

FRONT COVER

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Annual Report & Accounts

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Introduction

Message from the Chair and Chief Executive

Welcome to our annual report for the financial year 2017/18 and an opportunity to celebrate our achievements, activity and performance across The Clatterbridge Cancer Centre, and also importantly, share our vision and priorities.

It's been another busy and ambitious year for the Trust, as we continue with our drive to transform cancer care for all our patients across Cheshire and Merseyside.

Our focus and aspiration at The Clatterbridge Cancer Centre is to provide our patients with the highest quality care and treatment.

Once again, thanks to the efforts and hard work of our wonderful staff, the past year has seen huge progress in our ambitions as we push ourselves to achieve more in terms of our care and support for patients and their families, as well as driving forward research and education.

The 1st of July marked a milestone in our plans to transform cancer care in the region, with the bringing together of the treatment of people with blood cancers and solid tumours.

Haemato-oncology had previously been split between The Royal Liverpool University Hospital and Aintree University Hospital, with The Clatterbridge Cancer Centre providing services for all other types of cancer.

From 1st July the management of the Royal Liverpool University Hospital haemato-oncology service, and its 120 members of staff, transferred to The Clatterbridge Cancer Centre.

From now on patients will experience seamless access to the same services and levels of care no matter what type of cancer they have. This includes counselling, psychological and peer support, financial advice and therapies.

It also means more opportunity to make greater advances in research which will further improve specialist care for the regions cancer patients.

The last twelve months has also seen us start work on building our new cancer hospital in Liverpool.

The new Clatterbridge Cancer Centre will provide specialist chemotherapy and other drug therapies, radiotherapy, inpatient and outpatient care, cancer support and rehabilitation, bone marrow transplant and urgent cancer care. There will also be a teenage and young adult unit.

It will care for people from across Merseyside and Cheshire and beyond, with solid tumours and blood cancers and will also carry out clinical trials of new cancer treatments.

The new hospital will be in addition to our existing hospitals in Wirral and Aintree, and our chemotherapy and outpatient services in other hospitals across the region.

We have worked closely with staff and patient representatives on the design of the new building and we are all very excited to now see our plans taking shape in what will be a landmark for the area.

Partnership working has always been integral to The Clatterbridge Cancer Centres' success and last year we were delighted to build further on our existing collaborations.

Working closely with our clinicians as well as commissioners and providers from across the region, we have continued to develop our innovative new care models to ensure we deliver the best possible outcomes for our patients now and into the future.

Our proposed new clinical model will reduce waiting times for first appointments and start of treatment and give all patients the same access to clinical trials and supportive services. In addition we will continue to take our exceptional care as close to patients' homes as possible.

Over the past twelve months the Trust has also lead the Cheshire & Merseyside Cancer Alliance; a transformation programme to develop and deliver a range of initiatives from prevention through to support for patients living with and beyond cancer across the region.

Working with clinical leaders and local partners, a core Alliance team has been established, hosted by the Trust, to drive this agenda forward and focus on delivering best practice and experience for patients.

Our on-going contribution to The Cheshire & Merseyside Cancer Alliance will strengthen our goal of delivering the highest quality care and treatment and ensure we continue to offer our patients personalised care with better cure rates and fewer side effects.

Quality is at the very heart of everything we do and we have remained one of the top performing foundation trusts in England.

We continue to receive positive feedback from patients about our service and standards of care, scoring better than most other trusts nationally in both the National Inpatient Survey and the patient Friends and Family Test.

There have been changes to our Board members over the past twelve months.

Following Wendy William's decision to stand down as Chair with effect from 31st December 2017 the Trust appointed Vice Chairman Phil Edgington as Chair from January 1st 2018 following 3 years as a Non-Executive at Clatterbridge.

The Trust has also recently accepted the resignation of Chief Executive Andrew Cannell following 9 years as Chief Executive and 6 years as Financial Director before that.

Ann Farrar has been appointed as Interim Chief Executive from April 2018 until a substantive Chief Executive can be appointed in the coming months.

Ann brings with her a wealth of NHS leadership experience, which will be invaluable to us as we move forward on our journey.

On behalf of the Trust we would like to thank Andrew and Wendy for the significant work they have undertaken during their time at The Clatterbridge Cancer Centre. They have overseen an important period of change for the organisation as part of plans to transform cancer care in the region.

We would also like to thank our governors, volunteers and everyone else who is involved in providing care to our patients and making our trust an organisation of which we can all be rightly proud. Their passion and commitment has ensured we are able to provide the very best care for our patients both now and into the future.

Phil Edgington, Chair

Ann Farrar, Interim Chief Executive

Overview of Performance

The purpose of this Overview is to provide a short summary that provides sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

A statement of the purpose and activities of the Foundation Trust

Trust Profile

The Clatterbridge Cancer Centre is one of the largest networked cancer centres in the UK.

Combining its world-class clinical services, research and academic excellence, the Centre provides the highest quality, specialist nonsurgical oncology treatment and care for more than 2.3 million residents in Cheshire, Merseyside, North Wales and the Isle of Man as well as national and international cancer patients.

It cares for more than 27,000 patients per year, with in excess of 210,000 patient contacts for treatment/appointments. The Centre registers more than 9,000 new patients each year.

More than 1,000 staff are employed at the Centre, with volunteers providing additional support and services. The Trust spends approximately £97m per year on all aspects of cancer treatment, diagnosis and care.

The Trust's Wirral-based treatment centre is supported by a £17m radiotherapy satellite facility in Aintree, Liverpool and specialist chemotherapy clinics in eight other Merseyside hospitals. Together, this enables the Centre to provide a comprehensive range of radiotherapy (including low-energy proton beam treatments for rare eye cancers) and chemotherapy treatments in outpatient and inpatient settings across Cheshire and Merseyside. Treatment is also now being provided at home for suitable patients on Herceptin in Chester, Halton, Liverpool and Wirral, with plans to extend the service to across a wider range of drugs and locations in coming years.

The Trust also provides outpatient consultations, diagnostic imaging services and support services, and delivers the Acute Oncology medical service across the network.

The Trust is part of the Cheshire and Merseyside Strategic Clinical Network and is a full participant in all network groups and multi-disciplinary teams for patients with cancer.

Vision, Mission and Values

The Trust has a clear picture of its fundamental purpose and its role in contributing to the health of all the individuals in the population it serves. The Trust's vision summarises the obligations it feels and its mission outlines the key attributes of service delivery it will measure itself against. The vision and mission provide the yardstick used by the Trust to inform its decision-making.

Vision

To provide the best cancer care to the people we serve.

Mission / core purpose

To improve health and wellbeing through compassionate, safe and effective cancer care.

The Trust is proud of its ethos, which in turn is derived from the organisational values subscribed to by all our staff. These values are fundamental to the culture of the organisation and guide the behaviours we should exhibit in caring for our patients, both current and future.

Values

- Putting people first
- Achieving excellence
- Passionate about what we do
- Always improving our care
- Looking to the future

A Brief History

The Clatterbridge Cancer Centre was licensed as a NHS Foundation Trust from 1st August 2006. It is the only NHS cancer centre in England dedicated solely to the provision of radiotherapy and chemotherapy to patients with cancer.

The Clatterbridge Cancer Centre's Wirral-based treatment centre houses the Delamere Day-Case Unit which offers specialist chemotherapy in comfortable treatment bays. It also operates specialist, weekly chemotherapy clinics in eight of the region's other hospitals, to ensure that patients are within just a few miles of world-class chemotherapy treatment. The Centre annually delivers more than 47,000 outpatient chemotherapy treatments and over 1,000 inpatient treatments.

In 2015, the Trust also launched a treatment-at-home service for suitable patients on Herceptin following a successful pilot in Wirral. The service has now been rolled out across Chester, Halton, St Helens and Liverpool, and will be extended across a wider range of drugs and locations in coming years.

The Clatterbridge Cancer Centre boasts one of the largest medical radiation services in the UK, to deliver standard and specialist radiotherapy offering faster, more effective diagnosis and treatment to help fight a wide range of cancers. In 2011, it developed a satellite radiotherapy centre at Aintree, aimed at providing care closer to home for people living north of the Mersey with common cancers.

The Trust employs approximately 120 therapy radiographers who work with clinical oncologists, specialist on-site physicians, clinical scientists and medical technologists to complete a team of experts. Its specialists use world-class, computer-based systems to plan intricate, individual treatments for more than 450 patients each month.

The department features some of the most modern radiotherapy and imaging facilities anywhere in Europe and the Centre's comprehensive suite of facilities includes 10 linear accelerators and two low-energy treatment machines for skin lesions. We have a dedicated Brachytherapy treatment unit and a Papillon treatment machine. We also have two CT scanners, a PET/CT scanner and MRI scanners that are linked to a sophisticated computer treatment planning system as well as stereotactic radiotherapy facilities.

The Trust is the first and only cancer centre in the UK with a world-class, low-energy proton therapy facility to treat eye tumours. It was the first centre in the UK to introduce Novalis Tx treatment system when it launched the revolutionary treatment in 2011. It also pioneered the use of Papillon radiotherapy and was the first British centre to introduce the treatment in 1992.

In 2015, the Trust was the first in the UK to have a Varian Edge linear accelerator treatment machine and it now has two Edge machines. The Edge Linear accelerators are specifically designed to treat smaller tumours and spare immediate surrounding normal organs and tissue. A programme of treatment machine replacement is underway and the Trust now has a fleet of machines all capable of image-guided radiotherapy using conebeam CT scan facility. The Clatterbridge Cancer Centre now operates one of the largest radiotherapy centres in the North West, delivering more than 93,000 treatments each year.

The Trust was one of the first cancer centres to support the development of an acute oncology service across all local hospitals with Accident and Emergency departments.

It is leading on the development of comprehensive survivorship programmes, having participated in the Department of Health pilot programme. It is now leading the Living Well and Beyond Cancer programme across Merseyside and Cheshire, in partnership with Macmillan Cancer Support.

The Trust runs a comprehensive oncology education programme through its Clinical Education Department and benefits from increasing opportunities in research with academic departments and close links with local universities.

Research and development, including participation in national and international clinical trials, is an important feature of the cancer centre.

The Trust has an established track-record of providing high-quality cancer care by expert staff, state-of-the-art equipment, cytotoxic therapy and a well-established research programme. High-quality care has been demonstrated by its excellent performance in respect of mandated targets and indicators, the achievement of national awards and accreditations and continuous patient feedback. National patient survey results routinely place The Clatterbridge Cancer Centre within the top 20% of trusts in England.

The Centre is now poised at one of the most significant points in its history. It is committed to transforming cancer care through the development of a new centre located in Liverpool. The Transforming Cancer Care project is a once-in-a-generation opportunity to develop cancer services that will ensure the people of

Cheshire, Merseyside and beyond continue to benefit from care of the highest quality for decades to come.

The new centre will be located alongside the Royal Liverpool University Hospital, the University of Liverpool and other key research partners. The Trust will continue to operate outpatient cancer care and eye proton therapy in Wirral, outpatient cancer care at Aintree and its chemotherapy clinics across Cheshire and Merseyside. Inpatient services and complex chemotherapy and radiotherapy will move to the new centre.

The project has three key benefits:

- Seriously ill patients with other health conditions (e.g. heart, lung and kidney) as well as cancer will have on-site access to intensive care and support from other key medical and surgical specialties for the first time. This is increasingly important as the population ages and has more complex health needs.
- The main Clatterbridge Cancer Centre base and the inpatient beds will be much more centrally located for the population, reducing travel times for the majority of patients.
- Being on the same site as the University, Royal Liverpool and other key research partners will significantly increase opportunities for ground-breaking research and clinical trials, enabling patients in Cheshire and Merseyside to benefit from greater access to the latest expertise and treatments.

As part of Transforming Cancer Care, the Trust is also embarking on a wider transformation programme to ensure that, when the new hospital opens, it delivers the maximum benefit for patients and clinical care. There are four key areas of focus, each of which is interlinked and interdependent with the others:

Care for the future – looking at how clinical services should be delivered in future to improve equity of access to highly-specialist care, as close to home as possible. This includes enhancing treatment at home, seven-day services and increasing out-of-hours support for people with cancer.

Building for the future – developing the new cancer centre in Liverpool, redesigning the Wirral site to meet its patients' needs, and looking at how we can enhance the Aintree site in future.

Connecting for the future – enabling staff to access key information wherever they are and work more flexibly across multiple sites by enhancing the IM&T infrastructure and introducing systems such as the new electronic patient record rolling out from May 2016.

Workforce for the future – looking at our workforce and the skills and staffing they will need to deliver future models of care across all our sites. This may include new roles, new skills and new ways of working.

Transforming Cancer Care will enable the Centre to play a major part in overcoming the specific cancer challenges that face Cheshire and Merseyside including:

- More than 5,500 people die each year from cancer in Cheshire and Merseyside.
- The number of new cancer cases and the number of cancer deaths in this region are significantly higher than the national average (new cases of lung cancer in Cheshire and Merseyside are 15% and 23% higher than the national average for men and women respectively).
- The incidence of cancer is expected to rise significantly in the next few years.

The Centre has a strong track record of leading transformational change and delivering high-quality care over many years. It aims to continue on this journey through the delivery of this strategic plan.

All this is achieved through expert, dedicated staff, supported by a values-driven organisational culture.

Key Financial Risks

The Trust is currently investing £158 million to build a new cancer centre in Liverpool. The Trust has a guaranteed maximum price (GMP) with Laing O'Rourke for the construction costs, but there is a risk that with the delay in completion of the new Royal Liverpool University Hospital (due to the insolvency of Carillion), further delays could have a financial impact on our project. The CCC project team continue to work with our contractors Laing O'Rourke to address any consequences of the delay to the new Royal.

The majority (89%) of the Trust's income is received for the provision of non-surgical cancer treatments to the residents of Cheshire, Merseyside and parts of Lancashire, North Wales and the Isle of Man. In 2017/18 approximately 34% of the Trust's clinical income was funded by Payment by Results (PbR) national tariffs, with the remainder from locally determined prices. Both PbR and the local tariff arrangements are usually based on the principle that the Trust is reimbursed for activity performed. Therefore a reduction in activity would represent a financial risk to the Trust. However the Trust is able to mitigate against this risk by:

- Where possible, employing contract tolerances to reduce in year income volatility, such as fixed value contract agreements. In 2017/18 we agreed a block contract with our main commissioner for the entire year.
- Agreeing local tariffs with commissioners for 66% of clinical income that are not, therefore, subject to the same degree of price volatility as the nationally determined tariffs within Payment by Results.
- Continuing to agree funding for cancer drug developments based on actual drug usage.

As in previous years, a key concern for the forthcoming financial years will be the impact of the reduction in public expenditure on the NHS. The Trust is working with commissioners and other stakeholders across the health economies to ensure quality cancer services can be maintained whilst increasing productivity and efficiency. The Trust will be required to deliver its own challenging organisational cost improvement programme (CIP) and improvements in unit efficiency. Non-delivery of this target represents a key financial risk to the Trust. However this risk is reduced to the extent that the savings target was achieved in 2017/18 and the 2018/19 programme has been identified.

The Trusts risk and control framework is described within the Annual Governance Statement, see [pages x –x](#).

Going Concern

There is no reason to suggest that the NHS Foundation Trust does not have adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Performance Analysis

Measuring Performance

The Board maintains a focus on Trust performance with the aim to improve the quality of care and enhance productivity.

At each Board meeting the Trust Board reviews the Integrated Performance Report which includes its key performance measures including quality, workforce and finance. The 34 indicators include:

- Access targets
- A range of safety and effectiveness indicators
- Patient experience including Friends and Family Test
- Finance and activity
- People management

Trust Board, Committees and Sub-Committees review in detail, aspects of performance within the scope of their terms of reference. Meeting reports are generated and presented at the forum into which each meeting reports; this is one method of escalating any issues, concerns and risks.

Quarterly Performance Reviews are held for each Directorate and major Corporate Service, with the Executive Team challenging each Senior Management Team on progress against Annual Business Plans and a range of performance measures, as well as reviewing risks and opportunities.

In 2017/18 the Trust embarked on a journey to develop real time, online dashboards to support the work of committees, the performance review process and senior teams' day to day management requirements.

Financial Summary

The Trust has again had a successful year and has achieved or exceeded all of its key financial targets. The Trust's financial position is detailed in the accounts included as part of this report, however the table below summarises performance in the key areas.

Financial Target	Outcome
<ul style="list-style-type: none"> Planned income & expenditure surplus of £3.81m 	Achieved actual surplus of £5.75m
<ul style="list-style-type: none"> Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) of £11.60m 	Achieved actual EBITDA of £13.65m
<ul style="list-style-type: none"> I&E surplus margin of 3.7% 	Achieved margin of 4.7%
<ul style="list-style-type: none"> EBITDA margin of 10.1% 	Margin of 9.6%
<ul style="list-style-type: none"> Overall Financial Risk Rating determined by NHSI (National Health Service Improvement) for: <ul style="list-style-type: none"> Capital Service Cover – plan rating of 1 Liquidity Capital – plan rating of 1 I&E margin – plan rating of 1 I&E margin variance – plan rating of 1 Agency spend – plan rating of 1 	<ul style="list-style-type: none"> Achieved Financial Risk Rating of 1

NHSI financial risk ratings comprise of 5 metrics, each with an equal weighting (a rating of 1 being the best and a rating of 4 being the worst). They are; Capital Service Cover, Liquidity, I&E Margin, I&E Margin Variance and Agency spend.

Activity – Solid Tumour

As noted above, the majority of the Trust's income is derived from providing non-surgical cancer treatments and support (such as radiotherapy, chemotherapy, palliative care, diagnostic imaging, psychiatric and other support). During 2017/18 the Trust experienced growth for some of its services such as Chemotherapy, Outpatient procedures and Diagnostic Imaging. Ocular Proton therapy activity was also significantly above plan for the year. This is a national service as the Trust is the only UK provider. It treats circa 175 patients per annum and activity is quite volatile year on year. Radiotherapy underperformed during the year, due to a reduction in Prostate fractionation from 32 fractions per standard treatment to 20 fractions per standard treatment. The contract has been rebased in 2018/19 to reflect this reduction. The number of patients admitted to the hospital as in-patients increased slightly during the year. Although there are more patients being admitted, there has been a reduction in the length of stay.

Activity	2017/18 Actual	2017/18 Plan	% Variance	% Growth Forecast 2018/19
Chemotherapy attends	107,388	102,497	4.8%	5.0%
Radiotherapy attends	89,447	102,779	-13.0%	1.9%
Proton Therapy attends	1,168	1,066	9.5%	0%
Admitted patient care: spells	2,529	2,941	-14.0%	1.0%
Admitted patient care: day cases	1,277	846	51.0%	1.0%
Out-patient consultations	122,359	111,670	9.6%	1.0%

Forecast growth is related to the increase in estimated numbers of our relevant catchment population, historic growth patterns and is based on the same assumptions that underpin the Trust's second year of its two year Forward Plan.

Other Income and Non-Healthcare Activities

As noted above, the majority of the Trust's income is derived from providing clinical cancer services. In addition, the remaining 11% of income is derived from:

- Undertaking research & development
- Education and training
- Hosting non-clinical services, such as the Cancer Alliance. In CCC's accounts income for these services matches expenditure and therefore there is no impact on the Trust's EBITDA and overall I&E surplus.
- Support from charities and recharges to other NHS and non-NHS bodies.

New Services – Haemato-Oncology

On 1 July 2017, the Trust took over the Haemato-Oncology service from the Royal Liverpool University Hospital. Activity for this new service was above plan (July 2017 to March 2018) and is shown in the table below:

Activity	2017/18 Actual	2017/18 Plan	% Variance	% Growth Forecast 2018/19
Chemotherapy attends	2,411	1,593	51.4%	5.0%
Bone Marrow Transplants	80	71	13.3%	10.5%
Admitted patient care: spells	337	261	29.1%	1.0%
Admitted patient care: day cases	3,120	2,836	10.0%	1.0%
Out-patient consultations	13,545	11,914	13.7%	1.0%

Investment Activity

The Trust invested £21.36 million in capital expenditure on buildings and replacement of capital equipment in 2017/18. The main schemes were:

- £19.05 million on Building for the Future.
- £ 0.97 million Electronic Patient Record (EPR) replacement system
- £ 0.38 million Immobilisation equipment
- £ 0.18 million Papillion equipment

The Trust is planning capital expenditure in 2018/19 of £83.3 million. The main schemes will include continued expenditure relating to Building for the future and the continuation of the on-going equipment enhancement and replacement programme. A total of £152.6 million of capital expenditure is planned over the next 5 years which will include building of the new cancer centre run by Clatterbridge Cancer Centre in the centre of Liverpool. Laing O'Rourke's work on the construction of the new cancer centre commenced in June 2017 following signature of the construction contract, and has continued to make good progress since then. The insolvency of Carillion, and subsequent impact on the handover of the new Royal Liverpool Hospital has delayed work on various connections from the new Royal to the new cancer centre, however the respective project teams have worked closely together to identify ways to resolve this. The project remains on track to hand over in the spring of 2020, with clinical services due to commence in the summer of the same year.

Investment in Associates

The Clatterbridge Private Clinic is a specialist cancer clinic for private patients, operated as a joint venture partnership between The Clatterbridge Cancer Centre and Mater Private Healthcare.

The Clinic was opened in 2013 and offers a wide range of treatments across cancer types and delivers personalised care of an exceptional quality, which is tailored to the needs of patients.

The financial contribution from the Clinic to the Trust is reinvested in supporting us deliver a high quality of patient care to all our patients.

Subsidiaries

The Clatterbridge Pharmacy Ltd was established in October 2013 as a registered company (trading as PharmaC) to provide pharmacy dispensing services. The company is 100% owned by the Clatterbridge Cancer Centre. The key objectives of the company are:

- i. Putting patients first: improved patient experience through improved access to dispensing services.

- ii. Drive efficiencies and strive to improve services: reduce patient waiting times and develop a more customer focussed service.
- iii. Financial efficiencies: benefit from the tax and other efficiencies that are open to similar high street pharmacies.

Again, the financial contribution from the company to the Trust is reinvested in supporting us deliver a high quality of patient care to all our patients.

Clatterbridge Prop Care Services Ltd was established in 2016 as a registered company and is overseeing construction of the new hospital in Liverpool and redesign of the Wirral site, and going forwards will manage the Trust's property, estates and facilities on its behalf.

Charitable Funding

The Board of The Clatterbridge Cancer Centre are also the Corporate Trustee of The Clatterbridge Cancer Centre Charitable Funds. During 2017/18 £168k has been spent by the Charity in support of the Foundation Trust. The main areas of expenditure were:

- Improving patients welfare - £ 16k
- Improving staff welfare - £ 1k
- Research & Development - £151k

In addition, the Trust received £280k of income to support clinical activity across the Trust.

Accounting Policies

Accounting policies comply with International Financial Reporting Standards (IFRS) and a full list of these policies is included as part of the Annual Accounts.

Group Accounts

The annual accounts reflect not only the outcome of the Trust, but of the financial performance of the group which consists of:

- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Clatterbridge Cancer Charity and
- The Clatterbridge Pharmacy Limited (a wholly owned subsidiary)
- Clatterbridge Prop Care Services Ltd (a wholly owned subsidiary)

The surplus of The Clatterbridge Cancer Centre Group Accounts is summarised below:

The Clatterbridge Cancer Centre Group Accounts	£m
The Clatterbridge Cancer Centre NHS Foundation Trust	5.75
The Clatterbridge Cancer Charity	1.33
The Clatterbridge Pharmacy Limited	0.40
Clatterbridge PropCare Services Ltd	0.19
Total Group Surplus	7.67

Performance of our Key Clinical Services

Developing our Services

Chemotherapy Services

The Chemotherapy Services Directorate provides systemic anti-cancer therapy (SACT), supportive therapies and outpatient services for patients across Cheshire and Merseyside and the Isle of Man. The Directorate has close links with all external key providers, including within the Cancer Alliance (North West Coast Strategic Clinical Network), in strategic and operational capacities.

The Directorate provides five core services:

- **Day Case SACT clinics** (including phase 1, 2 and 3 clinical trials) on the main site and at 7 DGH's across the Merseyside and Cheshire region.
- **Acute Oncology Services** across the main site and 7 acute trusts within the Merseyside and Cheshire region.
- **Chemotherapy at home**, currently being rolled out across Merseyside and Cheshire.
- **Pharmacy** – prescription verification, preparation and dispensing of SACT and supportive therapies. Trust wide responsibility for medicines management, information and advice. Parenteral cancer treatment manufacturing and dispensing through Medicines and Healthcare Regulatory Authority (MHRA) licensed production facilities. Pharmacy dispensing provision, through the Clatterbridge Pharmacy Ltd.
- **Oncology outpatient services** at 16 sites across the Merseyside and Cheshire region.

The Chemotherapy Service delivery model is based on providing safe and effective cancer care and treatment close to the patient's home. Over 90% of treatments are delivered in the outpatient setting with 70% of patients receiving their treatment at a clinic close to their home.

Developments in 2017/18

Our position

The prediction of 5% growth in chemotherapy year on year (based on attends for treatment) has been exceeded in 2017. The rationale for this can be explained by significant changes in the frequency and complexity of treatment regimens now available to patients.

In addition, NICE approval of different Immunotherapy Treatments have seen activity increase approximately 9% in 2017 with more than 50,000 treatments being given each year, either at CCC-Wirral or CCC satellite sites.

Further advances in immunotherapies will result in a significant rise in activity above the predicted 5% predicted chemotherapy growth. A recent review of activity indicates an additional 5% Immunotherapy growth across tumour groups (2018/19) and a further 2.5% IO growth on top of chemotherapy growth year on year. In addition the bisphosphonate service continues to grow to 90% uptake of eligible patients by November 2019.

Outpatient attendances during 2016-17 also experienced an over performance on activity by 2.4% and in monetary terms by 1.9%, with outpatient procedures over performing on activity by 49.1% and in monetary terms by 68.2%.

Care for the future

From January 2018, chemotherapy nursing teams have been physically based at four sector hubs, whereas previously the teams started and ended their working day at CCC-Wirral. This service improvement has allowed for longer treatment days at the hub sites (so that longer infusions can be delivered more locally) and a greater choice for patients in where they receive their treatment. This change will improve equity of access to research trials across the hub model. Pharmacy assistants are positioned at the hubs to support the nursing staff in organising treatments and minimise waste in dispensed medicines. Each hub also has a dedicated pharmacist who is responsible for:

- Prescribing-SACT & support medicines (side effects & dose intensity).
- Complex patient medicines reconciliation
- Expert medicines advice
- Prescription screening
- Training & education
- Medicines security
- Patient reviews
- Medication storage and minimising waste in dispensed medicines
- Shared care agreements

The Trust is nationally recognised as a leader for the delivery of Acute Oncology Services and has developed a service specification that will be implemented at a national level. The specification outlines the essential components needed to deliver a comprehensive Acute Oncology Service.

The 'Chemotherapy at Home' project has been rolled out across the network. This service has received outstanding feedback from our patients and has received an international award for innovation. The service has recently expanded to include workplace treatments in response to patient feedback.

The Trust is the first service in the country to offer an adjuvant Bisphosphonate service to patients with breast cancer. This service was commended within the CQC inspection, and won an international award for partnership working and innovation.

Connecting for the future

Service improvement work across all treatment clinics is on schedule and includes a new scheduling system and appointment booking rules, a rapid chair for short treatments, and a transfer of all administrative functions to CCC staff (traditional supported by local trusts via SLAs). This has improved patient waiting times at all treatment clinics.

Workforce for the future

Nurse Consultants and consultant pharmacist posts have been developed and successfully appointed to, in order to support the medical workforce gap. The increase in the number of Non-Medical Prescribers (NMP) has supported the timely delivery of SACT to our patients. Increasing the number of Non-Medical Prescribers within our service will continue to remain a key objective. Over 33% of all SACT prescriptions is prescribed by an NMP.

Building for the future

The expansion of the OPD facility at CCC-Aintree has been completed. This will have a positive impact on OPD waiting times at the Aintree site and will improve team working within specific tumour specialities.

Similarly expansion of OPD facility at CCC Wirral (March 18 completion) will support a further 5 clinic rooms and provide much needed space for patient consultations, allowing consultants to form 'tumour hubs' for parallel clinics and supportive team networking.

Radiation Services

Radiation Services provide an external beam radiotherapy service, brachytherapy, Papillon, low energy proton service and imaging services for the Trust.

- **External beam radiotherapy** – provision to patients across Merseyside and Cheshire, Isle of Man and parts of North Wales. The service at CCC is one of the largest in England with over 90,000 attendances delivered annually. The service is provided from two locations; CCC Wirral which delivers the majority of treatment attendances and currently all planning attendances and CCC Aintree delivering external beam treatments and SRS services. From 2018/19 planning will also be delivered at CCC Aintree.
- **Brachytherapy** – provision to patients across Merseyside and Cheshire, Isle of Man and North Wales. The specialist skin brachytherapy service also takes referrals from across England as many other providers have little experience in this area. All brachytherapy services are provided from CCC Wirral.
- **Papillon Contact Radiotherapy** – provision to patients from across the UK. Papillon is only offered in 4 centres in England at present and as the most well established service CCC receives significant referrals from across the UK. Services are provided at CCC Wirral
- **National Centre for Eye Proton Therapy** – provision of a low energy proton service to patients across the UK although 5-10% of referrals annually

originate outside of the UK. Eye proton services are rare across the world and CCC treats circa 200 patients per year.

- **Imaging** - the Diagnostic Imaging Department provides a range of services, mostly for cancer patients across Merseyside and Cheshire although some services are provided on behalf of Wirral University Teaching Hospitals (Nuclear Medicine). All services are provided from CCC Wirral and include CT, PET/CT, MR, Nuclear Medicine (gamma camera), X-ray and ultrasound. The PET/CT service is largely provided by a sub-contractor Alliance Medical Limited and is part of the national PET/CT contract. In addition the Imaging Department provides PET/CT for radiotherapy planning. It also provides some molecular radiotherapy in the form of Radium 223 for metastatic prostate cancers. From 2018/19 the Imaging Services will offer some CT from CCC Aintree.

Developments in 2017/18

- Appointment of 4 Consultant Radiographers in breast, prostate and palliative radiotherapy – supporting the medical workforce gap, developing the 4 tier model in Radiotherapy and raising the profile of CCC.
- Installation and commissioning of a Varian TrueBeam linear accelerator (Linac) as a replacement for one of the older linear accelerators at the Wirral site – continuing commitment to provide high quality technical radiotherapy
- Standardisation within Radiotherapy with the move of planning from being split across three planning systems to using one only – this has improved efficiency (staff training) and safety.
- Move to paperless working in Radiotherapy from hardcopy scripts for the vast majority of external beam radiotherapy – improving efficiency and utilising technology
- Development of ultrasound guided biopsy – increasing access to Clinical Trials
- Commenced work to move towards ISAS accreditation

Integrated Care

The Integrated Care Services Directorate is a Clinical Directorate that works closely with Radiation Services and Chemotherapy Services to provide the clinical support required for patients to receive their specialist cancer treatment.

It comprises of a broad range of clinical and non-clinical services that collectively support each patient's journey:

- Three wards comprising of 74 beds, including a dedicated four bed Teenage and Young Adult (TYA) unit, and a two bedded step up area
- Patient hotline, assessment and admission service
- Nurse led intervention service (PICs & PORTs)
- Nurse led lymphedema service

- Advanced Nursing team (CNS & ANP) across all tumour groups
- Palliative Care team
- Allied health professionals, comprising of physiotherapy, occupational therapy, speech & language therapy, dietetics
- Associated health professionals in social work and additional needs
- Psychological support service
- Patient services, supporting front of house and other duties
- MacMillan advice and support service, including benefits advise

Developments in 2017/18

The service has responded to change in need across the Trust, making advancements in the following areas

Central Access Venous Device Services

The work of the interventional team has continued to increase capacity for PICC line insertions which have increased from 1062 PICCs in 15/16 to 1300 PICCs placed in 2016/17, this has impacted on the quality of care for patients receiving peripheral IV treatments, enabled more regimen specific treatments to be given at home so reducing inpatient episodes which allows for urgent admissions when necessary.

Metastatic Spinal Cord Compression (MSCC) Service

A new service created in 2017 to provide a NICE compliant provision to manage patients within the footprint who have the clinical emergency of a MSCC. The launch of the pathway has brought together professionals across multiple Trusts to deliver rapid acute responses and treatment delivery.

Enhanced Supportive Care Programme

A new initiative, recognising the benefits that specialist palliative care can offer through cost effective, life-extending approaches to treatment of patients with incurable cancer. It is based on 6 key principles: early involvement in the treatment pathway, supportive care teams that work together, a more positive approach, cutting edge evidence based practice, technology to improve communication, best practice in chemotherapy.

Clinical Utilisation Review

Clinical Utilisation Review (CUR) is an approach which ensures that patients receive the *'right level of care, in the right place, at the right time'* according to their needs against international clinical best practice. CUR software tools support organisations to make objective, evidence-based assessments of whether patients are receiving appropriate care. The system captures real time delays, interruptions, gaps and barriers in and to patient care, supporting effective patient flow management, and providing evidence to support service redesign and efficiency savings.

Introduction of Therapies 6 Day Service

Physiotherapy, Occupational Therapy and Dietetics have introduced a 6 day service as part of the Keogh standards for providing a timely Multi-Disciplinary Team (MDT) review. One therapist from each team supported by a therapy assistant work every Saturday to facilitate discharge planning and improve workflow throughout the week, with the aim of contributing to reducing lengths of stay.

Innovation award, skin service

In 2017, the skin cancer team won the Nursing Times Award in Cancer Nursing for developing standardised management guidelines to help staff recognise and treat the immune-mediated side-effects of immunotherapy treatment, a relatively new treatment in mainstream cancer care, which can stabilise disease, and even achieve a complete response, in cancers traditionally classified as having a poor prognosis

TYA service

The permanent implementation of a full time TYA Clinical Nurse Specialist, funded by Teenage Cancer Trust, has allowed early integration work of haemato-oncology and oncology in view of the future joined up model within a larger TYA unit in the new Liverpool build. This role ensures that 100% of all new TYA patients aged 16-24 years treated by Clatterbridge have an allocated key CNS worker to support them at diagnosis, through treatment and beyond.

Haemato-Oncology Service

The regional Haemato-Oncology Service is renowned, with a strong reputation for innovative care of patients. It is the major tertiary referral centre and largest provider of specialist level 4 clinical Haemato-Oncology service for adults and teenage and young adults in Cheshire, Merseyside and the Isle of Man.

The service provides a wide range of Haemato-Oncology (HO) consultant-led care that can be broadly be split into four sub specialities:

- Myeloid (Leukaemia and MPN)
- Lymphoid (Lymphoma and Lymphoid conditions)
- Myeloma
- Stem Cell transplantation (Allogeneic and Autologous)

Research and development is a core function within the service and is focused upon development of novel therapies in innovative conditioning regimens & immunotherapeutic strategies within all specialities.

The service is hosted within the Royal Liverpool University Hospital with access to acute and emergency care including A&E and ITU services.

Developments in 2017/18

Haematology Inpatient Ward

The Inpatient Haematology service is a 19 bedded ward. These beds make provision for adult inpatients with a wide range of haematological illnesses, including acute

and chronic leukaemias, lymphomas, multiple myeloma and currently clotting disorders.

An extensive range of treatments are provided including chemotherapy, blood product transfusions and intravenous antibiotics.

Bone Marrow Transplant (BMT) Unit

The Bone Marrow Transplant Unit is a Level 4 Regional Unit that offers transplants to patients from Cheshire, Merseyside, North Wales and the Isle of Man, with a catchment area of approx. 3.2 million. The Unit also accepts referrals from other regions and from overseas service users. This is a JACIE accredited centre that delivers both allogeneic and autologous stem cell transplants. This provision is for both malignant and non-malignant conditions as per NHSE guidelines.

This service has strong links with both the Liverpool Clinical Laboratories and the National Blood Transfusion Services in donor selection, processing and within the preparation and delivery of stem cells.

Teenage/Young Adult (TYA) Service

The Teenage and Young Adult (TYA) service provides inpatient and day-care treatment and care. Patients are referred from the local area or from further afield depending on their diagnosis. Teenagers often contract some of the rarest and/or most aggressive types of cancers, which are subsequently exacerbated by growth spurts. Types of cancers include acute lymphoblastic leukaemia, acute myeloid leukaemia, lymphoma, myeloma and stem cell transplants.

Haematology Day Ward (HDW)

The HDW Service supports patients undergoing treatment programmes and investigations for cancer, haematological conditions and pre and post-transplant treatment. Patients attend pre-booked appointments with up to 50-60 patients undergoing various treatments at any one time.

The service carries out a range of activities including administration of blood products, intravenous and intrathecal chemotherapy, provision of bone marrow aspirate clinic, venesections and care and maintenance of lines.

Outpatient Services

The Haemato-Oncology outpatient service provides both secondary and tertiary referral services across all specialities. The service is delivered by H-O multidisciplinary teams a wide of outpatient services and procedures. This includes; urgent 2-week wait referrals, surveillance, telephone consultations, long term follow and late effects.

Research and Innovation

The Research and Innovation (R&I) Directorate consists of the Research Management and Governance Team and the delivery staff comprising of Research Practitioners, Data Managers, Healthcare Assistants and Laboratory Technicians.

The Academic Oncology Unit also sits within R&I. The core functions of R&I include:

- Provision of safe and effective clinical trial delivery in line with legislation, policies and standard operating procedures.
- Robust research governance functions including study set-up, management and oversight.
- Support of Academic Oncology; to act as Sponsor for CCC-led studies and advance CCC-led research activity.
- Assure equitable patient access to research, irrespective of locality.
- Build and enhance CCC's reputation for research delivery, especially with big Pharma as a pipeline Trust enabling our patients to access novel agents and treatments.
- Develop research capacity, infrastructure and capability to support research across CCC.

Developments in 2017/18

The R&I Directorate supported the CCC gain of CRUK Experimental Cancer Medicine Centre (ECMC) status in partnership with the University of Liverpool. We have increased commercially funded studies year on year (from 15% of our portfolio in 2010-11 to over 50% to date) through close working and quality delivery. We have also increased expertise and capability in early phase trial delivery which accounts for over 40% of our trials portfolio to date (from 6% in 2010-11). The R&I Team have been at the forefront of supporting key strategic studies, upskilling staff to undertake First in Human, Phase I, Immunotherapy and First in Class Drug studies. There has been an increase in the number of studies for which CCC act as Sponsor with two large grants secured within the Hepatobiliary (led by Prof. Palmer with a grant of £4, 005, 017) and Head and Neck (led by Dr Sacco, grant of £981, 503) portfolios and a new Gynae study to open (led by Dr Lord grant worth £491, 365); all the studies are for patients with unmet needs in difficult disease areas. The CCC Biobank has grown the targeted sample collections and is releasing quality samples to support bench to bedside research.

The workforce is under continuous review and the team has flexed to support the research requirements across the whole portfolio. Work has been undertaken to map complex study needs to balance with recruitment target setting and the challenges faced in a changing research landscape. The teams both within R&I and in support departments continue to work together on all aspects of trial delivery.

There has been significant development of the CCC Edge platform. CCC is one of the first Trusts to use this system for reporting on trial recruitment. The system has been further developed within R&I to be used as the main research governance platform with bespoke reporting on all aspects of study management enabling streamlining of processes. As the system is web-based, this has aided the smooth integration of the Haemato-oncology team into the CCC research governance

processes. CCC Edge has also been modified to underpin all reporting requirements to support the ECMC and has been recognised by CRUK as a Liverpool positive.

Education and Training

The Clinical Education department continues to offer professional development and educational opportunities in cancer care for health care professionals and support staff at CCC, and also for health care practitioners locally and nationally. It aims to raise the profile of CCC as a centre of excellence through shared learning and quality educational experience, and works in collaboration with local Higher Education Institutions to develop and deliver validated degree level courses in oncology.

Clinical Education supports CCC's vision to "To provide the best cancer care to the people we serve", and its mission "To improve health and well-being through compassionate, safe and effective cancer care" by enhancing the skills of the workforce.

A range of validated modules, short courses, study days and customised courses were delivered during 2017/2018.

All Clinical Education activity is available for CCC staff and those working in other organisations regionally and nationally. Key achievements for the department include the provision of a range of professional development and education opportunities for CCC staff and external participants which have been consistently well evaluated. A total of 400 places (270 from CCC) on 29 courses/study days have been taken up during the year. The majority of courses are free for CCC staff and the remainder are charged at a reduced rate. This year a number of bespoke courses have also been developed and delivered at the request of teams/organisations for example Communication Skills for Care Navigators, Telephone communication skills for Triage Nurses and Issues in Cancer Care for Practice Nurses.

Practice Education Facilitators (PEF) also play a key role in supporting staff, learners and mentors/practice educators in order to maintain high quality placement environments, to support staff recruitment and retention and to support multi-professional practice learning throughout the Trust. They liaise with Health Education North West, the Placement Development Network and North West universities to support placement capacity and quality development. The PEFs have also developed Preceptorship within the Trust and supported staff to achieve the Care Certificate.

The Trust also delivers a number of local, national and international programmes:

- Varian Advanced Imaging Clinical School (IGRT/Motion Management): run for visiting delegates from all around the world, on behalf of Varian Medical Systems. The courses have been run every year since 2007 on four or five occasions per year, typically in February, April, June, September and November.
- Pre-registration Radiotherapy Students: the Trust supports students studying towards the BSc in Radiotherapy or PgDip in Radiotherapy and Oncology at the

University of Liverpool. Students are supported in practice placement by two Clinical Tutors and a network of mentors and assessors at CCC main site and at CCCA.

- MSc in Medical Physics: CCC's Physics Department plays a major role in delivering the MSc in Medical Physics for the University of Liverpool. Lectures on all aspects of Radiotherapy Physics, Medical Imaging and Radiobiology are given in addition to hosting some of the students for their clinical placements.
- Clinical placements for pre-registration healthcare students: the Trust is a key provider of clinical placements for such students from universities across the North West from a diverse range of programmes

The Trust also supports the medical education of doctors in training working at Foundation Level and Specialty Trainees in both Medical Oncology and Clinical Oncology. Core Medical Trainees and G.P. Trainees also rotate through the service. A bespoke programme of oncology topics are delivered to Foundation, CMT and GP trainees in two one hour teaching sessions per week during the 4 or 6 months they are on placement at CCC.

- The Trust delivers an oncology programme for 4th year undergraduate medical students studying at the University of Liverpool. This consists of one-week oncology module, run by CCC and delivered at the centre and at our peripheral clinics held in partner acute hospitals in Merseyside and Cheshire. Students from other years are encouraged to undertake a clinical attachment within CCC on an elective basis.
- The Trust runs an annual Final FRCR Part 2B Mock Exam in Clinical Oncology for trainee Doctors from the UK and around the world – the 2018 course took place in March and was fully subscribed.

Environmental Matters

The Trust is committed to reduce energy usage and waste to meet government targets, and meet its social and community responsibilities.

The main focus for 2017/18 has been the formation of a wholly owned subsidiary company to manage the trust estate.

This new company (Propcare) will provide more focus on the delivery of the new Cancer Centre in Liverpool, and maintenance and management of facilities management (FM) services at the Clatterbridge and Aintree sites.

New Cancer Centre Liverpool

The new centre that is under construction in Liverpool is subject to a British research establishment environmental assessment (BREEAM), and ultimate accreditation.

The building is assessed at various stages through design and construction. Currently at the end of stage 3 design, the building is achieving a targeted rating of “Excellent”.

It is expected that this rating will be achieved throughout construction, allowing Propcare to deliver a facility that will achieve a high level of energy efficiency and, through engagement with our delivery partners, will deliver cost effective and sustainable FM services.

Clatterbridge Site

We continue to work with our service providers at Wirral University Teaching Hospital (WUTH), to deliver more efficient services to the Trust. Working closer has enabled us to deliver not only a reduction in cost, but reduce wastage on a number of services.

- Waste; closer monitoring, and segregation of waste has allowed the trust to reduce the amount of high cost waste that is incinerated. During 2018/19 this will be quantified in more detail.
- Catering; working closely with the ward clinical staff, has seen a reduction in number of meals ordered, and ultimately wasted.
- Laundry and linen; the Trust now procures staff uniforms directly and, as a consequence of that, there has been a reduction in the linen service.
- Transport; changes to the Peripheral clinic Chemotherapy service meant the trust needed to provide a different transport model for the drug deliveries. Initial outsourcing costs were prohibitive. Propcare negotiated a change of service with WUTH, which has delivered a far more efficient and cost effective solution to the clinical service changes.

Food and Drink Strategy

PropCare have been working closely with the Trust’s dietetic and clinical leads to lead on the development of the Trust’s food and drink strategy.

Having an agreed strategy should allow for a more focused service and deliver efficiencies in current food wastage.

The strategy will be presented to the Trust’s executive team and Board for approval in April 2018.

Health and Wellbeing

The Trust is dedicated to improving the quality of working life for all staff and recognises the importance of investing in health and wellbeing and the positive impact that a healthy workforce has on patient care. The Trust’s Health and Wellbeing Taskforce, which includes representation from Executive Directors and Trade Unions, continues to meet on a regular basis and has maintained membership

from across the Trust demonstrating the importance placed on health and wellbeing in the workplace.

Focussing on the 5 Pillar Action Plan (highlighted by positive outcomes to date below) the Trust engages with and encourages staff to be more aware of their own wellbeing.

Positive outcomes to date include:

Mental Health

- The provision of Mindfulness sessions for staff to encourage self-help dealing with day to day situations which may be stressful.
- Following a review of counselling services the Trust introduced an on-site employee counsellor one day per week from June 2017. The service has successfully supported staff to overcome personal and work related stress. Recently the service was increased to provide an additional day's support per week to ensure staff are seen as timely as possible.
- The Trust has invested in coaching training for line managers which includes sessions on resilience.
- Two members of staff have attended the 7 day Mental Health First Aid (MHFA) instructors programme with Mental Health First Aid England. The Trust plans to train appropriate staff to become MHFA's and introduce MHFA awareness training throughout the Trust.

Physical Health

- The Trust continues to promote the Cycle to Work scheme to encourage cycling as an alternate mode of travel and as a physical activity / hobby.
- The Trust positively participated in the Virgin Pulse Corporate 100 day challenge from May to August 2017 for the second time. This involved 17 teams, a total of 119 employees who delivered a total combination of 29,769,064 steps; this equates to walking around the world 0.50 times. Benefits include physical and mental health improvements for individuals, weight loss, nutrition awareness and better sleep patterns.
- The Trust's Running Club continues to go from strength to strength with members participating in local marathons. Staff maintain meeting weekly running and walking groups.

Healthy Eating

- The Trust continues to promote healthy eating options and weight management through regular campaigns, linked to the Health and Wellbeing Calendar.
- The Royal Voluntary Services café and shop which provides sustenance for both patients, visitors and staff have changed their promotions by stocking more fruit and healthy snack options
- The fresh fruit and vegetable stall which is on site every Tuesday and Friday continues to be popular with patients, visitors and staff.

Environment

- The drive towards a 'paperless' organisation where possible, promoted via intranet campaigns to encourage staff to declutter their workstations and work areas.

Lifestyle choices

- The Smoking Cessation Group maintains a positive and pro-active agenda through working closely with Public Health Wirral providing awareness training for staff in how to support patients who wish to give up smoking. The revised and updated Smoking Cessation Policy was published in February 2018.
- The Trust's subsidiary company, PharmaC, offers advice and support to patients and staff to support quitting smoking through effective interventions.

Flu Vaccination

Following a successful flu vaccination campaign for front line staff we achieved a vaccination rate of 75.03% against a target of 75%.

Ann Farrar

Interim Chief Executive (in the capacity as accounting officer)

Signature.....

Date TBC

Accountability Report

Directors' Report

Board of Directors

The Board of Directors annually reviews the independence of its directors and following a review at its meeting in April 2018, considers all Non-Executive Directors to be independent.

The Senior Independent Director, Alison Hastings, was appointed as such on 5th April 2017.

During the course of the year there have been significant changes to the Board of Directors, which are reflected in this report. This includes acting up arrangements to cover the absence of substantive Executive Directors.

Philip Edgington – Chair from 1st January 2018, prior to that Vice Chair / Non-Executive Director

Appointed by the Council of Governors (2nd term of office, 3 years) until July 2020

Phil has over 20 years of Board-level experience in the Private, Public and Not for Profit sectors. He was Vice President in the UK for a large US Energy Company and prior to that held a number of Chief Executive roles including leadership of the Central Regional Health Authority in New Zealand.

One of Phil's last executive roles was CEO of Community Integrated Care (CIC) a large not-for-profit provider of health and social care services. He has also held a number of Non-Executive Director roles both in the UK and New Zealand and until March 2018 was on the board of Your Housing Group.

Alison Hastings – Non-Executive Director / Senior Independent Director

Appointed by the Council of Governors (3rd term of office, 2 years reviewed after 1) until December 2019 (appointment extended to provide leadership stability through a period of significant change)

Alison trained as a journalist in 1983 and was Head of Training and Staff Development for Thomson Newspapers before becoming Editor of the Evening Chronicle in Newcastle in 1996.

She is now the Vice President of the British Board of Film Classification, a board member of Durham University, an advisory board member at Pagefield Communications, a Commissioner of the Gambling Commission, a specialist partner at Alder Media, and Non-Executive Director at media company Archant.

Gil Black – Non-Executive Director

Appointed by the Council of Governors (2nd term of office, 3 years) until November 2018

Gil, a qualified Chartered Accountant, spent 20 years with Deloitte and was a partner in the audit practice. He has spent a number of years in the international financial sector in various Director roles, including Finance, Chair and Non-Executive. He has sat on numerous audit committees at different times both in an Executive and Non-Executive capacity. He has worked in finance, sales and other operational roles.

Gil is a specialist in change management, major company reorganisations, risk management and mergers and acquisitions. He has worked with a number of not for profit organisations and is currently Chair of the Manchester based Charity POPS.

David Teale – Non Executive Director

Appointed by the Council of Governors (1st term of office, 3 years) until January 2020

David joined the Trust Board in February 2017 and now chairs our Finance and Business Development Committee. David has significant experience of leading transformational change having worked at Board level with the Manchester Airports Group, and has Chaired facilities management companies and housing associations. He has also worked with the NHS as a Non- Executive Director in the NHS Business Services Authority.

Professor Mark Baker – Non Executive Director

Appointed by the Council of Governors (1st term of office, 3 years) until October 2019

Mark started his three year term of office on 1st November 2016. He is currently the Director of the Centre for Guidelines at The National Institute for Health and Care Excellence (NICE) and is responsible for designing and operating methods and systems to produce clinical guidelines for the NHS.

In 2008, together with Roger Cannon, he produced the Baker Cannon Report into the provision of cancer services in Merseyside and Cheshire. Its recommendations included the building of a new cancer hospital in Liverpool city centre.

Debbie Francis – Non Executive Director

Debbie has is a qualified accountant with 20 years' experience in senior management, executive and board roles and has operated both in the UK and overseas. She is currently Managing Director for Direct Rail Services Limited which is a rail freight operator owned by the Nuclear Decommissioning Authority (NDA) as a consequence of its core activities related to the transportation of nuclear waste. Prior to this Debbie held a number of Finance Director roles that regularly incorporated commercial within their remit.

Debbie has held a number of past non-executive director and governor roles in relation to schools and is currently Chair of the Cumbria Education Trust.

Andrew Cannell – Chief Executive (until 4th March 2018)

Andrew was appointed as Chief Executive in October 2009. Prior to that, he had occupied the role of Director of Finance, since July 2003 and the Deputy Chief Executive role from February 2008.

He is an IPFA qualified accountant who has worked almost exclusively in the NHS since 1983. Before joining the Trust he worked in senior roles at the North West Regional Office and Greater Manchester SHA. Prior to that, he worked for a number of years as a Deputy Director of Finance and then Acting Director of Finance at the Manchester Children's Hospital NHS Trust.

Barney Schofield – Director of Operations and Transformation, Acting Chief Executive from 5th March – 2nd April 2018, Deputy Chief Executive / Director of Operations and Transformation from 3rd April 2018

Barney Schofield joined CCC in November 2015. His responsibilities include executive oversight of the delivery of the organisation's clinical services and also leadership of the Transforming Cancer Care Programme. Barney has worked in the NHS since 1994 after graduating in History from the University of Sheffield. A past participant of the King's Fund Top Managers Programme, Barney has previously served leading NHS teaching hospitals in Birmingham, London and Staffordshire in a variety of senior operational and strategic management roles, including significant responsibilities for developing and delivering cancer services. Barney's areas of specialist expertise include the integration of clinical services between hospitals, the development of new models of acute and elective care and developing significant strategic partnerships. His professional interests include managerial and medical leadership development and he is a past associate of the University of Warwick Medical School.

Helen Porter – Director of Nursing & Quality (until 28th February 2018)

Helen has been a cancer nurse for over 30 years; many of these were in the speciality of haemato-oncology. She has worked within 4 cancer centres holding a variety of clinical and non-clinical posts. She has played a role in the national and international cancer nursing agenda through being on the committees of the RCN Cancer Nursing society; RCN Haematology Society and the International Society of Nurses in Cancer Care. She has been at the Trust since August 2000 joining as Director of Nursing. Four of these years were also spent as the Lead Cancer Nurse for the Merseyside and Cheshire Cancer Network.

Kate Greaves – Acting Director of Nursing & Quality (29th February – 31st March 2018)

Kate Greaves RGN, has a background in cancer nursing and management spanning over 33 years. Kate has extensive experience of both radiotherapy and chemotherapy and has held various positions within the Trust, most recently as Associate Director of Quality, as well as management roles in clinical practice

development and service improvement, and the strategic development of clinical governance, clinical effectiveness, and clinical and business intelligence services.

Kate's career encompasses recognised and published experience in oncology research, affiliated with University of Liverpool. She is an invited lecturer at the University of Liverpool and a graduate from Salford University, with a Master's degree with distinction in Leadership and Management in Healthcare Practice. Kate has promoted the growth and evolution of the cancer care and research agenda on both national and international platforms.

Peter Kirkbride – Medical Director (until 30th September 2017)

Peter trained in general medicine and clinical oncology in London and in 1991 was appointed as Staff Radiation Oncologist at Princess Margaret Hospital, Toronto. In 1999 he returned to the UK, to become a Consultant in Clinical Oncology at Weston Park Hospital, Sheffield, and since then has been Clinical Director for Radiation Services and Cancer Lead Clinician for Sheffield Teaching Hospitals, and Lead Clinician for the North Trent Cancer Network. He was the National Clinical Lead for Radiotherapy from 2003-2013, and became Medical Director at The Clatterbridge Cancer Centre in October 2012.

Until 2014 he was Clinical Lead for the NICE Prostate Cancer Guideline Development Group, and Chair of the NHS England Radiotherapy Clinical Reference Group, and in 2016 he set up, and is leading, the Serious Illness Care Programme (UK).

Ernie Marshall – Medical Director (1st October 2017 until 30th November 2017)

Ernie trained in Medical Oncology in Manchester and was appointed as Macmillan Consultant in Medical Oncology at Clatterbridge Cancer Centre in 1997. He has specialist interest in Melanoma, Lung Cancer and Acute Oncology and was the Merseyside and Cheshire Clinical Lead for Cancer Research prior to taking up Clinical Director of Chemotherapy Services in 2014. He is a North of England representative on NHS England Chemotherapy Clinical Reference Group and Chairs the national Acute Oncology Expert review Group. He is also a Consultant advisor to macmillan and currently acting as Deputy Medical Director at Clatterbridge.

Sheena Khanduri – Medical Director (from 1st December 2017)

Sheena trained in clinical oncology at West Midlands and Yorkshire Deaneries and was appointed Consultant at Shrewsbury and Telford Hospitals NHS Trust in 2007. During that time Sheena worked as radiotherapy then department lead and served on the Heads of Service Committee for the Royal College of Radiologists (RCR). In 2016 Sheena was appointed as Lead Clinician for Cancer Services and became Medical Director at The Clatterbridge Cancer Centre in December 2017. Sheena is an elected member on the Board of Faculty, RCR and Joint Collegiate Council for Oncology.

Yvonne Bottomley – Deputy Chief Executive/Finance Director

Yvonne joined The Clatterbridge Cancer Centre as Financial Director in 2010 and was appointed Deputy Chief Executive / Finance Director in 2012. Yvonne is a qualified accountant and has worked exclusively in the Public Sector. She commenced her career in Local Government and after qualifying held a number of senior and Director posts in Local Government prior to moving sectors in 2010 and joining the NHS.

Yvonne has extensive experience leading on large scale capital projects involving multiple stakeholders across sectors. She also has significant experience and expertise in business development including the creation and successful implementation of new companies and partnerships. Yvonne also holds a number of Non-Executive Director roles.

John Andrews – Acting Director of Finance (from 5th March 2018)

John has worked within the Trust's Finance department at a senior level since 1996. He is an IPFA qualified accountant who has spent his entire career to date in the NHS. His substantive role is as Deputy Director of Finance, but he has covered the role of acting Director of Finance from 5th March. He is also an Executive Director of the Clatterbridge Pharmacy Ltd.

Heather Bebbington – Director of Workforce & Organisational Development (Executive from 5th March 2018)

Heather has worked as the Director of Workforce & Organisational Development at the Clatterbridge Cancer Centre for 5 years and has worked for 10 years at a senior level within the NHS, commencing her career in NHS Wales in 2002. The majority of her career has been as a HR generalist providing expert advice on employee relations, employment law and workforce policy implementation.

More recently, Heather completed a Master's degree in Executive Coaching at Leeds Beckett University and is a member of the NHS Leadership Academy's coaching register.

Heather's primary focus at the Clatterbridge Cancer Centre is to ensure the effective transformation and transition of the workforce as part of the Transforming Cancer Care programme. Heather heads up the workforce work-stream that will enable delivery of this challenging change programme over the next 2 to 3 years.

Declarations of Interest

The Trust maintains a Register of Interests which contains details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities.

A copy of the Register of Interests is available via the Trust website <https://www.clatterbridgecc.nhs.uk/about-centre/corporate-matters/public-documents/register-of-interests>.

Alternatively you can contact Andrea Leather, Head of Corporate Governance, on 0151 556 5331 to request a copy.

The Chair has the following significant commitments:

- Employment:
 - Self Employed Consultancy / Executive Mentoring
- Directorships:
 - Non-Executive Director of Your Housing Group (and subsidiary companies)
- Position in Charity or Voluntary Organisation:
 - Trustee of Lindow Ministry Trust

NHS Improvement's Well-led Framework

In June 2017 NHS Improvement revised the Well-led framework which encompasses the developmental reviews of leadership and governance. The Well-led framework is structured around eight key lines of enquiry (KLOEs) which are shared with the Care Quality Commission (CQC):

1. Is there the leadership capacity and capability to deliver high quality, sustainable care?
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
3. Is there a culture of high quality, sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
5. Are there clear and effective processes for managing risks, issues and performance?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?
7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
8. Are there robust systems and processes for learning, continuous improvement and innovation?

A Well-led review process against the above KLOEs will be completed during 2018/19. In preparation of this review an action plan has been developed to address each element of the criteria and the Trust Board also will complete a self-assessment which outlines prioritisation of findings and escalation of concerns, informed by the good practice examples in the framework.

Performance against key healthcare targets 2017/18

18 weeks performance

The Trust has consistently exceeded the 18 weeks target for both admitted and non-admitted episodes.

Performance against these key targets is as follows:

- **96.93%** of RTT admitted patients were seen within 18 weeks from the initial GP referral to treatment (target threshold 90%).
- **97.62%** of RTT non admitted patients were seen within 18 weeks from initial GP referral to treatment (target threshold 95%).
- Number of incomplete pathways was 96.33% against a target of 92%.

Cancer Waiting Times Performance

The Trust has exceeded all but two of the Cancer Waiting Time targets for 2017/18:

- **79%** of patients were treated within 62 days from the date of urgent GP referral against a target of 85% (post application of the breach reallocation policy within Merseyside and Cheshire).
- **93.3%** of screening patients (post allocation) were treated within 62 days from the date of recall against a target of 90%.
- **97.18%** of patients were treated within 31 days from the time of decision to treat for first treatments (target 96%).
- **98.7%** of patients were treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments (target 98%).
- **98.28%** of patients were treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments (target 94%).

Additional Quality Indicators:

- 0 patients waited longer than 6 weeks for Imaging (CT and MRI at CCC).
- We have had 0 'Never Events' (our target is 0).
- We have had 0 incidence of an MRSA bacteraemia (our target is 0).
- We have had 6 cases of Clostridium Difficile attributed to CCC, against a target of no more than 5. To date, 5 cases have been reviewed by Commissioners and agreed that there has been no lapse in care. 1 case has not yet been reviewed.

Patient Led Assessment of the Care Environment (PLACE)

Our annual PLACE (Patient Led Assessment of the Care Environment) is scheduled to be undertaken on 29th May 2018. The actions from this assessment will be regularly reviewed throughout the year to ensure we continue to improve our patient experience.

Quality Strategy

This year has seen the Trust continue to take forward the aims and objectives of its Quality Strategy. The Trust Board has ensured that Quality is a key agenda item at each Board meeting and it oversees the delivery of the Trust's priorities and initiatives identified in its Quality Report.

Information Standard

The Trust holds certification against The Information Standard accredited by NHS England for our patient information leaflets that fall within the scope of the Standard. The Information Standard helps people to make informed choices about their lifestyle, conditions and treatment/care options, by providing a recognised and trusted quality mark that indicates a reliable source of health information. The last formal assessment was in May 2017.

Accessible Information Standard

The Accessible Information Standard requires health and social care organisations to identify and record the information and communication support needs of patients and service users (and where appropriate their carers or parents) where these needs relate to, or are caused by a disability, impairment or sensory loss. The standard also requires organisations to take action to ensure that those needs are met.

Adherence to this standard is mandatory for all adult social care and NHS providers by 31st July 2016.

Maintenance of ISO 9001:2008 Standard

The ISO 9001:2008 Standard is a national (externally assessed) standard based around the principles of customer satisfaction, a systematic approach to management, and encouraging a culture of continual improvement across all departments within the Trust.

CCC is thought to have been the first NHS Trust to achieve this accreditation for the organisation as a whole. The accreditation is reviewed periodically and it is pleasing to report that it has been retained throughout 2016/17. The Trust is currently working towards the transition to the new version of the standard, ISO9001:2015, and aims to achieve this in 2018.

Progress towards targets as agreed with local commissioners

The Clatterbridge Cancer Centre NHS Foundation Trust income (2017/18) was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

New or significantly revised services

The Trust has implemented significant changes to its service portfolio in 2017/18. On 1st July 2017 the formal management transfer of the regional Haemato-Oncology service transferred from the Royal Liverpool and Broadgreen NHS Trust to CCC. A significant programme of integration is well underway, ahead of a full physical integration of Haemato-Oncology into the new CCC-Liverpool in 2020.

Within the Transforming Cancer Care: Care for the Future pillar we have been proactively working with internal and external stakeholders on a new clinical model looking at how we will be providing clinical services in the future across Merseyside and Cheshire. CCC has moved to implement some short term changes to the delivery of consultant clinics in Southport, Chester and Warrington to sustain patient access to services and ensure prompt access to a consultant first appointment. Longer term changes to the way CCC delivers care will be the subject of further formal engagement across Cheshire and Merseyside in 2018/19.

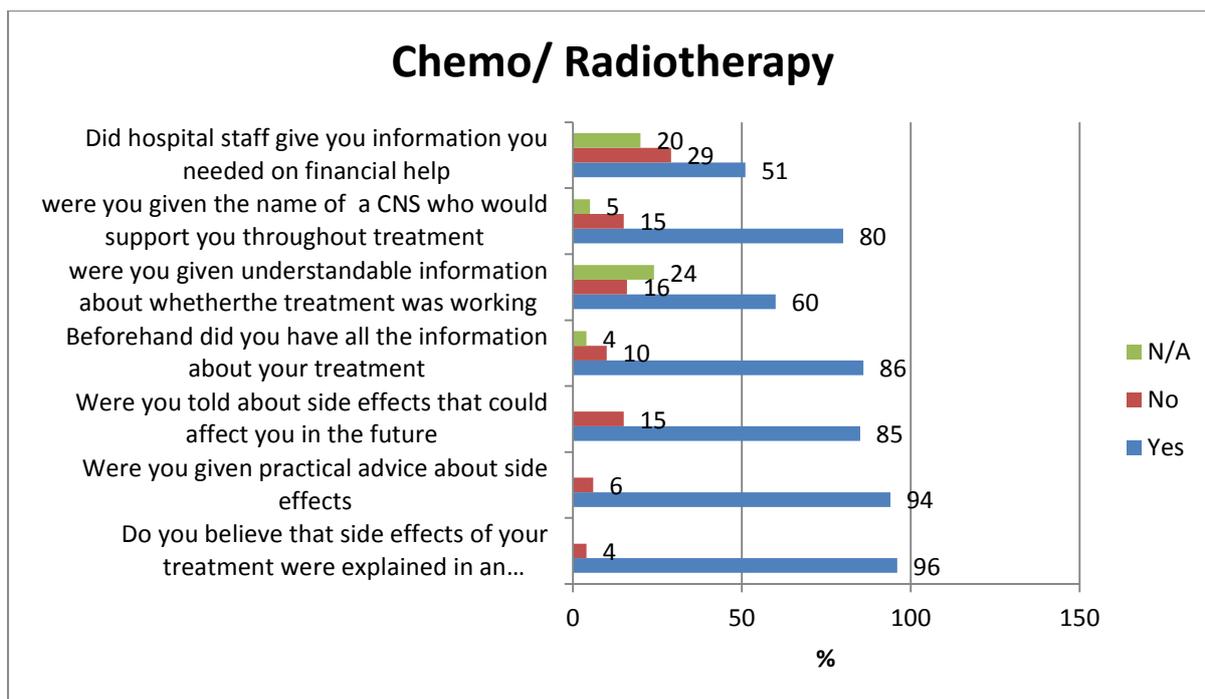
Improvements following Patient Surveys and Care Quality Commission Reports

The Trust consistently scores in the top 20% of all Trusts in the majority of questions in the national CQC patient survey. However, we recognise that there is always scope for improvement. Key areas of service improvement following the review of the survey include:

- The continued implementation of project on Patient and Family Centred Care on the wards
- Expansion of outpatient clinic at CCC

We undertake regular internal patient surveys based on the CQC methodology to ensure our real time survey mirrors the yearly report.

The results of The National Cancer Patient survey were received in August 2017. An action plan was identified and two further local surveys were undertaken, one in chemotherapy and one in radiotherapy, please see results below:



Improvements in Patient and Carer Information

Throughout 2017/18 we have continued the programme of on-going improvement of the information provided to our patients and carers.

Following the Gaps analysis conducted by NHS England Information Standard assessor in May 2017, we have maintained our accreditation for our internally produced patient information leaflets. This achievement of accreditation helps the Trust demonstrate our commitment to providing trustworthy health and social care information for our patients. The process of accreditation has resulted in improved governance processes around information production and document control allowing us to demonstrate to the public that our information is both credible and reliable.

Complaints Handling

The Trust continues to have a low number of complaints (26 in 2017/18). Complaints are managed by our Patient Experience Manager who provides an integrated complaints, PALS and patient and public involvement service, and who forms part of our Clinical Governance Support Team. All complaints are reviewed and responded to by the Chief Executive.

Information on complaints and lessons learned are shared with all staff via our Team Brief. The Council of Governors Patient Experience Committee receives complaints/PALS quarterly reports, and on a quarterly basis reviews the handling of complaints received during that time.

Total complaints received 26

Subject matter of complaint:

- Treatment and Care 16
- Communication 1
- Staff Attitude 3
- Access to treatment 1
- Administration 2
- Other 1
- Delays/waiting times 2

Stakeholder Relations

Partnerships and Alliances

Building for the Future – Our New Cancer Care

A contract was signed with Laing O'Rourke in June of last year and since then construction of our new Cancer Centre has made excellent progress.

The lift and stair cores for the new hospital have been completed and these give a good illustration of the height of the building. Work is currently underway to complete the superstructure and once this is place the building will be clad.

A 'topping out' ceremony will be held in early 2019; this traditionally marks the point when the roof of a new building is complete and is a tradition in the construction industry.

The recent delay to the handover of the new Royal does affect some of the works to the Cancer Centre. The respective project teams from both Trusts are currently working hard to understand the full impact of the delay and to ensure that plans are in place to manage the consequences of this for the Cancer Centre project.

The building is currently on programme to be handed over to the Trust in the spring of 2020 and clinical services will begin around 3 months after building handover.

Private Patient Facility

The Clatterbridge Private Clinic offers patients access to specialist, integrated cancer services in dedicated private surroundings. The Clinic is committed to the delivery of exceptional cancer care, which is consultant-led and tailored to meet the needs of patients.

The Clatterbridge Private Clinic is a Limited Liability Partnership (LLP) and was launched in 2013. It operates as a joint venture partnership between The Clatterbridge Cancer Centre NHS Foundation Trust and the Mater Private Healthcare.

The partnership serves to support the Trust, with profits generated through the venture being reinvested back in to the Trust for the benefit and development of NHS services at Clatterbridge.

Outpatient Pharmacy Dispensing Subsidiary Company

The Clatterbridge Pharmacy Ltd was established in October 2013 as a registered company (trading as PharmaC) to provide general pharmacy and specialist cancer dispensing services. Since being established the company has gone on to provide drug top up services at a number of Trust locations, to support the delivery of Chemotherapy at home, and to provide a full drug procurement service for the Trust. The company is 100% owned by The Clatterbridge Cancer Centre. The key objectives of the company are:

- (i) Putting patients first: improved patient experience through improved access to dispensing services.
- (ii) Drive efficiencies and strive to improve services: reduce patient waiting times and develop a more customer focussed service.
- (iii) Financial efficiencies: benefit from the tax and other efficiencies that are open to similar high street pharmacies.

The financial contribution from the company to the Trust is reinvested in supporting us deliver a high quality of patient care to all our patients.

PropCare

The Trust has established a wholly owned subsidiary, Clatterbridge PropCare Services Ltd (PropCare) which has responsibility for the management of the Trust's existing sites at Clatterbridge and at Aintree. PropCare took over responsibility for the existing estate in May of 2017, and entered into contract with Laing O'Rourke for the delivery of the cancer centre in Liverpool in June of the same year.

PropCare has been set up to provide a dedicated focus on the management of the estate and facilities, allowing the Trust to concentrate on the delivery of clinical services. In the longer term it is also intended to bring in additional income for the Trust by providing work to other organisations.

The Clatterbridge Cancer Charity

The Clatterbridge Cancer Charity has continued to grow income raising another record figure of £2,643,645 in 2017/18, representing a 21% increase on the previous year. It's thanks to the dedication of supporters that we are able to support innovations in treatment and improve facilities and experience for our patients. It remains the only dedicated charity for The Clatterbridge Cancer Centre, helping to transform cancer care for a population of 2.3m people.

The Charity remains focused on supporting the building of a brand new 11 storey specialist cancer hospital in Liverpool whilst also funding some of the ongoing special touches that make a real difference to patients right now, such as complementary therapies, counselling services, free wigs and social activities for our young adult and teenage patients.

In addition, the Charity has been pivotal in the delivery of pioneering services such as cancer care at home which has transformed treatment for so many of our patients, alongside innovative research projects helping people to live longer.

We are incredibly grateful to our loyal supporters who help make these things possible by giving their time, money or services to the Charity year on year.

Further information about our charity, including a list of what has been made possible at Clatterbridge, can be found at www.clatterbridgecc.org.uk

Cheshire and Merseyside Cancer Alliance

The Trust hosts the core team of the Cheshire and Merseyside Cancer Alliance which was established in 2016 to lead the delivery of the national cancer strategy, *Achieving World Class Cancer Outcomes: A strategy for England 2015 – 2020*. The Cancer Alliance covers a population of 2.4m and is the cancer delivery arm of the Cheshire and Merseyside Health and Care Partnership. The aim of the Cancer Alliance is to radically improve cancer outcomes and to ensure that patients can benefit from high quality modern services. There are six major themes within the Cancer Alliance programme around how this will be achieved, spanning all partners involved in delivering cancer services locally. These are prevention and public health, early and earlier diagnosis, improving patient experience, support to patients living with and beyond cancer, high quality modern services and new approaches to the commissioning and provision of services.

In 2017, the Cancer Alliance was successful in receiving substantial early phase national cancer transformation funding to support initiatives across early diagnosis and for patients living with and beyond cancer. Working with established clinical leadership forums and local partners, a core Alliance team, based at the Trust has been established to drive this agenda and focus on delivering best practice, value and experience for patients.

Maggie's Centre

The Trust has a close partnership with Maggie's and patients have access to a Maggie's Centre at CCC-Wirral, enabling patients to benefit from a range of practical, emotional and social support.

Macmillan Cancer Support

The Trust works in close partnership with Macmillan cancer support to the benefit of patients, this arrangement covers cancer information resources, benefits advice, several specialist clinical posts and the delivery of the Living With and Beyond Cancer Programme.

Patient and Public Involvement Activity

During 2017/18 the Trust has continued to engage with patients and stakeholders to further develop its services. Activities have included:

- The Trust holds a 6 monthly annual open event for Healthwatch members and representatives from local OSC's which focuses on our Quality Accounts. This year we held events in April and October. The feedback continues to be very positive.
- The Patient's Council has continued to assist us with:
 - Local surveys,
 - Lay reading of new documentation,
 - Engaging with current patients,
 - Staff recruitment interviews,
 - Audits and surveys,
 - Quality Inspections.
 - Mock CQC inspections

Since 2007 the Trust has given every patient completing a course of treatment at the centre a patient experience feedback form to ensure that the Trust has 'real time' information about the patient's experience which it can act upon. This has proved an effective method of monitoring our services and consolidating good work that goes on all around the centre.

Feedback from the Friends and Family Test for in patients continues to be very positive with 99.4% of patients reporting 'extremely likely' or likely when asked 'How likely are you to recommend our ward to friends and family if they needed similar care or treatment?'

Across all outpatient services our patients have responded by telling us that 96.5% would be 'extremely likely' or 'likely' to recommend our services to their friends and family.

The views and experiences of people who use our services have influenced our service priorities and plans through a number of mechanisms. These include:

- Our Quality Strategy,
- Our Governors and Members as a Foundation Trust,
- Patient and carer involvement in specific projects,
- Responding to complaints and praise,
- Review of all complaints by our Governors,
- Videoing patient stories which has provided us with a valuable insight into our patients' experiences,
- The Trust works in partnership with its Council of Governors to develop its annual service plans which form the Trust's corporate objectives. Governors have the opportunity to suggest plans and priorities and form an integral part of the approval process for the plans.

Examples where patient experience has informed change include:

- Wig service to be assessed and monitored by Chemotherapy Matrons
- Visiting times
- Extension of OPD clinics

To support the Transforming Cancer Care programme the Trust has put in place an expert Patient Reference Group which brings together patients and governors who can provide informed patient views in to all aspects of the programme.

Goods and Services

The Trust's income from the provision of goods and services for the purpose of the health service in England has exceeded its income from the provision of goods and services for any other purposes.

Statement as to disclosure to auditors (s418)

So far as the directors are aware, there is no relevant audit information of which The Clatterbridge Cancer Centre NHS Foundation Trust's auditors are unaware; and the directors have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditors are aware of that information.

Remuneration Report

Remuneration Committee (Non-Executive Directors)

The Remuneration Committee consists of six Governors, one of whom will act as Chair (who will have a casting vote) and decide the terms and conditions of office, including the remuneration and allowances, of the Non-Executive Directors.

Terms of Service (Non-Executive Directors)

Appointments of the Chair and Non Executive Directors are made on fixed term contracts (normally for three years), which can be renewed on expiry. Terms of appointment and remuneration for Non-Executive Directors are set by the Council of Governors.

Details of the remaining terms of the Chair and Non-Executive Directors are contained within the Directors' Report.

Remuneration Committee (Executive Directors)

The Remuneration Committee consists of the Chair (who will act as Chair of the Committee) and other Non-Executive Directors and decides the terms and conditions

of office, including the remuneration and allowances, of the Executive Directors including the pension rights and any compensation payments in accordance with:

- 1) Legal requirements
- 2) The principles of probity
- 3) Good people management practice
- 4) Proper corporate governance.

Terms of Service (Executive Directors)

The Chief Executive and Executive Directors are employed under permanent contracts of employment and they have been recruited under national advertisements. The employment of Executive Directors may be terminated with six months notice as a result of a disciplinary process, if the Trust is dissolved as a statutory body, or if they choose to resign.

Remuneration for all other Trust staff is covered by national terms and conditions.

The Remuneration Committee was required to meet on three occasions during 2017/18.

Attendance at Remuneration Committee Meetings

Name	Meetings Held	Meetings Attended
Wendy Williams*	2	1 of 2
Alison Hastings	3	2
Gil Black	3	3
Phil Edgington [◇]	3	3
Mark Baker	3	3
David Teale	3	3
Debbie Francis	2	0

* Chair until 31st December 2017

[◇] Chair with effect from 1st January 2018

Advice to the Remuneration Committee to assist in their consideration of matters was provided by Heather Bebbington (Director of Workforce and Organisational Development) and Andrea Leather (Head of Corporate Governance).

Salary and Allowances (subject to audit)

Name and title	2017/18						2016/17					
	Salary and Fees (bands of £5,000) £000	Taxable Benefits (bands of £100) £00	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	**** Increase in Pension Related Benefits (bands of £2,500) £000	Total (bands of £5,000) £000	Salary and Fees (bands of £5,000) £000	Taxable Benefits (bands of £100) £00	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	Increase in Pension Related Benefits (bands of £2,500) £000	Total £000
Executive Directors												
A Cannell - Chief Executive	145-150				80-82.5	230-235	140-145	0	0	0	0-2.5	140-145
Y Bottomley - Deputy Chief Executive/Director of Finance	125-130				40-42.5	165-170	120-125	0	0	0	22.5-25	140-145
H Porter - Director of Nursing & Quality	100-105				52.5-55	155-160	105-110	0	0	0	0-2.5	105-110
P.Kirkbride - Medical Director *	55-60				0-2.5	55-60	180-185	0	0	0	0-2.5	180-185
B.Schofield - Director of Transformation & Innovation	105-110				27.5-30	135-140	105-110	0	0	0	47.5-50	150-155
J.Spencer - Acting Director of Operations & Transformation	5-10				45-47.5	55-60						
S.Khanduri- Medical Director **	55-60				22.5-25	80-85						
K.Greaves - Acting Director of Nursing & Quality	5-10				42.5-45	50-55						
+ E.Marshall - Interim Medical Director ***	30-35				85-87.50	115-120						
+ J.Andrews - Acting Director of Finance	5-10				22.5-25	30-35						
Non Executive Directors												
W Williams - Chair	30-35					30-35	40-45	0	0	0	0	40-45
P Edgington - Non Executive Director	20-25					20-25	10-15	0	0	0	0	10-15
G. Black - Non Executive Director	15-20					15-20	15-20	0	0	0	0	15-20
A.Hastings - Non Executive Director	10-15					10-15	10-15	0	0	0	0	10-15
J Bums - Non Executive Director	0					0	10-15	0	0	0	0	10-15
J Kingsland - Non Executive Director	0					0	5-10	0	0	0	0	5-10
D Teale - Non Executive Director	10-15					10-15	0-5	0	0	0	0	0-5
M Baker - Non Executive Director	10-15					10-15	5-10	0	0	0	0	5-10
D Francis - Non Executive Director	5-10					5-10						
Banded remuneration of the highest paid director and the ratio between this and the median remuneration of the Trusts staff												
Band of the Highest Paid Directors Total						145-150	180-185					
Median Total Remuneration						29,517	27,478					
Ratio						5.08	6.75					

* The medical director salary includes £46k that relates to their clinical role within the Trust.

** The medical director salary includes £42k that relates to their clinical role within the Trust.

*** The medical director salary includes £27k that relates to their clinical role within the Trust.

**** The amount included here is the annual increase / decrease (expressed in £2,500 bands) in pension entitlements multiplied over the average post-retirement term of 20 years.

+ At the time of reporting NHS Business Services Authority have been unable to provide pension information for these employees.

During 2016/17 the Remuneration Committee awarded a pay uplift to its Executive Team in line with the three point incremental salary scale, introduced in 2015/16. This enables the Trust to retain a workforce which demonstrates commitment and leadership to enable the organisation to remain first class, whilst offering flexibility in the appointment of new Directors, depending on experience.

The Remuneration Committee met in 2017/18 and awarded a pay uplift to the Director of Operations & Transformation in line with the above policy. No other pay uplifts were awarded.

The Trust are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust's workforce.

In the financial year 2017/18 the highest paid Director was in the banding £145k-£150k (2016/17 £180k-185k). This was 5.08 times (2016/17 6.75 times) the median remuneration of the workforce.

The aggregate amount of remuneration and other benefits received by Directors during the financial year was £784,278 (2016/17 £772,022). There is no performance related pay or bonuses paid to Directors.

Employer contributions to a pension scheme in respect of Directors was £82,931 (2016-17 £90,406).

Pension Entitlements (subject to audit)

Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 march 2018 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension (rounded to nearest £00) £00
	a)	b)	c)	d)	e)		f)	
A Cannell - Chief Executive	2.5-5	10-12.5	60-65	185-190	1,292	1,137	134	0
Y Bottomley - Deputy Chief Executive /Director of Finance	2.5-5	0	15-20	0	229	184	40	0
H Porter - Director of Nursing & Quality	2.5-5	7.5-10	45-50	140-145	1,006	886	102	0
P Kirkbride - Medical Director	0-2.5	0-2.5	50-55	170-175	0	1,317	0	0
B.Schofield - Director of Transformation & Innovation	0-2.5	0-2.5	30-35	75-80	463	407	51	0
J.Spencer - Acting Director of Operations & Transformation	0-2.5	0-2.5	30-35	80-85	544	489	4	0
S.Khanduri - Medical Director	0-2.5	0-2.5	25-30	60-65	391	371	5	0
K.Greaves - Acting Director of Nursing & Quality	0-2.5	0-2.5	20-25	65-70	451	398	4	0
E.Marshall - Interim Medical Director	0-2.5	0-2.5	50-55	160-165	1,119	995	19	0
J.Andrews - Acting Director of Finance	0-2.5	0-2.5	25-30	65-70	459	429	2	0

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 no.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee

Off Payroll Engagements

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months	
Number of existing engagements as of 31 March 2018, of which ...	0
Number that have existed for less than one year at time of reporting	1
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four years or more at time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1 April and 31 March 2018, for more than £245 per day and that last for longer than six months	
Number of new engagements, or those that that reached six months in duration between 1 April 2017 and 31 March 2018.	0
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations	0
Number for whom assurance has been requested of which,	0
Number for whom assurance has been requested and received.	0
Number for whom assurance has been requested but not received	0
Number that have been terminated as a result of assurance not being received.	0

Staff Exit Packages (subject to audit)

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies £000s
£50,000 - £100,000	1	47
£100,000 - £150,000	3	234
Total	4	281

Redundancy and other departure costs have been paid in accordance with the provisions of the contractual arrangements under Agenda for Change.

Director Expenses

Expenses	2017-18 £00s	2016-17 £00s
Total number of directors in office	17	14
Number of directors receiving expenses	11	8
Aggregate sum of expenses paid to Directors	158	82

- 1) All Board members are appointed by the Board on permanent contracts.
- 2) All non Executive Board members are appointed by the Council of Governors for an initial period of 3 years which is renewable subject to satisfactory performance.
- 3) The following changes have occurred to voting the Board since 1st April 2017:

- a) A. Cannell resigned as Chief Executive from the board on 05.03.18
- b) B. Schofield was appointed Acting Chief Executive from 06.03.18
- c) Y. Bottomley as Director of Finance/Deputy Chief Executive was suspended from the board on 28.02.18
- d) J. Andrews was appointed Acting Director of Finance from 01.03.18
- e) H. Porter left the board as Director of Nursing & Quality on 28.02.18
- f) K. Greaves was appointed Acting Director of Nursing & Quality from 01.03.18
- g) P. Kirkbride left the board as Medical Director on 30.09.17
- h) E. Marshall was appointed interim Medical Director from 01.10.17 to 30.11.17
- i) S. Khanduri was appointed Medical Director from 01.12.17
- j) J. Spencer was appointed Acting Director of Operations and Transformation from 01.03.18
- k) W. Williams resigned from the Board as Chair on 31.12.17
- l) P. Edgington was appointed Chair from 01.01.18
- m) D. Francis was appointed Non Executive Director from 01.08.17

Governor Expenses

The Trust has in place a policy to reimburse Governors for travelling and other costs and expenses incurred in carrying out their duties. The Trust provides fair and appropriate reimbursement for the Governors who participate in events and activities arranged by the Trust and who are specifically invited to do so by the Trust.

In 2016/17, 2 governors claimed expenses totalling £350.49 and all expenses claimed were in line with the Trust Policy.

During 2017/18, 4 governors claimed expenses totalling £544.04 and all expenses claimed were in line with the Trust

Ann Farrar
Interim Chief Executive (in the capacity as accounting officer)

Signature.....

Date TBC

Cost Allocation and Charging

The Trust has complied with the cost allocation and charging requirements in line with the guidance issued by HM Treasury.

General Companies Act Disclosures (s416)

See Annual Accounts

Further Companies Act Disclosures (s416 and Regulation 10 and Schedule 7 of the Regulations)

See Annual Accounts

Staff Report

Analysis of staff costs (previously in accounts) analysis by permanent and other

	Group			
	2016/17		2015/16	
	Permanent	Other	Permanent	Other
	£'000	£'000	£'000	£'000
Salaries and wages	41,189	2,050	33,074	1,702
Social security Costs	3,900		3,371	
Employer contributions	4,720		4,060	
Pension costs - other	56		9	
Agency and contract staff		651		2,044
NHS Charitable funds staff	497		415	
Employee benefit expense	50,262	2,701	40,929	3,746

Analysis of staff numbers by employee definitions analysis by permanent and other

Staff Group	Permanent Contract (Average FTE)	Other Contract (Average FTE)	Average FTE 2017/2018
Additional Professional Scientific and Technical	55	2	57
Additional Clinical Services	109	9	118
Administration and Clerical	360	42	402
Allied Health Professionals	160	2	162
Estates and Ancillary	2		2
Healthcare Scientists	28	2	30
Medical and Dental	52	8	60
Nursing, Midwifery and Health Visiting	242	7	249
Agency and contract staff		21	21
Total	1008	93	1101

Gender Breakdown – Directors as at 31st March 2018

Directors	Count of Assignment Number	Headcount
Female	7	7
Male	7	7
Total	14	14

Gender Breakdown – Employees as at 31st March 2018

Gender	Count of Assignment Number	% of Workforce	Sum of FTE
Female	1,108	82	945
Male	242	18	224
Total	1,350	100%	1,169

Sickness Absence Data

The Workforce and Organisational Development Team work closely with line managers to support them in the effective management of sickness absence, help staff stay healthy and maintain good attendance. Linking with the health and wellbeing work streams the Trust has been able to identify key initiatives to support attendance in 2017/2018 and this will continue to be a focus for improvement in the coming years.

The sickness absence rate for 2017/18 is shown below:-

Yearly Quarter	2017/2018
Q1 (April - Jun)	3.98%
Q2 (Jul - Sept)	4.53%
Q3 (Oct - Dec)	4.09%
Q4 (Jan - Mar)	4.74%
Total for the year	4.35%

With an aim to reduce sickness to a target level of 3.5% whilst maintaining appropriate staffing levels, the Trust has reviewed its sickness absence policy, and further exploited technology to support effective monitoring. Dedicated training has also been provided to support managers in helping staff stay healthy and maintain good attendance.

Sickness absence levels continue to be reported to the Board of Directors who use this data to review performance across teams and apply interventions to deliver improvements.

Human Resources (HR) Policies and Procedures and Working in Partnership

The Trust continues to regularly review all its policies and procedures with the aim of ensuring they remain effective and beneficial to staff.

Partnership working is a priority for the Trust; therefore the following forums are integral to the Trust's workforce agenda to support this work:

- The Strategic Partnership Forum (SPF) is a strategic corporate body, whose purpose is to act as a 2-way channel of communication and involvement between staff and members of the Trust Board. The Strategic Partnership Forum receives and considers strategic matters relating to performance, developments in service provision and matters of organisational change. It forms the platform for collective bargaining and negotiation of local agreements, employment policies and general terms and conditions of service. It directs and informs the work of the Operational Partnership Forum ensuring proactive, early consultation on all matters that may affect staff.
- The Local Negotiation Committee is a strategic body, whose focus is on the medical workforce requirements.
- The Operational Partnership Forum (OPF) ensures actions arising from the Strategic Partnership Forum are carried out and provides a forum within which operational matters can be discussed and addressed. This group supports the development of workforce policies, the job evaluation process and reviews and advises on necessary changes to terms and conditions of service. The group escalate issues as appropriate to the Strategic Partnership Forum.

Equality, Diversity and Human Rights

The Trust recognises and values that its workforce is made up of individuals from diverse backgrounds and characteristics.

During 2017/18, the Trust has continued to work towards its equality, diversity and human rights objectives which have been refreshed and agreed for 2018/19, as follows:

- Improve data collection and equality profiles for all staff members
- Ensure all staff members are paid equally for equal work
- Publish the Gender Pay Gap and develop an action plan to address any areas of concern
- Develop mental health 1st aiders with the aim of training via train the trainer for wider internal training
- Integrate the Workforce Race Equality Standard (WRES) into workforce planning
- Monitor retention on a monthly basis
- Develop an attraction, recruitment and retention strategy to begin in 2018.

We are committed to the Workforce Disability Equality Standard (WDES) 2018 and achieving its successful implementation to support career progression and make

reasonable adjustments to enable all staff to achieve their full potential regardless of disability or any other protected characteristic.

The first Gender Pay Gap Report was published in March 2018. In line with legislation, all employers with 250 or more employees must publish their gender pay gap as at 31st March each year. The information is published on the Government website and here, on our internet.

The data in the report is provided by the Electronic Staff Record (ESR) system which holds all our employee information and is a snapshot taken as at 31st March 2017. Led by the Trust Board, this report will enable us to analysis the data further and develop a pro-active action plan to address any inequalities or challenges with regard to the Gender Pay Gap.

The Workforce Race Equality Scheme (WRES) continues to be a focus for the Trust, first published in 2015, the report monitor equal access to career opportunities and fair treatment in the workplace for staff from black and minority ethnic (BME) backgrounds. For 2018 work will focus on embedding the second stages of the WRES reporting to ensure key policies have race equality built in and to help understand and communicate more about the importance of equity to help build the workforce of the future.

Health and Safety

The safety of the Trust's patients, staff and visitors is paramount and therefore CCC continues to encourage a proactive approach to health and safety to ensure the Trust complies with health and safety legislation.

All staff groups have access to our specialist training including health and safety, moving and handling, fire safety, emergency preparedness, resilience and response, security and conflict resolution. In addition, advice is available from radiation protection, infection control and occupational health staff.

As part of our proactive approach, all departments are visited annually by the Health and Safety Advisor to ensure risk assessments are in place and are suitable and sufficient in line with the Management of Health & Safety at Work Regulations and that they are located within the department and have been reviewed within the last 12 months.

Action plans are developed and controls put in place to prevent, where possible, any injuries or illness to patients, staff and visitors in all areas of the Trust.

A comprehensive fire training programme continues to be implemented which includes fire marshal training, evacuation chair use for non-ambulant persons, and ward evacuations, both horizontal and vertical, being delivered. All activated fire alarm responses, including false alarms, are reported and assessed.

To support staff with knowledge and information for health and safety, fire, security and manual handling training sessions are provided annually, bi-annually or 3 yearly, as appropriate, for all staff groups. Workbooks have been developed for staff to complete as an alternative form of learning alongside face to face and e-learning.

From October 2017 the Trust delivers in-house Management of Actual or Potential Aggression training (MAPA). This is a one day course for staff teaching disengagement and holding skills.

Staff incidents in 2017/18 are categorised as follows: Slip, Trip & Fall, Violence & Aggression, Equipment/Medical Devices, Inoculation, Infection Control, Information Governance, Security, IT, Staff Radiation Badge, Manual Handling and 'Other' causes.

The Health and Safety Committee reviewed the following health and safety policies during 2017/2018:

- Display Screen Equipment
- Lockdown Policy
- Lone Worker Policy
- Prevention & Management of Violence & Aggression Policy
- Smoke Free Policy
- General Health & Safety Policy
- CCTV Policy
- Annual Security Strategy

A number of areas were formally audited, including:

- Security
- Inoculation
- Violence & Aggression
- Falls
- Lone working
- CCTV
- Property & Assets

Security, lone working and violence and aggression were audited as part of the Environmental Risk Assessment.

Regular reports on all accidents, dangerous occurrences and ill health are presented to the Health and Safety Committee Meeting and action plans are agreed and implemented.

The Committee also investigated proposed changes for Safer Sharps and established a sub-group to look at Electrical Safety.

Following the changes to the over-arching committee structure, from the end of 2017 the Health & Safety Committee started meeting on a quarterly basis, in line with the Quality and Safety Committee to which it reports.

The Health and Safety Committee receives minutes from the Radiation Protection Forum and the Moving & Handling/Falls Committee and from the end of 2017 the newly created Fire Safety Sub-Group.

In April 2017 NHS PROTECT ceased to exist for security and continued for Fraud

under the name of the NHS Counter Fraud Authority. Under the NHS contract, applicable until April 2019, the Trust has to adhere to the existing requirements, in particular having the following roles in place:

- Security Management Director (SMD)
- Non-Executive Director for Security (NED)
- Local Security Management Specialist (LSMS)
- Complete Security Standards and send to Commissioners (previously NHS Protect)

Emergency Preparedness, Resilience and Response

The Trust submitted its Emergency Preparedness, Resilience and Response (EPRR) template for 2017/18 at “Full Compliance” level and has received confirmation from NHS England that it has met all the requirements for the submission in terms of the timetable and the documentation. NHS England have acknowledged the gaps identified as part of the process and that there is a clear action plan in place which will be reviewed as part of the 2018/19 Core Standards Returns.

Occupational Health

The Trust continues to procure Occupational Health Services from Wirral University Teaching Hospitals NHS Trust to manage staff attendance and wellbeing.

Occupational Health reports to the Trust on a monthly and quarterly basis regarding financial costs, activity to date and wellbeing trends. This supports the organisation to effectively respond to its wellbeing issues and subsequent action planning for improvement.

Clear key performance indicators are reported via the Trust’s Quality Committee to ensure that we are receiving best value for money in terms of efficiency and quality of service.

Additional contracting remains in place with Cheshire and Wirral Partnership Trust to provide specialist counselling support including an on-site counsellor available to all staff one day per week.

Counter Fraud and Corruption Policies

In addition to the overarching Anti-Fraud, Bribery and Corruption Policy, the Trust has developed a number of Trust Wide and Workforce and Organisational Development policies to include guidance on counter and corruption where appropriate. The Trust has an Anti-fraud plan and the Audit Committee receives regular updates on progress.

Expenditure on consultancy

Consultancy costs of £429K relate mainly to project management and legal services for building for the future project £240k, Cancer Alliance in order to support a programme and delivery of work in relation to waiting times £94k (which is covered by an income stream) and Set up costs for the new Haemato-Oncology service £40k.

Staff Survey Results

Summary of Performance

722 staff out of 1,172 at The Clatterbridge Cancer Centre NHS Foundation Trust took part in the 2017 Staff Survey. This represents a 62% response rate which is 5% higher than 2016 and significantly higher than the national response rate (45%) and our comparator group, Acute Specialist Trusts (47%). As last year a mixed method of distribution was used for the 2017 survey, paper and on line however more departments opted to complete the survey on line this year. A number of survey champions were nominated from departments across the Trust who actively promoted the survey within their departments during the survey window.

Survey Highlights

Overall our results show a mixed picture. The majority of scores are similar to our comparator group, there are a number of areas where the Trust performs within the top 20% and also within the bottom 20% of the sector and many scores show a small downward movement from 2016. In comparison to the sector our results show 28 less questions scoring within top 20%, 25 more questions scoring in the middle 60% and 3 more questions scoring in the bottom 20%.

Our overall engagement score is 3.96, slightly lower than 2016 (4.03) however slightly higher than the sector score (3.92).

73% of our staff would recommend CCC as a place to work (75% in 2016) (68% sector score)

93% agreed they would be happy with the standard of care provided by CCC for a friend or relative compared to 93% in 2016 and 87% sector score.

89% agreed that the care of patients is the Trust's top priority which was one of the areas in which we scored within the top 20% compared to our sector. (91% in 2016) (84% sector score).

Significantly Better Scores Compared to 2016

91% of staff agreed that they had an appraisal in the last 12 months (81% 2016) and one of the best scores in the sector.

Our response on the quality of learning and development was significantly better than the sector score and staff agreeing that training helped to deliver better patient experience is in the top 20% range.

Appraisals was one of the areas identified for improvement following the 2016 survey and in response the Trust aligned the PADR completion window (1st April to 30th June) with the Trust's Business planning process and introduced guidance and a proforma to aid career development discussions.

Significantly Worse Scores Compared to 2016

Question	2016	2017	Diff
Satisfaction with level of pay	42%	35%	-7.78%
Satisfaction with the opportunities for flexible working	59%	52%	-7.70%
I know who the senior managers are	89%	85%	-3.83%
Does your organisation take positive action on health & wellbeing	97%	90%	-6.35%
My organisation treats staff who are involved in an error, near miss or incident fairly	69%	62%	-7.00%
I would feel secure raising concerns about unsafe clinical practise	79%	74%	-4.83%
My organisation act fairly with regards to career progression/promotion	94%	90%	-4.55%
My manager supported me to receive training, learning or development	94%	87%	-6.63%
My Organisation acts on concerns raised by patients/service users	88%	84%	-4.24%

	2015/16		2016/17		Trust improvement/ deterioration
Response rate	Trust	National Average	Trust	National Average	
	57%	44%	62%	47%	5% increase

	2015/16	2016/17		Trust improvement/ deterioration
Top 5 ranking scores	Trust	Trust	National Average	
Question KF20 Percentage of staff experiencing discrimination at work in the last 12 months	6%	6%	9%	0%
Question KF23 Percentage of staff experiencing physical violence from staff in last 12 months	1%	1%	1%	0%
Question KF22 Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	4%	2%	7%	2% improvement
Question KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	96%	95%	92%	1% deterioration
Question KF1 Staff recommendation of the organisation as a place to work or receive treatment	4.26	4.20	4.16	0.06 deterioration

	2015/16	2016/17		Trust improvement/ deterioration
Bottom 5 ranking scores	Trust	Trust	National Average	
Question KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	54%	56%	50%	2% deterioration
Question KF27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	38%	40%	47%	2% improvement
Question KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	31%	32%	27%	1% deterioration
Question KF17 Percentage of staff feeling unwell due to work related stress	37%	38%	35%	1% deterioration
KF12 Quality of appraisals	3.13	3.01	3.16	0.12 deterioration

Areas Highlighted for Improvement & Progress

Areas Highlighted for Improvement	Progress to Date
Staff feeling that they are unable to meet conflicting demands on their time	Managers asked to address this through the vehicle of the PADR process and the regular on going one to one discussions as part of this process. The Trust is investing in new roles to support the medical workforce and reviewing workforce plans. There will be a number of work streams to ensure that future service plans can be delivered and staffed appropriately. At local level a number of departments have taken action to address staffing issues and concerns raised by staff following feedback via the staff survey process.
Staff feeling unwell due to work related stress and feeling pressure to attend work when unwell	Over the last twelve months the Trust has supported a number of initiatives to encourage both the mental and physical wellbeing of staff including the introduction of the CWP specialised counselling service onsite; The Virgin Pulse Global Challenge and the introduction of the 'One You' website to help staff manage their own health and wellbeing; The HR Business Partners continue to work with Line Managers to provide support and guidance on managing work related stress; The use of HSE Stress Analysis Questionnaires; The continuation of the Psychological Wellbeing Programme in the format of quarterly maintenance sessions available for Medical Staff and Senior Managers. A stress task and finish group has been established to identify and review current status and recommend and implement any appropriate improvements.

<p>Staff experiencing and the non-reporting of incidents of harassment, bullying and abuse</p>	<p>Working in partnership with Trade Unions, the Trust engaged an external Trade Union Trainer to conduct focus groups. Key themes from these focus groups have been used to inform the following actions: The appointment of 8 Freedom to Speak Up Guardians who will support and enable staff to speak about their concerns; A review of the Freedom to Speak Up policy; A communication and engagement programme is planned for April 2018 to raise awareness; 4 Respect for Each Other Champions have also been appointed to provide support to staff members who believe that they are experiencing or who have witnessed HBA. A communication campaign alongside supporting information available on the intranet is planned to be launched in May/June 2018. The Bullying and Harassment policy has been reviewed; Bullying and Harassment awareness training will be incorporated into staff and management training programmes in 2018; Plans to tackle issues of HBA at departmental level will be included in local departmental action plans.</p>
<p>Decline in the completion of Appraisals</p>	<p>A holistic review of the PADR policy, process and training is taking place with the aim of enabling managers to deliver an effective, value added appraisal process that supports the Trust's Workforce and OD & future Talent Management Strategies. The PADR completion window has been aligned to the Trust's business planning process (1st April – 31st July); A career development discussion guide has been developed and incorporated into the PADR process; An electronic PADR tool is being explored to enhance the PADR process and enable the timely collation and analysis of data relating to training needs, career development and succession planning; Staff and management PADR training is being reviewed as part of the staff and management development programme 2018.</p>
<p>Staff Engagement</p>	<p>The role and remit of the Staff Engagement Steering group was reviewed in 2017 and membership extended to ensure representation of key staff groups across the Trust. The group are overseeing the design, development and implementation of staff engagement initiatives for 2018 – 2020 which includes proposals for the continuation and development of the Honest Conversations initiative and innovative communication and engagement tools and processes to enable us to communicate and engage effectively with all of our staff groups across multiple work locations.</p>

Future Priorities and Targets

The Trust will continue to focus on the areas identified for improvement and the current survey action plan in place following the 2016 survey results. This is currently being reviewed as we analyse the 2017 survey results and identify our priority areas of focus. The 2017 survey results are being presented and discussed with managers and staff across the Trust via directorate reviews, team meetings and focus groups with the aim of providing key highlights including areas where we have seen improvements, significantly worse scores, top performing and bottom performing scores both at Trust and departmental level. Each department is tasked with developing a survey action plan identifying three areas of focus for improvement and

appropriate performance measures which will be reported on as part of the directorate reviews throughout 2018.

The Trust's Workforce and Organisational Development immediate priorities continue to be:

- Staff Engagement
- Health and Wellbeing
- Bullying and Harassment
- The quality of appraisals, leadership and career development,

Progress will be reported via the Strategic Partnership Forum, the Workforce Sub-Committee and Quality Committee. Through the implementation of the Workforce and Organisational Development Strategy and in partnership with our Trade Unions, we aim to make further improvements to our working environment and continue to be an employer of choice.

NHS Foundation Trust Code of Governance

The Directors of The Clatterbridge Cancer Centre NHS Foundation Trust are responsible for the preparation of the Annual Report and Accounts. It is their consideration that the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and contain the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

The Clatterbridge Cancer Centre NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Code of Governance includes a provision

B.7.1. ".....Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence."

At its meeting in October 2017 the Council of Governors approved the reappointment for a further 2 years (with an annual review) of Senior Independent Director, Alison Hastings. The Board of Directors annually reviews the independence of its directors and following a review at its meeting in April 2018, considers all Non-Executive Directors to be independent.

Therefore the Trust is not compliant with this code provision.

All other requirements of the NHS Improvement Foundation Trust Code of Governance have been met in full.

Council of Governors

Council of Governor's Roles, Responsibilities and Working Arrangements

Public and Staff Governors are elected as part of an independent process managed by Electoral Reform Services in line with the Trust Constitution.

The Council of Governors meets at least three times per year in public and fulfils its legal obligations as outlined in the Constitution. In addition to Council meetings there are four sub-committees:

- Patient Experience Committee
- Strategy Committee
- Membership and Communications Committee
- Nominations and Remuneration Committee.

The Council of Governors has standing orders to govern its conduct and provide a governance framework for its meetings which includes the development of its committees. Each of these committees has an identified Executive and Non-Executive Director for advice purposes. In addition, the Director of Nursing and Quality has a specific role in supporting and working with the Council of Governors playing a key role in developing links between the Board and its Committees and the Council of Governors ensuring that key strategic themes are addressed.

Throughout the year the development needs of the Governors are also reviewed to ensure that they are able to fulfil their responsibilities. Throughout the year Governors have had the opportunity to attend events held by MIAA, NHS Providers and the North West Governor Meeting covering a variety of subjects such as Person Centred Care, Core Skills for Governors, the role of Governors, assurance and developing productive relationships.

Working together with the Board

During the last year our Board of Directors and Council of Governors have worked together in a variety of ways to ensure that the Governor's views are understood and that they receive appropriate support. This included holding joint sessions between the Board and Governors focusing on the development of the Trust's long term Strategy.

The Senior Governor (or in their absence another public Governor) attends the Board of Directors meetings to facilitate transparency between the Board and Council. In addition, the Trust has also implemented 'Public' Governor representation at each of its Board Committees: Audit, Finance & Business Development and Quality.

Governor representation at the Audit Committee ensures that any issues are considered and areas for action or improvement are identified. For the Quality Committee it provides the opportunity to receive detailed information on a selection of

key performance indicators and the Trust's approach to key areas. For the Finance and Business Development Committee it ensures Governor contribution to future developments of the organisation such as Transforming Cancer Care.

In attending the Board Committees it enables the Governors to meet their responsibility to hold the Non-Executive Directors, both individually and collectively, to account for the performance of the Board of Directors.

The NHS 2012 Act identified a change of roles and responsibilities for the Council of Governors, namely *'to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors'*. To support this change a rolling programme of attendance of Non-Executive Directors at Council meetings was introduced. In addition Executive Directors are invited to attend Council meetings on a regular basis to present reports on topics such as performance, quality, strategy and future developments. Both Non-Executive Directors and Executive Directors attend each of the Council of Governor's Committees in an advisory capacity.

The Senior Governor has met with the Chair throughout the year to ensure Governors, and subsequently members, are kept up to date on any developments within the Trust. This is also supported through Governor attendance at Patient Safety Leadership Walkrounds where Executive Directors, Non-Executive Directors and Governors visit all departments on a rotational basis to discuss and address any issues which might arise across the directorates.

Composition of the Council of Governors

The Council is made up of 28 Governors representing the public, staff and nominated organisations. Each Governor is appointed to serve a fixed three year term of office.

Cheshire West and Chester	2
Liverpool	3
Sefton	2
St Helens and Knowsley	2
Warrington and Halton	2
Wirral and the rest of England	3
Wales	1
Staff Governors	6
Nominated Organisations	7
Total	28

Note: during 2017/18 there was 1 vacancy in the Cheshire West and Chester, 1 in Liverpool, 1 in St Helens & Knowsley, 2 in Warrington & Halton and 2 in Wirral and the rest of England public constituencies.

Attendance at Council of Governors Meetings

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Barbara Boulton	Elected Public	Cheshire West and Chester	2	0	PE	2017 D'csd
Matthew Duffy	Elected Public	Cheshire West and Chester	5	1	PE, ST	2019
Vacancy	Elected Public	Liverpool				
John Roberts	Elected Public	Liverpool	5	4	MC	2019
Cheryl Rosenblatt**	Elected Public	Liverpool	2	1		
Yvonne Tsao	Elected Public	Liverpool	5	4	PE, MC, N&R	2018
Carla Thomas	Elected Public	Sefton	5	5	PE, MC, N&R	2018
Ian Boycott-Samuels	Elected Public	Sefton	5	5	PE	2019
Stephen Sanderson*	Elected Public	St Helens and Knowsley	5	4	ST (Chair), N&R	2019
Vacancy	Elected Public	St Helens and Knowsley				
Trish Marren**	Elected Public	Warrington and Halton	3	3	ST,	2020
Vacancy	Elected Public	Warrington and Halton				
Angela Cross Δ	Elected Public	Wirral and the rest of England	5	4	PE (Chair),	2020
David Steele	Elected Public	Wirral and the rest of England	5	2	MC	2019
John Field	Elected Public	Wirral and the rest of England	5	3	ST,	2020
Jane Wilkinson	Elected Public	Wales	5	4	ME (Chair 2018), N&R	2018
Doug Errington	Elected Staff	Doctor	5	4	ST, PE, N&R	2018
Deborah Spearing**	Elected Staff	Non Clinical	1	1		2020
Luke Millward-Browning	Elected Staff	Nurse	5	4	PE, MC	2018
John Archer**	Elected Staff	Other Clinical	3	3	ST	2020
Pauline Pilkington	Elected Staff	Radiographer	5	4	ST	2018

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Ray Murphy	Nominated	Cancer Steering Group	5	2	ST	2017
Shaun Jackson	Nominated	Aintree University Hospitals NHS	5	2	ST, PE	2017
Sonia Holdsworth	Nominated	Macmillan Cancer Support	5	2	ST, N&R	2018
Andrea Chambers	Nominated	Manx Cancer Help Association	5	3	ST	2018
Andrew Pettit	Nominated	The University of Liverpool	5	1	ST	2018
Burhan Zavery	Elected Staff	Volunteers, Service Providers, Contracted Staff	5	3	MC	2018
Andrew Bibby	Nominated	NHS England – Cheshire and Merseyside Sub Regional Team	5	1	ST	2016
Michael Sullivan	Nominated	Local Council – Metropolitan Borough of Wirral	5	2	PE	2017

* Senior Governor

** Elected/Appointed in year

Δ Term of Office expired during the course of the year - re-elected mid-year

PE Patient Experience
ST Strategy

MC Membership and Communications
N&R Nominations and Remuneration

We would like to express our thanks to former Public Governor Cheryl Rosenblatt. Each served as a Governor during 2017/18 for a period of time and have since resigned from their role, not been re-elected or was ineligible for re-election as outlined in the Constitution.

Also we would like to offer our sympathies to the family of former Governor Barbara Boulton, who sadly passed away during 2017.

Director Attendance at Council of Governors Meetings

Name	Meetings Held	Meetings Attended
Executive Directors		
Andrew Cannell	4	2
Yvonne Bottomley	4	2
Peter Kirkbride	3	0
Helen Porter	4	3
Barney Schofield	5	2
Sheena Khanduri◊	2	1
Non-Executive Directors		
Wendy Williams*Δ	3	0

Phil Edgington [◇] *	5	3
Gil Black	5	3
Alison Hastings	5	1
Debbie Francis [◇]	4	0
David Teale	5	1
Mark Baker	5	1

* Chair

△ Term of Office expired or Contract of Employment ended mid-year

◇ Term of Office or Contract of Employment commenced mid-year

Board Roles and Structure

The Trust has adopted the Integrated Governance Model identified in the Integrated Governance Handbook 2006 to inform its system of internal control.

The Board of Directors undertake regular reviews to ensure that the Trust maintains a robust committee structure which enables it to fulfil its purpose and, as such, the Board delegates specific functions to its committees outlined within their terms of reference.

The 'Well Led' review conducted by Deloitte in 2016 whilst identifying no significant issues, made recommendations to review the Trusts governance arrangements to ensure that they remain fit for purpose for a changing operating environment.

In early summer 2017 the Board undertook an externally facilitated in-depth review to test existing structures and to plan for potential future scenarios through a range of diagnostic, mapping and workshop activities. The findings of the review were largely consistent with the Deloitte report but the more detailed review has highlighted a number of areas where improvements to existing systems and ways of working could enhance the flow of information in the organisation and to the Board.

In September 2017 the Board approved a revised governance structure, with the introduction of sub-committee meetings. This was to improve governance practice and oversight and ensure that future reporting adapts and is sustainable in a dynamic governance environment.

As a consequence of the review the terms of reference of the existing Board committees were revised and new ones introduced for the newly established sub-committees.

A further review to establish the effectiveness of the revised governance structure is to be undertaken in mid 2018. This will be in addition to the regular annual review of the Constitution, Corporate Governance Manual and related policies led by the Head of Corporate Governance and updated to reflect changes in the operating environment and best practice.

The structure is as follows:

- Board of Directors Meetings: quarterly meetings are open to the public

- Audit Committee: five times per year
 - Governance and Compliance Sub-Committee
- Quality Committee: quarterly
 - Quality & Safety Sub-Committee: monthly
 - Workforce Sub-Committee : quarterly
- Finance and Business Development Committee: quarterly
 - Operational Delivery and Service Improvement Sub-Committee: monthly
 - Infrastructure Sub-Committee: quarterly
 - Finance Sub-Committee: quarterly
- Remuneration & Nomination Committee (Ad hoc)

In addition the Board conducts an annual review of the risks of delivering the business plan as well as monitoring performance against the plan and ensuring risks are mitigated. Through the delivery of the business plan any required changes to management processes and structures are identified. This may be done internally or with external expert advice.

Since 2012 the Trust has operated a system whereby there is a review of each Board meeting focusing on the content and performance of the Board agenda and the discussions and challenges. This enables the Chair to review the performance of the Board meeting and amend future agendas as required.

The Trust considers that it operates a balanced and unified Board with particular emphasis on achieving an appropriate balance of skills and experience. This is reviewed as part of the Board development programme, as well as whenever a vacancy arises.

	Board of Directors**	Audit**	Quality**	Finance and Business Development**
No. of meetings held in 2017/18	12	5	4	6
EXECUTIVE DIRECTORS				
Yvonne Bottomley	9	5		6
Andrew Cannell Δ	10	1		
Sheena Khanduri ◇	3/3		1	
Peter Kirkbride Δ	4/8			1
Ernie Marshall Δ◇	1/1		1	
Helen Porter Δ	9/10	3	4	2
Barney Schofield	12			6
Heather Bebbington ◇	2/2	n/a	n/a	n/a
Kate Greaves ◇	2/2			
Joan Spencer ◇	2/2			
NON-EXECUTIVE DIRECTORS				
Mark Baker	10		3	

Gil Black	12	5		6
Philip Edgington	12		2	3
Debbie Francis ◇	3/5	1	1	1
Alison Hastings	10	4	1	
David Teale	12	2	4	3
Wendy Williams Δ	7/9			

- All meetings were quorate
- * Identifies the number of meetings the Executive Directors have been in attendance
- ** The membership changed during 2017/18. Attendance provided against the number of meetings held whilst the individual was a member of the relevant committee
- Δ Term of Office expired or Contract of Employment ended mid-year
- ◇ Term of Office or Contract of Employment commenced mid-year

Audit Committee

The Audit Committee is chaired by Non-Executive Director, Gil Black. It provides the central means by which the Trust Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent checks upon the executive arm of the Board.

During this year the Audit Committee undertook the following pieces of work to ensure the effective discharge of its responsibilities:

- Committee review of the annual report and financial statements, including the Annual Governance Statement and other disclosures relevant to the terms of reference to the Committee
- Setting and reviewing progress of the annual internal audit plan using a risk- focused approach, linked to the controls assurance framework
- Receiving regular reports from both Internal Audit and External Auditors, who provide a critical element of independent assurance, by undertaking private meetings with them and the Audit Committee Members only
- Consideration of the performance, appointment and independence of the Internal and External Auditors, as far as the rules governing appointment permit. The Council of Governors agreed to appoint Grant Thornton as the Trust's External Auditors for an initial three year period with effect from 1st October 2013
- Receiving and reviewing reports and assurances from management,
- Consideration of other Committees works and any matters which should be brought to the attention of the Audit Committee
- Agreeing and reviewing the work of the Trust's counter fraud/corruption officer,
- Reviewing and approving losses and compensation, outstanding debts and financial procedure updates
- Undertaking a self-assessment of its work and effectiveness, and identifying any training needs
- Reviewing and updating its terms of reference

As part of the work during 2017/18 the Audit Committee considered the findings of the External Auditor against significant financial risks, no significant issues were identified.

During this financial year, the Auditors were not requested to provide any non-audit services.

Mersey Internal Audit Agency (MIAA) has been appointed by the Trust to fulfil the function of internal audit and therefore delivers an independent, objective and assurance mechanism particularly in relation to evaluating and continually improving the effectiveness of the Trusts risk management and internal control processes.

Quality Committee

The Quality Committee meets on a quarterly basis and provides assurance to the Trust Board on the effective management of quality and safety, and ensures the highest standards of governance and risk management from ward to board. The Committee has met its responsibilities for 2017/18 in accordance with its terms of reference and in particular has:

- Monitored the delivery of Trust strategies including:
 - Quality
 - Patient Involvement
 - Risk Management
 - Infection Control
 - Workforce & Organisational Development
 - Research Governance
- Ensured compliance with regulatory requirements including:
 - NHS Constitution
 - CQC quality and risk standards
 - Equality and Diversity legislation
 - Health and Safety legislation
- Received assurance on matters of quality and safety including:
 - Clinical and quality governance
 - Incident reporting
 - Safeguarding
 - Safer staffing
 - Raising concerns
- Monitored performance against:
 - CQC and commissioner performance targets
 - CCC performance targets
 - Staff survey and patient survey action plans

Finance and Business Development Committee

It is the responsibility of the Committee to oversee the development and execution of the Trust's business development and financial strategy. This has involved making recommendations to the Board on the long term strategy in the

context of the Trust's vision, mission and values.

In addition the Committee receives regular reports on the delivery of financial plans and performance targets both internal and external and ensures effective remedial action is established if necessary. The Finance & Business Development Committee has now assumed responsibility for ensuring that capital investments made by the Trust are in line with the approved Investment Policy. The Committee also oversees the performance of any subsidiary companies and joint ventures established by the Trust.

During the year the Finance & Business Development Committee delivered all its responsibilities in accordance with its Terms of Reference, in particular:

- Provided regular updates on its activities to the Trust Board.
- Reviewed and monitored the Trust's Investment Policy to ensure that external reporting requirements were met e.g. NHSI Single Oversight Framework.
- Received and maintained all financial and investment policies and procedures that are not the direct responsibility of the Audit Committee.
- Reviewed, maintained and managed risks relevant to its responsibilities in accordance with the Board Assurance Framework and Risk Register.
- Monitored the delivery of the Trust's Capital Programme and Cost Improvement Plans.
- Monitored the development and execution of specific Trust strategies e.g. Organisational Development, Estates, Information Technology.
- Monitored delivery against the Transformation Programme
- Monitored delivery against the haemato-oncology integration plan

Nominations Committee (Executive Directors)

The Nomination / Appointment Committee for a Chief Executive is made up of the Non-Executive Directors, chaired by the Chair. The appointment is subject to the approval of a majority of the members of the Council of Governors present and voting at a general meeting.

The Nomination / Appointment Committee for the Directors is made up of a committee consisting of the Chief Executive and the other Non-Executive Directors, chaired by the Chair.

During 2017/18 the Nominations Committee was required to meet twice to undertake the recruitment of a Medical Director and a Director of Nursing & Quality.

Medical Director

Formal interviews were conducted on 17th July 2017. The panel consisted of Wendy Williams (Chair), Prof Mark Baker (Non Executive Director – Clinical), Andrew Cannell (Chief Executive), Heather Bebbington (Director of Workforce & Organisational Development), Professor Chris Harrison, Executive Medical Director, The Christie NHS Foundation Trust (Technical Assessor). The process was supported by Robin Staveley, Gatenby Sanderson (Recruitment Consultants).

In addition the candidate was asked to facilitate a focus group discussion to consider “vision and clinical engagement: Leading the Way”. The purpose of this discussion was to consider the development of strategic objectives underpinning CCC’s Clinical Workforce Strategy Project. The focus group was attended by multi discipline members of staff across the Trust. An overview of the discussion was provided to the interview panel to assist with their decision.

Director of Nursing & Quality

Formal interviews were conducted on 8th November 2017. The panel consisted of Phil Edgington (Chair designate), Debbie Francis (Non Executive Director), Andrew Cannell (Chief Executive), Heather Bebbington (Director of Workforce & Organisational Development) and external representative Hazel Richards (NHS England).

An additional element of the recruitment process was focus groups consisting of pertinent staff representatives and each focus group were given specific topics for discussion. The discussions centred on the challenges the Trust faces with relocating the in-patient nursing workforce into the new Cancer Work and taking into account engagement strategies. A lead was identified for each focus group who then provided feedback to the panel.

The processes for both appointments followed the recruitment process outlined in the Trust’s Constitution.

Nominations Committee (Non-Executive Directors)

Non-Executive members of the Board including the Chair are appointed (and removed) by the Council of Governors at a general meeting, as outlined in the Constitution.

The Nomination / Appointment Committee for the Non-Executive Directors is made up of the Chair (or the Vice Chair if the Chair is standing for re-appointment) and at least three elected governors.

This Nomination Panel holds responsibility for appointing Non-Executive Directors by identifying suitable candidates through a process of open competition, which takes account of the policy upheld by the Council of Governors and the skills and experience required.

During this year the Nominations Committee were convened for the recruitment of the Chair and re-appointment of two Non Executive Directors as detailed below:

Appointment process for the Chair

The Chair, Wendy Williams, notified the Trust that she would stand down with effect from 31st December 2017, ahead of the end of her term of office. In July 2017 the Nominations Committee, on behalf of the Council of Governors, initiated the Chair’s succession plan and considered options for the recruitment process. This included a

full market review and evaluation as well as the option to recruit from the existing cohort of NEDs.

The Trust undertook a market review for the post of Chair in 2015 this identified two appointable candidates, Wendy Williams and the other being an existing Non Executive Director. As the criteria for appointment had not changed significantly since the last appointment, the Committee made a recommendation to the Council of Governors at an extraordinary meeting at the end of August 2017 to appoint Phil Edgington, Non Executive Director (Vice Chair) to the post of Chair with effect from 1st January 2018 for an initial term of office of three years.

The Nominations Committee consisted of: Stephen Sanderson, Douglas Errington, Yvonne Tsao, Sonia Holdsworth, Carla Thomas and Jane Wilkinson. Also in attendance was Andrew Cannell (Chief Executive) and Andrea Leather (Head of Corporate Governance).

Re-appointment process for Non Executive Directors

Also during this year the Nominations Committee recommended the Non Executive Director re-appointments of Phil Edgington* until 31st July 2020 and Alison Hastings until 31st December 2019. These re-appointments were subsequently approved by the Council of Governors at its meetings in July and October 2017 respectively.

*This process was superseded by the process for the Chair appointment.

The processes for each of the above appointment / re-appointments were in line with the Trust's Constitution.

The Chair, Wendy Williams notified the Trust that she would stand down with effect from 31st December 2017 this was ahead of the end of her term office. Due to the circumstances in July 2017 the Nominations Committee on behalf of the Council of Governors undertook the Chair's succession plan.

The Committee considered a number of options including a full market review and evaluation and also reflected that there had recently been rotation of Board members with the addition of two new NEDs and a further NED joining the Board in August 2017. In conclusion the recommendation of the Committee to the Council at an Extraordinary meeting at the end of August 2017 was that as the criteria for appointment had not changed significantly during the two years since the last process had been completed and that as one of the two appointable candidates at that time was a serving NED (Vice Chair) their recommendation was to appoint Phil Edgington, Non Executive Director (Vice Chair) to the post of Chair with effect from 1st January 2018 for an initial term of office of three years.

The Nominations Committee consisted of: Stephen Sanderson, Douglas Errington, Yvonne Tsao, Sonia Holdsworth, Carla Thomas and Jane Wilkinson. Also in attendance was Andrew Cannell (Chief Executive) and Andrea Leather (Head of Corporate Governance).

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The processes for each of the above appointment / re-appointments were in line with the Trust's Constitution.

Board Effectiveness

The Trust has embedded a robust approach to reviewing Board effectiveness. This is done at individual Board member level and as a corporate entity.

Performance evaluation of the Chair is undertaken by the Senior Independent Director with input from the Senior Governor. The report is then reviewed with the Nominations Committee of the Council of Governors, who subsequently advises the Council.

The Chair is required to undertake the performance evaluations of the Non-Executive Directors. To enable Governors to observe the performance of the Non-Executive Directors, the Non-Executive Directors are invited to attend the Council of Governors meetings and the Trust invites Governor representatives to attend the Trust Board, Audit Committee, Quality Committee and the Finance and Business Development Committee.

The Chair undertakes the review of the performance of the Chief Executive and it is the responsibility of the Chief Executive to review the performance of the Executive Directors.

Following the Well-Led Review in March 2016 conducted by Deloitte, the Board undertook a comprehensive review of governance arrangements in 2017/18 which highlighted areas of good practice, in particular around financial and clinical governance. Recommendations were made to the Board around the quality and flow of information to provide more robust assurance to enable decision-making, and to ensure there is the correct balance between strategy and stewardship in board meetings.

Committee Evaluation

The governance review included a full evaluation of the board committees and generated a number of recommendations around the structure, information flows and frequency of meetings. A new structure was introduced from 1 October 2017 which established a sub-committee structure to provide a clear escalation route for all matters "from ward to board".

Board Development / Mandatory Training

The Board Development Programme has been developed using a dynamic approach to provide ongoing development opportunities to strengthen capacity and

performance, enhance strategic functioning and ensure collective and corporate accountability. The programme has included facilitated Board discussions and ownership of the development of the Trust's long term strategy, risk appetite and the new clinical model.

In 2017/18 the programme has also included mandatory training elements such as: fire safety awareness and equality and diversity.

Membership

Membership is open to any individual over the age of 16 who are entitled under the Constitution to be a member of one of the public constituencies or the staff constituencies, having completed the relevant application form.

Our staff membership operates on an 'opt out' basis. As with staff, all volunteers (with service longer than 12 months), are automatically members unless they chose to 'opt out'. The term 'staff' includes third party service providers to the hospital such as domestics and porters.

If members wish to contact their individual Governor or a Director they can do so by contacting Andrea Leather, Corporate Governance Manager on 0151 556 5331 or email andrea.leather@nhs.net or governor@nhs.net

Public Constituency	2017/18 (actual)	2018/19 (estimated)
Staff Constituencies		
Doctor	64	Xx
Nurse	305	Xx
Non clinical	461	Xx
Other clinical Professional	243	Xx
Radiographer	156	Xx
Non staff	178	178
Public Constituencies		
Wirral and rest of England	1299	Maintain current level of membership
Liverpool	1182	
Sefton	1065	
Warrington and Halton	418	
St Helens and Knowsley	589	
Cheshire West & Chester	443	
Wales	185	

The Trust's aim is to preserve the current membership levels whilst developing ways to engage with younger people and hard to reach groups whilst growing the public membership to no fewer than 5,600.

As outlined in the table above, the number of public members has continued at a steady pace with 250 new members joining the Trust. A large proportion of our members come from our patient population. A significant contributor to the number of

public members identified as 'leaving' is those members who have passed away within the year, 114 out of 141 rather than those opting to stop being a member. The majority of other leavers has been picked up when members who have moved home without notifying the Trust and this is captured following circulation of articles such as the Trust magazine.

Membership Strategy

The Trust has a Membership Strategy that is reviewed by the Membership and Communications Committee of the Council of Governors and approved by the full Council of Governors. The Committee receives a progress report on membership activity at each of its meetings.

As part of the Membership Strategy, Governors have held a number of recruitment drives throughout 2017/18 to actively recruit members to the Trust. These drives have taken place across a variety of venues including the Trust, local schools, local businesses and larger events.

The Membership Strategy is revised by the Membership and Communications Committee on a regular basis, at least every three years.

The Committee reviews and updates the action plan on an annual basis giving particular consideration to:

- How to best engage with our members
- How we communicate with members
- How to engage with hard to reach groups such as ethnic minorities
- How we ensure ease of access for members to the Governors
- How we address equality and diversity issues
- How to encourage members to partake in Governor Elections.

At its meetings, both the Council and Board of Directors are informed by the Senior Governor of any changes in relation to the Trust's membership configuration.

Working Together with the Members

The Trust recognises the importance of communicating effectively with its members to keep channels of communication open. To do so enables The Clatterbridge Cancer Centre to develop a shared understanding of the challenges faced and potential solutions through consultations and meetings.

One of the primary objectives of the Membership and Communications Committee is to ensure effective communication with the membership and wider community. To do this the developed Membership Strategy has an established panel of members. This is a group of around 100 members who are willing to comment on or respond to emails about proposed plans and the activities of The Clatterbridge Cancer Centre to help the Trust deliver a service that is supported by the public.

All members receive the Trust newsletter, C3, which includes articles on advancements in technology and treatments, patient success stories, the developing workforce and activities that members can take part in.

The Trust also holds an Annual Members Meeting which not only provides the opportunity for members to meet with Governors but also a forum to ask any questions regarding the directions the Trust will take in the future. Governors also take an active part in interviewing service users to gain an understanding of their perspective of the service they receive. This allows Governors to explore, in collaboration with the Trust via the Patient Experience Committee, any issues identified. The films of these interviews are also presented at the Board to help focus discussion.

Some members may also like to consider standing for election for the Council of Governors. This is a Council of 28 people who meet at the hospital three times a year and whose chief responsibility is to hold the Non-Executive Directors to account for the performance of the Board of Directors and to act as a link with the membership. Governors are elected by members in the geographical area in which they live.

Any members interested in any of the above are encouraged to contact the Governors via email at governor@nhs.net

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

The Trust has been allocated Segment 1.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of the five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	4	4
Overall scoring		1	1	1	1	3	3

Governance

Good governance is demonstrated in how Trusts oversee care for patients, deliver national standards and remain efficient, effective and economic. This is measured across a number of areas:

- Performance against selected national access and outcomes standards
- Outcomes of CQC inspections and assessments relating to the quality of care provided
- Relevant information from third parties, a selection of information chosen to reflect organisational health at the organisation
- The degree of risk to continuity of services and other aspects of risk relating to financial governance
- Any other relevant information.

The Trust was subject to a CQC inspection in June 2016. In February 2017 the Trust received its report with an 'Outstanding' rating.

Modern Slavery Act 2015

Introduction from the Board

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

The Trust

The Clatterbridge Cancer Centre is one of the largest networked cancer centres in the UK.

Combining its world-class clinical services, research and academic excellence, the Centre provides the highest quality, specialist nonsurgical oncology treatment and care for more than 2.3 million residents in Cheshire, Merseyside, North Wales and the Isle of Man as well as national and international cancer patients.

It cares for more than 30,000 patients per year, with in excess of 323,000 patient contacts for treatment/appointments. The Centre registers more than 11,000 new patients each year.

More than 1,000 staff are employed at the Centre, with volunteers providing additional support and services. The Trust spends approximately £142m per year on all aspects of cancer treatment, diagnosis and care.

The Trust Board is committed to ensuring that the Trust follows best practice and takes all reasonable steps to ensure there is no modern slavery or human trafficking in any part of our business and through its supply chains and ensure compliance with the Modern Slavery Act 2015.

During 2017/18 the majority of our procurement and management of the supply chain has been through a service level agreement with Wirral University Teaching Hospital (WUTH). We have reviewed their modern slavery statement, their Responsible Purchasing Policy and their letters to suppliers with regard to the act and are assured that they are compliant with the requirements of the Act.

We have included modern slavery conditions or criteria in specification and tender documents wherever possible.

All members of staff have responsibility for the prevention of slavery and human trafficking. Modern slavery is included in our Safeguarding Adults and Children policy which aims to support front line staff to be able to identify and report any concerns. Going forward in 2018/19 we will continue to ensure we meet the provisions of the Act.

As the building of our new cancer centre continues we will work closely with Laing O'Rourke to ensure that their Global Code of Conduct, as set out on their company website, is enforced during the construction of our new Cancer Centre.

We will ensure that any suppliers and contractors that we directly contract with are encouraged to take their own action and understand their obligations to the Act.

Will not award contracts where suppliers do not demonstrate their commitment to ensuring that slavery and human trafficking are not taking place in their own business or supply chains.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2018.

Statement of the Chief Executive's responsibilities as the accounting officer of The Clatterbridge Cancer Centre NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Clatterbridge Cancer Centre NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Clatterbridge Cancer Centre NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed.....

Interim Chief Executive

Date: xx May 20x

Annual Governance Statement

[Currently in draft – separate document]