The Clatterbridge Cancer Centre NHS Foundation Trust

Agenda: Trust Board Part 1
Date/Time of meeting: 1 March 2023, 09:00

	Standard Business		Lead	Time
P1-024-23	Welcome, introduction, apologies and quoracy	v	**Chair**	09:00
P1-025-23	Declarations of interest	v	**Chair**	
P1-026-23	Minutes of the last meeting – 25th January 2023	p	**Chair**	
P1-027-23	Matters arising/Action log	p	**Chair**	
P1-028-23	Rolling programme/Cycle of business	p	**Chair**	
P1-029-23	Chair's report to the Board	v	**Chair**	09:05
	Reports and Action Plans			
P1-030-23	Performance Committee Chair's Report	p	**NED MT**	09:15
P1-031-23	Integrated Performance Report Month 10	p	**Exec Leads**	09:25
P1-032-23	Finance Report	p	**DoF**	09:40
P1-033-23	Green Plan Annual Report	p	**Director of Strategy**	09:50
P1-034-23	NED and Governor Engagement Walk-Round - January 2023	p	**Chair /Chief Nurse**	10:00
P1-035-23	Trust R&I Strategy Contribution to Charity	p	**DoF**	10:10
	System working			
P1-036-23	Cheshire and Merseyside Cancer Alliance Performance Report	p	**Chief Exec**	10:20
	Any other business			
P1-037-23		v	**Chair**	10:30
	Date and time of next meeting hybrid MS Teams and CCC-L Board rooms: 29 March 2023 at 09:00			
	Resolution: *"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".*			
	Close			

p paper
***** presentation
v verbal report

WE ARE... KIND EMPOWERED RESPONSIBLE INCLUSIVE

Ref: FCGOAGEND
Review: July 2025
Version: 2.0

The Clatterbridge Cancer Centre NHS Foundation Trust

Draft Minutes of Trust Board Part 1
25th January 2023

Title / Department	Name	Initials	Present / apols	Attendance record	Deputy
Core member					
Chair	Kathy Doran	KD	P	8/8	☐
Non-Executive Director (NED)	Mark Tattersall	MT	P	8/8	☐
Non-Executive Director (NED)	Geoff Broadhead	GB	P	7/8	☐
Non-Executive Director (NED)	Elkan Abrahamson	EA	P	7/8	☐
Non-Executive Director (NED)	Terry Jones	TJ	P	7/8	☐
Non-Executive Director (NED)	Anna Rothery	AR	P	5/8	☐
Non-Executive Director (NED)	Asutosh Yagnik	AY	P	6/8	☐
Chief Executive	Liz Bishop	LB	P	8/8	☐
Director of Workforce & Organisational Development	Jayne Shaw	JSh	P	8/8	☐
Medical Director	Sheena Khanduri	SK	P	7/8	☐
Chief Nurse	Julie Gray	JG	P	8/8	☐
Chief Operating Officer	Joan Spencer	JSp	P	8/8	☐
Director of Finance	James Thomson	JT	P	8/8	☐
Chief Information Officer	Sarah Barr (NV)	SB	P	8/8	☐
Director of Strategy	Tom Pharaoh (NV)	TP	P	8/8	☐
Also in attendance					

Title	Name	Initials
Corporate Governance Manager (minutes)	Skye Thomson	ST
Associate Director of Communications	Emer Scott	ES
Interim Associate Director of Corporate Governance	Paul Buckingham	PB
Staff Side Chair	Mike Varey	MV
Clinical Lead for Innovation	Seamus Coyle	SC

Item No.	Standard business
01	**Welcome, introduction, apologies & quoracy:** The Chair welcomed the Board and the Staff Side Chair together and Matthew Burch, member of the public observing the meeting. There were no apologies for absence and the Chair confirmed that the meeting was quorate.
02	**Declarations of interest:** There were no declarations made in relation to any of the agenda items.

The Clatterbridge Cancer Centre NHS Foundation Trust

03	**Minutes of previous meeting** The minutes of the meeting held on 30 November 2022 were approved as a true and accurate record subject to the following amendments: P1-210-22 – The variation of numbers for guardian of safe working should refer to 'consultant numbers' instead of 'trainee numbers'	
04	**Matters arising / action log** The Medical Director confirmed the Trust was successful in renewing ECMC (Experimental Cancer Medicine Centre) status for next 5 years. The Board noted the fantastic news for clinical research, in particular early-phase trials of novel treatments. The Board agreed the actions marked as complete on the Action Log and noted that the remainder of the actions were on track.	
05	**Rolling programme / cycle of business** The Chief Executive noted two items were on the cycle of business for the meeting but not included in the agenda: Equality Diversity and Inclusion Annual Report Caldicott Guardian Annual Report The Corporate Governance Manager informed the Board that the Equality Diversity and Inclusion Annual Report would go to People Committee (established June 2022) in June 2023 and report on the 2022/23 year. The Caldicott Guardian Annual Report was approved (as delegated authority of the Board) by the Quality Committee in September 2022. The 2023/24 Trust Board cycle of business will be updated to reflect reporting for these items going forward. The Board received and noted the cycle of Business	
	Reports and Action Plans	**Action Lead**
06	**Chair's Report to the Board** The Chair updated the Board on the Liverpool Clinical Services Review. The review is looking at how NHS and social care partners can work together better to improve health outcomes for people in the city and surrounding areas. The recommendations following the independent review include setting up regular meetings where hospitals can work together on key issues including emergency care pathways, women's health (including gynaecological cancers) and close cooperation and pathways between partners. The Chair informed the Board she had attended the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Non-Executive Directors meeting. This will be held every 6 months going forward. The Chair also attended the NHSE roadshow on 22nd Dec where the new planning guidance was presented. Further detail on the planning guidance was be given later in the meeting. The Chair expressed her thanks for everyone who worked over the Christmas and New Year period, and congratulated the charity team for a very successful fundraising event which she attended at Eaton Hall	
07	**Patient Story** The Chief Nurse introduced the patient story report which detailed the actions to be taken following the story of a patient's recent interaction with the Welfare Benefits Advice Service. The Board had received a video of the story prior to the meeting. The Board discussed the advice and support received around benefits and money and spoke about how the financial implications of a cancer diagnosis can be tough for many	

	patients. The Chief Nurse commented that the story demonstrated how staff can build relationships with patients in unexpected places and emphasised that the front of house space is so important for creating a warm welcoming safe environment. The Chief Nurse noted that the new Deputy Chief Nurse has relaunched the Clinical Nurse Specialist meetings. NED EA, noted that this was one route for the Trust to give information to patients, and there should be multiple avenues. For example making use of the screens throughout the hospital. The Chief Nurse noted that the PALs service is looking at how the Trust gets information to patients, using multiple avenues, staff, screens, volunteers etc. The Board **thanked** the patient for sharing their story and **noted** the action report	
08	**Board Assurance Framework (BAF)** The Chief Executive introduced the BAF report. The Board was requested to interrogate BAF4 and BAF6 and confirm that members are satisfied with the information about key controls and assurances, and the remaining actions. With regards to BAF 4 Board Governance, The Chief Executive informed the Board that the Trust continue to make good progress streamlining processes. There are actions in place to address any gaps, particularly around the Quality strategy. With regards to BAF 6 Integrated Care system (ICS), The Chief Executive noted that the Trust hosts the Cheshire and Merseyside Cancer Alliance (CMCA) and there is a focus on cancer in the new planning guidance from NHSE which focuses on Covid recovery and achieving the NHS long term plan. The Chief Executive noted that funding for CMCA came through on the 28th December and the first plan will be in place by 14th February. The Chief Executive noted the Board had previously discussed the Executive Directors profile across the region and noted their involvement in wider collaborative groups. NED MT requested that there be reference to the revised code of governance and the evaluation work in BAF 4. **ACTION:** The Chief Executive to update BAF 4 to include reference to the code of governance. NED MT queried the likelihood of achieving the due date of the 31st March 2023 for the Quality Strategy and Risk Management Strategy actions in BAF 4. The Chief Nurse informed the Board that the first Risk Management Strategy workshop is next week and a draft will come to the Board in line with this deadline. The Quality Strategy scoping is ongoing and a final version of the strategy won't be complete by the 31st March 2023, however the scoping will be complete by then with clarity on a revised timeline for completion. The Chief Nurse confirmed that the risk management strategy review had been rolled over during Covid and full review was needed. Both pieces of work will be overseen by Quality Committee. NED MT queried if BAF 6 is impacted by the Liverpool Clinical Services Review. The Chief Executive commented that the outcomes of the Liverpool Clinical Services Review (LCSR) complement the actions identified in BAF 6. For example, one of the main outcomes of LCSR is to have joint meetings with LUHFT, these meetings already take place but will now have more Governance around them.	LB

	The Chief Executive noted the challenge when updating BAF 6 to separate the system wide responsibilities and Clatterbridge wide responsibilities. The Chair noted that the Trust operates in a complex system with lots of layers and articulating how they all relate can be challenging. Between the Integrated Care Board (ICB), the Cheshire and Merseyside Acute and Specialist Trust (CMAST), the Cheshire and Merseyside Cancer Alliance (CMCA), and the Liverpool system with the Liverpool Clinical Service Review (LCSR), it's important to make the most efficient use of everyone's time and interconnectivity between the Collaborative's work streams is still being worked through. The Board **approved** BAF 4 and 6 and **noted** the full BAF	
09	**Quality Committee Chair's Report** Non-Executive Director EA who Chaired the Quality Committee meeting on 22nd December 2022 presented the Chair's Report for the Board and noted the meeting had been shorter than usual as items were noted and only discussed by exception, due to meeting time pressures as a result of the December 2022 Industrial Action. NED EA noted the committee looked at the mental health support the Trust offers patients and discussed the Patient Experience and Inclusion annual report which will soon be available on the Trust website. The Board **noted** the Chair's report.	
010	**People Committee Chair's Report** Non-Executive Director and Chair of the People Committee AR presented the Chair's Report of the meeting held on 21st December 2022 and noted the meeting had been shorter than usual as items were noted and only discussed by exception, due to meeting time pressures as a result of the December 2022 Industrial Action. NED AR was pleased to note the Equality Diversity and Inclusion Lead is now in place and will cover both the Clatterbridge Cancer Centre and Alderhey sites. NED AR noted the People Committee had noted the progress of the People Commitment Implementation and actions put in place to address areas of underperformance. The Committee had discussed the different equality groups in the Trust and network sponsors, noting the importance of ensuring people have a safe space to discuss issues. NED AR informed the Board she planned to speak with each of the groups and hear their issues. NED AR noted from attending the Non-Executive Director Cheshire & Merseyside Acute & Specialist Trust (CMAST) meeting she had met People Committee Chairs from other Trusts who were keen to work together to ensure Trusts keep people at the forefront of their attention. NED EA noted he was arranging meetings with constituent groups from a well-being perspective as part of his champion role. EA was keen to establish how the two roles (Well-being Champion and People Committee Chair) effectively co-exist. The Board **noted** the People Committee Chair's Report	
011	**Audit Committee Chair's report**	

	Non-Executive Director and Chair of the Audit Committee MT presented the Chair's Report of a meeting held on 12 January 2023 and noted the following items detailed in the report: • BAF 14 review • Limited Assurance Conflicts of Interest Audit • Results of MIAA review against HFMA • BAF reporting format – not proceeding with Datix • Revised Terms of Reference which the Committee had discussed in detail and recommended the Board approve • Code of Governance Compliance • Revised Constitution • Excellent Performance against Financial KPIs - contributed to the Accounts Receivable team being recognised as Finance Team of the Year, as voted by their departmental peers The Interim Associate Director of Corporate Governance requested that the Executive Directors remind their senior decision making members of staff to make their annual declaration of interest. The Board **approved** the Audit Committee Terms of reference and **noted** the Chair's report.	
012	**Charitable Funds Committee Chair's Report** Non-Executive Director and Chair of the Charitable Funds Committee EA presented the Chair's Report for the meeting held on 16th January 2023 and noted the Committee would be stepping back as the Charity becomes independent. EA noted the Charity's 2021-22 Annual report and Accounts had been shared with the Board in the Board Platform reading room. EA informed the Board that the Head of Charity is looking to hold a Shadow Board meeting on 23rd February and this will run alongside the Charitable Funds Committee until the Committee is no longer needed. The Independence application to the Charity Commission is in a queue which may push the start date back slightly from April 2023. The Board **noted** the Charitable Funds Committee Chair's report.	
013	**Integrated Performance Report Month 9** The Chief Operating Officer introduced the Month 9 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. The Executive Leads highlighted the following areas: <u>Access</u> The Chief Operating Officer highlighted the positive news that the 62 day standard had been met. The COO noted a 14 day avoidable breach that has to be seen on a Monday that could have been managed better. <u>Efficiency</u> The COO noted there continue to be challenges on length of stay and the Trust have started piece of work on discharge planning. The imaging reporting times were just below target and approval has been granted for three additional radiologists and recruitment will commence shortly.	

	NED AY noted the action in EF11 regarding imaging reporting stating that there will be additional capacity to accommodate an additional 20 scans per week and asked what percentage increase in turnaround this would result in. The Chief Operation Officer noted this information couldn't be directly correlated to a percentage increase, and there are other programmes in place to support with achieving the turnaround target. <u>Quality</u> The Chief Nurse highlighted that in QU31 the patients identified as not having had a VTE risk assessment within the 24 hour timeframe came to no harm. A task and finish group has been established to improve the process. The Chief Nurse noted that a complaint hadn't gone out in the prescribed time. This was because the final response letter wasn't to standard. A resolution meeting has been offered to the complainant and this is being used as a training exercise. The Complaints and PALs service now sits under a new team so the Trust should see improvement in response times. The Associate Director of Clinical Governance is leading a task and finish group to review the Trust's policies and consolidate. NED MT noted the importance of having incident reporting that is high reporting but low harm. The incident numbers in QU03 Incidents / 1000 Bed days was lower than expected, MT asked if the Board should be concerned. The Chief Nurse commented that the volume of incident reporting is varied, with industrial action in December and Christmas it isn't surprising to see a dip. The Chief Executive noted there had been a period when the Trust had high level of incidents about delays in radiotherapy, which has improved. NED EA noted that the incident reporting in 2021 dipped as well. The Board discussed the VTE reporting and noted that the target was regarding the compliance with completing the assessment within the 24 hour timeframe, not about the outcome/ incidents reported. NED TJ sought further information on the number of VTE incidents. The Medical Director noted that some patient groups have a higher baseline of incidents than others, for example Haemato Oncology patients might be on anti-coagulants but clotting may still occur. **ACTION:** The Medical Director to take data on VTE incidents to Quality Committee. <u>R&I</u> The Medical Director highlighted that the study recruitment target is an internal stretch target, and the Trust has valid reasons for not achieving it, including focus on opening ECMC studies to recruitment and sponsors closing during the Christmas period. The Medical Director noted that the Trust has now opened all studies to recruitment. She was unsure if the Trust will achieve the internal stretch target however there had been huge strategic priority obtained. <u>Workforce</u> The Director of Workforce and Organisational Development (WOD) noted the Trust had maintained compliance with PADR and mandatory training. Sickness absence had increased again with the highest reason as 'cold, cough and influenza'. The Director of WOD noted that with regards to turnover, once retirements are excluded the Trust is hovering around the target. With regards to staff morale and line management, the team are looking at work life balance and flexible working. The Board **noted** and **Approved** the Integrated Performance Report	SK
014	**Finance Report**	

	The Director of Finance presented a report which detailed the Trust's financial performance for December 2022. He briefed the Board on the content of the report and noted the Trust is meeting targets and performing above plan. It was confirmed in December there will be no ERF payments transacted for activity above 104%. To mitigate this the ICS have agreed system funding of £3.5m for the Trust. While this is not the full amount included in the financial plan the Trust had only required £1.6m of ERF to achieve plan to November (Month 8), the Trust had been able to mitigate the shortfall through a number of non-recurrent means. The assumption is that these non-recurrent benefits will continue for the final quarter. The Director of Finance noted the Trust has managed the in-year risk, the next issue is planning for 2023/24. The Director of Finance noted that Bank spend has reduced in month and agency spend is consistent with previous months but significantly above the agency cap. The Director of Finance was confident the Trust will achieve its cost improvement programme (CIP). The Director of Finance confirmed that there is a current national target for recurrent CIP of 60% and an actual of 50%. Cheshire and Merseyside ICB are at 30-40% and the Trust is at 48%. The Board **noted** the Finance Report	
015	**Operational Planning 2023/24** The Director of Finance (DoF) introduced the report which presented the key features of NHS operational and Financial planning guidance for 2023/24 and 2024/25. The first phase of the Operational and Financial Planning guidance was published on 23rd December 2022. The DoF highlighted the overarching ambitions, planning approach and growth assumptions in the guidance. With regards to the national expectation for a 25% increase in diagnostic capacity, the Chief Operating Officer informed the Board a Radiology business case had been completed for getting additional staff. There isn't much clarity on what the target means, the teams are working out the capacity needed to support. The Chief Operating Officer noted the CCC related goals and targets in the following areas; elective, cancer wait times, outpatients and day case, diagnostics, health inequalities, digital, finance, workforce, corporate services and procurement. The COO highlighted that work is already being done on 62 day performance and the team are working with referring Trusts. The Director of Finance noted there was a target to reduce outpatient follow up, however this is a challenge as most of the Trust's activity is coded as 'outpatient activity'. The Trust aims to identify true follow up patients. With regards to addressing health inequalities, the team are looking at how the Trust can measure that progress, looking at the Integrated Performance Report. The Chief Information Officer noted that the focus for Digital is the 'what good looks like framework'. This is already part of the Trust's programme of work. The Board discussed the networking of services and noted the use of joint posts with other Trusts which could be more attractive. It was noted that Community Diagnostic hubs have rotational posts for Radiographers which are desirable.	

	The Director of Finance highlighted the NHS Financial Planning section of the report noting the funding format, key numbers, cancer service specifics and planning issues. The Director of Finance has reached out to commissioners for clarity on how Radiotherapy will be costed. The details for Chemotherapy are also a work in progress and further details on both will go to Performance Committee and the Board once available. The Director of Finance confirmed that elective recovery funding (ERF) will be given to the ICBs, it will go into the allocation pot to be drawn against. The Board discussed the role of the ICB in funding. The Interim Associate Director of Corporate Governance requested clarity on the submission date for providers. The Director of Finance commented that draft submission will go in March, coming to Board at the end of March meeting. The Board discussed the Joint Forward Plans and the ICB plans going through health and wellbeing boards and the potential for leeway with plan deadlines to accommodate this. The Board **noted** the Operational Planning 2023/24 report.	
016	**NED and Governor Engagement Walk-Round** **- November 2023 MT** **-December 2023 AR** Non-Executive Director MT introduced the report as the Non-Executive Director representative on the November walk-round on Floor 00 Pre-treatment, PET and Floor M3 Radiotherapy, CCC Liverpool. MT noted the walk-round was overwhelmingly positive and the 3 patients they spoke to only provided areas for improvement (actions for which detailed in the report) when pressed by the team. The staff comments were also very positive and areas raised were those the Board is familiar with. Non-Executive Director AR introduced the second report as the Non-Executive Director representative on the December walk-round on Marina Dalglish Chemotherapy Clinic Aintree. AR noted this was a very positive experience and it was very emotional to see the connectivity between patients and the nursing team. AR noted a patient had informed her they felt sad coming to end of their treatments due to relationships they had established with the team. AR noted there was specific praise for the Pharmacist at the unit, who was called exceptional and spoken very highly of. AR commented on concerns raised elsewhere regarding car parking, noting that the security had been increased but not all areas were covered. The Board **noted** the positive NED and Governor Engagement Walk-round reports.	
017	**Safer Staffing Report** JG introduced the report which reviews and approves the nurse staffing levels as assessed using the Safer Nursing Care Tool in line with recommendations within NICE Guidance. The report is presented to Board twice a year and came out of a high profile national report where nursing establishment reduced resulting in patient harm. The Chief Nurse spoke to the Executive Summary and highlighted that the ward managers all reported that they believe their funded establishment is representative of	

	their activity. The Chief Nurse noted this doesn't mean that on a day to day basis there aren't challenges, including: turnover, time and effort on recruitment, having a junior workforce, newly qualified staff. Because of this there are twice daily reviews of planned staffing as well as a review of hospital-wide activity. The Chief Nurse noted that since the last report 11 additional mutual aid in-patient beds were opened in order to support LUHFT with the move to the New Royal Liverpool Hospital. This has resulted in an increase in agency spend to support and has required teamwork and connectivity to ensure staff move around safely. The Board discussed triangulating the report with the patient survey to show their view. The Board discussed the challenges with having a junior workforce. The Chief Nurse noted the importance of education and skill mix on the wards. The Trust work to ensure clear escalation processes and support forums and inductions to provide wraparound care. When e-rostering is optimised the team will be able to pull up the right staff with the right skills. The Staff Side Chair agreed that the issues are around staff skill mix and noted the importance of training and keeping staff safe. The Chief Nurse noted a Band 6 development programme has been introduced on supporting staff to make decisions. The Trust are looking for opportunities for staff to do different things e.g. through secondments. The Board discussed appendix 3 which shows the Safer Staffing Figures for three Wards Apr-22 to Sept-22. The percentage is of planned staffing against actual staffing. The data doesn't show the skill mix, which highlights the importance of the narrative of the report. The Board discussed the international nurses recruited. NED AR noted the importance of pointing staff in the direction of support services and community spaces outside of work. The Director of WOD confirmed that none of the international nurses had left yet. The Board **noted** the report and **supported** the findings and recommendations	
018	**Mortality Report – Quarter 2** The Medical Director introduced the report to present Q2 22/23 Mortality report Public mortality dashboard & Summary report Mortality lessons Learned and BMT mortality report. The Medical Director noted that Mortality reporting was out of sync as the December Mortality Review Group was cancelled due to industrial action. This report was previously reviewed by Risk and Quality Governance Committee before coming directly to the Board. The Medical Director noted there was a change in the presentation of metrics as mortality now have a business intelligence dashboard. There were no concerns or issues to raise, all areas are within areas of tolerance. The Medical Director highlighted the lessons learned section. The report included the Quality Surveillance and Specialised Services bone marrow transplant report which provided an overview of national benchmarking of 100 day Bone Marrow Transplant mortality for Quarter 2 2022/2. There is no requirement nationally to submit the data and no information on averages, which impacts the comparative percentages.	

	The Chair noted the Board had a development session coming up that afternoon on Mortality which would provide a space for further discussion. The Board **noted** the Mortality report.	
019	**Well-Led Review Action Plan Update** The Director of Strategy introduced the report with actions from the well-led review undertaken by Good Governance Institute between November 2021 and February 2022. The Board last received an update in October 2022. The Director of Strategy noted the majority of the actions were completed or on plan; there were a few areas where timescales for completion go into 2023/24. The Director of Strategy proposed that this is the final standalone GGI well-led review update report presented to Board, with any outstanding actions picked up as part of business as usual work streams. The Board commented on the volume of work completed and was pleased to see the updates. The Board discussed the proposal and noted that elements were picked up by the code of governance review and those that need assurance can be picked up by the relevant committees. The Interim Associate Director of Corporate Governance confirmed that the guidance says to do a self-assessment well-led review every 3-5 years. NHSI are reviewing the well-led framework. NHSE suggest that Boards should pick an element of the Well-Led Framework each year to focus and improve on. There is a section in the Trust's annual report on being well-led. **ACTION:** The Chief Executive suggested the executives discuss in their meeting where development is needed for being Well-Led and report back in due course. The Board **noted** the Well-Led Action Plan and **agreed** to the proposal that this be the final report to the Board.	LB
	For Approval	
020	**Innovation Strategy** *The Clinical Lead for Innovation joined the meeting*. The Clinical Lead for Innovation introduced the Innovation Strategy which had been approved by the Quality Committee. The innovation strategy is to support overall strategy of the Trust as part of one of the Trust's strategic priorities *Be Innovative*. The team had started by defining what 'innovation' is and then identified three strategic themes: Culture of Innovation Nurturing New Innovation Supporting Adoption of Innovation Now the strategy is complete the next priority is to support the adoption of innovation and get engagement with the Bright Idea Scheme and Bigger Ideas Scheme. NED TJ noted the Quality Committee were happy with the strategy and had discussed the innovation definition and supporting staff to be innovative, in detail.	

	The Board discussed the process for getting innovative ideas both inside and outside the Trust. The Chair asked about how the buy-in from staff had been and the Clinical Lead for Innovation informed the Board that he does training for various teams and is often contacted afterwards by staff with potential innovations. The Board noted it is important to believe your innovation will be followed through and the impact this has on ideas and morale. The Board discussed harnessing an innovative culture where it is safe for staff's innovations to fail The Board **thanked** the Clinical Lead for Innovation and **approved** the Innovation Strategy. *The Clinical Lead for Innovation left the meeting*	
021	**Review of Constitution** The Associate Director of Corporate Governance introduced the Trust Constitution seeking approval of proposed amendments following a review which was originally carried out in March 2022. The Associate Director noted that following the revised Code of Governance there is an expectation that further changes will need to be made in 2023/24. The reviewed constitution had been approved by the Audit Committee earlier in the month. NED EA requested that the term 'Chairman' be rewritten as 'Chair'. The Associate Director of Corporate Governance agreed to make this change prior to publication. NED EA queried why the Trust's membership did not extend to the Isle of Man. The Corporate Governance Manager informed the Board that whilst there is an appointed Governor for the Isle of Man, there is no constituency which individuals for the Isle of Man would fall in to. This is the same for Scotland and Northern Ireland. The Associate Director of Corporate Governance noted that if the Trust wished to include these areas they would need to redefine their constituencies. The Board discussed the potential change to the constituencies. The Chair noted that it would be beneficial to reflect other Trusts in the system's approach. The Associate Director of Corporate Governance noted that the originay principle behind NHS Foundation Trust constitutions was to ensure Non-Executive Directors were recruited from the locality of the Trust, however this is no longer the case. NED TJ noted the importance of not limiting the availability of the right expertise. The Board **approved** the constitution subject to the change of 'Chairman' to 'Chair' and to revisit any potential changes to the constituencies in the further revision following the update code of governance.	
	System Working	
022	**Cheshire and Merseyside Cancer Alliance Performance Report** The Chief Executive presented the Cheshire and Merseyside Cancer Alliance Performance Report for January 2023 and noted the usual drop in referrals over the holiday period. The impact of the December 2022 industrial action is unknown. Going forward the report will include comparisons with other regions.	

	The Chief Executive noted the successful launch of a system wide endoscopy bank workforce for endoscopy providers. This should start from 1st May and will be the first time there is a system wide workforce process in place. The Board discussed the numbers within the report, the targets in the Operational and Financial Planning Guidance for 2023/24 and the role of the Cancer alliance as the 'cancer arm' of the ICS. The Board **noted** the Cheshire and Merseyside Cancer Alliance Report.	
	Any other business	
023	None	
	Date and time of next meeting via MS Teams: 1st March 2023 – CCC-L and MS Teams	

						P1-XX-23
BOARD ACTION SHEET PART 1						
KEY: BLUE = COMPLETE / GREEN = ON TRACK / AMBER = AT RISK / RED = LATE						
Item No.	**Date of Meeting**	**Item**	**Action(s)**	**Action by**	**Date to complete by**	**Date Completed / update**
P1-160-22	28th September 2022	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**	Mar-23	Included on cycle of business
P1-206-22	30-Nov-22	Protocol for changes to In-Year Revenue Financial Forecast	The Director of Finance will facilitate the review and discussion of the PWC assessment questions from a financial management point of view at the February 2023 Performance Committee.	**JT**	Feb-23	Added to Performance Committee Cycle of Business Taken to PC 15th February 2022
P1-08-23	26-Jan-23	Board Assurance Framework	The Chief Executive to update BAF 4 to include reference to the code of governance.	**LB**	Apr-23	
P1-013-23	26-Jan-23	Integrated Perfromance Review	The Medical Director to take data on VTE incidents to Quality Committee	**SK**	Mar-23	Added to Quality Committee Cycle of Business.
P1-019-23	26-Jan-23	Well-Led Review Action Plan Update	The Chief Executive suggested the executives discuss in their meeting where development is needed for being Well-Led and report back in due course.	**LB/ Execs**	Mar-23	

P1-028-23 Trust Board Cycle of Business 2022/23

Trust Board Annual Reporting Cycle 2022/23	Owner	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Strategy & Planning													
Progress against 5 Year Strategy	TP				√				√				
Annual Financial/Operational Planning Guidance	JT							√			√	√ Draft if possible	√ Submission
Bright Ideas Scheme	GH						√						
Green Plan Annual Report	TP											√	
Assurance: Quality, Performance													
Quality Committee Chair Report	TJ	√			√			√			√		√ inc. ToR
Performance Committee Chair Report	GB		√				√		√			√ inc. ToR	
Audit Committee Chair Report	MT	√	√	√	√			√			√ inc. ToR		
Charitable Funds Committee Chair Report	EA	√			√			√			√		
People Committee Chairs report	JSh			√ inc. ToR				√ inc. ToR			√		√ inc. ToR
Integrated Performance Report	Exec Leads	√	√	√	√		√	√	√		√	√	√
Finance Report	JB/JT	√	√	√	√		√	√	√		√	√	√
Safer Staffing Report	JG			√							√		
Gender Pay Gap	JSh												√
Workforce Race Equality Standard Data	JSh							√					
Workforce Disability Equality Standard Data	JSh							√					
Equality Diversity & Inclusion Annual Report	JSh										√		
Patient Story	JG		√		√			√			√		√
Staff Story	JSh	√		√			√		√			deferred	
Actions from Patient/Staff Survey Annual Report	JG												√
In-Patient Survey- embargoed	JG						√						
Patient Experience Visits / NED and Governor Engagement Walkround	JG	√	√	√	√		√	√	√		√	√	√
NED and Governor Engagement Walkround Annual Schedule	JG		√										√
Actions from NED and Governor Engagement Walk-rounds Annual Report	JG												√
New Consultant Appointments	SK	√	√	√	√		√	√	√		√	√	√
Caldicott Guardian Annual Report	SK										√		
5 year Patient Experience Engagement Inclusion & Involvement (PEEII) Commitment	JG												√
Staff Survey Results	JSh						√						√
Annual Risk Management Report	JG												√
Approval of Risk Management Strategy	JG												√
Quality strategy and Annual Report	JG												√
Board Governance													
Review of Constitution (ADHOC)	MS										√		
Board Assurance Framework Risk Appetite Statement	MS				√			√			√ Q3		
BAF Refresh (reporting on for year ahead)	MS	√											
Audit Committee Annual Report	MS				√								
Well-Led Review Action Plan Update	TP	√			√			√			√		
Annual Review of Board effectiveness	MS												√
Trust Board Annual Reporting Cycle 2022/23													

NED independence & Board register of interest	MS												√
Statutory Reporting/Compliance													
Annual Report & Accounts including the Annual Governance Statement	MS			√- extra ordinary									
External Audit Findings Report and Letter of Representation	MS			√ extra ordinary									
Self-Certification against the Provider Licence	MS			√ extra ordinary									
Regulation 5 Declarations (Fit and Proper)	MS				√ deferred		√						
Emergency Preparedness Resilience and Response (EPRR) Annual Report and core standards	JSp						√						
Learning From Deaths (Mortality Report) Quarterly	SK				√				Q1√		Q2√		
Mortality annual report	SK				√								
Revalidation Annual Report (for review)	SK						√						
Guardian of Safe Working Report (quarterly) (for review)	SK			√			√		√				√
Guardian of safe working annual report (For review)	SK			√									
Infection Prevention and Control Annual Report (For review)	JG				√								
Freedom to Speak Up Annual Report	MS				√- deferred		√-deferred	√					
Health and Safety Annual Report (For review)	JSp						√						
R&I Annual Report	SK							√					
Safeguarding annual report (For review)	SK						√						
Collaboration													
CMCA Report	LB						√						
Adhoc / Committee Requested													
Integrating specialised services within integrated care systems	JT			√									
Staff Walk-round Process Review	JG			√ - deferred	√								
Articles of association for the charity company limited by guarantee	KB						√						
Digital Annual report	SB												
Formal Review of the Board Committee Governance Structure	JG						√						√
NED Composition	PB								√				
Freedom to Speak Up Reflections and Planning Tool	PB/JG											deferred	√
Freedom to Speak Up Policy	PB												√
Trust R&I Strategy Contribution to Charity (requested by JB)	JT											√	
Report to be provided to Trust Board detailing historical data around ILS and BLS underperformance	JSh												√

The Clatterbridge Cancer Centre NHS Foundation Trust

Trust Board Part 1 – 1 March 2023

Chair's Report for: Performance Committee

Date/Time of meeting: 15 February 2023: 09.30-13.00

			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	• A review of the five Board Assurance Framework (BAF) entries aligned to the Committee was completed and the Committee endorsed proposals for a reduction in the residual risk score for the following entries: o BAF 8 Research Programme Underfunding – Reduced from 12 to 8 o BAF 15 Subsidiary Companies & Joint Venture – Reduced from 12 to 9 The Committee was assured that the controls in place and actions taken justified the reduction in risk scores. • The Committee also had a thorough debate on the BAF 2 and BAF 3 entries, which relate to resource levels and funding levels respectively, to consider scoring in the context of the in-year position as opposed to a more forward looking, strategic view. On conclusion of the discussion the Committee agreed that the approach is based on a longer-term view and that the current risk scores were appropriate in this context. • Dr J Payne, Principal Information Analyst joined the meeting to deliver a presentation detailing the Trust's work to date on developing performance reporting based on Health Inequalities. Developing such reporting is a key element of the NHS England priorities for 2023/24 and is also reflected in the Code of Governance for NHS Provider Trusts which comes into effect from 1 April 2023. The Committee noted the challenge for the Trust in reporting performance in this way due to the relatively small size of patient cohorts but was assured that analysis to date suggests that the Trust's performance in the five Index of Multiple Deprivation (IMD) segments has been consistent over the last four years. The Committee noted that work in this area would continue to develop, including alignment with work being carried out by the Cancer Alliance, and that quarterly reports would be provided to Performance Committee and Quality Committee.

	• Ms H Gray, Head of Performance and Planning presented a report which provided a detailed overview of performance by cancer waiting time standards and tumour group (where appropriate). Committee members were impressed by the depth and breadth of the information provided and agreed that the report content had enhanced understanding of the relevant performance metrics. The Committee also noted that assurance on the effectiveness of management arrangements in this area had been provided by an Internal Audit review which had resulted in assessment of Substantial Assurance. • The Committee reviewed a report which detailed the Trust's financial position as at 31 January 2023 and noted that the Trust had recently agreed an improved financial position for the year with the Integrated Care Board based on an increase in the Trust's surplus from £1.6m to £3.5m. The Committee was assured on both the rationale for the revised position and the Trust's ability to deliver the forecast position. The Committee noted that the Trust had over-achieved the CIP target for the year which is a credit to the efforts of all involved in identifying and delivering the various efficiency schemes. That said, the Committee also noted the challenge of delivering a higher proportion of recurrent schemes in 2023/24. • The Committee completed the annual review of its Terms Reference. Following thorough consideration, the Committee endorsed a number of proposed amendments which aimed to provide clarity on the Committee's functions and membership. Revised Terms of Reference are included at Annex A for approval by the Board.
Items of concern for escalation to the Board	• The Committee reviewed the Integrated Performance Report (IPR) as at 31 January 2023 and noted in particular a downturn in performance against the 62-day Cancer standards in January 2023. The Committee noted the impact of both industrial action and changes in the management team on achievement of the target. While the Committee was advised that performance levels had improved in February 2023, the likelihood of a further impact in March 2023 as a result of planned industrial action was noted. • Also in relation to the IPR, the Committee noted that the 95% target for the number of in-date Trust policies had not been achieved for the fifth successive month. The Committee was advised of ongoing work to review policy and procedure documents with the aim of reducing the overall number of documents and noted that the Risk & Quality Governance Group had oversight of this project. The Committee emphasised the importance of ensuring that all documents were subject to timely periodic review and will seek assurance that work to improve performance is being prioritised appropriately.

	• Finally in relation to the IPR, the Committee noted an instance where the response to a complaint had been subject to an 11-week delay. The Committee was assured that the complainant had been kept informed throughout this period and the Chief Executive had explained the circumstances for the delay in this particular case. However, while the actual number of complaints is relatively small, the Committee suggested that the report content could be amended in order to provide a 'forward view' of responses subject to delays. • The Director of Finance delivered a presentation on progress with the development of operational and financial plans for 2023/24. The Committee was briefed on the position that would form the Trust's initial draft plan submission on 15 February 2023 based on a deficit position of circa £18.8m with the identification of a range of factors being explored to mitigate the deficit and move towards the required balanced position. The Committee acknowledged that this is currently a fast-moving agenda, with a high likelihood that the position will have changed again by the Board meeting on 1 March 2023, but noted concerns over the level of uncertainty relating to funding in 2023/24 and future years. • The Committee reviewed a report from the Deputy Director of Finance which detailed progress against the 2022/23 Capital Plan together with details of the impact of Capital Allocation changes on future Capital plans. With regards to the 2022/23 plan, the Committee noted that expenditure was lower than planned at 31 December 2022 but was advised by the Deputy Director of Finance that plans were in place to ensure full delivery of the plan by 31 March 2023. On a less positive note, the Committee was advised of a series of changes, both national and local, which will significantly impact the Trust's historic investment plans with the model providing less funding than depreciation. If the Trust is unable to secure sufficient capital to cover depreciation its ability to invest in new developments and support the current asset base may deteriorate over time. • Also included in the Capital report was an update on progress with the Rutherford Project and the Committee noted the assurance provided that a multi-disciplinary mobilisation team was working to ensure that appropriate due diligence is undertaken. Board members will be aware of the importance of successfully completing the transaction by 31 March 2023.
Items of achievement for escalation to the Board	

The Clatterbridge Cancer Centre NHS Foundation Trust

Items for shared learning	No items for shared learning were identified.

The Clatterbridge Cancer Centre NHS Foundation Trust

Performance Committee Terms of Reference

ToR Reference	(To be provided by DCO)
Version	V.5
Name and designation of ToR author(s)	Paul Buckingham, Interim Associate Director of Corporate Governance
Approved by (committee, group, manager)	Board of Directors – Draft for review
Approval evidence received (minutes of meeting, electronic approval)	
Date approved	
Review date	
Review type (annual, three yearly)	Annual
Target audience	Board of Directors and Board Committees
Links to other strategies, policies, procedures	
Protective Marking Classification	Internal
This document replaces	V.4
Date added into Q-Pulse	For completion by DCO
Date document posted on the Intranet	For completion by DCO

Date	Version	Author name and designation	Summary of main changes
March 2019	V.2.0	Angela Wendzicha, Associate Director Corporate Governance	Full review and redraft into the current Trust template.
October 2020	V.3.0	Angela Wendzicha, Associate Director Corporate Governance	Full review:
May 2022	V.4.0	Margaret Saunders, Associate Director of Corporate Governance	Full review and update into the current Trust template.
February 2023	V.5.0	Interim Associate Director of Corporate Governance	

The Clatterbridge Cancer Centre NHS Foundation Trust

Performance Committee – Terms of Reference	
Authority	1.1 The Performance Committee is constituted as a standing committee of The Clatterbridge Cancer Centre NHS Foundation Trust's Board of Directors ("the Board"). The constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings. 1.2 The Performance Committee is authorised by the Board to act and investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Performance Committee. 1.3 The Performance Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. 1.4 The Performance Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions. This may include establishing task and finish groups as required to assist in discharging its' responsibilities. 1.5 The Performance Committee is authorised to meet via a virtual/remote meeting. For the purposes of such meetings, 'communication' and 'electronic communication' shall have the meanings as set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof.
Specific work areas	**2. Purpose of the Performance Committee** 2.1 The purpose of the Performance Committee is to provide the Board with in-year assurance concerning the development and delivery of the Trust's Strategic Plan. 2.2 Ensure that capital investments made by the Trust are in line with the Trust's approved Investment Policy and that where authority to act as the investment decision maker is devolved, that those groups or committees are exercising their responsibilities in respect of the investment decisions effectively. 2.3 Seek assurance on ~~Oversee~~ the overall financial performance and financial sustainability of the Trust. 2.4 Undertake ~~a~~ high-level, exception based monitoring of ~~the delivery of the~~ operational and financial performance to ensure that the Trust is operating in line with its annual business plan objectives, and where not, satisfy itself that appropriate action is being taken by Executive Directors. 2.5 Oversee the performance (Key Performance Indicators) of any subsidiary Companies and Joint Ventures established by the Trust.

	2.6 For the areas it is accountable for, the Performance Committee will seek to mitigate risks and address any gaps in controls identified in the Board Assurance Framework and the risk register. **3. In respect of Business Plan delivery and future development** 3.1 The Performance Committee will oversee the Trust's~~'~~ business planning process and agree the principles and approach for internal budget setting and the development of ~~the~~ Directorate business plans linked to the Trust's Strategic Priorities. 3.2 Review the Annual Business Plan, including medium and long term plans required by NHS England~~/Improvement~~, to confirm that the financial plan supports the Trust's~~'~~ wider clinical services strategy; to scrutinise assumptions underpinning the financial modelling and advise the Board accordingly. 3.3 Take an overview of implementation of the Trust's strategic plans and performance against associated financial, operational and workforce objectives (including delivery of recovery and transformation plans~~,~~/Cost Improvement Plans and research and innovation plans) ensuring that resources are being appropriately managed to deliver effective services~~,~~and receiving advice regarding remedial action being taken as necessary by the Executive Team. 3.4 Monitor the Trust's Reference Costs and report any significant implications from variances against national averages to the Board. 3.5 Seek assurance that ~~Confirm~~ the Trust is managing the ~~manages its~~' asset base effectively and efficiently and confirm that capital projects of significant value, whether related to property or other assets, are properly identified, managed and controlled. This relates to both the acquisition of assets and to their disposal. ~~3.6 Oversee the development and financial management of development of Trust sites.~~ 3.6~~7~~ Seek assurance that the Trust has appropriate strategies and plans relating to environment, energy and sustainability and that any associated policies are effectively implemented and monitored. The Committee will seek assurance on delivery of the Trust's Green Plan. 3.7 Seek assurance on the effectiveness of the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements. **4. In respect of Investment** 4.1 Scrutinize business cases for all major capital investments (all material and significant investments) to provide assurance to the Board that in reaching its decision on the business case it has complied with any associated regulatory ~~the independent regulators~~ requirements and that it has considered any other factors which the Performance Committee feels is relevant to the decision.

The Clatterbridge Cancer Centre NHS Foundation Trust

	4.2 Approve the progression of Invitation to Tender (ITT) stage for strategically significant tenders or tenders requiring the commitment of resources above the limit set in the Trust's Scheme of Delegation. 4.3 Oversee ~~the~~ development of the Trust's marketing strategy and routinely consider market share analysis reports and business development opportunities and assess any identified business risks 4.4 Recommend to the Board and, on approval, oversee and regularly review all Trust policies and procedures with respect to investment strategy in line with current NHS guidance and relevant accounting standards to ensure delivery of agreed financial objectives. 4.5 Agree principles and approach for material contracts, and be the point of referral in negotiations if required,where there are material financial implications and such contracts have been referred to the Committee by the Director of Finance. 4.6 Review business cases with a value in excess of £500,000 and make appropriate recommendations to the Board of Directors for approval. **5. In respect of cash management** 5.1 Maintain~~Have~~ oversight of the Trust's cash position to ensure that the Trust discharges its responsibilities in respect of payroll and non-pay costs. 5.2 Review ~~the~~ management of the Trust's cash position in respect of payments, receipts, loan arrangements and treasury management. **6. In respect of performance management** 6.1 Oversee and seek assurance that the Trust is delivering against the key performance indicators as set out in the Integrated ~~p~~Performance ~~r~~Report. 6.2 Oversee and seek assurance that Clatterbridge Pharmacy Limited (CPL) is delivering against the key performance indicators as set out in the agreed service specification. 6.3 Oversee and seek assurance that PropCare is delivering against the key performance indicators as set out in the agreed Strategic Partnering Agreement. **7. Other duties** 7.1 Refer to the Audit Committee and/or the Trust Executive Group any identified unresolved risks arising within the scope of these terms of reference that pose significant threats to the operation, resources or reputation of the Trust and require Executive Director action. 7.2 Oversee the Trust's insurance arrangements. 7.3 The Performance Committee may be required to take on additional duties as directed by the Board.

The Clatterbridge Cancer Centre NHS Foundation Trust

Reporting arrangements	8.1 The minutes of the Performance Committee shall be formally recorded by a member of the Corporate Governance Team.~~Office or their nominee.~~ 8.2 The Performance Committee will report to the Board following each meeting and the Chair of the Performance Committee will bring to the attention of the Board any items that the Performance Committee considers the Board should be aware of in addition to any issues that require disclosure to any regulatory body. The Chair's report to the Board of Directors will also be presented to the Council of Governors for information. ~~8.3 The Performance Committee will report to the Council of Governors generally on any matters which it considers that action or improvement is required and making recommendations as to the steps to be taken.~~ 8.43 The Finance Committee will provide assurance and performance management reports which have been agreed with, and any other report or briefing required by, the Performance Committee. 8.~~5~~4 The Finance Committee will submit its Terms of Reference for formal approval and review to the Performance Committee. 8.~~6~~5 The Performance Committee will consider matters referred to it for action by the Audit Committee and report back in writing. ~~8.7 The Performance Committee, will, on an exception basis, report into the Audit Committee any identified unresolved risks arising within these terms of reference.~~ 8.~~8~~6 The Committee will carry out an annual review of its effectiveness and provide an annual report to the Audit Committee on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. The review of effectiveness will specifically comment on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

The Clatterbridge Cancer Centre NHS Foundation Trust

Membership	9.1 Members of ~~T~~the Performance Committee will be appointed by the Board and membership will comprise: • Three Non-Executive Directors (one of whom must have relevant and current financial experience) Executive Directors ~~• The Chief Executive may attend any meeting as required~~ • Chief Operating Officer • Director of Finance • Chief Information Officer • Director of Workforce and OD • Director of Strategy ~~The Medical Director, Director of Strategy and the Chief Nurse may be called to attend any meeting as the Chair deems relevant.~~ Executive Directors may be represented by a Deputy in exceptional circumstances but the Deputy would not count towards the quorum. 9.2 A Non-Executive Director will be appointed Chair of the Performance Committee. 9.3 The following will routinely ~~may~~ be in attendance at ~~the~~ Performance Committee meetings: • Associate Director of Corporate Governance • Deputy Director of Finance ~~• Director of Finance~~ • Deputy Director of Workforce and Organisational Development • Head of Planning and Performance ~~• Corporate Governance secretariat~~ • Any other person who has been invited to attend by the Performance Committee so as to assist in deliberations. 9.4 The Trust Chair and Chief Executive may attend any or all meetings but are~~is~~ not designated as ~~a~~ members of the Performance Committee. 9.5 Members are required to attend at least 75% of the meetings in one financial year. 9.6 Membership of the Performance Committee will include at least one common Non-Executive member of the Audit Committee. This member will act as a conduit of information and assurance across the two Committees in support of the Trust's~~'~~ Integrated Governance approach.
Quorate	The Performance Committee will be quorate to the extent that the following members are present: • Two Non-Executive Directors

The Clatterbridge Cancer Centre NHS Foundation Trust

	• Two Executive Directors • ~~Representation from Finance and Operations~~		
Notice of meetings	An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other attendees no later than 4 working days before the date of the meeting.		
Standard items	Standard Agenda items will fall under the headings: 1. Standard Business~~Approvals~~ 2. Reports and Action Plans~~Performance and Risk~~ 3. Items for Escalation to Trust Board~~Internal / External Reports~~ 4. Any Other Business~~Delegations from the Board~~ ~~5. Review and Governance~~ The business of the Performance Committee will take into account the relevant risks on the Board Assurance Framework.		
Frequency	The Performance Committee will meet quarterly.		
Date Approved:		**Review Date:**	

The Clatterbridge Cancer Centre NHS Foundation Trust

Title of meeting: **Trust Board**
Date of meeting: **1st March 2023**

Report lead	Joan Spencer, Chief Operating Officer					
Paper prepared by	Hannah Gray, Head of Performance and Planning					
Report subject/title	P1-031-23 Integrated Performance Report M10 2022 / 2023					
Purpose of paper	This report provides an update on performance for month 10 2022/23 (January 2023). This report provides an update on performance in the categories of access, efficiency, quality, workforce, research and innovation and finance. 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. NHSE's 2022/23 priorities and operational planning guidance stated that Trust board performance packs are expected to be disaggregated by deprivation and ethnicity. A presentation on health inequalities was made to the February 2023 Performance Committee as part of the IPR agenda item. A proposal for the KPIs to be included in the 2023/24 IPR was presented to the February 2023 Performance Committee.					
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	Age	~~Yes~~/No	Disability	~~Yes~~/No	Sexual Orientation	~~Yes~~/No

WE ARE... KIND EMPOWERED RESPONSIBLE INCLUSIVE

Ref: FCGOREPO
Review: July 2025
Version: 2.0

The Clatterbridge Cancer Centre NHS Foundation Trust

could have an adverse impact on:	Race	~~Yes~~/No	Pregnancy/Maternity	~~Yes~~/No	Gender Reassignment	~~Yes~~/No
	Gender	~~Yes~~/No	Religious Belief	~~Yes~~/No		

REPORT

The Clatterbridge Cancer Centre NHS Foundation Trust

Integrated Performance Report
(Month 10 2022/23)

Hannah Gray: Head of Performance and Planning

Joan Spencer: Chief Operating Officer

Introduction

This report provides an update on performance for January 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.

Since the M7 report, for KPIs with annual targets, the monthly data has been accompanied by charts which present the cumulative total against the YTD target each month. For these KPIs, the RAG rating has been removed from the tables of monthly figures to promote focus on performance against the annual target, rather than per month. Exception reports are provided when both the monthly and YTD figures are below the respective targets.

NHSE's 2022/23 priorities and operational planning guidance stated that Trust Board performance packs are expected to be disaggregated by deprivation and ethnicity. A presentation on health inequalities was made to the February 2023 Performance Committee, as part of the IPR agenda item.

A proposal for the KPIs to be included in the 2023/24 IPR was presented to the February 2023 Performance Committee.

REPORT

The Clatterbridge Cancer Centre NHS Foundation Trust

Interpretation of Statistical Process Control Charts

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

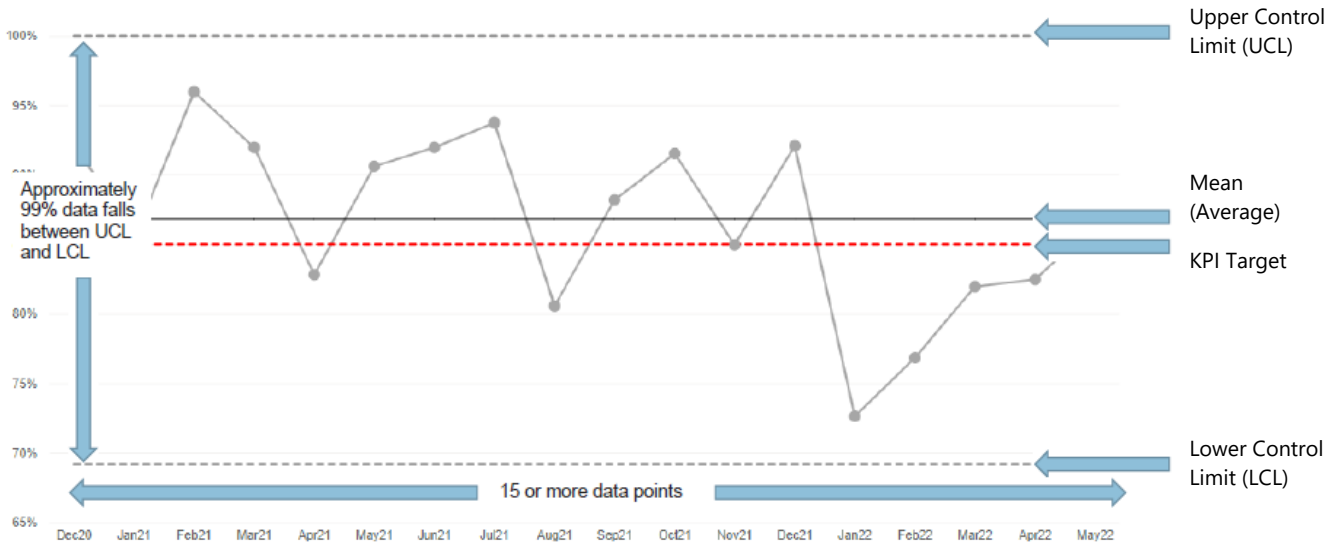
Are we improving, declining or staying the same? (Variation)			
Icon	**Variation**	Definition	Action
	Special Cause Improving Variation	Unexpected variation that results from unusual circumstances in a system or process i.e. assignable. (Blue = significant improvement/low pressure, H = high numbers, 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

The Clatterbridge Cancer Centre NHS Foundation Trust

Anatomy of the SPC Chart

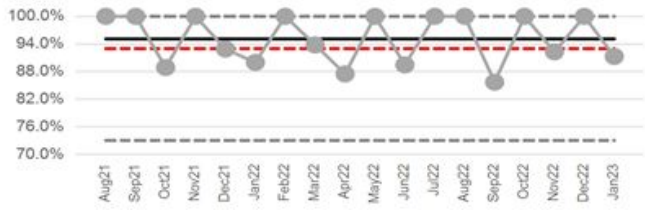


Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Access

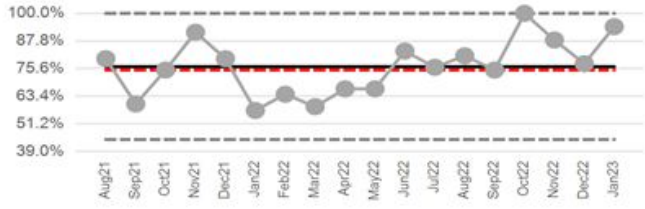
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW10	2 Week Wait From GP Referral to 1st Appointment	Green ≥93% Red <93%	Contractual / Statutory		100.0%	93.8%	87.5%	100.0%	89.5%	100.0%	100.0%	85.7%	100.0%	92.3%	100.0%	91.3%		
			Narrative	Performance is marginally below target 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
2 patients breached the 2 week wait target in January. Both breaches were unavoidable to CCC, with 1 patient choosing to delay their first appointment and the second patient testing positive for Covid, resulting in the first appointment being rearranged.	N/A

Escalation Route & Expected Date of Compliance
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board February 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW00	28 Day Faster Diagnosis - (Referral to Diagnosis)	Green ≥75% Red <75%	Contractual / Statutory		64.3%	58.8%	66.7%	66.7%	83.3%	76.2%	81.3%	75.0%	100.0%	88.2%	77.8%	94.1%		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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.														

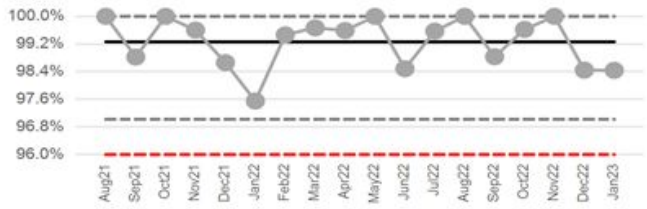
Data Not Applicable for SPC

Integrated Performance Report (Feb 22 - Jan 23)

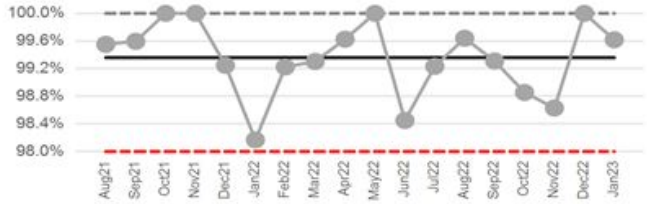
The Clatterbridge Cancer Centre NHS Foundation Trust

Access

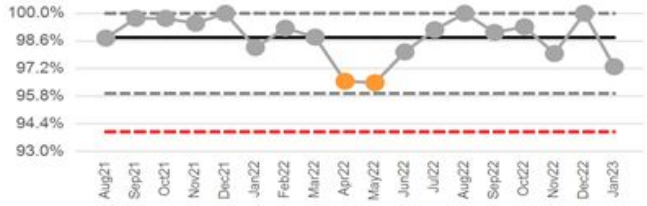
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW09	31 Day Firsts	Green ≥96% Red <96%	Contractual / Statutory		99.5%	99.7%	99.6%	100.0%	98.5%	99.6%	100.0%	98.8%	99.6%	100.0%	98.4%	98.4%		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW07	31 Day Subsequent Chemotherapy	Green ≥98% Red <98%	Contractual / Statutory		99.2%	99.3%	99.6%	100.0%	98.4%	99.2%	99.6%	99.3%	98.9%	98.6%	100.0%	99.6%		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW08	31 Day Subsequent Radiotherapy	Green ≥94% Red <94%	Contractual / Statutory		99.2%	98.8%	96.6%	96.5%	98.0%	99.2%	100.0%	99.0%	99.3%	98.0%	100.0%	97.3%		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW40	Number of 31 Day Patients Treated ≥ Day 73	Green 0 Red >0	Contractual / Statutory		0	0	0	0	0	0	0	0	0	1	0	0		
			Narrative	This month, there were no 31 day patients treated on or after day 73.														

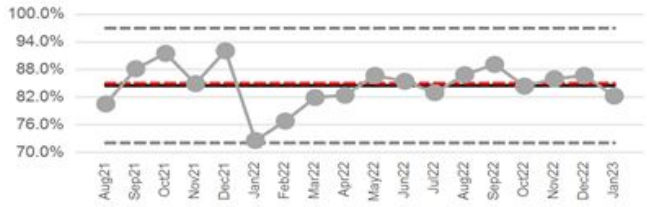
Data Not Applicable for SPC

Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Access

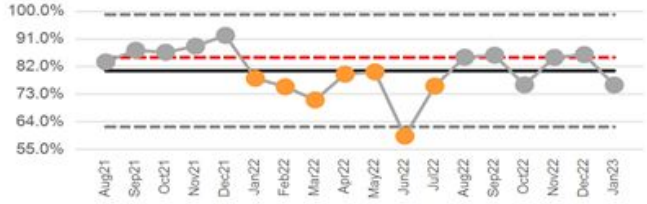
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW90	24 Day Wait Target - Referral Received to First Treatment (62 Day Classics Only)	Green >85% Amber 80-84.9% Red <80%			76.8%	81.9%	82.5%	86.7%	85.5%	83.0%	86.9%	89.1%	84.4%	86.0%	86.7%	82.3%		
			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.														



Reason for Non-Compliance	Action Taken to Improve Compliance
22 patients breached the 24 day Classic target in January; 10 were unavoidable to CCC and 12 were avoidable. 17 of the 22 patients went on to breach the 62 day target and 5 were treated within 62 days. The 10 breaches which were unavoidable to CCC, were due to: - Patient choice (4 patients), - 1 patient being too unwell to attend the planning appointment, - 1 patient's molecular marker results were delayed, - 1 patient, for whom further discussion was required at another MDT due to a second primary, - 1 patient required a cardio review, - 1 patient required an MRI prior to treatment and - 1 patient required a repeat treatment planning scan. The 12 avoidable breaches were due to: - The DPYD not being collected (1 patient), - Delays to 1st appointment due to capacity (Gynae, H&N and Lung), - Delays to planning (5 patients), - Delay to radiotherapy outlining and machine breakdown (2 patients) and - Reduced out patient capacity.	All actions are stated within the CCC 62 Day exception report.

Escalation Route & Expected Date of Compliance
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board February 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW03	62 Day Classic	Green ≥85% Red <85%	Contractual / Statutory		75.4%	71.2%	79.5%	80.3%	59.4%	75.7%	85.1%	85.7%	76.1%	85.0%	85.9%	76.0%		
			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.														



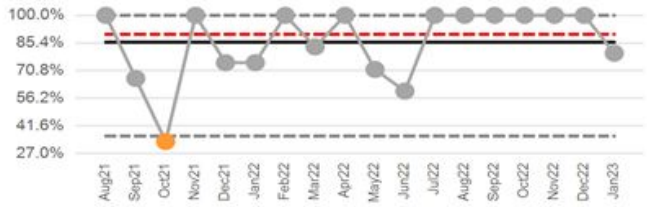
Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Access

Reason for Non-Compliance	Action Taken to Improve Compliance
17 patients breached the 62 day target in January; 6 were unavoidable to CCC and 11 were avoidable. The unavoidable breaches were due to: - Patient choice (2 Patients), - 1 patient, for whom further discussion was required at another MDT due to a second primary, - 1 patient required a cardio review, - 1 patient required an MRI prior to treatment and - 1 patient required a repeat treatment planning scan. The 11 avoidable breaches were due to: - The DPYD was not collected for 1 patient, - Delay to 1st appointment due to capacity in Gynae and H&N, - Delays to planning (5 patients), - Delay to radiotherapy outlining and machine breakdown (2 patients) and - Reduced out patient capacity. The breaches were in the following tumour groups: Gynae 3 / Head and Neck 3 / LGI 3 / Lung 2 / UGI 2 / Urology 2 / Sarcoma 1 / Haem 1	- The DPYD pathway and processes are being reviewed by Matron and staff are being made aware of breaches at the safety huddle meetings. - Capacity for first appointment is reviewed and managed on an individual basis by secretarial and SRG team. The Activity Dashboard has been further developed to support capacity management. - There were positive discussions initiated by CBU Managers regarding plans to collaborate regarding the approval of Consultant annual leave, especially where Consultants work in more than 1 SRG. HO Consultants manage this well and this approach will continue to be pursued in other SRGs. - Out patient capacity, activity and demand is being reviewed in detail by each SRG, with reports presented to the Transformation and Innovation Committee, with recommendations for service transformation being included in 2023 - 2026 business plans and investments considered at the Finance Committee in February. - Review escalation process and refresher training on escalation process for all booking staff. - Implement text messages (rather than letters) with appointment details, for patients whom the RT booking office are unable to contact. - From March 2023, eCorrespondence will provide electronic appointment letters to prevent delays in patients receiving their appointment details. - Category 1 patient start dates are always set for Mondays; this practice is under review to consider whether there is a possibility to be more flexible and therefore reduce pathway delays. - Booking staff have been reminded to prioritise the RT planning of target patients in the event of equipment breakdown and to seek clinical advice if unsure.
Escalation Route & Expected Date of Compliance	
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board February 2023	

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW05	62 Day Screening	Green ≥90% Red <90%	Contractual / Statutory		100.0%	83.3%	100.0%	71.4%	60.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%		
			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.														



Reason for Non-Compliance	Action Taken to Improve Compliance
1 patient breached the 62 day Screening target in January. The breach was avoidable as it was due to a delay to the radiotherapy appointment.	Review escalation process and provide refresher training on the escalation process for all booking staff.
Escalation Route & Expected Date of Compliance	
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board February 2023	

Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Access

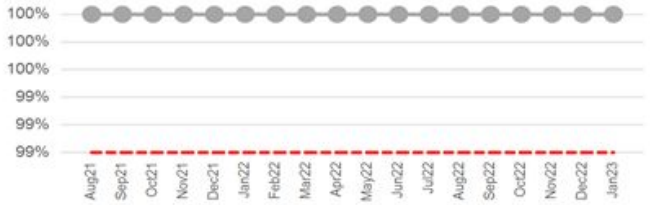
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW43	Number of Avoidable Breaches, Treated ≥ 104 Days and at CCC For Over 24 Days	Green 0 Amber 1 Red >1	Contractual / Statutory		1	4	0	1	1	3	0	1	0	0	1	5		
			Narrative	This month, there were 5 patients treated on or after day 104 and at CCC for more than 24 days. An exception report is provided.														

Data Not Applicable for SPC

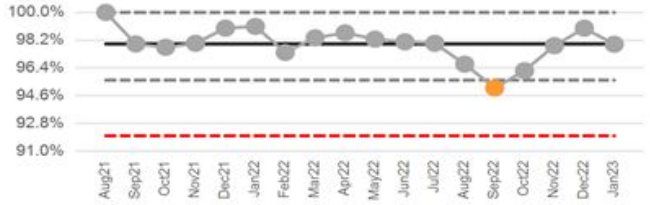
Reason for Non-Compliance	Action Taken to Improve Compliance
6 Patients were treated => 104 days AND at CCC for over 24 days. The patients were treated between 105 and 140 days, with an average of 122 days. Excluding the unavoidable breach, the patients were at CCC for between 27 and 44 days, with an average of 38 days. 1 of the breaches was unavoidable; the patient had a second primary and required discussion at another MDT. 5 of the breaches were avoidable due to the DPYD not being collected (1 patient), a delay to 1st appointment due to capacity (1 patient) and delay to planning (3 patients).	All actions are stated within the CCC 62 Day exception report.

Escalation Route & Expected Date of Compliance
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board February 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
DI01	Diagnostic Imaging Waitlist - Within 6 Weeks	Green ≥99% Red <99%	Contractual / Statutory		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
RT03	RTT Incomplete	Green ≥92% Red <92%	Contractual / Statutory		97.4%	98.4%	98.7%	98.3%	98.1%	98.0%	96.6%	95.1%	96.2%	97.8%	99.0%	97.9%		
			Narrative	The target has been achieved. Performance continues to be as expected, with assurance that this is likely to be achieved consistently.														

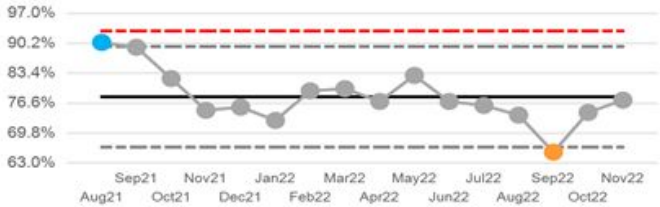


Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Access: Cheshire and Merseyside

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW44	2 Week Wait From GP Referral to 1st Appointment (Cheshire and Merseyside)	Green ≥93% Red <93%	Contractual / Statutory		79.4%	79.9%	77.0%	82.9%	77.0%	76.1%	73.9%	65.5%	74.5%	77.3%	-	-		
			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
Non-compliance with the 14 day standard was largely driven by underperformance in the following tumour groups: -Suspected skin cancer 68.1% (1065 breaches), -Suspected breast cancer 70.5% (738 breaches), -Suspected lower gastrointestinal cancer 78.2% (740 breaches), -Suspected head and neck cancer 80.8% (234 breaches), -Suspected upper gastrointestinal cancer 81.4% (218 breaches), -Other suspected cancer (not listed) 85% (6 breaches), -Suspected gynaecological cancer 85.4% (208 breaches), -Suspected sarcoma 89.5% (4 breaches) Providers not achieving the national standard were: -Liverpool University Hospitals 54.3% (1654 breaches), -Countess Of Chester Hospital 66.4% (477 breaches), -East Cheshire 67.9% (217 breaches), -St Helens and Knowsley Hospitals 85.2% (307 breaches), -Southport and Ormskirk Hospital 88.2% (159 breaches), -Warrington and Halton Teaching Hospitals 88.4% (127 breaches), -Mid Cheshire Hospitals 91.1% (148 breaches), -Wirral University Teaching Hospital 92% (160 breaches), -The Clatterbridge Cancer Centre 92% (2 breaches) Outpatient capacity issues were recorded as the most frequent breach reason (79%), followed by patient choice (15%).	• CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. • 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.

Escalation Route & Expected Date of Compliance
NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW45	28 Day Faster Diagnosis - (Referral to Diagnosis) (Cheshire and Merseyside)	Green ≥75% Red <75%	Contractual / Statutory		68.3%	69.5%	66.6%	67.8%	69.2%	68.9%	66.0%	61.9%	65.8%	66.0%	-	-		
			Narrative	The target has not been achieved and an exception report is provided. Performance is lower than expected, and the nature of variation now indicates that the target is unlikely to be achieved without significant change.														

Integrated Performance Report (Feb 22 - Jan 23)

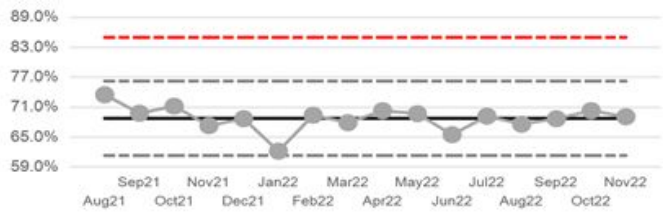
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Access: Cheshire and Merseyside

Reason for Non-Compliance	Action Taken to Improve Compliance
Non-compliance with the 28 day FDS was driven by underperformance in the following tumour groups: -Suspected lower gastrointestinal cancer 39.1% (2025 breaches), -Suspected urological malignancies (excluding testicular) 46.2% (557 breaches), -Suspected haematological malignancies (excluding acute leukaemia) 47.8% (48 breaches), -Referral from a National Screening Programme: Unknown Cancer Report Category 52.5% (124 breaches), -Suspected upper gastrointestinal cancer 60.1% (471 breaches), -Suspected gynaecological cancer 62.8% (529 breaches), -Suspected sarcoma 67.6% (12 breaches), -Suspected testicular cancer 68.8% (15 breaches), -Other suspected cancer (not listed) 73.5% (9 breaches) Providers not achieving the national standard were: -Liverpool Heart And Chest 44.4% (5 breaches), -Liverpool Womens 55.9% (154 breaches), -Liverpool University Hospitals 61.4% (1356 breaches), -Countess Of Chester Hospital 62.2% (597 breaches), -Mid Cheshire Hospitals 62.4% (652 breaches), -St Helens and Knowsley Hospitals 67.5% (702 breaches), -East Cheshire 67.9% (183 breaches), -Southport and Ormskirk Hospital 69% (410 breaches), -Warrington and Halton Teaching Hospitals 71.4% (335 breaches), -Wirral University Teaching Hospital 73.9% (534 breaches) The main reasons for breaches were outpatient capacity (32%), administrative delay (13%), healthcare provider initiated delay to diagnostic test (13%) and 'other' (13%).	• 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.

Escalation Route & Expected Date of Compliance
NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
CW46	62 Day Classic (Cheshire and Merseyside)	Green ≥85% Red <85%	Contractual / Statutory	69.4%	67.9%	70.3%	69.7%	65.5%	69.2%	67.6%	68.7%	70.3%	69.1%	-	-		
			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 (Feb 22 - Jan 23)

Access: Cheshire and Merseyside

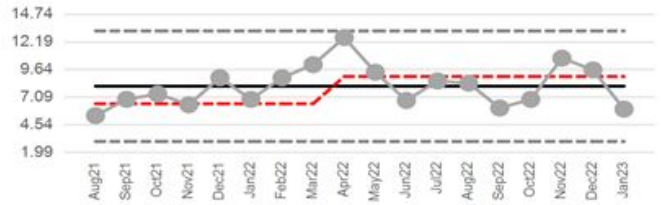
Reason for Non-Compliance	Action Taken to Improve Compliance
Non-compliance with the 62 day standard was driven by underperformance in the following tumour groups: - Head & Neck 29.3% (26.5 breaches), -Lower Gastrointestinal 31.3% (39.5 breaches), -Gynaecological 42.9% (24 breaches), -Sarcoma 45.5% (3 breaches), -Haematological (Excluding Acute Leukaemia) 54.5% (15 breaches), -Urological (Excluding Testicular) 65.2% (63.5 breaches), -Lung 71.2% (15 breaches), -Upper Gastrointestinal 71.3% (14.5 breaches), -Other 75% (1 breaches), -Breast 78.2% (23.5 breaches) Providers not achieving the national standard were: -Liverpool Womens 20% (8 breaches), -Liverpool University Hospitals 46.4% (73.5 breaches), -East Cheshire 61.5% (12.5 breaches), -Mid Cheshire Hospitals 63.6% (38 breaches), -Warrington and Halton Teaching Hospitals 69.6% (17.5 breaches), -Southport and Ormskirk Hospital 69.6% (20.5 breaches), -Liverpool Heart And Chest 73.3% (2 breaches), -Wirral University Teaching Hospital 74.4% (30.5 breaches), -St Helens and Knowsley Hospitals 83.3% (18 breaches) 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%).	• 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	
NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2023	

Integrated Performance Report (Feb 22 - Jan 23)

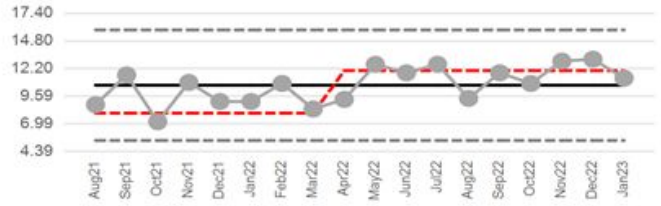
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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		8.90	10.10	12.60	9.40	6.80	8.60	8.40	6.10	6.90	10.70	9.61	6.00		
			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.														

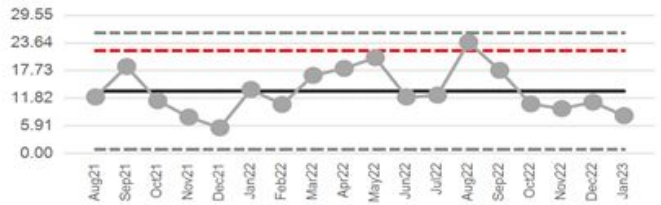


Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP06-ST	Length of Stay Emergency Care: Solid Tumour Wards (Average Number of Days On Discharge)	Green ≤12 Amber 12.1-14.3 Red >14.3	Statutory		10.80	8.40	9.30	12.60	11.80	12.60	9.40	11.80	10.80	12.90	13.08	11.30		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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		15.7	12.9	14.3	20.0	21.6	31.8	17.0	22.6	12.4	14.3	13.9	12.8		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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		10.50	16.70	18.20	20.50	12.10	12.50	23.80	17.80	10.60	9.60	11.00	8.10		
			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.														

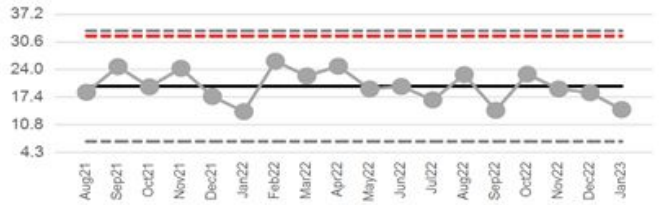


Integrated Performance Report (Feb 22 - Jan 23)

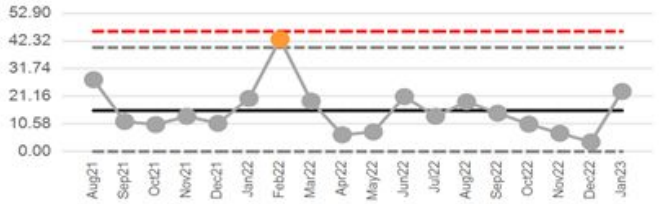
The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

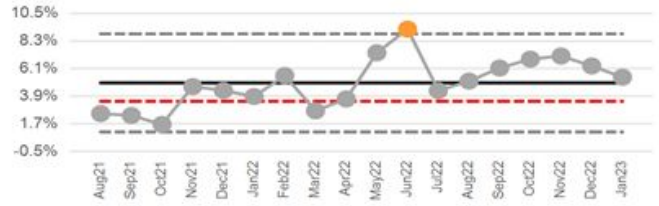
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP05-5	Length of Stay Elective Care: HO Ward 5 (Average Number of Days On Discharge)	Green ≤32 Amber 32.1-33.6 Red >33.6	Statutory		26.0	22.5	24.8	19.4	20.0	16.8	22.8	14.3	22.9	19.4	18.5	14.5		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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		43.00	19.30	6.40	7.50	21.00	13.50	19.00	14.70	10.50	7.00	3.67	23.00		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP22	Delayed Transfers of Care As % of Occupied Bed Days	Green ≤3.5% Red >3.5%	Statutory		5.5%	2.7%	3.7%	7.4%	9.2%	4.4%	5.1%	6.1%	6.9%	7.1%	6.3%	5.4%		
			Narrative	The nationally set target of 3.5% 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 (Feb 22 - Jan 23)

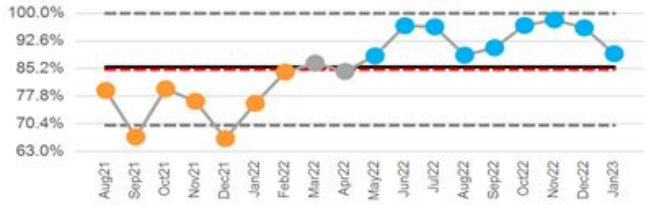
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

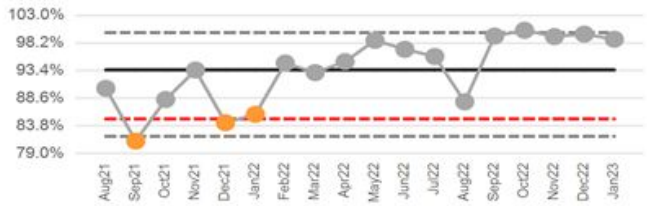
Reason for Non-Compliance	Action Taken to Improve Compliance
Delayed Transfers of Care (DTOCs) as a % of occupied bed days for the month of January was above the Trust target of <= 3.5%, with 5.4% reported this month. This is a 0.9% reduction on December 2022 and the lowest since August 2022. There were 146 extra bed days in January. The average length of DTOC was 10.4 days. There were 14 DTOCs in January 2023, which is 4 fewer than in December 2022. -3 Patients awaited Fast Track Packages of care (16 extra bed days). Covid has had an impact on community services, which has increased the length of time to commission a POC across all areas. -1 Patient awaited Fast Track Nursing Home placement (12 extra bed days). -3 Patients awaited Hospice placement (9 extra bed days). One hospice has reduced bed capacity due to being unable to recruit staff. -4 Patients awaited Social Packages of Care (28 extra bed days). -3 Patients awaited Intermediate Care Bed. 2 patients required complex Neurology rehabilitation that is only offer in very few placements (81 extra bed days).	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. 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. Consultant of the week (COW) MDT meetings continue, to allow discussion of all inpatients so that there is a clear plan for each patient. CHC (NHS Continuing Healthcare) are being contacted daily for an update on the availability of beds.

Escalation Route & Expected Date of Compliance
Divisional Quality, Safety and Performance Meeting, Divisional Performance Review, Performance Committee, Trust Board April 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP20-4	Average Bed Occupancy at 12 Midday: Ward 4	Green ≥85% Amber 81-84.9% Red <81%	Statutory		84.3%	86.7%	84.4%	88.6%	96.7%	96.4%	88.8%	90.8%	96.8%	98.3%	96.1%	89.2%		
			Narrative	The target has been achieved. Bed occupancy 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP21-4	Average Bed Occupancy at Midnight: Ward 4	Green ≥85% Amber 81-84.9% Red <81%	Statutory		94.7%	93.1%	95.0%	98.7%	97.1%	95.9%	88.0%	99.4%	100.4%	99.3%	99.7%	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.														

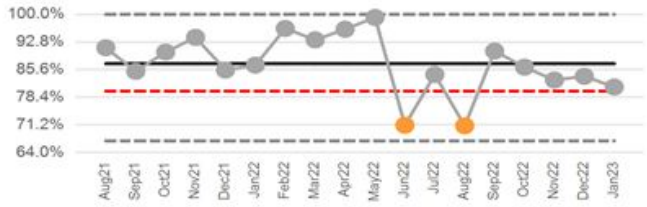


Integrated Performance Report (Feb 22 - Jan 23)

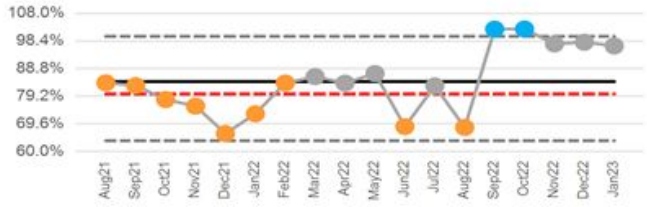
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

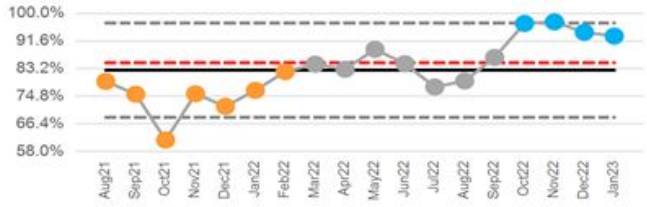
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP20-5	Average Bed Occupancy at 12 Midday: Ward 5	Green ≥80% Amber 76%-79.9% Red <76%	Statutory		96.3%	93.4%	96.1%	99.2%	71.1%	84.3%	71.0%	90.4%	86.2%	82.9%	83.9%	81.1%		
			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.														



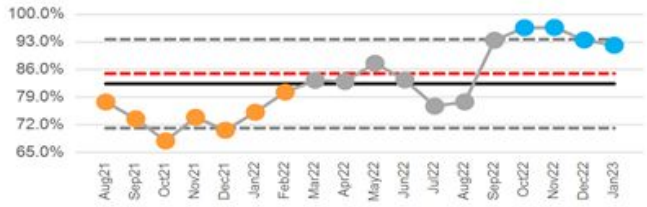
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP21-5	Average Bed Occupancy at Midnight: Ward 5	Green ≥80% Amber 76%-79.9% Red <76%	Statutory		83.8%	86.0%	83.8%	87.1%	68.7%	82.8%	68.4%	102.5%	102.6%	97.4%	98.0%	96.7%		
			Narrative	The target has been achieved. Bed occupancy is now as 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP20-ST	Average Bed Occupancy at 12 Midday: ST Wards	Green ≥85% Amber 81-84.9% Red <81%	Statutory		82.3%	84.6%	83.0%	89.1%	84.7%	77.6%	79.5%	86.6%	96.9%	97.4%	94.2%	93.1%		
			Narrative	The target has been achieved. Bed occupancy 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP21-ST	Average Bed Occupancy at Midnight: ST Wards	Green ≥85% Amber 81-84.9% Red <81%	Statutory		80.3%	83.3%	83.0%	87.6%	83.4%	76.7%	77.8%	93.4%	96.6%	96.7%	93.5%	92.2%		
			Narrative	The target has been achieved. Bed occupancy is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.														

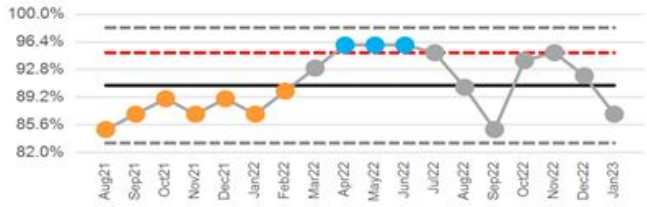


Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
IP23	% of Expected Discharge Dates Completed	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		90.0%	93.0%	96.0%	96.0%	96.0%	95.0%	90.5%	85.0%	94.0%	95.0%	92.0%	87.0%		
			Narrative	This internal target has not been achieved, however there is 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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%	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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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.														

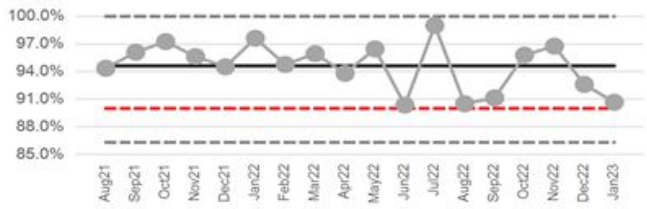
Data Not Applicable for SPC

Integrated Performance Report (Feb 22 - Jan 23)

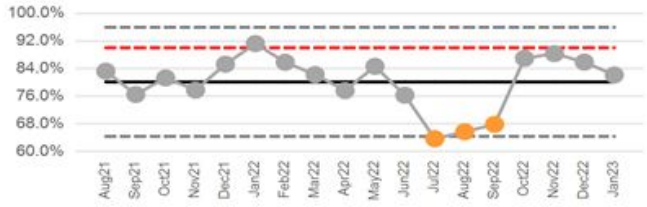
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
EF10	Imaging Reporting Turnaround (Inpatients)	Green >90% Amber 80-89.9% Red <80%			94.8%	95.9%	93.8%	96.5%	90.4%	99.0%	90.5%	91.1%	95.8%	96.8%	92.6%	90.7%		
			Narrative	The target continues to be achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



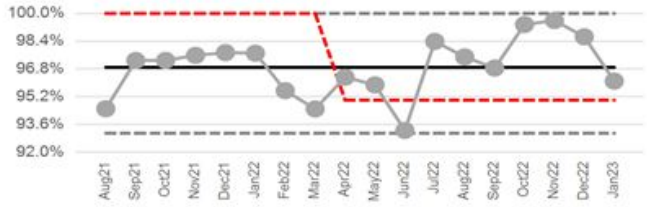
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
EF11	Imaging Reporting Turnaround (Outpatients)	Green >90% Amber 80-89.9% Red <80%			85.9%	82.3%	77.7%	84.7%	76.3%	63.7%	65.7%	67.9%	87.0%	88.3%	85.9%	82.2%		
			Narrative	The target has not been achieved. Performance is as expected, however target achievement is likely to be inconsistent. Although the target figure is internally created and performance is within normal variation, CCC is keen to provide regular updates on this issue and therefore an exception report is provided.														



Reason for Non-Compliance	Action Taken to Improve Compliance
There has been a slight reduction again this month, from 86% in December, to 82% in January. • Radiology activity has increased since CCCL opened, placing increasing demands on the Radiologist team. More recently, activity has further increased by utilising some extended days in MRI and more recently CT and weekend lists in both MRI and CT • CCC Radiologists are supporting additional MDT activity • Expected new radiologist (IR and reporting) withdrew shortly before September start date. • There was reduced capacity for sending reporting to Medica from 19th December 2022 to 3rd January 2023 due to reduced reporting capacity from them.	Although Medica had reduced capacity over the Christmas period, they have agreed to increase capacity to support backlog reduction. Approval has now been granted for four additional radiologists and advert will be going out imminently.

Escalation Route & Expected Date of Compliance
Divisional Quality, Safety and Performance Meeting, Divisional Performance Review, Performance Committee, Trust Board March 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
DQ01	Data Quality - % Ethnicity That is Complete (or Patient Declined to Answer)	Green ≥95% Amber 90-94.9% Red <90%	Covid-19 Recovery		95.5%	94.5%	96.3%	95.9%	93.3%	98.4%	97.5%	96.9%	99.4%	99.6%	98.7%	96.1%		
			Narrative	The target has been achieved. Performance is as expected and the nature of variation indicates that achievement of the target is likely to be inconsistent.														

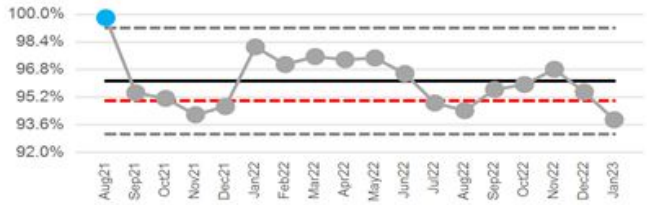


Integrated Performance Report (Feb 22 - Jan 23)

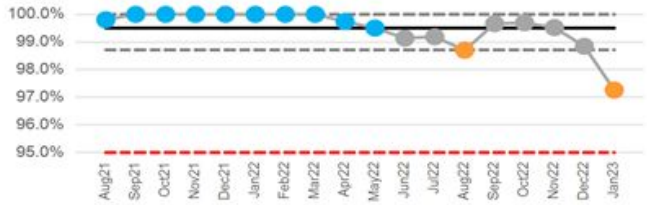
The Clatterbridge Cancer Centre NHS Foundation Trust

Efficiency

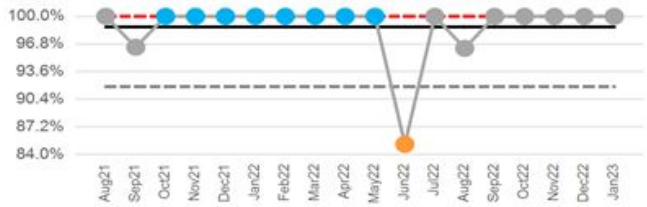
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
DQ02	Data Quality - % of Outpatients With an Outcome	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		97.1%	97.6%	97.4%	97.5%	96.6%	94.9%	94.4%	95.6%	95.9%	96.8%	95.5%	93.9%		
			Narrative	This internal target has not been achieved, however there is 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
DQ03	Data Quality - % of Outpatients With an Attend Status	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		100.0%	100.0%	99.7%	99.5%	99.1%	99.2%	98.7%	99.7%	99.7%	99.5%	98.8%	97.3%		
			Narrative	The target has been achieved. Although performance is lower than expected for December, the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
EF01	Percentage of Subject Access Requests Responded to Within 1 Month	Green 100% Red <100%	Contractual		100.0%	100.0%	100.0%	100.0%	85.2%	100.0%	96.3%	100.0%	100.0%	100.0%	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.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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 (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 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 this month.														

Data Not Applicable for SPC

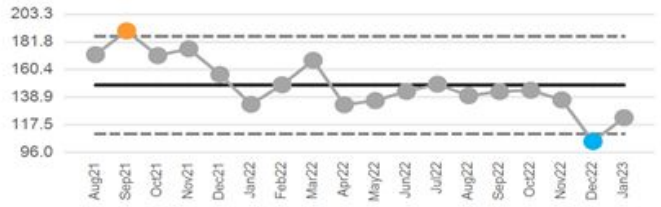
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU04	Serious Incidents (SIs)	No Target	Contractual / Statutory		0	0	0	0	0	2	0	1	0	0	0	1		
			Narrative	1 SI was reported to STEIS in January. This incident involves CCC and another organisation and remains under review.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU01	Serious Incidents: % Submitted Within 60 Working Days / Agreed Timescales	Green 100% Red <100%	Contractual / Statutory		-	-	-	-	-	-	-	-	-	100%	-	-		
			Narrative	No SI reports were submitted this month.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU03	Incidents /1,000 Bed Days	No Target	Statutory		148.6	167.6	133.1	136.3	143.5	149.1	140.1	143.3	144.4	136.9	104.6	123.0		
			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 (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU05	All Incidents Resulting in Moderate Harm and Above /1,000 Bed Days	No Target	Local		2.616	0.857	1.735	0.779	0.872	1.293	0.904	2.794	1.458	0.370	0.367	1.076		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU06	Inpatient Falls Resulting in Harm Due to Lapse in Care	Green 0 Red >0	Contractual		0	0	0	1	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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU07	Inpatient Falls Resulting in Harm Due to Lapse in Care /1,000 Bed Days	Green 0 Red >0	Contractual		0.000	0.000	0.000	0.390	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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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 (Feb 22 - Jan 23)

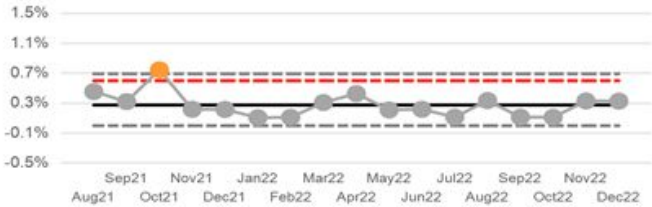
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

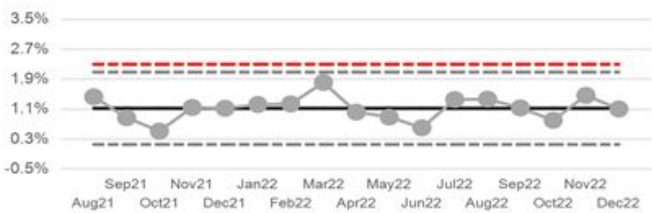
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU09	Pressure Ulcers (Hospital Acquired Grade 3/4, With a Lapse in Care) /1,000 Bed Days	Green 0 Red >0	Contractual		0	0	0	0	0	0	0	0	0	0	0	0		
			Narrative	The 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

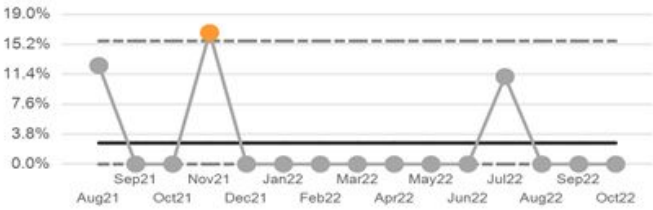
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU10	30 Day Mortality (Radical Chemotherapy)	Green ≤0.6% Amber 0.61% - 0.7% Red >0.7%	SOF		0.1%	0.3%	0.4%	0.2%	0.2%	0.1%	0.3%	0.1%	0.1%	0.3%	0.3%	-		
			Narrative	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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU12	30 Day Mortality (Palliative Chemotherapy)	Green ≤2.3% Amber 2.31% - 2.5% Red >2.5%	SOF		1.2%	1.8%	1.0%	0.9%	0.6%	1.4%	1.4%	1.1%	0.8%	1.5%	1.1%	-		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that the target is likely to be achieved.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU13	100 Day Mortality (Bone Marrow Transplant)	To Be Confirmed	SOF / NR		0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	-	-	-		
			Narrative	No October 2022 transplant patients died within 100 days of transplant.														

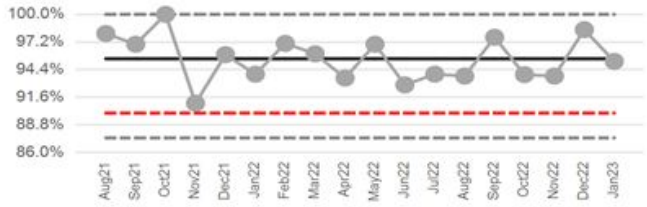


Integrated Performance Report (Feb 22 - Jan 23)

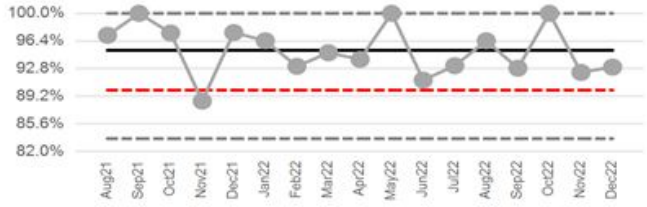
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

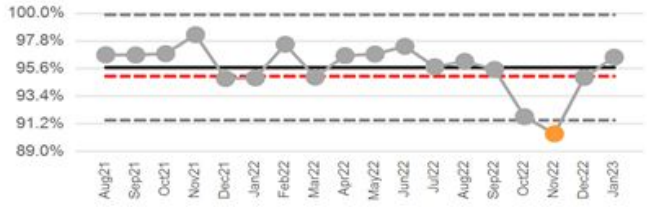
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU62	Consultant Review Within 14 Hours	Green ≥90% Red <90%	Contractual		97.1%	96.0%	93.5%	97.0%	92.9%	93.9%	93.8%	97.7%	93.9%	93.8%	98.4%	95.2%		
			Narrative	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.														



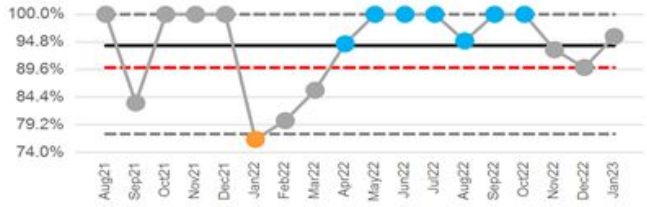
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU48	Sepsis IV Antibiotics Within an Hour	Green ≥90% Red <90%	Contractual		93.1%	94.9%	94.0%	100.0%	91.3%	93.2%	96.4%	92.9%	100.0%	92.3%	93.0%	-		
			Narrative	January data is not yet available due to the timing of Performance Committee this month. January and February data will be reported in the M11 IPR.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU31	Percentage of Adult Admissions With VTE Risk Assessment	Green ≥95% Red <95%	Contractual / Statutory		97.5%	94.9%	96.6%	96.8%	97.4%	95.7%	96.2%	95.5%	91.8%	90.4%	94.9%	96.5%		
			Narrative	Following 3 months of non-compliance, the target has now been achieved. Performance is as 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU14	Dementia: Percentage to Whom Case Finding is Applied	Green ≥90% Red <90%	Contractual		80.0%	85.7%	94.4%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	93.3%	90.0%	95.8%		
			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.														



Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
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	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU34	Clostridium Difficile Infections (HOHA and COHA)	Green ≤17 per year Red >17 per year	Contractual / Statutory		2	2	1	1	2	2	0	1	0	1	-	-		
			Narrative	There was 1 such infection this month, however the chart shows that the total YTD remains within the threshold and an exception report is therefore not provided.														

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU40	E. Coli Bacteraemia (HOHA and COHA)	Green ≤11 per year Red >11 per year	Contractual / Statutory		2	0	2	1	1	4	1	4	0	1	-	-		
			Narrative	There was 1 such infection this month and an exception report is provided. The chart shows that the annual threshold of 11 was exceeded in November.														

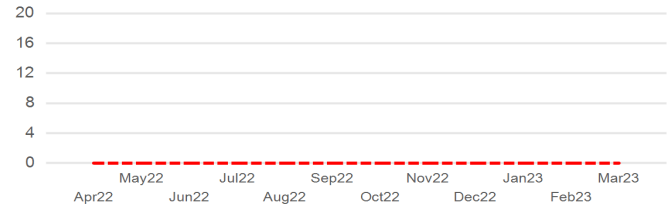
Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Reason for Non-Compliance	Action Taken to Improve Compliance
1 HOHA E.coli bloodstream infection was identified in January 2023. The origin of infection is highly likely to be chest in nature and therefore unavoidable.	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 N/A	

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU36	MRSA Infections (HOHA and COHA)	Green 0 per year Red >0 per year	Contractual / Statutory		0	0	0	0	0	0	0	0	0	0	-	-		
			Narrative	The target has been achieved this month and the chart shows that the annual threshold of 0 has not been exceeded.														



Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU38	MSSA Bacteraemia (HOHA and COHA)	Green ≤4 per year Amber 5 Red >5 per year	Contractual / Statutory		1	0	0	1	0	3	0	1	5	0	-	-		
			Narrative	There were no such infections this month. The chart shows that the annual threshold of 4 was exceeded in September.														

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU43	Klebsiella (HOHA and COHA)	Green ≤8 per year Red >8 per year	Contractual / Statutory		3	1	0	1	1	1	0	3	2	1	-	-		
			Narrative	There was 1 such infection this month and an exception report is provided. The chart shows that the annual threshold of 8 was exceeded in November.														

Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Reason for Non-Compliance	Action Taken to Improve Compliance
1 Hospital Onset Hospital Acquired (HOHA) Klebsiella pneumoniae bloodstream infection was identified in January 2023. The origin of infection is highly likely to be urinary in nature, related to the clinical condition of the patient and therefore unavoidable.	N/A

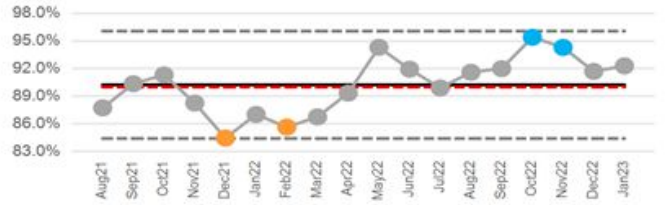
Escalation Route & Expected Date of Compliance
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board N/A

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU45	Pseudomonas (HOHA and COHA)	Green ≤1 per year Red >1 per year	Contractual / Statutory		2	0	1	2	0	0	1	2	0	1	-	-		
			Narrative	There was 1 such infection this month and an exception report is provided. The chart shows that the annual threshold of 1 was exceeded in April.														

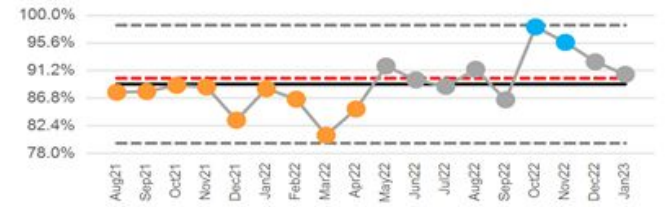
Reason for Non-Compliance	Action Taken to Improve Compliance
1 HOHA Pseudomonas aeruginosa infection was identified in January 2023. PICC line was the most likely source, however no lapses in care were identified with this episode of infection.	N/A

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 N/A

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU66	Safer Staffing: Overall Fill-Rate	Green ≥90% Red <90%	Statutory		85.6%	86.8%	89.3%	94.3%	91.9%	89.9%	91.6%	92.0%	95.4%	94.3%	91.7%	92.3%		
			Narrative	The target continues to be achieved. This month's figure is as 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU61	Average Number of Registered Nurses Filled Shifts - Days	Green ≥90% Red <90%	Statutory		86.7%	80.9%	85.1%	91.9%	89.7%	88.7%	91.4%	86.6%	98.2%	95.7%	92.6%	90.6%		
			Narrative	The target continues to be achieved. This month's figure is as expected and the nature of variation indicates that achievement of the target is likely to be inconsistent.														

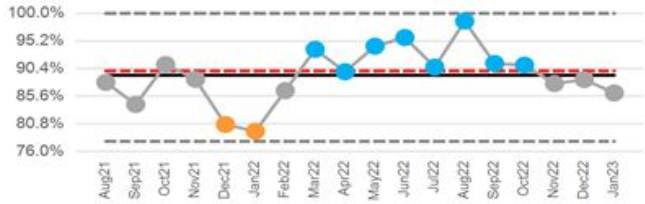


Integrated Performance Report (Feb 22 - Jan 23)

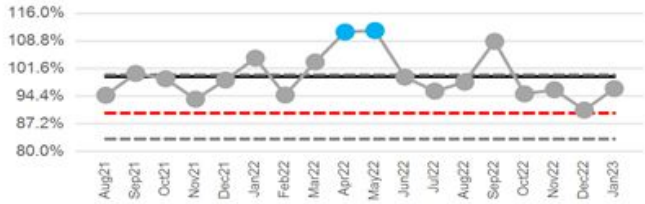
The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

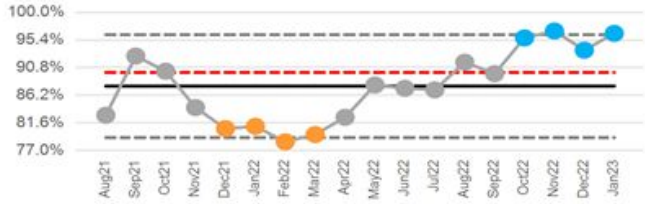
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU63	Average Number of Care Staff Filled Shifts - Days	Green ≥90% Red <90%	Statutory		86.6%	93.7%	89.9%	94.3%	95.8%	90.7%	98.7%	91.3%	91.0%	87.8%	88.5%	86.2%		
			Narrative	January performance remains marginally below the internal target. Performance is as expected and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



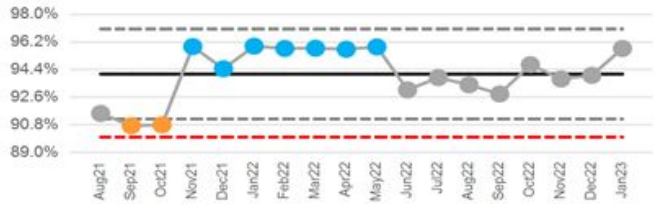
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU64	Average Number of Care Staff Filled Shifts - Nights	Green ≥90% Red <90%	Statutory		94.7%	103.3%	111.1%	111.5%	99.4%	95.8%	98.1%	108.7%	95.0%	96.1%	90.8%	96.4%		
			Narrative	The target continues to be achieved. This month's figure is as 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU65	Average Number of Registered Nurses Filled Shifts - Nights	Green ≥90% Red <90%	Statutory		78.5%	79.7%	82.5%	87.9%	87.4%	87.1%	91.7%	89.8%	95.7%	96.9%	93.7%	96.5%		
			Narrative	The target continues to be achieved. This month's figure 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU60	NICE Guidance Compliance	Green ≥90% Amber 85 - 89.9% Red <85%	Contractual		95.8%	95.8%	95.7%	95.9%	93.1%	93.9%	93.4%	92.8%	94.7%	93.8%	94.0%	95.8%		
			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.														

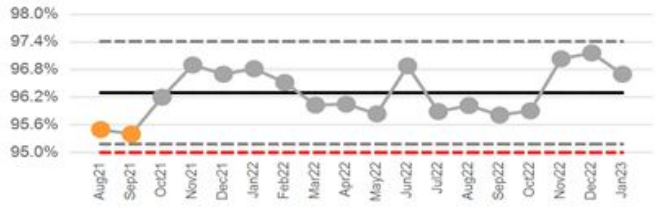


Integrated Performance Report (Feb 22 - Jan 23)

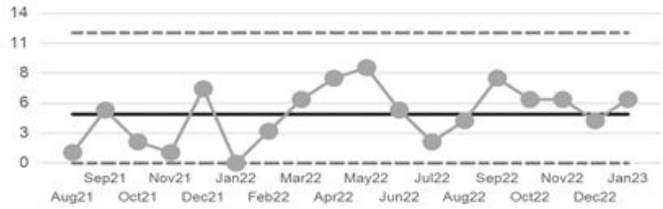
The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU75	Patient FFT: % of Respondents Who Had a Positive Experience	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		96.5%	96.0%	96.1%	95.8%	96.9%	95.9%	96.0%	95.8%	95.9%	97.0%	97.2%	96.7%		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU11	Number of Complaints	No Target	Contractual		3	6	8	9	5	2	4	8	6	6	4	6		
			Narrative	There were 6 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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU18	Number of Complaints / Count of WTE Staff (Ratio)	No Target	Contractual		0.002	0.004	0.005	0.005	0.003	0.001	0.002	0.005	0.003	0.003	0.002	0.003		
			Narrative	There were 0.003 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.														

Data Not Applicable for SPC

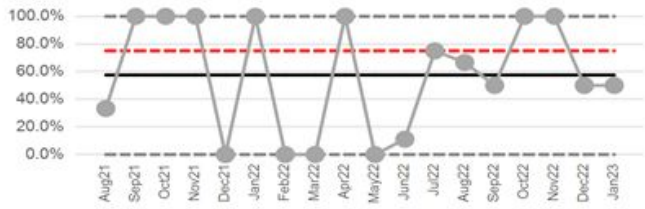
Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU19	% of Formal Complaints Acknowledged Within 3 Working Days	Green 100% Red <100%	Contractual		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
			Narrative	The target continues to be achieved. There is no data for January 2022 as no complaints were received. Performance is as expected and the nature of variation indicates that the target is likely to be consistently achieved.														

Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU20	% of Routine Complaints Resolved Within 25 Working Days	Green ≥75% Amber 65% - 74.9% Red <65%	Local		0.0%	0.0%	100.0%	0.0%	11.1%	75.0%	66.7%	50.0%	100.0%	100.0%	50.0%	50.0%		
			Narrative	The target has not been achieved. Although this is an internally created target and there is no significant change, an exception report is provided as the upper and lower control limit range prevents any alerts. The control limits are therefore under review and likely to be adjusted for the 2023/24 IPR.														



Reason for Non-Compliance	Action Taken to Improve Compliance
One of the two routine complaints completed in January 2023 did not meet the 25 working day KPI. The complaint was received on 24th October 2022 with a response due date of 28th November 2022. Issues to be answered were only able to be clarified with the complainant on 18th November 2022 due to difficulties in getting in touch with the complainant. Once these were clarified , the complaint issues required investigation across Divisions. The complainant was kept up to date with delays and agreed for a response to be received in January 2023.	Divisional team reminded of the importance of prioritising agreement of the issues with the complainant early and utilising all forms of communication if some channels are unresponsive. There is a review of the service and timescale to ensure consistency with other NHS organisations and to identify any opportunities to streamline the current process.

Escalation Route & Expected Date of Compliance
Divisional Quality, Safety and Performance Meeting, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board March 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU71	% of Complex Complaints Resolved Within 60 Working Days	Green ≥75% Amber 65% - 74.9% Red <65%	Local		-	-	66.7%	-	100.0%	100.0%	100.0%	50.0%	-	-	-	66.7%		
			Narrative	The target has not been achieved and an exception report is provided.														

Data Not Applicable for SPC

Reason for Non-Compliance	Action Taken to Improve Compliance
One of the three complex complaints completed in January 2023 did not meet the 60 working day target. The complaint was received on 4th August 2022 with a response due date of 31st October 2022. There was a delay with the approval process within the Division. The response was sent on 16th January 2023 which was an 11 week delay. The complainant was kept up to date with the delays.	Divisional team has been reminded of the timescales involved in the complaint process to ensure that the target can be met.

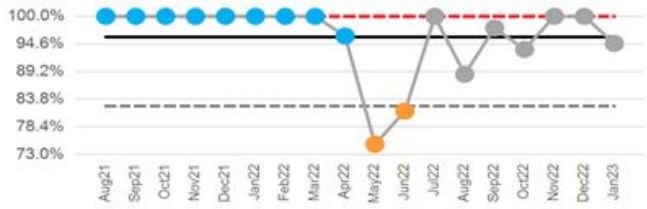
Escalation Route & Expected Date of Compliance
Divisional Quality, Safety and Performance Meeting, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board February 2023

Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU21	% of FOIs Responded to Within 20 Days	Green 100% Red <100%	Contractual / Statutory		100.0%	100.0%	96.2%	75.0%	81.5%	100.0%	88.7%	97.7%	93.5%	100.0%	100.0%	94.7%		
			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. An exception report is included as the 20 day timeframe is a national target.														



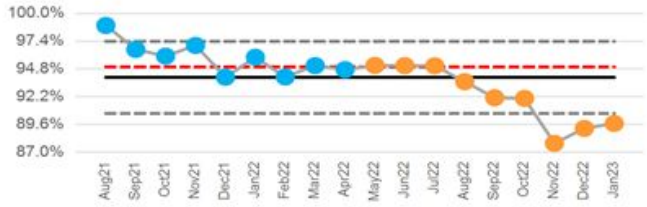
Reason for Non-Compliance	Action Taken to Improve Compliance
2 out of 38 FOIs responded to in January, were not within 20 days. Two FOIs were delayed by 1 and 2 working days respectively, due to the complexity of the requests requiring review and input from multiple parties.	No further action. Routine reminders were sent to involved parties, and extensions were communicated to the requester.

Escalation Route & Expected Date of Compliance
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board March 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU22	Number of IG Incidents Escalated to ICO	Green 0 Red >0	Contractual / Statutory		0	0	0	0	0	0	0	0	1	0	0	0		
			Narrative	The target has been achieved. The IGC incident escalated to the ICO in October 2022 remains under review by the ICO.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
QU23	% of Policies in Date	Green ≥95% Amber 93.1 - 94.9% Red <93%	Contractual		94.1%	95.1%	94.7%	95.1%	95.1%	95.1%	93.6%	92.1%	92.0%	87.8%	89.2%	89.7%		
			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.														



Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality

Reason for Non-Compliance	Action Taken to Improve Compliance
27 of the 262 policies in the Trust have not been reviewed within the review period. - 1 Document is approved and waiting to be sent to doc control. -6 Documents are awaiting approval via meetings/committees which will take place over the next month. - 13 Documents are currently in the process of being updated. - 1 Document is being changed from a policy to a SOP. Document Control has not received any updates with regards to the remaining - 6 documents and will continue to chase up the authors before escalating this issue.	The Document Control Officer will continue to send regular reminders for overdue items. 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. A review of the process is being undertaken by the Associate Director of Clinical Governance.

Escalation Route & Expected Date of Compliance
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board March 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 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	0	0	0	1	0	0	0	0		
			Narrative	The target has been achieved. This metric has been revised to include only alerts which have a nationally set response date. Previous data has been amended.													

Data Not Applicable for SPC

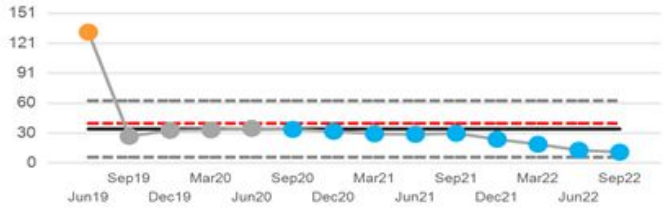
Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

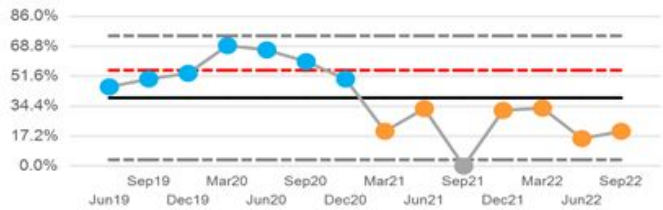
Research & Innovation

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI20	Study Recruitment	Green ≥1300 per year Amber 1100-1299 per year Red <1100 per	CCC Strategy		84	89	50	126	57	66	94	118	77	139	-	-		
			Narrative	The monthly target has been achieved in January and is the highest total to date in 2022/23.														

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
RI03	Study Set-Up Times in Days	Green ≤40 days Red >40	National Reporting		-	19	-	-	13	-	-	11	-	-	-	-		
			Narrative	Data for the 12 month period ending September 2022 has now been published. The target has again been achieved.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
RI21	Recruitment to Time and Target	Green ≥55% Amber 45 - 54.9% Red <45%	National Reporting		-	33.3%	-	-	15.8%	-	-	20.0%	-	-	-	-		
			Narrative	Data for the 12 month period ending September 2022 has now been published. As this is below target and lower than expected, an exception report is provided.														



Reason for Non-Compliance	Action Taken to Improve Compliance
• The target is set internally based on national benchmarking and is nationally reportable. As this is a rolling target of trials closed during the previous 12- months, any improvements may not be evident from quarter to quarter. • Recruitment of the contracted number of patients in the contracted time happened in 20% of cases for Q2 22/23 data for those trials closed from 01 October 2021 and 30 September 2022.	• Continuous review of current trial information to predict and manage Time and Target data in real time via Portfolio Review meetings. • Education on trial targets and discuss at Expression of Interest stage. • Introduction of Time and Target data at Research Study Prioritisation Committee. • ECMC metric introduced as part of the objective setting.

Escalation Route & Expected Date of Compliance
R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board The target will not be met in year

Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

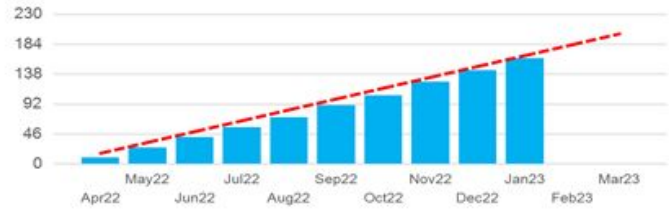
Research & Innovation

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI05	Number of New Studies Open to Recruitment	Green ≥52 per year Amber 45 - 51 Red <45	CCC Strategy	2	5	1	3	2	3	2	4	6	3	-	-		
			Narrative	The monthly and YTD performance are below the target and an exception report is therefore provided.													

Reason for Non-Compliance	Action Taken to Improve Compliance
• 31 studies have opened to recruitment against an internal target of 43 (72% of target) at the end of Month 10. Of the three studies opened two are observational and one is a Phase III CTIMP HO commercial trial. • External factors identified via end-to-end review of set-up process. • Studies opened will ebb and flow throughout the year and in-month targets may not be met. • Observational studies are fast tracked through the set-up process. • CCC has issued local approval for capacity and capability (C&C) for seven additional studies. Currently one study is awaiting second stage approval from Pharmacy, five studies are awaiting Sponsor activation to open and one study is on long-term hold from Sponsor due to a study re-design.	• Weekly meeting with the Clinical Trial Pharmacy and R&I operational teams to progress/open new drug studies. Senior Operational meeting held monthly. Recovery plan in place with Pharmacy monitored through R&I Directorate Board. • Work with the Director of Clinical Research and research active representatives to prioritise and open appropriate studies. Review external factors identified via end-to-end review of set-up process and develop action plan. • Work with the SRG Leads and the Network to optimise opportunities with observational studies. • Work with Sponsors and Pharmacy to open studies to recruitment where all local approvals have been given. • Target will not be met in year. Strategic decision taken this year to prioritise opening ECMC trials which are complex and can take longer to set-up. This was in support of the ECMC renewal application which was announced as successful in January 2023.

Escalation Route & Expected Date of Compliance
R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board The target will not be met in year

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI22	Publications	Green >200 per year Amber 170-200 Red <170	CCC Strategy	10	15	16	15	16	18	15	21	18	18	-	-		
			Narrative	Whilst YTD performance is marginally below the target, the January figure is above the monthly target, therefore an exception report is not provided.													



Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

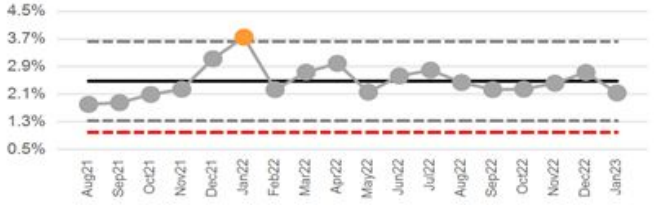
Workforce

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO01	Sickness Absence	Green ≤4% Amber 4.1 - 4.9% Red ≥5%	Contractual / Statutory	6.2%	5.6%	5.3%	4.4%	4.9%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	4.7%		
			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
Sickness absence has decreased from 5.85% to 4.72% however this remains above the Trust's target of 4%. There were 300 absences in January compared with 402 absences in December. There was an increase however in long term absences from 59 to 63 and a decrease of short term absences to 237 from 343. The highest reasons for absence were consistent with December as 'cold, cough and influenza' with 68 episodes. increase. Anxiety/stress/depression is the second highest reason for absence in January but has decreased slightly to 51 occurrences. Gastrointestinal was the third highest reason for absence with 44 occurrences in total. Of the 51 episodes due to anxiety/stress/depression', 33 of these were long term which is an increase of 3 episodes since December and 20 were short term. 27 of the total absences continued into December 2022. Networked Services had the highest percentage of absences in proportion to staff numbers with 22% (131 absences) followed by Acute Care with 20% (85) and Radiation Services with 13% (52).	The HRBP team have commenced quarterly 'deep dives' into sickness absence across divisions to identify any patterns or themes in absence occurrences and reasons. These will be reviewed quarterly with divisional leads to agree actions to reduce absence. The HRBP team are reiterating the importance of return to work interviews with managers during monthly HR surgeries as they offer the opportunity to discuss attendance levels and ensure that any support and triggers are identified in order to reduce any further absences. Due to the consistently high numbers, the HRBP continue to review any open sickness absences relating to 'Anxiety/Stress/Depression' across the Divisions.

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

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO20	Sickness Absence (Short Term)	Green ≤1% Amber 1.1 - 1.2% Red ≥1.3%	Contractual / Statutory	2.2%	2.7%	3.0%	2.2%	2.6%	2.8%	2.4%	2.2%	2.2%	2.4%	2.7%	2.1%		
			Narrative	The target has not been achieved. Although there is no significant change, the target is unlikely to be achieved without a significant change and an exception report is therefore provided.													



Integrated Performance Report (Feb 22 - Jan 23)

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

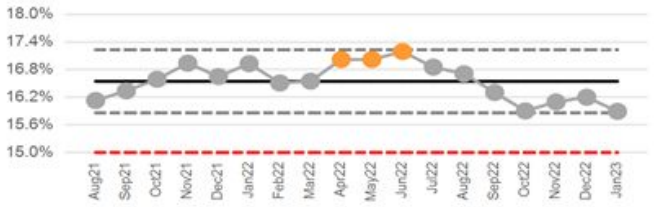
Workforce

Reason for Non-Compliance	Action Taken to Improve Compliance
The highest reasons for absence were consistent with December as 'cold, cough and influenza' however there was a significant decrease from 149 episodes to 68 in January. Although absences due to anxiety/stress/depression decreased from 52 episodes to 51 episodes, it became the second highest reason for absence in January. 18 of these episodes were short term. Gastrointestinal was the third highest reason with 44 in total, decreasing from 66 in December.	The HRBP team have commenced quarterly 'deep dives' into sickness absence across divisions to identify any patterns or themes in absence occurrences and reasons. These will be reviewed quarterly with divisional leads to agree actions to reduce absence. Due to the consistently high numbers, the HRBP continue to review any open sickness absences relating to 'Anxiety/Stress/Depression' across the Divisions. The HRBP team are reiterating the importance of return to work interviews with managers during monthly HR surgeries as they offer the opportunity to discuss attendance levels and ensure that any support and triggers are identified in order to reduce any further absences.

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

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO21	Sickness Absence (Long Term)	Green ≤3% Amber 3.1 - 3.5% Red ≥3.5%	Contractual / Statutory		3.7%	2.9%	2.3%	2.2%	2.3%	2.7%	2.6%	2.8%	2.7%	3.0%	3.1%	2.6%		
				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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO02	% Turnover (Rolling 12 Months)	Green ≤15% Amber 14.1%-14.9% Red ≥14%			16.5%	16.6%	17.0%	17.0%	17.2%	16.9%	16.7%	16.3%	15.9%	16.1%	16.2%	15.9%		
				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.													



Integrated Performance Report (Feb 22 - Jan 23)

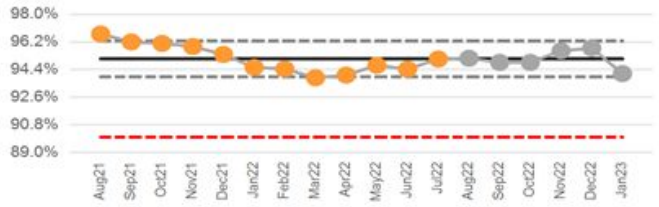
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Workforce

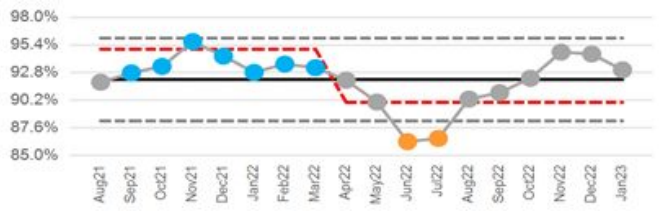
Reason for Non-Compliance	Action Taken to Improve Compliance
The Trust turnover has decreased 16.2% to 15.89% however remains above target. This includes all leavers from the Trust, regardless of reason for leaving. Leavers linked to retirement and end of fixed term contracts (FTC) were removed from the list of leavers up to the end January 2023 in order to try and understand whether the Trust would still be above target. With these removed, the Trust would be at 13.16%, which is below target. This amounts to 10 leavers due to end of FTC and 34 due to retirement. There were 25 leavers in January compared with 19 in December. Relocation and To Undertake Further Education/Training was the highest reason for leaving in with 6 in total followed by promotion (3) and retirement (3). Research & Networked Services had the highest percentage of leavers in proportion to staff numbers with 2% (2 leavers in R&I and 12 in Networked). 4 exit interviews were completed for staff leaving in January which is 1 less than December. From analysis of the exit interviews, in addition to their main reasons for leaving, the following categories of reasons were cited as factors that influenced their decision: Management style, work life balance, new opportunities and retirement.	The HRBP team have commenced undertaking quarterly 'deep dives' into turnover in the Divisions in order to better understand the reasons and to identify any themes or patterns. The HRBP Team continue to push for exit interviews to be completed to ensure the collation of useful information which can drive futher analysis and improvements. The HRBP Team continue to work with line managers during HR Surgeries to ensure that they are recording the correct reason, as there is evidence that the most appropriate reason is not always being recorded. Training for line managers may be required if this continues to be a concern.

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

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO07	Statutory Mandatory Training Compliance	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual / Statutory		94.4%	93.9%	94.0%	94.7%	94.4%	95.1%	95.1%	94.9%	94.9%	95.6%	95.8%	94.1%		
			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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO22	Performance Development Reviews (PADR) Snapshot Month End	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual		93.6%	93.3%	92.1%	90.0%	86.3%	86.6%	90.3%	90.9%	92.3%	94.7%	94.6%	93.1%		
			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.														

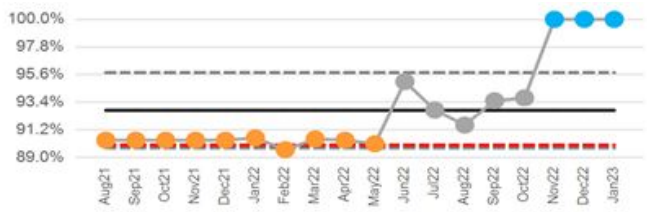


Integrated Performance Report (Feb 22 - Jan 23)

The Clatterbridge Cancer Centre NHS Foundation Trust

Workforce

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO23	Medical Appraisal	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual / Statutory		89.6%	90.5%	90.4%	90.1%	95.0%	92.8%	91.6%	93.5%	93.8%	100.0%	100.0%	100.0%		
				Narrative	The target has been achieved, at 100%. Performance is better than expected although the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO24	Pulse Staff Survey: Employee Engagement Score	To Be Confirmed	Contractual		-	7.00	-	-	6.90	-	-	7.20	-	-	-	-		
				Narrative	There are no new results to report this month as there was no survey in December 2022.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO25	Pulse Staff Survey: Advocacy Score	To Be Confirmed	Contractual		-	7.40	-	-	7.10	-	-	7.60	-	-	-	-		
				Narrative	There are no new results to report this month as there was no survey in December 2022.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO26	Pulse Staff Survey: Involvement Score	To Be Confirmed	Contractual		-	6.80	-	-	6.80	-	-	6.90	-	-	-	-		
				Narrative	There are no new results to report this month as there was no survey in December 2022.													

Data Not Applicable for SPC

Integrated Performance Report (Feb 22 - Jan 23)

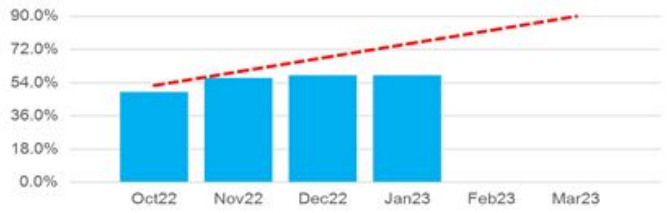
The Clatterbridge Cancer Centre NHS Foundation Trust

Workforce

Metric ID	Metric Name	Target	Metric Type	Year & Month	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	V	A
WO27	Pulse Staff Survey: Motivation Score	To Be Confirmed	Contractual		-	6.80	-	-	6.90	-	-	6.90	-	-	-	-		
			Narrative	There are no new results to report this month as there was no survey in December 2022.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO33	Staff Flu Vaccination: % of Frontline Staff Who Have Been Vaccinated	Green ≥90% Red <90% Ending Feb 2023	CQUIN		-	-	-	-	-	-	48.9%	56.5%	58.0%	58.0%	-	-		
			Narrative	The vaccination campaign has now ended, with uptake lower than in previous years, mirroring the regional and national picture. An end of campaign review will be undertaken to identify any lessons for improvement.														



Integrated Performance Report (Feb 22 - Jan 23)

Finance

Metric (£000)	In Mth 10 Actual	In Mth 10 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	418	136	282		1,726	1,352	374	
CPL/Propcare Surplus/ (Deficit)	77	0	77		1,160	0	1,160	
Control Total Surplus/ (Deficit)	495	136	359		2,886	1,352	1,534	
Trust Cash holding	67,265	54,858	12,407		67,265	54,858	12,407	
Capital Expenditure	1,090	0	(1,090)		3,509	2,888	(621)	
Agency Cap	138	95	(43)		1,392	950	(442)	

For 2022/23 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 showing a £1.621m surplus for 2022/23. In January the C&M ICB approached the Trust and asked if an improved year-end financial position above the £1.6m plan could be achieved to support the overall system position. The Trust reviewed its group forecast outturn position and has agreed a revised position of £3.5m surplus, including the profit from subsidiaries.

The Trust financial position to the end of January is a £1,726k surplus, which is £374k above plan. The group position to the end of January is a £2,886k surplus.

The Trust cash position is a closing balance of £67.3m, which is £12.4m above plan. Capital spend is low in year as the majority of spend is expected towards the end of the year.

The Trust is over the agency cap in January by £43k and £442k year to date. Further controls have been put in place by NHSE/I to monitor agency spend and the Divisions have provided exit strategies for all agency spend, these are being monitored regularly throughout the year. Further detail has been provided below

Trust Board
1st March 2023

Report lead	James Thomson – Director of Finance					
Paper prepared by	Jo Bowden – Deputy Director of Finance					
Report subject/title	P1-032-23 Finance Report – Month 10 2022/23					
Purpose of paper	To present the Trust's financial position at the end of January 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 January 2023, the tenth month of the 2022/23 financial year.

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

2. Summary Financial Performance

2.1 For January the key financial headlines are:

Metric (£000)	In Mth 10 Actual	In Mth 10 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	418	136	282		1,726	1,352	374	
CPL/Propcare Surplus/ (Deficit)	77	0	77		1,160	0	1,160	
Control Total Surplus/ (Deficit)	495	136	359		2,886	1,352	1,534	
Trust Cash holding	67,265	54,858	12,407		67,265	54,858	12,407	
Capital Expenditure	1,090	0	(1,090)		3,509	2,888	(621)	
Agency Cap	138	95	(43)		1,392	950	(442)	

2.2 For 2022/23 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 showing a £1.621m surplus for 2022/23.

2.3 In January the C&M ICB approached the Trust and asked if an improved year-end financial position above the £1.6m plan could be achieved to support the overall system position. The Trust reviewed its group forecast outturn position and has agreed a revised position of £3.5m surplus, an improvement of £1.8m based on the following:

- The Trust is currently being monitored by the ICB on a Trust only plan as the Trust does not rely on the subsidiary companies position to achieve a break-even plan. The actual group position being reported in year is more favourable, so the ICB are now including this earlier in their forecast rather than only at year-end. The assumption is an increase of £750k.
- Bank Interest receivable has increased in year against plan given the increase in interest rates in year. The Trusts has already factored in an element of this as one of the mitigations against the loss of ERF income, but reviewed again in January and has agreed to increase its forecast outturn by a further £400k given the latest increases in rates.
- Income from both the Isle of Man (IoM) and Wales is above plan due to the increase in activity against contracts. We have forecast that this will improve our outturn position by £750k.

3. Operational Financial Profile – Income and Expenditure

Overall Income and Expenditure Position

3.1 The Trust financial position to the end of January is a £1,726k surplus, which is £374k above plan. The group position to the end of January is a £2,886k surplus.

3.2 The Trust cash position is a closing balance of £67.3m, which is £12.4m above plan. Capital spend is low in year as the majority of spend is expected towards the end of the year. The level of deferred income is £8m above plan and relates to to R&I income and Cancer Alliance both of which have a number of multi-year schemes.

3.3 The Trust is over the agency cap in January by £43k and £442k year to date. Further controls have been put in place by NHSE/I to monitor agency spend and the Divisions have provided

exit strategies for all agency spend, these are being monitored regularly throughout the year. Further detail has been provided below.

3.4 The table below summarises the financial position. Please see Appendix A for the more detailed Income & Expenditure analysis.

Metric (£000)	Actual M10	Trust Plan M10	Variance	Actual YTD	Trust Plan YTD	YTD Variance	Trust Annual Plan
Clinical Income	20,750	18,793	1,957	195,469	189,298	6,171	226,553
Other Income	1,899	2,241	(342)	17,292	21,538	(4,246)	25,487
Total Operating Income	**22,649**	**21,034**	**1,615**	**212,761**	**210,836**	**1,926**	**252,040**
Total Operating Expenditure	(22,290)	(20,552)	(1,739)	(208,696)	(206,017)	(2,679)	(246,259)
Operating Surplus	**359**	**483**	**(124)**	**4,065**	**4,818**	**(754)**	**5,781**
PPJV	292	67	225	861	670	191	804
Finance Costs	(234)	(414)	180	(3,200)	(4,137)	937	(4,964)
Trust Surplus/Deficit	**418**	**136**	**282**	**1,726**	**1,352**	**374**	**1,621**
Subsiduaries	77	0	77	1,160	0	1,160	**0**
Consolidated Surplus/Deficit	**495**	**136**	**359**	**2,886**	**1,352**	**1,534**	**1,621**

The table below summaries the consolidated financial position:

January 2023 (£000)	In Month Actual	YTD Actual
Trust Surplus / (Deficit)	336	909
Donated Depreciation	82	817
Trust Retained Surplus / (Deficit)	**418**	**1,726**
CPL	13	529
Propcare	64	631
Consolidated Financial Position	**495**	**2,886**

3.5 The bridge below shows the key drivers between the £418k in month surplus and £136k surplus plan, which is a variance of £282k:

- The Trust is no longer assuming any income for Elective Recovery Fund (ERF) for activity over 104% of 2019/20 and so is showing a £751k under recovery against the ERF income plan in month. The Trust has, however, agreed a fixed amount of £3.5m systems funding from the ICB and is showing £292k in month. The net impact is a £459k under recovery of clinical income.

- Cost and Volume drugs are over spent by £198k and are offset by an under recovery of income. As part of the 2022/23 funding agreement with commissioners high cost drugs remain on a pass-through basis. Block drugs are slightly below plan in month 10.

- The Trust took a prudent approach to drugs income in previous months while the information was still under review with commissioners. This has now been confirmed as agreed and resulted in a benefit of £669k in month 10. Due to timing differences in the drugs reimbursement process there is a level of uncertainty until the freeze position is confirmed with commissioners. This month the £669k represents 8% of monthly spend.

- Trust Pay costs are overspent by £22k. In terms of run rate this has increased £134k compared to last month and staff numbers have increased by 19.49 wte.

- Bank spend has increased in month to £159k, a £44k increase. This is mainly due to January being a 5 week month. There has been a £15k increase in junior doctor bank to cover gaps in the rota.

- Agency spend is £139k in month. While this is a slight reduction compared to previous months, this is significantly above the £95k agency cap and is being monitored through the workforce establishment control panel and Finance Committee.

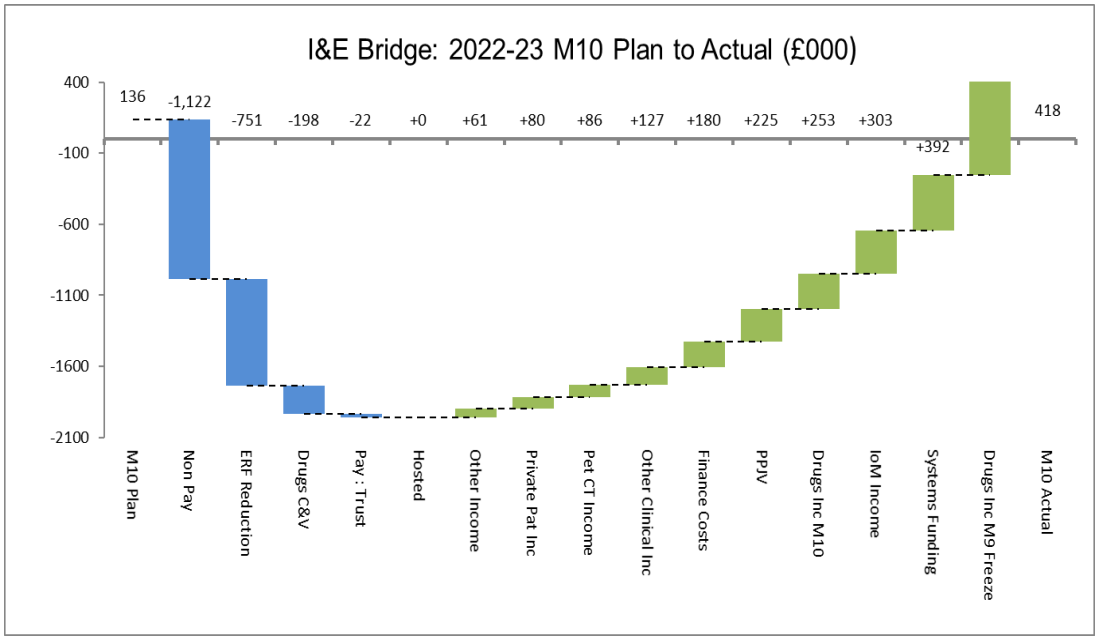
- Non pay is overspent by £1.1m. This relates to the risk around the LUFT SLA and energy costs. The Trust has also recognised overpeformance against the St Helen's Outpatients SLA due to an increase in activity against the baseline contract, this is an annual position following negotiations between Trusts. There have also been additional costs incurred relating to PET CT reporting, these are however offset by additional income.

- Other income includes £86k for additional PET CT activity, as mentioned above, which is expected to continue.

- PPJV is above plan by £225k in month. £150k relates to prior year due to a change in the 21/22 audited accounts and £75k relates to increased profit in month.

- Interest receivable is over plan by £165k, this relates to increasing interest rates.

- There has been additional income included in Month 10 increased acivity including BMT activity undertaken for IoM of £303k. This includes an element of activity relating to previous months that was under review.



3.6 **Forecasting**

The Trust is reporting an improved forecast outturn position of £3.5m, as outlined earlier this relates to the inclusion of the subsidiary company profits of £750k, increase in interest receivable of £400k and £750k increase IoM and Welsh contract income. The ICB has

suggested that Trust's which can improve their financial positions will benefit from a share of additional CDEL capital resource in 2023/24, this is still to be confirmed.

3.7 Bank and Agency Reporting

Bank spend has increased in month to £159k, a £44k increase. This is mainly due to January being a 5 week month. There has been a £15k increase in junior doctor bank to cover gaps in the rota. The main area of bank spend is the inpatient wards.

Agency spend is £139k in month. While this is a slight reduction compared to previous months, this is significantly above the £95k agency cap and is being monitored through the workforce establishment control panel and Finance Committee.

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.

3.8 Cost Improvement Programme (CIP)

The Trust CIP requirement for 2022/23 is £6.765m, representing 4.5% of turnover.

This is broken down into £4.4m recurrent and £2.3m non-recurrent.

The £2.3m non-recurrent element will be met centrally by the Trust. Of the remaining £4.4m recurrent element, £1m will be met by reserves and the remaining £3.4m allocated to the Divisions.

Target		**6,765,000**
NR Contingency		2,300,000
Balance		**4,465,000**
Reserves		1,000,000
Divisional Allocation		3,465,000

Against the full year CIP target of £6.7m, £6.8m of schemes have been identified (101%). Only £2.7m has been identified recurrently against the £4.4m recurrent target (61%).

The majority of schemes have been identified centrally, Divisions continue to work on developing a number of recurrent opportunities that are currently being worked through and savings likely to be realised in 2023/24, there are currently £0.5m of opportunities and plans in progress.

Given the significant increase in CIP target for the year there has been really positive engagement across the Trust to achieve this challenging target.

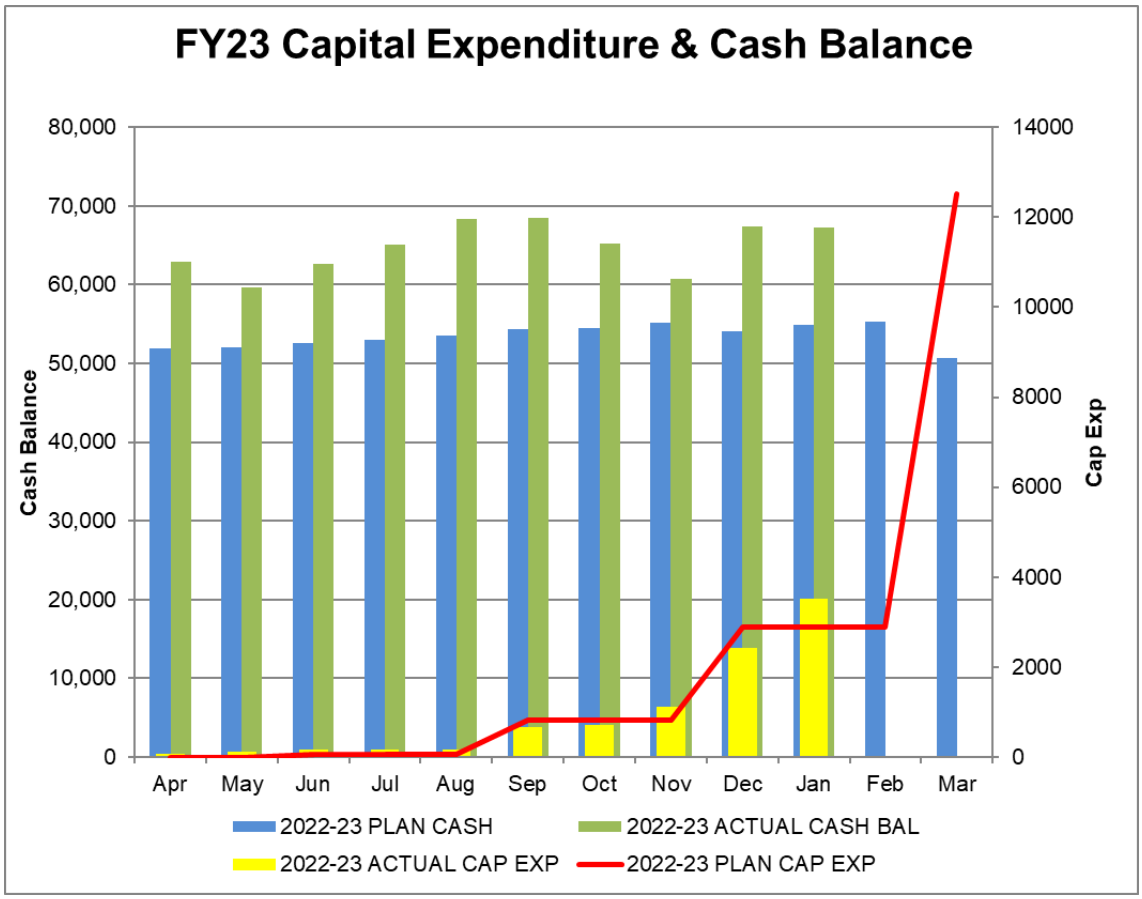
4. Cash and Capital

4.1 The 2022/23 capital plan approved by the Board in March was £7.013m. A further £5.5m national PDC funding was approved to support the Wirral CDC facility, we have subsequently agreed with Wirral University Teaching Hospital NHS FT that they will lead the CDC capital programme and this PDC has now been transferred to them. Additional PDC of £15m has been secured to support the purchase of the former Rutherford site and £747k to support digital developments.

4.2 Capital expenditure of £3.5m has been incurred to the end of January. The majority of capital spend is profiled to be spent in the two months of the year. Capital Investment Group closely monitor the position to ensure any slippage risk is identified and mitigated.

The capital programme is supported by the organisation's cash position. The Trust has a current cash position of £67.2m, which is a positive variance of £12.4m to the cash-flow plan.

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 2022/23.

5. Balance Sheet Commentary

5.1 Current Assets

The Trust's cash balance at the end of January is £67.2m, this is £12.4m above plan figure of £54.8m. There is £8m in deferred income, around £5m for capital funds not yet spent and £800k for interest receivable not planned.

Receivables are below plan, demonstrating that debt is being collected promptly.

5.2 Current Liabilities

Payables (non-capital creditors) are £1.5m below plan.

Deferred Income is £8.5m 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 increased in month and year end forecast surplus position.
- The continuing strong liquidity position of the Trust.

Appendix A – Statement of Comprehensive Income (SOCI)

(£000)	Month 10			Cumulative YTD			2022-2023	
	Plan	Actual	Variance	Plan	Actual	Variance	%	Annual Plan
Clinical Income	18,659	19,732	1,073	186,000	189,130	3,129		223,114
Other Income	832	1,091	260	7,668	9,261	1,593		9,252
Hosted Services	1,544	1,826	282	17,167	14,370	(2,797)		19,673
Total Operating Income	**21,034**	**22,649**	**1,615**	**210,836**	**212,761**	**1,926**	**0%**	**252,040**
Pay: Trust (excluding Hosted)	(6,663)	(6,686)	(23)	(65,286)	(64,481)	805		(78,394)
Pay: Hosted	(875)	(733)	141	(8,368)	(6,972)	1,396		(9,930)
Drugs expenditure	(7,543)	(7,741)	(198)	(76,790)	(79,366)	(2,576)		(92,148)
Other non-pay: Trust (excluding Hosted)	(4,749)	(5,984)	(1,235)	(46,202)	(50,310)	(4,107)		(55,365)
Non-pay: Hosted	(723)	(1,146)	(423)	(9,371)	(7,568)	1,803		(10,422)
Total Operating Expenditure	**(20,552)**	**(22,290)**	**(1,738)**	**(206,017)**	**(208,696)**	**(2,679)**	**-1%**	**(246,259)**
Operating Surplus	**483**	**360**	**(123)**	**4,818**	**4,065**	**(753)**	**15%**	**5,781**
Profit /(Loss) from Joint Venture	67	292	225	670	861	191		804
Interest receivable (+)	386	551	165	3,855	4,683	828		4,626
Interest payable (-)	(434)	(423)	11	(4,344)	(4,271)	73		(5,213)
Interest right of use (-)		(7)	(7)		(72)	(72)		0
PDC Dividends payable (-)	(365)	(354)	11	(3,648)	(3,540)	108		(4,377)
Trust Retained surplus/(deficit)	**136**	**418**	**282**	**1,352**	**1,726**	**374**	**8%**	**1,621**
CPL/Propcare	0	77	77	0	1,160	1,160		0
Consolidated Surplus/(deficit)	**135**	**495**	**359**	**1,352**	**2,886**	**1,534**	**8%**	**1,621**

Appendix B – Balance Sheet

£'000	Audited 2022 (Group Ex Charity)	Plan 2023 (Trust only)	Year to date Month 10		
			YTD Plan	Actual YTD	Variance
Non-current assets					
Intangible assets	3,211	3,162	2,693	3,486	794
Property, plant & equipment	184,599	173,627	174,356	179,219	4,864
Right of use assets	0	0		9,077	9,077
Investments in associates	977	800	800	1,088	288
Other financial assets	0	115,276	0	0	0
Trade & other receivables	449	434	433	482	49
Other assets	0	0	0	0	0
Total non-current assets	**189,236**	**293,298**	**296,990**	**193,353**	**(103,637)**
Current assets					
Inventories	5,640	3,000	2,459	4,479	2,020
Trade & other receivables					
NHS receivables	7,749	7,084	6,882	7,625	743
Non-NHS receivables	6,278	10,915	10,603	8,643	(1,960)
Cash and cash equivalents	80,726	50,708	53,041	74,258	21,217
Total current assets	**100,393**	**71,707**	**72,985**	**95,005**	**22,020**
Current liabilities					
Trade & other payables					
Non-capital creditors	6,918	32,207	32,697	31,176	(1,521)
Capital creditors	36,547	1,958	1,987	2,493	506
Borrowings					
Loans	1,908	1,730	1,730	1,854	124
Lease liabilities		0	0	162	162
Provisions	4,214	94	99	5,012	4,913
Other liabilities:-					
Deferred income	15,669	5,577	5,504	14,003	8,499
Other	0	0	0	0	0
Total current liabilities	**65,255**	**41,565**	**42,017**	**54,700**	**12,683**
Total assets less current liabilities	**224,374**	**323,440**	**327,958**	**233,658**	**(94,300)**
Non-current liabilities					
Trade & other payables					
Capital creditors	120	0	0	0	0
Borrowings					
Loans	32,090	30,360	31,350	30,485	(865)
Lease liabilities	0	0	0	8,938	8,938
Other liabilities:-					
Deferred income	0	1,018	(0)	0	0
Provisions	197	115	527	197	(330)
PropCare liability	(1)	113,436	(776)	0	776
Total non current liabilities	**32,406**	**144,929**	**149,810**	**39,620**	**8,519**
Total net assets employed	**191,968**	**178,511**	**178,148**	**194,038**	**15,890**
Financed by (taxpayers' equity)					
Public Dividend Capital	72,219	72,219	72,219	72,219	0
Revaluation reserve	4,558	2,699	2,699	4,558	1,859
Income and expenditure reserve	115,191	103,593	103,230	117,261	14,032
Total taxpayers equity	**191,968**	**178,511**	**178,148**	**194,038**	**15,890**

Appendix C – Cash Flow

January 2023 (M10) £'000	FT	Group	Group (exc Charity)
Cash flows from operating activities:			
Operating surplus	3,240	5,851	4,732
Depreciation	0	0	0
Amortisation	66	66	66
Impairments	0	0	0
Movement in Trade Receivables	(1,539)	(4,397)	(2,272)
Movement in Other Assets	(1,732)		
Movement in Inventories	2,024	1,161	1,161
Movement in Trade Payables	(11,199)	(7,817)	(5,538)
Movement in Other Liabilities	(1,627)	(1,666)	(1,666)
Movement in Provisions	(362)	(291)	799
CT paid	0	89	(189)
Net cash used in operating activities	**(11,130)**	**(7,003)**	**(2,908)**
Cash flows from investing activities			
Purchase of PPE	6,113	5,993	835
Purchase of Intangibles	(338)	(338)	(342)
ROU Assets	(9,077)	(9,077)	(9,077)
Proceeds from sale of PPE	9	9	9
Interest received	4,683	924	899
Investment in associates	750	750	750
Net cash used in investing activities	**2,139**	**(1,741)**	**(6,927)**
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	(1,559)	(1,559)	(1,559)
Capital element of finance lease	9,100	9,100	9,100
Interest paid	(4,371)	(563)	(563)
Interest element of finance lease	(72)	(72)	(72)
PDC dividend paid	(3,540)	(3,540)	(3,540)
Finance lease - capital element repaid	0	0	0
Net cash used in financing activities	**(441)**	**3,367**	**3,367**
Net change in cash	**(9,433)**	**(5,377)**	**(6,468)**
Cash b/f	**76,701**	**82,815**	**80,726**
Cash c/f	**67,265**	**77,435**	**74,258**

Appendix D – Capital

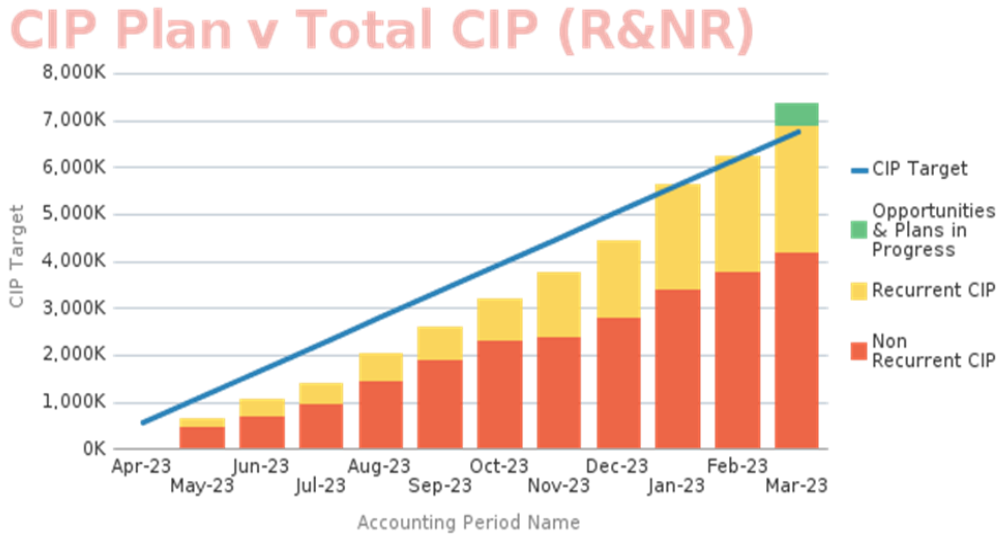
Capital Programme 2022-23
Month 10

NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Code	Scheme	Lead	BUDGET (£'000) NHSI plan 22-23	Approved Adjustments	Budget 22-23	ACTUALS (£'000) Actuals @ Month 10	Variance to Budget	FORECAST (£'000) Forecast 22-23	Variance to Budget	Ordered?	Complete?	Comments
4142	***(21/22)*** TCC - Liverpool	Peter Crangle	0	0	0	0	(0)	0	(0)			
4142	***(21/22)*** TCC - Liverpool - Artwork	Sam Wade	0	0	0	3	(3)	3	(3)			
4142	***(21/22)*** TCC - Link Bridge installation	Peter Crangle	0	0	0	1,099	(1,099)	1,099	(1,099)			
4300	***(21/22)*** CCCW CT Simulator (Brilliance 2)	Louise Bunby	0	0	0	0	(0)	1	(1)			
4306	***(21/22)*** CCCL Ward 2 Sluice	Jeanette Russell	0	0	0	0	(0)	0	(0)			
4307	***(21/22)*** CCCL Ward 4/5 bathroom conv	Pris Hetherington	0	60	60	69	(9)	69	(9)	✓	✓	£59,804 approved charity funding
4313	***(21/22)*** CCCL Terraces		0	10	10	10	0	10	0	✓	✓	Additional cost on prior year scheme
4323	***(21/22)*** CCCL Ward 2 blood room conv		0	0	0	3	(3)	3	(3)	✓	✓	Additional cost on prior year scheme
4401	CCC-L Ward 3 bathroom conversion	Kathryn Williams	0	32	32	0	32	0	32	✗	✗	Delayed to 2023/24
4407	CCC-A Cherry linac replacement		160	(120)	40	31	9	40	0	✓	✗	Awaiting revised forecast
	Major roofing works	Peter Crangle	500	(500)	0	0	0	0	0	✗	✗	Replaced with below Propcare plan
	6 Facet lifecycle	Peter Crangle	533	(533)	0	0	0	0	0	✗	✗	Replaced with below Propcare plan
4420	Propcare 22-23 Capital Plan	Peter Crangle	0	817	817	0	817	324	493	✗	✗	Forecast spend reduced
4414	CCC-L Fridge electrical works	Peter Crangle	0	9	9	9	0	9	0	✓	✓	
4419	CCC-W PPU Refurb	Peter Crangle	0	0	0	15	(15)	15	(15)	✓	✓	
4428	CCC-L M1 Service Counter Chilled Beam	Installation	0	0	0	34	(34)	34	(34)	✓	✓	
	CCC-A Estates Work and Rebranding	Emer Scott	0	25	25	0	25	25	0	✗	✗	Approved at CIG 31st Jan
	Contingency	*n/a*	200	270	470	0	470	0	470	-	-	
	Estates		**1,393**	**70**	**1,463**	**1,273**	**190**	**1,632**	**(169)**			
4189	***(19/20)*** Draeger IACS Monitoring C700		0	0	0	(2)	2	(2)	2	✓	✓	Refund received due to overcharge
4192	***(19/20)*** Cyclotron	Carl Rowbottom	450	0	450	282	168	450	0	✓	✗	Ongoing scheme
4331	***(21/22)*** Donated Scalp Cooler - Wirral		0	(2)	(2)	(2)	0	(2)	0	✓	✓	VAT recovery on charitably funded asset
4332	***(21/22)*** Donated Scalp Cooler - Halton		0	(2)	(2)	(2)	0	(2)	0	✓	✓	VAT recovery on charitably funded asset
4309	Voltage Stabilisers	Martyn Gilmore	0	60	60	71	(11)	71	(11)	✓	✗	Installation delayed
	CCC-A Cherry linac replacement		2,460	(2,460)	0	0	0	0	0	✗	✗	Delayed to 2023/24
4404	HDR Brachytherapy equip (Applicators)	Chris Lee	110	24	134	140	(6)	140	(6)	✓	✓	
4429	Varian - Aria Software	Carl Rowbottom	500	0	500	0	500	1,185	(685)	✗	✗	Requisition placed 1st Feb
4430	Varian - TrueBeam	Carl Rowbottom	0	0	0	0	0	1,010	(1,010)	✗	✗	Requisition placed 1st Feb
4400	Hand Hygiene Scanner		0	0	0	12	(12)	12	(12)	✓	✓	Transferred from revenue
4402	Moving and Handling Training Equipment	Kate Greaves	0	29	29	29	0	29	0	✓	✓	
4406	Ultrasound CCC-L	Julie Massey	0	80	80	0	80	85	(5)	✓	✗	Ordered 21st Dec. 8 week lead time.
4415	RFID Asset Tracking System	Julie Massey	0	200	200	0	200	242	(42)	✓	✗	Ordered 25th Jan
4416	Donated Scalp Cooler - Liverpool	Fiona Courtnell	0	10	10	10	0	10	0	✓	✓	Transferred from revenue
4417	Additional Pilot Systems for CIT	Julie Massey	0	12	12	12	0	12	0	✓	✓	
4418	CCC-L MRI Acceleration Software	Marc Rea	0	40	40	0	40	40	0	✓	✗	PDC funded scheme. Ordered 20/10
4426	Suncheck server hardware	Simon Temple	0	16	16	16	0	16	0	✓	✓	
	Aseptics Q-Pulse		0	0	0	0	0	50	(50)	✗	✗	Awaiting confirmation can be delivered
	Contingency	*n/a*	400	1,468	1,868	0	1,868	(57)	1,925	-	-	
	Medical Equipment		**3,920**	**(525)**	**3,395**	**564**	**2,830**	**3,288**	**107**			
4138	***(21/22)*** Infrastructure	James Crowther	0	0	0	65	(65)	72	(72)	✓	✓	
4190	***(20/21)*** Digital Aspirant Programme	James Crowther	0	0	0	16	(16)	16	(16)	✓	✓	
4316	***(21/22)*** Digital Diagnostics Capability Prg	James Crowther	0	0	0	(35)	35	(35)	35	✓	✓	VAT review on prior year invoices
4317	***(21/22)*** Intelligent Automation (RPA)	James Crowther	0	0	0	(0)	0	(0)	0	✓	✓	
4320	***(21/22)*** Digital Infrastructure	James Crowther	0	0	0	(129)	129	(129)	129	✓	✓	VAT review on prior year invoices
4403	Server/Citrix/Cyber upgrade	James Crowther	360	0	360	344	16	360	0	✓	✗	Revised IT plan approved Sept CIG
4408	Sharepoint	James Crowther	0	360	360	144	216	360	0	✓	✗	Revised IT plan approved Sept CIG
4409	VDI expansion	James Crowther	455	422	877	810	67	877	0	✓	✗	Revised IT plan approved Sept CIG
4410	Digital Transformation & Optimisation	James Crowther	0	175	175	43	132	175	0	✓	✗	Revised IT plan approved Sept CIG
4411	Windows Upgrade	James Crowther	0	49	49	0	49	49	0	✓	✗	Revised IT plan approved Sept CIG
4412	Security Hardening	James Crowther	0	170	170	73	97	170	0	✓	✗	Revised IT plan approved Sept CIG
4413	Structured Cabling	James Crowther	0	10	10	5	5	10	0	✓	✗	Revised IT plan approved Sept CIG
4423	Rapid7 Vulnerability Manager	James Crowther	0	186	186	180	6	186	0	✓	✗	Additional scheme approved Oct CIG
4424	Mobile Computer Devices (Carts)	James Crowther	0	50	50	60	(10)	50	0	✓	✗	Additional scheme approved Oct CIG
4425	MS Teams meeting rooms	James Crowther	0	49	49	0	49	49	0	✓	✗	Additional scheme approved Oct CIG
	Core IT programme	James Crowther	785	(785)	0	0	0	0	0	✗	✗	Revised IT plan approved Sept CIG
4422	DDCP 22-23	James Crowther	0	747	747	17	730	747	0	✓	✗	New PDC funded scheme
4427	Cyber Capital Access Management	James Crowther	0	37	37	0	37	37	(0)	✓	✗	New PDC funded scheme
4405	Website	Emer Scott	100	0	100	0	100	0	100	✗	✗	Expected to slip into 2022/23
	Contingency	*n/a*	0	(114)	(114)	0	(114)	0	(114)	-	-	
	IM&T		**1,700**	**1,355**	**3,055**	**1,591**	**1,464**	**2,992**	**63**			
	CDC National PDC		5,500	(5,500)	0	0	0	0	0			
	IFRS 16 - Chemo Cars		0	49	49	49	0	49	0			
	IFRS 16 - CCC-L Fridge Freezer		0	32	32	32	0	32	0			
4421	Liverpool Paddington CDC - purchase	James Thomson	0	15,000	15,000	0	15,000	15,000	0			
4421	Liverpool Paddington CDC - costs		0	0	0	0	0	0	0			
4421	Liverpool Paddington CDC - IFRS 16		0	0	0	0	0	0	0			
	Other		**5,500**	**9,581**	**15,081**	**81**	**15,000**	**15,081**	**0**			
	TOTAL		**12,513**	**10,480**	**22,993**	**3,509**	**19,484**	**22,993**	**(0)**			

The Clatterbridge Cancer Centre NHS Foundation Trust

Appendix E – CIP



Division	Target	Total CIP	Recurrent CIP	Variance	Delivery % to date
CENTRAL CIP	3,300,000	4,084,656	1,789,932	784,656	124%
NETWORKED SERVICES	1,096,368	849,863	115,136	(246,505)	78%
ACUTE CARE	877,743	982,376	391,376	104,633	112%
RADIATION SERVICES	880,168	664,886	204,982	(215,282)	76%
CORPORATE	610,721	261,845	195,686	(348,876)	43%
Total	**6,765,000**	**6,843,626**	**2,697,112**	**78,626**	

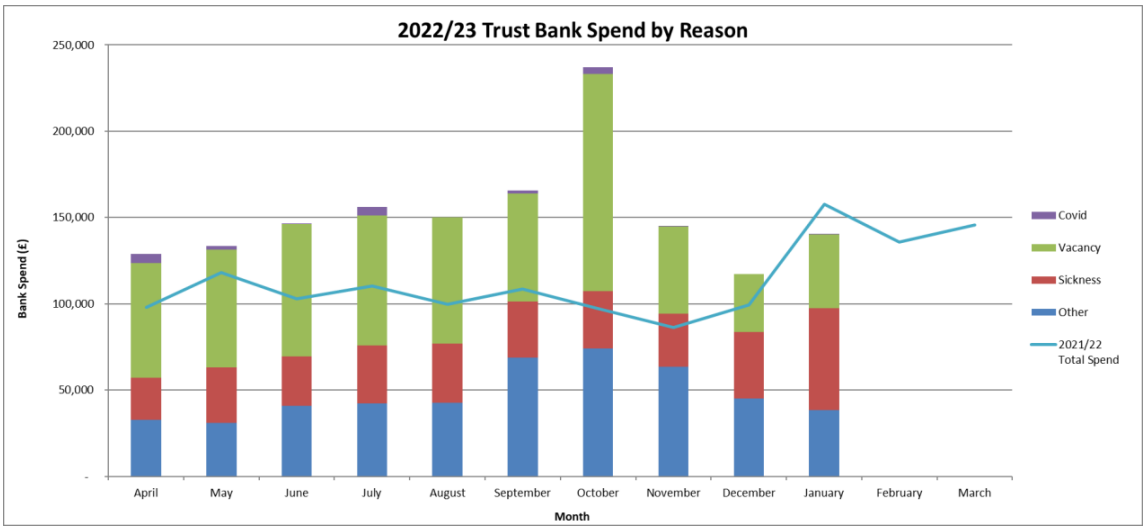
Full Year Plan (Recurrent & Non-Recurrent Split)

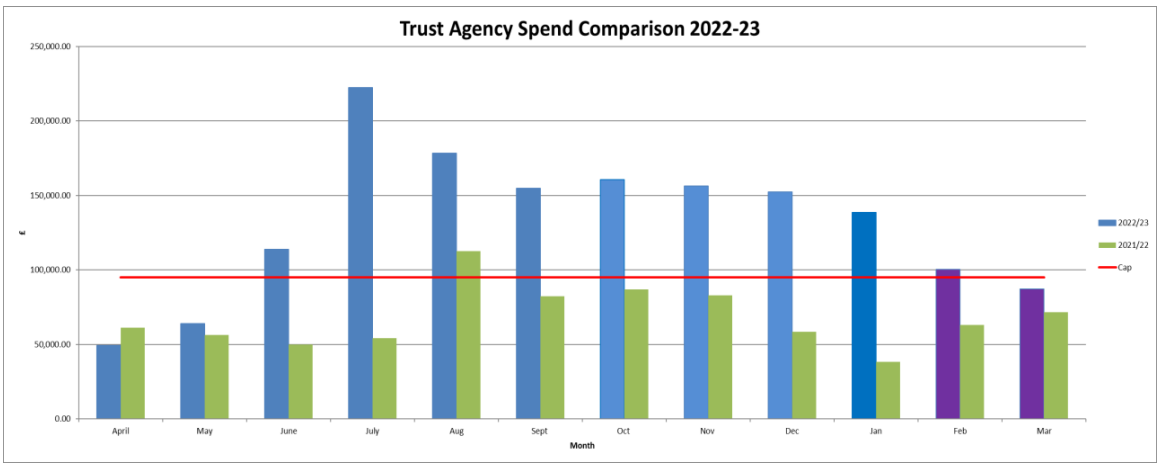
Recurrent	4,465,000	2,697,112	2,697,112	(1,767,888)	60%
Non-Recurrent	2,300,000	4,146,514	0	1,846,514	180%
Total	**6,765,000**	**6,843,626**	**2,697,112**	**78,626**	

I

The Clatterbridge Cancer Centre NHS Foundation Trust

Appendix F – Bank and Agency





The Clatterbridge Cancer Centre NHS Foundation Trust

Title of meeting: **Trust Board of Directors**
Date of meeting: **1st March 2023**

Report lead	Tom Pharaoh, Director of Strategy				
Paper prepared by	Tom Pharaoh, Director of Strategy				
Report subject/title	P1-033-23 Creating a Greener CCC: Annual Report				
Purpose of paper	The Trust published its first ever Green Plan in January 2022. Our Green Plan aims to drive sustainable change across the Trust over the next five years and prepare us for transition to delivering net zero carbon healthcare within two decades. The purpose of this report is to outline the progress and challenges of the first year of implementation of the Green Plan.				
Background papers	Creating a Greener CCC 2022-27: Our plan to achieve net zero carbon				
Action required	The Trust Board of Directors is asked to note the contents 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		

NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Creating a Greener CCC:

Our plan to achieve net zero carbon

Annual report

2022

Contents

1 Introduction

Climate change has been widely recognised as one of the greatest threats to public health globally, nationally and in our region. The NHS is leading by example and has set an ambitious target to achieve net zero carbon emissions by 2040.

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) published its first ever Green Plan in January 2022. Our Green Plan aims to drive sustainable change across the Trust over the next five years and prepare us for transition to delivering net zero carbon healthcare within two decades.

The Green Plan – *Creating a Greener CCC* – sets clear objectives and targets to take us towards net zero carbon. It also includes an action plan explaining how we will achieve this. The purpose of this report is to outline the progress and challenges of the first year of implementation of *Creating a Greener CCC*.

The Green Plan is set out in ten broad sustainability themes:

- Corporate approach
- Care models
- Workforce
- Travel and transport
- Energy and utilities
- Waste
- Capital projects
- Green space
- Suppliers & partners
- Adaptation

This report contains a section on each of these themes. For each theme it sets out what was already in place at the time of publication of the Green Plan, the activities that have taken place in the 12 months since its publication, and an introduction to what is planned for the next 12 months.

The first year of Green Plan implementation has necessarily been one of building relationships and laying the foundations for future years. It has been necessary to prioritise action in some of the ten areas at the expense of action in others. This has in part been due to the limited capacity available to support the management of the programme (see the next section on corporate approach).

The reduction of our environmental impact is one of the ways that we can positively contribute to our local area (beyond the provision of healthcare) in our role as an ‘anchor institution’ (see appendix 1). The penultimate section of this report sets out an update on some of this wider anchor institution work. The final section then sets out some conclusions.

2 Corporate approach

2.1 Background

We have made clear our **commitment to creating a greener CCC** by identifying a Board-level lead for sustainability (the Director of Strategy), forming a multidisciplinary sustainability group meeting, and developing and launching the Trust's first ever Green Plan.

2.2 This year

Developing our corporate approach to sustainability has been a priority for the first year of the programme. At Board level our commitment to making CCC greener has been further underlined by the inclusion of sustainability as one of the key corporate risks captured in our **Board Assurance Framework**.

To drive the delivery of the Green Plan over the last 12 months we relaunched our existing sustainability group meeting as the **Sustainability Action Group**. The new group has an extended membership and the added responsibility of developing and delivering detailed action plans to improve sustainability within the Trust.

Following the publication of the Green Plan we sought to recruit a dedicated programme manager to drive its implementation through the Sustainability Action Group. This role was initially advertised as a fixed-term position but two unsuccessful rounds of recruitment necessitated a different approach. Working with the sustainability consultancy that supported us with our Green Plan we put in place an **interim sustainability manager** (part-time for six months from July to December 2022). This individual provided much-needed capacity to coordinate and support progress on delivering the Green Plan.

As part of developing a corporate culture where impact on the environment is considered as part of everyday business we also sought to begin to **embed sustainability in our key processes**:

- Amendment of the Trust **business case template** to require consideration of environmental impact of all proposals for investment
- Making our Green Plan readily available to potential new staff as part of the **recruitment** process
- Inclusion of reference to the Green Plan in our **induction** process for new starters

2.3 Next year

While putting in place a part-time interim sustainability manager resource was vital to support the progress made in the first year of the Green Plan, it also made the case for continuing to pursue a whole-time substantive appointment. A **permanent sustainability programme manager** position was therefore advertised in January 2023 and a successful appointment to this role will be an early priority for the coming year.

The sustainability manager will then play a key role in building on this year's progress in establishing sustainability as a key part of the business of the Trust. As part of this we will also seek to include the themes of sustainability and carbon literacy in the **Board Development Programme**.

It is anticipated that the second annual report of the Green Plan delivery will outline how the Trust has built on the foundations of the first year and started to **measure and quantify** the impact of our sustainability programme on our carbon footprint.

3 Care models

3.1 Background

While environmental sustainability was not the driver, CCC has developed a **'green' care model** over its recent history. Our unique networked model sees care delivered locally where possible and only delivered centrally where this is necessary. This model allows us to deliver services across multiple hospital sites in Cheshire and Merseyside for a population of 2.4 million while reducing to a significant degree the amount of travel required for patients.

Similarly, we were one of the first trusts in the country to develop a service to deliver chemotherapy in a patient's home or workplace. The existence of our **Clatterbridge in the Community** service has therefore resulted in significantly lower volumes of car traffic than had this care been delivered in hospital premises.

The provision of care at the convenience of patients and preventing the associated travel for patients was further extended through our response to the Covid-19 pandemic. The pandemic caused us to switch, almost overnight, to a model of **telemedicine and virtual outpatient appointments** rather than face-to-face appointments where clinically appropriate.

3.2 This year

We have built further on our networked model of care in the last 12 months. While it has not been the main driver for much of this work, there is an undoubted **sustainability benefit** to all of these developments that should be acknowledged:

- The further **expansion of the Clatterbridge in the Community service**, with an additional hub for the service in Aintree providing greater efficiency with travel and therefore enabling the treatment of more patients in the North Merseyside region
- Our clinical teams have sustained **significant levels of virtual outpatient appointments** despite the lifting of Covid-related restrictions
- We are working with partners to go further than virtual outpatient appointments, piloting a model of patient **remote monitoring** for appropriate lung cancer and immunotherapy patients (further lessening the need for patient travel)

Across the NHS, anaesthetic and analgesic gases are responsible for over 2% of all emissions. CCC is not a heavy user of anaesthetic gases as we are not a provider of surgical care. Nevertheless in order to minimise our environmental impact we have sought to **understand our anaesthetic and analgesic use** over the last 12 months:

- Amongst anaesthetic gases, desflurane is one of the most common, but also one of the most harmful. We have confirmed that our limited anaesthetic gas use involves predominantly the use of sevoflurane, a **lower carbon alternative** to desflurane. We do not use any desflurane in the delivery of our services.

- The use of analgesic gases like nitrous oxide is also associated with higher carbon emissions. Our use of analgesia for acute pain relief is similarly limited when compared to acute hospitals. In the past we have had low levels of nitrous oxide use associated with brachytherapy provision but the clinical team has recently made a switch to an alternative product (Penthrox), which as well as providing clinical benefits is also **less harmful to the environment**.

3.3 Next year

Over the next 12 months we will continue to **expand the Clatterbridge in the Community service** to offer it to additional patients. Moreover we will start to put in place arrangements to support the longer term plan to further reduce our carbon emissions by switching this service to electric vehicles (see section on travel and transport).

In addition this we will conclude and report on our patient remote monitoring pilot and continue to encourage **innovation in our care models** where this has environmental impacts among its benefits.

4 Workforce

4.1 Background

We have never before had a coordinated programme to engage with our workforce on the issue of environmental sustainability. As the Trust was making preparations to open CCC-Liverpool there were attempts, mainly driven by car parking availability, to encourage staff to **commute in greener ways** (see travel section later).

The other major workforce intervention prior to the development of the Green Plan was the introduction of **hybrid working** during the Covid-19 pandemic. The lockdowns and social distancing that were necessary during this time led to increased home working, enabled by the adoption of digital technologies, and significantly less staff commuting and business travel as a result.

The **Bright Ideas** scheme, launched in 2021, started to encourage staff to consider sustainability when making suggestions for innovations and improvements in the Trust.

However, the first concerted engagement with staff on green issues came during the development of the Green Plan itself and then again at the time of its publication. This **staff engagement**, through discussions at staff forums as well as submissions to a generic sustainability email address, revealed considerable enthusiasm and interest among the workforce for the green agenda.

4.2 This year

Our experience of working during the Covid-19 pandemic showed that we can work in different ways. A significant part of this was working from home for those with roles that can support this. We have developed **hybrid working guidelines** to support the continuation of some degree of home working where this is appropriate for individuals, their teams and the services that we provide. While sustainability was not the main driver for this shift to hybrid working, its impact in terms of a reduction of staff commuting is clear.

Beyond hybrid working the key **workforce aims** for the delivery of the first year of the Green Plan have been to:

- Harness and build upon the engagement and enthusiasm shown by staff
- Raise awareness among staff of the key green issues that CCC must address, and
- Ensure that potential recruits and new staff are aware of the Trust's commitment to environmental sustainability

We have sought to engage with staff in interesting and fun ways to achieve these aims. As an example, the theme of last year's departmental Christmas tree decorating competition was **'Go Green'**. The winner was decorated entirely of recycled decorations, included climate change messaging, and was topped by a papier-mâché globe.

Over the last 12 months we have developed a comprehensive **green communications plan** arranged around four key themes: travel, energy, waste, and spaces. Travel was the main theme for 2022, with the launch of a staff green travel survey and the drafting of a green travel plan (see travel section later). The communications plan has sought to raise awareness among staff and pave the way for future behaviour change. A dedicated page on the staff intranet has been developed to support the plan.

Also in the first year of the Green Plan we have sought to support some early examples of staff-generated change ideas (see waste section) and explored the idea of building on the level of enthusiasm among staff by identifying **green champions** in each department to lead local efforts to change things for the better. Following discussion with the Workforce and Organisational Development team, the decision has been taken to combine this role with the programme to identify staff engagement and wellbeing champions for each team that is due to launch in 2023.

4.3 Next year

In the coming year we will continue to deliver and refine the **green communications plan**. In the first part of the year this will focus on the launch of the green travel plan but we will continue to build on the other key communications themes in parallel.

The purpose of staff communications will shift in the next 12 months from raising awareness to seeking to bring about **behaviour change**, whether that involves changing commuting choices, reducing energy consumption, or supporting efforts to reduce and recycle waste. It is anticipated that while this messaging will have a focus on behaviour at work it will also have an impact in the behaviours of staff outside of work too.

We will also continue to encourage and support **staff-led sustainability schemes**, including through the incorporation of sustainability into the staff wellbeing and engagement champion programme. We will also encourage the uptake of NHS carbon literacy training to help and support staff in the role.

5 Travel and transport

5.1 Background

As noted previously, our **networked model of care** and shift to virtual appointments had a significant impact in lessening the patient car miles associated with our care.

When it comes to **staff travel**, the Trust has been taking steps to encourage greener travel for some years:

- We have active travel facilities across our sites, including showers, changing rooms, lockers and bike storage
- We have a long-standing bike to work scheme allowing staff to purchase bikes and equipment through salary sacrifice
- We also have a salary sacrifice car scheme that gives staff access to electric vehicles – and some staff have access to electric vehicle charging points (although more work is needed in this area)

As mentioned previously, to support the opening of CCC-Liverpool the Trust commissioned an external partner to develop a comprehensive travel plan. One of the results of this plan was the development of a **travel protection scheme** (for staff affected by the expansion of services into Liverpool) that incentivised public transport over private car use.

5.2 This year

The recent focus of the sustainability programme has been the development of CCC's first ever **green travel plan**. The development of the green travel plan was led by the interim sustainability manager, drawing on national and local policy as well as examples of similar plans from other NHS trusts. The majority of the plan will be focussed on staff commuting but it will also touch on wider transport issues, like patient and visitor travel and business travel. The plan will be published in the coming months following final review and refinement from members of the Sustainability Action Group.

With regard to staff commuting, the green travel plan will bring together the existing initiatives in place to encourage and support staff to make greener choices. It will also set out the **future actions** that we will take to continue to support ever more staff to consider making a switch where they can.

A key part of developing the green travel plan has been to understand as much as possible about the commuting behaviour of our staff. To this end we designed and launched a **staff travel survey** and incentivised staff to submit a response (see infographic).

Other **staff engagement** took place on the development of the green travel plan. This included, for example, staff communications around World Car Free Day in September 2022 where staff were encouraged to switch to public transport or active travel for the day. A staff story was shared subsequently with staff to outline the benefits of car-free commuting (see appendix 2).

During the development of the green travel plan we have continued to work to support staff to make greener travel choices. Examples of this include:

- The introduction of a public transport **season ticket loan** scheme
- Work with colleagues at NHS Cheshire & Merseyside to give staff access to **discounted bus fares** through the Arriva Travel Club scheme

In addition to this we have started to engage and work with our **NHS partners** on our different sites to develop a joined up approach to green travel. An early success is the arrangement of a number of joint 'Dr Bike' maintenance sessions for staff at CCC-Liverpool and CCC-Aintree (with Liverpool University Hospitals) and staff at CCC-Wirral (with Wirral University Teaching Hospital).

5.3 Next year

The next 12 months will see the launch of the green travel plan and the beginning of steps to deliver **the actions within it**. This will include:

- More support for active travel, including through joint Dr Bike events with our NHS partners
- Improving staff access to electric vehicles through a review of the salary sacrifice car scheme
- Improving active travel facilities, including the refurbishment of the changing rooms at CCC-Wirral
- Operational electric vehicle charging points at the Paddington Village car park (which serves CCC-Liverpool) and the installation of charging points at CCC-Wirral
- Ongoing joined up work with NHS and other partners to influence local policy and investment decisions.

6 Energy and utilities

6.1 Background

We have already taken a number of steps in previous years to moderate and reduce our energy consumption and our use of other utilities. **CCC-Liverpool** was designed with sustainability at its core. The building has control systems for increased energy efficiency and 30% of its electricity is generated on site by low and zero carbon systems, including photovoltaic panels on the roof. In addition to this, 100% of the electricity that we purchase for the Liverpool site is from renewable sources.

At CCC-Wirral, where our buildings are less modern, we have undertaken work to **insulate** and lag pipework to reduce energy consumption.

With regard to lighting, we have installed **LED lights** and motion sensors on all sites to reduce the electricity consumption associated with lighting our buildings.

When it comes to other utilities, 75% of our taps are automatic to guard against wastage of water and we have **leak detection** systems in place at CCC-Liverpool and CCC-Aintree.

6.2 This year

As we set out in the Green Plan, one of the priorities for energy and utilities in the first year was to use data on the performance of CCC-Liverpool to continue to improve the **building management system**. This work was given additional priority during 2022 due to the significant increases seen in the cost of energy across the year.

Our estates service provider at CCC-Liverpool, Vinci, commissioned a full review of the **performance of the building's systems**. The report from this review included multiple recommendations for interventions that would have a significant impact on energy consumption. Vinci and PropCare began implementation of these recommendations immediately with significant effects (see box).

Implementing the recommendations of the CCC-Liverpool energy review

- Changing door heater settings
  - Estimated annual energy saving 52,400 kilowatt-hours (kWh)
- Changing automatic lighting settings
  - Estimated annual energy saving 42,600 kWh
- Changing dehumidification system settings
  - Estimated annual energy saving 2,388,641 kWh
- More energy (and cost) saving changes to come

At CCC-Wirral, PropCare has carried out a full assessment of the estate and implemented a number of energy-saving quick wins. In addition to this, the programme of **estates lifecycle works** at CCC-Wirral for 2022/23 has included a number of necessary improvements that will ultimately improve energy consumption on the site.

In addition to estates considerations, our digital team has sought to understand the energy consumption associated with **digital technologies** and shared this with the Sustainability Action Group. This information, covering the energy needs for a range of digital processes and the impact of behaviours like leaving computers on overnight, will be shared with staff as part of the green communications plan and our efforts to change staff behaviour.

6.3 Next year

Next year will continue on a similar theme to the 12 months just gone. At CCC-Liverpool we will continue to use the data available to improve the building's performance. We will work with our partners to bring this data together in an **energy dashboard** to allow a more targeted approach towards areas of high energy consumption.

At CCC-Wirral we will continue to invest in **refurbishments and improvements** that increase energy efficiency while also continuing to work on the longer term redevelopment of parts of the site.

We will also work with our site partners and energy suppliers for CCC-Wirral and CCC-Aintree to ensure that in future 100% of our external electricity supply is from **renewable sources**.

In addition, we will work with staff next year to begin to try to bring about **behaviour change** with regard to energy efficiency, using the building management data available and incorporating what we know about the energy consumption of digital devices and processes.

7 Waste

7.1 Background

Our electronic patient record and other digital clinical systems mean that as a trust we have been '**paper-light**' for some time.

Staff engagement on the development of the Green Plan has shown us the importance to staff of **recycling**, with many staff asking for the installation of bins within our buildings to allow the separation of waste at source.

We acknowledge however that development of our plans for how we deal with waste in the future needs to cover interventions to **reduce waste and reuse items** as well as increasing recycling.

7.2 This year

In the last 12 months we have been able to explore or support a range of **staff-generated ideas** to address waste:

REDUCE: Reducing single use plastic in radiotherapy bladder preparation

The radiotherapy team at CCC-Liverpool is piloting a scheme to reduce waste through the introduction of re-useable water bottles for patients.

The drinking bottles replace the thousands of plastic cups used each year by these patients who need to take in liquid before treatment.

The machine-washable bottles are being used by all patients in the department after being funded by the Bright Ideas Scheme in line with our Green Plan.

As well as being kinder to the environment the pilot is also expected to lead to better patient hydration and fewer side-effects.

REUSE: Potential staff uniform reuse scheme

The interim sustainability manager worked with members of the inpatient care team in the last 12 months to explore whether it would be possible to implement a scheme where good quality used uniform could be swapped among staff when no longer required.

The scheme received support from colleagues across the Trust but has not yet been put in place. The idea will be pursued further in the coming year.

RECYCLE: Recycling specialist lead-lined radium pots

The radiotherapy team at CCC-Wirral had collected around 300 of the lead-lined pots that are used to transport doses of a radioactive treatment from Norway and knew they needed to dispose of them safely and responsibly.

After discussing with colleagues across the Trust they managed to find a local company who were able to safely dispose of the pots and pay a donation to the Clatterbridge Cancer Charity per tonne they recycle.

The pots and drug vials are kept in secure storage for six months after use until they are no longer radioactive and both the vials and the lead pots can then be disposed of ethically.

Elsewhere, digital developments have progressed in the last six months to help further **reduce the amount of paper** that we use in our processes. This includes the digitisation of patient appointment letters (which will also bring a reduction in postage costs) and the application of robotic process automation (RPA) to some of our admin processes. Again, environmental sustainability is not the main driver for these developments, but we acknowledge their positive impact on making CCC greener.

With regard to recycling, the focus of the first year has been to understand our existing waste arrangements. The priority has been to understand the arrangements at CCC-Liverpool as our largest site. We have engaged with the waste contractor for the site who has confirmed that our general mixed waste is sorted at an off-site facility and **significant volumes recycled**.

This positive situation (see box) is not information that we have previously been in a position to **share with staff**, many of whom we know have a considerable interest in recycling. This has driven a perception among some staff that the lack of ability to separate waste at source has meant that we are not engaged in recycling. We will work with our waste contractors to engage staff on the issue of waste and continue to improve on this positive position in the coming years.

Waste at CCC-Liverpool

- **250,000kg** of 'mixed municipal waste' a year
  - Sorted off site
  - **30% recycled** (76,000kg)
  - **70%** sent for energy recovery at a local waste-to-energy facility
  - **Zero to landfill**
- Also 30,000kg of cardboard
  - **100% recycled**
- In total over **100,000kg of waste recycled** annually
- More to do to increase recycling rates and reduce proportion sent for waste-to-energy

7.3 Next year

In the next year we will turn our attention to the waste **arrangements at CCC-Wirral and CCC-Aintree** and work with our waste contractors there to ensure that we have plans for improving on waste reduction and rates of recycling where possible.

In addition to this we will work with our contractor at CCC-Liverpool to continue to improve performance. This will include staff communications on the current positive position and **what they can do to help**. For example we will share with staff that it is easier to sort and recycle metal drinks cans in the current off-site processes and encourage them to take efforts to reduce the amount of plastic in the general waste.

We will **work with our catering providers** to reduce waste generally as well as decrease the amount of plastic packaging in favour of more easily recycled materials where possible, including the sale of drinks in metal cans rather than plastic bottles.

As part of our work on waste we will consider the provision of **visible waste segregation** facilities at all sites, although we acknowledged that our ability to do this is limited to a degree by the space available.

We will also continue to work with teams to explore further **staff-led initiatives** to reduce waste, reuse items or recycle materials, including pursuing the proposed scheme to allow the reuse of spare uniforms.

In addition to this we will look at ways to reduce **food waste** on our sites, for example through digital food ordering, and then how better to deal with the levels of food waste that remain.

8 Capital projects

8.1 Background

As previously noted, our major capital development recent years, CCC-Liverpool, was designed and built to a high standard, with features including photovoltaics panels on the roof and a combined heat and power unit. Major capital projects such as this are significant undertakings that span several years and need **environmental sustainability to run as a thread** throughout them.

8.2 This year

As previously noted, there has been significant investment in the last year in **maintenance and refurbishment projects** at CCC-Wirral, some of which will increase the energy efficiency of the estate.

Other capital investment at CCC-Wirral, such as the ongoing **refurbishment of the staff changing facilities**, will be supportive of active travel and the upcoming green travel plan.

In addition to this year's investment programme the sustainability team has also worked with our sustainability consultants to carry out a survey of the potential for the CCC-Wirral site to support the **generation of renewable energy**. This renewables survey will be used to inform the longer term redevelopment plans for the site.

8.3 Next year

As well as the completion of the ongoing capital schemes, the coming 12 months will see further capital investment to improve the green credentials of the CCC-Wirral site:

- We will install **electric vehicle charging** points for the use of staff and patients. This will also support the future switch to electric vehicles for our small fleet of 'chemo cars' used in the delivery of the Clatterbridge in the Community service

- We will continue to invest in the **maintenance and refurbishment** of the CCC-Wirral estate in a way that contributes to a reduction of our environmental impact

We will also work in the coming year to ensure that sustainability continues to be a key consideration in our planned **larger scale capital developments**: the redevelopment of CCC-Wirral and the refurbishment of our Halton unit.

9 Green space

9.1 Background

When it comes to green space, **CCC-Wirral** is the jewel in CCC's crown. It sits in Wirral's green belt and on two sides the buildings look out over open fields. Over recent years we have maintained the site's green space to a good standard and responded to the changing nature of the site, for example by landscaping the areas left by the removal of temporary buildings following the expansion into CCC-Liverpool.

Our other main sites, CCC-Aintree and CCC-Liverpool, are in more urban locations and therefore there is not access to the same level of green space. Nevertheless, the **available outdoor space** at CCC-Aintree has been enhanced with formal planting and at CCC-Liverpool we have the winter garden and five outdoor terrace areas serving the upper floors. Further work has been carried out since the opening of CCC-Liverpool with the support of the Clatterbridge Cancer Charity to enhance the terraces with furniture and planting.

9.2 This year

In the past 12 months the sustainability team has carried out a full **green space audit** at CCC-Wirral. The aim of the audit was to bring together a record of the various green spaces on the site and undertake an assessment of their respective quality and potential for improvement.

The green space audit at CCC-Wirral will allow us to continue to develop coordinated plans to improve the outdoor space on the site and increase biodiversity. An example of the ongoing work in this area is the development of the **Wirral woodland glade** in an area of relatively mature woodland at the rear of the site beyond the radiotherapy bunkers (marked as D on the adjacent image from the green space audit).

In the last 12 months we have worked with a design team to develop an exciting proposal to develop this area with native planting to **increase biodiversity** as well as make a peaceful space for staff and patients to enjoy (see appendix 3). Enabling works have already taken place to create paths and renew the fencing in the area and further work will happen in the coming year.

9.3 Next year

In the coming 12 months we will continue to work to deliver the woodland glade project. This will include working with the Charity to explore **additional funding opportunities** that would allow us to develop the area to its full potential in a faster timeframe.

We will also work with PropCare and our contractors to develop a wider maintenance plan for the external areas at CCC-Wirral with the aim of further fostering biodiversity. This plan will include the creation of '**no-mow areas**' where wildflowers and insect life are able to flourish.

Moreover, while the Wirral site has an abundance of mature trees already we will work with partners such as the NHS Forest to identify areas with the potential for further **tree planting**.

At CCC-Liverpool our focus for the next 12 months will be the improvement of the **winter garden** area to bring the space in line with the improvements to the terraces. We will work with the necessary specialists to ensure that the appropriate planting, lighting and maintenance schemes are in place to make this a more inviting and useable space for staff and patients.

10 Suppliers and partners

10.1 Background

The activities and practices of our suppliers make up a large part of our **wider carbon footprint**. Only through engaging with our suppliers, and our many other partners, will we be able to fully address our impact on the environment.

We have worked with the other specialist NHS trusts in Liverpool to set up a shared procurement function – **Health Procurement Liverpool** (HPL). We look to HPL to implement the guidance from the wider NHS on incorporating considerations of environmental sustainability and wider social value into our procurement processes.

10.2 This year

With regard to suppliers and procurement, colleagues from HPL have been core **members of the Sustainability Action Group** over the last 12 months. The last year has seen the introduction of NHS guidance that all procurement should contribute to NHS net zero and social value goals, with the inclusion of a minimum 10% weighting for social value in all procurement processes.

When it comes to the engagement with our many other partners, our activity in the last 12 months has been noted throughout this report under the relevant subject areas. The summary below gives a sense of the **wide range of engagement** and foundation-laying that has taken place. In the last year the sustainability team has engaged with:

- Estates contractors with regard to the energy efficiency of our buildings
- Waste contractors with regard to waste reduction and recycling
- The sustainable travel teams in Local Authorities and the Liverpool City Region
- Bus service providers with regard to encouraging public transport
- The organisation resident in the Liverpool Knowledge Quarter through its sustainability network
- Our NHS partners on our different sites with regard to travel planning and wider sustainability issues, and
- Our NHS partners in the wider Cheshire and Merseyside area

10.3 Next year

In the next year we will work with Health Procurement Liverpool to understand its plans to **continue to contribute** to NHS net zero ambitions and create social value.

We will also work with HPL colleagues to identify and implement a number of **quick procurement wins**, such as the switch to the use of recycled paper in all areas.

As well as continuing to engage with the wide range of partners set out above we will also begin to do the same with our **catering partners**, including our inpatient catering service as well as our café providers. We will encourage them to develop plans to increase their environmental sustainability and social value through interventions like reducing packaging, using local and seasonal ingredients, and offering meat-free and healthy options.

11 Adaptation

As the NHS tackles climate change there is also a need to adapt to the immediate consequences it brings. Adaptation is the process of adjusting our systems and infrastructure to continue to **operate effectively** while the climate changes.

Adaptation was not a focus of activity for the CCC sustainability programme in its first year. We have **business continuity plans** in place for all services which, while they may not explicitly mention climate change, set out plans for some of the impacts of a changing climate – like flooding and extreme heat events.

In the coming year we will identify a **nominated lead** for adaptation within the Trust and ensure that our business continuity plans are updated to reflect climate change risks and our wider emergency plans are also updated and aligned to those of our local and national partners.

12 CCC as an anchor institution

As mentioned previously, the reduction of our environmental impact is one of the ways that CCC can act as an anchor institution and positively contribute to our local area beyond the provision of healthcare.

As a Trust it is important that we understand and maximise our positive impact on the communities that we serve. There is also an expectation from NHS Cheshire & Merseyside that provider trusts in the integrated care system work to ensure that they are having this broader positive impact.

As such we will continue to pursue a range of anchor institution work beyond the implementation of the Green Plan, including:

- Signing up to the Cheshire & Merseyside **Prevention Pledge** and setting out an ongoing range of actions in areas like improving staff health and wellbeing, undertaking preventive activity with patients, discouraging unhealthy behaviours, and providing access to healthy food and drinking water for staff and patients.
- Adhering to the Cheshire & Merseyside **Anchor Institution Framework**

- Signing up to the Cheshire & Merseyside **Social Value Charter** and achieving the **Social Value Award**
- Achieving the Liverpool City Region **Fair Employment Charter**

The substantive sustainability manager will take on the responsibility of coordinating this activity with the multiple teams across the Trust that will need to be involved in its delivery.

13 Conclusion

The first year of the programme to implement the CCC Green Plan has delivered steady progress. Staff awareness of the issues around environmental sustainability at CCC has increased and the foundations have been laid for future action on carbon reduction.

Progress in the year has been limited by some key challenges, including:

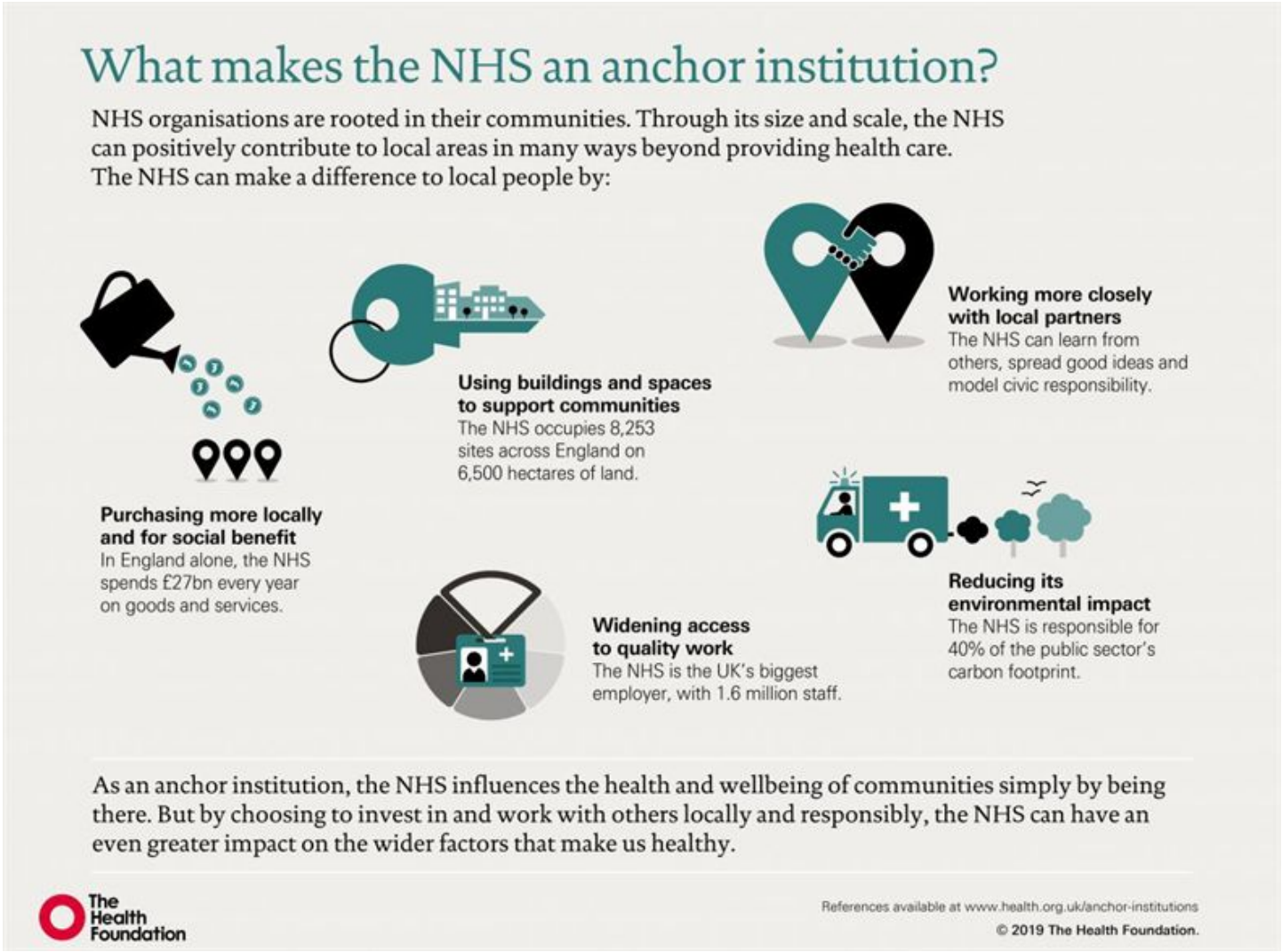
- The lack of dedicated substantive and whole-time programme management, and
- The difficulty in getting engagement from key CCC colleagues faced with competing priorities.

We will continue our journey towards net zero carbon in the coming year. Our activity will be a mixture of discrete short term actions and engagement and influencing longer term change through engaging with partners.

The key challenges for the second year of this programme will be to secure the engagement of the necessary people across the Trust to continue to deliver positive progress and to start to measure and quantify the impact that our programme is having on our environmental sustainability and carbon emissions.

Appendices

Appendix 1 – The NHS as an anchor institution



Appendix 2 – Green travel champion Katy Sloan tweets her journey for World Car Free Day

Appendix 3 – Proposal for the Wirral woodland glade

The Clatterbridge Cancer Centre NHS Foundation Trust

Title of meeting: Trust Board
Date of meeting: 1st March 2023

Report lead	Claire Smith				
Paper prepared by: In attendance at the visit	Claire Smith Non-Executive Director – Kathy Doran Governor – Miles Mandelson				
Report subject/title	P1-034-23 Patient Experience Visit January 2023				
Purpose of paper	The purpose of this report is to provide Trust Board with a summary of the NED & Governor Patient Experience visit conducted on the 12th January 2023. The panel visited Ward 1 and the Clinical Interventions Team on Floor 1, CCC Liverpool.				
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		

WE ARE... KIND EMPOWERED RESPONSIBLE INCLUSIVE

The Clatterbridge Cancer Centre NHS Foundation Trust

Division	Networked Services	Location Ward 1	CCC Liverpool	Date	12th January 2023
In attendance – Panel			In attendance – Patient & Staff		
Governor	Miles Mandelson		Senior Manager facilitating the walk round		Lyndsey Dawson Carla Taylor Sophia Bourne Kathryn Williams
Non-Executive	Kathy Doran		Number of Patients		2
Patient Experience Team	Claire Smith		Number of Staff		1

Patient Feedback: The patients were asked to describe their experience of care at CCC

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

Positive Patient Comments: • Staff provide lots of reassurance, confidence and are unbelievably knowledgeable. • Staff have included patient's family into all conversations, especially her daughter who is very anxious; she is able to hear updates first hand from staff, always in a language we can understand.	• Staff work so hard. • Very impressed with the ward, even when it is clearly busy "no one flaps". • Staff are amazing. • Plenty of refreshments. • Staff are always great. • Relaxed environment • Even staff in the café are friendly and helpful.
Areas where immediate action was taken on the day: • N/A	
Areas for improvement: • N/A	Service response: *Highlight in **Bold** actions to be added to PEIC action plan* • N/A

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.*

The Clatterbridge Cancer Centre NHS Foundation Trust

Positive Comments: • A staff member interviewed was part of the 1st wave of International Nurse Recruitment, she was able to report that she had experienced a lot of help and support from her CCC colleagues. The induction period was good and explained how things worked at CCC, she had chosen Liverpool because of the reputation of the Clatterbridge Cancer Centre and wanted to work here. Since starting at CCC she has been able to support her family coming to Liverpool and her husband now works as a nurse in LUHFT. Although somethings are very different here, she reports that she has found it easy to "blend" into CCC.
Areas where immediate action was taken on the day: None

Areas for improvement:	Service response:
• N/A	• N/A

Observations on the day • Very calm and relaxed atmosphere. • Supportive/interactive team with patients.

Division	Networked Services	Location Clinical Interventions Team	CCC Liverpool	Date	12th January 2023
In attendance – Panel			In attendance – Patient & Staff		
Governor	Kathy Doran		Senior Manager facilitating the walk round		Lyndsey Dawson Carla Taylor Sophia Bourne
Non-Executive	Miles Mandelson		Number of Patients		0
Patient Experience Team	Claire Smith		Number of Staff		1

Patient Feedback: The patients were asked to describe their experience of care at CCC NB: *This is not a verbatim record but an overview of the key themes raised during the conversation.*
Positive Patient Comments: • No patients were spoken to during this part of the visit, one patient had failed to turn up for their appointment and second patient was on route from the wards and it was felt that this patient would not be able to give an informed account of the service.

The Clatterbridge Cancer Centre NHS Foundation Trust

Areas where immediate action was taken on the day: • N/A	
Areas for improvement: N/A	Service response: *Highlight in **Bold** actions to be added to PEIC action plan* N/A

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.*	
Positive Comments: • Staff spoke about how they were proud and lucky to work in such a lovely if small team. They spent some time explaining the important role the team has in maintaining patient's intravenous access, which is vital for patients to be able to receive chemotherapy treatments. Staff who have left the team recently have been for genuine reasons e.g. retirement, promotion… • The team try to be flexible with their hours to provide a longer working day to facilitate patient's appointments. Although occasionally it is difficult as CIT is a small team, the unit manager does try to meet the educational and developmental needs of the staff.	
Areas where immediate action was taken on the day: None	
Areas for improvement: • The team leader is currently developing a business case for the team to introduce a nurse led Hickman line insertion service. The service will prevent patients receiving PICC lines when this may not be the most appropriate line for them. It will also prevent some patients being sent to LUHFT for Hickman lines.	Service response: Summary report prepared which is feeding into the business case process for completion by end of February. This idea has been introduced and accepted by the CAR-T programme as a necessary development due to the reduced capacity within IR for consultant led services.
Observations on the day • The clinic appeared organised and relaxed.	

The Clatterbridge Cancer Centre NHS Foundation Trust

Title of meeting: Trust Board
Date of meeting: 1st March 2023

Report lead	James Thomson – Director of Finance			
Paper prepared by	Jo Bowden – Deputy Director of Finance			
Report subject/title	P1-035-23 Approval for payment of Trust's contribution to the R&I Strategy to The Clatterbridge Cancer Charity			
Purpose of paper	To request Board approval to make a payment to The Clatterbridge Cancer Charity to support the R&I Strategy			
Background papers	N/A			
Action required	Approval of Payment			
Link to: Strategic Direction Corporate Objectives	Be Outstanding	X	Be a great place to work	
	Be Collaborative		Be Digital	
	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		

The Clatterbridge Cancer Centre NHS Foundation Trust

1. Introduction

1.1 This paper outlines the financial support the Trust provided to the Research Strategy in both 2020/21 & 2021/22 and requests approval for a payment to be made to The Clatterbridge Cancer Charity in line with our current external auditors suggested best practice.

2. Background to the transaction and External Audit view

2.1 The Research Strategy Business Plan was approved by the Board in 2021. It includes an expectation of £12.5m charity funding over the 5 years as follows:

2021/22	£1m
2022/23	£2m
2023/24	£2m
2024/25	£2.5m
2025/26	£5m
Total	£12.5m

2.2 During the pandemic the charity received significantly lower than planned donation income meaning it was not in a position to provide the required funding over that period. To support year one of the strategy the Trust deferred an amount of £750k in its 2020/21 accounts. The auditors, Grant Thornton reviewed the transaction as part of their audit testing and concluded that they were happy with the accounting treatment.

2.3 In 2021/22 the Trust planned to defer a further £2m to support the Year Two charity funding shortfall, and presented a paper to the April 22 Audit Committee. Ernst Young the Trust's current external auditors advised the Trust that they did not agree with this accounting treatment. Ernst Young advised that the preferred treatment would be for the Trust to donate an amount to the charity for a specific purpose, then for the charity to donate it back to the Trust for that purpose. Given it was past the end of the financial year it was not possible to undertake this transaction in year so the Trust established an expenditure provision rather than deferring income. The auditors reported in their 'Audit Results report' a judgement difference in how we had accounted for the transaction in recognising the provision and reported this as an unadjusted difference. The value was below the Trust's materiality value of £3.7m so the accounts were not qualified.

2.4 The Trust is still holding this £2m provision and the transaction between the Trust and the Charity needs to be completed before the end of this financial year.

3. Request for approval of payment

3.1 The Board is requested to approve the payment of £2m to The Clatterbridge Cancer Charity for the specific purpose of supporting the Research Strategy.

Cheshire & Merseyside Cancer Alliance

Performance Report

February 2023

Version 1

Contents

Section I: Summary

Restoration of cancer services

The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:

- To create sufficient **capacity** to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly;
- To ensure **equity of access** across the system so that patients are not disadvantaged because of local capacity constraints;
- To build **patient confidence** – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe.

Measure	% of pre-Covid level
2WW referrals*	117%
Cancer treatment activity*	131%
SACT (inc chemo) delivery**	128%

Measure	% of pre-Covid level
Radiotherapy planning**	120%
Radiotherapy treatment**	87%
Endoscopy activity♀	102%

- Urgent suspected cancer referrals are currently at 117% but the year-to-date level is 130%
- Cancer treatment activity is currently at 131%, although the year to date average is nearer 110%
- The sustained increase in SACT continues to present challenges to service delivery, however CCC continues to take action to meet demand, including detailed capacity, demand and workforce planning.
- Whilst Radiotherapy treatments reduced significantly in early 2020/2021 due to a change in fractionation, despite the continuation of this change, activity increased and has been between 87% and 99% (except for 1 month at 78%) of pre covid-19 levels since April 2022.

Cheshire & Merseyside Cancer Alliance

*Data as of 5th February – Cancer treatment activity taken from national PTL from August 2022 onwards – prior to this surgical activity was reported by Trusts
** Solid tumour only (not inc. Haemato-oncology): reliable Haemato-oncology figures pre covid are unavailable – data as of January 2023
♀Assessment based on monthly DM01 endoscopy returns - latest update December 2022. Activity is used as an indication of capacity.

Section I: Summary

- Endoscopy activity decreased to 6,018 procedures (from 7,951 procedures in November). However activity always dips in December due to bank holidays; December 2022 also saw NHS strikes. Despite this, activity remained slightly higher than December 2019 – whilst the number of procedures was slightly lower (6,384 patients in December 2019), changes to case-mix (more colonoscopies and fewer flexi sigmoidoscopies) mean activity was slightly higher (102%, 9,479 BSG points in December 2022 compared with 9,258 BSG points in December 2019). In these terms, December 2022 was the highest December activity since the pandemic.

- Endoscopy waiting list decreased slightly to 13,125 procedures (from 13,243 procedures in November). Decreases were seen at Countess of Chester (-96 patients), Southport and Ormskirk (-42 patients and Wirral (-98 patients); Mid Cheshire (+183 patients) and Warrington and Halton (+110 patients) both increased. We know there may still be one trust who are yet to add their overdue surveillance patients to the DM01 waiting list (St Helens and Knowsley).

- Trusts are being encouraged to increase patients booked on existing lists, as productivity analysis suggests achieving 120% of pre-pandemic activity (as required by the 2022-23 planning guidance) may be achievable if this is implemented. The Alliance has an established endoscopy network and an endoscopy operational recovery team (EORT) to oversee and co-ordinate restoration activities.

Cheshire & Merseyside Cancer Alliance

Summary

Cancer waiting times performance*

The latest published 14 day, 28 day, 62 day and 31 day 1st treatment cancer waiting times performance data relate to **December 2022**.

The Alliance failed the **14 day standard** for urgent suspected cancer referrals, achieving 76.4%. This is lower than 77.3% the previous month.
The England average was 80.3%.
Nine trusts and all nine historic CCGs failed to meet the 14 day standard of 93%.
Cheshire and Merseyside was the 16th best performing Alliance in England out of 21 against this standard.

The Alliance failed the **28 day standard** for all referral routes achieving 65.5%. This is lower than 66.0% the previous month.
The England average was 70.7%.
Nine trusts and eight historic CCGs failed to meet the 28 day standard of 75%.
Cheshire and Merseyside was the 20th best performing Alliance in England out of 21 against this standard.

The Alliance failed the **62 day standard**, achieving 67.3%. This is lower than 69.1% the previous month.
The England average was 61.8%.
Nine trusts and all nine historic CCGs failed to meet the 62 day standard of 85%.
Cheshire and Merseyside was the 4th best performing Alliance in England out of 21 against this standard.

The number of urgent referral patients waiting **over 62 days** is significantly higher than pre-Covid levels. On 5th February 2023 there were 1,964 patients waiting more than 62 days for a diagnosis or treatment. This has decreased from 2,352 reported last month (8th January). Of these, 528 have waited **over 104 days**. This is lower than the 608 patients reported last month.

The Alliance failed the **31 day 1st treatment standard**, achieving 95.8%. This is higher than 94.3% the previous month.
The England average was 92.7%.
Six trusts and three historic CCGs failed to meet the 31 day 1st treatment standard of 96%.
Cheshire and Merseyside was the 7th best performing Alliance in England out of 21 against this standard.

Cheshire & Merseyside Cancer Alliance

* Overall figures are based on commissioners within Cheshire and Merseyside.
CCGs refer to the historic 2022 Clinical Commissioning Groups prior to the implementation of the Integrated Care Board (ICB)

Section II: Restoration of Cancer Services – Core Metrics

1. Urgent cancer referrals and upgrades made in last 7 days

Referrals were lower than the previous week at 2,769 patients. 5% lower than previous year; 17% higher than pre-pandemic.

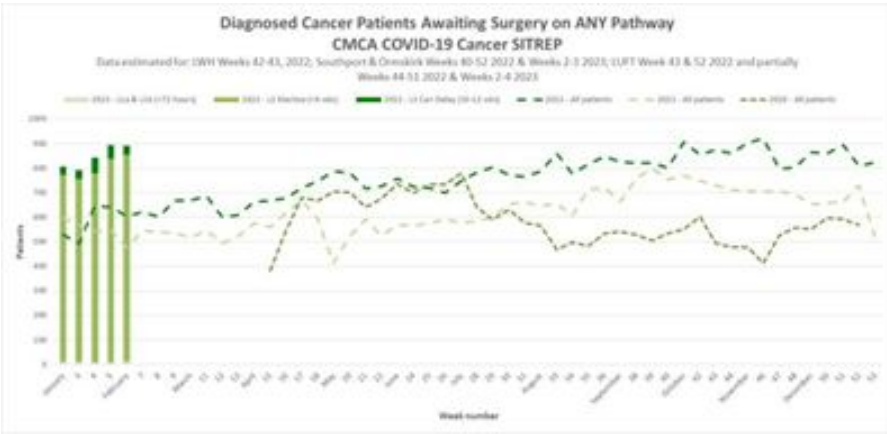
Data note: In Aug 2022, data source changed from weekly SITREP to national PTL. This metric covers all trusts. Missing data from Wirral week ending 24/07/22.

2. Urgent suspected cancer pathway PTL

Currently 13,12 patients on urgent suspected cancer waiting lists (6% above same time last year).

Data note: In Aug 2022, data source changed from weekly SITREP to national PTL. This metric covers all trusts. Missing data from Wirral week ending 24/07/22.

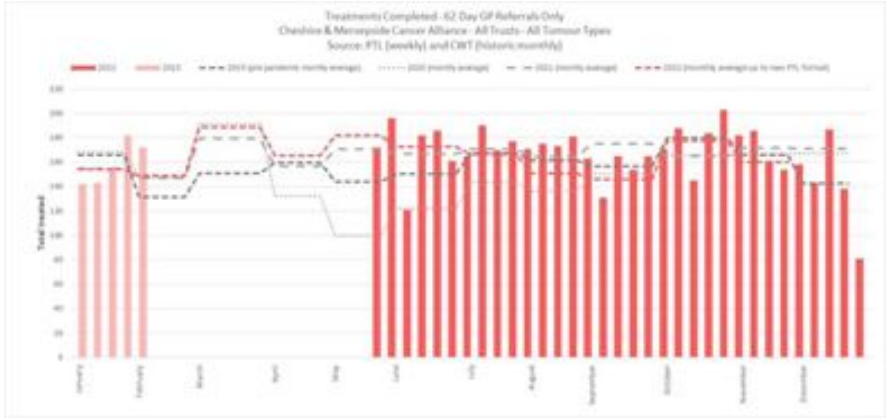
3. Cancer patients awaiting surgery



892 patients with a surgical DTT. 854 at L1&L2 and 38 at L3.

Data note: This metric does not include East Cheshire and only includes head and neck for Mid Cheshire as they feed into Greater Manchester's SITREP. Countess of Chester data estimated for 09/08/21. Missing data from LUHFT for 26/12/21, 02/01/22 and 09/01/22, 10/10/22. Liverpool Women's estimated for 13/09/21, 20/09/21, 07/02/22, 14/02/22, 23/05/22 & 18/07/22, 10/10/22, 17/10/22. Bridgewater estimated for 29/08/22. Southport and Ormskirk estimated for 26/09/22- 06/01/23. LUFT fully or partially estimated for 26/09/22 to 29/01/23.

4. Cancer treatments for urgent GP referrals in last 7 days



172 first treatments for patients with urgent GP referrals on 62 day pathway (16% above last year; 31% above pre-pandemic).

Data note: In Aug 2022, data source changed from weekly SITREP to national PTL. This metric covers all trusts but ONLY 62 day GP referrals (not all 62 day referrals or all first treatments). Missing data from Wirral week ending 24/07/22.

Section II: Restoration of Cancer Services – Core Metrics

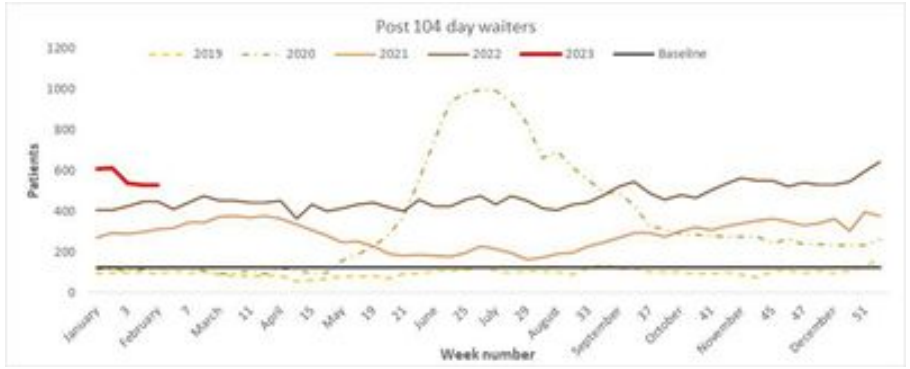
5. Patients waiting over 62 days

1,964 patients have waited over 62 days

- Lower than 2,068 patients last week

Data note: This metric includes all C&M trusts including East Cheshire and Mid Cheshire. Also, waiters with non-specific symptoms are not included in these national data. No data for Wirral 04/04/2021; Countess of Chester 01/08/2021, 08/08/2021. No data for Warrington & Halton and Wirral 19/12/21, 17/07/22 (later data copied from previous week). Incorrect data submitted by Countess of Chester 10/04/22. No data for Mid Cheshire 25/07/2021.

6. Patients waiting over 104 days

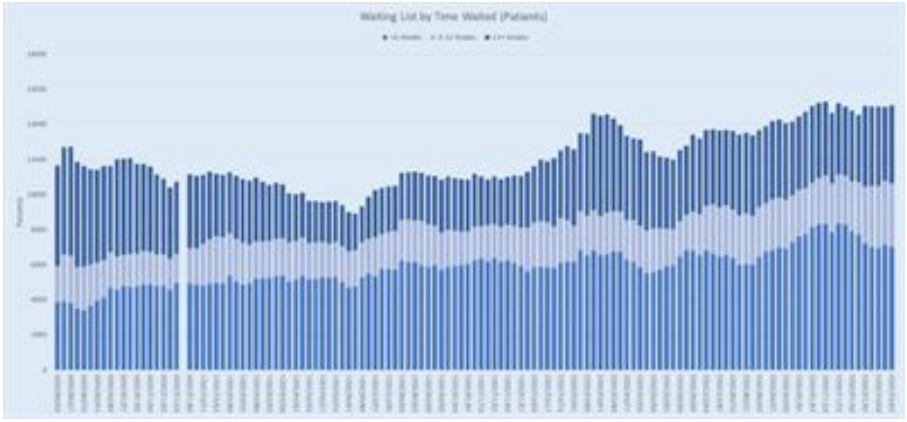


528 patients have waited over 104 days

- Lower than 532 patients last week

Data note: This metric includes all C&M trusts including East Cheshire and Mid Cheshire. Also, waiters with non-specific symptoms are not included in these national data. No data for Wirral 04/04/2021; Countess of Chester 01/08/2021, 08/08/2021. No data for Warrington & Halton and Wirral 19/12/21, 17/07/22 (later data copied from previous week). Incorrect data submitted by Countess of Chester 10/04/22. No data for Mid Cheshire 25/07/2021.

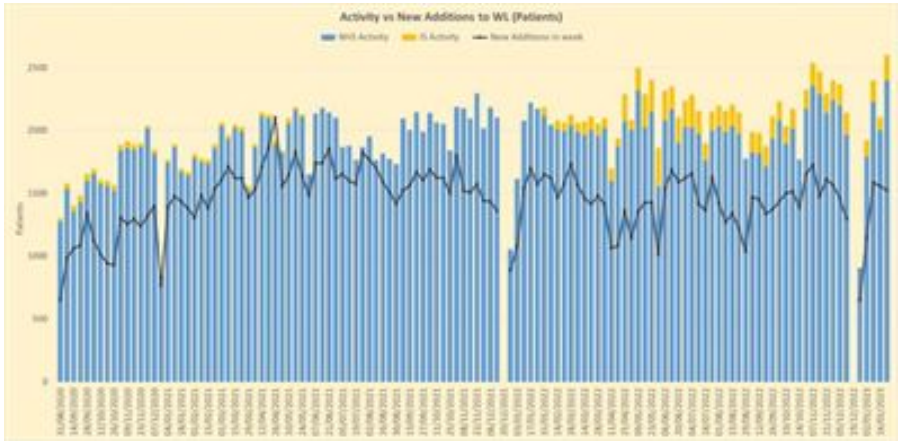
7. Endoscopy waiting list



Endoscopy waiting list remained similar at 15,071 patients

Data note: This metric includes all C&M trusts including East Cheshire and Mid Cheshire. No data from East Cheshire or Mid Cheshire w/b 14/12/20; No collection 21/12/20. LUFT Aintree and LUFT Royal estimated for 24/05/21. Warrington and Halton estimated for 31/05/21. Southport and Ormskirk estimated for 05/07/21, 06/09/21, 16/05/22 and 06/06/22. Countess of Chester estimated for 26/07/21 to 31/01/22 inclusive, 21/03/22, 11/04/22 and 18/04/22. LUFT Aintree estimated for 01/02/21, 03/05/21, 21/06/21, 08/08/22 to 22/08/22, 05/09/22, 19/10/22. Wirral estimated for 03/01/22, 05/09/22 and 12/09/22. East Cheshire estimated for 16/05/22, 28/11/22.

8. Endoscopy activity



Endoscopy activity increased to 2,603 patients (highest recorded)

Data note: This metric includes all C&M trusts including East Cheshire and Mid Cheshire. No data from East Cheshire or Mid Cheshire w/b 14/12/20; No collection 21/12/20. LUFT Aintree and LUFT Royal estimated for 24/05/21. Warrington and Halton estimated for 31/05/21. Southport and Ormskirk estimated for 05/07/21, 06/09/21, 16/05/22 and 06/06/22. Countess of Chester estimated for 26/07/21 to 31/01/22 inclusive, 21/03/22, 11/04/22 and 18/04/22. LUFT Aintree estimated for 01/02/21, 03/05/21, 21/06/21, 08/08/22 to 22/08/22, 05/09/22. Wirral estimated for 03/01/22, 05/09/22, 19/10/22. East Cheshire estimated for 16/05/22, 28/11/22.

9. Patients waiting between 63 and 103 days by provider

PTL data from week ending 05 February

Row Labels	Brain/ CNS	Breast	Gynaecological	Haematological	Head & Neck	Lower Gastrointestinal	Lung	Non site specific symptoms	Other	Sarcoma	Skin	Upper Gastrointestinal	Urological	Children's cancers	Grand Total	Change from last week
Bridgewater																
Countess Of Chester			9		12	20						7	29		85	-8
East Cheshire		10	5			45									68	7
Liverpool Heart & Chest							11								11	
Liverpool University Hospitals		17			25	198		23			20	82	82		155	-33
Liverpool Women's			104												104	-5
Mid Cheshire			7			178					12		14		229	-60
Southport & Ormskirk			10			18					42				89	-3
St Helens & Knowsley			6		6	132					8	13	12		183	-4
The Clatterbridge Cancer Centre					10	8	6						12		42	-6
The Walton Centre																
Warrington & Halton						20							25		53	7
Wirral					5	70							55		144	
Grand Total		**37**	**147**	**11**	**63**	**689**	**24**	**29**			**90**	**122**	**244**		**1,465**	-105

Cheshire & Merseyside Cancer Alliance

Tables from national Cancer PTL

10. Patients waiting over 104 days by provider

PTL data from week ending 05 February

Row Labels	Brain/ CNS	Breast	Gynaecological	Haematological	Head & Neck	Lower Gastrointestinal	Lung	Non site specific symptoms	Other	Sarcoma	Skin	Upper Gastrointestinal	Urological	Children's cancers	Grand Total	Change from last week
Bridgewater																
Countess Of Chester															12	-3
East Cheshire						15									21	-7
Liverpool Heart & Chest																
Liverpool University Hospitals					5	84		16				28	53		194	
Liverpool Women's			32												32	4
Mid Cheshire						74					5				87	-7
Southport & Ormskirk			5								6				18	
St Helens & Knowsley			5			45						6	8		74	7
The Clatterbridge Cancer Centre															17	-3
The Walton Centre																
Warrington & Halton																3
Wirral						28							37		70	
Grand Total			**51**		**16**	**255**	**5**	**19**			**22**	**46**	**123**		**547**	-3

From 29 November 2020, data source changed from CMCA SITREP to national weekly PTL

- Data no longer split out for acute leukaemia or testicular
- New data for non site specific symptoms referrals (not included in national totals in graphs 5 and 6)

= fewer than 5 patients or hidden to prevent disclosure (fewer than 3 for change from last week)

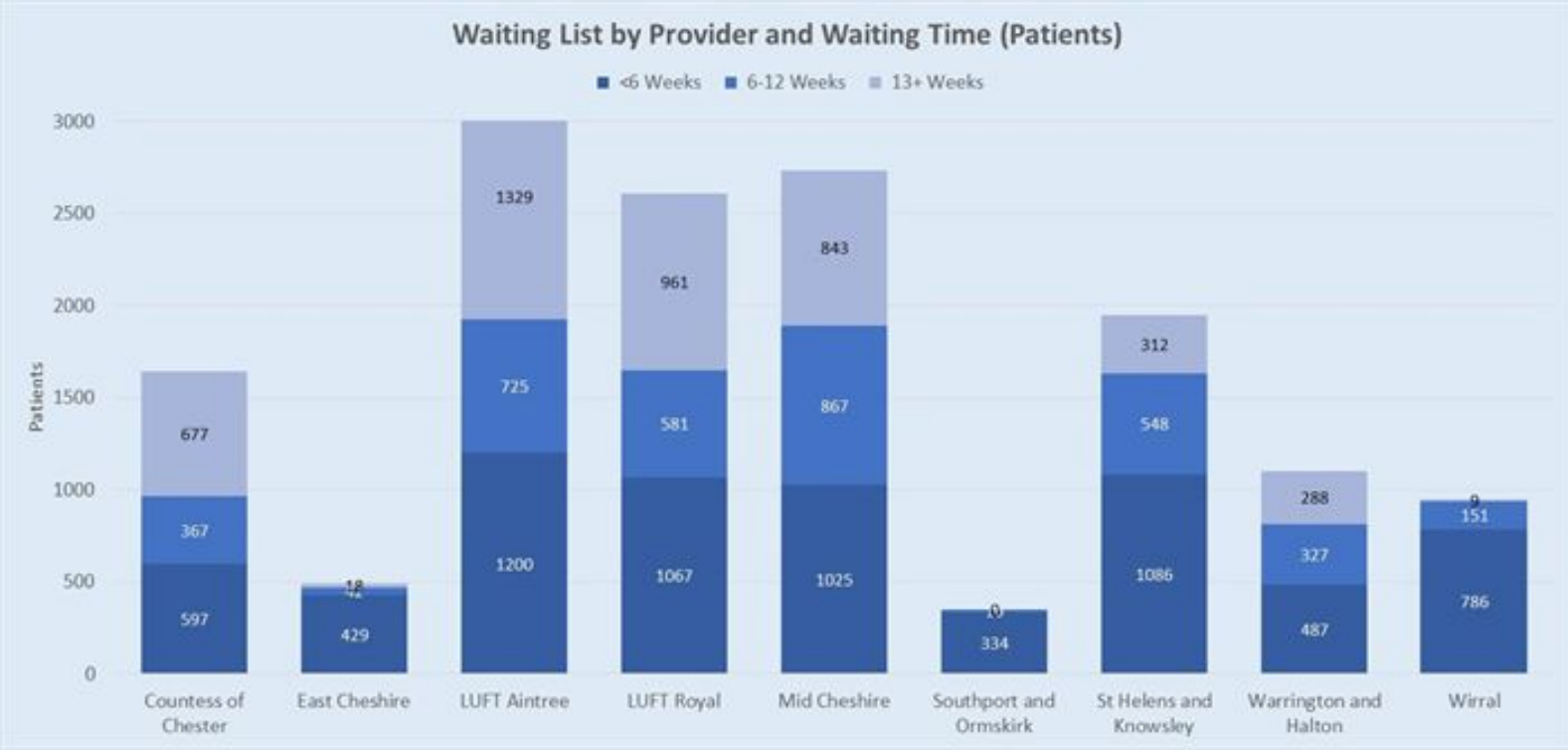
= No national PTL submission this week

Section II: Restoration of Cancer Services – Core Metrics

Endoscopy (cancer and non-cancer pathways)

There are currently 15,071 patients waiting for an endoscopy. 8,061 have waited more than six weeks, and of these 4,437 have waited 13 or more weeks (29% of the total).

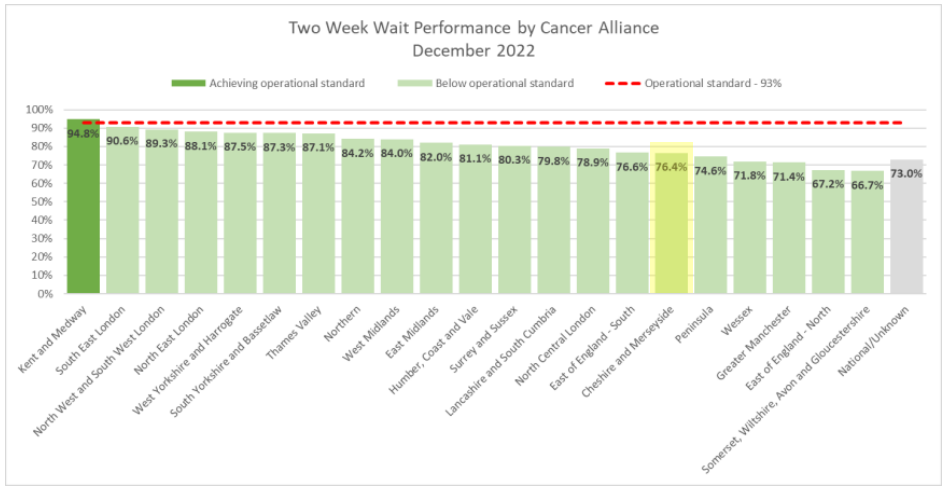
There is significant variation across units. In terms of patients waiting over 13 weeks. The highest proportions are seen in LUFT Aintree (41%) and CoCH (41%).
Other units experiencing challenges are LUFT Royal (37%), Mid Cheshire (31%), Warrington and Halton (26%) and St Helens and Knowsley (16%).



Endoscopy data at 29 January 2023

Section III: 14 day standard

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jan 21 - Dec 21	87.2%	94.1%	95.3%	90.6%	92.5%	90.7%	91.4%	90.4%	89.3%	83.3%	75.8%	76.3%
Jan 22 - Dec 22	72.6%	79.7%	80.5%	77.2%	83.0%	77.0%	76.1%	73.9%	65.5%	74.5%	77.3%	76.4%
Operational standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%



In December 2022, 76.4% of patients were seen within 2 weeks compared to 77.3% in the previous month. This is below the operational standard.

In December 2022, Cheshire and Merseyside Cancer Alliance ranked 16 out of 21 for Two week wait performance (CCGs).

Providers not achieving the national operational standard were:

- Liverpool University Hospitals 48.4% (1345 breaches)
- Countess Of Chester Hospital 66% (358 breaches)
- St Helens and Knowsley Hospitals 83.3% (257 breaches)
- Warrington and Halton Teaching Hospitals 85.1% (142 breaches)
- East Cheshire 85.4% (83 breaches)
- Liverpool Women's 87.7% (38 breaches)
- Wirral University Teaching Hospital 87.9% (196 breaches)
- Southport and Ormskirk Hospital 91.3% (90 breaches)
- Mid Cheshire Hospitals 92.3% (103 breaches)

CCGs not achieving the national operational standard were:

- NHS Liverpool CCG 56.3% (862 breaches)
- NHS South Sefton CCG 60.8% (244 breaches)
- NHS Knowsley CCG 63.9% (247 breaches)
- NHS Southport and Formby CCG 80.5% (131 breaches)
- NHS Cheshire CCG 82.3% (544 breaches)
- NHS St Helens CCG 82.7% (142 breaches)
- NHS Halton CCG 86.5% (78 breaches)
- NHS Wirral CCG 87.1% (199 breaches)
- NHS Warrington CCG 88% (101 breaches)

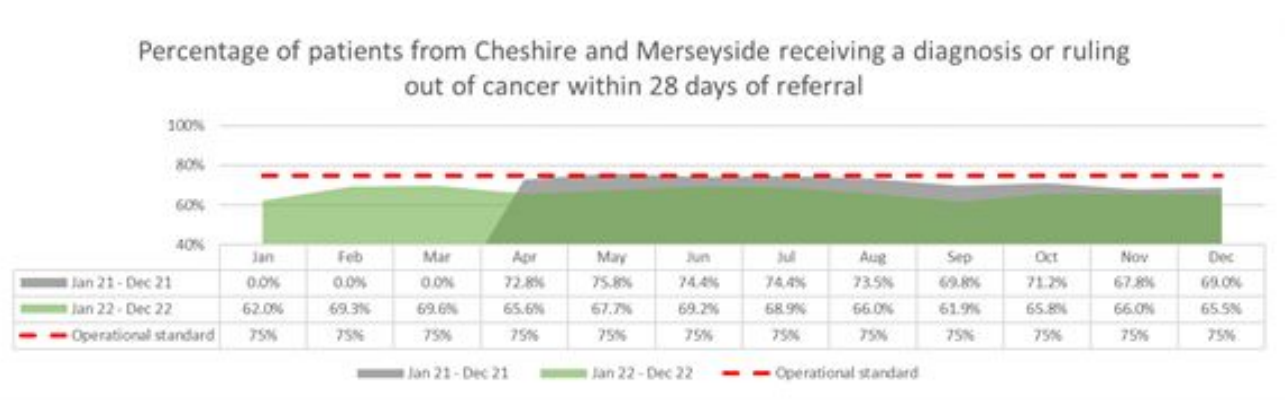
Cancer pathways* not achieving the national operational standard were:

- Suspected breast cancer 64.5% (661 breaches)
- Suspected skin cancer 66.1% (718 breaches)
- Suspected upper gastrointestinal cancer 77.3% (221 breaches)
- Suspected lower gastrointestinal cancer 77.7% (572 breaches)
- Suspected head and neck cancer 84.2% (146 breaches)
- Suspected sarcoma 85.4% (6 breaches)
- Suspected gynaecological cancer 86.6% (149 breaches)
- Other suspected cancer (not listed) 88.9% (2 breaches)
- Suspected children's cancer 91.7% (2 breaches)
- Suspected urological malignancies (excluding testicular) 92.8% (63 breaches)

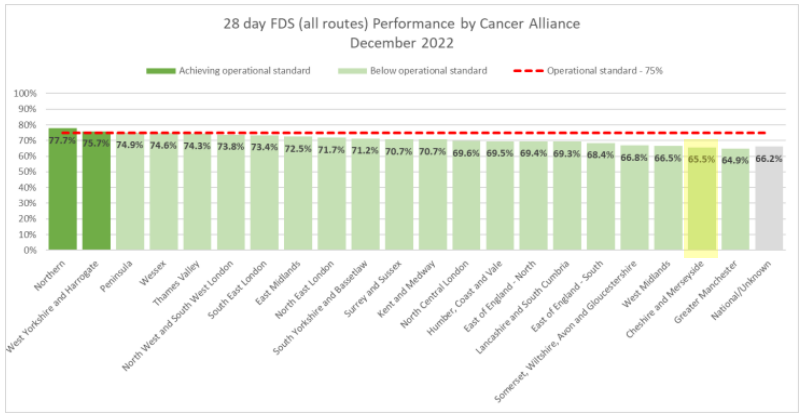
9

*CCG based data – CADEAS source CCGs refer to the historic 2022 Clinical Commissioning Groups prior to the implementation of the Integrated Care Board (ICB)

Section III: 28 day standard



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jan 21 - Dec 21	0.0%	0.0%	0.0%	72.8%	75.8%	74.4%	74.4%	73.5%	69.8%	71.2%	67.8%	69.0%
Jan 22 - Dec 22	62.0%	69.3%	69.6%	65.6%	67.7%	69.2%	68.9%	66.0%	61.9%	65.8%	66.0%	65.5%
Operational standard	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



In December 2022, 65.5% of patients were diagnosed or ruled out within 28 days compared to 66.0% in the previous month. This is below the operational standard.

In December 2022, Cheshire and Merseyside Cancer Alliance ranked 20 out of 21 for 28 day FDS (all routes) performance (CCGs).

Providers not achieving the national operational standard were:

- Liverpool Women's 49.5% (151 breaches)
- Liverpool Heart And Chest 50% (6 breaches)
- Liverpool University Hospitals 58.1% (1,010 breaches)
- Countess Of Chester Hospital 61% (490 breaches)
- St Helens and Knowsley Hospitals 65.1% (567 breaches)
- East Cheshire 65.7% (164 breaches)
- Mid Cheshire Hospitals 66.3% (405 breaches)
- Southport and Ormskirk Hospital 67.4% (291 breaches)
- Warrington and Halton Teaching Hospitals 73.6% (219 breaches)

CCGs not achieving the national operational standard were:

- NHS Liverpool CCG 58.7% (745 breaches)
- NHS South Sefton CCG 58.9% (237 breaches)
- NHS Knowsley CCG 60.6% (272 breaches)
- NHS Southport and Formby CCG 61.5% (217 breaches)
- NHS Cheshire CCG 64.3% (1065 breaches)
- NHS St Helens CCG 65.3% (302 breaches)
- NHS Halton CCG 70.1% (172 breaches)
- NHS Warrington CCG 74.3% (192 breaches)

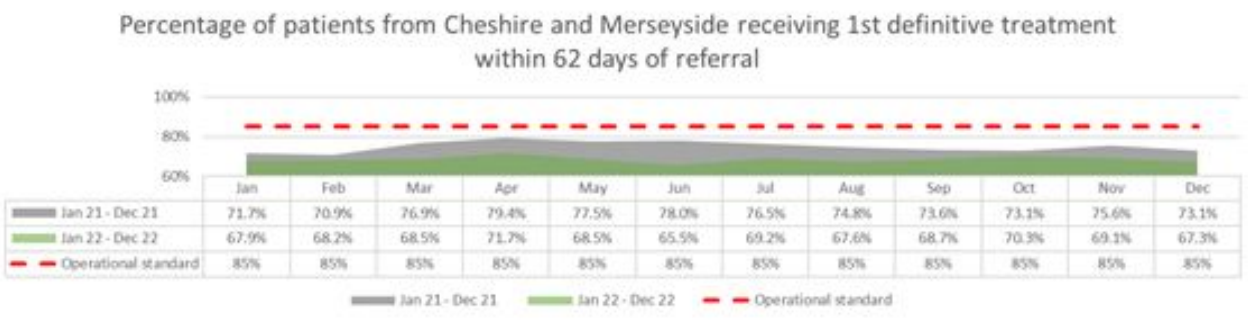
Cancer pathways* not achieving the national operational standard were:

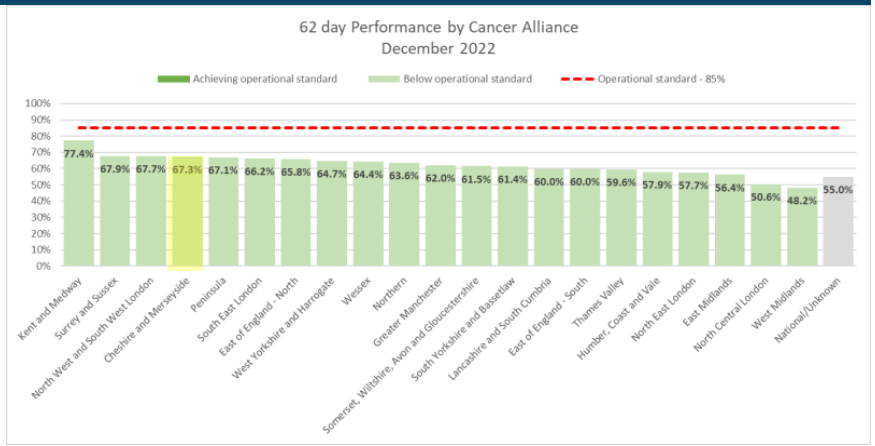
- Suspected urological malignancies (excluding testicular) 43.4% (445 breaches)
- Referral from a National Screening Programme: Unknown Cancer Report Category 43.5% (140 breaches)
- Suspected lower gastrointestinal cancer 43.9% (1295 breaches)
- Other suspected cancer (not listed) 50% (12 breaches)
- Suspected haematological malignancies (excluding acute leukaemia) 53.4% (34 breaches)
- Suspected gynaecological cancer 58.9% (462 breaches)
- Suspected upper gastrointestinal cancer 61.9% (372 breaches)
- Suspected head and neck cancer 71.8% (240 breaches)

*CCG based data – CADEAS source

CCGs refer to the historic 2022 Clinical Commissioning Groups prior to the implementation of the Integrated Care Board (ICB)

Section IV: 62 day standard





In December 2022, 67.3% of patients were treated within 62 days compared to 69.1% in the previous month. This is below the operational standard.
In December 2022, Cheshire and Merseyside Cancer Alliance ranked 4 out of 21 for 62 day performance (CCGs).

Providers not achieving the national operational standard were:
- Liverpool Women's 14.3% (12 breaches)
- East Cheshire 48.7% (20 breaches)
- Southport and Ormskirk Hospital 51.3% (27.5 breaches)
- Liverpool University Hospitals 60.3% (61 breaches)
- Mid Cheshire Hospitals 68.4% (27.5 breaches)
- Countess Of Chester Hospital 69.6% (20.5 breaches)
- Warrington and Halton Teaching Hospitals 73.8% (11 breaches)
- Wirral University Teaching Hospital 74% (23.5 breaches)
- St Helens and Knowsley Hospitals 76.9% (23 breaches)

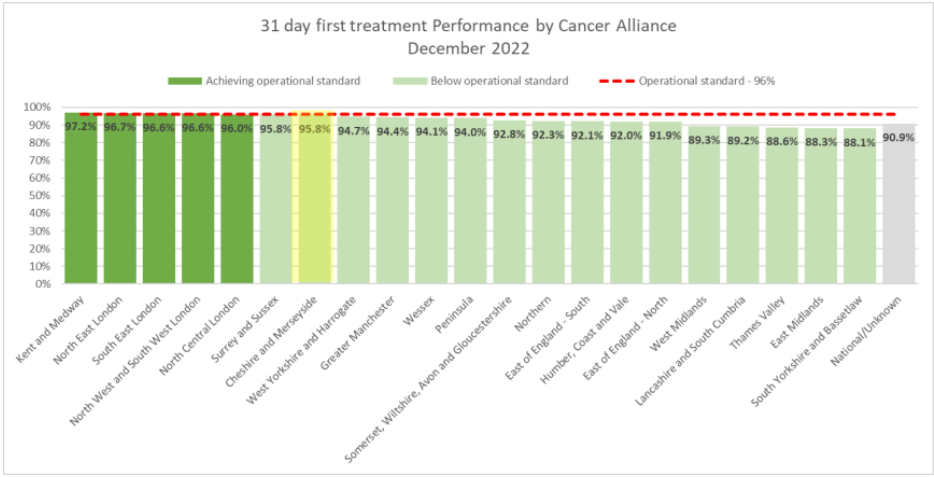
CCGs not achieving the national operational standard were:
- NHS South Sefton CCG 56.8% (19 breaches)
- NHS Southport and Formby CCG 60% (18 breaches)
- NHS Liverpool CCG 61% (39 breaches)
- NHS Cheshire CCG 66.1% (76 breaches)
- NHS St Helens CCG 68.9% (19 breaches)
- NHS Wirral CCG 73.7% (25 breaches)
- NHS Knowsley CCG 75.6% (10 breaches)
- NHS Halton CCG 76.7% (7 breaches)
- NHS Warrington CCG 76.9% (9 breaches)

Cancer pathways* not achieving the national operational standard were:
- Gynaecological 26.7% (22 breaches)
- Other 44.4% (5 breaches)
- Lower Gastrointestinal 52.1% (34 breaches)
- Urological (Excluding Testicular) 52.7% (79 breaches)
- Head & Neck 54.5% (15 breaches)
- Upper Gastrointestinal 64.3% (15 breaches)
- Lung 68.4% (12 breaches)
- Haematological (Excluding Acute Leukaemia) 73.1% (7 breaches)

*CCG based data – CADEAS source

CCGs refer to the historic 2022 Clinical Commissioning Groups prior to the implementation of the Integrated Care Board (ICB)

Section V: 31 day standard



In December 2022, 95.8% of patients were treated within 31 days compared to 94.3% in the previous month. This is below the operational standard.
In December 2022, Cheshire and Merseyside Cancer Alliance ranked 7 out of 21 for 31 day first treatment performance (CCGs).

Providers not achieving the national operational standard were:
- Liverpool Women's 69.6% (7 breaches)
- East Cheshire 74% (13 breaches)
- Southport and Ormskirk Hospital 87.7% (7 breaches)
- Mid Cheshire Hospitals 92.5% (8 breaches)
- Liverpool University Hospitals 94.8% (13 breaches)
- Wirral University Teaching Hospital 95.3% (7 breaches)

CCGs not achieving the national operational standard were:
- NHS South Sefton CCG 90.2% (8 breaches)
- NHS Southport and Formby CCG 92.5% (6 breaches)
- NHS Cheshire CCG 94.7% (20 breaches)

Cancer pathways* not achieving the national operational standard were:
- Gynaecological 88.5% (6 breaches)
- Urological 93.7% (16 breaches)
- Skin 94.8% (13 breaches)
- Breast 95.6% (9 breaches)

*CCG based data – CADEAS source

CCGs refer to the historic 2022 Clinical Commissioning Groups prior to the implementation of the Integrated Care Board (ICB)

Report prepared by Jenny Hampson
Senior Analyst
jenny.hampson@nhs.net

Dr Liz Bishop
Senior Responsible Officer
liz.bishop1@nhs.net

Jon Hayes
Managing Director
jon.hayes1@nhs.net

General enquiries: ccf-tr.admin.cmca@nhs.net

www.cmcanceralliance.nhs.uk

Cheshire & Merseyside Cancer Alliance

Cheshire and Merseyside Cancer Alliance is an NHS organisation that brings together NHS providers, commissioners, patients, cancer research institutions and voluntary & charitable sector partners to improve cancer outcomes for our local population.