NHS England and their ICBs. It is hoped that planning discussions will close by the end May.</p> <p>The Liverpool Chairs met ICS Chair's in early April and some progress was noted on the Liverpool Women's sub group..</p> <p>The Trust has had two meetings of the Clatterbridge Cancer Centre and Liverpool University Hospitals (LUHFT) Joint Committee, the formal Chair's report for which will come to Trust Board in May along with the Terms of Reference, which have been standardised across the three joint committees. The Committee discussed its work programmes, for which Clatterbridge had identified leads and LUHFT are currently identifying. The Trusts have requested each organisation's organogram. The Committee is looking to understand its supervisory arrangements and where it is reporting into. This is under discussion with the Integrated Care Board (ICB).</p> <p>The Chair has launched the NED appraisal process and has met with the Governors to discuss succession planning and appraisals. A report will go to the Council of Governors in July. The Chair noted she had attended the funeral of previous Lead Governor Stephan Sanderson, which was very moving.</p> <p>The Director of Workforce provided an update on industrial action noting the Royal College of Nursing (RCN) had rejected the government's pay offer. Further industrial action dates have been announced, 8pm Sunday – 8pm Tues 2nd May. This industrial action running until the 2nd May is under review as the 2nd May falls out of the mandated period, this will be heard at high court on 27th April 2023 with a decision on Friday 28th April. This means there is some uncertainty around planning for the Trust, however the Trust has learnt from recent industrial action and has a good process in place.</p>
	<p>Reports and Action Plans</p>
7-23	<p>Board Assurance Framework The Chief Executive introduced the Board Assurance Framework paper, which provides updates against BAF4 and 6 and shows the full BAF.</p> <p><u>BAF 4</u> Good progress has been made following the appointment of the new Associate Director of Corporate Governance and the compliance check against the Code of Governance. There is further work to be done with regard to the quality strategy and the risk management strategy is on the agenda for approval.</p>

	<p>BAF 6 There is further clarity around funding and influence over prevention and diagnosis is well entrenched.</p> <p>Mark Tattersall noted the link between BAF 1 and BAF 4 with BAF 1 scoring 16. The Board discussed the overlap of the risks and suggested a further separation to give clarity that BAF 4 refers to the quality strategy as a form of Governance and BAF1 is looking at the output from it, which will take longer to embed.</p> <p>Asutosh Yagnik highlighted the inconsistencies around the scoring discussion at the People Committee.</p> <p>ACTION: Further clarification on the discussion and scoring to be provided at the next meeting.</p> <p>Asutosh Yagnik noted inconsistencies with scoring in the report and agreed to pick these up offline with the Corporate Governance Manager.</p> <p>The Board noted the report</p>
8-23	<p>Board Assurance Framework Refresh 2023/24 The Chief Executive introduced the report which provided recommendations to the Board for any changes to the risk wording, and 2023/24 target scores for the Board Assurance Framework. Each executive Lead had reviewed their BAF risks and provided a target score.</p> <p>The Chief Nurse noted the changes to BAF 1, which had been reworded to focus on a focus on patient safety and quality care rather than governance.</p> <p>The Board noted the 2023/24 target exceeds the risk appetite. The Chief Nurse noted that there is significant ground work to be done to reduce the risk.</p> <p>The Board discussed BAF 15 and questioned if the focus on governance arrangements constrained it. The Director of Finance noted the risk is around governance not business, the target is a low risk in our control, commercial output is separate. It was noted the subsidiaries recently had a substantial assurance audit.</p> <p>Asutosh Yagnik, highlighted some errors in the report and would pick these up with Corporate Governance Manager.</p> <p>The Board discussed the challenges with target scores and the difference between actions being complete and embedded.</p> <p>The Chair requested that the team reflect on the conversations had and review the BAF risks to go through the Committees to be discussed in detail.</p> <p>The Board noted the report and request to review.</p>

<p>9-23</p>	<p>Staff Story – Springboard Development Programme</p> <p>The Board received a presentation from four female staff who had attended the Trust's first 'Springboard' development programme for women in roles at Band 2 to Band 6.</p> <p>The Head of Learning and Development provided an overview of the programme and informed the Board how the journey to bringing in Springboard started. The attendees shared really positive feedback stating how much it had inspired and encouraged them to believe in themselves and be more empowered. There were huge benefits for their teams as they felt confident sharing their ideas and knew their worth as valued staff with a lot to offer.</p> <p>The Head of Learning and Development informed the Board they are hoping to bring the training in house and do a further cohort.</p> <p>The Board was pleased to see such a positive account of the programme and thanked the attendees for sharing their story.</p> <p>Elkan Abrahamson asked the attendees what the Trust could do to encourage people to attend the training, as those that would benefit may not put themselves forward. The attendees agreed they were happy to encourage others to attend and noted that they felt empowered to attend when their line manager encouraged them to take part.</p> <p>The Board thanked the participants for sharing their story.</p>
<p>10-23</p>	<p>Quality Committee Chair's Report including Terms of Reference</p> <p>Terry Jones, Chair of Quality Committee , introduced the Chair's report for the meeting on 23rd March 2023.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • The Committee recommend approval of the Digital Strategy, which will come to Board for approval in May 2023. • The Committee considered the Board Assurance Framework • The Committee received presentations on the actions taken following the limited assurance MIAA Quality Spot Checks. These were highly reassuring and the Committee asked for further follow up in June • The Committee recommend Board approval of the draft Risk Management Strategy on the agenda • The concerning data regarding DNACPR, this is from a small sample size which skews the data, however the Committee highlighted the concern and requested further update on progress on ensuring there is a clear policy in regards to DNACPR come back in September.

	<ul style="list-style-type: none"> The positive presentation on the Metastatic Spinal Cord Compression (MSCC) Service. The Quality Committee requested the Board approve its terms of reference. <p>The Board noted the Chair's report and approved the Quality Committee Terms of Reference.</p>
11-23	<p>Audit Committee Chair's Report</p> <p>Chair of Audit Committee Mark Tattersall, introduced the Chair's report for the meeting on 19 April 2023.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> The sign off of the annual plans for Mersey Internal Audit (MIAA) and Anti-fraud. The update on Internal audit progress. The Committee noted the limited assurance on quality spot checks and were pleased the actions were being presented through Quality Committee . The Head of Internal Audit Opinion was noted and wording will be included in the Annual Governance Statement portion of the Trust's 2022/23 Annual Report. The anti-fraud annual report was received and the Committee was pleased to see full compliance for the standards. Component 12 on Gifts and Hospitality and conflicts of interest was now compliant following significant work from the Corporate Governance Administrator and Corporate Governance Manager to secure a 97% compliance rate for decision maker's annual declarations of interests. An early draft of the 2022/23 trust Annual Report was viewed and amendments suggested. Excellent performance from the finance team was noted against the key financial indicators. A letter was received in March from Julian Kelly, Chief Finance Officer, NHS England congratulating the Trust on its performance in relation to the Better Payment Practice Code for the year to month 10. <p>The Board noted the Audit Committee Chair's Report</p>
12-23	<p>People Committee Chair's Report including Terms of Reference</p> <p>Chair of People Committee Anna Rothery, introduced the Chair's report for the meeting on 18 April 2023. Anna Rothery noted that the Terms of Reference were recommended for Board approval, subject to the correction of the name of the Committee on the title page.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> Immediate Life Support (ILS) and Basic Life Support (BLS) Mandatory Training compliance continues to be under target. Individuals who are consistently non-compliant for a 6-month period, who will be receiving escalation letters with a focus on completing the training. The Committee received an update on industrial action; the Director of Workforce provided the most up to date position earlier in the meeting. The Committee received a presentation from the Menopause Staff Network and was pleased to hear about the progress made in a short space of time. The Committee noted the outline responsibilities for the Wellbeing Guardian. The Committee received the Equality, Diversity & Inclusion (EDI) report and Anna Rothery noted the Board will attend an EDI Board development session later that day as EDI is not just the responsibility of the People Committee but is Trust wide. <p>It was noted that the ILS and BLS mandatory training compliance had been under target for a significant period of time and queried what confidence the executive had that this would be achieved.</p>



	<p>The Director of Workforce noted that the target has been reviewed and is correct and the Trust are now working through a name-by-name approach sending letters. Individuals should be responsible for their own mandatory training. The Director of Workforce advised she couldn't give a date for when the target would be met, but reassured the Board the Workforce team are determined to get there.</p> <p>There are 29 staff members outstanding for BLS and 20 for ILS. The Director of Workforce confirmed there is no systemic issues on training availability, however there might be current challenges with current industrial action.</p> <p>The Chief Nurse noted that in the safety huddle each morning it is ensured that the correct trained staff are on the wards and the services are safe.</p> <p>The Board noted the non-compliance is being monitored and they will continue to be so.</p> <p>The Board noted the Chair's report and approved the People Committee terms of reference.</p>
13-23	<p>Integrated Performance Report</p> <p>The Chief Operating Officer introduced the Month 12 Integrated Performance Report and each Executive Lead briefed on highlights in the SPC Charts and exception reporting for the following areas: Access, Efficiency, Quality, Research & Innovation and Workforce:</p> <p><u>Access and Efficiency</u></p> <ul style="list-style-type: none"> • The Trust has received a record number of referrals and is doing really well to hold position. • The 28 day faster diagnosis (referral to diagnosis) target has had 6 breaches noted in the CW00 exception report. • The Administrative Services Team are in business continuity and recruitment has been underway with new staff doing training. There has been general issues across the service, staff have been moved around to help and the service should be out of business continuity next month. • There is a big piece of outpatient transformation work underway to support with capacity • There have been challenges around length of stay and lots of work by urgent cancer care board is underway. • There were issues last month with imaging turn-around, there has been no patient harm and there are new staff and a new process in place. i • The outpatient target was achieved in month <p><u>Quality</u></p> <ul style="list-style-type: none"> • The Trust has exceeded the in-year threshold for infections. There are a number of unavoidable infections, however further work is need to ensure we can evidence care. There will be an 8 week spring into action master class lead by the Infection, Prevention and Control (IPC) team. The first session on back to basics was held last week. The team will be completing audits to ensure evidence can be provided to show has been done to prevent patient condition. • There were challenges in month with planned vs actual staffing. There is a twice-daily staffing meeting to support this and move staff around to make services safe. There had been short-term sickness including Covid, these issues should be resolved next month. • There was one patient not compliant within the 60 day target as the family wanted to delay treatment. This is being managed. • There is an ongoing piece of work around policies and the Chief Nurse was confident improvements would be seen on this target next month.

	<p><u>Research & Innovation</u></p> <ul style="list-style-type: none"> • The Trust is below target recruitment, however the team has had big strategic objectives in year regarding the successful regaining of ECMC status so this is not concerning. • New studies open is below target. 7 are waiting sponsors and are out of Trust control. • The team are monitoring the pharmacy recovery plan and should start to see improvements. • Governance has been strengthened around ECMC. <p><u>Workforce</u></p> <ul style="list-style-type: none"> • Sickness absence continues to be under target. Plans for supporting managers to reduce this are being finalised. • Turnover is below target although on the cusp when fixed-term contracts and retirements are removed. There is a narrative regarding work life balance; however this can be used as a default answer and mean different things. • A new system for the PADR process will be in place from end of May/ early June. The team don't want changes to impact on compliance, however there could be a dip whilst users get used to the new system. The new system is built based on staff feedback and should be more user friendly and intuitive. <p>The Board noted and approved the Integrated Performance Report</p>
14-23	<p>Finance Report</p> <p>The Director of Finance presented the finance report, which detailed the Trust's financial performance for March 2023. The Trust achieved its targets for the year, delivering the agreed activity.</p> <p>The Director of Finance highlighted the following:</p> <ul style="list-style-type: none"> - Increase in bank and agency usage linked to nursing and bed capacity. - The Trust achieved its cost improvement programme (CIP) – there is some non-recurrent CIP that needs to be picked up in 2023/24. - The 2022/23 annual accounts are subject to external audit and will be submitted to NHS England. - The capital programme was back loaded and as expected the majority of the spend occurred in quarter 4. - Capital accruals: The audit committee will be going through the balance sheet in more detail. <p>The Chair noted the good performance and thanked the Director of Finance and teams involved. The Director of Finance noted the Divisions had supported the delivery of the budgets and increase in activity.</p> <p>The Board noted the report.</p>
15-23	<p>2023/24 Operational and Financial Planning Update</p> <p>The Director of Finance provided a verbal update on the Trust's 2023/24 Operational and Financial Planning. The Integrated Care System submitted the plan to NHS England and are having ongoing conversations.</p> <p>The Trust is maintaining the plan agreed at the last Board and will await further clarification on the final position.</p> <p>The Board noted the verbal update and the ongoing position.</p>

16-23	<p>NED & Governor Engagement Walk-round</p> <p>The Chief Nurse introduced the report as the Non-Executive Director representative was unable to attend the walk-round due to weather conditions affecting travel. The March walk-round took place at the CANtreat Chemotherapy Unit in Halton with the Warrington and Halton Governor in attendance. The Chief Nurse noted that a patient had raised a challenge with travelling from Warrington to Halton for their bloods to be taken and this had been immediately actioned and resolved on the day.</p> <p>The staff discussed the Milestone bell on the wall. They were very proud that the poem which accompanies the bell was written by one of their long-term patients. This is also in other areas of the organisation.</p> <p>The Chief Nurse highlighted the areas for improvement and actions taken included in the report.</p> <p>The Director of Strategy noted the area is due for a refurbishment and the team are waiting on plans from architects. The Board agreed it would be good to have a focus group with the staff to discuss changes.</p> <p>The Board noted the report.</p>
17-23	<p>NED & Governor Engagement Walk-round Annual Report</p> <p>The Chief Nurse introduced the report noting that the process for NED and Governor Walk-rounds changed 12 months ago and the Board agreed an annual review would come back each year to see impact and output from the walk-rounds.</p> <p>The Chief Nurse noted the actions were divided into key themes and requested the Board note the actions taken as a result of the Non-Executive Director and Governor engagement sessions and support the continuation of the process into 2023/24.</p> <p>The Board discussed the value of the walk-rounds and agreed that the walk-rounds were valuable and it was good to see the annual report pulling the feedback together.</p> <p>Lead Governor Jane Wilkinson commented that the walk-rounds are a great opportunity for the Governors to see services and hear from patients and staff.</p> <p>The Board discussed the feedback to staff. The area visited receives the report, the Associate Director of Communications noted that the Communications team could do a summary 'you said we did' which could be shared with staff. The Chief Nurse noted the links into the work around the MIAA Quality spot check for which there will be a 'you said we did'; the two are connected.</p> <p>The Chief Nurse noted that the more walk-rounds staff participate in the more comfortable they get talking to people about their service, which helps them feel comfortable talking to regulators.</p> <p>The Board thanked the Head of Patient Experience for her work on the walk-rounds and the report.</p> <p>The Board noted the report.</p>
18-23	<p>Risk Management Strategy</p> <p>The Chief Nurse introduced the new Risk Management Strategy for 2023-2026. The Board is required to have a strategy on how to manage risk. The existing strategy was due for review in</p>

	<p>April 2022 and the Board agreed to extend it for a 12-month period to give time for a new version to be developed. The quality team held a risk management strategy development workshop with key members of the organisation to look at what risk means to the organisation. Under the strategy will sit an operational policy that will be approved by the Risk and Quality Governance Committee. The strategy breaks down the main objectives and shows which year they will be achieved in. An annual update on progress against the strategy will come to the Board.</p> <p>The Chief Nurse is exploring with the Communications Team the potential for an animation to be included on screensavers around the Trust to ensure the strategy is relevant for everybody.</p> <p>Mark Tattersall noted that MIAA conducted a BAF review and added comments on cascading information about risk appetite. The strategy has risk appetite under objective 4 (Develop risk appetite cascade to operational levels to ensure common understanding) for implementation in year 3. Mark Tattersall queried if this could be brought for completion sooner. The Chief Nurse confirmed this could be linked in with year 1 and that risk appetite could be part of the animation.</p> <p>The Board discussed linking innovation with learning from incidents. The Chief Nurse noted the fundamentals need to be right, PSIRF needs to be brought in and the Trust will look at how we learn from incidents.</p> <p>Asutosh Yagnik queried if the timeline is ambitious enough and if any objectives could be brought from year 2 to year 1. The Chief Nurse noted that there a number of national processes changing and still gaps in the clinical governance. If year 1 is achieved and items from year 2 can be completed early they will be.</p> <p>The Board approved the Risk Management Strategy.</p>
19-23	<p>Mortality Report (Learning from Deaths)</p> <p>The Medical Director introduced the quarter 3 mortality report and noted the reporting is out of sync due to industrial action. The report had been seen by the Risk and Quality Governance Committee where there was nothing of concern to raise. The Board attended a Board development session on mortality in January 2023.</p> <p>The Medical Director highlighted the lesson learnt from mortality review section on page 150 of the paper pack. Essential documentation training has been delivered to all SACT administration staff and there are no additional concerns regarding this.</p> <p>The Board noted the report.</p>
20-23	<p>Use of Trust Seal Report</p> <p>The Associate Director of Corporate Governance introduced the report advising the Board of Directors of the occasions where it was necessary to use the Trust Seal during 2022/23.</p> <p>There was one occasion where it was necessary to use the Trust Seal during 2022/23; this was for the Transfer of Title for The Rutherford Cancer Centre.</p> <p>The Board noted the report.</p>
	<p>Any Other Business</p>
21-23	<p>The Board noted that the Digital Strategy will be taken to the next meeting due to the current pre-election period. Any comments on the circulated document should be sent to the Chief Information Officer.</p>

	Date and time of next meeting: 10.00am 31st May 2023, Boardroom 3, Clatterbridge Cancer Centre
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Agenda Item: 25-23-24							
Item No.	Date of Meeting	Item	Action(s)	Action By	Date to Complete By	RAGB	Status Update/Assurance
P1-160-22	28-Sep-22	Formal Review of the Board Committee Governance Structure	The Board agreed to continue on this Committee governance model and review again in 6 months	JG	Jul-23		Included on cycle of business Deferred - Awaiting new ADoCG starting 26 April 23: Board agreed new date for completion of July 2023, to be completed as part of Committee Effectiveness review.
P1-013-23	26-Jan-23	Integrated Performance Review	The Medical Director to take data on VTE incidents to Quality Committee	SK	Jun-23		Added to Quality Committee Cycle of Business for March 23 Deferred until June 23 26.04.23 Board acknowledged deferred reporting to Quality Committee and agreed revised June 2023 deadline
P1-045-23/24	26-Apr-23	Board Assurance Framework Refresh	Further review of BAF refresh to take place in light of AY comments. Clarification to be provided on People Committee BAF score discussions. Wording from Risk Management Strategy in relation to risk appetite to be reflected in BAF	JH	May-23		Update to be included in Chair and Chief Executive update to the Board
P1-046-23/24	26-Apr-23	Staff Story	Staff Story slides to be distributed to the Board	ST	May-23		Completed
P1-055-23/24	26-Apr-23	Risk Management Strategy	Annual review of Risk Management Strategy to be added to Cycle of Business for April 2024	ST	May-23		Completed

Trust Board Cycle of Business 2023/24				Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2024	Jan-24	Feb-24	Mar-24
Item	Lead	Frequency	Item For													
Standard Items																
Welcome, Introductions, Apologies and Quoracy	Chair	Monthly	Standard Business	√	√	√	√	√	√	√	√	√	√	√	√	√
Declarations of Interest	Chair	Monthly	Standard Business	√	√	√	√	√	√	√	√	√	√	√	√	√
Matters Arising / Action Log	Chair	Monthly	Standard Business	√	√	√	√	√	√	√	√	√	√	√	√	√
Cycle of Business	Chair	Monthly	Standard Business	√	√	√	√	√	√	√	√	√	√	√	√	√
Chair and Chief Executive Update	Chair / Chief Exec	Monthly	Standard Business	NA	√	√	√	√	√	√	√	√	√	√	√	√
Strategy & Planning																
Progress against 5 Year Strategy	Director of Strategy	6 monthly	For information/noting		√					√						
Annual Financial/Operational Planning Guidance	Director of Finance	Q3 and Q4	For information/noting							√				√	√	√
Progress against Innovation Strategy (Inc. Bright Ideas) Annual Report	Medical Director	Annually	For information/noting										√			√
Progress against Research Strategy Annual Report	Medical Director	Annually	For information/noting							√						
Progress against Green Plan Annual Report	Director of Strategy	Annually	For information/noting							√						
Digital Strategy	Chief Information Officer	Annually	For approval		√ (deferred to May 23)											
Quality Strategy	Chief Nurse	ibc	For approval													
Risk Management Strategy	Chief Nurse	Annually	For approval	√												
Assurance: Quality & Performance																
Patient Story	Chief Nurse	Every other meeting	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Staff Story	Director of WOD	Every other meeting	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Quality Committee Chair Report	NED TJ	Quarterly	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Performance Committee Chair Report	NED GB	Quarterly	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Audit Committee Chair Report	NED MT	6 times a year	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Charitable Funds Committee Chair Report	NED EA	Adhoc	For information/noting	√ (deferred to May 23)												
People Committee Chairs Report	NED AR	Quarterly	For information/noting	√ (inc. ToR - deferred from Mar 23)	√	√	√	√	√	√	√	√	√	√	√	√
Integrated Performance Report	Exec Leads	Monthly	For discussion	√	√	√	√	√	√	√	√	√	√	√	√	√
Finance Report	Director of Finance	Monthly	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Safer Staffing Report	Chief Nurse	6 monthly	For approval			√										
Gender Pay Gap	Director of WOD	Annually	For discussion											√		√
Workforce Race Equality Standard Data	Director of WOD	Annually	For information/noting							√						
Workforce Disability Equality Standard Data	Director of WOD	Annually	For information/noting							√						
Equality Diversity & Inclusion Annual Report	Director of WOD	Annually	For approval			√										
In-Patient Survey	Chief Nurse	Annually	For information/noting			√										
NED and Governor Engagement Walk round	NED attended	Monthly	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Actions from NED and Governor Engagement Walk-rounds Annual Report	Chief Nurse	Annually	For information/noting	√												
Caldcott/SIRO Annual Report	Medical Director / Director of Finance	Annually	For approval							√						
Staff Survey Results	Director of Workforce	Annually	For information/noting													√
Statutory Reporting / Compliance																
Annual Report & Accounts including the Annual Governance Statement	Associate Director of Corporate Governance	Annually	For approval			√										
External Audit Findings Report and Letter of Representation	Associate Director of Corporate Governance	Annually	For information/noting			√										
Self-Certification against the Provider Licence	Associate Director of Corporate Governance	Annually	For approval			√	√ (deferred to July 23)									
Regulation 5 Declarations (F&I and Proper)	Associate Director of Corporate Governance	Annually	For approval			√										
Emergency Preparedness Resilience and Response (EPRR) Annual Report and Core Standards	Chief Operating Officer	Annually	For approval					√								
Mortality Report (Learning from Deaths)	Medical Director	Quarterly	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Mortality Annual report	Medical Director	Annually	For approval							√						
Revalidation Annual Report	Medical Director	Annually	For approval					√								
Guardian of Safe Working Report	Medical Director	Quarterly	For information/noting			√		√		√						√
Guardian of Safe Working Annual Report	Medical Director	Annually	For approval					√								
Infection Prevention and Control Annual Report	Chief Nurse	Annually	For approval				√									
Freedom to Speak Up Annual Report	Associate Director of Corporate Governance	Annually	For approval							√						
Health and Safety Annual Report	Chief Operating Officer	Annually	For approval							√						
Safeguarding Annual report	Chief Nurse	Annually	For approval							√						
Collaboration																
CMCA Report	Chief Executive	ibc	For information/noting							√						√
Joint Committee - LUHFT and CCC Chair's Report	Chair	ibc	For information/noting		√											
Board Governance																
Review of Constitution (ADHOC)	Associate Director of Corporate Governance	Adhoc	For discussion													
Board Assurance Framework	Associate Director of Corporate Governance	Quarterly	For information/noting	√	√	√	√	√	√	√	√	√	√	√	√	√
Board Assurance Framework Refresh	Associate Director of Corporate Governance	Annually	For approval	√												
Audit Committee Annual Report and Annual Review of Board Effectiveness	Associate Director of Corporate Governance	Annually	For discussion			√										
Trust Board Annual Cycle of Business	Associate Director of Corporate Governance	Annually	For discussion													√
NED Independence & Board Register of Interest	Associate Director of Corporate Governance	Annually	For information/noting													√
Use of Trust Seal Report	Associate Director of Corporate Governance	Annually	For information/noting	√												
Adhoc / Committee Requested																
Formal Review of the Board Committee Governance Structure	Associate Director of Corporate Governance	Adhoc	For discussion				√ (deferred from March 22)									√
Freedom to Speak Up Reflections and Planning Tool	Associate Director of Corporate Governance	One-off	For information/noting						√							
Freedom to Speak Up Policy	Associate Director of Corporate Governance	One-off	For information/noting						√							

Title of Meeting: Trust Board Part 1**Date of Meeting 31st May 2023**

Report lead	Kathy Doran Chair, Liz Bishop CEO					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Chair and Chief Executive report to Trust Board					
Purpose of paper	This is a combined Chair's and Chief Executive's report containing an update on items of national, regional and local significance.					
Background papers	N/A					
Action required	The Board is requested to: <ul style="list-style-type: none"> Note the report 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	X	Be a great place to work	X		
	Be Collaborative	X	Be Digital	X		
	Be Research Leaders	X	Be Innovative			
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Chair's Update

Joint Committee

I have continued to participate in regional and local meetings during the month with a specific emphasis on the emerging governance arrangements for a Joint Committee between Liverpool partners with a focus on the recommendations from the Liverpool Clinical Services Review.

Terms of reference have been drafted and shared for comments. Further work will be required to develop a work programme for the Joint Committee which will assist in clarifying the decision making process. It is intended that the initial meeting will take place in June.

Charitable Funds

I continue to be involved in meetings regarding the future arrangement for the Clatterbridge Charity and will provide a further update to members in June.

Council of Governors

Following the last meeting of the Council of Governors, those who had expressed an interest participated in a meeting to select the quality account priorities for the Trust in 2024/25. Members met with the Chief Nurse and were given the opportunity to scrutinise a number of proposals. The final selection related to the introduction of a ward accreditation framework. Progress on implementation will be reported to the Council of Governors on a regular basis.

Consultant Appointments

In early May I chaired the appointment panel for a Consultant in Stem Cell Transplantation and Cellular Therapy. I'm delighted to report that an offer was made and subject to pre-employment checks the individual will be joining the Trust in the coming months.

Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative

I attended a meeting of CMAST Chairs. We discussed and shared reflections on the operational and financial planning round. The Liverpool University Hospitals Foundation Trust (LUFHT) Chairman updated colleagues on the Liverpool Clinical Services Review. We heard presentations on discharge initiatives and good practice from St Helens and Knowsley Teaching Hospitals Trust and the Cheshire East Home First Model. The Warrington Chair gave feedback on the system wide work on workforce.



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CEO Update

1. NHS 75TH Anniversary

The NHS will be 75 years old on 5th July 2023. It's an incredible achievement and, as the world's first national health service and free at the point of use, it's right to reflect, take stock and hear what staff think about where the NHS is currently and what this means for the NHS of tomorrow.

Hospitals nationally were also asked to host a small focus group with 10-14 staff to seek their views for the NHS Assembly and we had a fantastic session on 18th May with CCC staff from a wide range of roles and will feedback the response by 26th May.

The [NHS Assembly](#) - an independent group of health leaders, charities and patient representatives that advises NHS England – will collate anonymous feedback from the sessions together with results from the National Staff Survey and Pulse surveys into a report and some recommendations for NHS England.

Cheshire & Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative update (report provided by CMAST)

The Leadership Board met on 5 May and a number of key system issues were discussed this month:

The Board started its meeting by reflecting on the latest position in respect of industrial action. Hearing from Chris Douglas MBE, Director of Nursing and Care at the ICB, the Board explored the system impact and ICB and regional arrangements for oversight and coordinated response. Linked to this discussion the Board shared intelligence on wider union activity and contact with Boards. The Board agreed to follow up on this outside of the meeting, sharing intelligence and approaches, follow up will take place with individual trusts to understand potential impact.

The Board received an update on the work taking place within the CMAST programme for Elective Recovery and Transformation focussed on outpatients. A significant number of C&M patients waiting for treatment are outpatients and this area has rightly, attracted an amount of national planning focus for 2023/4 delivery. A number of planned initiatives and relative performance were discussed.

The Board then went on to discuss options for and development of a business case for a North Mersey Elective Hub. This programme relates to a multi-year investment from national monies that was signed off by NHSE England in the spring of 2022. Parameters including geographies were set at that time however, detailed plans to release already committed



investments needed to be developed this year. A discussion on the need for enhanced capacity and treatment in gynaecology and ophthalmology were discussed and supported in principle.

The Board also received final draft copy of the CMAST Annual Work Plan, which has been requested by the ICB for consideration at its Board meeting in May. The plan sets out CMAST's operating environment, approach and priorities and goes on to describe the scope, delivery priorities and any applicable targets for each of CMAST programmes through 2023/4. The Board provided their endorsement to this document and reflected on the need to include CMAST's contribution to the ICB's Financial Recovery Plan as had recently been committed to.

Liverpool University Hospitals Foundation Trust Visit

David Flory, Chairman of Liverpool University Hospital Foundation Trust (LUFT) visited our Liverpool Hospital on 15th May. I was delighted to show him around our site and Joan Spencer, Chief Operating Officer and I provided him with an overview of our services.

It was a positive discussion and strengthens the work that is underway in terms of working more closely with the LUHFT.

Paddington Village Diagnostic Centre

Following discussions at the meeting of the Council of Governors on 26th April I invited governors to a presentation regarding implementing the national cancer strategy and cancer diagnostics.

This provided a useful opportunity to build on the communications previously shared via the regular Governors Newsletter in relation to the Paddington Village Diagnostic Centre and my role as Senior Responsible Officer for the Diagnostics Programme for Cheshire and Merseyside.

I also shared information regarding strategic workforce planning and the digital diagnostic transformation which includes further integration with neighbouring health economies: Lancs, Greater Manchester, North Wales and Isle of Man through streamlined image sharing and reporting.

Industrial Action

Since the last Board update, the British Medical Association Union have announced a further 72 hour industrial action for June. The strike will take place between 07:00 on Wednesday 14th June until 07:00 on Saturday 17th of June.

Following the rejection of the Agenda for Change pay settlement by some trade unions a number of ballots are underway regarding further industrial action.



In addition, the BMA has balloted consultant members as a result of the trade dispute regarding pay erosion and the 2023/24 pay award.

Further updates will be provided in due course.

Recommendations:

The Trust Board are requested to:

- Note the report

Recent publications:

NHS Response to Covid-19: Stepping down from level 3 incident:

<https://www.england.nhs.uk/long-read/nhs-response-to-covid-19-stepping-down-from-nhs-level-3-incident/>

Delivery Plan for recovering access to Primary Care:

<https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

NHS Workforce in England: <https://researchbriefings.files.parliament.uk/documents/CBP-9731/CBP-9731.pdf>



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Title of meeting: Trust Board Part 1

Date of meeting: 31st May 2023

Report lead	Jill Jones Radiotherapy Quality and Operational Lead					
Paper prepared by	Louise Bunby Divisional Director Radiation Services					
Report subject/title	Radiotherapy Patient Narrative – May 2023 Trust Board					
Purpose of paper	Action Plan to support Patient Story					
Background papers						
Action required	Link to patient story: https://youtu.be/Y6FKw8pNEY4 See attached Action Report					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	x	Be a great place to work	x		
	Be Collaborative	x	Be Digital	X		
	Be Research Leaders	x	Be Innovative	x		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Patient/Staff Story Action Report

Story ID	May 2023	Committee	Board of Directors		
Date Presented	15.05.2023	Patient Story	<input checked="" type="checkbox"/>	Staff Story	<input type="checkbox"/>
		In person	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Date Consent Obtained	05.05.2023	Consented by	Jill Jones	Consent for:	<input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> External <input checked="" type="checkbox"/> Online Anonymized
Division/s involved	Radiation Services		External Organisation involved	N/A	
Formal Complaint	<input type="checkbox"/>	Complaint closed	<input type="checkbox"/>	Complaint Upheld	<input type="checkbox"/>

1. Action Already Taken

No	Issue	Action taken	Action Lead
1	On the day waiting times	Rebuild of Meditech clinic appointments to reflect actual delivery time of complex treatments.	Michelle Forshaw
2	On the day waiting times	Efficiency working group established to sight and mitigate inefficiencies.	Michelle Forshaw
3	Unplanned Machine Downtime	Varian servicing contract renegotiated with associated KPIs for unplanned downtime	Louise Bunby

2. Action Plan (for outstanding actions not covered above)

No	Issue	Action required	Action Lead	Deadline Date	Expected Evidence of Completion
1	Improved communication of on the day waiting times	Collaboration with BI to develop accurate waiting time dashboard to be displayed in patient waiting areas.	Jill Jones	September 2023	September 2023



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3. Process for monitoring completion of identified improvement/assurance actions

All actions identified during the collation of patient and staff experience stories will follow the process set out in the Patient and Staff Experience Story Process Standard Operating Procedure. Actions will be assigned to the appropriate subject matter committee for action and evidence of resolution. Where significant service transformation is required, that is beyond the remit of the Head of Patient Experience & Inclusion, the management of the change process will be handed over to the Transformation and Improvement Committee. An annual report summarising any themes, learning and changes in practice will be collated by the Head of Patient Experience & Inclusion.



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Title of meeting: Trust Board Part 1

Date of meeting: 31st May 2023

Report lead	Julie Gray, Chief Nurse					
Paper prepared by:	Quality Improvement Manager - Claire Smith					
In attendance at the visit	Non-Executive Director – Terry Jones Governor – Caroline Pelham-Lane					
Report subject/title	NED & Governor Engagement Walk-round April 2023					
Purpose of paper	The purpose of this report is to provide Trust Board with a summary of the NED & Governor Engagement Walk-round conducted on the 6 th April 2023. The panel visited the Pre-treatment and Radiotherapy Diagnostic departments at CCCW.					
Background papers	n/a					
Action required	To approve content/preferred option/recommendations					
	To discuss and note content					X
	To be assured of content and actions					
Link to: Strategic Direction Corporate Objectives	Be Outstanding		x	Be a great place to work		X
	Be Collaborative			Be Digital		
	Be Research Leaders			Be Innovative		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	Yes/No	Disability	Yes/No	Sexual Orientation	Yes/No
	Race	Yes/No	Pregnancy/Maternity	Yes/No	Gender Reassignment	Yes/No
	Gender	Yes/No	Religious Belief	Yes/No		



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Division	Radiation Services	Location	Radiotherapy Pre-treatment department CCCW	Date	6 th April 2023
In attendance – Panel			In attendance – Patient & Staff		
Governor	Caroline Pelham-Lane		Senior Manager facilitating the walk round	Lesley Woods	
Non-Executive	Terry Jones		Number of Patients	1	
Patient Experience Team	Claire Smith		Number of Staff	1	

<p>Patient Feedback: The patients were asked to describe their experience of care at CCC</p> <p>NB: <i>This is not a verbatim record but an overview of the key themes raised during the conversation.</i></p>	
<p>Positive Patient Comments:</p> <ul style="list-style-type: none"> All staff very friendly and always smiling. The patient reported having a seamless referral so far to date. The patient had attended CCCL the previous week for insertion of fiducial markers and commented that the experience had been brilliant, describing the department as immaculate. The patient needed to call CCC, receiving a message that he would have a call back within 24 hours, however he was very impressed to be called after waiting only 4 hours. 	<ul style="list-style-type: none"> Although the patient had read a lot of information regarding his treatment, he was impressed and preferred the CCC literature he was given during his consultant appointment, describing it as much more relevant and to the point. When asking staff for information his experience had been positive, occasionally if staff did not know the answer they were always able to signpost him to someone who did. Initially the patient had some fears regarding missing appointments due to the postal strike, however he was glad to receive a letter via first class from CCC, plus a text message confirming his appointment.
<p>Areas where immediate action was taken on the day:</p> <ul style="list-style-type: none"> None 	
<p>Areas for improvement:</p> <ul style="list-style-type: none"> The patient joked the only negative point was that the radiographer has 'cold hands', but otherwise he reported having a very positive experience so far. 	<p>Service response: <i>Highlight in Bold actions to be added to PEIC action plan</i></p> <ul style="list-style-type: none"> N/A



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<p>Staff Feedback: Staff were asked to describe their experience of providing patient care at CCC</p> <p>NB: <i>This is not a verbatim record but an overview of the key themes raised during the conversation.</i></p> <p>Senior staff discussed the changes to the department following the opening of the Liverpool site; positive aspects included more choice for patients with regard to where they attend for appointments, but staff also highlighted some negative consequences with regard to the Wirral becoming a 'cold site'. Staff reported that they are managing this issue with a number of interventions but are still dependent on North West Ambulance service when patients are acutely unwell, this has occasionally put additional pressure on both staff and the department.</p> <p>Due to strict appointment times staff were not formally interviewed in this department, although a number of positive comments were made.</p>	
<p>Positive Comments:</p> <ul style="list-style-type: none"> • Staff showed the panel a new scanner which was just over a year old. • Staff felt the department was very friendly and nice place to work. • Staff didn't feel that being at the Wirral site would put them at any disadvantage for promotion and/or progression as most staff rotate across all three main sites, both to provide flexibility within the department as well as to maintain skills. 	
<p>Areas where immediate action was taken on the day: None</p>	
<p>Areas for improvement:</p> <ul style="list-style-type: none"> • Issues that occur due to the Wirral being a 'cold site' with fewer facilities when patients are acutely unwell. 	<p>Service response:</p> <ul style="list-style-type: none"> • A process has been developed for transfer out from CCCW to APH and alternative transport methods have been explored but there are still situations where there could be a delay waiting for an ambulance to arrive. Without inpatient facilities this is difficult to mitigate fully. Mutual aid with WUTH is potentially an option that could be explored further.
<p>Observations on the day</p> <ul style="list-style-type: none"> • Very calm and relaxed atmosphere. • Comment made that it felt like a private facility. • All staff very pleasant and smiling. 	



Division	Radiation Services	Location	Radiotherapy diagnostic department CCCW	Date	6 th April 2023
In attendance – Panel			In attendance – Patient & Staff		
Governor	Caroline Pelham-Lane		Senior Manager facilitating the walk round	Linda Williams Samantha Altham	
Non-Executive	Terry Jones		Number of Patients	2	
Patient Experience Team	Claire Smith		Number of Staff	1	

<p>Patient Feedback: The patients were asked to describe their experience of care at CCC</p> <p>NB: <i>This is not a verbatim record but an overview of the key themes raised during the conversation.</i></p>	
<p>Positive Patient Comments:</p> <ul style="list-style-type: none"> • A patient reported being overall pleased with the staff, service and experience he had received. Although he did feel that he had to be proactive, to keep abreast of the number of contacts and appointments he was having. • Although the patient had not contacted any other supportive service/therapies, he was aware that they were available to him if and when he required them. • The patient commutes from Manchester and has had appointments at both CCCL and CCCW. He has found the journey seamless, he was appreciative of the free car parking on both sites and the option to walk or take the shuttle bus at CCCL. He talked about the ease of parking and wayfinding being an important part of the overall experience. 	<ul style="list-style-type: none"> • Another patient in the department reported having a very positive experience so far. • Staff had been brilliant, no improvements needed as everything had been super. • The patient had not experienced any issues with appointment thus far and had received text messages keeping him informed. • The patient felt that CCC must 'hand pick' their staff as they all excel in showing empathy and display the same ethos.



<p>Areas where immediate action was taken on the day:</p> <ul style="list-style-type: none"> N/A 	
<p>Areas for improvement:</p> <ul style="list-style-type: none"> One patient had attended a consultant appointment, the consultant was surprised that he had not been called for a scan. Further investigation found a letter had not been sent out to the patient and he had not received a text message. The patient also reported that he had chased another appointment and was informed he should have attended on the previous day without being notified. On another occasion he had received a letter on the morning of the appointment, however he had fortunately telephoned a few days earlier so was already aware of the appointment. The patient also discussed that although he was happy to be involved in surveys, he had received a number of survey requested via text message. However he had attended multiple appointments and was unclear which visit the survey was for, he felt that the requests could be more specific. He also talked about receiving a number of requests for feedback at a time when he was dealing with a new cancer diagnosis. 	<p>Service response: <i>Highlight in Bold actions to be added to PEIC action plan</i></p> <p>There has been sickness and vacancies in the admin team which may have been reason for some missed admin for this gentleman. Vacancies now filled and training should resume to ensure a more efficient use of the workforce in Admin.</p> <p>Regular meetings are being held between the admin team and Radiology to address issues and improve efficiency.</p> <p>Consider making surveys relevant to specific appointments and potentially reviewing survey fatigue evidence to reduce the triggering of surveys for every appointment. Discuss with comms team and patient experience teams for advice.</p>

Staff Feedback: Staff were asked to describe their experience of providing patient care at CCC

NB: *This is not a verbatim record but an overview of the key themes raised during the conversation.*

Senior staff discussed an increase in demand with regard to the PET scanner, however despite providing a service for CCC and other external trusts the waiting time is less than 2



<p>weeks on average. This is in part due to an additional scanner now being available on the CCCL site, plus staff extending their working day to provide further appointments.</p> <p>Staff informed the panel that CCCW have the only Gamma Camera on the Wirral side and therefore provide a crucial service to COCH and WUTH NHS trusts.</p> <p>Senior staff praised the team’s resilience over the past few years, not only with dealing with the changes from both the Covid 19 pandemic and new hospital opening. The department has also established a new Interventional Radiology service on both the CCCL and CCCW sites. Furthermore, following the addition of the Haemato-oncology patients they have developed a 24 hour on call CT service.</p>	
<p>Positive Comments:</p> <ul style="list-style-type: none"> • Having an additional PET scanner has reduced waiting times and allows most patients the facility to choose where they attend for their scan. • Staff felt that they deliver a positive experience to patients. One staff member recalled when she was new to the trust noticing how friendly other staff were, even staff in the corridors would say hello. • Staff talked about being able to rotate or be a core staff member of either site which had helped with childcare issues. • Staff reported the department being a lovely place to work, although they have missed some of the more acute services i.e Clinical Decision Unit since the opening of CCCL. 	
<p>Areas where immediate action was taken on the day: None</p>	
<p>Areas for improvement:</p> <ul style="list-style-type: none"> • Staff raised an issue relating to CCCs dependency on Radiopharmacy at LUHFT. Occasionally staff will extend their working day to complete scans if nuclear medicine doses have not been delivered until late. An added complication is that nuclear products are not able to travel through the Mersey tunnels. • Loss of some acute services when patient become acutely unwell, occasionally impacting on staff/department. 	<p>Service response:</p> <p>Transport regulations are legally binding and the production schedule is set by the LUHFT Radiopharmacy as they have been revised by the MHRA and schedule was reduced to comply with safety measures. There is active engagement with The Christie to supply additional radiopharmaceutical doses to ensure patients are being scanned in time for their appointments, this does require an additional admin task for clinical staff.</p> <p>A paper recommending improved care for unwell patients was taken to TIC last</p>



	month. This will be reviewed further at the next TEG meeting.
<p>Observations on the day</p> <ul style="list-style-type: none">• Very calm and relaxed atmosphere.• All staff very friendly and smiling.	



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Title of meeting: Trust Board Part 1**Date of meeting: 31st May 2023**

Report lead	Tom Pharaoh, Director of Strategy					
Paper prepared by	Tom Pharaoh, Director of Strategy					
Report subject/title	Five-year strategic plan 2021-2025: Implementation report – May 2023					
Purpose of paper	<p>This report provides a high-level update on progress in the implementation of the five-year strategic plan. The contents of the report have been provided by leads from across the Trust.</p> <p>The report draws out the commitments made in the strategy against the six strategic themes and provides an update on each of them.</p> <p>The first iteration of this report was developed in June 2021. At that time the Trust Board requested 6-monthly updates on the implementation of the strategy to be presented to Performance Committee.</p> <p>The report is intended to be a working document, to be developed throughout the life of the strategic plan. It includes a summary page noting the highlights and challenges from the last period and some of the key activities anticipated in the next period.</p> <p>The format and usefulness of this report will be kept under review.</p>					
Background papers	Five-year Strategic Plan 2021-2025					
Action required	Trust Board is asked to: <ul style="list-style-type: none"> Note the contents of the report Suggest improvements, amendments or developments for future iterations of the report 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	✓	Be a great place to work	✓		
	Be Collaborative	✓	Be Digital	✓		
	Be Research Leaders	✓	Be Innovative	✓		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	Yes/No	Disability	Yes/No	Sexual Orientation	Yes/No
	Race	Yes/No	Pregnancy/Maternity	Yes/No	Gender Reassignment	Yes/No
	Gender	Yes/No	Religious Belief	Yes/No		



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Five-year strategic plan 2021-2025

Implementation report

May 2023

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Introduction

Our five-year strategic plan sets out our aims and ambitions for the coming years against six strategic themes.

The strategic plan sets out a number of commitments for each strategic theme. This report draws out these commitments and provides an update on each of them.

This report is intended to be a working document that provides a high-level update on the progress and challenges with the implementation of the strategic plan.

The first iteration of this report was developed in June 2021. At that time the Trust Board requested 6-monthly updates on the implementation of the strategy.

An update report was last presented in November 2022. This report is an update from that position and will be presented to Performance Committee and Trust Board in May 2023.

A note on the report

Some of the commitments outlined in this report have been updated to ensure that they accurately reflect a change in position from the wording used in the strategic plan. Where commitments have been reworded they are marked **. In addition, some commitments have been added since the publication of the strategy as key new areas of work have emerged. These additional commitments are marked ◇◇.

Highlights since last report

Be outstanding

- Positive North West Pharmaceutical Quality Assurance (NWPQA) audit of aseptic pharmacy in January 2023 – unit rated as low risk
- Programme in place to develop cutting edge CAR-T cell therapy service for Cheshire & Merseyside with a target date of Sep 2023
- First annual report of Green Plan delivery showed positive progress

Be collaborative

- Programme in place with programme director overseeing multiple work streams to prepare for mobilisation of Paddington CDC
- CCC engaging in Joint Committee of Liverpool providers and site-specific subcommittee focused on joint working between CCC-L/RLUH
- Paediatric radiotherapy service transferred to Christie in March 2023

Be a great place to work

- 65% response rate achieved in 2022 NHS staff survey – results showed steady progress and listening events being held to inform action plans
- New 'My Appraisal' system designed and developed based on feedback from staff via listening events and staff survey – to launch June 2023
- Head of EDI began in post in Jan 2023 (joint resource with Alder Hey)

Challenges since last report

- Vacancies and competing priorities in key corporate services continue to mean limited capacity to deliver the strategy in these areas
- The development and opening of Paddington CDC is a high profile and complex programme of work – and is in addition to business as usual priorities and existing improvement projects

Be research leaders

- Success of Liverpool Experimental Cancer Medicine Centre (ECMC) renewal bid announced in Jan 2023 – investment over the next 5 years
- A BRC lead has been appointed, collaboration between partners is underway, and £150k donated by the Charity towards BRC research
- Seven successful bids for Clatterbridge Research Funding Scheme 2022

Be digital

- Digital strategy developed and approved through Trust's governance for presentation at Trust Board of Directors in May 2023
- Self-assessment made against the national Digital Maturity Assessment highlighting existing maturity and areas for improvement
- Trust achieved Cyber Essentials Plus status in Dec 2022

Be innovative

- Former Rutherford Cancer Centre purchased and will operate as CCC-Paddington with further opportunities to be explored after CDC opening
- Innovation strategy launched in Feb 2023 and includes a new Big Ideas scheme to encourage larger scale proposals than Bright Ideas scheme
- Bright Ideas scheme has now had 160+ submissions

Key activities in next 6 months

- The development of new clinical quality strategy through staff and public engagement to set out our ambitions for learning for improvement
- The successful opening of Paddington CDC and the exploration of the further opportunities that the acquisition of CCC-Paddington provides
- The successful approval and initial delivery of a cutting edge CAR-T cell therapy service for the people of Cheshire and Merseyside
- Deliver further proposals for refurbishment & development of CCC-Wirral
- Progress the work plan for collaboration between CCC-L and RLUH, including developments in interventional radiology, pharmacy, estates

Be outstanding | deliver safe high quality care and outstanding operational and financial performance

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Quality and safety	Clinical quality strategy	Implement clinical quality strategy	<ul style="list-style-type: none"> > Quality Strategy development was paused due to limited capacity in team and to wait for the launch of the Patient Safety Incident Response Framework (PSIRF) from NHSE > PSIRF was launched in August 2022 and implementation will be led by the new Associate Director of Clinical Governance and Patient Safety 	<ul style="list-style-type: none"> > Quality Strategy development has remained on hold due to limited capacity in team and competing priorities > Development of Quality Strategy to be in May 2023 with staff and public engagement sessions 	<ul style="list-style-type: none"> > Launch Quality Strategy development programme > Draft strategy to be developed by the end of quarter 1 of 2023/24
Quality and safety	Patient safety	Empower staff to report near misses and incidents	<ul style="list-style-type: none"> > Patient Safety Committee is now embedded and is led and chaired by a Consultant clinician > The Patient Safety page within the intranet remains under development > Work has commenced in Datix IQ in readiness for the transition from the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (StEIS) to the new Learn From Patient Safety Events (LFPSE) system launched by NHSE. NRLS and StEIS systems will be switched off in early 2023 > The change will require staff training and education around the importance of incident reporting 	<ul style="list-style-type: none"> > Patient safety specialist recruited > Patient safety specialist will be lead officer of the Patient Safety Committee and will support its effective functioning > Work completed in Datix IQ in readiness for the transition from the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (StEIS) to the new Learn From Patient Safety Events (LFPSE) system launched by NHSE 	<ul style="list-style-type: none"> > Scope of new Quality Strategy to include learning for improvement and outline of tools to be used for education and training, including staff intranet

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Quality and safety	Patient experience and involvement	Implement our dementia and learning disability strategies	<ul style="list-style-type: none"> > Revision of both strategies undertaken and awaiting approval in November 2022 by relevant Committees > Report on NHS Learning Disability Improvement Standards has informed the revision of the strategy > Registered for next benchmark exercise of NHS Learning Disability Improvement Standards in October 2022. > External recruitment of a new Practitioner for Additional Needs was not successful > Review and refresh of the champions undertaken in October 2022 by the Safeguarding Practitioner 	<ul style="list-style-type: none"> > Revised dementia and learning disability strategies now approved and implementation ongoing > Progress in delivery of the strategies reported to Patient Experience and Inclusion Group (PEIG) and for Trust Board assurance to Quality Committee 	<ul style="list-style-type: none"> > Continue with implementation of dementia and learning disability strategies and report on progress and challenges as appropriate
Quality and safety	Patient experience and involvement	Implement our patient involvement and engagement strategy	<ul style="list-style-type: none"> > New Head of Patient Experience and Inclusion now in post > New Deputy Chief Nurse starts in December 2022 > 2021-2026 Patient Experience, Engagement, Inclusion & Involvement Commitment presented to Board in Q4 2021/22 and launched in March 2022 > CCC rated one of the best hospitals in England for inpatient care for the third year running in the CCQ's National Inpatient Survey 2021, published in October 2022 > First patient-led assessment of the care environment (PLACE) of CCC-L took place in October with results expected in February 	<ul style="list-style-type: none"> > Head of Patient Experience and Inclusion and Deputy Chief Nurse now in post > Results of the first patient-led assessment of the care environment (PLACE) of CCC-L took place in October now received and action plan developed to address areas for improvement 	<ul style="list-style-type: none"> > Deliver PLACE assessment action plan, including through delivering planned improvements to wayfinding, signage and food

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Quality and safety	Quality improvement	Review and refresh our quality improvement methodology	<ul style="list-style-type: none"> > Existing external quality improvement support utilised in shared decision making program for TYA and CCC involvement in pressure ulcer improvement collaborative > Review and refresh of our approach to quality improvement to take place within context of refreshed Quality Strategy (Q4 22/23) 	<ul style="list-style-type: none"> > Review and refresh of our approach to quality improvement to take place within context of refreshed Quality Strategy 	<ul style="list-style-type: none"> > Reporting line to be closed and commitment to be incorporated into quality strategy commitment above
Quality and safety	Quality improvement	Provide training for staff in quality improvement skills to equip staff to lead change and improvement	<ul style="list-style-type: none"> > Review of completed AQuA masterclass programme > No further coordinated external quality improvement training in the last period 	<ul style="list-style-type: none"> > Provision of training and skills in quality improvement to take place within context of refreshed Quality Strategy 	<ul style="list-style-type: none"> > Reporting line to be closed and commitment to be incorporated into quality strategy commitment above
Quality and safety	Clinical governance	Embed new clinical governance structure	<ul style="list-style-type: none"> > Committee structures reviewed and went live in April 2022 > Structures scheduled for further review after six months > New Associate Director of Clinical Governance and Patient Safety commenced in November 2022 following departure of post holder in July 2022 > New Deputy Chief Nurse will commence in post in December 2022 > Work is continuing to review the structure of the clinical governance and patient experience teams as a number of vacancies remain 	<ul style="list-style-type: none"> > Revised committee structure embedded > Frequency of key governance meetings to be reviewed with support of new substantive Associate Director of Corporate Governance > Key leadership posts in Quality and Safety Division now appointed to and in post 	<ul style="list-style-type: none"> > Complete review of frequency of key governance meetings > Continue to strengthen and fill vacancies in Quality and Safety Division

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Quality and safety	Regulation and accreditation	Maintain good CQC rating while striving for outstanding	<ul style="list-style-type: none"> > Action plan developed to meet recommendations of GGI developmental well-led review > Well-led action plan monitored through Trust Board and now largely complete > Unannounced inspection of the Private Clinic in Liverpool took place in August 2022 with no concerns raised or recommendations for improvement made > Preparations being made by Chief Nurse for unannounced CQC inspection of CCC-L 	<ul style="list-style-type: none"> > Items on action plan to meet recommendations of GGI developmental well-led review completed or moved to business as usual > Work commenced to ensure ongoing readiness for CQC inspection 	<ul style="list-style-type: none"> > Deliver work programme to ensure ongoing readiness of the organisation for CQC inspection
Quality and safety	Regulation and accreditation	Maintain key clinical accreditations and compliance with regulatory standards	<ul style="list-style-type: none"> > Monthly reporting of regulatory register to Risk and Quality Governance Committee (having replaced Integrated Governance Committee) 	<ul style="list-style-type: none"> > Ongoing monthly reporting of regulatory register to Risk and Quality Governance Committee > Positive North West Pharmaceutical Quality Assurance (NWPQA) audit of aseptic pharmacy took place in January 2023 	<ul style="list-style-type: none"> > Ongoing maintenance of and reporting on regulatory register > JACIE inspection for stem cell transplant and CAR-T cell therapy development expected in July and preparations underway
Quality and safety	Supporting quality of care	Work with the charity to continue to fund services that are over and above those commissioned by the NHS **	<ul style="list-style-type: none"> > Charity and Trust strategies aligned > Trust strategy commitment reworded to remove reference to 'quality of care grant' > Charitable requests of up to £10k considered monthly as part of 'Small Grants Fund' > Larger requests considered at other committees 	<ul style="list-style-type: none"> > Update as last report 	<ul style="list-style-type: none"> > Continue to support appropriate applications to Small Grants Fund > Ensure Trust and Charity strategies aligned in context of Charity independence > Develop shared understanding of key priorities for investment and routes to apply for Charity funding

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Clinical structure	Reorganise clinical divisions to underpin SRG model	<ul style="list-style-type: none"> > New clinical structure now embedded > Comprehensive round of SRG reviews underway – first round of reports presented to Transformation and Improvement Committee (TIC) and Exec Team 	<ul style="list-style-type: none"> > All SRG reviews now complete and presented to the Transformation & Improvement Committee > Key priorities and recommendations identified which will inform SRG work plans for the next 12 months > Summary of key findings presented to TEG May 2023 	<ul style="list-style-type: none"> > Monitor progress against actions via SRG meetings. > Refine and embed SRG review process over the next 6 months.
Operational performance	Maximising the benefits of CCC-Liverpool	Fully integrate services for haemato-oncology and solid tumour patients in the chemotherapy unit and non-chemotherapy day case area	<ul style="list-style-type: none"> > A review of current procedures scheduled for day ward has taken place with a view to continuing to integrate services and optimise treatment capacity > Brachytherapy work stream complete > Blood transfusion pathway revised and actions underway to embed this process 	<ul style="list-style-type: none"> > On hold pending re-scope of all affected services to ensure activity can be moved and accommodated safely 	
Operational performance	Maximising the benefits of CCC-Liverpool	Further integrate our haemato-oncology services with those in the North Mersey area	<ul style="list-style-type: none"> > Lessons learnt review underway > Interviews taken place with key internal and external staff involved in the transfer, and the staff transferred > Report being drafted by Director of Strategy and Head of Transformation 	<ul style="list-style-type: none"> > Service transfer took place successfully on 1st February 2022 > Lessons learnt review for the transfer of Aintree H-O services completed and report presented to TEG Mar 2023 > Review looked at the service transfer as a whole, noted the successes and made a number findings for improving large scale projects in future 	<ul style="list-style-type: none"> > Ensure that findings of lessons learnt review are taken into account during future service transfers and large scale strategic projects > Reporting line to be closed in future reports

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Maximising the benefits of CCC-Liverpool	Support the opening of the New Royal and develop the working relationship with LUHFT, including the review and management of the SLA for services between RLUH and CCC-L **	<ul style="list-style-type: none"> > Appropriate preparations made through CCC Programme Board for the opening of the new Royal Liverpool University Hospital > Operational support provided for the opening > Joint CCC & LUHFT Partnership Board meetings re-launched in November 2022 (following opening of the New Royal) > Monthly joint finance meetings established 	<ul style="list-style-type: none"> > Programme to support the opening of the New Royal Hospital and adjoining link-bridges now complete > New governance with LUHFT in place following external review of Liverpool's clinical services > CCC now engaging actively in development of Joint Committee of all Liverpool providers and site-specific subcommittee (with LUHFT) focused on joint working across the CCC-L/RLUH site 	<ul style="list-style-type: none"> > Reporting line to be closed in future reports > Detail of ongoing operational and strategic partnership with LUHFT to be set out in 'Be collaborative' section
Operational performance	Maximising the benefits of CCC-Liverpool	Report on delivery of benefits of CCC-L	<ul style="list-style-type: none"> > Work deferred to Q3 of 2022/23 and to be led by Director of Strategy 	<ul style="list-style-type: none"> > Proposal for post project evaluation for the entire Transforming Cancer Care (TCC) programme (including the opening of CCC-L) presented to TEG > Working group formed to deliver proposal as presented to TEG, including review and simplification of the benefits in the original business case 	<ul style="list-style-type: none"> > Work further deferred due to management capacity > New target date of Sept 2023 agreed by TEG
Operational performance	Developing our services	Fully open our teenage and young adult (TYA) unit in CCC-L	<ul style="list-style-type: none"> > TYA inpatients continued to be accommodated on Ward 5 bed base > Assessment against national TYA service specification underway as part of work of TYA ODN 	<ul style="list-style-type: none"> > TYA inpatients continued to be accommodated on Ward 5 bed base > Work with TYA ODN on self-assessment of service against agreed and published service specification complete > Action plan developed to address areas for improvement 	<ul style="list-style-type: none"> > Deliver TYA service specification action plan, working with ODN partners > Business case to develop CAR-T cell therapy service includes requirement to create CAR-T inpatient capacity by relocating TYA inpatient beds to area originally designated as TYA unit > CAR-T business case includes staffing to allow this move to take place

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Developing our services	Develop an interventional radiology service	<ul style="list-style-type: none"> > Work undertaken to establish current and potential future interventional radiology procedures > Theatre nursing support secured to deliver current service > Agreement reached with LUHFT to recruit to a joint CCC/LUHFT consultant radiologist position to work collaboratively across both organisations 	<ul style="list-style-type: none"> > Recruitment underway for interventional radiology consultants > Formalisation of joint working with LUHFT through site-specific subcommittee of Liverpool Joint Committee (see Be collaborative) > Ongoing support from theatre nursing staff to standardise processes > Full review of current procedures and pathways complete 	<ul style="list-style-type: none"> > Business case in development for further development of the service, increasing capacity and providing a 5-day service
Operational performance	Developing our services	Upgrade the National Centre for Eye Proton Therapy	<ul style="list-style-type: none"> > Low Energy Proton Upgrade Group continues to meet monthly to formally discuss and monitor locally developed component level upgrades > Externally procured upgrade of the control system by Cosylab continues to develop with regular meetings between CCC staff and Cosylab monitoring progress 	<ul style="list-style-type: none"> > Low Energy Proton Upgrade Group continues to meet monthly to formally discuss and monitor locally developed component level upgrades > Significant progress made in upgrading low energy proton equipment in past 6 months > Referrals to clinical service have returned to pre-pandemic levels with number of patients treated in 2022/23 exceeding number treated in 2019/20 	<ul style="list-style-type: none"> > Full replacement programme will be delivered by the end of 2023/24
Operational performance	Developing our services	Develop a sustainable and high quality model of care for referrals from the Isle of Man	<ul style="list-style-type: none"> > New service model established > Regular joint operational and strategic meetings developed to continue collaboration and integration > Focus now is on integration of IoM MDT meetings 	<ul style="list-style-type: none"> > Regular joint operational and strategic meetings developed to continue collaboration and integration > Ongoing work streams around digital optimisation and a review of the model of care > Continued focus on integration of MDT meetings 	<ul style="list-style-type: none"> > Continue with ongoing work to optimise service and integrate IoM MDT meetings

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Developing our services	Fully open aseptic pharmacy production unit in CCC-L ^{◇◇}	<ul style="list-style-type: none"> > New Director of Pharmacy now in post > CCC-L aseptic unit open and production has increased > Long-term action plan to address NWPQA audit findings being delivered > Aseptic Pharmacy Board stood down with ongoing developments monitored through Pharmacy Performance Reviews 	<ul style="list-style-type: none"> > Standard isolators operating at close to maximum capacity, maximising unit productivity whilst allowing for agile response to emergency items > North West Pharmaceutical Quality Assurance (NWPQA) audit took place in January 2023 > Overall the unit was rated as low risk, an improvement on previous risk ratings > Positive feedback on the leadership of the senior aseptic team and the increased oversight and additional support and investment provided by the Trust > Some areas for further improvement identified and action plan developed > The unit has alerted MHRA that they are now inspection ready 	<ul style="list-style-type: none"> > Deliver action plan following NWPQA audit > Preparations continue for MHRA inspection > Commission VHP gassing isolators for use > Develop strategic plan to enable manufacturing at site for CCC and neighbouring Trusts, reducing reliance on external compounding companies

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Developing our services	Develop a CAR-T cell therapy service for Cheshire & Merseyside ◇◇	<ul style="list-style-type: none"> > Chimeric Antigen Receptor T-cell (CAR-T) cell therapy is a form of innovative adoptive T-cell therapy which targets antigen of interest using a genetically engineered receptor on T-cells > Included in the last strategy implementation report as an 'opportunity to be explored' – now CCC part of further rollout by NHSE > Programme Board established to lead CCC's work to introduce this service for patients in Cheshire & Merseyside > Pharmaceutical company meetings have taken place > Project plan and timeline agreed with provisional implementation date of spring 2023 > Project work streams established and work underway 	<ul style="list-style-type: none"> > Monthly Programme Board with Exec sponsor ongoing > Business Case completed and progressing through CCC governance process > Regular meetings with regional and national NHSE Commissioning teams ongoing > Regular liaison with pharma companies, including workforce training underway > Internal and external Work streams work progressing > Peer review of JACIE evidence by The Christie completed successfully 	<ul style="list-style-type: none"> > Oversight of programme through Programme Board > Seek final business case approval in May 2023 > JACIE accreditation visit scheduled for mid-July > Provisional CAR-T cell therapy start date of Sept 2023 following JACIE accreditation and NHSE sign-off process
Operational performance	Embedding our clinical model	Continue to work with our partners on the development of the CCC eastern sector hub	<ul style="list-style-type: none"> > Delays to process following Health Overviews and Scrutiny Committee (OSC) meetings in 2021, linked to transition of commissioning arrangements > ICB picking up through Place Directors 	<ul style="list-style-type: none"> > Warrington Place Director leading review of eastern sector hub work > CCC Chief Operating Officer and Director of Strategy have submitted a paper outlining the changes that have taken place since the sector hub proposal was made > NHS Cheshire & Merseyside team reviewing information with a view to developing next steps 	<ul style="list-style-type: none"> > Await outcome of NHS C&M review and engage as appropriate when next steps are clear

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Improving urgent and unplanned care	Develop a comprehensive and coordinated approach to urgent cancer care	<ul style="list-style-type: none"> > New oncology consultant model for inpatient care developed and revised rota for the Duty Consultant implemented in October 2022 > Acute medical model agreed with LUHFT and recruitment underway > Proposal for a further 12 months of CMCA funding for the urgent cancer care programme approved > CCC Hotline infrastructure project commenced and pathways into same day emergency care (SDEC) services in development 	<ul style="list-style-type: none"> > Work continues with LUHFT to establish Acute / General Medical support with a number of options being explored. > MSCC service now included within the Urgent Cancer Care Programme with reporting on service developments via the Urgent Care Board. 	<ul style="list-style-type: none"> > Continue to monitor UCCP through Programme Board (bi-monthly) and TIC (quarterly). > To continue to work in collaboration with CMCA & the UEC Transformation team to deliver the objectives of the programme
Operational performance	Improving urgent and unplanned care	Support coordinated expansion of acute oncology services across the region	<ul style="list-style-type: none"> > Development of acute oncology (AO) service specification agreed by AO Clinical Quality Group > AO dashboard "proof of concept" underway with a refined dataset agreed > AO nursing workforce review in progress > Patient experience pilot commenced in September 	<ul style="list-style-type: none"> > The Acute Oncology (AO) programme continues to work regionally and nationally with several projects underway in workforce, service contracts, education, key performance indicators, dashboards and data, and patient experience. > Regional Nursing Workforce gap analysis completed and shared with the UCCP board. It is currently being presented at various regional forums, alongside the regional AO service specification, to help with local implementation. > Regional AO and NSRDS advice and guidance pilot due to go live in June 23 (4 sites). > Proof of concept dashboard with COCH currently with CIPHA ready for design and build. 	<ul style="list-style-type: none"> > Continue to deliver each AO project within the programme reporting to UCCPB bi-monthly. > Continue to roll out the regional AO dashboard as planned.

Theme		Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational performance	Improving urgent and unplanned care	Review the operating model of Hotline and the Clinical Decision Unit (CDU) **	<ul style="list-style-type: none"> > The Hotline infrastructure & CDU improvement project is underway with a detailed project plan including clear milestones for delivery > Key work streams include introducing virtual reviews, redefining triage criteria and streaming of patients into SDEC services where appropriate > Integration of H-O patients into hotline & attendance at CDU commenced utilising a phased approach 	<ul style="list-style-type: none"> > Commencement of Hotline Attend Anywhere virtual clinic Nov 2023 > Hotline to SDEC & Urgent Community Response (UCR) streaming commenced in some parts of the region > HO integration into hotline fully completed and evaluated with key learnings and opportunities addressed > Development of new Hotline call system with call streaming options now completed and commenced user acceptance testing. On course for delivery by the end of May. 	<ul style="list-style-type: none"> > Implement new calling system > Begin to send triage log information via E-Xchange to external UCR organisations > Evaluate the impact of all business change work streams that have been implemented as part of the Hotline project
High quality environments		Redevelop the CCC-Wirral site	<ul style="list-style-type: none"> > Regular staff communications on lifecycle estate improvements, masterplanning, partnership working and longer term developments > New hospital programme expression of interest for full masterplan not successful > Architects engaged to produce high-level designs for potential long-term redevelopment > Series of medium-term office moves nearing completion > Assessment of current uses of space and potential energy-saving interventions underway 	<ul style="list-style-type: none"> > Programme of maintenance and refurbishment for 2022/23 complete > Medium-term office moves complete, including Cancer Alliance office creation > Capital plan agreed with significant investment in CCC-W agreed for 2023/24 > Images from high-level redevelopment design process shared with Trust Board and Charity > Health Procurement Liverpool supporting launch of process to engage architects to work up longer term redevelopment plans > CCC-W Development Group formed to oversee refurbishment and redevelopment work programme 	<ul style="list-style-type: none"> > Developed detailed plan for capital investment in CCC-W site in 2023/24 > Engage with architects to support in year refurbishment plans and longer term redevelopment plan > Continue to communicate with staff on investments, improvements and future plans, involving teams directly affected by proposals in user groups

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
High quality environments	Work with the charity to develop plans for refurbishing the Halton unit **	<ul style="list-style-type: none"> > Further discussions with Halton and Networked Services teams to understand operational realities and priorities opportunities for refurbishment > PropCare project division now in place to drive progress 	<ul style="list-style-type: none"> > Architects engaged to begin to develop proposals for refurbishment of the unit > Architect site visits taken place to understand brief > Further engagement with Halton estates team to support eventual refurbishment works 	<ul style="list-style-type: none"> > Continue to develop and refine plans through engagement with Halton unit team, Networked Services team, and Charity > Present proposals to Trust Executive Group and charity trustees when available
High quality environments	Optimise our accommodation in The Spine to increase utilisation and bring corporate teams together**	<ul style="list-style-type: none"> > Final design of revised Spine floor plan agreed > Additional desking to allow colocation of corporate teams > Creation of desking zones to increase utilisation > Works to take place in late 2022 	<ul style="list-style-type: none"> > Works subject to delay but completed in spring 2023 > More desking installed and additional team-specific 'zones' created to allow close working 	<ul style="list-style-type: none"> > Continue to work with Spine working group on new layout and zoning of areas > Reporting line to be closed in future reports
Financial performance	Deliver a productivity improvement programme	<ul style="list-style-type: none"> > Significant progress towards 2022/23 cost improvement programme > Monitoring of development and delivery of cost improvement programme schemes through Finance Committee 	<ul style="list-style-type: none"> > 2022/23 cost improvement programme target of £6.7m delivered > Focus is now on 2023/24 and the Divisions continue to work on developing a number of recurrent opportunities that are currently being worked through 	<ul style="list-style-type: none"> > Develop and deliver challenging 2023/24 cost improvement programme target > Monitoring of development and delivery of cost improvement programme schemes through Finance Committee
Financial performance	Deliver an effective capital programme	<ul style="list-style-type: none"> > Ongoing process delivered through TEG, Finance Committee and Capital Investment Group > Capital programme for 22/23 includes equipment replacement and £1m+ on lifecycle and maintenance at CCC-W 	<ul style="list-style-type: none"> > Ongoing process delivered through TEG, Finance Committee and Capital Investment Group > Capital programme for 22/23 delivered > 2022/23 programme included equipment replacement, digital schemes and lifecycle and maintenance at CCC-W > Outline 2023/24 capital plan developed, including significant investment in CCC-W 	<ul style="list-style-type: none"> > Deliver 2023/24 capital programme > Ongoing process delivered through TEG, Finance Committee and Capital Investment Group

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Financial performance	Deliver our partner programme, increasing charitable income and continuing to grow the private clinic	<ul style="list-style-type: none"> > Proposal for charity to become independent of the Trust approved by Trust Board > Work underway in process for charity to become independent > PropCare strategy review following restructure led by Managing Director > New lead for private patient joint venture 	<ul style="list-style-type: none"> > Charity continuing to work towards independence and Board of Trustees in development > PropCare strategy development continues to be led by Managing Director with PropCare Board > New CPL Chair in place and Board exploring future strategic opportunities > New lead in place for private patient joint venture 	<ul style="list-style-type: none"> > Partners to continue to develop and implement their respective work programmes
Sustainability	Develop plans to continue to create social value in our local communities and reduce our waste, water consumption and carbon footprint in line with the ambitions set out in the NHS Long Term Plan	<ul style="list-style-type: none"> > Unsuccessful attempts to recruit substantive Sustainability Programme Manager > Interim support put in place from July to December 2022 > Inclusion of sustainability risk on Board Assurance Framework > Green travel plan in development – informed by results of successful staff green travel survey > Sustainability Action Group in place to drive engagement and delivery of action plan 	<ul style="list-style-type: none"> > Positive annual report of the first year of the Green Plan presented to Performance Committee and Trust Board in February > Substantive sustainability manager appointed with a June start date > Delivery of Green Plan actions continues to be through Sustainability Action Group > Sustainability Action Group to prepare quarterly progress reports to TEG and Performance Committee 	<ul style="list-style-type: none"> > Substantive programme manager to drive sustainability programme with increased pace and act as lead officer for Sustainability Action Group > First quarterly progress report for TEG and Performance Committee to focus on waste, travel and green spaces > Green travel plan to be completed and published in June 2023

Be collaborative | Drive better outcomes for cancer patients, working with our partners across our unique network of care

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Cheshire & Merseyside Cancer Alliance	Play a full part in the work of the Cancer Prevention Steering Group	<ul style="list-style-type: none"> > Director of Strategy continues to represent Trust on cancer alliance prevention steering group > 	<ul style="list-style-type: none"> > Cancer Prevention Steering Group under review for 2023/24 > CCC continues to be involved in wider prevention work through the adoption of the C&M Prevention Pledge > New reporting line around developing CCC's role as an 'anchor institution' to added in the C&M HCP section of this report 	<ul style="list-style-type: none"> > Reporting line to be closed in future reports
Cheshire & Merseyside Cancer Alliance	Work with cancer alliance colleagues on the delivery of our comprehensive and coordinated approach to urgent cancer care ^{◇◇}	<ul style="list-style-type: none"> > Urgent cancer care programme was instigated by CCC but delivery is in close collaboration with CMCA and other partners > Progress on programme summarised in <i>Be Outstanding</i> section > Programme highlighted by NHS Providers as an exemplar of how organisations and partners can work collaboratively to improve care across the system. Case study presented at NHS Providers conference in November 	<ul style="list-style-type: none"> > Close collaboration continues with CMCA on delivery of the programme with a focus on plans to ensure future sustainability linking into the newly formed ICB. > Links re-established with Urgent & Emergency Care (UEC) Transformation Lead at NHSE to ensure urgent cancer care is fully engaged within the wider UEC system, governance & reporting mechanisms. 	<ul style="list-style-type: none"> > To continue to work in collaboration with CMCA, UEC Transformation team to deliver the objectives of the programme.

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Cheshire & Merseyside Cancer Alliance	Work through the alliance to explore whether any of our services could develop the rapid diagnostic service (RDS) model to support the delivery of the 28-Faster Diagnosis Standard **	<ul style="list-style-type: none"> > H-O Lymphoma RDS pilot commenced in March (CMCA funded) and evaluation of the service is currently underway > Early indications are positive with improvements seen in achieving the 28-day faster diagnosis standard and overall patient experience > CCC pivotal in the development of a proposal for a region-wide H-O RDS model as part of the CMCA RDS programme 	<ul style="list-style-type: none"> > Evaluation of Lymphoma RDS service completed and presented to TIC in April 2023. Continuous improvements seen across the pathway and specifically in achieving the 28 day FDS. > Investment agreed at Divisional level to continue with the Lymphoma RDS service. > Roll out of the key principles extended to Myeloma pathway. > Proposal and options appraisal developed based upon CCC / LUHFT joint Lymphoma RDS model for roll-out across Haemato-oncology services in C&M. 	<ul style="list-style-type: none"> > Project formally closed. Trust to continue to apply key principles of the RDS to other applicable diagnostic pathways. > To continue to pursue increased access for core biopsies in conjunction with the future development of the CCC Interventional Radiology service.
Cheshire & Merseyside Cancer Alliance	Work with the Cancer Alliance, Macmillan and Health Education England to develop an integrated specialist cancer speech and language therapy service for C&M ◇◇	-	<ul style="list-style-type: none"> > SLT provision within head and neck cancer is highly specialised, requiring specific skills that can take several years to acquire > Recent years have seen workforce challenges for both CCC and LUHFT – mirroring the national picture > Providing a specialised service with in smaller units is unsustainable > Developing an integrated system-wide approach will ensure SLT provision for head and neck cancer is more sustainable and equitable for patients across Cheshire and Merseyside > Project taking place as a partnership between CCC, LUHFT, Cancer Alliance, Macmillan and HEE 	<ul style="list-style-type: none"> > Continue to report on progress and challenges within CCC and other partner organisations > Ongoing discussions with partners regarding extension to funding timescales to be concluded

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Cheshire & Merseyside Health & Care Partnership	Play a full and active role in the partnership	<ul style="list-style-type: none"> > Continued active role in Health & Care Partnership and with Provider Collaborative (CMAST) > CEO continues to lead Community Diagnostic Centre (CDC) programme > CEO also SRO for wider HCP diagnostic programme > Review of acute clinical services in Liverpool commissioned by ICB – running July to December 2022 	<ul style="list-style-type: none"> > Continued active role in Health & Care Partnership and with Provider Collaborative (CMAST) > Trust engaged in the development of the Joint Forward Plan for C&M > CEO continues to lead Community Diagnostic Centre (CDC) programme > CEO also SRO for wider HCP diagnostic programme > Review of clinical services in Liverpool complete – CCC engaged in delivering the recommendations (see later reporting line on Liverpool collaboration) 	<ul style="list-style-type: none"> > Continue to play a full and active role in the partnership – including in the proposed development of a clinical strategy for C&M
Cheshire & Merseyside Health & Care Partnership	Work with WUTH to develop a Community Diagnostic Centre on the Clatterbridge Health Campus ^{◇◇}	<ul style="list-style-type: none"> > Clatterbridge Diagnostics on the Clatterbridge health campus has now delivered >35,000 additional diagnostic tests since opening in July 2021 > Successful business case to develop into full CDC from ‘early adopter’ > Business case includes capital for CT and MRI on WUTH estate 	<ul style="list-style-type: none"> > Clatterbridge Diagnostics on the Clatterbridge health campus has now delivered >50,000 additional diagnostic tests since opening in July 2021 > Capital development of additional CT and MRI units on WUTH estate now in construction > Clatterbridge Diagnostics CDC is now formally classed as the hub for a number of spoke sites, including Paddington CDC 	<ul style="list-style-type: none"> > Continue to work in partnership with WUTH to further develop Clatterbridge Diagnostics service

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Cheshire & Merseyside Health & Care Partnership	Work with partners to develop Paddington Community Diagnostic Centre within CCC-Paddington ◊◊	-	<ul style="list-style-type: none"> > Central CDC funding secured to purchase former Rutherford Cancer Centre in Mar 2023 > Paddington CDC to be first service to operate out of building now known as CCC-Paddington > Full programme in place with programme director overseeing multiple work streams to prepare for mobilisation > Recruitment of additional workforce has taken place > Central capital funding also received to upgrade CT scanner > All work streams reporting to monthly Programme Board 	<ul style="list-style-type: none"> > Continue to deliver mobilisation programme for Paddington CDC > Target opening date of July for first diagnostic modalities – phlebotomy, ultrasound, MRI > CT start date dependent on delivery of new machine
Cheshire & Merseyside Health & Care Partnership	Work collaboratively with our partners in C&M and offer mutual aid where appropriate	<ul style="list-style-type: none"> > CCC has developed and implemented an operational support plan for LUHFT (AUH & New Royal sites) to actively transfer/repatriate appropriate patients > Operational support plan to remain in place until March 2023 	<ul style="list-style-type: none"> > Operational support plan remains in place to actively transfer / repatriate appropriate patients. > Work continues with Acute medical colleagues and Acute Oncology teams (CCC & LUHFT) to formalise pathways to facilitate care in the most appropriate setting. 	<ul style="list-style-type: none"> > Continue work with Acute medical colleagues and Acute Oncology teams (CCC & LUHFT) to formalise pathways

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Cheshire & Merseyside Health & Care Partnership	Further develop CCC's credentials as an 'anchor institution' that positively contributes to our local areas in ways beyond providing healthcare ^{◇◇}	-	<ul style="list-style-type: none"> > Anchor institutions act to reduce environmental impact, widen access to quality work, purchase for social benefit, and support their communities > Further development of trusts as anchor institutions actively encouraged by C&M HCP > Trust has signed C&M anchor institution charter > Work on environmental sustainability and access to work feature elsewhere in this report > CCC has signed up to the C&M Prevention Pledge, with an action plan to increase our positive impact on the general health and wellbeing of staff and patients > Health Procurement Liverpool working to include social value considerations in significant procurement and CCC signed up to social value portal 	<ul style="list-style-type: none"> > Join C&M anchor institution assembly when developed > Sustainability manager to take wider anchor institution brief when in post > Develop anchor institution programme and ensure appropriate governance is in place > Deliver prevention pledge plan > Work to achieve C&M social value award
Operational Delivery Networks	Play a full and active role in the North West Radiotherapy ODN **	<ul style="list-style-type: none"> > Ongoing work on low volume services, including service change for sarcoma and transfer of CCC paediatric radiotherapy to Manchester > Sarcoma service transfer from Lancashire Teaching Hospitals to CCC took place on 1st November 2022 > Paediatric service transfer progressing – transfer date not confirmed but likely to be complete by April 2023 	<ul style="list-style-type: none"> > Paediatric radiotherapy service transfer from CCC to Christie took place on 31st March 2023 > ODN work plan also includes themes such as further rollout of stereotactic ablative radiotherapy (SABR), equipment utilisation, shared protocols, patient experience, workforce, and clinical trials 	<ul style="list-style-type: none"> > Continue to actively participate in ODN and its work programme > Work through ODN to complete further proposed service changes for low volume services

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Operational Delivery Networks	Play a full and active role in the North West Teenage and Young Adult ODN ^{◇◇}	<ul style="list-style-type: none"> > Programme Manager in post and work programme formalised > Regular ODN Board meetings taking place – chaired by Chief Operating Officer > Work programme includes site visits, assessment of current services against national service specifications and genomics/tumour banking proposals 	<ul style="list-style-type: none"> > Assessment undertaken of the ODN's primary treatment centres and designated hospitals against draft national service specifications > Network oversight group overseeing delivery of action plans formed following service specification gap analysis > Work programme also includes genomics, clinical trials and tumour banking 	<ul style="list-style-type: none"> > Continue to play a full and active part in the NW TYA ODN > Deliver action plan developed for CCC primary treatment centre following national service specification gap analysis
Genomics	Ensure molecular diagnostic testing is available and access to molecular testing is embedded into pathways	<ul style="list-style-type: none"> > Mapping of key CCC genomic pathways completed (Lung, Gynae, UGI/LGI) and areas identified for improvements > Stocktake of work completed and position paper presented to Genomics Steering Group to determine next steps 	<ul style="list-style-type: none"> > The Trust's nominated genomics nursing champion has begun to deliver a genomics education session for nursing colleagues. > Genomics results have been included in the minimum data set for E-Referral pilot (Lung SRG) > Work ongoing to develop a digital dataflow directly from LCL into Meditech > Work ongoing to streamline the recording of genomics results in Meditech and to support the development of a genomics tracking dashboard 	<ul style="list-style-type: none"> > Continue to engage with partners (CMCA, Genomic Lab Hub, Genomic Medicine Service Alliance) to support and influence their genomic work programmes > Continue to raise awareness of genomics agenda through steering group

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Other partnerships	Work together with Liverpool provider trusts to increase opportunities for improvements and efficiencies through collaboration ◇◇	-	<ul style="list-style-type: none"> > New governance forums in place following external review of Liverpool's clinical services > CCC now engaging actively in development of Joint Committee of all Liverpool providers and site-specific subcommittee (with LUHFT) focused on joint working across the CCC-L/RLUH site > Site subcommittee an opportunity to improve engagement with teams across LUHFT and CCC presented proposed work plan to first site subcommittee > Governance structure in development beneath site subcommittee to ensure delivery against agreed work streams 	<ul style="list-style-type: none"> > Continue to engage in site subcommittee and develop governance to deliver work plan > Explore new strategic opportunities for site subcommittee as they develop > Actively engage in the Joint Committee of all Liverpool providers as this becomes established
Other partnerships	Explore where there will be benefits to working together with partner trusts in areas like estates, innovation and research **	<ul style="list-style-type: none"> > Liverpool specialist provider alliance work superseded by advent of provider collaboratives > Joint procurement service with other specialist trusts (Health Procurement Liverpool) a good example of collaboration where useful > Innovation collaborations being developed (see Be Innovative section) > CEO vice chair of the national Federation of Specialist Hospitals (FoSH) 	> Update as at last report	<ul style="list-style-type: none"> > Continue to engage in the work of FoSH > Continue to explore collaborative opportunities where appropriate

Be a great place to work | Attract, develop and retain a highly skilled, motivated and inclusive workforce to deliver the best care

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Leadership	Enhance leadership skills and capacity across all levels of the trust, with an increased focus on supporting middle managers and developing a pipeline of talent	<ul style="list-style-type: none"> > Organisation development (OD) diagnostic undertaken as part of medical leadership and engagement review > 22 staff commenced on the new Springboard Programme, which launched in October 2022 and is due for completion in January 2023 > New leadership programme targeted at band 5/6 co-designed > Review of leadership provision and revision of priorities as outlined in the Trust's People Commitment to ensure alignment with the Messenger Review > Continued roll out of Masterclasses with sessions taking place in July and October with attendance of over 70 colleagues at each 	<ul style="list-style-type: none"> > Leadership and OD Prospectus for 2023/2024 published > Annual review of Leadership and OD reported to People Committee > Pilot of new band 5/6 leadership foundation programme completed and a further 2 cohorts commissioned for 2023 > Leadership and Management Passport for 2023/24 launched > Leadership Masterclasses for 2023/24 commissioned 	<ul style="list-style-type: none"> > Commissioning of senior leadership development programme (subject to funding) > Scoping of collaboration with LUHFT on development pathways > Managers induction programme to lunched
Leadership	Reorganise the directorate structures to ensure the SRGs are embedded	<ul style="list-style-type: none"> > Continued engagement with divisions, with an increase in facilitated OD sessions > Increased participation and access of coaching across divisions > Co-design with senior nursing team of a leadership programme to support ward managers 	<ul style="list-style-type: none"> > Continued engagement with divisions to support team development and integration > Staff listening events have taken place during April – June to review staff survey results and develop divisional improvement plans > Pilot of new band 5/6 leadership foundation programme completed and a further 2 cohorts commissioned for 2023 	<ul style="list-style-type: none"> > Embedding of staff survey improvements > Continued OD support as required
Leadership	Develop an AHP strategy to harness the potential and enhance the value of AHPs	<ul style="list-style-type: none"> > On hold – Joint Nursing and AHP strategy to be developed 	<ul style="list-style-type: none"> > On hold – Joint Nursing and AHP strategy to be developed 	<ul style="list-style-type: none"> > On hold – Joint Nursing and AHP strategy to be developed

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Recruitment	Promote a compelling employer proposition placing emphasis on the harder to recruit groups	<ul style="list-style-type: none"> > Attendance at university career fairs to promote CCC as an employer of choice > Implemented internal career events – successful nursing career events and admin and clerical events have taken place > Working in partnership with Digital Team to implement (robotic process automation) RPA processes to streamline recruitment pathway > Rebranding of Consultant recruitment packs completed > Divisional resourcing model developed and implemented to support continuity of service delivery and provide dedicated point of contact improving the overall customer experience 	<ul style="list-style-type: none"> > Review of recruitment process completed to ensure inclusive and accessible to all > Increased engagement with community groups to encourage diverse recruitment > Review of recruitment training underway, including a focus on inclusive recruitment practices and values based recruitment > A further 2 recruitment evening has been hold to support the recruitment of admin and clerical roles 	<ul style="list-style-type: none"> > Develop a programme work with more targeted and diverse approach to Community Engagement > Develop processes and training for a more inclusive panel for interviews > Redesign of the trust recruitment website and branding
Recruitment	Focus on the recruitment of a research workforce for the future, including academic clinicians and clinician scientists	> Ongoing implementation of research strategy (see <i>Be Research Leaders</i> section for progress update)	> Ongoing implementation of research strategy (see <i>Be Research Leaders</i> section for progress update)	> Ongoing implementation of research strategy

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Recruitment	Work with schools, colleges, universities and community groups to improve access routes for local people into Trust jobs	<ul style="list-style-type: none"> > Work Experience re-commenced in April 2022 with placements provided for 16 students to date > Engagement with local school career events re-established 	<ul style="list-style-type: none"> > Revised work experience processes launched > Successful careers insight day held for radiography students > Attendance at 4 school/university careers evenings 	<ul style="list-style-type: none"> > Further establish links within local communities and further education providers to ensure a more inclusive and diverse reach > Work with the Princes Trust to run a step in Health programme in September 2023 > Continue to develop and roll out career insight days to raise the profile of working within the NHS > Establish a collaborative approach with LUFT for promoting the NHS as a Great Place to Work and a Collaborative Bank
Workforce transformation	Continue to develop our innovative approach to workforce planning, creating new roles and new career pathways	<ul style="list-style-type: none"> > Scoping of pilot AHP apprenticeship as part of HEE AHP Workforce Priorities project > Improvement plan developed to improve quality of workforce data held within ESR, e-roster and e-job planning systems to ensure strong foundations are in place for workforce planning > Apprenticeship Roadshows have taken place to increase understanding of apprenticeships and how they support workforce growth and transformation 	<ul style="list-style-type: none"> > NHSE/I Workforce Plan submitted > Scoping of CSW level 2 and 3 apprenticeship pathway completed, with pilot cohort commencing in September 2023 > KPIs for roster developed and included in workforce dashboards > 3 new apprenticeship pathways implemented 	<ul style="list-style-type: none"> > Further refinement of roster KPIs > Review and refresh of clinical pathway to support development and retention, as part of the development of the clinical education strategy > Scoping of collaborative working with LUFT
Workforce transformation	Sustain agile ways of working in support of our multi-site clinical model beyond Covid-19	<ul style="list-style-type: none"> > Ongoing delivery of hybrid working training for managers 	<ul style="list-style-type: none"> > Recording of flexible working arrangements now in place within ESR to support with reporting and monitoring 	<ul style="list-style-type: none"> > Implement workforce reports on flexible working as part of divisional data sets

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Retention	Provide a comprehensive reward and recognition package	<ul style="list-style-type: none"> > The first Staff Excellence Awards took place in October 2022 with attendance from over 300 staff. Feedback from the event has been extremely positive > New staff benefits booklet implemented and embedded into recruitment and on-boarding processes > New staff travel pass scheme launched > Staff gifted with an additional days leave as a thank you from the trust for their continued hard work and support during 2022 (subject to date of hire and compliance with PADR and mandatory training) 	<ul style="list-style-type: none"> > Career development conversations and programme of work developed > Monthly staff recognition scheme refreshed > Retention deep dives completed within clinical areas 	<ul style="list-style-type: none"> > Roll out of career development and stay and grow conversations > Launch of 2023 Staff Excellence Awards > On-going deep dives into retention > Collaborative approach established with LUFT to explore retention
Retention	Continue and refine the e-PADR process	<ul style="list-style-type: none"> > Diagnostic of PADR system functionality, involving internal and external stakeholder engagement, underway with a completion date of the end of November 2022 	<ul style="list-style-type: none"> > New My Appraisal system designed and developed based on feedback from staff via listening events and staff survey. Revised system will be launched w/c 05th June > Revised training programme and supported materials developed 	<ul style="list-style-type: none"> > Launch of My Appraisal system with 3 month review of effectiveness > Launch of new appraisal training programme and toolkits > Finalise BI dashboards for analysis of appraisal data

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Culture and engagement	Foster an open, transparent and high performing culture, where staff feel valued and recognised, actively participate and feel empowered to raise concerns	<ul style="list-style-type: none"> > Divisional listen events have taken place, with divisional improvement plans co-created > Improvement in overall Trust scores in the quarterly Culture and Engagement Pulse Survey continues to be seen > Values continue to be embedded across the organisation as part of BAU activities > You said, We did, campaign rolled out in August 2022 to provide staff with an update on actions and commitments from the 2021/22 National Staff Survey > 2022/23 National Staff Survey launched in September with a focus on ensuring all staff have a voice that is heard > Engagement with Freedom to Speak Up month during October > Quarterly New Starter Forum introduced in September to gain insight and feedback from newly appointment staff 	<ul style="list-style-type: none"> > Encourage managers to attend training around inclusive leadership > Results of the NHS staff survey shared across the organisation > Staff listening events have taken place to share the results of the staff survey and Q1 pulse data. Divisional improvement plans currently being developed for submission by end of May 	<ul style="list-style-type: none"> > Develop a programme of learning to promote inclusive leadership > Continue to work with staff networks to understand lived experience > Implement 'Big Conversation' events and 'a day in your Shoes' > Continue to run Quarterly Culture and Engagement Pulse checks > Collaborate with LUFT on sharing resources including Wellbeing days / events
Culture and engagement	Develop an inclusive and healthy environment where everyone is treated with respect and dignity	<ul style="list-style-type: none"> > Promotion of Freedom to Speak up processes as part of FTSU month > New Civility and Respect training programme launched > Staff networks continue to provide workforce intelligence to help further enhance inclusivity 	<ul style="list-style-type: none"> > Review of staff networks completed > Review of EDI programmes underway > Review of staff survey and associated actions completed 	<ul style="list-style-type: none"> > Implementation of new EDI suite of learning > Develop and implement structured work plans for staff networks

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Culture and engagement	Actively engage with and involve our diverse communities, ensuring that seldom-heard groups are included from a patient and staff perspective	<ul style="list-style-type: none"> > Participation in Liverpool and Chester PRIDE events > Allyship training programme developed by the LGBTQ+ Network and delivery commenced > Reverse mentorship programme in development with the EDI Staff Network > New Menopause Staff Network established > New EDI lead recruited as part of collaboration with Alder Hey 	<ul style="list-style-type: none"> > Reverse mentoring programme has commenced > Head of EDI commenced employment in January 2023 (shared resource with Alder Hey) > Gender Pay Gap Report and EDS2 report produced 	<ul style="list-style-type: none"> > Designing an overarching EDI strategy and plan of action 23 onwards > Participation PRIDE in collaboration with Alder Hey > Work with local community group based leaders, for example the Imam at Liverpool mosque
Culture and engagement	Work proactively to increase the diversity of our workforce	<ul style="list-style-type: none"> > Continued to work with Staff Networks to gain insight and understanding of staff experience and co-design improvements > WRES and WDES returns completed and actions identified signed off by Trust Board > Springboard female development programme commenced in October 2022 	<ul style="list-style-type: none"> > Head of EDI commenced employment in January 2023 (shared resource with Alder Hey) > Increased engagement with local school and community group across the LRC > Springboard programme completed with positive evaluation data 	<ul style="list-style-type: none"> > Review and redesign our overall attraction, recruitment, retention practices. Ensure we review advertising practices and involve our staff networks at all stages to utilise their lived experience > Implementation of new EDI suite of learning
Culture and engagement	Review our trust values	<ul style="list-style-type: none"> > Staff Charter approved and implemented – incorporated into recruitment and on-boarding, and staff development programmes > All actions from the values implemented plan are now complete 	<ul style="list-style-type: none"> > Ongoing communication and embedding of values, with a key focus in 2023 on values based recruitment 	<ul style="list-style-type: none"> > Ongoing communication and embedding of values

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Health and wellbeing	Implement our health and wellbeing plan	<ul style="list-style-type: none"> > Staff Health and Wellbeing Extravaganza month was held in July, with over 400 staff taking part in Wellbeing activities > Health MOT sessions taking place across the Trust during November, in partnership with OH > Continued engagement with the Cheshire and Mersey Resilience Hub, with quarterly onsite drop in sessions established > Partner for the NHS Staff Games with strong engagement from staff in activities and events 	<ul style="list-style-type: none"> > Wellbeing and engagement activities continued to be rolled out > Positive increases across wellbeing scores in Staff Survey > 2023/24 Live Well Work Well interventions and priorities developed and approved at People Committee 	<ul style="list-style-type: none"> > Collaborate with LUHFT and establish a system wide approach support staff wellbeing > Roll out programmes including health and wellbeing training and workshop > Implement Wellbeing and Engagement Champions across all areas > Launch of Staff Wellbeing and Engagement Champions
Education and training	Achieve teaching hospital status	<ul style="list-style-type: none"> > No further work towards Teaching Hospital status in last period 	<ul style="list-style-type: none"> > Achievement of teaching hospital status includes assessment against both research and education criteria > Following initial trust self-assessment against teaching hospital criteria the focus of research programme has been embedding new leadership and achieving CRF, BRC and ECMC as routes to increase research capability funding 	<ul style="list-style-type: none"> > Further work to achieve commitment to be focussed on years 4 and 5 of the 5-year strategic plan
Education and training	Implement our education strategy	<ul style="list-style-type: none"> > Development of new multi-professional education strategy in co-production stage to ensure inclusive approach > Review and standardisation of CNS/ANP job descriptions and job plans finalised and approved > Consultation completed with all specialist and advanced nurses > Phased approach to implementing conclusions of review of advanced nurse project 	<ul style="list-style-type: none"> > New co-produced multi-professional education strategy in development with associated implementation plan 	<ul style="list-style-type: none"> > Planned launch Q3 2023 as per Business Plan, with oversight of delivery by Education Governance Committee and People Committee of the Board

Be research leaders | Be leaders in cancer research to improve outcomes for patients now and in the future

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Research strategy	Implement our research strategy	> Operationalisation of the research strategy has continued via the research strategy business plan and updates presented quarterly at Performance Committee	> Operationalising the research strategy has continued via the Research Strategy Business Plan and quarterly updates to Performance Committee	> Operationalising the research strategy has continued via the Research Strategy Business Plan and quarterly updates to Performance Committee
Clinical trials delivery and infrastructure	Strengthen key aspects of the research and innovation staffing infrastructure and the core team, such as additional research nurses and biobanking staff	> In addition to the posts recruited at the 03/2022 update, the following posts have been appointed to: > 2 x Research Management & Governance Administration Support > Sponsorship Facilitator > Quality Manager > 14 x SRG Research Leads have ceased > New Deputy Director of Clinical Research appointed	> In addition to the posts recruited at the 11/2022 update, the following posts have been appointed to: > Clinical Research Fellow aligned to Haemato-Oncology > 2 x Early Phase Clinical Research Fellows > Biomedical Research Centre Lead > Research Nursing staff	> Appointment of National Funding bid Manager, Research Nursing staff, Research Governance Manager, Biobank & Genomics technician and Senior Lecturer posts.
Clinical trials delivery and infrastructure	Develop clinical job plans with protected time for research activities and recruit research active clinicians	> Deputy Director of Clinical Research determining a fair and transparent process for PA allocation across the SRGs	> PA allocation criteria determined for additional Research PA time.	> Assign Research PAs to appropriate clinical staff.
Clinical trials delivery and infrastructure	Submit our renewal bid for the ECMC in 2022	> ECMC bid successfully submitted in June 2022 > Formal interview took place at the NIHR in September 2022	> Successful ECMC bid announced 19/01/2023 >	> Operationalise agreed objectives included in ECMC funding bid and highlight progress against plan through appropriate Research meetings.
Clinical trials delivery and infrastructure	Support the Liverpool Clinical Research Facility bid as a collaborator in 2021 ^{◇◇}	> CRF governance structure agreed > CRF operational meetings to discuss collaborative projects taken place	> CRF Strategic and operational meetings now taking place between the three Partners.	> Operationalise agreed objectives included in CRF funding bid and highlight progress against plan through appropriate Research meetings.

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Academic research	Increase the number of academic staff within the trust with the aim of securing a future BRC and CRUK Centre status	<ul style="list-style-type: none"> > Chair in Radiation Oncology progressing with UoL > BRC bid with the Royal Marsden Hospital successful, announced October 2022 	<ul style="list-style-type: none"> > Chair in Radiation Oncology is being progressed via external agency. > BRC strategic and operational meetings taking place between Partners. > £150k donated by The Clatterbridge Charity to BRC Research. > BRC Lead appointed. 	<ul style="list-style-type: none"> > Chair in Radiation Oncology is being progressed via external agency. > Operationalise agreed objectives included in BRC funding bid and highlight progress against plan through appropriate Research meetings > Sign-off BRC Associate Partnership Agreement.
Academic research	Support and foster an environment for growth in academic oncology	<ul style="list-style-type: none"> > Research Rounds – seminars by CCC researchers and University scientists – continue every 2 weeks and a wide range of speakers are approached > Clatterbridge Research Funding Scheme 2022 (CRFS22) launched 1st November 2022 	<ul style="list-style-type: none"> > Research Rounds continued to End December 2022 and will restart June 2023. > 18 applications submitted to the CRFS22. Seven successful applications. 	<ul style="list-style-type: none"> > Continue to present Research Rounds on a 2-weekly basis > Communicate outcome of CRFS22 across the Trust. Plan CRFS23 towards the end of 2023.
Academic research	Expand the clinical research fellow programme	<ul style="list-style-type: none"> > Second Clinical Research Fellow now approved by UoL 	<ul style="list-style-type: none"> > Second Clinical Research Fellow appointed and aligned to Haemato-Oncology > Two Early Phase Clinical Research Fellows appointed. Due to start in post August 2023. 	<ul style="list-style-type: none"> > Appoint third Clinical Research Fellow.
Academic research	Increase research in advanced radiotherapy techniques	<ul style="list-style-type: none"> > Chair in Radiation Oncology progressing with UoL 	<ul style="list-style-type: none"> > Chair in Radiation Oncology is being progressed via external agency. 	<ul style="list-style-type: none"> > Chair in Radiation Oncology is being progressed via external agency.
Academic research	Explore and develop research collaborations ◇◇	<ul style="list-style-type: none"> > Following further discussions with The Crick the collaboration is not being taken forward at this time > CCC has continued to be involved in the review of LHP arrangements and will continue to support the wider Liverpool cancer research programme 	<ul style="list-style-type: none"> > Continue to develop CRF and BRC and ECMC collaborations and explore other opportunities as they emerge 	<ul style="list-style-type: none"> > Continue to develop CRF and BRC and ECMC collaborations and explore other opportunities as they emerge

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Allied health professional research	Invest to promote research awareness and participation within other non-medical areas such as medical physics, pharmacy, nursing, AHPs and IM&T **	<ul style="list-style-type: none"> > Research Rounds continuing > Clatterbridge Research Funding Scheme 2022 (CRFS22) launched 1st November 2022 	<ul style="list-style-type: none"> > Research Rounds continuing > Clatterbridge Research Funding Scheme 2023 (CRFS23) to be launched towards the end of 2023. 	<ul style="list-style-type: none"> > Research Rounds continuing > Clatterbridge Research Funding Scheme 2023 (CRFS23) launched to be launched towards the end of 2023.

Be digital | Deliver digitally transformed services, empowering patients and staff

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Digital strategy	Develop our digital strategy	<ul style="list-style-type: none"> > Digital strategy themes presented to Trust Board at Digital Development session in September 2022 > Key themes of new digital strategy agreed through iterative presentations to Digital Board in September and October 2022. > Good progress being made on full draft strategy. 	<ul style="list-style-type: none"> > Digital Strategy has been endorsed by Digital Board January and March 23; Trust Executive Group March 23, and Quality Committee March 23. Due to pre-election activities, the Digital Strategy will be presented to May Trust Board for final endorsement. 	<ul style="list-style-type: none"> > Formal launch event will be planned post Trust Board sign off
Digital strategy	Achieve HIMSS level 7 status	<ul style="list-style-type: none"> > Self-assessment for level 6 HIMSS has been completed. HIMSS, however, national changes have been announced 1/11/22 to National Digital Maturity approach > Nationally we have had the What Good Looks like Framework (WGLL) Launch (self-assessed via Digital Board) > Nationally, Trust been scored on EPR usability (level 3 =fully functional EPR product) > For National Digital Maturity Assessment (DMA) the National team have now partnered with a digital maturity assessment (DMA) partner and are currently in product refinement and stakeholder engagement in preparation for roll out in 2023 which may impact on CCC plans for HIMSS 6 > A national baseline DMA survey product for 42 ICS's and 219 Trusts is expected to be delivered and completed by end of Nov 22 	<ul style="list-style-type: none"> > The new national Digital Maturity Assessment (DMA) was launched in February 2023. The assessment comprised of 3 parts: 1) 50 Self-assessment questions based on WGLL Framework, 2) 108 volumetric questions 3) bed management questionnaire. All submissions were managed through Digital Board and delivered on time by 19th March. ICB review took place in April and all resubmissions were required by 15th May 2023. > After ICB review and Digital Board review in early May, minor adjustments were made and final submission for CCC was submitted on time 	<ul style="list-style-type: none"> > Nationally, results are being analysed in preparation for National results and Insights workshops. > Focus on areas for potential increases in digital maturity within CCC, working in partnership with relevant departments.

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Delivering digital for patients	Engage with our patients to design solutions through co-production	<ul style="list-style-type: none"> > Work continues with the 7 factors of WGLL framework and the addition of the Nursing WGLL framework > Currently testing patient pre-assessment questions with the Lymphedema clinical team, further testing the Patient Held Record (PHR) concept CCC is piloting across the Integrated Care Board.(ICB) 	<ul style="list-style-type: none"> > The national Digital Maturity Assessment has been launched. Final submission has been made to NHSE on 15th May which includes level of digital maturity against all domains of the What Good Looks Like (WGLL) framework including empowering citizens. > CIO is chair of the C&M Digital inclusion forum. Digital Inclusion toolkit launched 28th April comprising of Digital Inclusion Impact Assessment, Barriers to Digital Inclusion in C&M Research Reports, and the Digital Exclusion Heatmap tool 	<ul style="list-style-type: none"> > The national digital maturity assessment has been launched and. final submission sent to NHSE on 15th May > Nationally, this data will be baselined and Digital Board will monitor improvements. > C&M Digital inclusion work to be shared at CCC Patient engagement group along with current digital maturity levels in the empower citizens domain
Delivering digital for patients	Expand use of telehealth and other new technologies to keep individuals connected with health professionals and support the delivery of care closer to home	<ul style="list-style-type: none"> > Pilot continues with remote monitoring- two cohorts of patients, lung cancer patient in Knowsley and Immunotherapy Oncology patients > Attend Anywhere taken to SRG leads to increase uptake > Administration services team to change processes from telephone to video > Introduced Attend Anywhere into CDU to support telehealth remotely > Attend Anywhere introduced into Marina Dalglish to support access to specialists to support care pathways. 	<ul style="list-style-type: none"> > Work continues with remote monitoring pilots which are now live, patient recruitment is lower than expected and evaluation continuing. > Admin services continue to lead on development of processes to support increase in video consultations where appropriate > Attend Anywhere has been introduced into CDU and Marina Dalglish and is under review with the division. 	<ul style="list-style-type: none"> > To be closed as a reporting as work is managed through Urgent Care Board and Digital Board

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Delivering digital for patients	Work with other to develop a single digital access point for patients across Cheshire and Merseyside that gives patients access to their electronic records	<ul style="list-style-type: none"> > Work continues with data sharing for CIPHA records. (Reported into Data management Group and Digital Board) > Work continues at ICB level to support interoperability of the current 3 shared care records within Cheshire and Merseyside 	<ul style="list-style-type: none"> > Shared records are nationally being driven with patient portals with access via NHS APP > There are a number of cancer use cases in progress with the Trust and CIPHA records. These are clinician led and utilise data to improve patient care and outcomes. Current use cases include regional Acute Oncology dashboard, a risk stratification tool looking at the impact of frailty on lung cancer patients, project "Agatha" to support Metastatic Breast cancer patients and a risk stratification tool for unplanned cancer admissions. 	<ul style="list-style-type: none"> > A data scientist position is being introduced into Business Intelligence team to support the CIPHA work streams. > Plans are in place to increase the scope of current systems to provide patient portal functionality for CCC patients.
Delivering digital for patients	Give patients access to assistive technology, including remote monitoring	<ul style="list-style-type: none"> > Remote monitoring pilot commenced in conjunction with Trust Project Management Office (PMO) > Pilot for remote monitoring of lung patients went live at the end of October 22. 	<ul style="list-style-type: none"> > Pilot has gone live 	<ul style="list-style-type: none"> > To close this reporting line as managed through urgent care board and digital board.

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Delivering digital for our people	Empower and equip our workforce with digital skills to become fully agile and digitally connected to the wider health and social care environment	<ul style="list-style-type: none"> > Currently working through linking national “What Good Looks Like framework” with Nursing “What Good Looks like Framework” locally and regionally and in light of recent national digital maturity changes. > As a result of successful Health Education England funding bid, a Virtual Reality (VR) training project is underway to support sepsis training. The Sepsis VR module will be piloted as a proof of concept and evaluated. Once successful, Clinical Education Team will lead on this and subsequent developments. > A number of options to explore the gamification product Attensi have been explored at Digital Board. An initial plan for height and weight training is currently being developed across a wide Multi-disciplinary team 	<ul style="list-style-type: none"> > The Virtual Reality Sepsis module is currently in User Acceptance Testing (UAT). > Due to the work of clinical systems optimisation, the scope of the gamification platform “Attensi” has moved to focus on the development of core modules to support the standard features of the current EPR. The first four modules have been developed and are in UAT with a launch date planned for July 23. 	<ul style="list-style-type: none"> > Continue to develop “Attensi” gamification platform to support EPR optimisation. > Work closely with new simulation lead within clinical education team to continue development of the virtual reality platform.
Delivering digital for our people	Enable our people to make intelligence-driven decisions and have access to the right digital tools	<ul style="list-style-type: none"> > Process now fully embedded through Trust clinical and operational governance processes. For example, Data Management Group, Chaired by Director of Finance, Digital Board chaired by Medical Director, Trust wide Site reference Groups, chaired by consultants, Performance review groups chaired by Chief Operating Officer 	<ul style="list-style-type: none"> > Reporting line closed 	
Delivering digital for our people	Embed strong clinical digital leadership	<ul style="list-style-type: none"> > Strong clinical leadership embedded 	<ul style="list-style-type: none"> > Reporting line closed 	

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Be driven by intelligence	Establish a true business intelligence function	> Work remains with Quality Team for Clinical Effectiveness Team	> Business Intelligence (BI) Team is fully embedded and continues to develop with the opportunity of Liverpool University collaborations to support Artificial Intelligence (AI) and data science. > Clinical Effectiveness Team (CET) continues within the BI team within Digital services function and will be reviewed with Quality function	> Progress on local university of opportunities for collaboration and student placements to support AI and data science will be shared via Digital Board. Exploration site visit 17 th May. > Continue with C&M developments in CIPHA > Review roles and responsibilities of CET with Quality function
Be driven by intelligence	Deliver a new data warehouse and a single set of data visualisation tools	> Fully embedded Data Management Group and reports into Digital Board	> Reporting line closed	
Be driven by intelligence	Share data across Cheshire & Merseyside as part of the CIPHA programme	> Continue working on two cancer use cases within CIPHA, Acute Oncology and Lung cancer Outcomes. > Continue to share progress of the two cancer use cases through DMG. > Continue to engage with CIPHA work stream. And share with data management group > CIO supporting CIPHA Digital Exclusion heat map	> CIPHA presentation to Digital Board in March 23 > Cancer use cases are continuing with CCC and the C&M CIPHA team. These are clinician led and are using data held by the CIPHA team to improve patient care and outcomes. Includes risk stratification tool looking at frailty for lung cancer patients and project "Agatha" to support a risk stratification tool for metastatic breast cancer patients and unplanned cancer admissions.	> CIPHA data workshops to view and utilise existing C&M data sets within CCC planned for end of May 23.
Secure and robust digital infrastructure	Work with partners to deliver a 'cloud first' approach to our digital infrastructure	> Work on cloud and Azure continues along with 23/24 plan	> Cloud first strategy continues within Digital strategy and current work programmes	> National digital finance sessions planned for late May 23 to understand cloud financial implications.

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Secure and robust digital infrastructure	Achieve Cyber Essentials Plus status	> Plan and funding agreed for ISO27001	<ul style="list-style-type: none"> > Achieved Cyber Essentials Plus December 2022 > Significant work and developments in progress against ISO27001 > Completed all internal audits for ISO27001. Identified minor non-conformities and opportunities for improvement which are being worked on with relevant departments and will be monitored through Information Governance Board. 	> British Standards Institute (BSI) auditors will audit Aintree and Wirral on 1 st 2 nd and 5 th June. Liverpool site will be audited on Monday 24 th July.
Secure and robust digital infrastructure	Embed collaboration tools to support better communication and collaboration across our sites	> Work continues with clinical networks such as the C&M imaging network to deliver new ways of MDT and standardising video conferencing.	<ul style="list-style-type: none"> > New national Microsoft N365 deal is expected 22/5/23 with ability to transact from 9/6/23. This will enable continuation of development of national collaboration tools > CCC closely aligned to C&M Radiology Imaging network to plan the deployment of the new PACs cloud which will enable improved capabilities for image sharing and reporting supporting MDTs > Working with IOM to assess patient Video Conference capabilities between Nobles and CCC 	<ul style="list-style-type: none"> > Review new national Microsoft deal for CCC > Working with IOM to align PACs image sharing into C&M PACs

Be innovative | Be enterprising and innovative, exploring opportunities that improve or support patient care

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Build the capacity, capability and culture to support innovation	Develop an innovation strategy to encapsulate how we will build the capacity, capability and culture to support innovation	<ul style="list-style-type: none"> > Visits to Alder Hey (07/2022) and University Hospitals Coventry & Warwickshire (10/2022) as trusts with established innovation programmes > Memorandum of understanding signed with UoL Digital Innovation Facility 10/2022 > Regular meetings established with Innovation Agency North West Coast and LyvaLabs > Regional innovation meeting established between CCC, LUHFT, LHCH and The Walton Centre > Membership on National Innovation Forum led by The Royal Free > Innovation strategy approved at Research Strategy Committee 10/2022 	<ul style="list-style-type: none"> > Innovation strategy approved by Trust Executive Group and Trust Board, launched February 2023 > Meetings with LJMU to explore collaboration on Artificial Intelligence and digital > Clinical Lead for Innovation presented at Consultant Away Day to raise profile of innovation and offer of service > Presented Innovation and Bright Ideas to the Council of Governors April 2023 > Big Ideas Scheme inaugural funding call launched January 2023 and supported projects announced March 2023 > Intranet resources and innovation mind-set training launched 	<ul style="list-style-type: none"> > Big Ideas Scheme Autumn Funding call to be launched September 2023 > Continue to engage with external partners and peer NHS trusts to remain aware of opportunities for shared learning and collaboration > Review of Innovation Service and re-engagement with staff to clarify concept of innovation and ways the service can support their ideas

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Build the capacity, capability and culture to support innovation	Establish an Innovation Fund	<ul style="list-style-type: none"> > Bright Ideas now at 125 ideas submitted and reviewed to date > First idea from a patient has been received and is currently in development > Big Ideas scheme in development to encourage larger scale ideas 	<ul style="list-style-type: none"> > Bright Ideas now at 163 ideas submitted and reviewed to date > Patient idea currently in prototyping stage in partnership with an external company > 8 month pilot for prehabilitation in immunotherapy patients in collaboration with LJMU supported as part of Big Ideas Scheme > Risk Stratification Tool to be developed after data analysis of ED attendance and admission data for cancer patients > Funding terms clarified in application form for Big Ideas Scheme to clarify eligibility criteria 	<ul style="list-style-type: none"> > Continue to review Bright Ideas monthly > Oversight to be maintained for supported Big Ideas to monitor progress and use of funding allocation
Improving patient care through innovation	Expand the Clatterbridge in the Community programme	<ul style="list-style-type: none"> > Second service hub opened in Aintree in March 2022 to give equity of service patients in North Merseyside reaching patients as far as Southport > Service delivers 20 different types of treatment across Merseyside, Cheshire, Lancashire, and North Wales providing over 500 treatments a month 	<ul style="list-style-type: none"> > The second service hub in Aintree provides more efficiency with travel, therefore enabling the treatment of more patients in the North Merseyside region > Data available since opening of Aintree hub show increase in treatment numbers with decreased overall mileage 	<ul style="list-style-type: none"> > Continue expansion of CIC - both in treatments offered and areas covered
Improving patient care through innovation	Introduce model of stratified outpatient follow-up	<ul style="list-style-type: none"> > Outpatient transformation programme in development with remit to oversee work including the further expansion of patient initiated follow-up (PIFU) where clinically appropriate 	<ul style="list-style-type: none"> > Trust-wide focus groups undertaken to inform scope of the work required. > Dedicated resource identified to lead the programme of work > Programme structure (for governance & reporting) developed with first Programme Board to be held in June 2023. 	<ul style="list-style-type: none"> > Scope of programme to be formally agreed at Programme Board and will include PIFU.

Theme	Commitment	November 2022 [Keep]	May 2023	Next [New]
Improving patient care through innovation	Sustain and embed the use of telemedicine in outpatient care beyond Covid-19	<ul style="list-style-type: none"> > CCC continues to consistently achieve the target of 75%/25% remote telehealth > 12-month pilot of Telehealth monitoring (in advanced lung cancer & immunotherapy) using remote monitoring commenced in collaboration with MerseyCare & St Helens & Knowsley 	<ul style="list-style-type: none"> > CCC continues to consistently achieve the target of 75%/25% remote telehealth > The pilot of telehealth monitoring (in advanced lung cancer & immunotherapy) is ongoing > Recruitment lower than expected, factors include a 4 week temporary stop of recruitment during April due to operational pressures, low patient appetite for telehealth monitoring, and lower than usual number of eligible candidates. 	<ul style="list-style-type: none"> > Evaluation of the pilot of telehealth monitoring in collaboration with partners has commenced
Improving patient care through innovation	Explore concept an 'innovation bunker' on the CCC-Liverpool site **	<ul style="list-style-type: none"> > Discussions during innovation strategy development to explore a virtual 'innovation bunker' rather than a physical space 	<ul style="list-style-type: none"> > Update as at last report 	<ul style="list-style-type: none"> > Explore potential provided by CCC-Paddington to develop this idea further
Subsidiaries and joint venture	Develop and grow our subsidiaries and joint venture	<ul style="list-style-type: none"> > New PropCare Managing Director has developed strategic direction and new management structure to support > Private patient joint venture strategy in development 	<ul style="list-style-type: none"> > PropCare strategy development continues to be led by Managing Director with PropCare Board > New CPL Chair in place and Board exploring future strategic opportunities > New lead in place for private patient joint venture 	<ul style="list-style-type: none"> > Development and delivery of PropCare and private patient joint venture strategies
Explore opportunities	Explore commercial opportunities or opportunities to enhance and strengthen patient care or our national and international reputation and brand	<ul style="list-style-type: none"> > Programme in place to develop CAR-T therapy service at CCC-L (new line added in <i>Service developments</i> section above) > CCC exploring the opportunities presented by the liquidation of the Rutherford Cancer Centres 	<ul style="list-style-type: none"> > CAR-T cell therapy update now in service developments update of <i>Be outstanding</i> section > Former Rutherford Cancer Centre now purchased by CCC and will operate as CCC-Paddington > First service to operate from the building will be Paddington CDC (see <i>Be collaborative</i> above) > Further opportunities provided by the acquisition of the site 	<ul style="list-style-type: none"> > Current focus of CCC-Paddington is the opening of the CDC but further opportunities to be explored in next reporting period

List of acronyms used

AHP	Allied Health Professional	FTSU	Freedom to speak up	PA	Programmed activity (a block of time in a consultant job plan)
ANP	Advanced nurse practitioner	HCI	Health Care International	PADR	Performance appraisal and development review
AO	Acute oncology	HCP	(Cheshire & Merseyside) Health and Care Partnership	PEIG	Patient Experience and Inclusion Group
AQuA	Advancing Quality Alliance	HEE	Health Education England	PHR	Patient held record
BI	Business intelligence	HIMSS	Healthcare Information and Management Systems Society	PIFU	Patient initiated follow-up
BRC	Biomedical Research Centre	HO	Haemato-oncology	PMO	Programme Management Office
C&M	Cheshire and Merseyside	ICS	Integrated Care System	PPJV	Private patient joint venture
CAMRIN	Cheshire and Merseyside Radiology and Imaging Network	ICB	Integrated Care Board	PREMs	Patient reported experience measures
CAR-T	Chimeric antigen receptor T-cell	IM&T	Information management and technology	PSIRF	Patient Safety Incident Response Framework
CCG	Clinical commissioning group	IoM	Isle of Man	QI	Quality improvement
CCIO	Chief Clinical Information Officer	IR	interventional radiology	RCP	Royal College of Physicians
CCRS	Clatterbridge Committee for Research Strategy	JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT)	RDS	Rapid diagnostic service
CDC	Community diagnostic centre (was community diagnostic hub - CDH)	KLOE	Key line of enquiry	R&I	Research and innovation
CDU	Clinical Decisions Unit	KPI	Key performance indicator	RPA	Robotic process automation
CE+	Cyber essentials plus	L&OD	Learning and organisational development	SABR	Stereotactic ablative radiotherapy
CEO	Chief Executive Officer	LCR	Liverpool city region	SACT	Systemic anti-cancer therapy
CET	Clinical effectiveness team	LCRI	Liverpool Cancer Research Institute	SDEC	Same day emergency care
CIC	Clatterbridge in the Community	LeDeR	A service improvement programme for people with a learning disability and autistic people	SLA	Service level agreement
CIPHA	Combined Intelligence for Public Health Action	LFPSE	Learn From Patient Safety Events	SPC	Statistical process control
CIO	Chief Information Officer	LHCH	Liverpool Heart and Chest Hospital NHS Foundation Trust	SRG	Site reference group
CMAST	Cheshire & Merseyside Acute and Specialist Trust Provider Collaborative	LHP	Liverpool Health Partners	SRO	Senior responsible officer
CMCA	Cheshire and Merseyside Cancer Alliance	LUHFT	Liverpool University Hospitals NHS Foundation Trust	StEIS	Strategic Executive Information System
CMIO	Chief Medicines Information Officer	MDT	Multidisciplinary team	STHK	St Helens and Knowsley Teaching Hospitals NHS Trust
CNIO	Chief Nursing Information Officer	NHSE/I	NHS England/Improvement	TEG	Trust Executive Group
CNS	Clinical nurse specialist	NIHR	National Institute for Health and Care Research	TfC	Together for Children
CPL	Clatterbridge Pharmacy Limited	NRLS	National Reporting and Learning System	TIC	Transformation and Improvement Committee
CQC	Care Quality Commission	NWPQA	North West Pharmaceutical Quality Assurance	TMA	Transitional monitoring approach
CRF	Clinical Research Facility	OD	Organisational development	TUPE	Transfer of Undertakings (Protection of Employment)
CRFS22	Clatterbridge Research Funding Scheme 2022	ODN	Operational delivery network	TYA	Teenage and young adult
ECMC	Experimental Cancer Research Centre	OSC	Overview and scrutiny committee	UoL	University of Liverpool
EDI	Equality, diversity and inclusion			WDES	Workforce Disability Equality Standard
EPR	Electronic patient record			WRES	Workforce Race Equality Standard
ESR	Electronic staff record			WTE	Whole time equivalent
FoSH	Federation of Specialist Hospitals			WUTH	Wirral University Teaching Hospital NHS Foundation Trust
FFT	Friend and family test				

Title of Meeting: Trust Board Part 1**Date of Meeting: 31st May 2023**

Report lead	Sarah Barr, Chief Information Officer (CIO)					
Paper prepared by	Senior Digital Leadership Team including - Pete Robson, CCIO, Sarah Barr CIO, James Crowther CTO, Emma Daley CCIO, Paula Pickford Head of Business Intelligence and Amanda Wilson Head of Digital Programmes					
Report subject/title	Digital Strategy 2023-2025					
Purpose of paper	<p>The purpose of the paper is to present a new Digital Strategy for CCC. The strategy builds on the work completed and planned for within the Trust's Five Year Strategic Plan 2021-2025, in particular the 'Be Digital' section.</p> <p>This strategy has previously been considered and approved by Digital Board, Trust Executive Group (TEG) and Quality Committee between January and March 2023.</p> <p>Engagement with the divisions has been underway since October 2022. A full communications launch will follow once final approval has been achieved. Progress of the strategy will be tracked via Digital Board and Trust Executive Group.</p>					
Background papers	5 Year Strategic Plan 'Be Digital'					
Action required	Trust Board is asked to: <ul style="list-style-type: none"> Note the contents of the strategy and agree the strategic direction. To approve Digital Strategy for publication. 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	x	Be a great place to work	x		
	Be Collaborative	x	Be Digital	x		
	Be Research Leaders	x	Be Innovative	x		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



WE ARE...
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BE DIGITAL STRATEGY

2023 - 2025



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Foreword

These are exciting times for The Clatterbridge Cancer Centre (CCC) when you consider our exceptional facilities, our expert workforce, and the incredible potential of digital transformation in cancer care.

Harnessing the advantages of digital technologies to support our transformation is an excellent opportunity to accelerate progress against our key ambition set out in our Trust's Five-Year Strategic Plan.

At The Clatterbridge Cancer Centre we recognise the significant role digital technology plays in everything we do. We have seen the positive impacts of incorporating digital from the opening of our flagship hospital in Liverpool to leveraging digital technologies in our response to the COVID-19 pandemic.

'Be Digital' is one of six strategic priorities outlined in the Trust's Five-Year Strategic Plan. Our digital vision goes beyond IT infrastructure and tools, and extends to transforming the experience of our patients, our people and the population we serve.

Over the last few years, we have worked hard to get our systems, devices, platforms, and connections in a good place, and because of this, we can now look forward to the fantastic opportunities that digital and data give us to improve care.

We want to put The Clatterbridge Cancer Centre in the best position to continue delivering world-class clinical services. To achieve that, we need first-class digital infrastructure and solutions working effectively with a digitally-skilled workforce. Every department and service should have high-quality digital tools to support their daily work, and harness the power of digital and data.

Drive improved outcomes and experience through our unique network of specialist cancer care across Cheshire and Merseyside

Our 'Be Digital' strategy is ambitious. To realise this vision, we will need to embrace new ways of working and find new ways to collaborate and accelerate how we deliver digitally-enabled transformation. We look forward to working with colleagues across The Clatterbridge Cancer Centre to make our



h Barr
nation Officer


Our themes to deliver our mission are:



Digitally transforming cancer services



Empowering cancer patients and carers



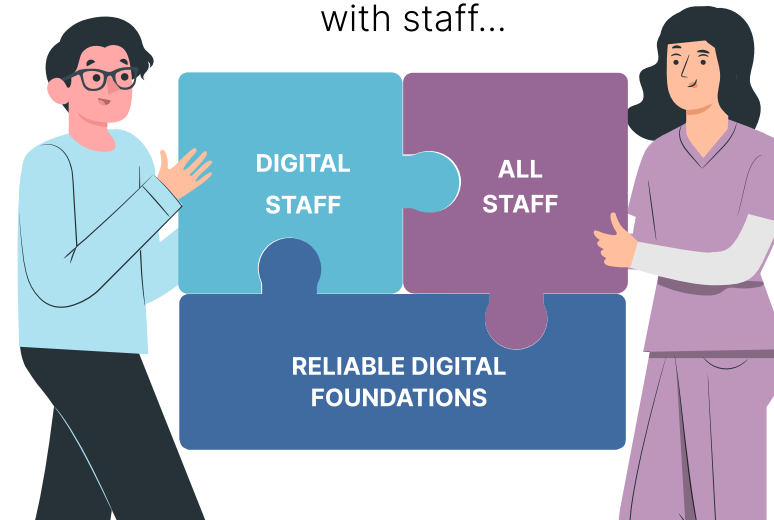
Empowering staff



Data-driven cancer research and innovation

Our digital mission is to harness **the power of digital technology and data** to transform care, improving our patients' outcomes and experience

Underpinned by our foundational partnership with staff...



1

Strategic Environment



Cheshire and Merseyside system working

The Clatterbridge Cancer Centre is one of three specialist cancer centres in the UK. We deliver non-surgical cancer care including systemic anti-cancer therapy (SACT) at seven sites, with outpatient clinics at 17 centres.

We serve a population of 2.4 million across Cheshire and Merseyside and the surrounding areas, including North Wales and the Isle of Man, through our 1,700 specialist staff.

We work to deliver excellent cancer care with other services in the region, and improve clinical outcomes through research and innovation.

Digital is more than just technology

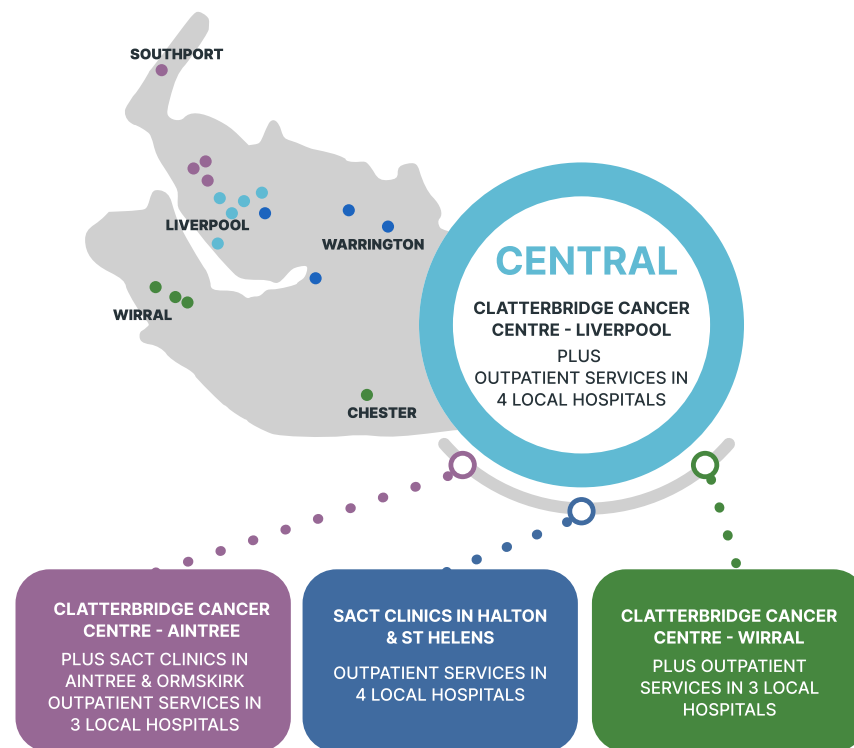
Given its fundamental role in cancer care transformation, 'Be Digital' is identified as one of the key strategic priorities within our Trust's Five-Year Strategic Plan. Our digital mission is to transform the experience of our patients, our people and the population we serve, ensuring that technology is a viable alternative to traditional ways of working.

The support of digital transformation is critical to resolving a "very high and growing" demand for health services following COVID-19 (*NHS Cheshire and Merseyside Digital and Data Strategy 2022-2025*). Demand for our treatment, support and survivorship services grows, as the number of people with cancer increases and as we meet the national ambition in the NHS Long Term Plan to support more people to survive cancer. Digital transformation plays a significant role in supporting the gap between growing demand and the pressures on workforce and finances.

Digital will support the integration of services across Cheshire and Merseyside and beyond

As a specialist cancer service provider, we need to integrate effectively with a large number of other organisations and NHS providers across Cheshire and Merseyside and the surrounding areas, so that we can provide patients with an efficient, seamless and joined-up care experience. Digital processes are key to achieving this effectively.





We align to the *NHS Cheshire and Merseyside's Digital and Data Strategy* which we were fully invested in through its development stages. We have a shared ambition to secure strong shared digital foundations, data and digital solutions that span across Cheshire and Merseyside to enable the best support for our patients, and to equip our people to provide seamless care.



National priorities

Our digital strategy aligns with national digital priorities, including:

National Digital Policies set out the strategic framework and standards within which local trust digital strategies should sit:

-  **What Good Looks Like (WGLL)** establishes the seven success criteria for healthcare organisations in digitising, transforming and connecting their services safely and securely
-  **Data Saves Lives** outlines the strategic ambitions for the use of data to bring benefits to all parts of health and social care
-  **Goldacre Review** identifies how the NHS could make better, safer use of health data for research and analysis
-  **NHS architecture principles and other technical standards (such as interoperability)** provide best practice guidance for designing digital systems and services for the NHS and connecting them together across a system, regionally and nationally

National Digital Plans set out the specific national expectations for local digital priorities:

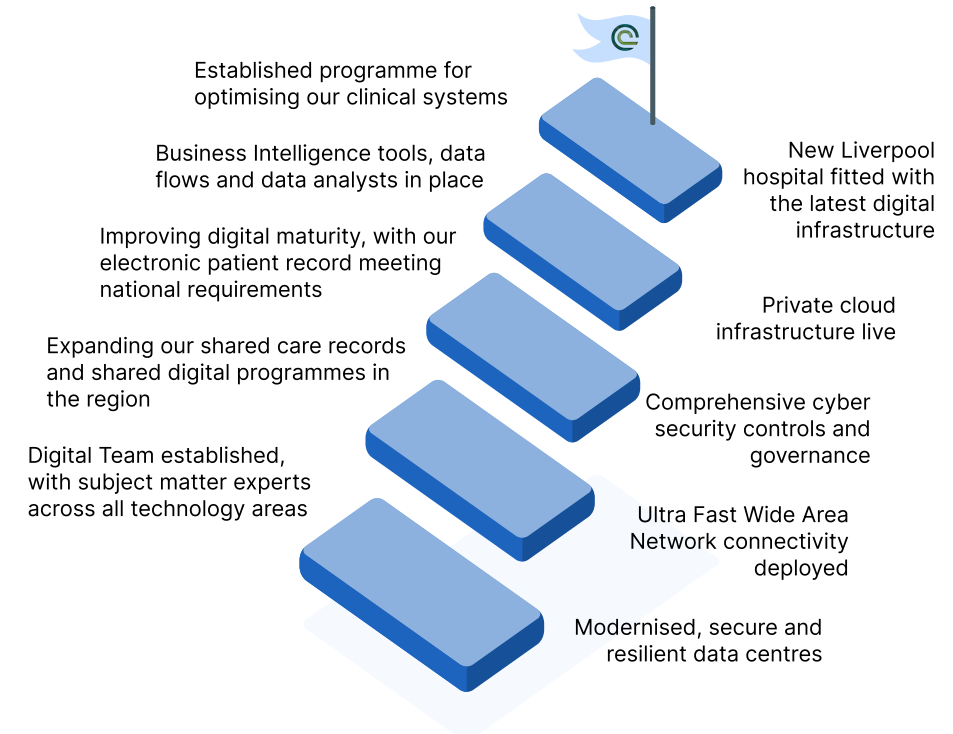
-  **Plan for Digital Health and Social Care** outlines in detail the national and local requirements for digital to transform health and care service delivery up to 2025
-  **NHS Planning Guidance 2022-2023 and beyond** includes details on how Digital supports delivery priorities and the NHS Long Term Plan
-  **National Cyber Strategy 2022-2030** establishes improved defences and responses to cyber attack across the public sector in a climate of heightened threat, acknowledging our systems as critical national infrastructure

Our baseline

Establishing the foundations for our future success

Over the last five years, we have invested in our Digital Team, and our digital infrastructure. This has supported the opening of a major new hospital, modern devices, remote working during the pandemic, and improved resilience and performance for our systems.

Thanks to the foundations we have put in place, we are now in an excellent position to deliver our mission to harness digital and data to improve care.



2

Our Themes




How we will focus our programmes to achieve our mission






Digitally transforming cancer services

We will work to transform services to deliver high-quality care. Using leading approaches to digital transformation, we will optimise our digital clinical systems to improve how we deliver care




Usable, efficient workflows

-  Our clinical staff want an intuitive day-to-day digital experience for their clinical work
-  Our programme for optimising clinical systems will work closely with frontline staff to optimise how digital clinical workflows are executed
-  By working with staff to solve this, we can improve their digital experience. We want to use digital and data as an enabler to supporting clinical outcomes




Safe by design

-  The deployment of digital tools can introduce changes in process that need to be managed
-  We will continue to ensure clinical safety is a key feature of any future digital transformation, ensuring compliance with national clinical safety standards
-  Aligned to the NHS Digital Clinical Safety Strategy, we will make the most of digital tools and data to build insight, involve and improve patient safety




Modern, reliable solutions

-  We want our solutions to scale, to connect to the rest of our digital systems, and to avoid over-reliance on particular suppliers
-  We will adopt agile, effective and high availability cloud services through a mixture of in-house development capability and the expert selection and management of supplier solutions
-  By working in this way, we will solve problems such as coordinating care across multiple services and professionals faster, without compromising on the reliability of the solutions we put in place

Data-driven improvement

-  Services and researchers need high-quality data to improve care
-  We will provide tools and services to help leaders and champions across the organisation to analyse and make sense of performance, activity and outcome data
-  By working together, we will improve data quality at source, and strengthen the insights and information we gain from this

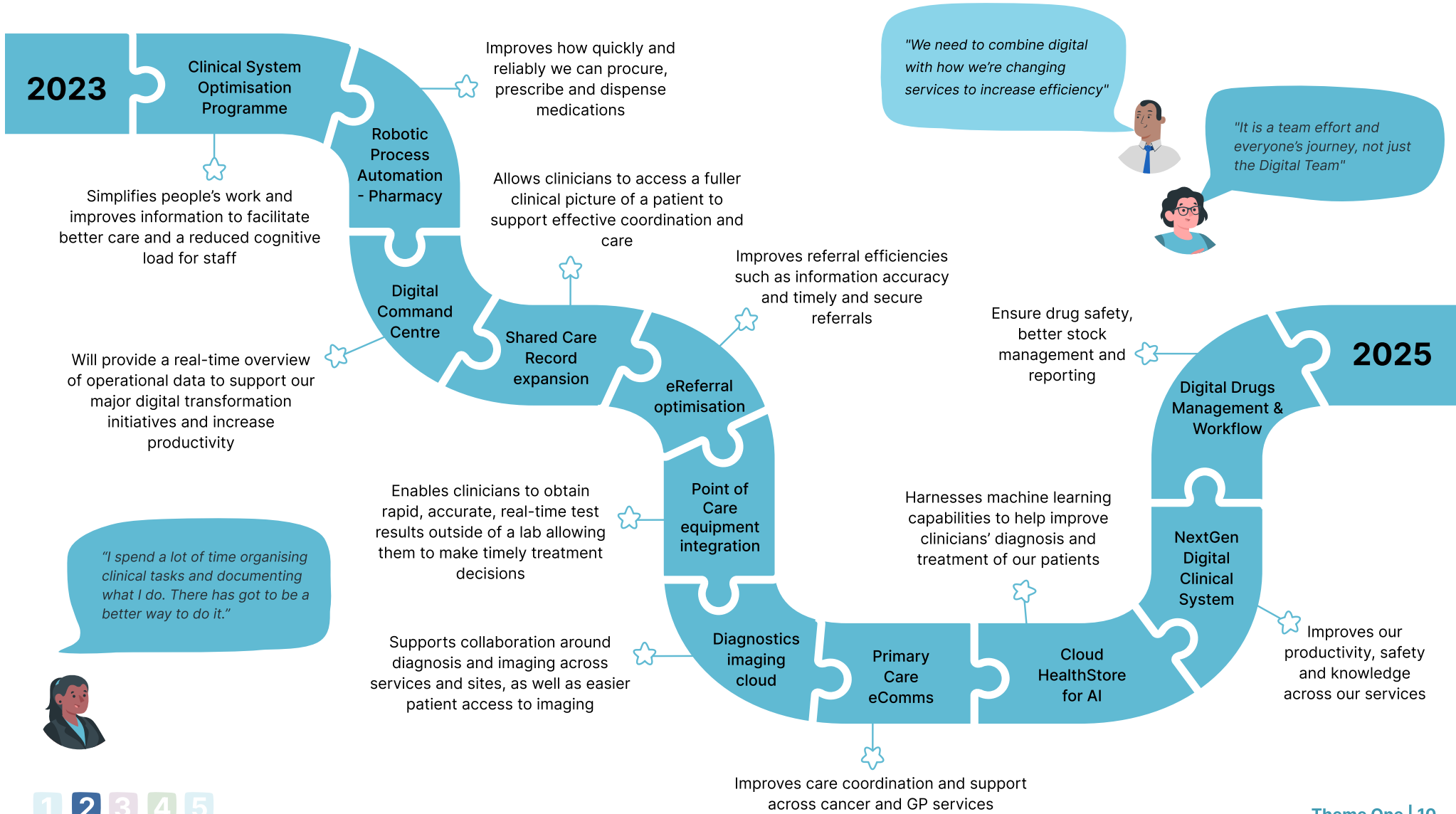
Transforming together

-  Staff are willing to communicate and collaborate to tackle problems and use digital solutions to support transformational processes
-  We will bring the best of digital, clinical, operational and data professionals to our major transformation initiatives
-  We will develop best practice digital and design solutions to constantly improve clinical and corporate workflows so that they solve important problems and meet people's needs



Digitally transforming cancer services




Our Roadmap






Empowering cancer patients and carers

We will implement digital solutions to support people's choices about how they access care, keep patients and their family and carers connected and in control, and support care at home

Patients in control




-  When multiple services are involved, patients might not feel in control of the care they are receiving
-  In line with national 'mobile first' ambitions, we will establish and embed our Patient Empowerment Portal through the NHS App, so that people with cancer can access correspondence, appointment information and advice
-  These tools will support people with cancer to navigate and arrange multiple visits for treatments, consultations or monitoring. They will also allow better communication around key patient goals and symptoms such as better mental health, pain, or sleep

Delivering care remotely




-  Patients often want the choice to avoid travelling into hospital, particularly given our geographic reach as a trust
-  We will continue to support and develop remote monitoring tools and work with clinical and operational colleagues to address how such tools can be developed to offer 24/7 support
-  We will offer more remote or home-based care options to more patients, where clinically appropriate, so that they can feel supported and safe



Information and guidance

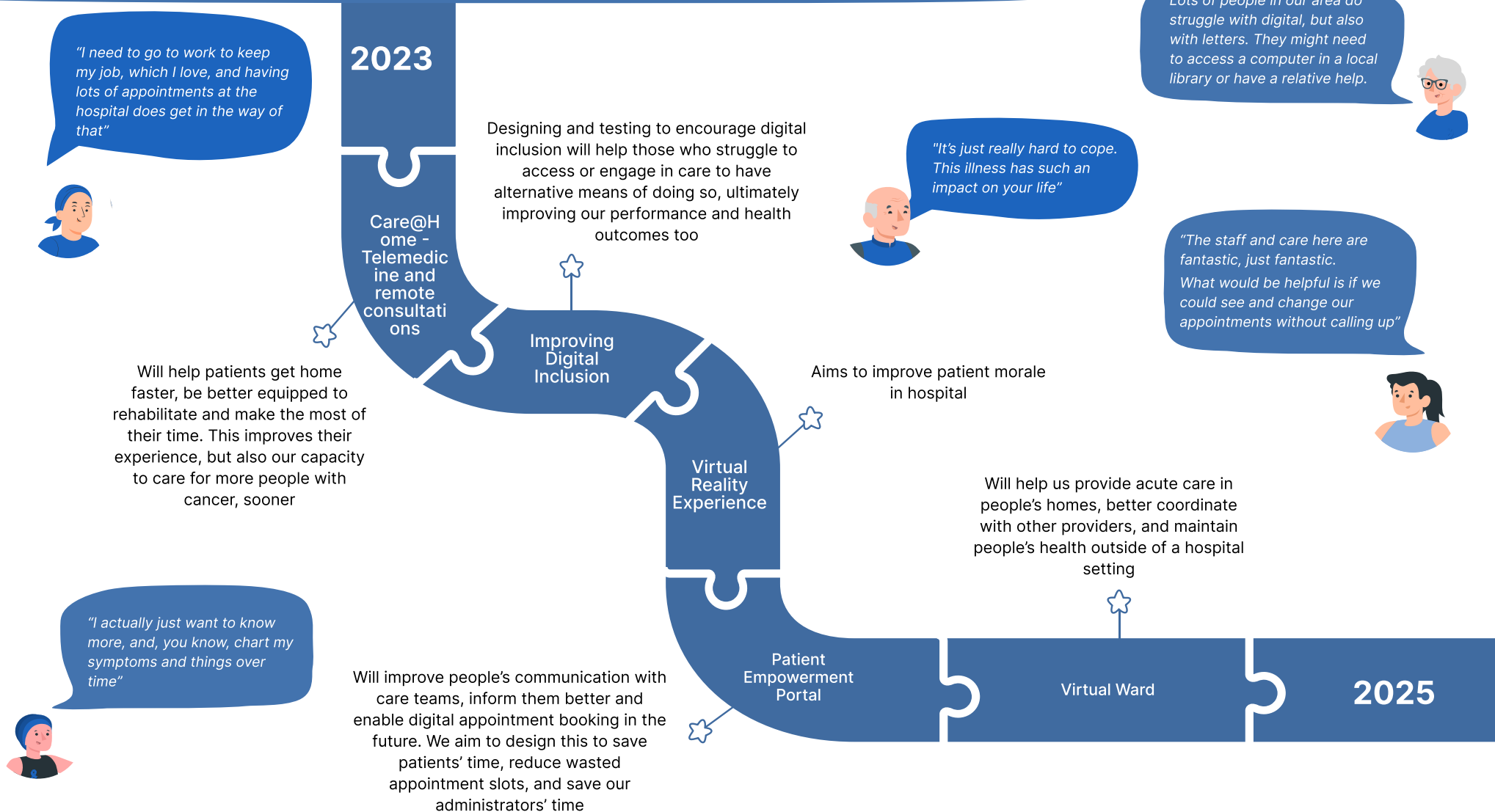
-  It is often challenging for busy teams to share all the relevant information with each patient, at the right time for them
-  We will roll out Patient Held Record so that patients have better access to their clinical records and key clinical information from a single log in via the NHS App
-  We will support patients and their family/carers to access information about their care in a way that works for them. We will enable services to tailor this information and support so that people are better equipped to manage their own health and wellbeing

A better hospital experience

-  It can be tough coming in for treatment when you are unwell from cancer, or when you are accompanying someone you care about
-  We will keep patients connected with fast Wi-Fi, entertainment systems from virtual headsets to TV, radio and video-on-demand
-  Staying connected to loved ones while in hospital often reduces feelings of isolation and stress, and helps people to cope. Being connected to entertainment can offer distraction and improve levels of comfort

Empowering cancer patients and carers




Our Roadmap






Empowering staff

We will equip staff with the skills and tools to 'Be Digital' in the provision of safe, high-quality care across our services, working together to create user-friendly solutions




Digital confidence

-  Clinical and non-clinical members of staff need to be clear and confident in how they use key tools for their job
-  We will design and implement an innovative, role-specific training programme using a suite of virtual and on-demand learning content
-  Our new training programme will enable staff to make the most of the digital tools they use. We want to build people's confidence and digital proficiency; we want to inspire people to contribute to making digital products and how we use them better




Collaborating to produce great work

-  Coordinating across different departments and sites can slow down workflows, or be isolating
-  We will develop the use and culture of collaboration on our productivity and knowledge-sharing software; we will go further still and automate routine processes that take up valuable time
-  Staff will be able to share, edit, chat and collaborate, enabling fast and effective project delivery across the Trust. Automation will deliver some 'business as usual' tasks quickly and reliably, freeing up time




Digital will support staff

-  We want to avoid slow, unreliable or challenging connections for staff
-  We will maintain and improve our reliable technical infrastructure and devices to promote high-quality digital experiences, and be visible for each clinical team
-  We will build on our 'tap and go', fast user-switching technologies, platforms devices and connectivity investments to save people time, and ensure that systems are there for staff when they need them

Intuitive and user-friendly systems

-  We understand the current challenges and pain-points present in some parts of our digital clinical systems
-  We will ensure frontline staff are involved in the user research and design of our systems and how they work in practice, employing best practices from the software industry to do so
-  We will save people time and energy by optimising our electronic patient record and other core systems around people's day-to-day needs and experiences

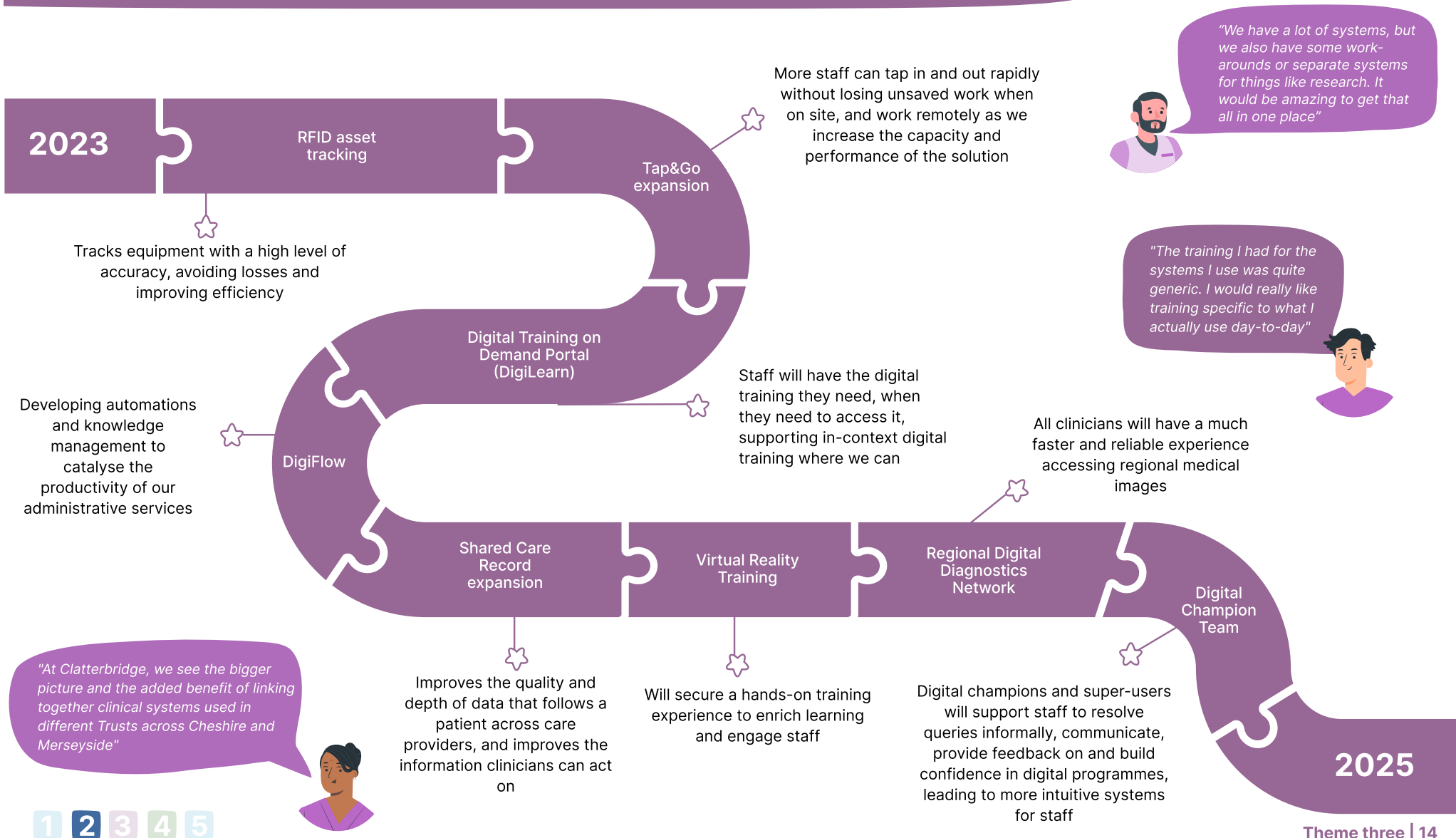
Easy access to systems and care records

-  Staff working across different sites and services need easy access to clinical systems and records wherever they are
 -  We are strengthening our tools and skills to integrate clinical systems, and are succeeding in integrating systems at scale across the region for diagnostic pathways and our regional shared care record system
 -  We are supporting the delivery of investments in technology, skills and processes so that all clinicians find it easier to order, view and share blood tests and medical images. Safely sharing information supports continuous care for our patients and removes barriers for staff
- By aligning standards and processes regionally, we are delivering interoperability faster and at scale



Empowering staff

Our Roadmap






- 1
- 2
- 3
- 4
- 5




Data-driven cancer research and innovation

We will horizon-scan and harness the power of data to drive planning activities in research and innovation and shape future services




Data for cancer research

-  Our staff can secure more research and treatment opportunities if we can provide them with the right data and tools
-  We will harness our data to support the development of new treatments and diagnostic devices for cancer, as well as making our core clinical systems a single point of data capture
-  We will work with other health and care providers and academia to implement a single Secure Data Environment (SDE) for Cheshire and Merseyside, to support clinical trials and translational research




Advanced analytics

-  To improve outcomes for patients, we want to support clinical areas with advanced analytics and insights
-  We will build on our approach to defining pathways and use-cases to ground how we build advanced data capabilities
-  By contributing our data and insights, we can make a difference to people's outcomes from cancer treatments




Data-driven care

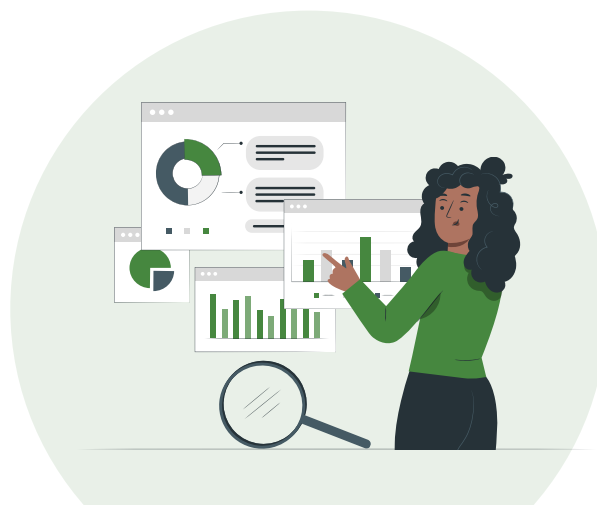
-  Data will help us develop advanced analytics to inform better care models
-  We will turn data into intelligence and work with colleagues to provide bespoke analytics to support improvement in clinical pathways
-  We will continue our work on data analytics to support Cheshire and Merseyside-wide performance reporting and future service planning. This includes support from NHS Cheshire and Merseyside with approaches to population health management

Data-driven operations

-  There are gaps in how operational decisions around services and resourcing refer back to hard data
-  We will continue to develop dashboards and insight products that enable leaders across the organisation to foster a culture of using data for core business decisions
-  We will improve how we use our resources, and how we solve business problems by interpreting the numbers to get to actionable evidence

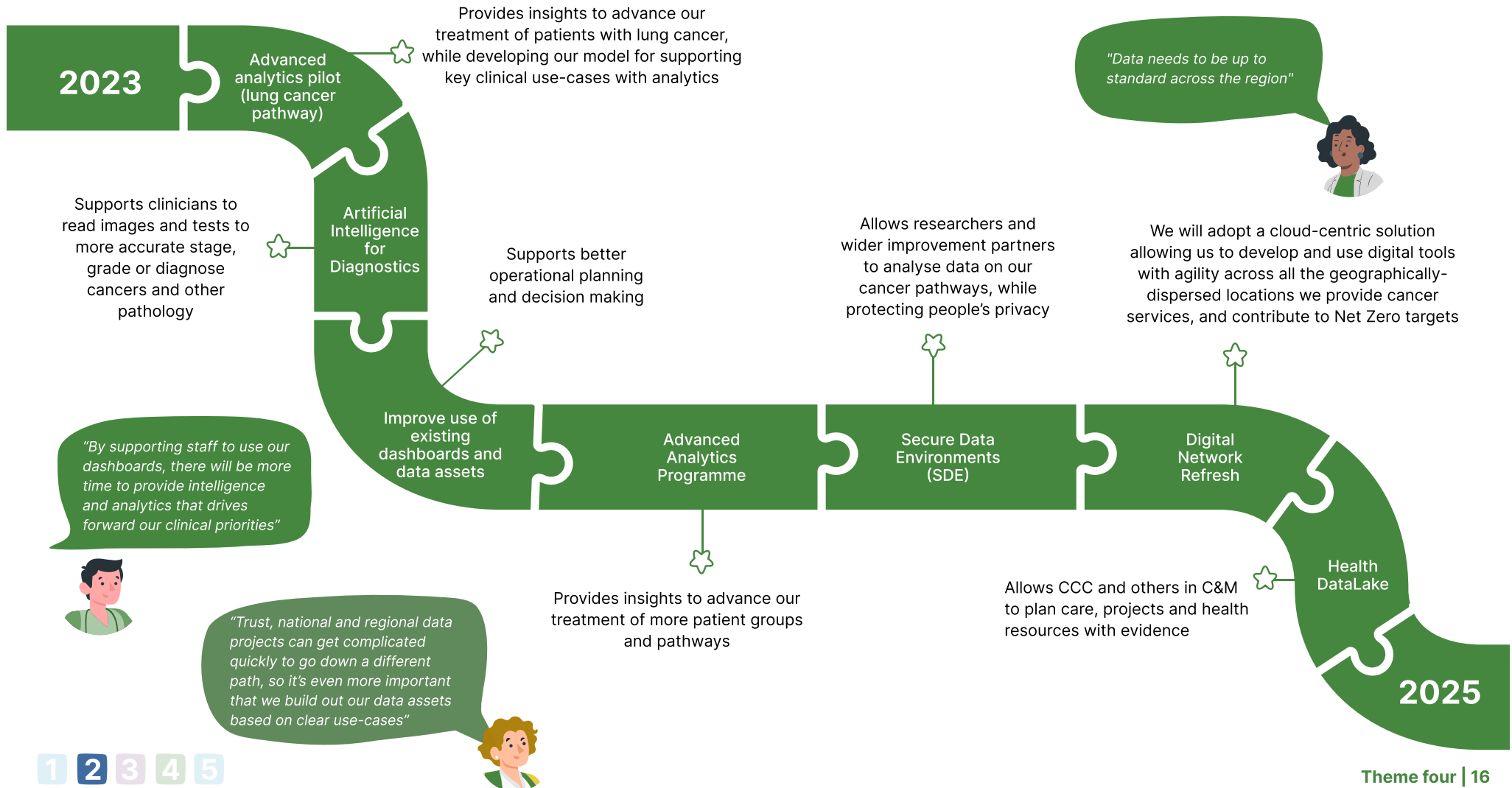
Harnessing science

-  The enormous progress in gene-based or gene-targeted therapies opens up exciting opportunities for advanced treatments that we can adopt for our patients
-  We will design our clinical systems to support genomics and other advanced treatments, monitoring what works with care teams
-  We will secure the right tools and data to advance the use of precision medicine and genomics in our care pathways, achieving improved outcomes for people with cancer



Data-driven cancer research and innovation

Our Roadmap



- 1
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3

Our Digital Foundations

We want to all staff at The Clatterbridge Cancer Centre to 'Be Digital'
We want the Digital Team to support them well in return



Our foundational partnership with staff

Staff and digital colleagues set out our commitment to work in ways that support each other to 'Be Digital' in the right ways to achieve our mission

We are committed to enabling great care across the Trust, and we will support staff every step of the way



We will make the most of our digital tools individually, and engage with how we can build and develop them to best serve our colleagues and patients

- 1 ..involve staff and their needs at the forefront of our electronic patient record programme, working with Digital Team to release time to engage where possible
- 2 ..invest in securing and embedding a high-quality, intuitive electronic patient record
- 3 ..understand and solve problems raised by staff promptly and efficiently
- 4 ..introduce digital solutions to improve the experience of patients who are undergoing treatment and diagnosis
- 5 ..use data and partnerships to bring innovations that matter most to cancer services and will continue to explore new opportunities
- 6 ..provide the right framework to input data

- 1 ...invest time and attention, and work collaboratively with colleagues in order to design, build, and test our electronic patient record around new, optimised pathways and processes
- 2 ..commit to using the EPR, and other key products as designed, ensuring consistency in how care data is recorded
- 3 ..identify and escalate issues experienced with digital tools
- 4 ..work with new digital tools to improve the experience of patients in cancer care
- 5 ..identify problems and opportunities for innovation, and engage in the design and testing of new products or approaches
- 6 ...commit to provide high-quality data

Reliable digital foundations

Security

We have strengthened our security with investments to software, virtual desktop environments, and data vaults. We will continue to do this as our ambitions for data and digital grow.

We will build on our Cyber Essentials Plus and Data Security and Protection Toolkit accreditation, maintaining a strong cyber posture to keep our systems, data and services safe. We will continue to work with the regional Cyber Security and Emergency, Preparedness, Resilience and Response groups to respond to threats effectively.

Connectivity

We will improve our network speeds, resilience and coverage of our sites.

We will adopt the regional diagnostics ultra fast network to support medical image sharing and collaboration. We will deploy high speed scalable and secure connectivity into public cloud services with multiple providers.

Devices

We will continue to adopt the latest operating systems and ensure all our digital assets are supported, secure and compliant. We recognise the benefits for access to agile handheld equipment to support clinical care. We will work with our partners to integrate handheld technology and improve the experience of clinical systems for our staff.

Process

We are constantly maturing our processes around technical infrastructure, developing more structure and innovation to how we integrate solutions with code. We are continuing to improve data quality and work closely with suppliers. We will continue to make the most of collaboration tools to support increased communication across our sites and with other health and social care partners.

Service

We will build our Digital Command Centre to better respond to digital and data needs, consisting of specialist skilled staff including digital operations and business intelligence. We will align with good practice service delivery models to provide proactive and professional support to staff.



Platform

We will reduce our on-site infrastructure footprint by moving to a cloud-first model by 2024. We want to make the most of cloud engineering to connect, adapt and maintain digital systems, making them flexible and accessible across all of our clinical locations.

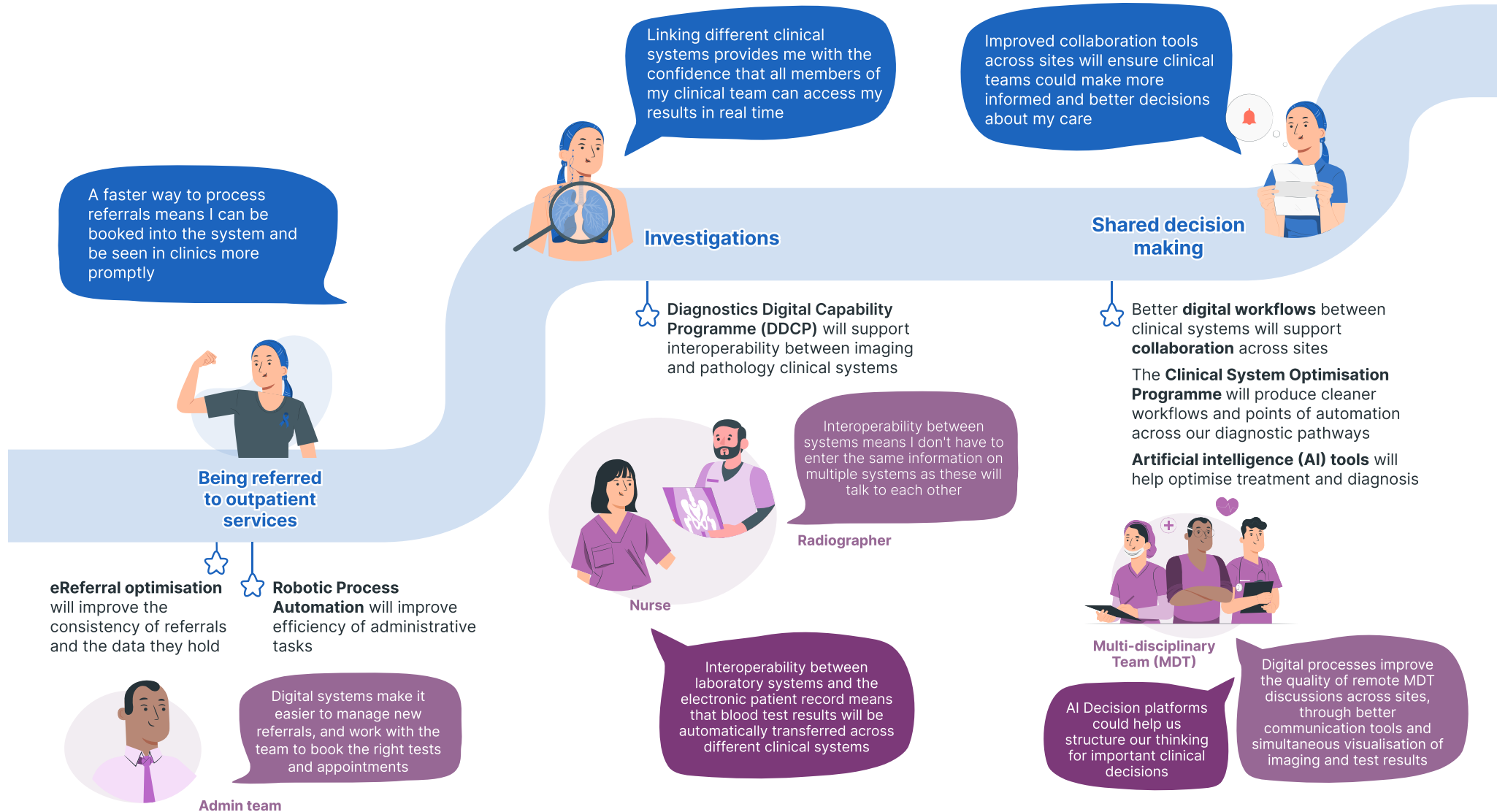
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Bringing our strategy to life

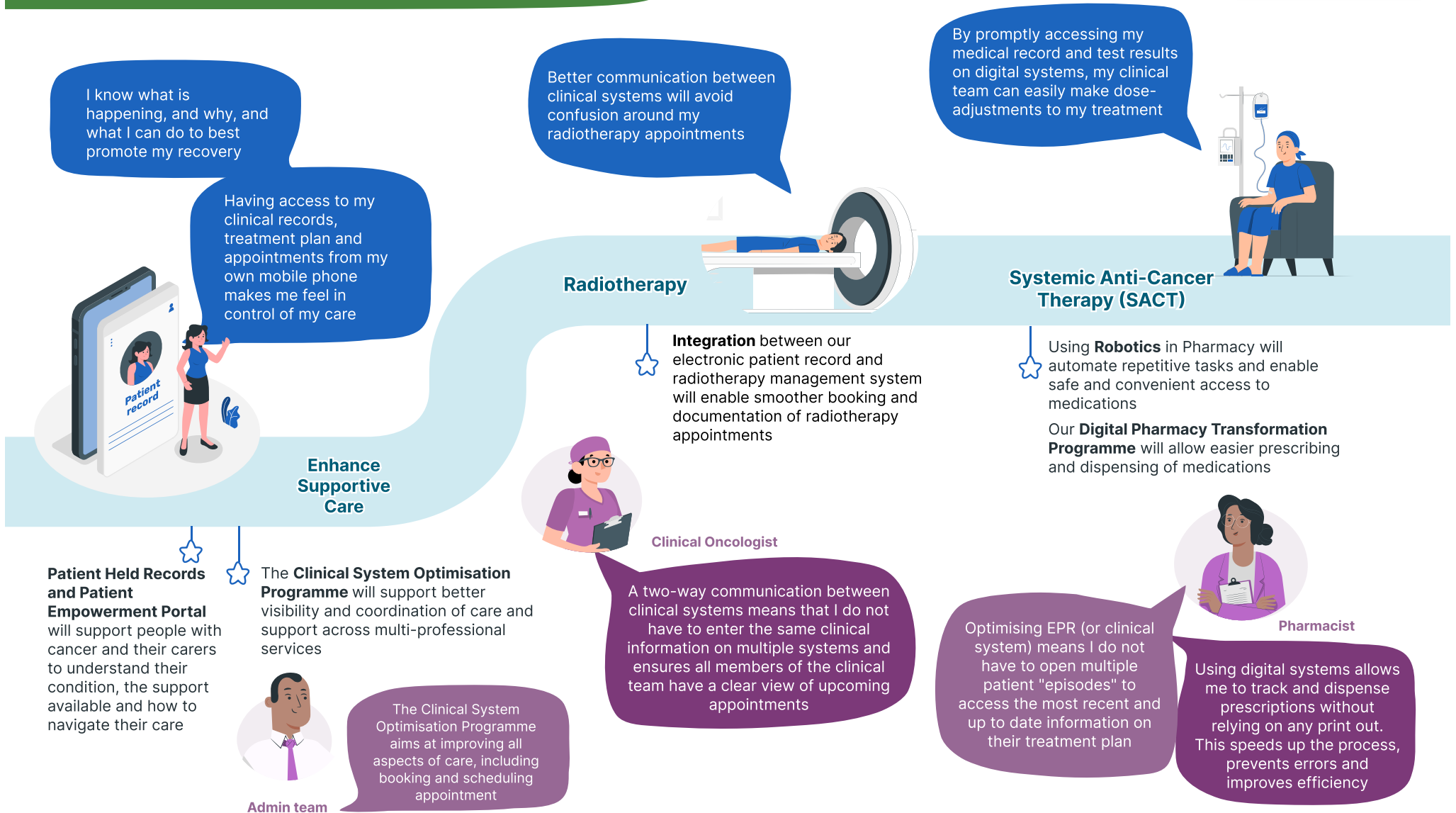
A map of how our strategy will improve our patient journeys



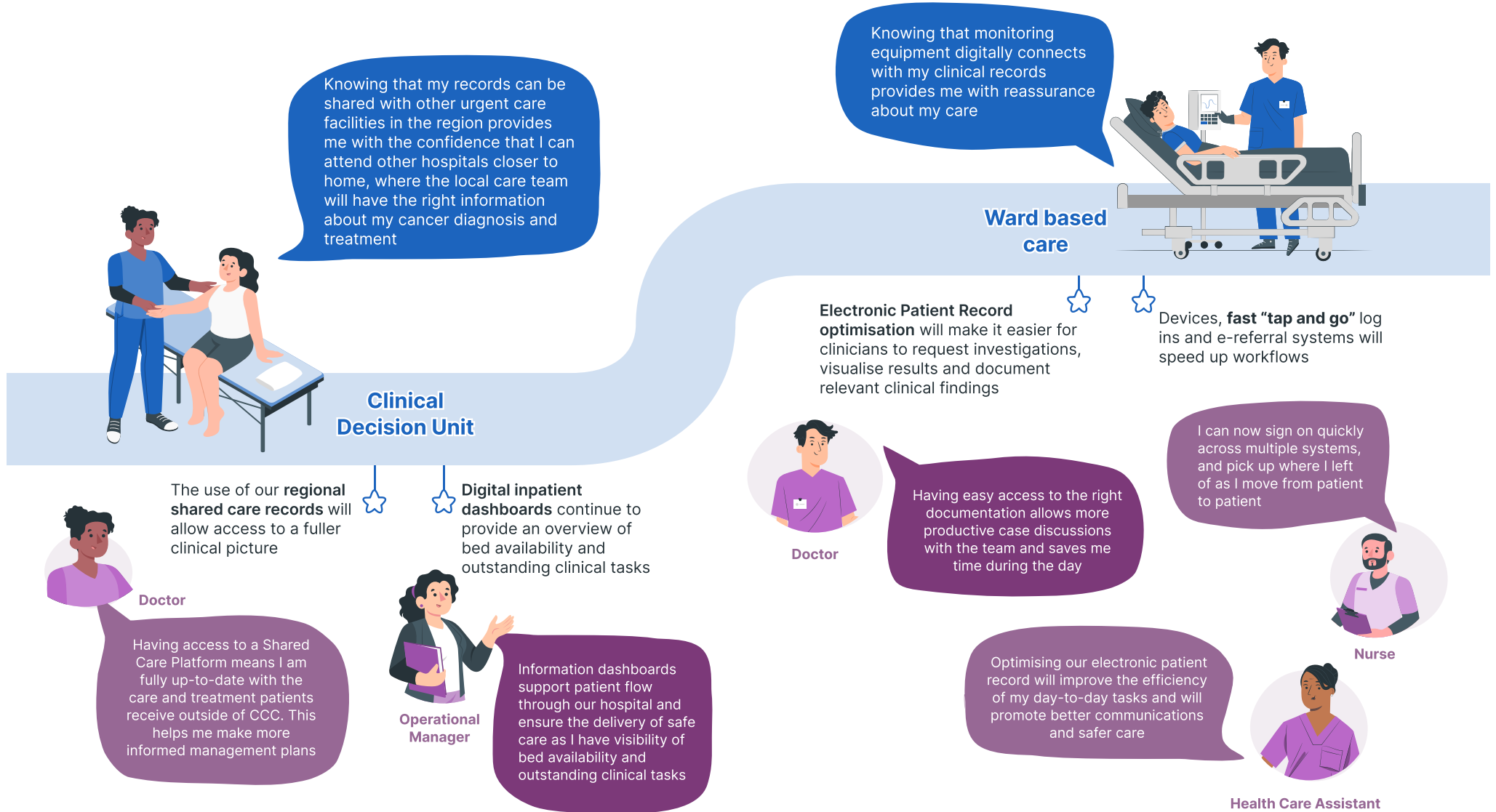
Diagnostics and Referral



Treatment and support



Transforming Acute Care Services



Monitoring



Wearing a remote monitoring device and accessing virtual care from the comfort of my own home will allow me to continue my day to-day-life with my friends and family

Virtual Ward

Integrated communications with primary care

Remote monitoring solutions and care coordination will support the delivery of **Virtual wards**

Automated discharge summaries saves me time communicating prescriptions to GPs



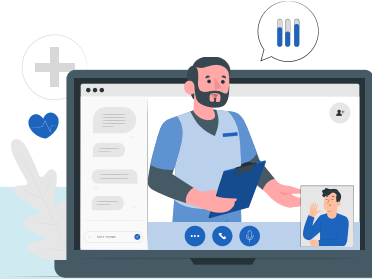
Pharmacist



Doctor

I can follow up my patients at home minimising their exposure to clinical environments where appropriate

Through PEP and mobile apps, I can access my clinical records and resources. This will empower me to look after my physical and emotional well-being.



Remote Monitoring, Therapy and Support

Patient Empowerment Portal (PEP) will provide patients with flexibility around appointments where possible

Patient Held Records (PHR) will allow patients to review their own clinical records and correspondence

Approved **patient facing apps** will provide support with physical and emotional health throughout patients' care journey

Using digital tools, including patient-facing apps, I can align my workflow with the wider patient's management plan



Physiotherapist

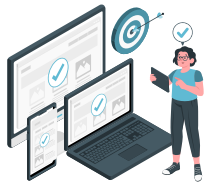
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Summary



Summary

At The Clatterbridge Cancer Centre, we are committed to '**Be Digital**' so that we can deliver a truly world-class experience for our patients, build an intuitive digitally-enabled workplace for our staff, so that we can work together to harness the power of digital technology and data to transform cancer care and improve clinical outcomes



By **digitally transforming cancer services**, we will promote a new, more-efficient, joined-up care model across the region

We will know we have succeeded when we have embedded data and digital solutions across our sites and services to **improve care**; and when we have secured an intuitive set of core clinical digital systems that provide **good quality data**



By **empowering patients**, we will ensure our service users feel safe and in full control of the care they receive

We will know we have succeeded when patients and their carers are able to manage their **appointments** and access their **clinical information** easily; and when we have supported more patients with their **care and treatment at home**, and people can plan and **manage their care** effectively through a digital solution



By **empowering staff**, we will provide our workforce with the right equipment and the appropriate digital skills to best support their line of work

We will know we have succeeded when staff are playing an **active role** in the design, build and delivery of digital solutions; and when staff say that they are **confident** in how to use their digital tools and systems, and that training has been **relevant** to their role



By shifting to being a truly **data-driven organisation**, we will harness data to inform better present and future care delivery through investing in research and innovation

We will know we have succeeded when we have used **data and analytics to improve clinical pathways**; when we are **horizon-scanning** and **harnessing data science** to plan **ambitious research and innovation projects**; and when we are making **data-driven decisions** about services, performance and finance

Our programmes

Clinical System Optimisation Programme

Digital Clinical System Workflow Optimisation	Q2 2023 - Q4 2024
NextGen Digital Clinical System	Q2 2026

Benefits - we will improve the experience staff have of using digital clinical systems, releasing time and energy back to their care activities, helping us to retain our specialist staff. Improving our clinical systems will also improve the quality of data we have across the Trust, and how well we can coordinate as a team to care for our patients.

Digital Pharmacy Transformation Programme

Digital Drugs Management & Workflow	Q2 2026
Robotic Process Automation (RPA) - Pharmacy	Q2 2023

Benefits - Safe, efficient prescribing, stock management and dispensing will have a direct impact on our pharmacy services and experiences, but also promote a better over-all experience and coordination of care and treatment

HealthData Programme

Shared Care Record expansion	Q2 2023 - Q4 2025
Primary Care eComms	Q4 2023
eReferral optimisation	Q2 2023 - Q3 2024
Digital Command Centre	Q2 2023 - Q4 2024
Improve use of existing dashboards and data assets	Q2 2023 - Q4 2024
Advanced Analytics Pilot (lung cancer pathway)	Q1 2023 - Q4 2025
Advanced Analytics Programme	Q1 2024 - Q4 2025
Secure Data Environments (SDE)	Q3 2024
Health DataLake	Q1 2025
Artificial Intelligence for Diagnostics	Q3 2023 - Q4 2025

Benefits - Supporting clinicians to have the right information at the right time can make all the difference to patients' experience of care, and their outcomes. We will also equip our organisation to be truly data-driven, and open up greater opportunities to research and innovation to improve cancer care at The Clatterbridge Cancer Centre and beyond across the wider NHS.

Cross Cutting Themes

Increasing Digital Inclusion	Q4 2023 - Q2 2025
Working towards Net Zero Targets	--
Developing and Retaining our Staff	--

PatientHealth Programme

Care@Home - Telemedicine and remote consultations	Q2 2023 - Q4 2024
Patient Empowerment Portal	--
Virtual Ward	Q1 2025
Virtual Reality Experience	Q2 2024

Benefits - We will support more patients to be cared for effectively at home, so that they can focus on living well with their status. The information and engagement in people's own health we expect to improve people's rehabilitation, how they cope and manage their condition. Finally, we will use digital to improve the experience of admitted care - ensuring that we keep people connected.

Digital Literacy & Capability Programme

Digital Training on Demand Portal - DigiLearn	Q2 2023 - Q2 2024
Virtual Reality Training	Q2 2024
Digital Champion Team	Q3 2024

Benefits - We will work to improve our baseline digital literacy across the Trust, boosting people's productivity and confidence with the digital elements of their roles. We will take training and digital transformation projects further, engaging staff as partners in achieving our 'Be Digital' mission to harness data and digital to improve experience and outcomes.

Digital Infrastructure Optimisation Programme

Microsoft Azure Cloud Adoption	Q2 2023 - Q4 2024
Tap&Go expansion	Q2 2023
Digital Network Refresh	Q3 2025
Regional Digital Diagnostics Network	Q2 2023
Diagnostics Imaging Cloud	Q3 2023
Cloud HealthStore for AI	Q2 2024 - Q4 2025
Federated data Platform (FDP)	--
Point of Care equipment integration	Q2 2023 - Q4 2024
RFID asset tracking	Q3 2023
DigiFlow	Q1 2023 - Q2 2024

Benefits - We will make behind the scenes improvements to our software, devices, connectivity and infrastructure so that we protect a reliable and good experience of digital, but also so that we can build and connect more powerful solutions and automated workflow.

Let's go!

Our ambitious strategy is backed by our Trust Board, leadership and digital teams.

We will collaborate across functions to achieve our mission, developing our foundational partnership with staff

Thanks to the important milestones we have achieved and to our dedicated, caring and positive staff; we are in an excellent position to deliver and **'Be Digital'**!

Get in touch

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-  [/CCCNHS/](#)
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-  0151 556 5000
-  [clatterbridgecc.nhs.uk](#)



Title	Be Digital Strategy 2023-2025		
What is being considered?	Impact of the implementation of the Digital strategy on Patients/ Public, Partner agencies and staff.		
Who will be affected?	Patients [✓]	Staff [✓]	Public [✓] Partner agencies [✓]
What engagement is taking place or has already been undertaken?	<p>Patients/ Public</p> <p>Undertaken Use of interactive digital exclusion heat map within Cheshire and Merseyside, which uses local and national data sets for common causes of digital exclusion. looking at age, poverty, ethnicity and access to income, education for our population (C&M Interactive Digital Inclusion Heat map)</p> <p>Use of Cheshire & Merseyside qualitative and quantitative research to learn more about the barriers to digital inclusion and identify interventions that might help digital adoption by the digitally included and the digitally excluded. Throughout September 2022, focus group sessions and interviews were held with digitally enabled and digitally excluded people in Cheshire and Merseyside to</p>	<p>Partners</p> <p>Undertaken Use existing forums- interested parties and range of views</p> <p>Alignment to NHS Cheshire and Merseyside Digital and Data strategy and feedback from existing forums.</p> <p>Planned Full Communications Plan. Endorsed strategy to be shared with</p> <ul style="list-style-type: none"> • NHS Cheshire and Merseyside • C&M Place Based networks • ODN networks- Lancashire and Manchester • Cheshire and Merseyside Cancer Alliance • Cheshire and Merseyside Chief 	<p>Staff</p> <p>Undertaken Clinical and operational focus groups in the development of the Digital Strategy for CCC</p> <p>Clinical Systems Optimisation workstreams</p> <p>Engagement via Digital Board and Trust Executive Group</p> <p>Planned CCC Live event Launch Full communications Plan Ongoing communication and evaluation which will be monitored through implementation process through digital board.</p>

1

Equality Analysis

	<p>explore the drivers and barriers to accessing NHS services online in greater detail and to identify opportunities for enhancing digital adoption. Summary Research findings</p> <p>Links with C&M Digital and Data strategy patient engagement feedback</p> <p>Planned Targeted Patient engagement via existing patient groups as part of the implementation plan for the strategy. Groups will include CCC, Cancer Alliance, NHS Cheshire and Merseyside and North West Patient Inclusion and Engagement Group (PIEs)</p> <p>Cheshire and Merseyside Digital Inclusion Impact Assessment tool to be used as part of programme planning for any patient facing initiatives as part of the implementation of the Digital Strategy C&M Digital Inclusion Impact Assessment form ensuring also that information is accessible in different formats reaching patients/service users with specific needs.</p>	<p>Information Officer network</p> <ul style="list-style-type: none"> • NHS Provider Trusts in C&M • Marsden & Christie 	
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Equality Analysis



What evidence has been analysed?	Evidence / Research : Digital Inclusion/exclusion research findings supported across C&M using Thrive by design. Research findings: The barriers to Digital Inclusion C&M November 2022
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<p>What is the result of the analysis? Will there be an impact against the protected groups below?</p> <ul style="list-style-type: none"> • Age ✓ • Disability ✓ • Gender Reassignment ✓ • Marriage and Civil Partnership ✓ • Pregnancy and Maternity ✓ • Race ✓ • Religion and Belief • Sex (Gender) • Sexual Orientation • Human Rights articles 	<p>The analysis and the evidence through research means that at we need to address any inequalities and ensure a minimum standard /equity of provision in:</p> <ul style="list-style-type: none"> • Access for patients to their data • Digital skills – patients and staff • Changes in Trust wide processes to support engagement with patients to support digital engagement and understand digital signposting where appropriate • Ensure nobody is excluded with access to CCC services • Ensure access to digital exclusion heat map and digital exclusion impact assessment is embedded Trust wide for patient facing transformations • Ensuring future needs are met and managed through investment in digital and data transformation, ensuring investment made will have a direct impact on care, delivery and transformation and subsequently a direct impact on improving outcomes for CCC Patients. <hr/> <p>Describe the main aim, objectives and intended outcomes of the above:</p> <p>The goal of the Be Digital strategy from an Equality analysis perspective is to :</p> <ul style="list-style-type: none"> ➤ Ensure that the be digital strategy is representative of the community it serves ➤ Enable varying levels of participation according to individual needs and wishes ➤ Ensure a continuous approach to development, implemenation and engagement from our patients our staff and our partners.
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Equality Analysis

Do further steps in the following areas need to be taken to mitigate or safeguard these impacts - *Involvement & Consultation, Data collection & Evidence, Assessment & Analysis, Procurement & Partnerships, Education and Workforce?* If so complete the action plan below:

Outcome	Actions required	Time scale	Responsible officer(s)
Accessibility for public access of the strategy	Creation of and publication of summary version Publication of full version Creation of on line interactive version		<ul style="list-style-type: none"> ▪ CIO & Associate Director of Communications
Digitally Inclusive implementation of each public/staff facing element of the digital strategy	Completion of Digital Inclusion Impact Assessment C&M Digital Inclusion Impact Assessment		<ul style="list-style-type: none"> ▪ Trust wide projects where patient facing access is required

<p>How will we monitor this and to whom will we report outcomes?</p>	<p>The monitoring will be undertaken by Digital Programme/Project managers which will be reported within Digital Programme board and reported through current governance structures which includes reports into Digital Board and onward chairs report to Trust Executive Group (TEG)</p> <p>Digital inclusion awareness is planned for the Patient Inclusion and Engagement Group (PIEG) in July from the Cheshire and Merseyside team. Wider Digital Inclusion processes is a key requirement trust wide, including all Transformation programmes utilising digital technologies. This will include Trust Programme Management Office (PMO) work on outpatient transformation, and urgent care. Discussions are also in place with wider CCC hosted programmes including Cheshire and Merseyside cancer Alliance and Diagnostic programme</p> <p>Quality Committee and Trust Board will be updated on progress</p>
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Author	Sarah Barr	Title	Chief Information Officer	Date	21.05.23
Equality Analysis assessed by		Title	Angie Ditchfield, EDI Lead	Date	23.05.23

The Equality Act (2010) has brought a Public Sector Equality Duty to all Public Authorities. This Equality Analysis provides assurance of the steps that Clatterbridge Cancer Centre NHS Foundation Trust is taking in meeting its statutory obligation to pay due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This equality analysis also provides evidence of discharging Public Sector statutory obligations under the Human Rights Act (1998).

For further information or guidance please contact the EDI Lead – angie.ditchfield@nhs.net

Equality Analysis

Trust Board Part 1 – 31st May 2023

Chair's Report for: Performance Committee

Date/Time of meeting: 24th May 2023, 09:30am

		Yes/No
Chair	Geoff Broadhead	Was the meeting Quorate? Yes
Meeting format	MS Teams	
Was the committee assured by the quality of the papers (if not please provide details below)		Yes
Was the committee assured by the evidence and discussion provided (if not please provide details below)		Yes

General items to note to the Board	<ul style="list-style-type: none"> • The Committee had a thorough discussion on the five Board Assurance Framework (BAF) entries aligned to the Committee. The Committee received assurance that a full review has been undertaken with the Executive Leads to update the controls and refresh all the actions. Key performance indicators have now been included and can be reviewed in line with the BAF risks. • The Committee received the risk register report: <ul style="list-style-type: none"> ○ 5 risks have been closed since the last Committee meeting. ○ 9 new risks have been added to the register since the last meeting. ○ 1 risk, risk ID 254, is scored at 15 and relates to the HMRC challenge over current zero rated treatment of drugs dispensed for patients home use • The Committee discussed in detail, risk ID 361, South East corner. The risk score can now be reduced following successful conversations with the Council. The Committee proposed the idea of closing the risk as the short term issues have now been resolved and creating a new risk detailing the longer term issues relating to the old Royal Liverpool University Hospital site. • The Committee received the integrated performance report which provided a detailed overview of performance from April 2023. The Committee noted the challenges of achieving the 24 day and 62 day target. • The Committee noted that due to a transfer of the laboratory service provision on 1st April 2023 Molecular testing turnaround times have increased. This is being monitored by the Trust Operational Group and has been added to the risk register. • Noting capacity as a theme across a number of reports the Committee requested a deep dive of capacity and demand projects which will be presented at the next Committee.
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	<ul style="list-style-type: none"> • The Committee received the cancer waiting times report and acknowledged the detailed assurance provided. • The Committee received an overview of the final approved financial plan for 2023/24. The Committee noted the Trust has increased BAF risk 3, associated with financial delivery, from 9 (3x3) to 12 (4x3). The Trust has a high level of CIP to achieve in order to deliver the overall financial plan which will be challenging. • The Committee received the progress report on the 5 year strategy and noted the challenges with fulfilling vacancies within Corporate Services which has resulted in limited capacity to drive the strategy forward. The complex programme of work in relation to the development and opening of the Paddington CDC was also noted. • The Committee received the Annual Report for Emergency Preparedness, Resilience and Response (EPRR) and noted that the peer review process against the NHS EPRR Core Standards will commencing September 2023. • The Committee received the Research & Innovation business plan implementation progress. • The Committee were advised of the end of the year 2 plan and received an overview of the draft year 3 plan. • The Committee requested a review of how the plan is presented at future meetings. • The Committee received the Green Plan Assurance Report which contained detail on travel, waste and green spaces. • The Committee noted that a new substantive Sustainability Manager has been appointed. • The Committee reviewed performance and planning reports from the subsidiaries and the Private Clinic. • The Committee received the Committee annual report and review of Committee effectiveness and noted the actions to be put in place to improve the overall effectiveness of the committee. This will be reported to the Audit Committee in July. • The Committee received the below assurance reports: <ul style="list-style-type: none"> ○ Divisional & Corporate Services Performance Reviews Chair Report ○ Finance Committee Chair Report
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WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Items of concern for escalation to the Board	None
Items of achievement for escalation to the Board	None
Items for shared learning	None

Title of meeting: Trust Board Part 1**Date of meeting: 31st May 2023**

Report lead	Joan Spencer, Chief Operating Officer					
Paper prepared by	Hannah Gray, Associate Director of Performance and Operational Improvement					
Report subject/title	Integrated Performance Report M1 2023 / 2024					
Purpose of paper	<p>This report provides an update on performance for month 1 2023/24 (April 2023).</p> <p>This report provides an update on performance in the categories of access, efficiency, quality, workforce, research and innovation and finance.</p> <p>RAG rated data and statistical process control (SPC) charts (with associated variation and assurance icons) are presented for each KPI. Exception reports are presented below the relevant KPI against which the Trust is not compliant / alerting on SPC charts.</p> <p>The changes to the IPR for 2023/24, agreed at the February 2023 Performance Committee, have been implemented from this month and are described in the introduction.</p>					
Background papers						
Action required	For discussion and approval.					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	Y	Be a great place to work	Y		
	Be Collaborative	Y	Be Digital	Y		
	Be Research Leaders	Y	Be Innovative	Y		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	Yes/No	Disability	Yes/No	Sexual Orientation	Yes/No
	Race	Yes/No	Pregnancy/Maternity	Yes/No	Gender Reassignment	Yes/No
	Gender	Yes/No	Religious Belief	Yes/No		



WE ARE...
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REPORT

Integrated Performance Report

(Month 1 2023/24)

Hannah Gray: Associate Director of Performance and Operational Improvement

Joan Spencer: Chief Operating Officer

Introduction

This report provides an update on performance for April 2023, in the categories of access, efficiency, quality, workforce, research and innovation and finance.

KPI data is presented with a RAG rating and statistical process control (SPC) charts and associated variation and assurance icons. Further information on SPC charts is provided in the SPC Guidance section of this report. Exception reports are presented for key performance indicators (KPIs) against which the Trust is not compliant.

For KPIs with annual targets, the monthly data is accompanied by charts which present the cumulative total against the YTD target each month. For these KPIs, exception reports are provided when both the monthly and YTD figures are below the respective targets.

The following changes were agreed at the February 2023 Performance Committee and have been implemented from this month:

- Bed occupancy KPIs and target revised in alignment with the 2023/24 Priorities and Operational Planning Guidance (NHSE)
- Health Care Acquired Infection targets have been revised in line with the thresholds set for each Trust in the guidance: Minimising Clostridioides difficile and Gram-negative Bloodstream Infections (NHSE)
- The short and long term sickness absence targets have been adjusted following review at People Committee.
- PADR has been renamed 'Appraisal'
- Pulse staff survey scores are now reported against a target, with compliance set at above the national average.
- Black, Asian and Minority Ethnic (BAME) Staff Representation is now reported, in accordance with the NHS People Plan / NHS Oversight Framework / NHS Long Term Plan.
- A new Research and Innovation KPI is reported; The Number of patients recruited to non-commercial, portfolio studies. This is a national, external metric set by the Clinical Research Network.

REPORT

Interpretation of Statistical Process Control Charts

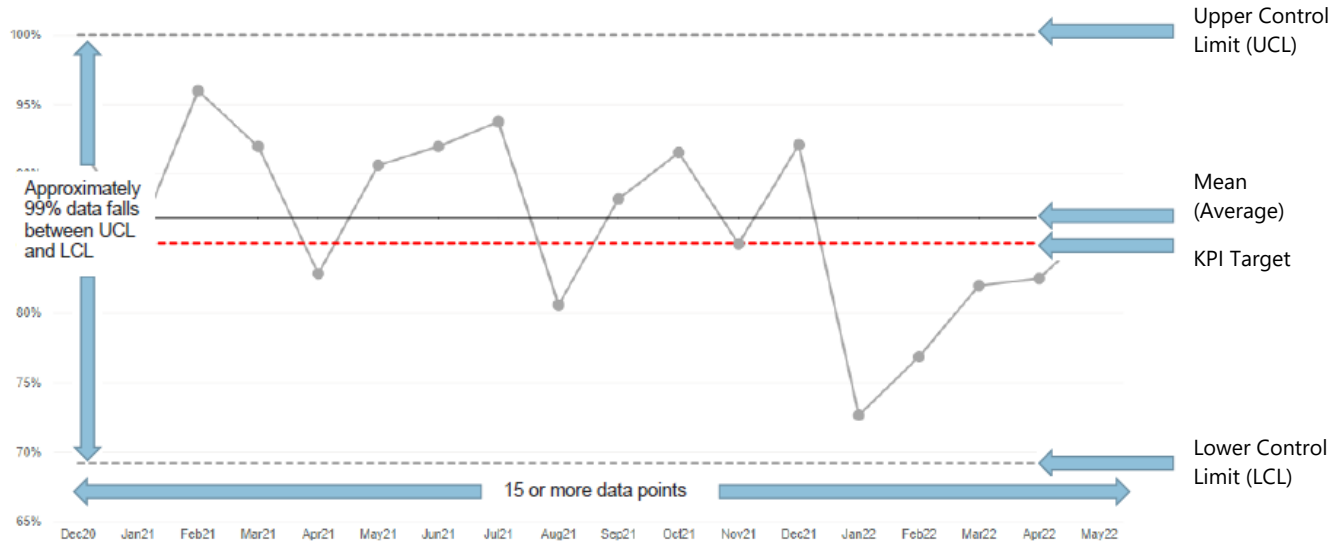
The following summary icons describe the Variation and Assurance displayed in the Chart.

Are we improving, declining or staying the same? (Variation)			
Icon	Variation	Definition	Action
	Special Cause Improving Variation	Unexpected variation that results from unusual circumstances in a system or process i.e. assignable. (Blue = significant improvement/low pressure, H = high numbers, L = low numbers).	External cause should be identified and understood. Analyse whether change is attributable to service redesign or not.
	Special Cause Concerning Variation	Unexpected variation that results from unusual circumstances in a system or process i.e. assignable. (Orange = significant concern/high pressure, H = high numbers, L = low numbers).	Process is unstable and unpredictable. External cause should be identified and tackled. Develop contingency plans.
	Common Cause Variation	A natural or expected variation in a system or process i.e. random. (Grey = no significant change)	Process is stable and predictable. If the current performance is acceptable, do nothing. If it is not acceptable, redesign your processes.
Can we reliably hit the target? (Assurance)			
Icon	Assurance	Definition	Action
	Consistently hitting target	The current target is outside the process or control limits in the direction to improvement. (Blue = will reliably hit target)	Be assured that without significant change, the system would be expected to continue to hit the target, regardless of natural variation.
	Consistently failing target	The current target is outside the process/control limits in the opposite direction to improvement. (Orange = system change required to hit target)	Be aware that without significant change, the system would be expected to consistently miss the target, regardless of natural variation.
	Hitting and missing target	The current target is in between the process/control limits. (Grey = subject to random)	Without significant change, the system would be expected to inconsistently hit the target in future. The difference between success and failure may be down to the natural variation of the system and may have no underlying significance.



REPORT

Anatomy of the SPC Chart





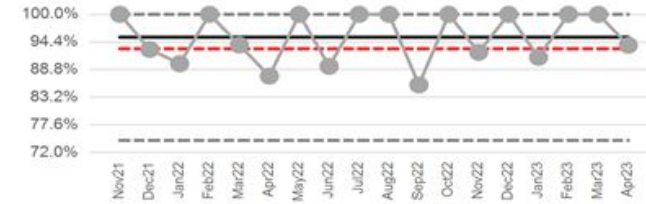
Integrated Performance Report (May 22 - April 23)



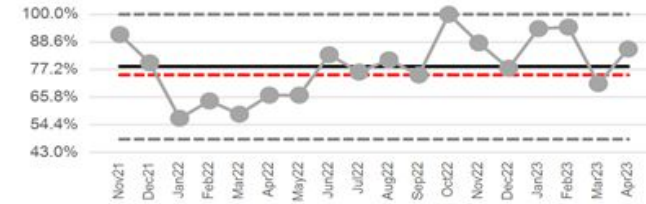
Access

Responsible Forum: Performance Committee

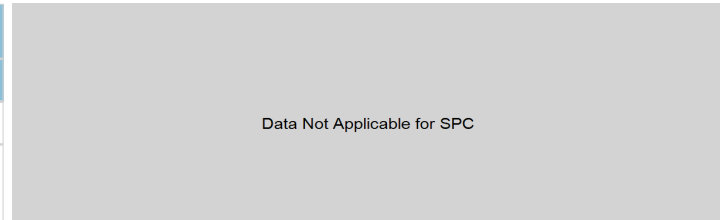
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
CW10	2 Week Wait From GP Referral to 1st Appointment	Green ≥93% Red <93%	Contractual / Statutory	100.0%	89.5%	100.0%	100.0%	85.7%	100.0%	92.3%	100.0%	91.3%	100.0%	100.0%	93.8%	⊕	⊕
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



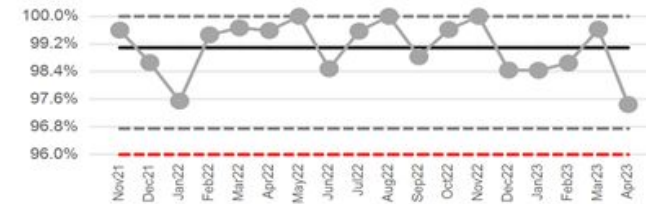
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
CW00	28 Day Faster Diagnosis - (Referral to Diagnosis)	Green ≥75% Red <75%	Contractual / Statutory	66.7%	83.3%	76.2%	81.3%	75.0%	100.0%	88.2%	77.8%	94.1%	94.7%	71.4%	85.7%	⊕	⊕
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
CW47	28 Day Faster Diagnosis - (Screening)	Green ≥75% Red <75%	To Be Confirmed	100%	-	-	-	-	-	-	-	-	-	-	-		
Narrative				There were no 28 day faster diagnosis screening patients this month.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
CW09	31 Day Firsts	Green ≥96% Red <96%	Contractual / Statutory	100.0%	98.5%	99.6%	100.0%	98.8%	99.6%	100.0%	98.4%	98.4%	98.6%	99.6%	97.4%	⊕	⊕
Narrative				The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.													





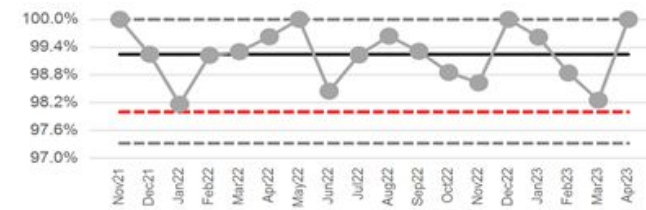
Integrated Performance Report (May 22 - April 23)



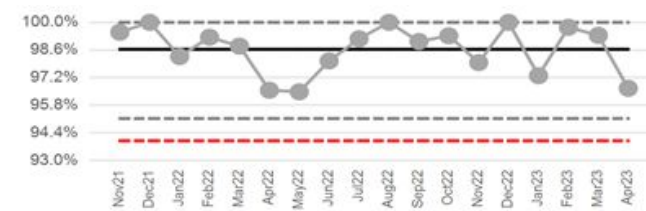
Access

Responsible Forum: Performance Committee

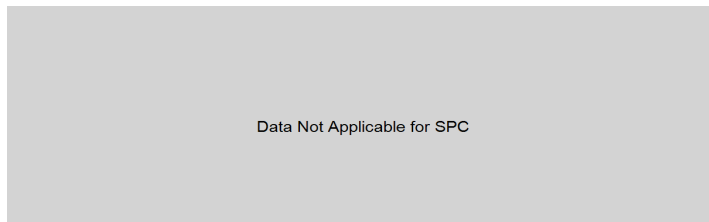
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW07	31 Day Subsequent Chemotherapy	Green ≥98% Red <98%	Contractual / Statutory	100.0%	98.4%	99.2%	99.6%	99.3%	98.9%	98.6%	100.0%	99.6%	98.8%	98.3%	100.0%	?	?	
				Narrative The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



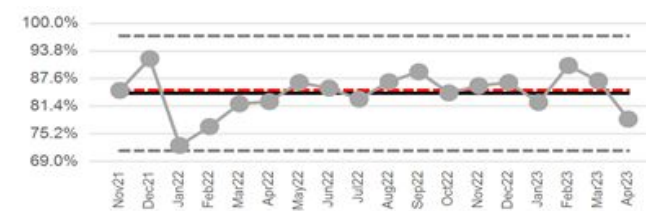
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW08	31 Day Subsequent Radiotherapy	Green ≥94% Red <94%	Contractual / Statutory	96.5%	98.0%	99.2%	100.0%	99.0%	99.3%	98.0%	100.0%	97.3%	99.7%	99.3%	96.7%	?	P	
				Narrative The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW40	Number of 31 Day Patients Treated ≥ Day 73	Green 0 Red >0	Contractual / Statutory	0	0	0	0	0	0	1	0	0	0	0	0			
				Narrative This month, there were no 31 day patients treated on or after day 73.														



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW90	24 Day Wait Target - Referral Received to First Treatment (62 Day Classics Only)	Green >85% Amber 80-84.9% Red <80%		86.7%	85.5%	83.0%	86.9%	89.1%	84.4%	86.0%	86.7%	82.3%	90.5%	87.1%	78.5%	?	?	
				Narrative The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														





Integrated Performance Report (May 22 - April 23)

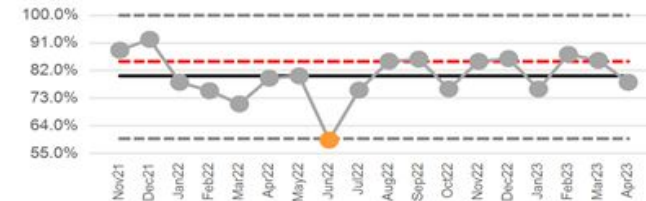


Access

Responsible Forum: Performance Committee

Reason for Non-Compliance	Action Taken to Improve Compliance
<p>26 of 121 patients treated in April, breached the 24 day target. The longest wait was 106 days (patient choice related) and the median wait was 30 days.</p> <p>14 of these 26 patients breached 62 days; these breach details are provided in the 62 day exception report.</p> <p>Of the 10 patients for whom we achieved the 62 day target, 4 breaches were avoidable and 6 were unavoidable to CCC. The breach reasons are as follows:</p> <p>Avoidable breaches:</p> <ul style="list-style-type: none"> - Delay to 1st app due to capacity (1 x LGI and 1 x Lung) - Delay to escalation (UGI) - Patient required a follow up appointment and there was a process issue regarding escalation to Pharmacy (Breast) <p>Unavoidable breaches:</p> <ul style="list-style-type: none"> - Molecular markers delay (3 x Lung) - Further molecular test required after decision to treat, as initial sample was insufficient (Lung) - Chemo deferred as patient referred to another SRG (Breast) - Patient required procedure at referring trust prior to commencing treatment (CUP) 	<p>The actions regarding capacity management and effective escalation are described in the 62 Day Classic exception report.</p> <p>Escalation to pharmacy has been discussed at the TOG meeting and processes tightened up.</p> <p>A transfer of laboratory service provision on 1st April 2023 has resulted in much longer molecular test turnaround times. This is having a significant negative impact on the Trust's ability to achieve this target from April 2023 and the 62 day target from May 2023. This is on the risk register and the Trust is reviewing solutions to resolve the issue as quickly as possible.</p>
Escalation Route & Expected Date of Compliance	
Trust Operational Group, Divisional Meetings, Divisional Performance Reviews, Performance Committee, Trust Board June 2023	

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
CW03	62 Day Classic	Green ≥85% Red <85%	Contractual / Statutory	80.3%	59.4%	75.7%	85.1%	85.7%	76.1%	85.0%	85.9%	76.0%	87.3%	85.3%	78.2%	⊕	⊖
Narrative				The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





Integrated Performance Report (May 22 - April 23)

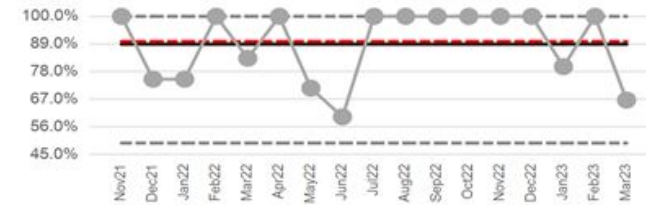


Access

Responsible Forum: Performance Committee

Reason for Non-Compliance	Action Taken to Improve Compliance
<p>16 patients breached the 62 day target in April.</p> <p>11 of the breaches were unavoidable to CCC, due to:</p> <ul style="list-style-type: none"> - Patient choice x 4 (1 x Breast, 1 x CUP, 1 x Lung and 1 x Urology) - Delay to 1st appointment, awaiting molecular markers (1 x Lung) - Medical reason (1 x Urology) - Patient required investigation at referring trust to rule out a possible 2nd primary (Gynae), - Delay to treatment as patient required further procedure to confirm treatment plan (Skin), - Treatment deferred as patient required an up to date test to confirm treatment plan (Lung), - Delay to planning appointment as booking desk unable to contact patient (LGI) and - Molecular markers requested after patient was seen at CCC and change in treatment plan (Gynae) <p>The 5 avoidable breaches were due to:</p> <ul style="list-style-type: none"> - Delay to escalation (1 x LGI and 1 x Urology) - Delay to pre-assessment and prescription delayed (Lung) - Delay to 1st appointment due to capacity (2 x LGI) 	<p>A new online escalation tracker is supporting better management of escalations across departments; reducing duplication of effort and increasing transparency of progress and actions.</p> <p>A new approach to the PTL meeting is working well; with a more streamlined focus on breach prevention.</p> <p>A key element of the Trust's Outpatient Transformation Project is the expansion of Patient Initiated Follow Up and Patient Stratified Follow Up (PIFU and PSFU), which will create capacity.</p> <p>The Trust's 2023/24 investment round has concluded, with additional staffing approved, to support areas of pressure.</p> <p>2023 - 2026 Business Plans are in the final stages of approval and include service transformation plans designed to mitigate capacity challenges.</p> <p>Capacity and demand reviews are being undertaken in LGI and Breast SRGs.</p>

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW05	62 Day Screening	Green ≥90% Red <90%	Contractual / Statutory	71.4%	60.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	66.7%	-			
Narrative				This month, there were no 62 day screening patients.														



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW43	Number of Avoidable Breaches, Treated ≥ 104 Days and at CCC For Over 24 Days	Green 0 Amber 1 Red >1	Contractual / Statutory	1	1	3	0	1	0	0	1	5	2	1	3			
Narrative				This month, there were 3 patients treated on or after day 104, at CCC for more than 24 days and with an avoidable breach to CCC. An exception report is provided.														

Data Not Applicable for SPC



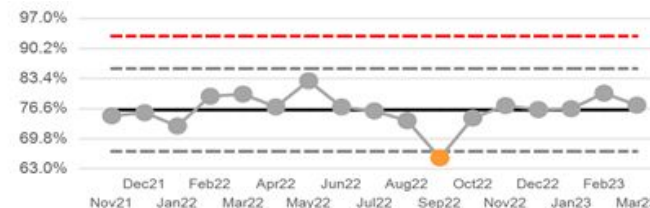
Integrated Performance Report (May 22 - April 23)



Access: Cheshire and Merseyside

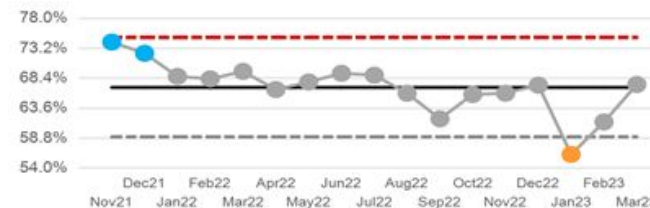
Responsible Forum: Acute and Specialist Trust Provider Collaborative

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW44	2 Week Wait From GP Referral to 1st Appointment (Cheshire and Merseyside)	Green ≥93% Red <93%	Contractual / Statutory	82.9%	77.0%	76.1%	73.9%	65.5%	74.5%	77.3%	76.4%	76.6%	80.1%	77.4%	-			
Narrative				The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that the target is unlikely to be achieved without this change.														



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>Non-compliance with the 14 day standard was largely driven by underperformance in the following tumour groups:</p> <p>Suspected breast cancer 49.7% (1382 breaches), Exhibited (non-cancer) breast symptoms - cancer not initially suspected 64.3% (162 breaches), Suspected lower gastrointestinal cancer 72.6% (858 breaches), Suspected head and neck cancer 83.5% (241 breaches), Suspected gynaecological cancer 86.8% (195 breaches), Suspected upper gastrointestinal cancer 86.8% (184 breaches), Suspected skin cancer 88.4% (372 breaches), Suspected urological malignancies (excluding testicular) 92% (82 breaches)</p> <p>Providers not achieving the national standard were: Countess of Chester Hospital 62.6% (566 breaches), East Cheshire 68.5% (223 breaches), Warrington and Halton Teaching Hospitals 69.5% (343 breaches), Liverpool University Hospitals 71.3% (1068 breaches), Wirral University Teaching Hospital 75.6% (519 breaches), Liverpool Womens 85.1% (51 breaches), Mid Cheshire Hospitals 86.5% (232 breaches), St Helens and Knowsley Hospitals 87.9% (231 breaches)</p> <p>Outpatient capacity issues were recorded as the most frequent breach reason (78%), followed by patient choice (15%).</p>	<ul style="list-style-type: none"> CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. Productivity gains have increased weekly capacity to see new patients by 25%. The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group to identify areas of service pressure. Increased use of appropriate filter tests in primary care including FIT.

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
CW45	28 Day Faster Diagnosis - (Referral to Diagnosis) (Cheshire and Merseyside)	Green ≥75% Red <75%	Contractual / Statutory	67.8%	69.2%	68.9%	66.0%	61.9%	65.8%	66.0%	67.3%	56.2%	61.4%	67.4%	-			
Narrative				The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that the target is unlikely to be achieved without this change.														





Integrated Performance Report (May 22 - April 23)

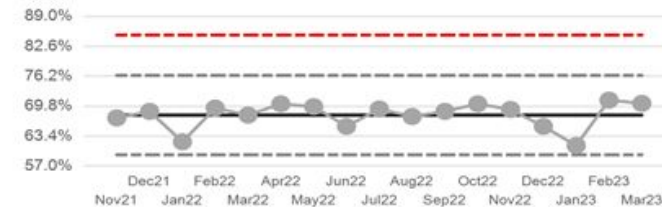


Access: Cheshire and Merseyside

Responsible Forum: Acute and Specialist Trust Provider Collaborative

Reason for Non-Compliance	Action Taken to Improve Compliance
<p>Non-compliance with the 28 day FDS was driven by underperformance in the following tumour groups: Referral from a National Screening Programme: Unknown Cancer Report Category 41.5% (204 breaches), Suspected lower gastrointestinal cancer 44.1% (1717 breaches), Suspected urological malignancies (excluding testicular) 46.3% (542 breaches), Other suspected cancer (not listed) 50% (12 breaches), Suspected haematological malignancies (excluding acute leukaemia) 56.3% (35 breaches), Suspected gynaecological cancer 61% (523 breaches), Suspected upper gastrointestinal cancer 67.4% (433 breaches), Suspected testicular cancer 74.4% (11 breaches)</p> <p>Providers not achieving the national standard were: Liverpool Heart And Chest 40% (9 breaches), Liverpool Womens 47.3% (167 breaches), East Cheshire 65.6% (247 breaches), Countess Of Chester Hospital 66.1% (523 breaches), Mid Cheshire Hospitals 68% (484 breaches), Liverpool University Hospitals 68.1% (1364 breaches), St Helens and Knowsley Hospitals 70.7% (579 breaches), The Clatterbridge Cancer Centre 71.4% (6 breaches), Warrington and Halton Teaching Hospitals 73.3% (274 breaches)</p> <p>The main reasons for breaches were outpatient capacity (26.5%), administrative delay (15%), healthcare provider initiated delay to diagnostic test (16%) and 'other' (15%).</p>	<ul style="list-style-type: none"> Continuation of surgical and diagnostics hubs as part of CMCA's response to Covid-19. The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group. Alignment with the C&M diagnostic programme with a clear, prioritised plan to increase capacity. CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. Increased use of appropriate filter tests in primary care including FIT. Productivity gains have increased capacity to seen new patients by 25%.
<p>Escalation Route & Expected Date of Compliance</p> <p>NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2024</p>	

Metric ID	Metric Name	Target	Metric Type	Year & Month														V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23				
CW46	62 Day Classic (Cheshire and Merseyside)	Green ≥85% Red <85%	Contractual / Statutory	69.7%	65.5%	69.2%	67.6%	68.7%	70.3%	69.1%	65.5%	61.4%	71.1%	70.4%	-				
Narrative				The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that the target is unlikely to be achieved without this change.															





Integrated Performance Report (May 22 - April 23)



Access: Cheshire and Merseyside

Responsible Forum: Acute and Specialist Trust Provider Collaborative

Reason for Non-Compliance	Action Taken to Improve Compliance
<p>Non-compliance with the 62 day standard was driven by underperformance in the following tumour groups:</p> <ul style="list-style-type: none"> Gynaecological 33.3% (21 breaches), Lower Gastrointestinal 44.2% (46 breaches), Urological (Excluding Testicular) 48.2% (124.5 breaches), Haematological (Excluding Acute Leukaemia) 60.7% (11 breaches), Head & Neck 63.6% (12 breaches), Upper Gastrointestinal 72.2% (12.5 breaches), Lung 72.8% (15.5 breaches), Breast 83.9% (17.5 breaches) <p>Providers not achieving the national standard were:</p> <ul style="list-style-type: none"> Liverpool Womens 14.3% (9 breaches), Warrington and Halton Teaching Hospitals 50.5% (24 breaches), Southport and Ormskirk Hospital 53.8% (33.5 breaches), East Cheshire 57.8% (17.5 breaches), Liverpool University Hospitals 61.8% (72.5 breaches), Bridgewater Community Healthcare 68% (4 breaches), Wirral University Teaching Hospital 68.8% (44.5 breaches), Countess Of Chester Hospital 70% (25.5 breaches), Mid Cheshire Hospitals 76.9% (24 breaches), St Helens and Knowsley Hospitals 79.2% (23.5 breaches) <p>The main reasons for breaches were complex diagnostic pathways (16%), elective capacity inadequate (9%), healthcare provider initiated delay to diagnostic test or treatment planning (7%) and 'other' (51%).</p>	<ul style="list-style-type: none"> Continuation of surgical and diagnostics hubs as part of CMCA's response to Covid-19. The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group. Alignment with the C&M diagnostic programme with a clear, prioritised plan to increase capacity. CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. Increased use of appropriate filter tests in primary care including FIT. Patient and public communications to improve patient confidence to attend for appointments.
Escalation Route & Expected Date of Compliance	
<p>NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2024</p>	



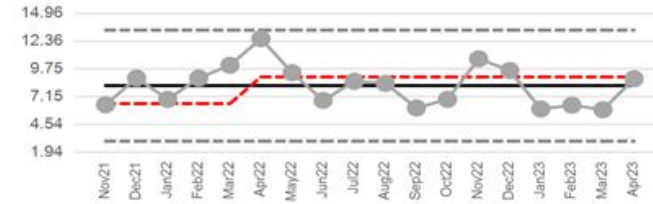
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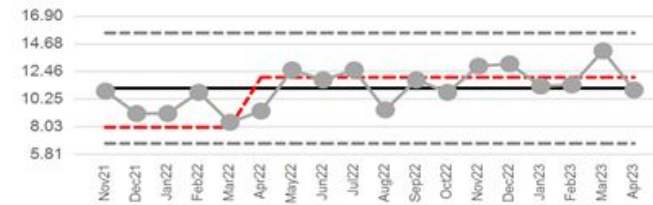
Efficiency

Responsible Forum: Performance Committee

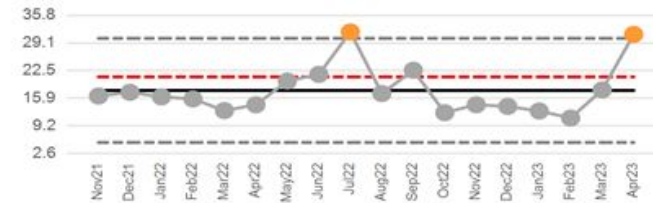
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
IP05-ST	Length of Stay Elective Care: Solid Tumour Wards (Average Number of Days On Discharge)	Green ≤9 Amber 9.1-10.7 Red >10.7	Statutory	9.40	6.80	8.60	8.40	6.10	6.90	10.70	9.61	6.00	6.36	5.93	8.84			
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
IP06-ST	Length of Stay Emergency Care: Solid Tumour Wards (Average Number of Days On Discharge)	Green ≤12 Amber 12.1-14.3 Red >14.3	Statutory	12.60	11.80	12.60	9.40	11.80	10.80	12.90	13.08	11.30	11.40	14.13	10.99			
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
IP05-4	Length of Stay Elective Care: HO Ward 4 (Average Number of Days On Discharge)	Green ≤21 Amber 21.1-22.1 Red >22.1	Statutory	20.0	21.6	31.8	17.0	22.6	12.4	14.3	13.9	12.8	11.1	17.9	31.2			
Narrative				The target has not been achieved and length of stay is higher than expected, triggering the inclusion of an exception report. The nature of variation indicates that achievement of the target is likely to be inconsistent.														



Reason for Non-Compliance	Action Taken to Improve Compliance
The target was exceeded by 10.2 days in April. This was due to long lengths of stay for 2 patients: - One patient had CNS involving the spinal cord, leading to a long period of rehabilitation, prior to safe discharge. - One patient had a long LOS due to poor diabetic control and a number of pressure ulcers and was deemed to be at very high risk of infection.	The Patient Flow Team continue to work alongside the MDT to start discharge planning at the point of admission to prevent delays once patients are medically fit and ready for discharge.
Escalation Route & Expected Date of Compliance	
LoS Meeting, Divisional Meetings, Divisional Performance Reviews, Performance Committee, Trust Board May 2023	



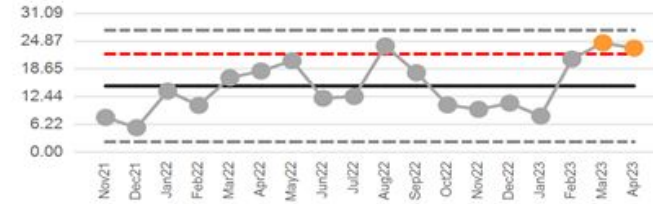
Integrated Performance Report (May 22 - April 23)



Efficiency

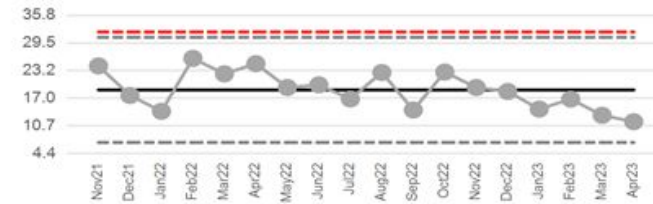
Responsible Forum: Performance Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP06-4	Length of Stay Emergency Care: HO Ward 4 (Average Number of Days On Discharge)	Green ≤22 Amber 22.1-23.1 Red >23.1	Statutory	20.50	12.10	12.50	23.80	17.80	10.60	9.60	11.00	8.10	20.86	24.50	23.31		
Narrative				The target has not been achieved and length of stay is higher than expected, triggering the inclusion of an exception report. The nature of variation indicates that achievement of the target is likely to be inconsistent.													

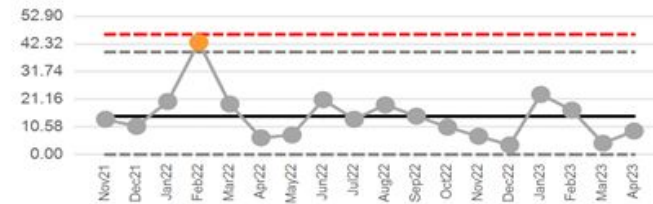


Reason for Non-Compliance		Action Taken to Improve Compliance
The target was exceeded by 2.5 days in March and 1.3 days in April and has now triggered an SPC alert. The increase in April was due to long lengths of stay for 3 patients with CNS Lymphoma, being nursed 1 to 1, with complex needs. One of the three patients required a placement which took a long time to secure as there was only one suitable care provider in the area.		The Patient Flow Team continue to work alongside the MDT to start discharge planning at the point of admission to prevent delays once patients are medically fit and ready for discharge.
Escalation Route & Expected Date of Compliance		
LoS Meeting, Divisional Meetings, Divisional Performance Reviews, Performance Committee, Trust Board May 2023		

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP05-5	Length of Stay Elective Care: HO Ward 5 (Average Number of Days On Discharge)	Green ≤32 Amber 32.1-33.6 Red >33.6	Statutory	19.4	20.0	16.8	22.8	14.3	22.9	19.4	18.5	14.5	16.8	13.1	11.6		
Narrative				The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP06-5	Length of Stay Emergency Care: HO Ward 5 (Average Number of Days On Discharge)	Green ≤46 Amber 46.1-48.3 Red >48.3	Statutory	7.50	21.00	13.50	19.00	14.70	10.50	7.00	3.67	23.00	17.00	4.33	9.00		
Narrative				The target has been achieved. There is no significant change and the target is outside SPC limits and therefore likely to be achieved consistently.													





Integrated Performance Report (May 22 - April 23)

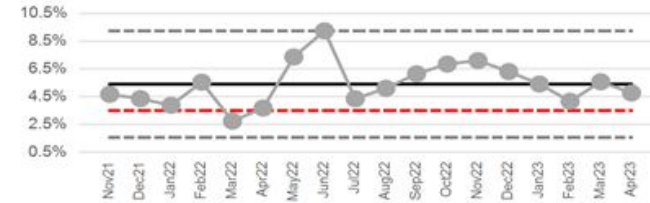


The Clatterbridge Cancer Centre
NHS Foundation Trust

Efficiency

Responsible Forum: Performance Committee

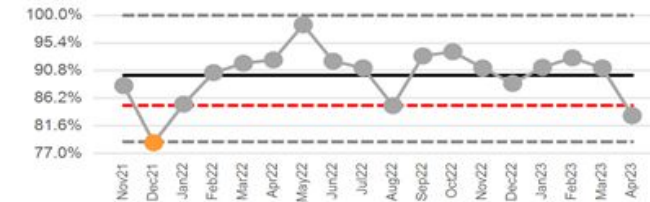
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
IP22	Delayed Transfers of Care As % of Occupied Bed Days	Green ≤3.5% Red >3.5%	Statutory	7.4%	9.2%	4.4%	5.1%	6.1%	6.9%	7.1%	6.3%	5.4%	4.2%	5.6%	4.8%			
Narrative				The nationally set target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>Delayed Transfers of Care (DTOCs) as a % of occupied bed days for the month of April was above the Trust target of ≤3.5%, with 4.8% reported this month. This is a 0.8% decrease on March 2023.</p> <p>There were 118 extra bed days in April. The average length of DTOC was 8.42 days. There were 14 DTOCs in April 2023, which is 1 less than in March 2023.</p> <ul style="list-style-type: none"> - 5 patient awaited a Social Package of Care (27 extra bed days). - 3 patients awaited Hospice placement (19 extra bed days). - 3 patients awaited Fast Track Packages of care (22 extra bed days). Covid continues to impact community services, which has increased the length of time to commission a POC across all areas. - 1 patient awaited Fast Track Nursing Home placement (16 extra bed days). - 1 patient awaited a Social service Nursing home (18 extra bed days). - 1 patient awaited Intermediate Care Bed (16 extra bed days) 	<p>Weekly 'Lengthened Length of Stay' meetings have continued with attendance of Matron and the Business Services Manager to ensure the flow of patients continues and any concerns can be escalated. The outcome of these meetings are forwarded to the General Manager for review.</p> <p>The Patient Flow Team continue to work with wider MDT to aid discharge planning, ensuring patients are discharged safely home or to a suitable care setting. Weekly complex discharge meetings occur with the MDT.</p> <p>Consultant of the week (COW) MDT meetings continue, to allow discussion of all inpatients so that there is a clear plan for each patient.</p> <p>CHC (NHS Continuing Healthcare) are being contacted daily for an update on the availability of beds.</p> <p>The Trust Operational Group ToR is under review; with scope extended to incorporate wider operational performance including inpatient flow.</p>

Escalation Route & Expected Date of Compliance
 Divisional Meetings, Divisional Performance Reviews, Performance Committee, Trust Board
 August 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
IP20	Average Bed Occupancy - Midday	Green 85% - ≤92% Amber 81-84.9% Red <81% or >92%	Statutory	98.4%	92.4%	91.3%	85.0%	93.2%	93.9%	91.2%	88.7%	91.4%	92.9%	91.3%	83.3%			
Narrative				Whilst meeting the National NHS ambition to remain below 92% bed occupancy, to monitor efficiency, the Trust has set a lower limit of 85%. Whilst this has not been achieved in April, an exception report is not provided as the SPC chart indicates no significant change.														





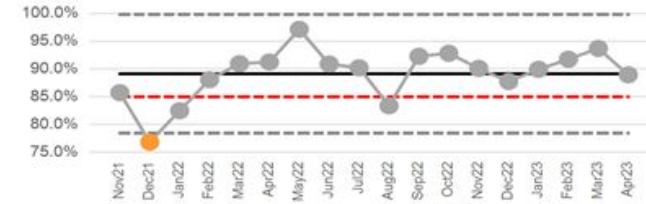
Integrated Performance Report (May 22 - April 23)



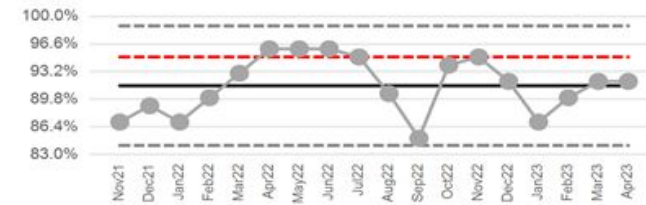
Efficiency

Responsible Forum: Performance Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP21	Average Bed Occupancy - Midnight	Green 85% - ≤92% Amber 81-84.9% Red <81% or >92%	Statutory	97.1%	90.9%	90.2%	83.4%	92.3%	92.8%	90.1%	87.7%	89.9%	91.8%	93.7%	88.9%		
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP23	% of Expected Discharge Dates Completed	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual	96.0%	96.0%	95.0%	90.5%	85.0%	94.0%	95.0%	92.0%	87.0%	90.0%	92.0%	92.0%		
Narrative				This internal target has not been achieved this month, at 3% below target. There is however no significant change. The nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP24	% of Elective Procedures Cancelled On or After The Day of Admission	Green 0% Red >0%	Contractual	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
Narrative				No procedures have been cancelled on or after the day of admission.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP25	% of Cancelled Elective Procedures (On or After The Day of Admission) Rebooked Within 28 Days of Cancellation	Green 100% Red <100%	Contractual	-	-	-	-	-	-	-	-	-	-	-			
Narrative				There is no data to display, as no procedures were cancelled.													

Data Not Applicable for SPC



Integrated Performance Report (May 22 - April 23)



The Clatterbridge Cancer Centre
NHS Foundation Trust

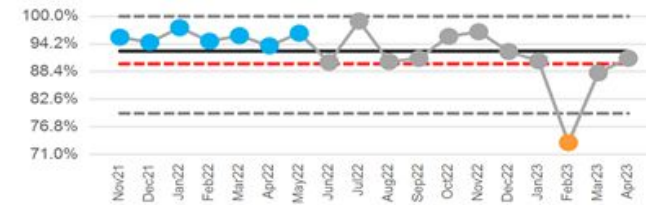
Efficiency

Responsible Forum: Performance Committee

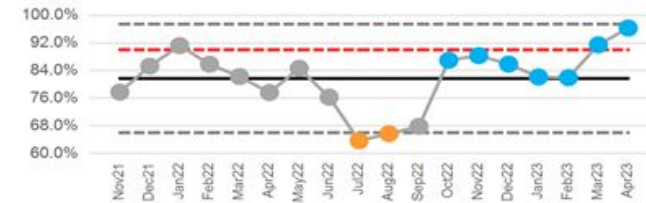
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
IP26	% of Urgent Operations Cancelled For a Second Time	Green 0% Red >0%	Contractual	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Narrative				No procedures have been cancelled for a second time.													



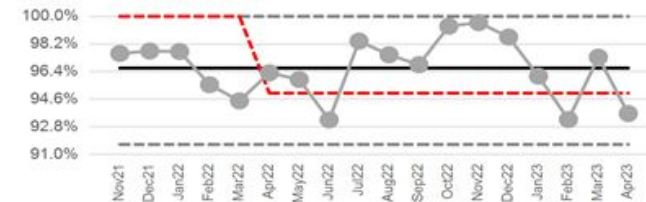
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
EF10	Imaging Reporting Turnaround (Inpatients)	Green >90% Amber 80-89.9% Red <80%		96.5%	90.4%	99.0%	90.5%	91.1%	95.8%	96.8%	92.6%	90.7%	73.5%	88.1%	91.2%		
Narrative				Following 2 months of non-compliance, the target has now been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
EF11	Imaging Reporting Turnaround (Outpatients)	Green >90% Amber 80-89.9% Red <80%		84.7%	76.3%	63.7%	65.7%	67.9%	87.0%	88.3%	85.9%	82.2%	82.0%	91.5%	96.3%		
Narrative				Following a long period of non-compliance, the target has been achieved for the second consecutive month. Performance is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
DQ01	Data Quality - % Ethnicity That is Complete (or Patient Declined to Answer)	Green ≥95% Amber 90-94.9% Red <90%	Covid-19 Recovery	95.9%	93.3%	98.4%	97.5%	96.9%	99.4%	99.6%	98.7%	96.1%	93.3%	97.3%	93.7%		
Narrative				This internal target has not been achieved, at 1% below target. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





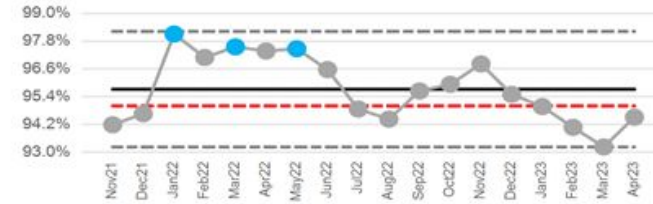
Integrated Performance Report (May 22 - April 23)



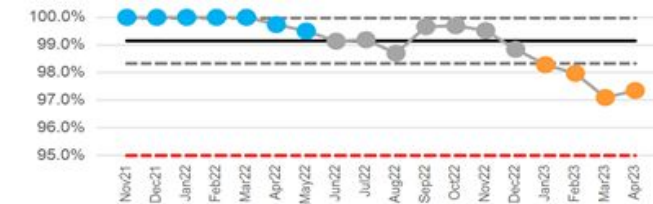
Efficiency

Responsible Forum: Performance Committee

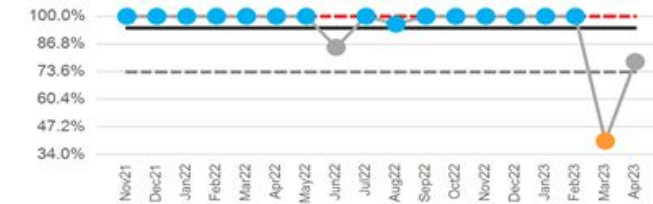
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A											
DQ02	Data Quality - % of Outpatients With an Outcome	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	97.5%	96.6%	94.9%	94.4%	95.6%	95.9%	96.8%	95.5%	95.0%	94.1%	93.2%	94.5%	⚠️	?
Narrative				This internal target has not been achieved, at 0.5% below target. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.																									



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A											
DQ03	Data Quality - % of Outpatients With an Attend Status	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	99.5%	99.1%	99.2%	98.7%	99.7%	99.7%	99.5%	98.8%	98.3%	98.0%	97.1%	97.4%	⚠️	⚠️
Narrative				The target has been achieved. Although performance is lower than expected, this has improved marginally in April and the target is outside SPC limits and therefore likely to be achieved consistently.																									



Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A											
EF01	Percentage of Subject Access Requests Responded to Within 1 Month	Green 100% Red <100%	Contractual	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	100.0%	85.2%	100.0%	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	40.4%	78.4%	⚠️	?
Narrative				This national target has not been achieved and an exception report is provided. Performance is now as expected and the nature of variation indicates that achievement of the target is likely to be inconsistent.																									



Reason for Non-Compliance	Action Taken to Improve Compliance
Admin Services had unplanned sickness absence during March / April which affected the Trust's ability to respond timely to SARs.	Review of the role and transferred SARs to another team.
A large number of SARs requests that came in during this period of time were not actioned timely.	Currently candidates being recruited to support this role.
This identified that there was a single point of failure.	SARs requests are being monitored closely and are now being responded to timely.
Escalation Route & Expected Date of Compliance	
Divisional Meetings, Divisional Performance Reviews, Performance Committee, Trust Board May 2023	



Integrated Performance Report (May 22 - April 23)



Efficiency

Responsible Forum: Performance Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
EF02	% of Overdue ISN (Information Standard Notices)	Green 0% Red >0%	Contractual	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
			Narrative	The target continues to be achieved.														

Data Not Applicable for SPC



Integrated Performance Report (May 22 - April 23)



Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU17	Never Events	Green 0 Red >0	Contractual / Statutory	0	0	0	0	0	0	0	0	0	0	0	0		
			Narrative	The target continues to be achieved, with no never events reported to STEIS this month. 1 Never Event was reported in May and the details will be included in the M2 IPR.													

Data Not Applicable for SPC

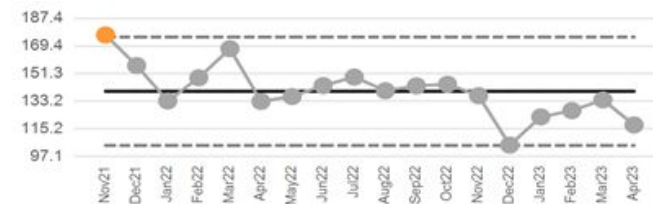
Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU04	Serious Incidents (SIs)	No Target	Contractual / Statutory	0	0	2	0	1	0	0	0	1	0	0	1		
			Narrative	1 SIs was reported to STEIS this month. This was a PICC line incident. An investigation is underway, managed via the Executive Review Group and the Patient Safety Committee and due to be reported at the end of June.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU01	Serious Incidents: % Submitted Within 60 Working Days / Agreed Timescales	Green 100% Red <100%	Contractual / Statutory	-	-	-	-	-	-	100%	-	-	-	-	100%		
			Narrative	The SI report submitted this month, was submitted on time.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU03	Incidents /1,000 Bed Days	No Target	Statutory	136.3	143.5	149.1	140.1	143.3	144.4	136.9	104.6	123.0	127.1	134.2	117.8		
			Narrative	Incident numbers are as expected. Incidents are reviewed at Divisional Quality and Safety meetings and Divisional Performance Review meetings. This focus promotes a good reporting culture and analysis of themes and trends to drive improvement.													





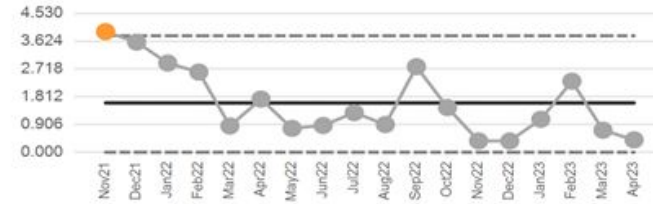
Integrated Performance Report (May 22 - April 23)



Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU05	All Incidents Resulting in Moderate Harm and Above /1,000 Bed Days	No Target	Local	0.779	0.872	1.293	0.904	2.794	1.458	0.370	0.367	1.076	2.318	0.719	0.405		
Narrative				Numbers of incidents of this severity are as expected. Incidents are reviewed at Divisional Quality and Safety meetings and Divisional Performance Review meetings. This focus promotes a good reporting culture and analysis of themes and trends to drive improvement.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU06	Inpatient Falls Resulting in Harm Due to Lapse in Care	Green 0 Red >0	Contractual	1	0	0	0	0	0	0	0	0	0	0	0		
Narrative				There were no falls resulting in harm due to a lapse in care. The harm review process has been amended and therefore figures may change retrospectively, following review.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU07	Inpatient Falls Resulting in Harm Due to Lapse in Care /1,000 Bed Days	Green 0 Red >0	Contractual	0.390	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
Narrative				There were no falls resulting in harm due to a lapse in care. The harm review process has been amended and therefore figures may change retrospectively, following review.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU08	Pressure Ulcers (Hospital Acquired Grade 3/4, With a Lapse in Care)	Green 0 Red >0	Contractual	0	0	0	0	0	0	0	0	0	0	0	0		
Narrative				The target continues to be achieved, with no such pressure ulcers this month. The harm review process has been amended and therefore figures may change retrospectively, following review.													

Data Not Applicable for SPC



Integrated Performance Report (May 22 - April 23)



The Clatterbridge Cancer Centre NHS Foundation Trust

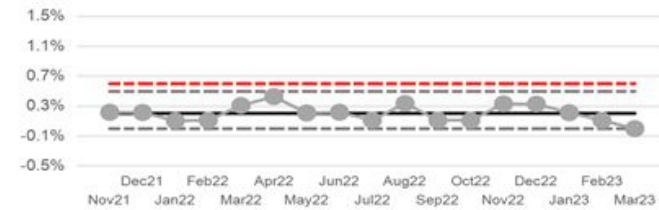
Quality

Responsible Forum: Quality Committee

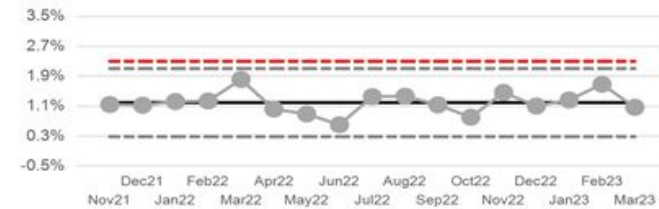
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU09	Pressure Ulcers (Hospital Acquired Grade 3/4, With a Lapse in Care) /1,000 Bed Days	Green 0 Red >0	Contractual	0	0	0	0	0	0	0	0	0	0	0			
Narrative				The target continues to be achieved, with no such pressure ulcers this month. The harm review process has been amended and therefore figures may change retrospectively, following review.													

Data Not Applicable for SPC

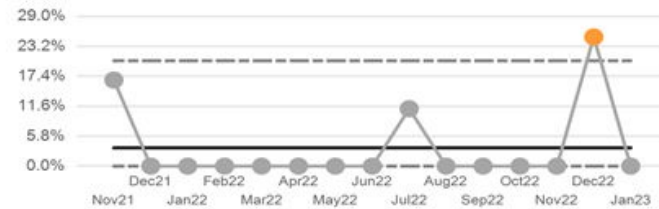
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU10	30 Day Mortality (Radical Chemotherapy)	Green ≤0.6% Amber 0.61% - 0.7% Red >0.7%	SOF	0.2%	0.2%	0.1%	0.3%	0.1%	0.1%	0.3%	0.3%	0.2%	0.1%	0.0%	-		
Narrative				The target has been achieved. There is no significant change and the target is now outside SPC limits and therefore likely to be achieved consistently.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU12	30 Day Mortality (Palliative Chemotherapy)	Green ≤2.3% Amber 2.31% - 2.5% Red >2.5%	SOF	0.9%	0.6%	1.4%	1.4%	1.1%	0.8%	1.5%	1.1%	1.3%	1.7%	1.1%	-		
Narrative				The target has been achieved. There is no significant change and the target is outside SPC limits and therefore likely to be achieved consistently.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU13	100 Day Mortality (Bone Marrow Transplant)	To Be Confirmed	SOF / NR	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	-	-	-		
Narrative				For January, there were no deaths within 100 days of transplant. The care of 1 transplant patient from Dec 2022 who died within 100 days post transplant has been reviewed: Learning identified – need for timely ascitic drain pathway to provide symptomatic relief. Action - Radiology is setting up an ascitic drainage service.													





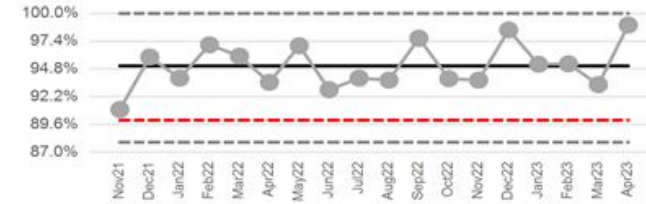
Integrated Performance Report (May 22 - April 23)



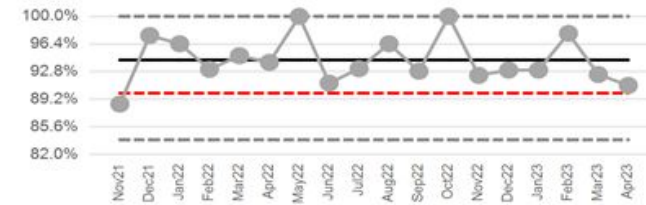
Quality

Responsible Forum: Quality Committee

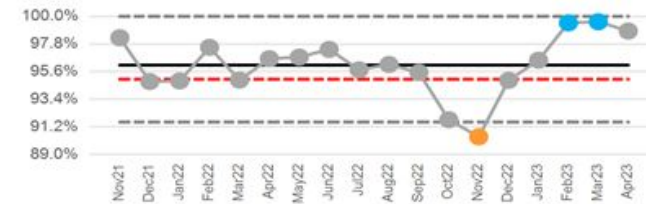
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU62	Consultant Review Within 14 Hours	Green ≥90% Red <90%	Contractual	97.0%	92.9%	93.9%	93.8%	97.7%	93.9%	93.8%	98.4%	95.2%	95.3%	93.3%	98.9%		
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



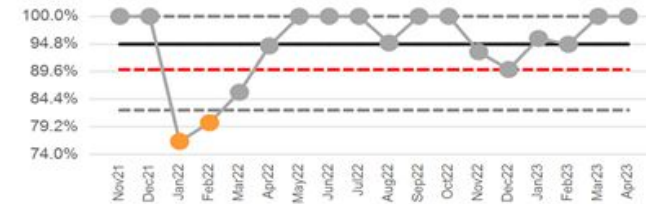
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU48	Sepsis IV Antibiotics Within an Hour	Green ≥90% Red <90%	Contractual	100.0%	91.3%	93.2%	96.4%	92.9%	100.0%	92.3%	93.0%	93.0%	97.8%	92.4%	91.0%		
Narrative				The target has been achieved (subject to validation). There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU31	Percentage of Adult Admissions With VTE Risk Assessment	Green ≥95% Red <95%	Contractual / Statutory	96.8%	97.4%	95.7%	96.2%	95.5%	91.8%	90.4%	94.9%	96.5%	99.5%	99.6%	98.8%		
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU14	Dementia: Percentage to Whom Case Finding is Applied	Green ≥90% Red <90%	Contractual	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	93.3%	90.0%	95.8%	94.7%	100.0%	100.0%		
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





Integrated Performance Report (May 22 - April 23)



Quality

Responsible Forum: Quality Committee

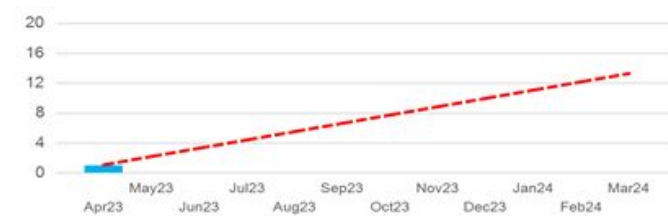
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU15	Dementia: Percentage With a Diagnostic Assessment	Green ≥90% Red <90%	Contractual	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				No patients have required a diagnostic assessment.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU16	Dementia: Percentage of Cases Referred	Green ≥90% Red <90%	Contractual / Statutory	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				No patients have required a referral.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month												V	A
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24		
QU34	Clostridium Difficile Infections (HOHA and COHA)	Green ≤ 13 per year Red >13 per year	Contractual / Statutory	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				There was 1 such infection this month and an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>One HOHA C.diff infection was identified in April 2023.</p> <p>Patient 1 – previously known GDH Toxin Gene B positive prior to admission. Sampled as soon as diarrhoea developed. Likely relapse in infection.</p> <p>Definitions: HOHA: Hospital-Onset Healthcare Associated, where days from admission to specimen date is equal to or greater than 3 days.</p>	<p>IPC Masterclass held in April 2023, education relating to stool chart documentation provided.</p>
Escalation Route & Expected Date of Compliance	
<p>Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023</p>	



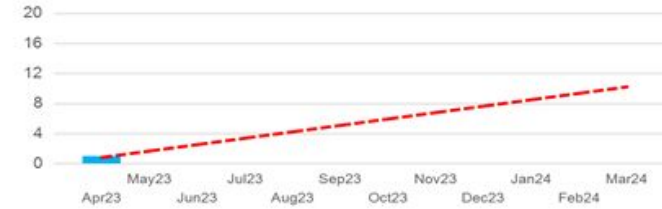
Integrated Performance Report (May 22 - April 23)



Quality

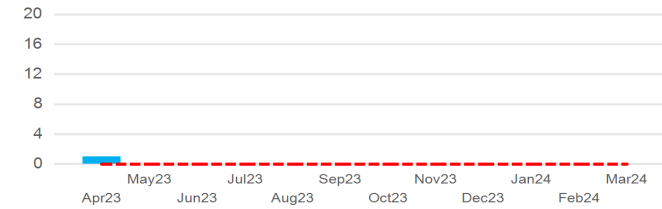
Responsible Forum: Quality Committee

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	V	A
QU40	E. Coli Bacteraemia (HOHA and COHA)	Green ≤ 10 per year Red >10 per year	Contractual / Statutory	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				There was 1 such infection this month and an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
1 HOHA E.coli bloodstream infection was identified in April 2023. Infection was likely to be skin / soft tissue in origin. No lapses / learning points identified	N/A
Escalation Route & Expected Date of Compliance	
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023	

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	V	A
QU36	MRSA Infections (HOHA and COHA)	Green 0 per year Red >0 per year	Contractual / Statutory	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				There was 1 such infection this month and an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
1 HOHA MRSA bloodstream infection was identified in April 2023. The source is likely to be skin/soft tissue related. Patient had a history of MRSA prior to admission, however was not screened for MRSA as per policy within 24 hours of admission.	Admission screening to be included in the 'Spring into Action' campaign.
Escalation Route & Expected Date of Compliance	
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023	



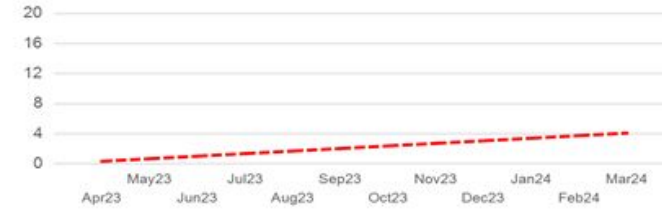
Integrated Performance Report (May 22 - April 23)



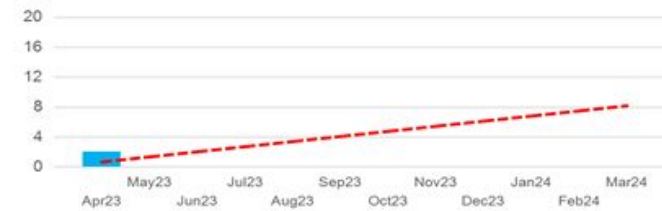
Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	V	A
QU38	MSSA Bacteraemia (HOHA and COHA)	Green ≤ 4 per year Amber 5 Red >5 per year	Contractual / Statutory	0	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				There were no such infections this month.													

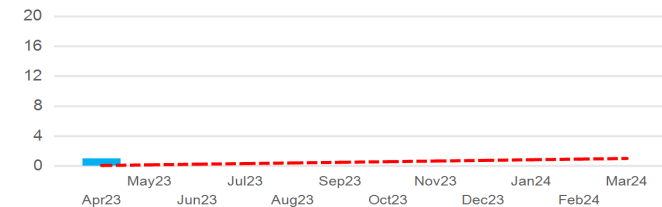


Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	V	A
QU43	Klebsiella (HOHA and COHA)	Green ≤ 8 per year Red >8 per year	Contractual / Statutory	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				There were 2 such infection this month and an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>2 Hospital Onset Hospital Acquired (HOHA) Klebsiella pneumoniae bloodstream infection were identified in April 2023.</p> <p>Patient 1 Unclear source of infection – query gut translocation, query urinary in origin. No lapses in care identified for this episode of infection.</p> <p>Patient 2 Likely Catheter Associated Urinary Tract Infection (CAUTI) as same organism was identified in a urine specimen. No lapses in care identified for this episode of infection, however gaps in catheter care documentation noted.</p>	Catheter care documentation to be included as part of the 'Spring into Action' campaign
Escalation Route & Expected Date of Compliance	
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board June 2023	

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	V	A
QU45	Pseudomonas (HOHA and COHA)	Green ≤ 1 per year Red >1 per year	Contractual / Statutory	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				There was 1 such infection this month and an exception report is provided.													





Integrated Performance Report (May 22 - April 23)

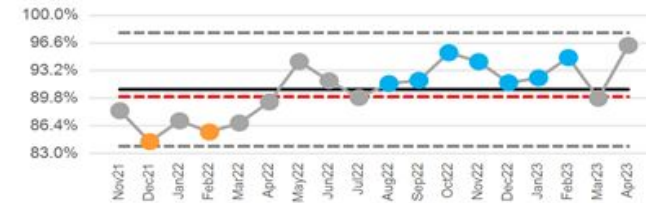


Quality

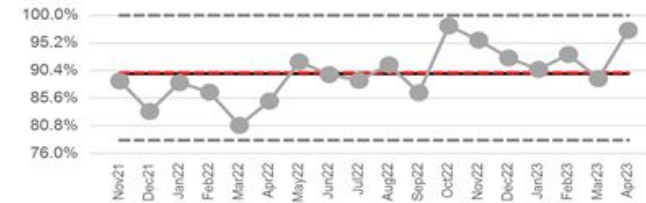
Responsible Forum: Quality Committee

Reason for Non-Compliance	Action Taken to Improve Compliance
1 HOHA P.aeruginosa bloodstream infection was identified in April 2023. This infection is likely to have been hepatobiliary in origin. No lapses or learning points identified.	N/A
Escalation Route & Expected Date of Compliance	
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023	

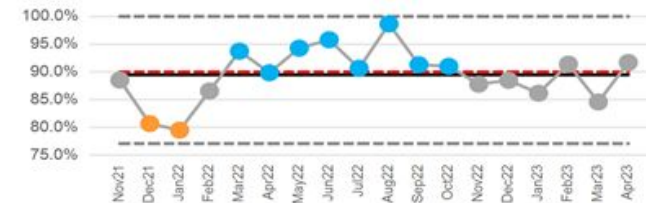
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU66	Safer Staffing: Overall Fill-Rate	Green ≥90% Red <90%	Statutory	94.3%	91.9%	89.9%	91.6%	92.0%	95.4%	94.3%	91.7%	92.3%	94.8%	89.8%	96.3%	⬆️	⬆️
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU61	Average Number of Registered Nurses Filled Shifts - Days	Green ≥90% Red <90%	Statutory	91.9%	89.7%	88.7%	91.4%	86.6%	98.2%	95.7%	92.6%	90.6%	93.2%	89.0%	97.4%	⬆️	⬆️
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU63	Average Number of Care Staff Filled Shifts - Days	Green ≥90% Red <90%	Statutory	94.3%	95.8%	90.7%	98.7%	91.3%	91.0%	87.8%	88.5%	86.2%	91.4%	84.6%	91.7%	⬆️	⬆️
Narrative				The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





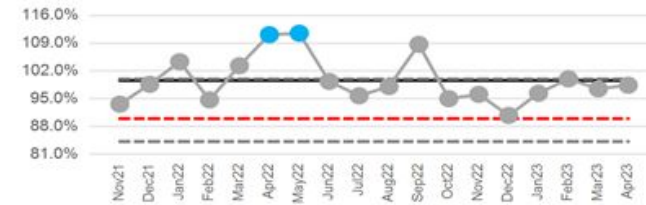
Integrated Performance Report (May 22 - April 23)



Quality

Responsible Forum: Quality Committee

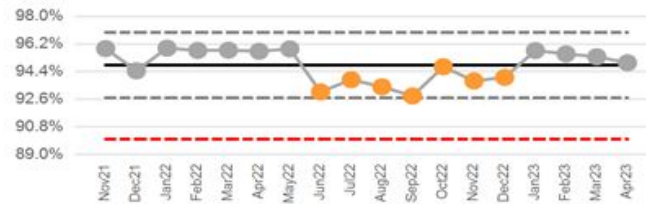
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU64	Average Number of Care Staff Filled Shifts - Nights	Green ≥90% Red <90%	Statutory	111.5%	99.4%	95.8%	98.1%	108.7%	95.0%	96.1%	90.8%	96.4%	100.0%	97.5%	98.4%	⚠	?
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



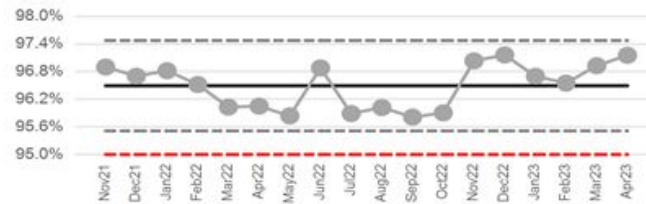
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU65	Average Number of Registered Nurses Filled Shifts - Nights	Green ≥90% Red <90%	Statutory	87.9%	87.4%	87.1%	91.7%	89.8%	95.7%	96.9%	93.7%	96.5%	95.4%	89.5%	96.9%	⚠	?
			Narrative	The target has been achieved. Performance is higher than expected and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU60	NICE Guidance Compliance	Green ≥90% Amber 85 - 89.9% Red <85%	Contractual	95.9%	93.1%	93.9%	93.4%	92.8%	94.7%	93.8%	94.0%	95.8%	95.6%	95.4%	95.0%	⚠	⚠
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU75	Patient FFT: % of Respondents Who Had a Positive Experience	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual	95.8%	96.9%	95.9%	96.0%	95.8%	95.9%	97.0%	97.2%	96.7%	96.6%	96.9%	97.2%	⚠	⚠
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.													





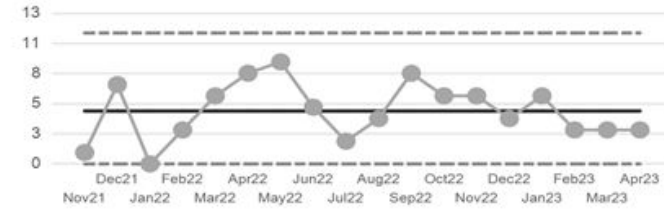
Integrated Performance Report (May 22 - April 23)



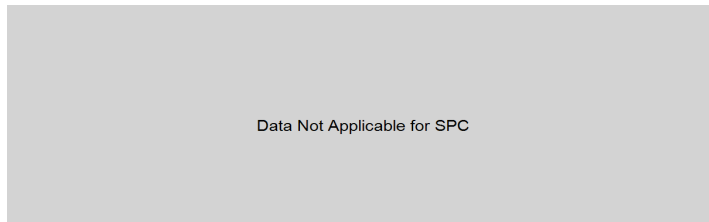
Quality

Responsible Forum: Quality Committee

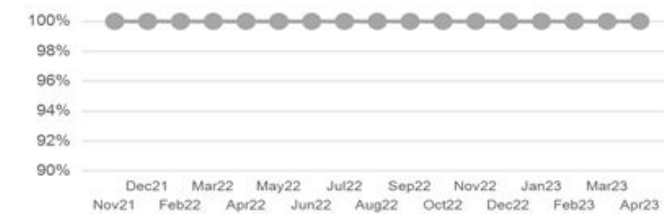
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU11	Number of Complaints	No Target	Contractual	9	5	2	4	8	6	6	4	6	3	3	3		
Narrative				There were 3 complaints this month, with no significant change noted. Complaints are reviewed at Divisional Quality and Safety meetings, Divisional Performance Review meetings and RQGC. This promotes effective analysis of themes and trends to drive improvement.													



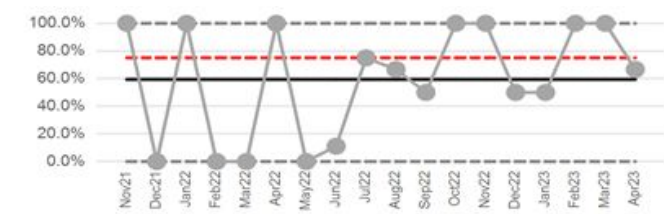
Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU18	Number of Complaints / Count of WTE Staff (Ratio)	No Target	Contractual	0.005	0.003	0.001	0.002	0.005	0.003	0.002	0.003	0.002	0.002	0.002			
Narrative				There were 0.002 complaints per staff WTE this month. Complaints are reviewed at Divisional Quality and Safety meetings, Divisional Performance Review meetings and RQGC. This promotes effective analysis of themes and trends to drive improvement.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU19	% of Formal Complaints Acknowledged Within 3 Working Days	Green 100% Red <100%	Contractual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Narrative				The target continues to be achieved. Performance is as expected and the nature of variation indicates that the target is likely to be consistently achieved.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU20	% of Routine Complaints Resolved Within 25 Working Days	Green ≥75% Amber 65% - 74.9% Red <65%	Local	0.0%	11.1%	75.0%	66.7%	50.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	66.7%		
Narrative				The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





Integrated Performance Report (May 22 - April 23)



Quality

Responsible Forum: Quality Committee

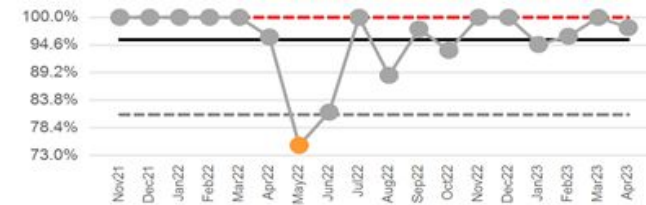
Reason for Non-Compliance		Action Taken to Improve Compliance	
One of three routine complaints was not resolved within the 25 day timescale. Although the complaint was received in February 2023, there followed an extended period of time for treatment scans to be completed, reviewed and discussed with the patient, before the complaint response could be finalised. The patient was also undecided regarding whether they would like a written response or resolution meeting, until the outcome of investigations was known. The patient was kept fully informed of progress with the investigation.		The complaint was formally responded to as soon as all information was available.	
Escalation Route & Expected Date of Compliance			
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023			

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU71	% of Complex Complaints Resolved Within 60 Working Days	Green ≥75% Amber 65% - 74.9% Red <65%	Local	-	100.0%	100.0%	100.0%	50.0%	-	-	-	66.7%	100.0%	50.0%	50.0%		
Narrative				1 out of 2 complex complaints resolved this month, were resolved within 60 working days. An exception report is provided.													

Data Not Applicable for SPC

Reason for Non-Compliance		Action Taken to Improve Compliance	
One of two complex complaints was not resolved within the 60 day timescale. A meeting with the family and the clinical team was arranged at the family's request. Prior to the meeting, the family decided they did not wish to meet and a letter was then drafted by CCC. The lead consultant was on leave for an extended period; delaying the production of the letter. The family were kept up to date with delays to the response.		The Divisional team have been reminded to escalate any delays due to clinician absence to the Trust Complaint Manager for consideration regarding whether an alternative specialist can approve drafts in their colleague's absence.	
Escalation Route & Expected Date of Compliance			
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023			

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU21	% of FOIs Responded to Within 20 Days	Green 100% Red <100%	Contractual / Statutory	75.0%	81.5%	100.0%	88.7%	97.7%	93.5%	100.0%	100.0%	94.7%	96.3%	100.0%	98.0%		
Narrative				This national target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





Integrated Performance Report (May 22 - April 23)



Quality

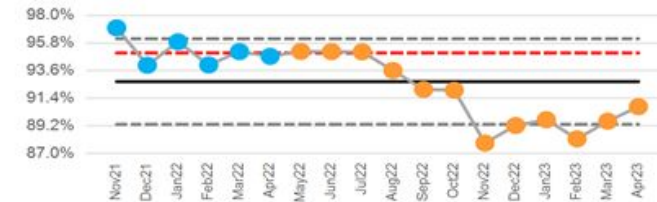
Responsible Forum: Quality Committee

Reason for Non-Compliance		Action Taken to Improve Compliance	
1 of 48 requests was replied to after 20 working days.		N/A	
Absence of key staff and capacity of covering staff at the end of April led to a delay in seeking sign off for this request.			
Escalation Route & Expected Date of Compliance			
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023			

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU22	Number of IG Incidents Escalated to ICO	Green 0 Red >0	Contractual / Statutory	0	0	0	0	0	1	0	0	0	1	0	0		
Narrative				No IG incidents were escalated to the ICO this month.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
QU23	% of Policies in Date	Green ≥95% Amber 93.1 - 94.9% Red <93%	Contractual	95.1%	95.1%	95.1%	93.6%	92.1%	92.0%	87.8%	89.2%	89.7%	88.2%	89.6%	90.7%		
Narrative				The target has not been achieved and an exception report is provided. Performance is lower than expected (triggering an exception report) and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Reason for Non-Compliance		Action Taken to Improve Compliance	
24 of the 259 policies in the Trust have not been reviewed within the review period.		The Document Control Officer will continue to send regular reminders for overdue items.	
<ul style="list-style-type: none"> • 9 Documents are waiting for approval via meetings/committees which will take place over the next month. • 13 Documents are currently in the process of being updated by their authors. • 1 Documents has been approved in April 2023. Document Control is waiting for the approval evidence and final word version to be submitted. • 1 Document is being changed from a policy to an SOP. Once the new SOP has been completed this will replace the currently policy which will be archived. 		Any policies that still continue to sit out of date for long periods without communication to Doc Control are escalated to the Information Governance Manager.	
Escalation Route & Expected Date of Compliance			
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board June 2023			

 **Integrated Performance Report (May 22 - April 23)**  The Clatterbridge Cancer Centre NHS Foundation Trust

Quality Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	V	A
QU24	NHS E/I Patient Safety Alerts: Number Not Implemented Within Set Timescale.	Green 0 Red >0	Contractual	0	0	0	0	1	0	0	0	0	0	0	0		
			Narrative	The target has been achieved.													

Data Not Applicable for SPC



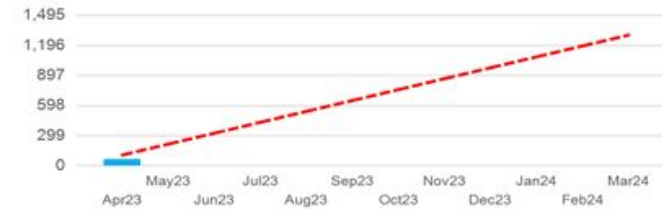
Integrated Performance Report (May 22 - April 23)



Research & Innovation

Responsible Forum: Performance Committee

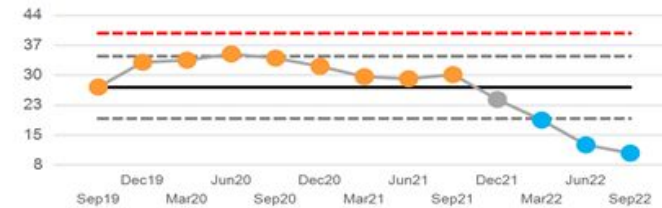
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month												V	A
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24		
RI20	Study Recruitment	Green ≥1300 per year Amber 1100-1299 per year Red <1100 per year	CCC Strategy	62	-	-	-	-	-	-	-	-	-	-	-	-	-
Narrative				The monthly performance is below the target, therefore an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>62 patients have been recruited at the end of Month 1 against an internal annual target of 1500 (50% of target). Of the 62 patients recruited 12 were recruited onto interventional studies, 39 onto observational and 11 into the Biobank.</p> <p>The main reasons at Month 1 for not achieving the overall target are:</p> <ul style="list-style-type: none"> The area that needs concentrated focus is interventional clinical trial recruitment which has not yet fully recovered. Biobank recruitment is back to pre-pandemic levels and observational recruitment has increased since the pandemic. A high number of complex, low recruiting studies have been opened since December 2021 when the Research Study Prioritisation Committee was initiated. Due to limited drug studies opening during 21/22 the pipeline of studies opening has affected recruitment numbers coming through. A number of our larger observational studies have closed or will be closing to recruitment soon. 	<ul style="list-style-type: none"> Clinical trial capacity gap analysis paper is being written with wide consultation. Anticipated review at June 2023 Trust Executive Group. Review strategy for trial selection at Research Study Prioritisation Committee. Continue to work collaboratively with service departments and research-active staff to open all studies types in a timely way. Research Priorities meeting taken place to determine where resource will be focused. Follow-up meeting still required to progress. <p>To note: First UK patient recruited to Moment study, 'Disease Registry on Patients with Advanced Non-small Cell Lung Cancer (NSCLC) Harboring METex14 Skipping Alterations / MOMENT ((Met nOn sMall cEll caNcer regisTry))' PI: Dr Escriu, Lung.</p>

Escalation Route & Expected Date of Compliance
 R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board March 2024

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
RI03	Study Set-Up Times in Days	Green ≤40 days Red >40	National Reporting	-	13	-	-	11	-	-	-	-	-	-	-	-	-
Narrative				Due to 'current pressures on workforce and capacity' The National Institute for Health and Care Research have paused publication of this data until further notice.													





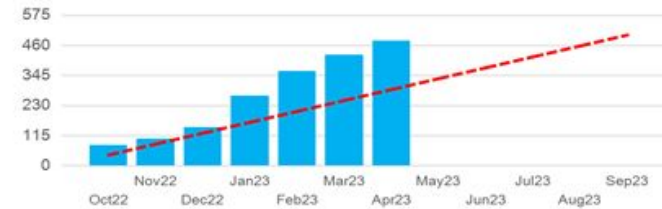
Integrated Performance Report (May 22 - April 23)



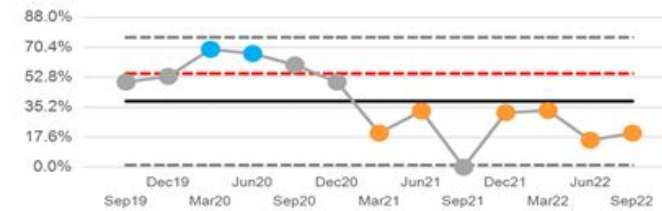
Research & Innovation

Responsible Forum: Performance Committee

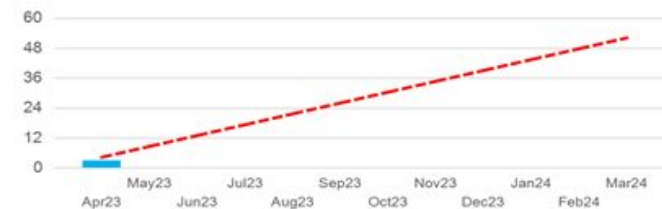
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month												V	A
				Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23		
R110	Number of Patients Recruited (Non-Commercial, Portfolio Studies)	Green ≥500 per year Amber 425-499 Red <425		78	24	45	121	93	62	55	-	-	-	-	-		
Narrative				Both the monthly and YTD targets have been achieved. The reporting period for this KPI is Oct - Sept rather than April - March.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
R121	Recruitment to Time and Target	Green ≥55% Amber 45 - 54.9% Red <45%	National Reporting	-	15.8%	-	-	20.0%	-	-	-	-	-	-	-		
Narrative				Due to 'current pressures on workforce and capacity' The National Institute for Health and Care Research have paused publication of this data until further notice.													



Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month												V	A
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24		
R105	Number of New Studies Open to Recruitment	Green ≥52 per year Amber 45 - 51 Red <45	CCC Strategy	3	-	-	-	-	-	-	-	-	-	-	-		
Narrative				The monthly performance is below the target, therefore an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
<ul style="list-style-type: none"> 3 studies have opened to recruitment against an internal target of 52 (75% of target) at the end of Month 1. <ul style="list-style-type: none"> Of the three studies opened two are key strategic trials supporting the Haemato-oncology research portfolio in particular building on research expertise in CNS lymphoma and in AML, which also supports young adult access to this trial, as does the third study opened in the sarcoma portfolio. The majority of studies currently in set-up are complex, supporting the BRC and ECMC strands of the research portfolio. There are currently 27 CTIMP (drug) studies in set-up. CCC has issued local approval for capacity and capability (C&C) for five studies, one is awaiting local pharmacy completion and four are awaiting Sponsor Greenlight to begin recruitment. 	<ul style="list-style-type: none"> Clinical trial capacity gap analysis paper is being written with wide consultation. Anticipated review at June 2023 Trust Executive Group. Regular operational meetings with the Clinical Trial Pharmacy and R&I teams to progress/open new drug studies. Recovery plan in place with Pharmacy monitored through R&I Directorate Board. Studies opened currently capped by Pharmacy staffing capacity, due to improve from June 2023 onwards. Work with the SRG Leads and the Network to optimise opportunities with observational studies. Work with Sponsors and service departments to open studies to recruitment where all local approvals have been given.
Escalation Route & Expected Date of Compliance	
R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board March 2024	



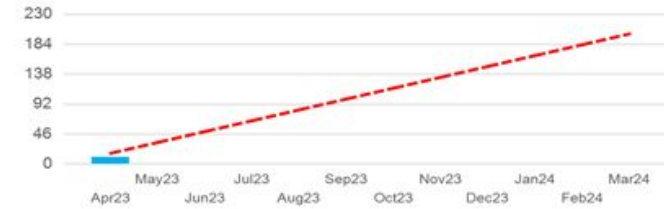
Integrated Performance Report (May 22 - April 23)



Research & Innovation

Responsible Forum: Performance Committee

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	V	A
RI22	Publications	Green >200 per year Amber 170-200 Red <170	CCC Strategy	11	-	-	-	-	-	-	-	-	-	-	-	-	-
			Narrative	The monthly performance is below the target, therefore an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
<ul style="list-style-type: none"> 11 research publications have been registered for April 2023, against an internal target of 17 at the end of Month 1 (65% of target). Publications tend to be lower at the start of the year. April 2022 registered 10 publications and April 2021 registered just 5. Both years ended close to or at the target of 200 publications for the year. 	<ul style="list-style-type: none"> Work with the Library Services to ensure all publications are captured. Encourage staff to submit publications as part of the 'Achievements' request that is sent out each month to cross reference. To note: CCC consultant named author on a publication in the Annals of Surgical Oncology, impact factor 32.978.
Escalation Route & Expected Date of Compliance	
R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board March 2024	



Integrated Performance Report (May 22 - April 23)

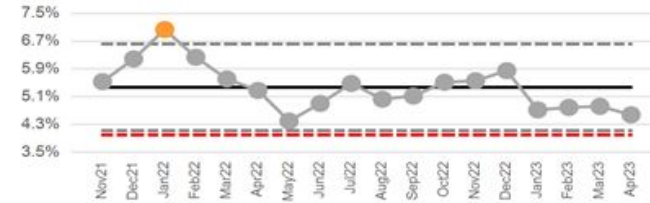


The Clatterbridge Cancer Centre NHS Foundation Trust

Workforce

Responsible Forum: People Committee

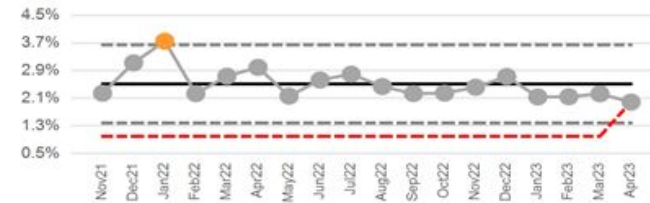
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
WO01	Sickness Absence	Green ≤4% Amber 4.1 - 4.9% Red ≥5%	Contractual / Statutory	4.4%	4.9%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	4.7%	4.8%	4.8%	4.6%			
Narrative				The target has not been achieved. Although there is no significant change, the target is unlikely to be achieved without significant change and an exception report is therefore provided.														



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>Sickness absence has decreased from 4.82% in March to 4.58% in April. This remains above the Trust target of 4%.</p> <p>There were 260 absences across the Trust in April, compared with 285 in March. There were 200 short term and 60 long term absences; the number of long term absences has remained consistent since last month.</p> <p>The top three reasons for sickness remain consistent with March's data with a shift in order. Cold, cough and flu remains the highest reason with 566 occasions (a decrease of 1 episode from previous month). The second highest reason was anxiety/stress/depression whilst last month it was gastrointestinal problems. There were 48 episodes of absences due to anxiety/stress/depression (an increase of 6 episodes) and the third highest reason was gastrointestinal with 42 episodes.</p> <p>With anxiety/stress/depression still appearing within the top 3 reasons for sickness and appearing as the second highest reason in April, it is important to highlight that out of the 48, 29 of these are long term absences. The other 19 episodes were short term absences. 19 of the overall absences relating to stress ended in April. The corporate division had the highest percentage of absence in accordance with the number of staff employed in that division with 20% (9 absences out of 44 staff) followed by Acute Care Division with 19% (81 absences out of 423 staff) and Research and Innovation with 17% (14 absences out of 78 staff)</p>	<p>The HRBP team have recently developed manager 'crib sheets' to support line managers with the management of gastrointestinal problems and anxiety/stress/depression work related and non work related absences. The purpose is to try and have early intervention to reduce sustained sickness absence and/ or future sickness episodes. These are planned to be rolled out in May and will be shared with managers shortly.</p> <p>The HRBP Team are reviewing short term sickness absences relating to anxiety/stress/depression to see if we can support return to work before they enter long term sickness.</p> <p>The HRBP team to continue to have a targeted approach with line managers in recorded level 2 reason in ESR for anxiety/stress/depression as this remains missing for majority of the absences. Managers have been encouraged to attend refresher training for attendance management to ensure that due process is being followed and staff who are absent are supported.</p>

Escalation Route & Expected Date of Compliance
 Divisional Meetings, Divisional Performance Reviews, Workforce Advisory Committee, People Committee, Trust Board October 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
WO20	Sickness Absence (Short Term)	Green ≤2% Amber 2.1 - 2.9% Red ≥3%	Contractual / Statutory	2.2%	2.6%	2.8%	2.4%	2.2%	2.2%	2.4%	2.7%	2.1%	2.1%	2.2%	2.0%			
Narrative				The revised target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														





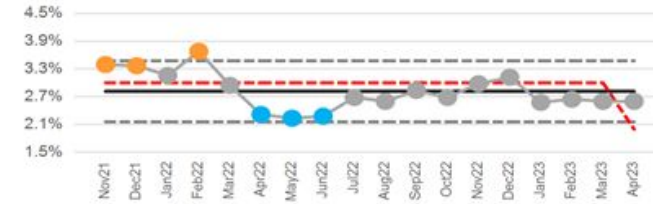
Integrated Performance Report (May 22 - April 23)



Workforce

Responsible Forum: People Committee

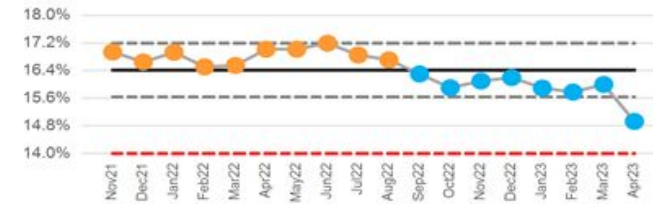
Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
WO21	Sickness Absence (Long Term)	Green ≤2% Amber 2.1-2.9% Red ≥3%	Contractual / Statutory	2.2%	2.3%	2.7%	2.6%	2.8%	2.7%	3.0%	3.1%	2.6%	2.6%	2.6%	2.6%			
Narrative				The target has not been achieved. Although there is no significant change, the target is unlikely to be achieved without significant change and an exception report is therefore provided.														



Reason for Non-Compliance	Action Taken to Improve Compliance
<p>There were 60 long term absences in April, 19 of which ended in April.</p> <p>The top reason for long term absences was anxiety/stress/depression with 29 occurrences, followed by 'Other known causes not elsewhere classified' with 10 and gastrointestinal problems with 5 episodes.</p> <p>On average, the long term absences lasted 89 days.</p>	<p>On the back of the quarterly deep dives, the HRBP team to continue to review long term sickness absences paying particular attention to areas with increasing absences due to anxiety/stress/depression.</p> <p>The HRBP Team to continue to review any trends in relation to gastrointestinal problems with a targeted approach with line managers if themes continue to develop.</p> <p>Due to sickness overall still being high, the HRBP team ask managers during monthly surgeries to evidence that absences are being managed in line with policy, e.g. what support has been offered, RTW documentation and management of policy stages. This is fed back at Divisional meetings.</p>

Escalation Route & Expected Date of Compliance
 Divisional Meetings, Divisional Performance Reviews, Workforce Advisory Committee, People Committee, Trust Board
 October 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23			
WO02	% Turnover (Rolling 12 Months)	Green ≤14% Amber 14.1%-14.9% Red ≥15%		17.0%	17.2%	16.9%	16.7%	16.3%	15.9%	16.1%	16.2%	15.9%	15.8%	16.0%	14.9%			
Narrative				The target has not been achieved. Whilst performance is lower than expected, the target is unlikely to be achieved without significant change and an exception report is therefore provided.														





Integrated Performance Report (May 22 - April 23)

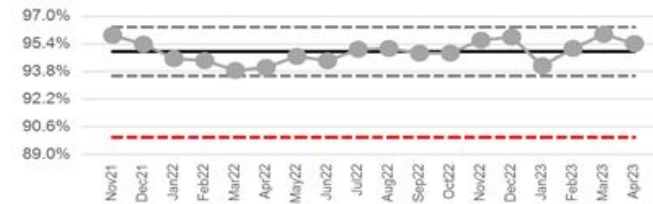


Workforce

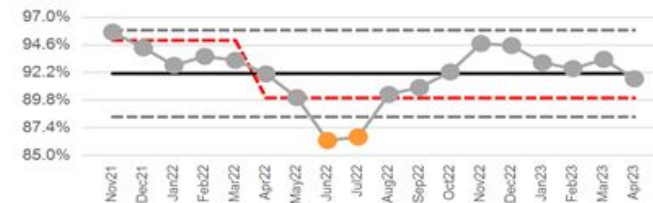
Responsible Forum: People Committee

Reason for Non-Compliance	Action Taken to Improve Compliance
<p>The Trust turnover has decreased in April from 16.00% in to 14.93% and although above the Trust target, is the lowest since March 2021. This includes all leavers from the Trust, regardless of reason for leaving.</p> <p>Leavers due to retirement and end of fixed term contracts (FTC) were removed from the list of leavers up until the end of April 2023 in order to try and understand whether the Trust would still be above target. With these removed, the Trust would be at 12.94%, which takes us below target. This amounts to 11 leavers due to end of FTC (2 in April) and 29 due to retirement (0 in April) in the last 12 months.</p> <p>There were 16 leavers in April compared with 24 in March. Work life balance remains the highest reason for leaving with 6 in total this month followed by promotion with 3 leavers and to undertake further education/training also with 3 leavers.</p> <p>Research had the highest percentage of leavers in proportion to staff numbers at 2.5% (2 leavers) followed by Support services at 1.5% with 3 leavers.</p> <p>Just 2 exit interviews were completed for staff leaving in April which is a decrease from 8 in the previous month.</p>	<p>The HRBP Team to continue to push for exit interviews to be completed to ensure that we are receiving useful information which can drive improvements and reduce turnover. The HR Team will link in with managers to understand reasons for non-completion of exit interviews/questionnaires as there has been a reduction in April.</p> <p>The HRBP team to work with managers to try to understand further the reasons that staff are leaving due to 'work life balance' and to ensure that it is being recorded correctly. The HRBP team discuss flexible working regularly with managers to ensure that staff are supported to work flexibly where possible.</p> <p>The HRBPs are currently developing the programme of work around Stay and Grow conversations across the divisions. This will focus on areas with the highest turnover initially with a view to support those who are leaving due to career progression or development opportunities.</p>
Escalation Route & Expected Date of Compliance	
Divisional Meetings, Divisional Performance Reviews, Workforce Advisory Committee, People Committee, Trust Board July 2023	

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO07	Statutory Mandatory Training Compliance	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual / Statutory	94.7%	94.4%	95.1%	95.1%	94.9%	94.9%	95.6%	95.8%	94.1%	95.1%	96.0%	95.4%	✓	P
			Narrative	The target has been achieved. Performance is as expected and the target is likely to be achieved consistently. NB: There are specific courses for which we are not compliant. This is closely monitored at People Committee and in Divisional PRGs, with actions identified to improve compliance.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO22	Appraisal	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual	90.0%	86.3%	86.6%	90.3%	90.9%	92.3%	94.7%	94.6%	93.1%	92.5%	93.4%	91.7%	✓	?
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													





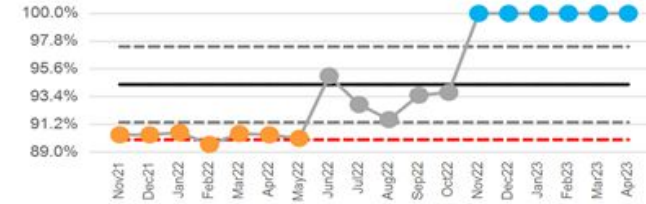
Integrated Performance Report (May 22 - April 23)



Workforce

Responsible Forum: People Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO23	Medical Appraisal	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual / Statutory	90.1%	95.0%	92.8%	91.6%	93.5%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Narrative				The target has been achieved, at 100%. Performance is better than expected and the nature of variation indicates that achievement of the target is likely to be consistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO24	Pulse Staff Survey: Employee Engagement Score	Green text Amber text Red National Average	Contractual	-	6.90	-	-	7.20	-	-	-	-	7.10	-			
Narrative				CCC are performing better than the national average (6.4) in this category.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO25	Pulse Staff Survey: Advocacy Score	Green text Amber text Red National Average	Contractual	-	7.10	-	-	7.60	-	-	-	-	7.40	-			
Narrative				CCC are performing better than the national average (6.3) in this category.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO26	Pulse Staff Survey: Involvement Score	Green text Amber text Red National Average	Contractual	-	6.80	-	-	6.90	-	-	-	-	7.00	-			
Narrative				CCC are performing better than the national average (6.4) in this category.													

Data Not Applicable for SPC



Integrated Performance Report (May 22 - April 23)



Workforce

Responsible Forum: People Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO27	Pulse Staff Survey: Motivation Score	Green text Amber text Red National Average	Contractual	-	6.90	-	-	6.90	-	-	-	-	-	6.80	-		
Narrative				CCC are performing better than the national average (6.6) in this category.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month												V	A
				May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23		
WO40	Bame Staff Representation	Green ≥8% Amber 6-7.9% Red ≤6%		7.0%	6.9%	7.2%	7.3%	7.8%	8.2%	8.1%	8.2%	8.1%	8.2%	8.2%	8.2%		
Narrative				The target has been achieved, with improvement from 6.9% in April 2022, to 8.2% in April 2023.													

Data Not Applicable for SPC



Integrated Performance Report (May 22 - April 23)



Finance

Responsible Forum: Performance Committee

Metric (£000)	In Mth 1 Actual	In Mth 1 Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	(67)	30	(97)	Yellow
CPL/Propcare Surplus/ (Deficit)	98	0	98	Green
Control Total Surplus/ (Deficit)	31	30	1	Green
Group Cash holding	63,161	65,546	(2,385)	Green
Capital Expenditure	77	77	0	Green
Agency Cap	96	149	53	Green

For 2023/24 NHS Cheshire and Mersey ICB are managing the required financial position of each Trust through a whole system approach. The Trust submitted a plan to NHSE/I on 4th May 2023 showing a £363k surplus for 2023/24.

The Trust financial position in month 1 (April 2023) is a deficit of £67k, which is £97k behind plan. The group position is a £31k surplus.

The Trust cash position is £63m, which while below plan by £2.4m is a healthy cash position and does not raise any concern. Capital spend is £77k in month with the majority of capital spend profiled later in the year.

The agency cap has been re-set based on prior year spend and in April 2023 the Trust is reporting below the agency cap by £53k.

Trust Board Part 1
31st May 2023

Report lead	James Thomson – Director of Finance					
Paper prepared by	Jo Bowden – Deputy Director of Finance					
Report subject/title	Finance Report – Month 1 2023/24					
Purpose of paper	To present the Trust's financial position at the end of April 2023.					
Background papers	N/A					
Action required	To note the contents of the report					
Link to: Strategic Direction Corporate Objectives	Be Outstanding		X		Be a great place to work	
	Be Collaborative				Be Digital	
	Be Research Leaders				Be Innovative	
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/ Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		

1. Introduction

- 1.1 This paper provides a summary of the Trust's financial performance for April 2023, the first month of the 2023/24 financial year.

Colleagues are asked to note the content of the report, and the associated risks.

2. Summary Financial Performance

- 2.1 For April the key financial headlines are:

Metric (£000)	In Mth 1 Actual	In Mth 1 Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	(67)	30	(97)	Yellow
CPL/Propcare Surplus/ (Deficit)	98	0	98	Green
Control Total Surplus/ (Deficit)	31	30	1	Green
Group Cash holding	63,161	65,546	(2,385)	Green
Capital Expenditure	77	77	0	Green
Agency Cap	96	149	53	Green

- 2.2 For 2023/24 NHS Cheshire & Merseyside ICB are managing the required financial position of each Trust through a whole system approach. The Trust submitted a plan to NHSE/I on 4th May 2023 showing a £363k surplus for 2023/24.

3. Operational Financial Profile – Income and Expenditure

Overall Income and Expenditure Position

- 3.1 The Trust financial position to the end of April is a £67k deficit, which is £97k below plan. The group position to the end of April is a £31k surplus, £1k above plan.
- 3.2 The Trust cash position is a closing balance of £63.1m, which while below plan by £2.4m is a healthy cash position and does not raise any concern. Capital spend is £77k in month with the majority of spend profiled in future months.
- 3.3 The Trust put an agency plan forward as part of the planning submission based on previous year spend, which it will be monitored against for the 2023/24 financial year. In month 1 agency spend is below plan by £53k.
- 3.4 The table below summarises the financial position. Please see Appendix A for the more detailed Income & Expenditure analysis.

Metric (£000)	Actual M1	Trust Plan M1	Variance	Draft Trust Annual Plan
Clinical Income	21,556	22,327	(771)	246,977
Other Income	1,453	1,515	(62)	12,460
Total Operating Income	23,009	23,842	(833)	259,437
Total Operating Expenditure	(22,998)	(23,549)	551	(255,914)
Operating Surplus	11	294	(282)	3,523
PPJV	67	67	0	804
Finance Costs	(145)	(330)	185	(3,964)
Trust Surplus/(Deficit)	(67)	30	(97)	363
Subsidiaries	98	0	98	0
Consolidated Surplus/Deficit	31	30	1	363

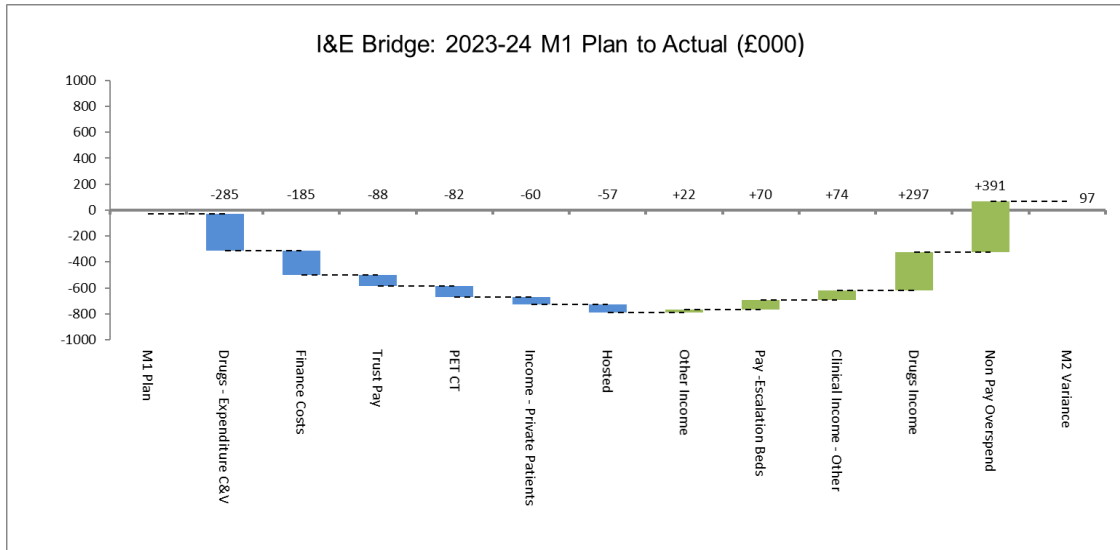
The table below summaries the consolidated financial position:

April 2023-24 (£000)	In Month Actual
Trust Surplus / (Deficit)	(150)
Donated Depreciation	83
Trust Retained Surplus / (Deficit)	(67)
CPL	49
Propcare	49
Consolidated Financial Position	31

3.5 The bridge below shows the key drivers between the £67k in month deficit and £30k surplus plan, which is a variance of £97k:

- As part of the financial plan the Trust has assumed an additional £1.6m of income for activity over and above 2023/24 activity levels. As part of month 1 the Trust has made an assumption that the income will be received as so has included income of £133k.
- Cost and Volume drugs are underspent by £285k and are offset by a reduction to income. As part of the 2023/24 funding agreement with commissioners high cost drugs remain on a pass-through basis.
- Trust Pay costs are under spent by £88k in month, this includes a CIP target of £330k which is currently being met non recurrently.
- Bank spend is £155k in month. This is mainly due to one to one care being required for a number of patients on the inpatient wards, escalation beds remaining open and bank payments to cover the junior doctor strike.
- Agency spend is £96k in month, which is a significant reduction from previous months and £53k under plan.
- There is £70k spend within the bank and agency spend in month which relates to the ten escalation beds which the Trust currently has open but not funded by commissioners.

- Private patients income is above plan by £60k, this will be reviewed as part of the CIP programme.
- Non pay spend is overspent by £390k, of which £330k relates to unmet CIP for month 1. The CIP plan profile is in twelfths, however, CIP achievement is expected to increase incrementally during the year.
- Interest receivable is over plan by £166k, this is despite the 2023/24 plan for interest receivable being increased by £1m from prior year.



3.6 Bank and Agency Reporting

Bank spend is £155k in month 1. This is mainly due to the level of one to one care being required on the inpatient wards, escalation beds remaining open and bank payments to cover the junior doctor strike.

Agency spend is £96k in month, which is below plan by £53k and lower than previous months.

There is a focus on the reduction of agency usage across the Trust and this is reported and monitored through both the Trusts Establishment Control Panel and Finance Committee.

See Appendix F for further detail.

3.7 Cost Improvement Programme (CIP)

The Trust CIP requirement for 2023/24 is £8.249m, representing 5% of turnover. All CIP is expected to be achieved recurrently.

The delivery of the CIP programme has been has been allocated across the Trust as follows:

	Value (£m)
CIP Target 2023/24	8.249
Allocation	
Central	3.000
Propcare	0.730
CPL	0.168
Unmet CIP 22/23	2.558
Divisional split by budget 23/24	1.793

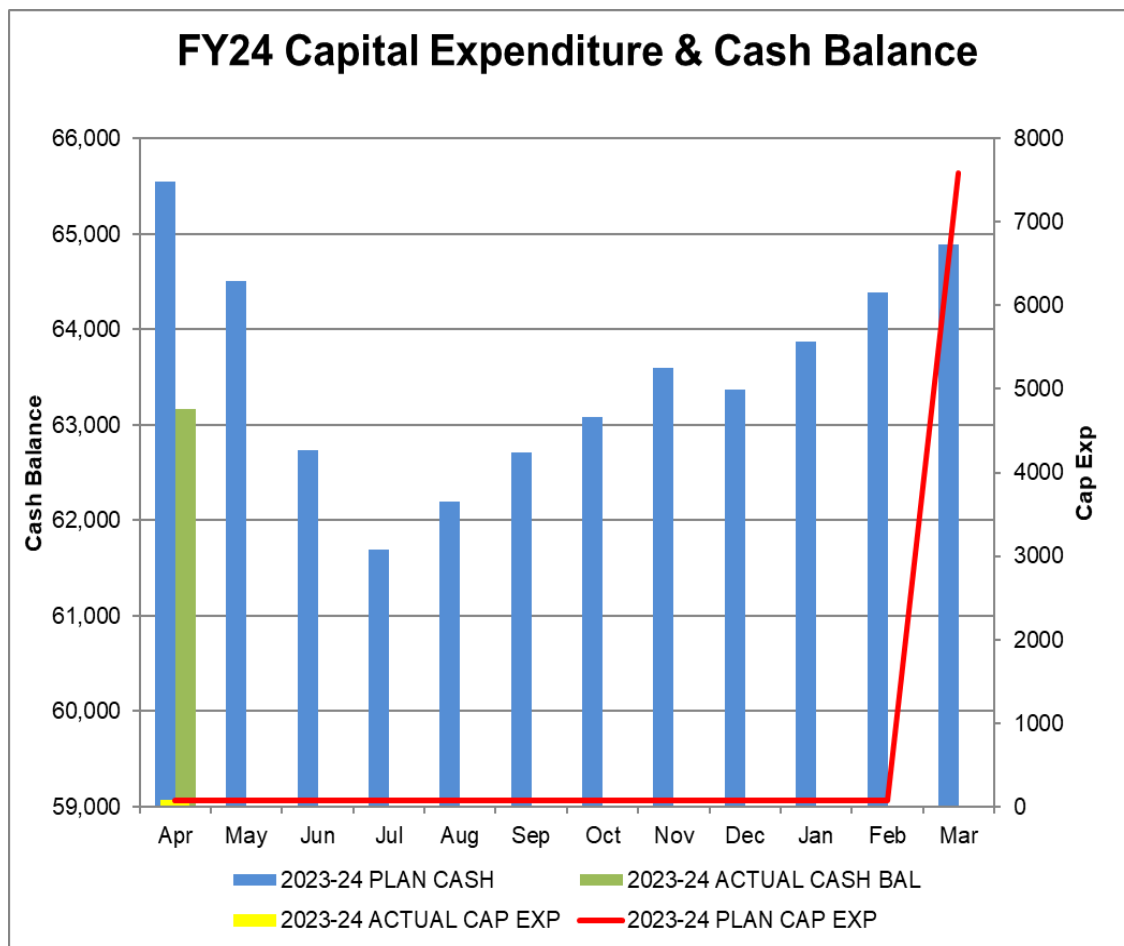
£3m will be met centrally, £0.86 has been allocated to the Trust subsidiaries and £4.4m has been allocated to the Divisions. Of the £4.4m allocated to Divisions £2.6m is carry forward of unmet recurrent CIP in 2022/23. The new in year allocation of £1.8m represents 1.3% of budgets.

There are currently £313k of schemes that have been signed off and are ready to be transacted and a further £918k in the pipeline.

While the CIP is profiled equally in twelves in budgets and the plan, it is expected that a higher proportion of CIP will be found as we go through the financial year.

4. Cash and Capital

- 4.1 The 2023/24 capital plan submitted to NHSE and approved by the Board in March was £7.407m. There has been an additional PDC allocation notified of £175k to support Paddington CDC giving an updated annual plan value of £7.582m.
- 4.2 Capital expenditure of £77k has been incurred to the end of April. The majority of capital spend is profiled for future months.
- 4.3 The capital programme is supported by the organisation's cash position. The Trust has a current cash position of £63.1m.
- 4.4 The Balance Sheet (Statement of Financial Position) is included in Appendix B and Cash flow in Appendix C.



This chart shows monthly planned and actual Cash Balances and Planned Capital Expenditure for 2023/24.

5. Balance Sheet Commentary

5.1 Current Assets

The Trust's cash balance at the end of March is £63.1m, this is £2.4m below plan figure of £65.5m.

Receivables lower than plan by £4.9m, demonstrating that debt continues to be collected promptly.

5.2 Current Liabilities

Payables (non-capital creditors) are below plan by £5.0m.

Deferred Income is £9.0m above plan. This relates in the main to R&I income and Cancer Alliance both of which have a number of multi-year schemes which are ongoing.

6. Recommendations

6.1 The Board is asked to note the contents of the report, with reference to:

- The month 1 Trust and group position.
- The continuing strong liquidity position of the Trust.
- The pressure regarding unfunded escalation beds.

Appendix A – Statement of Comprehensive Income (SOI)

(£000)	Month 1			YTD			%	2023/24 Annual Plan
	Plan	Actual	Variance	Plan	Actual	Variance		
Clinical Income	19,247	18,954	(293)	19,247	18,954	(293)		230,897
Other Income	589	631	42	589	631	42		5,224
Hosted Services	4,007	3,424	(582)	4,007	3,424	(582)		23,316
Total Operating Income	23,842	23,009	(833)	23,842	23,009	(833)	3%	259,437
Pay: Trust (excluding Hosted)	(6,845)	(6,823)	21	(6,845)	(6,823)	21		(80,673)
Pay: Hosted & R&I	(919)	(736)	184	(919)	(736)	184		(10,667)
Drugs expenditure	(8,077)	(7,792)	285	(8,077)	(7,792)	285		(96,928)
Other non-pay: Trust (excluding Hosted)	(4,608)	(5,003)	(395)	(4,608)	(5,003)	(395)		(54,427)
Non-pay: Hosted	(3,099)	(2,643)	456	(3,099)	(2,643)	456		(13,219)
Total Operating Expenditure	(23,549)	(22,998)	551	(23,549)	(22,998)	551	2%	(255,914)
Operating Surplus	294	11	(283)	294	11	(283)		3,523
Profit /(Loss) from Joint Venture	67	67	0	67	67	0		804
Interest receivable (+)	469	636	167	469	636	167		5,626
Interest payable (-)	(434)	(416)	18	(434)	(416)	18		(5,213)
PDC Dividends payable (-)	(365)	(365)	0	(365)	(365)	0		(4,377)
Trust Retained surplus/(deficit)	30	(67)	(97)	30	(67)	(97)		363
CPL/Propcare	0	98	98	0	98	98		0
Consolidated Surplus/(deficit)	30	31	1	30	31	1	2%	363

Appendix B – Balance Sheet

£'000	Plan 2023-4 (Trust only)	Year to date Month 1		
		YTD Plan	Actual YTD	Variance
Non-current assets				
Intangible assets	3,162	2,693	6,605	3,912
Property, plant & equipment	173,627	174,356	200,852	26,496
Right of use assets	0		11,175	11,175
Investments in associates	800	800	1,371	571
Other financial assets	115,276	0	0	0
Trade & other receivables	434	433	853	420
Other assets	0	0	0	0
Total non-current assets	293,298	296,990	220,856	(76,134)
Current assets				
Inventories	3,000	2,459	5,248	2,789
Trade & other receivables				
NHS receivables	7,084	6,882	2,916	(3,966)
Non-NHS receivables	10,915	10,603	9,631	(972)
Cash and cash equivalents	50,708	53,041	71,061	18,020
Total current assets	71,707	72,985	88,855	15,870
Current liabilities				
Trade & other payables				
Non-capital creditors	32,207	32,697	27,720	(4,977)
Capital creditors	1,958	1,987	2,614	627
Borrowings				
Loans	1,730	1,730	1,943	213
Lease liabilities	0	0	334	334
Provisions	94	99	1,539	1,440
Other liabilities:-				
Deferred income	5,577	5,504	14,491	8,987
Other	0	0	0	0
Total current liabilities	41,565	42,017	48,641	6,624
Total assets less current liabilities	323,440	327,958	261,070	(66,888)
Non-current liabilities				
Trade & other payables				
Capital creditors	0	0	0	0
Borrowings				
Loans	30,360	31,350	30,360	(990)
Lease liabilities	0	0	10,508	10,508
Other liabilities:-				
Deferred income	1,018	(0)		0
Provisions	115	527	1,275	748
PropCare liability	113,436	(776)		776
Total non current liabilities	144,929	149,810	42,143	11,042
Total net assets employed	178,511	178,148	218,927	40,779
Financed by (taxpayers' equity)				
Public Dividend Capital	72,219	72,219	88,793	16,574
Revaluation reserve	2,699	2,699	7,373	4,674
Income and expenditure reserve	103,593	103,230	122,761	19,532
Total taxpayers equity	178,511	178,148	218,927	40,779

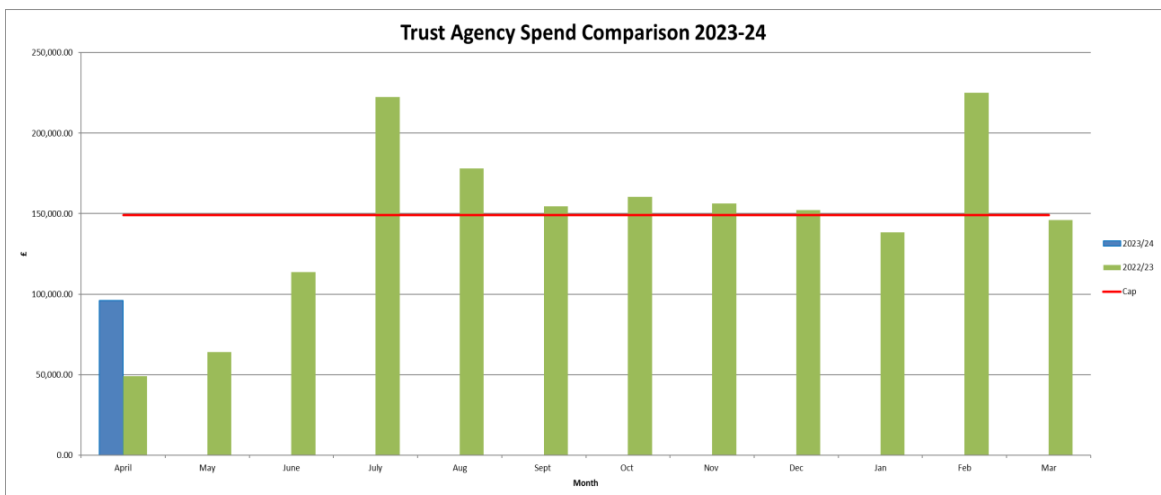
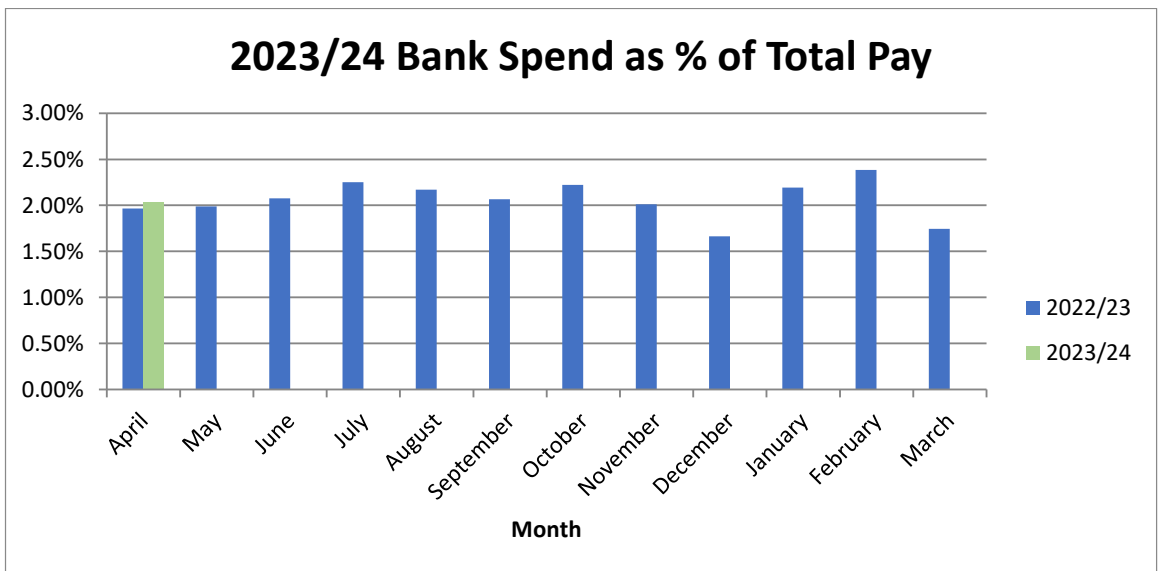
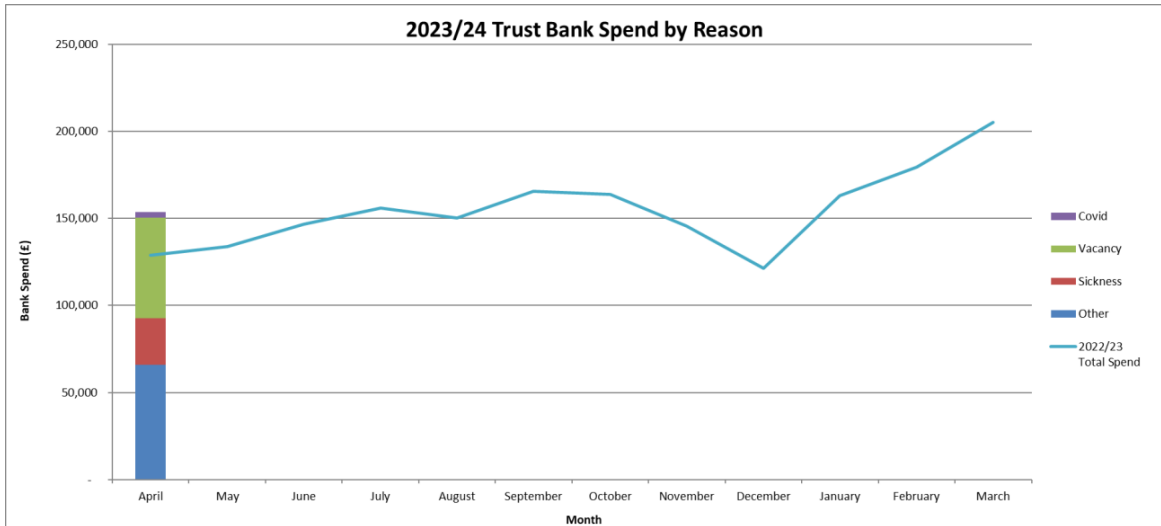
Appendix C – Cash Flow

April 2023-24 (M1) £'000	FT	Group	Group (exc Charity)
Cash flows from operating activities:			
Operating surplus	(72)	84	67
Depreciation	830	830	830
Amortisation	133	133	133
Impairments	0	0	0
Movement in Trade Receivables	3,466	5,725	5,722
Movement in Other Assets	0	(0)	(0)
Movement in Inventories	(507)	(1,072)	(1,072)
Movement in Trade Payables	(983)	(510)	(509)
Movement in Other Liabilities	3,164	(150)	(150)
Movement in Provisions	(1)	7	7
CT paid	0	(16)	(16)
All other movements		2	3
Net cash used in operating activities	6,031	5,033	5,015
Cash flows from investing activities			
Purchase of PPE	(4,047)	(4,047)	(4,047)
Purchase of Intangibles	(0)	(0)	(0)
Proceeds from sale of PPE	0	1	1
Interest received	636	644	642
Investment in associates	0	0	0
Net cash used in investing activities	(3,412)	(3,402)	(3,404)
Cash flows from financing activities			
Public dividend capital received	0	0	0
Public dividend capital repaid	0	0	0
Loans received	0	0	0
Movement in loans	44	44	44
Capital element of finance lease	(0)	154	154
Interest paid	(416)	(416)	(416)
Interest element of finance lease	0	0	0
PDC dividend paid	(365)	(365)	(365)
Finance lease - capital element repaid	0	0	0
Net cash used in financing activities	(737)	(583)	(583)
Net change in cash	1,882	1,048	1,028
Cash b/f	61,246	73,591	70,033
Cash c/f	63,128	74,639	71,061

Appendix D – Capital

Capital Programme 2023-24 Month 1			The Clatterbridge Cancer Centre NHS Foundation Trust								
Code Scheme	Lead	BUDGET (£'000)			ACTUALS (£'000)		FORECAST (£'000)		Complete? Comments		
		NHSI plan 23-24	Approved Adjustments	Budget 23-24	Actuals @ Month 1	Variance to Budget	Forecast 23-24	Variance to Budget			
4401	CCC-L Ward 3 bathroom conversion	Kathryn Williams	32	0	32	0	32	32	0	X	Delayed from prior year
4433	CCC-A Estates Work and Rebranding	Emer Scott	0	0	0	6	(6)	6	(6)	X	Approved at CIG 31/1/23
	Wirral site redevelopment	Propcare	200	0	200	0	200	200	0	X	Consultancy/Design works
	Electric vehicle charging points	Propcare	100	0	100	0	100	100	0	X	May not proceed - power load/supply issue
	CCC-W Propcare Plan:	Propcare	968	(968)	0	0	0	0	0	-	Plan figure now allocated to below schemes
	- Building - external fabric	Propcare	0	24	24	0	24	24	0	X	
	- Building - internal	Propcare	0	360	360	0	360	360	0	X	
	- M&E	Propcare	0	472	472	0	472	472	0	X	
	- Physics building	Propcare	0	800	800	0	800	800	0	X	Potential to scale back spec/spend
	- Fire compartmentation	Propcare	0	300	300	0	300	300	0	X	Significant unknowns - surveys in progress
	- Tea bar	Propcare	0	40	40	0	40	40	0	X	
	- Ground floor changing area	Propcare	0	52	52	0	52	52	0	X	
	- Roofing	Propcare	0	800	800	0	800	800	0	X	
	CCC-A Linac bunker	Louise Bunby	220	0	220	0	220	220	0	X	Likely to be significantly less - TBC
Estates			1,520	1,880	3,400	6	3,394	3,406	(6)		
4192	(19/20) Cyclotron	Carl Rowbottom	0	0	0	0	0	0	0	X	Ongoing scheme
4309	Voltage Stabilisers	Martyn Gilmore	0	0	0	0	0	0	0	X	Installation delayed
4415	RFID Asset Tracking System	Tony Marsland	0	0	0	0	0	0	0	X	Bus Case to Finance Com 12/5 - extra tags
	CCC-A Linac	Louise Bunby	2,460	0	2,460	0	2,460	2,460	0	X	10 mth lead time. Bus Case to FinCom 12/5
	Brachy line applicators	Louise Bunby	30	0	30	0	30	30	0	X	
	Radionuclide calibrator	Louise Bunby	10	0	10	0	10	10	0	X	
	2D array x2	Louise Bunby	80	0	80	0	80	80	0	X	
	Concealment trolley	Mel Warwick	17	1	18	0	18	18	0	X	
4448	BMT Sharepoint App	Priscilla Hetherington	0	11	11	0	11	11	0	X	Approved in March
4449	Whole body phantom	?	0	0	0	33	(33)	33	(33)	✓	Moved from revenue
Medical Equipment			2,597	11	2,608	33	2,575	2,641	(33)		
4422	DDCP 22-23	James Crowther	0	0	0	0	0	0	0	X	New PDC funded scheme
4427	Cyber Capital Access Management	James Crowther	0	0	0	0	0	0	0	X	New PDC funded scheme
4405	Website	Emer Scott	100	0	100	0	100	100	0	X	Expected to slip into 2022/23
	EPMA Stock Control & Pharmacy RPA	James Crowther	419	181	600	0	600	600	0	X	
	Digital Literacy & Capability Programme	James Crowther	300	0	300	0	300	300	0	X	
	HealthData Programme	James Crowther	400	0	400	0	400	400	0	X	
	PatientHealth Programme	James Crowther	400	0	400	0	400	400	0	X	
	Patient Education System	James Crowther	250	0	250	0	250	250	0	X	
	Patient Flow Solution	James Crowther	175	0	175	0	175	175	0	X	
	DigiFlow	James Crowther	190	0	190	0	190	190	0	X	
	PoC Medical Devices & Device Integration	James Crowther	250	0	250	0	250	250	0	X	
	DDCP (PDC Funded)	James Crowther	23	0	23	0	23	23	0	X	
Digital			2,507	181	2,688	0	2,688	2,688	0		
4421	Paddington CDC - costs		0	0	0	38	(38)	38	(38)	X	
	Paddington CDC - costs (PDC funded)		0	175	175	0	175	175	0	X	Approved PDC bid
	Pharmacy - VHP commissioning	Tori Young	350	0	350	0	350	350	0	X	In discussions with procurement
	Pharmacy - Automated Medicines Cabinets	Tori Young	300	0	300	0	300	300	0	X	Requirements under review
	Pharmacy - Prescriptions/medicines tracker	Tori Young	50	0	50	0	50	50	0	X	
	IFRS16 - Pharmacy vehicles		28	0	28	0	28	28	0	X	
	IFRS16 - Portakabins		55	0	55	0	55	55	0	X	
Other			783	175	958	38	920	996	(38)		
Contingency			0	(2,072)	(2,072)		(2,072)	(2,149)	77		
TOTAL			7,407	175	7,582	77	7,505	7,582	(0)		

Appendix E – Bank and Agency



Trust Board Part 1 – 31 May 2023

Chair's report for: Extra-ordinary Audit Committee

Date/Time of meeting: 24 May 2023, 14.00-15.30

		Yes/No
Chair	Mark Tattersall	Was the meeting Quorate?
Meeting format	MS Teams	Yes
Was the committee assured by the quality of the papers (if not please provide details below)		Yes
Was the committee assured by the evidence and discussion provided (if not please provide details below)		Yes

General items to note to the Board	
	<ul style="list-style-type: none"> The Committee reviewed Management's Going Concern Assessment and the updated proposed wording to the relevant note included in the 2022/23 Annual Report & Accounts. The report evidenced the basis for the assessment and the Committee endorsed the conclusion that the Trust meets the going concern test and is able to meet its financial obligations during 2023/24. The Committee reviewed the updated Significant Accounting Estimates In line with ISA540 which relate to: <ul style="list-style-type: none"> ➤ valuation of PPE Assets ➤ annual depreciation charge ➤ provision for Research and Innovation Strategy support <p>The Committee supported the commitment of a £500k charitable contribution in relation to the Research and Innovation Strategy in 23/24.</p> The Committee reviewed the HFMA year-end reminder for Audit Committees to consider in reviewing the 22/23 Annual Report and Accounts. The Committee noted the management responses to the questions within the reminder and the outstanding matters that would be presented in the final version of the document at the June meeting. The Committee received a verbal update from the External Auditor in relation to the progress of their work. The year-end audit work is underway and is on track to be completed on time. Discussions are on-going with the Trust on a number of points but there is nothing of significance to raise to the Audit Committee at this point in time. The Committee reviewed the draft Annual Report, including the Annual Governance Statement (AGS). It was noted that the revised draft had addressed the recommendations identified by the Head of Internal Audit in relation to the content of the AGS. The Committee also noted the final version of the AGS would need to reflect the Head of Internal Audit Opinion which had previously been reported to the Committee together with updated

	information relating to the Internal Audit reviews that had been completed since the initial draft.
Items of concern for escalation to the Board	None
Items of achievement for escalation to the Board	None
Items for shared learning	No items for shared learning were identified.



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Chairs report for: Charitable Funds Committee**Date/Time of meeting: 09:00 – 27.4.23**

			Yes/No
Chair	Elkan Abrahamson	Was the meeting Quorate?	Yes
Meeting format	MS Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Y
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Y

Items of concern for escalation to the Board	Items to be submitted for approval at May Trust Board: - Asset Transfer agreement - Data Transfer agreement - Services agreement
Items of achievement for escalation to the Board	Charity raised £3,409,623 income; 4% increase on previous year. New Charity registered with Charity Commission and Companies House. Lego Brick Hospital installed at CCCL
Items for shared learning	Charity developing a new website



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CHAIRS REPORT

Meeting of LUHFT and CCC Joint Committee held on 21st April 2023 at 1600, via MS Teams

Introduction

The meeting of the LUHFT and CCC Joint Committee took place on the 21st April 2023. The meeting involved representatives from The Clatterbridge Cancer Centre (CCC) and Liverpool University Hospitals NHS Foundation Trust (LUHFT).

A summary of the key agenda items and discussions is provided below.

Agenda Item	Key Discussions/ Decisions/ Actions
Minutes of Previous Meeting – 15th March 2023	<p>The Committee approved the minutes from the Shadow Joint Committee on 15th March 2023.</p> <p>The Committee noted that the Liverpool Trust Chairs would receive further clarity on the Committee in Common the following week at their meeting with the ICS Chair which would provide clarification on reporting arrangements. The Committee agreed that this should not delay the approval of the Joint Committee Terms of Reference and further changes can be made in the future if required.</p>
Joint Committee Terms of Reference	<p>The Committee received the draft Joint Committee Terms of Reference at the shadow meeting on 15th March and a revised version following comments from that meeting and from the other Joint Committees were included in the version presented on 21st April 2023. The terms of reference are in line with the other two joint Committees (The Walton Centre and Liverpool Heart and Chest) with differences in the membership.</p> <p>The committee approved the Joint Committee Terms of Reference (attached) and recommend approval by both LUHFT and CCC Board of Directors.</p>
Update on Joint Committee Work Plan (inc. Governance Arrangements)	<p>The Committee reviewed the Joint Committee Work Plan which included the following joint work streams:</p> <ul style="list-style-type: none"> • Emergency pathways • Radiology • Pharmacy • SLA Management • Workforce & Education • Estates <p>The work streams have CCC leads and the Committee agreed to share organograms to support the identification of LUHFT work stream leads.</p> <p>The Committee reviewed the Joint Partnership Group terms of reference. The Joint Partnership Group will report to the Joint Committee and the</p>

Agenda Item	Key Discussions/ Decisions/ Actions
	<p>first meeting will be held in May. It is envisaged that the Committee and the Group will meet bi-monthly in alternate months.</p> <p>The Committee approved the Joint Partnership Group Terms of Reference subject to the inclusion of workforce and education in the specific areas of work and membership.</p> <p>The Committee requested:</p> <ul style="list-style-type: none"> • An annual programme of meetings • A detailed work plan for each work stream showing direct links to the Carnall Farrar report. • The distributing of the Liverpool Clinical Services Review slides LUHFT presented to Governors
Draft Agenda for the next meeting	<p>The Committee agreed the following items will be included on the June agenda:</p> <ul style="list-style-type: none"> • Joint Committee Work Plan • Joint Partnership Group Report <p>The Committee requested some communications went to each organisation regarding the new joint structure</p>
Next meeting: 9th June 2023, 13:45pm	

Recommendations for the Board of Directors

The Board of Directors is asked to:

- note the contents of the report
- approve the Joint Committee Terms of Reference

Joint Committee
Clatterbridge Cancer Centre Hospital NHS FT and Liverpool
University Hospitals NHS FT for the Royal Hospital site
Terms of Reference
DRAFT

1. Purpose

The Liverpool Clinical Services Review was commissioned in 2022 to realise opportunities for greater collaboration between acute and specialist trusts and to optimise acute care clinical pathways in Liverpool and beyond.

In endorsing the recommendations of the Liverpool Clinical Services Review, Liverpool's acute and specialist trusts agreed to establish programmes of work to implement new emergency care pathway elements proposed by the review - fast-tracking, passporting and in-reach.¹ This review was commissioned by the Cheshire & Merseyside Integrated Care Board (ICB), as the convenor of our NHS system and should be progressed in the sight of partners.

The Joint Committee is a committee of the two Trust Boards and its members, including those who are not members of the Board, are bound, by agreement, by the Standing Orders and other policies of the Trust with the lesser delegation limits (Clatterbridge Cancer Centre Hospital NHS FT Board) through this Joint Committee arrangement. Should there be a change to the delegated levels of either Trust, this requirement will be subject to review by the Joint Committee.

Whilst any delegation will primarily focus on the programmes of work to implement new emergency care pathways on the Royal site, as proposed by the Liverpool Clinical Services Review, these Terms of Reference do not limit the Joint Committee to collaborate only on the recommendations of the review. Existing or further opportunities to explore other aspects of joint working between the trusts should be considered as the Committee finds appropriate. Site based workplans (for the Committee) will be developed and agreed by Boards and shared with the ICB and CMAST². Proposals related to clinical pathways and efficiency at scale will connect with and may be governed by CMAST Programmes where this is appropriate. Accordingly, the Committee will have delegated authority from the Boards of both Trusts to exercise functions and jointly take decisions that have been delegated by their individual organisations, via the agreement of a workplan³, in line with their schemes of delegation.

2. Responsibilities / duties

The Committee's duties are as follows:

- To oversee the development of a site-based operating model ensuring optimised site-based working, guided by the principles of efficiency, value and optimal patient outcomes where related to emergency care pathways. Accountability for the delivery and operation of all proposals will be clear
- To make proposals for consideration by system partners on developing deploying and / or optimising the highest quality clinical pathways. Such activities will also be guided by the principles of clear accountability and realising optimal patient outcomes with

¹ Liverpool Clinical Services Review: <https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/nhs-cheshire-and-merseyside-integrated-care-board-meeting-january-2023/>

² The agreed workplan will be appended to this ToR at Annex one when developed

recommendations for action referred back to the Joint Committee, for implementation, as necessary.

- Where proposals are seen to have impact on the development of a target financial model or the potential to reset financial flows this will be referred to the ICB for determination and system consideration which may require recommendation back to the Joint Committee, for implementation.
- Where proposals recommend service change, the requirement for consultation/engagement will need to be considered and or undertaken by the ICB in line with national guidance.
- Implement an approach to ensure efficiencies are realised, including through reduced length of stay and reduced interhospital ambulance transfers.
- Be assured of the delivery of all elements of the workplan and identify and address programme risks and issues
- Seek external clinical and professional advice where specialist or independent review is required
- Utilise available system clinical and professional advice where a broader ICS, system or regional perspective is needed
- Report on progress, performance, risks, issues and delivery to the Boards of the Clatterbridge Cancer Centre Hospital NHS FT and Liverpool University Hospitals NHS FT, CMAST, One Liverpool Partnership and the ICB regularly

The following principles will drive the work of the Committee:

- i. Ensure that proposals are underpinned by demand and capacity analysis
- ii. Ensure that clinicians are at the forefront of the development of the envisaged approach, with appropriate clinical leadership from each organisation, on each site, to oversee the work and facilitate involvement from the clinical community
- iii. Ensure engagement with partners in the urgent care pathway, including General Practice, community and mental health providers, North West Ambulance Service NHS Trust, to incorporate pre- and post-hospital elements of the pathway
- iv. Ensure engagement with wider system partners who may be impacted or have the potential to mitigate the impact of any proposed pathway changes including the ICB, neighboring Places, CMAST, NHS Commissioning: Specialist Services, and the MHLDC Collaborative
- v. Ensure that programmes of work are resourced to deliver, securing a dedicated team from relevant Trusts and ICB to support the joint committee to develop and implement the operating model for each site, undertaking design work and modelling for operational and proposed service transformation.
- vi. Ensure that the programme complies with statutory duties and best practice standards in delivering service change
- vii. Ensure that any need for patients, public and stakeholders' involvement are identified as a core part of the workplan and form part of a planned engagement approach with patients, public and stakeholders
- viii. Ensure no detriment to patients within a wider geography to Liverpool

3. Authority

For the avoidance of doubt, in the event of any conflict, the two NHS Boards' Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference. In establishing these terms of reference, the Boards have agreed for the work and recommendations of the Joint Committee to be guided by the Trust named in section one paragraph 5.

4. Membership & Attendance

Membership³

The committee should include at least one non-executive director and executive director from each organisation as well as a senior site-based leadership team representative. Membership will be equal for all parties bound through the establishment of the Joint Committee. In accordance with Schedule 7 paragraph 15 of the NHS Act 2006 Foundation Trust Joint Committees, it is anticipated and assumed that representatives of FT Board of Directors should be the only voting members.

The Committee members shall be appointed by the Boards of the Clatterbridge Cancer Centre NHS FT and Liverpool University Hospitals NHS FT. The Committee Membership will be composed of:

- A Chair as appointed by agreement between Trusts will be a Non-Executive Director. Appointment will be on a twelve month term and rotated between Non-Executive Directors from the Trusts.
- A minimum of one Trust Non-Executive Director member from each Trust (the Non-Executive Director members will act as Chair and Vice Chair of the Committee)
- A minimum of one Executive Director⁴ from each Trust
- A medical or clinical leader from each Trust who operates from the site⁵

Attendees

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant any contributor to the meeting as necessary, in accordance with the business of the Committee.

The Company Secretary or a nominated representative from each Trust will be invited to attend meetings of the Committee in a non-voting capacity.

Substitutes, when pre notified, are permitted and will hold any relevant vote but consistency of participation is strongly encouraged.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Conduct of the meetings will be governed by applicable standards or business conduct and conflict of interest requirements

5. Meetings

5.1 Leadership

In the absence of the Chair, or Vice Chair, where it has been agreed by those absent that business should continue, the remaining members present may elect one of their number to Chair the meeting. However this position will usually only be held by a NED.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

³ Membership of each Joint Committee from each Trust will be set out at Annex two

- When determining the membership of the Committee, active consideration will be made to equality and diversity.

⁴ Or nominated senior deputy

⁵ Wider clinical and medical participation and contribution to the meetings and delivery of the workplan will be critical to the success of delivery and will be detailed in the workplan

5.2 Quorum

For a meeting or part of a meeting to be quorate a minimum of two members from each participant Trust must be present.

If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

5.3 Decision-making and voting

The Committee will ordinarily reach conclusions by consensus. When this is not possible the issue will be taken back to the Trust Boards and/or escalated to the Cheshire & Merseyside Integrated Care Board for an alternative non-binding perspective to be offered.

5.4 Frequency and meeting arrangements

The Committee will meet in private.

The Committee will meet at least bi-monthly. Additional meetings may take place as required.

Committee meetings will be scheduled to take place in-person, however, may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

5.5 Administrative Support

The Committee shall be supported with a secretariat function. Which will include ensuring that:

- The agenda and papers are prepared and distributed having been agreed by the Chair.
- Good quality minutes are taken in accordance with the standing orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to Trust Boards.
- The Committee is updated on pertinent issues / areas of interest / policy developments; and
- Action points are taken forward between meetings.

5.6 Accountability and Reporting Arrangements

The Committee is accountable to the Boards of the Clatterbridge Cancer Centre NHS FT and Liverpool University Hospitals NHS FT and shall report to the Board on how it discharges its responsibilities. Reports will also regularly be made available by an in scope CMAST Trust CEO to CMAST and the ICB CEO to the ICB.

A summary of key issues discussed and concluded shall be produced and made available to both Boards following each meeting, to be approved by the Chair of the Joint Committee. Reporting will be appropriately sensitive to personal circumstances and contain no personally sensitive or personally identifiable information.

6. Behaviours and Conduct

The Committee will take proper account of guidance and requirements issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

Members will be expected to conduct business in line with the values of their respective NHS Trusts.

Members of, and those attending, the Committee shall behave in accordance with Trust Standing Orders, and Standards of Business Conduct Policy.

Members will act in accordance with the principles for collaboration agreed by All Trusts:

- The best interests of patients and the financial sustainability of the system will lead decision making. Organisational interests are important, but subservient to this principle.
- Working together to create a strong employer brand to improve recruitment and retention rates, reduce recruitment costs, and increase pride amongst staff.
- Decision-making will be evidenced based and collective. An infrastructure will be established to ensure consistency of evidence and data to enable all boards to seek assurance on a case for change, proposals and business cases.
- Joint Committee decisions will be made within a framework that provides each board with assurance of the accountability of such decisions on operational and financial performance within the scope of each board's responsibility.
- Joint Committees must meet the standards of openness and engagement that are expected of NHS bodies delivering care for patients. Decision making will be clinically-led, with patients, public, staff and other stakeholders engaged and involved.
- The six Trusts within the scope of the Liverpool Clinical Services Review are partners within the Liverpool Place and members of the One Liverpool Partnership Board. Implementation of joint proposals will align with and complement the One Liverpool strategy.

All members shall comply with their Trust's Conflicts of Interest Policy and their relevant organisation COI policy at all times. In accordance with best practice on managing conflicts of interest, members should:

- Inform the chair of any interests they hold which relate to the business of the Joint Committee.
- Inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest
- Inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, members should:

- Uphold the Nolan Principles of Public Life
- Attend meetings, having read all papers beforehand
- Arrange an appropriate deputy to attend on their behalf, if necessary

6.2 Equality diversity and inclusion

In taking any decisions as a committee, due consideration must be given to any equality, diversity and inclusion implications and also to the need to reduce inequalities across C&M between individuals with respect to their ability to access health services and with respect to the outcomes achieved for those individuals by the provision of health services.

7. Review

The Committee will review its effectiveness at least annually. Initially after the first 6 months of its operation (by no later than October 2023).

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be required to be approved by both trust Boards.

Title of meeting: Trust Board Part 1**Date of meeting: 31st May 2023**

Report lead	Liz Bishop, Chief Executive					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Board of Directors Development Session - Equality, Diversity and Inclusion					
Purpose of paper	The purpose of the paper is provide an overview of the development session held on 26 th April 2023 and to note the next steps.					
Background papers	N/A					
Action required	For Information / Noting					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	X	Be a great place to work	X		
	Be Collaborative	X	Be Digital	X		
	Be Research Leaders	X	Be Innovative	X		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Board Development Session

26th April 2023

1.0 Background

Board Development Programme is designed to enhance the knowledge and awareness of Board Members and ensure the effectiveness of the Board collectively and individually.

Whilst individuals focus on their own learning identified within their annual appraisal the programme of Board Development Sessions provides opportunities for in-depth learning and discussion on key topics, e.g. system working and decision making, and reflect on how these will shape the future strategy of the Trust.

2.0 Objective and format of the development session

The development session held on 26th April was delivered face to face by Sim Scavazza, NHS Providers, supported by Angie Ditchfield, CCC EDI Lead. Angie holds a joint role across CCC and Alder Hey NHS Foundation Trust and this model provides an opportunity to share learning and experience across both organisations. The objectives were to:

- Understand the current population of the Clatterbridge Cancer Centre and its workforce
- Review and discuss the summary equality data
- Understand where are we as an organisation and where we want to be

The session also provided an opportunity to explore how Boards shape the culture and attitude of an organisation in respect to Equality, Diversity and Inclusion.

The discussion confirmed the Board's commitment to ensuring that Equality Diversity and Inclusion is deemed to be part of business as usual and not seen to be an additional process or bureaucratic burden.

Key points considered were:

- Failing to have a conversation can be worse than trying to have a conversation and causing offence. We all need to demonstrate courage, respect and humility, ask questions and be prepared to explain a lack of understanding.
- Using protected characteristic as a means of gaining sympathy or protection for poor behaviour is not acceptable and should be challenged.



WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

- Within committees - think outside of normal data sets and be prepared to request additional disaggregated data where available to help to understand if there is an adverse impact on any group/s.
- Creating the space for senior and middle managers to have a similar conversation and feel empowered to act and lead is critical.
- Staff must have access to the right resources to assist them in making decisions. External training courses can bring opportunities to have conversations with colleagues with a different experience. Equality Impact Assessments, when user friendly are an excellent tool.

The discussion highlighted examples from personal experiences and the challenges for managers who may feel exposed or ill equipped to navigate complex issues within the workforce.

3.0 Conclusion

The Board recognises that understanding Equality, Diversity and Inclusion improves communication, supports staff to build better relationships and therefore feel more valued and enhances the experience of patients.

The following actions would be progressed and monitored via the People Committee:

- a) A review of the external resources available to Staff and a reflection of these via internal Leadership materials
- b) Review current Committee reporting to ensure that it provides an appropriate level of data in terms of the diversity of staff and the population
- c) Review the Equality Impact Assessment Tool and training to ensure that it supports staff in decision making.

4.0 Recommendation

The Board is requested to

- a) note the report.
- b) note the actions will be monitored via the People Committee

Appendix 1 -

Slides detailing the local population and WRES and WDES data.





**The Clatterbridge
Cancer Centre**
NHS Foundation Trust



Board Development Equality, Diversity, and Inclusion

26th April 2023

Purpose

- Provide some background to the situation
- Consider the current population of Clatterbridge Cancer Centre and the workforce
- Summary of the equality data
- Where are we as an organisation and where do we want to be?



OUR VALUES



WE ARE... KIND

We care for our patients and pride ourselves on providing the best care

We lead by kindness for all – for our patients, their families and our colleagues

We recognise achievements and collectively celebrate success



WE ARE... EMPOWERED

We contribute and make suggestions to improve patient and staff experience.

We create an environment where colleagues are open, honest and feel empowered to speak up.

We continuously learn and improve to achieve the best outcomes and to achieve our full potential.



WE ARE... RESPONSIBLE

We create a supportive working environment where everyone is accountable for their actions.

We always act with integrity.

We work as one team and support each other to maintain the highest professional standards.



WE ARE... INCLUSIVE

We celebrate the diversity and difference that everyone brings.

We treat people fairly without favouritism or discrimination.

We collaborate and engage with each other, our partners and our communities.

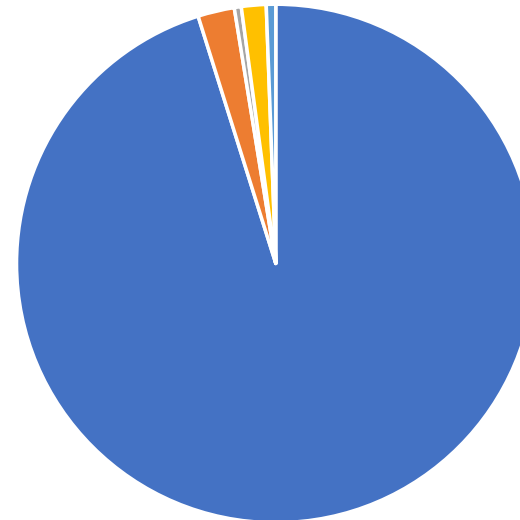
Wirral Population

The population of Wirral is 320,600 according to mid-2021 population figures published by the ONS. Wirral's population growth rate between mid-2020 and mid-2021 was 0.1% per year.

The median average age in Wirral in 2021 was 44.6, with over 18s representing 83.1% of the population.

- **White** - 304,692 people or 95.2%
- **Asian** - 7,302 people or 2.3%
- **Mixed** - 4,930 people or 1.5%
- **Other** - 1,886 people or 0.6%
- **Black** - 1,389 people or 0.4%

Ethnicity in Wirral



■ White 95.2% ■ Asian 2.3% ■ Black 0.4% ■ Mixed Ethnicity 1.5% ■ Other 0.6%

2021 census

Liverpool Population

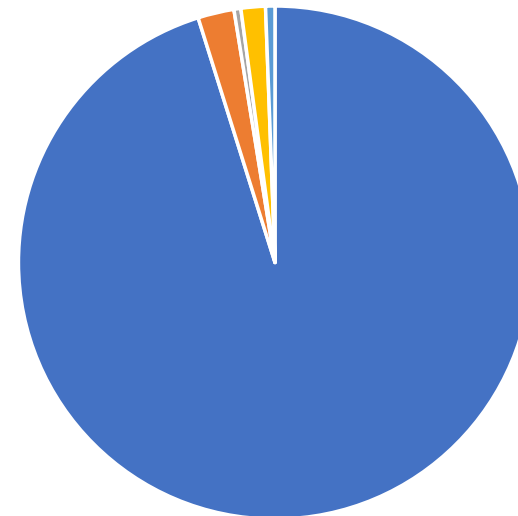
In Liverpool, the population size has increased by 4.2%, from around 466,400 in 2011 to 486,100 in 2021. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.

There has been an increase of 13.5% in people aged 65 years and over, an increase of 1.6% in people aged 15 to 64 years, and an increase of 7.8% in children aged under 15 years.

In England more broadly the portion of the population that is white is 81%. 10% are Asian and 4% are Black.

- **White** - 408,443 people or 84.0%
- **Asian** - 27,767 people or 5.7%
- **Black** - 16,964 people or 3.5%
- **Mixed** - 16,880 people or 3.5%
- **Other** - 16,034 people or 3.3%

Ethnicity in Liverpool



■ White 95.2% ■ Asian 2.3% ■ Black 0.4% ■ Mixed Ethnicity 1.5% ■ Other 0.6%

2021 census

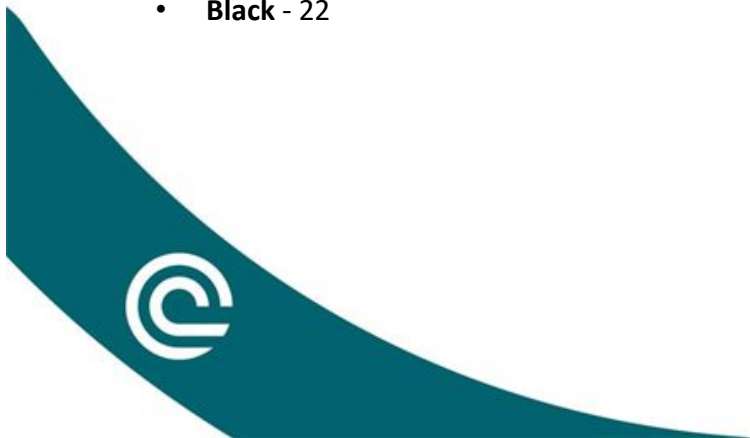
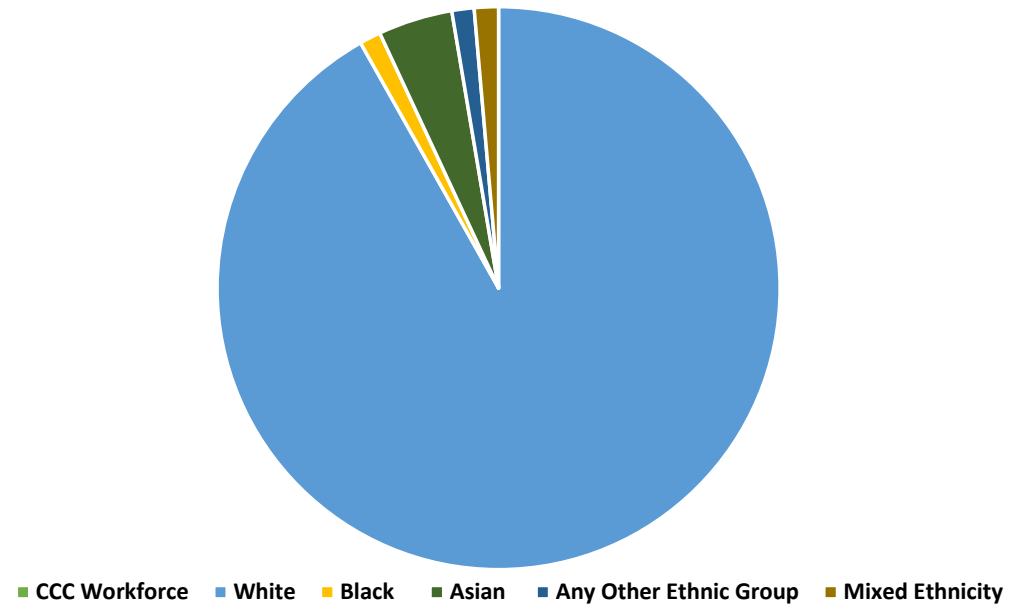


CCC Workforce

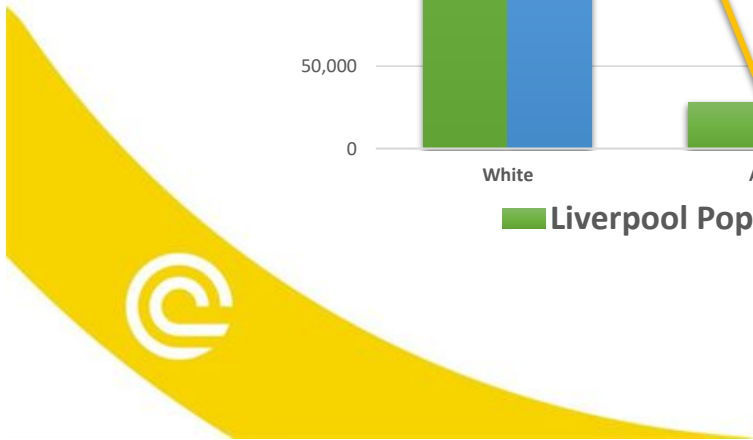
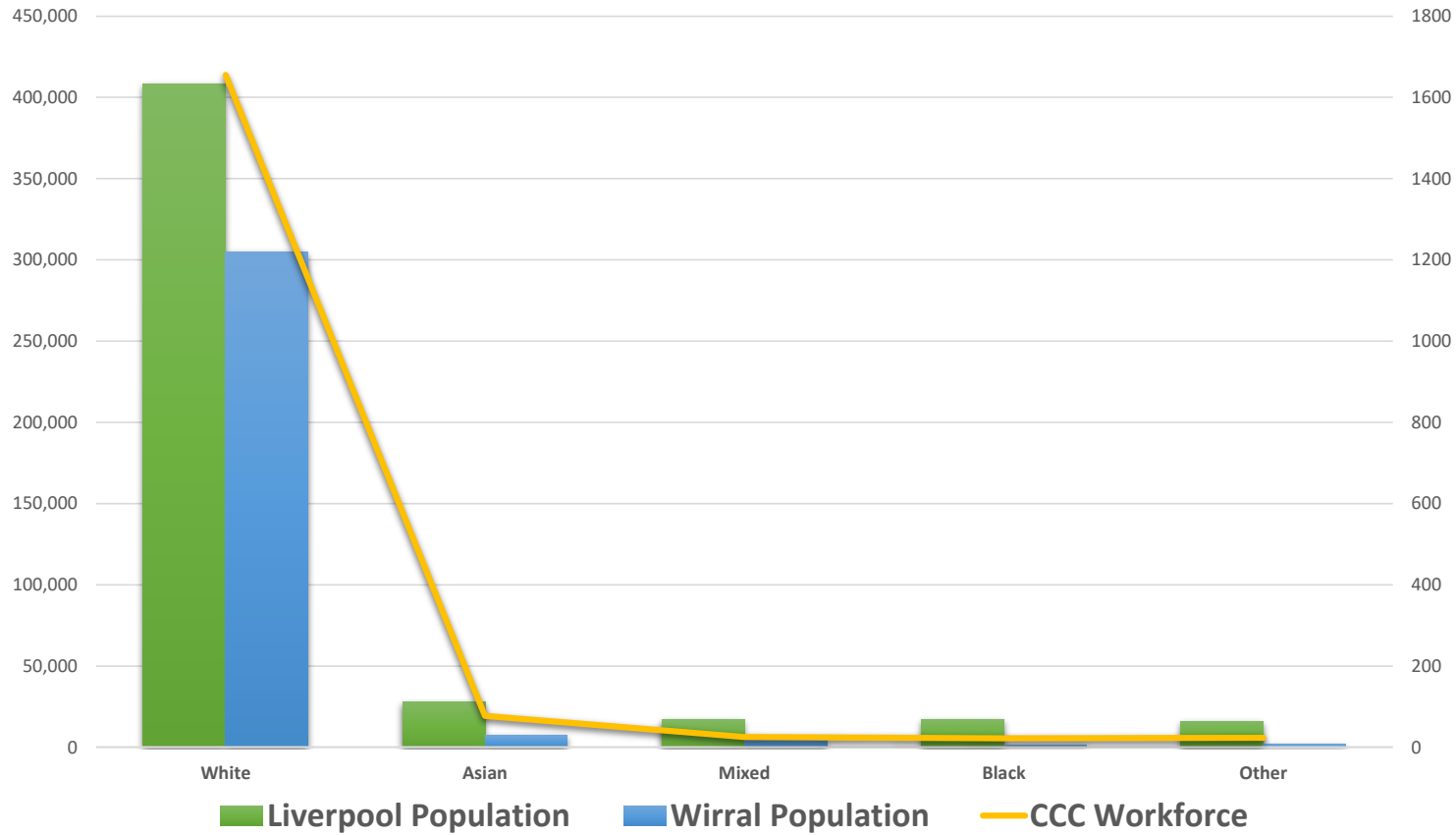
The number of staff working at CCC who are non white British which makes up for nearly 10% of our workforce. Although there are 37 individuals who have not specified their ethnicity which have not been included in these figures

- **White** - 1655
- **Asian** - 77
- **Mixed** - 25
- **Other** - 23
- **Black** - 22

Ethnicity of CCC Workforce



Comparison of Ethnicity across Wirral, Liverpool & CCC Workforce



Staff Experiences of CCC

The last CQC inspection highlighted that most staff felt respected, supported and valued.

'The trust's strategy, vision and values underpinned a culture which was patient centred. Staff we spoke with at all levels clearly told us how the trust and staff put patients at the heart of what they did. The staff we spoke with all felt positive and proud about working for their team. Whilst most staff we spoke with felt positive about their work for the trust, staff based at the Royal Liverpool site felt disconnected. However, work was underway to try and improve this and staff were clear to tell us about this important recent change. Staff, including those with protected characteristics under the Equality Act, felt they were treated equitably. However, further work was required to understand the workforce demographics and in relation to the provision of staff groups for people with protected characteristics'



Summary of Workforce Race Equality Standard



Summary of the Workforce Race Equality Standard 2022			
WRES Indicator	Trust Performance since 2020		National Comparison from 2021 (England average)
Indicator 1: Representation	Improved	From 6% to 6.7%	22.4% (NW 13.3%)
Indicator 2: Likelihood of white staff being appointment (ratio)	Declined	1.06% to 1.31%	1.61
Indicator 3: Likelihood of disciplinary action (ratio)	Unchanged	0%	1.14
Indicator 4: Access to training and CPD (ratio)	Improved	1.15% to 1%	1.14%
Indicator 5: Bullying and harassment from: A: patients/service users B: Staff (staff survey results)	A: Declined	12.50% to 20.40%	28.9%
	B: Improved	20% to 16.3%	28.8%
Indicator 6: Fairness in career progression (staff survey results)	Improved	45% to 53.1%	69.2%
Indicator 7: Experience of discrimination (staff survey results)	Declined	5.4% to 12.2%	16.7%
Indicator 8: Board voting membership	Improved	14.29% to 26.7%	12.6%



Summary of Workforce Disability Equality Standard



Summary of the Workforce Disability Equality Standard 2022			
WDES Indicator	Trust Performance since 2020		National Comparison from 2021 (England average)
Indicator 1: Representation	Improved	From 3.14% to 4.07%	3.7% report having a disability
Indicator 2: Likelihood of non-disabled staff being appointment (ratio)	Declined	0.86% to 1.51%	1.11
Indicator 3: Likelihood of disciplinary action (ratio)	Unchanged	0%	1.94
Indicator 4: Bullying, harassment 1. From patients 2. From line manager 3. From other colleagues 4. Was it reported? (staff survey results)	Declined Improved Declined Declined	14.3% to 16.5% 17.9% to 16.7% 22.5% to 24.7% 45.8% to 42.6%	1. 31.9% 2. 18.5% 3. 25.6% 4. 47%
Indicator 5: Fairness in career progression (staff survey results)	Declined	54.7% to 54.5%	78.4%
Indicator 6: Pressure to come into work (staff survey results)	Improved	29.0% to 25.8%	32.2%
Indicator 7: Feeling Valued (staff survey results)	Declined	45% to 43%	32.6%
Indicator 8: Adequate adjustments	Declined	71.6% to 71.4%	76.6%
Indicator 9: Staff engagement (staff survey results)	Unchanged	7	6.4
Indicator 10: Board membership	Improved	6.67%	3.7%





Staff Survey



People Promise Elements, Themes and Sub-scores: Sub-score trends

the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Promise element 1: We are compassionate and inclusive



	2021	2022
Your org	7.5	7.7
Best	8.1	8.2
Average	7.8	7.7
Worst	7.2	7.3
Responses	973	1082

	2021	2022
Your org	7.2	7.4
Best	7.3	7.6
Average	7.1	7.2
Worst	6.7	6.8
Responses	975	1086

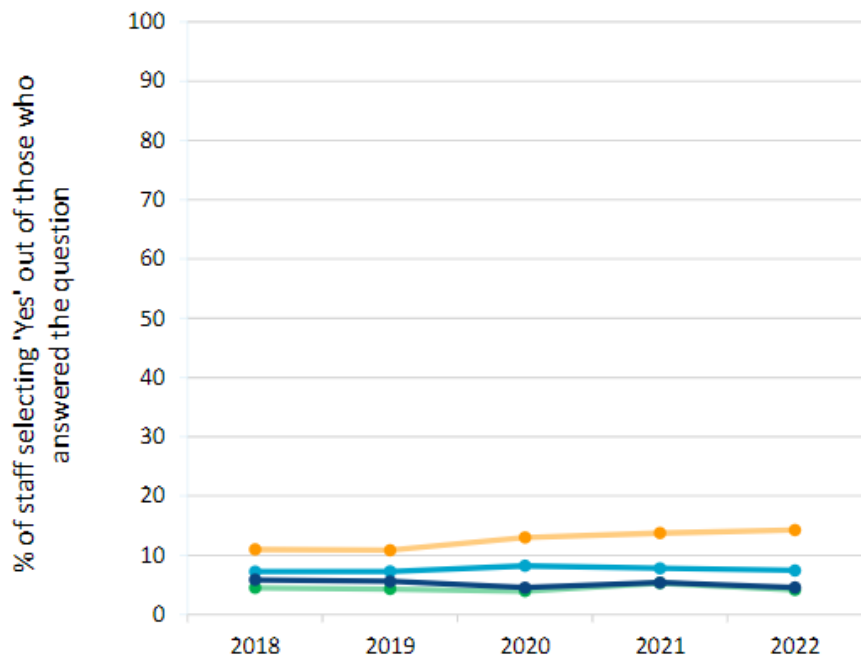
	2021	2022
Your org	8.5	8.6
Best	8.6	8.7
Average	8.4	8.3
Worst	7.6	7.6
Responses	973	1084

	2021	2022
Your org	7.2	7.3
Best	7.2	7.3
Average	7.0	7.0
Worst	6.6	6.6
Responses	958	1079

People Promise elements and theme results – We are compassionate and inclusive: Diversity and equality

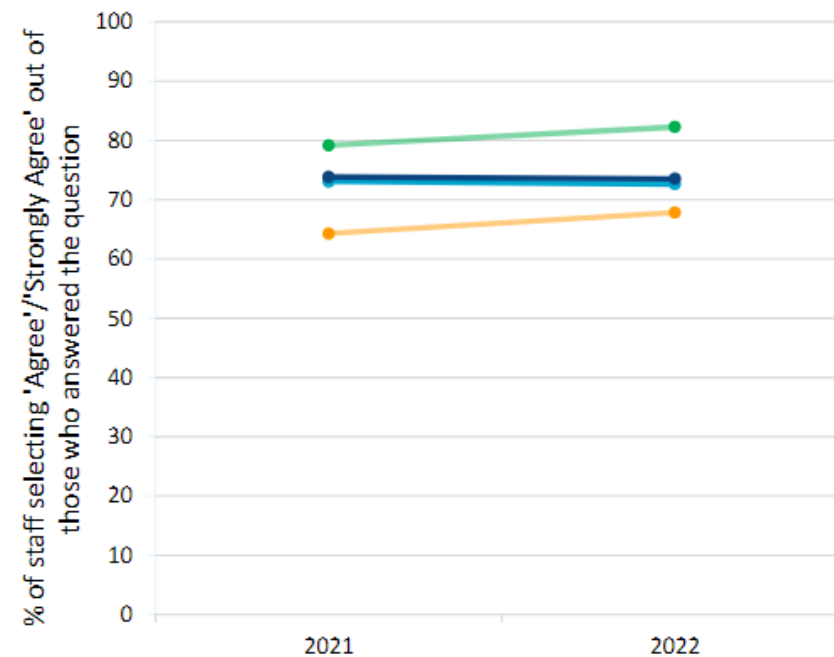


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	5.8%	5.6%	4.5%	5.4%	4.5%
Best	4.5%	4.3%	3.9%	5.3%	4.2%
Average	7.2%	7.3%	8.2%	7.8%	7.4%
Worst	11.0%	10.9%	13.0%	13.7%	14.2%
Responses	747	829	847	971	1075

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022
Your org	73.8%	73.6%
Best	79.2%	82.3%
Average	73.1%	72.7%
Worst	64.3%	67.8%
Responses	973	1084

Where do we want to be?





Please Welcome

Sim Scavazza

Non Executive Director

Imperial College Healthcare NHS Trust

Chair of the Buckinghamshire, Oxfordshire and

Berkshire West (BOB)

Integrated Care Board (ICB)

