



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	23 May 2019	
Agenda Item:	P1/088/19	
Title:	Annual Report & Accounts	
Report prepared by:	<ul style="list-style-type: none"> <li>Angela Wendzicha, Associate Director of Corporate Governance</li> <li>Kate Greaves, Associate Director of Quality</li> <li>John Andrews, Deputy Director of Finance</li> <li>Paul Corbett, Associate Director of Finance</li> </ul>	
Executive Lead:	Liz Bishop, Chief Executive, James Thomson, Director of Finance, Sheila Lloyd, Director of Nursing & Quality	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Audit Committee
Date & Decision:	23 May 2019

Purpose of the Paper/Key Points for Discussion:	Presentation of the Trust's 2018/19: (i) Annual Report (ii) Accounts (iii) Quality Report
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	<p>The Trust is required to submit the final Annual Report &amp; Accounts to NHS Improvement by the 29 May 2019.</p> <p>Following this the timetable is as follows:</p> <ul style="list-style-type: none"> <li>25 June 2019 – Annual Report &amp; Accounts to be submitted to Department of Health &amp; Social Care for laying in Parliament</li> <li>22 July 2019 - Presentation of the Annual Report and Accounts at the Council of Governors</li> <li>31 July 2019 - Publish Annual Report and Accounts</li> <li>25 September 2019 - Presentation at AGM</li> </ul> <p>The Audit Committee meeting to consider the 2018/19 Annual Report &amp; Accounts is scheduled directly before the Board meeting and therefore their recommendation will be made verbally.</p>
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The paper links to the following strategic priorities (please tick)

Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	X
<b>Retain and develop outstanding staff</b>	X	Be <b>enterprising</b>	X
<b>Invest in research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future	X	Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	√
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	√
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	√
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	√
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	√
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	√
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	√
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	√
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	√
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	√

#### Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

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



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

2018/2019

# Annual Report and Accounts



# **Annual Report & Accounts**

From 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) of  
the National Health Service Act 2006



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## Introduction from the Chair and Chief Executive

*We are proud to be one of the country's leading cancer centres.*

*The past 12 months have been another defining year for The Clatterbridge Cancer Centre.*

*Innovation, progression and collaboration have all been key to us continuing to provide exceptional care and treatment.*

*Fantastic progress has been made on our new hospital in Liverpool city centre due to open next year. The external works have now been completed and attention has turned to the internal fit out. This landmark building will place us in the heart of a community of medical and scientific innovation as part of Liverpool's Knowledge Quarter. The 11-storey state of the art specialist hospital is part of a £162million investment, expanding the care given to people with cancer in the region.*

*Seeing the building take shape is hugely motivating and we are sure it will exemplify the culture we are so proud of. Together with our sites in Wirral and Aintree, and our chemotherapy clinics across the region, this building is taking treatment closer to a vast proportion of the population we serve.*

*Being co-located with the University of Liverpool will also give us the opportunity to expand our research portfolio which is crucial to developing new treatments.*

*This year we launched our new research strategy for the next three years which sets out our intention as an organisation to improve patient care through world-class research. As a result, 846 patients took part in clinical trials in the last 12 months, expanding the Trust's portfolio and improving clinical excellence. This is more people than ever before.*

*Collaboration continues to be vital to The Clatterbridge Cancer Centre and we are a pivotal part of the Cheshire and Merseyside Cancer Alliance. We support the Alliance and the healthcare system in improving and delivering on waiting times targets and helping to diagnose cancer earlier, to improve outcomes.*

*By aligning and unifying our efforts, we can create a future service model that drives improvements in both clinical outcomes and the experience that patients have.*

*We have continued to receive extremely positive patient feedback this last year about our services and the colleagues who have been at the centre of the care being given including results published in the Care Quality Commission's Adult Inpatient Survey for 2017, which saw the centre once again ranked as one of the top five hospitals for Overall Experience.*

*Throughout the year we also promoted and entered a number of external awards and were delighted that the team behind our pioneering Papillon treatment was honoured with a prestigious British Medical Journal award as winner of 2018 Cancer Care Team of the year.*



*So much of what The Clatterbridge Cancer Centre is able to deliver would not be possible without our charity. Thanks to the support of our generous donors over the last 12 months we now only have £5million left to raise to make the new hospital the best it can be.*

*Our thanks must finally go to the dedication and efforts shown by our strong and committed workforce, our governors, Members and team of volunteers. They work tirelessly, day in and day out to provide the very best care for our patients. None of the achievements outlined in this report would be possible without their skill, dedication and compassion.*

*We will now look towards 2020 and the opening of our new hospital with pride and positivity. It is a beautiful building which we hope will give confidence to our patients and be a pleasure for our staff to work in.*

**Kathy Doran, Chair**

**Dr Liz Bishop, Chief Executive**

## Overview of Performance

*The overview section of our Annual Report is to provide a short summary of the Trust, our history, purpose, in addition to the key risks to the achievement of our objectives and our performance during the last year.*

### Chief Executive's Statement

I am delighted to introduce my first Annual Report and Accounts for 2018/19. I was immensely proud to take over as Chief Executive in November 2018. One of the key things I have noticed is that our staff always do everything they can to help our patients, from providing the best outstanding care to carrying out ground breaking research into new treatments.

The Clatterbridge Cancer Centre (CCC) is one of the UK's leading cancer centres and I am very excited to join at a pivotal time in our history as we move forward to delivering on Liverpool's first Cancer Hospital due to open in summer 2020.

In December 2018 and January 2019, we welcomed the Care Quality Commission (CQC) into the Trust, during which time they spent several days with us inspecting our medical and outpatient services in addition to carrying out their planned Well Led review. Whilst they rated the Trust as outstanding for Care, our overall rating dropped one rating to Good. This was disappointing for our patients and staff however, we have already made significant improvements in our systems and processes in response to the CQC report.

The Trust has experienced a challenging year with a number of changes to the leadership team and despite this, our teams have continued to deliver high quality care in conjunction with a positive patient experience; 96% of those who responded to our Friends and Family test for both inpatients and out patients concluded that they would recommend our services.

During the course of last year, we developed a range of highly ambitious priorities which resulted in the development of our Strategy for 2018-2022. The Strategy, developed in conjunction with our staff and partners very clearly places the needs of the patients at the very heart of the organisation. The Trust has focused on strengthening a number of partnerships and alliances with the Trust hosting the Cheshire and Merseyside Cancer Alliance thus providing Executive and clinical leadership. The Clatterbridge Cancer Charity has seen further growth this year, raising another £2,805,050 during the last year and we are immensely grateful to all our supporters who have helped to raise this incredible amount.

Last year was a defining year for our Research and Innovation Directorate with the approval of a new Research Strategy which is underpinned by £1.8 million investment over three years thereby enabling a refreshed positioning of research within the Trust. This has resulted in a strong foundation to re-invigorate research within the Trust thus ensuring we make every patient's experience count, increase patient access to research in addition to increased partnership working. We have made significant progress in 2018/19 with the implementation of our Research Strategy and we have increased the number of patients recruited to clinical trials to 846 in 2018/19 with the aim to increase this next year.

We have consistently achieved the 18 week target for both admitted and non-admitted episodes. In addition, the Trust achieved all but two of the Cancer Waiting Time targets for 2018/19 and we continue to work with our partners to ensure referrals are received in a timely manner.

We have experienced another successful year from a financial perspective whereby we have exceeded all of our key financial targets. Our ongoing concern remains that we ensure that the Trust makes the most effective use of the public monies it receives.

None of the above could have been achieved without the dedication of staff, Governors, volunteers and partners and I thank them all for their commitment and continued support to ensure we can continue to provide the very best care for our patients.

Although the last year has been challenging, we now have a complete and stable leadership team and we look forward to working with our patients and staff in the years to come to continue to deliver excellence in cancer care, treatment and research.

## **A Brief History and Statutory Background**

In 1862, Mr James Seaton Smythe, a prominent surgeon, set up the Liverpool Hospital for Cancer and Diseases of the Skin. Seven years later he bequeathed the hospital £10,000; this was the first of many legacies which support our work in caring for cancer patients and helping to pioneer research into the disease, searching for both the cause and the cure. Developments have continued since 1958 and in 2006, The Clatterbridge Cancer Centre became a Foundation Trust under the Health and Social Care (Community Health and Social Care) Act 2003. The Clatterbridge Cancer Centre, currently based on the Wirral is now one of the largest NHS specialist cancer treatment facilities in the UK; our core business being radiotherapy and chemotherapy treatments. We are the only cancer centre in the United Kingdom to offer proton therapy for treatment of eye cancers.

**Dr Liz Bishop**  
**Chief Executive**

## Purpose and Principal Activities of the Trust

The Trust has developed and grown in scale since the early days of the hospital in 1958. Today, The Clatterbridge Cancer Centre has over 1,200 dedicated staff providing services for our patients and their families with volunteers providing additional support and services.

Combining world-class clinical services, research and academic excellence, The Clatterbridge Cancer Centre is one of the UK's leading cancer hospitals operating across 18 sites for the people of Merseyside, Cheshire and the Isle of Man where we continually provide the highest quality, specialist, non-surgical oncology treatment.

Services are provided in a number of different locations with the Trust's Wirral-based facility supported by a £17million radiotherapy satellite facility in Aintree with Liverpool and specialist chemotherapy clinics in eight other Merseyside hospitals. This enables the Trust to provide a comprehensive range of radiotherapy (including low-energy proton beam treatments for rare eye cancers). The services we provide comprise:

Insert picture

- **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 within the Cancer Alliance (North West Coast Strategic Clinical Network) in both strategic and operational capacities.
- The Directorate provides four core services
  - **Day case SACT clinics** (including phase 1,2 and 3 clinical trials) on the main site and at 7 District General Hospitals 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** which is 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.
- 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.

- **Radiation Services**

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

[Insert picture](#)

- **External beam radiotherapy**  
Provision for patients across Merseyside and Cheshire, Isle of Man and parts of North Wales. The service at The Clatterbridge Cancer Centre 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 Stereotactic Radiation services. From 2018/19 planning will also be delivered at CCC Aintree.
- **Brachytherapy**  
Provision for patients across Merseyside and Cheshire, Isle of Man and North Wales provided from the CCC Wirral site. The specialist skin brachytherapy service also takes referrals from across England due to many other providers having little experience in this area.
- **Papillon Contact Radiotherapy**  
At present, Papillon is only offered in 4 centres in England and as we have the most well established service we receive significant referrals from across the UK.
- **National Centre for Eye Proton Therapy**  
Provision for patients of a low energy proton service across the UK, however 5-10% of referrals annually originate outside of the UK as Eye Proton services are rare across the world; we treat around 200 patients per year.
- **Imaging**  
The Diagnostic Imaging provides a range of services, mostly for cancer patients across Merseyside and Cheshire although Nuclear Medicine is provided on behalf of Wirral University Teaching Hospitals. All services are provided from CCC Wirral and include:
  - CT
  - PET/CT
  - MR
  - Nuclear Medicine (gamma camera)
  - X-ray
  - Ultrasound

Insert photo

- ***Integrated Care***

The Integrated Care Directorate is a Clinical Directorate that works closely with the other Clinical Directorates to provide the clinical support required for patients receiving their specialist cancer treatment.

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

- Three wards comprising 64 beds, including a dedicated four bed Teenage and Young Adult (TYA) unit, and two step up beds for patients requiring more intense monitoring
- A patient hotline and Clinical Decisions Unit
- Nurse led intervention service (PICCs and PORTs)
- Nurse led lymphoedema service
- Advanced Nursing team with Clinical Nurse Specialists and Advanced Nurse Practitioners across all tumour groups.
- A 7-day Palliative Care service
- Allied health professionals comprising physiotherapy, occupational therapy, speech and language therapy and 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 advice

- ***Haemato-Oncology Service***

With a strong reputation for innovative care of patients, the Haemato-Oncology Service is the major tertiary referral centre and the largest provider of specialist level 4 clinical Haemato-oncology service for adults, teenagers and young adults in Cheshire, Merseyside and the Isle of Man.

The service is hosted within the Royal Liverpool University Hospital with access to acute and emergency care including accident and emergency and intensive care services.

Insert picture

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

- Myeloid (Leukaemia and Myeloproliferative Disorders)
- Lymphoid (Lymphoma and Lymphoid conditions)
- Myeloma
- Stem Cell transplantation (Allogenic and Autologous)
- Bone Marrow Transplants

Research and Development is a core function of the service with particular focus on the development of novel therapies and innovative conditioning regimens and immunotherapeutic strategies within all specialities

## Key achievements/developments in 2018/19

### ***Chemotherapy Services***

- We exceeded the predicted growth of 5% in Systemic Anti-Cancer Treatment
- Chemotherapy Nursing teams are based at four sector hubs which has enabled the delivery of more complex treatments closer to home which in turn improves equity of access to research trials
- The 'Chemotherapy at Home' project has been rolled out across the network receiving outstanding feedback from patients. This innovative service will be rolled out to support our Haemato-Oncology service in 2019/2020
- The 'Chemotherapy at Work' programme has been introduced (for eligible regimens) to enable those patients who have cancer and want to remain in work can do so
- The Trust is the first in the country to offer an adjuvant Bisphosphonate service to patients with breast cancer which won an international award for partnership working and innovation

### ***Radiotherapy services***

- The appointment of 4 new Consultant Radiographers to support our Breast, prostate and Palliative Radiotherapy Services has been a significant success by bridging some of the gaps in the Consultant workforce in addition to developing a 4 tier model in Radiotherapy in addition to raising the profile of CCC with many of our peers who have been seeking our support in securing these roles within their own organisations
- Installations and commissioning of a Varian True Beam linear accelerator (Linac) as a replacement thus continuing our commitment to provide high quality technical radiotherapy
- Improvement in the efficiency of staff training and safety by standardisation of radiotherapy planning from being split across three planning systems to using a single system
- Moving to a paperless working for the majority of external beam radiotherapy treatment has improved efficacy with very few cancer waiting time breaches being linked to delays in planning
- Development of ultrasound guided biopsy has increased access to Clinical Trials

## ***Integrated Care***

- The adoption of a new Metastatic Spinal Cord Compression pathway led by CCC has brought together professionals across multiple Trusts to deliver rapid acute responses and treatment delivery
- Introduction of the Enhanced Supportive Care Programme has delivered a reduction in hospital admissions for some patients in addition to improving the quality of life for others
- The Clinical Utilisation Review, 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 is a system that captures real time delays, interruptions, gaps and barriers in and to patient care, supporting effective patient flow management. We have seen a reduction in length of stays and a significant reduction in excess bed days as a result of this initiative
- The development of the Clinical Decisions Unit at the Wirral site has significantly improved the management of patients that become unwell during treatment. Patients are assessed and prescribed a treatment plan within a single facility staffed by a multidisciplinary team. This service has seen a reduction in the number of overnight admissions and offers urgent treatments such as blood transfusions as a short stay procedure on the same day as the unplanned care assessment

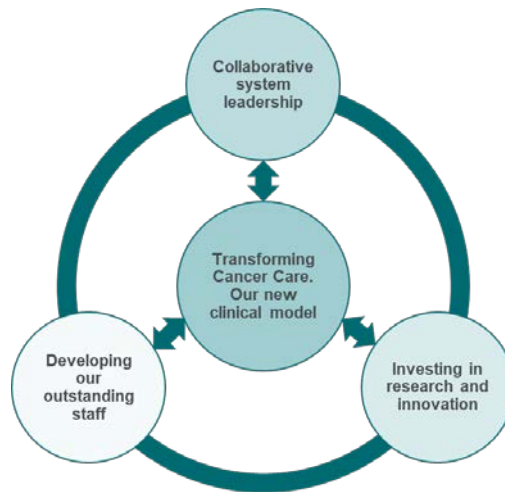


## ***Haemato-Oncology Service***

- All outpatient treatment regimens are now prescribed and delivered via CCC's E-prescribing system and has improved multidisciplinary working; we are planning to extend this to in patient regimens in June 2019
- An extended research portfolio has ensured we can offer more patients access to clinical trials
- We have introduced a new one stop clinic for patients with myeloma which has reduced waiting times in the outpatient department and subsequently improved patient flow. It has also significantly reduced the number of patients having multiple hospital attendances for diagnostics and treatment
- We tested, through a pilot the use of an ambulatory backpack for patients with acute leukaemia which dramatically reduced the length of stay for the patients involved in addition to helping those patients maintain some independence and quality of life during their treatment. We will be rolling the pilot out to other eligible patients in early 2019-2020.
- During the last year we have provided significant investment in the workforce including;
  - An additional medical consultant specialising in Myeloid Leukaemia and Bone Marrow Transplant who will support growth in activity and contribute to the reconfiguration of the consultant workforce in preparation of the move to our new hospital
  - A nurse consultant to manage the Haemato-oncology outliers within the Royal Liverpool Hospital bed base has been hugely successful in maintaining and coordinating individualised specialist Haemato-oncology care for patients who are outliers
  - A nurse clinician who is pivotal in the delivery of the multidisciplinary team care for all patients across each subspecialty within the Haemato-oncology service.
  - A clinical fellow who supports the delivery of a safe junior Dr rota
  - Additional administrative support for the JACIE Accreditation process

## Overview of the Trust's Strategy

During 2018/19, we worked together with our staff and partners to shape a highly ambitious range of priorities which culminated in our Strategy focusing on four main priorities for 2018-2022. These are deliverable within an overall environment of maintaining our excellent quality, operational and financial performance which also allows us to be more enterprising.



Our strategy makes it clear what we want to achieve over the next five years with our partners, placing the needs of the patients at the very heart of the organisation to ensure that we can continue to provide the best possible care and outcomes for cancer patients long into the future. The Strategy is presented in two phases, the main focus being on our strategic priorities to 2022. Such priorities are built around but not limited to delivering our new model of cancer care in Liverpool. This will have a fundamental impact on everything we do, allowing us to provide high-quality, sustainable services into the future, move care and treatment closer to our patients and their families and bring together care with pioneering research.

Additionally, our other priority objectives and programmes involve working across the system, being enterprising, investing in research and innovation, maintaining excellent quality, financial and operational performance in addition to developing our people have been designed to complement and support our transformation.

### ***Our Mission***

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

### ***Our Vision***

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

***Our mission, vision and values will help in providing organisational strategic direction during a pivotal time in our history as we move towards fulfilling our commitment of transforming cancer care through the development of the new centre in Liverpool.***

### ***Our Values***

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

## **System Leadership and Stakeholder Relations**

We recognise that continued collaboration between organisations will be essential in tackling the challenges facing the NHS in the future. The Clatterbridge Cancer Centre has focused on the further development of a number of partnerships and alliances during the last financial year:

### ***Building for the Future – our new Cancer Centre in Liverpool***

Our new Cancer Hospital situated in the centre of Liverpool will open in 2020 as a result of £162 million investment that will also see improvements to our Wirral site. Significant progress has been made in the development and the building is currently on track to be handed over to the Trust in the spring of 2020. However, delays to the changes taking place affecting the Liverpool Royal Hospital will have an impact on some of the works relating to our new hospital. The respective project teams from both Trusts are currently working to fully understand the impact and to ensure plans are in place to manage

any consequences of this on the new development.

### ***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 2.4 million 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. The major themes within the Cancer

Alliance Programme include preventing avoidable cancer, earlier and better diagnosis, high quality, modern services and living with and beyond cancer. The Trust continues to host the core team in addition to providing Executive and clinical leadership.

#### *The Clatterbridge Cancer Charity*

The Clatterbridge Cancer Charity has continued to grow, raising another £2, 806,050 during 2018/19. The Charity has carried out a number of fundraising events during the last year and remains focused on supporting our new Cancer Hospital in Liverpool.

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

For further information about our Charity, including a list of what has been made possible at Clatterbridge, can be found at [www.clatterbridgecc.org.uk](http://www.clatterbridgecc.org.uk)

#### *Outpatient Pharmacy Dispensing Subsidiary Company*

The Clatterbridge Pharmacy Ltd (CPL, trading as PharmaC) was established in October 2013 as a registered company and is wholly owned by the Trust. Since being established, the company has gone on to provide drug top-up services at a number of Trust locations in addition to supporting the delivery of chemotherapy at home and more recently, chemotherapy at work. Any financial contribution from the Company to the Trust is reinvested in supporting us in delivering high quality of pharmaceutical care to all.

#### *PropCare*

The Trust established a wholly owned subsidiary, Clatterbridge PropCare Services Ltd (PropCare) in 2016. PropCare has responsibility for the management of the Trust's existing sites at Clatterbridge and Aintree. PropCare took over responsibility for the existing estate in May 2017 and continues to work with the construction team on the delivery of the new Cancer Hospital in Liverpool.

PropCare continues to provide a dedicated focus on the management of the estate and facilities function thus allowing the Trust to concentrate on the delivery of clinical services.

#### *Private Patient Facility*

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

#### *Maggie's Centre*

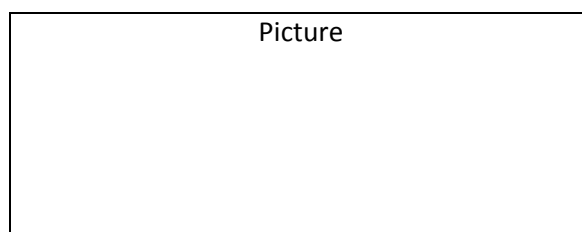
The Trust continues to have a close relationship with Maggie's. Our patients have access to a Maggie's Centre at CCC-Wirral which enables patients to have access to and benefit from a range of practical, emotional and social support.

## *Macmillan Cancer Support*

The Trust has continued to work in close partnership with Macmillan cancer support, to the benefit of our patients. This ensures that our patients have access to additional cancer information resources, benefits advice, several specialist clinical posts and the delivery of the Living With and Beyond Cancer Programme.

## Research and Innovation

The Research and Innovation (R&I) Directorate at CCC comprise the Research Management and Governance Team, the Clinical Delivery Team (supported by Data Managers, Healthcare Assistants and Laboratory Technicians) and Academic Oncology. The core functions are robust governance and research study delivery in line with legislation and Trust policies and procedures; sponsorship of CCC-clinician led studies is supported by R&I.



## Developments in 2018/19

This year has delivered a step-change for research at the Clatterbridge Cancer Centre NHS Foundation Trust. The new Research Strategy was approved by the Board in July 2018 which was underpinned by an investment of £1.8 million over three years. This has enabled a refreshed positioning of research within the Trust and a strategy which focuses on making each patient's experience count, increasing patient access to research for tangible patient benefit and increased partnership working and leading system change within the region.

The current research strategy, although still nascent has already delivered at pace and provided a strong platform to initiate

CCC as a research active hospital, delivering the highest level of research participants attributable to CCC with 846 participants in research studies, 644 of which relate to NIHR portfolio studies. We have successfully diversified the research portfolio increasing recruitment to qualitative, observational and translational studies whilst retaining strength in the complex systemic anti-cancer therapies, supporting the ECMC agenda and offering participants novel therapies. We have widened CCC reach with CCC clinician-led studies and provided infrastructure and support for clinicians and service departments in delivery of research.

CCC has worked to engage our stakeholders and partners; this includes leading in the implementation of the Liverpool Health Partners Joint Research Service (JRS), systems change in bespoke service level agreements, opening the Eastern sector Trusts to CCC research studies and enhanced working with the University of Liverpool, Liverpool John Moores University, the AHSN, ARC and industry partners. We continue to be a national exemplar in the use of the Edge systems for research which has provided a strong Business Intelligence base in support of the JRS.

R&I continues to support the Transforming Cancer Care Programme, looking to flex our research portfolio and research teams to ensure equitable access to clinical trials and research wherever the locality. We are working to develop IT systems so that opportunities to take part in research are

identified for our patients as they attend a CCC clinic. This will enable smart working and an enabler for capturing activity and intelligence on patient access and uptake and support the development of a forward facing research active workforce. We recognise the value and contribution from our patients and are working to establish a new PPIE group for research and are actively engaging in a visibility and communications project for the Trust and wider reach.

We have made a strong foundation to re-invigorate CCC and provide opportunity for research to progress. The implementation of the current strategy as a proof of principle of change leading to successful gains can now be used as a lever to take CCC research forward through to a five year plan and refreshed strategy for our patient population.

## Performance Analysis

### Measuring Performance

The Board maintains a focus on Trust performance with the aim to improve the quality of care and enhance productivity. The Trust's Planning and Performance Improvement Framework outlines how performance is managed and assurance is obtained, from Ward to Board.

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

- Referral to treatment times
- 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.

Monthly Trust Executive Group meetings were introduced early 2019 and provides a forum for the Executive Team to challenge each Clinical and Corporate Senior Management Team on progress against annual Business Plans and a range of performance measures, as well as reviewing risks and opportunities. Monthly Performance Review meetings are held with each Clinical Directorate to provide challenge and support in meeting performance requirements.

The Trust aims to deliver real time, online dashboards by Q3 2019/2020 to support the work of committees, the performance review process and senior teams' day to day management requirements.

## Performance against key healthcare targets 2018/19

### 18 weeks performance

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

Performance Indicator	Target/Threshold	2017/18 Trust Performance	2018/19 Trust Performance
Referral to treatment for admitted patients seen within 18 weeks from the initial GP referral to treatment	90%	96.93%	97.1%
Referral to treatment for non-admitted patients seen within 18 weeks from initial GP referral to treatment	95%	97.62%	97.7%
Number of incomplete pathways	92%	96.33%	98%

### Cancer Waiting Times Performance

The Trust has achieved all but two of the Cancer Waiting Time targets for 2018/19\*:

Performance Indicator	Target/Threshold	2017/18 Trust Performance	2018/19 Trust Performance
Patients treated within 62 days from the date of urgent GP referral (pre application of the breach reallocation policy within Merseyside and Cheshire)	85%	79%	58%
Patients treated within 62 days from the date of urgent GP referral (post application of the breach reallocation policy within Merseyside and Cheshire)	85%	Not measured	86%
Screening patients (post allocation) treated within 62 days from the date of recall (9 patients breached in this period, CCC responsible for one, and partly responsible for 8)	90%	93.3%	64.5%
Patients treated within 31 days from the time of decision to treat to first treatments	96%	97.18%	98.7%
Patients treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments	98%	98.7%	99.2%
Patients treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments	94%	98.28%	98.2%
Patients who had their first appointment within 14 days from the date of urgent GP referral	93%	Not measured	95%



\*The 62 day pre allocation standard will be superseded by the post allocation standard in 2019/20. In addition, the Trust will also be monitoring against the new 28 Day target in 2019/2020.

### **Additional Quality Indicators:**

- No 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 2 cases of Clostridium Difficile attributed to CCC, against a target of no more than 4. Both cases have been reviewed with no lapses in care identified by the Trust
- We have achieved 94% year to date (95% target) for VTE risk assessments. Performance is improving and the ongoing implementation of a robust action plan will ensure compliance in 2019 / 2020

### **Financial Performance Analysis**

#### **Key Financial Risks**

The Trust is currently investing £162 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 (88%) 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 2018/19 approximately 20% 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 2018/19 we agreed a block contract with our main commissioner for the year.

Agreeing local tariffs with commissioners for 80% 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 to ensure that the Trust makes most effective use of the public monies it receives. 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 operational 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 2018/19 and the majority of the 2019/20 programme has been identified.

The Trust's risk and control framework is described within the Annual Governance Statement at pages [ ]

## 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
Planned income & expenditure surplus of 1.787m	Achieved actual surplus of £6.007m
Planned operating surplus of £5.418m	Achieved actual operating surplus of £9.259m
I&E surplus margin of 1.23%	Achieved margin of 3.67%
Operating surplus margin of 3.85%	Achieved margin of 5.66%
Overall Financial Risk Rating determined by NHSI (NHS Improvement) for:	
Capital Service Cover – plan rating of 2	Achieved Financial Risk Rating of 1
Liquidity Capital – plan rating of 1	Achieved Financial Risk Rating of 1
I&E margin – plan rating of 1	Achieved Financial Risk Rating of 1
I&E margin variance – plan rating of 1	Achieved Financial Risk Rating of 1
Agency spend – plan rating of 1	Achieved Financial Risk Rating of 2
OVERALL RATING – plan rating of 1	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

The majority of the Trust's income is derived from providing non-surgical cancer treatments and support (such as radiotherapy, chemotherapy, bone marrow transplants, palliative care, diagnostic imaging, psychiatric and other support). During 2018/19 the Trust experienced growth for some of its services such as Chemotherapy, Outpatient procedures, and Outpatient consultations. 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 225 patients per annum and activity is quite volatile year on year. A number of services experienced activity levels below plan, these included Radiotherapy, Bone Marrow Transplants, and the number of patients admitted to the hospital sites (Wirral and Liverpool) as in-patients. The main Trust contracts have been rebased for 2019/20 to reflect these activity levels.

Activity	2018/19 Actual	2018/19 Plan	% Variance	Growth Forecast 2019/20
Chemotherapy Attends	63,005	57,548	9.5%	5.0%
Radiotherapy Attends	86,762	94,070	-7.8%	1.0%
Bone Marrow Transplants	82	108	-24.6%	7.0%
Proton Therapy Treatments	1,366	1,001	36.4%	1.0%
Admitted Patient Care: In-patients	2,997	3,283	-8.7%	1.5%
Admitted Patient Care: Day Cases	4,693	4,835	-2.9%	1.5%
Out-patient consultations	152,015	143,833	5.7%	1.6%
Out-patient procedures	19,575	19,409	0.9%	1.6%

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 3 year Financial 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 12% 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

## Investment Activity

The Trust invested £73.562 million in capital expenditure on buildings and replacement of capital equipment in 2018/19.

Insert picture – possibly internal of new build

The main schemes were:

- £64.701 million on Building for the Future (the new Cancer Hospital in Liverpool).
- £ 4.120 million for state of the art Radiotherapy treatment and planning equipment.
- £ 3.892 million investing in IT systems (as a Global Digital Exemplar Fast Follower).
- £ 0.849 million on other equipment and minor upgrades to the Trust estate.

The Trust is planning capital expenditure in 2019/20 of £54.6 million. The main schemes include completion of the new Cancer Hospital in Liverpool, and the continuation of the on-going equipment enhancement and replacement programme. A total of £88 million of capital expenditure is planned over the next 5 years which includes the completion and equipping of the new cancer hospital and redevelopment of the Trust's Wirral site.

## 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 to 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:

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

Drive efficiencies and strive to improve services: reduce patient waiting times and develop a more customer focussed service.

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 forward 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 2018/19 £155k 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: £ 4k  
Research & Development: £135k

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
- 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:

<b>The Clatterbridge Cancer Centre Group Position</b>	<b>£m</b>
The Clatterbridge Cancer Centre NHS Foundation Trust	6.007
The Clatterbridge Cancer Charity	1.464
The Clatterbridge Pharmacy Limited	0.423
Clatterbridge PropCare Services Ltd	0.442
<b>Total Clatterbridge Group</b>	<b>8.336</b>

## Environmental Matters

The Clatterbridge Cancer Centre recognises the need to minimise its impact on the environment and is committed to reducing energy usage and waste in order to meet its social and community responsibilities.

### *Energy*

The table below illustrates the energy consumption and cost for the Trust during the last financial year.

	KWhr			
	WUTH	Cyclotron	Aintree	Total
Electric	4,098,000	879,000	780,000	5,757,000
Gas	2,814,000	-	22,000	2,836,000
Heat	1,606,000	-	-	1,606,000
	8,518,000	879,000	802,000	10,199,000

The main factor that influences our high electric consumption is the demand generated by the use of the Trusts' major medical equipment. However, this year, we have been successful in securing funding for the Trust to replace internal lighting on the Wirral site with LED lighting which is projected to save 865,000 KWhr's of electricity annually; these are programmed for installation during 2019/20.

### *Sustainability*

The Trust has extended its property footprint and the new hospital currently under construction in Liverpool is subject to a British Research Establishment Environmental Assessment Methodology (BREEAM). The building is assessed at various stages of design and construction and we continue to be on target to receive a BREEAM rating of 'excellent' for the new build.

Our management of waste is sub-contracted to Wirral Teaching Hospitals (WUTH) and we continue to work closely with our service providers at WUTH to deliver a more efficient service. Currently our waste is aggregated with that of the rest of the site at WUTH and therefore we are not able to provide any analysis of our individual waste; we have investigated the segregation of our waste, however, the additional costs that would be incurred have made this not viable.

The Trust recognises that further work is required to establish data relating to procurement and travel and future work will enable the Trust to improve monitoring against the Sustainable Development Management Plan.

### **Social, Community, anti-bribery and human rights issues**

The Trust is committed to maintaining a culture of integrity, openness and honesty. It is therefore also committed to the elimination of any fraud within the Trust and to the rigorous investigation of any such cases. Where necessary we work with Local NHS Counter Fraud Specialists to review policies and procedures. The Trust's Anti-Fraud, Bribery & Corruption Policy, outlines the definition of fraud and provides guidance for employees who have suspicions of fraud.

The Trust's Audit Committee receives and agrees the annual Local NHS Counter Fraud Specialist work plan in addition to receiving regular reports on progress against delivery of the work plan.

### **Modern Slavery Act 2015**

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

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 2019. Our statement can be found on our website at [www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)

The Clatterbridge Cancer Centre cares for more than 30,000 patients per year, with an 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 £154million per year on all aspects of cancer treatment, diagnosis and care.

During 2018/19, our procurement and management of the supply chain has been through a service level agreement with Wirral University Teaching Hospital.

All members of the Trust have a 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. We will continue to ensure we meet the provisions of the Act.

As we build our new Cancer Hospital in Liverpool, we will continue to work closely with Laing O'Rourke to ensure that their Global Code of Conduct is enforced during the construction of the new hospital.



We will continue to receive assurance through our subsidiary company, PropCare Ltd that any suppliers and contractors that we directly contract with understand their obligations under the Act.

Contracts will not be awarded to suppliers who do not demonstrate their commitment to ensuring that slavery and human trafficking are not taking place in their own business or supply chains.

We will be reviewing and refreshing our Modern Slavery Statement during 2019/20.

### **Important events since the end of the financial year affecting the Trust**

There are no events since the end of the financial year affecting the Trust.

### **Overseas Operations**

The Trust does not have any overseas operations.

### **Going Concern**

The Clatterbridge Cancer Centre NHS Foundation Trust Annual Report and accounts have been prepared on a going concern basis.

After making reasonable enquiries, the Directors have a reasonable expectation that The Clatterbridge Cancer Centre NHS Foundation Trust has 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 Report signed by the Chief Executive in the capacity as accounting officer*

**Dr Liz Bishop**  
**Chief Executive**

Date: 23 May 2019

# Accountability Report

## Directors' Report

### Board of Directors

The Board of Directors has overall responsibility for defining the Trust's strategy, strategic priorities, vision and values in addition to the overall management and performance of the Trust.

The Board of Directors is led by the Chair and comprises four other Non-Executive Directors and one Associate Non-Executive Director and five Executive Directors, including the Chief Executive.

The Trust is satisfied that the Board of Directors and its associated committees have the necessary skills, experience and knowledge to enable them to discharge their duties and responsibilities effectively. The Trust is confident that all the Non-Executive Directors are independent and has appointed Alison Hastings as the Senior Independent Director.

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. At the end of the financial year, the Trust had a vacancy for one Non-Executive Director.

### *Phil Edgington – Chair (from 1 January 2018-31 December 2018)*

Phil was appointed as Trust Chair from 1 January 2018 until 31 December 2018. Phil had 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 on Your Housing Group.

### *Alison Hastings – Non-Executive Director, Vice Chair (and Senior Independent Director)*

#### *Interim Chair (from 1 January 2019 – 31 March 2019)*



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.

Alison is 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 a Non-Executive Director at the media company Archant.

Alison stepped into the role of Interim Chair from 1 January 2019 until 31 March 2019. Alison is Chair of the Charitable Funds Committee.

### ***Gil Black – Non-Executive Director (until 15 January 2019)***

Gil is a qualified Chartered Accountant with 20 years' experience at 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 Chair and Non-Executive Director roles. He has sat on numerous audit committees at different times both in an Executive and Non-Executive capacity. He has also 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 (1<sup>st</sup> term of office, 3 years) until January 2020***



David joined the Trust Board in February 2017 and Chairs the Performance Committee (formally the 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 (1<sup>st</sup> term of office, 3 years) until October 2019***

Mark started his three year term of office in 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. Mark is Chair of the Quality Committee.



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 (1<sup>st</sup> term of office, 3 years until January 2020) left March 2019.***



Debbie is a qualified accountant with 20 years' experience in senior management including executive and board roles and has operated both in the UK and overseas. She is currently Managing Director of 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 Non-Executive Director and governor roles in relation to schools.

***Mark Tattersall – Non-Executive Director (1<sup>st</sup> term of office, 3 years until December 2021)***

Mark was appointed as a Non-Executive Director on 1 December 2018. He has significant Board level experience as both an Executive and Non-Executive Director across the NHS, private and public sectors.



Mark, as Chair of the Audit Committee, brings a wealth of experience to this role, having held five previous positions as Audit Chair and extensive knowledge and proficiency in governance, internal control and risk management frameworks.

Alongside his role as Audit Chair, Mark is also a member of the Performance Committee and the nominated Non-Executive Director for the Clatterbridge PropCare Ltd Board.

***Geoff Broadhead – Associate Non-Executive Director (1<sup>st</sup> term of office, 1 year until December 2019)***



Geoff was appointed as an Associate Non-Executive Director on 1 December 2018. Geoff has over 30 years' experience in senior finance roles within the public and private sectors with 20 years at Executive Board level.

Geoff has a strong corporate services background having managed finance, IT, HR and facilities services at Board level. He has strong change management and systems implementation experience. Geoff is additionally a non-executive director for Magenta Living and a member of the Merseyside Fund Pension Board

Geoff is a member of the Trust Audit and Quality Committees.

### ***Liz Bishop – Chief Executive (from November 2018)***

Liz joined the Trust as Chief Executive in November 2018. Liz has significant experience within the NHS, completing her BSc in Nursing in Scotland in 1986 and her MSc and Doctorate at Surrey University in 2004 and 2009 respectively. She has worked in a number of clinical settings from surgery to haemato-oncology in several acute London Trusts. Liz was latterly at The Royal Marsden from January 2010 where she was appointed Deputy Chief Executive in July 2016.



### ***Barney Schofield – Director of Operations and Transformation, Acting Chief Executive from 5 March – 2 April 2018, Deputy Chief Executive/Director of Operations and Transformation from 3 April 2018 – November 2018; Director of Operations and Transformation until April 2019***



Barney has worked in the NHS since 1994 after graduating in History from the University of Sheffield. He joined the Trust in November 2015 and his responsibilities included oversight of the delivery of the organisation's clinical services and also leadership of the Transforming Cancer Care Programme.

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.

### ***Sheena Khanduri – Medical Director***

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 Departmental 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. Sheena has a post graduate qualification in strategic leadership from the University of Warwick and completed the Senior Clinical Leadership Programme, Kings Fund in 2019. She is also the Responsible Officer, Caldicott Guardian and Executive lead for Research.





### ***Sheila Lloyd – Director of Nursing and Quality***



Sheila Lloyd joined the Trust in April 2018 following two previous roles as Executive Director of Nursing at NHS Trusts.

Sheila has been in the NHS for over 30 years and has substantial clinical and nursing leadership experience together with a proven track record in the development, management and improvement of governance and performance.

Sheila's role within the Trust includes corporate responsibility for the delivery of quality, safe and effective patient care and experience and is the designated Director of Infection Prevention and Control.

Sheila is also the Executive lead for the Care Quality Commission.

### ***James Thomson – Director of Finance (from February 2019)***



James Thomson joined the Trust on 1 February 2019, having held a previous role as Deputy Director of Finance at the Christie NHS Foundation Trust. Prior to this, he held a number of senior finance positions within the healthcare sector.

James has a strong background in financial delivery, commercial development and is committed to supporting excellent patient care through sustainable financial planning and decision making.

James is also the Executive Director Trust representative for one of our subsidiary companies - Clatterbridge PropCare Ltd.

### ***Jayne Shaw – Director of Workforce and OD (from December 2018)***

Jayne joined the Trust on 10 December 2018, having previously held Executive Director roles in Workforce and OD within the NHS for the last 15 years.

Jayne has experience of working in a range of NHS organisations including specialist, mental health and acute services and has significant experience of successful workforce development and organisational change to improve patient care and staff performance.



Alongside her Director role, Jayne is also the Executive lead for the effective transformation and transition of the workforce for the Transforming Cancer Care Programme.

***John Andrews – Acting Director of Finance (from 5 March 2018- 31 January 2019 )***

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. He is also an Executive Director of one of our wholly owned subsidiary companies, Clatterbridge Pharmacy Ltd.



***Heather Bebbington – Acting Director of Workforce & Organisational Development (from 5 March 2018 – 31 October 2018)***

Heather commenced her career in NHS Wales in 2002; the majority of her career has been in HR providing expert advice on employee relations, employment law and workforce policy implementation. Heather worked for the Trust until October 2018 where her primary focus had been to ensure the effective transformation and transition of the workforce as part of the Transforming Cancer Care programme.

***Ann Farrar - Interim Chief Executive between 03 April 2018 and 30 November 2018***

Ann joined the Trust in April 2018 bringing with her a wealth of experience in the NHS. Ann was the Chief Executive at North Cumbria University Hospital for 7 years where she led a significant transformation of culture and clinical services. During her time at The Clatterbridge Cancer Centre she led on the development and subsequent approval of the Trust's Strategic Direction 2018-2022, engaging key stakeholders across Cheshire and Merseyside. Ann retired from the NHS in December 2018.

Andrew Cannell left the Board as Chief Executive on 22 May 2018

Yvonne Bottomley left the Board as Director of Finance / Deputy Chief Executive on 24 May 2018

***Division of Responsibilities***

There is a clear division of responsibility between the Chair and the Chief Executive. The Chair ensures that the Trust has a strategy which delivers and meets the needs of the population we serve, in addition to ensuring the Trust has an Executive team with the ability to deliver on the strategy. The Chair also facilitates the contribution of the Non-Executive Directors and their ongoing constructive relationships with the Executive Directors.

The Chief Executive is responsible for the leadership of the Executive team and for implementing the strategy in addition to the delivery of our overall objectives.

The Chair and Chief Executive take into account the required skills, qualifications, experience and diversity of the composition of the Board as part of the recruitment process to the Board of The Clatterbridge Cancer Centre. It is the role of the Nominations Committee to oversee the recruitment of Non-Executive Directors in addition to oversight of the appraisal of the Chair and other Non-Executive Directors. Although the Nominations Committee does not have decision making powers, it will make recommendations for approval at the Council of Governors.

The Board has, in consultation with the Council of Governors reviewed the Trust's Strategy and further developed an understanding of the views of the Governors through recent regular attendance at meetings of the Council of Governors.

### **Independence of Directors**

The Non-Executive Directors at the Trust bring a strong, independent oversight to the Board and currently all Non-Executive Directors are considered to be independent. The Trust is committed to ensuring that the Board is made up of a majority of independent Non-Executive Directors who can objectively challenge management and hold to account.

The Non-Executive Directors utilise their expertise, independence and experience to scrutinise the performance of management by monitoring performance in addition to satisfying themselves as to the integrity of clinical and financial information presented to Board.

### **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. The Register was last updated and published in April 2018. Further work is being carried out to align the Trust policy and register to the national template and plans are underway to publish a wider register containing Declaration of Interests from any member of staff.

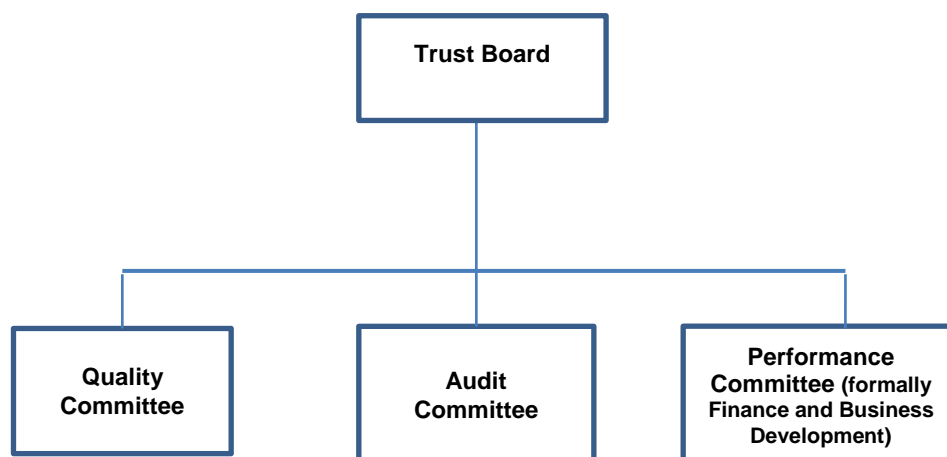
A copy of the Register of Interests is available via the Trust website <https://www.clatterbridgecc.nhs.uk/about-centre/corporate-matters/public-documents/register-of-interests>.

Alternatively you can contact the Associate Director of Corporate Governance, on 0151 556 5331 to request a copy.



## Committees of the Board

Following a review of the governance structure, the Board now meets monthly with the exception of August and December. In order to discharge its duties, the Board has met in public with the exception of times when matters of a confidential or commercially sensitive nature have been discussed where the Board has met in private.



## Audit Committee

The Audit Committee is a formally constituted Committee of the Board and comprises three independent Non-Executive Directors and is chaired by a Non-Executive Director who has recent and relevant financial experience. The Chair of the Audit Committee, Gil Black retired on 15 January 2019 and one of the new Non-Executive Directors, Mark Tattersall was appointed Chair from that point forward.

The Audit Committee provides the Board with an independent and objective review of the effectiveness of system of internal control (both financial and non-financial) in addition to the underlying processes around how the Trust manages risk.

The Audit Committee met six times last year in order to discharge its responsibilities and sought assurances that appropriate and adequate audit processes were in place.

Representatives from Internal and External Audit were in attendance at each meeting and the Audit Committee considered the following key issues:

- Agreed the Annual Plan and associated fees relating to External Audit
- Received quarterly reports from Counter Fraud in addition to approving the annual Counter Fraud work plan
- Recommended the 2017/18 Annual Accounts and Annual Report, including the Quality Report for approval
- Recommended the Annual Governance Statement for approval
- Reviewed the schedule of losses and compensations, outstanding debts and financial procedures updates

- A review of the Corporate Risk Register and Board Assurance Framework took place. The Audit Committee noted the work that had already been completed, recognising that further work is required in order for the Audit Committee to gain assurance that supporting risk management and escalation systems and processes were working effectively. A broader review of governance was initiated, reporting back to the Audit Committee in July 2019
- The Audit Tracker was a standing agenda item for review and consideration by the Audit Committee and significant work during Quarter 4 was conducted in conjunction with Internal Audit to present a clearer position, delivering enhanced assurance to the Audit Committee around process
- Substantial assurance was provided to the Audit Committee for Sickness Absence Management, Financial Systems, and Critical Application Systems with robust good practice in place for Cyber Security. Counter fraud reported no activity requiring intervention or corrective action
- Improvements were identified in relation to processes and procedures in some areas including Complaints and the Programme Management Office. Action plans have been developed and will be monitored via the updated Audit tracker
- Due to a number of changes in the Executive and Corporate Governance leadership, the Audit Committee agreed to defer a review of the Committee Effectiveness until 2019/2020, providing time for the new governance arrangements to embed within the Trust
- The Audit Committee made a recommendation to the Council of Governors for a one year extension to the External Auditor contract to 30 September 2019. This was approved in October 2018 and a full tender process will be initiated during the next financial year.

## Quality Committee

The Quality Committee supports the Board in obtaining assurance that high standards of care and governance are provided by the Trust and, in particular that adequate and appropriate controls are in place throughout the Trust.

The Quality Committee is chaired by a Non-Executive Director and its core membership includes two further Non-Executive Directors in addition to the Chief Executive, Director of Nursing and Quality, Medical Director, Director of Operations and the Director of Workforce and OD.

Following a review of the wider governance agenda, the Quality Committee commenced monthly meetings from January 2019.

The Quality Committee in particular considered and provided oversight in relation to the following matters:

- Development and approval of a number of key strategies including Patient and Public Involvement and Engagement, Palliative and End of life care, Research,

Organisation Development, Workforce and Medicines Optimisation. Delivery of the aforementioned strategies will be monitored during future financial years

- Received regular reports in relation to Safeguarding, safer staffing, Serious Incidents and Clinical Governance issues
- Compliance against Regulatory requirements
- Progress against the plans to transition to Digital requirements

## **Finance and Business Development Committee**

The Finance and Business Development Committee was established to provide the Board with in-year assurance in relation to the operational and financial performance of the Trust against its Business and Strategic Plans. The Finance and Business Development Committee met five times during the last year and following a review of the wider Governance agenda, was re-constituted as the Performance Committee and commenced monthly meetings from February 2019.

The Performance Committee is chaired by a Non-Executive Director and considered the following matters:

- Overall operational and financial performance
- Transforming Cancer Care Programme, including financial performance
- Approval of key strategies and developments for the new hospital, including the Patient Access Strategy, procurement approach for Energy Supplies and budgetary items
- Consideration of business cases as appropriate
- Agreement of the 3 year Operational Plan (2019/2022) prior to approval at Trust Board
- Consideration of the main risks considered by the Committee related to the delay in completion of the new Royal Liverpool Hospital and any associated impact for the Trust

## **Nominations and Remuneration Committee**

The Council of Governors is responsible for the appointment and re-appointment of Non-Executive Directors, receiving recommendations from the Nominations Committee. During the reporting year, the Nominations Committee (comprising the Chair, or Interim Chair for the appointment of the new Chair), and elected Governors met and provided recommendations to the Council of Governors on the appointment of the following:

Chair

One Non-Executive Director

One Associate Non-Executive Director

The Remuneration Committee is responsible for reviewing and making decisions on the remuneration and conditions of service for the Chief Executive, Executive Directors and where applicable, other senior managers.

During the reporting year, the Remuneration Committee met to discuss and approve the remuneration and conditions of service for the following:

Chief Executive  
Director of Workforce and OD  
Director of Finance

The Trust used the services of an external recruitment consultant for the above positions.

## Arrangements in Place to ensure the Trust's services are Well-Led

The Board carried out a review of progress against the Well-Led self- assessment action plan during September 2018 in conjunction with AQUA.

Further review of our governance arrangements took place in December 2018 which cumulated in a revised committee structure and focus on a revision of the Board Assurance Framework; this work has begun to take shape and will continue to be embedded in the next financial year. This was further supported by our recent CQC findings where our Well-Led domain was rated 'Requires Improvement'.

## Terms of Office and Attendance at Meetings of the Board of Directors and Sub-Committees 2018/19.

Name	Role	Meetings attended as at 31 March 2019	Term of Office	End of Current Term
<b>Board of Directors</b>				
Phil Edgington	Chair	3/4	2 Terms	Resigned – 31 Dec 2018
Alison Hastings	Non-Executive Director/Interim Chair	6/7	2 Terms +1year +1year	31 Dec 2020
Gil Black	Non-Executive Director	4/4	2 Terms +2 months	15 Jan 2019
Debbie Francis	Non-Executive Director	5/6	1 Term	Resigned – 29 March 2019
Mark Baker	Non-Executive Director	5/7	1 Term	31 Oct 2019
David Teale	Non-Executive Director	6/7	1 Term	31 Jan 2020
Mark Tattersall	Non-Executive Director	3/3	1 Term	30 Nov 2021
Geoff Broadhead	Associate Non-Executive Director	1/3	1 Year	30 Nov 2019
Ann Farrar	Interim Chief Executive	4/4		Left 2018
Liz Bishop	Chief Executive	3/3		
Sheila Lloyd	Director of Nursing & Quality	7/7		
Sheena Khanduri	Medical Director	7/7		
Heather Bebbington	Director of Workforce & OD	4/4		
Jayne Shaw	Director of Workforce and OD	2/3		

Name	Role	Meetings attended as at 31 March 2019	Term of Office	End of Current Term
Barney Schofield	Director of Operations	7/7		Left 2019
John Andrews	Interim Director of Finance	4/5		
James Thomson	Director of Finance	2/2		
Audit Committee				
Gil Black	Chair of the Committee/Non-Executive Director	3/4		Left 2019
Mark Tattersall	Non-Executive Director/Chair of the Committee	2/2		
Debbie Francis	Non-Executive Director	6/6		Left 2019
Alison Hastings	Non-Executive Director	3/4		
Geoff Broadhead	Associate Non-Executive Director	1/2		
John Andrews	Interim Director of Finance	4/5		
James Thomson	Director of Finance	1/1		
Sheila Lloyd	Director of Nursing and Quality	5/6		
Quality Committee				
Mark Baker	Chair of the Committee/Non-Executive Director	4/5		
David Teale	Non-Executive Director	4/5		
Debbie Francis	Non-Executive Director	3/5		
Sheila Lloyd	Director of Nursing and Quality	4/5		
Sheena Khanduri	Medical Director	2/5		
Heather Bebbington	Director of Workforce & OD	3/3		
Jayne Shaw	Director of Workforce & OD	2/2		
Finance and Business Development /Performance Committee				
David Teale	Chair of the Committee/Non-Executive Director	5/5		
Debbie Francis	Non-Executive Director	4/5		
Mark Tattersall	Non-Executive Director	2/2		
Gil Black	Non-Executive Director	3/4		
John Andrews	Interim Director of Finance	3/4		
James Thomson	Director of Finance	1/1		
Sheila Lloyd	Director of Nursing & Quality	1/2		
Barney Schofield	Director of Operations	5/5		

## Governors Report

The Council of Governors has a number of regulatory and statutory responsibilities that are set out within the Trust Constitution. In accordance with the Health and Social Care Act 2012, they have a responsibility to hold the Non-Executive Directors to account for their performance in addition to representing the interests of the members of the Trust.

In addition to Council meetings, the Governors hold a number of sub-committees:

- Patient Experience Committee
- Membership and Communications Committee

During the year, the Council of Governors has worked with the Board on the development of the Strategy and will receive the annual report and accounts. In addition, Non-Executive Directors attend the Council of Governors to provide an overview of the work carried out by the Committees they Chair; this has been particularly well received by the Council of Governors. Governors are invited to, and have attended joint Executive/Non-Executive Walk rounds in order to strengthen the Board to Floor process.

The Council of Governors appointed a Lead Governor, Mr Stephen Sanderson who has regular one to one meetings with the Chair and the Chief Executive to allow for any exchange of information to take place. The Lead Governor is also supported by the Associate Director of Corporate Governance.

### Composition of the Council of Governors

The Council of Governors is made up of 28 Governors representing the public, staff and nominated organisations. Each Governor serves a three year term and is eligible for re-election/re-appointment to serve a maximum of nine years.

The Electoral Reform Services manages the provision of the elections for the Trust and one round of elections took place in accordance with the Model Rules for Elections.

### Attendance at Council of Governors (as at 31 March 2019)

Name	Constituency	9 July 2018	29 October 2018	13 February 2019	18 March 2019	Notes
Angela Cross	Wirral and Rest of England					Resigned May 18
Dave Steele	Wirral and Rest of England					Resigned June 18
John Field	Wirral and Rest of England	A	√	√	√	
Andrew Waller	Wirral and Rest of England		√	X	A	New Gov Sept 18
Christine Littler	Wirral and Rest of England		√	√	√	New Gov Sept 18
Ian Boycott-Samuels	Sefton	√	√	√	√	
Carla Thomas	Sefton	√	A	√	A	
John Roberts	Liverpool	√	X	√	A	
Yvonne Tsao	Liverpool	√				End of term Sept 18
Millie Blankstone	Liverpool		A	X	X	Now Gov Sept 18
Stephen Sanderson	St Helens & Knowsley	√	√	√	√	
Brian Bawden	St Helens & Knowsley		√	A	A	New Gov Sept 18
Vacancy	Warrington & Halton					

Trish Marren	Warrington & Halton	√	A	A	A	
Jane Wilkinson	Wales	√	√	√	√	
Matthew Duffy	Cheshire West & Chester	A	√	X	X	
Brian Blundell	Cheshire West & Chester		√	√	√	New Gov Sept 18
Andrea Chambers	Nominated	A	A	A	√	
Andrew Bibby	Nominated	√	X	X	X	
Andrew Pettitt	Nominated		X	X	√	
Kate Cannon	Nominated			X	X	Appointed Oct 18
Mike Sullivan	Nominated	A				Resigned Sept 18
Ray Murphy	Nominated	√	√	√	√	
Shaun Jackson	Nominated	√	A	X	A	
Sonia Holdsworth	Nominated	√	A	X	A	
Burhan Zavary	Staff	√	A	X	A	
Douglas Errington	Staff	A				End of term Sept 18
Samantha Wilde	Staff		A	√	√	New Gov Sept 18
Laura Jane Brown	Staff		√	√	√	New Gov Sept 18
John Archer	Staff	√	√	√	√	
Luke Millward-Browning	Staff	A				End of term Sept 18
Deborah Spearing	Staff	A	A	A	√	
Amit Patel	Staff		√	X	√	New Gov Sept 18
Pauline Pilkington	Staff	√				End of term Sept 18

#### Key

√ - attended

A – apologies

X – non attendance and no apologies received

### Strengthening the links between the Governors and the Board

The Board has a strong commitment to strengthening the existing partnership working with the Governors. The Council of Governors is chaired by the Trust's Chair, Mrs Kathy Doran with the Deputy Chair being Mr Stephen Sanderson, Lead Governor. Both Executive and Non-Executive Directors are committed to attending the Council in order to update the Governors on events within the Trust in addition to providing an opportunity for Non-Executive Directors to present their updates on relevant committee activity.

## Attendance by Directors at the Council of Governors

Name	Meetings Held	Meetings Attended
Executive Directors		
Ann Farrar	2	2
Liz Bishop	2	2
Sheila Lloyd	4	4
Barney Schofield	4	2
Sheena Khanduri	4	2
John Andrews	2	2
James Thomson	2	2
Jayne Shaw	2	1
Non-Executive Directors		
Phil Edgington	2	2
Gil Black	4	1
Alison Hastings	4	2
Debbie Francis	4	0
David Teale	4	1
Mark Baker	4	0
Mark Tattersall	2	1
Geoff Broadhead	2	1

## Membership Report

The Trust is accountable to the population it serves and membership of the Trust is open to any individual over the age of 16 years who are entitled to be a member of one of the public constituencies or 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'.

## Membership overview as of 31 March 2019

The Trust had a total of 6,578 at 31 March 2019 as follows:

Constituency	Number of members
<b>Staff</b>	
Doctor	63
Nurse	304
Non Clinical	460
Other Clinical Professional	242
Radiographer	169
Non staff	192
<b>Public Constituencies</b>	
Wirral and the rest of England	1305
Liverpool	1172
Sefton	1052
Warrington and Halton	410



St Helens and Knowlsey	580
Cheshire West and Chester	440
Wales	189

### 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.

### 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.

# Remuneration Report

## Salary and Allowances (subject to audit)

Name and title	2018/19							2017/18					
	Salary and Fees (bands of £5,000)	Taxable Benefits (bands of £100)	Annual Performance Bonus (bands of £5,000)	Long term Performance Bonus (bands of £5,000)	Increase in Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)		Salary and Fees (bands of £5,000)	Taxable Benefits (bands of £100)	Annual Performance Bonus (bands of £5,000)	Long term Performance Bonus (bands of £5,000)	Increase in Pension Related Benefits (bands of £2,500)	Total
	£000	£00	£000	£000	£000	£000		£000	£00	£000	£000	£000	£000
<b>Executive Directors</b>													
A Cannell - Chief Executive	30-35				0	30-35		145-150				80-82.5	230-235
Y Bottomley - Director of Finance / Deputy Chief Executive	20-25				45-47.5	65-70		125-130				40.42.5	165-170
E Bishop - Chief Executive	55-60				15-17.5	70-75							
J Thomson - Director of Finance	15-20				40-42.5	55-60							
S Lloyd - Director of Nursing & Quality	110-115				47.5-50	160-165							
B Schofield - Director of Transformation & Innovation	115-120				57.5-60	175-180		105-110				27.5-30	135-140
S Khanduri- Medical Director*	170-175				15-17.5	185-190		55-60				22.5-25	80-85
A Farrar - Interim Chief Executive	165-170				0	165-170							
J Andrews - Acting Director of Finance	80-85				122.5-125	205-210		5-10				22.5-25	30-35
<b>Non Executive Directors</b>													
A Hastings - Interim Chair	20-25					20-25							
P Edgington - Interim Chair	30-35					30-35		20-25					20-25
G Black - Non Executive Director	10-15					10-15		15-20					15-20
D Teale - Non Executive Director	10-15					10-15		10-15					10-15
M Baker - Non Executive Director	10-15					10-15		10-15					10-15
D Francis - Non Executive Director	10-15					10-15		5-10					5-10
M Tattersall - Non Executive Director	5-10					5-10							
<b>Banded remuneration of the highest paid director and the ratio between this and the median remuneration of the Trusts staff</b>													
Band of the Highest Paid Directors Total						165-170		145-150					
Median Total Remuneration						29,659		29,517					
Ratio						5.73		5.08					

\* The medical director salary includes £79k that relates to their clinical role within the Trust.

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 2018/19 the highest paid director was in the banding £165k-£170k (2017/18 £145k-150k). This was 5.73 times (2017/18 5.08 times) the median remuneration of the workforce.

The aggregate amount of remuneration and other benefits received by Directors during the financial year was £935,957 (2017/18 £784,278). There is no performance related pay or bonuses paid to Directors.

Employer contributions to a pension scheme in respect of Directors was £80,899 (2017/18 £82,931).

Expenses	2018-19 £00s	2017-18 £00s
Total number of directors in office	18	17
Number of directors receiving expenses	9	11
<b>Aggregate sum of expenses paid to directors</b>	<b>155</b>	<b>158</b>

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 the Board members with voting rights since 1st April 2018:

- a) E Bishop appointed Chief Executive from 26.11.18
- b) S Lloyd appointed Director of Nursing from 01.04.18
- c) J Thomson appointed Director of Finance from 01.02.19
- d) J. Andrews left the Board as Acting Director of Finance from 31.01.19
- e) A Hastings appointed Interim Chair from 01.01.19
- f) M Tattersall appointed Non Executive Director from 02.12.18
- g) P Edgington left the Board as Interim Chair on 31.12.18
- h) G Black left the Board as Non Executive Director on 15.01.19
- i) D Francis left the Board as Non Executive Director on 18.03.19
- j) A Farrar appointed Interim Chief Executive between 03.04.18 and 30.11.18
- k) A Cannell left the Board as Chief Executive on 22.05.18
- l) Y Bottomley left the Board as Director of Finance / Deputy Chief Executive on 24.05.18

## Off-payroll engagements

<b>For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months</b>	
Number of existing engagements as of 31 March 2019	1
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	1
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
<b>For all new off-payroll engagements, or those that reached six months in duration, between 1 April and 31 March 2019, for more than £245 per day and that last for longer than six months</b>	
Number of new engagements, or those that that reached six months in duration between 1 April 2018 and 31 March 2019.	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

### 3.4 Staff exit packages

Exit package cost band	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s
£0 - £50,000	0	0
£50,000 - £100,000	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

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

### 3.5 Pension entitlements

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 2019 (bands of £5,000)  £000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)  £000	Cash Equivalent Transfer Value at 1 April 2019  £000	Cash Equivalent Transfer Value at 1 April 2018  £000	Real increase in Cash Equivalent Transfer Value at 31 March 2019  £000	Employer's contribution to stakeholder pension £000
E Bishop - Chief Executive	0-2.5	0	60-65	155-160	1,260	1,096	131	0
B Schofield - Director of Transformation & Innovation	2.5-5	5-7.5	35-40	85-90	617	476	126	0
S Khanduri - Medical Director	0-2.5	0	25-30	60-65	479	391	76	0
S Lloyd - Director of Nursing & Quality	2.5-5	2.5-5	40-45	105-110	820	664	135	0
J Thomson - Director of Finance	0-2.5	0-2.5	25-30	55-60	397	310	77	0
J Andrews - Acting Director of Finance	5-7.5	12.5-15	30-35	80-85	646	461	171	0
A Cannell - Chief Executive	0-2.5	0	60-65	185-190	1,451	1,292	119	0
Y Bottomley - Deputy Chief Executive / Director of Finance	0-2.5	0	15-20	0	277	209	62	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 (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end the period.

### Remuneration Committee and Terms of Service

The Remuneration Committee is made up of the Chairman and Non-Executive Directors only. Acting in accordance with Department of Health Guidelines, the committee determines the remuneration of Senior Managers and Executive Directors. The Chief Executive of the Trust joins the Committee when the remuneration of other Executive Directors is being reviewed.

The Chief Executive and Executive Directors are employed under permanent contracts of employment and they have been recruited under national advertisements. The employment of Senior Managers and 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. None have contracts of service, and none has a contract that is subject to any performance conditions. The position of Chair and Non-Executive Directors are recruited through national advertisements. Appointments 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 as follows:

Name	First Appointed	To	Extended To
Gil Black	01.12.2012	30.11.2015	15.01.2019
Phil Edgington	01.08.2014	31.07.2017	31.12.2018
Alison Hastings	01.01.2012	31.12.2014	01.04.2019
Mark Baker	01.11.2016	31.10.2019	
Deborah Francis	01.08.2017	18.03.2019	
David Teale	01.02.2017	31.01.2020	
Mark Tattersall	02.12.2018	01.12.2021	

The Remuneration Committee will be responsible for agreeing remuneration and terms of employment for the Chief Executive and other Directors in accordance with:

- 1) Legal requirements
- 2) The principles of probity

- 3) Good people management practice
- 4) Proper corporate governance

*Remuneration  
Report signed  
by the Chief  
Executive*

Signed .....  
**Dr Liz bishop**

**23 May 2019**

## Staff Report

### Report 1

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

Staff Group	Permanent Contract (Average FTE)	Other Contract (Average FTE)	Average FTE 2018/2019
Additional Professional Scientific and Technical	59	4	63
Additional Clinical Services	121	9	130
Administration and Clerical	368	50	418
Allied Health Professionals	168	5	173
Healthcare Scientists	33	0	33
Medical and Dental	56	9	66
Nursing, Midwifery and Health Visiting	277	7	283
Agency and contract staff			
<b>Total</b>	<b>1082</b>	<b>84</b>	<b>1166</b>

Staff Group	Headcount (total number of agency and contract workers 2018/19)
Agency and contract staff	36

### Report 2

#### Gender Breakdown – Directors as at 31<sup>st</sup> March 2019

Directors	Count of Assignment Number	Headcount
Female	5	5
Male	6	6
<b>Total</b>	<b>11</b>	<b>11</b>



### Report 3 Gender Breakdown – Employees as at 31<sup>st</sup> March 2019

Gender	Count of Assignment Number	% of Workforce	Sum of FTE
Female	1084	82	962
Male	233	18	227
<b>Total</b>	<b>1,317</b>	<b>100%</b>	<b>1,189</b>

### Report 4 – Sickness absence

The Workforce and Organisational Development Team continue to work closely with line managers to help support staff in maintaining their health and well-being and managing any sickness absences appropriately. This year's sickness rates have marginally improved in comparison to the previous year. This coincides with the embedding of a new Attendance Management Policy and further management training. The sickness absence rates for 2018/19 are as follows:

Yearly Quarter	2018/2019
Q1 (April - Jun)	3.51%
Q2 (Jul - Sept)	4.13%
Q3 (Oct - Dec)	4.39%
Q4 (Jan - Mar)	4.55%
Total for the year	4.15%

The Trust continues to work to reduce sickness to below its key performance indicator of 3.5% and particular focus over the last 12 months has been on reducing staff absence for stress reasons whether on a work or personal basis. Interventions have included the procuring of additional counselling services by the Trust for staff along with the launch of an Employee Assistance Programme with access to telephone counselling 24 hours a day, 7 days a week, 365 days a year.

### Human Resources (HR) Policies and Procedures

The Trust continues to regularly review all its policies and procedures in partnership with staff side colleagues with the aim of ensuring they remain effective, meet the needs to the Trust and are beneficial for staff and the organisation.

The Trust has committed to being a Disability Confident Committed Employer under the government scheme which aims to ensure that our recruitment process is inclusive and accessible and that we

support disabled people in being able to work with suitable adjustments. The Trust's policies such as the Recruitment and Selection Policy, Attendance Management Policy and Procedure and Equality, Diversity and Human Rights Policy support our approach to equal treatment of all staff.

Internal communication with our staff is vital to sharing our vision for the future. During the year the Trust held a number of "Honest Conversation" events to share plans and strategies with staff and receive feedback regarding what is important to

them. There is also regular communication via weekly e-bulletins and monthly team briefs and recently introduced town hall events, in order to ensure staff are kept informed and involved in new developments.

Occupational Health services for the Trust are provided through a service level agreement with Wirral University Hospitals NHS Trust. This is a comprehensive service covering pre-employment screenings, employment health assessments and the management of sharps and contamination incidents. Specialist counselling support services are also provided to the Trust through a services level agreement with Cheshire and Wirral Partnership NHS Trust.

### **Working in Partnership**

Partnership working is well embedded within The Clatterbridge Cancer Centre and is underpinned with a Partnership and Recognition Agreement. Our management, staff and trade union organisations within the Trust work together to achieve a shared vision, common understanding and joint communication to best meet the needs of the service and provide the best possible patient care through effective joint working.

We are committed to the Trusts Partnership forum arrangements which provide a two-way channel of communication and involvement between staff and members of the Trust Board. The Partnership forum receives and considers strategic matters relating to performance, developments in service provision and matters of organisational change. Its forms the platform for collective bargaining and negotiation of local agreements, employment policies and general terms and conditions of employment.

We are committed to providing a workplace that is free from bullying and harassment in all its forms and will take the steps which are needed in partnership with our Trade Union colleagues to achieve this. In response to the NHS National Staff Survey results and a series of focus groups with staff we have developed a new 'Respect for Each Other' toolkit. It is designed to provide information, advice and solutions to dealing with workplace bullying and harassment, and other forms of unacceptable behaviour. The Trust has a number of dedicated 'Respect for Each Other' Champions who are trained and able to support our staff should they feel they are being bullied or harassed.

## Trade Union Facility Time

The data provided within the following tables 1 to 4 cover the time period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as per statutory regulations. Updated reporting covering the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 will be published on the Trusts website by 31<sup>st</sup> July 2019 as per statutory requirements

**Table 1**

### Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
11	11 (all full time)

**Table 2**

### Percentage of time spent on facility time

Percentage of Time	Number of Employees
0%	
1-50%	11
51-99%	
100%	

**Table 3**

### Percentage of pay bill spent on facility time

First Column	Figures
Provide the total cost of facility time	£264,169.77
Provide the total pay bill	£52,754,000.00
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.5%

**Table 4**

### Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:  (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x 100	25.25%
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## Equality, Diversity and Inclusion

The Trust is committed to eliminating discrimination and encouraging equality, diversity and inclusion amongst our workforce. We aim to have a workforce that is truly representative of all sections of society and where each employee feels respected and able to give their best. The Trust is committed to reducing health inequalities, promoting equality, diversity and inclusion within its decision making, workforce and services. We have policies and processes in place to ensure equality, diversity and inclusion is incorporated into all aspects of our work and that it informs our values and behaviours.

The Trust set its 2018/19 Equality, Diversity and Inclusion Objectives aligned to the Equality, Delivery System 2.

Equality Objective 1.	Better health outcomes for all
Equality Objective 2.	Improved patient access and experience
Equality Objective 3.	A represented and supported workforce
Equality Objective 4.	Inclusive leadership at all levels

*Our continued aim is to embed the above equality objectives into the day to day practices across the organisation, provide equal access to services for all groups, reduce health inequalities, safeguard employees across the protected characteristics and commit to advance equality of opportunity across the organisation.*

During 2018/19, the Trust maintained and adhered to NHS Mandated Equality Standards, meeting deadlines for the submission of the Gender Pay Gap and the Workforce Race Equality Standard.

We have:

- Improved data collection and equality profiles for all staff members by introducing a personal profile self-recording communications. This has enabled the Trust to monitor personal profile data on the Electronic Staff Recording (ESR) system to understand the equality, diversity and inclusion of our workforce and hold accurate information that will help support and inform our NHS Mandatory Standard Reports
- Published its second Gender Pay Gap Report
- Integrated the Workforce Race Equality Standard (WRES) into workforce planning
- Monitored staff retention on a monthly basis
- Developed a recruitment and retention strategy

During the last 12 months progress has been made around equality, diversity and inclusion principles, developing and building on existing relationships with groups and individuals who share and represent the interests of the protected characteristics, however we recognise there is always more we can do, and we will continually strive to improve and ensure our employment practices are accessible and fair.

Key workforce recommendations for 2019/20

- Develop the equality, diversity and inclusion profiles to reflect the local population in which the Trust provides services, including a planned approach to our new hospital in Liverpool
- Achieve the successful implementation of the Workforce Disability Equality Standard (WDES) which will support career progression and make reasonable adjustments to enable all staff to achieve their full potential regardless of disability or any other protected characteristic
- Establish staff equality networks to provide capacity for all staff who wants to become involved within the equality, diversity and inclusion domain, to provide feedback and advice to the Trust with regards to policies, functions, services, equality objective setting and equality analysis
- Through training and communication channels raise awareness with all staff regarding the meaning of discrimination, its impact and consequences on the health and wellbeing of all those exposed to discrimination

## 2018 Staff Survey Results

### Summary of Performance

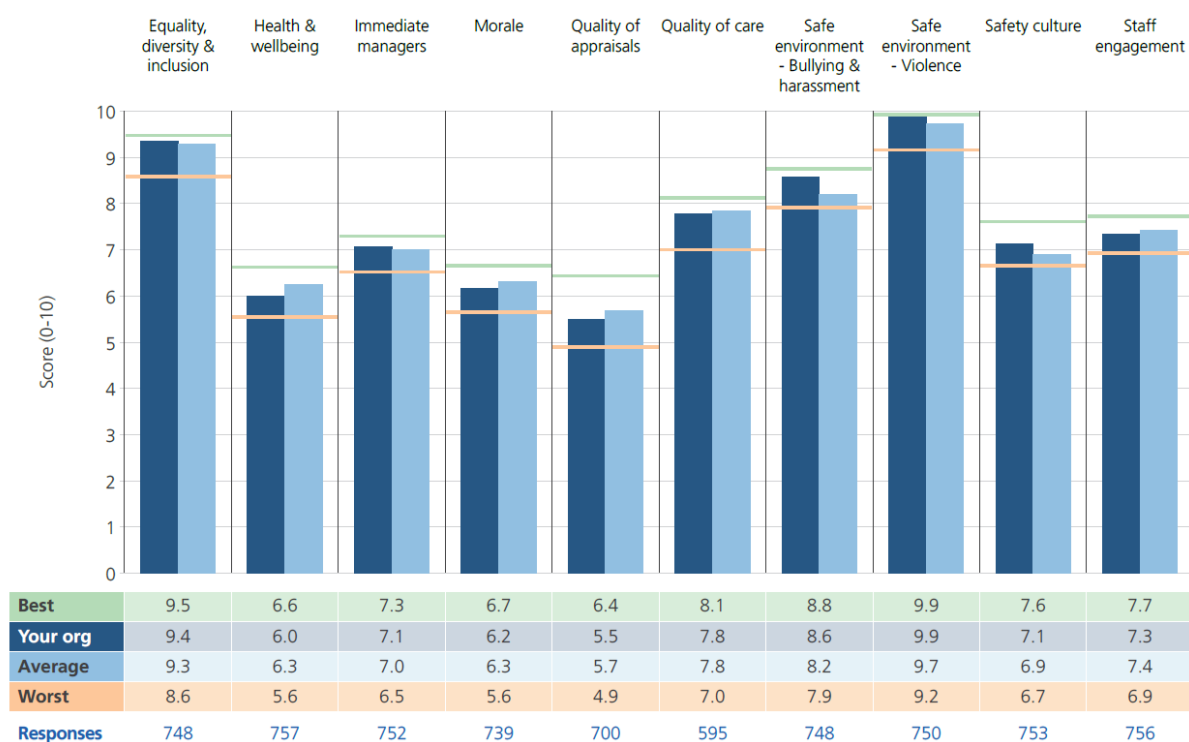
A total of 761 staff out of 1,234 completed the 2018 NHS Staff Survey which represents a response rate of 62%, the same as the 2017 response rate yet significantly higher than the national response rate of 46% and the national sector response rate of 53% for Acute Specialist Trusts. As last year, a mixed method of distribution was used for the 2018 survey with 70% of staff completing on line. The Trust engaged with Departmental Survey Champions, nominated as part of the survey process in 2017 that supported the Trust to actively promote the survey within their departments during the survey window.

	2017 Survey		2018 Survey		Trust improvement/ deterioration
Response rate	Trust	National Average	Trust	National Average	
	62%	45%	62%	46%	0% increase

## Survey Highlights

Overall our results are similar to our comparator group and there are no significant changes from the 2017 survey. For the 2018 survey, there have been changes to how the results are reported in that key findings have been replaced with ten themes, scored on a 0 to 10 point scale, the higher the score the better. The table below shows the Trust's performance against the ten key themes, indicated by 'Your org' compared to the best, average and worst scores within the national sector (Acute Specialist Trusts).

## Overview of Theme Scores



The Table below shows our ranked theme scores with a comparison to the National Sector Scores and equivalent scores for 2017.

## Ranked Theme Scores

Theme No	Theme Name	Trust Score 2017	Trust Score 2018	Sector Score 2018
8	Safe Environment – Violence	9.9	9.9	9.7
1	Equality, Diversity & Inclusion	9.5	9.4	9.3
3	Safe Environment – Bullying & Harassment	8.5	8.6	8.2
4	Quality of Care	7.6	7.8	7.8
5	Staff Engagement	7.4	7.3	7.4
6	Safety Culture	7.1	7.1	6.9
7	Immediate Managers	6.9	7.1	7.0
8	Morale	-	6.2	6.3
9	Health & Wellbeing	6.2	6.0	6.3
10	Quality of Appraisals	5.1	5.5	5.7

Our overall engagement score is 7.3, slightly lower than the equivalent scores in 2017 (7.4) and 2016 and also the national sector score. Staff engagement is measured across three sub sections Advocacy, Motivation and Involvement.

The survey results indicate that

68% of CCC staff would recommend CCC as a place to work

89% of staff agreed they would be happy with the standard of care provided by CCC

85% of staff agreed that the care of patients is the Trust's top priority

30% of staff agreed that they often think about leaving the organisation

The overall theme for safe environment – violence is better than the sector score.

## Comparison of 2018 Survey Scores to 2017

At question level compared to the 2017 results, 10 questions have shown a significant improvement, 5 questions have shown a decline and 67 questions have shown no significant movements.

### Improved Scores Compared to 2017

Question	2017	2018	Diff
There are enough staff at this organisation for me to do my job properly	33%	40%	+6.78%
Satisfaction with recognition for good work	51%	56%	+5.13%
Satisfaction with the quality of care given to patients	82%	87%	+4.89%
I am able to deliver the care I aspire to	68%	75%	+6.64%
My immediate manager asks for my opinion before making decisions that affect my work	56%	61%	+5.33%
My immediate manager takes a positive interest in my health and wellbeing	68%	73%	+4.82%
We are given feedback about changes made in response to reported errors, near misses and incidents	61%	71%	+9.80%
In the last 12 months, have you had an appraisal?	91%	94%	+3.13%
Did it (the appraisal) leave you feeling that your work is valued by the organisation?	73%	79%	+5.77%
Were the values of your organisation discussed as part of the appraisal process	76%	87%	+11.36%

All of the Trust's scores relating to immediate managers have shown improvement since 2017. Staff reporting that they had an appraisal in the last 12 months is in the top 20% of sector and is an improvement from 2017. There has also been an improvement in two scores relating to the quality of appraisals in that the appraisal discussion left staff feeling valued and that our Trust values were discussed as part of it. All questions relating to the quality of care have improved since 2017. With regards to a safety culture there has been an improvement in staff agreeing that they are given feedback about changes made in response to reported incidents.

### Scores Declined Compared to 2017

Question	2017	2018	Diff
In the last 12 months have you experienced musculoskeletal problems as a result of work activities?	17%	21%	+4.19%
Care of patients/service users is my organisation's top priority	89%	85%	-4.21%
My organisation acts on concerns raised by patients/service users	84%	79%	-4.44%
I would recommend my organisation as a place to work	73%	68%	-5.45%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	92%	89%	-3.47%



The overall score for health and wellbeing is in line with sector however the number of staff responding positively that the Trust takes positive action is below sector score. Percentage of staff reporting feeling unwell due to work related stress is slightly worse than sector. Scores relating to satisfaction with resourcing and support are low. Although only 40% of staff agrees that they can meet the conflicting demands of their time at work, this has improved from 2017 (41%). There has also been a decline in staff agreeing that they have the right equipment to do their jobs. Scores relating to senior managers communication and involvement are lower than the rest of the sector.

## Areas Highlighted for Improvement & Progress

Following the 2017 Staff Survey results the following were identified as the Trust's top three areas of focus for improvement for 2018/2019.

- **Improving the health and wellbeing of our staff** - Staff workload and reducing the experience of work related stress
- **Staff engagement and involvement in change** – our staff highly recommend the Trust as a place of work, look forward to coming to work and are highly motivated to deliver compassionate care
- **The quality of appraisals including career development and succession planning** – Ensuring our staff feel part of our vision for the future and feel valued

The table below summarises progress made in these areas

Areas Highlighted for Improvement	Progress to Date
<b>Improving the health and wellbeing of our staff</b>	<ul style="list-style-type: none"> <li>▪ Health and wellbeing is a key element of the Workforce and Organisational Development strategies developed in 2018</li> <li>▪ Review of the Trust's Stress Management Policy and established a Mental Health &amp; Wellbeing Task &amp; Finish Group</li> <li>▪ Trained staff members to be Mental First Aiders as part of a Mental Health First Aid programme to provide early interventions and offer support for staff who may be experiencing a mental health issues. Mental health and mental wellbeing training is being developed and will be rolled out across the Trust in 2019/20</li> <li>▪ Launched Vivup, a benefits programme aimed to improve health and wellbeing which includes an Employee Assistance provision</li> <li>▪ Continued focus on embedding of our Trust Values and behaviours and as part of this launched the 'Respect for</li> </ul>

Areas Highlighted for Improvement	Progress to Date
	<p>Each Other' campaign in September 2018 which includes a toolkit to provide information, advice and solutions to dealing with workplace bullying and harassment and other forms of unacceptable behaviour. Respect for Each Other Champions have been appointed and bullying and Harassment Awareness training is being rolled out across the Trust</p> <ul style="list-style-type: none"> <li>▪ Implemented an internal Leadership development programme to enhance leadership capability and management effectiveness and also rolled out attendance management training for managers</li> <li>▪ A number of initiatives are on-going to help address issues relating to staff work load and staffing including: <ul style="list-style-type: none"> <li>➤ The Trust's workforce planning process which continuously identifies and reviews resourcing requirements and implementation plans to meet our future service needs</li> <li>➤ Departmental staff survey action plans and addressing staff concerns raised</li> </ul> </li> </ul>
<b>Staff engagement and involvement in change</b>	<ul style="list-style-type: none"> <li>▪ Throughout 2017 and 2018 carried out a series of honest conversations and focus groups with key staff groups to involve staff in our vision for the future and various initiatives of our transformation programme to better understand what information and support staff need</li> <li>▪ Established a Staff Engagement Steering Group and a bi monthly Senior Leaders Forum with the aim of engaging more effectively with our staff and providing an opportunity for involvement and feedback</li> <li>▪ Staff engagement is a key element of the Organisational Development Strategy which was developed in 2018, implementation plans are currently in progress in conjunction with the development of a Communication, Engagement and Marketing Strategy to inform priority areas for development and focus for 2019/20</li> </ul>
<b>The quality of appraisals including career development opportunities</b>	<ul style="list-style-type: none"> <li>▪ Continued to focus on driving the Performance, Appraisal and Development Review (PADR) compliance across the Trust seeing improvements in Trust compliance rates and also improvements in staff survey scores relating to appraisals in 2018</li> <li>▪ In 2018 we enhanced the PADR process by incorporating a Career Development Section into the main PADR documentation and we are currently developing an 'on line' PADR Process for 2019 that will help embed a performance management and development focused culture</li> </ul>

Areas Highlighted for Improvement	Progress to Date
	<ul style="list-style-type: none"> <li>Created a talent management tool for managers to use to capture summaries of the career development discussions with their staff and to help create succession plans, inform workforce and development plans</li> <li>Developing a Trust Wide Education Strategy which will include the development of career pathways demonstrating the required knowledge, skills, experience and job requirements for each position within the Trust, this will support staff with career development planning</li> </ul>

### Future Priorities

The Trust will continue to focus on the key areas identified above for improvement following the 2017 survey results and is currently reviewing and refreshing action plans to align to initiatives and drive real improvements throughout 2019/20. In addition we will work with managers and staff to better understand how we can continue to improve the support offered by immediate managers and how this group of staff can have a positive impact on the culture of the Trust which will be particularly important as we plan to mobilise our workforce and open the new hospital in Liverpool in 2020. The 2018 results, both at Trust and departmental level are currently being communicated across the Trust and Departmental managers are tasked with working with their teams to develop, review and refresh action plans to bring about improvements in 2019. The progress of action plans will be reported via the Workforce, Education and OD Committee reporting up to the Quality Committee to Trust Board.

## Disclosures set out in the NHS Foundation Trust Code of Governance

*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 Trust will seek to comply with the code and review and monitor compliance via the Audit Committee. With the exception of the provision within this disclosure, the Board considers itself compliant with the NHS Code of Governance and has made the required disclosures within the Annual Report.

Provision B1.2 states that *“at least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent”*

Explanation: The Board is reviewed by the Nominations Committee. Currently, the Board consists of six executive directors, including the Chief Executive and six non-executive directors, including the Chair and a non-voting Associate non-executive director. Paragraph 3.3.5.1 of the Trust's Standing Orders ensures that where a vote is taken at a Board of Directors meeting, the Chair of the meeting will have a second and casting vote in case of inequality of votes.

The Trust has set out within the Annual Report how the code principles have been complied with.

## 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.

## Segmentation

Following review by NHS Improvement, the Trust has been placed in 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	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	1	2	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1	1	1
	Agency spend	2	1	1	1	1	1	1	1
Overall scoring		1	1	1	1	1	1	1	1

## **Statement of the Chief Executive's Responsibilities as the Accounting Officer at The Clatterbridge Cancer Centre**

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- Value for money is achieved from the resources available to the Trust;
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- Effective and sound financial management systems are in place; and
- Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer

**Dr Liz Bishop**

**Chief Executive**

**Date: 23 May 2019**

# Annual Governance Statement

## Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of The Clatterbridge Cancer Centre NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that The Clatterbridge Cancer Centre NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accountable Officer Memorandum*.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritize the risks to the achievement of the policies, aims and objectives of The Clatterbridge Cancer Centre NHS Foundation Trust, to evaluate the likelihood of those risks being realized and the impact should they be realized, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

### *Leadership*

As Accountable Officer, I have overall accountability for risk management within the Trust, ensuring that the organisational structure is in place to ensure this occurs. Senior leadership is delegated through the Executive Directors and operationally through Directorates, Departments and Committee Structure. Following review by the new Executive Team the Committee structure was revised early January 2019 in order to provide clarity of reporting which in turn will provide additional assurance to the Board. The revised structure incorporates the introduction of a higher level Risk Management Committee, chaired by the Chief Executive which will provide assurance and challenge to the Trust's risk management processes.

The sub-committees of the Board are all chaired by a Non-Executive Director which in itself enables and enhances independent scrutiny and challenge. In addition, the Audit Committee's role is to scrutinise and seek assurance that risk is managed effectively within the Trust; this role is further supported by Board committees that oversee specific aspects of the risk portfolio. In addition, each committee has a standing agenda item relating to the review of risks that have been allocated to that particular committee.

Our systems are further supported by the evaluation of the effectiveness of risk management and control systems in addition to the implementation of recommendations from external assessments which in turn promote organisational learning and dissemination of good practice within the Trust.

The Trust has a Risk Management Strategy clearly setting out the accountability and reporting arrangements to the Board which will be updated to reflect the recent changes to the committee structure.

#### *Training and guidance on the management of risk*

Risk management training is mandatory for all staff including senior managers and Board members. Expert advice and assistance is provided by the Clinical Governance Team in addition to the availability of a number of policies which describe the roles and responsibilities around the identification, management and control of risk. Following feedback from our recent CQC Inspection, additional training will be scoped in relation to risk description, management and escalation.

### **The risk and control framework**

Key elements of the Risk Management Strategy are to manage and control all identified risks including clinical, non-clinical and financial. This is achieved through an organisational framework which promotes early identification of risk, the co-ordination of risk management activity, the provision of a safe environment for patients and staff in addition to the effective use of financial resources. It ensures that staff are aware of their roles and responsibilities and outlines structures and processes through which risk is assessed, controlled and managed. Risks are identified through a variety of sources including formal risk assessment, the assurance framework, incident reporting, audit data, complaints, litigation, patient and public feedback, stakeholder/partnership feedback and internal/external assessment.

The identification of risk, assessment, control and action planning is the same throughout all levels of the Trust. All risks are quantified based on the risk management standard ISO 31000:2009 which measures risk using a combination of consequences (which can also be described as severity or impact) and the likelihood (or probability) of an event occurring. The Trust uses the 5x5 risk matrix, whereby both consequence and the likelihood of a risk materialising are given a score that this multiplied to provide an overall risk score. Risks are identified through risk assessment in addition to analysis from other sources such as incidents, claims, complaints, serious incidents or clinical audits.

Directorate risks scoring 15 and above are escalated to the Corporate risk register and the Trust uses the Datix system to support its risk management and risk register processes.

The Board approved the new revised governance structure which was implemented in shadow form from February 2019; this will continue to strengthen our governance practice and oversight. The Board will continue to review compliance with the NHSI Single Oversight Framework including performance against all best practice areas.



The Trust has embedded a Board Assurance Framework which provides a mechanism for Board oversight and the mechanism for the proactive assessment of risk and control which further supports the annual governance statement. The Board Assurance Framework identifies those risks deemed as strategically significant to the achievement of the Trust's objectives. The Board carried out a focused review of the Board Assurance Framework, followed by quarterly reviews at Board level. Further development work is underway in relation to the Board Assurance Framework which is delegated to the Associate Director of Corporate Governance which ensures impartiality from the operational management of the Trust.

#### *Major risks for the Trust*

The Board identified a number of high level risks in year which are reflected in the Board Assurance Framework and as at May 2018, the following risks had been categorised:

- Ensuring delivery of high quality patient services (safety, experience and outcomes)
- Ensuring the Trust has the appropriate, motivated and engaged workforce in place to deliver its strategy
- Ensuring financial sustainability and delivery of the financial plan
- Ensuring regulatory compliance with, CQC, NHSI, and other relevant legislation
- Ensuring strong leadership within the Trust and external to the Trust
- Ensuring capability and capacity to deliver major strategic change
- Ensuring adequate infrastructure e.g., estates and IT
- Ensuring robust external relationships and responding to changes in the external environment
- Ensuring responsiveness to technical challenges and development to deliver cancer treatments

The Trust Board recognised and considered a number of strategic challenges as part of its ambition to contribute fully to the Cheshire and Merseyside system leadership in addition to fulfilling the Trust's objective to extend our provision of groundbreaking cancer care in the heart of Liverpool. The challenges comprised the following:

- **Changes to the Board leadership** relating to new Director of Nursing and Quality, Chief Executive, Chair, Director of Finance, Director of Workforce and OD, in addition to one new Non-Executive Director and one Associate Non-Executive Director.
- **Regulatory compliance:** Although the Trust is fully compliant with the registration requirements of the CQC, we are required to maintain ongoing compliance with the CQC standards of safety and quality for all its regulated activities across all locations. The Trust achieved an overall rating of 'Good' following the inspection process carried out during December 2018 and January 2019.

In response, the Trust developed a programme of work to address each of the regulated 'Must do' requirements. In addition, a programme of work has continued to address the 'Should do' requirements. The Trust responded to the issues raised by the CQC through the immediate implementation of a comprehensive action plan with focus on the priority areas relating to the Fit and Proper Person requirement,

mandatory training and staffing. Leadership around delivery of the action plan is provided by the Executive Directors with progress overseen by the Quality Committee and the Trust Board.

- **Challenges in organisational performance and developments in the local health economy to drive forward the Cancer Plan:** The Trust is a major contributor to the success of the Cancer Alliance and recognizes the enhanced leadership role in the future delivery of the Cancer Alliance Strategy. As Chief Executive, I have taken on role as Chair of the Cancer Alliance.
- **Cyber security, information governance risks and associated reportable incidents to the Information Commissioner:** The Trust continues to maintain a robust action plan for Cyber Security which is monitored via the Digital Board with exception reports to the Trust Board. To ensure we continue to deliver the best cancer care possible, we have commenced an ambitious transformation change programme that aims to expand and improve cancer care across our region. To support our digital journey, we are proud to be part of the NHS England's Global Digital Exemplar Programme. Through our newly acquired Global Digital Exemplar (GDE) Fast Follower status we have, as a Trust committed to Cyber Security as a key priority.

All areas of delivery and risk are assessed and any identified risks are included within the Trust's Board Assurance Framework and risk register.

#### *Compliance with NHS Foundation Trust condition 4 (FT governance)*

The Board considers the corporate governance statement on an annual basis prior to confirming compliance. All statements were confirmed in the review during May 2019 with no unmitigated risk compliance identified and the Trust believes that effective systems and processes are in place to maintain and monitor the following:

- Effectiveness of governance structures
- Responsibilities of the directors and sub-committees of the Board
- Accountability and reporting lines between the Board, sub-committees and the executive team
- Degree of rigor of oversight the Board has in relation to the performance of the Trust

The Trust has reviewed its compliance with the NHS Foundation Trust condition 4 (FT Governance) and recognizes there are areas that require strengthening and it is expected that the new governance process will provide further assurance to the Board. The new committee structure and revised terms of references provide additional clarity in relation to the responsibilities of the committees.

The Board receives and reviews monthly integrated performance reports including the financial report ensuring the Board is appraised of the Trusts performance and is able to challenge and scrutinize the performance. Development work has begun on enhancing the performance report to incorporate scorecards and key performance indicators which will further enhance the ability for scrutiny and challenge around performance.

Incident reporting arrangements are embedded with the organisation, The Trust encourages a culture of identifying the causes of incidents, learning lessons from them and providing feedback and support for staff involved in incidents.

Safer staffing reports are provided to the Board twice a year with monthly safer staffing dashboard reported to the Quality Committee.

The Trust is fully compliant with the registration requirements of the Care Quality Commission and its current registration status is unconditional.

In line with the ongoing work relating to the register of interests policy and associated register, the Trust will be extending that work to publish an up-to-date register of interests for decision-making staff as required by the *Managing Conflicts of Interest in the NHS* guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust will be undertaking further work relating to risk assessments around our sustainable development management plan, taking into account of the UK Climate Projections 2018 (UKCP18). This will include collating and reviewing assurance that the Trust complies with its obligations under the Climate Change Act and the Adaption Reporting requirements.

#### *Review of economy, efficiency and effectiveness of the use of resources*

As the Accounting Officer, I am responsible for ensuring that the organisation has arrangements in place to secure value for money in the use of resources. The Trust achieves this through the following systems:

- Setting and monitoring the delivery of strategic and operational objectives
- Monitoring and review of organisational performance
- Delivery of efficiency savings
- Workforce review

Annually, the Trust produces an operational plan which incorporates a supporting financial plan for approval by the Board of Directors. The approved plan informs the detailed annual financial and performance plans and forecasts which are monitored monthly via the performance review meetings.

External audit provide an independent opinion on the Trust's financial statements and may review, and report on, aspects of the arrangements put in place to ensure the proper conduct of the Trust's financial affairs and performance and use of resources.

Reports on specific issues relating to economy, efficiency and effectiveness are commissioned by the Audit Committee from the Trust's Internal Auditors and it also receives reports from the External Auditors as required. The Audit Committee monitors closely the implementation of Audit recommendations and effective performance has been demonstrated through the achievement of all the key NHS targets and allocation of segment 1 (NHSI).

#### *Information Governance*

The Trust has in place robust and effective systems, procedures and practices to identify manage and control information risks. In addition we have retained significant assurance in our submission relating to the Data Protection and Security Toolkit. The Trust was not involved in any incidents that required reporting to the Information Commissioner.

#### *Annual Quality Report*

The directors are required under the Health Act 2009 and the National Health service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Trust has an established process in place for the preparation of the Quality Report. The following steps have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of the data:

- The Director of Nursing and Quality is responsible for the Quality Strategy and the Quality Report. The Board receives a quality report that is built on the structure of the annual Quality Report to ensure progress against priorities and monitoring of performance measures are reviewed throughout the year to ensure the Quality Report is balanced
- The Quality Report includes information on both good performance and areas for improvements which provides a balanced picture of the Trust's performance.
- As part of the Board approval process, the two clinical staff on the Trust Board (Medical Director and Director of Nursing and Quality) approves the data included in the Quality Report
- The Trust has in place policies, strategies and standards to ensure the provision of high quality care which are subject to regular review and audit to ensure compliance with any standards set
- Systems and processes are in place for the collection, recording, analysis and reporting of data which are being strengthened to ensure we can focus on securing data which are accurate, valid, reliable, timely, relevant and complete
- The draft Quality Report is provided to external stakeholder groups; Healthwatch Wirral welcomed the Trust's ongoing commitment to continuous improvement and our vision to provide the best cancer care to our patients

In addition, our external auditors have reviewed the Quality Report and have provided an independent opinion

#### *Review of Effectiveness*

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within The Clatterbridge Cancer Centre NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the results of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors reviews performance across a range of indicators which include both corporate and national objectives and those measures of performance are included in the Quality Report.

The work of the Audit Committee, Quality Committee and Performance Committee are described on pages 38-40 of this report. The Board receives monthly Chair's reports from the aforementioned Committees in addition to commissioned reports on areas of concern where additional information and assurance is required. The external assurance audit undertaken by our external auditors as a part of the process of completing the Quality Report will provide the Board and the Council of Governors additional assurance.

My review has also been informed by internal audit providing Substantial Assurance overall across a range of individual opinion; this highlights there are good systems of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently. In addition, following review of the Assurance Framework, internal audit opinion stated that the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board.

During the reporting period, thirteen reviews were undertaken with one receiving high assurance, five substantial assurances and three moderate assurances. None of the reviews received 'no assurance' but I have received limited assurance opinions in relation to the following:

- Complaints and PALs
- Consultant Job Planning (report in draft at the time of reporting)
- TCC Programme Management
- Service Review – Integrated Care

Actions identified as part of the above reviews are monitored through the governance structure, with an Executive Lead assigned to each action and signed off at the relevant sub-committee of the Board. Improvement will be demonstrated and monitored through the Audit Tracker at the Audit Committee. Thereafter progresses against the actions are presented to the Audit Committee.

*Conclusion*

As Accounting Officer, and based on the review process detailed above, I am assured that there are no significant internal control issues.

**Dr Liz Bishop**

**Chief Executive**

**23 May 2019**

## Statement of Director's Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognized gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of state with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balance and understandable and provides the information necessary for patients, regulators and stakeholders to assess The Clatterbridge Cancer Centre NHS Foundation Trust's performance, business model and strategy.

### By order of the Board

23 May 2019

23 May 2019

Chief Executive

Director of Finance















