



Trust Board of Directors Meeting held in Public

Date: Wednesday 27 October 2021

Location: via **MS Teams**

Start Time: 09:00

Finish Time: 12:30

Timings	Item No		Lead	Paper/Verbal
Opening Matters				
09:00	P1-166-21	Welcome & Apologies Geoff Broadhead – Non-Executive Director Anna Rothery – Non Executive Director Julie Gray – Chief Nurse	KD	Verbal
	P1-167-21	Declarations of Committee Members' and other attendees' interests concerning agenda items:	KD	Verbal
	P1-168-21	Minutes of last meeting: 29 September 2021	KD	Paper
	P1-169-21	Matters arising/Action Log	KD	Paper
	P1-170-21	Chair's Report to the Board	KD	Verbal
Risk and Assurance				
09:15	P1-171-21	Quality Committee Chair's Report	EA	Paper
09:25	P1-172-21	Audit Committee Chair's Report	MT	Paper
10:00	P1-173-21	Patient Story – Radiation Services	SW	Verbal
10:10	P1-174-21	Patient Experience Visits	JSp	Paper
10:20	P1-175-21	Patient Safety Specialist Programme	JSp	Paper
10:50	P1-176-21	New Consultant Appointments – <i>none to note</i>	SK	
11:00	P1-177-21	Integrated Performance Report: Month 06	JSp/JSh	Paper
11:10	P1-178-21	Finance Report: Month 06	JT	Paper
11:20	P1-179-21	Research & Innovation Annual Report	GH	Paper



AGENDA

11:30	P1-180-21	Guardian of Safe Working Report	SK	Paper
11:40	P1-181-21	Workforce & OD Strategy	JSh	Paper
11:50	P1-182-21	Trust Values & Behaviours Update	JSh	Paper
System Working				
12:00	P1-183-21	Cheshire & Merseyside Cancer Alliance Performance Report	LB	Paper
Corporate Governance				
12.10	P1-184-21	Board Assurance Framework – Q2	MS	Paper
Corporate Governance				
12:20	P1-185-21	Board Meeting Review	ALL	Verbal

Next Meeting:

Date: Wednesday 24 November 2021

Location: MS Teams

Start Time: 09:00

Finish Time: 12:30





MEETING NOTES

Minutes of the Trust Board of Directors held in Public

Held on: Wednesday 29 September 2021

Location: MS Teams

Start time: 09:00 hours

Finish time:

Present

Kathy Doran (KD)
Mark Tattersall (MT)
Terry Jones (TJ)
Geoff Broadhead (GB)
Elkan Abrahamson (EA)
Asutosh Yagnik (AY)
Anna Rothery (AR)
Liz Bishop (LB)
James Thomson (JT)
Joan Spencer (JSp)
Jayne Shaw (JSh)
Sheena Khanduri (SK)
Sarah Barr (SB)
Tom Pharaoh (TP)

Chair
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Executive
Director of Finance
Chief Operating Officer & Interim Chief Nurse
Director of Workforce and OD
Medical Director
Chief Information Officer
Director of Strategy

In attendance

Margaret Saunders (MS)
Emily Kelso (EK)
Michael Vary (MV)
Trudy Guinan (TG)

Associate Director of Corporate Governance
Corporate Governance Manager ([minutes](#))
Staff Side Chair
Immunotherapy- Lead Nurse

Observers

None

Item no.	Agenda item	Action
P1/132/21	<p>Chair Welcome and Note of Apologies</p> <p>The Chair welcomed all to the meeting, no apologies were noted.</p> <p>The Chair informed the Board that Julie Gray would be joining the Trust on 1st October and was to take part in the October Board meeting. The Chair thanked Joan Spencer for taking on the role in the interim as well as her position of COO.</p>	
P1/133/21	<p>Declarations of Board Members and other attendees' interests concerning agenda items:</p> <ul style="list-style-type: none"> Mark Tattersall – Nominated Non-Executive Director for PropCare 	





MEETING NOTES

	<ul style="list-style-type: none"> Terry Jones – Director of Liverpool Head and Neck Centre and Medical Director of Research, Liverpool University Hospital NHS Foundation Trust Geoff Broadhead – Nominated Non-Executive Director for CPL Asutosh Yagnik - MHRA was now a client of his company. James Thomson – Executive Lead for PropCare and CPL 	
P1/134/21	<p>Minutes of Previous Board Meeting: 28 July 2021</p> <p>The minutes of the Board meeting held on 30 June 2021 were approved subject to one minor grammatical amendment on page 8.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Approved the minutes of the previous meeting subject to the above amendment. 	
P1/135/21	<p>Matters Arising/Action Log</p> <p>The Board noted that actions were either complete, featured within the Agenda or not yet due, in addition the following update was provided:</p> <p>P1-155-21: JSh confirmed that the training provider had confirmed their availability and the Board would receive unconscious bias training in December. An apology was noted for the delay.</p> <p>All other matters were on the day's agenda.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Noted the position in relation to the Action Log. 	JSh
P1/136/21	<p>Chair's Report to the Board</p> <p>KD provided an update on activities and informed the Board of the personnel changes at the ICS, David Flory had been appointed as the interim Chair and Sheena Cumiskey as the interim Chief Executive. Introductory meetings had been arranged with all Trust Chairs from the region.</p> <p>Interviews had taken place for the ICS Chair position, three candidates had been selected for interview and a recommendation had gone to the secretary of state. On approval a national announcement would be coordinated. It was confirmed the role of Chief Executive was currently out to advert; updates would be provided in due course.</p> <p>KD confirmed her attendance at a briefing from Amanda Pritchard the new Chief Executive of the NHS, which welcomed the new resources that had been announced for the NHS however, whilst acknowledging the difficult times ahead and the intended focus on recovery.</p> <p>An extra-ordinary Council of Governors meeting had taken place, 22nd September where the appointment of new auditors, Ernst Young was approved. The Governors further approved the reappointment of NED & Chair of Audit Committee Mark Tattersall, following a recommendation from the Council's Nominations Committee.</p> <p>The Trust Board:</p>	



MEETING NOTES

	<ul style="list-style-type: none"> Noted the update provided. 	
	Risk and Assurance	
	<p>Quality Committee Chair Report</p> <p>TJ provided an overview of the report, alerting the Board to continuing issues within the Aseptic Unit, acknowledging the progress that had been made to date. Recommissioning of the new unit was dependent upon the success of the three stage quality assurance programme; stabilisation, transformation and optimisation. The pressures surrounding staffing were of particular concern. Assurance had been received that recruitment was progressing; however, national shortages in candidates may have an impact. The issues experienced with the air handling systems had been resolved. LUHFT had indicated that they wish CCC to resume preparation of chemotherapy for Haemato –Oncology, a service they had been providing in the interim. JSp confirmed that following discussions with operational leads at LUHFT the mutual aid was likely to extend into the new year. TK confirmed that the September recommissioning target date was no longer possible; the revised time frame was now December 2021/January 2022.</p>	
P1/137/21	<p>TJ further alerted the Board to the discussion relating to the ECMC risk on the Board Assurance Framework, acknowledging that Operational risk scoring had reduced to 12 on R&I Risk Register. JSP provided assurance that given the strength of the operational plans in place in lead up to the ECMC the moderate scoring of 12 was appropriate to ensure the risk remained high on the agenda.</p> <p>TJ further advised the Board that the report relating to medicine management continues to evolve; the issues around prescribing incidents were to be looked at in more detail and would be reported back to the committee.</p> <p>Furthermore, it was noted that the Emergency Preparedness, Resilience and Response; and the Health & Safety annual reports were approved by the Quality Committee.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> Discussed and noted the content of the report. 	
	<p>Performance Committee Chair Report</p> <p>GB provided an overview of the report, advising the Board that a detailed discussion had taken place in relation to the Financial and Operational Planning for 2021-22. The ongoing uncertainty was highlighted.</p> <p>The Board were further advised that the Cheshire & Merseyside ICS had not achieved the increased 95% Elective Recovery Fund (ERF) threshold for Q2. It was noted that additional pressures around CIP planning were likely, which would require the Trust to make further savings that had not been planned for. It was noted that this was being monitored efficiently by the finance team and appropriate assurance was being received by the committee.</p> <p>In relation to the risk and issues summary report, the committee had discussed in detail the risks surrounding medical and nursing workforce vacancies, noting that the market was competitive and the focus on early identification of gaps was appropriate to ensure mitigations were in place to address capacity risks. A paper was to be presented to the committee in November with details on progress.</p> <p>The Board were further advised on the R&I Business Plan update received by the committee, which triangulated well to the feedback received from the quality committee, which had highlighted the issues within the Aseptic Unit and the impact on clinical trials.</p>	
P1/138/21		



MEETING NOTES

	<p>The Committee were reassured of improvements noting that one new study had opened in month. It was anticipated this would be the start of a steady stream of studies opening.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Discussed and noted the content of the report. 	
<p>P1/139/21</p>	<p>Staff Story</p> <p>The Chair welcomed Trudy Guinan, Immunotherapy Lead Nurse who shared details of her journey as a staff member at CCC, along with details of the work within the Immunology (IO) service provided by the Trust. The key highlights from the presentation were as follows:</p> <ul style="list-style-type: none"> • It was explained that immunotherapy uses the body's own immune system to fight cancer, and how this type of therapy had the ability to drastically improve patients' prognosis. It was noted that CCC were at the forefront in development of IO services • CCC were the first Trust to appoint an immune-therapy specialist nurse. The last three years had been spent recruiting and building a team of specialist nurses to look after patients who were affected by the spectrum of toxicities common throughout immunotherapy treatment. The team consisted of many of the original staff. Opportunities for career growth and development were supported in order to retain skilled staff and ensure the team morale remained high. • The key performance indicators which were a reflection of the success of the service were listed as; a reduction in admission rates for patients experiencing IO toxicity, reduction in number of patients experiencing life threatening toxicity, reduction in stays, outpatient activity (day case attenders, telephone follow ups, face to face review), Referrals to CiC. • It was highlighted that the reduction in severe and life threatening toxicities, meant that those patients who historically would have stopped treatment, could resume treatment more rapidly, resulting in better outcomes. • It was explained that Covid had put additional pressures on the service. However the telephone review service remained and its accessibility was reinforced. Staff adapted well to working from home, whilst supporting patients and each other. Additional digital platforms were introduced the example was given of; the secure patient email where patients could send photographs of skin reactions, and the team could assess and determine if a further on-site assessment was required. • It was noted that CCC were leading the way in immunotherapy services and were supporting other trusts in setting up their own services. <p>SK praised TG and her dedicated team, it was noted they had been leading the way both regionally and nationally from an early stage. TJ sought clarity on the suitability of the Trusts pathology systems to support delivery of the service. SK confirmed there had been some constraints in pathology particularly around time pressures. The requirement of standardisation of the operational and optimising digital support was noted. SB confirmed the support from the digital team to improve the service, and willingness to explore further.</p> <p>TJ sought further clarification on the scope of research projects. TG confirmed research was high on the agenda and that the Trust was involved in national projects and collaborations with other Trusts in order to develop a national database, particularly around identifying patients with higher risks of certain toxicities.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Discussed and acknowledged the content of the narrative provided to Board and welcomed the presentation 	<p>SB/SK</p>





MEETING NOTES

<p>P1/140/21</p>	<p>Patient Experience Visits</p> <p>JSp provided an overview of the report informing the Board that the visits were conducted on the 17th September 2021, visiting level 6 chemotherapy unit and ward 2 at CCC Liverpool site. Due to Covid-19 restrictions across all CCC sites Andy Waller, Governor and Asutosh Yagnik, Non-Executive Director were able to accompany Claire Smith, Quality Improvement Manager virtually on this occasion as scheduled.</p> <p>JSp highlighted the following from the feedback received on Floor 6 CCCL:</p> <ul style="list-style-type: none"> • Patients were complimentary of the welcoming environment of the CCCL site • Waiting times and treatment time were variable often because of pharmacy delays, which often led to reduced patient satisfaction. • Access to parking at the hospital site was often difficult along with limited space available for pick- ups and drop off. It was noted that the Trust was working with Liverpool Council to improve this. The new car park was set to open in October, which would alleviate parking pressures. <p>JSp highlighted the following from the visit to Ward 2 CCCL:</p> <ul style="list-style-type: none"> • Mixed feedback had been received on single rooms • The focus on skill mix of staff on wards to ensure a good overlap of experienced and newly qualified staff, to ensure training and development opportunities were available. It was noted that recruitment plans would focus on balancing skill mix and also providing educational opportunities on wards. <p>AY referred to his most recent visit to the Marina Daghish Unit, located in LUHFT. Highlighting the positive feedback received from patients in having specific nurses with whom they could build a relationship throughout their treatment. Staff noted that improvements were to be considered around the phlebotomy service, which was causing delays due to misplacement of samples.</p> <p>AY further commented on the request for new volunteer uniforms and additional resources to improve patient experience. It was noted this could be considered via request for charitable funds, EA suggested the Bloom appeal a Merseyside based charity who may be able to provide additional funding to help support patients through treatments.</p> <p>EA queried the opportunity of a patient radio station to alleviate loneliness, it was agreed options could be considered and reported through the quality committee. JSp further explained the work on the hospital terraces, which would provide a well-ventilated space for patients to socialise.</p> <p>The Board discussed the triangulation of information received during patient experience visits in order to make positive changes across sites. It was explained that feedback was discussed at senior leadership team meetings and filtered through to divisions and clinical and operational groups. It was further explained that the pharmacy and phlebotomy concerns were high on the agenda with action plans in place. Furthermore, any patient experience issues raised were addressed by the Head of Patient Experience. LB commented that staff received feedback from the items discussed in Board meeting through the monthly Team Brief video, links to which were circulated via email to all staff. It was agreed that further communication options could be explored.</p> <p>MT further commented on the pharmacy issues which had been noted as an area for improvement across wards visited. Assurance was given that the issues within pharmacy were well sighted and that work was underway around access to non-medical prescribers, particularly in refreshing the training and opening up new training opportunities.</p> <p>KD sought clarity on whether a review of the visiting policy was being considered and, taking into consideration the easing of societal resections. JSp confirmed that Cheshire</p>	
------------------	--	--



MEETING NOTES

	<p>and Merseyside were considering a uniform approach, which was to be picked up by the Gold Command Group. It was noted that the Trust's IPC Teams were reluctant to ease restrictions. SK added that with some vulnerable patient groups, it may still be some time before we can lift some of the restrictions. MV commented that there was some unease amongst staff particularly on the CCCL site where regular visiting had not been in place since its opening. He stressed the importance of well-planned communication of any change to staff members.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Discussed and noted the content of the report and 	ES/JSh
P1/141/21	<p>New Consultant Appointments</p> <p>KD acknowledged that there had been 3 new consultant appointments all in high-pressure areas.</p> <p>It was noted that the appointments showed a good mix of high skill level and was evidence of the broad reach locally, nationally and internationally CCCL was having, evidencing the increased ability to attract a high caliber of candidates.</p> <p>The Trust Board:</p> <p>Noted the content of the report</p>	
P1/142/21	<p>Integrated Performance Report: Month 05</p> <p>JSp provided an overview of the report highlighting that both the Performance Committee and Quality Committee had reviewed it in detail. The following KPIs were highlighted:</p> <p>Quality</p> <ol style="list-style-type: none"> The Trust had performed below target for 62-day wait for GP referral to treatment. The Board were assured that in the majority of cases the breaches were a result of medical reasons or patient choice. September figures were showing an improved position. VTE performance had improved and was back on target Of the three complaints in month, the 25-day target had not been met on two occasions; both were noted as minor breaches, one was completed on day 28 and the second was completed on day 26. <p>JSh introduced the Workforce section of the report. The following KPIs were highlighted:</p> <ol style="list-style-type: none"> PADRs were still performing below target at 93%. All divisions had confirmed they were working to achieve the 95% target by 30 September. Close monitoring was to continue and support would be provided to those divisions who were underperforming. <p>The Trust Board: Discussed and noted the content of the report.</p>	
P1/143/21	<p>Finance Report: Month 05</p> <p>JT provided an overview of the financial position for month 4, highlighting an overall break even position in line with the plan for H1.</p> <p>JT further highlighted the following:</p> <ul style="list-style-type: none"> • Cash holding slightly reduced and was now below plan, this was explained by timing of payment receipts for activity. 	



MEETING NOTES

	<ul style="list-style-type: none"> The Trust had started to perform above the agency cap, due to the increase of temporary workforce in radiology and additional weekend capacity for the community diagnostic hubs. The Board were assured that recruitment plans were progressing and it was expected improvements would be reported in future months. The Elective Recovery Fund (ERF) performance had deteriorated across the system. It was highlighted that Levels of funding available to the Trust were reliant on all Cheshire and Mersey Trusts achieving this increased activity threshold. Good progress had been made on the CIP; all divisions were engaged and had schemes in the pipeline. <p>The Trust Board:</p> <ul style="list-style-type: none"> Discussed and noted the financial position of the Trust. 	
<p>P1/144/21</p>	<p>Health & Safety Annual Report</p> <p>JSp introduced the annual report which provided assurance that the Trust had both a proactive approach to Health & Safety and was compliant with health and safety legislation. Within the report, further assurance was given that all departmental annual H&S/Security risk assessments had been completed. In addition, all risks identified had controls in place to mitigate.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> The additional pressures on health and safety due to the Covid-19 pandemic - the Trust had performed well under the increased challenges. The report provided assurance that the Trust has a high level compliance with H&S training and that additional training was provided throughout the year, where required. The increase in needle stick injuries, which was explained as a result of a 30% increase in activity. It was confirmed a review had been undertaken which reported no themes or trends in incidents. <p>GB queried the support available to staff that had been subject to incidents of violent behaviors in the workplace. JSp confirmed that violence towards staff was not tolerated and action would be taken at the most senior level to support staff if an incident was to take place. It was noted that there had been no incidents reported.</p> <p>MT commented that further explanation of the increase in estates and facilities incidents (Chart 3) would be beneficial in providing more context to the report, noting the increase in activity since the opening of the CCCL site. JSp agreed these changes would be reflected prior to the final submission.</p> <p>The Trust Board:</p> <p>Discussed the content of the reports and Approved the report following suggested amendments for publication.</p>	<p>JSp</p>
<p>P1/145/21</p>	<p>Emergency Preparedness Resilience and Response (EPRR) Annual Report</p> <p>JSp introduced the report detailing the Trust status as a Category 1 responder and the statutory and moral obligation to be prepared to respond to major incidents and have appropriate plans in place. It was highlighted that during the period of the report the NHS had stood down a vast amount of non-essential work and meetings to concentrate on the national response to Covid-19.</p>	



MEETING NOTES

	<p>During the reporting period the Trust had successfully responded to two major incidents alongside the Covid-19 response. Both, incidents were reviewed and action plans implemented with any lessons learnt shared across the Trust.</p> <p>The incidents were:</p> <ul style="list-style-type: none"> • Bomb Threat – Liverpool July 2020 • Loss of mains power – Liverpool March 2021 <p>The Board further noted that the executive responsibility for emergency planning and preparedness would transfer to the Chief Operating Officer, following the appointment of the new Chief Nurse on the 1st Oct 2021.</p> <p>The Trust Board:</p> <p>Discussed the content of the reports and Approved the report</p>	
<p>P1/146/21</p>	<p>Core Standards for Emergency Planning</p> <p>JSp introduced the report informing the Board that due to the national response to Covid-19, the Annual Core Standards for Emergency preparedness had been adjusted to take account of the live responses organisations were undertaking. As a result a number of individual; standards were suspended. The overall number of standards for a specialist Trust had reduced from 55 to 38</p> <p>JSp assured the Board that the Trust was compliant with all but two standards which were reporting partial compliance. The Board were assured that actions around business continuity were in place to address requirements as detailed within the report.</p> <p>EA sought assurance on the estimated 9 months to complete business continuity plans. JSp explained that the time frame was based on national guidance and specified deadlines and would likely be completed in less time by the Trust.</p> <p>TJ queried whether there was any external scrutiny on the standards. JSp confirmed compliance was reported into the regional team and was also audited by MIAA in May 2020, receiving ‘Significant Assurance’.</p> <p>The Trust Board:</p> <p>Approved the Safeguarding Annual Report.</p>	
<p>P1/147/21</p>	<p>Gender Pay Gap</p> <p>JSh introduced the report detailing the Trust’s The Gender Pay Gap for year ending 3/21. It was highlighted that there remained a significant gender pay gap difference within the Trust of 25.5%, and a median pay gap of 19.2%.</p> <p>As requested by the Board, the paper provided a further breakdown of the Trust’s position in order to identify the main contributing factors to the Trust’s Gender Pay Gap. An update on actions previously identified was provided in addition to a number of additional recommendations for consideration.</p> <p>It was noted that the Shadow Board programme was an example of how the female workforce were being supported in their development into Executive roles, with 8/9 of the participants being female.</p>	



MEETING NOTES

	<p>EA sought clarity on whether there was a schedule of equivalent roles in order to ascertain whether there were discrepancies between genders. JSh confirmed that the Agenda for Change national program was in place to address any discrepancies in equivalent roles; however, a focused piece of work had not been undertaken by the Trust.</p> <p>EA sought further assurance on the gender pay gap amongst sub-contacted staff. JSh confirmed that this was not currently monitored however an analysis of pay arrangements across the Trust's subsidiaries, was planned.</p> <p>The Trust Board:</p> <p>Discussed and Approved the report</p>	<p>JSh/MS</p>
<p>P1/148/21</p>	<p>Workforce Race Equality Standard (WRES)</p> <p>JSh introduced the report which was an annual regulatory requirement. Data for the report was pulled from the Electronic Staff Records (ESR) system and also the relevant results from the 2020 National Staff Survey.</p> <p>It was highlighted that the percentage of BAME staff employed by the Trust has increased from 5.0% to 6.0% from March 2020 to March 2021.</p> <p>The feedback from BAME staff in the staff survey provided some positives but also identified areas where staff feel less supported in comparison to last year. The action plan had been shared with the Ethnic Diversity Staff Network. It was further noted that the appointment of a new Head of EDI who was to start in January 2022 and the collaborative partnership working with The Walton Centre & Alder Hey Children's NHS Trusts, would help to further raise the profile of BAME staff and improve their work experiences.</p> <p>EA sought assurance on the extension of staff surveys to contracted staff (ISS), which may include more vulnerable groups. JSh confirmed the surveys did not extend to those staff groups. It was agreed this was important for future reporting.</p> <p>The Board agreed a Governance review of the reporting processes and frequency for both WDES and WRES would be beneficial to the Trust in order to provide a true reflection of those minority groups and to ensure sufficient support was in place for staff. It was further agreed that quarterly reporting via the Board committees, should be considered.</p> <p>GB sought clarity on the various support groups/networks available to CCC staff. JSh commented that gap had been picked up by the CQC during the 2018 visit and since then the Trust had been successful in establishing a BAME network along with a LGBT network. The Board discussed and supported receiving a staff story from the colleagues who had presented to the Board 12 months earlier in order to provide assurance on progress on the actions that had been identified. It was further recommended that a staff member from the BAME network be asked to share their experience with the Board in November.</p> <p>AR raised the importance of providing staff with safe spaces as a reluctance to discuss sensitive issues in the workplace was a common barrier to open and honest conversations. AR further confirmed she would be keen to get involved to support the Trust's BAME community and also have some further discussions with Execs on the Navajo project, which focused on working with organisations to further support LGBT staff and promote an inclusivity in recruitment. JSh confirmed the Trust would be keen to</p>	<p>JSh</p> <p>JSh</p> <p>JSh</p> <p>JSh</p>



MEETING NOTES

	<p>support the Navajo Project and that meetings would be arranged to take forward once the EDI Lead was in post.</p> <p>The Trust Board: Discussed and Approved the report Approved – a scheduled staff story from a BAME colleague – November 2021</p>	
P1/149/21	<p>Workforce Disability Equality Standards (WDES)</p> <p>JSh introduced the report, which was noted as an annual regulatory requirement. Data for the report had been pulled from the Electronic Staff Records (ESR) system and also the relevant results from the 2020 National Staff Survey.</p> <p>It was noted that the Trust had achieved ‘Disability Confident Employer Level 2’ during the last year. It has also launched a Reasonable Adjustment SOP and Health Passport, however other work such as setting up a staff network and improving declaration of disabilities had been delayed, and was expected to be launched in Q3.</p> <p>Furthermore, the next steps were noted as:</p> <ul style="list-style-type: none"> • Ongoing focus to improve employment, career opportunities and experiences for disabled staff. • Establish a Disability and Long Term Health Conditions Staff Network Group either for CCC solely or with co-located Trusts in Liverpool and help to raise awareness and improve engagement with disabled staff <p>The Trust Board: Discussed and Approved the report</p>	
P1/150/21	<p>Staff Survey – Culture and Engagement Update</p> <p>JSh introduced the report providing the Board of Directors with an update on the progress since the 2020 national NHS Staff Survey, along with an update on the new quarterly NHSE/I requirement to undertake a quarterly Culture and Engagement Survey.</p> <p>It was noted that the surveys provided the Trust with a valuable source of insight in understanding the perspectives and concerns of staff, and whether progress was being made as part of the Trust’s People Strategy.</p> <p>The Board were informed of the significant changes made to the 2021 staff survey which was launched 14th September, with a closing date of 26th November. The Trust had set a target completion rate of 60%. The survey window was to close at the end of November. The publication of national results was expected to be January 2022 and would be presented to the Board before the end of the financial year.</p> <p>The Trust Board: Noted the report</p>	JSh
P1/151/21	<p>Medical Appraisal and Revalidation Annual B Report</p> <p>SK introduced the paper providing the Board with assurance that the Trust was meeting the mandatory requirements in relation to medical appraisal and revalidation, and outlining the Trust responses to a number of compliance metrics. In addition providing an</p>	



MEETING NOTES

	<p>update on previously identified actions and details of the priorities for improving performance moving forward.</p> <p>It was highlighted that throughout the pandemic the process had been suspended on a national level, which had some effect on the figures within the report.</p> <p>The Board were reminded of the external reviews carried out by NHSI/E and MIAA and the action plans that followed in order to achieve compliance. It was further noted that the Trust were due to submit the report earlier in the week, however had been allowed an extension due to the timing of the Board meeting.</p> <p>The Trust Board:</p> <p>Approved the report for submission</p>	
System Working		
<p>P1/152/21</p>	<p>Cheshire & Merseyside Cancer Alliance Performance Report</p> <p>LB introduced the report highlighting that recovery was going well. Some concern remained around endoscopy. Despite the increased capacity, waiting lists were continuing to increase nationally. Further concern over recent months was the increase in patients waiting for more than 62 days which was significantly higher than pre-Covid levels, and as a result, the number of patients waiting over 104 days had increased. It was further highlighted that additional national IPC measures introduced in a response to Covid had resulted in limits to productivity, which had been raised as a national concern.</p> <p>It was noted that the region was performing at a median level when benchmarked nationally which was detailed within the information slides.</p> <p>JT informed the Board of the ICS elective recovery bid, submitted to the regional team 28th October which if successful would result in investment into surgical and diagnostic capacity. It was noted this was a national process following the PM's announcement on capital availability, and would be managed by the ICS.</p> <p>The Trust Board:</p> <p>Discussed and noted the content of the report.</p>	
Corporate Governance		
<p>P1/153/21</p>	<p>Constitution For Final Approval</p> <p>MS introduced the report detailing the revised Constitution, which had been presented to the Council of Governors at its meeting 7th July. A number of minor formatting/grammatical errors were noted and actioned following the meeting, and had been recirculated to Governors with no further amendments received.</p> <p>JSh asked that the male pronoun be changed to "they" to reflect the Trusts commitment to gender equality.</p> <p>EA further suggested that Section 24 page 19, be amended to reference the Senior Independent Director, as in the subsequent paragraphs.</p> <p>The Trust Board:</p>	<p>MS</p>



MEETING NOTES



	<ul style="list-style-type: none"> • Approved the revised Constitution, subject to the above amendments 	
P1/154/21	<p>Board Meeting Review</p> <p>In reviewing the Board meeting, KD highlighted the staff story, which evidenced the Trust's commitment to innovation and supporting the development of its workforce.</p> <p>It was further noted that the November meeting would again be facilitated digitally using MS Teams.</p>	
	<p>Any Other Business</p> <p>MT provided an update on the Shadow Board programme. It was noted that the first meeting had taken place on the 28th September, in which he had acted as Chair. The programme was aimed at giving senior members of staff an opportunity to gain board level experience in order for them to develop professionally. All participants had contributed to the meeting by presenting papers and responding to challenge on subjects that they were not specially trained in. All had researched the papers well and gained additional knowledge through the Trust's subject matter experts, enabling them to present papers with confidence.</p> <p>JSh commented that Shadow Board participants would be invited to share their story under the Board Staff Story Item in future months.</p> <p>The board were supportive of the programme; all agreeing this was a positive way forward in developing colleagues and providing an opportunity for internal progression up to Board level.</p>	JSh

Next meeting:

Date: Wednesday 27 October 2021	Location: MS Teams
Start time: 09:00 hours	Finish time: 11:30
Signature: Chair	Date: (Insert date when minutes are signed)



ACTION PLAN

Trust Board

Last updated: 18 October 2021

Updated by: Emily Kelso

R = Compromised or significantly off-track. To be escalated / rescheduled

A = Experiencing problems - off track but recoverable

G = On track

B = Completed

Item Ref	Date of Meeting	Item	Actions	Owner	Completion Date	RAGB	Status Update
P1-155-20	28-Oct-20	Matters Arising - Unconscious bias training for Board	An independent EDI specialist to carry out unconscious bias training.	JSh	Sep-21	B	Training to be provided to Board – Wednesday 15 December 2021 Inclusive Culture Training
P1-103-21	30-Jun-21	5 Year Strategy: Implementation Plan	To revise formatting of the Report as discussed including a summary of key milestones. Future progress reports to be presented to the Board 6-monthly.	TP	Nov-21	G	
P1-118-21	28-Jul-21	Patient Experience Visits	Information relating to menu choices to be circulated to the Non-Executive Directors for information.	AW	Sep-21	B	Sample menu circulated to NEDs via email 20/10/21
P1-127-21	28-Jul-21	Inequalities of Access to Services	Cancer Alliance to provide an update report on prioritisation of access	JH/LB	Jan-22	G	
P1-139-21	29-Sep-21	Staff Story - Immunotherapy-Oncology	Constraints in pathology particularly around time pressures. The requirement of standardisation of the operational and optimising digital support was noted.	SB/SK	Nov-21	G	SB confirmed the support from the digital team to improve the service, and willingness to explore further
P1-140-21	29-Sep-21	Patient Experience Visits	Well-planned communications around any lifting of Covid restrictions in regards to visitors. An update to be provided on the uniform Cheshire and Merseyside approach discussed at Gold Command.	JSp	Oct-21	G	
P1-147-21	29-Sep-21	Gender Pay Gap	To provide assurance on the gender pay gap amongst sub-contacted staff. An analysis of pay arrangements across the Trust's subsidiaries, was planned.	JSh/MS	Jan-22	G	



ACTION PLAN

P1-148-21	29-Sep-21	Workforce Race Equality Standard (WRES)	To extend Staff Surveys to contracted ISS staff	JSh	Jan-22		
			Governance review of the reporting processes and frequency of WRES & WRDS, it was agreed quarterly reporting thorough Quality Committee should be taken forward	JSh	Jan-22		
			Staff member from the BAME network to be invited to present at Board	JSh	Jan-22		
			Navajo project to be considered for involvement by the Trust once the new EDI lead was in post	AR/EDI Lead/JSh	Jan-22		
P1-150-21	29-Sep-21	Staff Survey – Culture and Engagement Update	Results of the new Staff Survey to be presented to the Board	JSh	Feb-22		
P1-153-21	29-Sep-21	Constitution For Final Approval	Amend minor grammatical errors and male pronoun be changed to “they” to reflect the Trusts commitment to gender equality, prior to publication	MS	Oct-21		Amendments completed, the revised constitution now publically available on Trust Website
Any Other Business	29-Sep-21	Any Other Business	Shadow Board participants to be invited to share their story with the Board on completion of the programme	JSh	Jan-22		

Guidance Notes:

This word document contains a basic template for an action plan. It can be used for most purposes and can be adapted to meet your specific needs. For example, extra columns can be added to show which department(s) actions relate to, or to add the names of clinical and executive leads.

Your action plan will be more effective if you try to adhere to S.M.A.R.T principles:

S - Be **Specific** about what you want to achieve. Do not be ambiguous and communicate clearly.

M - Ensure your result is **Measurable**. Have a clearly defined outcome and ensure this is measurable (KPIs).

A - Make sure it is **Appropriate**. Is it an **Achievable** outcome? Does everyone **Agree**?

R - Check that it is **Realistic**. It must be possible taking account of time, ability and finances.



ACTION PLAN

T - Make sure it is **Time** restricted. Set yourself an achievable timeframe. Set deadlines and milestones to check your progress.

Use the RAGB (red, amber, green and blue) traffic light system to make it easy to see progress at a glance.

Key:

R = Compromised or significantly off-track. To be escalated / rescheduled

A = Experiencing problems - off track but recoverable

G = On track

B = Completed





Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	Quality Committee	Reporting to:	Trust Board
Date of the meeting:	21 October 2021	Parent Committee:	
Chair:	Elkan Abrahamson	Quorate (Y/N)	Y

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Pharmacy Aseptic Unit		<p>The Quality Committee received an update on the Aseptic Unit, noting the following:</p> <ul style="list-style-type: none"> Positive progress had continued against the revised planned move date. Assurance was received on the Quality Assurance action plan and mitigation of any risks which could contribute to any further delays. It was noted that the Pharmacy team were continuing to work collaboratively with R&I team. Making progress on the review of the 'readiness' of trial documentation, Meditech protocols and pharmacy processes to facilitate the 'greenlighting' of new trials. 	Monthly updates will continue to be provided to the Quality Committee.	KF	Ongoing
Risk & Issues Summary Report		The committee discussed in detail, the format of the report and the separation of Risks and Issues. It was agreed that further discussion was required around risk assurance reporting into Board committees.	Julie Gray - Chief Nurse agreed to lead on further discussions with the Associate Director of Clinical Governance and Patient Safety, the Associate Director of Corporate Governance and NED colleagues and report progress back to the committee.	JG	Jan-22

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Integrated Performance Report – Month 6		<p>The committee were informed of the increase in C.diff and E.coli cases.</p> <p>It was noted that the IPC team were undertaking a Deep Dive to identify any links between cases, lessons learnt and development of action plans to improve. The results of which would be presented to the Committee in November for assurance.</p>	The Deep Dive to be presented to the Quality Committee in November	JSp	November 2021
Drugs & Therapeutics Committee Chair's Report		The Committee received the Chairs Report which highlighted the ongoing work around the governance processes to ensure information feeding into the committee was more streamlined.	A Task and Finish group had been set to review. Updates would be provided to the Committee via the monthly Chair's Report.	KF/JSp	ongoing
Research & Innovation Annual Report		The Committee received the Research & Innovation Annual Report. Noting that 2019/20 had been an unprecedented year due to the impact of Covid-19 and the issues within the Pharmacy Aseptic Unit. However, there had also been that many positives, including the Trusts provision of system support throughout the pandemic acting both as sponsor and participating site for Covid-19 specific research.	The Quality Committee recommends the Trust Board approve the R&I Annual Report.	MS/GH	October 2021

	ALERT the Committee on areas of non-compliance or matters that need addressing urgently
	ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery
	ASSURE the Committee on any areas of assurance that the Committee/Group has received

CHAIR'S REPORT

Committee/Group 'Triple A'

ALERT the Committee on areas of non-compliance or matters that need addressing urgently
ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery
ASSURE the Committee on any areas of assurance that the Committee/Group has received

Name of Committee/Group: Audit Committee	Reporting to: Trust Board
Date of meeting: 14 October 2021	Parent Committee:
Chair: Mark Tattersall	Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
AUD- 068-21 Mersey Internal Audit Agency: Internal Audit Progress Report	Yellow	Narrative report providing update regarding progress of Internal Audit Reviews for 2021/2022 and noted the plan to introduce MIAA Teammate to support the audit tracking process.	Continue to monitor progress of internal audit recommended actions and support implementation of Teammate	Internal Audit Manager Associate Director of Corporate Governance	1 April 2022
AUD- 068-21 Mersey Internal Audit Agency: Internal Audit Progress Report	Yellow	Managing Conflicts of Interest Review 2021/2022 – Limited Assurance Claims Management Review 2021/2022 – Substantial Assurance IT Service Continuity and Resilience Review 2020/21 – Moderate Assurance Data Protection Toolkit Review	Implement recommendations within Audit Reports Given the limited assurance rating resulting from the conflicts of interest review the Committee requested the Associate Director of Corporate Governance to provide a progress report to the January Committee evidencing the actions taken to address the most significant control weaknesses	Associate Director of Corporate Governance	31 March 2022
AUD-073-21 Director of Finance Report	Yellow	Update noted with emphasis placed on the increased risk to the Trust of the proposed ICS system changes.	Meeting to be arrangement between Director of Finance (DoF) and Non-Executive Directors (NEDs) to discuss further.	Director of Finance (DoF)	26 October 2021



CHAIR'S REPORT

AUD-070-21 Anti-Fraud: Progress Report		Piece of work being undertaken against national standards	Progress to continue	Anti-Fraud Specialist MIAA	Update to be provided January 2022
AUD-072-21 External Audit: Appointment of external auditors		Thanks were expressed to Grant Thornton	Introductory meeting to be held with Ernest Young, new External Auditors	Deputy Director of Finance	October 2021
AUD-071-21 Value for money report		Received and content welcomed	None	None	None



REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 October 2021	
Agenda item:	P1-173-21	
Title:	Patient Story - Radiation Services	
Report prepared by:	Lesley Woods, Radiotherapy Quality and Operational Lead and Kirsteen Scowcroft, Head of Patient Experience and Inclusion	
Executive Lead:	Julie Gray, Chief Nurse	
Status of the report: (please tick)	Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>

Paper previously considered by:	n/a
Date & decision:	n/a

Purpose of the paper/key points for discussion:	The purpose of this report is to share with Trust Board a briefing to capture a patient's account of their experiences of care and treatment at CCC.
---	--

Action required: (please tick)	Discuss <input type="checkbox"/>
	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>

Next steps required:	Trust Board are requested to; <ul style="list-style-type: none"> • Note the briefing contents and patient accounts of their experience of care at CCC • Request further updates as required.
----------------------	--



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input checked="" type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input checked="" type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input checked="" type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



Patient Experience Narrative

We would like to present Sue's chemotherapy-radiation treatment experience.

Patient Story

Sue is a business marketing and innovation lecturer at Chester University who has kindly agreed to present her digital story to Trust Board. Sue described her full cancer journey from discovering a breast lump to her pending reconstruction surgery booked in October 2021.



Sue was diagnosed with breast cancer in October 2019 and underwent a lumpectomy but then subsequently required a mastectomy one month later due to uncertain margins and histology results.

In February 2020, Sue was prescribed 6 cycles of chemotherapy which she was given on Delamere unit on the CCC Wirral site. The pandemic struck part way through Sue's chemotherapy, so her first two cycles were a very different experience to her second two, due to having to attend alone when the visitor restrictions had to be implemented to keep all patients and staff safe. In Sue's opinion, attending appointments alone was one of the hardest elements of the pandemic.

The pandemic also caused a deviation in Sue's prescribed chemo plan as the last two cycles were cancelled as the risk of being immunosuppressed and contracting Covid-19 outweighed the benefit of completing the chemotherapy, this was a very difficult decision for Sue to make.

In May 2020, Sue had 15 radiotherapy treatments at CCC Wirral. This was at the height of the pandemic and Sue noted the anxiety amongst all staff and patients at

this time. People behind screens, sitting meters apart in the waiting room and no visitors made it a lonely and isolating time.

Sue praised the CCC staff for continuing their good work throughout the pandemic, she experienced kind and compassionate care and she received vital after treatment support through the Maggie's centre who offered Mindfulness and counselling sessions which is something Sue was very grateful for.

In the video Sue describes how difficult the waiting time for results was and is, how confusing multiple appointment letters from different hospitals and departments can be and how sudden and scary the end of treatment feels.

Sue's would like to say and share, "Google will never tell you what will happen to you. You can't google 'what is going to happen to Sue', but patient forums, support groups and speaking to other patients who have gone through the same treatment helps.

Thank you for watching and listening.

REPORT COVER

Report to:	Trust Board	
Date of meeting:	2710/2021	
Agenda item:	P1-174-21	
Title:	Patient Experience Visits 17.08.2021	
Report prepared by:	Asutosh Non-Executive Director and Kirsteen Scowcroft, Head of Patient Experience and Inclusion	
Executive Lead:	Julie Gray, Chief Nurse	
Status of the report: (please tick)	Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>

Paper previously considered by:	n/a
Date & decision:	n/a

Purpose of the paper/key points for discussion:	The purpose of this report is to provide Trust Board with oversight and a summary of the recent NED & Governor Patient Experience visit conducted on the 17 th August 2021 at CCC Aintree and Marina Dalglish Chemotherapy unit.
---	---

Action required: (please tick)	Discuss <input type="checkbox"/>
	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>

Next steps required:	Trust Board are requested to; <ul style="list-style-type: none"> • Note the visit undertaken and patient voice accounts of their experience of care at CCC • Request further updates as required
----------------------	--



REPORT COVER

The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input checked="" type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input checked="" type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input checked="" type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



REPORT

Patient Experience Visits 17.08.2021

Asutosh T. Yagnik, Non-Executive Director
Kirsteen Scowcroft, Head of Patient Experience and Inclusion



Patient Experience Visits: 17th August 2021:
Version 1: Author: Asutosh T. Yagnik & Kirsteen
Scowcroft

REPORT

1. Summary

Patient Experience 'rounds' were conducted on the 17th August 2021. Visiting CCC Aintree radiotherapy unit and Marina Dalglish CCC satellite chemotherapy unit based at LUHFT Aintree hospital site. Due to Covid restrictions regarding visitors the round was conducted virtually. The key findings and observations listed below are intended to be taken as a first-hand account as told by the patients and staff.

2. Key Findings and Observations

- We spoke to two patients waiting on for their radiotherapy treatment. One patient told us that it was their second time to CCC Aintree, stating that the staff are welcoming and they preferred CCC Aintree (CCCA) to CCC Wirral (CCCW) as they lost a relative previously and CCC W and therefore this did not hold particularly good memories for them.
- The other patient shared their experience both at Linda McCartney RLUH, CCCL chemotherapy unit, chemotherapy at home and CCCA. Praising those services, the staff working within them and the volunteers at CCCL. A suggestion for improvement was to have a named nurse on the treatment unit to build up a relationship with someone who could guide them through their treatment and needs, rather than being treated by a different nurse at each attendance. Also the lack of information on next steps between chemotherapy and radiotherapy and who to contact wasn't always clear, it could be confusing waiting to find out about when and where the radiotherapy would take place. The patient described an incident where their cold cap had not had the desired effect, this resulted in hair loss and they didn't know who to call to find out more information.
- The receptionist at CCCA and a therapy radiographer shared their experiences of working at CCC and their background prior to starting at CCC (one non-NHS one came from the Christie).
- The member of staff from the Christie stated they preferred working at CCC as staff working here are more friendly and being a local person can relate better to our patients at CCC.
- Two patients receiving Chemotherapy at the Marina Dalglish Unit (MDU) also shared their experiences with us. One patient informed us that they were first diagnosed in 2003 with their cancer recurring in 2021. They were amazed how cancer care had massively improved, as they have a named treatment in the community nurse who looks after their needs and answers their queries, which makes a huge difference to their quality of life.
- The other patient was first diagnosed four years ago and was told that the cancer was terminal. They shared how difficult that had been, but felt fortunate



REPORT

to see LFC win the Premiership and experience a grandchild being born, stating they were forever grateful to CCC for providing that extra time to see those things happen. Covid visitor restrictions had hit patients hard and if there was one thing that could be improved it would be to provide loved ones who drive patients to their chemotherapy appointments especially those being on longer chemotherapy, somewhere nicer to sit and have a drink, chat with other families and loved ones going through the same experiences, rather than having them sit outside the unit, outdoors or in the car in the car park for often four hours.

- The leadership shown by the MDU ward manager (Emma) and her deputy James at Marina Dalglish was truly inspirational from providing knitted gifts to patients for Easter, to a staff Thank You Thursday box for staff to show how valued and appreciated the staff were, no matter how small an act of caring and kindness may have been.. Demonstrating that if we look after and care for our staff outstanding patient experience will truly follow.
- The Patient Experience team do not have their own budget to buy necessary items, such as volunteer uniforms, courses for the patient experience team development, art materials for inpatient art packs and leaflets/posters for the patient audience etc. Requests for funding are submitted via a business case to the Finance Committee and/or Charitable funds to have an agreed amount made available. This can be extremely time consuming for all involved, so having a budget would help the team to continue to deliver patient experience services at CCC.

3. Next Steps and Recommendations

- Discuss report findings at Trust Board
- Note content of report
- Acknowledge the need for further action to share observations based on the feedback received with relevant Divisional leaders and teams
- Request further updates as required



REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 th October 2021	
Agenda item:	TB-175-21	
Title:	Patient Safety Specialist Programme	
Report prepared by:	Christopher Lube, Associate Director of Clinical Governance and Patient Safety and NHSE	
Executive Lead:	Joan Spencer, Interim Director of Nursing	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>
Paper previously considered by:	N/A	
Date & decision:		
Purpose of the paper/key points for discussion:	<p>To provide the Trust board Members and opportunity to develop an understanding of the new role of a Patient Safety Specialist and ensure there is full engagement.</p> <p>To perform their role effectively, patient safety specialists must develop a strong working relationship with their board so that the leadership of their organisation understands the role and the expectations of the board in supporting this important work.</p> <p>An opportunity to formally link your patient safety specialist(s) to your non-executive director with responsibility for patient safety</p>	
Action required: (please tick)	<p>Discuss <input checked="" type="checkbox"/></p> <p>Approve <input type="checkbox"/></p> <p>For information/noting <input type="checkbox"/></p>	
Next steps required:	Trust Board members are asked to note the contents of the presentation and discuss the role within CCC.	



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:								
Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.





Patient safety specialists (PSS)

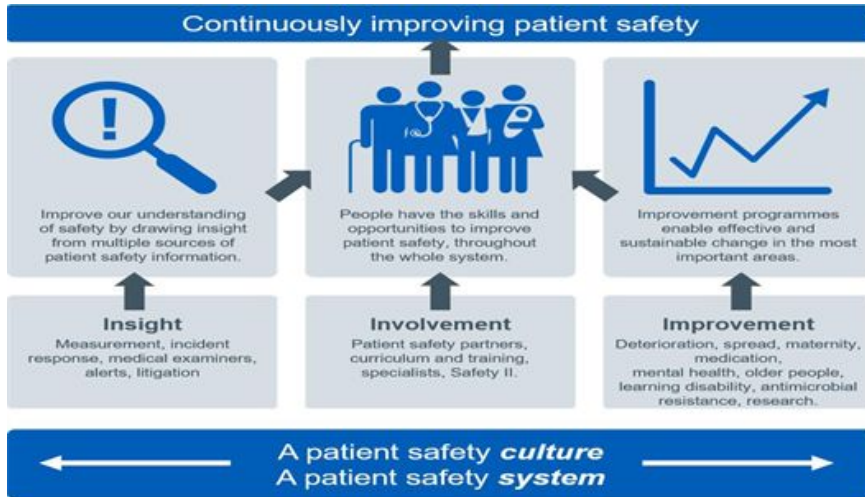
Executive briefing document

Joan Spencer
Chief Operating Officer/ interim Chief Nurse
Christopher Lube,
Associate Director of Clinical Governance and Patient Safety
Patient Safety Specialist
27/10/2021

NHS England and NHS Improvement



Patient safety specialists



Formally creating this role provides status and the expectation that having a patient safety specialist(s) who is fully trained in the national patient safety syllabus is standard across the NHS

Classification: Official



Identifying patient safety specialists

August 2020

Purpose of the role

The NHS Patient Safety Strategy¹ set the ambition for the new role of patient safety specialist to be introduced in every NHS organisation in England; this includes providers and commissioners of NHS-funded care. We consulted on a draft specification for patient safety specialists earlier in 2020 and this final specification is informed by the views of those who responded.

Patient safety specialists will be the lead patient safety experts in healthcare organisations, working full time on patient safety. They will be 'captains of the team' and provide dynamic, senior leadership, visibility and expert support to the patient safety work in their organisations. They will support the development of a patient safety culture and safety systems, and have sufficient seniority to engage directly with their executive team. They will work in networks to share good practice and learn from each other.



Patient safety specialist role

- Lead patient safety experts in their organisation, working full time on patient safety
- Able to escalate immediate risks or issues to Exec team
- ‘Captains of the team’, provide dynamic senior leadership, visibility and expert support
- Work with others including: Medication safety officer (MSO), Medical device safety officer (MDSO), Maternity safety champions
- Lead /support the local implementation of the NHS patient safety strategy: insight, involvement and improvement
- Support the development of a patient safety culture and safety systems
- Work in networks to share and learn
- Lead, and may directly support, patient safety improvement activity
- Ensure that systems thinking, and just culture principles are embedded
- Support patient safety partners ([Framework for involving patients in patient safety](#))
- Learn and develop, complete the [Patient safety syllabus](#)



Key deliverables

- 2019 - Role identified as part of the [NHS patient safety strategy](#)
- 2020 Mar - Patient safety specialists made a contractual requirement within the [NHS Standard Contract 2021/22](#) section 33.7
- 2020 Aug/Nov - [Identifying Patient Safety Specialists](#) and providing nominations to NHSEI from every NHS organisation by 30/11/20
- 2020 Nov – National webinars provided to support patient safety specialist training
- 2021 Apr – patient safety specialists to be in post
- 2021 Apr – patient safety specialist priorities document provided
- 2021 Jun - [Patient safety syllabus](#) available for patient safety specialists and training for the Board



Early milestones

- Over 700 Patient Safety Specialists representing 96% coverage of relevant organisations
- National Team held 16 national meetings – topics including:
 - National patient safety improvement programmes
 - Views on patient safety culture
 - PSIRF progress update
- Involvement in two national safety issues:
 - Beckton Dickinson infusion devices
 - Phillips device recall
- Involvement in national working groups including:
 - National Patient Safety Syllabus
 - Development of NHSX digital strategy
- Development of FutureNHS Collaboration platform (access via patientsafetyspecialists.info@nhs.net)
- Patient safety priorities document provided
- Starting to create region and ICS patient safety specialist networks

PSS priorities (Apr-21)

- Just culture support and advice – built into new Serious Incident policy
- National Patient Safety Alerts advice – in place in Datix and SOP in place
- Improving quality of incident recording – Incident module moved to DCIQ, work planned to raise profile of incident reporting. QA process in place via governance team.
- Support transition from NRLS and StEIS to the new Learn from patient safety events (LFPSE) service – work completed with Datix
- Preparation for implementing the new Patient Safety Incident Response Framework (PSIRF) when it is launched in 2022 – Initial CCC review and planning to commence in November 2021



Short – medium term priorities for Patient Safety Specialists

April 2021

This paper describes how Patient Safety Specialists (PSSs) can support implementation of the NHS Patient Safety Strategy and operational recovery during 2021/22.

We have identified nine key work programmes, with associated actions and timescales where appropriate:

1. Just culture
2. National Patient Safety Alerts
3. Improving quality of incident reporting
4. Support transition from NRLS and StEIS to PSIMS
5. Involvement in implementing the new Patient Safety Incident Response Framework (PSIRF)
6. Implementation of the Framework for Involving Patients in Patient Safety
7. Patient safety education and training
8. National patient safety improvement programmes
9. COVID-19 recovery planning

We appreciate due to current workloads it may not be possible for PSSs to immediately be actively involved in all these work programmes. You should review the programmes identified in this paper with your executive team and agree a phased approach to implementation. For some programmes there may be opportunity to ensure that others in your organisation are already aware and involved and that minimal support from you is needed. There are a number of programmes where, although there are associated timescales, a flexible approach can be taken. For example, it may not be possible to go live with the new patient safety incident management system (PSIMS) immediately if your local risk management system (LRMS) vendor hasn't undertaken the necessary local modifications.



Priorities cont.

- Implementation of the [Framework for involving patients in patient safety](#) (published in June 2021) – national target date in April 2022 – Initial discussions with Patient Experience, at the Clinical Leads meeting and Patient Safety Meeting, further worked required in November and December to plan framework for CCC.
- Patient safety education and training including the first two levels of the [Patient safety syllabus](#) launched in summer 2021 – Currently planning roll out of training expected completion mid to late spring 2022. Discussed at Clinical Leads meeting and Patient Safety Meeting. Completion has not be mandated nationally however considered good practice and an expectation.
- Supporting involvement in the [National Patient Safety Improvement Programmes](#), working with local AHSNs and Patient Safety Collaboratives – Associate Director of CG and PS is a designated Patient Safety Specialist and is fully engaged with regional and national patient safety team and local AHSN feed back to the Trust via standing agenda item on IGC.



Executive PSS support requirements

1. An executive lead for patient safety should be identified as the direct contact point for the PSS. – Completed -Executive Lead is the Chief Nurse
2. Patient Safety Specialist identified by Apr-21. The expectation is 1FTE at band 8 range, but this may be a shared role, or more than 1FTE across large organisations - Completed
3. The Trust's PSS's name(s) has been provided to NHSEI – Completed
- CCC have three PSS registered with NHSE (Chris Lube, Dan Monnery and Carl Rowbottom)
4. The PSS should also link with the NED who leads on patient safety – Terry Jones
5. All Board members should be aware of and support the PSS's role and discuss as a board agenda item – Completed with the provision of this session



Executive PSS support requirements cont

- The PSS priorities document (circulated Apr-21) should be reviewed and a PSS work plan agreed with the patient safety executive lead – **initial CCC review completed and a work plan is in development for completion by December 2021.**
- The PSS should be provided with sufficient time and resources to undertake their role, network and complete the patient safety training requirements (to level 5 of the [Patient safety syllabus](#) once available) – **to be confirmed as part of the work plan and strategy development**
- There should be sufficient support/ [coaching / mentoring](#) in place for the PSS to progress their personal and leadership development – **to be confirmed as part of role development**
- CCC have identified the Trust Clinician Lead for Patient Safety and are in the process of appointing Divisional lead clinicians for patient safety
 - **Trust lead – Dan Monnery**
 - **Networked services – Noor Tariq**
 - **Acute Care - TBC**
 - **Radiation Services – Interview arranged**



CCC delivery of PSS – Next Steps

- PSS was initially published in July 2019 – delivery by the national safety team and within all trusts has been impacted by Covid-19
- Discussions have commenced with Chief Nurse in relation to having a PSS strategy or another approach using current CCC strategies.
- AD CG&PS has commenced a gap analysis of CCCs compliance against the PSS recommendations that will be presented to IGC in December 2021. Further work is required to develop an implementation plan that will be monitored via IGC.
- A planned review of the Clinical Governance Team structure, roles and responsibilities will consider the requirements of the PSS.
- There are a number of key recommendations that CCC has already delivered, the Patient Safety Specialists at CCC are fully engaged with this work and will continue with plans to achieve full implementation in the coming year.



Any Questions



REPORT COVER

Report to:	Board of Directors	
Date of meeting:	Wednesday 27 th October	
Agenda item:	P1-177-21	
Title:	Integrated Performance Report M6 2021/2022	
Report prepared by:	Hannah Gray: Head of Performance and Planning	
Executive Lead:	Joan Spencer: Chief Operating Officer	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>

Paper previously considered by:	Quality Committee
Date & decision:	Thursday, 21 st October 2021

Purpose of the paper/key points for discussion:	<p>This report provides the Board of Directors with an update on performance for month 6 2021/22 (September 2021).</p> <p>The access, efficiency, quality, research and innovation, workforce and finance scorecards are presented, each followed by exception reports of key performance indicators (KPIs) against which the Trust is not compliant. Further detail then follows in each section, including full actions in place.</p> <p>Points for discussion include under performance, developments and key actions for improvement.</p>
---	---

Action required: (please tick)	Discuss	<input checked="" type="checkbox"/>
	Approve	<input checked="" type="checkbox"/>
	For information/noting	<input type="checkbox"/>

Next steps required:	
----------------------	--



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input checked="" type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input checked="" type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input checked="" type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input checked="" type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input checked="" type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input checked="" type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input checked="" type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input checked="" type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input checked="" type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input checked="" type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



REPORT

Integrated Performance Report (Month 6 2021/22)

Hannah Gray: Head of Performance and Planning
Joan Spencer: Chief Operating Officer / Interim Chief Nurse

Introduction

This report provides an update on performance for month six; September 2021. The access, efficiency, quality, workforce, research and innovation, and finance scorecards are presented, each followed by exception reports of key performance indicators (KPIs) against which the Trust is not compliant. Further detail then follows in each section, including full actions in place.

Following agreement of NHS System Oversight Framework (SOF) metric reporting arrangements at the September 2021 Performance Committee, the following activity data are now included from this M6 IPR.

- Elective activity levels
- Diagnostic activity levels
- % of all Outpatient activity delivered remotely via telephone or video consultation

In the absence of published definitions for these metrics to date, it is assumed that 'elective activity' includes all elective admissions and day cases (as per the ICS planning submissions for H1 and H2), diagnostic activity is all diagnostic tests performed. Outpatient 'treatments' are excluded from the data on remote delivery.

Whilst these are the only activity measures relevant to CCC in the SOF, the vast majority of CCC's activity is Outpatient attendances; appointments and treatments. The percentage comparison to the same month in 2019/2020 (pre-covid) is also therefore included in this report.

The KPI '% of patients requiring sepsis screening, who have been screened' was due to be included from M6. However, this reporting is delayed as data relies on the development of a new digital screening assessment tool. Significant progress has been made and implementation of the new tool is planned for November 2021. Until this date, assurance that effective screening is taking place and patients at risk of sepsis are managed appropriately, is provided by the achievement of the target for IV antibiotics being given within an hour.

Covid first and second vaccine data is not included in this M6 report due to the minimal numbers completed in September. Flu vaccine and Covid booster vaccine data will be included in the M7 report.



1. Performance Scorecards

Scorecard Directive Key: S = Statutory | C = Contractual | L = Local

1.1 Access

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer/ Interim Chief Nurse						
L	9 days from referral to first appointment	↔	G: ≥90% A: 85-89.9% R: <85%	93.4%	91.9%	O N D J F M A M J J A S
C/S	2 week wait from GP referral to 1st appointment	↔	93%	100%	100%	O N D J F M A M J J A S
L	24 days from referral to first treatment	↑	G: ≥85% A: 80-84.9% R: <80%	88.2%	88.1%	O N D J F M A M J J A S
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	60.0%	83.3%	O N D J F M A M J J A S
S	31 day wait from diagnosis to first treatment	↔	96%	98.8%	99.2%	O N D J F M A M J J A S
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	99.6%	99.2%	O N D J F M A M J J A S
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	100.0%	98.4%	O N D J F M A M J J A S
S	Number of 31 day patients treated ≥ day 73	↔	0	0	0	O N D J F M A M J J A S
C/S	62 Day wait from GP referral to treatment	↑	85%	86.2%	89.2%	O N D J F M A M J J A S
C/S	62 Day wait from screening to treatment	↓	90%	66.7%	95.7%	O N D J F M A M J J A S
L	Number of patients treated between 63 and 103 days (inclusive)	↓	No Target	46	240	O N D J F M A M J J A S
S	Number of patients treated => 104 days	↓	No Target	12	83	O N D J F M A M J J A S
L	Number of patients treated => 104 days AND at CCC for over 24 days (Avoidable)	↔	G: 0-1 A: 1 R: >1	0	3	O N D J F M A M J J A S
C/S	Diagnostics: 6 Week Wait	↔	99%	100%	100%	O N D J F M A M J J A S
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	98.0%	98.8%	O N D J F M A M J J A S

Notes:

Blue arrows are included for KPIs with no target and show the movement from last month's figure.

This border indicates that the figure has not yet been validated and is therefore subject to change. This is because national CWT reporting deadlines are later than the CCC reporting timescales.

Cheshire and Merseyside Cancer Waiting Times Performance:

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Liz Bishop, CMCA SRO						
C/S	2 week wait from GP referral to 1st appointment	↔	93%	90.4%	Not yet available	S O N D J F M A M J J A
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	73.5%	Not yet available	S O N D J F M A M J J A
C/S	62 Day wait from GP referral to treatment	↔	85%	74.8%	Not yet available	S O N D J F M A M J J A

Full data has not yet been published Nationally.

1.2 Efficiency

Scorecard Directive Key: S = Statutory | C = Contractual | L = Local

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer/ Interim Chief Nurse						
S (SOF)	Elective activity (inpatient admissions and day case)	↔	95% of 2019/20 levels	74%	68%	O N D J F M A M J J A S
S (SOF)	Diagnostic activity	↔	95% of 2019/20 levels	211%	182%	O N D J F M A M J J A S
S (SOF)	% of all (non-treatment) outpatient activity delivered remotely via telephone or video	↔	25%	60%	62%	O N D J F M A M J J A S
L	Outpatient Appointments (including treatments)	↔	95% of 2019/20 levels	133%	132%	O N D J F M A M J J A S
S	Length of Stay: Elective (days): Solid Tumour	↑	G: ≤6.5 A: 6.5-6.8 R: >6.8	6.9	6	O N D J F M A M J J A S
S	Length of Stay: Emergency (days): Solid Tumour	↔	G: ≤8 A: 8.1-8.4 R: >8.4	11.3	8.1	O N D J F M A M J J A S
S	Length of Stay: Elective (days): HO Ward 4	↓	G: ≤21 A: 21.1-22.1 R: >22.1	18.6	12	O N D J F M A M J J A S
S	Length of Stay: Emergency (days): HO Ward 4	↔	G: ≤22 A: 22.1-23.1 R: >23.1	18.7	16.8	O N D J F M A M J J A S
S	Length of Stay: Elective (days): HO Ward 5	↔	G: ≤32 A: 32.1-33.6 R: >33.6	24.7	18.5	O N D J F M A M J J A S
S	Length of Stay: Emergency (days): HO Ward 5	↔	G: ≤46 A: 46.1-48.3 R: >48.3	9.2	13.3	O N D J F M A M J J A S
S	Delayed Transfers of Care as % of occupied bed days	↔	≤3.5%	3.2%	3.1%	O N D J F M A M J J A S
S	Bed Occupancy: Midnight (Ward 4: HO)	↓	G: ≥85% A: 81-84.9% R: <81%	81.2%	85.9%	O N D J F M A M J J A S
S	Bed Occupancy: Midnight (Ward 5: HO)	↔	G: ≥80% A: 76-79.9% R: <76%	82.9%	73.9%	O N D J F M A M J J A S
S	Bed Occupancy: Midday (Solid Tumour)	↔	G: ≥85% A: 81-84.9% R: <81%	75.4%	72.9%	O N D J F M A M J J A S
S	Bed Occupancy: Midnight (Solid Tumour)	↔	G: ≥85% A: 81-84.9% R: <81%	73.5%	72.8%	O N D J F M A M J J A S
C	% of expected discharge dates completed	↔	G: ≥95% A: 90-94.9% R: <90%	87.0%	85%	O N D J F M A M J J A S
C/S	% of elective procedures cancelled on or after the day of admission	↔	0%	0%	0%	0% for all months
C/S	% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	-	100%	None cancelled	N/A	No elective procedures have been cancelled on or after the day of admission
C/S	% of urgent operations cancelled for a second time	↔	0%	0%	0%	0% for all months
L	Imaging Reporting: Inpatients (within 24hrs)	↔	G: ≥90% A: 80-89.9% R: <80%	96.1%	97.0%	O N D J F M A M J J A S
L	Imaging Reporting: Outpatients (within 7 days)	↓	G: ≥90% A: 80-89.9% R: <80%	76.5%	80.9%	O N D J F M A M J J A S
C/Phase 3 Covid-19 Guidance	Data Quality - % Ethnicity that is complete (or patient declined to answer)	↑	G: ≥95% A: 90-94.9% R: <90%	96.3%	96.7%	O N D J F M A M J J A S
C	Data Quality - % of outpatients with an outcome	↔	G: ≥95% A: 90-94.9% R: <90%	96.5%	96.3%	O N D J F M A M J J A S
C	Data Quality - % of outpatients with an attend status	↔	G: ≥95% A: 90-94.9% R: <90%	96.4%	99.3%	O N D J F M A M J J A S

1.3 Quality

Scorecard Directive Key: S = Statutory | C = Contractual | L = Local

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer/ Interim Chief Nurse						
C/S	Never Events	↔	0	0	0	0 for all months
C/S	Serious Untoward Incidents (month reported to STEIS)	↓	0	0	4	
C/S	Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	↓	100%	67%	80%	
S	RIDDOR - number of reportable incidents	↔	0	0	1	
S	Significant accidental or unintended exposure (SAUE); Radiotherapy delivered dose or Radiotherapy geographical miss - Treatment Errors	↔	G: ≤3 A: 4-5 R: >5	0	0	
S	Significant accidental or unintended exposure (SAUE); Radiotherapy delivered dose or Radiotherapy geographical miss - Imaging Errors	↔	G: ≤8 A: 9-12 R: >12	0	1	
S	Incidents /1,000 Bed Days	↑	No target	190.4	206.12	
L	Incidents resulting in harm /1,000 bed days	↑	No target	20	19	
C/S	Inpatient Falls resulting in harm due to lapse in care	↔	0	0	0	0 for all months
S	Inpatient falls resulting in harm due to lapse in care /1,000 bed days	↔	0	0	0	0 for all months
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	↔	0	0	0	0 for all months
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	↔	0	0	0	0 for all months
S	Consultant Review within 14 hours (emergency admissions)	↔	90%	97.0%	97.6%	
C/S	% of Sepsis patients being given IV antibiotics within an hour*	↔	90%	100.0%	95.1%	
C/S	VTE Risk Assessment	↔	95%	96.7%	95.1%	
S	Dementia: Percentage to whom case finding is applied	↓	90%	83.0%	98.0%	
S	Dementia: Percentage with a diagnostic assessment	-	90%	No patients	N/A	No patients were referred
S	Dementia: Percentage of cases referred	-	90%	No patients	N/A	No patients were referred
C/S	Clostridiodes difficile infections (attributable)	↔	≤11 (pr yr)	1	8	
C/S	E Coli (attributable)	↑	≤6 (pr yr)	2	5	
C/S	MRSA infections (attributable)	↔	0	0	0	0 for all months
C/S	MSSA bacteraemia (attributable)	↔	G: ≤4, A: 5 R: >5 (pr yr)	0	0	
C	Klebsiella (attributable)	↔	≤6 (pr yr)	0	2	
C	Pseudomonas (attributable)	↔	≤10 (pr yr)	0	0	
C/S	FFT score: Patients (% positive)	↔	G: ≥95% A: 90-94.9% R: <90%	96%	95%	

The Quality KPI scorecard continues on page 5

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer/ Interim Chief Nurse						
C	Number of formal complaints received	↑	No target	5	22	
S	Number of formal complaints / count of WTE staff (ratio)	↑	No target	0.003	0.002	
C	% of formal complaints acknowledged within 3 working days	↔	100%	100%	95%	
L	% of routine formal complaints resolved in month, which were resolved within 25 working days	↑	G: ≥75% A: 65-74.9% R: <65%	100%	63%	
L	% of complex formal complaints resolved in month, which were resolved within 60 working days	↓	G: ≥75% A: 65-74.9% R: <65%	0%	75%	
C/S	% of FOIs responded to within 20 days	↔	100%	100%	100%	
C/S	Number of IG incidents escalated to ICO	↔	0	0	0	0 for all months
C	NICE Guidance: % of guidance compliant	↔	G: ≥90% A: 85-89.9% R: <85%	91%	93%	
L	Number of policies due to go out of date in 3 months	↓	No target	22	N/A	
L	% of policies in date	↔	G: ≥95% A: 93.1-94.9% R: <93%	97%	97%	
C/S	NHS E/I Patient Safety Alerts: number not implemented within set timescale.	↔	0	0	0	0 for all months

NB: blue arrows (and bars) are included for KPIs with no target and show the movement from last month's figure.
 *Sepsis data is subject to change following final validation.
 The NHS complaints process timelines have been relaxed to allow Trusts to prioritise the necessary clinical changes required to respond to the Covid-19 pandemic. The Trust Policy currently allows more than 25 days with patients' consent

1.4 Research and Innovation

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Sheena Khanduri, Medical Director						
L (Strategy)	Study recruitment	↔	G: ≥109 A: 92-108 R: <92 (pr month)	60	339	
National	Study set up times (days)	↔	≤40 days	N/A	N/A	Latest reporting period is 1/7/20 – 30/6/21: 29 days
L (Strategy)	Recruitment to time and target	↔	G: ≥55% A: 45-54.9% R: <45%	N/A	N/A	Latest reporting period is 1/7/20 – 30/6/21: 33%
L (Strategy)	Studies Opened	↑	G: ≥5 A: 4-5 R: <4 (pr month)	7	21	
L (Strategy)	Publications	↔	G: ≥11 A: 10-9 R: <9 (pr month)	19	88	

1.5 Workforce

Scorecard Directive Key: S = Statutory | C = Contractual | L = Local

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-21	YTD 2021/22	Last 12 Months
Executive Director Lead: Jayne Shaw, Director of Workforce and Organisational Development						
S	Staff Sickness Absence	↔	G: ≤4% A: 4.1-4.9% R: ≥5%	4.7%	4.5%	O N D J F M A M J J A S
S	Staff Turnover*	↔	G: ≤1.2% A: 1.21-1.24% R: ≥1.25%	1.75%	9%	O N D J F M A M J J A S
S	Statutory and Mandatory Training	↔	G: ≥90% A: 75-89% R: ≤75%	96.20%	N/A	O N D J F M A M J J A S
L	PADR rate	↔	G: ≥95% A: 75-94.9% R: ≤74%	92.78%	N/A	O N D J F M A M J J A S

*Data is extracted from ESR on the first working day of the new month, however staff leaving and joining the Trust in the previous month can be recorded on the system after this time. A decision was therefore taken to extract the YTD data from ESR each month, rather than use the data provided monthly to calculate this. This explains why the YTD figure may not appear representative of the monthly figures to date. This early extraction of data is necessary to meet the deadlines for Committees.

NB: blue arrows (and bars) are included for KPIs with no target and show the movement from last month's figure.

1.6 Finance

For September 2021, the key financial headlines are:

Metric (£000)	In Mth 6 Actual	In Mth 6 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus/ (Deficit)	(84)	0	(84)	Green	15	0	15	Green
CPL/Propcare Surplus/ (Deficit)	72	0	72	Green	420	0	420	Green
Control Total Surplus/ (Deficit)	(12)	0	(12)	Green	435	0	435	Green
Group Cash holding	55,827	59,127	(3,300)	Yellow	55,827	59,127	(3,300)	Yellow
Capital Expenditure	(44)	1,295	1,339	Green	124	1,451	1,327	Green
Agency Cap	77	95	18	Green	408	475	67	Green


For 2021/22 the Cheshire and Merseyside ICS are managing the required financial position of each Trust through a whole system approach. The requirement for the Trust for the first six months of the year (H1) is to achieve a break-even position. The Trust has reported a £15k surplus for H1, the group position is showing a year to date surplus of £435k.

To achieve a break-even position for H1 the Trust was reliant on non-recurrent EFR income. The Cheshire & Mersey HCP provided values to include in the month 6 financial position based on activity submitted by all Trusts. As not all Trusts have met the necessary activity threshold there is a significant reduction of income across the C&M system. For the Trust this is showing an overall H1 value of £6.159m against the original plan of £9.441m, a shortfall of £3.282.

The Trust has mitigated the ERF risk to month 6 by recognising that costs associated with the extra activity have yet to materialise. A key factor is that forecast block drugs expenditure has not increased as predicted.

2. Exception Reports



2.1 Access

28 day faster diagnosis (Referral to diagnosis)	Target (Shadow monitoring until Q3)	Sept 21	YTD	Last 12 Months
	G: $\geq 75\%$ R: $<75\%$	60%	84.9%	
<p>Reason for non-compliance</p> <p>The target was not achieved in September 2021, following seven consecutive months of achievement.</p> <p>Two patients breached the 28 day FDS target in September. One of the breaches was deemed to be avoidable and 1 was unavoidable. The avoidable breach was due to delay to diagnostic test and awaiting results. The unavoidable breach was due to a complex patient pathway and the patient required multiple biopsies to confirm a non-cancer diagnosis. Further details are provided in the breach details table in section 3.1.1; patients 9 and 10.</p> <p>There were fewer patients (5) on this pathway in September 2021, than in any month since May 2020, increasing the likelihood of failing to achieve the target with 1 or more breaches. Despite this, there are a number of actions in place (described below) to continue to expedite diagnosis for all patients.</p>				
<p>Action taken to improve compliance</p> <ul style="list-style-type: none"> The HO team have increased access to bone marrow biopsy slots and rapid access biopsies are supported by the HO ANP team Additional consultant support within the Myeloid and Lymphoma teams to support clinic capacity Review and implementation of new 2WW and urgent radiology request SOP's/ urgent request documentation format. To continue to assess clinic and bone marrow capacity and demand Continued RCA of any 28 day breaches to identify areas of improvement / lessons to be learnt HO Rapid Diagnostic Services to be launched in January 2022 (developed in collaboration with LUHFT and the Cancer Alliance) Due Diligence Exercise to assess Aintree HO Service 28-day performance and assessment of any impact / risk this may pose to performance. 				
Expected Date of Compliance	January 2022			
Escalation Route	CWT Target Operational Group, Divisional Quality, Safety and Performance Meeting, Divisional Performance Reviews, Performance Committee, Trust Board			
Executive Lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse			

62 Day wait from screening to treatment	Target	Sept 21	YTD	Last 12 Months
	G: ≥ 90% R: < 90%	66.7%	95.7%	 <small>O N D J F M A M J J A S</small>
Reason for non-compliance One patient breached the 62 Day Screening target in September; the breach was deemed to be unavoidable as the patient required a cardio review to assess fitness prior to commencing treatment. The patient was also unsure about treatment and required time to consider the treatment options due to other medical conditions.				
Action taken to improve compliance N/A				
Expected Date of Compliance	N/A			
Escalation Route	CWT Target Operational Group, Divisional Quality, Safety and Performance Meeting, Divisional Performance Reviews, Performance Committee, Trust Board			
Executive Lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse			

2.2 Efficiency

Elective activity (inpatient admissions and day case) as % of 2019/20 activity	Target	Sept 21	YTD	Last 12 Months
	G: ≥95%		74%	68%
<p>Reason for non-compliance</p> <p>This combined inpatient and day case activity has been below 95% in each month of 2021/22 to date. The highest was 94% in May 2021.</p> <p>Elective admissions have been between 73% and 140% (September 2021) of the same months in 20219/2020, whereas day case activity has remained lower at between 43% and 91% of the same month in 2019/20.</p> <p>The decrease in day cases is due to a change in categorisation of activity, which now better describes a number of patient contacts as outpatients rather than day cases. Due to this change, we are therefore unlikely to meet this target.</p>				
<p>Action taken to improve compliance</p> <p>Whilst we are unlikely to meet this target, we are able to describe this change to Commissioners and the ICS. In addition, the vast majority of CCC's activity is Outpatient attendances (appointments and treatments) rather than elective and we can demonstrate that both this and diagnostic imaging activity has increased significantly since 2019/20. Via this activity, we are making a significant contribution to moving patients through the system.</p>				
Expected date of compliance	N/A			
Escalation route	Divisional Performance Review, Quality Committee / Performance Committee, Trust Board			
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse			

Length of Stay (days)	Wards	Target	Sept 21	YTD	Last 12 Months
	Solid Tumour (Elective)	G: ≤6.5 A: 6.5-6.8 R: >6.8	6.9	6	
	Solid Tumour (Emergency)	G: ≤8 A: 8.1-8.4 R: >8.4	11.3	8.1	

Reason for non-compliance

The LOS for elective admissions on ST wards was 0.4 days over the target, at 6.9 days.

Due to complex nursing needs, one patient was admitted on a planned pathway for the whole of their radiotherapy treatment. The patient was admitted on 01/09/2021 and discharged home with support on 30/09/2021.

One patient with a newly formed tracheostomy was admitted for radiotherapy. It was agreed at the beginning of treatment that they would be transferred back to Arrowe Park Hospital for discharge planning due to the tracheostomy. The patient completed treatment on 14/09/2021 and was listed to be re-patriated however no bed was available. The patient was discharged safely from CCCL on 30/09/2021.

The LOS for non-elective admissions on ST wards was 3.3 days above the agreed target at 11.3 days.

One patient, with frequent dizzy spells and an increased falls history, was admitted on a non-elective pathway. Due to the nature of the patient’s home environment, the family felt that the patient was unsafe to return home due to a risk of falling on stairs. The therapy and wider team collaborated to ensure a safe discharge took place.




Due to community staffing it is continuing to take much longer to commission Packages of Care (POC) for both social and fast track POC, leading to increased lengths of stay.

The CUR non-qualifying rate for September is 2%, which provides assurance that there was a low incidence of inappropriate utilisation of beds.

Action taken to improve compliance

- The Patient Flow Team continue to work alongside the MDT to start discharge planning earlier with patients to prevent the delays once patients are medically fit and ready for discharge.
- Review of daily occupancy data to inform LoS and bed occupancy improvements.
- The ST inpatient / day case coding review continues.

Expected date of compliance	November 2021
Escalation route	Divisional Quality, Safety and Performance Group, Divisional Performance Review, Integrated Governance Committee, Quality Committee, Trust Board
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse

Bed Occupancy	Wards	Target	Sept 21	YTD	Last 12 Months
	Solid Tumour (Midday)	G: ≥85% A: 81-84.9% R: <81%	75.4%	72.9%	
	Solid Tumour (Midnight)	G: ≥85% A: 81-84.9% R: <81%	73.5%	72.8%	
	Ward 4 (HO) (Midnight)	G: ≥85% A: 81-84.9% R: <81%	81.2%	85.9%	

Reason for non-compliance

Solid tumour ward bed occupancy continues to be below the Trust’s target of 85% and has fallen slightly since August 2021.

Ward 4 (HO) occupancy is marginally below (3.8%) the target at 81.2%, following 3 consecutive months of achieving the target.

Ward 5 (HO) bed occupancy is above target for the third consecutive month.

These figures are calculated on a total bed base of 86 beds. An additional 4 beds on Ward 3 have been designated as ‘escalation beds’ to help the Trust and the wider system with winter/Covid-19 pressures. These beds have not been used during August. No mutual aid patients have transferred across to CCC Liverpool from LUHFT in September 2021.

The Trust has been predominantly on OPEL 1(Green) during September 2021, however OPEL 3 has been recorded for the solid tumour wards on 4 occasion and Haemato-oncology on 5 occasions.

The PFT and the wider MDT continue to proactively discharge plan to ensure that patients are in the safest place for them during the COVID-19 pandemic.

Action taken to improve compliance

- PFT continue to work with wider MDT to aid discharge planning during the COVID-19 pandemic, and also liaise with Acute Oncology so that we are offering oncology beds to our patients when they are required
- Review of daily occupancy data to inform LoS and bed occupancy improvements.
- The ST inpatient / day case coding review continues.

Expected date of compliance	Q4 2021/22
Escalation route	Divisional Quality, Safety and Performance Group, Divisional Performance Review, Integrated Governance Committee, Quality Committee, Trust Board
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse

% of expected discharge dates completed	Target	Sept 21	YTD	Last 12 Months
	G: ≥95% A: 90-94.9% R: <90%		87%	85%
Reason for non-compliance				
<p>In September 2021, 87% of patients' expected discharge dates were recorded on Meditech.</p> <p>Following review of compliance, it has been identified that the Haemato-oncology (HO) admission documentation requires amendments to improve the capture of expected discharge dates (EDD) information.</p>				
Action taken to improve compliance				
<ul style="list-style-type: none"> The Digital team are working with HO staff to review admission documentation to ensure EDD data fields are recorded The Patient Flow Team will monitor data to ensure that all EDDs are completed within 24 hours of admission The Patient Flow Team are also working with the Digital team on the 'virtual ward round' system to ensure EDDs are regularly reviewed and that the rationale is captured for any variations noted, to inform service improvement requirements. The expected completion date of October, reported in the M5 report, has been revised to December 2021, reflecting more realistic timescales for the actions to be completed. 				
Expected date of compliance	December 2021			
Escalation route	Divisional Quality, Safety and Performance Group, Divisional Performance Review, Integrated Governance Committee, Quality Committee, Trust Board			
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse			

Imaging Reporting: Outpatients (within 7 days)	Target	Sept 21	YTD	Last 12 Months
	G: ≥90% A: 80-89.9% R: <80%		76.5%	80.9%
Reason for non-compliance				
<p>Compliance has dropped from 83.3% in August to 76.5% in September against a target of 90%.</p> <p>Reasons for non-compliance include:</p> <ul style="list-style-type: none"> A sustained increase in radiology activity, placing increasing demands on the Radiologist team. Loss of reporting capacity due to Radiologists supporting clinical services; Interventional Radiology and Ultrasound. CCC Radiologists supporting additional MDT activity (breast). 				

- CCC Radiologist annual leave and unplanned absence.
- Operational issues with CRIS and PACS continue to be reported. These issues relate to IT networks external to CCC. The Radiology team is collaborating with the Digital Team to resolve this. A task and finish group has been established to investigate and resolve some of these issues.

The inpatient reporting target has been met over the last 12 months.

Action taken to improve compliance

- On-going increased number of cases outsourced to Medica (100 CT/ 20 MRI per week).
- 1 additional Radiologist started on 18th September 2021.
- Clinical Imaging Fellow started on 1st September 2021.
- Radiologist recruited in December 2019 continues to be delayed due to COVID.
- Bi-weekly report received by senior Radiology team enabling continuous monitoring of the outstanding reports.
- A review of CCC Radiologist establishment is underway to determine the required CCC Radiologist workforce.

Expected date of compliance	October 2021
Escalation route	Divisional Quality, Safety and Performance Group, Divisional Performance Review, Performance Committee, Trust Board.
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse

Percentage of Subject Access Requests responded to within 1 month	Target	Sept 21	YTD	Last 12 Months
	G: 100% R: <100%	96%	99%	

Reason for non-compliance

A Subject Access Request (SAR) was received into the Data Protection e-mail account in Q2 2021/22, however this was not forwarded to the SAR e-mail account due a member of the team leaving. Mersey Internal Audit Agency (who are now managing this), highlighted the problem and then forwarded the e-mail. The SAR was actioned immediately and posted first class on 28/09/21.

Action taken to improve compliance

MIAA have now been given access to this email account, which will prevent future occurrences of this incident.

Expected date of compliance	November 2021
Escalation route	Finance Committee, Performance Committee, Trust Board
Executive lead	James Thomson: Director of Finance

2.3 Quality

Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	Target	Sept 21	YTD	Last 12 Months
	R: <100% G: 100%	67%	80%	 NB: In all blank months, none were submitted.
Reason for non-compliance <p>Three SI reports were submitted in September, one of which breached the target of within 60 working days / agreed timescales.</p> <p>This SUI required further unexpected review towards the end of the period and was submitted on day 77.</p> <p>Two further submissions were made, both of which had extensions agreed with commissioners:</p> <p>The second SI related to the recording of height and weight in Meditech. This required liaison with the supplier of Meditech in the US, who informed the Trust they had carried out further investigations, which then altered the scope and timescales of the review. An extension was agreed with Commissioners.</p> <p>The third incident was particularly clinically complex and required input from a wide variety of professionals external to CCC. Two due date extension requests were made to Commissioners, both of which were agreed.</p>				
Action taken to improve compliance <ul style="list-style-type: none"> • SI policy has been developed which includes clear timescales for reports to be completed. • Staff have been reminded to document reasons for delays within the progress notes of Datix. • Clinical Governance Managers will escalate any delays to the senior management team to support timely submission 				
Expected Date of Compliance	October 2021			
Escalation Route	Integrated Governance Committee, Quality Committee, Trust Board			
Executive Director Lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse			

Dementia: Percentage to whom case finding is applied	Target	Sept 21	YTD	Last 12 Months
	100%	83.3%	98%	
Reason for non-compliance The dementia screening tool target of 100% was not achieved for the month of September 2021, with 83.3% compliance. Non-compliance related to 1 (out of 6 patients) who identified as not having an accurately completed dementia screening assessment tool on admission. On further investigation the admitting nurse had commenced the assessment appropriately, however had incorrectly entered that the patient was a planned not an emergency admission (with only the latter required to be assessed). This meant that no further questions were presented to the admitting nurse and the screening tool was concluded at that stage. The patient sadly passed away during this episode of care, therefore they would not have been referred for further investigations despite the outcome of the screening tool.				
Action Taken to improve compliance <ul style="list-style-type: none"> • Share results with inpatient ward managers, matrons and the safeguarding practitioner/lead for dementia. • Ward managers and matrons to reinforce correct completion of the screening tool with ward staff. • Ward manager to highlight incident with the staff member involved to share the learning. 				
Expected date of compliance	October 2021			
Escalation route	Divisional Quality, Safety and Performance Group, Divisional Performance Review, Integrated Governance Committee, Quality Committee, Trust Board			
Executive Lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse.			

Clostridioides difficile infections (attributable)	Target	Sept 21	YTD	Last 12 Months
	≤11 per year	1	8	
Reason for non-compliance There was 1 CCC attributable case of CDI in September, taking the total to 8 YTD against a target of 11 or fewer for the year. The patient was admitted to Ward 2 with ongoing loose stools. Stool cultures collected on admission were negative. Due to continued diarrhoea, further stool cultures were requested and these identified CDI. Following a review of this case, issues regarding decontamination of BP monitors have been identified as a potential contributing factor.				

Action taken to improve compliance	
<ul style="list-style-type: none"> • The IPC Team have instigated increased surveillance, due to the rise in cases. • Education relating to effective decontamination of equipment. • Ensure that wards have an adequate number of BP monitors. 	
Expected date of compliance	November 2021
Escalation route	Harm Free Care Meeting, Infection Prevention and Control Committee, Integrated Governance Committee, Divisional Performance Reviews, Quality Committee, Trust Board
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse

<i>Escherichia coli</i> infections (attributable)	Target	Sept 21	YTD	Last 12 Months
	≤ 6 per year	2	5	

Reason for non-compliance


There were 2 CCC attributable cases of E coli in September (Ward 3 and Ward 4), taking the total to 5 YTD against a target of 9 or fewer for the year.

Both patients had urinary catheters in situ. Blood cultures and urine cultures for both patients identified *E. coli* suggestive of urosepsis. One patient did however have a second pathogen identified from the blood cultures that may indicate a gut source. Gaps were identified in urinary catheter related documentation and antimicrobial prescribing was not within trust formulary in one case. This case has been reviewed by the anti-microbial pharmacist and determined that anti-microbials were prescribed outside of Trust formulary due to patient allergies and were unlikely to have contributed to the development of infection.


Action taken to improve compliance

- A full investigation into this case is underway
- Launch of updated catheter care pathway, including associated education
- Liaison with clinical education team to ensure that urinary catheterisation is available as a practical assessment for relevant staff

Expected date of compliance	November 2021
Escalation route	Harm Free Care Meeting, Infection Prevention and Control Committee, Integrated Governance Committee, Divisional Performance Reviews, Quality Committee, Trust Board
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse

% of complex formal complaints resolved in month, which were resolved within 60 working days	Target	Sept 21	YTD	Last 12 Months
	R: <65% A: 65- 74.9% G: 75%	0%	75%	<div style="text-align: center;">  </div> <p style="font-size: small;">NB: There were none to resolve in all blank months, except March and Sept 2021 = 0%</p>
<p>One complex complaint was resolved in September; this was resolved 8 working days over the 60 working days target.</p> <p>The complaint included issues raised about services within Aintree hospital, who were delayed in their review and response to CCC. The complainant was fully informed of all delays.</p>				
<p>Action taken to improve compliance</p> <p>No action for CCC</p>				
Expected date of compliance	October 2021			
Escalation route	Integrated Governance Committee, Divisional Performance Reviews, Quality Committee, Trust Board			
Executive lead	Joan Spencer: Chief Operating Officer / Interim Chief Nurse			

2.4 Research and Innovation

Study Recruitment	Target	Sept 21	YTD	Last 12 months
	G: ≥109 A: 92-108 R: <92 (per month)	60	339	
Reason for non-compliance 339 patients have been recruited against an internal target of 650 (52% of target) at the end of Month 6. The main reasons at Month 6 for not achieving this target is: <ul style="list-style-type: none"> • Only three new studies that use the Aseptic Service have been greenlighted to recruitment since 5th March 2021. • Whilst we remain below target, this is partly due to historic issues relating to the recruitment pause due to the cold chain issue which is now resolved and currently due to clinical trials pharmacy staffing capacity. • Note: Seven new observational studies opened in month, which is the highest in 2021/22. 				
Action Taken to improve compliance <ul style="list-style-type: none"> • Exploring Clinical Trial Pharmacy capacity with Interim Chief Pharmacist to allow new studies to open whilst not putting pressure on the system. <ul style="list-style-type: none"> ○ Agreed priority list with SRGs and with Interim Chief Pharmacist to progress studies requiring green light. • Currently twelve studies are being prioritised based on ECMC status, reputation and patient need. • Diversification of portfolio into real world, psychosocial, radiotherapy and nursing research studies continues. Engaging with the PIs for these studies to maximise recruitment. • Clinical Trial Nursing team have diversified the way they work with internal and external service departments to ensure optimal recruitment. 				
Expected date of compliance	Q3 2021/22			
Escalation route	SRG Research Leads, Committee for Research Strategy			
Executive lead	Sheena Khanduri: Medical Director			

Recruitment to Time and Target	Target	Q1 2021/22 (1/7/20 – 30/6/21)	Previous figures
	G: ≥55% A: 45-54.9% R: <45%		33.3%

NB: This is reported quarterly, with the Quarter referred to being the last quarter in the period reported.

Reason for non-compliance


- The target is an internal metric; no national metric is available.
- Recruitment of the contracted number of patients in the contracted time only happened in 33.3% of cases for Q4 20/21 data. Q4 20/21 relates to the time period 01 July 2020 to 30 June 2021
- This is due to the studies pausing to recruitment in light of the pandemic and then going through a period of recovery where studies were unpaused.
- Patient pathway, including diagnostics and surgery, had not fully recovered at the acute Trusts, which will also have affected recruitment.
- A small number of commercial studies closed during this time period, n=3, and only one met Time and Target.
- Comparing sites nationally, a large number have shown a reduction in the number of studies submitted from Q4 19/20 to Q4 20/21. It would be expected that this number should remain consistent. This is most likely due to the impact of the pandemic and sites not opening new studies.
- The recruitment to Time and Target has also shown a reduction at other large cancer centres, however other non-cancer centres have seen an increase or maintained. Potentially this is due to:
 - National pause to trial recruitment.
 - Cancer patients throughout the pandemic were identified as a vulnerable group and advised to self-isolate or minimise contact for non-essential healthcare, leading to them not presenting for participation on trials.
 - Cancer research study recovery being slower than other disease sites.

Action Taken to improve compliance

- First Trust in Liverpool to achieve 85% studies unpaused to recruitment pre-COVID.
- Currently 100% studies have now been unpaused to recruitment pre-COVID.
- Full review of current trial information to predict and manage Time and Target data.

Expected date of compliance	Q4 21/22
Escalation route	SRG Research Leads, Committee for Research Strategy
Executive lead	Sheena Khanduri: Medical Director

2.5 Workforce

Staff Sickness Absence	Target	Sept 21	YTD	Last 12 Months								
	G: ≤4% A: 4.01– 4.99% R: ≥ 5%	4.73%	4.61%									
Reason for non-compliance												
<p>The in-month figure for absence has decreased from 4.84% to 4.73% in September 2021, however the 12-month figure has increased from 4.56% to 4.61%.</p> <p>Anxiety/ stress/ depression is the Trust’s highest reason for absence in September 2021, in August it was the second highest reason and in July it was the third. This demonstrates a gradual increase over the last 3 months. The number of absence episodes has increased from 36 in August to 44 in September.</p>												
<table border="1"> <thead> <tr> <th>Absence Reason</th> <th>Number of Episodes</th> </tr> </thead> <tbody> <tr> <td>S10 Anxiety/stress/depression/other psychiatric illnesses</td> <td>44</td> </tr> <tr> <td>S13 Cold, Cough, Flu - Influenza</td> <td>38</td> </tr> <tr> <td>S25 Gastrointestinal problems</td> <td>35</td> </tr> </tbody> </table>					Absence Reason	Number of Episodes	S10 Anxiety/stress/depression/other psychiatric illnesses	44	S13 Cold, Cough, Flu - Influenza	38	S25 Gastrointestinal problems	35
Absence Reason	Number of Episodes											
S10 Anxiety/stress/depression/other psychiatric illnesses	44											
S13 Cold, Cough, Flu - Influenza	38											
S25 Gastrointestinal problems	35											
<p>Of the 44 episodes, 30 of the absences were due to personal related circumstances and 12 were due to work related reasons. This is an increase of 3 work related stress absences since August and this is an increase for the second month. Of the total stress related absences, 30 are long-term, this is an increase from 25 last month, however 8 of these absences ended in September and 17 continue into October. There were 14 short-term and 3 of these continue into October.</p> <p>Cold, cough and flu was the second highest reason for absence in September, this has not been in the top three reasons since June 2021.</p> <p>The number of absences due to gastrointestinal problems has decreased from 39 episodes in August to 35 in September. In June, July and August, this was the highest reason for absence.</p> <p>Absence due to Chest and respiratory problems is no longer one of the highest reasons for absence in September, with a decrease from 34 episodes last month to 27 this month.</p>												
Action taken to improve compliance												
<ul style="list-style-type: none"> • HR Business Advisors continue to meet with departmental managers monthly to discuss sickness absence and explore ways to manage and support staff. • All episodes of absence due to anxiety/stress/depression are reviewed monthly and staff members are managed and supported appropriately in order to facilitate a return to work. • HR Business Advisors explore each month which members of staff are absent due to anxiety/stress/depression and whether it is due to work or personal related circumstances and ensure managers have sign posted to appropriate support mechanisms. 												

- The annual stress audit has recently been completed, which identified an increase in the number of stress related absences over the past 12 months. It also identified that managers do not routinely record whether a stress related absences is due to work or personal reasons nor do they always record a level 2 reason. The HR Business Partnering team have a number of actions to take forward following this audit in order to improve these outcomes for the next audit.
- Following completion of the annual stress audit, the HR Business Partnering team plan to contact members of staff who have been absent recently due to anxiety/stress/depression to ask them to provide feedback on their experience and the support that they were provided in order to identify if improvement of the management of stress absences is required going forward and whether this can reduce the number and length of such absences.
- As absences due to anxiety/ stress/ depression, and particularly work-related stress absences are on the increase, the HRBP team are looking to develop a short training session focusing specifically on stress management to better equip managers to support staff absent due to stress.

Expected date of compliance	December 2021
Escalation route	Divisional Meetings, Workforce Transformation Committee, Divisional Performance Reviews, Quality Committee, Trust Board
Executive lead	Jayne Shaw: Director of Workforce and OD

	Target	Sept 21	YTD	Last 12 Months
Staff Turnover	G: ≥1.2% A: 1.21 – 1.24% R: ≤1.25%	1.71%	9.14%	 O N D J F M A M J J A S

*Data is extracted from ESR on the first working day of the new month, however staff leaving and joining the Trust in the previous month can be recorded on the system after this time. A decision was therefore taken to extract the YTD data from ESR each month, rather than use the data provided monthly to calculate this. This explains why the YTD figure may not appear representative of the monthly figures to date.

Reason for non-compliance

Reason for Leaving	Number of Leavers
End of Fixed Term Contract	1
Retirement Age	4
Voluntary Early Retirement - No Actuarial Reduction	1
Voluntary resignation - Adult Dependants	1
Voluntary Resignation - Better Reward Package	1
Voluntary Resignation - Health	1
Voluntary Resignation - Lack of Opportunities	2
Voluntary Resignation - Promotion	5
Voluntary Resignation - Relocation	2
Voluntary Resignation - To undertake further education or training	5
Voluntary Resignation - Work Life Balance	5
Grand Total	28

The number of leavers has increased from 21 in August to 28 in September.

The highest reasons for leaving in September were ‘promotion’, ‘work life balance’ and ‘to undertake further education/ training’ all with 5 leavers.

Of the leavers due to work life balance, 2 of these were from the Wirral Hub Team whilst Digital, Ward 4 and AHP Team all had 1 leaver each.

The leavers who left to take up further education/ training were split across different teams, with one leaver each in Admin Services, CDU/Hotline, Diagnostic Imagine, AHP Team and the Radiotherapy Team.

Of the 5 leavers due to promotion, 2 were from Admin Services, and 1 each from Research & Innovation, the AHP Team and CDU/Hotline. 3 of these leavers took up employment at other local NHS Trusts and 4 leavers had less than 1 years' service with CCC.

Of the total 28 leavers in September 2021, 11 had less than 1 years' service with CCC. The highest reason for leaving amongst those with less than 1 years' service was promotion with 4 leavers.

Division	Number of Leavers
158 Acute Care Division	6
Additional Clinical Services	1
Administrative and Clerical	1
Nursing and Midwifery Registered	4
158 Corporate Division	1
Administrative and Clerical	1
158 Networked Division	13
Additional Clinical Services	2
Administrative and Clerical	7
Allied Health Professionals	1
Nursing and Midwifery Registered	3
158 Radiation Services Division	5
Additional Clinical Services	2
Allied Health Professionals	2
Healthcare Scientists	1
158 Research Division	1
Administrative and Clerical	1
158 Support Services Division	2
Add Prof Scientific and Technic	1
Administrative and Clerical	1
Grand Total	28

The Networked Services division had the highest number of leavers in September with 13, which is an increase of 7 from August. Admin Services had the highest number of leavers within the division with 6, followed by Outpatients and Clinical Support with 5.

The Acute Care division had the second highest number of leavers with 6. 3 from CDU/Hotline and 1 each from Ward 4, Ward 5 and Pharmacy. The highest reason for leaving across the division was relocation with 2 leavers.

Of the 28 leavers in September 2021, 13 completed an exit interview questionnaire, this is a significant increase from just 5 in the previous month. This equates to 46.4% of leavers completing an exit questionnaire in September compared with just 23.8% in August.

In addition to the main reason for leaving, other reasons cited as influencing their decision to leave were:


- Wanted the option to work from home.
- Career progression.
- Better resources i.e. IT systems.
- Family commitments.

Action taken to improve compliance

- Continue to encourage staff to complete exit interviews – HR Business Advisors and WOD Apprentice contact leavers personally when they are informed.
- Exit interviews are reviewed monthly by the HR Business Partnering team to ensure that concerns are addressed and improvements made if necessary, in order to reduce the number of leavers.
- Temperature Checks surveys are reviewed monthly by staff who have been in post for 3 and 9 months to ensure that any concerns that are raised are addressed in order to help retain staff and reduce the number of leavers in their first 12 months of employment.

- The HR Business Partnering Team have recently reviewed the Trust’s Flexible Working Policy in line with the changes made to Section 33 of the NHS Terms and Conditions handbook in line with the NHS People Plan. The changes to this policy will encourage and ensure that flexible working is being offered where appropriate in order to recruit and retain staff and see a decrease in the number of leavers due to Work Life Balance.
- Following the update of the Flexible Working Policy, the HR Business Partnering team are planning to run briefing sessions which will cover the recent changes and also how to record and report on flexible working requests. This will allow us to better review how flexible working is considered across the Trust.
- The HR Business Partnering team are currently developing a Hybrid Working Guidance document which will establish the Trust’s approach to home and agile working following the changes the Trust had to undertake to due to the Covid-19 pandemic. The document will support managers in establishing which roles can work under a hybrid model and how best to support them remotely in order to continue to offer flexibility to staff to improve work life balance.
- Following feedback regarding staff training in clinical systems, work is now underway to ensure that clinical teams have more input into IT training in order to improve staff experience during their induction to the Trust.

Expected date of compliance	December 2021
Escalation route	Divisional Meetings, Workforce Transformation Committee, Divisional Performance Reviews, Quality Committee, Trust Board
Executive lead	Jayne Shaw: Director of Workforce and OD

PADR	Target	Sept 21	Last 12 Months
	G: ≥95% A: 75% - 94.9% R: ≤74%	92.78%	

Reason for non-compliance

Org L4	Reviews Completed %
158 CBU1 - Day Care & Network	91.85
158 CBU3 - Admin Services	93.75
158 CBU5 - Inpatient Care	90.96
158 CBU7 - Radiology Services	81.13
158 Cancer Alliance	85
158 Executive Office	91.67
158 Informatics & IT	94.03
158 Project Management Office	33.33
158 Quality	33.33
158 Recharges	86.67
158 Research & Innovation	93.18
158 Safeguarding	87.5

The overall Trust in month compliance for PADRs is 92.78%, which remains below the target of 95% but continues to show a positive increase from previous months. As part of Performance Review Group (PRG) meetings, a target date of achieving and maintaining compliance by the end of September was agreed, however this has not been achieved in the following areas;

A revised date of the 31st October has been set for achieving compliance.

All divisions have been issued with detailed reports to support the proactive management of PADR compliance.

The L&OD Team will continue to work with divisions to support them in achieving compliance, but more importantly to ensure that all staff have a meaningful and purposeful annual appraisal conversation.

Action taken to improve compliance

- Underperforming departments to achieve compliance by the revised date of the end of October
- Divisional leads to provide assurance via PRGs that plans and processes are in place to ensure PADR compliance is proactively managed to ensure long term compliance is maintained
- L&OD to continue to provide bespoke PADR compliance reports to Divisions to enable effective management and planning of PADR

Expected date of compliance	Revised date of 31 st October 2021
Escalation route	Divisional Performance Reviews, Quality Committee, Trust Board
Executive lead	Jayne Shaw: Director of Workforce and OD

3. Detailed Reports

3.1 Access

3.1.1 Cancer Waiting Times Standards: CCC Performance

Performance has been challenging for September, with the number of referrals increasing slightly from previous months, however patients continue to be escalated both timely and appropriately by the tracking team.

Working groups have commenced to improve the Genomics pathway and CCC are engaged in the discussions. Regular meetings with external stakeholders are in place.

Waiting list clinics have been held to support the increased capacity.

2 Week Wait

The 93% target has been achieved, with performance for September at 100%

28-day Faster Diagnosis Standard (FDS)

The NHS Operational Planning and Contracting Guidance 2021/2022 states that the 28-day Faster Diagnosis Standard will be subject to formal performance management from Q3 2021/22, with a target of 75%. Data has been published since April 2021.

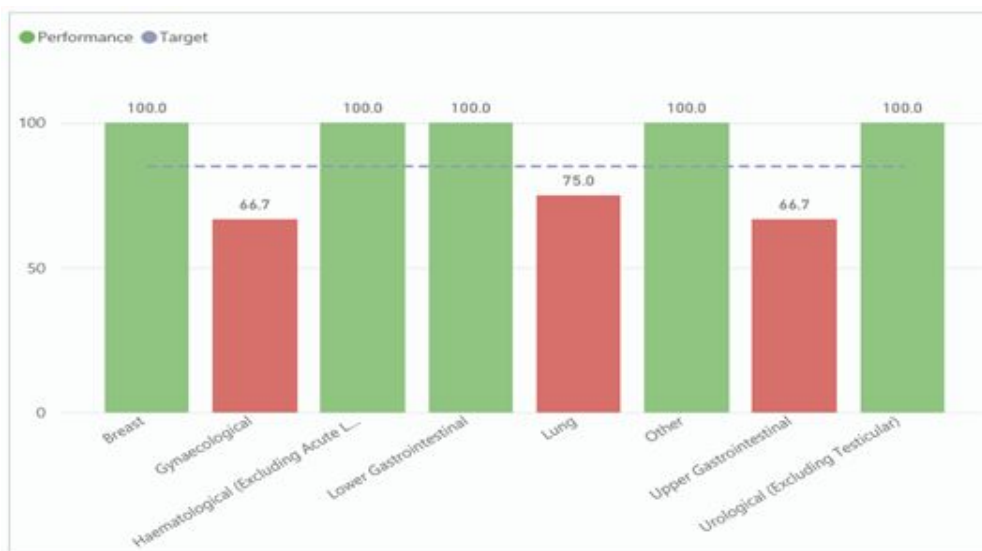
NHSE/I have requested that Trusts complete a 28 day FDS validation exercise template for October performance, to be submitted early in November 21.

The 28-day FDS target was not achieved in September at 60%

62 Day wait from GP Referral to treatment

The 85% target was achieved at 86.4% for September (final validation via national system 2nd November 2021).

62 Day breaches by tumour group:



62 Day Screening

Performance for September 2021 is 66.7%. 1 patient breached the screening target in September.

9 Day Performance (Internal Target)

Performance for September 2021 is 93.4% against a stretch target of 90%.

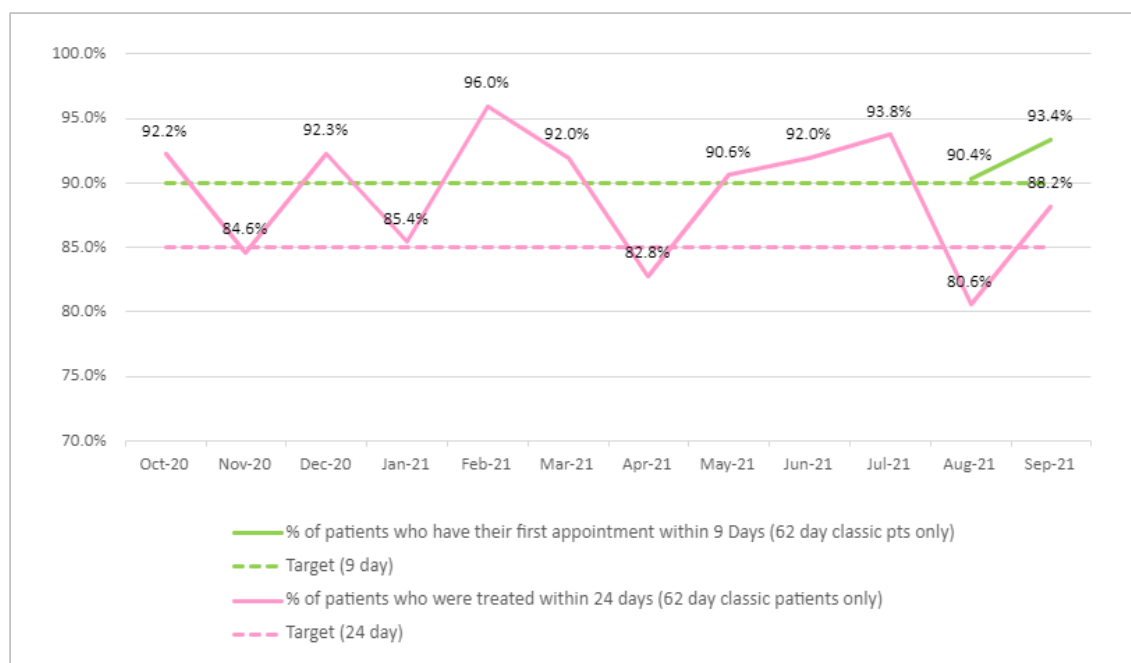
8 Patients breached the internal 9-day target however none of these patients went on to breach the 24-day target. The following table provides a summary of these breaches.

Tumour Grp	No. missing 9 Day	Consultant leave or COW	Capacity Next Clinic	Next Clinic
Haem	1		1	
H&N	1	1		
Lung	2		2	
Upper GI	2		2	
Urology	2	1		1
Grand Total	8	2	5	1

24 Day (Internal Target)

This was achieved for September 2021, with 88.2% against a stretch target of 85%.

The following chart shows 24-day and 9-day performance by month against the targets:



CCC continues to monitor 24-day performance for patients on the 62-day pathway. This is an internal target that aids breach avoidance for the system. 24-day awareness sessions continue to be available to all staff.

31 day long waiters 73 days +

There were no 31 Day long waiting breaches for September 2021.

62 Day long waiters 104 days +

12 patients breached the 104+ day target in September; referred in between day 84 and 296 to CCC. 2 of the 12 patients were at CCC for more than 24 days between referral and treatment. All of the patients were unavoidable accountable breaches to CCC.

There are no patients that need to be presented to the Clinical Harm review panel in September 2021.

Breach Details

Patient	Day into CCC	Days at CCC / to Diagnosis (28DFDS)	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach	Internal Targets		National Standards				Long Waiters		
									9 Day	24 Days (treated within 62 days)	2 Week Wait	28 Day FDS2	62 Day GP: Full breaches*	62 Day GP: Half breaches**	62 Day Screening	31 Day ≥73 Days	≥104 days AND >24 at CCC
1	37	26	63	Lung	LHCH	Curative RT/Chemo	Delay to radiotherapy – treatment was booked to start within the target date but the treatment plan was not outlined in time to start within target	Yes					Y				
2	45	26	71	Lung	Whiston	Radical RT	Pathway delayed due a change in patient's treatment plan and a slight delay to radiotherapy, as the treatment plan was not outlined in time to start within target	Yes						Y			
3	44	26	70	UGI	Wirral/RLH	Radical RT	Patient did not attend treatment planning appointment as was unaware of appointment date	Yes						Y			
4	50	31	81	Lung	SORM	Curative RT	Delay to 1st appointment (13 days) due to clinic capacity	Yes						Y			
5	42	31	73	Lung	Aintree	Pall Chemo	Delay to 1st appointment (20 days) - due to clinic capacity	Yes						Y			

Patient	Day into CCC	Days at CCC / to Diagnosis (28DFDS)	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach	Internal Targets		National Standards				Long Waiters	
									9 Day	24 Days (treated within 62 days)	2 Week Wait	28 Day FDS2	62 Day GP: Full breaches*	62 Day GP: Half breaches**	62 Day Screening	31 Day ≥73 Days
6	100	28	128	Skin Melanoma	Wirral/LWHW/histon	Pall Immuno	Admin error at referring trust. CCC were not advised that the patient was a target patient and did not receive an Inter Provider Transfer form to advise the pathway status. Patient was not registered as a target patient and therefore not tracked and escalated.	No						Y		Y
7	92	47	139	Sarcoma	Morecombe	Radical RT	Out of area referral. Patient required further test, medical review and further discussion in Neuro MDT prior to commencing treatment. There was a change in the treatment and a delay to 1st appointment (14 days).	No						Y		Y
8	93	40	133	LGI	RLH/Aintree	Pall chemo	Patient was unwell and required assessment of suitability for treatment due to another medical condition. Patient was also undecided on treatment and required thinking time to consider treatment options.	No						Y		
9	-	50	-	Haem	GP	Ruling out of cancer	Delay to Diagnostic test and reporting of results.	Yes				Y				

Patient	Day into CCC	Days at CCC / to Diagnosis (28DFDS)	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach	Internal Targets		National Standards				Long Waiters		
									9 Day	24 Days (treated within 62 days)	2 Week Wait	28 Day FDS2	62 Day GP: Full breaches*	62 Day GP: Half breaches**	62 Day Screening	31 Day ≥73 Days	≥104 days AND >24 at CCC
10	-	33	-	Haem	GP	Ruling out of cancer	Complex pathway – Patient required multiple biopsies to confirm non-cancer.	No				Y					

*Full breach to CCC: Patient received by CCC before day 38, but not treated within 24 days

**Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 day

3.1.2 Cancer Waiting Times Standards: Cheshire and Merseyside Performance

This data has not yet been published.

3.1.3 Cancer Waiting Times Standards: National Performance

This data has not yet been published.

3.2 Efficiency

3.2.1 Inpatient Flow

Bed Occupancy

Solid tumour ward bed occupancy continues to be below the Trust's target of 85% and has fallen slightly since August 2021.

Ward 4 (HO) occupancy is marginally below (3.8%) the target at 81.2%, following 3 consecutive months of achieving the target.

Ward 5 (HO) bed occupancy is above target for the third consecutive month.

These figures are calculated on a total bed base of 86 beds. An additional 4 beds on Ward 3 have been designated as 'escalation beds' to help the Trust and the wider system with winter/Covid-19 pressures. These beds have not been used during August. No mutual aid patients have transferred across to CCC Liverpool from LUHFT in September 2021.

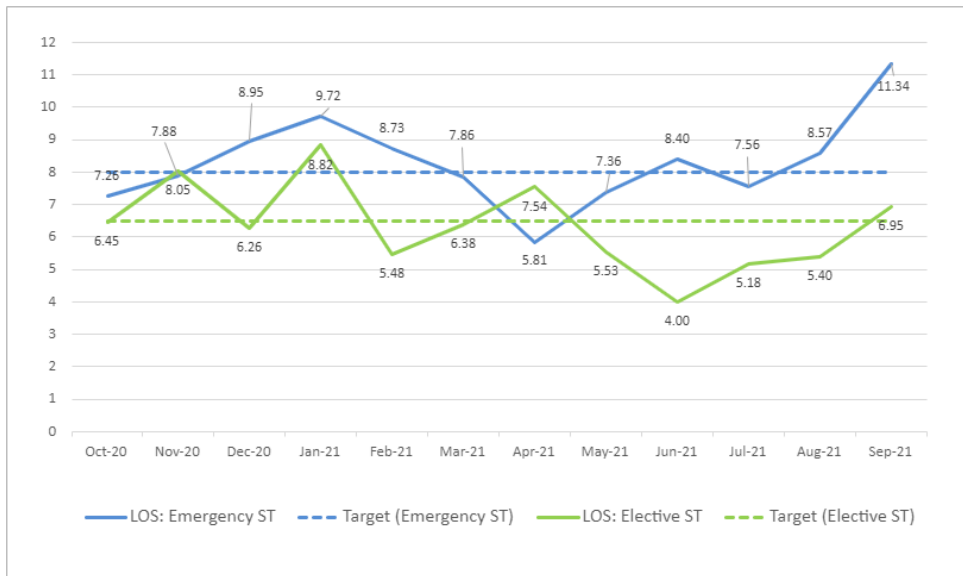
The Trust has been predominantly on OPEL 1(Green) during September 2021, however OPEL 3 has been recorded for the solid tumour wards on 4 occasion and Haemato-oncology on 5 occasions.

The PFT and the wider MDT continue to proactively discharge plan to ensure that patients are in the safest place for them during the COVID-19 pandemic.

Length of Stay (LoS)

Solid Tumour Wards:

This chart shows the elective and non-elective LoS for Solid Tumour Wards against the targets.



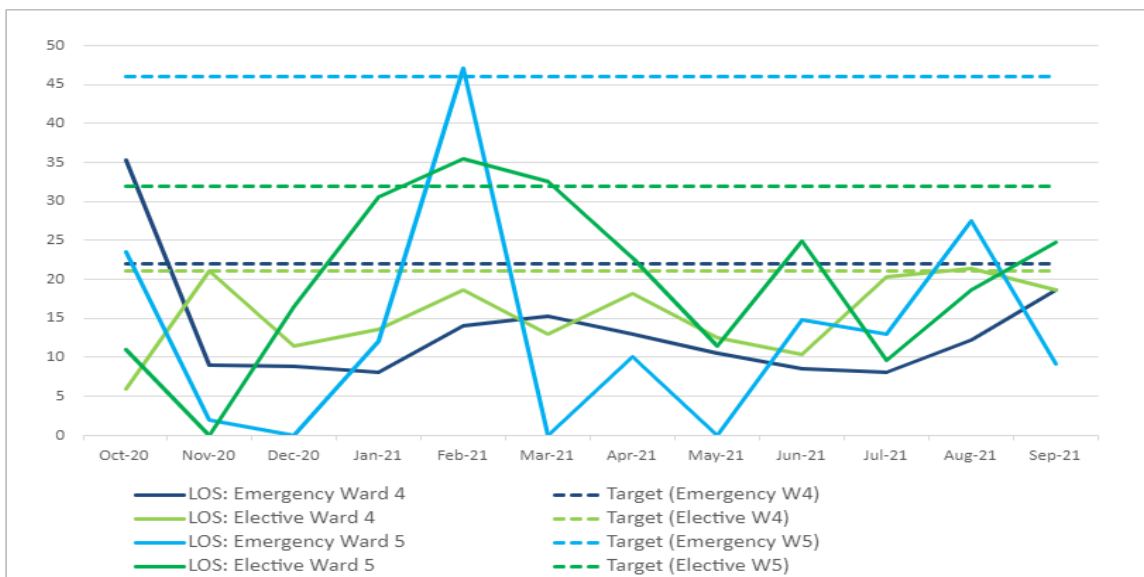
Both the elective and emergency LoS were over the targets in September, by 0.4 and 3.3 days respectively.

Due to complex nursing needs, one patient was admitted on a planned pathway for the whole of their radiotherapy treatment. The patient was admitted on 01/09/2021 and discharged home with support on 30/09/2021.

One patient with a newly formed tracheostomy was admitted for radiotherapy. It was agreed at the beginning of treatment that they would be transferred back to Arrowe Park hospital for discharge planning due to the tracheostomy. The patient completed treatment on 14/09/2021 and was listed to be re patriated however no bed was available. The patient was discharged safely from CCCL on 30/09/2021.

HO Wards:

This chart shows the elective and non-elective LoS for HO Wards against the targets.



The LoS targets were achieved for all HO Wards in September.

The CUR non-qualifying rate for September is 2%, which provides assurance that there was a low incidence of inappropriate utilisation of beds.

Delayed transfers of care:

Delayed Transfers of Care (DTOC) as a % of occupied bed days for the month of September was below the Trust target of 3.5% at 3.2%.

The number of DTOC decreased to 10 this month, from 11 in August. All delays involved Solid Tumour patients. The number of DTOC days reduced slightly from 53 days in August, to 52 in September. The average length of DTOC was 5.2 days.

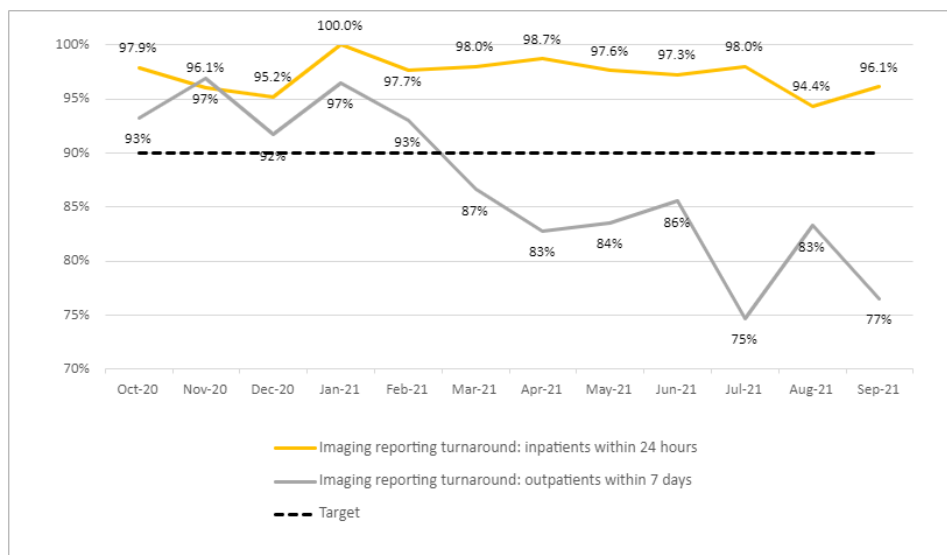
The delays were due to:

- 5 Patients awaiting Fast Track Packages of Care at Home
- 3 Patients requiring nursing home placement
- 1 Patient awaiting Continual Healthcare funded Package of Care at home
- 1 Patient awaiting ICB placement

There remains an increase in the length of time from CHC/Fast track funding agreement to commissioning packages of care in certain areas due to reduced staffing relating to covid isolation.

3.2.2 Radiology Reporting

The targets for inpatient reporting turnaround have been met every month in the last 12 months. The outpatient reporting turnaround target of 7 days has not been achieved for the last 7 months.



Following a rise in August, compliance has fallen to 77% in September 2021.

Reasons for non-compliance include:

- A sustained rise in radiology activity, placing increasing demands on the Radiologist team.
- Loss of reporting capacity due to Radiologists supporting clinical services; Interventional Radiology and Ultrasound.
- CCC Radiologists supporting additional MDT activity.
- CCC Radiologist annual leave and unplanned absence.
- Operational issues with CRIS and PACS continue to be reported. These issues relate to IT networks external to CCC. The Radiology team is collaborating with the Digital Team to resolve this.

An additional radiologist was recruited in December 2019, however their start date has been delayed due to Covid-19 pressures in their home country and the inability to travel from overseas to complete an essential examination. They may therefore not commence in post until 2022.

An additional Radiologist and a Clinical Imaging Fellow joined the Trust in September. This increase in Radiologist support will ensure our reporting turnaround times are more robust.

An on-going increased number of cases are being outsourced to Medica.

A review of CCC Radiologist establishment is underway to determine the required CCC Radiologist workforce.

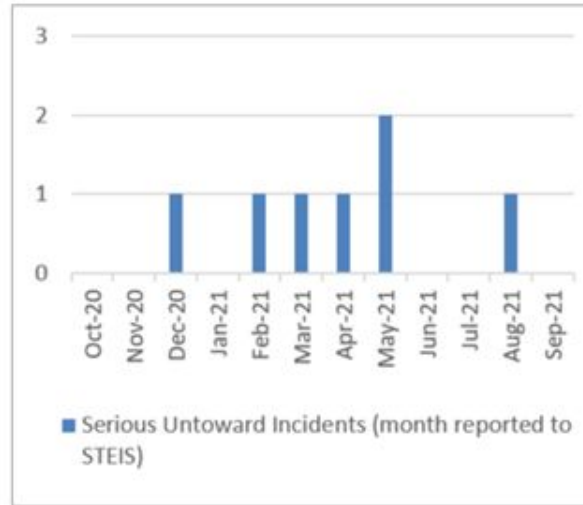
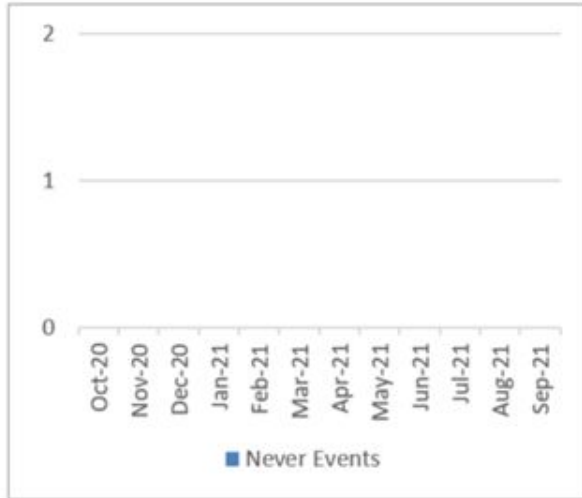
The situation continues to be monitored via a bi-weekly sitrep.

3.3 Quality

This section provides an overview of performance and associated actions in the following areas:

- Incidents
- Health Care Acquired Infections
- Inpatient Assessments
- Harm Free Care
- Complaints
- Patient Experience

Incidents



September 2021:

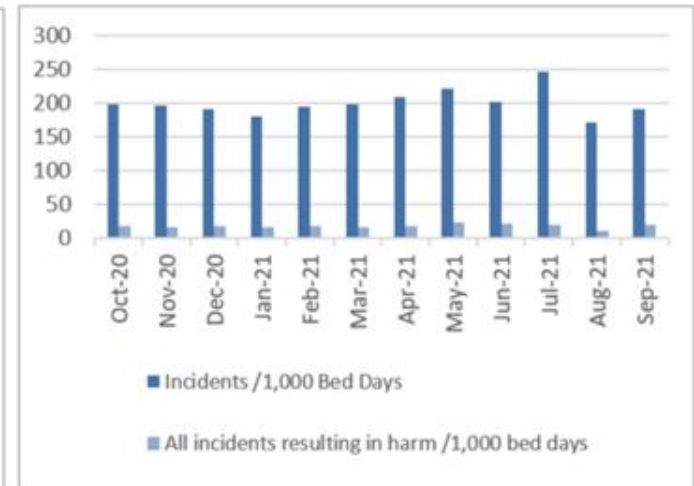
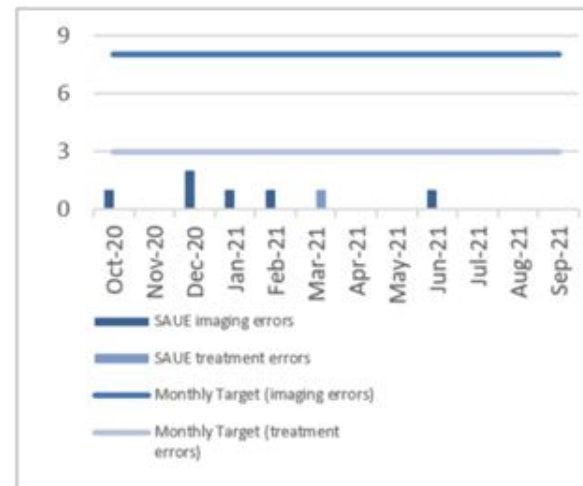
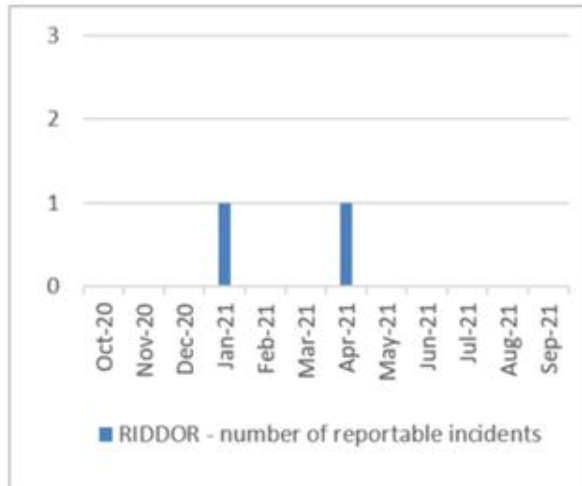
Targets:

- Never Events, SUI and RIDDOR targets are 0.
- SAUE targets are shown on the chart.

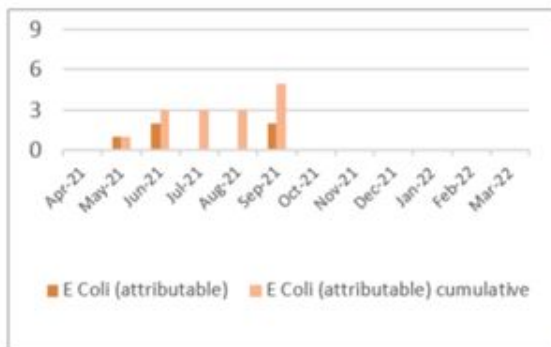
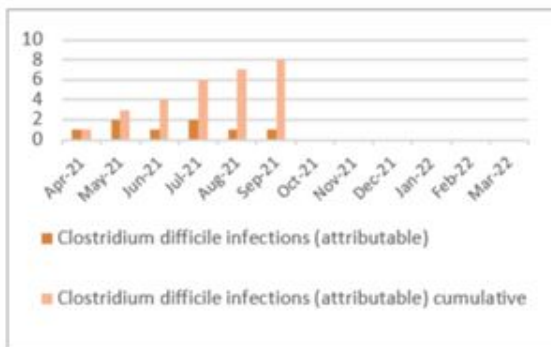
There were no SAUE imaging error and no SAUE treatment errors.

There were no RIDDOR reportable incidents.

There were no SUIs



Health Care Acquired Infections

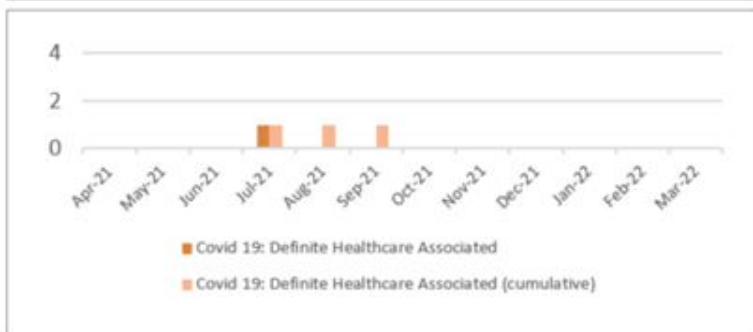
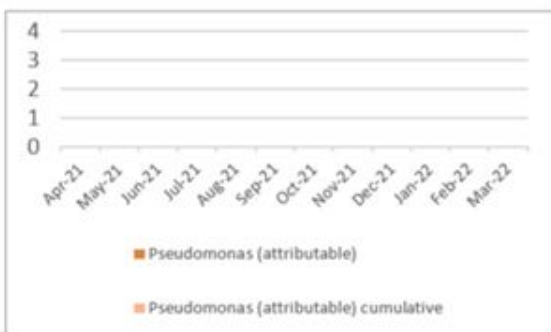
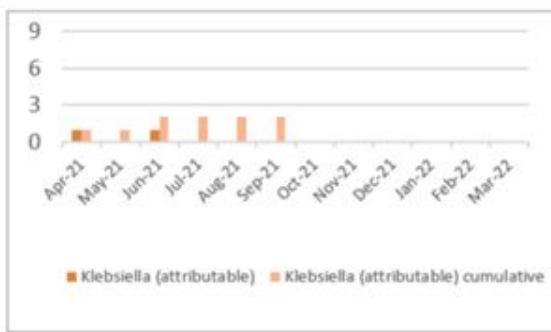
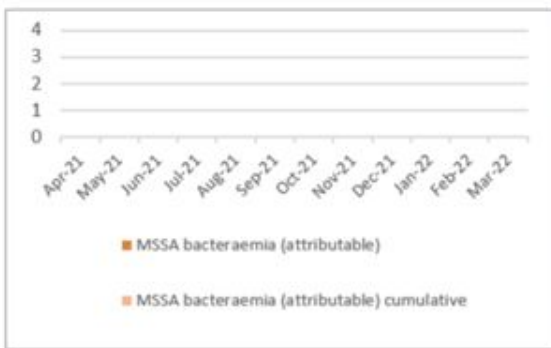
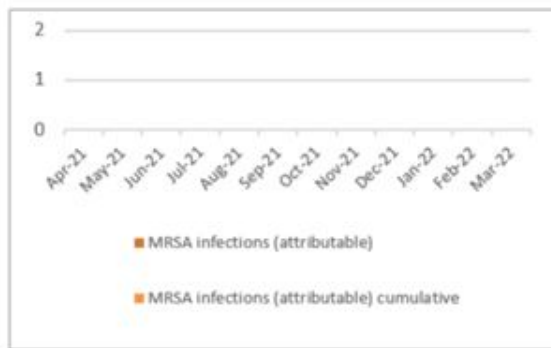


September 2021:
 Thresholds (per year): C diff: 11 | E Coli: 6 | MRSA: 0 | MSSA: 4 | Klebsiella: 6 | Pseudomonas: 10

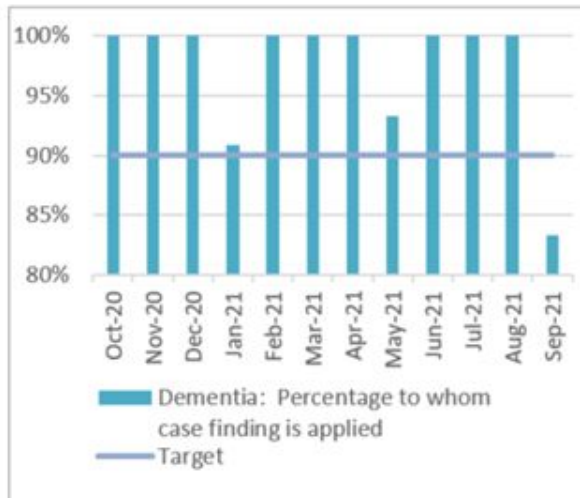
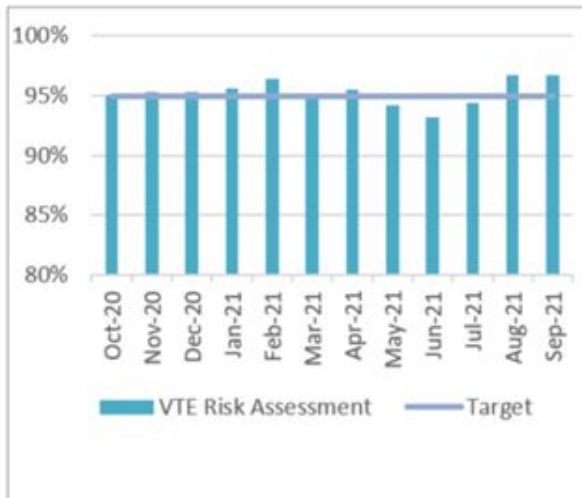
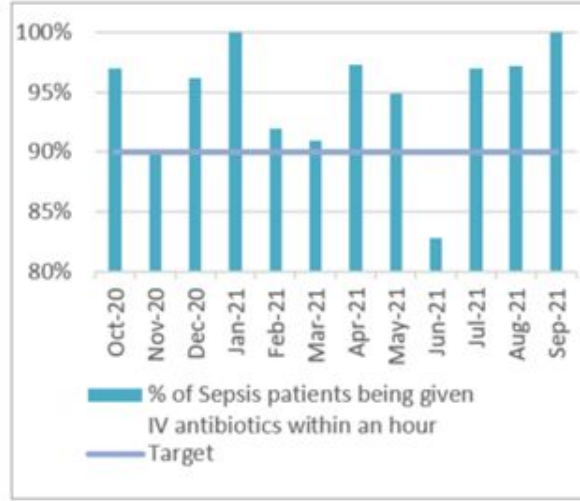
E.coli- case 1
 Patient was admitted for chemotherapy and developed post-chemotherapy sepsis. Blood cultures collected during a MET call identified E. coli. A urine specimen collected at the same time also identified E.coli. This is indicative of a probable catheter related urosepsis. Gaps were identified in the insertion and ongoing care records relating to the catheter, therefore we are unable to demonstrate optimal catheter care in this instance.

E.coli – case 2
 Patient was admitted after becoming generally unwell post radiotherapy. Patient was catheterised for urinary retention. Blood cultures collected during a MET call identified E.coli and Enterococcus avium. A urine specimen collected the following day also identified E.coli. CT abdomen identified acute proctitis. Gaps were identified in the insertion and ongoing care records relating to the catheter. Mixed growth in cultures would be in keeping with a gut source such as proctitis however due to the gaps in documentation relating to catheter care we are unable to exclude urosepsis as source of infection. Antimicrobial prescribing was not within trust formulary, however this case has been reviewed by the anti-microbial pharmacist and determined that anti-microbials were prescribed outside of Trust formulary due to patient allergies and were unlikely to have contributed to the development of infection

CDI
 Patient was admitted with ongoing loose stools. Stool cultures collected on admission were negative. Further stool cultures were requested due to continued diarrhoea which identified CDI. Potential issues have been identified around the decontamination of shared equipment coupled with a shortage of BP monitors on the ward.



Inpatient Assessments



September 2021:

The target for Consultant Review within 14 hours has been achieved.

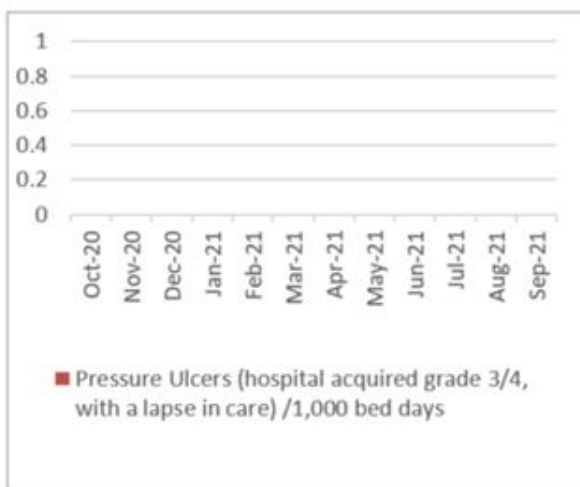
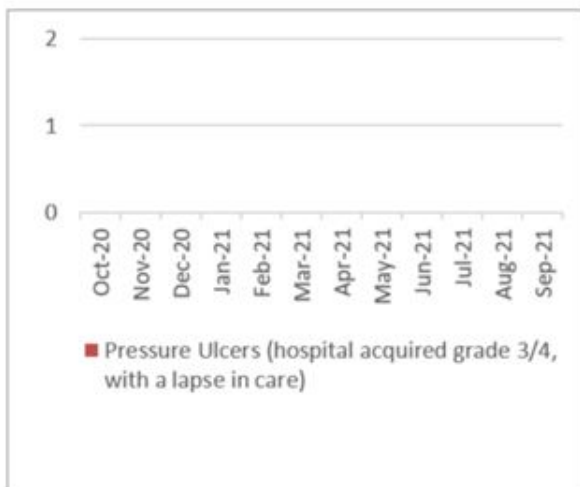
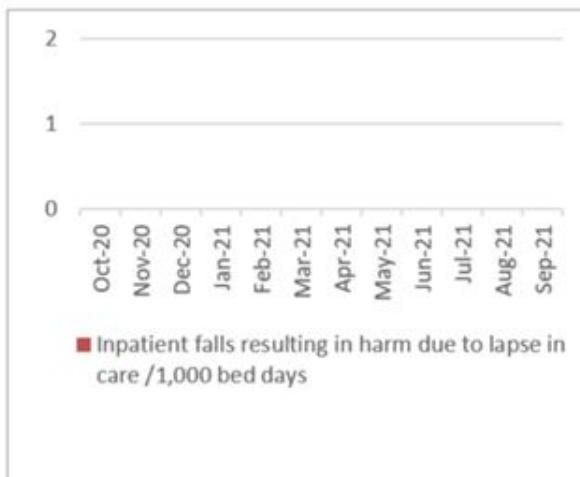
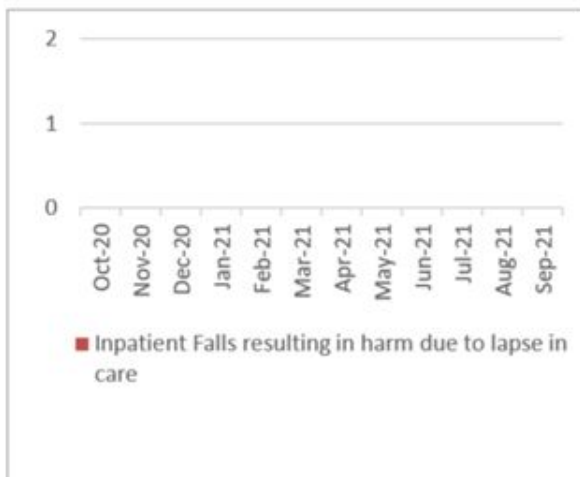
The target for Sepsis patients being given IV antibiotics within an hour has been achieved.

Dementia screening tool assessment compliance is 83.3% - the drop in compliance was related to one screening tool assessment being completed inaccurately. The Dementia/LD and Autism Collaborative group which consists of Champions across the various divisions continue to meet bi-monthly. Attendance still requires improvement across all sites and divisions, but it is acknowledged we are working in challenging circumstances. This has been picked up with Divisional managers who are supportive in ensuring the barriers to attendance are reviewed and addressed going forward.

The Dementia-Friendly signage for the Trust has been installed via external contractors, however this was not installed correctly and is still awaiting to be revised and including pictorial signs and braille.

VTE risk assessment compliance is 96.7% for September 2021. The VTE task and finish group has now met twice and work continues to review pathways and the VTE policy.

Harm Free Care



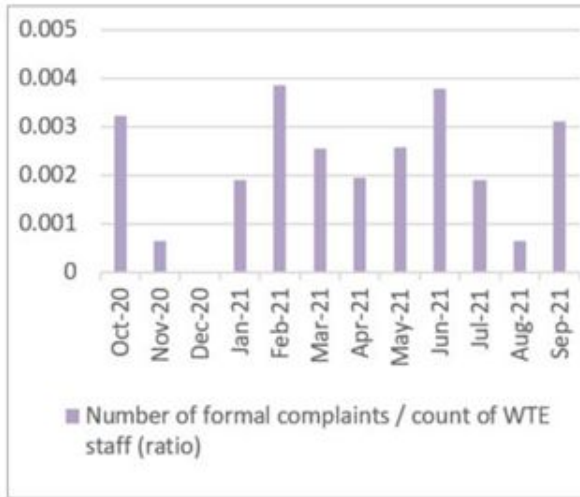
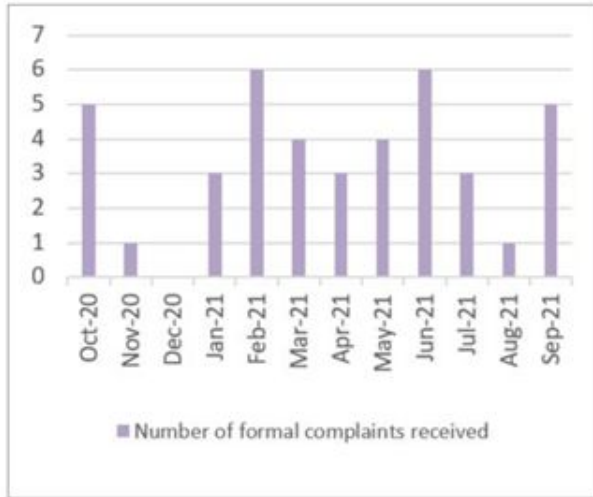
September 2021:

Pressure ulcers – There have been no CCC attributable category 3 or 4 pressure ulcers with a lapse in care identified for September 2021.

The TVN attended a one day North West TVN Group to ensure that CCC is following local and regional guidance in relation to providing safe, effective patient care. The TVN attended ward safety huddles to reinforce the importance of clinicians completing the intentional rounding (IR) body charts and the importance of concise documentation. Further ward based skin assessment and pressure ulcer training continues to be delivered in bite size sessions. September IR audit has been completed on three of the four wards. TVN has been liaising with the TVN from the Christie to discuss implementing standardised wound care in oncology specialist settings.

Falls – There have been no inpatient falls which resulted in harm with a lapse in care identified in September 2021. The 'falls risk assessment' compliance was 99.49% for September 2021.

Complaints

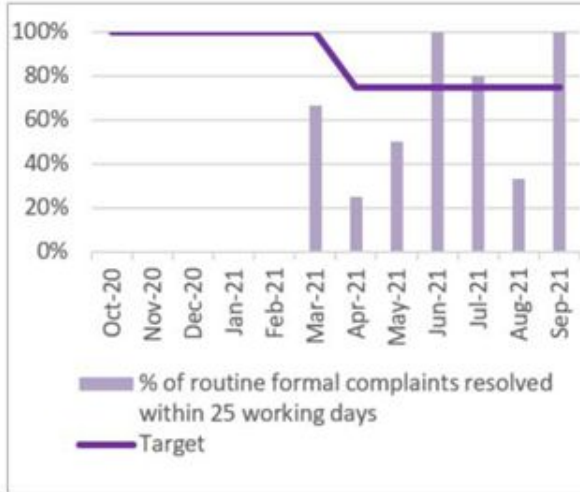


September 2021:

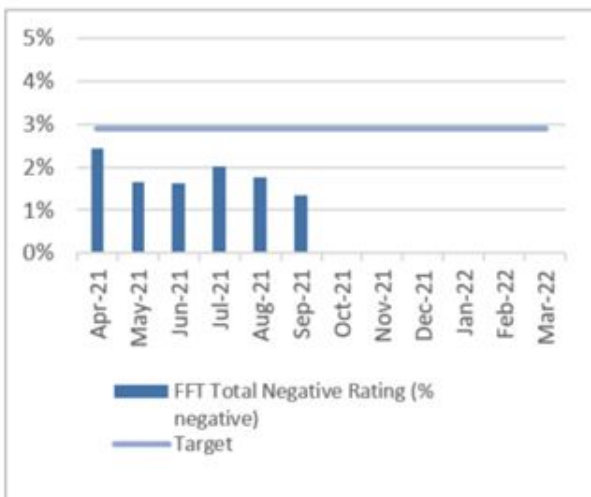
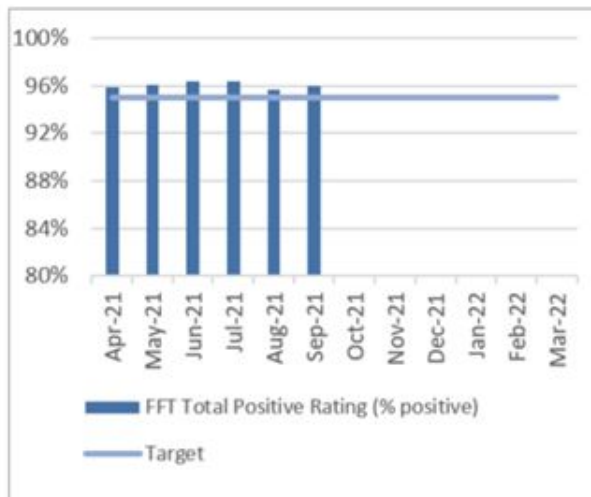
5 complaints were received; all acknowledged within the 3 day target.

3 routine compliants were resolved; all of which were within 25 days.

1 complex complaint was resolved; this was not within the 60 day target. Further details are provided in the exception report in section 2.3



Patient Experience



September 2021:

FFT has demonstrated that 95% of patients who responded in September had a positive patient experience at CCC. Poor outpatient waiting times for blood tests/appointments and communication continues to be a theme associated with the negative feedback and complaints received. A deep dive is taking place to investigate communication complaints and patient experience feedback.

The Patient Experience Improvement framework report and action plan was presented at PEIG in July, before going to Quality Committee.

Adult Inpatient Survey 2020/21 embargoed data received to preview prior to report publication in Q3 2021/22.

Patient Experience rounds with a NED and Governor took place at CCCL in September.

A Family Volunteer Service team of 10 individuals has now been established and training completed in September. This service will be provided on all inpatient wards once visitor restrictions are lifted and this will conclude the delivery of the first Always Events project. These initiatives will assist communication, support reduction of patient loneliness and improve experience across all inpatient areas.

Shortlisted as finalists for two categories in the Patient Experience Network National Awards (PENNA) for Environment of care and partnership working presenting filming/videos.

We have been successfully been accredited as a Veteran Aware Hospital. We also met with the Royal Marsden team and VCHA South lead to share our experiences of being a Veteran Covenant Bronze Employer Award and becoming a Veteran Aware Trust. We are involved in the regional pilot to implement a Veterans and Armed Forces Community Health & Social Care Record (passport), that will support individuals, families and carers.

3.4 Research and Innovation

3.4.1 Achievements

Publications

- The results of the Immunocore 202 study were published in NEJM (New England Journal of Medicine) September 2021. Immunocore is the first trial ever to demonstrate survival benefit in metastatic uveal melanoma. There is also a submission to JCO (Journal of Clinical Oncology) in revision and a manuscript in preparation for nature medicine (both from the 102 study). (PI: Dr Sacco, Melanoma).
- Dr Montazeri co-authored a paper published in the JCO, September 2021 relating to the EPOCH trial. CCC was the largest UK contributor in the UK. The article detailed the purpose of the study which was the impact of Radio-embolisation with Chemotherapy for Colorectal Liver Metastases. (PI: Dr Montazeri, Colorectal).
- LBA28 – STAR: A randomised multi-stage phase II/III trial of standard first-line therapy comparing temporary cessation with allowing continuation, in the treatment of locally advanced and/or metastatic renal Cancer. This has been presented as late breaking abstract at ESMO September 2021. (PI: Dr Griffith, Renal).
- LBA29 Prism: Nivolumab in combination with alternatively scheduled ipilimumab in first-line treatment of patients with advanced renal cell carcinoma: A randomized phase II trial (PRISM). Although this trial is now closed, CCC was the highest recruiting site. This was presented at ESMO September 2021 as late breaking abstract. (PI: Dr Griffith, Renal).
- The Wirral Globe published an article in September 2021 on the 12-month extension of the SIREN study at CCC. Approximately 250 health professionals have volunteered in research into the impacts of coronavirus on healthcare workers. The SIREN study has been running at the trust since August 2020 with staff regularly giving samples to the clinical research team, who feed the findings through to national research. The study aims to investigate how prior infection and vaccination affects the risk of infection with the virus in UK healthcare workers. Results of the study are still being analysed but findings show that Covid vaccination is very effective against the disease and that natural antibodies are as effective as a jab. (PI: Professor Kalakonda, COVID-19).

Clinical Trials

- Highest recruiter nationally for PIVOTALBoost for both August and September 2021. (PI: Dr Syndikus, Urology).
- The Rhovac study has treated its first patient. This is an exciting new vaccine study for patients with rising PSA markers following previous curative treatment. The study had a very short window of recruitment before closing on 24/9/21 but after screening 6 patients 1 patient has been randomised and the 2nd is due to be randomised in October 2021. (PI: Dr Malik, Urology).

- The Atlanta trial opened at the beginning of September 2021 and the 1st patient has been recruited with three more in screening. This study is looking at SOC treatment for metastatic prostate cancer with or without the addition of either Minimally Invasive Ablative Therapy which includes HIFU (high intensity focused ultrasound or cryotherapy) or Radical Prostatectomy or External Beam Therapy. (PI: Dr Ibrahim, Urology).

Conferences

- Sarah Watmough, Research Practitioner, presented at the 3rd NCRI AML ACADEMY conference in September 2021, Birmingham: 'Holistic care for AML patients during COVID times' - discussing challenges and sharing best practice.

Thank you from sponsor

- Positive feedback received from the sponsor /QA vendor about CCC Clinical trials Radiotherapy team from the Checkmate 73L study, acknowledging the hard work this team puts in for this study and others. PI: Dr Haridass:

'It is truly a pleasure with you and those at your site.

We work with many sites and yours is top notch'

- Positive feedback from the COPELIA study sponsor (PI: Dr Lord, Gynae):

111 participants have been recruited into this study across all sites which has been a fantastic achievement. Thank you to all sites that have been involved in recruiting patients for this trial.

Special mention to CCC who have randomised 2 patients in September 2021 – fantastic effort.

- Positive feedback from the CompARE study sponsor (PI: Dr Ibrahim, Head & Neck):

Congratulations to the CCC team for recruiting 2 patients in September 2021. This trial is a phase 3 randomised controlled trial comparing alternative regimens for escalating treatment of intermediate and high-risk oropharyngeal cancer.

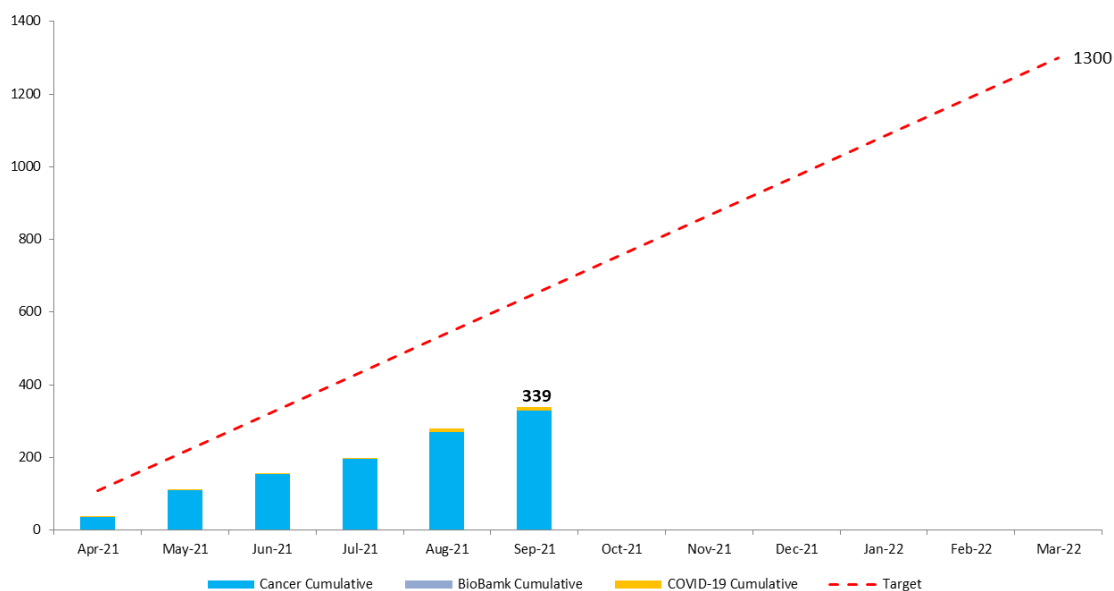
3.4.2 Monthly Recruitment

Recruitment onto Hosted studies

A target of 1300 patients recruited to research studies for 2021/22 has been set in-line with the new Research Strategy. Currently we have recruited 339 patients from April to September 2021 against a target of 650 (52% of target).

	Cancer		CCC BioBank	COVID-19		Other Activity (SE/PICC)
	Interventional	Observational		UPH	Non-UPH	
April	20	15		1	2	
May	14	60		0	0	
June	31	13		0	0	
July	15	27		1	0	
August	38	38		4	0	
September	41	16		1	2	
October						
November						
December						
January						
February						
March						
Total(s)	159	169	N/A	7	4	0
	328			11		
	339					
339						

Table 1. – Recruitment breakdown: Cancer (Interventional, Observational), Biobank, COVID-19 (UPH, Non-UPH) and Other Research Activities (Service Evaluation, PICC) from 01/04/2021 to Data cut-off 31/08/2021.



Graph 1: Recruitment Against Time: Cumulative recruitment against internal target (n=1300). Month on month split between Cancer (total Int&Obs), BioBank, COVID-19 (total UPH&Non-UPH). Cumulative stacked.

The main reason recruitment is low is because only three new studies that use the aseptic pharmacy service have been green lighted to recruitment since 5th March 2021. We continue to work with the Interim Chief Pharmacist to resolve the issue relating to clinical trial pharmacy capacity which is currently the rate limiting step in trial set-up. The Band 7 Trials Pharmacist has now been appointed and we await a start date and interviews are being held for the Band 8b lead Trials Pharmacist.

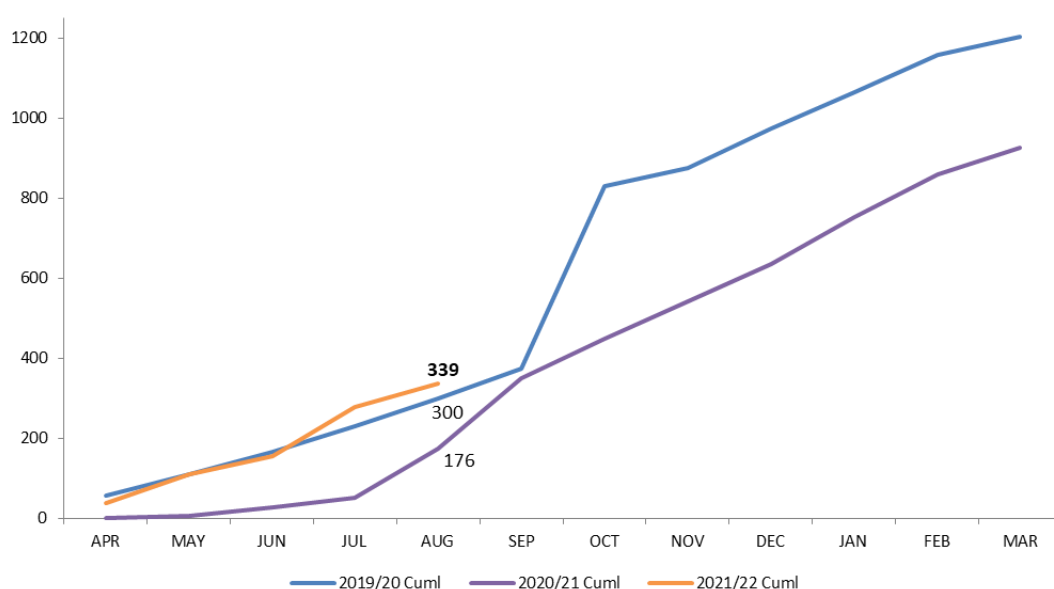
We have diversified the portfolio and are looking to open and recruit to real world, nursing, radiotherapy, psychosocial and observational studies.

A timeline of trials to be progressed through set-up to opening has been collated and agreed between R&I and Pharmacy in a staggered approach. This is to reflect progress made and to protect workloads for both the Pharmacy teams and Clinical Delivery Team.

- Seven new studies have been greenlighted to recruitment in month.

Comparison of Recruitment to previous years

Comparing recruitment data from this year 21/22 to 20/21 (COVID-19 pandemic, target reached n=928) and 19/20 (best recruiting year, target reached n=1205) you can see that this year, 2021/22, we have our highest recruitment to date at this timepoint.



Graph 2: Comparison of recruitment data from 19/20, 20/21 and 21/22 for 12 month period.

Recruitment against Research Capability Funding requirements

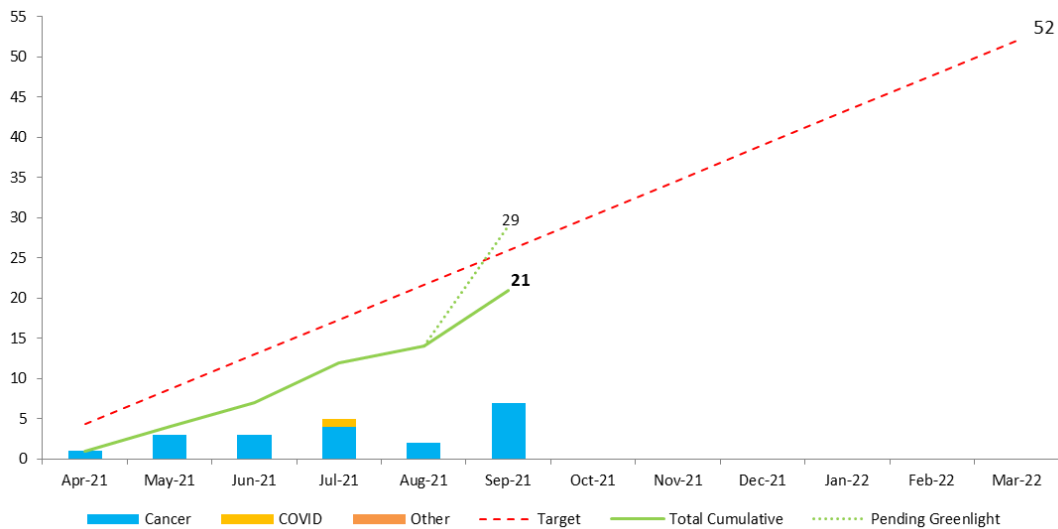
To qualify for Research Capability Funding against recruitment, Trusts need to recruit 500 non-commercial, portfolio badged patients onto research studies between 1st September 2020 and 31st August 2021. As of 8th July 2021 we have recruited 500 patients well in advance of the target which means we will secure £20k additional funding. At the end of the reporting period now have recruited 755 participants (151% above target).

3.4.3 Number of new studies open to recruitment

Twenty-one new studies have been opened to recruitment between April and September 2021 against an internal target of 26 (81% of target). There was a halt to opening new studies that

use the pharmacy aseptic service which started 5th March 2021 and this has affected the number of studies that could open. We have now opened one study that uses the aseptic service since this date.

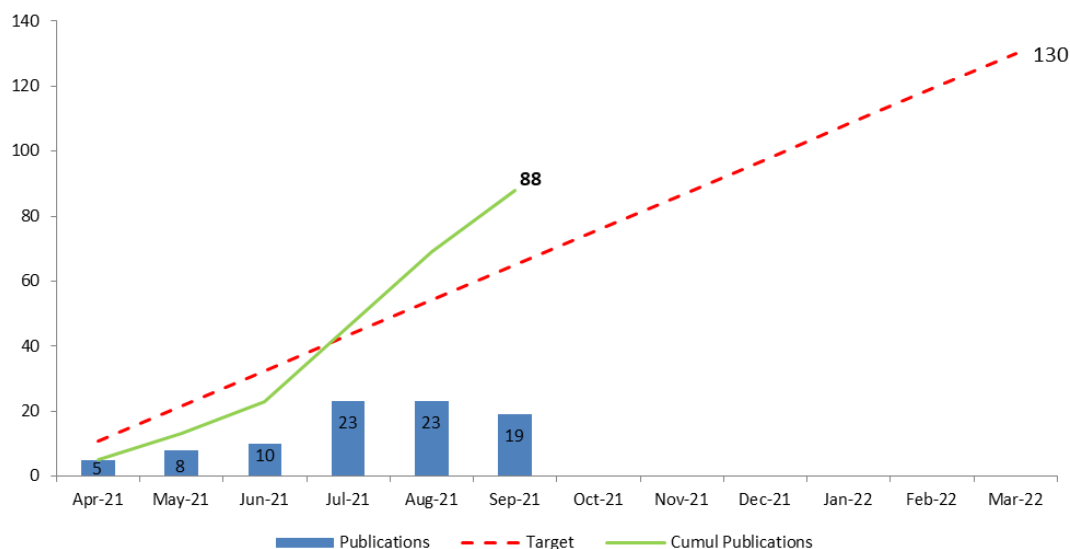
In total, there are currently an additional eight studies where CCC have issued local site approval where we have Sponsor Greenlight outstanding (dotted green line on Graph 2). If these studies had been greenlighted we would be above target for opening new studies at 112%.



Graph 3 – NEW Studies Opened: Number of studies opened month by month against internal target (n=52) with cumulative total. Split between Cancer (Int&Obs), COVID-19 (UPH&Non-UPH) and Other Activity (SE&PICC).

3.4.4 Publications

Eighty-eight papers have been published between April and September 2021 which is above the internal target of sixty-five (135% of target) at month 6. R&I are working with the library services, SRG Research Leads and the academics to ensure the information presented is capturing all relevant information.

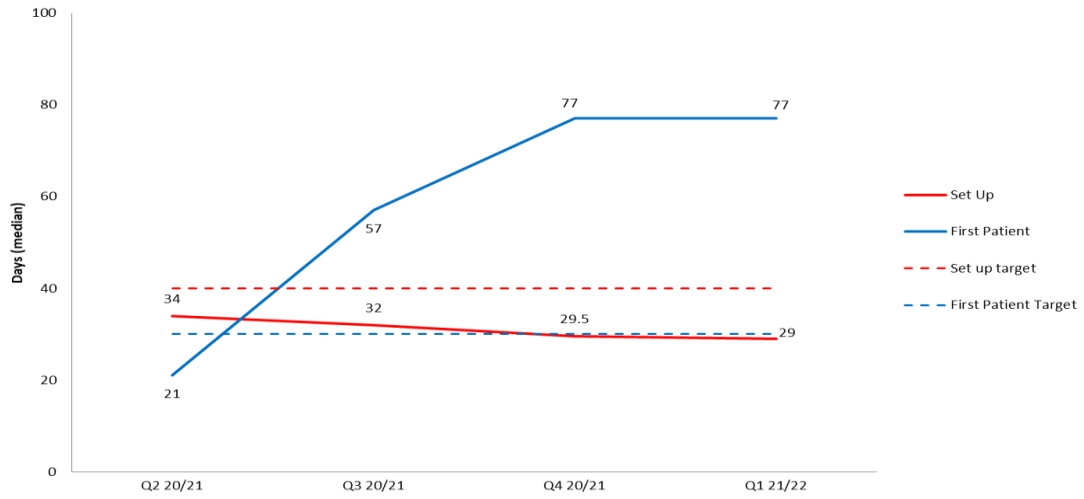


Graph 4 – New publications registered by month.

3.4.5 Study set-up times

Q1 2021/22 validated data have been received which covers the time 12-month time period between 01 July 2020 and 30 June 2021.

- Set up timelines for Q1 20/21 remain below the national target of 40 days at 29 days.
- Recruitment of the first patient onto study following local site approval remains above our internal target at 77 days. This increase was predicted and will be due to reduced recruitment data and drop offs from the previous reporting periods when recruitment went on hold due to the pandemic.
- Recruitment to time and target is not meeting the internal target set 50%, we achieved 33.3%. Again, this was expected due to the pandemic and recruitment holds. It is an increase on the August 2021 data.



Graph 5 – Set-up times and recruitment to first patient for validated Q2 –Q4 20/21 and Q1 2021/22 data.

3.5 Workforce

3.5.1 Workforce Overview

This table presents an overview of staff numbers and movements by month. Total Trust headcount at 30th September is 1604 (1460.85 FTE).

	2020 / 10	2020 / 11	2020 / 12	2021 / 01	2021 / 02	2021 / 03	2021 / 04	2021 / 05	2021 / 06	2021 / 07	2021 / 08	2021 / 09
Leavers Headcount	16	17	22	23	20	23	30	18	23	23	23	28
Leavers FTE	14.51	14.91	20.26	18.88	18.41	20.53	25.25	16.53	21.00	22.80	21.16	25.02
Starters Headcount	25	29	17	38	24	22	19	28	31	28	39	43
Starters FTE	23.50	26.78	15.12	33.35	21.08	21.76	18.52	25.65	28.10	23.52	36.12	41.95
Maternity	53	52	53	52	51	48	46	45	46	49	53	56
Turnover Rate (Headcount)	1.02%	1.09%	1.41%	1.47%	1.28%	1.47%	1.92%	1.15%	1.47%	1.47%	1.47%	1.79%
Turnover Rate (FTE)	1.02%	1.05%	1.42%	1.32%	1.29%	1.44%	1.77%	1.16%	1.47%	1.60%	1.48%	1.75%

Workforce Profile

These tables present an overview of the current workforce profile held in ESR.

Division	FTE
158 Acute Care Division	345.52
158 Corporate Division	18.80
158 Hosted Services Division	52.47
158 Networked Division	456.74
158 Radiation Services Division	332.23
158 Research Division	67.80
158 Support Services Division	187.29
Total	1460.85

Assignment Category	FTE
Fixed Term Temp	74.48
Non-Exec Director/Chair	7.00
Permanent	1379.37
Total	1460.85

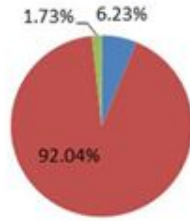
Staff Group	FTE
Add Prof Scientific and Technic	87.27
Additional Clinical Services	195.05
Administrative and Clerical	501.71
Allied Health Professionals	201.01
Healthcare Scientists	39.32
Medical and Dental	80.98
Nursing and Midwifery Registered	354.55
Students	0.96
Total	1460.85

Assignment Status	FTE
Acting Up	18.80
Active Assignment	1329.56
Career Break	6.56
Internal Secondment	43.61
Maternity & Adoption	51.32
Out on External Secondment - Paid	6.00
Out on External Secondment - Unpaid	1.00
Suspend No Pay	4.00
Total	1460.85

3.5.2 Workforce WRES & WDES Profile

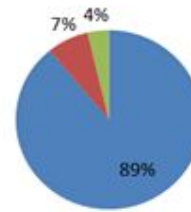
Workforce Profile - WRES

■ BAME ■ White ■ Not Stated

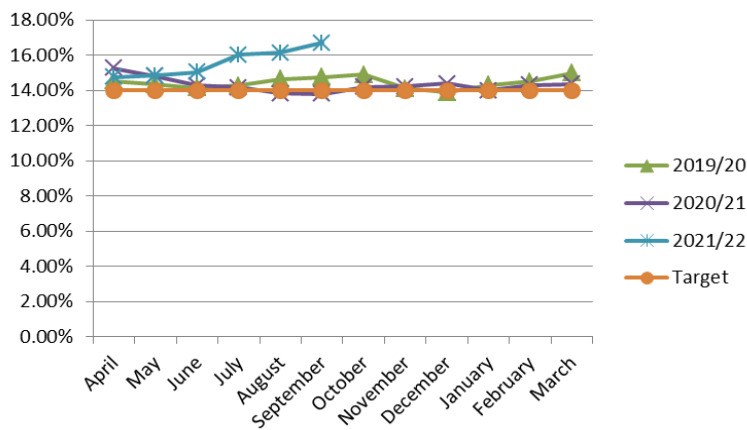


Workforce Profile - WDES

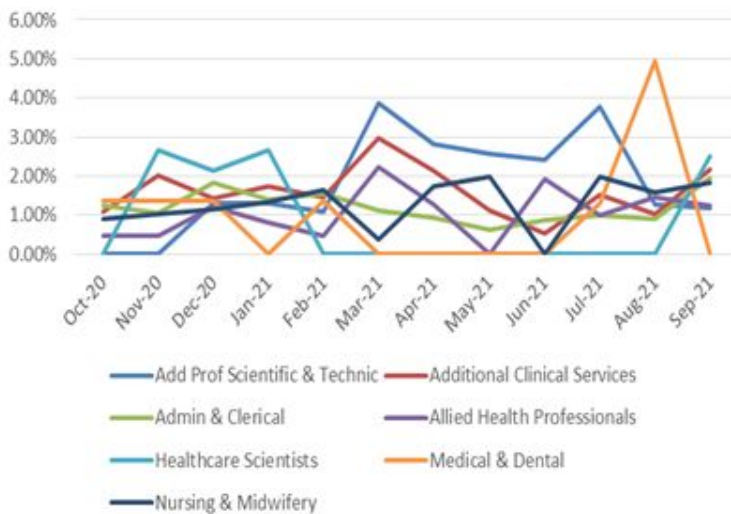
■ No ■ Not Declared ■ Yes



3.5.3 Turnover



This graph details the rolling 12 month turnover figures across the Trust against the Trust target of 14%. The 12 month FTE turnover rate at September 2021 was 16.71%.



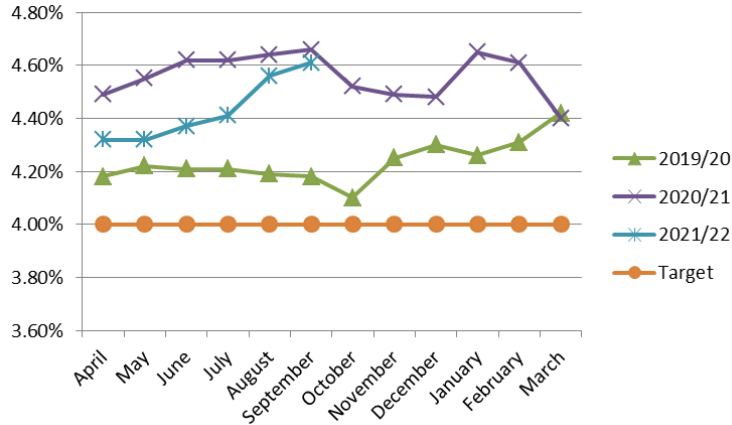
This chart shows the in-month turnover for the previous 12 months by staff group. The monthly target is 1.17% (annual target is 14% which is then divided by 12 months to provide a monthly target).

3.5.4 Recruitment Activity

This table shows the recruitment activity by WTE, Division and Staff Group as at 30th September 2021.

Division	Staff Group				
		Advert	Interview	Offer	Total
Acute Care Division	Additional Clinical Services	8.00	0.00	5.76	13.76
	Additional Prof Scientific and Technic	2.00	4.00	9.80	15.80
	Administration & Clerical	0.00	2.00	0.00	2.00
	Allied Health Professional	0.00	0.00	0.00	0.00
	HealthCare Scientists	0.00	0.00	0.00	0.00
	Medical & Dental	1.00	0.65	2.00	3.65
	Nursing & Midwifery	5.00	0.00	13.00	18.00
Corporate Division	Additional Clinical Services	0.00	0.00	0.00	0.00
	Additional Prof Scientific and Technic	0.00	0.00	0.00	0.00
	Administration & Clerical	0.00	0.00	0.60	0.60
	Allied Health Professional	0.00	0.00	0.00	0.00
	HealthCare Scientists	0.00	0.00	0.00	0.00
	Medical & Dental	0.00	0.00	0.00	0.00
	Nursing & Midwifery	0.80	0.00	0.00	0.80
Hosted Services Division	Additional Clinical Services	0.00	0.00	0.00	0.00
	Additional Prof Scientific and Technic	0.00	0.00	0.00	0.00
	Administration & Clerical	0.00	1.00	7.00	8.00
	Allied Health Professional	0.00	0.00	0.00	0.00
	HealthCare Scientists	0.00	0.00	0.00	0.00
	Medical & Dental	0.00	0.00	0.00	0.00
	Nursing & Midwifery	0.00	0.00	0.00	0.00
Networked Services Division	Additional Clinical Services	1.00	0.00	3.60	4.60
	Additional Prof Scientific and Technic	0.00	0.00	0.00	0.00
	Administration & Clerical	3.80	3.40	19.43	26.63
	Allied Health Professional	11.80	2.00	2.00	15.80
	HealthCare Scientists	0.00	0.00	0.00	0.00
	Medical & Dental	0.00	0.00	0.00	0.00
	Nursing & Midwifery	10.60	4.00	18.36	32.96
Radiation Services Division	Additional Clinical Services	0.00	0.00	0.00	0.00
	Additional Prof Scientific and Technic	2.00	0.00	0.00	2.00
	Administration & Clerical	0.60	0.00	0.00	0.60
	Allied Health Professional	4.00	0.00	12.10	16.10
	HealthCare Scientists	0.00	0.00	3.00	3.00
	Medical & Dental	0.00	1.00	0.00	1.00
	Nursing & Midwifery	0.60	0.00	1.00	1.60
Research Division	Additional Clinical Services	0.00	0.00	2.00	2.00
	Additional Prof Scientific and Technic	0.00	1.00	0.00	1.00
	Administration & Clerical	0.00	1.00	4.00	5.00
	Allied Health Professional	0.00	0.00	0.00	0.00
	HealthCare Scientists	0.00	0.00	0.00	0.00
	Medical & Dental	1.00	0.00	0.00	1.00
	Nursing & Midwifery	3.00	0.00	1.00	4.00
Support Services Division	Additional Clinical Services	0.00	0.00	0.00	0.00
	Additional Prof Scientific and Technic	1.00	0.00	0.00	1.00
	Administration & Clerical	3.60	2.00	5.00	10.60
	Allied Health Professional	0.00	0.00	0.00	0.00
	HealthCare Scientists	0.00	0.00	0.00	0.00
	Medical & Dental	0.00	0.00	0.00	0.00
	Nursing & Midwifery	0.00	0.00	2.00	2.00
TOTAL		59.80	22.05	111.65	193.50

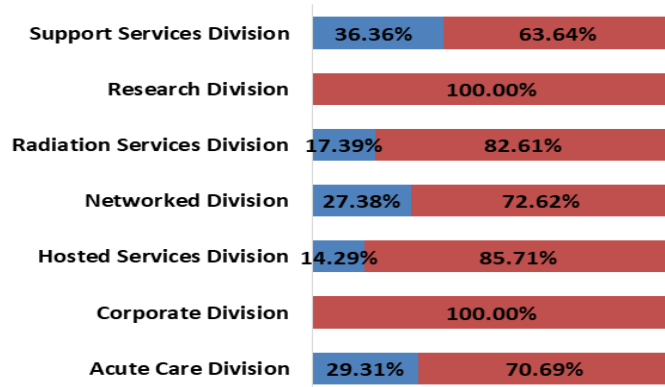
3.5.5 Sickness Absence



In September 2021, sickness absence was 4.73%. This is above the Trust target of 4%. The 12 month rolling sickness absence is 4.61%

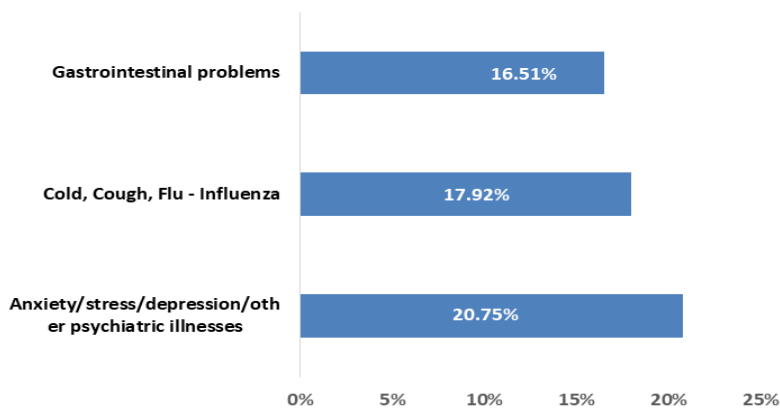
Sickness Absence by Division:

Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend
Acute Care Division	4.71%	4.00%	4.70%	6.95%	6.64%	6.37%							
Corporate Division	5.73%	1.24%	0.00%	0.10%	0.16%	0.82%							
Networked Division	4.32%	6.57%	7.42%	5.24%	5.67%	5.72%							
Radiation Services Division	3.11%	3.84%	4.50%	3.59%	3.83%	4.20%							
Research Division	2.18%	1.57%	2.93%	2.92%	1.55%	0.59%							
Support Services Division	0.37%	0.84%	1.19%	2.34%	3.31%	2.42%							



Long Term V Short Term Absence:

The chart opposite shows the breakdown of long term and short term sickness absence by Division in September 2021.

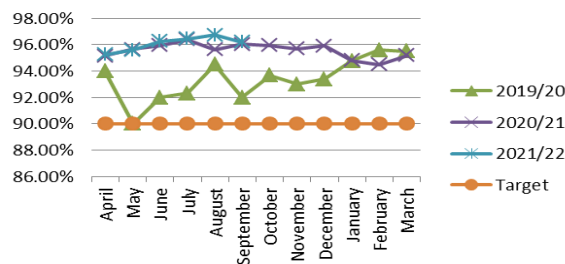


Sickness Absence by Reason:

This chart identifies the top 3 reasons for absence by percentage of the overall in month sickness absence.

3.5.6 Statutory and Mandatory Training

Competence Name	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	97.54%
NHS CSTF Fire Safety - 2 Years	97.76%
NHS CSTF Health, Safety and Welfare - 3 Years	95.66%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	97.54%
NHS CSTF Infection Prevention and Control - Level 2 - 2 Years	94.63%
NHS CSTF Information Governance and Data Security - 1 Year	95.01%
NHS CSTF Moving and Handling - Level 1 - 3 Years	97.98%
NHS CSTF Moving and Handling - Level 2 - 2 Years	94.95%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	96.54%
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	98.48%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	96.46%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	88.44%
NHS CSTF Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	85.22%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	96.32%
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	96.01%
NHS CSTF Safeguarding Children (Version 2) - Level 2 - 3 Years	97.87%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	96.53%
NHS CSTF Safeguarding Children - Level 3 - 3 Years	92.61%
NHS MAND COVID 19 Awareness - Clinical - Once only	98.65%
NHS MAND COVID 19 Essential Guidance - Non-Clinical - Once Only	95.77%
NHS MAND Safeguarding Adults Level 3 - 3 Years	84.05%



Overall Trust compliance is 96.20% which is a small in month decrease of 0.52%.

The national compliance target for Information Governance (IG) is set at 95% whilst the Trust target for all other subjects is 90%.

All subjects except BLS, ILS and Safeguarding Adults Level 3 are performing above the Trust target. Additional training dates and increased capacity through virtual delivery for Safeguarding Adults should enable achievement of the KPI by the end of November 2021.

Capacity remains available for BLS and ILS training, but cancellations and DNAs continue to impact on compliance being achieved.

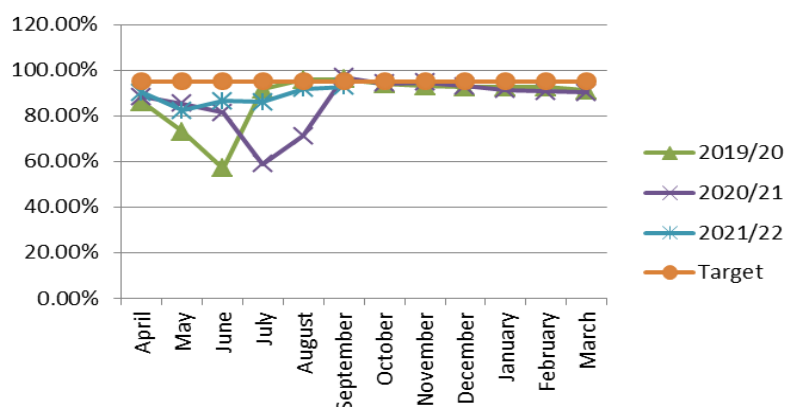
Statutory and Mandatory Training Compliance by Division:

Division	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Trend
Acute Care Division	90%	94.08%	94.51%	94.76%	94.73%	95.49%	95.24%	↗
Corporate Division	90%	94.92%	99.36%	99.05%	99.53%	99.53%	98.82%	↗
Hosted Services Division	90%	91.08%	92.79%	96.77%	96.04%	95.37%	95.53%	↗
Networked Division	90%	95.61%	96.18%	96.73%	96.66%	96.76%	95.97%	↗
Radiation Services Division	90%	96.96%	96.59%	96.63%	97.23%	97.38%	96.89%	↗
Research Division	90%	96.93%	96.15%	97.76%	98.25%	97.71%	96.65%	↗
Support Services Division	90%	92.71%	93.23%	96.38%	97.06%	97.48%	97.35%	↗

All Divisions are currently performing above the 90% target for overall mandatory training compliance.

The L&OD Team continue to provide divisions with weekly trending data and detailed monthly compliance reports to enable them to proactively manage compliance.

3.5.7 PADR Compliance



The overall Trust's in month compliance for PADR's is 92.78% which whilst below the target of 95%, is an increase of 0.88% from August 2021.

PADR Compliance by Division:

Division	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Trend
Acute Care Division	95%	86.45%	78.23%	78.78%	85.06%	86.13%	92.27%	↘
Corporate Division	95%	92.59%	92.59%	92.86%	78.57%	78.57%	66.67%	↘
Hosted Services Division	95%	82.50%	74.42%	91.18%	84.85%	93.75%	85.71%	↘
Networked Division	95%	90.93%	82.66%	89.06%	88.95%	96.61%	93.73%	↘
Radiation Services Division	95%	94.26%	86.00%	86.45%	85.05%	95.05%	94.37%	↘
Research Division	95%	94.34%	83.93%	95.45%	90.70%	88.89%	93.18%	↘
Support Services Division	95%	87.50%	81.29%	87.59%	81.82%	84.29%	92.20%	↘

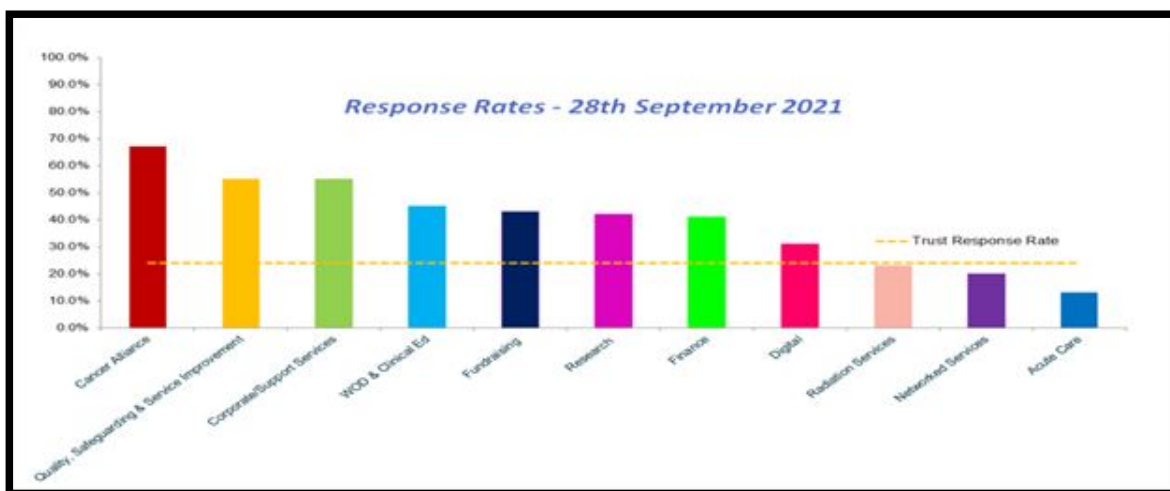
All Divisions are currently underperforming against the 95% target; however significant improvement has been seen in Acute Care, Research, and Support Services.

The L&OD Team continue to provide managers with compliance reports to enable effective management of PADR's.

3.5.8 Staff Engagement

The 2021 Staff survey was launched on 14th September with the national closing date for the survey being 26th November 2021.

The Trust's response rate as of 28th September was 24% (380 staff) with the Divisional response rates shown below. The Trust has set a target response rate of 60%.



3.6 Finance

For September 2021, the key financial headlines are:

Metric (£000)	In Mth 6 Actual	In Mth 6 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus/ (Deficit)	(84)	0	(84)	Green	15	0	15	Green
CPL/Propcare Surplus/ (Deficit)	72	0	72	Green	420	0	420	Green
Control Total Surplus/ (Deficit)	(12)	0	(12)	Green	435	0	435	Green
Group Cash holding	55,827	59,127	(3,300)	Yellow	55,827	59,127	(3,300)	Yellow
Capital Expenditure	(44)	1,295	1,339	Green	124	1,451	1,327	Green
Agency Cap	77	95	18	Green	408	475	67	Green

For 2021/22 the Cheshire and Merseyside ICS are managing the required financial position of each Trust through a whole system approach. The requirement for the Trust for the first six months of the year (H1) is to achieve a break-even position. The Trust has reported a £15k surplus for H1, the group position is showing a year to date surplus of £435k.

To achieve a break-even position for H1 the Trust was reliant on non-recurrent EFR income. The Cheshire & Mersey HCP provided values to include in the month 6 financial position based on activity submitted by all Trusts. As not all Trusts have met the necessary activity threshold there is a significant reduction of income across the C&M system. For the Trust this is showing an overall H1 value of £6.159m against the original plan of £9.441m, a shortfall of £3.282.

The Trust has mitigated the ERF risk to month 6 by recognising that costs associated with the extra activity have yet to materialise. A key factor is that forecast block drugs expenditure has not increased as predicted.

REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 th October 2021	
Agenda item:	P1-178-21	
Title:	Finance Report - Month 6	
Report prepared by:	Jo Bowden, Deputy Director of Finance	
Executive Lead:	James Thomson, Director of Finance	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>
Paper previously considered by:	N/A	
Date & decision:		
Purpose of the paper/key points for discussion:	To present the financial position of the Trust to September (Month 6) 2021-22.	
Action required: (please tick)	Discuss <input type="checkbox"/>	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>	
Next steps required:	N/A	



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input checked="" type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input checked="" type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input checked="" type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input checked="" type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input checked="" type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



REPORT

Finance Report

James Thomson - Director of Finance



REPORT

Contents

1.0 Introduction

2.0 Summary Financial Performance

3.0 Operational Financial Profile – Income and Expenditure

4.0 Cash and Capital

5.0 Balance Sheet Commentary

6.0 Recommendations



REPORT

1. Introduction

- 1.1 This paper provides a summary of the Trust's financial performance for September 2021, the sixth month of the 2021/22 financial year.

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

2. Summary Financial Performance

- 2.1 For September the key financial headlines are:

Metric (£000)	In Mth 6 Actual	In Mth 6 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus/ (Deficit)	(84)	(0)	(84)	Green	15	0	15	Green
CPL/Propcare Surplus/ (Deficit)	72	0	72	Green	420	0	420	Green
Control Total Surplus/ (Deficit)	(12)	(0)	(12)	Green	435	0	435	Green
Group Cash holding	55,827	59,127	(3,300)	Yellow	55,827	59,127	(3,300)	Yellow
Capital Expenditure	(44)	1,295	1,339	Green	124	1,451	1,327	Green
Agency Cap	77	95	18	Green	408	475	67	Green

- 2.2 For 2021/22 the Cheshire & Merseyside ICS are managing the required financial position of each Trust through a whole system approach. The requirement for the Trust for the first six months of the year (H1) is to achieve a break-even position.

3. Operational Financial Profile – Income and Expenditure

3.1 Overall Income and Expenditure Position

The Trust financial position to the end of September is a £15k surplus, the group consolidated position is a £435k surplus, against a break-even plan. The group cash position is a closing balance of £55.8m, which is £3.3m below plan. Capital spend has reduced by £44k in month due to a credit note being received from Propcare relating to CCCL build costs.

As previously reported the agency cap has been re-introduced as a metric in this financial year. At month 6 we are slightly under the cap in month by £18k and £67k under the cap year to date.

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



REPORT

Metric (£000)	Actual M6	Plan M6	Variance	Actual YTD	Plan YTD	Variance YTD	Trust Annual Plan
Clinical Income	16,654	16,748	(95)	101,078	100,368	710	200,845
Other Income	2,466	2,981	(515)	10,703	11,430	(727)	22,989
Total Operating Income	19,120	19,729	(609)	111,781	111,798	(17)	223,833
Total Operating Expenditure	(18,873)	(19,408)	535	(109,775)	(109,869)	94	(219,974)
Operating Surplus	247	321	(75)	2,006	1,929	77	3,859
PPJV	67	67	0	402	402	0	804
Finance Costs	(398)	(389)	(9)	(2,393)	(2,332)	(61)	(4,663)
Trust Surplus/Deficit	(84)	(0)	(84)	15	(0)	15	0
Subsidiaries	72	0	72	420	0	420	0
Consolidated Surplus/Deficit	(12)	(0)	(12)	435	0	435	0

The table below summaries the consolidated financial position:

September 2021 (£000)	In Month Actual	YTD Actual
Trust Surplus / (Deficit)	(164)	(468)
Donated Depreciation	80	483
Trust Retained Surplus / (Deficit)	(84)	15
CPL	(42)	111
Propcare	114	309
Consolidated Financial Position	(12)	435

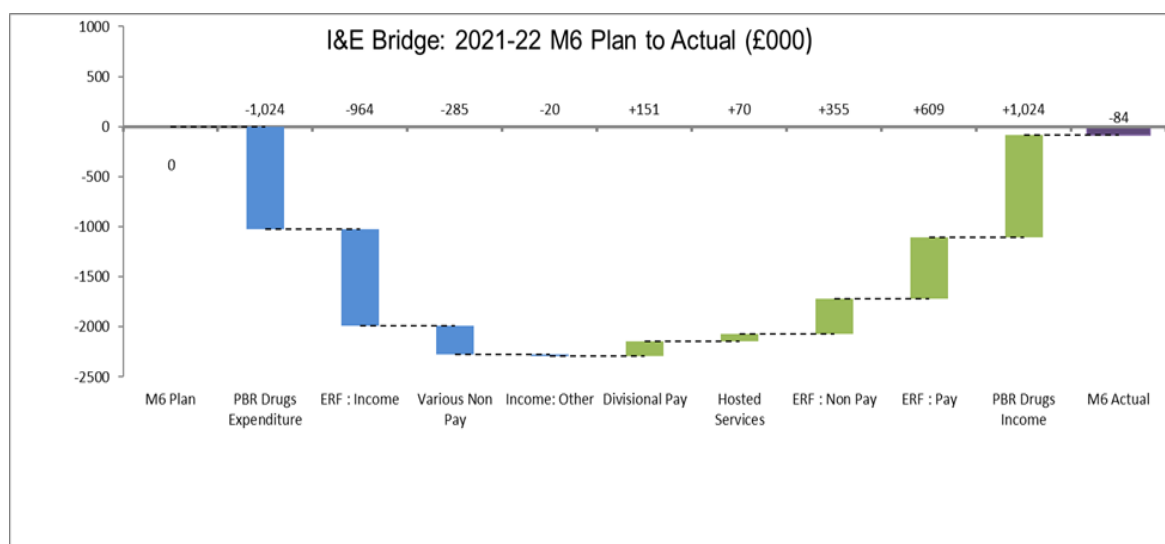
3.3 Expenditure Position

3.3.1 The bridge below shows the key drivers between the £84k in month deficit and break-even plan:

- Elective Recovery Funding (ERF) income not received in month of £964k, the total level of EFR income not received for H1 is £3.3m. This loss of income has been mitigated by non-recurrent ERF expenditure slippage consisting of £609k pay costs and £355k non-pay costs.
- Drugs spend is over plan by £1.024m. This is offset by an increase in drugs income. As part of the 2021-22 funding agreement with commissioners high cost drugs remain on a pass-through basis.
- Divisional Pay budgets are £151k underspent in month. Workforce budgets have been set to reflect fully established staffing levels and the pay award has been applied to all posts. We have not yet received final confirmation from commissioners that their contract offers for H2 will fully fund the cost of the pay award. There are a number of vacancies across the Trust and pay underspends can be seen across all Divisions.
- Non Pay costs are showing an overspend of £285k – this is driven by the allocation of the annual CIP target. The majority of CIP targets are being met non-recurrently mainly through pay savings.



REPORT



3.3.2 The September Divisional performance is shown in the table below.

The pay position shows that divisions are largely operating below plan. Drugs spend is showing an overall overspend of £1.0m, the increase relates to pass-through drugs so is offset by an over recovery of income. In terms of other non-pay costs the Divisions are in the main showing slight overspends. As CIP is being met non-recurrently through the pay underspend, with the target sat in non-pay there is a misalignment.

Please note the significant underspend in both pay and non-pay for the Corporate Division relates to the slippage in EFR expenditure of £964k. As previously explained this underspend is currently mitigating the reduction in expected ERF income.

The Cancer Alliance position is balanced overall by income.

September 2021 (M6) £(000)	Pay			Non-Pay			Total Expenditure
	Budget	Actual	Variance	Budget	Actual	Variance	Variance
Acute Care	1,933	1,875	57	747	784	(36)	21
Corporate	1,104	546	558	2,742	2,435	307	865
Networked	1,767	1,671	95	605	658	(53)	42
Radiation Services	1,815	1,764	51	322	527	(205)	(154)
Research	468	(13)	481	46	170	(124)	357
Drugs	0	0	0	6,745	7,769	(1,024)	(1,024)
Sub-Total Operating	7,086	5,843	1,243	11,207	12,344	(1,136)	107
Hosted - Cancer Alliance	424	277	147	624	408	216	363
Finance Costs	0	0	0	322	331	(9)	(9)
TOTAL	7,510	6,120	1,391	12,153	13,083	(930)	461



REPORT

SEP 2021 (M6) WTE	Budget	Pay Actual	Variance	M5 Actual
Acute Care	395	379	(15)	371
Corporate	236	211	(25)	210
Networked	486	445	(41)	450
Radiation Services	326	312	(14)	312
Research	102	72	(29)	72
Hosted - Cancer Alliance	53	50	(3)	37
TOTAL	1,596	1,469	(128)	1,452
Of which substantive	1,596	1,433	(163)	1,423
Of which temporary	0	36	36	29
TOTAL	1,596	1,469	(128)	1,452

3.4 Elective Recovery Fund – H1 2021-22

The table below shows the ERF plan submitted to the Cheshire & Merseyside ICS and NHSI:

Metric £(000)	Total	April	May	June	July	August	Sept
Original ERF Income Plan	9,441	1,935	1,754	1,573	1,393	1,393	1,393
Updated ERF Income Plan M3	8,356	1,935	1,754	1,573	1,031	1,031	1,031
Month 6 indicative ERF Values	6,159	2,075	2,129	1,955	0	0	0
Shortfall against original plan	(3,282)	140	375	381	(1,393)	(1,393)	(1,393)
ERF Pay plan to deliver additional activity	970	115	171	171	171	171	171
ERF Non Pay plan to deliver additional activity	2,127	355	355	355	355	355	355
Total Expenditure plan	3,097	470	526	526	526	526	526

The H1 Trust plan included income from the ERF of £9.4m to achieve a break-even position. In the period April to September the Trust has delivered a level of activity above plan.

For month 6 Cheshire & Mersey HCP provided indicative values to include in the month 6 financial position. April to June shows an increase in activity and income against plan, this is based on freeze data and the figure is final, this is £600k higher than reported in month 5 this increase is due to the final 'freeze' figures being higher than the previous 'flex' figures. July to September is based on indicative 'flex' values. As not all Trusts within Cheshire & Merseyside have met the necessary activity threshold it has been assumed no income will be received. The Trust is therefore reporting an overall H1 value of £6.159m against the original plan of £9.441m, a shortfall of £3.282m.

The Trust has been able to mitigate the ERF risk non-recurrently to month 6 by recognising that costs associated with the extra activity have not materialised. A key factor is that forecast block drugs expenditure has not increased as predicted.

3.5 Bank and Agency Reporting

Bank spend in September is £104k, which is a slight increase compared to previous months. The largest user of bank staff the Acute Division whose spend in month 6 is £71k. The main reasons for bank spend is to cover vacancies and sickness in ward areas.





REPORT

Agency spend in month is £82k, a slight reduction since last month but still higher than average. We are reporting 18k below the agency cap in month 6 and £67k cumulatively.

See Appendix F for further detail.

3.6 Cost Improvement Programme (CIP)

In April, the Trust reported a CIP requirement of £1.9m for the full year. However, since this the Trust have been required to submit an updated plan to the C&M ICS and NHSI, this revised plan required a higher level of CIP required of £1.423m for the first six months of the year (H1). The CIP requirement is broken down as follows:

- £1,224k allocated by C&M ICS
- £199k internal target to cover critical investments

The revised full year plan assumes the £1.4m will continue into the second half of the year and has been set at an annual target of £2.8m. As part of the on-going discussions around the planning process for the second half of the year it has been indicated by NHSI that a higher level of CIP may be required, the requirement for H2 has not yet been confirmed.

CIP targets allocated to the Divisions remains at 2.0% which equates to £1.9m (excluding drugs and hosted services).

As at month 6 of the required £1.9m, a total of £807k of schemes have been identified by the Divisions, of which £608k are recurrent. The central CIP is being met non-recurrently through slippage. Please refer to Appendix E for further breakdown.

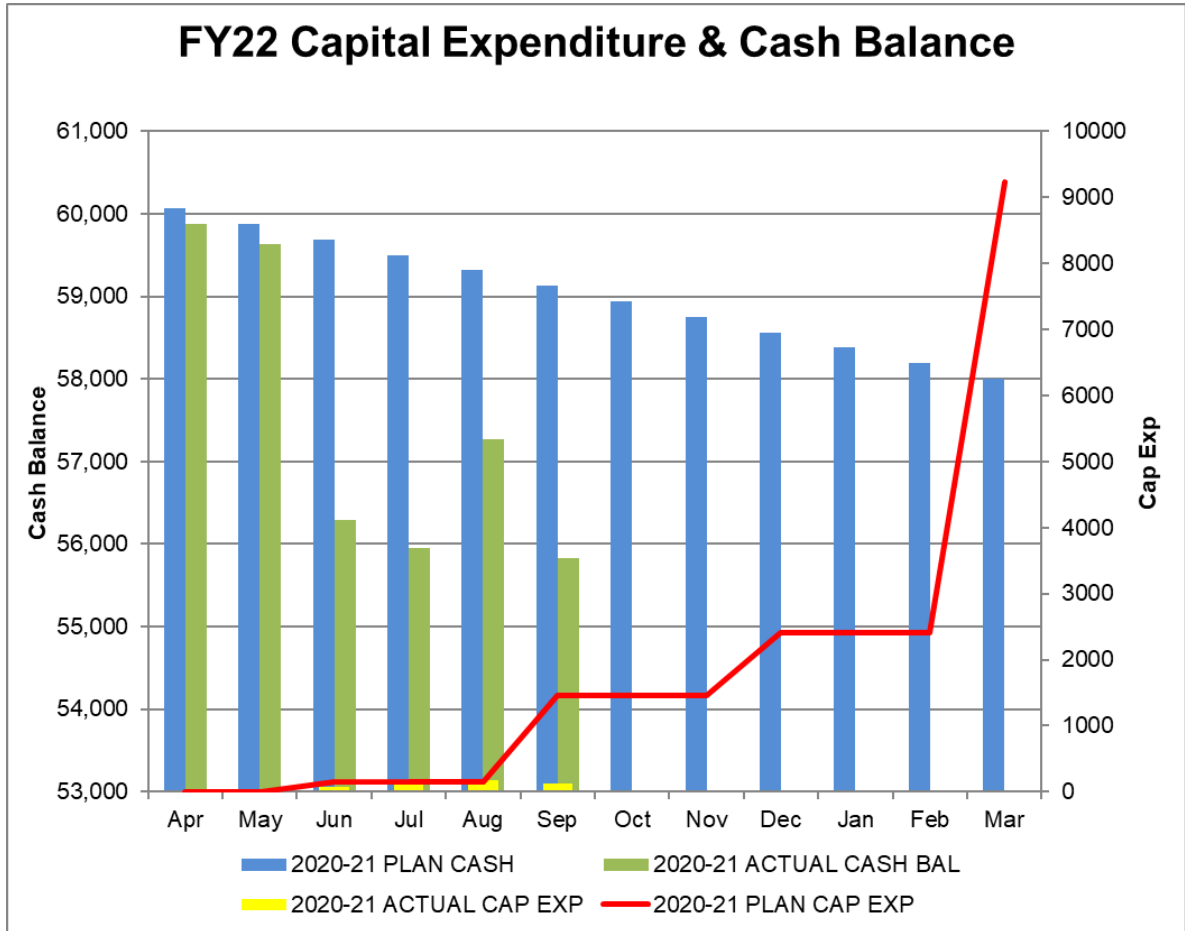
4. Cash and Capital

- 4.1 The original 2021/22 capital plan approved by the Board in March was £7.187m. Subsequently, due to additional national capital funding sources being made available the Trust has received confirmation of a successful bid of £1.9m towards a Linear Accelerator and £300k TIF funding for a remote patient monitoring system. The revised annual plan is £9.233m.
- 4.2 Capital expenditure of £124k has been incurred to the end of September, this is below the original planned spend profile for the year to date. The majority of the Trust expenditure is expected to occur towards the end of the year, this is being monitored through the Capital Committee to ensure any slippage risk is identified and mitigated.
- 4.3 The capital programme is supported by the organisation's cash position. The Group has a current cash position of £55.8m, which is a negative variance of £3.3m to the cash-flow plan of £59.1m. Cash is below plan due to the Trust not receiving full income in relation to ERF, to date the Trust have received an interim payment of £3.7m against confirmed income of £6.2m, it was assumed for cash planning that this would be received on a more timely basis.



REPORT

4.4 The Balance Sheet (Statement of Financial Position) is included in Appendix B and Cash flow in Appendix C.



This chart shows monthly planned and actual Cash Balances and Planned Capital Expenditure for 2021/22. It shows that for September the Trust has less cash than planned, however, still a very healthy cash position.

5. Balance Sheet Commentary

5.1 Current Assets

Receivables are above plan by £4.1m, this relates in part to the estimated ERF funding which is being accrued into the position.

5.2 Current Liabilities



REPORT

Payables (non-capital creditors) are showing a reduction of £1.6m against plan.

6. Recommendations

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

- The September (H1) financial position
- The reduction in EFR income and related mitigations
- The continuing strong liquidity position of the Trust



REPORT

Appendix A – Statement of Comprehensive Income (SOI)

(£000)	Month 6			Cumulative YTD			%	2021/22 Annual Plan
	Plan	Actual	Variance	Plan	Actual	Variance		
Clinical Income	16,694	16,585	(109)	100,052	100,672	619		200,223
Other Income	1,470	1,619	149	4,053	5,084	1,031		8,132
Hosted Services	1,565	916	(649)	7,693	6,025	(1,668)		15,479
Total Operating Income	19,729	19,120	(609)	111,798	111,781	(17)	0%	223,833
Pay: Trust (excluding Hosted)	(6,610)	(5,849)	760	(35,223)	(33,438)	1,785		(70,558)
Pay: Hosted	(892)	(264)	628	(3,724)	(2,866)	858		(7,842)
Drugs expenditure	(6,745)	(7,769)	(1,024)	(40,473)	(43,600)	(3,127)		(80,946)
Other non-pay: Trust (excluding Hosted)	(4,490)	(4,412)	78	(26,497)	(26,805)	(308)		(52,742)
Non-pay: Hosted	(670)	(579)	91	(3,952)	(3,066)	886		(7,887)
Total Operating Expenditure	(19,407)	(18,873)	534	(109,868)	(109,775)	94	0%	(219,974)
Operating Surplus	322	247	(75)	1,930	2,006	76	0%	3,859
Profit/(Loss) from Joint Venture	67	67	0	402	402	0		804
Interest receivable (+)	401	394	(7)	2,404	2,362	(42)		4,809
Interest payable (-)	(439)	(441)	(2)	(2,636)	(2,655)	(19)		(5,272)
PDC Dividends payable (-)	(350)	(350)	0	(2,100)	(2,100)	0		(4,200)
Trust Retained surplus/(deficit)	0	(84)	(84)	0	15	15	0%	(0)
CPL/Propcare	0	72	72	0	420	420		0
Consolidated Surplus/(deficit)	0	(12)	(12)	0	435	435		0



REPORT

Appendix B – Balance Sheet

£'000	Unaudited 2021	Plan 2022	Year to date Month 6		
			YTD Plan	Actual YTD	Variance
Non-current assets					
Intangible assets	2,488	2,100	2,424	2,291	(133)
Property, plant & equipment	177,180	174,267	175,680	172,828	(2,852)
Investments in associates	181	181	181	95	(86)
Other financial assets	1,364	0	0	0	0
Trade & other receivables	161	100	281	486	204
Other assets	0	0		0	0
Total non-current assets	181,374	176,648	178,566	175,700	(2,866)
Current assets					
Inventories	4,201	4,200	4,201	4,825	624
Trade & other receivables					
NHS receivables	4,621	4,500	4,621	6,184	1,563
Non-NHS receivables	4,484	4,500	7,779	10,327	2,548
Cash and cash equivalents	63,533	58,000	59,875	55,827	(4,048)
Total current assets	76,839	71,200	76,476	77,164	688
Current liabilities					
Trade & other payables					
Non-capital creditors	28,222	30,000	28,222	26,608	(1,613)
Capital creditors	3,544	2,000	2,000	1,759	(241)
Borrowings					
Loans	1,916	1,730	1,730	1,730	0
Obligations under finance leases	0	0	0	0	0
Provisions	2,160	1,535	2,160	2,259	99
Other liabilities:-					
Deferred income	5,974	4,000	5,974	6,503	529
Other	0	0	0	0	0
Total current liabilities	41,816	39,265	40,086	38,860	(1,225)
Total assets less current liabilities	216,398	208,583	214,957	214,003	(953)
Non-current liabilities					
Trade & other payables					
Capital creditors	970	0	970	970	0
Borrowings					
Loans	33,820	32,090	33,080	32,955	(125)
Obligations under finance leases	0	0	0	0	0
Other liabilities:-					
Deferred income	0	0	0	0	0
Provisions	1,270	110	1,270	1,270	0
Total non current liabilities	36,060	32,200	35,320	35,195	(125)
Total net assets employed	180,338	176,383	179,637	178,809	(828)
Financed by (taxpayers' equity)					
Public Dividend Capital	67,374	68,116	67,374	67,374	(0)
Revaluation reserve	2,700	2,600	2,700	2,699	(1)
Income and expenditure reserve	110,264	105,667	109,563	108,736	(827)
Total taxpayers equity	180,338	176,383	179,637	178,809	(828)



REPORT

Appendix C – Cash Flow

September 2021 (M6) £'000	FT	Group	Group (exc Charity)
Cash flows from operating activities:			
Operating surplus	1,523	2,221	2,095
Depreciation	4,474	4,474	4,474
Amortisation	195	195	195
Impairments			
Movement in Trade Receivables	(4,990)	(1,993)	(5,147)
Movement in Other Assets	1,658		0
Movement in Inventories	(399)	(624)	(624)
Movement in Trade Payables	(1,978)	(5,065)	(1,750)
Movement in Other Liabilities	553	438	438
Movement in Provisions	49	190	190
CT paid	0	(26)	(26)
Net cash used in operating activities	1,085	(190)	(154)
Cash flows from investing activities			
Purchase of PPE	(136)	(143)	(143)
Purchase of Intangibles	0	0	0
Proceeds from sale of PPE	0	0	0
Interest received	2,362	19	0
Investment in associates	488	488	488
Net cash used in investing activities	2,714	364	346
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	(2,217)	(2,217)	(2,217)
Capital element of finance lease	0	0	0
Interest paid	(2,655)	(295)	(295)
Interest element of finance lease	0	0	0
PDC dividend paid	(2,100)	(2,100)	(2,100)
Finance lease - capital element repaid	0	0	0
Net cash used in financing activities	(6,972)	(4,612)	(4,612)
Net change in cash	(3,173)	(4,439)	(4,421)
Cash b/f	53,765	63,533	60,248
Cash c/f	50,592	59,094	55,827



REPORT

Appendix D – Capital

Code Scheme	Lead	BUDGET (£'000)			ACTUALS (£'000)		FORECAST (£'000)		Ordered?	Complete?	Comments
		NHSI plan 21-22	Approved Adjustments	Budget 21-22	Actuals @ Month 6	Variance to Budget	Forecast 21-22	Variance to Budget			
4194 (20/21) Cyclotron refurb		0	0	0	8	(8)	8	(8)	✓	✓	
4195 (20/21) CCCA Linacc Oak refurb		0	0	0	(3)	3	(3)	3	✓	✓	
4199 (20/21) CCCW Crest refurb		0	0	0	(1)	1	(1)	1	✓	✓	
4201 (20/21) Spine		0	0	0	(3)	3	(3)	3	✓	✓	
4303 CCCA Linacc Bunker - Maple	Julie Massey	420	0	420	0	420	100	320	X	X	
4305 CCCW Linacc Bunker - Beech	Julie Massey	0	420	420	0	420	300	120	X	X	
4300 CCCW CT Simulator (Brilliance 2)	Louise Bunby	300	(191)	109	0	109	109	0	✓	X	Expected completion January
4302 CCCL Air Handling Unit Upgrade	Mel Warwick	0	28	28	31	(3)	31	(3)	✓	✓	
4306 CCCL Ward 2 Sluice	Jeanette Russell	0	33	33	2	31	33	0	X	X	
Contingency	n/a	200	(32)	168	0	168	651	(483)	-	-	
Estates		920	259	1,179	34	1,145	1,226	(47)			
4180 (19/20) CCCL HDR & Papillon tfr costs		0	0	0	(12)	12	(12)	12	✓	✓	
4001 (20/21) CCCL Pet CT		0	0	0	7	(7)	7	(7)	✓	✓	
4006 (20/21) CCCL Linear Accelerator		0	0	0	4	(4)	4	(4)	✓	✓	
4010 (20/21) CCCL Diagnostic CT		0	0	0	1	(1)	1	(1)	✓	✓	
4303 CCCA Linear Accelerator - Maple	Julie Massey	2,460	(155)	2,305	0	2,305	2,305	0	✓	X	Ordered 17th September
4305 CCCW Linear Accelerator - Beech (PDC)	Julie Massey	0	2,305	2,305	0	2,305	2,305	0	✓	X	Ordered 29th September
CCCL Mobile Image Intensifier	Sam Wilde	138	0	138	0	138	138	0	X	X	Business case drafted
MEME - Acute - Patient Monitor	Julie Massey	9	0	9	0	9	11	(2)	X	X	Business case expected at MEME 15/10
MEME - Acute - 2x Ultrasound	Julie Massey	25	0	25	0	25	30	(5)	X	X	Business case expected at MEME 15/10
MEME - Networked - 3x Scalp Cooler (I)	Julie Massey	28	0	28	0	28	34	(6)	X	X	Business case expected at MEME 15/10
MEME - Networked - 6x Scalp Cooler (II)	Julie Massey	69	0	69	0	69	83	(14)	X	X	Business case expected at MEME 15/10
MEME - Rad - Infinity Monitor M540	Julie Massey	9	0	9	0	9	0	9	X	X	MEME 14/7 - postpone to 23/24
MEME - Rad - 3x Patient Monitor C500	Julie Massey	33	0	33	0	33	0	33	X	X	MEME 14/7 - postpone to 23/24
MEME - Rad - 6x Patient Monitor M540	Julie Massey	54	0	54	0	54	0	54	X	X	MEME 14/7 - postpone to 23/24
4192 Cyclotron	Carl Rowbottom	742	0	742	38	704	742	0	✓	X	PDC Funded
4300 CCCW CT Simulator (Brilliance 2)	Louise Bunby	500	166	666	0	666	666	0	✓	X	Expected delivery Dec / Jan
4301 Stand Aids		0	0	0	14	(14)	14	(14)	✓	✓	
4304 CCCL Cardiac Monitors W4&5	Julie Massey	0	26	26	0	26	26	0	X	X	BC approved at Finance Committee 10/09
Contingency	n/a	200	(121)	79	0	79	135	(55)	-	-	
Medical Equipment		4,267	2,221	6,488	52	6,436	6,488	0			
4190 (20/21) Digital Aspirant Infrastructure	James Crowther	0	0	0	1	(1)	1	(1)	✓	✓	
Other minor programmes	James Crowther	1,350	(400)	950	2	948	949	1	X	X	£400k pushed back to 22/23
CM Elective Fund - Remote Monitoring	James Crowther	250	0	250	82	168	250	0	X	X	
		0	300	300	0	300	300	0	X	X	New PDC funded scheme
IM&T		1,600	(100)	1,500	84	1,416	1,500	0			
4142 Liverpool	Peter Crangle	0	0	0	(63)	63	(63)	63	✓	✓	
4142 Liverpool - Artwork	Sam Wade	0	66	66	0	66	66	0	X	X	Balance of original £250k allocation
4142 Wirral	Peter Crangle	400	(400)	0	0	0	0	0	X	X	Not expected to happen in 2021-22
4142 CCCL Link Bridge installation	Peter Crangle	0	0	0	16	(16)	16	(16)	X	X	
Building for the Future		400	(334)	66	(47)	113	19	47			
TOTAL		7,187	2,046	9,233	124	9,109	9,233	0			





REPORT

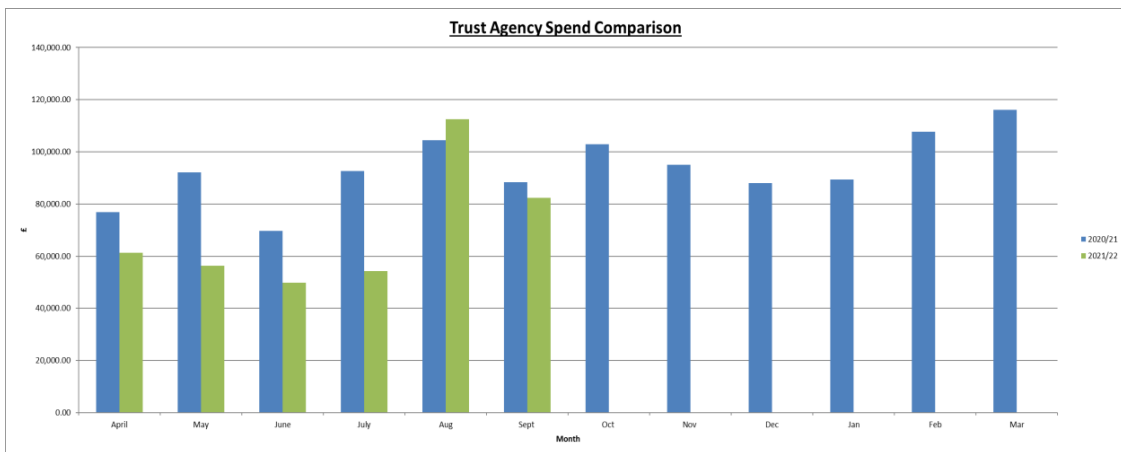
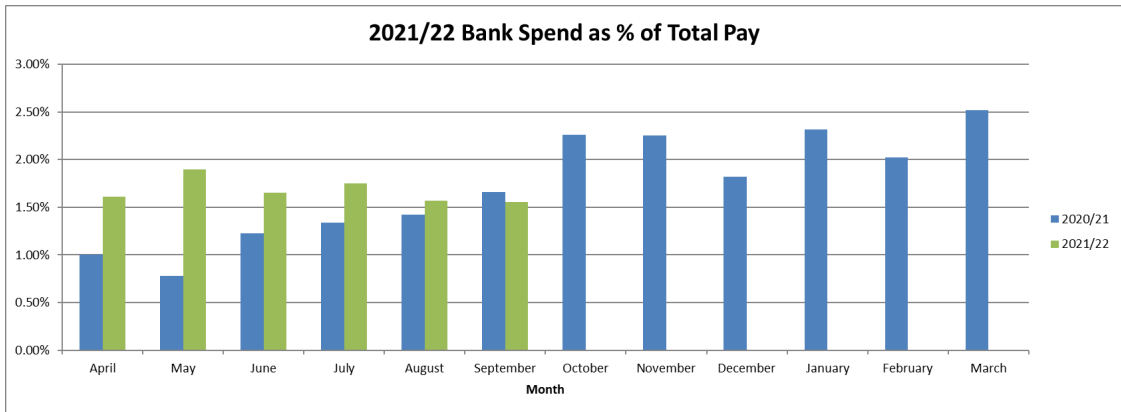
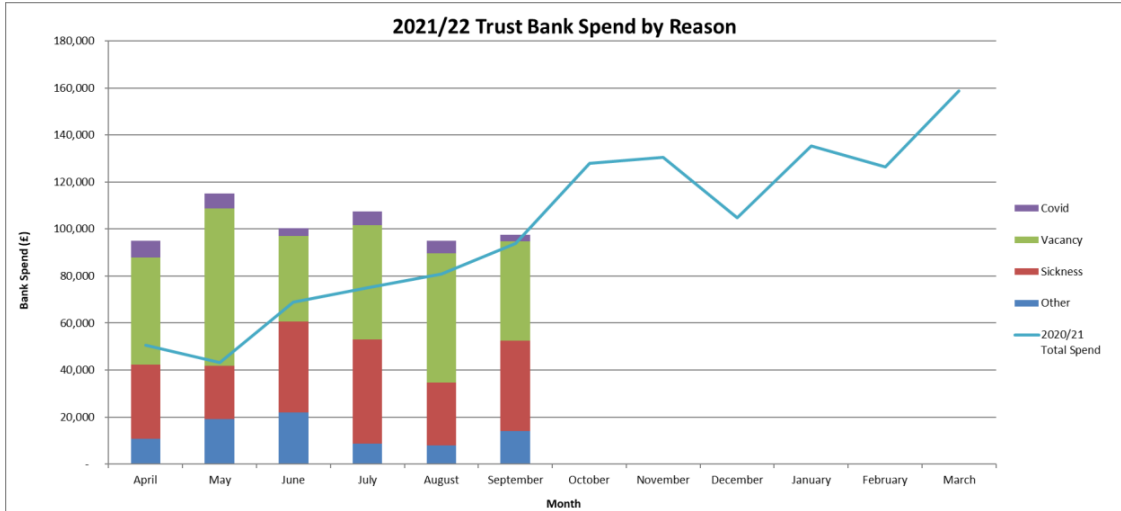
Appendix E – CIP

CIP (£000)	Target	In Year 21.22	Full Year (Recurrent)
Acute Care	560	251	251
Corporate	319	137	98
Networked Services	548	67	78
Radiation Services	453	352	181
Grand Total	1,880	807	608



REPORT

Appendix F – Bank and Agency



REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 October 2021	
Agenda item:	P1-179-21	
Title:	Research & Innovation Annual Report 2020/21	
Report prepared by:	Gillian Heap	
Executive Lead:	Sheena Khanduri – Medical Director	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>
Paper previously considered by:	Integrated Governance Committee R&I Senior Management Team	
Date & decision:	5 th October – approved to go to Quality Committee September 2021 – approved to go to Integrated Governance Committee	
Purpose of the paper/key points for discussion:	To share the progress made in Research and Innovation during 2020/21.	
Action required: (please tick)	Discuss <input checked="" type="checkbox"/>	Approve <input checked="" type="checkbox"/>
	For information/noting <input type="checkbox"/>	
Next steps required:	Trust Board to Approve the report.	



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input checked="" type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input checked="" type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.





Research & Innovation Directorate Annual Report 2020-2021

Prepared by:

Dr Gillian Heap, Director of Research & Innovation Operations

Professor Nagesh Kalakonda, Clinical Director of Research & Innovation

Dr Sheena Khanduri, Medical Director

R&I Team - Fiona Keys, Sally Jones, Dr Maria Maguire, Michelle Moffitt, Paul Ogden,
Jane Tinsley, Emma Whitby





Contents

1.	Introduction.....	4
2.	Highlights of 2020-2021.....	5
3.	Top highlights by month	7
4.	Mobilisation to CCC-L.....	12
5.	Response to COVID-19.....	14
6.	New ways of working... ..	16
7.	Research Performance.....	16
7.1.	Patient Recruitment.....	16
7.2.	Recovery.....	17
7.3.	System changes.....	18
8.	CCC-led trials and studies.....	19
9.	Biobank	20
10.	Patient and Public Involvement in Research	21
11.	External Partners.....	22
11.1.	Liverpool Health Partners.....	22
11.2.	Liverpool Cancer Research Institute.....	23
12.	Nurse-Led Research	23
12.1.	Gynae Cancer Narratives Study.....	23
12.2.	CCC Staff Wellbeing Study.....	24
12.3.	Nurse Wellbeing across Cheshire and Mersey during COVID.....	25
12.4.	REAP-CCC.....	25
12.5.	Finding my Way.....	26
13.	Finance.....	26
14.	Innovation.....	28
15.	Summary.....	28





Appendix 1 - NCRI 2020 Virtual Showcase R&I Poster

Appendix 2 – COVID-19 Research supported by CCC

Appendix 3 – CCC Clinician-led research where CCC acts as Sponsor

Appendix 4 – Sponsored studies opened from April 2020 to March 2021

Appendix 5 - Successful applications to The Clatterbridge COVID-19 Research Funding Scheme (CRFS)





1. Introduction

The Research and Innovation (R&I) Directorate has had another great year during 2020/21. This report details notable successes achieved during this time period.

The past year has been challenging for the NHS, the Trust and the R&I Directorate. The COVID-19 pandemic presented the NHS with its greatest challenge across all healthcare sectors since its inception. The need for scientific and clinical research had never been stronger especially as our patient population were vulnerable and immunocompromised.

The R&I Directorate, as part of a specialist Trust, met this challenge head on, managing the research portfolio as understanding and knowledge increased on the virus and its action, providing system support through the city region, acting both as Sponsor and Participating site for COVID-19 specific research, continuing to open critically important cancer trials and then recovering as rapidly and safely as possible.

The clear focus was on both our patient and staff safety and wellbeing throughout all our activity.

The middle of the year brought our welcome opening of our new Centre of Excellence at CCC-Liverpool (CCC-L), in the heart of Liverpool's Knowledge Quarter, which will enable a step change in our capability to support cutting edge research and offer our patients the most novel agents and therapies.

*Clatterbridge Cancer Centre - Liverpool,
which opened in June 2020*



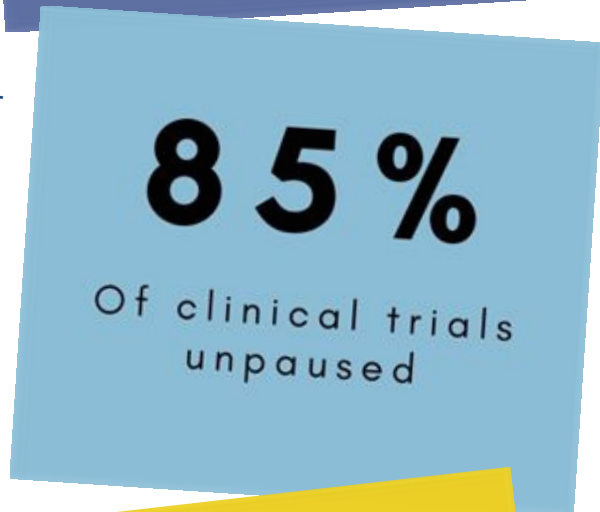


2. Highlights of 2020-2021



Despite the COVID-19 pandemic, the R&I Directorate has been responsible for a number of notable achievements. These include:

- ❖ 942 participants in our research.
- ❖ Opened 46 new research trials and studies (52 given permission to open at CCC).
- ❖ 12 trials and studies on-going involving COVID-19 research.
- ❖ Significantly increased the number of clinician-led studies for which CCC acts as Sponsor with 8 trials and studies open and 12 in set-up.
- ❖ 85% of clinical trials were unpaused as part of COVID-19 recovery which has exceeded the national target.





- ❖ Pivotal in the set up CCC's first ever Interventional Radiology Service based at CCC-L to support clinical trials, working in collaboration with Radiation Services.
- ❖ Implemented a new Patient and Public Involvement (PPI) group for research patients to ensure patient voices and opinions are heard and heeded in research.
- ❖ Implemented the 'Research Rounds' fortnightly set of presentations by CCC researchers, and University scientists to foster and re-invigorate a research community at CCC



Research Round presentations

The new Trust Research Strategy (2021 – 2026) was fully endorsed by the Trust Board in October 2020 and the associated Business Plan gained approval in January 2021.

It is envisaged that implementation of the five-year plan will have a positive impact on:

- ❖ Patient outcomes, experience and journey.
- ❖ Research culture, ethos and outputs within the organisation ensuring reputation in provision of world class cancer care.
- ❖ Staff engagement and education both within the organisation and as system leaders for cancer services.





3. Top highlights by month

April 2020

- ❖ Professor Carlo Palmieri was approved to access Cancer Patient Data from CCP-UK to report how COVID-19 manifests itself in patients with cancer and the outcome of cancer patients with COVID-19. He was also invited to join the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC-4C).
- ❖ CCC was the highest recruiter in the UK for the Ragnar study (PI: Professor Dan Palmer, Multiple Disease sites).
- ❖ Dr Rosie Lord, pictured, published an article for a real world study for which CCC was the lead site and she was UK Chief Investigator. Title: Real world outcomes in platinum sensitive relapsed ovarian, fallopian tube, or peritoneal cancer treated in routine clinical practice in the United Kingdom prior to poly-ADP ribose polymerase inhibitors (Dr Rosie Lord, Gynae).



May 2020

- ❖ A study led by Professor Palmer was presented at ASCO. The study is a very important international trial led by University of Liverpool/RLUH/CCC with significant results. The study title: ESPAC-5F: Four-arm, prospective, multicentre, international randomized phase II trial of immediate surgery compared with neoadjuvant gemcitabine plus capecitabine (GEMCAP) or FOLFIRINOX or chemoradiotherapy (CRT) in patients with borderline resectable pancreatic cancer.
- ❖ Dr Tony Pope, pictured, and Professor John Fenwick were authors on a publication entitled: Reduced fractionation in lung cancer patients treated with curative-intent radiotherapy during the COVID-19 pandemic.
- ❖ Radiotherapy successfully treated the first two patients recruited to the TRAP Trial. Re-started the PACE and PIVOTALboost trials that been halted for their radiotherapy (but remained on hormones). Three PACE patients and three PIVOTALboost patients restarted their radiotherapy.





June 2020

- ❖ The clinical trials delivery team successfully treated their first six patients at CCC-L on Monday 29th June. The patients treated were part of the Immunocore 102 (Dr Joe Sacco, Melanoma), Immunocore 202 (Dr Joe Sacco, Melanoma) and Replimune studies (Dr Joe Sacco, Melanoma)
- ❖ Professor Dan Palmer, pictured, had confirmation that his trial ARACHNID (now RATIO) secured £1 million from AstraZeneca. Study title: Phase II randomised study of Durvalumab (MEDI4736) + Tremelimumab in combination with different radiotherapy modalities for advanced hepatocellular carcinoma.



July 2020

- ❖ Professor Carlo Palmieri, pictured, had an abstract accepted for a proffered paper presentation at the ESMO Virtual Congress 2020 on the first 1,700 cancer patients in the CCP-CANCER-UK study. The abstract title was: Prospective data of first 1,797 hospitalised patients with Cancer and COVID-19 derived from the COVID-19 Clinical Information Network and international Severe Acute Respiratory and emerging Infections Consortium WHO Coronavirus Clinical Characterisation Consortium.
- ❖ Professor Palmieri is involved in a working group that is developing a harmonised, global observational study for the risk of long term complications from COVID-19. The team have been given the green light to develop a tier 2 for cancer patients. All patients are captured in tier 1 of the observational study.



August 2020

- ❖ CCP-CANCER-UK was awarded £349,000 by UK Research and Innovation NIHR (CI Professor Palmieri) Professor Turtle (ID, UoL/LUFHT); Co-I: Professors Palmer, Pettitt & Kalakonda





- ❖ The UK Coronavirus Monitoring Project had a paper published in the Lancet Oncology and Dr Anna Olsson-Brown, pictured right, is a co-author. Publication title: COVID-19 prevalence and mortality in patients with cancer and the effect of primary tumour subtype and patient demographics: a prospective cohort study
- ❖ Professor Andy Pettitt, pictured left, secured a £450k award from Roche Products Ltd in May 2020 to support the Liverpool-led NCRI PETReA trial: Phase 3 evaluation of PET-guided, response-adapted therapy in patients with previously untreated, high tumour burden follicular lymphoma. The significance of this award is that it is one of the few to be secured for non-COVID research since the start of the pandemic.



from Roche Products Ltd in May 2020 to support the Liverpool-led NCRI PETReA trial: Phase 3 evaluation of PET-guided, response-adapted therapy in patients with previously untreated, high tumour burden follicular lymphoma. The significance of this award is that it is one of the few to be secured for non-COVID research since the start of the pandemic.

❖ The R&I team were double finalists at the RCNi Nursing Awards 2020. Two teams were shortlisted for the 'Excellence in Cancer Research Nursing' category: Early Phase Trials Team and Research & Innovation Nursing Team.

'Excellence in Cancer Research Nursing' RCNi Nurse Awards Finalist

"We are immensely proud and honoured to be considered for such a prestigious award in our very unique field of expertise. Recognition on a national basis for the hard work and dedication shown by my team, especially during these very difficult and challenging times, would be monumental."

Research and Innovation Team
Clatterbridge Cancer Centre



#cruk4crns
#RCNiAwards





'Excellence in Cancer Research Nursing' RCNi Nurse Awards Finalist

"We are delighted to be shortlisted. Our goal is to provide the best service and support we can to our patients, especially as they are often dealing with a difficult diagnosis and uncertainty about their future. We want to ensure they have better access to early phase trials, giving them hope as they explore the possibility of further treatment options. I am very proud that my team's work has been recognised for this."

Early Phase Clinical Trials Team
 Clatterbridge Cancer Centre



#cruk4crns
 #RCNiAwards

September 2020

- ❖ Dr Isabel Syndikus, pictured left, had a paper published in Clinical and Translational Radiation Oncology for the PIVOTALboost study. Publication title: PIVOTALboost: A phase III randomised controlled trial of prostate and pelvis versus prostate alone radiotherapy with or without prostate boost (CRUK/16/018).



- ❖ Professor Palmieri gave an oral presentation at ESMO in late September 2020 on the initial analysis of the >7,000 cancer cases in CCP-UK there will be comparison data to the non-cancer cohort (circa 60,000).

- ❖ The R&I team, pictured right prior to the COVID-19 pandemic, had an abstract accepted at the NCRI Virtual Showcase 2020: 'A specialist Cancer Centre's clinical research response to the COVID-19 pandemic'.





October 2020

- ❖ CCC recruited the first global patient into the IMPACTOR study. The study is looking at the impact of Abemciclib. (Breast, Professor Carlo Palmieri)
- ❖ The clinical trials worklist has gone live for Breast research studies this month. This means that consultants can electronically refer patients for clinical trials via Meditech. The worklist has previously been rolled out in Urology and Lung and will be rolled out to Lower GI by December 2020.
- ❖ Electronic prescribing has now been rolled out for Clinical Trials. All new Clinical Trials will have electronic scripts built into Meditech. This will improve equity of access to research studies across all CCC sites.

November 2020

- ❖ We recruited the 100th patient onto the PATHOS study alongside the Aintree Head and Neck team. (Head and neck, PI: Dr Adi Shenoy) CCC are the highest recruiter for this study.
- ❖ Professor Christian Ottensmeier, pictured, had an article published in Cell Press. Title: Imbalance of Regulatory and Cytotoxic SARS-CoV-2-Reactive CD4+ T Cells in COVID-19.
- ❖ Professor Carlo Palmieri has had a publication accepted in Nature Medicine. Title: The Androgen Receptor is a Tumor Suppressor in Estrogen Receptor Positive Breast Cancer.



December 2020

- ❖ The full complement of 14 Site Reference Groups Research Leads are now in post. With Palliative Care, Acute Oncology and CUP being appointed during this year. These post continue to embed research as part of patient choice and core business at CCC.

January 2021

- ❖ Dr Joe Sacco, pictured, had a publication accepted in Annals of Oncology. Title: A phase (ph) II, multi-center study of the safety and efficacy of tebentafusp (tebe) (IMCgp100) in patients (pts) with metastatic uveal melanoma (mUM)
- ❖ £62,750 funding secured from The Burdett Trust for Nursing for a study 'Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Mersey' (Dr Lynda Appleton, Nursing).





February 2021

- ❖ CCC were the top recruiter nationally for NEO21. A phase II randomised study of the cyclin-dependent kinase 4/6 inhibitor palbociclib in combination with oestrogen suppression therapy versus oestrogen suppression therapy alone as neoadjuvant therapy in ER-positive intermediate recurrence score primary breast cancer (PI Prof Carlo Palmieri)
- ❖ Impactor achieved top recruiter at CCC. The study is looking at the impact of Abemciclib. (Breast, Professor Carlo Palmieri)

March 2021

- ❖ SIREN abstract 'Rapid response by a Specialist Cancer Trust to support the Urgent Public Health Study SIREN' accepted in February 2021 for presentation at the UKIO Congress 2021. Presented by the R&I Team.
- ❖ PIVOTAL BOOST recruited the 200th patient at CCC. Dr Isabel Syndikus is the national Chief Investigator for the study, CCC is top UK recruiting site.
- ❖ The study 'Exploring the impact of COVID-19 on the psychological well-being of oncology healthcare professionals', has now reached the target of 100 staff (102 in total) drawn from five staff groups: medical staff, radiographers, nurses, CReST and healthcare / cancer support workers (CI: Dr Lynda Appleton, Psychological)



4. Mobilisation to CCC-L

The new hospital site in Liverpool has brought a huge opportunity to expand our research portfolio and reach.

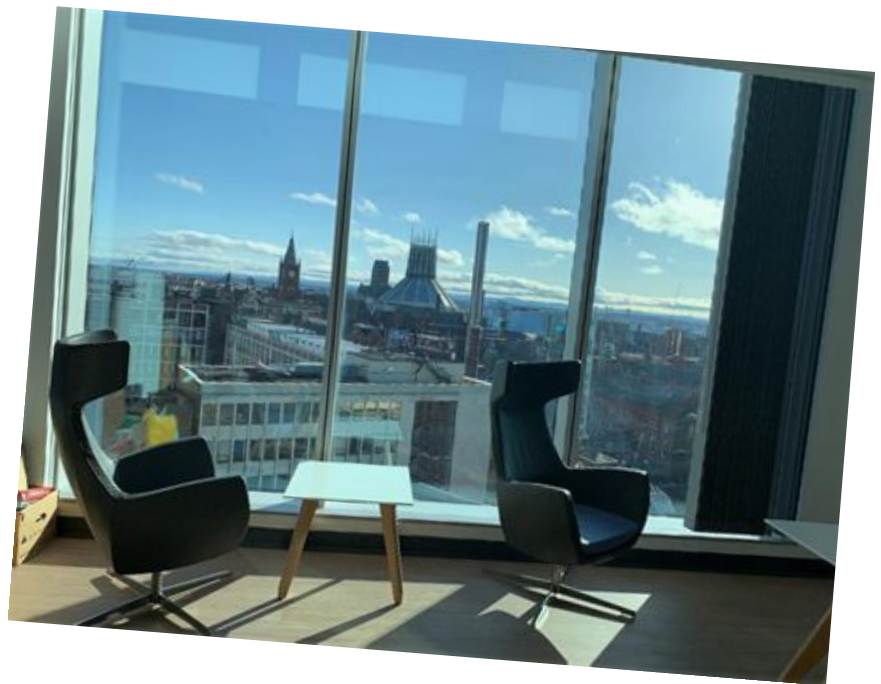
As CCC-L is in the heart of the Knowledge Quarter this has helped foster links with researchers at the University of Liverpool and closer links with Liverpool Universities Hospitals Foundation Trust.





Since opening CCC-L R&I have:

- ❖ Established the trials clinical delivery service at including an early phase trials clinic.
- ❖ Embedded the new trials and biobank with expanded capacity to support complex clinical trials and prospective sample collection for research. This has enabled us to foster new collaborations with the Haemato-oncology Diagnostics Service, the University of Liverpool and the Liverpool Heart and Chest Hospital.
- ❖ The new trials laboratory equipment and infrastructure can also now better support the ECMC agenda and the prospective biomarker sample collection initiatives led by the Liverpool ECMC.
- ❖ Agile and flexible working across our R&I administrative base in CCC-W and our clinical trials delivery at CCC-L.
- ❖ Designated four side rooms fully operational and in use on the 6th floor for the sole purpose of clinical trial delivery.
- ❖ Co-localisation on the 6th floor has forged greater links with clinical staff involved with standard of care delivery.
- ❖ Co-localisation and integration of the delivery teams as the Haemato-oncology Team moved from LUHFT into CCC-L space and are now working in the R&I base.





- ❖ Established an Interventional Radiology service, pictured, to support clinical trials, this would not have been possible without the mobilisation to the Liverpool site.
- ❖ The first research patient was treated within the Trust's Interventional Radiology Service for a deep lesion injection. This was part of the Replimune 2 ECMC study. (Principal Investigator: Dr Joe Sacco, Liver).



5. Response to COVID-19

In March 2020 understanding how clinical research at The Clatterbridge Cancer Centre (CCC) could support the COVID-19 pandemic was unclear.

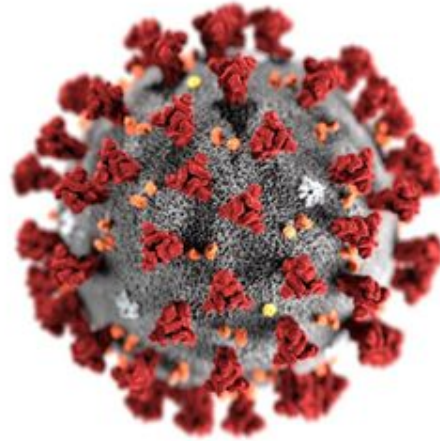
- ❖ As a tertiary cancer centre we had no access to ITU or HDU services.
- ❖ There was also limited guidance on how to protect our vulnerable patients. The options available were to pause treatments and shield our patients with home isolation.

However, it quickly became apparent how the experience and expertise of the cancer research team including academics, consultants, service providers and research infrastructure could significantly contribute to the COVID-19 pandemic. Below are some of the key highlights:

- ❖ R&I established a COVID-19 Research Group to horizon scan for COVID-19 studies which CCC as a specialist cancer centre could support.
- ❖ CCC supported the Liverpool city region and was a critical part of the Liverpool Health Partners COVID-19 response leading on developing the business intelligence dashboards and supporting partner Trust in sample storage and shipping as part of a national urgent public health study.



- ❖ The Clatterbridge Cancer Charity funding call for COVID-19 research was established in 2020/21 resulting in £96,000 monies funding four research projects led by CCC staff.
- ❖ The Charity also funded an additional project £11,095, 'Exploring the impact of COVID-19 on the psychological well-being of oncology healthcare professionals'. This study focused on how staff at CCC are coping during the pandemic, and how they are managing their mental health and wellbeing.
- ❖ We were a participating site in a range of nationally important research from observational registry studies, observational epidemiological chemotherapy and radiotherapy studies looking at the impact of COVID-19 on cancer patients.
- ❖ CCC acted as Sponsor for three studies, two national and one local.
- ❖ An R&I staff survey on working practice was carried out during the pandemic in order to provide any further support for our R&I Teams.
- ❖ A notable achievement was for the Urgent Public Health Study, SIREN, which monitors COVID-19 status for healthcare workers. Full trustwide support was given to open and recruit to the study rapidly and both Wirral and Liverpool sites were mobilised to support recruitment of 250 participants, exceeding the set target.
- ❖ Following clinical review, CCC focused on recovery post-first wave of COVID-19. Trials that had been paused due to the pandemic were unpaused in a controlled, safe programme and we hit the NIHR national target of 80% with 85% of our portfolio recovered ahead of time. The R&I response to COVID-19 pandemic was presented at the NCRI 2020 Virtual Showcase Conference, see Appendix 1 for a copy of the poster.





6. New ways of working...

- ❖ The COVID pandemic and the move to CCC-L has significantly impacted on how the R&I team work and how they communicate with each other.
- ❖ The introduction of home working, clinical staff working across the three sites CCC-L, CCC-A and CCC-W and the administration staff based in CCC-W has necessitated the team to adapt quickly to new ways of working.
- ❖ The team have embraced the IT technology utilising Teams to stay in touch with each other. Utilising functions on the MEDITECH system to move away from paper to support the agile cross site working. Throughout the COVID-19 pandemic, the team were able to focus on undertaking COVID-19 related Research
- ❖ The Research team responded to the national re-deployment initiative, with a full time member of the HO research team redeployed to ITU at a local acute trust at the height of the pandemic. All clinical staff within Research undertook additional skills training in preparation for redeployment to other ward based areas should this be required.
- ❖ The team without exception responded with compassion and professionalism throughout the changing landscape of the pandemic, to ensure patient care was maintained throughout.

7. Research Performance

7.1 Patient recruitment

The R&I Directorate had a successful year for recruiting participants onto research trials and studies in spite of the pandemic, exceeding our internal targets. No external target was set this year.

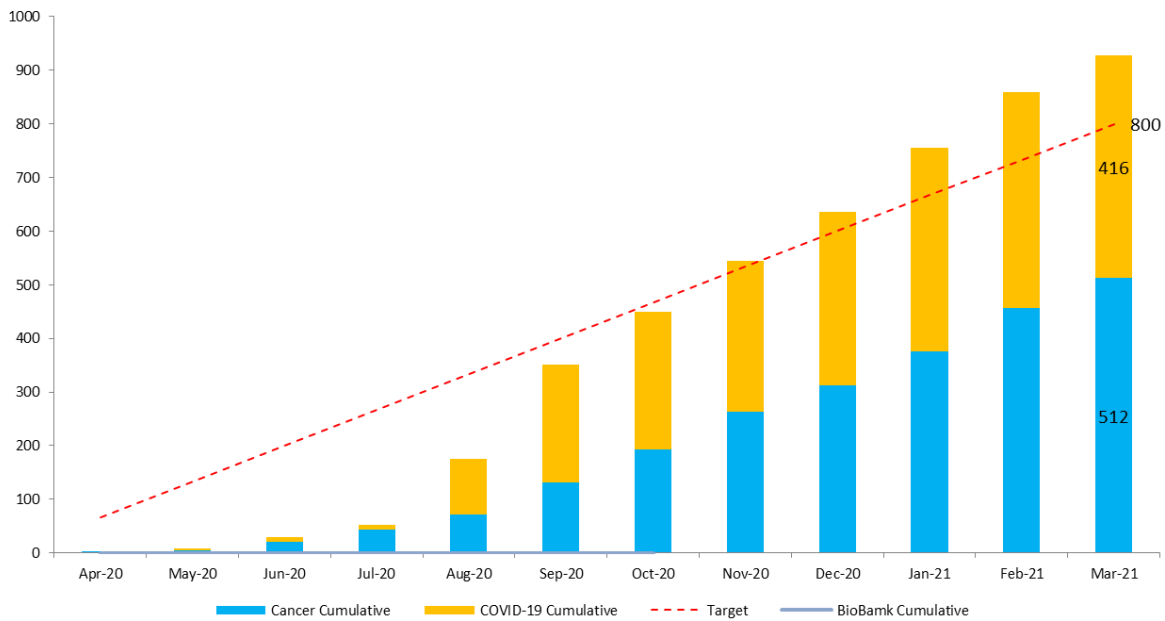
The internal target was set at 80% of the 2019/20 target (n=800). This was due to multiple reasons but primarily due to:

- ❖ Unable to recruit to cancer studies during April and the majority of May 2020 due to the pandemic and in-line with national guidance.
- ❖ Biobank recruitment halted at the start of the pandemic in March 2020.





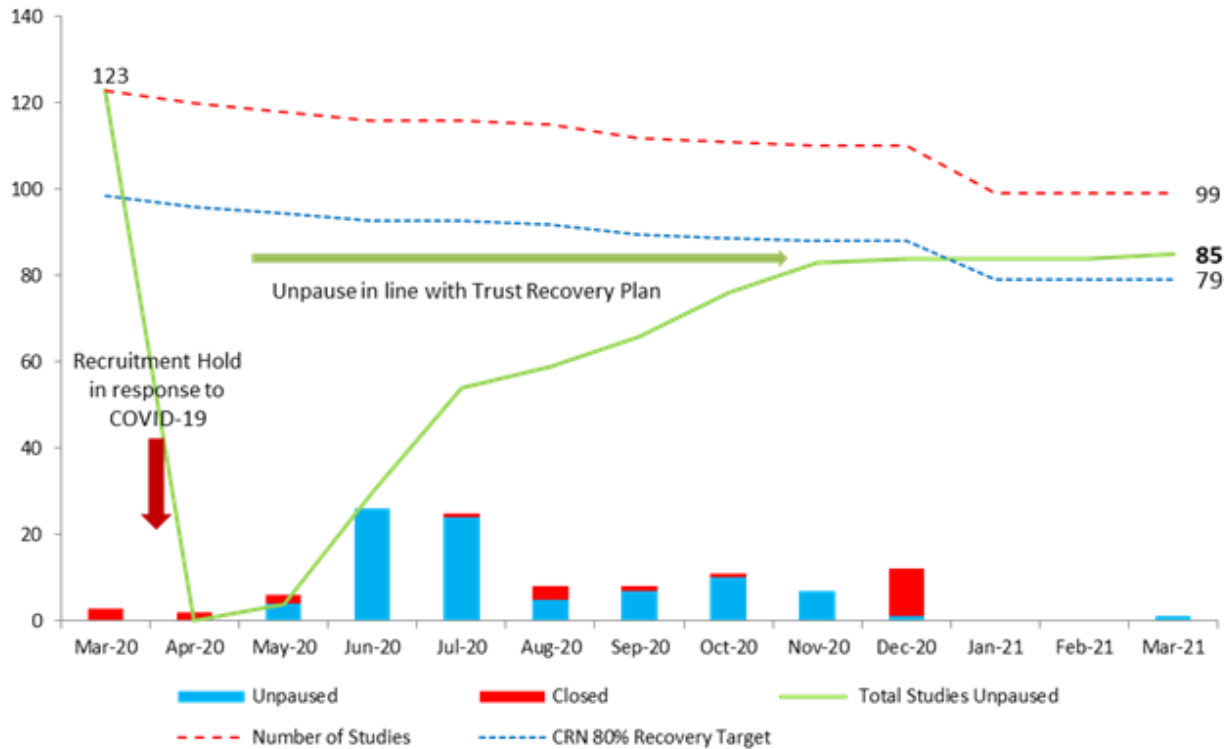
- ❖ Trials were being unpaused at the end of May 2020 but this took time while trying to balance capacity, patient need and sponsor requirements.
- ❖ 932 patients and staff were recruited onto clinical trials and studies against a target of 800, see Graph 1.



Graph 1. - Recruitment Against Time: Cumulative recruitment against internal target (n=800). Month on month split between Cancer (total Int&Obs), BioBank, COVID-19 (total UPH&Non-UPH) Cumulative stacked.

7.2 Recovery

- ❖ 123 actively recruiting studies were paused to recruitment on 17th March 2020. On 22nd May 2020 we unpaused recruitment to all studies and encouraged investigators to open pre-existing and paused studies.
- ❖ At the end of January 2021, 24 of the original studies have been closed and 85 studies had been unpaused. An external target of 80% of available studies unpaused by End March 2021 was set by the Clinical Research Network. At month 10 we had surpassed this target. We now have opened 85 studies out of a possible 99 = 85.9%.



Graph 2. – Unpaused Studies: Number of studies reopened/unpaused to recruitment month by month and studies closed by Sponsor each month. Target line reduction as available studies reduce due to closure. 80% CRN recovery target of available studies to reopen.

7.3. Systems Changes

- ❖ The introduction of electronic prescriptions for clinical trials has made good progress this year, with 29 trials now live and in use with a further 18 studies in progress. The expectation is that by the end of 2021 paper scripts will no longer be in use.
- ❖ This significantly increases productivity reducing the need to track down paper scripts or Medical staff to prescribe across multiple sites.





8. CCC-led trials and studies

The CCC Sponsorship Group reported as implemented last year has gone from strength to strength.

The portfolio of clinician led trials and studies where CCC acts as Sponsor has been expanded and diversified to include surgical trials, translational research and key qualitative trials across acute oncology and in COVID-related research, shown in Appendix 2.

Achievements in these trials and studies are:

- ❖ 8 CCC sponsored trials and studies open, compared to 3 at the same point in 19/20.
- ❖ 12 CCC sponsored trials and studies in set-up, compared to 5 at the same time point in 19/20.

Notable grants awarded this year:

- ❖ Professor Dan Palmer has had confirmation that his trial **RATIO** has secured £1 million from AstraZeneca **RATIO: Phase II randomised study of Durvalumab (MEDI4736) + Tremelimumab in combination with different radiotherapy modalities for advanced hepatocellular carcinoma.**





- ❖ CCP-CANCER-UK was awarded £349,000 by UK Research and Innovation NIHR (Chief Investigator Professor Palmieri) Professor Turtle (ID, UoL/LUFHT); Co-I: Professors Palmer, Pettitt & Kalakonda, with a contribution from The Clatterbridge Cancer Charity amounting to £44,200.

CCP-CANCER UK

- ❖ £62,750 funding secured from The Burdett Trust for Nursing for a study 'Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Mersey' (Chief Investigator: Dr Lynda Appleton).



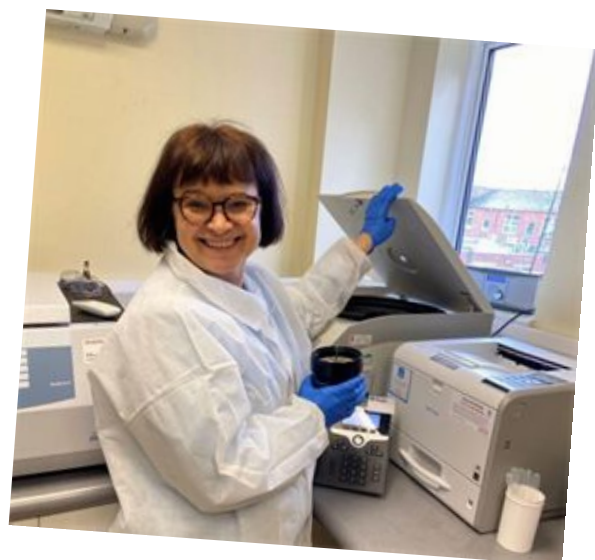
The welcome expansion to CCC clinician-led trials and studies will further establish CCC as a research-focused hospital and enhance CCC reputation nationally and internationally as a leader in oncology. A list of all current trials that are open and in set-up can be found in Appendix 3.

Appendix 4 provides details on all studies opened during 2020/21.

9. Biobank

This year we embedded the new trials laboratory and biobank in CCC-L with expanded capacity to support complex clinical trials and prospective sample collection for research. This has enabled us to foster new collaborations with the Haemato-oncology Diagnostics Service, the University of Liverpool and the Liverpool Heart and Chest Hospital.

The new trials laboratory equipment and infrastructure can also now better support the ECMC agenda and the prospective biomarker sample collection initiatives led by the Liverpool ECMC.



We also completed a full systems review and look to expand sample collection to support Cancer of Unknown Primary, Immunotherapies and Radiotherapy.





10. Patient and Public Involvement in Research

CCC's Patient Involvement Strategy 2019-20 aims to ensure patient and public experience is fed back and used to enhance the care and services provided. Out of eight key pledges, pledge 7 relates to Research.

The new Research Strategy is committed to ensuring that patient and public involvement (PPI) is integral to the planning, delivery and evaluation of the CCC research strategy in accordance with published NICE guidance.

- ❖ In early 2020 a project aimed at establishing an integrated patient involvement forum for research was initiated. It was envisaged that its members would share their experiences and views about research, as well as contribute to research activities, making recommendations for future research and service improvement.
- ❖ In November 2020 the first meeting of the Research PPI Forum took place. Participants involved in previous workshop activity were invited to become founder members. Two further members have joined the group since its formation with five members in total. Please note the below photo was taken pre-pandemic.
- ❖ The project initiation document has been shared with all members outlining a number of roles as well as training activity. Members were keen to increase the diversity of the group and are consulting with their respective support groups.
- ❖ The initial plan had been to run training workshops as well as face-to-face meetings; however as the COVID pandemic escalated, it became clear that all activity would have to be on-line. All members are proficient in the use of MS Teams.
- ❖ Members have expressed satisfaction with online training activity, but have found Focus Group work difficult to undertake virtually as they felt a lack of interaction which they believe is required for such activity. It is hoped that as the Pandemic abates more face-to-face meetings can take place.





Currently members have become involved in a range of activities:

- ❖ Two members have become PPI representatives on the Biobank Governance Committee.
- ❖ All members have engaged in a psychosocial oncology focus group.
- ❖ Two members are involved with a lung cancer study.
- ❖ All members have been consulted by a researcher from Lancaster University regarding a research proposal examining patient experiences during COVID-19.
- ❖ All members are contributing to a Newsletter for other patients.

11. External Partners

a. Liverpool Health Partners

We continue to engage with Liverpool Health Partners (LHP) both strategically and operationally.



- ❖ R&I have representatives from CCC at all LHP committees and work to drive the cancer agenda forward.
- ❖ The Research Management & Governance and Finance teams have worked with LHP providing expertise in trial set-up, governance, finance and business intelligence.
- ❖ The CCC EDGE system led on the build and implementation of the LHP EDGE system and provides all aspects of Business Intelligence.
- ❖ The CCC R&I Team are embedded as exemplars working with the Clinical Informatics Research Unit (CIRU) within the Faculty of Medicine at the University of Southampton who were the developers of the EDGE system.
- ❖ The Team have provided advice and guidance to other Trust partners in gene therapy studies and infrastructure committees and review.





b. Liverpool Cancer Research Institute

- ❖ In partnership with UoL, North West Cancer Research and LHP, CCC has played a major role in ensuring that the newly established Liverpool Cancer Research Institute (LCRI) is closely aligned with CCC’s research agenda, commitments and goals.
- ❖ The LCRI concept was approved at Trust Board in October 2020.
- ❖ We have CCC representation on all LCRI Committees.



12. Nurse-Led Research

The R&I directorate continues to support Nurse-led research initiatives which continue to flourish.

- ❖ As part of our system working, we set-up a Psycho-social research group in support of Liverpool Health Partners and this has been established and working well to foster collaboration and research ideas across the HEI partners and other Trusts.
- ❖ In addition and as outlined below are Nurses are leading on their own research and participating in national studies.



12.1 Gynae Cancer Narratives Study

Collaboration with Lancaster University

Funding secured from North West Cancer Research Project Grant

Radiotherapy Narratives: Exploring the lived experiences of patients undergoing radiotherapy treatment for cancer

- ❖ This project explores how patients experience radiotherapy for gynaecological cancer with the aim to increase understandings of how radiotherapy impacts on social, personal and sexual lives.





- ❖ The objective is to develop a range of resources for use by patients and practitioners in order to provide more support for cancer patients in the North West.
- ❖ Patients are invited to keep journals on their experiences of radiotherapy from consent to six months after treatment has finished.
- ❖ To date 26 patients have been recruited.
- ❖ Chief Investigator: Dr Lynda Appleton.

26
 Patients recruited

12.2. CCC Staff Wellbeing Study

CCC sponsored study

Funding secured from The Clatterbridge Cancer Charity

Exploring the impact of COVID-19 on the psychological wellbeing of CCC oncology healthcare professionals

- ❖ The aim of the study is to understand how oncology healthcare professionals working at The Clatterbridge Cancer Centre manage their wellbeing during the COVID-19 pandemic, the coping strategies and support systems they use, and what, if anything, can be done to better support them.
- ❖ A total of 102 healthcare professionals have been recruited from across five staff groups - medical staff, radiographers, nurses, allied health professionals (non-radiographers) and healthcare/cancer support workers.
- ❖ Staff are invited to keep diaries on their experiences for a period of up to 4 months. Fifty diaries have been submitted.
- ❖ In addition, 35 interviews have been completed with staff. The research team are currently analysing the data.
- ❖ Chief Investigator: Dr Lynda Appleton.

102
 Healthcare professionals
 taking part in Staff
 Wellbeing Study





12.3 Nurse Wellbeing across Cheshire and Mersey during COVID-19

CCC sponsored study

Funding secured from The Burdett Trust for Nursing

Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Merseyside

- ❖ This study will explore nurses' experiences of the psychological impact of COVID-19 on their day-to-day care and support of patients with a diagnosis of cancer.
- ❖ Questionnaire surveys will be used to investigate levels of resilience, anxiety, wellbeing and coping amongst 300 registered nurses, with interviews and focus groups being used to explore individual experiences and discuss the implications arising from the results of the study, respectively.
- ❖ Chief Investigator: Dr Lynda Appleton.

12.4 REAP-CCC

CCC sponsored study

Funding secured from CCC Research Fund

Reducing Emergency Admissions for Patients with Cancer Complications and/or Co-morbidities

- ❖ The study aims to explore the reasons for the emergency department attendance and admission by patients with cancer (type 3 presentation), and the potential wider contextual influences, such as demographic, social and environmental factors leading to such occurrences.
- ❖ This will enable us to develop interventions and strategies to reduce unnecessary admissions amongst this group of cancer patients.
- ❖ The study has received ethical approval and is currently paused until the risks associated with the pandemic, and its impact at the Liverpool University Hospitals NHS Foundation Trust, have reduced.
- ❖ Chief Investigator: Dr Lynda Appleton.





12.5 Finding my Way

University of Chester sponsored study

Finding my Way

- ❖ This study is an on-line self-help coping programme that offers information, suggestions, and support for people who have been diagnosed with cancer in the past 6 months.
- ❖ The programme offers six modules of information and interactive features (worksheets, online activities, quizzes, relaxation/meditation and a personal note-taking feature relevant to their cancer diagnosis and treatment.
- ❖ Emma Whitby, pictured, Head of Research Delivery and a member of the R&I Senior Management Team is acting as Principal Investigator
- ❖ To date, 16 patients have been recruited.



13. Finance

- ❖ During the financial period April 2020 - March 2021, the financial management for HO studies transferred under the R&I Directorate.
- ❖ There has been a significant increase in the funding relating to Non Commercial studies, as a number of new studies opening on the Non Commercial portfolio have funding attributable for CCC to recoup.
- ❖ Grant income has increased from last year due to milestone payments being achieved. The increase in income is not due to any new studies opening.
- ❖ Commercial trials income was affected by the COVID-19 pandemic due to the national study pause and no new studies opening during April and the majority of May 2020. Overall the Directorate was impacted by £558k against their forecasted plan for the year.
- ❖ CCC saw a marginal reduction in funding from NWC CRN which decreased by £7,480 to £794kpa from £805kpa in the previous financial period.
- ❖ In 2020/2021, £96k was awarded to support collaborative COVID-19 research projects. The scheme aimed to foster partnership working within the organisation

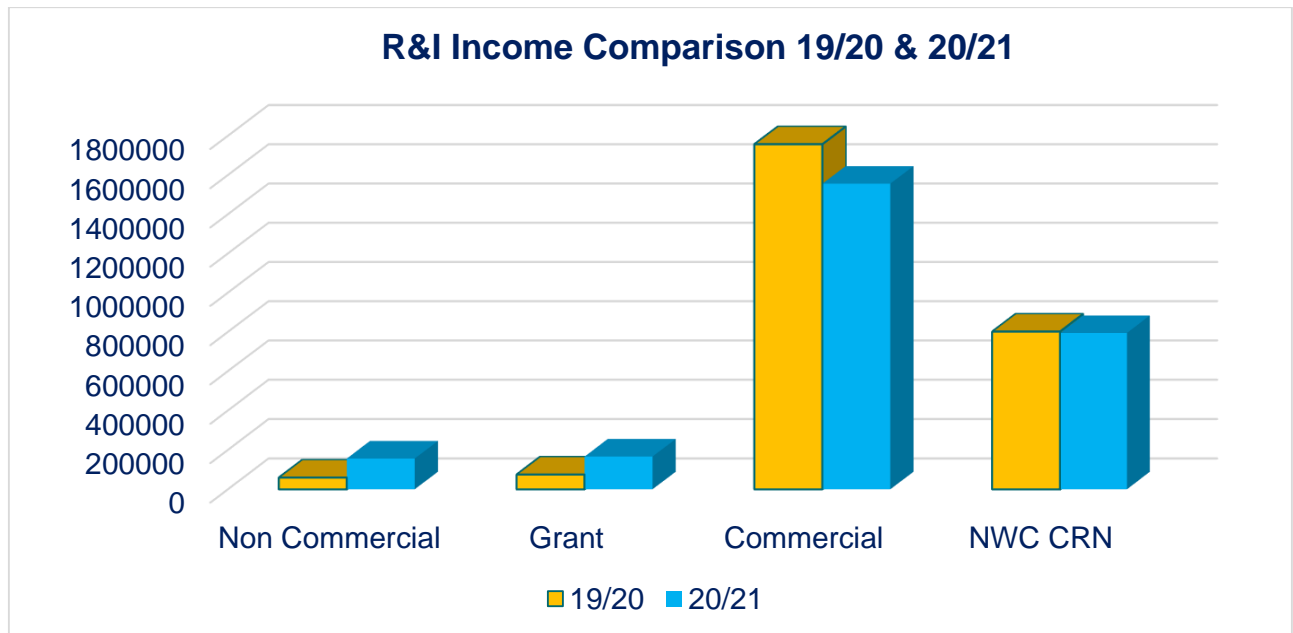




and/or with academic/pharmaceutical partners. The scheme attracted wide interest and multiple high-quality applications. Details of the four successful applications can be found in Appendix V.

The table and graph below show the income comparison for the two financial periods for the R&I Directorate:

Funding Stream	19/20	20/21	Variance
Non Commercial	59,465	156,093	96,628
Grant	75,000	166,225	91,225
Commercial	1,757,132	1,555,842	-201,290
NWC	801,815	794,355	-7,460
Total	2,693,412	2,672,515	-20,897





14. Innovation

As highlighted last year, an important ambition of the R&I directorate is to improve the innovation agenda at CCC. There are pockets of innovation excellence around the Trust but they are not currently captured in a structured way. Progress this year includes:

- ❖ Intellectual Property Policy approved at Trust Executive Committee.
- ❖ Innovation Manager and Clinical Director for Innovation approved.
- ❖ Bright Ideas Scheme discussions initiated.
- ❖ Biology of Dying patent and contracting with UoL to support Dr Seamus Coyle's work.



15. Summary

2020 will be long remembered for the COVID-19 pandemic and the contribution of the NHS in the care of patients and delivery of the vaccine programme. This more than any other time has brought the essential nature of clinical research to the forefront.

In the face of many challenges R&I have delivered clinical trials to our patient population giving access to the most novel agents and therapies, access to research and choice of treatment pathway. We have successfully mobilised our service to the new CCC-L hospital and expanded our research range and reach both as a participating site and have taken our clinician led research forward.

We look forward to the implementation of the new 5 year research strategy and more successful reporting in the coming year.





Appendix 1: NCRI 2020 Virtual Showcase R&I Poster

A specialist Cancer Centre's clinical research response to the COVID-19 pandemic

Gillian Heap, Maria Maguire, Michelle Moffitt, Jane Tinsley, Emma Whitby, Nagesh Kalakonda, Sheena Khanduri

The Clatterbridge Cancer Centre NHS Foundation Trust, Clatterbridge Road, Bebington, Wirral CH63 4JY Email: Gillian.heap@nhs.net



Aim: To support the NHS response to the COVID 19 pandemic

Background: The COVID19 pandemic has provided the NHS with huge challenge across all healthcare sectors. The need for research has never been stronger to combat the virus. However, in March 2020 understanding how clinical research at The Clatterbridge Cancer Centre (CCC) could support the COVID-19 pandemic was unclear.

- As a tertiary cancer centre we had no access to ITU or HDU services.
- There was also limited guidance on how to protect our vulnerable patients. The options available were to pause treatments and shield our patients with home isolation.

It soon became apparent how the experience and expertise of the cancer research team including academics, consultants, service providers and research infrastructure could significantly contribute to the national effort.

Method:

Introduction of an inclusive weekly virtual COVID-19 Research meeting was initiated:

- Review the open portfolio of COVID-19 studies and pragmatically select a subset we could contribute to in order to gain knowledge from our cancer patients.
- Explore our own investigator-led research relevant to our cancer patient's pathway. Including a bespoke internal COVID-19 research funding call.
- Explore the impact of COVID-19 on our staff.

Results:

	14 COVID19 research studies supported including SIREN
	500+ Participants recruited to COVID19 research studies
	5 CCC Investigator-led studies approved via CCC funding call
	2 Studies supported looking at the psychological welfare of NHS staff
	Re-opened 70+% of studies paused due to COVID19 as part of CCC Recovery Plan

Conclusion: Using our proactive approach we responded quickly to meet the evolving needs of the pandemic:

- Pooling academic/medical expertise
- Redirecting essential funding
- Provided a coordinated and well communicated plan to support both COVID-19 and cancer research



conference.ncri.org.uk

#NCRI2019





Appendix 2: COVID-19 Research supported by CCC

Short Title	Type	Principal Investigator
SAFE SURGERY (CCC Sponsored research)	Biorepository/ Scientific	Prof Ottensmeier
COVID STAFF: Exploring the impact of COVID-19 on the psychological well-being of oncology healthcare professionals. (CCC Sponsored research)	Observational	Dr Appleton
CCP Cancer (CCC Sponsored research)	Observational/ Database	Prof Palmieri
SIREN: Impact of detectable anti-SARS-COV2 on the subsequent incidence of COVID-19 in healthcare workers	Observational	Prof Kalakonda Dr Khanduri
UK Coronavirus Cancer Monitoring Project	Observational Registry	Dr Olsson- Brown
PACE Patients with AML and COVID-19 Epidemiology The impact of COVID-19 on patients with AML undergoing chemotherapy: an epidemiological study	Observational, epidemiological	Dr Toth
ISARIC CCP-UK	Observational	Prof Palmieri
IMPACT: COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic stem cell transplantation (SCT) affected by severe COVID19 infection	Observational/ prospective	Dr Toth
TERAVOLT: Thoracic cancer international coVid 19 cOLLaboraTion	Observational	Dr E Ibrahim
CovidRT: a NCRI CTRad UK-wide initiative	Observational	Dr Haridass
Evaluation of Lung Changes in Patients with confirmed Covid-19 or Covid-19 Symptoms on CBCT	Observational	Louise Turtle
SAFER: SARS-CoV-2 Acquisition in Frontline Health Care Workers – Evaluation to Inform Response	Observational	N/A



Appendix 3: CCC Clinician-led research where CCC acts as Sponsor

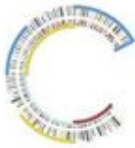
Acronym	Title	Type	CCC Chief Investigator	Status
CTIMP	Phase II study of the use of neoadjuvant cabazitaxel with hormonal treatment in patients with high risk operable prostate cancer, to assess the efficacy and toxicity of cabazitaxel, and, to explore potential predictive and prognostic markers of clinical outcome		Dr Zaf Malik	Open
COMICE	A randomized double blind placebo controlled Phase II clinical trial of Cediranib and Olaparib maintenance in advanced recurrent Cervical Cancer	CTIMP	Dr Rosie Lord	Open
TACE 3	A two-arm multi-stage (TAMS) seamless phase II/III randomised trial of nivolumab in combination with TACE/TAE for patients with intermediate stage HCC	CTIMP	Prof Daniel Palmer	Open
MRI Lung	MRI for lung radiotherapy; a prospective study	Radiotherapy	Prof Michael Brada/ Dr Neeraj Bhalla	Open
TARGET Head and Neck	Tissue analysis for stratifying therapy in head and neck diseases	Translational	Prof Christian Ottensmeier	Open
Safe Surgery	Establishing the presence of SARS-CoV2 virus in the peritoneal cavity of patients undergoing abdominal surgery	COVID-19	Prof Christian Ottensmeier	Open
COVID Staff	Exploring the impact of COVID-19 on the psychological well-being of oncology healthcare professionals	COVID-19	Dr Lynda Appleton	Open
CCP CANCER	Clinical Characterisation Protocol for Severe Emerging Infections in the UK– a prospective companion study for patients with Cancer and COVID-19	COVID-19	Prof Carlo Palmieri	Open



Apollo	A Polatuzumab Vedotin containing Chemo-Immunotherapeutic regimen in patients with Diffuse Large B-Cell Lymphoma unsuitable for full dose R-CHOP Therapy	CTIMP	Prof Nagesh Kalakonda	In set-up
RATIO	Phase II randomised study of Durvalumab (MEDI4736) + Tremelimumab in combination with different radiotherapy modalities for advanced hepatocellular carcinoma	CTIMP	Prof Daniel Palmer	In set-up
BBC	Phase II study of neoadjuvant cisplatin and gemcitabine chemotherapy versus upfront surgery in patients with resectable proximal biliary tract cancer	CTIMP	Prof Daniel Palmer	In set-up
Apollo +	A Prospective 'Real World Data' registry and sample collection study for patients with Diffuse Large B-cell Lymphoma	Real World	Prof Nagesh Kalakonda	In set-up
MPN Registry	The UK Myeloproliferative Neoplasm Registry	Registry	Dr Nauman Butt	In set-up
REAP	Reducing Emergency Admissions for Patients with Cancer Complications and/or Co-morbidities	Real World/ Observational	Dr Lynda Appleton	In set-up
PETPanc	Exercise testing in chemotherapy	Real World/ Observational	Prof Daniel Palmer	In set-up
IMPULSE	IMmune-checkPoint inhibitors (ICI) in non-small cell lung carcinoma	Translational	Dr Carles Escriu	In set-up
Cox-2 expression	Cox-2 expression and Checkpoint Inhibitor Therapy	Translational	Dr Olusola Faluyi	In set-up
MRI Imaging H&N	Assessing early response to Immunotherapy in Head & Neck Cancer	Translational	Mr Andrew Schache/ Dr Rachel Brooker	In set-up
UNCOVER	Understanding the impact of SARS-CoV-2 infection in patients with blood cancer	COVID-19	Prof Andrew Pettitt	In set-up



Burdett	Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Mersey	COVID-19	Dr Lynda Appleton	In set-up
---------	--	----------	-------------------	-----------



Appendix 4: Sponsored studies opened from April 2020 to March 2021

COMICE: A randomized double blind placebo controlled Phase II clinical trial of Cediranib and Olaparib maintenance in advanced recurrent Cervical Cancer

- We are looking to see if giving Cediranib and Olaparib together after patients have finished chemotherapy, can shrink or prevent the cancer from growing.
- This will be randomised against placebo and will be monitoring patients side effects, patient quality of life and patients potential life extension.



Dr Rosie Lord

CHROME: Phase II study of the use of neoadjuvant cabazitaxel with hormonal treatment in patients with high risk operable cancer, to assess the efficacy and toxicity of cabazitaxel, and, to explore potential predictive and prognostic markers of clinical outcome

- This will help determine whether Cabazitaxel may be able to be used as a treatment for prostate cancer.
- This is a study where patients with high risk prostate cancer will be given an extra medication before they have their operation to remove the prostate cancer.
- We want to look at whether this drug may be successful as a treatment for prostate cancer in men who have high risk prostate cancer, and who are eligible for surgery .



Dr Zaf Malik

TACE-3: A two-arm multi-stage (TAMS) seamless phase II/III randomised trial of nivolumab in combination with TACE/TAE for patients with intermediate stage HCC

- This study is looking to see if adding the drug nivolumab to the current standard treatment will be better for treating patients with liver cancer.
- The current treatment TACE (Transcatheter Arterial Chemoembolisation) with drug eluting beads puts a large dose of chemotherapy drugs directly into the tumour. Current evidence suggests that adding an immunotherapy drug like Nivolumab at the same time as TACE may help increase the time taken until the tumour begins to grow/spread.



Prof Daniel
 Palmer





MRI Lung Study

- Although MR imaging is well developed for the majority of tumour sites, it has rarely been used in the management of lung cancer, where tumour and normal tissue motion pose particular challenges.
- This research is testing the best way of getting the MRI images and the best way of seeing a moving tumour in the lung.



Louise
Turtle



Dr Neeraj
Bhalla

SAFE SURGERY: SARS-CoV2 viability in the Abdomen or Pelvis and the FEasibility of SURGERY

- The COVID-19 pandemic has raised concerns about the risk of viral transmission in a number of healthcare settings. These concerns mean that as we enter the recovery phase of this pandemic our ability to return to normal practice may still be affected.
- The overall aim of the study is to provide initial scientific data to help determine risk to the theatre team of SARS-CoV2 transmission via the peritoneal cavity in patients undergoing abdominal or pelvic surgery.



Prof Christian
Ottensmeier

CCP-Cancer UK: Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK) – a prospective companion study for patients with Cancer and COVID-19.

- Currently, there is extremely limited information regarding the risks posed by SARS-CoV-2 virus responsible for COVID19 to patients with cancer. This study aims to understand the presentation, management and outcomes of cancer patients with COVID19. The influence of cancer type and treatment will be explored as well as comparing cancer patients with non-cancer patients.
- This study will provide valuable information that would educate as well as help inform practice for future possible outbreaks. The information may also inform the development of guidelines with regard to the care and management of cancer patients with viruses such as COVID19 and similar infectious diseases.



Prof Carlo
Palmieri





Target Head and Neck: Tissue analysis for understanding head and neck diseases

- The purpose of this project is to improve our knowledge of how the immune system works in head and neck and viral diseases.
- We will look at blood and tissue samples from patients with head and neck cancer and other non-cancer head and neck diseases. We will establish if these patients have had previous exposure to known viral infections to better understand how the immune system works.
- Our long term aim is that the results will guide us to developing better treatments for a range of diseases including viral infections and cancer.



Prof Christian Ottensmeier

COVID STAFF: Exploring the impact of COVID-19 on the psychological well-being of oncology healthcare professionals

This study will explore the evolving experiences of oncology healthcare professionals in the workplace during the COVID pandemic, and its impact on the psychological well-being of staff. The study will capture the experiences of a wide range of staff – medical, nursing, radiographers, support staff – to provide a broad understanding of their needs and where support might be required.



Dr Lynda Appleton



Appendix 5: Successful applications to The Clatterbridge COVID-19 Research Funding Scheme (CRFS).

CRFS 20/21 Covid-19 Approved Bids	Lead Applicant(s)	£
CCP-Cancer	Prof Palmieri	44,200
Understanding the manifestations of Coronavirus (COVID-19) in patients receiving immunotherapy via utilisation of a prospective digital surveillance tool	Dr Olsson-Brown	17,777
Dis-CoV-er	Prof Kalakonda	25,000
Un-CoV-er: Understanding the Incidence and severity of SARS-CoV-2 infection in patients with common blood cancer common blood cancers (Chronic Lymphocytic Leukemia and Low-grade Non-Hodgkin's Lymphomas)	Prof Pettitt	10,000
	Total Awarded	96,977

REPORT COVER

Report to:	Trust Board						
Date of meeting:	27 th October 2021						
Agenda item:	P1-180-20						
Title:	Guardian of Safe Working Hours – Q1 Apr-June2021						
Report prepared by:	Chris Thompson, Medical Workforce Manager						
Executive Lead:	Sheena Khanduri, Medical Director						
Status of the report: (please tick)	<table border="0"> <tr> <td>Public</td> <td>Private</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Public	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Public	Private						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Paper previously considered by:	Workforce and Organisational Development Committee						
Date & decision:							
Purpose of the paper/key points for discussion:	<p>To brief the Board and provide assurance the Trust maintains compliance with the Junior Doctor's 2016 Terms and Conditions.</p> <p>To assure the Board where Exception Reports have been raised, the Trust has taken the correct steps to rectify the issues.</p>						
Action required: (please tick)	<table border="0"> <tr> <td>Discuss</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>For information/noting</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Discuss	<input type="checkbox"/>	Approve	<input type="checkbox"/>	For information/noting	<input checked="" type="checkbox"/>
Discuss	<input type="checkbox"/>						
Approve	<input type="checkbox"/>						
For information/noting	<input checked="" type="checkbox"/>						
Next steps required:	The committee is asked to discuss and note the content of the report						



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



Guardian of Safe Working Hours – Q1 Report Apr- Jun 2021

Madhuchanda Chatterjee, Guardian of Safe Working

1.0 Introduction

This report covers the period April- June 2021.

The 2016 Contract for doctors in training ('Junior Doctors') sets out terms and conditions regarding Working Hours (Schedule 03), Work Scheduling (Schedule 04) and Exception Reporting and Work Schedule Reviews (Schedule 05). These are a system of checks and balances to ensure doctors in training work fixed numbers of hours in a 24 hour period, fixed numbers of consecutive days of work and have designated break times in a work period, to try to ensure they are never so fatigued from work as to be a risk to patient safety, which is of paramount importance. The new contract also has schedules outlining the training opportunities the junior doctors should be receiving to ensure appropriate development of skills and knowledge.

With effect from December 2019, all doctors in training transferred to the 2016 Terms and Conditions of service. Eight current ST3+ trainees have their previous pay and banding protected on their existing salaries. Significant breaches on working hours can incur financial penalties.

1. High level data

Number of doctors/dentists in training (total):	35
Number of doctors/dentists in training on 2016 TCS (total):	35
Amount of time available in job plan for guardian to do the role: (hours per week)	0.5 PA (2
Admin support provided to the guardian (if any): by Medical Workforce	As required
Amount of job-planned time for educational supervisors: PA per trainee	0.25

Exception reports (with regard to working hours)

There was 1 Exception Report raised by trainees during this period. This has been concluded. Although we have very few Exception Reports, during this period additional agency locum doctors were employed to help support the junior trainees workload.

This is a recurring topic at the Junior Doctor Forum to ensure that the trainees know their rights to exception report. It is also discussed and highlighted at the 2 main trainee inductions each year.

Hours Monitoring

Because all doctors in training are on the 2016 Terms and Conditions of service, monitoring of hours is no longer undertaken and has been replaced by Exception Reporting which offers trainees the ability to raise concerns as-and-when they occur.

Work schedule reviews

There have not been any requests from trainees for work schedule reviews. Medical Workforce are in the process of reviewing the ST3+rota as a redesign is required to better accommodate our Less Than Full Time trainees and reduce the number of known gaps due to non-working days.

Locum bookings

All 'Patchwork' shifts are the additional locum duties worked by our doctors in training. These are a result of known gaps in the rota plus last minute cover due to absences.

Specialty	Shifts worked by bank doctors	Shifts worked by agency doctors	Patchwork shifts
Clinical Oncology / Medical Oncology	8	0	36
General Medicine	7	173	2
Haemato Oncology	49	101	0

Vacancies

The Trust currently has 2 x Junior Clinical Fellow vacancies, 1 of which has been offered and pending a start date and the 2nd vacancy is back out to advert. These posts feature on a 1 in 13 pattern which covers out of hours work within CDU.

Whilst the recruitment processes are ongoing for these vacancies, to support service delivery the Trust has engaged two agency locum doctors to work as part of the junior Ward Doctor rota. In addition, to support services and the wellbeing of our junior doctors, the Trust has engaged in a further additional locum doctor to provide support to the inpatient wards

Furthermore, the Trust is recruiting a Senior Clinical Fellow in Immuno-Oncology to participate in the Registrar rota. This post will further support the Registrar rota following an increase in the number of new training posts in August 2021.

Fines

There were no fines incurred in this quarter (April – June 2021).

All Trainees who require access to Exception Reporting, have passwords and log in details for exception reporting have been reissued.

Actions taken to resolve issues

- Carry on encouraging Trainees to record their exception reports when necessary.

The information in this report confirms for this quarter, the working hours of Ward - based doctors in training IMT/CMT, GP trainees and Oncology trainee doctors remain compliant with the 2016 contract. Locums were used appropriately to cover on-call shifts during this period to ensure all critical out of hours shifts were covered.

Within this organisation, working hours for doctors in training are considered safe at the current time. The information collected and documented in this report provides assurance for this.

Dr Madhuchanda Chatterjee

Guardian of Safe Working

REPORT



REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 October 2021	
Agenda item:	P1-181-21	
Title:	Workforce and Organisational Development Strategy- Our People Commitment	
Report prepared by:	Workforce and OD Team	
Executive Lead:	Jayne Shaw	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>

Paper previously considered by:	Quality Committee
Date & decision:	23 rd September 2021- approved

Purpose of the paper/key points for discussion:	<p>We recognise that our people are our greatest asset. Their dedication, talent, knowledge and experience are at the heart of everything we do and have a big impact on the care that we provide. Following the launch of the Trust 5 Year Strategy, the Workforce and OD team have developed 'Our People Commitment' which outlines our plans for the next 5 years to build on our successes so far and to continue to build an inclusive and compassionate culture where all our staff can thrive.</p> <p>5 key commitments have been developed based on feedback from staff and the national and local Workforce context. These are;</p> <ol style="list-style-type: none"> 1. Looking after our people 2. Developing our people 3. Workforce for the future 4. Our digital workforce 5. Valuing our people
---	--

Action required: (please tick)	Discuss	<input checked="" type="checkbox"/>
	Approve	<input checked="" type="checkbox"/>
	For information/noting	<input type="checkbox"/>

Next steps required:	<p>Development of communication plans to share our People Commitment with the organisation</p> <p>Development of operational delivery plans to support the strategy</p>
----------------------	---



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input checked="" type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input checked="" type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input checked="" type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.





Our People Commitment 2021-2026

Our People commitment outlines our plans for the next 5 years to build on our successes so far and to continue to build an inclusive and compassionate culture where all our staff can thrive

How we will know if we are successful:

- Top-decile national staff survey results
- Performance against key workforce metrics
- Performance in equality and inclusion metrics
- Refreshed values and behaviours
- High rates of performance appraisal and development reviews
- Achievement of teaching hospital status

We recognise that our people are our greatest asset. Their dedication, talent, knowledge and experience are at the heart of everything we do and have a big impact on the care that we provide.

In order to deliver our 5 Year Strategy, we want to attract, retain and develop the brightest and best people locally, nationally and internationally, through our reputation for excellence in patient care, research and education, and our commitment to the health, wellbeing and experience of staff.

BE A GREAT PLACE TO WORK

Attract, develop and retain a highly-skilled, motivated and inclusive workforce to deliver the best care

Top decile staff survey
 Teaching hospital status





Key priorities



- We will promote equality, diversity and inclusion for all staff, tackling all forms of discrimination and removing inequality.
- We will enhance leadership skills and capacity across all levels of the Trust.
- We will recruit the brightest and the best academic and clinical people, with an emphasis on the harder-to-recruit groups such as oncologists, specialist nurses and radiologists.
- We will continue to develop new roles and new career pathways that support the sustainable provision of services.
- We will provide a comprehensive reward and recognition package to retain and develop a highly-skilled and flexible workforce.
- We will foster an open, transparent and high-performing culture, where staff feel valued and recognised for the important contribution and feel empowered to raise concerns.
- We will promote and maintain the physical and psychological wellbeing of our workforce as part of continuing to be an employer of choice.
- Through our excellence and expertise in education and training, we will continue to achieve excellence in patient care, service delivery and cutting-edge research across the region.



How the People Commitment was developed



1. What people are telling us

Our People Commitment has been shaped and influenced by what our people are telling us.

Each year our people provide us with feedback about what it is like to work at CCC, for example the NHS Annual Staff Survey. We have used this information to inform and shape our commitments to ensure we continue to build successful teams and that CCC continues to be a great place to work.

2. National and Local context

Our People Commitment reflects national and local workforce priorities. The NHS People Promise sets out the commitments of the NHS to address the challenges being faced across the system including increased system working and collaboration and national workforce shortages. The focus of the People Promise is to inspire and unleash the potential of every person and create a culture that is compassionate and inclusive.





Our Values



Our Trust Values demonstrate the behaviours and beliefs that underpin the way we work together and with patients and key partners to drive forward our ambitions.

The current values have been in place since 2006

In May 2021 as part of the 5 year strategy and ongoing commitment to creating a positive workplace culture, a review of the values was commissioned to ensure they continued to resonated with staff and patients

A series of engagement events and activities have taken place to understand from everyone what it means to be part of CCC. Our refreshed values and behaviours will be embedded into the strategy.





We are...

We are kind

We are inclusive

We are empowered

We are responsible





We are...



We are kind

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

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

We recognise achievements and collectively celebrate success

We are inclusive

We celebrate the diversity and difference that everyone brings

We treat people fairly without favouritism or discrimination

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

We are empowered

We contribute and make suggestions to improve patient and staff experience

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

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

We are responsible

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

We act with integrity and are always true to our word

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

We are Team CCC





Equality, Diversity and Inclusion



Equality, Diversity and Inclusion is a golden thread that runs through everything that we do and is everybody's responsibility. Our staff are our community, and we recognise the importance of ensuring our workforce is representative of our local population and celebrating diversity.

The Five-Year Strategy outlines our commitment to creating an open, diverse and inclusive culture where everyone is treated with respect and dignity and our people are recognised and valued for the contributions they make to our patients.

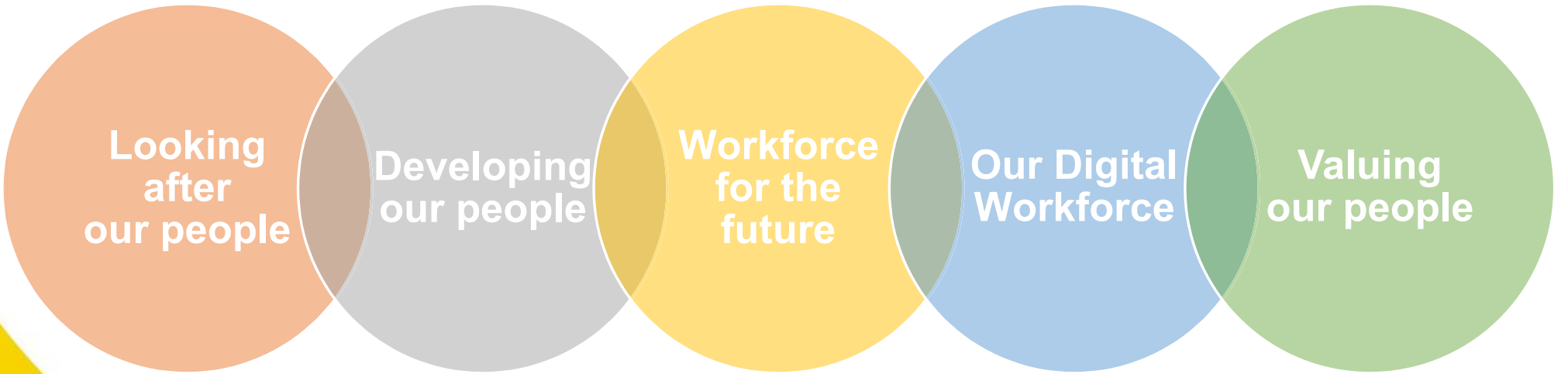
We believe that by continuing to champion a culture of equality, diversity and inclusion we will positively impact the experience of our staff, nurture an environment where staff feel able to speak up and raise concerns and ultimately improve the services we deliver to our patients

We are committed to promoting equality, diversity and inclusion and tackling all forms of discrimination and bullying to create an open and inclusive environment for all.





Our Commitments





Our ambition is to create an environment where people are supported and empowered to lead healthy lives and make informed choices that support their wellbeing and enables people to perform at their best.

How will we do this?

- Develop a revised health and wellbeing support that champions the physical, mental, and financial wellbeing of everyone at CCC
- Support the working lives of our staff through the achievement of the Workplace Wellbeing Charter
- Continue to promote and support flexible ways of working
- Harness a culture of kindness, civility and respect
- Champion a working environment that encourages all staff to ‘speak up’ and shape learning
- Ensure every person has a supportive wellbeing conversation

Looking
after
our people





Our ambition is to develop compassionate and inclusive leaders and a culture of learning where our staff can grow and reach their full potential

How will we do this?

- Develop a programme for identifying and nurturing talent which provides opportunities for development, celebrates success and supports individual aspirations
- Develop and embed training and development pathways across all levels and professions
- Develop effective leadership and management training for all leaders
- Embed a framework of coaching and mentoring
- Provide learning opportunities through apprenticeships in partnership with education providers

Developing
our people





Our ambition is to create a flexible and adaptive workforce, embed new opportunities across all staff groups and to attract and retain the brightest and the best people

How will we do this?



Workforce
for the
future

- Continue to develop new roles and career pathways that support sustainable services for the future
- Continue to develop extended and advance practice roles to support new ways of providing care
- Develop workforce plans for all services that are fully integrating with clinical strategies and financial plans
- Grow our relationships with local communities, schools and colleges to explore how we engage with health workers of the future
- Refresh our recruitment opportunities to raise the profile of the Trust as an employer of choice
- Support the embedding of the clinical structures and leadership models





Our ambition is to embed digital workforce solutions and technology to support our people to become digitally enabled and connected

How will we do this?

- Utilise digital solutions and technology to improve our recruitment process, enabling us to attract the brightest and best people
- Embed e-rostering and e-job planning to support flexible and agile ways of working
- Provide training and development that focuses on the utilisation of technology, supporting all our people to become digitally enabled
- Embed digital solutions that will enable our people to work to their full potential through the automation of systems and processes

A large blue circle containing the text "Digital Workforce". Below the circle is a yellow curved shape with a white circular icon containing a stylized 'D' or 'U' symbol.

Digital
Workforce



Our ambition is to champion a culture where everyone has a voice that counts and feels welcome, supported and understood

How will we do this?

- Embed our refreshed values and behaviors
- Develop a workforce that is truly representative of the population we support
- We will celebrate diversity and promote an environment of openness and inclusion free from discrimination or bullying
- Create opportunities for our people to share their bright ideas, make changes and inform new ways of working
- Ensure all staff have a voice that counts by growing our Culture and Engagement groups and Staff Networks



Valuing
our People



REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 October 2021	
Agenda item:	P1-182-21	
Title:	Trust Values & Behaviours Update	
Report prepared by:	Stephanie Thomas	
Executive Lead:	Jayne Shaw	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>

Paper previously considered by:	Quality Committee
Date & decision:	23 rd September 2021- approved

Purpose of the paper/key points for discussion:	<p>There is a growing body of evidence to suggest that strong organisational values and underpinning behaviours can lead to real, tangible improvement in performance, quality and staff and patient experience</p> <p>Our Trust Values demonstrate the beliefs that underpin the way we work together and with patient and key partners and drive what we do to help us deliver our ambitions.</p> <p>The trusts current values have been in place since 2006</p> <p>In May 2021 as part of the trusts new 5 year strategy and ongoing commitment to creating a positive workplace culture, a review of the trusts values was commissioned to ensure the values continued to resonated with staff and patients, positively enabled the strategic direction of the trust and embraced the newly published NHS People Promise and Our Leadership Way.</p> <p>Through a series of engagement events 4 refreshed values have been identified;</p> <ol style="list-style-type: none"> 1. We are kind 2. We are inclusive 3. We are empowered 4. We are responsible
---	--

Action required: (please tick)	Discuss <input checked="" type="checkbox"/>
	Approve <input checked="" type="checkbox"/>
	For information/noting <input type="checkbox"/>

Next steps required:	<p>Development of communication plans to share our Values and behaviours</p> <p>Develop engagement plan to embed values</p>
----------------------	---



REPORT COVER



The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input checked="" type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input checked="" type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input checked="" type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.





Refreshing our trust values

Trust Board – October 2021

Background

There is a growing body of evidence to suggest that strong organisational values and underpinning behaviours can lead to real, tangible improvement in performance, including:

1. Improved patient experience
2. Improvements in patient safety
3. More staff satisfied with their jobs and workplace
4. Staff who identify more strongly with their organisation
5. Staff who feel more personally successful, and more supported in that success by the organisation
6. Long term organisational success and impact

The trusts current values have been in place since 2006 and it was therefore felt that a review of the values was required.



Background

In May 2021 as part of the trusts new 5 year strategy and ongoing commitment to creating a positive workplace culture, a review of the trusts values was commissioned to ensure the values continued to resonated with staff and patients, positively enabled the strategic direction of the trust and embraced the newly published NHS People Promise and Our Leadership Way.

Our goal is to have a workforce that shares our values and demonstrates this throughout their behaviours, no matter what their individual role. Value statements will also help the Trust to define and develop its culture – what we do and how we do it.

Whilst values and behaviours are primarily linked to staff culture, it is important that we understand the expectations of our patients and key stakeholders.



Engagement Methodology

Using Appreciative Inquiry methodology number of engagement activities have taken place to gain staff, patient and key stakeholder feedback about our values and behaviours and what our future values should include.

To reach as many staff as possible our engagement activities include;

- A [digital survey](#) open to all staff
- Big conversations - Interactive drop-in engagement sessions to help gain insight in shaping the values and behaviours
- Local conversations – Attending team meetings, huddles and floor walking to listen to the opinions of staff and patients
- Graffiti boards for staff to share their ideas and suggestions
- Engagement with patients via patient group and floor walking



Engagement activity

Over 379 staff have shared their views and suggestions through a variety of engagement events



Facilitated 11 Big
Conversation Drop In
Sessions



Undertaken 9
'walkabouts' across
CCC-L & CCC-W



Facilitated 14 virtual
engagement sessions



Attended 8 huddles



Attended 7
Team/Corporate
Meetings



Published a values
survey

We are.....

We are kind

We are empowered

We are responsible

We are inclusive



We are.....

We are kind

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

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

We recognise achievements and collectively celebrate success

We are empowered

We contribute and make suggestions to improve patient and staff experience

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

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

We are responsible

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

We always act with integrity

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

We are inclusive

We celebrate the diversity and difference that everyone brings

We treat people fairly without favouritism or discrimination

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



We are Team CCC

Next steps

1. Approval of values
2. Marketing and communication plan developed
3. Develop of Staff Charter to support the values and everyone's role in living them
4. Trust launch of values
5. Embedding of new values, which will include
 1. Bespoke briefings on the new values
 2. Redeveloping learning and education programmes to incorporate values
 3. Developing robust values-based recruitment processes



Performance Report

October 2021

Version 1

Contents

- I. Summary
- II. Restoration of cancer services – core metrics
- III. 14 day standard and 28 Faster diagnosis standard
- IV. 62 day standard

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*	128%
Cancer surgery activity*	136%
SACT (inc chemo) delivery**	132%

Measure	% of pre-Covid level
Radiotherapy planning**	110%
Radiotherapy treatment**	110%
Endoscopy activity [‡]	68%

- The sustained increase in SACT continues to present challenges to service delivery, however CCC is taking a number of steps to ensure that demand continues to be met. Radiotherapy planning activity has been comparable to pre covid levels, with between 94 and 110% (no rising or falling trend) of 2019/20 activity since April 2021. Radiotherapy treatments are lower than 2019/20 and are likely to remain so, due to a change in fractionation in early 2020/2021, which equates to fewer treatments per patient in some tumour groups.
- Endoscopy activity had more than doubled between July 2020 (3,300 procedures) and March 2021 (6,600 procedures). Activity remained at around 6,000 procedures per month until June 21. Activity reductions in July and August are in line with previous seasonal trends, but are also influenced by under-reporting at the Countess of Chester Hospital (CoCH) and Warrington and Halton Hospitals (WHH). It is estimated that if the under-reported data were captured; activity would be around 75% of pre-Covid levels. Further capacity is required in order to clear the backlog of patients on the endoscopy waiting list, which is increasing. The Alliance has established an endoscopy operational recovery team (EORT) to oversee and co-ordinate restoration activities.

Summary

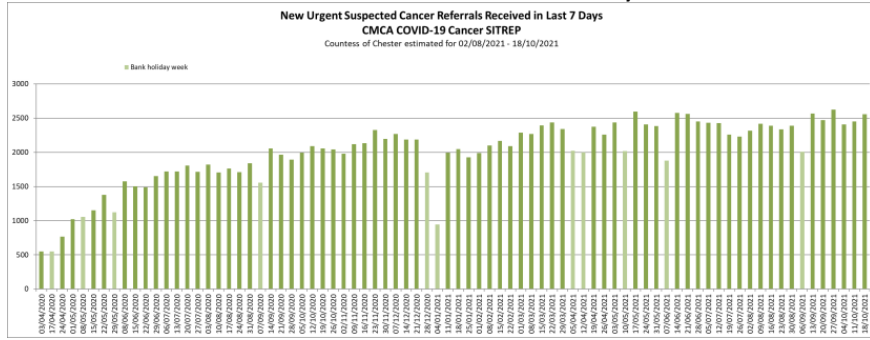
Cancer waiting times performance

The latest published 14 day, 28 day and 62 day cancer waiting times performance data relate to **August 2021**.

- The Alliance failed the **14 day standard** for urgent suspected cancer referrals in August, with four trusts and six CCGs falling below the 93% threshold. The overall performance of the Alliance was 90.4%*, reducing from 91.3%* last month. The England average was 84.7%. CMCA was the 4th best performing Alliance in England out of 19 against this standard.
- The Alliance failed the **28 day standard** for urgent suspected cancer referrals in September (shadow monitored – the new standard comes into force from October 2021), with seven trusts and six CCGs falling below the 75% threshold. The overall performance of the Alliance was 73.5%*, reducing from 74.5%* last month. The England average was 72.6%.
- The Alliance failed the **62 day standard**, achieving 74.8%* (reducing from 76.1%* last month) against a standard of 85% (England average was 70.7%). Seven trusts and eight CCGs failed to meet the 62 day standard. Cheshire and Merseyside is the 7th best performing Alliance in England out of 19 against this standard.
- The number of urgent referral patients waiting **over 62 days** is significantly higher than pre-Covid levels. On 18th October 2021 there were 1,378 patients waiting more than 62 days for a diagnosis or treatment. This has increased from 1,336 reported last month (6th September). Of these, 321 have waited **over 104 days**. This has increased from 273 reported last month.
The proportion of patients on urgent suspected cancer pathways who have already been on the pathway for over 62 days is in line with the England average.

Section II: Restoration of Cancer Services – Core Metrics

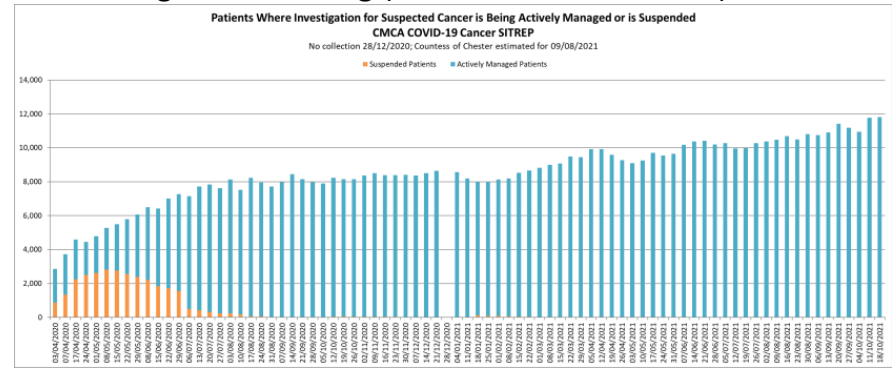
1. TWW referrals received in last 7 days



Referrals were high with 2,559 patients referred (28% above pre-pandemic weekly average).

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 all weeks 02/08/21 to 18/10/21 inclusive. Liverpool Women's Hospital estimated for 13/09/21, 20/09/21.

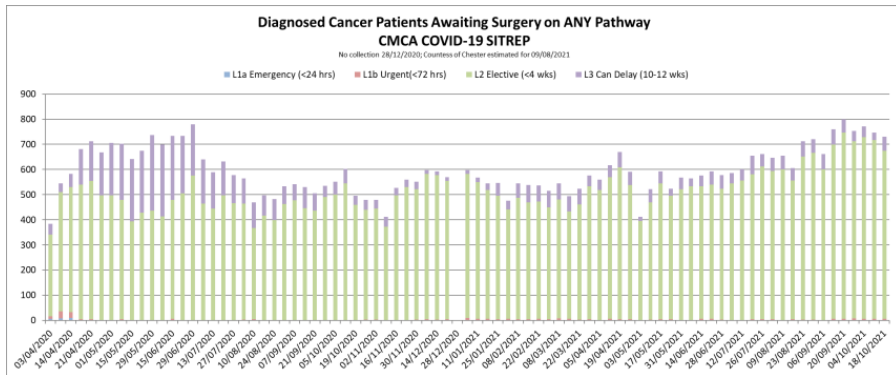
2. Diagnostic backlog (referrals without a DTT)



Currently 11,803 active patients, of which 0 are suspended.

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, 12/08/21, 12/09/21, 13/09/21, 20/09/21, 27/09/21, 01/10/21, 02/10/21, 03/10/21, 04/10/21, 05/10/21, 06/10/21, 07/10/21, 08/10/21, 09/10/21, 10/10/21, 11/10/21, 12/10/21, 13/10/21, 14/10/21, 15/10/21, 16/10/21, 17/10/21, 18/10/21.

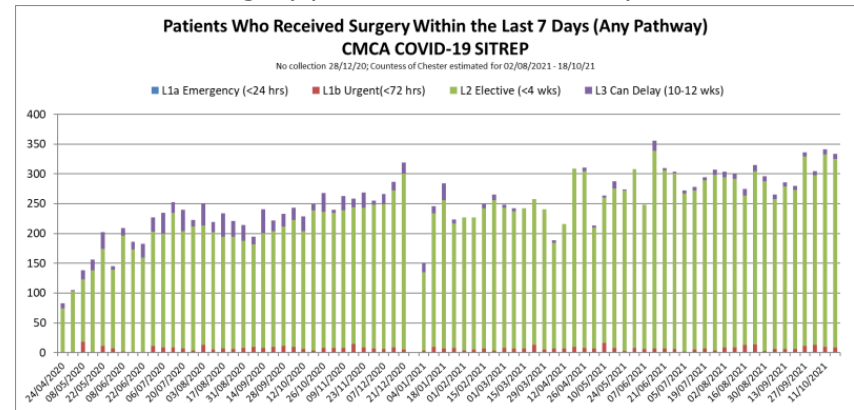
3. Cancer patients awaiting surgery



730 patients with a surgical DTT. 675 at L1&L2 and 55 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. Liverpool Women's Hospital estimated for 13/09/21, 20/09/21.

4. Cancer surgery performed in last 7 days



334 cancer operations performed

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 02/08/21 to 18/10/21 inclusive. Liverpool Women's Hospital estimated for 13/09/21, 20/09/21.

Restoration of Cancer Services – Core Metrics

5. Patients waiting over 62 days

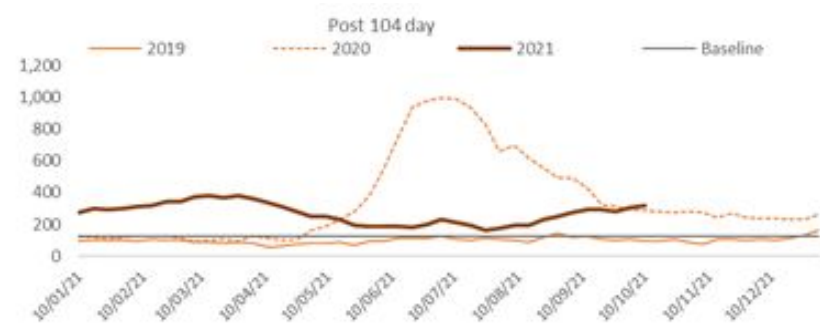


1,378 patients have waited over 62 days

- Lower than 1,461 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; Mid Cheshire 25/07/2021; Countess of Chester 01/08/2021 and 08/08/2021.

6. Patients waiting over 104 days

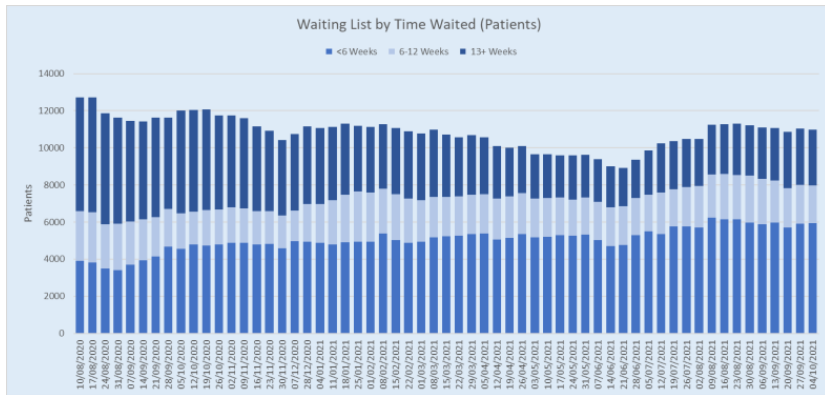


321 patients have waited over 104 days

- Higher than 305 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; Mid Cheshire 25/07/2021; Countess of Chester 01/08/2021 and 08/08/2021.

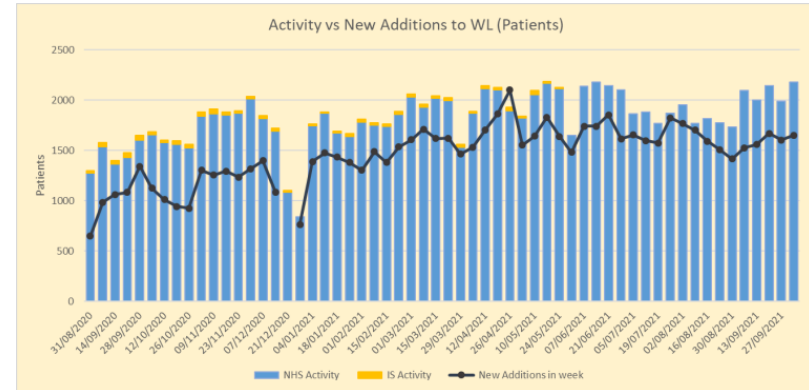
7. Endoscopy waiting list



Endoscopy waiting list decreased to 10,985 patients.

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

8. Endoscopy activity



Activity high, with 2,178 patients seen.

New additions increased with 1,651 patients added.

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

9. Patients waiting between 63 and 103 days by provider

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
Bridgewater															
Clatterbridge			8			8	5					8	10		52
Countess Of Chester		5	34	6	11	104					20	24	6		210
East Cheshire						25									28
Liverpool Foundation Trust		11			12	210						109	26		381
Liverpool Heart & Chest															
Liverpool Women's			26												26
Mid Cheshire				5		45					7	9			76
Southport & Ormskirk			23			28					5	9	7		78
St Helens & Knowsley			14		10	57					9	20	8		124
Walton Centre															
Warrington & Halton					5	5							12		28
Wirral						19									39
Grand Total		22	108	23	48	501	8				67	184	89		1057



Tables from [national Cancer PTL](#)

Up to 10 October 2021

10. Patients waiting over 104 days by provider

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
Bridgewater											9				9
Clatterbridge															16
Countess Of Chester			22			30					6	6			73
East Cheshire															
Liverpool Foundation Trust						82						23	10		130
Liverpool Heart & Chest															
Liverpool Women's			16												16
Mid Cheshire															5
Southport & Ormskirk			11												27
St Helens & Knowsley						5					5				22
Walton Centre															
Warrington & Halton															6
Wirral													6		13
Grand Total			55	11	16	135	6				27	36	29		321

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

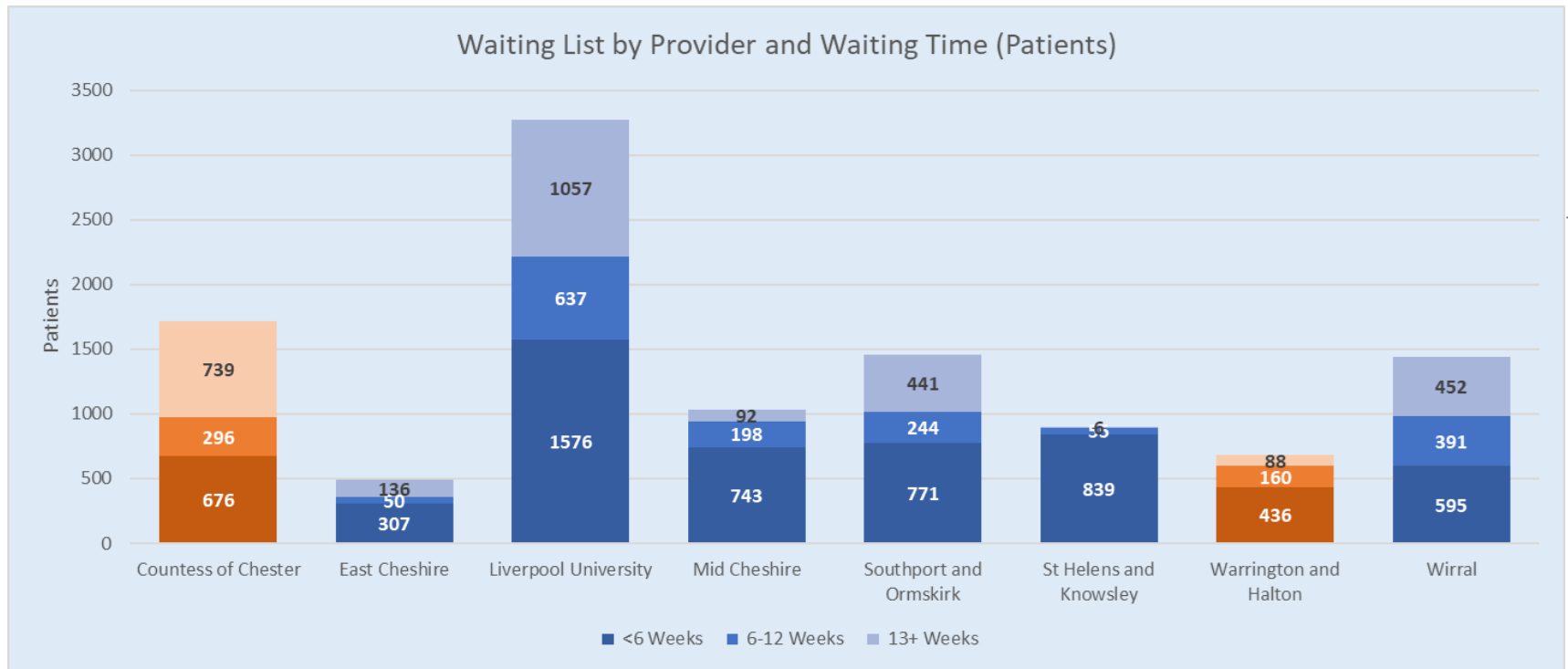
= No PTL submission this week

Restoration of Cancer Services – Core Metrics

There are currently 10,985 patients waiting for an endoscopy. 5,042 have waited more than six weeks, and of these 3,011 have waited 13 or more weeks (27% of the total).

There is significant variation across units, with CoCH (estimated), LUFT, Wirral and Southport and Orskirk having the greatest proportion of their waiting list made up of patients waiting 13 weeks or more (43%, 32%, 31% and 30% respectively).

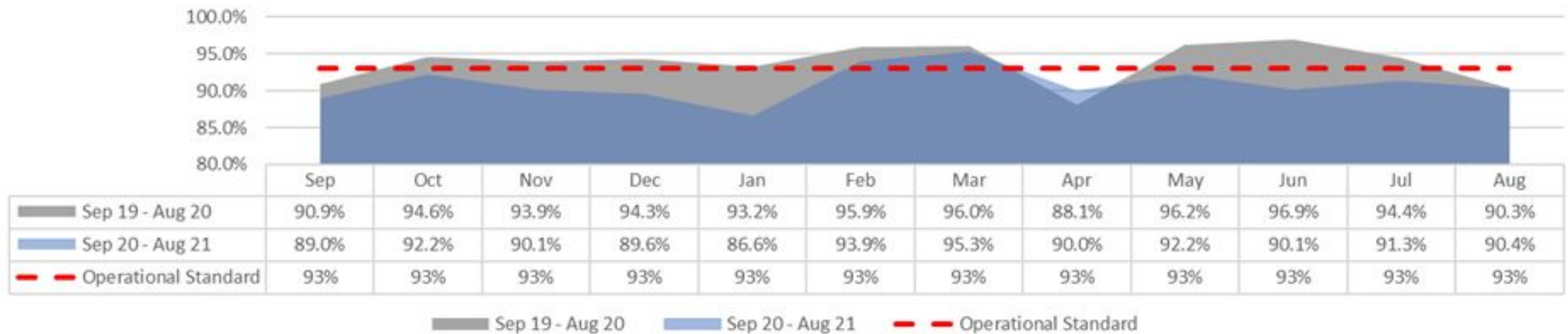
Endoscopy (cancer and non-cancer pathways)
 Countess of Chester estimated from 19 July 2021. Warrington and Halton estimated for 11 October 2021.



Endoscopy data at 11 October 2021

Section II: 14 day standard

Percentage of patients from Cheshire and Merseyside seen within two weeks of referral



In August 2021, 90.4% of patients were seen within 2 weeks compared to 91.3% in the previous month. This is below the national target.

Providers not achieving the national operational standard were:

- Countess Of Chester Hospital 69.1% (293 breaches)
- Southport and Ormskirk Hospital 76.5% (257 breaches)
- Warrington and Halton Teaching Hospitals 90.7% (85 breaches)
- St Helens and Knowsley Hospitals 92% (138 breaches)

CCGs not achieving the national operational standard were:

- NHS Southport and Formby 77.1% (167 breaches)
- NHS Cheshire 86.6% (391 breaches)
- NHS Halton 90% (61 breaches)
- NHS Knowsley 92.1% (62 breaches)
- NHS South Sefton 92.2% (64 breaches)
- NHS Warrington 92.4% (67 breaches)

Section II: 28 day standard

Percentage of Cheshire and Merseyside patients receiving a diagnosis or ruling out of cancer within 28 days of referral



The 28 day FDS standard is still being shadow monitored. The standard is will be 75% from October 2021.

In August 2021, 73.5% of patients were diagnosed or ruled out within 28 days compared to 74.5% in the previous month. This is below the national target.

Providers not achieving the expected standard were:

Liverpool Heart And Chest 69.2% (4 breaches),
 Mid Cheshire Hospitals 69.9% (352 breaches),
 Bridgewater Community Healthcare 71.4% (58 breaches),
 Southport and Ormskirk Hospital 72.9% (243 breaches),

Countess Of Chester Hospital 69.5% (230 breaches),
 Liverpool Womens 71.1% (67 breaches),
 Liverpool University Hospitals 72% (732 breaches),
 East Cheshire 73.4% (142 breaches)

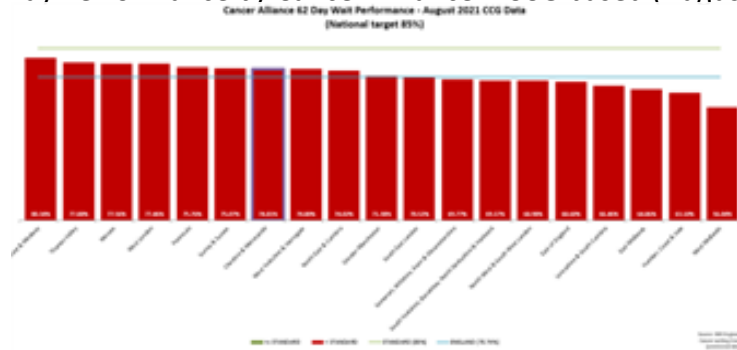
CCGs not achieving the expected standard were:

South Sefton 67.1% (217 breaches),
 St Helens 73.3% (232 breaches),
 Warrington 73.6% (216 breaches),

Cheshire 70.7% (777 breaches),
 Southport And Formby 73.3% (174 breaches),
 Knowsley 74.2% (172 breaches)

Section III: 62 Day Standard

62 Day Performance by Cancer Alliance – CCG based (August 2021)



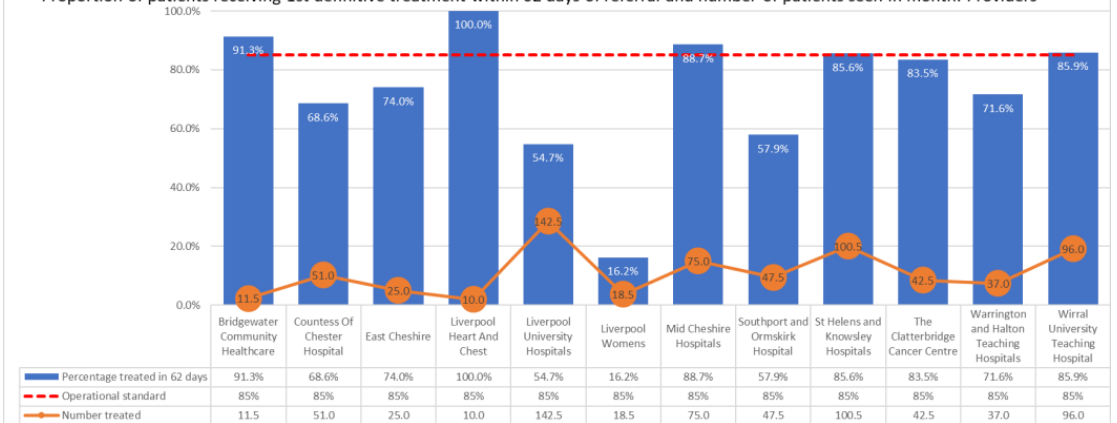
CMCA achieved 74.8% against a standard of 85%.
CMCA was the seventh best performer. The England average was 70.7%

Most Challenged Pathways (August 2021)

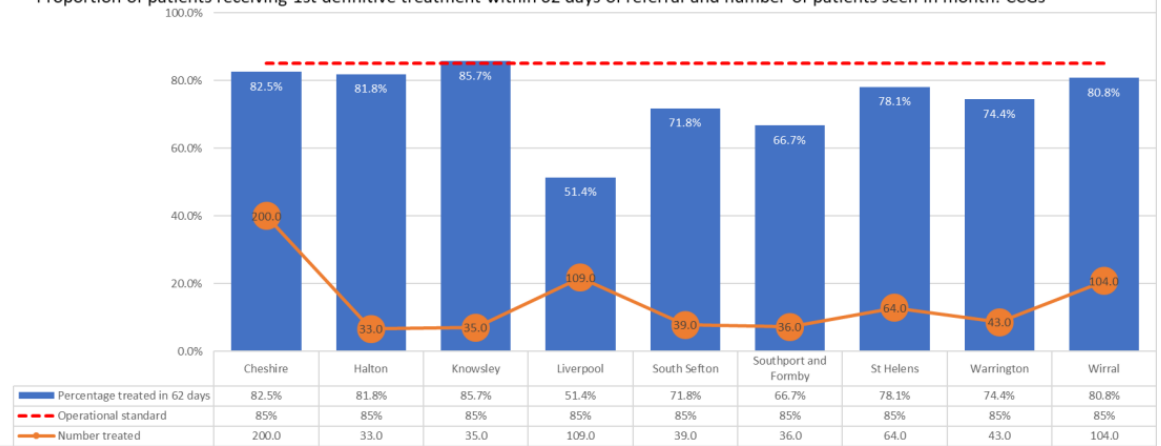
Cancer pathways not achieving the national objective were:

- Gynaecological 34.2% (25 breaches),
- Lower Gastrointestinal 45.8% (39 breaches),
- Head & Neck 50% (11 breaches),
- Upper Gastrointestinal 66.7% (13 breaches),
- Urological (Excluding Testicular) 67.4% (43 breaches),
- Sarcoma 71.4% (<5 breaches),
- Haematological (Excluding Acute Leukaemia) 72.2% (5 breaches),
- Lung 79.6% (10 breaches)

August 21
Proportion of patients receiving 1st definitive treatment within 62 days of referral and number of patients seen in month: Providers



August 21
Proportion of patients receiving 1st definitive treatment within 62 days of referral and number of patients seen in month: CCGs



Cheshire & Merseyside

Cancer Alliance

Report prepared by Jenny Hampson
Performance Information 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 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.



REPORT COVER

Report to:	Trust Board	
Date of meeting:	27 October 2021	
Agenda item:	P1-184-21	
Title:	Board Assurance Framework 2021-2022 Quarter 2	
Report prepared by:	Margaret Saunders – Associate Director of Corporate Governance	
Executive Lead:	Liz Bishop – Chief Executive	
Status of the report: (please tick)	Public	Private
	x	

Paper previously considered by:	
Date & decision:	

Purpose of the paper/key points for discussion:	<p>The latest information relating to the Trust's strategic risks is presented in this report alongside an update on Controls and Mitigation, Assurance/Evidence and Gaps in Controls/Assurances to reflect the current position of each of the 12 BAF risks and their associated scoring.</p> <p>The scoring for the majority of the 12 BAF Risks remain static since Quarter 1, with two exceptions: B1 – Which has reduced scoring from 12 to 9 B6 - Which has reduced scoring from 15 to 9</p> <p>Executive Directors are responsible for monitoring completion of actions and updating the individual BAF risk reports, these updates are reflected within the report and are highlighted in yellow.</p>
---	---

Action required: (please tick)	Discuss <input checked="" type="checkbox"/>
	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>

Next steps required:	<ul style="list-style-type: none"> To note the current status of BAF risks and
----------------------	---





REPORT COVER

The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



Risk Appetite Statement 2021

The Clatterbridge Cancer Centre NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of Strategic Priorities and ambitions in addition to its relationships with service users, staff, public, regulators and strategic partners. As such, The Clatterbridge Cancer Centre NHS Foundation Trust will not accept risks that materially provide a negative impact on patient safety.

In contrast, The Clatterbridge Cancer Centre NHS Foundation Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has a greater appetite to pursue partnerships, commercial gain and clinical innovation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment; this includes the development of our Subsidiary Companies. In addition, in pursuit of its Strategic Priorities, The Clatterbridge Cancer Centre NHS Foundation Trust is willing to accept, in some limited circumstances, risks that may result in some limited financial loss or exposure.

BAF Summary							
BAF ID	Risk	Owner	Oversight Committee	Q1 2021/22	Q2 2021/22	Target Risk	Risk Appetite
B1	If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	CN/MD	Quality Committee	3x4=12 ↔	3x3=9 ↓	2x1=2	Regulatory compliance, patient safety: Low (4-8)
B2	Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	COO	Quality Committee & Performance Committee	3x3=9 ↔	3x3=9 ↔	2x2=4	Contractual and regulatory compliance: Low (4-8)
B3	Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	DofF	Performance Committee	3x4=12 ↑	3x4=12 ↔	2x2=4	Financial: Low (4-8) , but in limited circumstances Moderate (9-12)
B4	If we do not build upon the work with the Cancer Alliance and other partners, this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer care services.	CEO/DofS	Performance Committee	3x4=12 ↔	3x4=12 ↔	2x4=8	Partnerships: Moderate (9-12)
B5	If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	MD	Quality Committee & Performance Committee.	3x5=15 ↔	3x5=15 ↔	2x4=8	Patient experience: Low (4-8) ;
B6	Issues within Pharmacy Aseptic Unit adversely impacting on the manufacturing and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan, adversely impacting on patient accessibility to research and reputational damage with Sponsors.	MD	Quality Committee	3x5=15 ↔	3x3=9 ↓	2x2=4	Patient experience: Low (4-8) ;
B7	If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	Dof W&OD	Quality Committee	3x4=12 ↔	3x4=12 ↔	2x3=6	Workforce: Low (4-8)
B8	If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	Dof W&OD	Quality Committee	3x3=9 ↓	3x3=9 ↔	2x3=6	Workforce: Low (4-8)
B9	If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	DofW&OD	Quality Committee	3x3=9 ↓	3x3=9 ↔	2x3=6	Workforce: Low (4-8)

B10	If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	CIO	Performance Committee & Quality Committee	3x3=9↔	3x3=9↔	2x2=4	Digital: Low (4-8)
B11	If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	CIO	Performance Committee & Quality Committee	3x4=12↔	3x4=12↔	3x3=9	Digital: Low (4-8)
B12	If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	DofF	Performance Committee	4x3=12↔	4x3=12↔	2x3=6	Commercial and Partnership working: Moderate (9-12)

Strategic Priority	BAF ID	Risk	Risk Owner	Committee Oversight	Initial Risk Score			Q1 Risk Score			Q2 Risk Score			Target Risk Score			Comments
					L	C	Score	L	C	Score	L	C	Score	L	C	Score	
Be Outstanding: which means that we will deliver safe, high quality care and outstanding operational and financial performance	B1	If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	CN/MD	Quality Committee	4	3	12	4	3	12↔	3	3	9↓	2	1	2	July 2021: Risk score reduced due to additional controls in place and additional assurances in place.
	B2	Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	COO	Quality Committee & Performance Committee	3	3	9	3	3	9↔	3	3	9↔	2	2	4	July 2021: Risk Score remains static.
	B3	Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	DofF	Performance Committee	3	3	9	3	4↑	12↑	3	4↔	12↔	2	2	4	July 2021: Risk Score remains static.
Strategic Priority	BAF ID	Risk	Risk Owner	Committee Oversight	Initial Risk Score			Q1 Risk Score			Q2 Risk Score			Target Risk Score			Score
					L	C	Score	L	C	Score	L	C	Score	L	C	Score	
Be Collaborative: which means we will drive better outcomes for cancer patients, working with our partners across our unique network of care.	B4	If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	CEO/DofS	Performance Committee	3	4	12	3	4	12↔				2	4	8	
Strategic Priority	BAF ID	Risk	Risk Owner	Committee Oversight	Initial Risk Score			Q1 Risk Score			Q2 Risk Score			Target Risk Score			Score
					L	C	Score	L	C	Score	L	C	Score	L	C	Score	
Be Research Leaders: which means we will be leaders in cancer research to improve outcomes for patients now and in the future	B5	If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	MD	Quality Committee & Performance Committee	3	5	15	3	5	15↔	3	5	15↔	2	4	8	July 2021: The operational risk has been reduced to a score of 12; the reputational risk remains at 15.
	B6	Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	MD	Quality Committee	3	5	15	3	5	15↔	3	3	9↓	2	2	4	July 2021: R&I have mitigated the risk; new trails have now opened and further mitigation of the risk is dependent upon capacity within Aseptic Pharmacy.

Strategic Priority	BAF ID	Risk	Risk Owner	Committee Oversight	Initial Risk Score			Q1 Risk Score			Q2 Risk Score			Target Risk			Score	
					L	C	Score	L	C	Score	L	C	Score	L	C	Score		
Be a Great Place to Work: which means that we will attract, develop and retain highly skilled, motivated and inclusive workforce to deliver the best care.	B7	If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	DofW&OD	Quality Committee	3	4	12	3	4	12↔	3	4	12↔	2	3	6	July 2021: Risk score remains static.	
	B8	If we are unable to recruit and retain high calibre and diverse staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	DofW&OD	Quality Committee	3	4	12	3	3	9↓	3	3	9↔	2	3	6	July 2021: Risk score remains static.	
	B9	If we do not support and promote employee health and wellbeing, this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence	DofW&OD	Quality Committee	3	4	12	3	3	9↓	3	3	9↔	2	3	6	July 2021: Risk score remains static.	
Strategic Priority	BAF ID	Risk	Risk Owner	Committee Oversight	Initial Risk Score			Q1 Risk Score			Q2 Risk Score			Target Risk			Score	
					L	C	Score	L	C	Score	L	C	Score	L	C	Score		
Be Digital: which means we will deliver digitally transformed services, empowering patients and staff.	B10	If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve it's digital ambition.	CIO	Quality Committee & Performance Committee	3	3	9	3	3	9↔	3	3	9↔	2	2	4	July 2021: Risk score remains static.	
	B11	If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	CIO	Quality Committee & Performance Committee	3	4	12	3	4	12↔	3	4	12↔	3	3	9	July 2021: Risk score remains static.	
Strategic Priority	BAF ID	Risk	Risk Owner	Committee Oversight	Initial Risk Score			Q1 Risk Score			Q2 Risk Score			Target Risk			Score	
					L	C	Score	L	C	Score	L	C	Score	L	C	Score		
Be Innovative: which means we will be enterprising and innovative, exploring opportunities that improve or support patient care.	B12	If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	DofF	Performance Committee	3	3	9	4	3	12↑	4	3	12↔	2	3	6	July 2021: Risk score remains static.	

BAF 1 If we do not have robust Trust-wide quality and clinical governance arrangements in place, we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.

	Controls and Mitigation (what are we currently doing about this risk)
Ref	
C1	Quality Committee has an annual work plan of expected reports
C2	Mortality Review and Mortality Surveillance Groups established.
C3	Integrated Governance Committee work plan in place
C4	Re-defined reporting structure into Integrated Governance Committee.
C5	Patient Experience Strategy in place.
C6	Quality & Safety meetings in Divisions monthly
C7	In date Quality Strategy in place.
C8	Associate Director for Clinical Governance and Patient Safety in post
C9	Approved Quality Account in place.
C10	Named Patient Safety Leads across Divisions.
C11	All Divisions have a Matron or Quality and Safety Lead in post to lead on this agenda

	Assurances/Evidence (how do we know we are making an impact)
A1	Reports to Integrated Governance Committee and Quality committee provide assurance to the respective Committee members.
A2	Regular engagement meetings with the CQC
A3	Audit Committee receives the Annual Clinical Audit Report.
A4	Financial sustainability and ability to invest in services
A5	We will be in the top decile National Cancer Patient Experience Survey results.
A6	Monthly quality section in Integrated Performance Report
A7	Deep dive reports completed in relation to the Aseptic Unit, Datix Cloud IQ, incidents relating to communication issues and the Management of Complaints with associated action plans.
A8	Quarterly Clinical Audit and NICE compliance reports to Integrated Governance committee.
A9	Quarterly updates to Quality committee on progress against Action Plans relating to Patient Experience Surveys .
A10	Review of robust Quality Assurance Process at IGC and Quality Committee.
A11	Medicine Incident Reports to IGC and Quality Committee monthly.
A12	Actions from Litigation and Inquest reports to IGC and Quality Committee Quarterly
A13	Actions from complaints reported through Divisional Quality and Safety Meetings.
A14	Regulatory Compliance Register approved on 19 July 2021
A15	Monthly Quality and Safety meetings within each Division

	Gaps in Controls/Assurances (actions to achieve target risk scores)	Deadline for Action to Close Gap	Action Lead
G1	Review of existing clinical governance function ongoing. Key changes have been made but further refinement required	31-Dec-21	CL
G3	Implementation of Incident Investigation Training in line with the Patient Safety Syllabus published May 2021.	31-Dec-21	CL
G4	Quality Improvement Programme in development	31-Dec-21	TP/CL
G5	Transition onto Datix Cloud IQ making excellent progress against schedule additional modules to go live Jan 2022	31-Jan-22	CL

BAF 2	Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk for failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.
--------------	--

	Controls and Mitigation (<i>what are we currently doing about this risk</i>)	Assurances/Evidence (<i>how do we know we are making an impact</i>)	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
REF					
C1	Divisional Performance Reviews in place.	A1 Internal Audit Reports (MIAA) on performance metrics. Action log and action plan progress monitored at each PR Triple A report to Performance Committee demonstrates progress	G1 Reaction to frequent changes to national guidance and targets.	Ongoing due to the current position nationally and regionally	HG
C2	Receipt of Cheshire and Merseyside Cancer Alliance weekly cancer waiting time performance reports to enable Planning.	A2 Deep dive reports received through Performance Committee.	G2 No control over the flow of activity from referring Trusts	Ongoing due to the current environment regionally	JSp
C3	Investment business cases approved to increase capacity in radiology activity.	A3 Robust monthly Integrated Performance Report presented at Board and Board Committees.			
C4	The Trust is fully engaged with regional and national meetings	A4 Recovery plan progress monitored via IPR.			
C5	Established internal targets to monitor flow.	A5 Scrutiny of reports presented at Divisional Performance Reviews.			
C6	Recovery and escalation plan in place to meet NHS Oversight Metrics 2021/22	A6 Action plans in place to improve any non-compliance with national targets.			
C7	Trust Operational Group monitors Trust activity on a weekly basis	A7 Clear escalation of the monitoring process in the event of under performance against key metrics.			
		A8 Implementation of national and regional guidance			

BAF 3 Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block Funding.

REF	Controls and Mitigation (<i>what are we recurrently doing about this risk</i>)	Assurances/Evidence (<i>how do we know we are making an impact</i>)	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
C1	Standard monthly reporting to Trust Board and Board Committees.	A1 Detailed reports both internally and externally, throughout the Trust's governance structure.	G1 N/a	Ongoing with continued monthly updates.	JT
C2	Divisional and departmental budget setting	A2 Subject to both Internal and External Audit. Divisional performance reported at Trust Board level, with issues managed through Performance Review Groups.	G2 Inability to plan for activity and resource due to clarity of recurrent contracting / funding regime.	Planning for 2022-23 to be taken to Trust board March 2022.	JT&JSp
C3	Block funding received for H1 and H2	A3 Balanced position planned for H1, with associated cash transactions. ERF payments received for M1-M3. Internal cross discipline H2 Planning team focused on H2 planning submission.	G3 Final H2 income and expenditure position not known. Final allocation for H2 not known – subject to CM ICS system process and risks. Outcome of changes to ERF calculations / thresholds to be understood.	Trust H2 planning submission to NHSE due 16 th November. Routine monitoring on financial risk ongoing.	JT
C4	Receive activity benchmarking from Cheshire and Merseyside	A4 Covid recovery activity and performance managed through the Hospital Cell and Cheshire and Merseyside Cancer Alliance (CMCA)	G4 H2 planning guidance may result in additional reporting and benchmarking issues.	Planning paper to be taken to October Trust Board.	JS
C5	Reports through Finance Committee, and Performance Review Groups.	A5 Detailed reports produced monthly, covering all primary statements.	G5 N/a	Ongoing with continued monthly updates.	JT
C6	Utilise intelligence from Cheshire and Merseyside Cancer Alliance to understand likely activity flows from Secondary care.	C6 Trust Board takes monthly updates from CMCA. Trust H1/H2 activity planning uses CMCA data set as evidence.	G6 Impact of pandemic and non-elective demand is variable, and can have an impact on secondary care outside of reporting cycle.	Ongoing with continued monthly updates.	JS

BAF 4 If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	The Trust is host to the Cheshire and Merseyside Cancer Alliance.
C2	The Trust CEO is the SRO for the Cheshire and Merseyside Cancer Alliance (CMCA)
C3	Funding has been approved until 2024.

	Assurances/Evidence (<i>how do we know we are making an impact</i>)
A1	Monthly reports from Cancer Alliance to Trust Board
A2	Trust CEO also system lead for diagnostic hubs and endoscopy recovery. Trust CEO reports CMCA activity and programme to Trust Board
A3	Commitment to Cancer Alliance role in delivering improved cancer services is included in NHSE planning guidance.

	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
G1	Not applicable, no expected change in arrangements.	N/a	LB
G2	Not applicable, no expected change in arrangements.	Ongoing monthly monitoring.	LB
G3	Detailed planning guidance for 2022-23 has yet to be published.	2022-23 planning guidance expected Q4 2021-22. Trust planning submission for 2022-23 expected at Trust Board March 2022.	LB/JT

BAF 5 If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	Approved Research Strategy in place.
C2	Funding for the Research Strategy has been approved to support early phase clinical trial infrastructure to ensure access can be maintained.
C3	Appointment of one academic Consultant and one clinical Consultant with early phase expertise.
C4	ECMC update through Directorate Board on any operational issues.
C5	Dedicated ECMC study set up in place.
C6	ECMC Research Practitioner and Clinical Trials Support Officer in place.
C7	Dedicated Early Phase Trial Clinic at CCC.
C8	Further opportunities of national Research collaboration with major cancer centres
C9	CRUK Centre bid in place which has progressed to the second stage. Application submitted. Interview 14 th October 2021.

	Assurances/Evidence (<i>how do we know we are making an impact</i>)
A1	Progress against the Research Strategy Business Plan reported to Performance Committee quarterly.
A2	Progress against targets monitored at Directorate Board
A3	Trials unpaused to recruitment from 17 May 2021.
A4	ECMC Clinical Translation meetings held monthly as oversight.
A5	Clinical Director for ECMC provides quarterly update to the Research Strategy Committee on progress.
A6	Performance against plan monitored at regular performance reviews
A7	Explore opportunities to increase recruitment to studies already open
A8	First study using the aseptic service opened 17 th September 2021

	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
G1	Completed ECMC application paper: Call opens March 2022, Closes July 2022. Panel meets September 2022, Decision communicated January 2023. Next funding term is a 4 year term (April 2023-March 2027).	Application to be submitted by July 2022.	DP/GH
G2	Inability to generate sufficient Charitable funds to support the Research Strategy.	Mar-22	KB/GH
G3	ECMC studies prioritised for opening when clinical trial pharmacy staffing capacity available.	Recruitment commenced. Mitigation plan in place to enable the opening of some studies	KF/GH
G4	Secure early phase trial in-patient beds at CCCL	Proposal in development	GH/EW

BAF 6 Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan, adversely impacting on patient accessibility to research and reputational damage with Sponsors.

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	Mutual aid in place in Pharmacy.
C2	Clear communication with Sponsors
C3	New structure within the Pharmacy Clinical Trials Team agreed. Recruitment plan underway.
C4	IMP Transportation Standard Operating Procedure completed.
C5	Timeline of trials to be progressed through set up to opening as a staggered approach
C6	Interim mitigation plan in place to support Lead Trials Pharmacist role.

	Assurances/Evidence (<i>how do we know we are making an impact</i>)
A1	Monthly reports on progress to Quality Committee
A2	Pharmacy has aseptic capacity to support open and new trials.
A3	Full action plan and daily sit rep in place
A4	As of 9 June 2021, the issues relating to the cold chain have been resolved.
A5	Pharmacy monthly Performance Review
A6	Monthly Pharmacy Move Programme Board in place, development plan monitored in this forum.

	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
G1	Pharmacy recovery plan to enable capacity to open new trials	Recovery plan in place 30 August 2021 Ongoing monitoring of key milestones required 31 st Jan 2021	KF/GH
G2	Gaps in Clinical Trials Pharmacy capacity	Recruitment process commenced, completed by 31 st Jan 2022 Interim plan in situ to support some trials work. Aug 2021 -	KF

BAF 7 If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the 5 Year Strategy.

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	Leadership programme in place
C2	Bespoke leadership and OD programme in place for Divisional triumverates
C3	Coaching available for staff
C4	Competency framework for nursing staff
C6	Clinical Education Strategy
C7	Leadership masterclasses in place with external keynote speakers

	Assurances/Evidence (<i>how do we know we are making an impact</i>)
A1	High calibre appointments completed.
A2	National staff survey results
A3	Quarterly Culture & Engagement Pulse
A4	Workforce KPIs monitored at PRGs, subcommittees and Board
A5	Completion of PADR

	Gaps in Controls/Assurances (<i>actions to achieve target riskscores</i>)	Deadline for Action to Close Gap	Action Lead
G1	Competency framework for AHPs	30-Nov-21	LW
G2	Workforce Strategy in development	31-Oct-21	ZC
G3	Talent mapping for critical posts	30-Nov-21	SW
	EDI objectives to be developed	31-Jan-2022	AO
	Medical leadership framework to be developed	31-Mar-2022	

BAF 8

If we are unable to recruit and retain high calibre and diverse staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	Workforce Transformation Committee established.
C2	EDI Steering group in place
C3	BAME and LGBT staff networks in place
C4	Joint EDI lead appointment and shared service with TWC and AH
C5	Retention plans in place for nursing and A&C staff
C6	

	Assurances/Evidence (<i>how do we know we are making an impact</i>)
A1	Turnover KPI monitored at PRGs, subcommittees and Board
A2	PADR process in place and compliance monitored at sub-committees and Board
A3	WRES completion and action plan
A4	WDES completion and action plan
A5	Annual staff survey results
A6	Recruitment Policy up dated and in place

	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
G1	EDI targets to be agreed	31-Jan-22	ZH
G2	Workforce Dashboard that will establish trajectories.	28 Feb-22	ZH
G3	EDI service agreement to be developed	31-Mar-22	ZH
G4	Completion of revised Values and Behaviours.	30-Nov-21	ST
G5	Values based recruitment model	31-Mar-22	ZH

BAF 9	If we do not support and prioritise employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.									
	Controls and Mitigation (<i>what are we currently doing about this risk</i>)				Assurances/Evidence (<i>how do we know we are making an impact</i>)			Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
Ref										
C1	Culture & Wellbeing Groups in place in each Div and for Corporate Services			A1	Annual staff survey results		G1	Culture and Engagement Steering Committee to be established	30-Sep-21	JSh
C2	OH and counselling service in place for all staff			A2	Quarterly Staff Culture and Engagement Pulse results		G3	H&WB Guardian role to be embedded	31-Mar-22	ZH
C3	EAP service available for all staff			A3	Contract monitoring for OH, counselling and EAP		G4	Implementation plan for health and wellbeing	30-Jan-22	ST
C4	Trained Mental Health First Aiders in place along with Train the Trainers			A4	All staff have a personal H&WB objective included in their PADR		G5	Review H&WB offer to Trust	31-Dec-2021	ZH
C5	H&WB Guardian in place			A5	Leadership programme includes wellbeing modules					
C6	H&WB objectives for line managers and all staff			A7	Workforce KPIs monitored at PRGs, sub-committees and Trust Board					
C7	Leadership masterclass programme including resilience modules									

BAF 10 If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve it's digital ambition.

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	Engagement with the Trust on the relevance and importance of Digital and commitment to "buy in" to transformational change
C2	Digital Board Chaired by Medical Director with Trust wide membership with oversight of progress. Triple A reporting through to Quality Committee and Trust Board

Assurances/Evidence (*how do we know we are making an impact*)

A1	Facilitated engagement sessions in place, "Be Digital" Dec 2020, "Day in your Life" interviews scheduled until 21.05.21. Iterations of strategy to come through Digital Board and appropriate Governance committees up to Trust Board
A2	Externally accredited through completion of Global Digital Exemplar Fast Follower programme (NHS Digital) Governance through Digital Board
A4	Operational and Clinical engagement in place. Clinical Digital Leadership is in place, with Chief Clinical Information Officer (CCIO) and Chief Nursing information Officer (CNIO) embedded with Digital. Governance mechanisms via divisional performance reviews, Clinical and Operational meetings (COG).
A5	Excellence in Informatics award – Levels 1 & 2 (2019 & September 2021)
A6	Digital Maturity Healthcare Information and Management Systems Society (HIMSS) level 5 achieved

Gaps in Controls/Assurances (*actions to achieve target risk scores*)

	Deadline for Action to Close Gap	Action Lead
G1	Nov-21	SB
G2	Dec-21	AW

BAF 11 If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.

Controls and Mitigation (*what are we currently doing about this risk*)

Assurances/Evidence (*how do we know we are making an impact*)

Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
--	----------------------------------	-------------

Ref

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)	Assurances/Evidence (<i>how do we know we are making an impact</i>)	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
C1	Anti- Virus Software up to date across server and PC estate and regularly monitored and maintained.	Trust was an early adopter of NHS Digital Care Cert reporting for assurance of all patching requirements. Tasks logged and regular assurance back to NHSD. NHSD Gold Start images used on workstation image, deployed with SCCM, with good practice group policies. Workstations integrated with Windows Advanced threat projection for telemetry data collection.	G1	Constant review and liaison with NHSD NHSX CyberSecurity attacks are ever changing and will be unknown and unplanned, Constantly changing sources of attack.	Ongoing RP
C2	Domain migration and new enterprise back- up solution, including an air-gaped "vault"	Substantial Assurance MIAA review New backup infrastructure implemented, spanning 2 diverse data centres (copy located in both) with a 3 rd location containing an air-gaped copy, as part of a "cyber vault"	G2	Constant review of new vulnerabilities. Cyber Security attacks are ever changing and will be unknown and unplanned, Constantly changing sources of attack.	Ongoing RP
C3	Windows Advanced Threat Protection (ATP) fully implemented in line with NHS Digital Windows 10 upgrade Programme.	Assurance of progress from NHS Digital Leader board on progress of implementation and posture score. All Windows devices on the network are running on fully supported & patched versions.	G3	Continue to work under national direction – plan continuous programme cycle to keep Windows OS in line with supported versions.	Ongoing JC
C4	Cyber Essentials Accreditation	Externally certified achieved in 2019 (Cyber Essentials)	G4	Working towards Cyber Essentials Plus Accreditation and IS27001. - programme of work established	Sep-22 JC
C5	Active monitoring in place via the following tools: 1) ITHEALTH Dashboard monitoring all devices on the network along with active directory activity. Automatically reports on care certs and vulnerabilities. 2) LEPIDE: categorises files on the network and who accesses them. 3) ARMIS medical device monitoring in place	significant assurance MIAA Cyber Security Review	G5	Trust's Digital Security team undertaking NSCS Cyber Incident Planning and response course with examinations.	Dec-21 RP
C6	Digital Maturity HIMSS level 5 achieved	Externally accredited Level 5 HIMSS	G6	External reviews underway for Himms level 6. working towards HIMs level 7	Dec-21 AW

BAF 12 If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS

Ref	Controls and Mitigation (<i>what are we currently doing about this risk</i>)
C1	Renewed Contract between the Trust and the Mater Private Healthcare in the form of a Limited Liability Partnership.
C2	Financial Business model developed by the Mater.
C3	Separate Governance arrangements for CPL and PropCare with separate Boards
C4	Additional CPL Director approved July 2021

	Assurances/Evidence (<i>how do we know we are making an impact</i>)
A1	Contractual arrangements in place with Joint Board between the Trust and the Mater. Performance reports to Performance Committee.
A2	Subsidiary companies report to Performance Committee and Trust Board
A3	Established monthly Board meetings. CPL undertaking process review currently, with feedback to TEG. MD recruitment for PropCare complete (October 2021)
	All CPL Directors and Company Secretary notified on Companies House Register.

	Gaps in Controls/Assurances (<i>actions to achieve target risk scores</i>)	Deadline for Action to Close Gap	Action Lead
G1	Interim JV Manager arrangements in place.	New JV manager start date 8 th December 2021.	JT
G2	Current service provision/model in Liverpool, under review and to be costed.	JV Board January 2022	JT
G3	Each Board to develop and approve medium term business strategy and implementation plan.	March 2022	JB/JM/GA
G4	CPL director position	31 October 2021	JT