Annual Report & Accounts

1st April 2021 – 31st March 2022

NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

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

Contents

1 - Introduction from the Chair and Chief Executive

We are delighted to introduce our annual report and accounts for the financial year 2021/22. The last year was another exceptionally busy time for the Trust with the ongoing challenges of the COVID-19 pandemic combined with the return of levels of patient activity up to, and well beyond, pre-pandemic levels.

We are now well settled into our new flagship hospital, CCC-Liverpool, which we opened in the previous financial year. 2021/22 has seen the continued need to restrict access to visitors and members of the public, though, and this has made a busy time even more challenging for our inpatient teams.

The last year has seen our teams deliver a number of important projects, including the opening of the aseptic pharmacy production unit at CCC-Liverpool and the transfer into CCC of the Haemato-Oncology service at Aintree University Hospital, part of Liverpool University Hospitals NHS Foundation Trust.

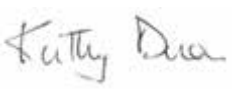
Collaboration continues to be important for the Trust. As the host organisation for Cheshire & Merseyside Cancer Alliance, we are a pivotal part of this important partnership which has continued to show tremendous leadership and operational oversight into the restoration of cancer services.

We also continue to play an active role in the developing Cheshire and Merseyside Health and Care Partnership and its acute and specialist trust provider collaborative. In addition to its role within the Cancer Alliance, the Trust has assumed important leadership roles for the regional Community Diagnostic Centre (CDC) programme and the wider diagnostic programme for the Partnership.

Our thanks go out to our committed and driven workforce, our Governors and our members who all contribute to making The Clatterbridge Cancer Centre (CCC) 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 are looking forward to 2022/23 with hope that, as the grip of COVID-19 loosens, we are able to deliver the programme of work that we have set ourselves, including: service developments across the Trust, our preparations for the opening of the New Royal Liverpool University Hospital (next door to CCC-Liverpool), and the beginning of the redevelopment of our CCC-Wirral site.

Kathy Doran
Chair



Liz Bishop
Chief Executive

2 - About the Trust

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.

In 2002, The Clatterbridge Cancer Centre (CCC) 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.

The Trust has almost 1,700 dedicated members of staff working across a unique multi-site care model serving a population of approximately 2.4 million in 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 treatment sites are in Aintree, Liverpool and Wirral. In addition, we operate specialist chemotherapy clinics in four of Merseyside's acute hospitals, making us one of the largest NHS providers of non-surgical cancer treatment for solid tumours and blood cancers. 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.

2.1 - Key risks faced by the Trust in 2021/22

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:

1. Robust Trust-wide quality and clinical governance arrangements to deliver safe and effective care
2. Operational sustainability and delivery against healthcare standards and our ability to recover performance to the required levels
3. The impact of increased costs and funding changes on financial sustainability
4. The ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer care services through the Cancer Alliance
5. The maintenance of our Experimental Cancer Medicine Centre (ECMC) status
6. Issues within Pharmacy Aseptic Unit adversely impacting on the manufacturing and dispensing of drugs

7. Investment in effective, inclusive leadership to deliver the Trust's five-year strategy
8. Recruiting and retaining high-calibre staff
9. Supporting and promoting employee health and wellbeing
10. A clear vision, sufficient capacity and investment in our digital programme
11. The risk to all systems of a cyber/ransomware attack
12. Developing our subsidiary companies and joint venture

2.2 - Our strategy and values

Having delivered our last five-year strategic plan, opening CCC-Liverpool in June 2020 and embedding our unique networked model of care, our attention has turned to maximising the benefits of these developments for patient outcomes and experience. The opening of CCC-Liverpool provided us with a unique opportunity to re-examine, re-invigorate, and refresh our strategic plan. We launched our new five-year strategic plan in May 2021.

2.2.1 - Our mission

Our five-year strategic plan contains a new statement of our mission for 2021-2025. We will:

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

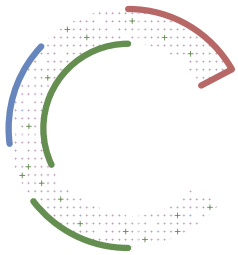
2.2.2 - Our values

We refreshed our values in 2021/22, as promised in our five-year strategic plan. Our values were co-created by our people and form the foundation of our culture, our ethos and how we work every day. They define how we work to deliver the best care to our patients and how we make CCC the best place to work.

WE ARE...
KIND
EMPOWERED
RESPONSIBLE
INCLUSIVE

2.2.3 – Our strategic priorities

To deliver our mission we have developed our plans to address six strategic priorities and a number of associated outcomes:



BE **OUTSTANDING**

Deliver safe, high quality care and outstanding operational and financial persormance

Outstanding CQC rating
Top decile NCPES survey

BE **COLLABORATIVE**

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

Improved 5-year survival
Increased early diagnosis

BE **RESEARCH LEADERS**

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

Retain ECMC status
Gain CRUK centre status

BE **A GREAT PLACE TO WORK**

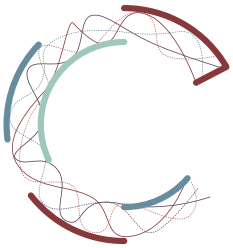
Attract, develop and retain a highly skilled, motivated and inclusive workforce to deliver the best care

Retain ECMC status
Gain CRUK centre status

BE **DIGITAL**

Drive digitally transformed services, empowering patients and staff

Develop a digital strategy
Achieve HIMSS level 7



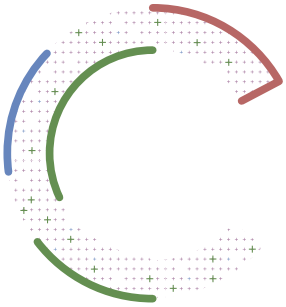
BE **INNOVATIVE**

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

Develop and implement an innovation strategy

2.2.4 – Progress this year against our strategy

We have reported our progress in delivering our strategy throughout the year to our Board of Directors, Council of Governors, and staff. These are some of the highlights in each of our strategic themes:



BE **OUTSTANDING**

- Production has begun in CCC-Liverpool aseptic pharmacy unit
- Successful transfer of the Aintree University Hospital Haemato-Oncology service into CCC on 1st February 2022
- New patient experience, engagement, inclusion and involvement commitment being co-produced
- Long-term 'estate masterplan' developed for the Clatterbridge Health Campus (including CCC-Wirral) with Wirral University Teaching Hospital
- Green Plan developed setting out our environmental sustainability plans for the coming years

BE **COLLABORATIVE**

- Active role in Cheshire and Merseyside Health and Care Partnership and the provider collaborative for the region (CMAST)
- CEO now senior responsible officer for Cheshire & Merseyside (C&M) diagnostic programme and Diagnostic Delivery Board established
- Community Diagnostic Centre (CDC) site in partnership with Wirral University Teaching Hospital, which opened in 2021 and makes use of vacant estate at CCC-Wirral
- Engagement in 'operational delivery networks' across the North West for radiotherapy and teenage & young adult cancers

BE **A GREAT PLACE TO WORK**

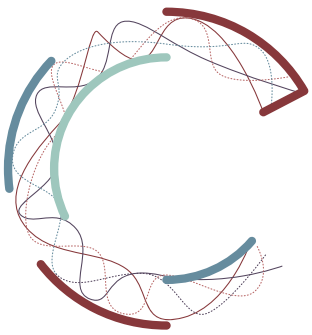
- New People Commitment outlines plans for the next 5 years
- Refresh of Trust values through staff engagement complete and communicated
- Equality, diversity and inclusion (EDI) lead appointed with Liverpool specialist trusts
- Culture and engagement groups embedded into divisional structures
- Leadership development through Teams at the Top and Shadow Board programmes

BE **RESEARCH LEADERS**

- New Director of Clinical Research appointed in January 2022
- We have opened 2 first-in-human studies – Transgene & MOAT
- Total of 189 research publications to date
- Clinical Research Facility (CRF) bid successful in partnership with LUHFT and Liverpool Heart and Chest – £5.3m awarded
- Collaborative bid for Biomedical Research Centre (BRC) status submitted with CCC acting as a partner
- Experimental Cancer Medicine Centre (ECMC) renewal bid in development with clinical representation from CCC

BE **DIGITAL**

- Electronic patient record (EPR) upgrade successfully deployed in December 2021
- External review carried out to support future EPR improvement and development
- Approved bid for funding to enhance the use of the patient Hotline and provide remote monitoring of symptoms and side-effects
- Successful pilot of patient-held records carried out with teenage and young adult patients
- Multiple business intelligence dashboards rolled out

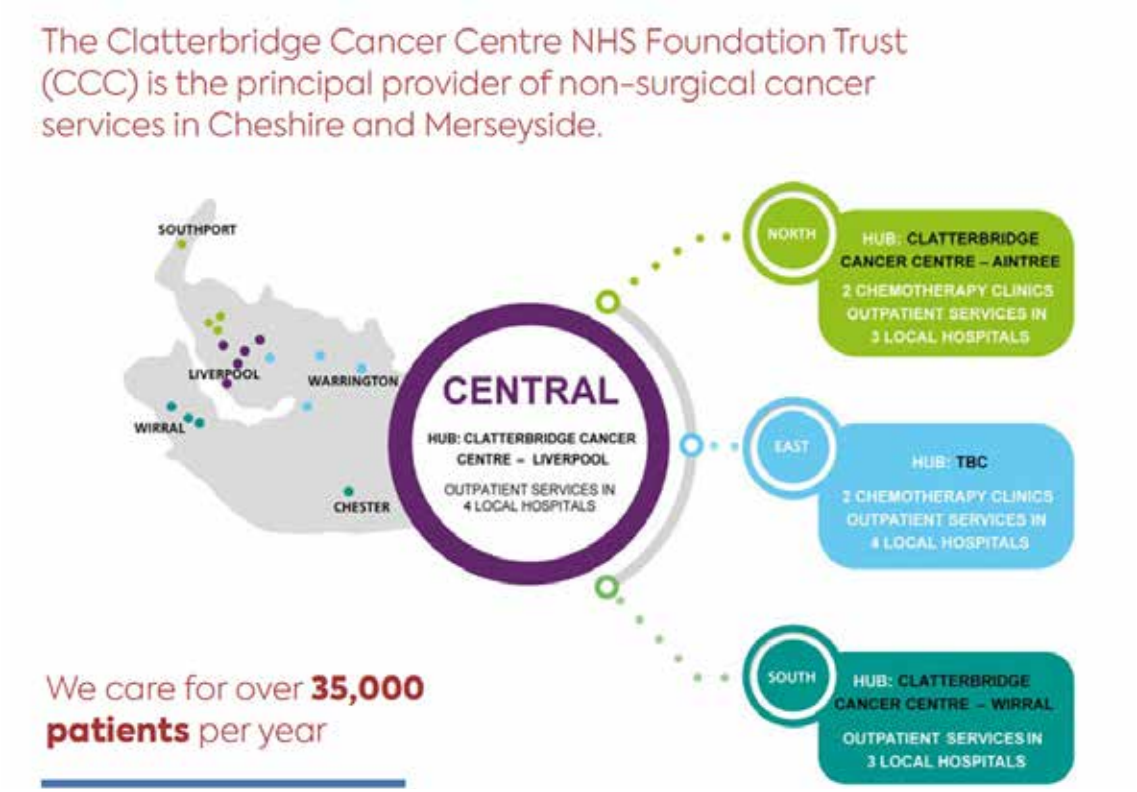


BE **INNOVATIVE**

- Clinical Lead for Innovation and Innovation Manager appointed and in post
- Bright Ideas scheme launched: 40+ ideas submitted and reviewed to date, with the first projects awarded funding from Charity fund
- Expansion of innovative models of care like Clatterbridge in the Community and patient-initiated follow-up
- Continued use of telemedicine rather than face-to-face outpatient appointments where clinically appropriate

2.3 Our services and structures

We have a unique multi-site care model consisting of three main sites, four additional systemic anti-cancer therapy (SACT) sites and 15 outpatient centres (listed here: **https://www.clatterbridgecc.nhs.uk/about-centre/mission-aims-and-values/networked-services).** Our clinical model also includes chemotherapy in the home and workplace.



2.3.1 - Clatterbridge Cancer Centre – Aintree (CCC-Aintree)

The cancer centre at Aintree opened on 14th February 2011 and is predominantly a radiotherapy treatment centre. We also provide systemic anti-cancer therapies (SACT) in the Marina Dalglish Centre 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.

2.3.2 - Clatterbridge Cancer Centre – Liverpool (CCC-Liverpool)

Our new 11-storey specialist cancer hospital opened on 27th June 2020 and provides chemotherapy and other drug therapies (SACT), 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.

2.3.3 - Clatterbridge Cancer Centre – Wirral (CCC-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.

2.3.4 - Our divisional structures

As part of our five-year strategic plan we committed to reviewing our clinical and operational structures. Our revised structure was embedded in 2021/22 and comprises three clinical divisions, each led by a Divisional Director, Divisional Allied Health Professional/Nurse Director and an Associate Medical Director.

Each clinical division contains a number of Tumour Site Reference Groups (SRGs). SRGs are comprised of groups of clinicians involved in the care of patients with particular cancer types. SRGs are responsible for overseeing the quality of care, developing services, and driving research and innovation for their particular cancer types.

Each division is made up of individual clinical business units (CBUs). The triumvirate model of management is now visible at every level of the management structure, which ensures that our services are underpinned by excellent clinical oversight and high-quality, safe care.

We now have eight CBUs in total, split across the three divisions.

Networked Services Division

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

CBU2: Outpatients and clinical support	
Tumour SRGs:	Upper GI, Lower GI
Services:	Outpatient services, Phlebotomy, Dietetics, Speech and Language Therapy, Physiotherapy, Occupational Therapy, Patient Information Team, Psychological Medicine, Lymphoedema, Service Level Agreements

CBU3: Admin Services	
Services:	Medical Secretaries, Access, Cancer Waiting Times, Receptionists, Assistant Service Managers, Switchboard

Acute Care Division

CBU4: Pharmacy	
Services:	Clinical Pharmacy, Aseptics, ePrescribing

CBU5: Inpatient Care	
Tumour SRGs:	Palliative care, Stem Cell Transplant
Services:	Haemato-Oncology, Rare cancers, Wards 2-5, Clinical Decisions Unit and Hotline, Patient flow, Hospital at Night, Junior Doctors

Radiation Services Division

CBU6: Radiotherapy services	
Tumour SRGs:	CNS, Urology, Lung, Head and Neck
Services:	Intermediate Cancers Pre-treatment, SAS Doctors, Radiotherapy, Brachytherapy, Papillon, Cyclotron

CBU7: Radiology	
Services:	Radiotherapy Pre-Treatment, Radiology Services (CT, Nuclear Medicine, MR, US, Interventional Radiology)

CBU8: Physics	
Services:	Radiotherapy Planning (including planning radiographers), Radiotherapy Services Support, Radiology Services Support, External Support

2.4 – Our partners and ventures

2.4.1 – Cheshire & Merseyside

The Cheshire & Merseyside Cancer Alliance

We have continued to host the Cheshire & 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 Cheshire and Merseyside Health and Care Partnership

Established in 2016, the Cheshire and Merseyside Health and Care Partnership addresses local challenges around population health, quality of care and the increasing financial pressures on these services. Its universal goal is to improve health and wellbeing and reduce health inequalities across Cheshire and Merseyside.

The Health and Care Partnership is working towards statutory Integrated Care System status by 1st July 2022. Appointments have been made to key leadership roles for NHS Cheshire and Merseyside Integrated Care Board (ICB), which is due to become a statutory body on 1st July 2022, subject to the passing of the Health and Care Bill.

We continue to play an active role in the developing Cheshire and Merseyside Health and Care Partnership. The Trust is a member of the Partnership's acute and specialist trust provider collaborative (Cheshire & Merseyside Acute and Specialist Trusts – CMAST). In addition to her role as the Senior Responsible Officer (SRO) for the Cancer Alliance, our Chief Executive Officer (CEO) has also taken on leadership roles beyond cancer and is now SRO for the regional Community Diagnostic Centre (CDC) programme and the Partnership's wider diagnostic programme.

2.4.2 - Our 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. 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 revised targets for 2021/22 and we remain incredibly grateful to all our supporters who help by giving their time, money or services to the Charity year-on-year.

In 2021/22 the Charity provided the final £680k agreed to fund equipment and build costs of the new hospital. In addition, it provided over £300k of funding to the Trust to support a number of activities.

- £150k to support R&I activity
- £72k towards the landscaping of the terraces at the new hospital
- £58k towards equipment
- £28k to fund patients' art projects

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 and support clinical trials in addition to enabling important studies such as the study to determine how COVID-19 affects people with cancer.

The Charity also operates an 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.

2.4.3 - Our ventures

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 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 lifestyle 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 COVID-19 pandemic, CPL has been 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.

3 - Performance report

3.1 - Overview of performance from the Chief Executive

Despite the significant challenges presented by the global COVID-19 pandemic in 2021/22, we are proud to report that performance has generally remained excellent this year. Achievement of Cancer Waiting Times standards has remained high, with some barriers to achievement experienced in the latter part of the year, which are described in section 3.2.

We achieved our inpatient length of stay targets for the year despite significant difficulties in discharging patients due to COVID-19 related community care issues. Our quality performance generally remained excellent, especially in a climate of increased staff absence and the need to work differently to keep patients safe during the pandemic.

Although we had three more cases of clostridioides difficile than our annual threshold figure, this increase is in line with a rise in cases nationally during the pandemic. Finally, and of paramount importance, patients continue to report excellent levels of satisfaction with the care and treatment they receive, via the Friends and Family Test and national surveys.

3.2 - Performance analysis

The Trust has a robust performance management framework in place, utilising the performance review process and organisational governance structure to monitor performance and drive improvement.

Directives within the following publications are the primary drivers used to determine the scope of the key performance indicators and metrics monitored by the Trust:

- NHS National Planning Guidance
- Contracts with Commissioners
- NHS System Oversight Framework
- COVID-19 related directives
- Our Five-Year Strategic Plan 2021-2025

A monthly Integrated Performance Report is presented to Committees of the Board and the Board of Directors. Improvements to this document began in 2021/22, ready to implement for 2022/23. These include SPC (statistical process control) charts, providing more effective alerting to potential areas of concern and, secondly, translating the document into an online dashboard, enabling desktop access to more detailed, real-time data.

Divisions and corporate services have regular performance reviews, with review frequency increased in line with the escalation process which is enacted when performance levels reduce and/or more support is required. These reviews monitor and triangulate all key aspects of performance against current risks.

The following sections provide an overview of the Trust's performance in 2021/22.

3.2.1 - Restoration of services

This is a key theme within the NHS System Oversight Framework, driven by the COVID-19 pandemic. The Trust has been and continues to be fully engaged in national and Cheshire and Merseyside Health and Care Partnership-led planning activity, providing regular forecasts on activity and performance which indicate how CCC is supporting NHS recovery from the pandemic.

Our activity volumes and the nature of referrals are heavily dependent on the shape of COVID-19 recovery in GP practices and general hospitals, as the vast majority of our patients come to CCC after being reviewed, diagnosed and treated by these services. We experienced significant increases in diagnostic imaging (including providing support to local hospitals) and chemotherapy treatments in 2021/22 and there has been a surge in referrals since February 2022, which will lead to further rises in treatments.

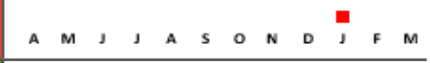
The development of activity and patient flow related online dashboards during 2021/22 has supported effective planning and service management, enabling demand to be met.

3.2.2 - Cancer waiting times and referral to treatment

The following table shows the Trust's performance against national access targets in 2021/22.

Directive	Key Performance Indicator	Target	2021/22	By Month
C/S	2 week wait from GP referral to 1st appointment	93%	97.1%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	75%*	75.4%	
S	31 day wait from diagnosis to first treatment	96%	99.2%	
C/S	31 day wait for subsequent treatment (Drugs)	98%	99.3%	

*Formally monitored since Oct 2021

C/S	31 day wait for subsequent treatment (Radiotherapy)	94%	98.8%	
S	Number of 31 day patients treated ≥ day 73	0	1	
C/S	62 day wait from GP referral to treatment	85%	85.4%	
C/S	62 day wait from screening to treatment	90%	85.7%	
S	Number of patients treated ≥ 104 days	No Target	175	
C/S	Diagnostics: 6 Week Wait	99%	100%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	92%	98.5%	

Performance has generally been very good; however, the changing nature of the pandemic has created unprecedented challenges for the organisation, with activity levels and referral patterns strongly correlated to primary and secondary care activity, which has been variable throughout the year.

Patient numbers are relatively low for 62 Day Screening, 2 Week Wait and 28 Day standards. This makes the target difficult to achieve, with a single breach often leading to non-compliance for a month. In 2022/23, the targets are being revised, amalgamating all 62 Day standards into one and ending the monitoring of the 2 Week Wait standard.

A Cancer Waiting Times Improvement Plan is monitored and updated regularly by the Trust Operational Group. This plan incorporates actions to tackle the issues identified below.

Overall performance against 62 day (GP referral to treatment) waiting times

We met the 85% target in eight out of 12 months. Performance in the four non-compliant months was between 71% and 84%.

In August and January, there was the usual seasonal reduction in performance linked to patients choosing to delay treatment until after holiday periods.

In February and March, a number of varied elements contributed to non-compliance, including patients choosing to delay treatment, patients being medically unfit to begin cancer treatment, COVID-19 related staff absences and delays to molecular tests at laboratories beyond the Trust's control.

Our staff sickness absence levels have now started to decline, which will lower the risk of this having an impact on cancer waiting times in the future. The Trust is collaborating with other organisations to identify ways to expedite molecular testing and we expect to see an improvement from July 2022.

Overall performance against 2 week cancer waiting times

During the last financial year, we met the 93% target with the exception of October (88%) and December (92.9%) and January (90%). In 2021/22, a total of three patients were not seen within two weeks. For a total of eight months of the year, our performance against this target was 100%.

Overall performance against 28 day cancer waiting times

Since October 2021, when this standard was formally monitored nationally, the Trust has achieved the target in three of the six months. Performance in the non-compliant months was between 57% and 64%, equating to 18 patients who were not diagnosed within 28 days. A significant proportion of these patients were transferred to us after day 28 in February 2022 when CCC acquired Liverpool University Hospitals Foundation Trust's Haemato-Oncology service based at their Aintree site.

We started to monitor this target well before national monitoring began and achieved the target in all but one of the first six months of 2021/22.

Overall performance against Referral to Treatment

We consistently met the 92% target for the number of incomplete pathways within 18 weeks.

3.2.3 - Length of stay

The following table shows our length of stay performance in 2021/22.

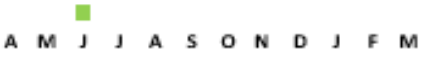
Key Performance Indicator	Target	2021/22	By Month
Length of Stay: Elective (days): Solid Tumour	G: ≤6.5 A: 6.5-6.8 R: >6.8	6.4	
Length of Stay: Emergency (days): Solid Tumour	G: ≤8 A: 8.1-8.4 R: >8.4	7.8	
Length of Stay: Elective (days): HO Ward 4	G: ≤21 A: 21.1-22.1 R: >22.1	15.1	
Length of Stay: Emergency (days): HO Ward 4	G: ≤22 A: 22.1-23.1 R: >23.1	11.2	
Length of Stay: Elective (days): HO Ward 5	G: ≤32 A: 32.1-33.6 R: >33.6	18.1	
Length of Stay: Emergency (days): HO Ward 5	G: ≤46 A: 46.1-48.3 R: >48.3	11.3	

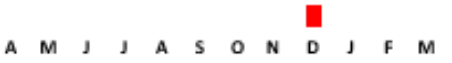
There are no nationally directed targets for length of stay, due to the variation in the types of wards across the NHS. The targets are therefore developed by the Trust and reviewed each year based on previous data and taking into account any changes to services and patient acuity. Whilst we did not consistently achieve our targets relating to length of stay, the annual figures are within target in all areas. The Patient Flow Team has extended 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, some hospices closed to admissions and COVID-19 related reductions in staffing levels in community services introduced long delays to implementing packages of care required prior to discharging patients home.

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

3.2.4 - Quality

Key Performance Indicator	Target	2021/22	By Month
Never Events	0	0	0 for all months
Serious Untoward Incidents (month reported to STEIS)	0	4	
Significant accidental or unintended exposure (SAUE); Radiotherapy delivered dose or Radiotherapy geographical miss - Treatment Errors	G: ≤3 A: 4-5 R: >5	0	0 for all months
Significant accidental or unintended exposure (SAUE); Radiotherapy delivered dose or Radiotherapy geographical miss - Imaging Errors	G: ≤8 A: 9-12 R: >12	1	
Inpatient Falls resulting in harm due to lapse in care	0	0	0 for all months
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	0	0	0 for all months
Consultant Review within 14 hours (emergency admissions)	90%	97.0%	
% of Sepsis patients being given IV antibiotics within an hour	90%	95.0%	
VTE Risk Assessment	95%	96%	
Dementia: Percentage to whom case finding is applied	90%	93%	
Dementia: Percentage with a diagnostic assessment	90%	N/A	No patients required diagnostic assessment

Dementia: Percentage of cases referred	90%	N/A	No patients were referred
Clostridiodes difficile infections (attributable)	≤11 (pr yr)	14	
E Coli (attributable)	≤6 (pr yr)	13	
MRSA infections (attributable)	0	1	
MSSA bacteraemia (attributable)	G: ≤4, A: 5 R: >5 (pr yr)	3	
Klebsiella (attributable)	≤6 (pr yr)	7	
Pseudomonas (attributable)	≤10 (pr yr)	2	
FFT score: Patients (% positive)	G: ≥95% A: 90-94.9% R: <90%	96%	

We did not have any incidents classed as 'Never Events' and although we reported four Serious Incidents, this is 50% fewer than in the previous year and none were reported after August 2021.

Although the targets for sepsis, dementia and VTE risk assessment were not met in all months, no patients experienced any harm as a result of this.

Robust infection prevention and control measures have been very evident throughout the pandemic with our Infection Prevention and Control Team providing expert advice with support from a microbiologist. This led to low numbers of healthcare-associated COVID-19 infections. This is a significant achievement at an incredibly challenging time for the Infection Prevention and Control team and our staff.

Most infection targets have either been met or narrowly missed. Unfortunately the Trust had 14 healthcare-associated cases of clostridioides difficile against a target of 11. This is in line with a rise in cases nationally during the pandemic; the reason for this is yet to be identified.

There was a rise in the number of complaints, from 33 in 2020/21 to 41 in 2021/22. An increase is expected following a rise in the numbers of patients being treated, a growth in services (opening CCC-Liverpool) and due to the continuation of the pandemic and its impact on services.

Patient experience continues to be excellent, with over 95% of patients consistently reporting a 'good' or 'very good' experience via the Friends and Family Test.

The Trust was once again voted one of England's top hospitals for inpatient care in the latest CQC Adult Inpatient Survey. The Trust was ranked in the top six in the country, which is an outstanding achievement.

In the latest National Cancer Patient Experience Survey we maintained an excellent overall score, with 8.8 out of 10.

3.2.5 - Reducing health inequalities

During the pandemic, in line with national COVID-19 directives regarding reducing health inequalities, we renewed our focus on ensuring that all patients' ethnicity is captured. We are pleased to report that 96.5% of patients have ethnicity recorded (or they declined to answer) in our electronic patient record. This data will be utilised alongside other demographic data (e.g. deprivation indices) to identify any inequalities that exist for our patients and built into our performance reporting to identify any variation in performance amongst the population we serve.

A key driver behind the decision to open the hospital in Liverpool (CCC-Liverpool) was to be closer to the majority of the population we serve. This relocation of inpatient services and additional radiotherapy service provision has also reduced travel barriers for patients in the more deprived areas of Cheshire and Merseyside. Moreover, the Trust hosts the Cheshire & Merseyside Cancer Alliance and addressing cancer health inequalities is a key priority for the alliance.

3.2.6 - Environmental sustainability

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

Our Board-approved Green Plan aims to drive sustainable change across the Trust over the next five years and prepare us for transition to delivering net zero carbon healthcare within two decades. The Green Plan sets clear objectives and targets to take us to net zero carbon. It also includes an action plan explaining how we will achieve this.

We have developed our carbon baseline in line with the NHS Carbon Footprint. This footprint includes the emissions which can be directly controlled by the Trust. 2018/19 is the earliest year that we have reliable data to quantify our emissions. However, the Trust's carbon emissions increased significantly through the opening of CCC-Liverpool in June 2020. A baseline year of 2020/21 is therefore more suitable than 2018/19 to reflect the full scope of our emissions.

Year	Fossil Fuels	Anaesthetic Gases	Electricity	Business Travel	Fleet	Waste	Water	Total
2018/19	494	5	1,771	102	107	0	19	2,498
Baseline (current) 2020/21	1,046	4	2,257	40	133	29	49	3,558
Change	+551	-1	+486	-62	+26	+29	+30	+1,061

Despite an increase in our overall emissions due to the expansion of our services, the efficiency and location of the new Liverpool centre will help drive a reduction in carbon per patient treated. An assessment of the possible reductions that could be delivered by longer-term schemes indicates that interventions could be made to reduce our direct carbon emissions to approximately 31% of our baseline emissions.

The interventions established in our Green Plan will target our direct emissions and help bring our organisation closer to our net zero target. As we progress with the strategy we will also seek to quantify our indirect emissions, including emissions relating to our supply chain and patient and staff travel. We will work to use accurate and reliable methods to monitor our indirect emissions, so we can achieve the NHS Carbon Footprint Plus target by 2045.

To reduce the residual annual emissions to net zero we will rely on further market innovation and the commercialisation of disruptive technologies. We will therefore ensure that we monitor innovation and the development of new technologies and seek out funding opportunities to capitalise on further reductions in emissions. This will be necessary to reduce our need for future carbon offsetting to meet the net zero target.

3.3 – 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.

3.4 - Conclusion

In summary, 2021/22 was an extremely busy year for the Trust. 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.

Liz Bishop
Chief Executive

18th July 2022

4 - Staff Report

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

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

In 2021/22 we launched our People Commitment which outlines our plans for the next five years to build on our successes and to continue to build an inclusive and compassionate culture where all staff can thrive. Our People Commitment is focused around five core pillars:

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

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

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

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

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

As part of our People Commitment, our ambition is to develop compassionate and inclusive leaders and a culture of learning where our staff can grow and reach their full potential. We are committed to developing effective leadership and management training for all leaders.

In September 2021, we launched a three-month Shadow Board Development Programme aimed at 'deputy' level posts. The Shadow Board Programme is a national leadership development programme for aspirant board members and senior management in health and social care, offering both experiential (practice) and modular (theory) learning which supports participants in developing the right level of knowledge and understanding of working at board level. The programme is designed to further develop strategic knowledge and understanding of corporate governance and strategy, strategic finance and corporate risk management and leadership, culture and workforce.

4.1 – Our Staff

4.1.1 – Analysis of staff numbers

Breakdown of total workforce headcount by staff group

Staff Group	Number of Staff
Additional Professional, Scientific and Technical	103
Additional Clinical Services	231
Administrative and Clerical	578
Allied Health Professionals	228
Healthcare Scientists	228
Medical and Dental	47
Nursing and Midwifery Registered	93
Total	1,690

Breakdown of staff FTE by contract type

Staff Group	Permanent Contract	Other Contract	Average FTE 2021/22
Additional Professional, Scientific and Technical	86.67	9.60	90.38
Additional Clinical Services	190.14	13.16	192.02
Administrative and Clerical	476.69	41.04	500.83
Allied Health Professionals	199.17	2.60	205.24

Healthcare Scientists	42.32	2.00	41.79
Medical and Dental	81.87	6.20	82.45
Nursing and Midwifery Registered	382.21	1.60	366.86

Summary of temporary staffing

Staff Group	NHSP		Agency Headcount
	Headcount	FTE	
Additional Professional, Scientific and Technical	-	-	5
Additional Clinical Services	191	59.4	0
Administrative and Clerical	178	29.2	2
Allied Health Professionals	42	22.4	0
Healthcare Scientists	-	-	0
Medical and Dental	-	-	4
Nursing and Midwifery Registered	148	106	0

Workforce breakdown by gender as at 31st March 2022

	Female	Male	Total
Chair	1	0	1
Executives	6	2	8
Non-Executives	1	5	6
Senior Managers (Band 8b and above)	51	11	62
All other staff	1,316	297	1,613
Total Staff	1,375	315	1,690

Workforce breakdown by ethnicity as at 31st March 2022

Ethnicity	Headcount	FTE
White - British/Irish	1,485	1,355.59
White - Other	65	57.89
Mixed	21	19.46
Asian	62	60.58
Black	14	13.80
Any Other Ethnic Group	18	17.44
Not Stated	25	22.60
Grand Total	1,690	1,547.37

Workforce breakdown by disability as at 31st March 2022

Disability	Headcount	FTE
No	1,515	1,389.15
Yes	63	57.07
Not Declared	112	103.15
Grand Total	1,690	1,549.37

Workforce breakdown by age as at 31st March 2022

Age Band	Headcount	FTE
<=20 Years	6	6.00
21-25	123	120.18
26-30	238	229.24
31-35	252	232.19
36-40	239	216.17
41-45	199	179.47
46-50	188	173.95
51-55	181	168.92
56-60	156	134.76
61-65	86	69.11
66-70	15	12.34
>=71 Years	7	5.03
Grand Total	1,690	1,547.37

4.2 - Key workforce information

4.2.1 - Staff turnover

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

4.2.2 - 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. This year has continued to be a challenging year for staff as a result of COVID-19 and we have continued to provide access to support and resources to staff and champion a culture that promotes the physical, mental, and financial health and wellbeing of everyone at CCC.

The sickness absence rates for 2021/22 can be viewed here: **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates**

4.3 - Human resources policies and procedures

The Trust has a range of workforce policies that support staff, which are available internally through our staff intranet.

We continue to regularly review all our policies and procedures in partnership with staffside and staff network colleagues with the aim of ensuring they remain fit for purpose, effective, meet the Trust's needs and enable us to support all our staff.

Our experience of working during the COVID-19 pandemic has shown that, as an organisation, we can work in different ways and a significant part of this has been supporting flexible and hybrid working which enables staff to work from locations other than the hospital sites. COVID-19 has also brought changes to the responsibilities of many of our staff outside of the workplace and has further emphasised the importance of having a flexible and adaptive workforce. The pandemic has also reinforced the importance of looking after our own health and wellbeing and championing opportunities to support staff to achieve a good work-life balance. We refreshed our approach and policy to flexible working and also developed a suite of resources to support hybrid working.

We remain a Disability Confident employer, which means that we guarantee interviews to anyone declaring a disability during the recruitment process that meets the essential criteria for the role. We also ensure that equal opportunities and equality and diversity training is completed by managers with recruiting responsibilities, and we work proactively with the Access to Work service to make appropriate adjustments where required to ensure that disabled employees can fulfil their roles.

4.4 – Policies and procedures for countering fraud and corruption

The Trust does not tolerate any form of fraud, bribery or corruption by, or of, its employees, associates or any person or body acting on its behalf. Maintaining fraud levels at an absolute minimum ensures that more funds are available for patient care and services.

We engage MIAA to provide our Local Counter Fraud Specialist (LCFS) to support the Board of Directors' commitment to maintaining an honest and open culture, ensuring that all concerns involving potential fraud have been identified and rigorously investigated. In all cases, appropriate civil, disciplinary and/or criminal sanctions have been applied where guilt has been proven. This supports the embedding of deterrence and prevention measures across the organisation.

Our Audit Committee agrees the annual work plan for the LCFS and receives routine reports on progress against its delivery. The Committee has agreed the Trust's policy for dealing with suspected fraud, bribery and corruption and the Trust's Standards of Business Conduct Policy.

4.5 – Equality, diversity and inclusion (EDI)

4.5.1 – Highlights

Equality, diversity and inclusion (EDI) is a golden thread that runs through everything that we do. We recognise how actively involving individuals from diverse groups enables us to prioritise and address health and employment inequalities. Our Five-Year Strategic Plan 2021-2025 outlines our commitment to creating an open, diverse and inclusive culture where everyone is treated with respect and dignity and our people are recognised and valued for the contributions they make. In 2021, we launched our People Commitment that recognises the importance of ensuring our workforce is representative of our local population and celebrating diversity and sets out our ambitions for the next five years.

In the last year we have invested in an EDI collaboration to provide expertise and capacity to progress this strategic priority in partnership with two other specialist trusts within Liverpool. The partnership aims to develop a collaborative strategy to support the organisations to be places where we all feel we belong and that are great places to work. We have also worked in partnership with local schools and colleges within the Liverpool City Region to promote opportunities within the Trust including apprenticeship and training pathways.

In 2021/22 our staff networks have grown. Our Ethnic Diversity, LGBT+ and Disability staff networks provide a supportive and welcoming space for our people and provide a forum for staff to share their expertise and experiences. As part of our revised governance arrangements, our staff networks will contribute to and inform decision-making processes. As an integral part of this, we have identified champions for each of our networks from within our leadership structures.

Training and awareness is a key to embedding a culture of equality and inclusion. During the year we have developed and delivered a number of training opportunities for staff across the organisation including:

- Trust Board awareness sessions with keynote speaker
- Leadership masterclasses
- Recruitment and selection training
- Cultural awareness and unconscious bias
- Equality impact assessment training

In addition, we have also hosted keynote speakers who provided sessions on topics such as:

- Black History Month – personal experiences of an NHS leader
- Faith, belief and healthcare
- Eliminating racial discrimination

We are fully committed to meeting the requirements of the Equality Act 2010 and the Public Sector Equality Duty. Our reports on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap Report are published on our website and can be viewed here: **https://www.clatterbridgecc.nhs.uk/about-centre/equality-and-diversity.**

The national NHS Workforce Race Equality Standard Report (March 2022) showcased that, of the nine indicators, we were in the top 10 best performing trusts nationally for:

- Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to Black & Minority Ethnic (BME) staff
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues
- BME board membership

It is our ambition to be within the top 10 trusts for all indicators by 2023/24. To support this we have developed a robust plan to achieve the six high impact actions identified for all NHS trusts to overhaul recruitment and promotion practices.

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

4.5.2 - Gender pay gap

We published our Gender Pay Gap report in March 2022 to reflect the previous financial year (2020/21). This report reflects the progress and achievements made over the last 12 months to reduce any imbalances of average pay across the Trust and outlines our ambitions and commitments to implement and sustain long-term improvements.

The Clatterbridge Cancer Centre NHS Foundation Trust is reflective of the position across NHS trusts in that we employ a higher number of females than males.

Headcount	Female	Male	Total
(2020/21)	1,203	277	1,480

In real terms, there remains a significant gender pay gap within the Trust of 23.10% in terms of average hourly pay and 19.20% in terms of median pay. A detailed analysis of our Gender Pay Gap can be found at **https://www.clatterbridgecc.nhs.uk/application/files/7116/4874/0276/Gender_Pay_Gap_Report_2021.pdf**

The data and the analysis clearly demonstrates that we need to implement and sustain long-term improvements in reduce the gender pay gap. Over the next 12 months we aim to build on our progress to date by:

- Developing and implementing a robust talent management programme
- Continuing to promote and support hybrid and flexible working opportunities across the Trust
- Launching Level 3 and Level 5 Women in Leadership apprenticeship programmes
- Launching the Springboard Development Programme for Women

4.6 Engaging our staff

The Trust is committed to involving colleagues in decision-making, engaging them in key developments, and keeping them informed of changes across the organisation. Our ambition is to champion a culture where everyone has a voice that counts and feels welcome, supported and understood.

The Trust recognises that staff engagement is a key part of our commitment to all of our colleagues and we know there is often a positive correlation to staff feeling informed and increased staff motivation, commitment and feeling positive about their workplace.

During 2021/22, we refreshed our Trust values, through consultation and engagement with over 400 staff. Our values were co-created by our people and form the foundation of our culture, our ethos and how we work every day. They define how we work to deliver the best care to our patients and how we will make CCC a great place to work.

WE ARE...
KIND

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

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

We recognise achievements and collectively celebrate success.

WE ARE...
EMPOWERED

We contribute and make suggestions to improve patient and staff experience.

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

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

WE ARE...
RESPONSIBLE

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

We always act with integrity.

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

WE ARE...
INCLUSIVE

We celebrate the diversity and difference that everyone brings.

We treat people fairly without favouritism or discrimination.

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

To underpin the values and how we work together, a People Charter was also co-created with staff which outlines the Trust's commitment to staff, line managers' commitments to their teams, and staff commitments to the Trust and each other.

Our workforce is kept informed via a wide range of well-established communication channels which are designed to encourage 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
- Divisional Culture and Engagement Groups
- Quarterly Culture and Engagement Pulse Survey
- Video messages and briefings, including a monthly staff update from the Chief Executive
- CCC Live events – interactive MS Teams Live sessions with the Executive Team to keep staff updated on key projects and developments
- Our new staff intranet (launched in 2021) and digital screens in staff areas of CCC-Liverpool
- Weekly e-bulletin highlighting news and activities from across the Trust
- Staff Networks

We continue to recognise and celebrate individual and team achievements through our recognition schemes and continue to enhance our staff reward and benefits schemes.

4.6.1 - Staff survey

The Trust is committed to listening to the views of 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.

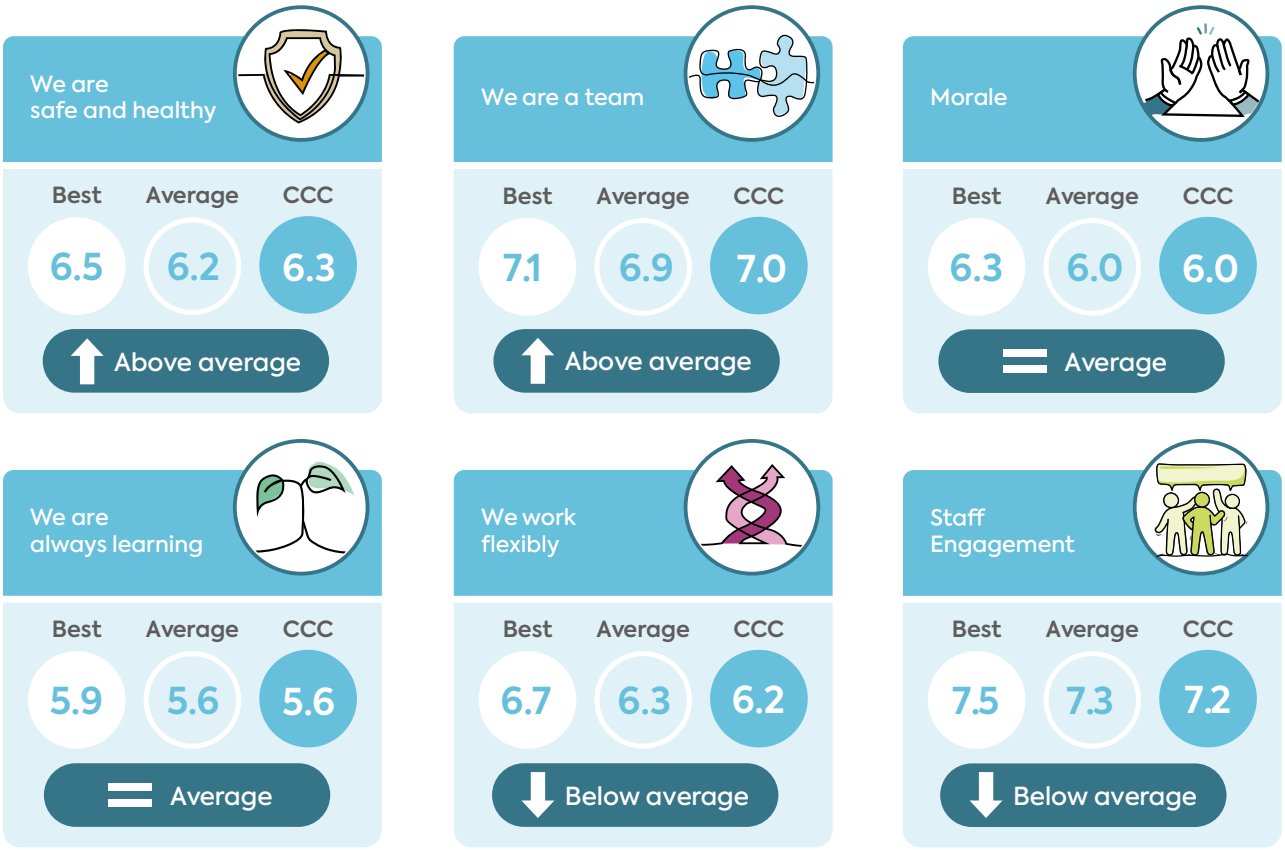
The 2021 NHS National Staff Survey took place from September to November 2021.

The response rate to the survey was 62% (976), an increase from 2020 when the response rate was 58% (862). The response rate was above average for Specialist Acute Trusts. For the 2021 survey onwards, the questions in the NHS Staff Survey are aligned to the People Promise. As a result, trend analysis for previous years is only available for the themes of 'Staff Engagement' and 'Morale'.

Our performance against our benchmarking group are indicated in this table:

Themes	2021		2020		2019	
	Trust	Sector	Trust	Sector	Trust	Sector
Equality, diversity & inclusion	N/A	N/A	9.5	9.5	9.3	9.5
Health & wellbeing	N/A	N/A	6.6	6.8	5.9	6.6
Immediate managers	N/A	N/A	7.3	7.3	7.1	7.3
Morale	6.0	6.3	6.4	6.7	6.0	6.6
Quality of care	N/A	N/A	7.7	8.1	7.6	8.1
Safe environment – Bullying & harassment	N/A	N/A	9.0	9.0	8.6	8.7
Safe environment – Violence	N/A	N/A	9.9	9.9	9.9	9.9
Safety culture	N/A	N/A	7.3	7.5	7.1	7.5
Staff engagement	7.2	7.5	7.4	7.6	7.3	7.7
Team working	N/A	N/A	6.9	7.0	6.7	7.1

The below infographic summaries our performance for the 2021 survey against the People Promise themes:



Figures show CCC compared with other specialist acute trusts

In the 2021 survey the Trust performed:

- Best for 'Reward and Recognition'
- Above average for 'Compassionate and Inclusive', 'Having a Voice that Counts', 'Safe and Healthy', and 'Team Work'
- Average for 'Morale' and 'Always Learning'
- Below Average for 'Staff Engagement' and 'Working Flexibly'

We remain committed to continuing to work with staff to ensure we achieve our strategic objective of being a great place to work by building on the priorities outlined in our People Commitment.

Key areas for focus in 2022/23 include:

- Continuing to engage with teams to focus on how we can make the Trust an even better place to work and receive care
- Further enhancing opportunities for staff development and further refining the Trust's appraisal system
- Continued focus on further improving staff wellbeing, staff engagement and morale

Details of the Trust's full survey results are available here:
https://cms.nhsstaffsurveys.com/app/reports/2021/REN-benchmark-2021.pdf.

4.6.2 - Health and wellbeing

The Trust is committed to support staff to improve their health and wellbeing by ensuring staff have access to a range of support that: champions their physical, mental, and financial wellbeing; encourages a healthy lifestyle; and helps reduce sickness absence. Our ambition is to create an environment where people are supported and empowered to lead healthy lives and make informed choices that support their wellbeing and enable people to perform at their best.

All staff have free access to our 24/7 Employment Assistance Programme that provides wraparound support to look after their physical, emotional and psychological wellbeing. We are also actively engaged with the Cheshire and Merseyside Resilience Hub and encourage staff accessing support, guidance and resources.

We have an Occupational Health contract with an external provider offering a full range of occupational health services. This includes pre-employment screening, management and employee advice alongside staff support facilities to assist us to support staff to be well in work and address common reasons for absence in the NHS.

We have a Non-Executive Director assigned to the role of Health and Wellbeing Guardian for the Trust to champion wellbeing, seek assurance that it is an organisational priority, and encourage a model of wellbeing leadership in line with the nine board-level principles. In November 2021 the Trust signed the North West pledge for Wellbeing.

We have invested in and prioritised supporting the wellbeing of all staff 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
- Implemented effective wellbeing conversation training
- Implementation of wellbeing conversations as part of staff appraisal

As part of our People Commitment, a health and wellbeing action plan has been developed which outlines priorities for the next 12 months. This plan has been mapped to the NHS People Promise, NHS Wellbeing Framework and feedback from the quarterly staff pulse surveys. The work we have planned over the next 12-18 months includes, but is not limited to, a review and refresh of our health and wellbeing support for staff. This includes a review of our Employee Assistance Programme offer through Vivup and occupational health, the introduction of wellbeing champions, and a full scale review to our approach to absence management.

4.6.3 - Working in partnership

The Trust has active and engaged 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 1st April 2020 to 31st March 2021 as per statutory regulations. Updated reporting covering the period 1st April 2021 to 31st March 2022 will be published on the Trust's website by 30th September 2022.

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
17	15.60

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	
1-50%	17
0%	
1-50%	

Percentage of pay bill spent on facility time

Provide the total cost of facility time	**£64,036.92**
Provide the total pay bill	£72,222,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	**0.09%**

Paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x 100	42.88%

5 - Accountability report

5.1 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.

5.1.1 Non-Executive Directors

Kathy Doran – Chair (from 1st 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 (First term of office from 1st December 2018 to November 2021, Second term of office from December 2021 to November 2024)

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 1st January 2021 and re-appointed as a Non-Executive Director for a second term in November 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 1st December 2018 to 30th June 2019; Non-Executive Director from 1st July 2019 – first term of office until 30th 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 1st January 2021.

Terry Jones – Non-Executive Director (from 23rd September 2019 – first term of office until 22nd 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. Terry is the Associate Medical Director for Research at Liverpool University Hospitals NHS Foundation Trust.

David (Elkan) Abrahamson – Non-Executive Director (from 1st September 2019 – first term of office until 31st 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 1st January 2021 – first term of office until 31st 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 1st January 2021 – first term of office until 31st 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.

5.1.2 Executive Directors

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 King's 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 – Chief Operating Officer (from December 2020); Interim Chief Nurse (March 2021-September 2021)

Joan joined the Trust in March 2014 having held a previous role as Cancer Manager and Directorate manager at the Royal Liverpool University Hospital. Joan completed her nurse training in Dec 1989 and has held a number of senior nursing and operational roles over the last 25 years. Joan has a BSC Hons in Health Studies and an MSc in Leadership and Management.

Joan was appointed as the substantive Chief Operating Officer in December 2020 and took on the additional role of Interim Chief Nurse from March 2021 until the end of September 2021.

Julie Gray – Chief Nurse (from October 2021)

Julie joined the Trust in October 2021 from The Christie where she was Director of Nursing and Director of Infection Prevention & Control. Julie has spent close to 20 years in specialist oncology, which is something she's very passionate about. Julie completed her nurse training in 1993 at Salford and Bolton School of Nursing and Midwifery, has an MSc Leadership in Health and Social Care and completed the Aspiring Nurse Director Scholarship with the Florence Nightingale Foundation in 2018.

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.

5.1.3 Arrangements in place to ensure the Trust is well-led

There is a clear division of responsibility between the Chair and the Chief Executive. 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.

The Trust commissioned an external developmental well-led review between November 2021 and February 2022. The review was based around the eight key lines of enquiry in NHS England's well-led framework. For each of these the report outlines the characteristics of successful organisations, a summary and detailed findings, and recommendations for improvement.

The external review concluded that its findings should be seen as positive, reflecting the work of the Trust's leadership and workforce in recent years but that, nevertheless, some areas for development and improvement were identified. The report makes a number of recommendations, which will be addressed in 2022/23 through an associated Trust action plan.

5.1.4 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.

5.1.5 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 website at **https://www.clatterbridgecc.nhs.uk/about-centre/corporate-matters/public-documents.**

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

5.2 Meetings of the Board of Directors and associated committees

5.2.1 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 restrictions in response to COVID-19 did not allow for on-site Board meetings and therefore in 2021/22 the Board met virtually. The links were made available to the public. In addition, we continued to publish Board papers on our 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 patient/staff stories and videos to share their personal experiences and perspectives. The Board and Governors were able to make use of the Trust's 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.

5.2.2 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 Asutosh Yagnik – who joined the committee in January 2022. Anna Rothery was a member of the committee from January 2021-October 2021.

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 for any non-audit related services. The Trust internal auditors also provided interim support for the Trust's Information Governance function. The Trust and the Internal Auditors are both satisfied that this did not cause any conflicts of interest.

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 Council of Governors appointed new external auditors Ernst & Young LLP in autumn 2021 following a formal procurement process, replacing Grant Thornton as the Trust's external auditors. This is a three-year initial contract with a 2021/22 audit fee of £168k.

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

- Annual work plan, annual review of committee terms of reference, and annual review of committee effectiveness
- Board assurance framework and risk register
- Internal audit: plans, progress, and reports
- Anti-fraud, bribery and corruption: policies, plans, and reports
- Key finance assurance indicators
- Data security toolkit submission
- Review of annual governance statement
- Corporate governance manual
- Value for money extension letter and report
- Compliance with provider licence conditions
- Appointment of new External Auditors
- Review end of year accounts
- Review of annual report and accounts

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 illustrates our performance against the Code.

	Trust			
	2021/22		2020/21	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	9767	161,228	7816	154,782
Total Non-NHS trade invoices paid within target	8813	156,939	6140	127,650
Percentage of Non-NHS trade invoices paid within target	90.2%	97.3%	78.6%	82.5%
Total NHS trade invoices paid in the year	1227	27,751	1306	32,357
Total NHS trade invoices paid within target	1135	25,937	1068	26,824
Percentage of NHS trade invoices paid within target	92.5%	93.5%	81.8%	82.9%

5.2.3 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.

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 the Quality Committee is supported by an additional two Non-Executive Directors, David (Elkan) Abrahamson and Asutosh Yagnik.

During the last financial year the Quality Committee met on 10 occasions and considered the following:

- Annual work plan, annual review of committee terms of reference, and annual review of committee effectiveness
- Board assurance framework and risk register
- Mortality dashboard, reports, lessons learnt
- Quality account
- Annual reports: infection prevention & control, safeguarding, freedom to speak up, health & safety, clinical audit, Caldicott Guardian

- Refreshed Trust values
- CCC-L pharmacy aseptic unit: review
- Management of complaints: review
- Bone marrow transplant: activity and JACIE accreditation preparedness
- NICE compliance report

5.2.4 Performance 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 David (Elkan) Abrahamson.

The Performance Committee has reviewed and agreed revised Terms of Reference and has been established to provide the Board with in-year assurance concerning the development and delivery of the Trust's Strategic Plan and ensuring that capital investments are in line with the Trust's approved Investment Policy.

The Performance Committee also oversees the performance of any subsidiary companies and joint ventures established by the Trust, the financial management of the Trust, and seeks assurance on delivery against the Trust's key performance indicators.

The Performance Committee met on six occasions in 2021/22 and reviewed and monitored a number of key themes:

- Annual work plan, annual review of committee terms of reference, and annual review of committee effectiveness
- Board assurance framework and risk register
- COVID-19 recovery roadmap
- Performance against access and efficiency targets
- Operational and financial planning 2021/22
- Research & innovation business plan
- Sustainability and developing a green plan
- Joint venture report – Clatterbridge Private Clinic
- Medical staffing review
- Bed utilisation – future plans and potential opportunities
- 5-year strategy implementation – progress report

5.2.5 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.

5.2.6 Attendance by members of the Board at Board and Committees

Board Member	Trust Board	Audit Committee	Quality Committee	Performance Committee
Kathy Doran – Chair	10/10	N/A	N/A	N/A
Mark Tattersall – Non-Executive Director	10/10	6/6	N/A	6/6
Geoff Broadhead – Non-Executive Director	9/10	6/6	N/A	6/6
David (Elkan) Abrahamson – Non-Executive Director	9/10	N/A	9/10	6/6
Terry Jones – Non-Executive Director	10/10	N/A	8/10	N/A
Anna Rothery – Non-Executive Director	3/10*	1/6*	N/A	N/A
Asutosh Yagnik – Non-Executive Director	10/10	1/1	10/10	N/A
Liz Bishop – Chief Executive	10/10	N/A	N/A	4/6
Jayne Shaw – Director of Workforce & OD	10/10	N/A	9/10	5/6
Julie Gray – Chief Nurse	4/5	1/2	5/5	N/A
Sheena Khanduri – Medical Director	10/10	N/A	8/10	N/A
Joan Spencer – Chief Operating Officer	10/10	N/A	10/10	6/6
James Thomson – Director of Finance	10/10	6/6	N/A	6/6
Sarah Barr – Chief Information Officer	10/10	N/A	9/10	5/6
Tom Pharaoh – Director of Strategy	10/10	N/A	N/A	N/A

*Anna Rothery had a period of absence as agreed with the Chair from 20/10/2021 to 22/02/2022

5.3 Remuneration report

5.3.1 2021/22 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 entitlements 2021/22 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£'000	£	£'000	£'000	£'000	£'000
Liz Bishop – Chief Executive	190-195	0	0	0	35-37.5	225-230
Sheena Khanduri – Medical Director	190-195	0	0	0	42.5-45	235-240
Joan Spencer – Chief Operating Officer	115-120	0	0	0	27.5-30	145-150
James Thomson – Director of Finance	135-140	0	0	0	27.5-30	160-165
Julie Gray – Chief Nurse	55-60	0	0	0	57.5-60	115-120

In addition to her Chief Operating Officer role, Joan Spencer was also Acting Chief Nurse between 1st February 2021 and 30th September 2021.

Julie Gray commenced on 1st October 2021: the full-year amount would have been in the range £110-115k.

No performance-related pay of bonuses have been paid to Directors during the last financial year.

Executive director salaries were reviewed in line with peer group hospitals and levels of experience by the remuneration committee in February 2022. The committee agreed and implemented changes for the 2021/2022 financial year.

Non-Executive Directors' salary entitlements 2021/22 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)
	£'000	£	£'000	£'000	£'000
Kathy Doran – Chair	40-45	0	0	0	40-45
Mark Tattersall – Non-Executive Director	15-20	0	0	0	15-20
David (Elkan) Abrahamson – Non-Executive Director	15-20	0	0	0	15-20
Geoff Broadhead – Non-Executive Director	10-15	0	0	0	10-15
Terry Jones – Non-Executive Director	10-15	0	0	0	10-15
Asutosh Yagnik – Non-Executive Director	10-15	0	0	0	10-15
Anna Rothery – Non-Executive Director	10-15	0	0	0	10-15

No performance-related pay has been paid to Non-Executive Directors in the last financial year.

Directors' pension entitlements 2021/22 (subject to audit)

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2021	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2022	(h) Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Liz Bishop – Chief Executive	2.5 - 5	0	70 - 75	155 - 160	1,430	50	1,511	0
Sheena Khanduri – Medical Director	2.5 - 5	0 - 2.5	40 - 45	70 - 75	603	35	659	0
Joan Spencer – Chief Operating Officer	0 - 2.5	0 - 2.5	50 - 55	120 - 125	972	36	1,029	0
James Thomson – Director of Finance	0 - 2.5	0	35 - 40	60 - 65	512	20	552	0
Julie Gray – Chief Nurse	2.5 - 5	2.5-5	40 - 45	90 - 95	598	16	778	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 SI2008 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.

5.3.2 2020/21 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 entitlements 2021/22 (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 d) (bands of £5,000)
	£'000	£'s	£'000	£'000	£'000
Liz Bishop – Chief Executive	160-165	1	0	47.5 - 50	210 - 215
Sheena Khanduri – Medical Director	190-195	1	0	57.5 - 60	250 - 255
Sheila Lloyd – Director of Nursing & Quality	110-115	0	0	32.5 - 35	145 - 150
Joan Spencer – Chief Operating Officer	110-115	0	0	62.5 - 65	175 - 180
James Thomson – Director of Finance	115-120	0	0	32.5 - 35	150 - 155

Joan Spencer was appointed permanently on 1st 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
Kathy Doran – Chair	40-45	0	0	0	40-45
Alison Hastings – Non-Executive Director	10-15	0	0	0	10-15
Mark Tattersall – Non-Executive Director	15-20	0	0	0	15-20
David (Elkan) Abrahamson – Non-Executive Director	15-20	0	0	0	15-20
Geoff Broadhead – Non-Executive Director	10-15	0	0	0	10-15
Terry Jones – Non-Executive Director	10-15	0	0	0	10-15
Asutosh Yagnik – Non-Executive Director	0-5	0	0	0	0-5
Anna Rothery – Non-Executive Director	0-5	0	0	0	0-5

Anna Rothery commenced on 1st January 2021: the full-year amount would have been in the range £10-15k.

Asutosh Yagnik commenced on 1st January 2021: the full-year amount would have been in the range £10-15k.

Alison Hastings left on 31st December 2021: the full-year amount would have been in the range £10-15k.

Directors' salary entitlements 2021/22 (subject to audit)

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2021	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2022	(h) Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Liz Bishop - Chief Executive	2.5 - 5	0 - 2.5	65 - 70	155 - 160	1,324	61	1,430	0
Sheena Khanduri – Medical Director	2.5 - 5	2.5 - 5	35 - 40	70 - 75	532	45	603	0
Sheila Lloyd – Director of Nursing & Quality	2.5 - 5	0 - 2.5	45 - 50	110 - 115	869	38	938	0
Joan Spencer – Chief Operating Officer	2.5 - 5	2.5 - 5	50 - 55	115 - 120	877	65	972	0
James Thomson – Director of Finance	2.5 - 5	0 - 2.5	30 - 35	60 - 65	464	23	512	0

5.3.3 Pay Median – Fair Pay Disclosure (subject to audit)

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021/22 was £190-195k (2020/21, £190-195k). This is a change between years of 0%.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £16,333 to £239,200 (2020/21 £18,005 to £253,440). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between years is 4%.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest-paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£23,200	£32,923	£45,839
Total pay and benefits excluding pension benefits	£23,200	£32,923	£45,839
Pay and benefits excluding pension: pay ratio for highest paid director	8.30	5.85	4.20

2020/21	25th percentile	Median	75th percentile
Salary component of pay	£21,921	£31,472	£44,495
Total pay and benefits excluding pension benefits	£21,921	£31,472	£44,495
Pay and benefits excluding pension: pay ratio for highest paid director	8.78	6.13	4.33

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 three consultants employed by the Trust whose full-time equivalent salary exceeds the highest-paid director. Two of these are employed on a locum basis.

5.3.4 Expenses

	2021/22	2020/21
Total Number of Directors in office	15	13
Number of Directors receiving expenses	5	7
Aggregate sum of expenses paid to Directors	£1,224	£2,033

5.3.5 Staff exit packages

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

5.3.6 Off-payroll engagements

Off-payroll worker engagements as at 31st March 2022

Number of existing engagements as of 31st March 2022	1
Of which ...	
Number that have existed for less than 1 year	0
Number that have existed for between one and two years at the time of reporting	1

Number that have existed for between two and three years at the time of reports	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

All off-payroll workers engaged at any point during the year ended 31st March 2022

Number of off-payroll workers engaged during the year ended 31st March 2022	1
Of which...	
Number of assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	1
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 a review	0
Number of engagements 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 1st April 2021 and 31st March 2022

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

Off-payroll worker engagements as at 31st March 2021

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

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

Number of off-payroll workers engaged during the year ended 31st March 2021	1
Of which...	
Number of assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	1
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 a review	0
Number of engagements 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 member and/or senior officials with significant financial responsibility between 1st April 2021 and 31st March 2021

Number of Off-payroll engagements of Board member and/or senior officials with significant financial responsibility between 1st April 2021 and 31st March 2021	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

5.3.7 Staff costs

Staff costs

Group

			2021/22	2020/21
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	59,802	1,383	61,185	56,024
Social security costs	5,955	-	5,955	5,424
Apprenticeship levy	267	-	267	245
Employer's contributions to NHS pension scheme	10,517	-	10,517	9,667
Pension cost - other	57	-	57	74
Temporary staff	-	2,323	2,323	2,223
Total gross staff costs	76,598	3,706	80,304	73,656
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	76,598	3,706	80,304	73,656
Of which				
Costs capitalised as part of assets	165	-	165	-

Average number of employees (WTE basis)

Group

			2021/22	2020/21
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	115	1	116	105
Administration and estates	519	8	527	506
Healthcare assistants and other support staff	181	12	193	187
Nursing, midwifery and health visiting staff	333	12	345	320
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	253	4	256	321
Healthcare science staff	39	-	39	-
Total average numbers	1,440	37	1,476	1,439
Of which:				
Number of employees (WTE) engaged on capital projects	2	-	2	-

5.4 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.

In line with the Trust's COVID-19 restrictions for 2021/22, the Council of Governors continued to meet virtually as started in September 2020. This format poses some connectivity issues for some Governors, and an effort has been made to maintain good communication with Governors outside of formal meetings. 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.

This year the Council continued to carry out their statutory duties:

- 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
- Re-appointment of Non-Executive Director – Mark Tattersall
- Approving new External Auditors

Governors and Trust members were presented with the Annual Report and Accounts at the Annual Members Meeting. Like last 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 2021 for the following seats:

- Public – Cheshire West & Chester
- Public – Sefton
- Public – Wales
- Public – Wirral & rest of England
- Staff – Nurse
- Staff – Doctor
- Staff – Radiographer
- Staff – Volunteers, service providers, contracted staff

Results of the elections were declared in August 2021, 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. As of 31st March 2022, we now carry six vacancies within the following constituencies:

- Public – Warrington and Halton
- Public – Sefton
- Staff – Doctor
- Staff – Non-clinical
- Nominated – Isle of Man

We hope to fill the elected positions in the forthcoming 2022/23 Governor elections. Partner organisation, the Department of Health and Social Care for the Isle of Man, has been approached for a replacement representative.

5.4.1 Composition of the Council of Governors and attendance

The Council of Governors consists of the Chair of the Trust and 29 elected and nominated Governors. The following table illustrates the full composition of our Council of Governors, as at 31st March 2022.

Elected Governors (Public)	Constituency	Term Served	Attendance at Governor Meetings
Patricia Higgins	Cheshire West & Chester	2019 – Ongoing	4/4
Sonia Holdsworth	Cheshire West & Chester	2021 – Ongoing	1/2
Brian Blundell	Cheshire West & Chester	2018 – 2021	0/1
Keith Lewis	Liverpool	2019 – Ongoing	4/4
John Roberts	Liverpool	2021 – Ongoing	3/4
Jackie McCreaney	Liverpool	2019 – Ongoing	0/4
Stephen Sanderson	St Helens & Knowsley (until December 2021)	2013 – 2021	2/2
Patricia Gillis	St Helens & Knowsley	2019 – Ongoing	3/4
Jane Wilkinson	Wales	2015 – Ongoing	4/4
Glenys Crisp	Warrington & Halton	2019 – Ongoing	4/4
John Field	Wirral and rest of England	2014 – Ongoing	3/4
Andrew Waller	Wirral and rest of England	2018 – Ongoing	4/4
Christine Littler	Wirral and rest of England	2018 – 2021	1/1
Jonathan Heseltine	Wirral and the rest of England (from September 2021)	2021 – Ongoing	0/2
Anne-Marie Olsson	Sefton	2019 – Ongoing	0/4
Carla Thomas	Sefton (until September 2021)	2015 – 2021	0/1

Elected Governors (Staff)	Constituency	Appointed	Attendance at Governor Meetings
Laura Jane Brown	Nurse	2018 – Ongoing	4/4
Myfanwy Borland	Other Clinical	2019 – Ongoing	4/4
Samantha Wilde	Radiographer	2018 – Ongoing	1/4
Deborah Spearing	Non-Clinical	2017 – 2022	0/3
Burhan Zavery	Volunteers, service providers, contracted staff	2015 – 2021	1/1
Carol Nelson	Volunteers, service providers, contracted staff	2021 – Ongoing	0/2

Nominated Governors	Organisation	Term Served	Attendance at Governor Meetings
Andrew Bibby	NHS England – Cheshire and Merseyside sub-regional team	2015 – Ongoing	1/4
Yvonne Nolan	Local Council – Wirral MBC	2020 – Ongoing	2/4
Raymond Muphy	MANX	2006 – 2021	2/4
Andrea Chambers	MCH Psychological Services	2007 – 2021	2/3
Shaun Jackson*	Liverpool University Hospitals NHS FT	2014 – 2021	0/1
Andrew Pettitt	University of Liverpool	2009 – 2021	3/3
Andrew Schache	University of Liverpool	2022 – Ongoing	2/2

Nancy Whittaker	Macmillan Cancer Services	2022 – Ongoing	2/2
Sam Cross	Cancer Alliance	2022 – Ongoing	2/2
Paul Brant	Local Council	2022 – Ongoing	0/2
Mahmoud Elfar	Liverpool University Hospitals NHS FT	2022 – Ongoing	1/1

* Shaun Jackson sadly passed away in October 2021 during the second year of his first term as a Governor for Clatterbridge. The team at Clatterbridge are thankful for all he did as a Governor, along with his commitment to patient care during his career as a head & neck surgeon for the NHS.

5.4.2 Governor training & development

The Trust held a bespoke development day for new and standing Governors in October 2021 after completing Governor self-assessment. This training was facilitated by NHS Providers and focused on the following topics:

- Background to foundation trusts
- Current context in the NHS
- The role of the Board and non-executive directors (NEDs)
- The role and responsibilities of the Council of Governors
- Holding to account
- Effective questioning & challenge
- Membership overview and constituencies

Alongside this, the Trust developed a Governor Handbook containing key pieces of information to help Governors in their role.

The Trust has also worked with nearby hospitals and Governors have been given the opportunity to attend the following development events:

- Finance Training Session for Governors through Liverpool Women's NHS FT
- Governor Development Session with NHS Providers, through Liverpool University Hospitals NHS FT
- Engaging with Members Session with NHS Providers, through Liverpool University Hospitals NHS FT

5.4.3 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, Engagement, Inclusion & Involvement Group (PEEIIG) and the Membership Engagement and Communications Committee (MECC).

Through PEEIIG, a Governor and Non-Executive Director attend a monthly Walkabout, which due to COVID-19 restrictions has been completed virtually. Through the use of various digital methods, Governors and NEDs have been able to view clinical and non-clinical 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.

As the Council of Governor meetings for 2021/22 have been virtual, the Trust has worked to give Governors the opportunity to strengthen relationships with each other and the Board. The Trust has started 'virtual introductory meetings' to give new Governors the opportunity to meet the Chair, Chief Executive, Lead Governor, Associate Director of Corporate Governance and any other new Governors.

The Lead Governor attends all Board meetings and provides a summary to Governors on the key matters discussed, following each meeting. As of February 2022, this summary is included in the new monthly bulletin Governors receive from the Trust. The Governor bulletin contains key updates regarding the Trust including: information on the COVID-19 tier system, headlines from the Trust's Staff Team Brief; and key dates and events for Governors.

5.4.4 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.

The Trust's Membership Committee was put on hold due to the demands of COVID-19 and restarted as the refreshed 'Membership Engagement and Communications Committee' with a new Governor Chair in December 2021. In recognition of the importance of broad engagement, the Committee is reviewing the Membership Engagement & Communications Strategy which will go to the Council of Governors for approval in July 2022.

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 Engagement and Communications Committee will have the responsibility of devising the implementation plan and facilitating engagement activities.

The following table illustrates our current membership portfolio:

Public Constituency	Number of Members
Cheshire West & Chester	418
Liverpool	1,143
Sefton	994
St Helens & Knowsley	548
Wales	182
Warrington & Halton	384
Wirral & rest of England	1,237
Total	4,906

Staff Constituency	Number of Members:
Non-Clinical	578
Other Clinical	609
Doctors	93
Nurses	410
Volunteers, support service providers, contracted staff	tbc
Total	tbc

5.5 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
- The Trust has 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
- Publicly 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 section 5.2)
- Attendance records are maintained for Board, Committees of the Board and the Council of Governors
- The Council of Governors has in place a sub-group structure
- Governors attend the Trust's Patient Experience, Engagement, Inclusion & Involvement Group
- The Chair has regular private meetings with the Lead Governor

During the last financial year, there have not been any major new developments in The Clatterbridge Cancer Centre's sphere of activity which are 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 The Clatterbridge Cancer Centre complied with the provisions of the NHS Foundation Trust Code of Governance.

5.6 NHS System Oversight Framework

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

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability

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

The Trust is currently placed in segment 2 by NHS Improvement. This segmentation information is the Trust's position as at 26th April 2022. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: **https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.**

6 - Annual governance statement

6.1 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.

6.2 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 31st March 2022 and up to the date of approval of the Annual Report and Accounts.

6.3 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, which provides clarity regarding 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 staff work together to support the Trust to identify, describe and assess risks.

Risk management training is role-essential training for all staff and our compliance was 97.6% at 31st March 2022. 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.

In addition to the required role-essential training, the Clinical Governance Department remain available to provide additional support, guidance and advice to staff on all aspects of risk management.

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 provides challenge to the Trust's risk management processes, which prompted a comprehensive review of the Datix Risk Management system including the presentation of risk within the Trust.

The Risk Management Committee introduced revised templates to facilitate renewed focus on risks scored over 12 and developed the alignment of risks to the Board Committees and enabling an increased discussion of risks at both Quality Committee and Performance Committee. Significant progress has been made in the development of risk management processes with further work to continue in 2022/23 to maximise the use of the Datix Risk Management system.

The Trust has two wholly-owned subsidiary companies and the boards operate risk reporting systems which provide assurance the companies are managing the company risks and regulatory compliance effectively.

During 2021/22 the Trust continued to assess how risks due to the COVID-19 pandemic were integrated into existing risk management reporting arrangements. Risks identified at the start of the pandemic continued to be assessed and addressed including:

- 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

All departments reviewed and updated their Business Continuity Plans which were under constant review during the pandemic, including in the latter half of the year due to the Omicron variant of the pandemic.

Over the year the Trust reinstated meetings stood down in order to support the initial response with all meetings remaining virtual. The Trust, in accordance with NHSE/I guidance relating to 'Reducing Burden and Releasing Capacity at NHS Providers and Commissioners to Manage the COVID-19 Pandemic' (published in January 2022), stood down a number of non-essential meetings and adopted reduced agendas for those meetings which continued.

6.4 The risk and control framework

The Risk Management Framework continues to manage and control all identified risks including clinical, non-clinical and financial. This has been 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 are aware of their roles and responsibilities and outlines the structures through which risk is assessed, controlled and managed reflective of the Trust Risk Appetite:

Risk Appetite Statement 2021/22

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

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

Each of the Board Committees maintain a register of risks that is aligned to each Committee to ensure that risks are appropriately aligned and managed.

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

Risks are identified 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. Patient deaths are reviewed using the national Structured Judgement Review Tool which allows for the identification of any risks following deaths. Learning from mortality reviews are shared with the Integrated Performance committee, Quality Committee and Trust Board. In addition, the Trust publishes a mortality dashboard on its 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.

The Board Assurance Framework continues to be 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
- Maintaining the status as an Experimental Cancer Medicine Centre
- Lack of transformational funding through the Cheshire & Merseyside Cancer Alliance
- The ability to achieve income levels and activity levels
- Lack of development of the subsidiary companies
- COVID-19: Risks relating to emergency planning and capacity to ensure continuity of service
- Involvement Group
- The Chair has regular private meetings with the Lead Governor

The Trust Five-Year Strategic Plan as detailed at section 2.2 of the Annual Report continues to be implemented and underpins the Board Assurance Framework (BAF) that continued to be embedded during the 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.

The Internal Audit Assurance Framework Review for 2021/22 concluded that the structure of the Assurance Framework meets the basic components required with controls, assurances and gaps documented. Work has continued during the year to further develop and refine the BAF reflective of the Five-Year Strategic Plan with the intention to digitalise the operation of the BAF utilising the Datix Risk Management system in 2022/23.

As the Integrated Care System (ICS) develops, it is essential to continue to enhance controls and governance arrangements to reflect this change with the Audit Committee continuing to oversee the Trust response to the wider system working.

6.5 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 2021/22 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 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.

6.6 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.

6.7 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.

6.8 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 restructure outlined in section 2.3). 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.

6.9 Information governance

The Trust has in place robust and effective systems to identify, manage and control any information risks. 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 and 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.

During 2021/22, the Trust did not report any Serious Incidents relating to information governance to the Information Commissioners Office through the Data Security Incident Reporting Tool.

In December 2021 the Trust received an alert from the National Cyber Security Centre (NCSC) to an "Apache Log4j 2" global vulnerability, 'Operational Sawmill', advising organisations to take steps to mitigate the vulnerability. Our Digital Team reviewed the potential threat to the Trust systems and took appropriate action with the risk-scoring escalated accordingly. The Trust understands the threat will remain ongoing and will continue to monitor the situation during 2022/23.

6.10 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 continued response to the pandemic, the Board met on a monthly basis during the last year with the exception of August and December. Throughout the last year the Board has continued to receive reports on operational performance through the Integrated Performance Report. The 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 in section 5.2 and the Board receives Chairs' 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:

1 high assurance opinion:	ESR HR/Payroll controls
5 substantial assurance opinions:	Key financial controls Risk management Research & innovation Claims management E-roster
2 moderate assurance opinions:	Medical devices Complaints & PALS
2 limited assurance opinions:	Conflict of interest Incident management
0 no assurance opinions:	
1 reviews without an assurance rating:	Board Assurance Framework (BAF)

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 2021/22 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.

6.11 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 the continued Trust 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
18th July 2022

7 - Statement of 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 responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Clatterbridge Cancer Centre NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Clatterbridge Cancer Centre NHS Foundation Trust and of its income and expenditure, 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 as set 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
18th July 2022

8 – 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
18th July 2022

James Thomson
Director of Finance
18th July 2022

9 – Group Annual Accounts for the 12 months ended 31st March 2022

Contents

Foreword to the accounts

The Clatterbridge Cancer Centre NHS Foundation Trust

The Group accounts for the 12 months ended 31st March 2022 that have been prepared by The Clatterbridge Cancer Centre NHS Foundation Trust are in line with IAS1 paragraph 51 and in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Services Act 2006 are in the form which NHS Improvement has, with the approval of the Treasury, directed.

Dr L Bishop
Chief Executive
18th July 2022

Independent Auditor's report to the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust

Opinion
We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2022 which comprise the Foundation Trust and Group Statement of Comprehensive Income, the Foundation Trust and Group Statement of Financial Position, the Foundation Trust and Group Statement of Cash Flows, the Foundation Trust and Group Statement of changes in equity and the related notes 1 to 27, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2021/22 HM Treasury's Financial Reporting Manual (the 2021/22 FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion the financial statements:

- give a true and fair view of the financial position of The Clatterbridge Cancer Centre NHS Foundation Trust and of the Group as at 31 March 2022 and of Foundation Trust's and Group's income and expenditure for the year then ended;

- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been properly prepared in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Basis for opinion
We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 Foundation Trust and the Group 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 the Comptroller and Auditor General's AGN01 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 opinion.

Conclusions relating to going concern
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.

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 or Foundation Trust's ability to continue as a going concern for a period of twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's and the Group's ability to continue as a going concern.

Other information
The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

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 course of 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 themselves. 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.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice
In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Matters on which we are required to report by exception
The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer
As explained more fully in the Statement of the Accounting Officer's responsibilities set out on pages 82-83 the chief executive is the Accounting Officer of The Clatterbridge Cancer Centre NHS Foundation Trust. The Accounting Officer is responsible for the preparation of the financial statements and 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 and the Foundation 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 Council of Governors intend to cease operations of the group or the Foundation Trust, or have no realistic alternative but to do so.

As explained in the statement of the Statement of the Accounting Officer's responsibilities, as the Accounting Officer of The Clatterbridge Cancer Centre NHS Foundation Trust, the Accounting Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the group and Foundation Trust's resources.

Auditor's responsibility 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.

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 irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how The Clatterbridge Cancer Centre NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of noncompliance. We corroborated this through our review of the Foundation Trust's board minutes, through enquiry of employees to verify Foundation Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue), inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.
- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Foundation Trust's manual year end income accruals, challenging assumptions and corroborating the income to appropriate evidence.
- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.
- To address our fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

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

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper 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 the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

Delay in certification of completion of the audit
We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2022. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report
This report is made solely to the Council of Governors of The Clatterbridge Cancer Centre Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun
for and on behalf of Ernst & Young
LLP Manchester
18 July 2022

Independent Auditor's report to the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust

Issue of audit opinion on the financial statements

In our audit report for the year ended 31 March 2022 issued on 18 July 2022 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of The Clatterbridge Cancer Centre NHS Foundation Trust as at 31 March 2022 and of its income and expenditure for the year then ended; and
- had been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2021/22 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Certificate

In our report dated 18 July 2022, we explained that we could not formally conclude the audit on that date until we had completed our procedures on the Foundation Trust's value for money arrangements for the year ended 31 March 2022. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Foundation Trust's value for money arrangements.

We certify that we have completed the audit of the accounts of The Clatterbridge Cancer Centre NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Hassan Rohimun
for and on behalf of Ernst & Young LLP Manchester
13 October 2022

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2021/22	2020/21	2021/22	2020/21
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	**216,038**	177,907	**216,038**	177,907
Other operating income	3	**31,837**	28,256	**30,378**	33,099
Operating expenses	4	**(236,219)**	(231,541)	**(237,848)**	(236,205)
Operating surplus/(deficit) from continuing operations		**11,656**	(25,378)	**8,568**	(25,198)
Finance income	6	**62**	58	**4,767**	4,931
Finance expenses	6	**(578)**	(615)	**(5,267)**	(5,536)
PDC dividends payable		**(4,076)**	(4,502)	**(4,076)**	(4,502)
Net finance costs		**(4,592)**	(5,059)	**(4,575)**	(5,106)
Other gains / (losses)		**(209)**	65	**(209)**	65
Share of profit / (losses) of associates / joint arrangements	10	**1,497**	262	**1,497**	262
Corporation tax expense		**(208)**	(178)	**0**	0
Surplus / (deficit) for the year from continuing operations		**8,144**	(30,289)	**5,281**	(29,977)
Other comprehensive income					
Impairments	4	**(30)**	(1,738)	**(30)**	(1,738)
Revaluations		**2,005**	3	**2,005**	3
Other reserve movements		**3**	10	**3**	10
Fair value gains/(losses) on financial assets mandated at fair value through OCI		**49**	262	**49**	262
Total comprehensive income / (expense) for the period		**2,027**	(1,463)	**2,027**	(1,463)
TOTAL		**10,171**	(31,751)	**7,308**	(31,440)

Statements of Financial Position

		Group		Trust	
		31 March 2022	31 March 2021	31 March 2022	31 March 2021
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	8	3,214	2,488	3,214	2,488
Property, plant and equipment	9	184,599	177,180	184,599	177,180
Investments in associates and joint ventures	10	977	181	977	181
Other investments / financial assets	22	1,413	1,364	117,885	122,037
Trade and other receivables	12	449	161	2,349	161
Total non-current assets		**190,652**	**181,374**	**309,025**	**302,045**
Current assets					
Inventories	11	5,640	4,201	3,504	2,014
Trade and other receivables	12	11,784	9,106	11,605	16,046
Cash and cash equivalents	19	82,815	63,533	76,701	53,765
Other investments / financial assets		0	0	3,433	0
Total current assets		**100,238**	**76,839**	**95,242**	**71,824**
Current liabilities					
Trade and other payables	13	(38,491)	(31,765)	(38,924)	(35,991)
Borrowings	15	(1,908)	(1,916)	(1,908)	(1,916)
Provisions	16	(5,303)	(2,160)	(3,915)	(1,084)
Other liabilities	14	(15,669)	(5,974)	(19,053)	(5,974)
Total current liabilities		**(61,371)**	**(41,816)**	**(63,800)**	**(44,966)**
Total assets less current liabilities		**229,520**	**216,397**	**340,467**	**328,903**
Non-current liabilities					
Trade and other payables	13	(1,880)	(970)	(1,760)	0
Borrowings	15	(32,090)	(33,820)	(32,090)	(33,820)
Provisions	16	(197)	(1,270)	(197)	(1,270)
Other liabilities	14	0	0	(120,219)	(119,715)
Total non-current liabilities		**(34,166)**	**(36,060)**	**(154,266)**	**(154,806)**
Total assets employed		**195,354**	**180,338**	**186,201**	**174,097**
Financed by					
Public dividend capital		72,219	67,374	72,219	67,374
Revaluation reserve		4,559	2,700	4,559	2,700
Income and expenditure reserve		109,424	104,023	109,424	104,023
Financed by others' equities:					
Pharmacy subsidiary reserves		3,712	2,977	0	0
Propcare subsidiary reserves		2,058	1,907	0	0
Charitable fund reserves		3,383	1,357	0	0
Total taxpayers' equity		**195,354**	**180,338**	**186,201**	**174,097**

The notes on pages 115 to 135 form part of these accounts.

The financial statements on pages 92 to 96 and accompanying notes were approved by the Board on 18th July 2022 and were signed and authorised for issue on its behalf by the Chief Executive.

Dr L Bishop
Chief Executive
18th July 2022

Consolidated Statement of Changes in Equity for the year ended 31st March 2022

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	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**67,375**	**2,700**	**104,023**	**2,977**	**1,907**	**1,357**	**180,338**
Surplus/(deficit) for the year	0	0	4,102	735	151	3,156	**8,144**
Other transfers between reserves	0	(116)	116	0	0	0	**0**
Impairments	0	(30)	0	0	0	0	**(30)**
Revaluations	0	2,005	0	0	0	0	**2,005**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	0	0	0	0	0	49	**49**
Public dividend capital received	4,845	0	0	0	0	0	**4,845**
Other reserve movements	0	0	1,183	0	0	(1,180)	**3**
Taxpayers' and others' equity at 31 March 2022	**72,220**	**4,559**	**109,424**	**3,712**	**2,058**	**3,383**	**195,354**

Consolidated Statement of Changes in Equity for the year ended 31st 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	£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	**67,375**	**2,700**	**104,023**	**2,977**	**1,907**	**1,357**	**180,338**

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 £222k (2020/21 £144k); Unrestricted £3,161k (2020/21 £1,213k).

Statements of Cash Flows

	Note	Group 2021/22 £000	Group 2020/21 £000	Trust 2021/22 £000	Trust 2020/21 £000
Cash flows from operating activities					
Operating surplus / (deficit)	SOCI	11,656	(25,378)	8,568	(25,198)
Non-cash income and expense:					
Depreciation and amortisation	4	10,159	8,241	10,159	8,241
Net impairments	4	(5,699)	31,983	(5,699)	32,630
Income recognised in respect of capital donations		(282)	(96)	(282)	(96)
(Increase) / decrease in receivables and other assets	12	(3,687)	22,863	2,180	31,197
(Increase) / decrease in inventories	11	(1,439)	(655)	(1,490)	(365)
Increase / (decrease) in payables and other liabilities	13	15,399	(904)	13,752	(4,805)
Increase / (decrease) in provisions	16	2,074	2,975	1,758	2,125
Movements in charitable fund working capital		(67)	3	0	0
Tax (paid)		(182)	(345)	0	0
Net cash flows from operating activities		**27,931**	**38,687**	**28,944**	**43,728**
Cash flows from investing activities					
Interest received	6	29	58	4,768	4,931
Purchase of intangible assets	8	(2,157)	(674)	(2,157)	(674)
Purchase of PPE	9	(6,158)	(19,297)	(3,535)	(18,543)
Sales of PPE	9	0	65	0	65
Receipt of cash donations to purchase assets		282	0	282	0
Net cash flows from charitable fund investing activities	6	32	23	0	0
Cash received from subsidiaries	10	700	529	700	529
Net cash flows from investing activities		**(7,270)**	**(19,296)**	**58**	**(13,692)**
Cash flows from financing activities					
Public dividend capital received	SOCIE	4,845	6,555	4,845	6,555
Movement on borrowings from DHSC		(1,730)	(1,730)	(1,730)	(1,730)
Capital element of finance lease rental payments		0	(56)	0	(56)
Interest on borrowings		(591)	(626)	(5,280)	(5,538)
Interest paid on finance lease liabilities		0	(2)	0	(2)
PDC dividend (paid) / refunded		(3,902)	(4,800)	(3,902)	(4,800)
Net cash flows from / (used in) financing activities		**(1,378)**	**(659)**	**(6,067)**	**(5,571)**
Increase / (decrease) in cash and cash equivalents		**19,282**	**18,732**	**22,936**	**24,466**
Cash and cash equivalents at 1 April 2021	19	**63,533**	**44,801**	**53,765**	**29,299**
Cash and cash equivalents at 31 March 2022	19	**82,815**	**63,533**	**76,701**	**53,765**

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 21/22 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, in accordance with the definition as set out in section 4 of the DHSC GAM which outlines the interpretation of IAS1 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents". The Directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the Cheshire and Merseyside Health and Care Partnership (an integrated care system (ICS) with effect from 1st July 2022).

The Trust continues to demonstrate a strong financial position in 2021/22 and follows reported surpluses in 2019/20 and 2020/21. The underlying funding regime for 2021/22 has reflected the requirement to maintain stability in the COVID period. The Trust's income position has been supported by payments based on historic contract values and additional sums based on additional elective activity. The funding methodology for 2022/23 will also include fixed and elective based variable payments through the new contracting arrangements. The Trust is well placed to ensure that it delivers sufficient levels of patient care, such that it is able to fund its cost base. The Trust's subsidiary companies have delivered profits above plan in both 2020/21 and 2021/22. As such the Group is in a strong financial position.

The Trust has a forecast cash balance of £50m at 31st March 2023. The subsidiaries and charity have a forecast cash balance of £6.8m giving a Group forecast cash balance of £56.8m. There are no concerns regarding the ability to service payments as and when they fall during 2022/23. If for any reason the subsidiary companies required cash support then the Trust would be able to provide this.

The Trust has prepared a cash flow forecast covering the going concern period to 31st July 2023. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period.

The Trust has an approved capital plan which in line with both its available resource allocation and cash holdings.

After making enquiries, the Board of Directors have a reasonable expectation that the Trust and Group have adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust and Group 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
Clatterbridge PropCare Services Limited as a wholly owned subsidiary, provides 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". The implication for the accounts is that the value of the revalued building brought into use during last 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 and management of a fully managed and operated healthcare facility to the Trust under a 25 year agreement. As a result, as at 31st March 2022, 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.

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 2021/22. 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 1.7 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 31st March 2022 is £187.81m (31st March 2021 £179.67m), of which £148.89m relates to property assets, including assets under construction.

The sites are valued as follows:

The Wirral site is valued in the Accounts at £23.91m and whilst operationally inseparable the remaining lives of significant elements of the site have been assessed in the range of 16 to 38 years.

The Aintree site is valued in the Accounts at £8.79m and the remaining lives have been assessed in the range of 35 to 44 years.

The Liverpool site is valued in the Accounts at £116.19m and the remaining lives have been assessed in the range of 44 to 53 years.

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 31st 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 and 2021/22, to maintain the delivery of patient services. The Trust received income relative to its incurred costs during the year. Patient revenue income was supported through commissioner contracts.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as a variable consideration.

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 periodically 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. Charitable donation are treated in the same way as government grants.

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 two NHS Pension Schemes. Both schemes are 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:

- The cost of the item can be measured reliably and
- 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 front line 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.

Assets are depreciated in the quarter of disposal.

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 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 sale 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.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

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.

1.8.3 Useful asset lives

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min Life(Years)	Max Life(Years)
Land	Infinite	Infinite
Buildings excluding dwellings	16	53
Plant & machinery	3	15
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	5	54
IT (tangibles)	3	10

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.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

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 are 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 amortisation.

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 are 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 17 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 whose existence will be confirmed only by the 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)
- 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 31st 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 charged 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 2021/22.

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 2021/22. 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 1st 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 1st April 2022, the Trust will apply the standard retrospectively without restatement and 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. For 2022, the rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1st 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 Trust has assessed the impact of the implementation of IFRS 16 in 2022/23 as follows:

Lease	Impact on transition	
	Balance sheet: Opening asset/liability	Revenue
Land: Aintree	8,876	34
Building: The Spine	2,198	8
Vehicles: Ford cars	59	15
	11,133	58

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 manages the Trust's property, estates and facilities on its behalf.

Note 3.1 Income from activities

Income from activities comprises:	Group/Trust 2021/22 £000	2020/21 £000
Block contract / system envelope income	128,790	130,832
High cost drugs income from commissioners (excluding pass-through costs)	63,192	43,641
Elective recovery fund	18,414	0
Private patient income	3,157	2,796
Other clinical income	2,485	637
Total income from activities	**216,038**	**177,907**

High cost drugs for 2020/21 is a part year only figure relating to October to March as the Trust received Block funding for April to September. Elective Recovery Fund income was introduced in 2021/22 and relates to income earned against Elective activity targets above an agreed baseline.

Note 3.2 Income from patient care activities received from:

	Group/Trust 2021/22 £000	2020/21 £000
NHS England	179,948	154,838
Clinical commissioning groups	30,449	18,122
Department of Health and Social Care	375	222
Non-NHS: private patients	3,157	2,796
Non NHS: other	2,109	1,928
Total income from activities	**216,038**	**177,907**

Note 3.3 Other operating income

	Group						Trust					
	2021/22			2020/21			2021/22			2020/21		
	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	3,923	0	**3,923**	3,449	0	**3,449**	3,923	0	**3,923**	3,449	0	**3,449**
Education and training	2,800	148	**2,949**	1,578	81	**1,659**	2,949	0	**2,949**	1,578	81	**1,659**
Non-patient care services to other bodies	11,460	0	**11,460**	5,657	0	**5,657**	11,460	0	**11,460**	5,608	0	**5,608**
Reimbursement and top up funding	0	0	**0**	9,326	0	**9,326**	0	0	**0**	9,326	0	**9,326**
Receipt of capital grants and donations	0	282	**282**	0	96	**96**	0	282	**282**	0	96	**96**
Charitable and other contributions to expenditure	0	175	**175**	0	1,044	**1,044**	0	175	**175**	0	1,044	**1,044**
Charitable fund incoming resources	0	3,220	**3,220**	0	2,219	**2,219**	0	0	**0**	0	3,048	**3,048**
Additional pension contribution central funding*	0	3,176	**3,176**	0	2,929	**2,929**	0	3,176	**3,176**	0	2,929	**2,929**
Other income	6,651	0	**6,651**	1,786	90	**1,876**	8,412	0	**8,412**	5,851	90	**5,941**
Total other operating income	**24,835**	**7,002**	**31,837**	**21,797**	**6,459**	**28,256**	**26,744**	**3,634**	**30,378**	**25,812**	**7,287**	**33,099**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2020/21, 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	
	2021/22	2020/21
	£000	£000
Surplus / (deficit) for the year from continuing operations	**8,144**	**(31,751)**
Remove Charity Surplus / Deficit	(1,977)	3,245
Group Surplus / (deficit) excluding Charity	6,167	(28,506)
Remove impact of impairments charged to I&E	(5,699)	31,983
Remove impact of capital grants and donations	687	(2,287)
Adjusted Financial Performance Surplus / Deficit	**1,154**	**1,190**

Note 4.1 Operating expenses

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	14,633	11,490	15,143	12,417
Purchase of healthcare from non-NHS and non-DHSC bodies	2,430	2,030	1,920	1,102
Staff and executive directors costs	80,139	73,656	78,578	72,221
Remuneration of non-executive directors	165	156	139	129
Supplies and services - clinical (excluding drugs costs)	6,530	4,821	6,573	3,883
Supplies and services - general	3,576	3,855	3,345	3,746
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	88,311	73,010	88,184	75,394
Consultancy costs	966	451	887	336
Establishment	2,019	2,268	1,973	2,224
Premises	11,176	9,564	16,180	15,397
Transport (including patient travel)	403	285	272	197
Depreciation on property, plant and equipment	9,425	7,912	9,425	7,912
Amortisation on intangible assets	734	329	734	329
Net impairments	(5,699)	31,983	(5,699)	32,629
Movement in credit loss allowance: contract receivables / contract assets	111	(231)	111	(231)
Movement in credit loss allowance: all other receivables and investments	0	(2)	0	(2)
Increase/(decrease) in other provisions	3,270	3,029	2,929	2,059
Audit services- statutory audit	197	175	168	134
Internal audit costs	130	104	107	85
Clinical negligence	495	354	495	354
Legal fees	413	177	154	176
Insurance	339	284	313	257
Research and development	645	176	645	176
Education and training	705	340	690	317
Rentals under operating leases	652	555	585	506
Other NHS charitable fund resources expended	86	37	0	0
Other	14,368	4,734	14,000	4,456
Total	**236,219**	**231,541**	**237,848**	236,205

Group statutory audit fees includes £140K+ VAT for the Trust and £24K+ VAT for the audit of the Charity, PharmaC and Propcare.

Other operating expenditure includes:
£3.6m relating to the National Cancer Fund which is hosted by the Trust
£1.6m Cheshire & Merseyside Cancer Alliance hosted by the Trust
£3m Clinical Diagnostic Centre recharges
£2.9m HO recharge from LUFT

Note 4.2 Impairments

	Group and Trust	
	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	2	1,738
Other	(5,701)	30,245
Total net impairments charged to operating surplus / deficit	**(5,699)**	**31,983**
Impairments charged to the revaluation reserve due to change in market price	30	1,738
Total net impairments	**(5,669)**	**33,721**

Note 4.3 Staff costs

	Group		Trust	
	2021/22 Total £000	2020/21 Total £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	61,019	56,024	59,823	54,851
Social security costs	5,955	5,424	5,824	5,310
Apprenticeship levy	267	245	267	246
Employer's contributions to NHS pensions	7,341	6,738	7,299	6,686
Employee contributions paid by NHSE on the Trust's behalf	3,176	2,929	3,176	2,929
Pension cost - other	57	74	12	11
Temporary staff (including agency)	2,323	2,223	2,177	2,188
Total gross staff costs	**80,139**	**73,656**	**78,578**	**72,222**

Note 4.4 Retirements due to ill health

During 2021/22 there were no early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31st March 2021). The estimated additional pension liabilities of these ill-health retirements is £0 (£122k in 2020/21).

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

Note 4.5 Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at **www.nhsbsa.nhs.uk/pensions**. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

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 31st March 2022, is based on valuation data as 31st March 2021, updated to 31st March 2022 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 31st 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 also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially 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.

HMT published valuation directions dated 7th October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at **https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports**.

Note 5.1 Operating leases

	Group & Trust	
	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	652	555
Total	**652**	**555**

	31 March	31 March
Future minimum lease payments due:	2022	2021
	£000	£000
- not later than one year;	705	75
- later than one year and not later than five years;	2,239	300
- later than five years.	13,703	8,175
Total	**16,648**	**8,550**

The Trust holds the following leases:
Land at the Aintree hospital site
Photocopiers
Vehicles
Spine Building & Car park

The increase in future lease payments over 5 years is due to an increase in the payment for Aintree land for the remainder of the lease period.

Note 6.1 Finance income

Finance income represents interest received on assets and investments in the perioc

	Group		Trust	
	2021/22	2020/21	**2021/22**	2020/21
	£000	£000	**£000**	£000
Interest on other investments / financial assets	**29**	35	**4,767**	4,931
NHS charitable fund investment income	**32**	23	**0**	0
Total finance income	**62**	58	**4,767**	4,931

Note 6.2 Finance costs

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

	2021/22	2020/21	**2021/22**	2020/21
	£000	£000	**£000**	£000
Interest expense:				
Loans from the Department of Health and Social Care	**583**	617	**583**	617
Interest on other loans	**0**	0	**4,689**	4,921
Finance leases	**0**	2	**0**	2
Total interest expense	**583**	620	**5,272**	5,541
Unwinding of discount on provisions	**(5)**	(5)	**(5)**	(5)
Total finance costs	**578**	615	**5,267**	5,536

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 2021/22 or 2020/21.

Note 7 Contractual revenue and finance lease commitments

	Group		Trust	
	2021/22	**2020/21**	**2021/22**	**2020/21**
	£000	**£000**	**£000**	**£000**
FM services	5,694	9,483	0	0
Total	**5,694**	**9,483**	**0**	**0**

In addition the Group has a 25 year 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	
	2021/22	**2020/21**
	£000	**£000**
Total future concession Trust expenditure / Propcare income	**427,760**	**426,084**
- not later than one year	14,696	13,643
- later than one year and not later than five years	60,918	56,105
- later than five years	352,145	356,336

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

	Trust	
	2021/22	**2020/21**
	£000	**£000**
Gross finance lease obligations of which are due	**184,065**	**192,068**
- not later than one year	8,003	8,003
- later than one year and not later than five years	32,011	32,011
- later than five years	144,051	152,054
Finance charges allocated to future periods	(61,424)	(66,112)
Net finance lease obligations of which are due	**122,642**	**125,956**
- not later than one year	3,439	3,314
- later than one year and not later than five years	15,108	14,558
- later than five years	104,094	108,084

Note 8.1 Intangible assets 2021/22

Group & Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**3,028**	**303**	**3,331**
Additions	1,288	869	**2,157**
Reclassifications	(528)	(302)	**(830)**
Valuation / gross cost at 31 March 2022	**3,788**	**870**	**4,658**
Amortisation at 1 April 2021 - brought forward	**842**	**0**	**842**
Provided during the year	734	0	**734**
Reclassifications	(133)	0	**(133)**
Amortisation at 31 March 2022	**1,443**	**0**	**1,443**
Net book value at 31 March 2022	**2,344**	**870**	**3,214**
Net book value at 1 April 2021	**2,185**	**303**	**2,488**

Note 8.2 Intangible assets 2020/21

Group & Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**2,657**	**0**	**2,657**
Additions	371	303	**674**
Reclassifications	0	0	**0**
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**
Reclassifications	0	0	**0**
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 9.1 Property, plant & equipment 2021/22

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 2021 - brought forward	**439**	**140,629**	**4,064**	**38,626**	**25**	**16,949**	**339**	**201,070**
Additions purchased	0	276	7,023	629	0	402	69	**8,399**
Additions donated	0	208	0	74	0	0	0	**282**
Impairments	0	(83)	0	0	0	0	0	**(83)**
Reversals of impairments	0	3,698	0	0	0	0	0	**3,698**
Revaluations	0	1,010	0	0	0	0	0	**1,010**
Reclassifications	0	125	(1,214)	997	0	661	261	**830**
Disposals / derecognition	0	0	0	(7,131)	0	(741)	(5)	**(7,877)**
Valuation/gross cost at 31 March 2022	**439**	**145,863**	**9,873**	**33,195**	**25**	**17,271**	**664**	**207,329**
Accumulated depreciation at 1 April 2021 - brought forward	**0**	**0**	**0**	**17,570**	**25**	**6,155**	**139**	**23,889**
Provided during the year	0	3,049	0	3,558	0	2,756	62	**9,425**
Impairments	0	(51)	0	0	0	0	0	**(51)**
Reversals of impairments	0	(2,003)	0	0	0	0	0	**(2,003)**
Revaluations	0	(995)	0	0	0	0	0	**(995)**
Reclassifications	0	0	0	67	0	66	0	**133**
Disposals / derecognition	0	0	0	(6,947)	0	(716)	(5)	**(7,668)**
Accumulated depreciation at 31 March 2022	**0**	**0**	**0**	**14,248**	**25**	**8,261**	**196**	**22,730**
Net book value at 31 March 2022	**439**	**145,863**	**9,873**	**18,947**	**(0)**	**9,010**	**468**	**184,599**
Net book value at 1 April 2021	**439**	**140,629**	**4,064**	**21,056**	**(0)**	**10,794**	**200**	**177,180**

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 and equipment financing 2021/22

Group & Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022							
Owned - purchased	439	141,121	9,873	11,902	9,010	468	**172,812**
Owned - donated/granted	0	4,742	0	7,045	0	0	**11,787**
NBV total at 31 March 2022	**439**	**145,863**	**9,873**	**18,947**	**9,010**	**468**	**184,599**

Property, plant and equipment financing 2020/21

Group & Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	439	136,099	4,064	13,257	10,794	200	**164,851**
Owned - donated/granted	0	4,530	0	7,799	0	0	**12,329**
NBV total at 31 March 2021	**439**	**140,629**	**4,064**	**21,056**	**10,794**	**200**	**177,180**

Note 9.3 Economic lives of assets

	Minimum Years	Maximum Years
Land	Infinite	Infinite
Buildings excluding dwellings	16	53
Plant & Machinery	3	15
Transport Equipment	7	7
Information Technology	3	10
Furniture & Fittings	5	54
Licences	3	10

Note 9.4 Property valuations

A full site desk-top valuation of all the FT's property has been undertaken in 2021/22 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 2022 with a valuation date of 31st March 2022. 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 2021/22 valuation report. 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 an associate

	Group and Trust	
	2021/22	2020/21
	£000	£000
Carrying value at 1 April - brought forward	**181**	**519**
Adjustment for previous years value	**620**	**-**
Carrying value at 1 April - restated	**800**	**519**
Share of profit	877	262
Disbursements / dividends received	(700)	(600)
Carrying value at 31 March	**977**	**181**

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

An adjustment has been made in year to correct the carrying value of investment in previous years for £620k.

Note 11 Inventories

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Drugs	5,640	4,201	3,504	2,014
Total inventories	**5,640**	**4,201**	**3,504**	**2,014**

Drug costs recognised in expenses for the year were £88,311k (2020/21 £73,010k).

Note 12.1 Trade and other receivables

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Revenue Contract receivables invoiced	4,176	4,358	4,415	4,056
Revenue Contract receivables not yet invoiced	3,145	1,665	3,221	7,403
Allowance for impaired contract receivables / assets	(180)	(78)	(180)	(78)
Capital receivables	0	618	0	618
Prepayments	1,258	1,125	1,224	2,978
VAT receivable	3,179	1,108	2,801	770
PDC Dividend receivable	124	298	124	298
NHS charitable funds receivables	82	12	0	0
Total current receivables	**11,784**	**9,106**	**11,605**	**16,046**
Non-current				
Prepayments (non-PFI)	449	161	2,349	161
Total non-current receivables	**449**	**161**	**2,349**	**161**
Of which receivable from NHS and DHSC group bodies:				
Current	4,526	4,621	4,526	4,621
Non-current				

Note 12.2 Allowances for credit losses

	Group & Trust	
	2021/22	2020/21
	£000	£000
Allowances as at 1 Apr 2021 - brought forward	**78**	**329**
New allowances arising	180	510
Reversals of allowances	(69)	(743)
Utilisation of allowances (write offs)	(9)	(18)
Allowances as at 31 Mar 2022	**180**	**78**

Note 13 Trade and other payables

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Trade payables	14,697	5,086	14,714	4,962
Capital accruals	6,918	3,544	6,918	1,772
Revenue accruals	13,667	14,333	14,443	22,638
Receipts in advance and payments on account	56	5,486	56	3,586
Social security costs	882	860	866	845
VAT payables	0	0	0	0
Other taxes payable	770	704	750	508
Other payables	1,490	1,744	1,178	1,680
NHS charitable funds: trade and other payables	11	8	0	0
Total current trade and other payables	**38,491**	**31,765**	**38,924**	**35,991**
Non-current				
Capital payables	120	970	0	0
Receipts in advance and payments on account	1,760		1,760	
Total non-current trade and other payables	**1,880**	**970**	**1,760**	**0**
Of which payables from NHS and DHSC group bodies:				
Current	13,190	6,762	13,190	6,762
Non-current	0	0	0	0

Note 14 Other liabilities

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Current				
Deferred income	15,669	5,974	15,715	5,974
Propcare liability	0	0	3,338	0
Total current liabilities	**15,669**	**5,974**	**19,053**	**5,974**
Non current				
Deferred income	0	0	1,018	1,110
Propcare liability	0	0	119,202	118,605
Total non current liabilities	0	0	120,219	119,715

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 £121,318k. The non-current deferred income of £1,064k relates to an arrangement fee with PropCare. Both entries are eliminated on consolidation.

Loan commitments

As at 31 March 2022, Clatterbridge Propcare Services Limited has drawn down £124 million in loans from the Trust. The receipt of loans from the Trust are intended to cover both the capital cost of the new cancer centre and the refurbishment of the existing estate. Clatterbridge Propcare Services Limited are responsible for repaying the loans plus a fixed rate of interest from the income received via the unitary charge under the 25 year agreement. Repayment commenced when the new hospital was completed in July 2020.

The Trust measures the loan commitments in accordance with IFRS 9. As at 31 March 2022, management does not believes that the loan commitment is onerous as Clatterbridge Propcare Services Limited's credit risk is low and therefore the probability of a default event is remote. Therefore, the Trust does not expect any credit losses arising from the loan commitment it has made to Clatterbridge Propcare Services Limited. Accordingly, the Trust has not recognised a provision in its accounts as at 31 March 2022.

Note 15 Borrowings

	Group & Trust	
	31 March 2022 £000	31 March 2021 £000
Current		
Loans from Department of Health and Social Care	**1,908**	1,916
Total current borrowings	**1,908**	1,916
Non-current		
Loans from Department of Health and Social Care	**32,090**	33,820
Total non-current borrowings	**32,090**	33,820
Total borrowings	**33,998**	35,736

In March 2010, the Trust took out a loan 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	Pensions: injury benefits	Elective recovery	R&I Strategy	Stranded costs	Other	Total
	£000	£000				£000	£000
At 1 April 2021	**99**	**0**	**0**	**0**	**3,120**	**212**	**3,431**
Arising during the year	58	89	1,089	2,000	82	559	**3,878**
Utilised during the year	0	0	0	0	(1,196)	0	**(1,196)**
Reversed unused	(2)	0	0	0	(605)	(0)	**(607)**
Unwinding of discount	0	0	0	0	0	(5)	**(5)**
At 31 March 2022	**154**	**89**	**1,089**	**2,000**	**1,401**	**766**	**5,500**
Expected timing of cash flows:							
- not later than one year;	154	3	1,089	2,000	1,401	655	**5,302**
- later than one year and not later than five years;	0	11	0	0	0	18	**29**
- later than five years.	0	75	0	0	0	93	**168**
Total	**154**	**89**	**1,089**	**2,000**	**1,401**	**766**	**5,500**

The elective recovery provision relates to the element of Month 12 income estimated as not likely to be received. The R&I Strategy provision relates to future obligated costs in line with the Trust's agreed strategy. Legal claims consist of amounts due as a result of claims managed through NHS Resolution and the national pay claim for rebanding Band 2 healthcare assistants to Band 3.

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 31st March 2022 in relation to ELS of £nil (2020/21 £nil) and in relation to CNST of £809k (2020/21 £795k).

Note 16.2 Provisions for liabilities and charges – Trust

	Legal claims	Pensions: injury benefits	Elective recovery	R&I Strategy	Stranded costs	Other	Total
	£000	£000				£000	£000
At 1 April 2021	**99**	**0**	**0**	**0**	**2,135**	**120**	**2,354**
Arising during the year	58	89	1,089	2,000	0	300	**3,536**
Utilised during the year	0	0	0	0	(1,166)	0	**(1,166)**
Reversed unused	(2)	0	0	0	(605)	0	**(607)**
Unwinding of discount	0	0	0	0	0	(5)	**(5)**
At 31 March 2022	**154**	**89**	**1,089**	**2,000**	**364**	**415**	**4,112**
Expected timing of cash flows:							
- not later than one year;	154	3	1,089	2,000	364	305	**3,915**
- later than one year and not later than five years;	0	11	0	0	0	18	**29**
- later than five years.	0	75	0	0	0	93	**168**
Total	**154**	**89**	**1,089**	**2,000**	**364**	**415**	**4,112**

Note 17 Contingent assets and liabilities

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities				
NHS Resolution legal claims	**(4)**	(4)	**(4)**	(4)
Net value of contingent liabilities	**(4)**	**(4)**	**(4)**	**(4)**

Note 18 Contractual capital commitments

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	54	812	54	812
Total	**54**	**812**	**54**	**812**

Note 19 Cash & cash equivalents

	Group	Trust
	2021/22 £000	2021/22 £000
Balance at 1 April	**63,533**	**53,765**
Net change in the year	19,282	22,936
Balance at 31 March	**82,815**	**76,701**
Split as:		
Commercial bank accounts and cash in hand	6,118	3
Cash deposits with Government banking service	76,697	76,697
	82,815	**76,701**

Note 20.1 Carrying values of financial assets – Group

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	7,141	0	7,141
Other investments / financial assets	977	0	**977**
Cash and cash equivalents	80,726	0	**80,726**
Consolidated NHS Charitable fund financial assets	2,171	1,413	**3,584**
Total at 31 March 2022	**91,015**	**1,413**	**92,428**

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**

Note 20.2 Carrying values of financial assets – Trust

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	7,456	0	**7,456**
Other investments / financial assets	977	0	**977**
Cash and cash equivalents	76,701	0	**76,701**
Total at 31 March 2022	**85,134**	**0**	**85,134**

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**

Note 21.1 Carrying values of financial liabilities – Group

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	33,998	**33,998**
Trade and other payables excluding non financial liabilities	36,575	**36,575**
Consolidated NHS charitable fund financial liabilities	11	**11**
Total at 31 March 2022	**70,584**	**70,584**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£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**

Note 21.2 Carrying values of financial liabilities – Trust

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	33,998	**33,998**
Trade and other payables excluding non financial liabilities	37,252	**37,252**
Total at 31 March 2022	**71,250**	**71,250**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£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**

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 1.9% 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 2022		31 March 2021		**31 March 2022**		31 March 2021	
	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	**1,413**	**1,413**	1,364	1,364	**0**	**0**	0	0
Other financial assets	**0**	**0**	0	0	**117,885**	**94,737**	122,037	78,987
	1,413	**1,413**	**1,364**	**1,364**	**117,885**	**94,737**	**122,037**	**78,987**

	Group				Trust			
	31 March 2022		31 March 2021		**31 March 2022**		31 March 2021	
	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	**1,730**	**1,730**	1,730	1,730	**1,730**	**1,730**	1,730	1,730
Non Current	**32,090**	**32,090**	33,820	33,820	**32,090**	**32,090**	33,820	33,820
Other liabilities	**0**	**0**	0	0	**119,202**	**95,544**	119,715	76,721
	33,820	**33,820**	**35,550**	**35,550**	**153,022**	**129,364**	**155,265**	**112,271**

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 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

	2021/22		2020/21	
Group and trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Bad debts and claims abandoned	11	5	13	4
Total losses	**11**	**5**	**13**	**4**
Special payments				
Ex-gratia payments	1	3	1	3
Overtime corrective payments (nationally funded)	1	90	0	0
Total special payments	**2**	**93**	**1**	**3**
Total losses and special payments	**13**	**98**	**14**	**7**

Note 25 Auditor's liability

The auditor's 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 2021/22 or 2020/21.

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 2021/22 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, CCGs, Foundation Trusts, NHS Trusts, NHS Resolution and Health Education England. 'Other bodies' with the WGA boundary include Local Authorities, HM Revenue & Customs and NHS Pension Agency.

Related party transactions:

	Group			
	2021/22		2020/21	
	Revenue	**Expenditure**	Revenue	Expenditure
	£000	**£000**	£000	£000
Non-consolidated associates (Private Patient JV)	**3,469**	**102**	2,993	28
Total transactions with related parties	**3,469**	**102**	**2,993**	**28**

	Group			
	31 March 2022		31 March 2021	
	Receivables	**Payables**	Receivables	Payables
	£000	**£000**	£000	£000
Non-consolidated associates (Private Patient JV)	**977**	**59**	1,138	87
Total balances with related parties	**977**	**59**	**1,138**	**87**

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.

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NHS Foundation Trust

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