NHS

The Clatterbridge Cancer Centre

NHS Foundation Trust

ANNUAL REPORT & ACCOUNTS

FROM 1 APRIL 2020 TO 31 MARCH 2021

The Clatterbridge Cancer Centre NHS Foundation Trust

ANNUAL REPORT & ACCOUNTS

FROM 1 APRIL 2020 TO 31 MARCH 2021

Presented To Parliament Pursuant To Schedule 7, Paragraph 25(4) (A) Of The National Health Service Act 2006

00 ANNUAL REPORT

06 INTRODUCTION

07 PERFORMANCE REPORT

09 OVERVIEW OF PERFORMANCE

40 ACCOUNTABILITY REPORT

40 DIRECTOR'S REPORT

49 REMUNERATION REPORT

59 STAFF REPORT

68 NHS FOUNDATION TRUST
CODE OF GOVERNANCE DISCLOSURES

74 ANNUAL GOVERNANCE STATEMENT

80 STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITY

89 ANNUAL ACCOUNTS FOREWORD TO THE ACCOUNTS

90 INDEPENDENT AUDITOR'S REPORT

113 NOTES TO THE ACCOUNTS

INTRODUCTION FROM THE CHAIR AND CHIEF EXECUTIVE

We are delighted to introduce our annual report and accounts for the financial year 2020/21. The last year has been an exceptionally busy time for the Trust with the escalation of the COVID-19 pandemic and we are very proud of the way in which the Trust responded to this.

It is with great pleasure that we can say we opened our new flagship hospital in Liverpool which is a state-of-the-art building that delivers a wide range of highly-specialised cancer care.

Collaboration continues to be important for the Trust. As the host organisation for Cheshire and Merseyside Cancer Alliance, we are a pivotal part of this important partnership which has, through the last year, shown tremendous leadership and operational oversight into the restoration of cancer services. This work has remained key in creating sufficient capacity, ensuring equity of access in addition to rebuilding patient confidence.

The last year has seen a number of significant challenges for our patients and staff and the positive way in which our staff worked together and collectively across the system to remodel care and pathways for our patients.

Our thanks go out to our committed and driven workforce, our Governors and members who all contribute to making The Clatterbridge Cancer Centre a place of excellence for all our patients and their families. We could not have achieved what we have without the support of our volunteers who have worked hard to provide practical support to our patients at critical times when they have not been able to receive visitors.

We would also like to thank our Charity which has been instrumental in supporting staff and patients with wellbeing packages throughout the year.

Kathy Doran
Chair

Dr Liz Bishop
Chief Executive

1. PERFORMANCE REPORT

The purpose of the Performance Report is to provide a brief introduction to The Clatterbridge Cancer Centre NHS Foundation Trust including an overview of our activities and purpose. In addition, the Performance Report provides a brief look at our history and objectives, along with key issues or risks to delivery of those objectives.

An overview of Performance from the Chief Executive

The Clatterbridge Cancer Centre is one of the UK's leading cancer centres and I am very proud to lead a team of highly-motivated and caring staff who have consistently demonstrated that they place our patients at the heart of what they do.

We opened our new hospital – Clatterbridge Cancer Centre–Liverpool (CCC-Liverpool) – in June 2020 and, although this was in the middle of the pandemic, by doing so we were able to assist the system in providing a 'clean' site for cancer treatment. In opening our hospital in Liverpool, we transferred our inpatient wards from our Wirral site to the Liverpool site, thus expanding our capacity to deliver treatment. In addition, our Haemato-oncology wards transferred from the Royal Liverpool University Hospital to CCC-Liverpool in September 2020.

One of the most significant issues that we faced during the last year was the COVID-19 pandemic. We responded immediately by invoking our Emergency Preparedness Resilience and Response Policy and establishing a clear Command and Control with Gold, Silver and Bronze meetings.

Despite the significant challenges presented by the global COVID-19 pandemic in 2020/21 and in opening our new hospital in Liverpool, we are proud to report that performance has remained excellent this year.

The financial implications of the pandemic meant that the Trust experienced changes to the funding regime with the cessation of the familiar commissioning and contracting regime. For the first half of the financial year the Trust was working to a nationally mandated 'top-up' process to achieve a break-even position. The Trust submitted a revised plan for the second half of the year and achieved a surplus of £1,190K which was in line with our plan.

Achievement of Cancer Waiting Times standards has remained high, as has performance against the targets on VTE risk assessments, timely provision of intravenous antibiotics and review by a consultant for patients suspected to have sepsis.

During the last financial year, we have further developed our Integrated Performance Report, which is a monthly report on our performance against a suite of indicators and national standards that provide important information around our performance during the year. Given that the changes we made to the Integrated Performance Report had been embedded during the year, we requested an independent scrutiny in the form of a review by Mersey Internal Audit Agency who concluded that there was 'Substantial Assurance' in relation to the process of our internal performance reporting.

We further strengthened our Performance Review process during 2020/21 and this has been aligned to, and integrated within, the new Trust structure of clinical divisions and clinical business units. This enables greater clarity of responsibility and accountability which supports a strengthened foundation for improvement. As we are not required to include a detailed performance analysis section to the Annual Report, I have included an overview of the Trust's performance for the year within this section.

As a specialist trust, the COVID-19 pandemic presented challenges in managing and predicting activity due to changes in the flow of patients from people presenting at their GP, attending screening and the reduced capacity within secondary care to diagnose and perform surgery prior to patients attending the Trust for chemotherapy and radiotherapy. In reality, it is likely that it will be post-pandemic in the next financial year that we will experience a surge in our activity.

Our response to the COVID-19 pandemic was immediate and our Emergency Preparedness, Resilience and Response Policy was invoked to ensure that processes were in place to manage the numerous daily situation returns required. We reviewed over 2,900 documents and implemented over 300 actions in response to national guidance as part of our response. We entered 'lockdown' from 24 March 2020, restricting inpatient visitors and reducing footfall. We were very responsive in supporting working safely during COVID-19 with baselines established across the Trust and systems in place to support social distancing and remote working.

Our Digital team was instrumental in advancing our technological ability to support new ways of working. Clinical teams were trained to support the rollout of the 'Attend Anywhere' video consultation solution which offers improved patient experience and choice. In addition, the Digital team provided enhanced support to our agile workers, providing staff with the necessary technical equipment to enable them to work from home.

Support for our patients and their families has remained one of our priorities during the last year. As a cancer hospital, a significant number of our patients were required to shield during the pandemic. We established a COVID-19 helpline in March 2020 which supported patients, carers and healthcare professionals, signposting them to the most up-to-date information regarding COVID-19. We also recruited over 90 volunteers with a varied age range (16 years – 59 years); ethnicity (12% from Minority Ethnic backgrounds); male to female ratio of 11:82; and 2% of our volunteers disclosing a disability.

Patient experience continues to be excellent with the Trust being voted one of England's top hospitals for inpatient care in the CQC 'Adult Inpatient' Experience Survey. In the National Cancer Patient Experience Survey, published in June 2020, we maintained our overall patient experience score of 9, the national average being a score of 8.8.

One significant development during the last year was the creation of the Patient Engagement and Inclusion Group (PEIG), which is the Trust's overarching patient experience forum and includes Governor representation at the meetings. Progress against our Patient Experience and Public Involvement Strategy is monitored at PEIG in addition to action plans developed from our national and local surveys. Updates are provided in the form of escalation or assurance to the Integrated Governance Committee and, ultimately, the Trust Board via the committee structure, thus ensuring ward-to-board visibility and oversight.

Comments received from our patients are shared with the operational teams through monthly reports. Leaders within our clinical services use feedback from our patients to shape quality improvement activities at ward and departmental level.

During the last year, our Patient Led Assessments of the Care Environment have largely been good. Some areas for improvement around the environment were identified and addressed with the transition of the Haemato-oncology team to our new hospital in Liverpool.

During the last year, we have made improvements to our patient and carer information offer, with staff at all three of our locations able to provide support in accessing information, both on site and signposting to resources such as the Macmillan website. Developments this year have included the creation of a 'carers support group' in partnership with Maggie's, in addition to the development of a Carers Policy to support both patients and staff who are carers.

Since the 2019 National Staff Survey, we have focused on making positive changes in the four areas highlighted in our 2020/21 Improvement Plans, namely: Health and Wellbeing; Communication; Leadership; and Staff Recognition. It is therefore pleasing to see significant improvements in all four areas in the 2020 survey. Key areas that we will continue to focus on in 2021/22 include:

- **Continuing to engage with our teams to focus on making CCC an even better place to work and receive care.**
- **Continued focus on further improving staff wellbeing, staff engagement, morale and quality of care.**

Cancer Waiting Times

Overall performance against 62 day waiting times

The Trust met the 85% target every month during the last year (with performance between 85% and 99%) except during April 2020 and January 2021 when we saw performance slip to 84% in both months. We started to see the effects of COVID-19 on our performance during April 2020 when our patients expressed concern about attending for first appointments and treatment, in addition to the delays at local acute NHS trust level whereby the pandemic had also significantly affected their capacity.

In addition, we again saw the seasonal reduction in performance linked to patients choosing to delay treatment.

Overall performance against 2 week cancer waiting times

During the last financial year we have met the 93% target with the exception of April (63%) and October (89%). For a total of 8 months of the year, our performance against this target was 100%.

Referral to Treatment

We consistently met the 90% target for 'referral to treatment: admitted patients seen within 18 weeks from the initial GP referral'. We also met the 95% target for 'referral to treatment: non-admitted patients seen within 18 weeks' in all but one month where our performance was at 93%. In addition, we met the 92% target for the number of incomplete pathways every month.

Key Performance Indicator	Target	2020/21 by Month	2020/21
2 week wait from GP referral to 1st appointment	93%		94.8%
28 day faster diagnosis - (referral to diagnosis)	75%		73.3%
31 day wait from diagnosis to first treatment	96%		99.2%
31 day wait for subsequent treatment (drugs)	98%		99.5%
31 day wait for subsequent treatment (radiotherapy)	94%		98.4%
Number of **31 day** patients treated ≥ day **73**	0%		5%
62 day wait from GP referral to treatment	85%		90.8%
62 day wait from screening to treatment	90%		96.9%
Diagnostics: **6 week wait**	99%		100%
18 weeks from referral to treatment (RTT) incomplete pathways	92%		97.8%

Some months are blank as the relevant data was zero.

Length of Stay

We did not consistently achieve our internal benchmarked targets relating to length of stay; however, the annual figures are within target in all areas. The target for emergency admissions to Haemato-oncology Ward 4 was revised in January 2021 to reflect the acuity and complexity of a number of patients with primary CNS lymphoma, whose care was temporarily transferred from Liverpool University Hospitals NHS FT due to the pandemic. The Patient Flow Team is extending the use of the Clinical Utilisation Review approach into our Haemato-oncology wards to manage appropriate utilisation of beds.

The COVID-19 pandemic had an impact on the length of stay of many of our patients, as we provided mutual aid to neighbouring trusts (sometimes for patients with higher acuity than our usual patient group). In addition, we experienced increased difficulties in discharging patients as care homes were experiencing significant challenges with some hospices closing to admissions.

At all times during the pandemic, our primary focus was to ensure that our patients were in the safest place possible at the time.

Key Performance Indicator	Target	2020/21 by Month	2020/21
Length of Stay: Elective (days): Solid Tumour	≤6.5		6.1
Length of Stay: Emergency (days): Solid Tumour	≤8		7.8
Length of Stay: Elective (days): HO Ward 4	≤21		13.2
Length of Stay: Emergency (days): HO Ward 4	≤22		14.5
Length of Stay: Elective (days): HO Ward 5	≤32		23.9
Length of Stay: Emergency (days): HO Ward 5	≤46		28

Some months are blank as the relevant data was zero.

Radiology Reporting

Performance has improved significantly in 2020/21 and continues to be monitored on a monthly basis through the Divisional Performance Reviews and committee structures. The Trust has an internal target of 90% for the reporting of inpatient scans within 24 hours and outpatients within 7 days. The inpatient target was not achieved in 1 month (89.7%) and the outpatient target in 2 months (88% and 87%).

Key Performance Indicator	Target	2020/21 by Month	2020/21
Imaging Reporting: Inpatients (within 24 hrs)	G: =>90% A: 80-89.9% R: <80%		96.4%
Imaging Reporting: Outpatients (within 7 days)	G: =>90% A: 80-89.9% R: <80%		93.4%

Quality

During 2020/21 we achieved all annual targets except Clostridiodes difficile infections, with 5 cases against a target of 4.

We did not have any incidents classed as 'Never Events' but we reported 8 Serious Incidents.

In 2020/21, we have improved our performance against the target for antibiotics administered within one hour where sepsis was suspected, consistently meeting the target every month.

We have consistently achieved the target for consultant review within 14 hours, dementia and VTE risk assessment.

Key Performance Indicator	Target	2020/21 by Month	2020/21
Never Events	0	**No Never events in 2020/2021**	0
Serious Untoward Incidents (month reported to STEIS)	0		8
Consultant Review within 14 hours (emergency admissions)	90%		98.8%
% of Sepsis patients being given IV antibiotics within an hour	90%		94%
VTE Risk Assessment	95%		96%
Dementia: Percentage to whom case finding is applied	90%		99%
Dementia: Percentage with a diagnostic assessment	90%		100%
Dementia: Percentage of cases referred	90%	**No Never events in 2020/2021**	8
Clostridiodes difficile infections (attributable)	<=10 per yr		5
E Coli (attributable)	<=4 per yr		6
MRSA infections (attributable)	0	**No MRSA infections in 2020/2021**	0
MSSA bacteraemia (attributable)	<=5 per yr		4
Klebsiella (attributable)	<=10 per yr		2
Pseudomonas (attributable)	<=5 per yr		1

Some months are blank as the relevant data was zero.

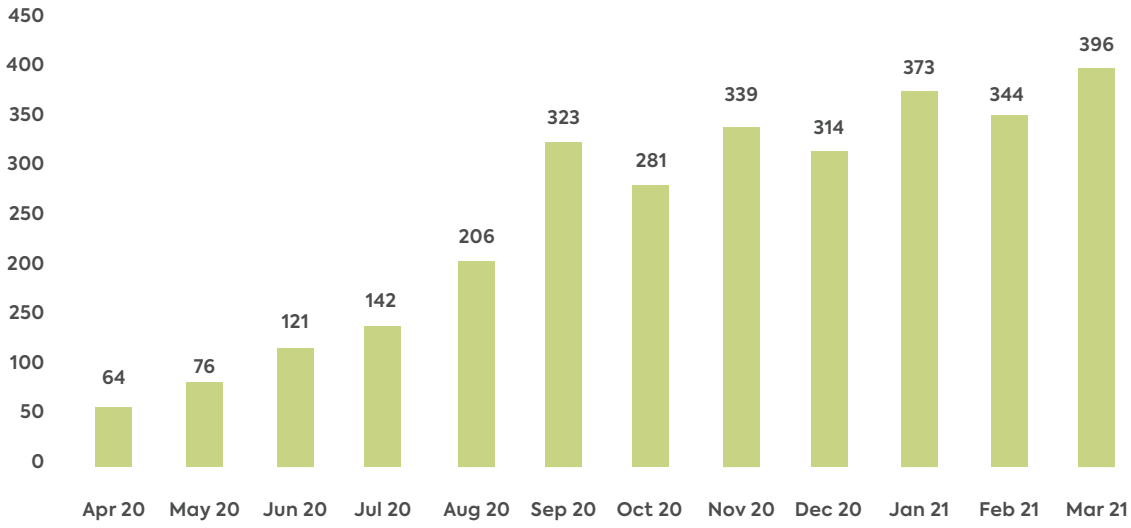
Robust infection, prevention and control measures were very evident throughout the pandemic with our Infection Prevention and Control Team providing expert advice with support from a microbiologist. During the last year, we have reported 2 healthcare-associated COVID-19 infections and no outbreaks. This is a significant achievement at an incredibly challenging time for the Infection, Prevention and Control team and our staff.

Digital

During 2020/21, the Digital Team led the technology approach to support agile working in response to COVID-19. Digital Services deployed over 1,000 items of equipment including laptops, docking stations and monitors, along with over 800 additional licences deployed to support staff to work effectively from home.

An NHS-approved video platform, Attend Anywhere, was implemented to support patients with virtual appointments; the table below illustrates the accelerated approach to the implementation of Microsoft Teams that has enabled staff to conduct virtual appointments. All new outpatients have been provided with the option of a video consultation. During the course of the year, over 150 clinicians have accessed and received training; 2,979 video consultations have taken place where patients have been supported from the comfort of their own homes. This has enabled the Trust to manage demand safely during the pandemic. During October 2020, the Trust was the third highest user in Cheshire and Merseyside for new (first) appointments; in addition, we delivered over 149,000 telephone consultations to ensure our patients' care continued. Furthermore, in May 2020, the Trust was ranked second in England for Microsoft Teams activity.

Attend Anywhere Video Consultations




VARIAN
medical systems
EDGE

Digital COVID Response

The Digital Team were in a state of preparedness to support staff and patients during the pandemic.

Digital drop-in Sessions

Digital drop-in clinics were held in early March to enable staff to work from home.

Microsoft Teams

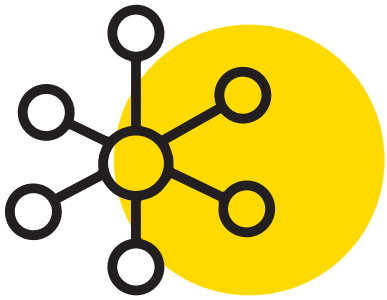
Clatterbridge has embraced new technologies to support agile working in response to COVID-19. In May 2020, CCC ranked 2nd in England for MS Teams activity[1]

Attend Anywhere

Attend Anywhere, a secure NHS video call service for patients with pre-arranged appointments, was rapidly deployed and all clinicians trained.

Patient Communication

A number of new initiatives have been developed to support patient communication. These have been consolidated onto single cart devices.



SharePoint Intranet

A new SharePoint staff intranet has been deployed making it much easier for staff to access and share key information.

In June 2020, Clatterbridge Cancer Centre – Liverpool opened at the height of the COVID pandemic. The Digital Team technically commissioned the new hospital within a shortened period to support patient care across the Cheshire and Merseyside healthcare system, deploying over 3,000 devices.

In addition, mutual aid was provided to Wirral Community Trust, utilising vacated wards, and the Digital Team commissioned both network and system access for over 60 staff from Wirral Community Trust, including the deployment of PCs, laptops, IP Telephony and Print.

[1] NHS England – Top 50 Organisations MS Teams Usage – 16/5/20 – Teams activity per active Teams user

Digital commissioning CCC-Liverpool

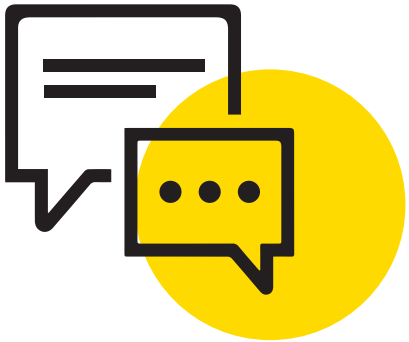
The Digital delivered the technical commissioning of the new hospital site in Liverpool during the height of COVID.

Clinician Virtual Desktop

An enterprise virtual desktop infrastructure "Tap and Go" was configured and deployed before the move to Clatterbridge Liverpool. During 2020/21, the Digital Team have scaled this solution across multiple areas to improve staff efficiency. The solution enables staff to quickly log in to workstations using a proximity card and pin code, giving quick, seamless access to clinical information, from any location.

Self-Check-In Kiosks

Efficient patient flow supported by the introduction of kiosks that have been deployed across all CCC sites to capture patient demographic changes and improve patient check-in experience.



Patient Communication Carts

Patient Communication Carts including tools such as:

Visionable - a secure video calling platform that patients, their families and friends can use to communicate whilst face-to-face visiting is restricted.

Virtual Ward Rounds - utilising MS Teams to support clinicians undertake virtual ward rounds.

My Perfect Ward - to enable staff to undertake quality ward based audits .

Server Infrastructure

Over the course of the past 12 months, the Digital Team have designed and implemented a state-of-the-art server infrastructure to host our digital systems. This new infrastructure is now serving as the bedrock of our digital estate, offering high performance and resilience of systems. Part of this solution is now running in partnership with two additional NHS Trusts, which enabled all parties to realise efficiencies with collaborating, in advance and in line with the latest White Paper, "Integration and Innovation, working together to improve Health and Social Care for all".

Network & Telephony

We have implemented an ultra-high speed, highly resilient network throughout all of the Trust's sites across Merseyside. This is built on Open Services Architecture (OSA) technology, futureproofing any forthcoming bandwidth requirements.

Secure and Robust Infrastructure

The Digital Team designed and implemented a state-of-the-art server infrastructure to host all digital systems. This new infrastructure is now serving as the bedrock of our digital estate, offering high performance and resilience of systems. Part of this solution is now running in partnership with two additional NHS trusts, which enabled all parties to realise efficiencies in collaborating, in advance of and in line with the latest White Paper, 'Integration and innovation: working together to improve health and social care for all'.

From a network and telephony perspective, the Digital Team has implemented an ultra-high speed, highly-resilient network throughout all of our sites. This is built on Open Services Architecture (OSA) technology, future-proofing any forthcoming bandwidth requirements.
Digital security is paramount and we are constantly improving our digital security position. All Trust workstations are running Windows 10 with regular patching regimes. We are Cyber Essentials (CE) accredited and working towards CE plus and IS27001.

Digital Leadership

We recognise the importance of digital leadership and the Chief Information Officer (CIO) is a member of the Trust Board. A new Chief Nursing Information Officer (CNIO) post has been recruited to and will strengthen digital clinical leadership further. The CNIO will work closely with the Chief Medicines Information Officer (CMIO) and the Chief Clinical Information Officer (CCIO) supporting digital transformational change.

Looking to the Future

Be Digital is a key strategic priority within our Five Year Strategic Plan (2021-25), strengthening the ambition to deliver digitally-transformed services and empower patients and staff. We have now successfully completed its Global Digital Exemplar programme, enabling the organisation to be endorsed by NHS Digital and NHSX as a National Digital Leader. In February 2020, the Trust was accredited as a 2021 Digital Leader for successfully fulfilling its commitments as part of the Global Digital Exemplar (GDE) Fast Follower Programme.

Research

The COVID-19 pandemic presented the NHS with its greatest challenge across all healthcare sectors since its inception. The need for scientific and clinical research had never been stronger. The Research & Innovation (R&I) Directorate confronted this test head on, managing the research portfolio as understanding and knowledge increased on the virus and its action.

The team provided system support through the city region, acting both as Sponsor and participating site for COVID-19 specific research, continuing to open critically important cancer trials and then recovering as rapidly and safely as possible. The clear focus was on both our patient and staff safety and wellbeing throughout all our activity. The middle of the year brought the R&I team's welcome relocation to our new Centre of Excellence at CCC-Liverpool which will enable a step change in our capability to support cutting-edge research and offer patients the most novel agents and therapies.

Developments 2020/21

Our new Research Strategy (2021-26) was fully endorsed by the Trust Board in October 2020 and the associated operational Business Plan gained approval in January 2021. It is envisaged that implementation of the five-year plan will have a positive impact on:

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

In partnership with the University of Liverpool and North West Cancer Research (NWCR), we have played a major role in ensuring that the newly established Liverpool Cancer Research Institute is closely aligned with our research agenda, commitments and goals. Trust Board Approval was gained in October 2020.

Notable achievements in 2020/21

We recruited 942

new participants onto cancer and COVID-19 research studies.

85%

of clinical trials paused at the start of the pandemic were unpaused as part of the COVID-19 recovery programme, which exceeded the national target of 80%. 46 new research trials and studies opened to recruitment this year, 12 of them involved COVID-19 research

We significantly increased the number of clinician-led studies for which CCC acts as Sponsor with

8 trials

and studies open and 12 in set-up

We recruited the

first global patient

into the IMPACTOR study. This study is looking at the impact of Abemaciclib on breast cancer patients.

(Principal Investigator (PI): Prof Palmieri, Breast)

We randomised the

first patient

in the UK to the Reecur study.

(PI: Dr Ali, Sarcoma)

We recruited the

100th patient

onto the PATHOS study alongside the Aintree Head and Neck team and are the highest recruiter for this study.

(PI: Dr Shenoy, Head and Neck)

We are **top recruiter** for the AREG study (Association between tumour amphiregulin, epiregulin and epidermal growth factor receptor (EGFR) expression and response to anti-EGFR agents in colorectal cancer.

(PI: Dr A Montazeri, Colorectal)

The first research patient

was treated within the Trust's Interventional Radiology Service for a deep lesion injection. This was part of the Replimune2 ECMC study.

(PI: Dr Sacco, Liver)

R&I were pivotal in the set-up of the

Trust's first ever

Interventional Radiology Service based at CCC-L to support clinical trials, working in collaboration with Radiation Services.

R&I implemented a

New Patient and Public Involvement group

to ensure patient voices and opinions are heard and heeded in research.

As part of our system working, we set up a **psychosocial research group** in support of Liverpool Health Partners. This is now established and working well to foster collaboration and research ideas across the HEI partners and other trusts.

The R&I Team implemented the

Research Rounds

fortnightly presentations by our researchers and university scientists to foster and reinvigorate a research community at the Trust.

PIVOTAL BOOST recruited the

200th patient

at the Trust. Dr Syndikus is the national Chief Investigator for this study and we are the top UK recruiting site.

Notable achievements in 2020/21

The full complement of

14 Site Reference Groups Research Leads

are now in post, with Palliative Care, Acute Oncology and CUP being appointed during this year. These posts continue to embed research as part of patient choice and core business.

R&I were

finalists at the RCNi Nursing Awards 2020

Two teams were shortlisted for the 'Excellence in Cancer Research Nursing' category: Early Phase Trials Team and Research & Innovation Nursing Team.

R&I continue to meet the

Department of Health targets

for study set-up with metrics consistently achieving the target of 40 days (median).

Response to COVID-19

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

We are a participating site in a range of

nationally important COVID-19 research

from observational registry studies, observational epidemiological chemotherapy and radiotherapy studies looking at the impact of the virus on cancer patients. We acted as Sponsor for three studies, two national observational trials and, thirdly, a significant study looking at the effect of COVID-19 on CCC staff.

The Clatterbridge Cancer Charity funding call for COVID-19 research was established this year, resulting in

£96k funding

for four research projects led by our staff. The Charity also funded another project, Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Mersey. This study focused on how staff in the Trust coped during the COVID pandemic and how they manage their mental health and wellbeing.

A notable achievement for us was the Urgent Public Health Study, SIREN, which monitors COVID-19 status for healthcare workers. Full Trustwide support was given to open and recruit to the study rapidly and both our Wirral and Liverpool sites were mobilised to support recruitment of

250 participants, exceeding the set target

Following clinical review, we focused on recovery after the first wave of COVID-19. Trials that had been paused due to the pandemic were unpaused in a controlled, safe programme and we hit the national target of

85% of our portfolio

recovered ahead of time. The R&I response to COVID-19 pandemic was presented at the NCRI Virtual Showcase 2020.

We were recognised by the NIHR NWC CRN for

'demonstrating outstanding commitment and dedication during the crisis'.

Mobilisation to CCC-L

The new hospital site in Liverpool has brought a huge opportunity to expand our research portfolio and reach. As CCC-Liverpool is in the heart of the Knowledge Quarter, this has helped foster links with researchers at the University of Liverpool and closer links with Liverpool University Hospitals NHS Foundation Trust. Since opening CCC-Liverpool, R&I have:

- **Established the trials clinical delivery service at CCC-Liverpool, including an early phase trials clinic.**
- **Embedded the new trials and biobank with expanded capacity to support complex clinical trials and prospective sample collection for research. This has enabled us to foster new collaborations with the Haemato-oncology Diagnostics Service, the University of Liverpool and the Liverpool Heart and Chest Hospital.**
- **The new trials laboratory equipment and infrastructure can also now better support the ECMC agenda and the prospective biomarker sample collection initiatives led by the Liverpool ECMC.**
- **Co-localisation and integration of the delivery teams as the Haemato-oncology Team moved from LUHFT into our space and are now working in the R&I office in CCC-Liverpool.**

CCC-led trials and studies

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

Notable grants awarded this year:

- **Professor Dan Palmer has had confirmation that his trial RATIO has secured £1 million from AstraZeneca RATIO: Phase II randomised study of Durvalumab (MEDI4736) + Tremelimumab in combination with different radiotherapy modalities for advanced hepatocellular carcinoma.**
- **CCP-CANCER-UK was awarded £349,000 by UK Research and Innovation NIHR (Chief Investigator Professor Palmieri; Professor Turtle (ID, UoL/LUFHT); Co-I: Professors Palmer, Pettitt & Kalakonda) with a contribution from The Clatterbridge Cancer Charity amounting to £44,200.**
- **£62,750 funding secured from The Burdett Trust for Nursing for a study, Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Mersey. (Chief Investigator: Dr Lynda Appleton)**

The welcome expansion to Clatterbridge clinician-led trials and studies will further establish us as a research-focused hospital and enhance our reputation nationally and internationally as a leader in oncology.

Key risks faced by the Trust during 2020/21

It is essential that we continue to focus on maintaining our high standard of quality care. The Board Assurance Framework is the tool for the Board to assure itself on the delivery and achievement of the Trust's strategic priorities.

During the last financial year, we considered the following key risks:

- **Ensuring that we deliver the transforming cancer care plan through the delivery of the new clinical model.**
- **The ability to fully integrate Haemato-oncology into the Trust.**
- **The development of fully inclusive leadership.**
- **Maintaining our status as an Experimental Cancer Medicine Centre.**
- **Securing transformational funding through the Cheshire and Merseyside Cancer Alliance.**
- **The ability to achieve our income levels and activity levels.**
- **Ability to develop our subsidiary companies.**
- **COVID-19: Risks relating to emergency planning and capacity to ensure continuity of service.**
- **Towards the end of the financial year an emerging risk occurred relating to the functioning of our Aseptic Unit on the Liverpool site with significant mitigations in place whilst issues were resolved.**

Overview of the Trust's Strategy

During the course of the last financial year, we have reviewed and refreshed our Strategy, taking into consideration that the future will be more about systems and less about individual organisations and the impact of COVID-19, in that we needed to sustain positive changes and recover performance and maximise the opportunity opening our new hospital in Liverpool presented.

We based our new Five-Year Strategic Plan on the Board's six Strategic Priorities for the period to March 2021:

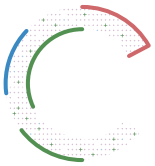
1. Transforming Cancer Care Through our New Clinical Model
2. Retaining and Developing our Outstanding Staff
3. Investing in Patient Focused Research and Innovation
4. Taking a Leadership Role in Collaboration with Regional Care Bodies and Research Centres
5. Be Enterprising
6. Maintaining Excellent Quality, Operational and Financial Performance

We made excellent progress against the above Strategic Priorities and, following a programme of consultation and engagement with key stakeholders and staff, we developed and approved the following:

Our **Mission**

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

Our **strategic priorities and key outcomes**



BE **OUTSTANDING**

Deliver safe, high-quality care and outstanding operational and financial performance

BE **COLLABORATIVE**

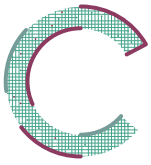
Drive better outcomes for cancer patients, working with our partners across our unique network of care

BE **A GREAT PLACE TO WORK**

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

BE **RESEARCH LEADERS**

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



BE **DIGITAL**

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

BE **INNOVATIVE**

Deliver digitally-transformed services, empowering patients and staff

Our Values

Putting people first
achieving excellence
Passionate about what we do
always improving our care
looking to the future

During the next financial year we will develop, in conjunction with our staff, a refreshed set of values that support our mission and strategic priorities.

Purposes and activities of the Trust

The Trust has 1,575 dedicated members of staff working across a unique multi-site care model serving a population of approximately 2.4 million across Cheshire and Merseyside and the Isle of Man. We are one of the UK's leading cancer hospitals providing non-surgical cancer treatment delivering world-class clinical services, research and academic excellence. We are a tertiary cancer centre and our three main hospitals are in Aintree, Liverpool and Wirral. In addition, we operate specialist chemotherapy clinics in four of Merseyside's district hospitals, making us one of the largest NHS providers of non-surgical cancer treatment for solid tumours and blood cancers. In addition, our clinical model includes the provision of chemotherapy in the home and the workplace.

This enables us to provide a comprehensive range of inpatient care, acute oncology, radiology, advanced radiotherapy, chemotherapy and other systemic anti-cancer therapies including gene therapies and immunotherapies.

In addition, we are the only facility in the UK providing low energy proton beam therapy to treat rare eye cancers and we also host the region's stem cell transplant unit and Teenage and Young Adult Unit.

Our services

Clatterbridge Cancer Centre – Aintree
The cancer centre at Aintree opened on 14 February 2011 and is predominantly a radiotherapy treatment centre. We provide systemic anti-cancer therapies in the Marina Dalglish Unit on the Aintree site. The site also has a busy schedule of outpatient clinics in addition to a Macmillan Information and Support Centre offering additional support to our patients.

Clatterbridge Cancer Centre – Liverpool
Our new 11-storey specialist cancer hospital opened on 27 June 2020 and provides chemotherapy and other drug therapies, radiotherapy, imaging, inpatient and outpatient care, cancer support and rehabilitation, stem cell transplant, and urgent cancer care. The hospital is situated adjacent to Royal Liverpool University Hospital and is at the heart of a thriving research and healthcare campus with the University of Liverpool and other key research partners, all of which will further enable our cancer research and clinical trials.

Clatterbridge Cancer Centre – Wirral
The Wirral site opened in 1958 and served as our main site until we opened our new hospital in Liverpool in June 2020. The Wirral site continues to provide daycase and outpatient care, including chemotherapy and other systemic anti-cancer therapies, radiotherapy, imaging and patient support services including a Macmillan Cancer Information and Support Centre.
Many of our corporate and clinical support services are based at the Wirral site, including Finance, Workforce, Administration Services and the Project Management Office.

Directorate structures

For the majority of the financial year 2020/21, the Trust comprised the following Directorate structures:

Chemotherapy Services: In our commitment to bring cancer services closer to where our patients are, the Chemotherapy Services directorate provided systemic anti-cancer therapy (SACT), supportive therapies and outpatient services for our patients whilst developing close links with the Cancer Alliance.

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

Integrated Care: The Integrated Care directorate worked closely with all our directorates to provide clinical support to patients receiving specialist cancer care.

Haemato-oncology Service: The service was hosted by the Liverpool University Hospitals NHS Foundation Trust but moved into our new hospital in Liverpool in September 2020. Our Haemato-oncology service has a strong reputation for innovative care of patients and is the largest provider of specialist level 4 clinical Haemato-oncology services for adults, teenagers and young adults in Cheshire, Merseyside and the Isle of Man.

Clinical directorate restructure

When we opened the new cancer hospital in Liverpool as part of our ambitious plan to transform non-surgical cancer services across Cheshire and Merseyside we progressed onto adopting a new model of care. This was underpinned by the principles of 'Local when possible, centralised when necessary', bringing cancer care to patients in their own locality.

The strategic intent of the aforementioned model of care is strongly aligned to the NHS Long Term Plan (2019) and, pre-COVID-19, we were already seeing additional out-of-hospital care and greater access to clinical trials for all patients in addition to greater collaboration with our partners.

Having developed a new Five-Year Strategic Plan, as detailed at page [ ] we developed and consulted on a new management structure that will have the resilience and capacity to deliver our Strategy.

The revised structure comprises three Divisions, each led by a Divisional Director, Divisional Allied Health Professional/Nurse Director and an Associate Medical Director. This triumvirate model of management is now visible at every level of the management structure, which ensures the operationalisation of services that are underpinned by excellent clinical oversight and high-quality, safe care. We now have seven Clinical Business Units in total, split across the three Divisions as listed on the right.

Networked Services

CBU1: Day care and networked services
Breast, Skin, Gynae, Acute Oncology, CUP (cancer of unknown primary)
Day Care, Satellite Treatment at Home, Immuno-Oncology, Metastatic Spinal Cord Compression, Venous Access

CBU2: Outpatients and clinical support
Upper GI, Lower GI

Outpatient services, Phlebotomy, Dietetics, Speech and Language Therapy, Physio, Occupational Therapy, Patient Information Team, Psychological Medicine, Lymphoedema, SLAs

Acute Care

CBU3: Pharmacy
Clinical Pharmacy, Aseptics, ePrescribing

CBU4: Inpatient care
Palliative care, Stem Cell Transplant, Haemato-oncology, Rare cancers

Wards 2,3,4,5, Clinical Decisions Unit and Hotline, Patient flow, Hospital at Night, Junior Doctors

Radiation Services

CBU5: Radiotherapy services
CNS, Urology, Lung, Head and Neck
Pre-treatment, Radiotherapy, Brachytherapy

CBU6: Imaging and Physics
CT, MRI, X-ray, US, PET-CT, Interventional Radiology, Nuclear Medicine, Physics, Eye Proton, Papillon

CBU7: Admin Services
Medical Secretaries, Access, Cancer Waiting Times, Receptionists, Assistant Service Managers, Switchboard

System leadership and stakeholder relations

The Trust has a number of key stakeholder relationships as follows:

Cheshire and Merseyside Cancer Alliance
We have continued to host the Cheshire and Merseyside Cancer Alliance which brings together organisations, patients and others affected by cancer to drive improvements in clinical outcomes and patient experience. The Cancer Alliance is funded and accountable to the National Cancer Programme within NHS England. It works in collaboration with NHS colleagues and partners across Cheshire and Merseyside in addition to being responsible for the cancer performance, quality and outcomes across Cheshire and Merseyside. In bringing together experts in cancer, the Cancer Alliance is able to demonstrate quantifiable positive change in how cancer is delivered.

The ambition of the Cancer Alliance is to take every opportunity to prevent cancer and ensure outstanding cancer care is provided across Cheshire and Merseyside. The work of the Cancer Alliance comprises:

- **Creating equitable access to screening programmes linked to social determinants of cancer.**
- **Increasing GP access to diagnostics**
- **Improving access to radiology, pathology and endoscopy.**
- **Embedding cancer prevention within treatment pathways through the principles of teachable moments.**
- **Reducing emergency presentations including improved acute oncology pathways and ambulatory care.**

The emergence of the Integrated Care System
Towards the end of the financial year the White Paper relating to the new Health and Care Bill was published. In response, we commenced discussions at our Trust Board about how this would potentially impact on us in further strengthening our system working. We expect to develop this further during the next financial year.

The Clatterbridge Cancer Charity
The Clatterbridge Cancer Charity is administered by the Trust and its key objective is to focus on supporting us in providing healthcare to the public who use our services. However, the onset of the COVID-19 pandemic curtailed the Charity's ability to raise income as the effects of the restricted working conditions were enforced. As a result, the Charity set a revised target of £2.185m and we remain incredibly grateful to all our supporters who help by giving their time, money or services to the Charity year on year.

The Trust developed its digital services as described at page [ ]. The Charity is continuing to support the Trust to remain at the forefront of technology by helping to fund the digital environment that has a direct positive impact on our patients.

In addition, the Charity continues to support our research agenda by providing the funds for vital research to enable our clinicians to look at new ways to treat and prevent cancer, support clinical trials in addition to enabling important studies such as the study to determine how COVID-19 affects people with cancer.

During the last financial year, the Charity introduced a new Innovation Fund available to all staff members and departments at the Trust. This Innovation Fund aims to identify the needs of our patients beyond what the NHS provides.

Developing our commercial partnerships

The Clatterbridge private patient joint venture
The Clatterbridge Private Clinic is a Limited Liability Partnership launched in 2013 and the team of dedicated staff provides exceptional care and treatment such as chemotherapy, radiotherapy and other specialist treatments such as immunotherapy. Any profits generated by the joint venture are shared between the Trust and its partner and we reinvest directly back into the Trust for the benefit of the NHS.

The Clatterbridge Pharmacy Ltd (CPL – Trading as PharmaC)
The Clatterbridge Pharmacy Ltd was established in 2013. It was the first of our wholly-owned subsidiary companies and was developed with the aim of delivering a more personalised and efficient experience for our patients. The company is a dispensing pharmacy service providing specialist cancer dispensing services that enables our patients to manage their healthcare and medicines in one place. In addition, CPL is registered as a pharmacy with the General Pharmaceutical Council and offers a range of over-the-counter medicines and healthcare products.

In addition to dispensing medication for our patients, CPL services include:

- **Providing patients with advice on how to get the most benefit from their medications**
- **Health advice and self-care from qualified staff to help our patients make healthy life-style choices**
- **Access to a confidential consultation room to discuss any aspect of treatment or medicines**
- **Advice on medical requirements for holiday healthcare**
- **A range of medical appliances to support our patients in their cancer healthcare.**

During the pandemic, CPL was integral to our delivery of medication to our patients who were shielding at home as a result of the national lockdown restrictions.

PropCare
The Trust established Clatterbridge PropCare services Ltd (PropCare) as a wholly-owned subsidiary in 2016. The company specialises in project management, estates and facilities contract management and consultancy for the NHS and other public services. As the Trust is the sole shareholder, any dividend from any profits generated is reinvested directly into NHS patient care.

A brief history and statutory background

The history of the Trust dates back to 1862 when Mr James Deaton Smythe, a prominent surgeon, established the Liverpool Hospital for Cancer and Diseases of the Skin. Seven years later he bequeathed £10,000 which became the first of many legacies that continue to support our work in caring for patients with cancer, in addition to helping support pioneering research into the disease.

In 2002, The Clatterbridge Cancer Centre became a Foundation Trust under the Health and Social Care (Community Health and Social Care) Act 2003 and we are now one of the largest NHS specialist cancer treatment facilities in the UK.

Going concern

After making enquiries, the Directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Conclusion

In summary, 2020/21 was an extremely busy year for the Trust, opening the new dedicated cancer hospital in Liverpool whilst responding to the COVID-19 pandemic. I would like to say how proud I am of all our staff who worked extremely hard through difficult circumstances to ensure our patients received high-quality care throughout.

I would also like to reiterate my thanks to our dedicated team of volunteers who have all supported our patients during the last year.

Performance Report signed by the Chief Executive in the capacity as accounting officer.

Dr Liz Bishop
Chief Executive

Date: 28 June 2021

2. ACCOUNTABILITY REPORT

Directors report

The Trust Board is a unitary Board accountable for setting the Trust's strategic direction. The Board is led by the Chair and comprises six additional Non-Executive Directors who are all deemed to be independent in addition to six Executive Directors and two Directors who are non-voting members of the Board.

Composition of the Board 2020/21

Non-Executive Directors

Kathy Doran, Chair
(from 1 April 2019 – first term of office)
Kathy joined the Trust as Chair in April 2019 and has over 40 years' public sector experience at national, local and regional levels. Kathy has a significant amount of leadership and Board experience having been a successful Chief Executive and Chair, in addition to having an in-depth understanding of the NHS and system working.

Mark Tattersall, Non-Executive Director
(from 1 December 2018 – first term of office until 30 November 2021)
Mark is a qualified accountant and brings a significant amount of Board-level experience as an Executive and Non-Executive Director across the NHS, private and public sectors. Mark was appointed Vice-Chair from 1 January 2021.

Mark is the Trust Board nominated Non-Executive Director for PropCare, one of the Trust's wholly-owned subsidiary companies.

Geoff Broadhead, Non-Executive Director
(Associate Non-Executive Director from 1 December 2018 to 30 June 2019:
Non-Executive Director from 1 July 2019 – first term of office until 30 June 2022)
As a qualified accountant, Geoff has over 30 years' experience in senior financial roles within the public and private sector in addition to over 20 years' experience at Executive Board level.

Geoff has a strong corporate services background, having managed finance, IT, HR and facilities at Board level, and has strong change management and systems implementation experience.

Geoff is the Trust Board nominated Non-Executive Director for CPL, one of the Trust's wholly-owned subsidiary companies. Geoff was appointed as the Senior Independent Director on 1 January 2021.

Terry Jone, Non-Executive Director
(from 23 September 2019 – first term of office until 22 September 2022)
Terry brings a wealth of clinical experience and expertise to the Board and is currently the Professor of Head and Neck Surgery at Liverpool University Hospitals NHS Foundation Trust. In addition to his core clinical and academic roles, Terry has served as Cancer Lead for the Clinical Research Network North West Coast, leading the recruitment of cancer patients into clinical trials. More recently, Terry has taken the position of Associate Medical Director for Research at Liverpool University Hospitals NHS Foundation Trust.

David Elkan Abrahamson, Non-Executive Director
(from 1 September 2019 – first term of office until 31 October 2022)
Elkan is a solicitor with experience of working in Hong Kong and latterly the United Kingdom specialising in childcare law and prisoners' rights. Elkan has significant Board-level experience in the private sector and is a Trustee of the Bloom Appeal, a local charity founded to help patients with blood cancers.

Asutosh Yagnik, Non-Executive Director
(from 1 January 2021 – first term of office until 31 December 2023)
Asutosh joined the Board in January 2021 and has a strong proven record in governance and leadership roles with a wide range of companies in the UK and overseas. He brings strong skills in leadership coaching, corporate governance and business transformation.

Anna Rothery, Non-Executive Director
(from 1 January 2021 – first term of office until 31 December 2023)
Anna joined the Board in January 2021 and brings a wealth of experience to the Board having worked for over 25 years in community development in some of the most diverse cities in the UK. She has significant experience in partnership working and is passionate about reducing health inequalities.

Alison Hastings, Non-Executive Director, Vice Chair and Senior Independent Director
Alison joined the Trust as a Non-Executive Director in 2012. She 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 was Vice President of the British Board of Film Classification, a Board member of Durham University, an advisory member at Pagefield Communications and a specialist partner at Alder Media.

Following an exceptional term of office during which Alison was Vice Chair and Independent Senior Director, Interim Chair (from January 2019-April 2019), Alison left the Trust on 31 December 2020.

Executive Directors

Dr Liz Bishop, Chief Executive (from November 2018)
Liz joined the Trust as Chief Executive in November 2018 from The Royal Marsden and has significant experience with and in the NHS. Liz completed her BSc in nursing in Scotland in 1986 and her MSc and Doctorate at Surrey University in 2004 and 2009 respectively. Liz has worked in a number of clinical settings from surgery to haemato-oncology in several acute London trusts.

Sheena Khanduri – Medical Director (from December 2017)
Sheena trained in Clinical Oncology at West Midland and Yorkshire Deaneries and was appointed consultant at Shrewsbury and Telford Hospitals in 2007 where she was appointed Lead Clinician for Cancer Services in 2016. Sheena joined the Trust as Medical Director in December 2017. Sheena has a postgraduate qualification in strategic leadership from the University of Warwick and completed the Senior Clinical Leadership Programme with the Kings Fund in 2019. Sheena is also the Responsible Officer, Caldicott Guardian and Executive Lead for Research for the Trust.

Jayne Shaw, Director of Workforce and OD (from December 2018)
Jayne joined the Trust in December 2018 having previously held Executive Director roles in Workforce and Organisational Development within the NHS for the last 15 years.

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

James Thomson, Director of Finance (from February 2019)
James joined the Trust in 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 the nominated Executive Director representative for our wholly-owned subsidiary companies.

Joan Spencer, Interim Director of Operations from April 2018; Substantive Chief Operating Officer (from December 2020)
Joan joined the Trust as a General Manager for Chemotherapy services in July 2014 and is passionate about delivering high-quality cancer services within the NHS. Joan completed her nurse training at the Royal Liverpool Hospital in 1999, has a BSc Hons in Health Studies and completed her MSc in Leadership and Management in 2020.

Joan was appointed as the substantive Chief Operating Officer in December 2020.


Staff Base 2

Sarah Barr, Chief Information Officer
Sarah joined the Trust as Chief Information Officer in August 2017, joining the Board as a non-voting member in November 2019. Sarah has a BA(Hons) in Public Management and a PGDip in Health Informatics. Sarah achieved an Executive Leadership in Healthcare award through the Nye Bevan Programme in 2019. Sarah has over 24 years' experience of working in Digital and Informatics and was the Deputy Director of Informatics at Mersey Care NHS Foundation Trust.

Tom Pharaoh, Director of Strategy
Tom joined the Trust in April 2019 having held various NHS management roles in the North West since moving to Liverpool from London, including time at The Christie and as a General Manager in the Royal Liverpool University Hospital. Tom joined the Board as a non-voting member in November 2020 and provides specialist knowledge, advice and insight into key strategic decisions.

Sheila Lloyd, Director of Nursing and Quality (from April 2018 – 31 March 2021)
Sheila joined the Trust in April 2018 with over 30 years' experience in nursing. Sheila's role included corporate responsibility for the delivery of high-quality, safe and effective care.

Sheila left the Trust on 31 March 2021.

Arrangements in place to ensure the Trust is well-led

There is a clear division of responsibility between the Chair and the Chief Executive. In addition, the Nominations and Remuneration Committee carried out an in-year review of the composition of the Board during the process of appointing new Non-Executive Directors in the context of assessing the skills and knowledge gaps required at Board level. The composition of the Board is such that the Trust now has a wide range of diverse individuals with senior-level experience across a spectrum of clinical, public, private and legal sectors.

Taking the above into consideration, the Board is satisfied it can run effectively.

Independence of the Board

The Non-Executive Directors at the Trust bring robust, independent oversight to the Board. In accordance with the NHS Code of Governance (code provision B1.1), the Board has determined that the current Chair and Non-Executive Directors are independent and can objectively challenge management and hold to account.

Declarations of interest and registers of gifts and hospitality

The Trust has in place a nationally compliant policy and the required declarations and full registers can be accessed on the Trust's public-facing website at **https://www.clatterbridgecc.nhs.uk/about-centre/corporate-matters/public-documents/register-of-interests**

During the last financial year, the Trust did not receive any political donations.

Meetings of the Board of Directors and associated committees

Board of Directors

The Board of Directors meets monthly with the exception of August and December. The Board of Directors continued to meet in public with the exception of occasions when confidential matters had to be dealt with in a private session of the Board.

Despite the difficulties COVID-19 presented during the last financial year, the Trust Board met on 10 occasions. The Board meets in public and, where the restrictions in response to COVID-19 did not allow for on-site Board meetings, the links were made available to the public. In addition, the Trust continued to publish Board papers on the public-facing website in advance of the meetings.

The Board scrutinises the Trust's performance against regulatory requirements and national standards on a monthly basis through its review of the Integrated Performance Report. In addition, the Board has continued to emphasise the importance of patient and staff experience by hearing stories directly from patients and staff through attendance at Board to share their personal experiences and perspectives. Towards

the latter end of the year, members of the Board were able to make use of the mobile technology and take part in 'virtual walkabouts' to ensure the Board remained visible to all staff and patients throughout a particularly difficult period.

The Trust Board receives assurance from each Board Committee by way of an exception report on an 'alert', 'advise' and 'assure' basis.

Audit Committee

The Trust Audit Committee is formally constituted as a Committee of the Board and comprises three Non-Executive Directors; the Committee is chaired by a Non-Executive Director, Mark Tattersall, who has significant finance experience. Membership of the Audit Committee comprises an additional two Non-Executive Directors, Geoff Broadhead and Anna Rothery (from 1 January 2021). Alison Hastings was a member of the Audit Committee until 31 December 2020.

The Trust Audit Committee has a key role in ensuring the adequacy and effectiveness of systems, governance, risk management and internal control (both financial and non- financial), all of which support the Trust Strategic Priorities. In carrying out its function, the Audit Committee predominantly utilises the work of Internal and External Audit. During the last financial year, the Trust did not use External Audit or Internal Audit for any non-audit related services.

The Audit Committee is responsible for making any recommendations, as necessary, to the Council of Governors in respect of the Trust's External Audit function. The Trust is in the final year of a two-year contract with Grant Thornton which, on the approval of the Council of Governors, commenced during the financial year 2019/20 to the value of £122K. The Trust, in conjunction with representatives from the Council of Governors, commenced the procurement process towards the end of the financial year 2020/21 to ensure there is sufficient time for the procurement process.

The Audit Committee met five times last year and considered the following key matters:

- **Head of Internal Audit Annual Report and Head of Internal Audit Opinion 2019-20.**
- **Approved the Internal Audit Plan for 2020-21.**
- **Received the Anti-Fraud Annual Report.**
- **Approved the Anti-Fraud Work Plan for 2020-21.**
- **Under delegated authority from the Trust Board, approved the Annual Accounts and Annual Report for 2019-20.**
- **Reviewed the findings from individual reviews carried out by MIAA relating to Cyber Essentials; Data Security Toolkit; Electronic Staff Record; Key Financial Systems; Business Continuity Planning; Patient Experience; Integrated Performance Report; Committee Effectiveness; Recruitment and Retention; IT Service Continuity and Resilience and the Assurance Framework.**
- **Reviewed the ongoing development of the Board Assurance Framework and will continue to do so.**
- **Monitored responses by management to the recommendations made by Internal Audit through the associated reviews.**
- **Received assurance around the Trust's Clinical Audit function.**
- **Received assurance in relation to the Trust's processes for managing litigation and inquests in addition to actions as a result of litigation.**
- **Maintained oversight of the Trust's schedule of outstanding debt and the schedule of losses and compensations.**
- **Maintained oversight of the Trust's Tender Waiver Register.**
- **Maintained oversight of the Trust's accounting treatment concession relating to the Liverpool hospital.**
- **Received and considered the implications of ISA 540: Accounting estimates and the potential implications for the Audit Committee members. This included but not limited to depreciation of property and equipment, valuation of land and buildings, revenue accruals and provision for expected credit losses on debtors and loan receivables.**
- **Due to challenges experienced throughout the External Audit process at the end of the 2019/20 financial year, the Audit Committee requested a review of the lessons learned and action plan and considered progress against the action plan through 2020/21.**

Better Payment Practice Code (the 'Code')

In reviewing performance in relation to debtors, the Audit Committee also reviewed performance against payment of invoices. The Better Payment Practice Code requires the Trust to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The table below illustrates our performance against the Code:

	Trust			
	2020/21		2019/20	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	**7816**	**154782**	8617	99360
Total Non NHS trade invoices paid within target	**6140**	**127650**	5474	84758
Percentage of Non-NHS trade invoices paid within target	**78.6%**	**82.5%**	63.5%	85.3%
Total NHS trade invoices paid in the year	**1306**	**32357**	1194	36183
Total NHS trade invoices paid within target	**1068**	**26824**	499	20196
Percentage of NHS trade invoices paid within target	**81.8%**	**82.9%**	41.8%	55.8%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Quality Committee

The Quality Committee, chaired by a Non-Executive Director supports the Board in obtaining assurance that high standards of care and clinical governance are provided by the Trust and, in particular, that adequate and appropriate controls are in place. In accordance with the Trust's response to the guidance relating to 'easing the burden', the Board made the decision to incorporate the Quality Committee agenda into Part 2 of the Trust Board from April 2020, reinstating as a standalone Committee in September 2020.

The Quality Committee is chaired by Professor Terry Jones, Non-Executive Director, whose significant clinical and research experience brings depth and clarity to our Quality Committee. The Chair of Quality Committee is supported by and addition two Non-Executive Directors, Elkan (David) Abrahamson and Asutosh Yagnik.

During the last financial year, the Quality Committee considered the following;

- **The Trust's response to COVID-19 through our Emergency Preparedness, Resilience and Response procedures**
- **Patient Experience Surveys**
- **End of Life Audits**

- Risk Management Annual Report
- Mortality Dashboards
- Oversight of the development of the MSCC Pathway
- Received the Safeguarding Annual Report
- Oversight of the Infection, Prevention and Control Board Assurance Framework
- Received details of the whistleblowing cases via the Care Quality Commission
- Oversight of the recommendations from the Clinical Senate Review
- Received the People Plan Action Plan
- Received summary reports relating to Serious Incidents
- Oversight of the Nursing Dashboard
- Received the results of the Staff Friends and Family Tests
- Received the Controlled Drugs Annual Report
- Reviewed the process for Performance Appraisal and Development Reviews
- Oversight of the Datix ICloud project
- Oversight of the progress and mitigations in place relating to the Aseptic Unit
- Oversight of the development of a Medicine Management Report
- Approved revised Terms of Reference

Performance Committee

The Performance Committee has reviewed and agreed revised Terms of Reference and has been established to provide the Board with in-year assurance concerning:

a) The development and delivery of the Trust's Strategic Plan.

b) Ensure that capital investments made by the Trust are in line with the Trust's approved Investment Policy and that where authority to act as the investment decision maker is devolved, that those groups or committees are exercising their responsibilities in respect of investment decisions effectively.

c) Oversee the performance of any Subsidiary Companies and Joint Ventures established by the Trust.

d) Oversee the financial management of the Trust.

e) Oversee and seek assurance on delivery against the Trust's key performance indicators.

In line with national guidance, the Trust Board agreed to 'pause' the Performance Committee in March 2020. Therefore the Performance Committee met on 6 occasions and reviewed and monitored a number of key themes as follows:

- Given the completion of the new hospital in Liverpool, reviewed the financial aspects of the Transforming Cancer Care programme
- Scrutinised the financial positon of the Trust
- Received deep-dive reports into the length of stay within Haemato-oncology.
- Regular updates on delivery of the Faster Diagnosis Standard
- Detailed scrutiny and oversight of the Trust's financial planning in light of changes to the planning process due to COVID-19
- Reviewed and agreed revised Terms of Reference
- Oversight of the operational and financial plan for 2021-22
- Referred concerns relating to the Trust's performance around complaint response times to the Quality Committee

The Performance Committee is chaired by a Non-Executive Director, Geoff Broadhead, who has considerable experience within the financial sector. He is supported by two additional Non-Executive Directors, Mark Tattersall and Elkan (David) Abrahamson.

Nominations and Remuneration Committee

The Trust's Nominations and Remuneration Committee comprises the Chair and all Non-Executive Directors and has delegated authority from the Trust Board for the appointment, removal, remuneration, allowances and terms and conditions of office for Executive Directors.

Attendance by members of the Board at Board and Committees

Board Member	Trust Board	Audit Committee	Quality Committee	Performance Committee
Kathy Doran	10/10		4/4*	
Alison Hastings	7/7	3/4	4/4*	
Mark Tattersall	10/10	5/5	4/4*	6/6
Geoff Broadhead	10/10	5/5	4/4*	6/6
Terry Jones	9/10		4/4* & 6/6	
David Elkan Abrahamson	10/10		4/4* & 6/6	6/6
Asutosh Yagnik	3/3		1/3	
Anna Rothery	3/3	1/1		
Liz Bishop	10/10		4/4* & 5/6	5/6
James Thomson	10/10	5/5	4/4*	6/6
Joan Spencer	10/10		4/4* & 6/6	6/6
Sheila Lloyd	5/10	4/5	4/4* & 3/6	0/4
Sheena Khanduri	10/10		4/4* & 5/6	3/6
Jayne Shaw	10/10		4/4*	5/6
Sarah Barr	10/10		4/4* & 6/6	3/4
Tom Pharaoh	4/4			

* This represents the Quality Committee incorporated into Part 2 of Board in response to 'easing the burden' national guidance.

The Terms of Reference for the Performance Committee were reviewed and revised in November 2020 resulting in a change to the core membership; from November 2020, the Medical Director and the Director of Nursing and Quality ceased to be core members but may be called to attend any meeting as the Chair deems relevant.

Remuneration Report

The following Remuneration Report illustrates the appointments and payments made to the Trust Executive and Non-Executive Directors during the last financial year.

Directors' Salary and pension entitlements 2020/21 (subject to audit)

Name & Title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	d) All pension-related benefits (bands of £2,500)	(e) TOTAL (a to d) (bands of £5,000)
	£'000	£'s	£'000	£'s	£'000
E Bishop - Chief Executive	160-165	1	0	'47.5 - 50	'210 - 215
S Khanduri - Medical Director	190-195	1	0	'57.5 - 60	'250 - 255
S Lloyd - Director of Nursing & Quality	110-115	0	0	'32.5 - 35	'145 - 150
J Spencer - Chief Operating Officer	110-115	0	0	'62.5 - 65	'175 - 180
J Thomson - Director of Finance	115-120	0	0	'32.5 - 35	'150 - 155

J Spencer was appointed permanently on 1 December 2020.

Name and title	(a) Salary (bands of £5,000)	b) Non-cash benefits including taxable expenses to nearest £100	c) Performance pay and bonuses (bands of £5,000)	d) All pension-related benefits (bands of £2,500)	(e) TOTAL (a to d) (bands of £5,000)
	£'000	£'s	£'000	£'000	£'000
K Doran - Chair	40-45	0	0	0	40-45
A Hastings - Non-Executive Director	10-15	0	0	0	10-15
M Tattersall - Non-Executive Director	15-20	0	0	0	15-20
D Abrahamson - Non-Executive Director	15-20	0	0	0	15-20
G Broadhead - Non-Executive Director	10-15	0	0	0	10-15
T Jones - Non-Executive Director	10-15	0	0	0	10-15
A Yagnik - Non-Executive Director	0-5	0	0	0	0-5
A Rothery - Non-Executive Director	0-5	0	0	0	0-5

A Rothery commenced on 1 January 2021; the full-year amount would be in the range £10-15k
A Yagnik commenced on 1 January 2021; the full-year amount would be in the range £10- 15k
A Hastings left on 31 December 2020; the full-year amount would be in the range £10-15k
No performance-related pay or bonuses have been paid to Directors during the last financial year.

Directors' salary and pension entitlements 2019/20 (subject to audit)

Name and Title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance Pay and bonuses (bands of £5,000)	(d) All pension-related benefits (bands of £2,500)	(e) Total (a to e) (bands of £2,500)
E Bishop - Chief Executive	160-165	4		Nil	160-165
S Khanduri - Medical Director	175-180	3		32.5-35	210-215
S Lloyd - Director of Nursing	110-115	1		7.5-10	120-125
J Spencer - Interim Director of Operations	105-110	142.5-145		250-225	
J Thomson - Director of Finance	115-120	1		60-62.5	175-180

Non-executive directors' salary and pension entitlements 2019/20 (subject to audit)

K Doran - Chair	40-45	0	0	0	40-45
A Hastings - Non-Executive Director	15-20	0	0	0	15-20
M Tattersall - Non-Executive Director	15-20	0	0	0	15-20
D Abrahamson - Non-Executive Director	5	10	0	0	0
G Broadhead - Non-Executive Director	10	15	0	0	0
T Jones - Non-Executive Director	5	10	0	0	0

Pay Median – Fair Pay Disclosure (subject to audit)

The Trust is required to disclose the relationship between the remuneration of the highest paid Director in the organisation and the median remuneration of the organisation's workforce.

The highest paid Director was the Medical Director, whose banded remuneration in the organisation in the financial year 2020/21 was £190-195k (2019/20, £175-180k). Total remuneration ranged from £18,005 to £253,440. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind.

It does not include severance payments or employer pension contributions and the cash equivalent transfer value of pensions.

	2020/21	2019/20
Band of highest paid Director £000's	190-195	175 - 180
Median salary	£31,472	£29,608
Remuneration ratio	6.13	6.08

The above disclosure includes all staff employed by the Trust on a permanent, agency or interim worker basis.

The calculation of higher paid Director remuneration includes the cash value of any benefits in kind.

There are two consultants employed by the Trust whose full-time equivalent salary exceeds the highest paid Director.

Expenses

	2020/21	2019/20
Total number of directors in office	13	12
Number of Directors receiving expenses	7	6
Aggregate sum of expenses paid to directors	£2,033	10

Staff Exit Packages

Exit Package	Number of compulsory redundancies	Cost of compulsory redundancies £000s
£0 - £50,000	0	0
£50,000 - £100,000	0	0
Total	0	0

Pension entitlements (subject to audit)

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Bishop - Chief Executive	2.5 - 5	0 - 2.5	65 - 70	155 - 160	1,324	0	1,430	0
S Khanduri - Medical Director	2.5 - 5	2.5 - 5	35 - 40	70 - 75	532	0	603	0
S Lloyd - Director of Nursing & Quality	2.5 - 5	0 - 2.5	45 - 50	110 - 115	869	0	938	0
J Spencer - Chief Operating Officer	2.5 - 5	2.5 - 5	50 - 55	115 - 120	877	0	972	0
J Thomson - Director of Finance	2.5 - 5	0 - 2.5	30 - 35	60 - 65	464	0	512	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.

The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement.

Off-payroll engagements

Off-payroll worker engagements as at 31 March 2021:

Number of existing engagements as of 31 March 2021	1
Of which...	
Number that have existed for less than one year at time of reporting.	1
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

All off-payroll workers engaged at any point during the year ended 31 March 2021:

Number of off-payroll workers engaged during the year ended 31 March 2021	1
Of which:	
Number assessed as within the scope of IR35	1
Number assessed as not within the scope of IR35	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0
Number of engagement where the status was disputed under provisions in the off-payroll legislation	0
Of which: number of engagements that saw a change to IR35 status following review	0

Off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2020 and 31 March 2021:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

The Trust has engaged with one off-payroll engagement during the year ending 31 March 2021. This engagement was undertaken following the requirement to undertake a review of Aseptic Pharmacy service, specifically looking at the quality improvement and the legal requirements for NHRA (National Health Regulatory Authority).

In addition, this consultancy would review the impact on production to delivery of timely chemotherapy to patients and the significant cost implications. The engagement commenced 1 March 2021 with a maximum of 3 days' work being undertaken per week, up to a period of 6 months.

Staff costs

	Group			
	Permanent £000	**Other £000**	**2020/21 Total £000**	**2019/20 Total £000**
Salaries and wages	55,791	233	56,024	50,798
Social security costs	5,424	–	5,424	4,802
Apprenticeship levy	245	–	245	217
Employer's contributions to NHS pension scheme	9,667	–	9,667	8,482
Pension cost – other	74	–	74	49
Temporary staff	–	2,223	2,223	2,401
Total gross staff costs	71,201	2,455	73,656	66,750
Recoveries in respect of seconded staff	–	–	–	–
Total staff costs	**71,201**	**2,455**	**73,656**	**66,750**
Of which				
Costs capitalised as part of assets	**-**	**-**	**-**	**-**

Average number of employees (WTE basis)

	Group			
	Permanent Number	**Other Number**	**2020/21 Total £000**	**2019/20 Total £000**
Medical and dental	98	7	105	92
Administration and estates	501	5	506	486
Healthcare assistants and other support staff	173	14	187	156
Nursing, midwifery and health visiting staff	305	15	320	277
Scientific, therapeutic and technical staff	320	1	321	272
Total staff costs	**1,397**	**42**	**1,439**	**1,283**
Number of employees (WTE) engaged on capital projects	**-**	**-**	**-**	**-**

3. STAFF REPORT

An organisation can only ever be as good as the people who work in it. Our goal for The Clatterbridge Cancer Centre is to be a great place to work, where our people can thrive and reach their full potential and deliver outstanding care to our patients.

To help deliver this goal, our Workforce & Organisational Development Strategy 2018 – 2021 identifies our workforce priorities for the next three years with a detailed year-by-year delivery plan against our key milestones.

The strategy focuses on the following priorities for action: Workforce Planning; Workforce System Development; Recruitment & Retention; Medical Workforce; Managing Talent and Succession Planning; Engaging our Workforce – Making CCC a Great Place to Work; and Developing Leadership Skills and Capacity.

Breakdown of staff numbers by staff group

Staff group	Number of staff
Add Prof Scientific and Technical	93
Additional Clinical Services	205
Administrative and Clerical	525
Allied Health Professionals	238
Healthcare Scientists	41
Medical and Dental	88
Nursing and Midwifery Registered	379
Students	6
Total	1,575

The following table illustrates our staff numbers by employee definitions analysis by 'permanent' and 'other'.

Staff Group	Permanent Contract (Average FTE)	Other Contract (Average FTE)	Average FTE 2020/21
Add Prof Scientific and Technical	75.52	3.27	78.78
Additional Clinical Services	171.32	8.00	179.32
Administrative and Clerical	427.10	41.02	468.11
Allied Health Professionals	199.80	10.82	210.62
Healthcare Scientists	36.26	0.79	37.05
Medical and Dental	64.81	7.65	72.46
Nursing and Midwifery Registered	335.77	5.92	341.69
Students	0	2.63	2.63

The following tables show a breakdown of NHSP and agency staff.

Staff Group	NHSP		Agency
	Headcount	FTE	Headcount
Add Prof Scientific and Technical	-	-	2
Additional Clinical Services	140	126.4	0
Administrative and Clerical	109	49.4	3
Allied Health Professionals	6	0.4	0
Healthcare Scientists	-	-	0
Medical and Dental	-	-	9
Nursing and Midwifery	197	137.6	0
Registered			

Gender breakdown – Directors as at 31 March 2021

Gender	Count of Assignment Number	% of Workforce	Sum of FTE
Female	8	0.51%	7.81
Male	7	0.44%	7.0
Total	**15**	**0.95%**	**14.81**

Gender breakdown – Employees as at 31 March 2021

Gender	Count of Assignment Number	% of Workforce	Sum of FTE
Female	1,279	81.99%	1,140.90
Male	281	18.01%	263.81
Total	**1,560**	**100%**	**1,404.71**

Staff turnover
Staff turnover data can be viewed here: **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics**

Sickness absence
The Workforce and Organisational Development team work closely with line managers to support staff in maintaining their health and wellbeing and managing any sickness absences appropriately. In light of the pandemic this has been a challenging year for staff and, as a result, particular focus has been given to supporting the health and wellbeing of our staff. Policies such as our Flexible Working Policy, Agile Working Policy and Homeworking Policy have helped to support the different ways of working required.

The sickness absence rates for 2020/21 are as follows: **https://digital.nhs.uk/data- and-information/publications/statistical/nhs-sickness-absence-rates**

Human Resources (HR) policies and procedures
We continue to regularly review all our policies and procedures in partnership with staffside colleagues with the aim of ensuring they remain fit for purpose, effective, meet the needs of the Trust, and are beneficial for staff and the organisation.

We have continued our Disability Confident journey and have obtained 'Disability Confident Employer' status, ensuring that disabled people have the opportunities to fulfil their potential and realise their aspirations. Our 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.

Equality, diversity and inclusion (EDI) overview

At The Clatterbridge Cancer Centre, we believe everyone has the right to be respected and valued as an individual. We care about empowering people and having a culture that promotes equality, inclusivity and human rights. We are determined to do all we can for all people at all times to meet their individual needs and provide the very best experience.

We are committed to ensuring:

- **We treat everyone fairly, with dignity and respect**
- **Opportunities are open to all**
- **We provide a supportive and welcoming environment for everyone**
- **We reflect these values in everything we do, from strategic plans to everyday activities**

We have an equality and diversity policy, which sets out the framework through which we deliver our services and an EDI strategy that details how we will deliver on our EDI objectives over the next three years.

We set our 2020/21 Equality, Diversity and Inclusion objectives against the following areas:

- **Improved patient access and experience**
- **Better health outcomes for all**
- **A represented and supported workforce**
- **Inclusive leadership at all levels**
- **Culture change and mainstreaming equality**

During 2020/21, we maintained and adhered to NHS Mandated Equality Standards and continued to demonstrate progress against indicators within Workforce Race Equality Standard and Workforce Disability Equality Standard. We also published our Gender Pay Gap report by the required deadline.

Highlights

- COVID-19 has shone a spotlight on the inequalities faced by our staff from minority ethnic backgrounds. Having previously collaborated with a local NHS trust to have a joint staff network, we established our own Minority Ethnic Staff Network in November 2020 which has met regularly. The regular meetings have provided us with invaluable input into the actions we are undertaking as part of our WRES action plan and NHS People Plan commitments to address issues and improve the representation of staff from minority ethnic backgrounds within the Trust at all levels.

- To coincide with Pride month (held virtually due to COVID-19) in June 2020, we launched the NHS Rainbow Badge Initiative. Originating at the Evelina London Children's Hospital, the rainbow badges are a way for staff to show that we offer open, non-judgmental and inclusive care for patients and their families who identify as LGBT+. LGBT+ stands for lesbian, gay, bisexual, transgender and the + simply means that we are inclusive of all identities, regardless of how people define themselves. Following a positive uptake we have now been able to establish an LGBT+ Staff Network. It aims to create a supportive working environment and policy framework for LBGT+ colleagues, while also encouraging all staff within the Trust to understand the needs of LBGT+ individuals within the community.

- During the year we received our Disability Confident Employer certificate (Level 2), which demonstrates our commitment to improving the opportunities open to staff and applicants with disabilities. We also launched a Reasonable Adjustment Procedure which will provide further support and guidance to staff to help maintain them in the workplace.

Key workforce focus for 2021/22

- During the year we commissioned an audit of the current recruitment and selection policy, procedure and practices from an equality and inclusion perspective. The outcome was a number of detailed recommendations on the next steps required to make improvements to ensure that we have an inclusive approach to attracting suitable candidates and during the recruitment process.

- The Trust aims to build on the foundations of the current relatively new Minority Ethnic Staff Networks and LGBT+ Staff Network and establish a Disability Staff Network in addition.

- Following the opening of our new hospital, the Trust will also aim to increase the number of BAME staff in order to better represent the population we serve.

Gender pay gap
In real terms, there remains a significant gender pay gap difference within the Trust of 25.5%. In terms of average hourly pay, however, there has been a positive indication that this has decreased this year (from 28.6%). In March 2019 the overall NHS gender pay gap was 23% as per the www.gov.uk website. We therefore have a slightly higher gender pay gap than the average NHS rate.

There has also been a positive reduction in the median pay gap from 22.9% last year to 19.2% this year. We do, however, continue to have a positive gender pay difference in relation to bonuses paid to medical staff through Clinical Excellence Awards.

Our approach, as outlined in our EDI policy and strategy, is supported through the work done under WRES, WDES and Gender Pay Gap reporting and underpinned by training to managers and staff on Equality, Diversity and Inclusion. The annual staff survey provides an additional measure of how well we are doing in delivering an equal service to different groups and feedback is also sought through the staff networks.

Engaging our staff
Effective employee involvement and engagement is crucial to effective service provision and the delivery of quality services through staff that are motivated, accountable, and engaged. We expect all managers to understand the importance of involving and engaging with all their staff as part of everyday leadership.

During 2020/21 we have continued to engage with colleagues to help shape the direction and priorities of the Trust and to ensure the staff voice continues to be heard.

We have a range of communications channels designed to keep staff informed and to support two-way dialogue and engagement. These include:

- Monthly Team Brief presentation from the Executive Team to senior managers which starts the cascade of messages from the Executive and Board throughout the organisation.
- CCC Live sessions using Microsoft Teams Live – sessions with the executive team with question and answer sessions for staff.
- Weekly e-bulletin highlighting news and activities from across the Trust.
- Regular COVID-19 communications to keep staff updated with the changing landscape and key messages / policies.
- Staff focus groups.

It is important for us to recognise when our staff go above and beyond, demonstrate improvements in services and live the Trust's values. We have a range of recognition schemes in place including:

- Monthly Staff Achievement Award – a scheme that enables staff to recognise the work of colleagues by nominating them for an award each month.
- Thank You Card – designed to enable all staff to thank colleagues for their work.
- Long Service Award – designed to thank colleagues for their commitment to the Trust and wider NHS. In 2020, this scheme was expanded to recognise continuous NHS service and to include 5, 10, 20, 30 and 40 years' service.

Staff Survey
The NHS Staff Survey is the largest annual workforce survey in the world. The survey results are categorised under 10 themes which are scored on a scale of 0-10 where a higher score indicates a better result.

We are committed to listening to the views of our staff and recognising their achievements on a regular basis. We believe that motivated and engaged staff deliver better outcomes for our patients and our ongoing aspiration is to improve levels of staff engagement on a year-on-year basis, as measured by the NHS National Staff Survey.

The results from the survey and action plans are closely monitored and discussed at Board meetings. Since the 2019 staff survey, we have focused on making positive change in the four areas highlighted in our 2020/21 improvement plans: Health and Wellbeing; Communication; Leadership; and Staff Recognition. It is therefore pleasing to see significant improvements in all four areas in the 2020 survey results.

The Trust response rate to the 2020 survey was 58% (862), which was less than in 2019 when the response rate was 66% (853).

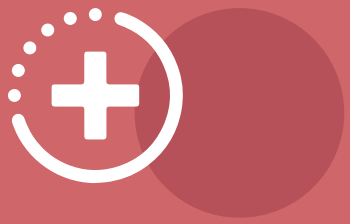
In 2020 we have improved our score in 9 out of the 10 themes, with two themes (Health & Wellbeing and Staff Environment – Bullying and Harassment) seeing a significant increase. The Trust was the top-performing specialist acute trust in 4 out of the 10 themes.

Equality, diversity & inclusion

2019 Score	2020 Score
9.3	9.5

Increase

Sector Comparison **BEST**



Health & wellbeing

2019 Score	2020 Score
5.9	6.6

Significant Increase

Sector Comparison **ABOVE AVERAGE**

Quality of Care

2019 Score	2020 Score
7.6	7.7

Increase

Sector Comparison **BELOW AVERAGE**

Immediate Managers

2019 Score	2020 Score
7.1	7.9

Increase

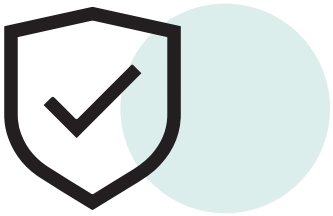
Sector Comparison **BEST**

Morale

2019 Score	2020 Score
6.0	6.4

Increase

Sector Comparison **AVERAGE**



Safe environment Bullying & harassment

2019 Score	2020 Score
8.6	9.0

Significant Increase

Sector Comparison
BEST

Safe environment Violence

2019 Score	2020 Score
9.9	9.9

Equal

Sector Comparison
BEST

Teamwork

2019 Score	2020 Score
6.7	6.9

Increase

Sector Comparison
ABOVE AVERAGE

Safety Culture

2019 Score	2020 Score
7.1	7.3

Increase

Sector Comparison
ABOVE AVERAGE

Staff Engagement

2019 Score	2020 Score
7.3	7.4

Increase

Sector Comparison
AVERAGE

The table below shows the staff survey results for the last three years.

	2020		2019		2018	
Themes	Trust	Sector	Trust	Sector	Trust	Sector
Equality, diversity & inclusion	9.5	9.5	9.3	9.5	9.4	9.5
Health & wellbeing	6.6	6.8	5.9	6.6	6.0	6.6
Immediate managers	7.3	7.3	7.1	7.3	7.1	7.3
Morale	6.4	6.7	6.0	6.6	6.2	6.7
Quality of care	7.7	8.1	7.6	8.1	7.8	8.1
Safe environment – Bullying & harassment	9.0	9.0	8.6	8.7	8.6	8.8
Safe environment – Violence	9.9	9.9	9.9	9.9	9.9	9.9
Safety culture	7.3	7.5	7.1	7.5	7.1	7.6
Staff engagement	7.4	7.6	7.3	7.7	7.3	7.7
Team working	6.9	7.0	6.7	7.1	6.9	7.3

Health and wellbeing
We are committed to improving the health and wellbeing of staff by ensuring staff have access to services which support their overall wellbeing, encourage a healthy lifestyle, and help reduce absence.

As a result of feedback from staff in 2019, we developed a Health and Wellbeing Plan – CCC and Me - to further support staff in developing and maintaining their wellbeing.

Staff have free access to our Employment Assistance Programme that provides 24/7 access to counselling services, self-help books, debt advice and a wellbeing app.

We have invested and prioritised supporting the wellbeing of all staff and in the last 12 months including:

- **Increased the number of trained mental health first aiders.**
- **Increased the number of wellbeing development programmes available to staff, including mental health awareness, resilience, stress awareness and mindfulness.**
- **Developed healthy lifestyle initiatives such as wellbeing walks, weight management programmes and exercise classes.**
- **Implementation wellbeing conversations as part of staff appraisals.**

During the COVID-19 pandemic we further enhanced the wellbeing support available to all staff, engaging in local and national wellbeing initiatives as well as increasing internal wellbeing support and enhanced risk assessment processes.

Occupational health
We have an Occupational Health contract with an external provider offering the full range of occupational health services. This includes pre-employment screening, management and employee advice alongside staff support facilities to assist with counselling or other causes of anxiety/stress.

Working in partnership
We have an active and engaged body of local trade union representatives. 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 Trust's 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. It forms the platform for collective bargaining and negotiation of local agreements, employment policies and general terms and conditions of employment. This group and its supporting forums enable the Trust to consult with its employees and their representatives to ensure appropriate involvement in changes across the organisation.

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.

Trade union facility time
The Trust has an active and engaged body of local trade union representatives. The data provided within the following tables cover the period 1 April 2019 to 31 March 2020 as per statutory regulations. Updated reporting covering the period 1 April 2020 to 31 March 2021 will be published on the Trust's website by 30 September 2021.

Gender	Count of Assignment Number	% of Workforce	Sum of FTE
Female	8	0.51%	7.81
Male	7	0.44%	7.0
Total	**15**	**0.95%**	**14.81**

Compliance with 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 has in place established corporate governance policies and procedures that reflect the principles of the NHS Foundation Trust Code of Governance as described below.

- **The Trust has an approved Constitution in place that describes those matters reserved for the Board of Directors in addition to clearly describing the roles and responsibilities of the Council of Governors.**
- **The Trust has in place approved Standing Financial Instructions, Standing Orders, Scheme of Reservation and Delegation, Terms of Reference for Board Committees and associated committees.**
- **An agreed process to manage the recruitment of Non-Executive Directors.**
- **Annual Fit and Proper Declarations and associated checks to ensure compliance with the relevant Regulations.**
- **Publically available register of interests and register of gifts and hospitality.**
- **Robust arrangements relating to the Audit Committee function.**
- **Robust appraisal process approved by the Council of Governors for the Chair and Non-Executive Directors.**
- **Established Nominations Committee with approved Terms of Reference (detail can be found at page [ ]).**
- **Attendance records are maintained for Board, Committees of the Board and the Council of Governors.**
- **The Chair has regular private meetings with the Lead Governor.**
- **The Council of Governors has in place a sub-group structure.**
- **Governors attend the Trust Patient Experience and Inclusion Group.**

During the last financial year, there have not been any major new developments in The Clatterbridge Cancer Centre sphere of activity which is not currently in the public domain that may lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of The Clatterbridge Cancer Centre NHS Foundation trust.

During the last financial year, there has not been any material change in the Trust's financial condition, performance or the Trust's expectation of its performance that would likely lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of The Clatterbridge Cancer Centre NHS Foundation Trust.

The Board has confirmed that, with the exception of the provisions detailed below, The Clatterbridge Cancer Centre complied with the provisions of the NHS Foundation Trust Code of Governance.

A.1.6: The Trust has a Quality Team in place that is responsible for the clinical governance function of the Trust. During the last financial year, a number of issues have been highlighted relating to the management of the Aseptic Unit, the introduction of the new Datix functionality in addition to the management of complaints. As a result, a full review of the Clinical Governance function is taking place, the findings of which will be considered and actions implemented in the next financial year.

A.5.1: In accordance with the current Constitution, the Council of Governors should meet at least four times in any one year. Due to the effects of the pandemic and the Trust's response to the national guidance on reducing the burden, the Council of Governors met formally on two occasions. However, the Trust carried out a number of virtual briefings to the Council of Governors to ensure they were engaged and kept informed of the challenges facing the Trust any actions taken.

B.6.2: The Trust was due to have an external evaluation of the Board in 2020. Due to the national response to COVID-19, all externally facilitated reviews were put on hold. The Trust is making arrangements for this to take place in early 2021/22.

B.6.5: The Council of Governors has not assessed their performance during the last financial year due to the impact of COVID-19. New processes are being established to ensure that Governors are able to fulfil this function and communicate directly with their members and the wider public.

Governors report

The Council of Governors has a number of statutory responsibilities that are set out within the Trust's Constitution in addition to advising the Trust on how best to meet the needs of patients and the wider community.

This financial year has been a very different year to any we have experienced in the past, due to the impact of the COVID-19 pandemic. As of 23 March 2020, to stay compliant with the Government's social distancing measures, all on-site meetings were put on hold. This resulted in several formal Council of Governors meetings being cancelled. However, the Trust remained committed to keeping the Council informed on all aspects of the Trust's performance through informal briefings and regular email communications.

Digital meetings were adopted for the September & November formal Council of Governors meetings. This new format posed connectivity issues for some Governors. An effort was made to ensure those Governors with limited technology could still remain informed and involved. The Board along with the Council look forward to recommencing on-site meetings in the new financial year once it is safe to do so.

Whist only two formal Council of Governors meetings took place in 2020/21, the Council were still active in carrying out their statutory duties, which included:

- **Holding the Non-Executive Directors to account – following presentations at Council of Governors meetings led by the Non-Executive Director Chairs of Board Committees**
- **Participation in the appraisal process of the Chair and Non-Executive Directors**
- **Appointment of two new Non-Executive Directors – Anna Rothery and Asutosh Yagnik**

Jane Wilkinson continued as Lead Governor, having regular one-to-one meetings with the Chair, Chief Executive and Associate Director of Corporate Governance.

Governors and Trust members were presented with the Annual Report and Accounts along with the Annual Plan at the Annual Members Meeting. This year the meeting took place virtually via a digital recording, to which a link was provided on the Trust website enabling members and the public to view at their convenience.

All elected Governors hold a three-year term of office and can serve a maximum of three terms. Council of Governor Elections took place between May and July 2020 for the following seats:

- **Public – Liverpool**
- **Public – Warrington & Halton**
- **Public – Wirral & rest of England**
- **Staff – Non Clinical**
- **Staff – Doctor**

Results of the elections were declared in September 2020, with the successful candidates taking up office following the Annual Members Meeting. The elections were administered by Civica Election Services, in accordance with the model election rules within the Trust's Constitution. A successful outcome was achieved, which has helped to strengthen our Governing body. We now carry three vacancies, within the following constituencies:

- **Public – Warrington and Halton**
- **Staff – Doctor**
- **Nominated – Macmillan Cancer Support**

We hope to fill the elected positions in the forthcoming 2021/22 governor elections. Partner organisation, Macmillan Cancer Support, will be approached for a replacement representative.

Composition of the Council of Governors and attendance

The Council of Governors consists of the Chair of the Trust and 28 elected and nominated Governors. The following table illustrates the full composition of our Council of Governors, as at 31 March 2021.

Elected Governors (Public)	Constituency	Appointed	Attendance at Governor Meetings
Patricia Higgins	Cheshire West and Chester	2019	2/2
Brian Blundell	Cheshire West and Chester	2018	1/2
Trish Marren	Cheshire West and Chester	Resigned 18/09/2020	0/1
Keith Lewis	Liverpool	2019	2/2
Jackie McCreanney	Liverpool	2019	½
John Roberts	Liverpool	2020	1/1
Anne Marie Olsson	Sefton	2019	0/2
Carla Thomas	Sefton	2015	0/2
Stephen Sanderson	St Helens & Knowsley	2013	2/2
Patricia Gillis	St Helens & Knowsley	2019	0/2
VACANT	Warrington and Halton		
Glenys Crisp	Warrington and Halton	2019	2/2
John Field	Wirral and the rest of England	2014	2/2
Christine Littler	Wirral and the rest of England	2018	1/2
Andrew Waller	Wirral and the rest of England	2018	1/2
Jane Wilkinson	Wales	2015	2/2

Elected Governors (Staff)	Constituency	Appointed	Attendance at Governor Meetings
VACANT	Doctor	Since Dec 2019	
Deborah Spearing	Non-Clinical	2017	2/2
Laura Brown	Nurse	2018	2/2
Myfanwy Borland	Other Clinical	2019	1/2
Samantha Wilde	Radiographer	2018	1/2
Burhan Zavery	Volunteers, Service Providers, Contracted Staff	2015	0/2
Nominated Governors	**Organisation**		**Attendance at Governor Meetings**
Shaun Jackson	Liverpool University Hospitals NHS FT		1/2
Andrew Bibby	NHS England – Cheshire and Merseyside Sub-Regional Team		1/2
Julie McManus	Metropolitan Borough of Wirral	Resigned 18/09/2020	1/2
Yvonne Nolan	Metropolitan Borough of Wirral	Appointed 18/09/2020	1/1
Ray Murphy	Cancer Steering Group		2/2
Sonia Holdsworth	Macmillan Cancer Support	Left Macmillan 30/11/2020	2/2
Andrea Chambers	MCH Psychological Services (formally Manx Cancer Help)		1/2
Andrew Pettitt	The University of Liverpool		2/2

* Only two formal Council of Governors meetings took place in the financial year 2020/21:
10 September 2020
26 November 2020

Governor training & development

On appointment Governors are offered induction training facilitated by an external provider in partnership with Liverpool Women's Hospital and Liverpool Heart & Chest Hospital. Within this training the following topics are covered:

- **The role of the Board**
- **The role of the Council of Governors**
- **The role of the Lead Governor**
- **Statutory duties of Foundation Trust Governors**
- **The role of the Trust Secretary**
- **Holding to account**
- **Effective questioning & listening**

The Trust plans to hold a bespoke Development Day for all Governors in the new financial year to help newly-elected and experienced Governors understand their role better, build confidence in carrying out their statutory duties, and to enable Governors to form stronger working relationships with each other.

Strengthening the links between the Governors and the Board

The Board has continued to develop the strong working relationship with the Governors by working collaboratively in an open and transparent way. The Council of Governors has two sub-committees, namely the Patient Experience Committee and the Membership and Communications Committee. Both Executives and Non-Executive Directors attend these meetings.

The joint initiative instigated in the previous financial year of Governor, Non-Executive Director and Executive Director Walkabouts were put on hold as result of our response to COVID-19. The Trust was pleased to be able to reinstate these in March 2021 using digital technology. Through the use of various digital methods, Governors have been able to view clinical and areas to interact with patients and staff via video links in order to triangulate the information received from Board meetings, formal Council of Governor meetings and Governor briefing sessions with day-to-day operational activities within the Trust.

The Lead Governor attends all Board meetings, and provides an email summary to Governors on the key matters discussed, following each meeting.

Membership

The Trust is accountable to the population it serves and members of the public can be members of the Trust. The Trust's Constitution includes the eligibility requirements for staff and identifies the boundaries for public membership.

In recognition of the importance of broad engagement, the Trust has reviewed and developed a revised Membership Strategy which was taken to the Membership & Communications Committee for review, with the main objectives of the revised strategy being:

- **To develop and maintain an active and engaged membership**
- **To strengthen our accountability and effectively engage with the members**

The Committee discussed the revised strategy with a view to consider and comment. Unfortunately, this was put on hold due to the impact of the COVID-19 pandemic on Trust activities. The Committee aims to recommend a final version of the revised strategy for approval by the Council of Governors at a formal meeting in the coming financial year.

The Council, with support of the Corporate Governance team, aims to develop a detailed implementation plan to support the Strategy which will set the priorities and methods for actively recruiting and engaging with members. It will also enable Governors to measure progress against annual objectives. The Council of Governors Membership and Communications Committee will have the responsibility of devising the implementation plan and facilitating engagement activities once social restrictions are lifted.

For more information on membership, access to the Governors' Register of Interests, or to make contact with the Council of Governors, please contact the Council of Governors membership office:

Telephone: **0151 318 8110**;
email: **ccf-tr.enquiriesforgovernors@nhs.net**

The following table illustrates our current membership portfolio:

Public	
Cheshire West & Chester	429
Liverpool	1,149
Sefton	1,007
St Helens & Knowsley	558
Wales	185
Warrington & Halton	397
Wirral & rest of England	1,264
Total Public	**4.989**

Staff	
Non-Clinical	543
Other Clinical	333
Doctor	77
Nurses	373
Radiographers	201
Non-Staff (Incl.Volunteers)	90
Total Staff	**1,617**

Dr L Bishop
Chief Executive
28 June 2021

4. ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 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 Accounting 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 of 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 prioritise 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 realised and the impact should they be realised, 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 2021 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

The Chief Executive has responsibility for the oversight of risk management across all clinical, financial and organisational activities. Senior leadership is delegated through the Executive Directors and operationally through divisions, departments and committee structures. All staff have a role in ensuring risks are assessed and reviewed on a regular basis. Risk management within the Trust is supported by the Risk Management Strategy, a review of which commenced in January 2020 to translate the strategy into a Trust policy document. The Risk Management Strategy provides clarity in the accountability arrangements for the management of risk within the Trust establishing the responsibilities of the Executive Directors and Senior Managers with regard to leadership in risk management in addition to affirming the role all staff have within the Trust in identifying and reporting risks.

Managers at all levels of the organisation have responsibility to manage risks relevant to their areas in addition to promoting a culture whereby proactive reporting enables the early identification of real or perceived risks to patient care. The Trust operates a 'devolved' governance process in relation to clinical governance and risk management with a Corporate Clinical Governance function and Divisional Governance Managers with an expectation they all work together to support staff in the Trust to identify describe and assess risks.

Risk management training is mandatory for all staff and our compliance was 96.6% at 31 March 2021. The level and frequency is identified through our training needs analysis which ensures that our staff remain fully equipped to carry out their roles and responsibilities with regards to risk management. During the last financial year bespoke training has been delivered to a total of 53 senior managers, which provided further insight and skills in how to identify and assess risks. In addition to the required mandatory training, the Clinical Governance Department remain available to provide additional support, guidance and advice to staff on all aspects of risk management. Furthermore the Chief Executive is Chair of the Trust Risk Management Committee, reporting directly to the Quality Committee, chaired by a Non-Executive Director. This governance structure had the intended effect of providing challenge to the Trust's risk management processes which, in February 2020, highlighted the need to carry out a comprehensive review of the Datix Risk Management system and undertake a review and refresh of how risks are presented within the Trust.

The Board agreed to 'pause' the Risk Management Committee in February 2020 whilst ensuring that risks were reviewed at divisional and departmental level. The Trust reinstated the Risk Management Committee in July 2020 and introduced revised templates to facilitate renewed focus on risks scored over 12. In addition, we have further developed the alignment of risks to the Board Committees and, whilst recognising that more work is required, this process has enabled increased discussion of risks at both Quality Committee and Performance Committee. Significant progress has been made in the development of our risk management processes but it is recognised that further work will continue in the next financial year to refine and embed our processes.

The Trust has two wholly-owned subsidiary companies and the Board approved a proposal in November 2020 to introduce a revised reporting framework which provides assurance that our companies are managing the company risks and regulatory compliance effectively.

During the early part of the year, the Trust had to reassess how it managed risks due to the declaration that the 2019-nCoV was an international emergency under the International Health Regulations 2005 which rapidly developed into an international pandemic. The Trust immediately invoked its Emergency Preparedness, Resilience and Response processes and established a dedicated incident response room in addition to a very clear Command and Control Structure comprising Gold Command chaired by the Chief Executive, supported by a Silver and Bronze structure. The Trust also developed a separate COVID-19 Risk Register, discussed at the Trust Board monthly with the focus on assessing risks related to the following:

- **Clinical decision-making for our cancer patients, current and future**
- **Clinical decision-making for bone marrow transplant patients**
- **The potential for a reduction of frontline staff**
- **Emergency planning and business continuity**
- **Financial impact**
- **Reduction in footfall**
- **Clinical equipment / supplies / PPE**
- **IT infrastructure with a renewed emphasis on agile working**
- **Staff health and wellbeing**
- **Potential failure to open CCC-L resulting in loss of additional beds across the system.**

All departments reviewed and updated their Business Continuity Plans which were kept under constant review during a rapidly changing environment. In addition, where we changed our clinical pathways in accordance with national guidance, detailed Quality Impact Assessments were carried out and shared with the Board via the governance structures.

In accordance with NHSE/I guidance relating to 'Reducing Burden and Releasing Capacity at NHS Providers and Commissioners to Manage the COVID-19 Pandemic', the Trust paused all non-essential meetings, and migrated the Board and Committees to virtual meetings.

The risk and control framework

Notwithstanding the ongoing review of the aforementioned Risk Management Strategy, the document continues to support the risk management function to manage and control all identified risks, including clinical, non-clinical and financial. This is achieved through the established organisational framework which promotes early identification of risks, the coordination of risk management activity, the provision of a safe environment for patients and staff in addition to the effective use of financial resources. This ensures that all staff remain aware of their roles and responsibilities and outlines the structures through which risk is assessed, controlled and managed.

Each of the Board Committees maintain a register of risks that is aligned to each Committee; this process has developed significantly over the last year with a recognition that further work will continue to ensure that risks are appropriately aligned and managed.

The long-term sustainability of the Trust depends on the delivery of our Strategic Objectives with principal risks being identified and managed via Divisional quality and safety meetings and governance arrangements that incorporate reporting up to the Committees of the Board and ultimately to the Board.

We identify risks through a variety of sources including formal risk assessment, the assurance framework, daily incident reporting, audit data, litigation, patient and public feedback in addition to the identification of potential and actual risks during scrutiny of papers within the Committee structure. We review patient deaths using the national Structured Judgement Review Tool which allows for the identification of any risks following deaths. Learning from mortality reviews is shared with the Integrated Performance Committee, Quality Committee and Trust Board. In addition, the Trust publishes its mortality dashboard on the public-facing website on a quarterly basis.

To ensure consistency throughout the assessment of risks, risks are identified using a standardised approach. Identified risks are analysed using the risk management grading matrix of consequences and likelihood, producing a risk score that enables prioritisation within the risk register. Risks scored 12 and above are discussed at the Risk Management Committee and feature on the relevant Board Committee Risk Register.

In October 2020, the Board of Directors, during a Board development session, discussed and agreed on the Trust Risk Appetite Statement that clearly articulates what risk the Board is willing or unwilling to accept. The Risk Appetite Statement clearly defines the balance of risks relating to patient safety and quality, finance and reputation in addition to commercial risks relating to our two wholly-owned subsidiary companies.

During the last year, the Board Assurance Framework has been reviewed and refreshed with the key risks being identified relating to the following:

- **The ability to transform cancer care through our new clinical model.**
- **The ability to fully integrate Haemato-oncology into the Trust.**
- **The development of a fully inclusive leadership.**
- **We maintain our status as an Experimental Cancer Medicine Centre.**
- **We do not secure transformational funding through the Cheshire and Merseyside Cancer Alliance.**
- **The ability to achieve our income levels and activity levels.**
- **We do not develop our subsidiary companies.**
- **COVID-19: Risks relating to emergency planning and capacity to ensure continuity of service.**

The development of our new five-year strategy, as detailed at page [ ] of the Annual Report, resulted in a full review and re-draft of our Board Assurance Framework that will be further embedded during the next financial year.

Risks to data quality have been assessed throughout the year and monitored at the Trust's Data Quality Group, with escalation if required to the Finance Committee and ultimately the Performance Committee. During the last financial year we requested independent scrutiny on the processes relating to our data collation and reporting from Mersey Internal Audit Agency who concluded there was 'Substantial Assurance' in relation to our internal performance reporting. The Internal Audit Assurance Framework Review for 2020/21 concluded that the structure of the Assurance Framework meets the basic components required with controls, assurances and gaps documented. However, work remains ongoing over the next financial year to further develop and refine our Board Assurance Framework in light of our new five-year strategy. As we develop and move further towards system-wide working and the implementation of the Integrated Care System, it is essential that we continually develop our controls and governance arrangements to reflect this. The Audit Committee has been tasked with overseeing the implications for our existing governance arrangements as we adapt in response to the wider system working.

Compliance with the NHS Foundation Trust Licence Condition F4 (FT Governance).

A full assessment of compliance with the NHS Provider Licence Condition F4 has been carried out and reviewed by the Board in May, following which it was confirmed there were no material risks identified during 2020/21 and that effective systems and processes are in place to maintain and monitor the following:

- **The effectiveness of the governance structures**
- **The responsibilities of directors and sub-committees**
- **Reporting lines and accountabilities between the Board, its sub-committees and the executive team**
- **The submission of timely and accurate information to assess risks to compliance with the Trust's licence and**
- **The degree and rigour of oversight the Board has over the Trust's performance.**

The aforementioned conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Audit Committee and Trust Board.

The Trust introduced a revised and refreshed governance committee structure in 2019/20 which was embedded throughout 2020. The Board committees are chaired by a Non-Executive Director which enables and enhances independent scrutiny and challenge. An additional layer of assurance to the Board is provided by the Chair reports from the Board Committees based on an 'Alert', 'Advise' and 'Assure' metric which has resulted in the early identification of risks that have required 'deep dive' reviews.

Effective operation of the committee structure is a key component of the Trust Board's assurance framework and, in order to provide independent scrutiny of the revised structure, the Trust's Internal Auditors, MIAA, carried out a review of the Committee Effectiveness as part of the 2019/20 Internal Audit Plan resulting in an opinion of Substantial Assurance.

Compliance with Developing Workforce Safeguards

The Board receives assurance that the processes relating to safe, sustainable and effective staffing are in place within the Trust and compliant with the 'Developing Workforce Safeguards.' Staff establishments are reviewed annually during the budget-setting cycle and the Quality Committee and Trust Board receive a Safer Staffing Report every six months.

In addition, the Quality Committee receives a monthly nursing dashboard which comprises data relating to the nursing workforce.

Care Quality Commission compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission and its current registration status is unconditional. The Clatterbridge Cancer Centre NHS Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months 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 has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaption Reporting requirements are complied with.

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

The Trust has processes in place to ensure that resources are used economically, efficiently and effectively.

Through the annual planning cycle, detailed plans are submitted reflecting the operational and service requirements including the achievement of financial targets. In addition, monthly Performance Reviews were carried out with each of the Directorates and latterly Divisions (following the management re-structure detailed at page [ ]). Any issues that require escalation are discussed at the Performance Committee and ultimately the Trust Board.

The Integrated Performance Report has been further refined during the last financial year to enable clear reporting on performance against key performance indicators, thus ensuring the Board has clear visibility on the performance of the Trust.

The Performance Committee receives bi-monthly reports on our financial performance with a monthly report to the Trust Board. The Audit Committee receives reports on a quarterly basis relating to losses, special payments, compensations, bad debt, tender waivers and any contingent liabilities. The aforementioned reporting provides assurance to the Board that financial management is carried out in line with our current Standing Financial Instructions.

Information governance

The Trust has in place robust and effective systems to identify, manage and control any information risks. The Trust continues to adhere to the strict management and accountability framework for information governance and data security. The Trust Board is ultimately responsible for information governance which is delegated to the Quality Committee. The Information Governance Board, chaired by the Director of Finance as the Senior Information Risk Owner, reports to the

Quality Committee via the Chair Report from Integrated Governance Committee and directly to the Audit Committee. Any information governance and security risks are managed as part of the Trust's risk assessment process using the Data Security and Protection Toolkit.

For clarity, assurance is received via the Audit Committee and the annual self-assessment using the NHS Data Security and Protection Toolkit. Our self-assessment and processes relating to the NHS Data Security and Protection Toolkit was independently audited by our Internal Auditors, MIAA, resulting in a finding of Substantial Assurance that the governance and control arrangements relating to the Toolkit were managed effectively. Although the deadline for submission was delayed, the Trust submitted on a 'Standards Met' basis.

The Trust has a suite of Information Governance related policies and procedures setting out the practices that are compliant with legal and regulatory requirements. A series of audits have taken place (although limited due to restrictions in response to COVID-19) to ensure compliance across the organisation.

The Trust has a qualified Chief Information Officer and Senior Information Risk Officer, both of whom are up to date with the relevant training. In addition, all staff are required to successfully complete information governance training on an annual basis.

There are a number of ways in which the Trust ensures the quality and accuracy of the data it produces and during the last financial year we have refreshed our Business Intelligence function and updated our Integrated Performance scorecard. During the year, our Internal Auditors, MIAA, have audited our Integrated Performance Report scorecard, and in particular how the data has been generated confirming Substantial Assurance in relation to this.

During 2020/21, the Trust did not report any serious incidents relating to information governance to the Information Commissioners Office of Department of Health and Social Care through the Data Security Incident Reporting Tool.

Review of effectiveness

As Accounting 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 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 also been advised on my review of the effectiveness of the systems of internal control by the Board, the Audit Committee and the Quality Committee.

Notwithstanding the Trust's response to the pandemic, the Board met on a monthly basis during the last year and incorporated the Quality Committee into Part 2 of the Trust Board for four months before resuming monthly meetings, as detailed at page [ ]. Throughout the last year the Board has continued to receive reports on operational performance through the Integrated Performance Report. The aforementioned report incorporates performance monitoring in respect of key national priorities, regulatory and statutory indicators, quality, patient safety, workforce and research and innovation.

The Audit Committee has provided the Board with an independent and objective review of the corporate governance and financial control within the Trust via the Chair's report to Board. The work of the Performance Committee and Quality Committee is described within the Annual Report at pages [ ] and [ ] and the Board receives Chair's reports from all Committees of the Board including specifically commissioned reports on areas of concern in circumstances where additional assurance is required.

My review is also informed by the reviews undertaken by the Internal Audit function with the resulting reports being shared with the Audit Committee. During the last financial year, the Audit Committee received a total of 11 reports relating to mandated, risk-based and advisory reviews, the outcomes detailed as follows:

- **One high assurance opinion on our Electronic Staff Record.**
- **Seven substantial assurance opinions on Key Financial Systems, Cyber Essentials (operating controls), Business Continuity Planning, Patient Experience, Integrated Performance Report, Committee Effectiveness and Recruitment and Retention.**
- **One moderate assurance opinion on IT Service Continuity and Resilience.**
- **Two positive advisory reviews which do not have an assurance rating relating to Data Security and Protection Toolkit (Progress Review) and the Assurance Framework.**
- **Zero limited assurance opinions.**
- **Zero no assurance opinions.**

In addition to the above, my review has been informed by the Head of Internal Audit Opinion which has contributed to this Annual Governance Statement. The Head of Internal Audit is required to provide an overall annual opinion statement based upon and limited to the work undertaken, on the overall adequacy and effectiveness of the Trust's control and governance processes. The Trust has received a statement from the Head of Internal Audit based upon work undertaken during 2020/21 and the overall opinion provides 'Substantial Assurance' that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Conclusion

I am required to consider whether there are any significant internal control issues identified for the organisation. The systems described throughout the Annual Governance Statement which also encompasses our response to the COVID-19 pandemic in addition to the reviews undertaken by Internal Audit lead me to conclude that no significant control issues have been identified.

Dr L Bishop
Chief Executive
28 June 2021

5. STATEMENT OF THE ACCOUNTING OFFICER'S RESPONSIBILITIES

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

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

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

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- **Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis**
- **Make judgements and estimates on a reasonable basis**
- **State whether applicable accounting standards asset out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements**
- **Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance**
- **Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy and**
- **Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.**

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

As far as I am aware, there is no relevant audit information of which the Foundation Trust's

auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Dr L Bishop
Chief Executive
28 June 2021

6. STATEMENT OF DIRECTORS' 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, other items of comprehensive income 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 and**
- **Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.**

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 of 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, balanced and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS Trust's performance, business model and strategy.

By Order of the Board

Dr L Bishop
Chief Executive
28 June 2021

James Thomson
Director of Finance
28 June 2021

The Clatterbridge Cancer Centre
NHS Foundation Trust

GROUP ANNUAL ACCOUNTS FOR THE 12 MONTHS ENDED

31 MARCH 2021

89 FOREWORD TO THE ACCOUNTS

92 INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

102 CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

103 CONSOLIDATED STATEMENT OF FINANCIAL POSITION

104 STATEMENT OF CHANGES IN EQUITY

107 STATEMENT OF CASH FLOWS

110 ACCOUNTING POLICIES

111 NOTES TO THE ACCOUNTS

FOREWORD TO THE ACCOUNTS

THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

The Group accounts for the 12 months ended 31 March 2021 that have been prepared by The Clatterbridge Cancer Centre NHS Foundation Trust are prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Dr L Bishop
Chief Executive
28 June 2021

INDEPENDENT AUDITOR'S STATEMENT TO THE BOARD OF DIRECTORS OF THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST ON THE NHS FOUNDATION TRUST CONSOLIDATION SCHEDULES

We have examined the consolidation schedules of The Clatterbridge Cancer Centre NHS Foundation Trust, version 1.20.12.3 for the year ended 31 March 2021, which have been prepared by the Director of Finance and acknowledged by the Chief Executive. Our examination of the consolidation schedules covers the following:

- **Designated TAC02 to TAC29 for tables outlined in red, excluding TAC05A and TAC23.**

For the purpose of this statement, reviewing the consistency of figures between the audited financial statements and the consolidation schedules extends only to those figures within the consolidation schedules which are also included in the audited financial statements.

Auditors are required to report on any differences over £300,000 between the audited financial statements and the consolidation schedules, with the following exceptions as set out in NHS England & Improvement TAC completion instructions and financial reporting guidance:

- **PPE inventory – where trusts do not recognise consumables in inventory on the grounds of materiality, and inventory remains immaterial, the receipt and utilisation may be omitted from the inventory note in local accounts. However, trusts should record the receipt of items in inventory with an equivalent figure in utilisation within the TAC form. (p.8 of Y ear-End Accounting Guidance for 2020-21 Items).**
- **Provisions – clinicians' pensions – changes in the discount rate entries for clinicians' pensions provisions in the TAC form are erroneously flowing to financing expenditure, affecting the I&E. Providers have been asked to correct this in the TAC by recording equivalent income (reflecting the reimbursable nature of the provision) within other income (external to government). ('2020/21 M12 PFR form and submission issues – updated 27 April 2021' table on the NHS England » Financial accounting and reporting updates webpage).**
- **Nightingale hospitals – for trusts that host Nightingale hospital facilities, the relevant costs are funded through the retrospective top-up (M1-6) and reimbursement top-up (M7-12). The element that specifically relates to patient care may be disclosed as patient care income by providers in their statutory accounts. (p.15 of M 12 TAC Completion Instructions).**

Qualified audit opinion on the audited financial statements; differences identified:

The figures reported in the consolidation schedules are consistent with the audited financial statements, except for the following:

Accounts reference	TAC reference	Audited accounts figure (£'000)	TAC figure (£'000)	Difference affects primary statements? (Y/N)	Financial difference (£'000)	Disclosure difference (£'000)	Description / comments
Note 3.1/3.2 and 3.3	TAC06	177,907	180,926	Y	3,019	N/a	Trust have accounted for additional pension contribution funding as other operating income rather than income from activities as the income is linked to Employee costs rather than patient activity
Note 20	TAC27	5,945	6,641	N	696	N/a	Capital (VAT) receivables of £618k and credit losses of £78k excluded from carrying values in Accounts

Our opinion on the audited financial statements was qualified because we were unable to observe the counting of physical inventories as at 31 March 2020 due to government measures put in place to tackle the Covid-19 pandemic. This impacted the opening inventory balance as at 1 April 2021.

Use of our statement

This statement is made solely to the Board of Directors of The Clatterbridge Cancer Centre NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and paragraph 4.8 of the Code of Audit Practice 2020 and for no other purpose. Our work has been undertaken so that we might state to the Board of Directors those matters we are required to state to them in a consistency statement and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Board of Directors as a body, for our audit work, for this statement, or for the opinions we have formed.

Grant Thornton UK LLP

Grant Thornton UK LLP
Manchester
29 June 2021

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

Report on the Audit of the Financial Statements

Qualified opinion on financial statements
We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2021, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, except for the possible effects on the corresponding figures of the matter described in the Basis for qualified opinion section of our report, the financial statements:

- **give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and**
- **have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

Basis for qualified opinion
Due to the national lockdown arising from the Covid-19 pandemic in March 2020, we were not able to observe the counting of the physical inventories at 31 March 2020 or satisfy ourselves by alternative means concerning the inventory quantities held at that date, which had a carrying amount in the Trust Statement of Financial Position of £1,649,000 and the group Statement of Financial Position of £3,546,000.

Consequently, we were unable to determine whether there was any consequential effect on the drug costs for the year ended 31 March 2020. Our audit opinion on the financial statements for the year ended 31 March 2020 was modified accordingly. Our opinion on the current year's financial statements is also modified because of the possible effect of this matter on the comparability of the current year's figures and the corresponding figures.

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

Conclusions relating to going concern
We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust, and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

Other information
The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

As described in the basis for qualified opinion section of our report, we were unable to satisfy ourselves concerning the inventory quantities of £1,649,000 held by the Trust and £3,546,000 held by the Group as at 31 March 2020, and related balances. Accordingly, we are unable to conclude whether or not the other information is materially misstated with respect to this matter.
Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- **the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and**
- **based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.**

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- **we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or**
- **we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.**

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Accounting Officer's responsibilities , the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and revenue recognition. We determined that the principal risks were in relation to:
  - Journals with identified risk characteristics that we determined as high or elevated risk
  - Significant accounting estimates and critical judgements made by management
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud.
  - journal entry testing, with a focus on unusual journals with specific risk characteristics and large value journals.
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and buildings valuations, depreciation and impairment of the new hospital.
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
  - evaluating the accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual (GAM) 2020/21.
  - documenting our understanding of the Trust's system for accounting for income from patient care and other operating revenue and evaluated the design of the associated controls.
  - investigated unmatched revenue and receivable balances over the NAO £0.3m threshold, as per the using the DHSC mismatch report, corroborating the unmatched balances used by the Trust to supporting evidence.
  - evaluated the significant estimates and the critical judgments made by management to arrive at the total income from contract variations recorded in the financial statements.
  - agreed, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land and buildings valuations, depreciation and impairment of the new hospital.
- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
  - the provisions of the applicable legislation
  - NHS Improvement's rules and related guidance
  - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.


RADIATION
CONTROLLED
AREA

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS – THE TRUST'S ARRANGEMENTS FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN ITS USE OF RESOURCES

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- **Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;**
- **Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and**
- **Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.**

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS – DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

We cannot formally conclude the audit and issue an audit certificate for The Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed:

- **our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**
- **the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the Trust for the year ended 31 March 2021.**

We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2021.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Andrew Smith

Andrew Smith, Key Audit Partner

for and on behalf of Grant Thornton UK LLP,
Local Auditor Manchester

29 June 2021

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

In our auditor's report issued on 29 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- **completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.**
- **completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the year ended 31 March 2021.**

We have now completed this work.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 29 June 2021 we reported that, in our opinion, except for the possible effect of the matter described in the Basis for qualified opinions section of our report, the financial statements:

- **give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;**
- **have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006. The Basis for qualified opinion section of our opinion was as follows:**

Due to the national lockdown arising from the Covid-19 pandemic in March 2020, we were not able to observe the counting of the physical inventories at 31 March 2020 or satisfy ourselves by alternative means concerning the inventory quantities held at that date, which had a carrying amount in the Trust Statement of Financial Position of £1,649,000 and the group Statement of Financial Position of £3,546,000. Consequently, we were unable to determine whether there was any consequential effect on the drug costs for the year ended 31 March 2020. Our audit opinion on the financial statements for the year ended 31 March 2020 was modified accordingly. Our opinion on the current year's financial statements is also modified because of the possible effect of this matter on the comparability of the current year's figures and the corresponding figures.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS – THE TRUST'S ARRANGEMENTS FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN ITS USE OF RESOURCES

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- **Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;**
- **Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and**
- **Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.**

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Andrew Smith

Andrew Smith, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor, Manchester

17 September 2021

Consolidated Statement of Comprehensive Income

		Group		Trust	
	Note	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	**177,907**	165,669	**177,907**	165,669
Other operating income	3	**28,256**	23,691	**33,099**	31,026
Operating expenses	4	**(231,541)**	(179,554)	**(236,205)**	(182,284)
Operating surplus/(deficit) from continuing operations		**(25,378)**	**9,806**	**(25,198)**	**14,411**
Finance income	6	**58**	376	**4,931**	4,365
Finance expenses	6	**(615)**	(852)	**(5,536)**	(5,351)
PDC dividends payable		**(4,502)**	(4,800)	**(4,502)**	(4,800)
Net finance costs		**(5,059)**	(5,275)	**(5,106)**	(5,786)
Other gains / (losses)		**65**	0	**65**	0
Share of profit / (losses) of associates / joint arrangements	10	**262**	695	**262**	695
Corporation tax expense		**(178)**	(364)	**0**	0
Surplus / (deficit) for the year from continuing operations		**(30,289)**	4,862	**(29,977)**	9,320
Other comprehensive income					
Impairments	4	**(1,738)**	0	**(1,738)**	0
Revaluations		**3**	(3,266)	**3**	(3,266)
Other reserve movements		**10**	(1)	**10**	0
Fair value gains/(losses) on financial assets mandated at fair value through OCI		**262**	(135)	**262**	0
Total other comprehensive income / (expense) for the period		**(1,463)**	(3,403)	**(1,463)**	(3,266)
TOTAL		**(31,751)**	1,460	**(31,440)**	6,054

The notes on pages 25 to 52 form part of these accounts.
The financial statements on pages x to x and accompanying notes were approved by the Board on 23 June 2021 and were signed and authorised for issue on its behalf by the Chief Executive

28 June 2021

Statements of Financial Position

		Group		Trust	
		31 March 2021	31 March 2020	31 March 2021	31 March 2020
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	8	2,488	2,143	2,488	2,143
Property, plant and equipment	9	177,180	205,262	177,180	205,907
Investments in associates and joint ventures	10	181	519	181	519
Other investments / financial assets	22	1,364	1,101	122,037	124,317
Receivables	12	161	21	161	21
Total non-current assets		**181,374**	**209,047**	**302,045**	**332,908**
Current assets					
Inventories	11	4,201	3,546	2,014	1,649
Receivables	12	9,106	31,718	16,046	45,101
Cash and cash equivalents	19	63,533	44,802	53,765	29,299
Total current assets		**76,839**	**80,065**	**71,824**	**76,049**
Current liabilities					
Trade and other payables	13	(31,765)	(40,809)	35,991	(42,904)
Borrowings	15	(1,916)	(1,980)	1,916	(1,980)
Provisions	16	(2,160)	(339)	1,084	(233)
Other liabilities	14	(5,974)	(2,900)	5,974	(2,900)
Total current liabilities		**(41,816)**	**(46,028)**	**44,966**	**(48,017)**
Total assets less current liabilities		**216,397**	**243,084**	**328,903**	**360,939**
Non-current liabilities					
Trade and other payables	13	(970)	(1,879)	-	0
Borrowings	15	(33,820)	(35,550)	33,820	(35,550)
Provisions	16	(1,270)	(121)	1,270	(121)
Other liabilities	14	0	0	119,715	(126,083)
Total non-current liabilities		**(36,060)**	**(37,550)**	**154,806**	**(161,754)**
Total assets employed		**180,338**	**205,534**	**174,097**	**199,185**
Financed by					
Public dividend capital		67,374	60,819	67,374	60,819
Revaluation reserve		2,700	4,562	2,700	4,562
Income and expenditure reserve		104,023	133,160	104,023	133,804
Financed by others' equities:					
Pharmacy subsidiary reserves		2,977	2,323	-	0
Propcare subsidiary reserves		1,907	1,794	-	0
Charitable fund reserves		1,357	2,877	-	0
Total taxpayers' equity		**180,338**	**205,534**	**174,097**	**199,185**

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Pharmacy subsidiary reserves	Propcare subsidiary reserves	Charitable fund reserves	Total
	£000	£000	£000			£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**60,819**	**4,562**	**133,160**	**2,323**	**1,794**	**2,877**	**205,534**
Surplus/(deficit) for the year	0	0	(33,252)	653	114	2,197	(30,289)
Other transfers between reserves	0	(127)	127	0	0	0	0
Impairments	0	(1,738)	0	0	0	0	(1,738)
Revaluations	0	3	0	0	0	0	3
Fair value gains/(losses) on financial assets mandated at fair value through OCI	0	0	0	0	0	262	262
Public dividend capital received	6,555	0	0	0	0	0	6,555
Other reserve movements	0	0	3,989	0	0	(3,979)	10
Taxpayers' and others' equity at 31 March 2021	**67,374**	**2,700**	**104,023**	**2,977**	**1,907**	**1,357**	**180,338**

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Pharmacy subsidiary reserves	Propcare subsidiary reserves	Charitable fund reserves	Total
	£000	£000	£000			£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	55,364	8,493	123,384	2,018	1,064	8,296	198,620
Surplus/(deficit) for the year	0	0	727	305	730	3,100	4,862
Transfers between reserves	0	(665)	665	0	0	0	0
Revaluations	0	(3,266)	0	0	0	0	(3,266)
Fair value gains/(losses) on financial assets mandated at fair value through OCI	0	0	0	0	0	(135)	(135)
Public dividend capital received	5,455	0	0	0	0	0	5,455
Other reserve movements	0	0	8,384	0	0	(8,386)	(2)
Taxpayers' and others' equity at 31 March 2020	**60,819**	**4,562**	**133,160**	**2,323**	**1,794**	**2,876**	**205,534**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

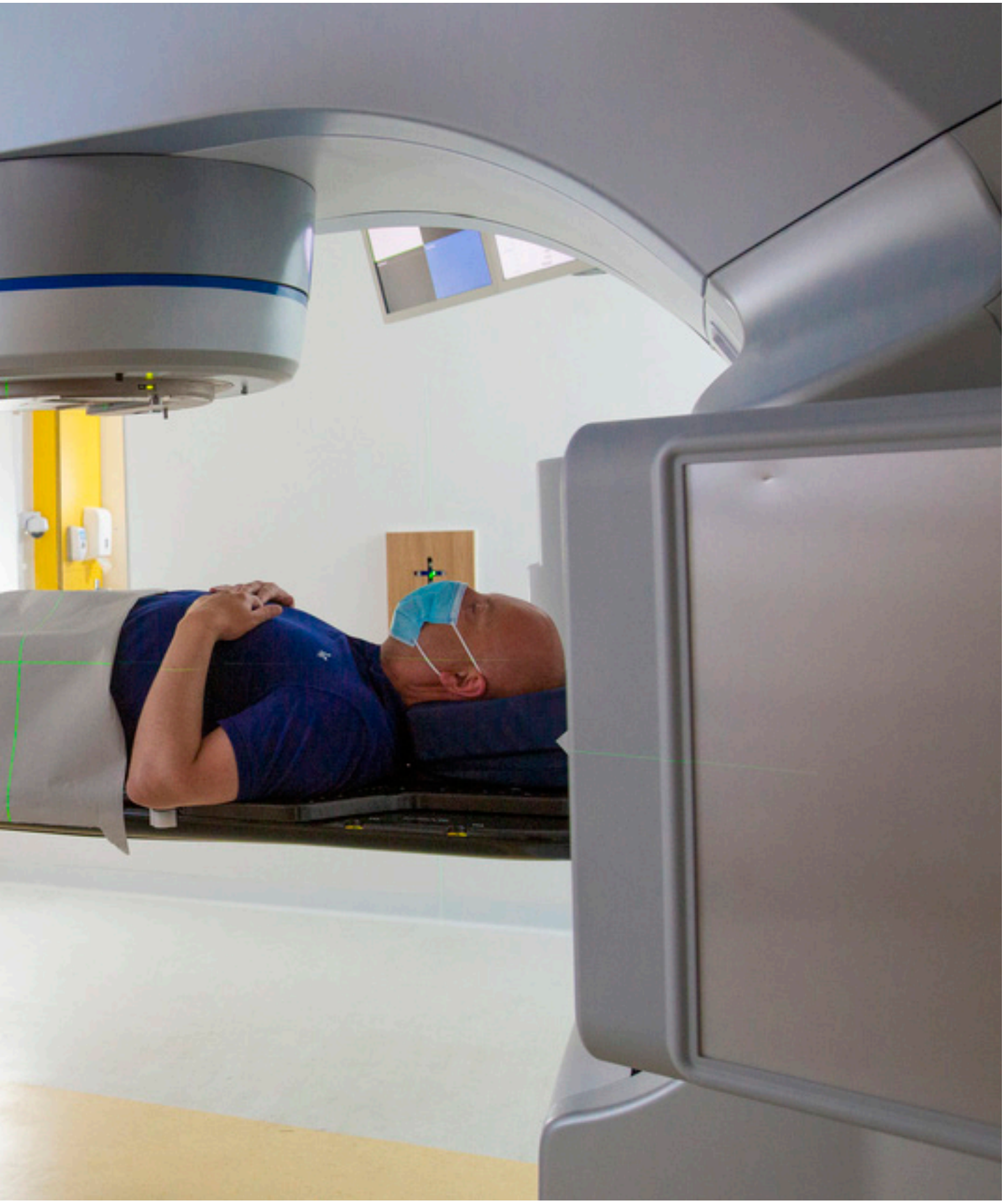
Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted as follows: Restricted £144k (2019-20 £955k) Unrestricted £1,213k (2019-20 £1,922k)

Statements of Cash Flows

		Group		Trust	
	Note	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Cash flows from operating activities					
Operating surplus / (deficit)	SOCI	(25,378)	9,807	(25,198)	14,412
Non-cash income and expense:					
Depreciation and amortisation	4	8,241	5,241	8,241	5,241
Net impairments	4	31,983	0	32,630	0
Income recognised in respect of capital donations		(96)	0	(96)	0
(Increase) / decrease in receivables and other assets	12	22,863	4,008	31,197	(54,527)
(Increase) / decrease in inventories	11	(655)	(1,283)	(365)	(385)
Increase / (decrease) in payables and other liabilities	13	(904)	(1,177)	(4,805)	41,764
Increase / (decrease) in provisions	16	2,975	110	2,125	87
Movements in charitable fund working capital		3	17	0	0
Tax (paid) / received		(345)	(370)	0	0
Net cash flows from / (used in) operating activities		**38,687**	**16,353**	**43,728**	**6,591**
Cash flows from investing activities					
Interest received	6	58	346	4,931	4,365
Purchase of intangible assets	8	(674)	(707)	(674)	(707)
Purchase of PPE and investment property	9	(19,297)	(54,846)	(18,543)	(48,778)
Sales of PPE and investment property	9	65	0	65	0
Net cash flows from charitable fund investing activities	6	23	31	0	0
Cash received from subsidiaries	10	529	1,350	529	1,350
Net cash flows from / (used in) investing activities		(19,297)	(53,826)	(13,692)	(43,770)
Cash flows from financing activities					
Public dividend capital received	SOCIE	6,555	5,455	6,555	5,455
Movement on loans from DHSC		(1,730)	(1,730)	(1,730)	(1,730)
Capital element of finance lease rental payments		(56)	(53)	(56)	(53)
Interest on loans		(626)	(853)	(5,538)	(5,353)
Interest paid on finance lease liabilities		(2)	(5)	(2)	(5)
PDC dividend (paid) / refunded		(4,800)	(4,800)	(4,800)	(4,800)
Net cash flows from / (used in) financing activities		**(659)**	**(1,986)**	**(5,571)**	**(6,486)**
Increase / (decrease) in cash and cash equivalents		**18,731**	**(39,459)**	**24,466**	**(43,664)**
Cash and cash equivalents at 1 April 2020	**19**	**44,801**	**84,260**	**29,299**	**72,963**
Cash and cash equivalents at 31 March 2021	**19**	**63,533**	**44,801**	**53,765**	**29,299**



1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.2 Going concern

These accounts have been prepared on a going concern basis.

The Trust continues to demonstrate a strong underlying financial position with surplus's reported in both 2019/20 and 2020/21. The funding regime for the first half of 2021/22 has been confirmed as a block funding arrangement. The position is being managed by the newly created ICS's with the requirement to achieve financial balance across the ICS. The funding regime beyond that has not yet been confirmed but is not considered to create any material uncertainty over the Trust's ability to provide clinical services.

The Trust has a forecast cash balance of £50m at 31 March 2022 and has no concerns regarding the ability to service payments as and when they fall during 2021/22.

After making enquiries, the Board of Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust continues to adopt the going concern basis when preparing the accounts.

1.2 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below), that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- **Clatterbridge Propcare Services Limited – VAT Recovery & Asset Valuation**
  The Trust applied to HMRC to request formal clearance for provision of a fully operated and managed healthcare facility under HMRC contracted-out services heading 45 – "Operation of hospitals, healthcare establishments and healthcare facilities and the provision of any related services" by its wholly owned subsidiary company Clatterbridge Propcare Services Limited. The Trust Board have considered the risks under heading 45 and agreed that Propcare should proceed with the build, recovering VAT as costs are incurred. The implication for the accounts is that the value of the revalued building brought into use during the year and the remaining asset under construction is calculated on the cost of construction excluding VAT.

- **Clatterbridge Propcare Services Limited – Accounting for the Financial Asset/Liability**
  Management has determined that Clatterbridge Propcare Services Limited is acting as principal in the provision of a service consisting of the design, construction, operation andmanagement of a fully managed and operated healthcare facility to the Trust under a 25-year agreement. As a result, as at 31 March 2021, the Trust has measured the liability with Clatterbridge Propcare Services Limited in respect of construction costs for the new cancer centre in accordance with IAS 17 – Leases. Accordingly, Clatterbridge Propcare Services Limited have recognised a financial asset in their individual financial statements. The building became operational in July 2021 and repayments in line with the lease model commenced at this date.

Financial assets
In line with DHSC guidance the Trust has adopted IFRS 9 – Financial Assets. The Trust has made a loan to PropCare Limited and this is the only financial asset recognised. The Trust's approach is that this is accounted for on an amortised cost basis, with a 12-month expected loss value. The expected loss value of the financial asset has been accounted for under provisions in 2020/21. This will be reviewed annually.

1.2.1 Sources of estimation uncertainty

The following are assumptions about major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Clinical negligence costs
The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which The Clatterbridge Cancer Centre NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims.

Property valuation
The value and remaining useful lives of land and building assets are estimated by the Trust's professional valuers, Cushman & Wakefield PLC. Valuations are carried out annually and are performed in accordance with the Royal Institute of Chartered Surveyors' RICS Valuation – Professional Standards (the 'Red Book'), primarily on the basis of depreciated replacement cost on a modern equivalent asset (MEA) basis for specialised operational property and existing use value for non-specialised operational property, as described under 1.8 Property, plant and equipment.

Where assets are of low value and/or have short useful economic lives, such as operational equipment, they are carried at depreciated historical cost (cost less any accumulated depreciation) as this is not considered to be materially different from fair value. The lives of equipment assets are estimated using historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Intangible software licences are depreciated over the shorter of the term of the licence and the useful economic life.

The Trust undertakes annual revaluations of estate assets to reduce estimation uncertainty relating to asset lives and depreciation so as to minimise risk of material adjustments. Valuation methods assess alterations made to Trust estate since the previous valuation, building areas, location, physical condition and functional obsolescence and assessment of the current cost of replacement referencing previous valuations and using building cost indices the BCIS "All In" Tender Price Index. The total balance of intangible and tangible fixed assets as at 31 March 2021 is £179.67m (31 March 2020 £207.40m), of which £143.70m relates to Property assets, including assets under construction.

The sites are valued as follows:

Wirral site is valued in the Accounts at £23.26m and whilst operationally inseparable the remaining lives of significant elements of the site have been assessed in the range of 17 to 39 years.

The Aintree site is valued in the Accounts at £8.35m and the remaining lives have been assessed in the range of 36 to 44 years.

The Liverpool site is valued in the Accounts at £109.46m and the remaining lives have been assessed in the range of 45 to 54 years.
In 2019/20 the Trust's valuers have declared a 'material valuation uncertainty' in relation to their valuation as at 31 March 2020. This was in response to the global impact of COVID-19 generating an unprecedented set of circumstances on which their valuation has been based. For 2020/21 the valuers confirmed this uncertainty did not apply to their valuation.

1.3 Consolidation

NHS Charitable Fund
The NHS Foundation Trust is the corporate trustee to The Clatterbridge Cancer Charity NHS charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP), which is based on UK Financial Reporting Standard (FRS)102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- **recognise and measure them in accordance with the Trust's accounting policies and**
- **eliminate intra-group transactions, balances, gains and losses.**

Other subsidiaries
The Group has two wholly owned subsidiaries, The Clatterbridge Pharmacy Limited which was established in 2013, and Clatterbridge Propcare Services Limited which was established in 2016. Both subsidiaries have been consolidated in the group financial statements.

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position.

Associates
The Group has an associate, Clatterbridge Private Clinic LLP, which was established in 2013 with the healthcare company Mater Private and the Trust owns a 49% share.

Associate entities are those over which the Trust has the power to exercise a significant influence. Associate entities are recognised in the Trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, eg, share dividends are received by the Trust from the associate.

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for healthcare services. A performance obligation relating to delivery of a healthcare intervention is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient.
Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

In response to the Covid pandemic the financing regime for NHS trusts was modified in 2020/21 to maintain the delivery of patient services. The Trust received income relative to its incurred costs during the year. Patient revenue income was supported managed through commissioner contracts.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

1.4.1 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.4.2 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on employee benefits

1.5.1 Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.5.2 Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes.

Employers' pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, plant and equipment

1.7.1 Recognition

Property, plant and equipment is capitalised where:

it is held for use in delivering services or for administrative purposes

it is probable that future economic benefits will flow to, or service potential be provided to, the Trust

it is expected to be used for more than one financial year

the cost of the item can be measured reliably and the item has cost of at least £5,000, or

collectively a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

1.7.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie. operational assets used to deliver either frontline services or back office functions), are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- **Land and non-specialised buildings – market value for existing use**

- **Specialised buildings – depreciated replacement cost on a modern equivalent asset basis. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.**

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use, in practical terms this is the first full quarter following this.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.
Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (a) the impairment charged to operating expenses;
and (b) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales

the sale must be highly probable ie: management are committed to a plan to sell the asset;

an active programme has begun to find a buyer and complete the sale;

the asset is being actively marketed at a reasonable price;

the same is expected to be completed within 12 months of the data of classification as 'Held for Sale' and

the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not quality for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.7.4 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items or property, plant and equipment.

1.8 Intangible assets

1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised.

Software
Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First out (FIFO) method.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Financial instruments and financial liabilities

1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

- **Financial assets are classified as subsequently measured at amortised cost**
- **Financial liabilities classified as subsequently measured at amortised cost**

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.11.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Financial Guarantees
Financial guarantees issued by the Trust on behalf of its subsidiaries are recognised as financial liabilities at the date the guarantee is issued. Liabilities arising from financial guarantee contracts are initially recognised at fair value and subsequently at the higher of the amount determined in accordance with the Group's provisions accounting policy (please refer to 1.13) and the amount initially recognised less cumulative amortization.

The fair value of the financial guarantee is determined by way of calculating the present value of the difference in net cash flows between the contractual payments under the debt instrument and the payments that would be required without the guarantee, or the estimated amount that would be payable to a third party for assuming the obligation.

Where guarantees in relation to loans or other payables of subsidiaries or associates are provided for no compensation, the fair values are accounted for as contributions and recognised as part of the cost of the investment in the financial statements of the Trust.

1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.12.1 The Trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 16 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 17, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:
possible obligations arising from past events

occurrence of one or more uncertain future events not wholly within the entity's control; or present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.
At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as a dividend payment on the public dividend capital received. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

- **donated assets (including lottery funded assets)**
- **average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and**
- **PDC dividend balance receivable or payable.**

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Corporation tax

The Clatterbridge Cancer Centre NHS Foundation Trust is a Service Body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains tax within categories covered by this. There is a power by the Treasury to disapply the exemption in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities, which are not related to, or ancillary to, the provision of healthcare, and where the profits therefrom exceed £50,000 per annum. The Group's subsidiaries are subject to corporation tax. The consolidated accounts show the corporation tax expenses in the year.

1.18 Foreign exchange

The Foundation Trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the foundation trust's Statement of Comprehensive Income in the period in which they arise.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since The Clatterbridge Cancer Centre NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are changed to the relevant functional headings in expenditure on an accruals basis,

including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

1.23 Accounting standards issued but not yet effective or adopted

HM treasury, via the FReM, applies EU-adopted IFRS with adaptations and interpretations. DHSC group bodies must apply IFRS and adopted by HM Treasury in the FReM, except where additional departures and interpretations have been agreed by DHSC, as specified in DHSC GAM.

European Union (EU) adoption is always subsequent to the publication of IFRS by the IASB. Where a new standard or interpretation has been issued by the IASB, but has not yet been implemented, IAS 8 Accounting Policies, changes in Accounting Estimates and Errors requires disclosure in the accounts of this fact, and the known or reasonably-estimated impact that application will have in the period of initial applications.

In each case below, the new standards have not been adopted by the EU for financial years up to and including 2020/21. Therefore, they are not yet adopted in the FReM (and therefore DHSC GAM). In each case, the financial year in which the change is expected to become effective in the Trust's accounts is disclosed after the standard's name.

IFRS 16 Leases
IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases, some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term. The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020.

Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Note 2. Operating segments

The business activities of the Group can be summarised as that of 'healthcare'. The chief operating decision maker for The Clatterbridge Cancer Centre NHS Foundation Trust is the Trust Board. Key decisions are agreed at monthly Board meetings and sub-committee meetings of the Board, following scrutiny of performance and resource allocation. The Trust Board review and make decisions on activity and performance of the Trust as a whole entity, not for its separate business activities.

The activities of the subsidiary companies, The Clatterbridge Cancer Charity, The Clatterbridge Pharmacy Limited and Clatterbridge PropCare Services Limited, are not considered sufficiently material to require separate disclosure.

The Clatterbridge Cancer Charity is a registered charity that supports cancer care in the NHS. The Board of the Trust are also the Corporate Trustee of the Charity.

The Clatterbridge Pharmacy Limited provides dispensing services and drug procurement to the Trust. The Trust is the sole shareholder of the company.

Clatterbridge PropCare Services Limited has overseen construction of the new hospital in Liverpool and is working on the redesign of the Wirral site, and manages the Trust's property, estates and facilities on its behalf.

Note 3.1 Income from activities

	Group		Trust	
Income from activities comprises:	**2020/21**	**2019/20**	**2020/21**	**2019/20**
	£000	**£000**	**£000**	**£000**
Block contract / system envelope income*	130,832	72,621	130,832	72,621
High cost drugs income from commissioners (excluding pass-through costs)	43,641	69,267	43,641	69,267
Other NHS clinical income	0	13,276	0	13,276
Private patient income	2,796	3,285	2,796	3,285
Other clinical income	637	7,220	637	7,220
Total income from activities	**177,907**	**165,669**	**177,907**	**165,669**

High cost drugs income shown relates to October - March only as the Trust received block funding for April - September 2020. *As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

Note 3.2 Income from patient care activities received from

	Group		Trust	
	2020/21	**2019/20**	**2020/21**	**2019/20**
	£000	**£000**	**£000**	**£000**
NHS England	154,838	142,018	154,838	142,018
Clinical commissioning groups	18,122	15,487	18,122	15,487
Other NHS providers	222	240	222	240
Non-NHS: private patients	2,796	3,285	2,796	3,285
Non NHS: other	1,928	4,639	1,928	4,639
Total income from activities	**177,907**	**165,669**	**177,907**	**165,669**

Note 3.3 Other operating income

	2020/21			2019/20			2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Research and development	3,449	0	**3,449**	4,779	0	**4,779**	3,449	0	**3,449**	4,779	0	**4,779**
Education and training	1,578	81	**1,659**	1,351	99	**1,450**	1,578	81	**1,659**	1,351	0	**1,351**
Non-patient care services to other bodies	5,657	0	**5,657**	7,702	0	**7,702**	5,608	0	**5,608**	7,702	0	**7,702**
Provider sustainability fund (2019/20 only)	0	0	**0**	412	0	**412**	0	0	**0**	412	0	**412**
Reimbursement and top up funding	9,326	0	**9,326**	0	0	**0**	9,326	0	**9,326**	0	0	**0**
Receipt of capital grants and donations	0	96	**96**	0	0	**0**	0	96	**96**	0	0	**0**
Charitable and other contributions to expenditure	0	1,044	**1,044**	0	0	**0**	0	1,044	**1,044**	0	0	**0**
Charitable fund incoming resources	0	2,219	**2,219**	0	3,117	**3,117**	0	3,048	**3,048**	0	7,072	**7,072**
Additional pension contribution central funding*	0	2,929	**2,929**		2,566	**2,566**	0	2,929	**2,929**	0	2,566	**2,566**
Other income	1,786	90	**1,876**	3,666	0	**3,666**	5,851	90	**5,941**	7,144	0	**7,144**
Total other operating income	**21,797**	**6,459**	**28,256**	**17,909**	**5,782**	**23,691**	**25,812**	**7,287**	**33,099**	**21,388**	**9,638**	**31,026**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.4 Adjusted financial performance – control total basis

	Group	
	2020/21	**2019/20**
	£000	**£000**
Surplus / (deficit) for the year from continuing operations	**(31,751)**	**4,862**
Remove Charity Surplus / Deficit	3,245	5,284
Group Surplus / deficit excluding Charity	(28,506)	10,147
Remove impact of impairments charged to I&E	31,983	0
Remove impact of capital grants and donations	(2,287)	(6,635)
Remove impact of Provider Sustainability Fund PSF (2019/20 only)	0	(412)
Adjusted Financial Performance Surplus / Deficit	**1,190**	**3,099**

Note 4.1 Operating Expenses

	Group		Trust	
	2020/21	**2019/20**	**2020/21**	**2019/20**
	£000	**£000**	**£000**	**£000**
Purchase of healthcare from NHS and DHSC bodies	11,490	13,849	12,417	13,849
Purchase of healthcare from non-NHS and non-DHSC bodies	2,030	2,486	1,102	2,486
Staff and executive directors costs	73,656	66,750	72,221	65,574
Remuneration of non-executive directors	156	168	129	138
Supplies and services - clinical (excluding drugs costs)	4,821	4,909	3,883	4,994
Supplies and services - general	3,855	518	3,746	2,340
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	73,010	68,225	75,394	69,331
Consultancy costs	451	316	336	226
Establishment	2,268	1,795	2,224	1,791
Premises	9,564	6,507	15,397	7,625
Transport (including patient travel)	285	202	197	200
Depreciation on property, plant and equipment	7,912	5,005	7,912	5,005
Amortisation on intangible assets	329	236	329	236
Net impairments	31,983	0	32,629	0
Movement in credit loss allowance: contract receivables / contract assets	(231)	201	(231)	151
Movement in credit loss allowance: all other receivables and investments	(2)	(51)	(2)	0
Increase/(decrease) in other provisions	3,029	144	2,059	121
Audit services- statutory audit	175	180	134	146
Internal audit costs	104	121	85	95
Clinical negligence	354	253	354	253
Legal fees	177	200	176	198
Insurance	284	149	257	140
Research and development	176	1,208	176	1,208
Education and training	340	874	317	865
Rentals under operating leases	555	550	506	550
Hospitality	0	9	1	9
Other NHS charitable fund resources expended	37	42	0	0
Other	4,734	4,708	4,456	4,753
Total	**231,541**	**179,554**	**236,205**	**182,284**

The Group statutory audit fees of £175k include the following amounts:
Charity £9k, PharmaC £21k and Propcare £11k.
In both 2020/21 and 2019/20 Other operating expenditure includes £3.1m of Haemato Oncology

Note 4.2 Impairments

	Group and Trust	
	2020/21	**2019/20**
	£000	**£000**
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,738	0
Other	30,245	0
Total net impairments charged to operating surplus / deficit	**31,983**	**0**
Impairments charged to the revaluation reserve due to change in market price	1,738	0
Total net impairments	**33,721**	**0**

The Trust obtained a valuation for the new Liverpool hospital when it became operational in July 2020. The impairment charge relating to this revaluation was £30,890k. On consolidation the provision for unrealised profit adjustment of £645k between the Trust's accounts and Propcare / Propcare's accounts has been removed giving a lower impairment value of £30,245k.

Note 4.3 Staff costs

	Group		Trust	
	2020/21	**2019/20**	**2020/21**	**2019/20**
	Total £000	**Total £000**	**Total £000**	**Total £000**
Salaries and wages	56,024	50,798	54,851	49,797
Social security costs	5,424	4,802	5,310	4,702
Apprenticeship levy	245	217	246	217
Employer's contributions to NHS pensions	6,738	5,916	6,686	5,879
Employee contributions paid by NHSE on the Trust's behalf	2,929	2,566	2,929	2,566
Pension cost - other	74	49	11	11
Temporary staff (including agency)	2,223	2,401	2,188	2,401
Total gross staff costs	**73,656**	**66,750**	**72,222**	**65,574**

4.4 Retirements due to ill health
During 2020/21 there were 4 early retirements from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £122k (£77k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.
The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 5.1 Operating leases

	Group & Trust	
	2020/21 £000	**2019/20 £000**
Operating lease expense		
Minimum lease payments	555	550
Total	**555**	**550**

	31 March 2021 £000	**31 March 2020 £000**
Future minimum lease payments due:		
Land		
- not later than one year;	75	462
- later than one year and not later than five years;	300	300
- later than five years.	8,175	8,325
Total	**8,550**	**9,087**

Operating lease payments in the year relates to:
Land at the Aintree hospital site
Photocopiers
Leases for the portakabins on the Wirral site ended on 31 March 2021

Note 6.1 Finance Income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2020/21 £000	2019/20 £000	**2020/21 £000**	2019/20 £000
Interest on other investments / financial assets	**35**	346	**4,931**	4,365
NHS charitable fund investment income	**23**	31	**0**	0
Total finance income	**58**	376	**4,931**	4,365

Note 6.2 Finance Costs

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	Group		Trust	
	2020/21 £000	2019/20 £000	**2020/21 £000**	2019/20 £000
Interest expense:				
Loans from the Department of Health and Social Care	**617**	847	**617**	847
Interest on other loans	**0**	0	**4,921**	4,499
Finance leases	**2**	5	**2**	5
Total interest expense	**620**	852	**5,541**	5,351
Unwinding of discount on provisions	**(5)**	0	**(5)**	0
Total finance costs	**615**	852	**5,536**	5,351

Note 6.3 The late payment of commercial debts (interest) Act 1998

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2020/21 or 2019/20.

Note 7 Contractual revenue and finance lease commitments

	Group		Trust	
	2020/21 £000	**2019/20 £000**	**2020/21 £000**	**2019/20 £000**
FM services	9,483	0	0	0
Total	**9,483**	**0**	**0**	**0**

In addition the Group has a 25 year internal consession agreement between the Trust and Propcare for the operation of the Liverpool hospital. Under this arrangement the Trust pays a Unitary Charge payment to Propcare. This Unitary Charge consists of FM service costs, lifecycling costs and capital and interest lease payments. The total future payments between the Trust and Propcare are detailed below:

	Trust	
	2020/21 £000s	2019/20 £000s
Total future concession Trust expenditure / Propcare income	**426,084**	**0**
- not later than one year	**13,643**	0
- later than one year and not later than five years	**56,105**	0
- later than five years	**356,336**	0

The finance lease element of the Concession liability accounted for under IAS 17 Leases is as follows:

	Trust	
	2020/21 £000s	**2019/20 £000s**
Gross finance lease obligations of which are due	**192,068**	0
- not later than one year	8,003	0
- later than one year and not later than five years	32,011	0
- later than five years	152,054	0
Finance charges allocated to future periods	(66,112)	0
Net finance lease obligations of which are due	125,956	0
- not later than one year	3,314	0
- later than one year and not later than five years	14,558	0
- later than five years	108,084	0


Royal Liverpool & Broadgreen
NHS Trust (www.rlbuht.nhs.uk)

Note 8.1 Intangible Assets 2020-21

Group & Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	**2,657**	**0**	**2,657**
Additions	371	303	**674**
Valuation / gross cost at 31 March 2021	**3,028**	**303**	**3,331**
Amortisation at 1 April 2020 - brought forward	**513**	**0**	**513**
Provided during the year	329	0	**329**
Amortisation at 31 March 2021	**842**	**0**	**842**
Net book value at 31 March 2021	**2,185**	**303**	**2,488**
Net book value at 1 April 2020	**2,143**	**0**	**2,143**

Note 8.2 Intangible Assets 2019-20

Group & Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	**1,950**	**0**	**1,950**
Valuation / gross cost at 1 April 2019 - restated	**1,950**	**0**	**1,950**
Additions	707	0	**707**
Valuation / gross cost at 31 March 2020	**2,657**	**0**	**2,657**
Amortisation at 1 April 2019 - as previously stated	**277**	**0**	**277**
Amortisation at 1 April 2019 - restated	**277**	**0**	**277**
Provided during the year	236	0	**236**
Amortisation at 31 March 2020	**513**	**0**	**513**
Net book value at 31 March 2020	**2,143**	**0**	**2,143**
Net book value at 1 April 2019	**1,673**	**0**	**1,673**

Note 9.1 Property, Plant & Equipment 2020/21

Group & Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**1,456**	**32,654**	**140,656**	**34,475**	**25**	**13,860**	**171**	**223,296**
Additions purchased	0	322	5,792	2,951	0	1,171	168	**10,404**
Additions donated	0	0	2,145	999	0	0	0	**3,144**
Impairments	(1,017)	(34,760)	0	0	0	0	0	**(35,777)**
Revaluations	0	3	0	0	0	0	0	**3**
Reclassifications	0	142,410	(144,529)	201	0	1,918	0	**0**
Valuation/gross cost at 31 March 2021	**439**	**140,629**	**4,064**	**38,626**	**25**	**16,949**	**339**	**201,070**
Accumulated depreciation at 1 April 2020 - brought forward	**0**	**0**	**0**	**14,413**	**23**	**3,476**	**121**	**18,033**
Provided during the year	0	2,056	0	3,157	2	2,679	18	**7,912**
Impairments	0	(2,056)	0	0	0	0	0	**(2,056)**
Accumulated depreciation at 31 March 2021	**0**	**0**	**0**	**17,570**	**25**	**6,155**	**139**	**23,889**
Net book value at 31 March 2021	**439**	**140,629**	**4,064**	**21,056**	**(0)**	**10,794**	**200**	**177,180**
Net book value at 1 April 2020	**1,456**	**32,654**	**140,656**	**20,062**	**2**	**10,384**	**50**	**205,263**

Note 9.2 Property, Plant & Equipment 2019/20

Group & Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**871**	**37,390**	**96,558**	**25,162**	**25**	**12,291**	**171**	**172,467**
Prior period adjustments				349				**349**
Valuation / gross cost at 1 April 2019 - restated	**871**	**37,390**	**96,558**	**25,511**	**25**	**12,291**	**171**	**172,816**
Additions purchased	0	80	44,098	965	0	3,414	0	**48,557**
Additions donated	0	0	0	7,072	0	0	0	**7,072**
Revaluations	585	(4,818)	0	0	0	0	0	**(4,233)**
Reclassifications	0	2	0	927	(1)	(928)	0	**0**
Disposals / derecognition	0	0	0	0	0	0	0	**(916)**
Valuation/gross cost at 31 March 2020	**1,456**	**32,654**	**140,656**	**34,475**	**25**	**13,860**	**171**	**223,296**
Accumulated depreciation at 1 April 2019 - as previously stated	**0**	**0**	**0**	**10,589**	**20**	**3,849**	**104**	**14,562**
Prior period adjustments	0	0	0	349	0	0	0	**349**
Accumulated depreciation at 1 April 2019 - restated	**0**	**0**	**0**	**10,938**	**20**	**3,849**	**104**	**14,911**
Transfers by absorption	0	0	0	0	0	0	0	**0**
Provided during the year	0	967	0	2,564	3	1,454	17	**5,005**
Revaluations	0	(967)	0	0	0	0	0	**(967)**
Reclassifications	0	0	0	910	0	(910)	0	**(0)**
Disposals / derecognition	0	0	0	0	0	(916)	0	**(916)**
Accumulated depreciation at 31 March 2020	**0**	**0**	**0**	**14,413**	**23**	**3,476**	**121**	**18,033**
Net book value at 31 March 2020	**1,456**	**32,654**	**140,656**	**20,062**	**2**	**10,384**	**50**	**205,262**
Net book value at 1 April 2019	**871**	**37,390**	**96,558**	**14,573**	**6**	**8,442**	**67**	**157,905**

The reclassifications in the 2020/21 table relate to the completion of the new hospital and the asset moving from Assets under construction to buildings.

Property, plant and equipment financing 2020/21

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021								
Owned - purchased	439	136,099	4,064	13,257	(0)	10,794	200	164,851
Finance leased	0	0	0	0	0	0	0	0
On-SoFP PFI contracts and other service concession arrangements	0	0	0	0	0	0	0	0
Off-SoFP PFI residual interests	0	0	0	0	0	0	0	0
Owned - donated/granted	0	4,530	0	7,799	2	0	0	12,329
NBV total at 31 March 2021	**439**	**140,629**	**4,064**	**21,056**	**(0)**	**10,794**	**200**	**177,180**

Note 9.2 Property, plant and equipment financing 2019/20

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned - purchased	1,456	29,567	140,656	19,606	(0)	10,269	50	201,603
Finance leased	0	0	0	0	0	115	0	115
On-SoFP PFI contracts and other service concession arrangements	0	0	0	0	0	0	0	0
Off-SoFP PFI residual interests	0	0	0	0	0	0	0	0
Owned - donated/granted	0	3,087	0	456	2	0	0	3,545
NBV total at 31 March 2020	**1,456**	**32,654**	**140,656**	**20,062**	**2**	**10,384**	**50**	**205,262**

Note 9.3 Economic lives of assets

	Maximum Years	Minimum Years
Land	Infinite	Infinite
Buildings excluding dwellings	5	60
Plant & Machinery	3	15
Transport Equipment	3	7
Information Technology	3	10
Furniture & Fittings	3	10
Licences	3	10

Note 9.4 Property Valuations

A full site desk-top valuation of all the FT's property has been undertaken in 2020/21 by a professional valuer, Cushman & Wakefield, on the Modern Equivalent Asset basis. Further details of the valuation approach are included under note 1.7 (Accounting policies).

The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has stated that there is no 'material valuation uncertainty' in the 2020/21 valuation report. The 2019/20 valuation did include a 'material valuation uncertainty' due to the uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

Note 10 Investments in associates

	Group and Trust	
	2020/21 £000	**2019/20 £000**
Carrying value at 1 April – brought forward	**519**	**1,174**
Carrying value at 1 April – restated	**519**	**1,174**
Share of profit / (loss)	262	695
Disbursements / dividends received	(600)	(1,350)
Carrying value at 31 March	**181**	**519**

The Trust holds a 49% share in The Clatterbridge Private Clinic LLP which provides a service to private patients

Note 11 Inventories

	Group		Trust	
	31 March 2021 £000	**31 March 2020 £000**	**31 March 2021 £000**	**31 March 2020 £000**
Drugs	4,201	3,546	2,014	1,649
Total inventories	**4,201**	**3,546**	**2,014**	**1,649**

Drug costs recognised in expenses for the year were £73,010k (2019/20 £68,225k).

Note 12.1 Receivables

	Group		Trust	
	31 March 2021 £000	**31 March 2020 £000**	**31 March 2021 £000**	**31 March 2020 £000**
Current				
Revenue Contract receivables invoiced	4,358	14,913	4,056	15,194
Revenue Contract receivables not yet invoiced	1,665	12,729	7,403	26,190
Allowance for impaired contract receivables / assets	(78)	(327)	(78)	(327)
Allowance for other impaired receivables	0	(2)	0	(2)
Capital receivables	618	0	618	0
Prepayments	1,125	2,700	2,978	3,278
VAT receivable	1,108	1,692	770	767
PDC Dividend receivable	298	0	298	0
NHS charitable funds receivables	12	12	0	0
Total current receivables	**9,106**	**31,718**	**16,046**	**45,101**
Non-current				
Prepayments (non-PFI)	161	21	161	21
Other receivables	0	0	0	0
Total non-current receivables	**161**	**21**	**161**	**21**
Of which receivable from NHS and DHSC group bodies:				
Current	4,621	21,377	4,621	21,377
Non-current	0	0	0	0

Note 12.2 Allowances for credit losses

	Group & Trust	
	2020/21 £000	**2019/20 £000**
Allowances as at 1 Apr 2020 – brought forward	**329**	**186**
New allowances arising	510	203
Reversals of allowances	(743)	(52)
Utilisation of allowances (write offs)	(18)	(8)
Allowances as at 31 Mar 2021	**78**	**329**

Note 13 Trade and other payables

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Trade payables	5,086	12,967	4,962	8,735
Capital accruals	3,544	8,516	1,772	7,157
Revenue accruals	14,333	13,821	22,638	21,303
Receipts in advance and payments on account	5,486	3,048	3,586	3,048
Social security costs	860	704	845	689
Other taxes payable	704	546	508	534
Other payables	1,744	1,202	1,680	1,438
NHS charitable funds: trade and other payables	8	5	0	0
Total current trade and other payables	**31,765**	**40,809**	**35,991**	**42,904**
Non-current				
Capital payables	970	1,879	0	0
Total non-current trade and other payables	**970**	**1,879**	**0**	**0**
Of which payables from NHS and DHSC group bodies:				
Current	6,762	11,701	6,762	11,701
Non-current	0	0	0	0

Note 14 Other Liabilities

	Group		Trust	
	31 March 2021 £000	**31 March 2020 £000**	**31 March 2021 £000**	**31 March 2020 £000**
Current				
Deferred income	5,974	2,900	5,974	2,900
Total current liabilities	**5,974**	**2,900**	**5,974**	**2,900**
Non current				
Deferred income	0	0	1,110	1,156
Propcare liability	0	0	118,605	124,926
Total non current liabilities	**0**	**0**	**119,715**	**126,082**

Included within deferred income are specific allocations relating to hosted services, research and development and post graduate medical education. Funding is received annually for these services. Deferred income brought forward from the previous year is utilised in year and the annual incomes received for the services are deferred if not required during the current year.

The PropCare liability is offset by the loan receivable within Other Financial Assets of £118,605k. The non-current deferred income of £1,110k relates to an arrangement fee with PropCare. Both entries are eliminated on consolidation.

Financial guarantee

The Trust has provided a financial guarantee to Laing O'Rourke on behalf of Clatterbridge Propcare Services Limited. In the event that Clatterbridge Propcare Services Limited is unable to meet its financial obligations to Laing O'Rourke, the Trust is liable to pay the outstanding trade creditor.

In accordance with IFRS 9, this financial guarantee needs to be recognised at fair value. As there is no active market for this type of guarantee, the Trust needs to estimate the fair value. The Trust has calculated the expected losses under the guarantee, i.e. the probability-weighted outcome. Using this estimation technique, management believes that as at 31 March 2021 the fair value of the financial guarantee is nil. This is based on the judgement that Clatterbridge Propcare Services Limited is a going concern and the probability of a credit default event is very remote.

Note 15 Borrowings

	Group & Trust	
	31 March 2021 £000	31 March 2020 £000
Current		
Loans from DHSC	**1,916**	1,925
Obligations under finance leases	**0**	56
Total current borrowings	**1,916**	1,980
Non-current		
Loans from DHSC	**33,820**	35,550
Total non-current borrowings	**33,820**	35,550
Total borrowings	**35,736**	37,530

In March 2010, the Trust took out a loan in the sum of £5 million from the Department of Health Foundation Trust Financing Facility for the specific purpose of funding expenditure on the new radiotherapy treatment centre at Aintree which became operational in February 2011.

In November 2019, a £37m loan was taken out from the Department of Health to contribute towards expenditure for the new build hospital in Liverpool.

Note 16.1 Provisions for liabilities and charges - Group

	Legal claims £000	Other £000	Total £000
At 1 April 2020	**229**	**231**	**460**
Arising during the year	79	3,106	**3,185**
Utilised during the year	(54)	0	**(54)**
Reversed unused	(156)	0	**(156)**
Unwinding of discount	0	(5)	**(5)**
At 31 March 2021	**98**	**3,332**	**3,430**
Expected timing of cash flows:			
- not later than one year;	98	2,062	**2,160**
- later than one year and not later than five years;	0	1,173	**1,173**
- later than five years.	(0)	97	**97**
Total	**98**	**3,332**	**3,430**

Included in 'Other' provisions is an amount relating to contract related stranded costs of £2,885k.

Legal claims consist of amounts due as a result of claims managed through NHS Resolution. The Trust is a member of the NHS Resolution clinical negligence scheme. All clinical negligence claims are therefore recognised in the accounts of NHS Resolution, consequently the Trust will have no provision for such claims. NHS Resolution is carrying provisions as at 31 March 2021 in relation to ELS of £nil (2019/20 £nil) and in relation to CNST of £795k (2019/20 £2,946k).

Note 16.2 Provisions for liabilities and charges - Trust

Trust	Legal claims £000	Other £000	Total £000
At 1 April 2020	**229**	**125**	**354**
Arising during the year	80	2,135	2,215
Utilised during the year	(54)	0	(54)
Reversed unused	(156)	0	(156)
Unwinding of discount	0	(5)	(5)
At 31 March 2021	**99**	**2,255**	**2,354**
Expected timing of cash flows:			
- not later than one year;	99	985	1,084
- later than one year and not later than five years;	0	1,173	1,173
- later than five years.	0	97	97
Total	**99**	**2,255**	**2,354**

Included in 'Other' provisions is an amount relating to contract related stranded costs of £2,885k.

Legal claims consist of amounts due as a result of claims managed through NHS Resolution. The Trust is a member of the NHS Resolution clinical negligence scheme. All clinical negligence claims are therefore recognised in the accounts of NHS Resolution, consequently the Trust will have no provision for such claims. NHS Resolution is carrying provisions as at 31 March 2021 in relation to ELS of £nil (2019/20 £nil) and in relation to CNST of £795k (2019/20 £2,946k).

Note 17 Contingent assets and liabilities

	Group		Trust	
	31 March 2021 £000	**31 March 2020 £000**	**31 March 2021 £000**	**31 March 2020 £000**
Value of contingent liabilities				
NHS Resolution legal claims	4	7	4	7
Gross value of contingent liabilities	**4**	**7**	**4**	**7**

These contingencies relate to outstanding legal claims with NHS Resolution

Note 18 Contractual Capital Commitments

	Group		Trust	
	31 March 2021 £000	**31 March 2020 £000**	**31 March 2021 £000**	**31 March 2020 £000**
Property, plant and equipment	812	0	812	0
Total	**812**	**0**	**812**	**0**

Note 19 Cash & cash equivalents

	Group	Trust
	31 March 2021 £000	**31 March 2020 £000**
Balance at 1 April	44,802	29,299
Net change in the year	18,731	24,466
Balance at 31 March	**63,533**	**53,765**
Split as:		
Commercial bank accounts and cash in hand	6,487	3
Cash deposits with Government banking service	57,046	53,762
Deposits with the National Loans Fund	0	0
	63,533	**63,533**

Note 20.1 Carrying values of financial assets - Group

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	5,945	0	5,945
Other investments / financial assets	181	0	181
Cash and cash equivalents	60,248	0	60,248
Consolidated NHS Charitable fund financial assets	3,296	1,364	4,660
Total at 31 March 2021	69,670	1,364	71,034

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	27,314	0	27,314
Other investments / financial assets	519	0	519
Cash and cash equivalents	35,435	0	35,435
Consolidated NHS Charitable fund financial assets	9,379	1,101	10,480
Total at 31 March 2020	72,647	1,101	73,748

Note 20.2 Carrying values of financial assets – Trust

Carrying values of financial assets as at 31 March 2021	**Held at amortised cost**	**Held at fair value through OCI**	**Total book value**
	£000	**£000**	**£000**
Trade and other receivables excluding non financial assets	**11,382**	**0**	**11,382**
Other investments / financial assets	**181**	**0**	**181**
Cash and cash equivalents	**53,765**	**0**	**53,765**
Total at 31 March 2021	**65,327**	**0**	**65,327**

Carrying values of financial assets as at 31 March 2020	**Held at amortised cost**	**Held at fair value through OCI**	**Total book value**
	£000	**£000**	**£000**
Trade and other receivables excluding non financial assets	**41,056**	**0**	**41,056**
Other investments / financial assets	**519**	**0**	**519**
Cash and cash equivalents	**29,299**	**0**	**29,299**
Total at 31 March 2020	**70,874**	**0**	**70,874**

Note 21.1 Carrying values of financial liabilities - Group

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	35,736	35,736
Trade and other payables excluding non financial liabilities	24,707	24,707
Consolidated NHS charitable fund financial liabilities	8	8
Total at 31 March 2021	**60,451**	**60,451**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	37,475	37,475
Obligations under finance leases	56	56
Trade and other payables excluding non financial liabilities	36,505	36,505
Consolidated NHS charitable fund financial liabilities	5	5
Total at 31 March 2020	**74,041**	**74,041**

Note 21.2 Carrying values of financial liabilities - Trust

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	35,736	35,736
Trade and other payables excluding non financial liabilities	31,052	31,052
Total at 31 March 2021	**66,789**	**66,789**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	37,475	37,475
Obligations under finance leases	56	56
Trade and other payables excluding non financial liabilities	38,634	38,634
Total at 31 March 2020	**76,164**	**76,164**

Note 22 Fair values

Set out below is a comparison, by category, of book values and fair values of the Group's non-current financial assets and liabilities. Fair values have been calculated using the Treasury discount rate of 3.7% over the repayment period of the loan.
There has been no impairment of financial assets, other than bad debt expense shown in note 12.

* Other investments all relate to the Charity.

	Group				Trust			
	31 March 2021	**31 March 2020**	31 March 2021	31 March 2020	**31 March 2021**	**31 March 2020**	31 March 2021	31 March 2020
	Book value	**Fair value**	Book value	Fair value	**Book value**	**Fair value**	Book value	Fair value
	£000	**£000**	£000	£000	**£000**	**£000**	£000	£000
Financial assets								
* Other investments	**1,364**	**1,364**	1,101	1,101	**0**	**0**	0	0
Other financial assets	**0**	**0**	0	0	**122,037**	**78,987**	124,317	75,817
	1,364	**1,364**	**1,101**	**1,101**	**122,037**	**78,987**	**124,317**	**75,817**

	Group				Trust			
	31 March 2021	**31 March 2020**	31 March 2021	31 March 2020	**31 March 2021**	**31 March 2020**	31 March 2021	31 March 2020
	Book value	**Fair value**	Book value	Fair value	**Book value**	**Fair value**	Book value	Fair value
	£000	**£000**	£000	£000	**£000**	**£000**	£000	£000
Financial liabilities								
Current Loan	1,730	1,730	1,730	1,730	1,730	1,730	1,730	1,730
Non Current Loan	0	0	0	0	119,715	76,721	126,083	85,231
	35,550	**35,550**	**37,280**	**37,280**	**155,265**	**112,271**	**163,363**	**122,511**

Note 23 Financial Instruments

IFRS 7, IAS 32 and IFRS 9, Accounting for Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Clatterbridge Cancer Centre NHS Foundation Trust actively seeks to minimise its financial risks. In line with this policy, the Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

As allowed by IFRS 7, IAS 32 and IFRS 9 debtors and creditors that are due to mature or become payable within 12 months from the balance sheet date have been omitted from all disclosures other than the currency profile.

Liquidity risk

The Trust's income is negotiated under agency purchase contracts with NHS England, which are financed from resources voted annually by Parliament. The Trust receives such contract income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to a National / Local Tariff unit cost.

For 2019/20, the Trust has negotiated a one year block contract with its main commissioner for activity delivered. The Trust receives cash each month on the agreed level of the contract value. This has allowed the Trust to minimise the risk to its main source of income.

The Trust presently finances most of its capital expenditure from internally generated funds. In 2009/10 the Trust borrowed £5 million from the Department of Health and Social Care Financing Facility specifically to finance part of the construction of the new Radiotherapy Centre at Aintree. In 2018/19 the Trust borrowed a further £37 million from the Department of Health and Social Care Financing facility to part fund the new build in Liverpool.

There have not been any material changes to the Trust or Group risk on the previous year.

Market risk

This is not applicable to the Trust or Group.

Interest rate risk

The only asset or liability subject to fluctuation of interest rates are cash holdings at the Government banking service and at a UK high street bank. The loans from the Department of Health and Social Care Financing Facility have been taken on a fixed rate basis to avoid any risk from interest rate fluctuations. The Trust is not, therefore, exposed to significant interest rate risk.

Foreign currency risk

The Trust has negligible foreign currency income, expenditure, assets or liabilities.

Credit Risk

The Trust has considered credit risk under IFRS 7, and concluded that there is a remote level of risk from non-payment of the loan to PropCare. PropCare has a 25 year concession agreement with the Trust which guarantees the unitary payment is sufficient to meet its obligations.

Note 24 Losses and special payments

	2020/21		2019/20	
Group and Trust	**Total number of cases**	**Total value of cases**	**Total value of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	0	0	4	0
Bad debts and claims abandoned	13	4	0	0
Total losses	**13**	**4**	**4**	**0**
Special payments				
Ex-gratia payments	1	3	1	3
Total special payments	**1**	**3**	**1**	**3**
Total losses and special payments	**14**	**7**	**5**	**3**

Note 25 Auditors liability

The auditors liability for losses in connection with the external audit is limited to £2,000,000.

Note 26 Third Party Assets

The Trust did not hold any money on behalf of patients in either 2020/21 or 2019/20.
Cash and cash equivalents in the group are available for use with the exception of any cash and cash equivalents ringfenced in the charity accounts as restricted funds.

Note 27 Events after the reporting period

There are no events after the reporting period.

Note 28 Related Party Transactions
The Clatterbridge Cancer Centre NHS Foundation Trust is a public interest body authorised by NHS Improvement, the independent regulator for NHS Foundation Trusts. It is part of a Group along with The Clatterbridge Cancer Charity, the Clatterbridge Pharmacy Limited, and Clatterbridge PropCare Services Limited. The FT has transactions with each of its subsidiary companies.

During the year none of the Board Members or members of the key management staff, or parties related to them, have undertaken any material transactions with the Group.

The Register of Interests for the Board of Governors for 2020/21 has been compiled in accordance with the requirements of the Constitution of The Clatterbridge Cancer Centre NHS Foundation Trust.

In 2012/13, Liverpool Health Partners Ltd, a company limited by guarantee, was set up between the University of Liverpool, Aintree University Hospital NHS FT, Alder Hey Children's NHS FT, The Clatterbridge Cancer Centre NHS FT, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool Women's NHS FT, The Walton Centre NHS FT, Liverpool Heart and Chest NHS FT and Liverpool School of Tropical Medicine. The objects of the company are to advance education, health, learning and research by facilitating world class research among the partners. Each organisation has a single share in the company and the Chief Executives are ex-officio directors of the company.

The Department of Health and Social Care is the parent department of The Clatterbridge Cancer Centre NHS Foundation Trust. The main entities within the public sector with which the body has had dealings are NHS England, Liverpool University Hospitals NHS Foundation Trust, Liverpool CCG, Wirral CCG, HMRC, NHS Pensions Scheme and National Loans Fund.

Note 28 Related Party Transactions

	Group			
	2020/21		2019/20	
	Revenue	**Expenditure**	Revenue	Expenditure
	£000	**£000**	£000	£000
Non-consolidated associates (Private Patient JV)	**2,993**	**28**	3,452	179
Total transactions with related parties	**2,993**	**28**	3,452	179

	Group			
	31 March 2021		31 March 2020	
	Assets	**Liabilities**	Assets	Liabilities
	£000	**£000**	£000	£000
Non-consolidated associates (Private Patient JV)	**1,138**	**87**	1,479	194
Total transactions with related parties	**1,138**	**87**	1,479	194

Clatterbridge Propcare Services Limited (Propcare) is a wholly owned subsidiary of the Trust. Propcare will provide a fully managed suite of healthcare facilities, including the new cancer centre in Liverpool, for use by the Trust in return for a unitary charge payment. Propcare provides value to the Trust through its specific estates focus and through its ability to manage construction and operational risk for Trust, enabling the Trust board to focus on clinical matters. Whilst ownership of the buildings and fixed equipment will remain with the Trust, Propcare occupies the sites in order to construct and operate the facilities under a non-exclusive licence. Propcare is funded by loans and share capital from the Trust, which are intended to cover the capital cost of the new cancer centre and refurbishment of the existing facilities. Propcare will be responsible for repaying the loans from the income received via the unitary charge as well as distributing returns to the Trust through dividends. The Trust has provided a financial guarantee to Laing O'Rourke on behalf of Propcare in relation to the construction contract for the new cancer centre.

The Clatterbridge Pharmacy Limited (CPL) is a wholly owned subsidiary of the Trust. CPL is registered as a pharmacy with the General Pharmaceutical Council and offers a range of over-the-counter medicines as well as other healthcare products. In addition to these traditional pharmacy services, CPL provides specialist cancer dispensing services to help patients manage their healthcare and medicines in one place. CPL provides value to the Trust by delivering a more personalised and efficient experience for our patients. The main related party transactions between the Trust and CPL relate to the purchase and sale of drug consumables.

@CCCNHS @CCCNHS cccnhs

The Clatterbridge Cancer Centre NHS Foundation Trust

www.clatterbridgecc.nhs.uk