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# Annual Report & Accounts

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From 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015

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To provide the best cancer care to the people we serve





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# Introduction

## Chairman & Chief Executive Statement

It is our great pleasure to introduce you to our Annual Report and Accounts for 2014/15. This year was defined by a continued strong performance on quality and a clear focus on the future of cancer care in Merseyside and Cheshire.

Operationally, the Trust performed strongly achieving the majority of operating standards in respect of relevant NHS targets in 2014/15 and our key indicators demonstrate that we are maintaining and improving our performance in a range of vital areas.

The Trust prides itself on our excellent reputation for infection control and this year we once again achieved the very challenging standard in respect of clostridium-difficile infections.

Our financial position remains strong, and we have coped well with the need to become more efficient year on year while continually improving quality of care. We Financially, the Trust remains in a sound position. We achieved a strong balance sheet with a revenue surplus, at year end 2014/15. The Trust also achieved cost improvements of £2.4m. This puts us in a strong position to face the financial challenges of the years ahead. We continue to develop our services to ensure they are cost effective, more efficient and ultimately better for patients.

We can only continue to maintain the standards of care on which we pride ourselves with the support of our staff. The most recent Friends and Family results published by NHS England show The Clatterbridge Cancer Centre as equal third highest in the country for staff recommending care and treatment, and equal ninth highest for staff recommending it as a place to work.

We were also named one of the best places in the country to work in healthcare in the 2014 annual analysis by the Health Service Journal (HSJ). Our staff are exceptional people who are not only leading professionals in their fields but also compassionate and totally committed to doing their best for patients. These results reflect this, but the real value of the feedback received is how we can act on the information to make improvements to patient care and ensure The Clatterbridge Cancer Centre is the employer of choice for cancer experts

It is this passion and drive from our staff that is now supporting us to in our ambition to transform cancer care in Merseyside and Cheshire. Our vision is to develop a new hospital providing expert care and carrying out ground-breaking research and clinical trials on the same site as the Royal Liverpool University Hospital and the University of Liverpool.

The results of the Transforming Cancer Care public consultation on the proposals, which ran from July to October 2014, showed that 91% of people supported the vision for expanding and improving cancer care and 88.5% said the proposals for the new hospital would achieve it.

Proposals for the new hospital have also received unanimous approval from the Joint Health Scrutiny Committee for Cheshire and Merseyside, which was established by the region's local authorities to consider whether the new hospital was in the best interests of people's health.

We will now develop an outline business case, which we expect will be approved in summer 2015.

Whilst we look to the future we continue to work to ensure our current services are the best they can be and we have received further international recognition this year for rigorous standards in radiosurgery.

Our Radiotherapy treatment centre based on the Aintree University Hospital site in Liverpool was accredited as a 'Novalis Certified Radiosurgery Centre'. We were one of the first three centres in Europe to receive this acclaim and are now certified for our high quality of cancer treatment with radiosurgery, radiation therapy and commitment to patient safety.

The Trust has long been a pioneer of new treatment types, providing highly specialist services in addition to more common forms of non-surgical cancer care.

The National Centre for Eye Proton Therapy marked 25 years of revolutionary eye cancer treatment at The Clatterbridge Cancer Centre.

The eye proton therapy service was the first of its kind in the UK when it launched in 1989 and has become internationally-renowned for this service. The National Centre for Eye Proton Therapy – the newly renamed suite – attracts patients from across the UK, Europe and further afield and has treated more than 2,000 patients since it opened its doors.

The Centre was the first place in the UK to offer Papillon and the dedicated team here has seen first-hand how Papillon has developed over the years and how truly life-changing the procedure can be for patients.

PharmaC, our subsidiary community pharmacy has marked its first anniversary and has quickly become a vital service to help us deliver a more personalised and efficient experience for our patients over the last twelve months.

The team is now looking at how they can expand their services in the future and are also supporting the Centre's 'Clatterbridge in the Community' initiative, in particular cancer treatment at home bringing high quality care even closer to our patients.

The Clatterbridge Private Clinic, which has now been in operation for two years, continues to be an extremely valuable source of additional income which has been used to maintain and enhance NHS services and improve cancer care across the region.

We have also continued to expand our pioneering research and academic activity and will shortly be launching one of the largest oncology bio-banks in the UK

meaning the Merseyside region will be better able to take a lead in clinical trials, both nationally and internationally.

The last twelve months saw the trust continue our commitment to working in partnership to find new ways to improve our services and we were delighted to open a new Maggie's Centre on our site during the summer.

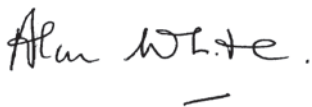
By working in partnership with Maggie's, a charity that provides free practical, emotional and social support for anyone living with cancer as well as their family and friends, our patients have immediate and easy access to a range of support services. This development further enhances our mission to deliver the most compassionate cancer care possible to our patients.

We truly value the commitment and drive demonstrated by our non-executive Directors who bring outside expertise to key decision-making and provide external scrutiny of our trust's leadership. We welcomed a new non-executive to the Board in August; Phil Edgington, who brings with him a wealth of experience having led high-profile businesses and charities spanning energy, healthcare, social care, criminal justice and disability. That rich array of knowledge and expertise will be hugely beneficial to The Clatterbridge Cancer Centre as we further realise our ambitions as a world-class centre of cancer care. Phil succeeds Louise Martin, who stepped down from the Board at the end of July 2014 after completing 13 years as a non-executive director.

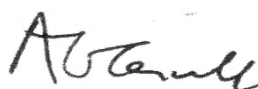
As always, we could not have achieved all we have without the dedication, hard work and enthusiasm of our staff, governors, members, volunteers and other supporters. This year, The Clatterbridge Cancer Charity has raised a record £1.59m to fund pioneering research, new cancer treatments and vital support services along with important building work and refurbishments at The Clatterbridge Cancer Centre.

These projects would not be possible without our charity supporters so we are very grateful to them.

The coming year is certain to provide challenges but we are confident that The Clatterbridge Cancer centre has a positive future with many exciting opportunities, and we will continue to offer a first class service for our community and, through our Transforming Cancer Care vision, provide the best cancer care to the people we serve for generations to come.



*Alan White, Chairman*



*Andrew Cannell, Chief Executive*



# Strategic Report

## Vision, Mission and Values

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

### Vision

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

### Mission / core purpose

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

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

### Values

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

## Trust Profile

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

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

It cares for more than 30,000 patients per year, with in excess of 220,000 patient contacts for treatment/appointments. The Centre registers almost 8,000 new patients each year.

More than 900 staff are employed at the Centre, with volunteers providing additional support and services. The Trust spends approximately £88m per year on all aspects of cancer treatment, diagnosis and care.

The Trust's Wirral-based treatment centre is supported by a £17m radiotherapy satellite facility in Aintree, Liverpool and specialist chemotherapy clinics in seven of

Merseyside's district hospitals. Together, this enables the Centre to provide a comprehensive range of radiotherapy (including low energy proton beam treatments) and chemotherapy treatments in outpatient and inpatient settings across Cheshire and Merseyside.

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

The Trust is part of the Merseyside and Cheshire Cancer Network and is a full participant in all Clinical Network Groups and Multi-disciplinary Teams.

## **Background Information**

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

The Clatterbridge Cancer Centre's Wirral-based treatment centre houses the Delamere Day-Case Unit which offers specialist chemotherapy in comfortable treatment bays. It also operates specialist, weekly chemotherapy clinics in eight of the region's district hospitals, to ensure that patients are within just a few miles of world-class chemotherapy treatment. The Centre annually delivers over 44,000 outpatient chemotherapy treatments and over 1,100 inpatient treatments.

To complement this, it operates a community chemotherapy service which offers specialist treatment away from a hospital setting and enables some patients to have access to the best possible care in the most convenient place.

The Clatterbridge Cancer Centre boasts one of the largest medical radiation services in the UK, to deliver standard and specialist radiotherapy offering faster, more effective diagnosis and treatment to help fight a wide range of cancers.

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

The department features some of the most modern radiotherapy and imaging facilities anywhere in Europe and the Centre's comprehensive suite of facilities includes ten linear accelerators, x ray treatment machines, two simulators, two scanners and planning and diagnosis systems as well as pioneering stereotactic radiotherapy facilities.

The Trust has also developed a satellite radiotherapy centre at Aintree, aimed at providing care as close to patients' homes as possible.

The Centre is the first and only cancer centre in the UK with a world-class, proton therapy facility to treat eye tumours. It was the first centre in the UK to introduce Novalis Tx treatment system when it launched the revolutionary treatment in 2011. It

also pioneered the use of Papillon radiotherapy and was the first British centre to introduce the treatment in 1992. The Clatterbridge Cancer Centre now operates one of the largest radiotherapy centres in the North West, delivering nearly 100,000 treatments each year.

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

It is leading on the development of comprehensive survivorship programmes, having participated in the Department of Health pilot programme.

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

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

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

The Centre is now poised at one of the most significant points in its history. It is committed to transforming cancer care through the development of a new centre located in Liverpool. The Transforming Cancer Care project is a once-in-a-generation opportunity to develop cancer services that will ensure the people of Cheshire, Merseyside and beyond continue to benefit from care of the highest quality for decades to come.

The new centre, expected to open in 2018, would be located on the Liverpool health campus alongside the Royal Liverpool University Hospital, the University of Liverpool and other key research partners. The Trust would continue to operate outpatient services and proton therapy at its Wirral site, as well as its outpatient radiotherapy services at Aintree and the outpatient chemotherapy clinics across Cheshire and Merseyside. Inpatient services and complex chemotherapy and radiotherapy would move to the new centre but the majority of Wirral patients could continue to receive their care at the current site.

The project has three key benefits:

- Seriously-ill patients with other health conditions (e.g. heart, lung and kidney) as well as cancer would have on-site access to intensive care and support from other key medical and surgical specialties for the first time. This is becoming increasingly important as the population ages and has more complex health needs.

- It would mean the main Clatterbridge site with inpatient chemotherapy and radiotherapy expertise was much more centrally located for the population it serves, reducing travel times for the majority of patients. Around 70% of its patients live north of the Mersey, whereas the Wirral site is in the south of its catchment area.
- Bringing the Centre onto the same site as the university, Royal Liverpool and other key research partners would significantly increase opportunities for groundbreaking research and clinical trials, enabling patients in Cheshire and Merseyside to benefit from greater access to the latest expertise and treatments.

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

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

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

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

## Financial Summary

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

Financial Target	Outcome
• Planned income & expenditure surplus of £6.14m	Achieved actual surplus of £6.96m
• Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) of £9.73m	Achieved actual EBITDA of £10.61m
• I&E surplus margin of 3.1%	Achieved margin of 7.6%
• EBITDA margin of 6.3%	Achieved margin of 10.5%
• Return on Assets employed of 4.5%	Achieved return of 10.6%
• Overall Financial Risk Rating determined by the independent regulator (Monitor) for: <ul style="list-style-type: none"> <li>○ Continuity of Service (Liquidity ratio) 4</li> <li>○ Capital Servicing 4</li> </ul> (Where 4 represents lowest financial risk and 1 highest)	Achieved Financial Risk Rating of 4. Achieved Financial Risk Rating of 4.

## Key Financial Risks

The majority (92%) of the Trust's income is received for the provision of non-surgical cancer treatments to the residents of Cheshire, Merseyside and parts of Lancashire, North Wales and the Isle of Man. In 2014/15 approximately 47% of the Trust's clinical income was funded by Payment by Results (PbR) national tariffs, with the remainder from locally determined prices. Both PbR and the local tariff arrangements are usually based on the principle that the Trust is reimbursed for activity performed. Therefore a reduction in activity would represent a financial risk to the Trust. However the Trust is able to mitigate against this risk by:

- Where possible, employing contract tolerances to reduce in year income volatility, such as fixed value contract agreements. In 2014/15 we agreed a block contract with our main commissioner for the entire year.
- Agreeing local tariffs with commissioners for 53% of clinical income that are not, therefore, subject to the same degree of price volatility as the nationally determined tariffs within Payment by Results.
- Continuing to agree funding for cancer drug developments based on actual drug usage.

As in previous years, a key concern for the forthcoming financial years will be the impact of the reduction in public expenditure on the NHS. The Trust is working with commissioners and other stakeholders across the health economies to ensure quality cancer services can be maintained whilst increasing productivity and efficiency. The Trust will be required to deliver its own challenging organisational cost improvement programme (CIP) and improvements in unit efficiency. Non-delivery of this target represents a key financial risk to the Trust. However this risk is reduced to the extent that the savings target was achieved in 2014/15 and the 2015/16 programme has been identified.

## Activity

As noted above, the majority of the Trust's income is derived from providing non surgical cancer treatments and support (such as radiotherapy, chemotherapy, palliative care, diagnostic imaging, psychiatric and other support). During 2014/15 the Trust experienced growth for some of its services such as Outpatient procedures and Proton Beam Therapy. Radiotherapy and Chemotherapy activity overall was below plan for the year, but with more complex adaptive Radiotherapy and Brachytherapy treatments taking place which attracted higher tariffs. This change in case mix was consistent with the experience of other Radiotherapy centres in the country. The number of patients admitted to the hospital as in-patients fell in year. Patients admitted as day cases fell also due to a reclassification from day case to outpatient treatments. Proton therapy activity was significantly above plan for the year. This is a national service as the Trust is the only UK provider. It treats circa 160 patients per annum and activity is quite volatile year on year.

Activity	2014/15 Actual	2014/15 Plan	% Variance	% Growth Forecast 2015/16
Chemotherapy attends	89,935	99,104	-9.3%	8%
Radiotherapy attends	95,782	107,573	-11.0%	3.8%
Proton therapy attends	1,084	831	30.4%	0%
Admitted patient care: spells	2,650	2,975	-10.9%	2%
Admitted patient care :day cases	828	982	-15.7%	2%
Out-patient consultations	111,943	119,580	-6.4%	2%

Forecast growth is related to the increase in estimated numbers of our relevant catchment population, historic growth patterns and is based on the same assumptions that underpin the Trust's 2 year Forward Plan.

### Other Income and Non-healthcare Activities

As noted above, the majority of the Trust's income is derived from providing clinical cancer services. In addition, the remaining 8% of income is derived from:

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

### Investment Activity

The Trust invested £9.62 million in capital expenditure on buildings and replacement of capital equipment in 2014/15. The main schemes were:

- £2.68 million purchase a new PET CT Scanner.
- £2.51million to implement a new electronic patient record system.
- £2.22million to replace a Linear Accelerator.
- £0.24million to replace fixed x-ray equipment.

The Trust is planning capital expenditure in 2015/16 of £13.9 million. The main schemes will include continued implementation of the Trusts Electronic Patient Record (EPR) system and continuation of the on-going equipment enhancement and replacement programme. A further £121.9 million of capital expenditure is planned over the following 4 years which will include the new cancer centre run by Clatterbridge Cancer Centre in the centre of Liverpool: Transforming Cancer Care. The Trust is currently working on an Outline Business Case. If successfully approved the project is expected to start in 2015/16 and be completed by 2018.

## Investment in Associates

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

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

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

## Subsidiaries

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

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

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

## Charitable Funding

The Board of The Clatterbridge Cancer Centre are also the Corporate Trustee of The Clatterbridge Cancer Centre Charitable Funds. During 2014/15 £119k has been spent by the Charity in support of the Foundation Trust. The main areas of expenditure were:

- Improving patients welfare - £68k
- Improving staff welfare - £ 1k
- Research & Development - £50k

## Going Concern

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

## Accounting Policies

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

## Group Accounts

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

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

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

<b>The Clatterbridge Cancer Centre Group Accounts</b>	<b>£m</b>
The Clatterbridge Cancer Centre NHS Foundation Trust	6.96
The Clatterbridge Cancer Charity	0.62
The Clatterbridge Pharmacy Limited	0.73
<b>Total Group Surplus</b>	<b>8.31</b>

Signed



Andrew Cannell  
Chief Executive

Date 27<sup>th</sup> May 2015



## Directors' Report

### Patient Care

#### Performance against key targets 2014/15

##### 18 weeks performance

The Clatterbridge Cancer Centre (CCC) has performed well (all figures are currently YTD) against the existing requirements to see and treat patients within 18 weeks, whether they are admitted or non-admitted.

Performance against these key targets is as follows:

- 97.8% of RTT admitted patients were seen within 18 weeks from the initial GP referral to treatment (target threshold 90%).
- 97.7% of RTT non admitted patients were seen within 18 weeks from initial GP referral to treatment (target threshold 95%).

Additionally non Cancer Waiting time's specific performance can be seen as follows:

- We have had 0 incidence of an MRSA bacteraemia (our target is no more than 0).
- We have had 1 incidence of Clostridium Difficile (our target is no more than 2).

##### Cancer Waiting Times Performance

All Cancer Waiting Time targets are included for all 2013/14 with performance as follows:

- 98.2% of patients were treated within 31 days from the time of decision to treat for first treatments (target threshold 96%).
- 99.4% of patients were treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments (target threshold 98%).
- 97.2% of patients were treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments (target threshold 94%).
- 88.2% of patients were treated within 62 days from the date of urgent GP referral (CCC threshold 79%).

### Regulatory Ratings

The Regulator (Monitor) assesses the performance of Foundation Trusts through the Risk Assessment Framework (RAF) measuring performance in two distinct categories:

## Continuity of Key Services

A statutory role of the regulator is to ensure the continued provision of key NHS services through financial robustness. To do this the risk rating incorporates two common measures:

- (i) Liquidity: days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown and
- (ii) Capital Servicing Capacity: the degree to which the organisation's generated income covers its financing obligations.

## Governance

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

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

For 2013/14 the Trust received a financial risk rating of '4' for the Annual Plan which was subsequently improved to a '5' for the quarterly performance and 'green' governance rating under the Compliance Framework. In October 2013, following the implementation of the RAF, Monitor assigned the Trust a governance risk rating of 'green' against the new criteria identified in the RAF and stated that the Trust's 2013/14 financial risk rating remained unchanged.

In 2014/15 in Monitor's assessments of the Annual Plan, they assigned the Trust a Continuity of Service Rating of '4' and a governance risk rating of 'green' against the criteria identified in the RAF.

## Governance Ratings 2014/15

	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Continuity of Service Rating	4	4	4	4	4
Governance Rating	Green	Green	Green	Green	Green

## Governance Ratings 2013/14

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Compliance Framework					
<b>Financial Risk Rating</b>	5	5	5		
<b>Governance Risk Rating</b>	Green	Green	Green		
Under the Risk Assessment Framework					
<b>Continuity of Service Rating</b>				4	4
<b>Governance Rating</b>				Green	Green

## Care Quality Commission (CQC) Assessment and Review

### Independent Risk Management Assessments

#### Intelligent Monitoring by the Care Quality Commission

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions they will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. CQC judgements will always be based on the result of an inspection, which will take into account their Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.

Trusts are categorised into one of six summary bands, with Band 1 representing highest risk and Band 6 the lowest risk. The bands have been assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk', or if there are known serious concerns with trusts (for example, trusts in special measures) they are categorised as Band 1.

During 2014/15 the CQC published 2 Intelligent Monitoring Reports.

#### July 2014

Priority Banding: 6  
Number of risks: 0

#### December 2014

Priority Banding: 6  
Number of risks: 0

#### Maintenance of ISO 9001:2008 Standard

The ISO 9001:2008 Standard is a national (externally assessed) standard based around the principles of customer satisfaction, a systematic approach to

management, and encouraging a culture of continual improvement across all departments within the Trust.

CCC is thought to have been the first NHS Trust to achieve this accreditation for the organisation as a whole. The accreditation is reviewed periodically and it is pleasing to report that it has been retained throughout 2014/15.

### Information Standard

The Trust holds certification against the Information Standard evaluation by G4S. The last evaluation was in April 2014.

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

The Clatterbridge Cancer Centre piloted the draft Accessible Information IBS 1605 Standard 31/01/15 – 31/03/2015. Feedback from piloting will inform the final version of the standard, which is due to be completed by 14.05.15.

Adherence to this standard, *if approved*, will be mandatory for all health and social care organisations by 31 March 2016. NHS England is currently in discussion with CQC to see if the Accessible Information can form part of their assessments.

### Patient Led Assessment of the Care Environment (PLACE)

Our annual PLACE (Patient Led Assessment of the Care Environment) assessment has also demonstrated good performance with ratings being given for cleanliness (99.78%), food (75.5%), privacy, dignity and wellbeing (87.29%), dementia (76.92%), and condition, appearance and maintenance (94.87%). We are reviewing these results to ensure we continue to improve.

### Quality Strategy

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

### Progress towards targets as agreed with local commissioners

The Trust agreed a number of targets with its commissioners as CQUINS (Commissioning for Quality and Innovation Payment Framework) initiatives. These were:

- Friends and Family Test - Implementation of staff FFT
- Friends and Family Test - Early implementation
- Friends and Family Test - Increased or Maintained Response Rate

- NHS Safety Thermometer
- Dementia - Find, Assess, Investigate and Refer
- Dementia - Clinical Leadership
- Dementia - Supporting Carers of People with Dementia
- CQUIN supporting QIPP scheme
- Patient held records
- Percentage shift to telemedicine care for clinically appropriate patients
- Chemotherapy - reducing drug wastage
- To increase the number of patients enrolled into clinical trials (where they exist)
- 7 day working: Assessment by consultant within 12 hours of admission
- Care close to home

The Trust has achieved the full CQUIN payment in 2014/15 for achieving the majority of the quality improvements specified by commissioners.

### Equality, Diversity and Human Rights

The Clatterbridge Cancer Centre NHS Foundation Trust works to maintain a robust approach to equality, diversity and human rights issues which support our work to comply with The Equality Act 2010. This Act requires us a public body to have due regard to eliminate discrimination, advance equality of opportunity and foster good relations between different groups when carrying out our activities. This is known as the General Duty.

In addition, as a public sector organisation, we have a duty to comply with the specific duty known as the Public Sector Equality Duty. This requires the publication of relevant and proportionate information to demonstrate how we are responding to the General Duty.

- Age – where this is referred to, it refers to a person belonging to a particular age e.g. 34 years old or a range of ages e.g. 16 – 24 year olds).
- Disability – a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out their normal day to day activities.
- Gender Reassignment – the process of transitioning from one gender to another.
- Marriage and Civil Partnership – marriage is defined as a “union between a man and a woman”. Same sex couples can have their relationships legally recognised as “civil partnerships”. Civil partners must be treated the same as married couples on a whole range of legal matters.
- Pregnancy and Maternity – pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breast feeding.
- Race – refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship)

ethnic, or national origins.

- Religion and Belief – religion has the meaning usually given to it, but belief includes religious and philosophical beliefs including lack of belief (Atheism). Generally a belief should affect your life choices or the way you live for it to be included in the definition.
- Sex – a man or a woman.
- Sexual Orientation – whatever a person's sexual attraction is towards their own sex, the opposite sex, or both sexes.

We have been working towards eliminating discrimination across many of these Protected Characteristics for some time, with mixed degrees of success.

A refreshed Equality, Diversity and Human Rights Steering group has been set up, and has been tasked with reviewing terms of reference, and exploring ways of how to engage the wider workforce. The current Equality Action Plan (2012-2016) is also under review, as it has been identified by the group that more ownership is required in order to achieve positive outcomes. The Executive Director for Equality, Diversity and Human Rights will write to the General Managers of the three Directorates to request representation for the group; this will be a person with authority to make decisions. The commitment to ensuring that Equality, Diversity and Human Rights will be taken into account in everything we do as an employer and provider of cancer care is in line with our values and behaviours.

The Equality Action plan will be replaced by the new national Equality Delivery System (EDS 2). Within the system, there are four main goals:

- Better health outcomes for all,
- Improved patient access and experience,
- Empowered, engaged and included staff,
- Inclusive leadership at all levels.

Under the new system, NHS organisations are required to develop four yearly equality strategies based on their grading of their equality performance against a set of nationally determined EDS goals and outcomes:

- Excellent
- Achieving
- Developing
- Underdeveloped

Based on the grading, the system will show how the most immediate priorities are to be addressed, by whom and in what timeframe. Annually, progress will be assessed by both the Equality, Diversity and Human Rights group and also by invited local groups who have an interest. By examining the progress made against each goal, the grading can be reassessed, demonstrating continuous improvement.

Through the development of the EDS Action Plan, we will continue to promote equality of opportunity, supporting people to achieve positive change. Staff will be asked what they view as issues for them in their department, following this with a gap analysis and action plan. Areas of good practice will also be promoted, sharing

these across the organisation and engaging enthusiastic members of staff who want to make a difference and take ownership for actions.

Areas of good practice for the period 2014/15 include:

Stop Hate Crime UK: we attended the launch in August 2014 of a number of organisations signing up to become 3<sup>rd</sup> sector partners and became one of the 70 third party reporting centres across Merseyside. These are independent, non-police centres that allow victims of hate crime to report incidents in complete confidence. Staff will be offered training to help victims get advice and support in a safe and secure environment.

Opportunities in coaching and leadership training for managers are currently being rolled out across the Trust. Coaching for performance will be promoted, and staff will be encouraged to use coaching for support and personal and professional development.

A member of staff in the radiotherapy department has been successful in securing a Macmillan funded research internship exploring health inequalities and his research project will explore the discussion of sexual orientation with patients. He has also received specialist training from the Stonewall Diversity Champion programme in matters relating to the needs of lesbian gay and bisexual staff and patients. The Trust has also established a Health and Well Being group, which encompasses positive mental, physical and social states of well-being. The Trust is actively supporting staff well-being to ensure that their experience in the work place is a positive one. Some of the initiatives include:

- Tai Chi and yoga classes
- Running club
- Sale of fruit and vegetables
- Complementary therapies for staff
- Supported smoking cessation

The Trust also supports flexible working practices to accommodate the different needs of staff, i.e. carers. There are policies in place to ensure equity of access to flexible working arrangements for all staff members. These include: condensed working hours, job share. Flexible working applications are managed locally and involve a discussion between the staff member and their line manager.

Relations at Work Group (RAW) discuss and challenge the culture of bullying and harassment in the workplace. Issues are fed back to the Equality, Diversity and Human Rights group for comments and development of an action plan.

Equality and Diversity training is now available online to update staff skills, knowledge and understanding around equality.

The Clinical Specialist, Additional Needs continues to develop her resources to support staff care for patients with additional needs, which include patients with dementia, learning difficulties, physical disability and patients for whom English is not their first language. Work in ongoing developing patient pathways which identify

crucial points where an interpreter is needed in order to improve the patient experience. Translated information materials have been identified and catalogued according to best practice, and will shortly be available on the Trust intranet for staff to access. She is also establishing links with minority community groups who may be able to visit with our patients, bringing social interactions. Education around cancer and its prevention is exchanged with these groups and is proving to be hugely beneficial increasing awareness of cancer and cancer prevention.

## Developing our Services

### Chemotherapy Services

The Chemotherapy Services Directorate provides systemic anti-cancer therapy (SACT), supportive therapies and outpatient services for patients across Cheshire and Merseyside and the Isle of Mann. The Directorate works across a wide geographical area, and has close links with all external key providers, in strategic and operational capacities.

- Pharmacy – prescription verification, preparation and dispensing of SACT and supportive therapies. Trust wide responsibility for medicines management, information and advice. Out- patient pharmacy provision- [Pharma](#)
- Day Case SACT (including phase 1, 2 and 3 clinical trials) on the main site plus OPD SACT across 7 DGH's.
- Acute Oncology Services across main site and 7 acute trusts.
- Chemotherapy at home, currently being rolled out across Merseyside and Cheshire.

Activity across these services has increased year on year, with an average forecast of 5% annually. (Based on attends for treatment). However during 2014/15 the number of attends for treatment has grown by only 1%. The rationale for this is unclear, however we have seen a significant increase (30%) in the number of patients requiring complex treatments and nurse led activity has grown by 11% over the last year.

We currently deliver approximately 3,600 treatment attends per month.

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

Patients on complex or specialised regimens are treated at the centre on the Wirral site.

The clinics are located at:

- Delamere Day Case Unit,
- Countess of Chester Hospital,
- Halton Hospital: Can Treat Centre,
- Southport Hospital,



- Aintree University Hospital: Marina Dalglish Centre,
- Royal Liverpool Hospital: Linda McCartney Centre,
- Liverpool Heart and Chest Hospital,
- Liverpool Women's Hospital,
- St Helen's Hospital: Lilac Centre,
- Nobles IOM.

A number of SACTs are available as oral or sub-cutaneous injections and can be delivered via a nurse led service.

The chemotherapy at home service is currently targeting and encouraging patients on SC Herceptin to have their treatment at home. It will be expanded to include many other SC treatments once the model is embedded, full roll out of the service will be implemented by December 2015.

### **Developments in 2014/15**

- The Trust is nationally recognised as a leader for the delivery of Acute Oncology Services and has a key role in the development of a service specification that will be implemented at a national level. The specification will outline the essential components needed to deliver a comprehensive Acute Oncology Service; a local gap analysis is currently underway.
- The Chemotherapy at Home project has been evaluated and roll out across the network commenced in March 2015, full implementation will be completed by December 2015. The project will be managed by the CCC team.
- Evaluation of the mobile facility is complete with termination of the contract agreed for April 2015. Agreements and action plans for Chemotherapy services to return to Countess of Chester and Southport and Ormskirk Trust are in situ and on schedule for 1/4/15.
- Full implementation of E-Prescribing has been achieved and was implemented on the 1<sup>st</sup> February 2015. Two pharmacists and one senior nurse now completed and fulfilling their role as Non-Medical Prescribers.
- The pilot of the ward based pharmacy technician role proved successful and has become a permanent role.
- A pilot of the ward doctor post was successfully completed and will result in the development of advance practitioner roles within the senior Nursing team without the need for a permanent ward doctor role.
- A pharmacy medicines technician pilot has been commenced to evaluate enhanced pharmacy support and skill mix on the Delamere Day Case Unit.
- PharmaC – has over delivered on plan and has been instrumental in the successful delivery of the Chemotherapy at Home project.
- A workforce analysis of the nursing team has been completed, nursing “sector” teams have been established to improve continuity of care and improve standards across the network.

## Radiation Services

Radiation Services provides an external beam radiotherapy service, brachytherapy, Papillon, low energy proton service and imaging services for the Trust. The external radiotherapy and brachytherapy services are provided to patients from the Merseyside and Cheshire Cancer Network, some patients from North Wales and patients from the Isle of Man. The National Centre for Eye Proton Therapy service delivered by the Cyclotron provides the service for patients across the UK and further afield as does the Papillon service.

The Imaging service provides a service to patients from the Cancer Network but also includes direct access from GPs and other healthcare providers locally and some services to Wirral University Teaching Hospitals.

The Diagnostic Imaging Department provides four services, these are CT, MR, Nuclear Medicine (gamma camera) and X-ray and ultrasound. The Trust hosts the mobile Cheshire and Merseyside PET/CT service two or more days a week. It also provides some molecular radiotherapy in the form of Radium 223 for metastatic prostate cancers.

External beam radiotherapy is provided by the Trust at 2 locations and delivers in the region of 90,000 attendances per annum. The largest part of the service is provided on the Clatterbridge Hospital site on the Wirral with 8 Linear Accelerators in clinical use providing treatment to patients on both an inpatient and outpatient basis. All external beam planning is carried out at the Wirral site apart from that for stereotactic radiosurgery (SRS). The Trust also operates a 3 Linac centre (Clatterbridge Cancer Centre Liverpool: CCCL) on the Aintree Hospitals site adjacent to the Walton Centre. Treatment there is provided to patients living in North Mersey on an outpatient basis only. The clinical model for CCCL is such that there are a limited number of anatomical sites treated. The Stereotactic Radiotherapy Service (SRS) operates from CCCL with planning carried out on that site and operates with the neurosurgeons from the Walton Centre. The external beam service delivers highly complex techniques and the Radiation Services Directorate provides mentorship and support to other providers wishing to move into the more complex areas such as Stereotactic ablative radiotherapy (SABR) for lung cancer.

Brachytherapy operates from the Wirral site as do superficial and orthovoltage services, Papillon (contact radiotherapy) The National Centre for Eye Proton Therapy, and the Trust's Imaging services.

### Developments in 2014/15

- Installation and commissioning of the Varian Edge linear accelerator (Linac) which will be the first of this model in operation. A second Edge linac will be installed and commissioned during the next year and will be operational towards the end of 2015.
- Radiotherapy has continued to significantly improve the daily waiting times for patients in the department with a productivity project.
- A PET/CT scanner has been installed in the Trust which will provide a static service to patients rather than a mobile service.

- Installation of a new fluoroscopy unit which will expand the fluoroscopy service on offer in Trust.
- Re-launch of the National Centre for Eye Proton Therapy to celebrate the 25<sup>th</sup> anniversary of the eye proton service.
- Introduction of an ultrasound service for brachytherapy.
- Achievement of the Macmillan Quality Mark for the Papillon environment.
- Growth of the Radium 223 service to patients.
- Expansion of radiographer led on-treatment review.
- Re-modelling of the pre-treatment area to improve efficiency and patient experience.

## Integrated Care

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

### In-patients and admissions

The in-patient department comprises of 3 inpatient wards totalling 77 beds with a 4 bedded Teenage and Young Adult (TYA) unit and a 2 bedded step up area for patients requiring increased medical and nursing support and supervision. Our ward based nursing teams receive specialist oncology training in supporting patients undergoing complex cancer treatment.

The triage, assessment and admissions service comprises of a 24 hour telephone triage service providing advice and support to all patients receiving cancer treatment from all CCC sites and network clinics. Professional advice and information is also available to other health care professionals who are supporting our patients. Our assessment service ensures rapid assessment of patients experiencing treatment related toxicities, delivering prompt and efficient assessment by the oncology team to enable our patients to avoid unnecessary admissions and ensure they receive the correct interventions to manage the wide range of simple and complex side effects related to cancer treatment.

The ward based teams are supported by a number of nurses working in advanced roles to provide consistent specialist support to our medical teams and be at the forefront of advanced nursing practice.

The TYA team work across the Cheshire and Merseyside Network, providing treatment, care and support to patients and their families with cancer aged between 16-24 years. The services are focussed around our dedicated four bedded day case and in-patient unit and outreach into peripheral services and the community.

### Out patients

The outpatient services coordinate clinical departments for all new, review and follow up cancer patients, at the main cancer centre and within 11 peripheral departments in collaboration with our partner hospitals. Provide specialist assessment and monitoring.

## **Support Services**

The specialist support services for our patients are within the Cancer Rehabilitation and Support Team. They consist of a wide range of professional providing a variety of specialist support and interventions to ensure patients and families have access to the holistic care and treatment required after a cancer diagnosis.

The team includes: Clinical Nurse Specialists for specific cancer types; Advanced Nurse Practitioners; Dietetics and Nutritional support; Physiotherapy and Occupational Therapy Services; Social Worker and Welfare Benefits; Lymphoedema Services; Specialist Palliative Care Services; Psychological Medicine Services; Speech and Language Therapy; Chaplaincy services; Radiotherapy Liaison and Support Practitioner.

## **Additional Needs Service**

A large area where support and assistance is required is communication; many of our patients require translation and interpretation services.

The Additional Needs Service ensures that patients who require enhanced communication and support are provided with enhanced levels of care and intervention at key stages in the patient journey to enable them to access and complete their treatment and reduces stress for the patient and family as well as avoiding unnecessary admissions.

Patients who access this service are primarily those with dementia, learning disabilities or sensory impairment.

The Support Services Team provide support to both in patients and out patients, and professional advice, expert knowledge and training to other members of the multi professional team.

## **Cancer Information Centres**

The Macmillan Cancer Information and Support Centres, based at our Wirral and Aintree sites provide drop in services, information and advice for anyone affected by cancer.

It is through our information centres that patients can access directly all support services directly. The centres also coordinate a number of support groups, patient activities, and after treatment programmes.

## **Patient Administration Services**

The patient administration service coordinate a wide range of patient support services from travel payments, overseas patients and day after death services. On behalf of the Directorate management team they provide front of house services, manage the nurse bank and provide administrative operational support to all patient services.

## **Developments 2014/15**

- Opening of the 'Maggie's Centre' at the Wirral site.
- Reconfiguration of our beds and wards to maximise bed utilisation and ensure

- emergency admissions always have access to our specialist support.
- Re-configuring services to ensure patients can have treatment as an out-patient where appropriate, to minimise the effect of cancer on the individual and their families.
  - The out of hour's site coordination role became operational, providing advanced nursing support out of hours to our in-patient services and medical teams.
  - Pilot of daily triage clinic, to manage patient toxicities that require prompt assessment and intervention that are not an emergency.
  - Establishment of Consultant of, the Week programme to ensure our patients get prompt assessment by a Consultant when admitted as an emergency and are reviewed daily within our in-patient wards.
  - Set up of nurse led clinics for men receiving oral prostate cancer treatment, encompassing holistic needs assessment and care.
  - Initiation of Cancer Pathways Project to work in collaboration with all stakeholders to ensure within Merseyside and Cheshire we lead in the development cancer services for the future.
  - Launch of the 'Making Survivorship Happen' Programme in collaboration with Macmillan Cancer. A Merseyside and Cheshire wide initiative to support the transformation of our cancer services as we work towards our long term strategic objectives.
  - Successful grant application with Prostate Cancer UK, to develop a project team, ensuring men after radical prostate cancer treatment, get equal access to continence services.
  - The Directorate has taken the lead working collaboratively with other health care organisations to ensure we promote a 'smoke free site' and provide our patients, visitors and staff with the appropriate support.

The Integrated Care directorate provides services across a large geographical area, and has established excellent working relationships and close links with all key stakeholders in order to deliver the highest quality cancer care to our patients and their carers.

### Overview of education and training

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

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

A range of validated modules and short courses were delivered during 2014/15.

All Clinical Education activity is available for CCC staff and those working in other organisations regionally and nationally. Key achievements for the department include the provision of a range of professional development and education opportunities for CCC staff and external participants which have been consistently well evaluated.

The Practice Development and Research Partnership (PDRP) which was formed in 2008 in partnership with the Faculty of Health and Social Care at the University of Chester, continues. The aims of the PDRP are to develop, extend and increase research and practice development activities and projects whilst building on individual and team skills, confidence, knowledge and experience. The partnership also aims to link together practice development, research and education.

The Trust also has a Practice Education Facilitator (PEF) who provides support to both learners and mentors/practice educators in order to maintain high quality placement environments. The PEF liaises with Health Education North West, the Placement Development Network and North West universities to support placement capacity and quality development.

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

- Advanced Imaging Clinical Schools: run for visiting delegates from all around the world, on behalf of Varian Medical Systems. The Schools have been run every year since 2007 on four or five occasions per year, typically in February, April, June, September and November.
- Radiobiology & Radiobiological Modelling in Radiotherapy: an internationally run research-level 4 day course which is run on an annual basis and includes some of the world's leading experts on radiobiology for delegates around the world.
- Pre-registration Radiotherapy Students: the Trust supports students studying towards their BSc in Radiotherapy or PgDip in Radiotherapy and Oncology at the University of Liverpool.
- MSc in Medical Physics: CCC's Physics Department plays a major role in delivering the MSc in Medical Physics for the University of Liverpool. Lectures on all aspects of Radiotherapy Physics, Medical Imaging and Radiobiology are given in addition to hosting some of the students for their clinical placements.
- Clinical placements for pre-registration healthcare students: the Trust is a key provider of clinical placements for such students from universities across the North West from a diverse range of programmes

The Trust also supports the medical education of doctors in training working at Foundation Level and Specialty Trainees in both Medical Oncology and Clinical Oncology. G.P. Trainees also rotate through the service. There are separate programmes with some joint teaching sessions for the two main specialities i.e. medical oncology and clinical oncology.

During 2014/15:

- The Trust has entered into an agreement with the University of Liverpool to take undergraduate medical students. During academic year 2014/15, third year students are attending CCC on an elective basis; from 2015/16, all fourth year medical students will participate in a new one-week oncology module, run by CCC and delivered at the centre and at our partner acute hospitals in Merseyside and Cheshire.

- The Trust runs an annual FRCR examination preparatory course - the 2015 course took place in March and was fully subscribed.
- Together with the Royal College of Radiologists, the Trust jointly ran an inaugural course for Clinical Directors in Oncology in February 2015.

## Overview of Research and Development

CCC recognises the importance of and remains committed to securing an international reputation for excellence in research. At the heart of this commitment is improving outcomes for our patients. The establishment of a comprehensive cancer centre based at the new Royal site will bring together state of the art facilities, academia and key NHS partners. This will strengthen existing research collaborations and enable new ones to develop. We have a goal orientated strategy, which provides clarity regarding CCC's short to medium term research ambitions. CCC is nationally recognised for its contribution to National Institute for Health Research (NIHR) portfolio studies. CCC is working hard to strengthen its leadership of such research.

### Key developments

#### Supporting the development of academic oncology

CCC's new Research and Innovation Centre opened at the end of November 2014. The new accommodation houses both the academic and research teams. The space also offers a dedicated office for external monitors from leading pharmaceutical companies.

The Trust has continued to invest in academic oncology. The academic team now consists of five chairs (four in medical oncology and one in radiation oncology) and three senior lecturers (medical oncology). Professor Pieter Postmus joined the team on 2<sup>nd</sup> March 2015. There are plans to appoint a further two senior lecturers in radiation oncology and one in medical oncology.

An Academic Board has been established to oversee the strategic development of academic oncology. The Board will ensure that a strategy is developed for each of the following disease focus areas:

- Hepatobiliary cancer (Lead Prof Dan Palmer)
- Breast cancer (Lead Prof Carlo Palmieri)
- Bladder cancer (Lead Dr Syed Hussain)
- Prostate cancer (Lead Dr Isabel Syndikus)
- Gynaecology cancer (Lead Dr Rosemary Lord)
- Head and Neck cancers (Lead Dr Joe Sacco)
- Melanoma cancer (Lead Dr Ernie Marshall)
- Lung cancer (Leads Professor Michael Brada / Professor Pieter Postmus)

We are currently developing a portfolio of CCC-led studies in both medical and radiation oncology. We have successfully opened three multi-centre studies over the past twelve months and a further three are in the set-up phase. Funding for these studies has been secured through competitive funding calls and via collaboration

with pharma.

The CCC Physics Research Group continues to enhance the Trust's capabilities regarding radiobiological modelling and radiation dosimetry applicable to clinical radiotherapy. There is a strong record of publications in internationally recognised journals and the group regularly present their work at national and international meetings. The Physics Department is part of the National Cancer Research Institute's Radiotherapy Trials Quality Assurance Group and provide QA support to a number of national clinical trials. Several members of the radiotherapy division provide scientific support to national clinical trials through membership of the relevant Trials Management Groups and of the NCRI Clinical and Translational Radiotherapy Research Working Group. It was another successful year for the CCC international course on Radiobiology and Radiobiological Modelling.

CCC's charity committed £100k to support the development early/novel projects. This is managed via a competitive bidding process. A total of four projects were supported in the first call of 2014/15.

The following academic programmes have been established:

- Clinical Research Fellowship programme in Medical and Radiation Oncology – two trainees have been appointed and will now embark on PhD programmes.
- PhD studentships in medical physics.

We are in the process of establishing the CCC Biobank which will store blood, plasma, cellular material and urine. The Biobank will facilitate research into the molecular mechanisms of cancer / biomarker discovery for early detection of cancer and will be accessible to local and national collaborators.

### **Increasing clinical trial participation**

The Trust had a target to recruit 100 patients per quarter during 2014/15. 337 patients were recruited during quarters one to three. Current recruitment to time and target for NIHR studies is 81% against a national target of 80%.

### **Developing robust research governance arrangements**

We have an agreed three-year research governance strategy. The Trust sponsorship process has been overhauled. A new suite of documents has been produced and approved. The sponsorship committee has been expanded and will have monthly meetings to review all locally-led research.

A new Trust permission process has been implemented. An ambitious 60 day target from submission to Resource Review Panel to Trust permission was set. Phase 1 of the pilot has seen a reduction in time to approval from 151 to 68 days (updated as for end of December 2014). It is anticipated that phase II (fully electronic system using EDGE) will lead to further reductions in approval times.



## Developing our Workforce

### Human Resources (HR) Policies and Processes

HR Policies and Procedures are regularly reviewed and supported by comprehensive Manager Guidelines to support managers in their people management responsibilities and ensure that the Trust's approach is in line with employment legislation including equality and diversity and best practice.

The Trust has been accredited with the 'Positive about Disabled People' (two ticks) logo and are signatories on the Mindful Employer Charter. The principles and objectives of both these initiatives are clearly reflected in the Trusts Values and Behaviours as well as being embedded in HR policies, procedure and training, examples of these would be; Recruitment and Selection, Attendance Management and Managing Performance.

The Trust ensures that no applicant or employee are discriminated against, either directly or indirectly, or are disadvantaged by conditions or requirements which cannot be justified by the needs of the post.

Partnership working continues to be a priority area for the Trust; therefore the following joint forums are integral to the Trusts workforce agenda to support this work:

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

The Trust's Workforce & Organisational Development Strategy places an emphasis on communicating with staff and engaging their support and input into the service changes which will be put in place over the next five years, culminating in the relocation of services to Liverpool. The Staff Engagement approach we are following includes involving staff in decision making, communicating decisions taken, working in partnership with the Trade Unions and adopting a wide variety of methods of communication to ensure staff feel involved in the change process.

The HR Business Partners continue to work closely with Departmental Heads to produce an overall Trust Workforce Plan, highlighting key areas of change within Departments which will have future implications for succession planning, skills development and service reconfiguration for the future.

### **Spot Light Policy Reviews - 2015**

The Workforce and Organisational Development Directorate are currently reviewing a number of policies in light of recent national or internal recommendations/requirement.

Examples of this include a full review of the Trusts Raising Concerns Policy following the national recommendations of the 'Freedom to Speak Up' report by Sir Robert Francis which looks at how we as a Trust make it safe for staff to raise concerns in full confidence relating to alleged offences within an NHS organisation in line with the Public Interest Disclosure Act such as criminal offences i.e. fraud/corruption (also covered under the Trusts Disciplinary Policy) and health and safety offences which endanger either staff or patients. The recommendations are much wider than policy alone looking at culture and accountability; however recommendations also include effective management of cases which is around fit for purpose process and practice and staff education and training.

Another key policy under review is the Trusts Change Management policy and procedure. The Change Management policy will be key to the success of the transition to Liverpool and also all other organisational restructures that come before and after this in terms of ensuring commitment to our legal obligations (consultation), good practice (engagement) and employee well-being.

### **Staff Survey**

442 staff at The Clatterbridge Cancer Centre NHS Foundation Trust took part in the 2014 Staff Survey. In comparison to the 2013 survey, there was a dip in employee response from 57% to 51%.

The response rate of 51% is classed as 'average' for acute specialist trusts in England (also 51%), but does scores above average for the national response rate of 42%.

In relation to 'Staff Engagement' the Trusts overall score for this was 3.95 out of 5 (4.0 in 2013), which was average for acute specialist trusts in England.

The Trust did better than average in 12 of the 29 areas surveyed, and below average in 5 of the 29 areas surveyed.

**Our top 5 ranking scores and bottom 5 ranking scores:**

Response rate	2013		2014		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
	57%	49%	51%	42%	6% deterioration
Top 5 Ranking Scores	Trust	National Average	Trust	National Average	Trust Improvement/ Deterioration
Effective team working	3.92 out of 5	3.81 out of 5	3.92 out of 5	3.83 out of 5	Remained same
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	17%	21%	11%	22%	6% improvement
Percentage of staff believing the trust provides equal opportunities for career progression or promotion	94%	91%	95%	90%	1% improvement
Percentage of staff agreeing that their role makes a difference to patients	91%	91%	94%	92%	3% improvement
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	*2%	7%	3%	6%	1% deterioration (*below national average for ranking)

Bottom 5 Ranking Scores	2013		2014		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
Percentage of staff working extra hours	74%	71%	76%	72%	2% deterioration
Percentage of staff appraised in last 12 months	92%	86%	77%	84%	15% deterioration
Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department	New Question for 2014	New Question for 2014	54%	62%	No comparator information available only national comparator rating
Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	27%	24%	27%	23%	Remained same
Percentage of staff having well-structured appraisals in last 12 months	45%	42%	35%	42%	10% deterioration

## Significant changes since 2013 (+ & -)

There was a huge improvement in the percentage of staff having Equality & Diversity training this year (74% 2014; 59% 2013). We are now Above Average compared with other trusts (74% CCC; 68% average).

There was a significant decrease in the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (11% 2014; 17% 2013)

There has been significant deterioration in staff experience reaction to the percentage of staff appraised in last 12 months (77% 2014; 92% 2013) and percentage of staff having well structure appraisals in last 12 months (35% 2014; 45% 2013).

## Reoccurring Theme's and Progress to Date

Recurring Themes (2013 & 2014)	Progress to Date
Engagement (includes management of change)	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> Culture Club held 2014</li> <li>• Created a 'Positive Change ' scheme and template – launched April at 2<sup>nd</sup> CC</li> <li>• Participated in NHS Change Day - Use of Pulse 'question' re change &amp; 'Light bulbs' – reviewing this as part of the WBC and TCC E&amp;C committee</li> <li>• Lang O'Rourke Pop-Up Sessions</li> <li>• Use of social media (U-Tube)</li> <li>• Investment into H&amp;W committee/annual events calendar</li> <li>• Introduced a 'fit for purpose' and standardised consultation change management template to support managers in process and ensure staff involvement</li> <li>• Created a 'Hearts and Minds' Change policy &amp; toolkit to support employees and managers through the change journey</li> <li>• Developed a change management and resilience training programme (incorporates stress management and identification - April 14)</li> <li>• Implemented coaching training and culture framework Leadership and Introduction of the Leadership and Management Change Toolkit now on intranet</li> </ul>
Stress related absence	<ul style="list-style-type: none"> <li>• Contracted with CWP regarding complex mental health/stress cases</li> <li>• Stress Audit/deep Dive linked to wider Policy Review</li> <li>• New OH SLA/Trend reporting for effective and proactive management (April 15)</li> <li>• Introduced HR Surgeries across directorates – see attendance come down including stress</li> <li>• Built stress into change and resilience training</li> <li>• Plans to make stress awareness training available via e-learning</li> </ul>
Staff working extra hours	<ul style="list-style-type: none"> <li>• Specific to Physics</li> <li>• Workshop facilitated by L&amp;D regarding RCA and action planning</li> <li>• Review meeting held regarding progress and further actions identified and to encourage ownership and continuation of the plan</li> <li>• Some acknowledgment that working 'longer hours' was not a bad thing as suited patient care and personal flexibility</li> </ul>

PADR process/experience	<ul style="list-style-type: none"> <li>• Policy signed off June 2014</li> <li>• Training and briefing sessions held for managers /staff</li> <li>• Restructures/departmental reviews of responsibility for manageable numbers</li> <li>• L&amp;D receiving directorate quarterly reports to understand trends in compliance and action plan/support</li> <li>• Audit planned for June 15 re compliance, gaps, risk, strengths and areas to develop/make recommendations</li> </ul>
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### Future priorities and targets

A presentation of the findings from the Staff Survey has been presented to the Trust Management Group (TMG) highlighting the areas of strength and improvement and those for further development and review.

The Trusts HR and OD Immediate priorities are:

- PADR compliance and management
- Health and Wellbeing (includes stress management and attendance management/ presenteeism)
- Staff Engagement
- Raising Concerns (aligned to 'Speaking Up' review and recommendations)

Progress will be reported via the Strategic Partnership Forum and the Workforce and Organisational Strategy Implementation Group.

Through the implementation of our recently agreed Workforce and Organisational Development Strategy and in partnership with our Trade Unions, we aim to make further improvements to our working environment, and continue to be an employer of choice.

### Improvements following Patient Surveys and Care Quality Commission Reports

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

- Keeping patients updated of waiting times in both radiotherapy and chemotherapy,
- Implementation of nurse led clinics on Delamere Day Case Unit,
- Implementation of project on Delamere to improve patient experience, including shadowing of patients.

### Improvements in patient/carer information

Throughout 2014/15 we have continued the programme of ongoing improvement of the information provided to our patients and carers.

We have maintained our accreditation by The Information Standard for our internally

produced patient information leaflets. This achievement of accreditation helps the trust demonstrate our commitment to providing trustworthy health and social care information for our patients. The process of accreditation has resulted in improved governance processes around information production and document control allowing us to demonstrate to the public that our information is both credible and reliable.

The Trust is a pilot site for the Accessible Information Standard (Pilot commenced 31<sup>st</sup> Jan 2015 and concludes 31<sup>st</sup> March 2015). The accessible information standard requires health and social care organisations to identify, record and share the information and communication support needs of patients and service users (and where appropriate carers and parents) with specific needs in this area, and to take action to ensure that those needs are met.

### Complaints handling

The Trust continues to have a low number of complaints (16 in 2014/15). Complaints are managed by our Patient Experience Manager who provides an integrated complaints, PALS and patient and public involvement service, and who forms part of our Clinical Governance Support Team. All complaints are reviewed and responded to by the Chief Executive.

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

Total complaints received 16

Subject matter of complaint:

- Treatment and Care 12
- Communication 1
- Staff Attitude 3

All complaints are fully investigated and responded to within required timescales.

	Number of Complaints	Number of Interventions	Rate: One Complaint Per
April 2014	1	22,970	22,970
May 2014	1	23,256	23,256
June 2014	1	23,496	23,496
July 2014	2	25,305	12,663
August 2014	2	21,058	10,529
September 2014	1	23,747	23,747
October 2014	2	24,231	12,161
November 2014	0	21,773	0
December 2014	0	22,601	0
January 2015	1	23,595	23,595
February 2015	3	21,700	7,233
March 2015	2	24,022	12,011
Year to Date	16	277,844	17,365

## Partnerships and Alliances

### **The Clatterbridge Cancer Charity**

2014-15 has seen further growth for The Clatterbridge Cancer Charity, raising another record figure of £1.6m. The money raised and donated by thousands of dedicated supporters helps us to invest in projects which will make a lasting impact on what we do. As the only dedicated charity for our patients and their families, this includes improving patient experience, funding vital research programmes and innovations in our services which truly change lives.

The projects that are made possible by this are designed to transform cancer care in this region including building the new hospital in Liverpool, the newest and best radiotherapy treatment machines, ground-breaking research into understanding and treating cancer and a range of equipment which helps to give our patients the best possible treatment. Alongside these, we also help to fund the smaller things that really matter, such as complementary therapy, counselling services, free wigs for patients and a range of activities for our teenage patients. This is just a snapshot of what has been made possible through charity support.

We would like to thank the thousands of individuals, groups, organisations, trusts and companies who have supported the charity over the last year; every penny donated or hour volunteered makes a huge difference.

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

### **Private Patient Facility**

In September 2012, the Trust Board selected the Mater Private Cancer Centre in Dublin as the Trust's partner for its private patient joint venture. The Joint Venture which is known as "**The Clatterbridge Private Clinic**" is a Limited Liability Partnership (LLP).

The Clatterbridge Private Clinic opened in April 2013 and treats Chemotherapy and Radiotherapy patients within the facility.

### **Outpatient Pharmacy Dispensing Subsidiary Company**

Since its establishment as an Outpatient Pharmacy Dispensing Subsidiary Company in Autumn 2013, The Clatterbridge Pharmacy Ltd (PharmaC) has expanded its services to provide a full range of dispensing requirements for the Trust to include outpatient, discharge and inpatient dispensing.

### **Transforming Cancer Care**

Following successful completion of the public consultation exercise the Outline Business Case is due to be finally approved by the Trust Board in June 2015.

The Trust will then begin to develop the Full Business Case, the first draft of which is planned to be submitted to the Trust Board in December 2015, with full approval by the first quarter of 2016. Construction of the new Cancer Centre in Liverpool would then begin in July 2016, with completion and opening of the new hospital in October 2018.

Following their selection in September of 2014, Laing O'Rourke have begun their work with clinical teams across the Trust to develop the detailed plans for their new departments. This work began in January 2015 and is due to conclude in the summer. There has been excellent support for the design process from staff which is important, as the quality of the final design will reflect the degree of involvement from experienced staff who understand what is needed to deliver care effectively. The Patient Reference Group which was established to support TCC is also involved in aspects of design development –again this is a key part of the design process since it is essential that the new Cancer Centre provides an environment which meets the needs of patients.

As well as the development of the new Cancer Centre, TCC requires the redevelopment of the existing Cancer Centre on the Wirral. Planning for this site is less advanced than for the new hospital, since the overall project timetable means that the work on the new Cancer Centre must be completed before the existing Cancer centre can be remodelled. However the Wirral site remains a very important part of the overall delivery of Cancer services by the Trust and the redevelopment plans for this site will be taken forwards substantially in 2015.

To assist with the Business Case and design work the Trust appointed the following advisors:

- BDP
- AECOM
- EC Harris
- CPW
- Wardell Armstrong
- Deloitte

### **Liverpool Health Partners**

The Trust is a founding member of Liverpool Health partners LLP. Liverpool Health partners is an Academic Health Science System that brings together expertise from within the University of Liverpool, the Liverpool School of Tropical Medicine and seven other local NHS Trusts, to help ensure that medical research breakthroughs lead to direct clinical benefits for patients. LHP is organised around clinical academic programmes that demonstrate international excellence in research, supported by clinical services that can be developed in a coordinated way across the partnership. Beyond the founding partners, LHP is developing a wider network of members from across the NHS, academia and industry that will broaden the basis for strategic development and enhanced opportunities for collaboration.

Cancer is one of the clinical academic programmes and will be the main focus for the Trust in the coming years. The Clatterbridge Cancer Centre pays an annual



subscription of £80,000 to support the infrastructure of LHP and provides a resource to support research projects that promote partnership working.

### **North West Coast Academic Health Science Network (NWC AHSN)**

The Trust is a member of North West Coast Academic Health Science Network (NWC AHSN). It covers a population of four million in Merseyside, Cheshire, Lancashire and South Cumbria and is one of 15 AHSNs set up by the Government in 2013/14 to bring together NHS organisations, universities and businesses so they can collaborate on research and innovation that directly or indirectly benefits people's health.

An AHSN's role is to: identify local priorities and unmet health needs; accelerate innovation; nurture and facilitate research; and generate wealth. The NWC AHSN has identified cancer as one of its six key clinical themes.

### **New or Revised Services**

#### **PET CT**

The Trust has installed a PET CT scanner and will commence provision of PET CT scanning in 2015/5. The new PET CT scanner will be an important addition to the diagnostic and treatment equipment at CCC. PET CT scanning is an integral part of the process for cancer diagnosis and plays an increasing role in the planning of radiotherapy treatment. Through working in partnership with RLBUHT, CCC is already at the forefront of development of PET CT for radiotherapy planning.

The provision of diagnostic PET CT is commissioned by NHS England through a national procurement process. The contract for the provision of PET CT for the North West of England from 2015/6 is held by Alliance Medical and the new PET CT scanner at Clatterbridge is the chosen site for the provision of the services within this contract.

As a result of both the installation of PET CT and the arrangement with Alliance Medical, CCC will now be the provider of diagnostic PET CT for local residents and also PET CT for radiotherapy planning.

#### **The Development and Implementation of the Systemic Anti-Cancer Treatment (SACT) at Home Service (Chemo at Home)**

In 2014, CCC opened an outpatient pharmacy on-site at the Clatterbridge Health Park. The Clatterbridge Pharmacy Ltd (PharmaC) is a wholly owned subsidiary company of the trust and enables medicines to be supplied to patient for home-administration "zero-rated" for VAT. This facility enabled CCC to offer particular patient groups SACT in their own home, with similar financial leverage as 3rd party home care companies whilst improving patient choice and quality of care.

The Chemotherapy Directorate explored several work streams and pilots to explore this service including utilisation of a mobile facility, partnership working with local Primary Care Teams, delivery of treatment at GP practices and cancer treatment at

home (supported via CQUINs funding).

The Chemo at Home pilot (Wirral only) proved very successful in both patient experience and financial terms and has resulted in the Trust supporting the business case to fund the roll out of this service to our patients across the whole of Merseyside and Cheshire.

It is expected that the full roll out will be completed by December 2015.

## Governance

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

The Monitor Foundation Trust Code of Governance includes a code provision:

*B.7.1. '...In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.'*

At its meeting on 3<sup>rd</sup> February 2014 the Council of Governors approved the reappointment of the Chairman for a further 1 year until 31<sup>st</sup> July 2015.

Subsequent to this the Council of Governors at its meeting on 2<sup>nd</sup> February 2015 approved the recruitment process, timetable and the appointment of the recruitment agents Odgers Berndtson. The recruitment process will culminate with a recommendation to the Council of Governors meeting on 6<sup>th</sup> July 2015 for the appointment of a new Chairman with effect from 1<sup>st</sup> August 2015.

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

## Council of Governors

### Working together with the Board

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

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

Governor representation at the Audit Committee ensures that any issues are considered and areas for action or improvement are identified. For the Integrated Governance Committee it allows the Governors to meet their responsibility to hold the Non-Executive Directors, both individually and collectively, to account for the performance of the Board of Directors. It also provides the opportunity to receive detailed information on a selection of key performance indicators and the Trust's approach to key areas. For the Finance and Strategy Committee it ensures Governor contribution to future developments of the organisation such as Transforming Cancer Care.

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

The Senior Governor has met with the Chair throughout the year to ensure Governors are kept up to date on any developments within the Trust. To supplement this on an ad hoc basis the Senior Governor has produced updates for Governors which were circulated electronically. This is also supported through Governor attendance at Patient Safety Campaign Leadership rounds where Executive Directors, Non-Executive Directors and Governors visit all departments on a rotational basis to discuss and address any issues which might arise across the directorates.

### Council of Governor's roles and responsibilities and working arrangements

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

The Council of Governors meets at least three times per year in public and fulfils its

legal obligations as outlined in the Constitution. In addition to Council meetings there are four Sub-Committees:

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

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

Throughout the year the development needs of the Governors are also reviewed to ensure that they are able to fulfil their responsibilities. Throughout the year Governors have had the opportunity to attend events held by MIAA, NHS Providers and the North West Governor Meeting covering a variety of subjects such as the role of Governors, assurance and developing productive relationships. In addition, at the Governor Discussion meetings there have been presentations from relevant experts across a variety of topics, such as External Audit and the role of the Macmillan Cancer Information Centre.

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

### Composition of the Council of Governors

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

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

Note: during 2014/15 there was 1 vacancy in the St Helens and Knowsley public constituency and 1 vacancy in the Volunteers, Service Providers and Contracted Staff constituency.

## Attendance at Council of Governors meetings

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Jeanette Appleton**	Elected Public	Wirral and the rest of England	3	3	PE, MC	2017
Jade Barrett	Elected Staff	Non-Clinical	5	2	PE, MC	2016
Barbara Boulton**	Elected Public	Chester West and Chester	3	3	PE	2017
Ian Boycott-Samuels	Elected Public	Sefton	5	4	PE	2016
Douglas Buchanan	Elected Public	Warrington and Halton	5	3	ST, N&R	2015
Andrea Chambers	Nominated	Manx Cancer Help Association	5	3	ST	2015
Michèle Christopherson	Elected Public	Sefton	5	3	PE, N&R	2015
Angela Cross	Elected Public	Wirral and the rest of England	5	3	PE (Chair)	2016
Matt Daniel**	Nominated	Local Council – Metropolitan Borough of Wirral	3	1	MC	2017
Mary Doddridge	Elected Public	Liverpool	5	3	PE, MC (Chair)	2016
Doug Errington	Elected Staff	Doctor	5	4	ST, PE	2016
John Field**	Elected Public	Wirral and the rest of England	3	1	ST	2017
Sonia Holdsworth	Nominated	Macmillan Cancer Support	5	1	ST, N&R	2015
Shaun Jackson**	Nominated	Aintree University Hospital NHS Foundation Trust	3	2	ST, PE	2017
Dave Kelsall**	Elected Public	Warrington and Halton	3	2	ST, PE	2017
Helen Mayles	Elected Staff	Other Clinical	5	2	ST	2016
Ray Murphy	Nominated	Cancer Steering Group	5	3	ST	2015
Valerie Nock	Elected Staff	Radiographer	5	3	ST, PE	2016
Gill Oliver*	Elected Public	Chester West and Chester	5	4	MC, N&R	2015
Andrew Pettitt	Nominated	The University of Liverpool	5	1	ST	2015
Sally Roberts	Elected Public	Wales	5	0	PE	2016
Cheryl Rosenblatt	Elected Public	Liverpool	5	3	PE, MC	2017
Stephen Sanderson	Elected Public	St Helens and Knowsley	5	4	ST (Chair)	2016
Kate Smith	Elected Staff	Nurse	5	1	PE, N&R	2015
Yvonne Tsao	Elected Public	Liverpool	5	0	PE, MC, N&R	2015

\* Senior Governor  
 \*\* Elected/Appointed in year

PE Patient Experience Strategy  
 ST  
 MC Membership and Communications  
 N&R Nominations and Remuneration

We would like to express our thanks to former Public Governors: Stuart Clutton, Trevor Benn and Jill Johnson; Staff Governors: Eileen Howlett; Nominated Governors: Simon Rogers and Pat Glasman. Each served as a Governor during 2014/15 for a period of time, and has since resigned from their role, not been re-elected or was ineligible for re-election as outlined in the Constitution.

### Director Attendance at Council of Governors Meetings

Name	Meetings Held	Meetings Attended
Executive Directors		
Andrew Cannell	5	5
Helen Porter	5	5
Peter Kirkbride	5	
Rob Smith	5	
Yvonne Bottomley	5	1
Non-Executive Directors		
Alan White*	5	5
James Kingsland	5	
Gil Black	5	3
Alison Hastings	5	
Louise Martin <sup>Δ</sup>	2	
Jan Burns	5	
Philip Edgington <sup>◇</sup>	3	1

- \* Chair
- <sup>Δ</sup> Term of Office expired mid-year
- <sup>◇</sup> Term of Office commenced mid-year

### Declaration of Interests

A copy of the Register of Interests is available via the Trust website [www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk), alternatively you can contact Andrea Leather, Corporate Governance Manager on 0151 482 7799 to request a copy.

### Governor Expenses

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

In 2013/14, 8 governors claimed expenses totalling £1843.56 and all expenses claimed were in line with the Trust Policy.

During 2014/15, 6 governors claimed expenses totalling £1150.35 and all expenses claimed were in line with the Trust Policy.

### **Remuneration Committee**

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

Also see notes 3.3 and 3.5 of the Annual Accounts.

### **Nominations Committee (Non-Executive Director)**

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

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

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

During this year the Nominations Committee has recommended the appointment of Philip Edgington (with effect from 1<sup>st</sup> August 2014 for an initial term of office of three years) and this recommendation was approved at the Council of Governors meeting on 30<sup>th</sup> June 2014.

Formal interviews for the Non-Executive Director position were held on 5<sup>th</sup> June 2014. The interview panel consisted of Alan White (Chair), Michéle Christopherson, Douglas Buchanan and Kate Smith. Also in attendance was Andrew Cannell (Chief Executive) and Andrea Leather (Corporate Governance Manager).

Also during this year the Nominations Committee has recommended the re-appointment of Alison Hastings until 31<sup>st</sup> December 2017. This re-appointment was subsequently approved by the Council of Governors at its meeting in October 2014.

In addition at its meeting in February 2014 the Council of Governors approved the recruitment process for the post of Chair which will become vacant at the end of Alan White's terms of office in July 2015.

All processes outlined were in line with the Trust's Constitution.

## Board of Directors

The Board annual reviews the independence of its directors and at its meeting in March 2015 reviewed all Non-Executive Directors and considers them all to be independent.

The role of Senior Independent Director was undertaken by Louise Martin, after being appointed as such on 1<sup>st</sup> January 2011, until reaching the end of her term of office on 31<sup>st</sup> July 2014. After this time, James Kingsland was appointed to the role of Senior Independent Director with effect from 1<sup>st</sup> August 2014.

## Board of Directors – Composition, backgrounds and interests

### **Gil Black – Non-Executive Director**

*Appointed by the Council of Governors (1st term of office, 3 years) until December 2015*

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

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

### **Jan Burns – Non-Executive Director and Vice Chair (from 1<sup>st</sup> August 2014)**

*Appointed by the Council of Governors (2<sup>nd</sup> term of office, 3 years) until January 2017.*

Jan retired from her post as Director of People and Partnerships at Cheshire County Council when the Authority was abolished on Local Government Reorganisation in March 2009. Following her retirement Jan worked as Director of People and Organisational Development on an interim basis at Cheshire Fire and Rescue Service.

Jan has worked at board level for approximately 11 years and has extensive experience of organisational development and change, employee relations, recruitment, remuneration and HR management strategies in the public sector.

She is an independent member serving on Police Misconduct Hearings for the Police Authorities in Lancashire, Cheshire, Merseyside and Greater Manchester.



## **Rob Smith – Director of Operations**

Rob joined CCC as Director of Operations at the end of February 2011. Rob has worked in a variety of NHS posts, starting in London and then in the North West since 2002. Prior to joining the Trust, Rob was Associate Director for Acute services at Stockport NHS Foundation Trust. Before that he was Deputy Director of Operations and Acting Director of Planning at North Cheshire Hospitals. Rob has particular interest and experience in service improvement initiatives and large scale organisational change projects.

## **Louise Martin – Senior Independent Director (from 1<sup>st</sup> January 2011) and Vice Chair (from 1<sup>st</sup> January 2013)**

*Re-appointed by the Council of Governors (4th term of office, 1 year) until end of July 2014*

Louise was appointed as a Non-Executive Director at the Trust in April 2001. She worked within the UK National Health Service for 15 years in a number of clinical and managerial posts. In 1998 Louise left the NHS to head the project company managing the delivery of a major first-wave PFI scheme at South Manchester University Hospitals NHS Trust. Louise now works for HCP Ltd, a subsidiary of 'Innisfree' the Infrastructure Investment Company, as their Northern Regional Director with responsibility for a number of public/private partnership projects covering health, education, justice and transport infrastructure.

## **Alan White – Chair**

*Re-appointed by the Council of Governors (5th term of office, 1 year) until end of July 2015*

Alan was appointed as Chair in 1999. Alan retired from Local Government following 10 years as Chief Executive of Wirral Metropolitan Council, the eighth largest organisation of its type in England, employing over 17,000 staff and with an operational budget of £360m, the chief executive role was both challenging and high profile. He led a successful bid for 'City Challenge' status as an inner city regeneration initiative developed by the then Secretary of State, Michael Heseltine. The initiative depended on the development of new partnerships between Wirral MBC and major business corporations, which included Lever Bros, General Motors and Mobil Oil. As Chair of the 'City Lands Board', the organisation established to lead the implementation, Alan led a 5-year programme of investment, which generated £37m of public sector and some £285m of private sector investment.

## **James Kingsland – Non-Executive Director and Senior Independent Director (from 1<sup>st</sup> August 2014)**

*Appointed by the Council of Governors (2nd term of office, 3 years) until January 2017.*

James is the Senior Partner in a nationally renowned, award winning General Practice in Wallasey and President of the National Association of Primary care

(UK). He now devotes half time in clinical practice and half time in national advisory roles and for company boards. He is Chairman of Jhoots Pharmacy Group and Chief Medical Advisor for both Assura Property Group and Cogora Publishing. He holds directorships in Waring Health Ltd, Education for Health, Dr Foster Ethics Committee and The Sound Doctor.

From April 2009 to April 2013, James was latterly the National Clinical Lead for the English Department of Health's implementation programmes for Clinical Commissioning. He has regularly worked as a GP advisor to Ministers, Government and the Department of Health, as well as being a member of the DH National Leadership Network and now part of the NHS Top Leaders programme.

He was appointed an Officer of the Order of the British Empire in the Queen's New Year 2012 Honours List for services to Medicine and to Healthcare.

### **Alison Hastings – Non-Executive Director**

*Appointed by the Council of Governors (2<sup>nd</sup> term of office, 3 years) until December 2017*

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

She is now the Vice President of the British Board of Film Classification, a board member of Durham University, an advisory board member at Pagefield Communications and a specialist partner at Alder Media.

### **Peter Kirkbride – Medical Director**

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

He was Clinical Lead for the NICE Prostate Cancer Guideline Development Group until January 2014, and is currently a member of the NHS England Radiotherapy Clinical Reference Group, the National Cancer Waiting Times Taskforce and the Radiotherapy Professionals Advisory Board.

### **Yvonne Bottomley – Deputy Chief Executive/Finance Director**

Yvonne joined The Clatterbridge Cancer Centre as Financial Director in 2010 and was appointed Deputy Chief Executive / Finance Director in 2012.

Yvonne is a qualified accountant and has worked exclusively in the Public Sector.

Yvonne commenced her career in Local Government and after qualifying held a number of senior and Director posts in Local Government prior to moving sectors in 2010 and joining the NHS. Yvonne has particular experience in business development and major organisational change projects.

### **Philip Edgington – Non-Executive Director**

*Appointed by the Council of Governors (1st term of office, 3 years) until July 2017*

Phil has over 15 years of Board level experience in the Private, Public and Not for Profit sectors. He was Vice President of the UK for a large US Energy Company and prior to that held a number of Chief Executive roles including leadership of the Central Regional Health Authority in New Zealand.

In recent years, he was CEO of Community Integrated Care (CIC). This is a large not-for-profit provider of Health and Social Care services employing some 4500 people. During his time with CIC, he led a team that successfully restored financial strength, improved quality standards and acquired another provider. Phil has also held a number of non-executive roles both in the UK and New Zealand and is currently on the Board of Your Housing Group.

### **Andrew Cannell – Chief Executive**

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

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

### **Helen Porter – Director of Nursing & Quality**

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

### **Declaration of Interests**

The Chairman has no other significant commitments.

A copy of the Register of Interests is available via the Trust website [www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk), alternatively you can contact Andrea Leather, Corporate Governance Manager on 0151 482 7799 to request a copy.

## Board & Committee meetings

### Appropriate Board Roles and Structure

The Board of Directors regularly reviews its committee structure to ensure that the organisation has in place appropriate structures to enable it to fulfil its purpose and the effectiveness of the Trust's system of internal control and has adopted the Integrated Governance Model identified in the Integrated Governance Handbook 2006.

Currently the structure is as follows:

- Board of Directors Meetings (monthly meetings were open to the public)\*
- Audit Committee (five times per year)
- Integrated Governance Committee (bi-monthly)\*
- Finance and Strategy Committee (monthly)
- Remuneration Committee (Ad hoc)
- Nominations Committee (Ad hoc)

\* With the exception of August and December.

The Board delegates specific functions to its committees identified within their terms of reference. The terms of reference of all Board committees are reviewed regularly as part of the annual review of the Constitution, Corporate Governance Manual and related policies led by the Corporate Governance Manager and updated to reflect changes in the operating environment and best practice.

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

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

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

### Committee Evaluation

Corporate Governance best practice suggests that Board committees should regularly review their effectiveness. During this period the Audit Committee undertook a self-assessment against the criteria contained in its terms of reference. The online tool used to complete the survey was SurveyMonkey.

Following this exercise and a workshop supported by MIAA, a development plan was generated to be actioned over the coming year.

## **Board Development**

The Board Development Programme has been developed using a dynamic approach ensuring there are ongoing development opportunities to strengthen capacity and performance and to enhance strategic functioning. The programme has included such topics as fit and proper persons training, special purpose vehicle, Trust strategy and service developments.

The Board has also taken advantage of external programmes which included individual Board members participated in a number of programmes facilitated by the Foundation Trust Network, NHS Northwest Leadership Academy and Monitor.

Following completion of a 360 degree appraisal feedback process in 2013 a leadership development programme was introduced for the Executive Team. The programme ran over a twelve month period and included the introduction of a coaching programme to build on existing management and leadership styles, matrix working to further embed delivery of centred/patient focused performance, strategic planning focusing on a five to ten year long term service and workforce strategies such as resilience building and communication and visibility through media training and general enhanced methods of improving communication and engagement.

After evaluation at executive level it was agreed to roll the programme out further to heads of service and general managers.

## **Board Effectiveness**

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

Performance evaluation of the Chair is undertaken by the Senior Independent Director with input from the Senior Governor who then reviews the report with the Nominations Committee of the Council of Governors, who subsequently advises the Council. The Chair undertakes the performance evaluations of the Non-Executive Directors. In addition, to enable Governors to observe the performance of the Non-Executive Directors, the Non-Executive Directors attend the Council of Governors meetings the Trust invites Governor representatives to attend the Trust Board, Audit Committee, Integrated Governance Committee and the Finance and Strategy Committee.

The Chair undertakes the review of the performance of the Chief Executive. It is the responsibility of the Chief Executive to review the performance off the Executive Directors.

During the year the Board has commenced the external Board Governance Review process as outlined as a provision of the Risk Assessment Framework using the Well-led Framework for Governance Reviews guidance issued by Monitor. This sets out that the Board carry out a review every three years focusing on four key areas:

- Strategy and planning
- Capability and culture
- Process and structures
- Measurement

As suggested by the guidance, the Board has undertaken a self-assessment using Monitor's self-assessment framework to inform the Board of its performance. This was conducted online using SurveyMonkey as four separate surveys which focused on the feedback of the:

- Trust Board
- Council of Governors
- Senior Managers
- External Stakeholders

The outcome of the self-assessment will be presented to the Board in 2015 to inform the procurement of an appropriate reviewer to undertake the external review.

### **Board Development Days**

During 2014/15 these sessions facilitated discussion on such subjects as reviewing the external environment and forecast changes in cancer treatment with the purpose of developing future strategic possibilities available to the Trust including:

- Developing a compendium of strategic possibilities for further consideration,
- Developing a framework to consider and broaden these strategic possibilities, to determine the preferred route forward for the future.

### **Board Mandatory Training**

It is essential that Board members, like all staff members, undergo their mandatory training. For Board members this primarily focuses on the Board's role and responsibilities in relation to existing and new legislation. This is conducted on an annual basis.

During 2014 the Board undertook its mandatory training which included health and safety and equality and diversity.

### **Audit Committee**

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

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

- Committee review of the financial statements
- Setting and reviewing progress of the annual internal audit plan using a

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

### **Integrated Governance Committee**

The role of the Integrated Governance Committee is to ensure that the appropriate governance structures are in place and operating effectively for:

- Corporate Governance
- Clinical Governance (including Risk Management)
- Information Governance
- Research Governance
- Financial Governance

During the year the Integrated Governance Committee delivered against its terms of reference in particular:

- Ensuring a robust compliance framework is in place to meet the various statutory obligations focusing in particular on:
  - CQC regulatory requirements
  - Health and Safety legislation
  - NHS Constitution
  - Equality and Diversity
- Ensuring delivery against specified Trust strategies including:
  - Quality
  - Patient and Public Involvement (including reviewing complaints, concerns, comments and compliments)
  - Risk Management
  - Organisational Development
  - Equality Action Plan and Equality Delivery System

- Performance
  - Monitored the achievement of all performance targets as set by the CQC and our commissioners
  - Monitored the achievement of all performance targets as set out by CCC (e.g. workforce statistics)
  - Oversaw the delivery of action plans developed from the national staff and patient survey programmes
  
- Finance
  - Monitored the delivery of the CIP Programme
  - Ensured that investments made by the Trust were in line with the Trust's approved Investment Policy
  - Ensured accurate coding systems are in place and were monitored
  - Reviewed areas of financial risk ensuring appropriate mitigation was put in place

## Finance and Strategy Committee

The Finance & Strategy Committee was established in April 2014 to oversee the development and execution of the Trust's business development and financial strategy. This has involved making recommendations to the Board on the long term strategy in the context of the Trust's vision, mission and values.

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

During the year the Finance & Strategy Committee delivered all its responsibilities in accordance with its Terms of Reference but in particular:

- Provided regular updates on its activities to the Trust Board.
- Reviewed and monitored the Trust's Investment Policy to ensure that external reporting requirements were met e.g. Monitor's Compliance Framework.
- Received and maintained all financial and investment policies and procedures that are not the direct responsibility of the Audit Committee.
- Reviewed, maintained and managed risks relevant to its responsibilities in accordance with the Board Assurance Framework and Risk Register.
- Monitored the development and execution of specific Trust's strategies e.g. Organisational Development, Estates, Information Technology.

## Remuneration Committee

The Remuneration Committee consists of the Chair and other Non-Executive Directors and decides the terms and conditions of office including the remuneration and allowances of the Executive Directors, including the pension rights and any



compensation payments.

The Committee is chaired by the Chair and was not required to meet during 2014/15.

### Nomination Committee

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

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

The Committees are chaired by the Chair and have not been required to meet during this year.

### Attendance at Board of Directors and Board Committee meetings

	Board of Directors	Audit	Integrated Governance	Finance and Strategy
No of meetings held for 2014/15	10	5	5	10
<b>EXECUTIVE DIRECTORS</b>				
Andrew Cannell	10	*2	1	10
Helen Porter	10	*5	5	10
Peter Kirkbride	8		3	6
Rob Smith	9	*1	4	9
Yvonne Bottomley	9	*4	5	9
<b>NON EXECUTIVE DIRECTORS</b>				
Alan White	10			10
James Kingsland	10	5	3/3**	10
Gil Black	10	5	5	10
Alison Hastings	8	4		7
Louise Martin $\Delta$	4	1	1	4
Jan Burns	10	5	5	10
Philip Edgington $\diamond$	4	2	3	5

- All meetings were quorate
- \*Identifies the number of meetings the Executive Directors have been in attendance.
- \*\* The Non-Executive Director membership of this committee changed in August 2014. Attendance has been shown with the number of meetings held whilst the individual was a member of the relevant committee.
- $\Delta$  Term of Office expired mid-year
- $\diamond$  Term of Office commenced mid-year

## Membership

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

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

If members wish to contact their individual Governor or a Director they can do so by contacting Andrea Leather, Corporate Governance Manager on 0151 482 7799 or email [andrea.leather@clatterbridgecc.nhs.uk](mailto:andrea.leather@clatterbridgecc.nhs.uk) or [governor@clatterbridgecc.nhs.uk](mailto:governor@clatterbridgecc.nhs.uk)

Public Constituency	2014/15 (plan)*	2014/15 (actual)	2015/16 (estimated)
<b>Staff Constituencies</b>			
Doctor	74	77	77
Nurse	183	184	184
Non clinical	374	406	406
Other clinical Professional	159	184	184
Radiographer	168	167	167
Non staff	194	197	197
<b>Public Constituencies</b>			
Wirral and rest of England		1352	
Liverpool		939	
Sefton	Maintain current level of membership	1123	Maintain current level of membership
Warrington and Halton		452	
St Helens and Knowsley		591	
Cheshire West & Chester		494	
Wales		156	

Staff constituency members as of March 31, 2015 totalling 1198

Public constituency members as of March 31, 2015 totalling 5107

Within its Annual Plan 2014/15 the Trust's objective was to preserve the current membership levels whilst developing ways to engage with younger people and hard to reach groups whilst maintaining the public membership with no fewer than 5,600.

As outlined in the table above, the number of public members has continued to grow with 197 new members joining the Trust. A large proportion of our members come from our patient population. The number of public members identified as 'leaving' is predominantly due to members dying 89 (89 out of 202) rather than opting to stop being a member. The majority of the remaining have been picked up as being members how have moved home without notifying the Trust which is highlighted following circulation of articles such as the Trust magazine.

## Membership Strategy

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

As part of the Membership Strategy, Governors have held a number of recruitment drives throughout 2014/15 to actively recruit members to the Trust. These drives have taken place across a variety of venues including the Trust, local schools, local businesses and larger events.

The current Membership Strategy is currently under review. The Committee reviews and updates the action plan on an annual basis giving particular consideration to:

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

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

## Working together with the members

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

One of the primary objectives of the Membership and Communications Committee is to ensure effective communication with the membership and wider community. To do this the developed Membership Strategy has an established panel of members. This is a group of around 100 members who are willing to comment on or respond to emails about proposed plans and the activities of The Clatterbridge Cancer Centre. By getting involved this will help the Trust to deliver a service that is supported by the public. If members are interested to know more about what the Trust is doing, or if they would like to contribute ideas and suggestions why not consider joining our panel of members.

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

The Trust also holds an Annual Members Meeting which not only provides the opportunity for members to meet with Governors but also provides a forum ask any questions regarding the directions the Trust will take in the future.

During 2014/15 the Trust undertook a public consultation regarding its Transforming Cancer Care proposals. This offered Governors the opportunity to engage with members and the public to discuss the future plans of the Trust as part of a schedule of informative roadshows organised by CCC.

Governors have also taken an active part in interviewing service users to gain an understanding of their perspective of the service they receive. This allows Governors to explore, in collaboration with the Trust via the Patient Experience Committee, any issues identified. The films of these interviews are also presented at the Board to help focus discussion.

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

Any members interested in any of the above, are encouraged to contact the Governors via email at [governor@clatterbridgecc.nhs.uk](mailto:governor@clatterbridgecc.nhs.uk)

## Public Interest Disclosures

### Staff Engagement

One of our core values is 'Putting people first'. Staff engagement is very much at the heart of this through our commitment to providing a great place to work where people feel valued, are supported to learn and develop, and feel empowered to make changes, suggest improvements and raise concerns.

We have consistently received some of the highest scores nationally in the NHS Staff Friends and Family Test, introduced in April 2014 and strong performances in the National Staff Survey, but we are far from complacent. There is widespread change across the NHS and this Trust is no exception with our vision for Transforming Cancer Care, with the new hospital in Liverpool and associated service developments supported by new technology. We fully recognise the importance of staff engagement in achieving this vision.

We are open and responsive to feedback – recent examples include the rollout of e-learning to make it easier to do mandatory training and simplifying the Performance Appraisal and Development Review (PADR) process and documentation.

We work in partnership with our trade unions through regular meetings – the Strategic Partnership Forum and the Operational Partnership Forum – as well as ongoing discussions around policy, engagement and staff relations.

There are a number of staff engagement channels in place, both at a Trust-wide level and within individual departments and projects. These include the Transforming Cancer Care communications and engagement group, engagement events /

information sessions, clinical user groups of frontline staff designing the new hospital in Liverpool, and the clinical design and site reference groups developing models of care for the future.

We have active 'Communications Champions' right across the Trust – frontline staff who ensure there is good engagement with their teams and departments.

The executive team roadshows visit teams across the Trust to hear their views and talk about key developments including Transforming Cancer Care. There are comment and suggestion boxes around the Trust where staff can post any questions/comments anonymously if they wish. There have also been Q&A sessions and information stands for the Transforming Cancer Care team.

Other channels include the CCC Culture Club and NHS Change Day events where we have sought staff's views on our culture, values and behaviour, and small changes that would make a difference. We are now taking these suggestions forward – for example, as part of NHS Change Day, staff were asked a 'temperature check' question about the degree to which they feel involved in changes affecting their team/department.

Staff engagement is key to service improvement and frontline CCC employees are directly involved in many such projects. Examples from 2014/15 have included the improved radiotherapy waiting times as a result of listening to frontline staff suggestions on appointment scheduling and communication between teams. Staff are also actively involved in a similar project improving chemotherapy waiting times.

Recognition and reward is a key part of our staff engagement, including a monthly staff awards scheme, annual awards, long-service awards and a lunch event where the Chief Executive meets all staff who have just completed their first year at the Trust to hear their views.

Whenever we are considering changes to people's roles, terms and conditions or working environment, we ensure they are involved and listen to their views. In 2014/15, these have included surveys on car parking to enable us to improve facilities on our Wirral site and begin preparing for the new hospital in Liverpool. There were also formal consultations and Q&A sessions on proposals for new structures in Chemotherapy, Integrated Care and Imaging.

## Equality and Diversity

The Trust is committed to promoting an inclusive work environment that genuinely values people and all their differences irrespective of their protected characteristics.

We aim to become a world class organisation attracting and retaining the best people who are skilled and motivated to deliver the best possible care to an equally diverse community; respect for all individuals is paramount to achieving this.

In addition to other supporting NHS organisations the Trust continues to be

represented each year at Liverpool PRIDE through 'Pride in Health', the Liverpool NHS Lesbian, Gay, Bisexual & Transgender staff network (LGBT). This involvement at Liverpool PRIDE promotes the NHS and The Clatterbridge Cancer Centre as an employer of choice for LGB&T individuals, provides health and well-being advice and celebrates the contribution that LGB&T staff makes to the NHS.

By supporting Liverpool PRIDE we acknowledge the Trust's commitment to our equality, diversity and human rights strategy.

## Health and Safety

The safety of patients, staff and visitors is paramount and therefore CCC continues to encourage a pro-active approach to health and safety to ensure that as a Trust we comply with existing and new health and safety legislation.

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

As part of our pro-active approach, risk assessments are reviewed by all departments to identify any potential risks and to put controls in place to prevent where possible any injuries or illness to patients, staff and visitors in all areas of the Trust.

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

To support staff with knowledge and information for health and safety, fire, security and manual handling, bi-annual training sessions are provided for all staff groups and workbooks have been developed for staff to complete as an alternative form of learning.

There were 76 reported staff incidents in 2014/2015 and are categorised as follows: manual handling; struck by or against; needle stick injury; verbal and physical violence, slips, trips & falls and burns.

Regular reports on all accidents, dangerous occurrences and ill health are presented at our bi-monthly health and safety committee and action plans are implemented.

## Occupational Health

The Trust maintains strong links with the Occupational Health Service to manage staff attendance provide a variety of support to staff and managers and promote health and wellbeing for all.

The Trust has recently reviewed its arrangements with its existing OH provider

and agreed a new 12 month SLA in line with the nationally recognised NHS Health at Work guidance.

Particular focus is on improved performance reporting to assist with sickness analysis and proactive management with a particular focus on stress related absence and activity.

Additional contracting has also been sourced with Cheshire and Wirral Partnership Trust to provide specialist support for high-level cases related to more complex mental health issues.

## **Public Consultation**

The Trust is looking to expand its services and develop a new cancer centre in Liverpool which will provide patients with access to chemotherapy, radiotherapy, outpatients, inpatients, critical care and medical and surgical specialities all on the same site for the first time. This is increasingly important in ensuring that an aging population with more complex health needs receive the highest standard of cancer care. There has been extensive stakeholder engagement to date on the proposals. The Trust carried out a formal public consultation during 2014/15.

The Trust carried out formal public consultation on its Transforming Cancer Care proposals from 28<sup>th</sup> July 2014 to 19<sup>th</sup> October 2014. The proposals included the development of a major new hospital in Liverpool, including the transfer from Wirral of inpatient beds, the Teenage & Young Adult Unit and the most complex care. The consultation reached 100,950 people across Merseyside and Cheshire through channels including an extensive public roadshow of 117 events, a dedicated website and a film on YouTube; 38,749 consultation documents were sent out and we had 10,433 direct conversations with patients, the public and NHS staff. In total, we received 1,054 written responses to the consultation from individuals, and 14 from groups and organisations.

The consultation found there was enormous support for the Transforming Cancer Care proposals across Merseyside and Cheshire. Of the 1,054 individual responses, 91% supported the vision and 88.5% believed the proposals would achieve the vision and improve care. Support was even strong in Wirral and West Cheshire, the two areas where some people would have to travel a little further: 82% from Cheshire West and Chester and 78% from Wirral supported the vision; 74% from Cheshire West and Chester and 71% from Wirral believed the proposals would achieve the vision and improve care.

The Joint Health Scrutiny Committee for Cheshire and Merseyside, involving councillors from Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helen's, Warrington and Wirral, voted unanimously in December 2014 that the proposals should go ahead.

## **Patient and Public Involvement Activity**

During 2014/15 the Trust has continued to engage with patients and stakeholders to further develop its services. Activities have included:

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

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

Results are available on the Trust website.

Feedback from the Friends and Family Test for in patients continues to be very positive with approximately 95% of patients reporting 'extremely likely' when asked 'How likely are you to recommend our ward to friends and family if they needed similar care or treatment?'

In November 2014 we piloted The Friends & family Test across outpatients. Our patients have responded by telling us that 98% would be 'extremely likely' or 'likely' to recommend our services to their friends and family.

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

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

Examples where patient experience has informed change includes:

- Investment in more staff in radiotherapy and chemotherapy to improvements waiting times for treatment
- Waiting times displayed on T.V's in Delamere waiting areas



- No –smoking rules implemented

The Trust is proposing to build a new world-class cancer centre in Liverpool which will bring integrated cancer care along with life-saving research closer to even more patients across Cheshire and Merseyside. Following extensive public engagement on the proposals in 2012/13, the Trust commissioned detailed evaluation of the feedback. This was completed in summer 2013 and fed back to the public and other key stakeholders through a public roadshow and events at venues across Cheshire and Merseyside in January and February 2014, an information leaflet, the Trust website and communications channels, and meetings with key stakeholders including patient support groups and overview and scrutiny committees in early 2014.

The Trust carried out formal public consultation on the proposals in 2014/15. It was supported by extensive communication and events to involve the full range of stakeholders across Cheshire and Merseyside.

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

### Sickness Absence Data

The overall sickness absence figure for 2014/15 was 4.38% The Trust recognises the importance of the health and wellbeing of our staff and how it is integral to a positive patient experience, as such there has been a significant focus on this during 2014 /15 throughout the Trust.

Yearly Quarter	Trust Performance 2014/15
Q1 (April - Jun)	3.71%
Q2 (July - Sept)	3.93%
Q3 (Oct - Dec)	5.34%
Q4 (Jan - Mar)	4.54%
Full Year	4.38%

The Trust has re-launched its Health and Wellbeing Committee with clear objectives which are aligned to the NHS Five Year Forward View which is clearly reflected in the strategic priorities of the Workforce and Organisational Development Strategy. This Health and well-being committee consists of a number of employees who communicate and promote wellbeing initiatives across the Trust (both local and national) which this year have included 'Dry January' and 'Be a Lover not a Fighter' as well as arranging local activities at the request of employees such as Tai Chi and the regular attendance of an on-site Fruit and Veg stall to encourage and promote healthy eating.

The Champions also provide advice and guidance on all policies and procedures that impact wellbeing i.e. Managing Stress and Attendance Management to ensure constructive employee feedback for the benefit of the wider Trust.

# Annual Governance Statement

## Scope of responsibility

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

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Clatterbridge Cancer Centre NHS Foundation Trust (CCC), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

The Trust is committed to providing high quality services in a safe and secure environment. As Chief Executive I have overall responsibility and accountability for all aspects of risk management within the Trust, making sure that the organisational structure and resources are in place to ensure this occurs. Senior leadership is delegated through the directors and operationally through directorates, departments and committee structures. This covers all aspects of governance relating to our service delivery, including: quality governance, infection control, clinical care, radiation protection, Care Quality Commission (CQC) Regulatory Requirements, Monitor's Risk Assessment Framework, finance, contracts, information technology, health and safety, cancer standards peer review, research, and employment practices.

The Audit Committee has overarching responsibility for ensuring that risk is managed effectively within the organisation. This role is supported by Board committees that oversee specific aspects of the risk portfolio and which also ensure that the Trust continually learns from good practice.

The system provides a central steer whilst supporting local ownership in managing and controlling risks to which the Trust may be exposed.

These systems are further supported by the evaluation of the effectiveness of risk management and control systems and implementation of recommendations from external assessments to promote both organisational and individual learning and the dissemination of good practice within the Trust. Bespoke learning and development is provided according to individual role requirements such as Trust Board members, senior managers and all staff. Risk Management training is mandatory for all staff including senior managers and Board members. Clear delegated authority is defined within the Corporate Governance Manual and the Trust's Risk Management Strategy.

The Risk Management Strategy is underpinned by a number of risk related policies and procedures which provide further information and guidance to staff in the management of risk. The Trust is committed to continually reviewing its risk management process and endeavors to ensure that it learns from best practice. A key example of this is the adoption of the Integrated Governance Model as defined in the Integrated Governance Handbook (DH 2005) and the implementation of Monitor's Quality Governance Framework (2011).

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

The key elements of the Trust's Risk Management Strategy are to manage and control identified risks, whether clinical, non-clinical or financial, appropriately. This is achieved through a sound organisational framework which promotes early identification of risk, the co-ordination of risk management activity, the provision of a safe environment for staff and patients, and the effective use of financial resources. It ensures that staff are aware of their roles and responsibilities and outlines the structures and processes through which risk is assessed, controlled and managed. The Trust Board approved a revised Risk Management Strategy in February 2010 (reviewed and updated October 2014). The Trust Board determines the risk appetite of the Trust. Levels of acceptable risk are determined by working within agreed Trust policies and procedures. An acceptable risk is one which has been accepted after proper evaluation, with all the possible controls in place.

Risks are identified through feedback from many sources such as, formal risk assessment, the assurance framework, incident reporting, audit data, complaints, legal claims, patient and public feedback, stakeholder/partnership feedback and internal/external assessment.

The Trust Board has endorsed the Quality and Quality Governance Strategy (incorporating Monitor's Quality Governance Framework), the Operational Plan and the Risk Management Strategy. In addition, a range of Trust-wide policies and procedures further supports the risk management processes.

The risk and control framework continues to be reviewed and developed. In 2014/5 this included:

- Annual review of the approved Trust Board committee structure in line with the principles of Integrated Governance to ensure its continued effectiveness.
- Embedding Monitor's Quality Governance Framework

- Continued development of the operation of the Trust's Risk Register. This year we have procured a new electronic system which will be implemented in 2015/16
- Continued full compliance with the regulatory requirements set out by the Care Quality Commission to ensure ongoing full registration without conditions
- The Trust continued to work and develop arrangements with third party organisations within the local health economy and on a wider scale to ensure delivery of quality healthcare services and secure appropriate funding.
- Continuous improvements were made in 2014/15 in order to continue to meet all mandated targets
- Any new and emerging risks have been kept under review
- The Trust Board has continued to review all significant risks at each Board meeting ensuring risk mitigation plans are in place and that the Board approves any changes to the assessment of risk based on the impact and the efficacy of the controls in place.

The Trust Board has reviewed Monitor's Quality Governance Framework including performance against all best practice areas. The requirements of the Quality Governance Framework are embedded into the Trust's Quality and Quality Governance Strategy approved by the Board in July 2013. This will be reviewed and refreshed in 2015. Overall the Trust Board is assured that it has in place robust Quality Governance.

The Trust Board receives a bi-monthly quality report detailing performance against the delivery of its stated quality objectives and performance information on a range of quality metrics. The quality of performance information is assessed and assured through data quality audits and reviews by our internal and external auditors.

The Trust Board reviews the Care Quality Commission (CQC) Intelligent Monitoring Report at each Board meeting together with updated action plans to address any areas of risk. The Integrated Governance Board Committee has responsibility for the ongoing monitoring of compliance with the CQC registration requirements. It does this through the review of the individual regulations and associated outcome measures such as patient survey results and audits against each of the required outcomes. Additional information is provided following CQC inspections and reviews and from planned internal audits as part of the Trust's audit schedule. In addition the Trust has in place a programme of 'mock inspections' against each of the outcomes which are reported to the Integrated Governance Committee.

The Trust has appointed an Executive Director as the Senior Information Risk Officer. Risks relating to data security are assessed through the completion of the Department of Health's Information Governance Toolkit. The Trust has assessed itself as securing a score of 80% (a "Green" rating) against the Department of Health's Information Governance Toolkit in 2014/15; The Trust achieved a minimum of Level 2 against the requirements of the Information Governance Statement of Compliance as required by Monitor's Compliance Framework, where relevant information risks identified in the course of the Trust's incident reporting processes are investigated and lessons learned.

The Trust has embedded an assurance framework at a corporate level and across all areas of the organisation. The corporate assurance framework identifies those risks deemed as strategically significant to the Trust's objectives, the controls in place to manage / mitigate those risks and the assurances received by the Trust. All Board members have been involved in the development, identification, quantification and prioritisation of the risks and the subsequent action planning to address areas for improvement. Significant risks are escalated to the Trust Board as they arise and subsequent updates are made to the Assurance Framework. Each high scoring risk has an individual risk mitigation plan developed by the responsible Executive Director. Each directorate is also required to develop a directorate level assurance framework to support the delivery of the directorate objectives. This further embeds the organisation wide risk aware culture.

The current major risks both in year and for the future are:

Risks and mitigations:

- Ensuring we have the right skills, competencies and capacity within the workforce.
- Forecast and mitigate the volatility of the changes in treatments for cancer affecting demand.
- The potential impact of reduction in healthcare funding.

All areas of delivery are risk assessed and any identified risks are included within the Trusts Assurance Framework and Trust wide Risk Register.

The Trust's major risks all have robust risk mitigation plans and are reviewed at each Board meeting including actions identified to mitigate these risks.

The Trust has reviewed its compliance with the NHS foundation trust condition 4 (FT governance).

The Trust regularly reviews the effectiveness and responsibilities of the Board and its committees through evaluation of each Board meeting and through formal review annually of each committee. The overarching governance structure is regularly reviewed and in 2013/14 this review identified the need for a change in the Board committees and a Finance and Strategy Committee was introduced in early 2014. The Trust has regard to guidance on good corporate governance.

The responsibilities of Directors are reviewed through individual performance review and through the review and refresh of the Policy for the Appointment for Non-executive directors. The portfolios of individual Directors are reviewed and in 2013/14 the Trust management structure was revised to ensure clear responsibilities, responsibilities, accountabilities and reporting lines. The new management structure was fully implemented in 2014/15.

The Board has reviewed its compliance with its licence including commissioning its internal auditors to conduct an independent review to identify any risks to non compliance and a clear action plan to ensure ongoing compliance.

The Board receives and reviews a monthly integrated performance report and a separate finance performance report ensuring the Board is appraised of the Trusts performance and is able to challenge and scrutinise this performance.

The Board has in place clear systems and processes to ensure that it is able assure itself of the validity of its Corporate Governance Statement. In addition areas already referred to these include:

- Review and implementation of all Monitor guidance
- Regular review of the Board and its committee structures and their terms of reference to ensure they are effective
- Regular review of the Trusts management structures and reporting lines including annual review of the Trust's Corporate Governance Manual
- Review of third party assurance on the Trusts compliance with the Licence
- Effective scrutiny and oversight of all operations and compliance with healthcare standards and statutory regulation
- Monthly Board review of all high risks within the Trust's risk register
- Regular review of the Trust's delivery of its operational and strategic plans

Risk management is embedded throughout the Trust. This is demonstrated by the incident reporting arrangements within the Trust where this is openly encouraged. The Trust operates a 'fair blame' culture with a clear approach to identifying the causes of incidents, learning lessons from them and providing feedback and support to staff involved in incidents. The aim is to support staff and encourage participation rather than to expose them to recrimination or blame. It should be noted that in exceptional circumstances further action may be taken if appropriate, e.g. evidence of breach in the law, professional misconduct or repetitious incidents. Assurance of this process was previously gained by the achievement of NHSLA level 3 (since November 2007) and the Trust wide ISO 9001:2008 quality management system accreditation. Since the NHSLA changed its assessment process from April 2014 the Trust has developed its own Quality and Risk Management Standards and monitoring methodology to provide internal assurance.

Engagement with public stakeholders in managing risks which may impact on them is undertaken in a number of ways, principally through:

- The Trust Board working closely with the Council of Governors
- Communication and engagement with our members
- Communication and engagement with patient and public stakeholders
- Provision of accurate patient information (accredited with the Information Standard Quality Mark)

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

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 foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

Annually the Trust produces a service strategy which incorporates a supporting financial plan for approval by the Board of Directors. The strategy approved by the Board of Directors informs the detailed annual financial and performance plans. The Board monitors performance monthly through the corporate Finance Balanced Scorecard Report, which provides information on current and forecast financial performance, achievement of savings targets, capital investment, contract activity and performance against key targets.

Reports on specific issues relating to economy, efficiency and effectiveness are commissioned by the Audit Committee from the Trust's Internal Auditors and it also receives reports from the External Auditors as required. The Audit committee monitors closely the implementation of Audit recommendations.

The purpose of the Director of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

For 2014/15 the opinion received by the Trust was one of Significant Assurance. This can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of particular objective at risk.

Effective performance has been demonstrated through:

- The achievement of all the key NHS targets:

- A Continuity of Services(finance) rating of 4 for Q1, 2 and 3 as determined by the independent regulator Monitor (Risk Assessment Framework) expected 4 for Q4

### Serious Incidents Involving Data Loss or Confidentiality Breach

Members of staff inappropriately accessed a patient's records, which was a breach under section 55 of the Data Protection Act.

A full internal investigation was carried out by CCC which resulted in staff being dealt with under the disciplinary policy. The incident was reported to the Information Commissioners Office (ICO) who advised that they were satisfied that appropriate measures were taken and confirmed the closure of the case.

Staff continue to be made aware of the consequences of inappropriate access to personal data via training and communications.

### Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the quality report presents a balanced picture of the foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The following steps have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of the data.



## **1. Governance and leadership**

The Director of Nursing and Quality is responsible for the Quality Strategy and the Quality Accounts. The Board receives a bi-monthly quality report which is built on the structure of the annual Quality Report to ensure that progress against priorities and monitoring of performance measures are reviewed throughout the year and to ensure that the Quality Report is balanced.

The Director of Nursing and Quality is responsible for corporate leadership of data quality as lead director for Information Governance. The Director of Nursing and Quality has overall strategic responsibility for data quality, and this responsibility is not delegated.

The Trust has in place a Data Quality Policy which ensures that the Trust holds good data quality processes and procedures in place to provide assurances to themselves as well as external users of their information. This Policy covers all patient data collected by the Trust. The Data Quality Policy states that all staff responsible for entering data in the Trust's Electronic Patient Record (EPR) system are required to attend annual refresher training as per the Information Governance toolkit standards. Data quality is regularly reviewed and reviews are reported through the Information Governance Committee.

In 2014/15 the Board approved a new IT+T Strategy.

The updated IM&T strategy has been developed for the period April 2015 to December 2018. The strategy is made up of three key documents:

- a. Vision for Information Management & Technology
- b. EPR and Clinical Information Systems Strategy
- c. ICT and Corporate Information Systems Strategy

The Trust also has in place an Information Governance Strategy. These strategies include the responsibility to monitor risks and ensure the correct operation of security and Information Governance policies including compliance with the Data Protection and Freedom of Information Acts.

Information governance in relation to assessment of risk is clearly identified within the Risk Management Strategy. All risks are fed into the organisational risk register. Risks associated with data quality audit reports are included in the organisational risk register.

The Quality Report includes information on both good performance and areas for improvements which provides a balanced picture of the Trust's performance. The majority of indicators relate to performance of the whole Trust.

As part of the Board approval process, the two clinicians on the Trust Board (Medical Director and Director of Nursing and Quality) explicitly approve the data included in the Quality Report.

## **2. The Role of Policies and Plans in Ensuring the Quality of Care Provided**

The Trust has in place policies, plans (strategies) and standards to ensure the provision of high quality care. These documents are subject to regular review and audit to ensure compliance with the standards set.

The policies and procedures that relate to the quality of the data in the quality accounts are:

- Quality and Quality Governance Strategy
- Risk management Strategy
- Quality and Risk Management Standards
- Data quality policy (including the Quality Accounts data quality SOP)
- Incident reporting policy
- Clinical coding policy and procedure
- Clinical systems training policy
- Records management policy
- Information risk policy
- Data protection policy

All Trust policies and procedures are reviewed periodically and updated when needed in accordance with the Trusts Document Management Policy.

Staff are informed of all policy changes via the monthly clinical governance report at Team Brief. Where significant policy changes are made formal launches may be delivered.

## **3. Systems and processes**

There are systems and processes in place for the collection, recording, analysis and reporting of data which are focused on securing data which are accurate, valid, reliable, timely, relevant and complete.

The Trust has in place a Business Continuity Plan and Disaster recovery arrangements. Both of these are regularly tested.

## **4. People and skills**

Staff training is identified within the Data Quality Policy.

Roles and responsibilities in relation to data quality are clearly defined and documented, and incorporated where appropriate into job descriptions and are reflected in the Knowledge and Skills framework.

The body has put in place and trained the necessary staff, ensuring they have the capacity and skills for the effective collection, recording, analysis and reporting of data.

Staff collecting, recording, analysing and reporting data are assessed on their adherence to the data quality standards set by the Trust through the data quality audit programme.

## 5. Data use and reporting

Clinical data is reported at Board level primarily within the quarterly quality report, with evidence of Board challenge in response.

The Trust has arrangements in place to ensure that data supporting reported quality information is actively used in decision making processes, and is subject to a system of internal control and validation.

The Information Governance Sub-Committee reviews data quality audits on a quarterly basis and a Data Quality Group meets monthly to analyse detailed quality reports.

Operational and performance reports are produced on a monthly basis and key quality indicators are included in a corporate balanced scorecard which is reviewed by the Trust Board and Executive Team. Detailed reports are produced on a weekly basis and reviewed by the Trust's Management Group.

Internal and external reporting requirements are regularly reviewed and data provision is aligned to management and operational needs. Data used for reporting to those charged with governance are also used for day-to-day management of the Trust's business, via a combination of reports which are published onto a Management Information System website, automated e-mail reports to individual users and reports produced for specific management meetings.

Data quality and performance reports are routinely provided to staff groups who create the data using various clinical and business systems, to reinforce understanding of their wider role and importance.

Data which are used for external reporting are subject to rigorous verification reviewing both data collection and reporting. A range of reports are used to monitor the quality of data reported externally and a variety of audit processes are used routinely. All data returns are prepared and submitted on a timely basis, and are supported by a clear and complete audit trail. Where appropriate data is triangulated against other sources of information such as patient feedback and is included within scorecard reports.

### Waiting times data accuracy

The Trust assures the quality and accuracy of elective waiting times data by completing regular Data Quality Audit reports in line with the National Information Governance toolkit requirements. In 2014-15, the Trust achieved the highest level 3 to support this indicator.

Probing on waiting times data is also supported through the organisational separation of responsibility for delivery of targets management of data and performance. Delivery of targets is managed through the operational Clinical Directorates and performance management reporting is the responsibility of the Performance Management and Information departments. The separation of the functions is in line with good practice and ensures that there is no potential conflict of interest for the

managers accountable for the target in reporting on performance and information on waiting times.

### 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 NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the Integrated Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors reviews performance across a range of indicators, which include both corporate and national objectives and those measures of performance included in the Quality Accounts:

Achievement of both local and national objectives and measures of performance is an important function of the Trust Board; in ensuring our effectiveness in doing this a number of measures are in place across the Trust.

- Individual departments have a series of key performance indicators which are monitored on a monthly basis. In addition to this there is also a trust wide set of key performance indicators that are reviewed each month at Trust Board, these cover waiting times, infection control as well as finance.
- Four times a year the executive directors meet with each clinical directorate to formally review performance against objectives, management of clinical governance & risk, financial management and delivery against national waiting time targets.
- Green governance ratings for quarters 1,2 and 3 and a forecast of green for quarter 4
- Achievement of a Continuity of Services (finance) rating of 4 for quarters 1, 2 and 3 and a forecast of a rating of 4 for quarter 4.
- Regular Audit Committee review to ensure up to date and relevant financial policies and procedures are maintained.
- The Trust has been granted full registration without conditions as a service provider from the Care Quality Commission in March 2010 for the treatment of disease, disorder or injury and for diagnostic and screening procedures.
- The Trust Board receives a bi-monthly Quality Report which is built on the structure of the annual Quality accounts to ensure that progress against priorities and monitoring of performance measures is reviewed throughout the year.

The Audit Committee provides a central means by which the Trust Board ensures effective internal control mechanisms are in place. This includes receiving and reviewing reports from both Internal Audit and our External Auditors.

- Internal Audit concluded that the systems and processes in place regarding the Assurance Framework are designed and operated to meet the requirements of the Annual Governance Statement (AGS). The overall assessment was that an assurance framework has been established which is designed and operating to meet the requirements of the AGS and provide reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the organisation. They have also provided significant assurance overall across a range of individual opinions arising from risk based audit assignments reported throughout the year.
- Approving the clinical governance assurance framework

The Trust Board has received external assurance of its systems of internal control by:

- Maintaining a quality management accreditation (ISO9001:2008) across the whole Trust from the British Standards Institute (BSI)

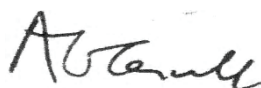
The Integrated Governance Committee provides a core function of monitoring any clinical risks and ensuring appropriate mitigations are in place. Throughout the year it has done this through:

- Approval of the clinical audit plans and receiving regular clinical audit reports
- Reviewing all relevant national guidance and recommendations (e.g. NCEPOD and NICE) to ensure best practice is implemented
- Receiving and reviewing reports on all incidents reported including Serious Untoward Incidents (SUIs)
- Receiving external assurance reports and monitoring action plans where deficiencies are identified
- Providing assurance to the Board on risk identification and mitigation.

## Conclusion

In conclusion there are no significant internal control issues which have been identified.

Signed



Andrew Cannell  
Chief Executive

Date: 27 May 2015

### **Statement as to disclosure to auditors (s418)**

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

### **Goods and Services**

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

### **Remuneration report**

See notes 3.3 and 3.5 in Annual Accounts

Also information in Remuneration section of Board of Directors / Council of Governors

### **Definition of "salary and allowances"/ Compensation for loss of office**

See note 3.3 and 3.5 in Annual Accounts and Remuneration section of Board of Directors

### **Pension disclosures**

See note 3.4 Annual Accounts

### **General Companies Act disclosures (s416)**

See Annual Accounts

### **Further Companies Act disclosures (s416 and Regulation 10 and Schedule 7 of the Regulations)**

See Annual Accounts

### **Statement of accounting officer's responsibilities**

See Annual Accounts







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# Quality Report

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From 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015

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## Part 1: Statement on Quality from the Chief Executive

Quality is at the heart of what all our staff aim to achieve for all the patients in our care. I would like to thank the professionalism, expertise and commitment of our staff which ensured that we are able to provide a high quality service.

We have clearly defined our Core Purpose as providing excellent care to people with cancer.

Our Vision is to provide the best cancer care to the people we serve. To deliver our vision we have made it our Mission to improve health and well-being through compassionate, safe and effective cancer care.

Our values, developed with our staff, demonstrate our commitment to how we work:

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

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

As a Foundation Trust we also work closely with our Council of Governors to ensure that it supports the Trust Board in shaping the Quality and Quality Governance Strategy and is kept appraised of progress in the delivery of the

plans it contains. The Governors also receive the quarterly Quality Report and their Patient Experience Committee has continued to review all patient complaints in detail.

Throughout this year we have worked with our staff and our key stakeholders to continue to improve the quality of our services. This year has seen a number of key developments and challenges for the Trust including:

- We have implemented the Friends and Family Test for staff
- We have rolled out the patient Friends and Family Test to all clinical departments
- We have implemented the reporting of Safe Staffing levels in accordance with NICE Guidance
- We have met all of the mandated targets
- Unfortunately we did not meet the CQUIN target of no more than 14 attributable grade 2 or above pressure ulcers. We have included this in our priorities for improvement for 2015/16
- I am particularly pleased to be able to report again that we have achieved against our clostridium difficile and MRSA targets.
- On the last day of 2014/15 it has been 3 years and 248 days since our last case of MRSA bacteraemia attributable to the Trust

On the last day of 2014/15 it has been 353 days since our last case of clostridium difficile attributable to the Trust

- We have scored consistently in the top 20% performing Trusts in both the annual Staff and Patient Care

Quality Commission surveys. Whilst all of the questions in these surveys are important one particular staff survey question provides me with assurance of the quality of care. When staff were asked 'if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust' 92% replied yes. Our annual PLACE (Patient Led Assessment of the Care Environment) assessment has also demonstrated good performance with ratings being given for cleanliness (99.78%), food (75.5%), privacy, dignity and wellbeing (87.29%), dementia (76.92%), and condition, appearance and maintenance (94.87%). We are reviewing these results to ensure we continue to improve.

## During the last year in our cancer centre:

We cared for 1996 in-patients

We cared for 27,166 out-patients

We delivered 86,488 fractions of radiotherapy

We delivered 40,409 cycles of chemotherapy

As Chief Executive I am confident that the Trust provides a high quality service and that these Quality Accounts demonstrate this. To the best of my knowledge the information in these accounts is accurate.

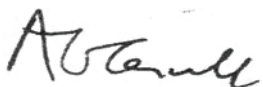
## During the last year we had:

0 cases of MRSA

1 case of C diff

16 formal complaints

In summary, The Clatterbridge Cancer Centre has a good track record in delivering a quality service to our patients. As Chief Executive I have a personal commitment to lead the drive for continual quality improvement. We will continue to deliver against the objectives we have set and will continue to improve quality in the challenging times ahead.



Andrew Cannell  
Chief Executive  
Date: 27<sup>th</sup> May 2015

## Introduction

This Quality Report provides an overview of our performance in the key priorities we have set for improving the quality of the care we provide to our patients and to achieve our vision to provide the best cancer care to the people we serve. It outlines our future priorities for continuous quality improvement and reports on key quality measures.

Over the coming years the Trust will continue to keep a strong focus on continuing to improve the quality of the service it provides. This is primarily achieved through the delivery of the Quality and Quality Governance Strategy. This strategy will be refreshed in 2015. The Trust will review and update the strategy in 2015 with a clear focus on defining the quality objectives that take us towards 'Transforming Cancer Care' which is our key strategic objective culminating in the build of a new state of the art cancer centre in Liverpool.

The strategy aims to improve:

- Patient Safety: *Always safe, always effective*
- Patient Experience: *Striving for excellent patient satisfaction*
- Outcomes / Effectiveness: *Efficient, effective, personalised care*

Part of our Quality Strategy is the ongoing review and monitoring of our local and national quality standards. We are also committed to ensuring transparency and we publish this information on our website 'High Quality and Safe Care'. We publish information in relation to the Care Quality Commission's (CQC) '5 key questions'.

**Are We Safe** includes:

- Open and Honest Care
- NHS Safety Thermometer
- Medicines thermometer
- Healthcare associated infections
- Patient Led Assessment of the Care Environment (PLACE)
- Incident reports

**Are we Effective** includes:

- Compliance with patient risk assessments
- 30 day mortality post treatment

**Are we Caring** includes:

- Ward nursing staff levels
- Patient feedback

**Are we Responsive** includes:

- Compliance with cancer waiting times

**Are we Well Led** includes:

- Integrated performance report
- Staff feedback
- Nursing care indicators
- Quality accounts

<http://www.clatterbridgecc.nhs.uk/aboutcentre/highqualityandsafecare/>

Throughout the year we actively engage with our staff, governors (as elected representatives of our members), our Patient's Council and members of local Healthwatch and Overview and Scrutiny Committees. A public governor is a member of our Integrated Governance Board Committee which is the main forum for oversight of the delivery of the Quality and Quality Governance Strategy and a governor also sits on the Trust Board. A Council of Governors Patient Experience Committee actively reviews patient experience measures and reports including detailed analysis of all patient complaints.

## Part 2: Priorities for Improvement and Statements of Assurance from the Board

The three main priorities for the Quality Strategy have been developed through an ongoing programme of engagement with the Trust Board, our Council of Governors, our Commissioners and with our local Healthwatch as well as our staff through our ongoing engagement processes throughout the year.

The three priorities are integrated into our Trust Operational Plan and our Quality Strategy which have been developed in conjunction with the Council of Governors Strategy Committee.

Due to the size of the population that it serves the Trust has endeavoured to engage with all Healthwatch and Overview and Scrutiny Committees (OSC) in developing the Quality Report and key priorities. In December 2014 and April 2015 the Trust held two engagement events to which it invited Healthwatch and OSC representatives from across Merseyside and Cheshire. At these events the Trust presented information on the delivery against its 2014/15 key priorities and performance against key metrics and discussed the priorities for 2015/16. The Trust will continue to use these engagement events to continue to improve engagement with Healthwatch over the coming year.

Representation from Healthwatch and OSC:

<b>15.10.14</b>
<b>Healthwatch and OSC</b>
11
<b>20.4.15</b>
<b>Healthwatch</b>
8

The Board continued to monitor performance against its Quality Strategy through a quarterly quality report to the Board. This report was also presented to the Council of Governors each quarter.

## Priorities for Improvement

### Priority 1: Sign Up to Safety

Patient Safety: *Always safe, always effective*



#### Why have we chosen this priority?

We are committed to delivering high quality care and taking action to reduce harm to the patients in our care. We have chosen to participate in the 'Sign up to Safety' campaign. We have identified four safety improvement domains:

- NHS Safety Thermometer denoted avoidable harms (inc' pressure ulcers)
- Medicines Safety
- Improve prevention, recognition and management of the adult deteriorating patient
- Development and implementation of a Radiotherapy Safety Thermometer

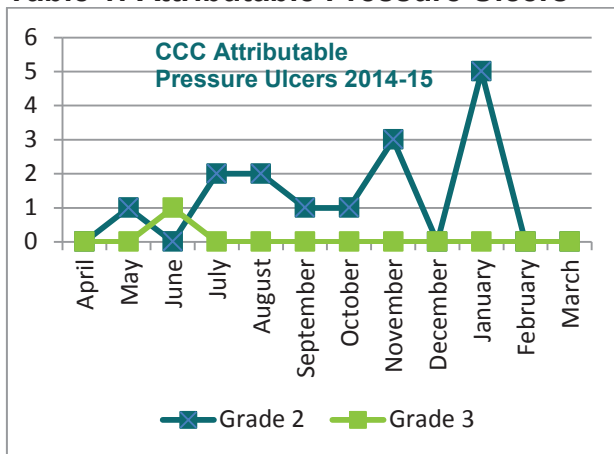
Our safety priority from the Safety Thermometer improvement domain is the elimination of avoidable pressure ulcers.

#### How we did last year

Unfortunately we saw an increase in hospital acquired grade 2 and above pressure ulcers in 2014/15. All incidents were subject to a detailed root cause analysis and a number of actions were able to be taken as a result of this including:

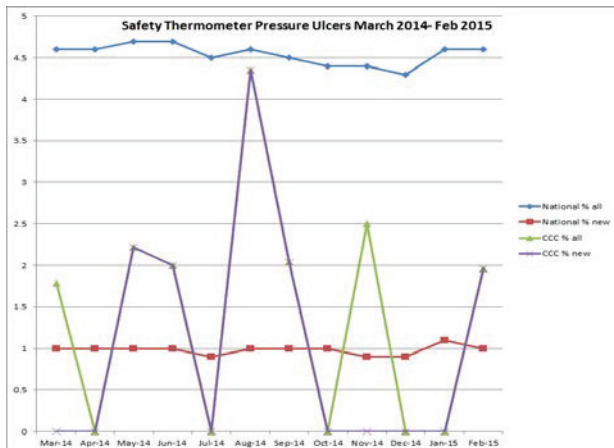
- Increased staff awareness and training (throughout year)
- Increased RAG (Red, Amber, Green) reporting to ward managers (July 14)
- An improving documentation workshop (Sept 14)
- Increased provision of pressure relieving mattresses and cushions (Jan 15)
- Improved Root cause Analysis (RCA) and Patient Safety and Comfort check tools (Jan 15)

**Table 1: Attributable Pressure Ulcers**



We are able to compare ourselves to other Trusts using the National Safety Thermometer. This tool is used to record all patients who may have a pressure ulcer on the same day each month by all NHS hospitals. This includes patients who have been admitted with pressure ulcers as well as those developed in hospital.

**Table 2: NHS Safety Thermometer Results**



**How will we monitor and measure progress of this priority**

All pressure ulcers are reported using the Trusts incident reporting system. A monthly incident review panel is convened with the Director of Nursing and Quality chairing the committee and all grade 2 and above hospital acquired pressure ulcers are reviewed. Numbers, trends and actions will be presented to the Trust Board as part of its bi-monthly Quality Report and this information will also be provided to the Integrated Care Directorate.

**Priority 2: Improving Waiting Times**

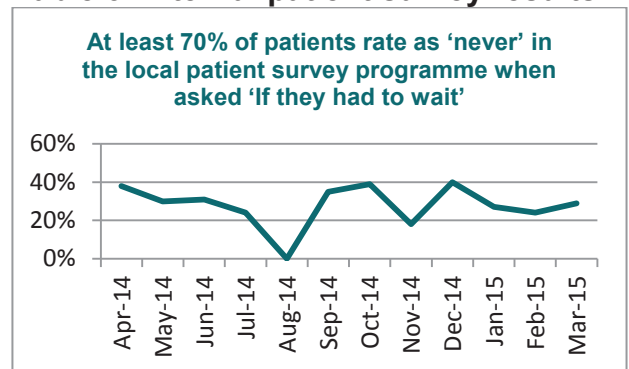
Patient Experience: *Striving for excellent patient satisfaction*

**Why have we chosen this priority?**

A key quality measure that the Trust aims to improve is waiting times in departments including waiting for chemotherapy and radiotherapy treatments. Whilst the Trust has made some progress the Trust is committed to ensuring improvements in the patient experience under our care.

**How we did last year**

**Table 3: internal patient survey results.**



*NB: no data available for August.*

### How will we monitor and measure progress of this priority

Information on waiting times and actions taken will be presented to the Trust Board as part of its bi-monthly Quality Report and this information will also be provided to the Clinical Directorates.

### Priority 3: Reduction of acute kidney injury and sepsis

Outcomes / Effectiveness: *Efficient, effective, personalised care*

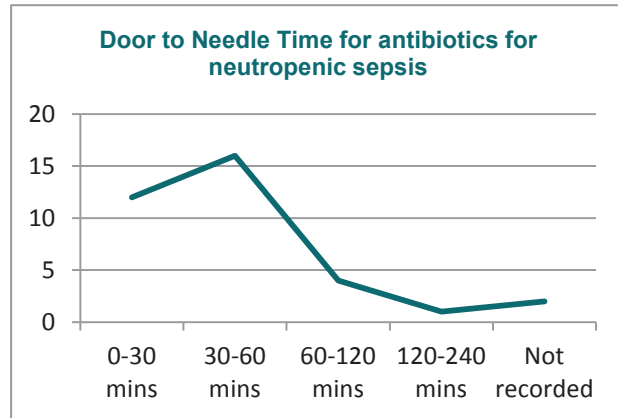
### Why have we chosen this priority?

NHS England's national CQUIN (Commissioning for Quality and Innovation) for 2015/16 sets goals to improve the care of patients with acute kidney injury and the identification and early treatment of sepsis. The Trust has opted for the 'Default Tariff Rollover' in agreeing its contract with NHS England. This means that the CQUIN payment is foregone for 2015/16. However, the Trust is committed to delivering high quality care and taking action to improve patient outcomes and the effectiveness of our care and treatment of the patients in our care. We have chosen to implement the 2015/16 CQUINS. .

### How we did last year

The Trust policy for Neutropenic Sepsis: prevention and management sets the standard that antibiotics must be given within 1 hour of admission for patients with a MEWS score of 4 or above. Our audit against this standard was completed in July 14. This audit showed noncompliance for 20% of cases.

**Table 4: Door to Needle Time**



### Medication Reconciliation

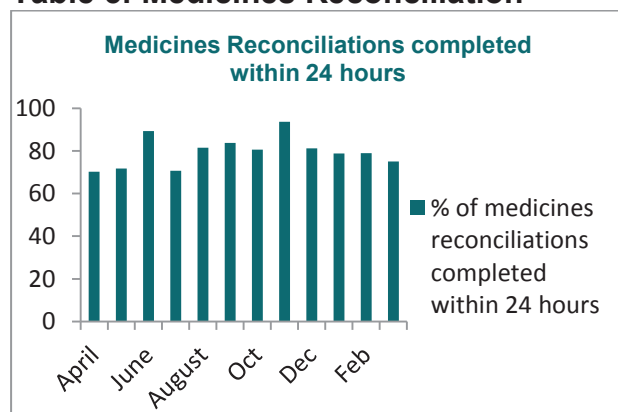
Medicines safety thermometer is an audit tool which can be used to improve services. Medicines reconciliation is a key foci of the tool.

To facilitate this improvement plan data is collected once a month, the data collected relates to the previous 24 hours. All patients within the Trust are audited due to the small in-patient numbers.

### Methodology:

One day of the month data is collected. The data collectors in April and May were the medicines safety team, consisting of the medicines safety pharmacist and the clinical governance manager – medicines safety. In June this was devolved to the Ward Managers and the clinical governance manager – medicines safety. Data is collected from all of the prescription charts with the medicines safety thermometer tool to assess compliance with standards.

**Table 5: Medicines Reconciliation**





## How will we monitor and measure progress of this priority

We will adopt the CQUINS reporting framework and will use this to inform our commissioners. We will report against the CQUINS metrics in our Integrated Performance Report to the Trust Board monthly and this information will also be provided to the Clinical Directorates.

## How we did last year: progress made since publication of the 2013/14 report:

In our Quality Report last year (2013/14) we identified the following priorities:

### **Patient Safety:** *Always safe, always effective*

- Implementation and embedding of the CCC Quality and Risk Standards
- Improving medicines safety

### **Patient Experience:** *Striving for excellent patient satisfaction*

- Establishment of a non-chemotherapy day case unit
- Post radiotherapy follow up

### **Outcomes / Effectiveness:** *Efficient, effective, personalised care*

- Developing an action plan for 7 day working (Keogh standards)
- Embedding the additional needs service

## Patient Safety: *Always safe, always effective*

### **Implementation and embedding of the CCC Quality and Risk Standards.**

From 2014 the NHSLA (NHS Litigation Authority) stopped assessing Trusts against their Risk Management Standards. CCC has always seen this assessment process as a valuable tool which underpins our Risk Management Strategy to ensure patient safety. The Trust has revised the NHSLA standards to ensure that they reflect the risk profile of CCC as a specialist cancer centre and we added new risks relevant to the Trust. The new Quality and Risk Standards were implemented during 2014/15 and are now fully embedded. A detailed assessment against all 50 standards was undertaken in January 2015. The majority of standards were assessed as compliant at Level 3 (the highest level). An action plan is in place to ensure the few remaining standards are fully compliant. Progress and achievement of this priority is reported to the Trust Board's Integrated Governance Committee.

### **Improving medicines safety**

The Trust has implemented a 7 point strategic medication safety plan. A Medicines Safety Group (MSG) and Medicines Safety Team (MST) were established to lead and deliver Harm Free Care within the Trust. Key achievements of the MST towards delivering the Strategic Medicine Safety Plan in 2014/15 include:

- Establishing bimonthly MSG meetings (reporting to DTC) to discuss incidents, incident triage, trends, further action, incident panel review and other medicines safety issues.
- Extending Medicines Safety teaching to all staff groups including updated medicines security information and incidence and yellow card reporting promotion.

- Establishing a pharmacist interventions database, including a risk rating for each intervention. The database is being used to feed back to prescribers interventions made to improve medication safety for patients.
- Moving CCC to e-prescribing of chemotherapy. As of Feb 2015, 98% of all chemotherapy prescriptions at CCC were in an electronic format (with the exemption of trial prescriptions).
- Identification and investigation of risk of incorrect height and weight measurement on the e-prescribing system. Recommendations were made from the investigation.
- Supporting the development of the new EPR system to ensure medicines safety is fully integrated.
- Developing proposals for introducing Electronic medication dispensing cabinets (EMDC) as part of The Transforming Cancer Care project.
- Implementation of NPSA Alert NHS/PSA/D/2014/005 “ *Improving medication error incident reporting and learning*” Following implementation *improved incident reporting was realised, A follow up report template for all incidents is in use to bridge an incidence being reported and actions undertaken to reduce likelihood of repeat incidences.*
- Five NPSA alerts were actioned in 2014/15
- Utilising the Medicines Safety Thermometer. Developments include introduction of the critical medicines policy, introduction of a rapid improvement group and amendment of the drug rounds on the ward.
- Inviting a patient representative to attend and contribute to MST meetings
- Enforcing a non-formulary approval procedure for requesting non formulary drugs/regimen throughout CCC.
- Chemotherapy induced nausea and vomiting (CINV) has been identified as the first area for harm free care initiative and is part of the CCC “Sign up to Safety Programme.” Patient concordance, emergency admissions for nausea and vomiting and the effect of domperidone

dose reduction are all currently being audited.

- Training both medical staff and nursing staff (particularly those involved in pre – assessment) on the importance of correct allergy documentation. A re audit of allergy status completion is soon to take place.
- As part of the NHS leadership academy Elizabeth Garrett Anderson Programme, an initiative to transform coding of errors within the trust has now entered the final component. Plan review and implementation of the programme is envisaged to begin in early 2016.

### **Patient Experience: *Striving for excellent patient satisfaction***

#### **Establishment of a non-chemotherapy day case unit**

During 2014/15, as part of the Transforming Cancer Care programme, we have developed our non-chemotherapy day case services, aligning the services to the proposed Ambulatory Cancer Care Unit (ACCU) planned for new build in Liverpool. This has also been enabled through the review of the current bed capacity and utilisation, centralising day case and short stay activity in a one clinical area, whilst maximising bed utilisation

Current developments are:

- All planned/emergency day case and short stay activity centralised in a designated clinical area.
- Establishment of triage/rapid access clinics for emergency planned assessment and treatment initiation. A 6 month review has provided evidence to continue with the clinic with minor modifications.
- Investment in out of hours triage services with the development of the Acute Oncology Site Coordinator role.
- Establishment of a direct line to triage services
- Development of a minor procedures suite to support the development of central access venous device placement.

- 7 day specialist palliative care services
- Establishment of Consultant of the week role which provides consultant review of unplanned and emergency planned admissions.

### Post radiotherapy follow up

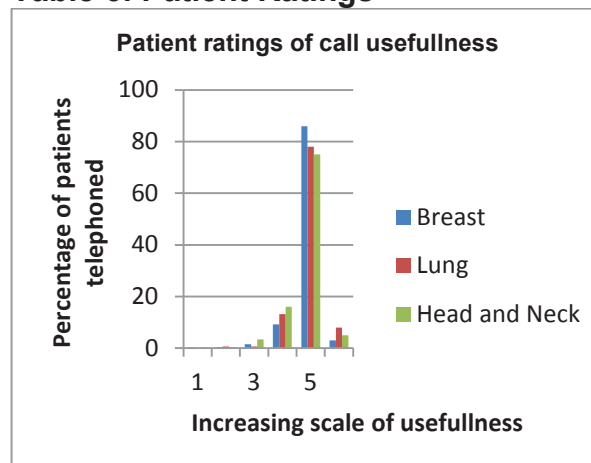
The Telephone Follow up Service was introduced to provide a link between The Clatterbridge Cancer Centre and patients so that advice and assistance could be given where necessary. The aim of the service is to provide a timely, efficient and cost effective method of delivering patient care by a one-off telephone call. The objective of the is to help patients manage their short term treatment side effects. In the first year 99% of patients asked found the follow up telephone call to be hugely beneficial. The service now meets its projected target of contacting more than 80% of all patients undergoing radical or adjuvant radiotherapy.

Patients are telephoned 10-14 days following radical or adjuvant radiotherapy treatment and the call information and advice are recorded on Maxims, our electronic patient record. Over the pilot phase the Telephone Follow up Service staff have adapted the way the service operates. There has been a significant rise in the number of calls made per week from 12 to more than 50 and an increase in the treatment sites that now qualify for a call. Therefore, the call times are all prearranged at both CCC and CCCL (our Aintree satellite radiotherapy centre). The appointments are given out in enough time for them to be amended if a patient is going on holiday or has another hospital appointment etc.

The questionnaires have now been in use for 14 months and the total number of calls stands in excess of 1800. Feedback from patients remains positive with 98.7% of patients scoring 4 or 5 out of 5 for usefulness.

The majority of patients are given advice and reassurance. The advice may require them to make an appointment with their GP for help, for example, with medication for constipation or pain relief. One issue that was highlighted during the pilot phase of the Telephone Service was the number of patients who finished radiotherapy without sufficient medication to last them for their on-going side effects. Treatment radiographers were asked to ensure that patients were reminded to ask for medication during their floor clinic appointments. In addition, the On Treatment Review radiographers have begun clinics at CCC and have improved the position.

**Table 6: Patient Ratings**



**Outcomes / Effectiveness: *Efficient, effective, personalised care***

### Developing an action plan for 7 day working (Keogh standards)

In December 2013 the NHS England's National Medical Director Sir Bruce Keogh set out a plan to drive seven day services across the NHS over the next three years, starting with urgent care services and supporting diagnostics. This included ten new clinical standards that describe the standard of urgent and emergency care all patients should expect seven days a week, each supported by clinical evidence and developed in partnership with the Academy of Medical Royal Colleges. During 2014/15 we developed our action plan to implement

and ensure compliance with these standards. We are currently compliant or partially compliant for the majority of the standards. Where we are either partially or not compliant we have clear plans in place to address this.

We are also engaged with Liverpool Health Partners in the 7 day services development across Merseyside and Cheshire Health Economy. This stakeholder group is in its infancy and is scoping out requirements for each clinical standard when cross organisational integration is required.

Our full action plan is available on our website in the High Quality and Safe Care Section under 'Effective'.

<http://www.clatterbridgecc.nhs.uk/aboutcentre/highqualityandsafecare/>

### **Embedding the Additional Needs Service**

The Additional Needs Service was implemented to ensure that patients with additional needs such as dementia, learning difficulties, sensory impairment and communication difficulties are supported throughout their care and treatment pathway. During 2014/15 the aim was to get the service fully embedded within the Trust and we delivered the following:

- Dementia awareness training sessions have been developed in-house and are delivered twice monthly and are available to all staff via our Learning and Development Department. We also ran 2 study days for dementia awareness and a third is being planned
- All local and national relevant patient and carer services have been reviewed, which has revealed limited information related to gaps in service or potential service developments. Therefore we are working with local Admiral Nurses to identify local support requirements alongside sending a post treatment

follow up questionnaire to carers. In line with recommendations in the new Care Act 2014, carers needs will be assessed at different points along the treatment pathway as it is recognised that these may change significantly during this time. Liaison with the local councils will be vital in ensuring that carers needs, once identified are met appropriately.

- We are working with NS England and national groups on a pilot communication protocol to identify key time points for support during treatment pathways.
- A database is currently being populated with all Trust information that is available in different languages and formats, during this process all information will be quality checked, and harmonised, providing links to approved external information.
- The Clinical Specialist for Additional Needs is working with the Document Control and Quality team to approve all documentation.
- An information package for Isle of Man (IOM) patients has been developed and will be piloted with a cohort of patients and clinicians supporting IOM patients.
- Development and implementation of Reasonable Adjustment Assessment Tool and Care Plan, this has also been linked to the carers follow up questionnaire.
- Communication policy has been updated and Additional Needs policy approved.
- The Clinical Specialist for Additional Needs has engaged and developed relationships with all local and regional stakeholders and has been actively involved in related events. Also benchmarked service and liaised with similar organisation.
- The Clinical Specialist for Additional Needs actively participates in the local PEAT assessment and annual PLACE assessment to support the

- improvement of our environment for dementia patients.
- Links have been made with a person with early onset dementia who has proved to be invaluable as she has agreed to be involved as “expert patient” in the Transforming Cancer Care project; this will help to ensure that the new build hospital takes into account the needs of the patient with dementia related to the environment. She will also be contributing to any work carried out on the existing Clatterbridge Cancer Centre sites, both on the Wirral and at Aintree.

The Clinical Specialist for Additional Needs continues to develop communication pathways around the needs of patients to enable care plans to become more proactive; this has improved the patient and carer experience and led to greater staff satisfaction

Participation in the launch of the Heart of England hospital’s work around supporting patients who are deaf or have hearing problems has led to the Trust purchasing personal amplifying machines, which allow patients with hearing difficulties to have appropriate conversations with clinical and support staff with a greater degree of privacy than they previously were able to. Staff who are involved with the care of patients who have input from the Clinical Specialist, Additional Needs express far greater satisfaction in patient care and promote the benefits of open communication amongst and across care sectors to improve patient and carer experience.

## Statements of Assurance from the Board

### Goals Agreed with Commissioners: CQUINS The CQUIN (Commissioning for Quality and Innovation) framework is a national framework for nationally and locally agreed quality improvement schemes.

A proportion of The Clatterbridge Cancer Centre NHS Foundation Trust income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between The Clatterbridge Cancer Centre NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework. Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at

<http://www.clatterbridgecc.nhs.uk/aboutcentre/keydocuments/public%20documents.html>

The monetary total for the amount of income in 2014/15 conditional upon achieving quality improvement and innovation goals was £1,912,410 and the monetary total for the associated payment in 2013/14 received was £2,039,000.

**Table 7: 2014/15 CQUINS Performance**

Name	High level detail	Performance 2014/15
Friends and Family Test – Implementation of Staff FFT	Implementation of staff FFT as per guidance, according to the national timetable	Achieved
Friends and Family Test – patients	Increased or maintained response rate	Achieved
NHS Safety Thermometer	To have no more than 14 attributable grade 2 or above pressure ulcers.	Fully compliant with the point prevalence and ‘days between’ reporting.

	A monthly point prevalence data report.  Reporting of 'days between' each harm event.	CCC had 17 attributable pressure ulcers during this reporting period.
Dementia –	Screening of patients Clinical Leadership Supporting carers	Achieved
Supporting QIPP Scheme: reduced length of stay	Reduced length of stay for in-patients	Achieved
Implementing patient held records	To encourage the use of patient held records. The patient held record includes self-care plans, care summaries and emergency contact cards.	Achieved. The new Hand Held Patient Record (HHPR) is given to all patients starting chemotherapy across the network. All Pre Assessment packs include a copy of the HHPR, this will ensure all new patients receive a copy before they begin treatment. Roll out is at 100% for all new patients.
Implementing telemedicine to care for clinically appropriate patients.	Implementing telephone follow up	Achieved. Telemedicine clinics in place for: Prostate hormone service Ophthalmic melanoma post proton Blood transfusion
Chemotherapy – reducing drug wastage	Implementation of a programme of improvements that deliver measured reductions in oral chemotherapy drug wastage The details of the initiatives that form the programme can be agreed locally alongside the overall costed targets for drug wastage.	Achieved

	This scheme has been agreed for oral chemotherapy as there is already in place a wastage scheme for IV chemotherapy	
Clinical trials	To increase the number of patients enrolled	Achieved 429 against a target of 400.
Assessment by a consultant within 12 hours of admission	75% of patients admitted as an emergency must have been assessed face to face by a consultant and documented within 12 hours of arrival at hospital	The targets for the first 3 Quarters of the year were achieved. In Q4 we achieved 68% of patients having a face to face assessment. The final month achieved 79%.
Care close to home: mobile chemotherapy unit	Further evaluation of the mobile chemotherapy unit in light of Transforming Cancer Care and our Chemotherapy Strategy	Achieved. Project Evaluation completed. Mobile unit not to be used after Q4. New chemotherapy model developed as part of Transforming Cancer Care

During 2014/15 The Clatterbridge Cancer Centre NHS Foundation Trust provided and/or sub-contracted two relevant NHS services.

The Clatterbridge Cancer Centre NHS Foundation Trust has reviewed all the data available to them on the quality of care in two of these NHS services.

The income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of relevant health services by The Clatterbridge Cancer Centre NHS Foundation Trust for 2014/15.

## Information on participation in clinical audits and national confidential enquiries

During 2014/15, 7 national clinical audits and 1 national confidential enquiry covered relevant health services that The Clatterbridge Cancer Centre NHS Foundation Trust provides.

During that period The Clatterbridge Cancer Centre NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust was eligible to participate in during 2014/15 are as follows.

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust participated in during 2014/15 are as follows.

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry are contained in the following table.

**Table 8a: Audits: cases submitted**

National Clinical Audit and NCEPOD eligible studies	Cases submitted
National Bowel Cancer Audit	490/723 (68%) For those records were not submitted, the reasons were the secondary Trust had already uploaded the treatment record for 87/723 (12%) or the secondary Trust had not uploaded the patient or tumour record for 146/723 (20%), hence CCC could not upload any treatment details.
National Head and Neck Cancer Audit	276/302 (91%) patient's radiotherapy +/- chemotherapy details were submitted. 26/302 (9%) treatment records had already been uploaded by the secondary Trust
National Lung Cancer Audit	970/1027 (94%) patient's radiotherapy +/- chemotherapy details were submitted including patients were on active monitoring programme. For those records were not submitted, the secondary Trust had already uploaded the treatment record.
National Oesophago-Gastric Cancer Audit	229/286 (80%) patient's radiotherapy +/- chemotherapy details were submitted and linked to the patient record in the national database. 57 patients records were not submitted either because the because secondary Trust had not uploaded the patient or tumour record because the secondary Trust had already uploaded the treatment.
National Re-Audit of Breast Radiotherapy Practice	During the 2 weeks audit period, 42 patient records were submitted.
NCEPOD - Gastrointestinal Haemorrhage (GIH) study	Gastrointestinal Haemorrhage (GIH) study (1/1 organisational questionnaire 100%)

Cancer Outcomes and Services Dataset (COSD) – TYA COSD – Unknown Primary (UKP)	194 patient records from the TYA and UKP MDTs were sent to the North West Cancer Registry in the format of COSD dataset template requirement but not in XML format. Additionally, CCC also continued providing the old cancer registry dataset which included primary tumour details, chemotherapy and radiotherapy treatment details for 14/15 data. As from 15/16, the COSD data will be expanded to include the primary diagnosis information for all cancer patients referred to the trust and their related treatment details in the XML format via the newly developed CCC data warehouse.
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The reports of 6 national clinical audits were reviewed by the provider in 2014/15 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

**Table 8b: Audits: actions**

National Clinical Audit	Actions to improve quality of care
NBOCAP	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2015-16
DAHNO	Recommendations were discussed at SRG meeting and the group agreed to continue participate in the audit for 2015-16.
LUCADA	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2015-16
NCASP	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2015-16
How do Patient Die in Hospital?	Recommendations to improve the quality of care action plan is in place
Once chance to Get it Right	Recommendations and action plan are in place.

The reports of 35 local clinical audits were reviewed by the provider in 2014/15 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following course of action to improve the quality of healthcare provided.

**Table 8c: Local Audits**

Local Clinical Audit	Actions to improve quality of care
Feeding results of investigations back to patients	Feedback to PICC line team Feedback to Brachytherapy team Feedback to Seed Insertion team
Long term hair loss in patients with breast cancer who received Docetaxel (Taxotere) chemotherapy	Risk of long term hair loss needs to be a detailed part of the consent procedure Look at the feasibility of offering cold cap to all patients receiving Docetaxel Look at whether to invite a trichologist to speak to the TSG
Replacement Gastrostomy Tube Audit	Continue to use Kimberley-Clark MIC Gastrostomy/Bolus Feeding Tube Directions for insertion balloon retained gastrostomy tubes to guide best practice in the management of balloon retained gastrostomies Present audit findings to Nutrition Steering Committee Continue balloon retained gastrostomy nurse training at Clinical Champion study days
Pressure Ulcer Re-Audit (March 14 data)	<b>Objective 1</b> – to see if an initial assessment of the patient's pressure areas was made within the first six hours of admission to the ward (as per NICE guidance) Update at ward meeting at beginning of May and further verbal education given throughout the ward To educate all new staff <b>Objective 2</b> - To see if evaluation of care had been made during each shift Ongoing education occurring on the ward. Advise staff of 12 hourly annotation of care  <b>Objective 3</b> – To see if a reassessment had been made and recorded at seven-day intervals for those patients who were assessed as 'at risk' Compliant with NICE Guidelines <b>Objective 4</b> – To see if a relevant care plan had been developed



	Encourage the use of care pathways for documentation and pressure area care plans Audit of documentation through sisters ward rounds.		
Effects of delayed Cisplatin hydration on kidney function	<p>Outpatient/Daycase delivery of Cisplatin 80mg/m<sup>2</sup> or lower should be standard of care for all patients using the rapid hydration regime.</p> <p>A more rapid schedule of pre and post hydration should be considered for patients receiving 100mg/m<sup>2</sup> so that Cisplatin and immediate post Cisplatin fluids are not being commenced out of routine working hours</p> <p>All patients at high risk of Cisplatin associated AKI should be monitored after treatment with U+E performed 5-7 days following treatment. AKI becomes apparent 5-7 days following Cisplatin delivery</p> <p>Routine chemotherapy (including post hydration fluids) should not be given outside of the normal working day when staffing levels are lower. This currently constitutes a systems failure which is putting staff and patients at risk.</p> <p>If an AKI develops after cisplatin chemotherapy a dose reduction should be routine for subsequent cycles to prevent further harm.</p> <p>Re audit to be performed after changes have been made</p> <p>Note: When switching from Cisplatin to Carboplatin following to development of Cisplatin induced AKI a measured method (i.e. EDTA GFR) must be used for obtaining GFR for carboplatin dosing. Pathological losses of creatinine following Cisplatin induced AKI in addition to physiological losses may lower serum creatinine and therefore overestimate GFR if calculated methods to estimate GFR are used in this situation.</p>	Radiotherapy dose 25 gy in 5 Fractions in Non-Small Cell Lung Cancer	<p>Audit was presented at the Lung SRG audit evening in June 14. Conclusions:</p> <ul style="list-style-type: none"> <li>• 25Gy/5f a safe and effective regimen for palliative RT in NSCLC</li> <li>• should now probably replace 30/10 in majority of cases – half the treatment time, half the number of fractions</li> </ul> <p>could prospectively compare with dose escalation in 5f to 30Gy</p>
		Fractionated Carboplatin in Non-Small Cell Lung Cancer	Confirmed good practice
		Fast track RT Radiotherapy for High Risk Patients with Non-Small Cell Lung Cancer	Confirmed good practice
		Audit of Outcomes in adjuvant Non-Small Cell Lung cancer patients treated in CCC	Confirmed good practice
		Health Professionals' views on new local documentation for end of life care to replace the Liverpool Care Pathway (LCP)	Following the response from the survey conducted within the Clatterbridge Cancer Centre, it is recommended that training in end-of-life care becomes mandatory, reflecting the recommendations of national audits/guidance Taking into account the views of healthcare professionals, new replacement documentation for the LCP will be produced and piloted before being formally rolled out
		The outcome of 'watch & wait' approach among rectal patients with complete clinical response following long course chemoradiotherapy	Wait & See policy can be considered in a selected group of patients demonstrating a CCR following neoadjuvant CRT in rectal cancer. Prospective randomised studies with a large patient population are needed to further evaluate this approach.
		Regional Neutropenic Sepsis Audit (Round 3)	Continue to report missed hour to antibiotic targets as clinical incidents / ensure better reporting Develop an RCA for use in missed hour to antibiotic targets
		Tolerability of subcutaneous (s/c) trastuzumab	Work with CET to ensure all patients commencing on subcutaneous trastuzumab (1st Dec 2013 to 31st August 2014) are included in the data collection. Provisionally could start to reduce amount of time patients are observed post injection.
Use of Blood Transfusions in patient receiving Vinorelbine Oral and Carboplatin Chemotherapy for Advanced Non-Small Cell Lung Cancer (NSCLC)	There appears to be a significantly increased incidence of anaemia in patients receiving Carbo Gem contributing to an increase in hospital admissions and early discontinuation of treatment. We plan to continue to analyse all 131 patients and present the data.		
Dose Painting radiotherapy to the prostate - patient survey	Overall the results were very encouraging and we are offering this treatment to new patients as part of a trial.		

Audit of effectiveness of standard anti-emetics for FEC-Docetaxel (FEC-D) regimen	No change is required to the current protocol with regards to standard inclusion of Aprepitant in the FEC-D regimen. For patients at high risk of vomiting due to pre-existing factors (such as hyperemesis during pregnancy, severe motion sickness) then Aprepitant can be added. And for those patients experiencing grade 2 nausea/vomiting with cycle 1 Aprepitant can be considered as part of the antiemetic regimen
EPID dosimetry in prostate cancer	Confirms good practice
Palliative Radiotherapy in Head and Neck Cancer	There remains insufficient evidence to advise on specific fractionation for these patients; however this regime should be commended for further study. Conclusion is (as do Talapatra et al26.) that we still need further prospective, large studies to be undertaken in this area, to compare the different fractionation regimes. These studies need to measure response by symptomatic and quality of life benefit using internationally recognised measurement tools for symptoms, QOL, response and toxicity alongside the usual measures of OS and TTP.
Re-Audit of use of the Cancer Drug Funded Eribulin to support Breast Cancer	Test for all LFT's prior to and throughout Eribulin therapy Dose reduce patients with deranged LFT's In patients with significantly elevated LFT's – consider further/ full dose reductions GGT >1000 or ALT/AST > 400 – 0.76m/m2 ALT/ AST >150 – 0.97 Further study: To determine cut off levels for particular dosages
An audit of set up errors to explore reproducibility of Supraclavicular Fossa (SCF) set up in Radiotherapy for Breast Cancer.	Confirms good practice
Evaluating End of Life Care at Clatterbridge Cancer Centre using the VOICES Questionnaire	There are many challenges in assessing the quality of care at the end of life and conducting a questionnaire based study. Palliative care patients are a difficult group to conduct research on. The use of bereaved relatives/friends is an alternative. Their views may differ from those of the patient. The VOICES questionnaire is a

	widely accepted tool for assessing end of life care.
Amber Care Bundle	Ward Champions on each ward now. Information on the Intranet AMBER care bundle tab on Maxims so that conversations can be captured and recorded by nursing staff. This will also help capture data for audit Survey to consultants, asking about experiences so far – poor response rate AMBER care bundle leaflet for staff approved
Outcomes in Oropharyngeal Carcinoma following Chemoradiation	Look at cumulative platinum doses and impact on survival. Repeat with increased numbers. More information on toxicity grading and long term quality of life.
Adjuvant use of Brachytherapy in Endometrial carcinoma	Confirms good practice
Treatment and outcome changes in patients with stage IV NSCLC at Clatterbridge Cancer Centre (CCC)	Confirms good practice
Evaluation of new appointment system: Staff and Patient Perceptions	The discussion focused on four main themes: 15 minute appointments, staff stress levels, extended days and the rota and makes recommendations for future audits.
Pressure Ulcer Re-Audit (October 2014 data)	1 – to see if an initial assessment of the patient's pressure areas was made within the first six hours of admission to the ward (as per NICE guidance) Conway - Spot checks of documentation. Mersey - Compliant Sulby - Pressure ulcer education to continue for ward staff. Senior nurses to monitor admission assessments 2 - To see if evaluation of care had been made during each shift Conway - Improve documentation  Mersey - Ongoing education of ward staff as regards pressure area documentation/process for pts at risk. Highlight awareness at safety huddle daily. Sulby - Senior staff to monitor and educate assessments and documentation. 3 – To see if a reassessment had been made and recorded at seven-day intervals for those

	<p>patients who were assessed as 'at risk'</p> <p>Conway - Aim on Conway to have updates 2x weekly WM and Band 6s to spot check and promote.</p> <p>Sulby - Band 6 staff to monitor and feedback to staff that patients with a Waterlow of 10 or above to be alerted at the safety huddles.</p> <p>4 – To see if a relevant care plan had been developed</p> <p>Conway - Spot checks by WM and Band 6s to ensure care plans are initiated</p>
An audit of consistency in bladder position with the introduction of micro-enema in planning and treatment preparation	Confirms good practice
Regional audit of Guidelines for the management of medication for symptom control in the dying	Regional findings presented at the audit meeting in November. Standards are being redrafted and will then go to the external reviewer before being available on the Network website. Will be available by the end of May 15
Single fraction radiotherapy for Basal Cell and Squamous Cell Carcinoma of the Skin	The data suggests that single fraction radiotherapy using 20 or 22 Gy dose could be an effective treatment regime for small superficial non-melanoma skin cancers in elderly patients, where repeated attendances for treatment would be undesirable.
Incidence and sequel of thrombo-embolism (TE) in non-metastatic cancer of upper gastrointestinal tract	Better documentation. Prophylactic anticoagulation in ambulatory patients without co-morbidities cannot be recommended. Consider on individual basis if co-morbidities present.
Teenage and young adult (TYA) patient experience survey	This patient experience survey will be used to develop an improved version for next years' experience with maybe other formats being undertaken such as email surveys which may get an improved response rate with easy access instant return
To assess whether the use of a robotic couch is an appropriate method to correct for positional rotation of a patient receiving Intensity-Modulated Radiation Therapy (IMRT) radiotherapy for head and neck cancer	Confirms good practice
A service evaluation of radiographer led on-	Results from this study will be utilised as part of a business

treatment review: A user group	<p>plan to extend OTRR practices to all CCC sites and to inform future practices.</p> <p>Utilising the results of this study, submission of an article to further promote radiographer led review with regards to impacts of training on experience outcomes is planned.</p> <p>Education and training of both treatment radiographers and OTRR's was identified with regards to the provision of emotional aspects of care.</p>
Clinical outcomes for Sorafenib in advanced Hepatocellular carcinoma (HCC)	Confirms good practice
<b>Local NICE Guidancel Audit</b>	<b>Actions to improve quality of care</b>
CG122 - Ovarian Cancer - The recognition and initial management of ovarian cancer	Fully Compliant with no outstanding actions or clinical concerns
TA284 - Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer	NICE did not recommend Bevacizumab in combination with paclitaxel and carboplatin because it does not provide enough benefit to patients to justify its high cost. However as these 9 patients were approved by the Cancer Drug Fund there is no concern with compliance with NICE guidance as funding was secured elsewhere.
TA285 - Ovarian, fallopian tube and primary peritoneal cancer (recurrent advanced, platinum-sensitive or partially platinum-sensitive) - bevacizumab	NICE did not recommend Bevacizumab in combination with gemcitabine and carboplatin because it does not provide enough benefit to patients to justify its high cost. However as these 12 patients were approved by the Cancer Drug Fund there is no concern with compliance with NICE guidance as funding was secured elsewhere.
TA250 - Breast cancer (advanced) - eribulin	NICE does not recommend eribulin for the above patient group based on cost effectiveness and CCC does not offer eribulin for this cohort of patients through the CCC chemotherapy protocol process. However as these 28 patients were approved by the Cancer Drug Fund or the funding for the drugs was provided elsewhere (ie- 4 patients are PPs) there is no concern for compliance with NICE guidance as funding was secured elsewhere therefore we are fully compliant with NICE guidance.

TA255 - Prostate cancer - cabazitaxel	NICE does not recommend cabazitaxel for the above patient group based on cost effectiveness and CCC does not offer cabazitaxel for this cohort of patients through the CCC chemotherapy protocol process. However as these 45 patients were approved by the Cancer Drug Fund or the funding for the drugs was provided elsewhere there is no concern for compliance with NICE guidance as funding was secured elsewhere therefore we are fully compliant with NICE guidance.
CG151 – Neutropenic sepsis	Partially compliant

hard to strengthen its leadership of such research.

## Key developments

### Supporting the development of academic oncology

CCC's new Research and Innovation Centre opened at the end of November 2014. The new accommodation houses both the academic and research teams. The space also offers a dedicated office for external monitors from leading pharmaceutical companies.

The Trust has continued to invest in academic oncology. The academic team now consists of five chairs (four in medical oncology and one in radiation oncology) and three senior lecturers (medical oncology). Professor Pieter Postmus joined the team on 2<sup>nd</sup> March 2015. There are plans to appoint a further two senior lecturers in radiation oncology and one in medical oncology.

An Academic Board has been established to oversee the strategic development of academic oncology. The Board will ensure that a strategy is developed for each of the following disease focus areas:

- Hepatobiliary cancer (Lead Prof Dan Palmer)
- Breast cancer (Lead Prof Carlo Palmieri)
- Bladder cancer (Lead Dr Syed Hussain)
- Prostate cancer (Lead Dr Isabel Syndikus)
- Gynaecology cancer (Lead Dr Rosemary Lord)
- Head and Neck cancers (Lead Dr Joe Sacco)
- Melanoma cancer (Lead Dr Ernie Marshall)
- Lung cancer (Leads Professor Michael Brada / Professor Pieter Postmus)

We are currently developing a portfolio of CCC-led studies in both medical and radiation oncology. We have successfully

## Information on participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by The Clatterbridge Cancer Centre NHS Foundation Trust that were recruited during that period to participate in research approved by a Research Ethics Committee was 719.

\* Provisional figure as of 13/04/2015. Final figure to be submitted Mid May 2015.

	Q1	Q2
Clatterbridge Cancer Centre	103	134
Peripheral clinics/Trusts	86	65
Total	<b>189</b>	<b>199</b>

## Research and Development

CCC recognises the importance of and remains committed to securing an international reputation for excellence in research. At the heart of this commitment is improving outcomes for our patients. The establishment of a comprehensive cancer centre based at the new Royal site will bring together state of the art facilities, academia and key NHS partners. This will strengthen existing research collaborations and enable new ones to develop. We have a goal orientated strategy, which provides clarity regarding CCC's short to medium term research ambitions. CCC is nationally recognised for its contribution to National Institute for Health Research (NIHR) portfolio studies. CCC is working

opened three multi-centre studies over the past twelve months and a further three are in the set-up phase. Funding for these studies has been secured through competitive funding calls and via collaboration with pharma.

### Notable Trials

**TRIOC:** A Randomised Parallel Group Double-Blind Phase II Trial to Assess the Activity of TroVax® (MVA-5T4) Versus Placebo in Patients with Relapsed Asymptomatic Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer: **Gene Therapy level 1 study, CCC recruited the first UK patient recruited, CCC are the top recruiter.**

**SHIONOGI (SONG FOR YOU):** A multicenter, open-label, phase 2 study of S-588410 as maintenance monotherapy after first-line platinum-containing chemotherapy in patients with advanced and/or metastatic bladder cancer: **First site open in the UK, CCC recruited the first UK patient to the study**

**CA209-040:** A Phase I Dose Escalation Study to Investigate the Safety, Immunoregulatory Activity, Pharmacokinetics, and Preliminary Antitumor Activity of Anti-Programmed-Death-1 (PD-1) Antibody (BMS-936558) in Advanced Hepatocellular Carcinoma in Subjects with or without Chronic Viral Hepatitis: **CCC is lead site for the study, first site open in the UK, recruited the first UK patient to the study.**

### Information relating to registration with the Care Quality Commission and periodic/special reviews

The Clatterbridge Cancer Centre NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions for the treatment of disease, disorder or injury and for diagnostic and screening procedures. The Care Quality Commission has not taken enforcement action against The Clatterbridge Cancer Centre NHS Foundation Trust during 2014/15

The Clatterbridge Cancer Centre NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

### Information on the quality of data

The Clatterbridge Cancer Centre NHS Foundation Trust submitted records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was: 99.63% for admitted patient care and 99.85% for outpatient care. The Trust does not provide accident and emergency care.
- which included the patient's valid General Practitioner Registration Code was: 99.83% for admitted patient care and 99.95% for outpatient care. The Trust does not provide accident and emergency care.

The above figures are in line with the SUS data quality dashboard methodology

- Where there is an NHS number this is classed as valid.
- The General Practitioner Registration Code figures include the default not known/not applicable codes as valid.
- The General Practitioner Registration Code figures class any GP Practice that was closed prior to the beginning of the financial year as invalid.

The Clatterbridge Cancer Centre NHS Foundation Trust Information Governance

Assessment Report overall score for 2014/15 was 80% and was graded green. The Clatterbridge Cancer Centre NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

The Clatterbridge Cancer Centre NHS Foundation Trust will be taking the following actions to improve data quality:

The Trust has a Data Quality Group in operation which focuses on activity with representation from all key areas of the Trust. The Trust continues to achieve a high level of data quality in raising awareness and monitoring all areas to support statutory and operational requirements. Regular Data Quality Audit reports are produced in line with National IG toolkit requirements with level 3 achieved in 14-15. Areas of focus include:

- Reviewing, analysis and improving data quality including timeliness of data entry in the EPR system as per the Trust Data Quality Policy
- Produce and review Data Quality Audit reports in line with guidance from the Information Governance toolkit
- Ensure Procedures are in place to support data collection and training needs
- Review and discuss Information Standard Notices to ensure the EPR system is in line with NHS data dictionary requirements

## Reporting Against Core Indicators

**Domain 4: Ensuring that people have a positive experience of care – responsiveness to inpatients’ personal needs.** The Trust’s responsiveness to the personal needs of its patients during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
2013/14	86.7	76.9	67.1	87
2012/13	87.2	76.5	68	88.2
2011/12	86.7	75.6	67.4	87.8
2010/11	85.5	75.7	68.2	87.3
2009/10	86.0	75.6	68.6	86

Data source: Health and Social Care Information Centre

The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:

- It is consistent with our previous performance
- It is consistent with our internal real time patient survey program
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Developing an action plan to address any issues identified in the patient survey results
- Continual monitoring of our internal real time survey results and the Friends and Family results
- Rolling out our ‘patient video story’ programme

**Domain 4: Ensuring that people have a positive experience of care –** percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

Period	Trust Performance	National Average (specialist Trusts)	National Range (specialist Trusts) (lowest)	National Range (specialist Trusts) (Highest)
2014	96%	87%	73%	93%
2013	93%	86%	68%	94%
2012	93%	86%	68%	94%
2011	96%	86%	66%	96%

Data source: Health and Social Care Information Centre  
Comparator group: Acute Specialist organisations

The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:

- It is consistent with our previous performance
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Continual monitoring of our internal quality indicators
- Ensuring staff views are heard directly by the Board through Patient Safety Leadership Rounds and job shadowing
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.
- Developing an action plan to address any issues identified in the staff survey results. The immediate priorities are:
  - Raising Concerns Action Plan/Policy
  - PADR Compliance and Management
  - Stress Management - Deep-Dive and Action Planning
  - Wellbeing Agenda - Attendance Management Policy review/OH SLA Implementation

## Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

14/15 data to be published 1.5.15

<http://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2014-15/>

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
Q1 14/15	98.2%	96%	87.2%	100%
Q2 14/15	98.1%	96%	86.4%	100%
Q3 14/15	98%	96%	81%	100%
Q4 14/15				

Data source: Health and Social Care Information Centre

The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:

- It is consistent with our internal audit program
- It is consistent with our Safety Thermometer results.
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.



The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Ongoing clinical audit including management of the whole VTE pathway
- Daily review of compliance with all clinical risk assessments

### **Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:**

The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
April 2013 to March 2014	11.6	39	0	85.5
April 2012 to March 2013	35.7	42.7	0	79.1

Data source: Health and Social Care Information Centre

Comparator group: Acute Specialist (including acute specialist (children)) organisations

The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:

- It is consistent with our internal reporting
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this rate and so the quality of its services, by:

- Continuing to improve our infection control practices and case reviews of all incidences of Clostridium Difficile

### **Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:**

The number of patient safety incidents reported within the trust during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 13 to March 14	750	Not available	119	1985
October 12 to March 13	704	Not available	174	1675
October 11 to March 12	485	Not available	66	1935

Data source: Health and Social Care Information Centre

Comparator group: Acute Specialist (including acute specialist (children)) organisations

**Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:** The rate (per 100 admissions) of patient safety incidents reported within the trust during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 13 to March 14	32.88	Not available	6.03	32.88
October 12 to March 13	31	Not available	3.8	31
October 11 to March 12	21.71	Not available	2.79	21.71

Data source: Health and Social Care Information Centre  
 Comparator group: Acute Specialist (including acute specialist (children)) organisations

**Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:** The number that resulted in severe harm or death

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 13 to March 14	0	4.6	0	26
October 12 to March 13	0	3.4	0	21
October 11 to March 12	0	4.6	0	24

Data source: Health and Social Care Information Centre  
 Comparator group: Acute Specialist (including acute specialist (children)) organisations

**Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:** The percentage of such patient safety incidents that resulted in severe harm or death

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 13 to March 14	0	0.04	0	0.23
October 12 to March 13	0	0.03	0	0.11
October 11 to March 12	0	0.04	0	0.17

Data source: Health and Social Care Information Centre  
 Comparator group: Acute Specialist (including acute specialist (children)) organisations

The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:

- It is consistent with our internal reporting processes

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve the quality of its services (the rate of severe harm incidents is 0 and therefore cannot be improved on.)

- Continued delivery against our Risk Management Strategy
- Continued delivery against our Quality Strategy
- Continued monitoring of our incident reporting levels via the NRLS (National Reporting and Learning System)
- Improved feedback to staff who report incidents

NB: Our rate of incidents reported is at the highest level. According to the NRLS / National Patient Safety Agency organisations that report more incidents usually have a better and a more effective safety culture. You can't learn and improve if you don't know what the problems are.

We will therefore continue to encourage staff to report all incidents and near misses as we see this as indicative of a proactive risk management and patient safety culture.

# The Friends and Family Test



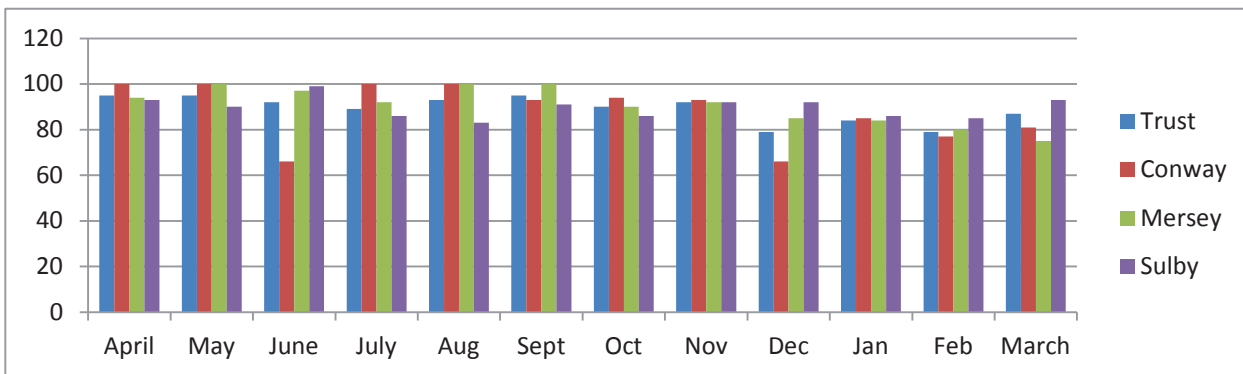
The goal of The Friends and Family Test is to improve the experience of patients. It aims to provide timely feedback from patients about their experience. All NHS Trusts have a requirement to ask every inpatient the following question:

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

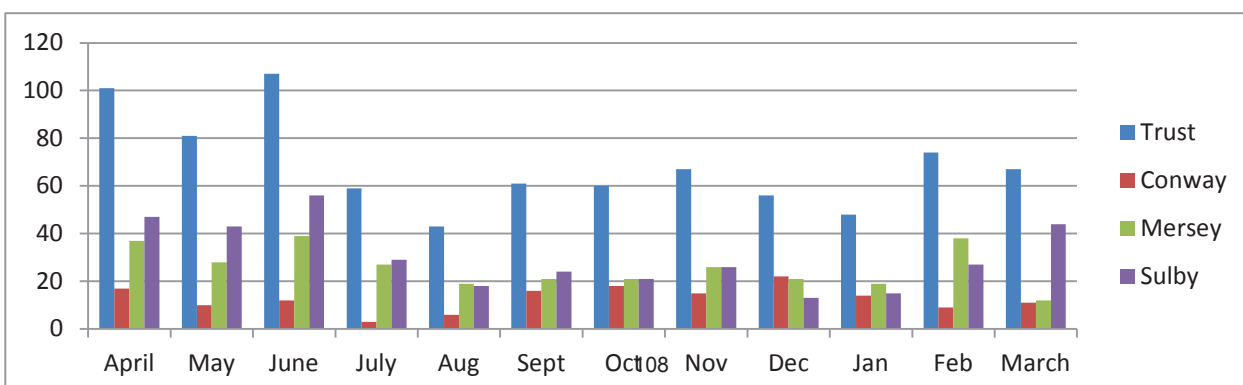
- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know

In patient Friends and Family Test results are recording using a net promoter score. Outpatient Friends and Family are recorded using the numbers of patients who responded extremely likely or likely to the question. This reflects the national reporting requirements.

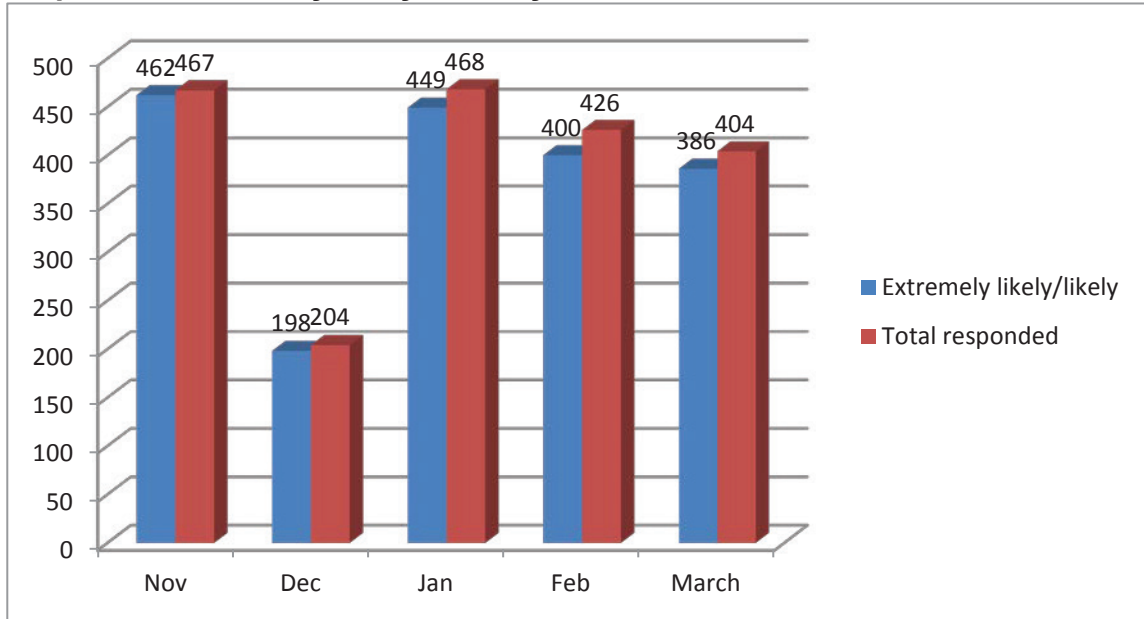
**Table 9: Inpatient Friends and Family Test Net Promoter Score**



**Table 10: Numbers of postcards received.**



**Table 11: Total Outpatient Friends and Family Test numbers of patients who responded extremely likely or likely**



**We also asked patients were asked ‘what would have made your visit better’.**



## Other information

The Board in consultation with stakeholders has determined a number of metrics against which it can measure performance in relation to the quality of care it provides. The Trust has chosen metrics which are relevant to its speciality i.e. non-surgical oncology and which are identified as important to the public. However, this does mean that data is predominantly internally generated and may not be subject to benchmarking at this stage.

### Safety indicators

	2014/15	2013/14	2012/13
MRSA bacteraemia cases / 10,000 bed days	0	0	0
C Diff cases / 1,000 bed days	0.06	0.12	0.15
'Never Events' that occur within the Trust	0	0	0
Chemotherapy errors (number of errors per 1,000 doses)	0.12	0.21	0.17
Radiotherapy treatment errors (number of errors per 1,000 fractions)	1.4	1.1	0.81
Falls / injuries / 1,000 inpatient admissions	12.6	25.2	22.1
Number of patient safety incidents	1901	1392	1498
Percentage of patient safety incidents that resulted in severe harm* or death.	0	0	0

All indicators:

- Data source: CCC

**\*Severe Harm:** Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care. (National Patient Safety Agency)

According to the NRLS / National Patient Safety Agency organisations that report more incidents usually have a better and a more effective safety culture. You can't learn and improve if you don't know what the problems are.

We will therefore continue to encourage staff to report all incidents and near misses as we see this as indicative of a proactive risk management and patient safety culture.

### Clinical Effectiveness Indicators

	2014/15	2013/14	2012/13
30 day mortality rate (radical chemotherapy)	0.66% (Apr 14- Mar 15)	1.3% (Apr 13- Mar 14)	0.7% (Apr 12- Mar 13)
30 day mortality rate (palliative chemotherapy)	6.7% (Apr 14- Mar 15)	9.1% (Apr 13- Mar 14)	8.1% (Apr 12- Mar 13)
30 day mortality rate (radical radiotherapy)	0.70% (Apr 14- Mar 15)	0.66% (Apr 13- Mar 14)	0.69% (Apr 12- Mar 13)
30 day mortality rate (palliative radiotherapy)	10.0% (Apr 14- Mar 15)	13.7% (Apr 13- Mar 14)	14.7% (Apr 12- Mar 13)

SHMI:

- Unfortunately as a Specialist Trust we are not included in the SHMI mortality indicator so this data is unavailable.

#### Mortality rate:

- Data definition: unadjusted mortality rate as a percentage of all cases treated in that category.
- Data source: CCC
- The data provided for 2013/14 varies slightly from that published in last year's Quality Accounts due to additional data being available after the year end.

### Patient Experience Indicators

Patients rate as 'always' in the local patient survey programme.

	2014/15	2013/14	2012/13
'I was treated with courtesy and respect'	98%	97%	97%
'Was the ward / department clean'	96%	95%	95%
'I never had to wait'	29%	27%	26%
'I was included in discussions about my care'	93%	90%	89%
'Did the staff washed their hands'	95%	93%	93%

#### Patient survey:

- Data source: data collected from in-house survey
- Survey questions based on annual Care Quality Commission In-patient survey
- Target for compliance agreed by the Trust Board as part of our Quality Strategy
- Data for 2007/08 only available for part year
- In January 2012 year we changed the question from 'I had to wait' to 'I had to wait more than 20 minutes after my appointment time' to enable us to better understand the nature of the issue

### Performance against relevant indicators and thresholds in the Risk Assessment Framework

	2014/15	2013/14	2012/13
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	97.4% (target 90%)	95.9% (target 90%)	95.5% (target 90%)
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	97.8% (target 95%)	97.6% (target 95%)	97.3%. (target 95%)
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	97.3% (target 92%)	97.6% (target 92%)	97.5% (target 92%)
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	88.2% post reallocation (target classic 85%)	87.5% (target classic 79%)	77.5% (target Classic 79%)

All cancers: 62-day wait for first treatment from: NHS Cancer Screening Service referral	100% post reallocation (target screening 90%)	N/A due to de-minimus (Target Screening 90%)	N/A due to de-minimus (Target Screening 90%)
All cancers: 31-day wait for second or subsequent treatment, comprising: anti-cancer drug treatments	99.4% (target 98%)	Chemotherapy 99.1% (target 98%)	Chemotherapy: 99.1% (target 98%)
All cancers: 31-day wait for second or subsequent treatment , comprising: radiotherapy	97.2% (target 94%)	Radiotherapy 96.8% (target 94%)	Radiotherapy 96.6% target 94%)
All cancers: 31-day wait from diagnosis to first treatment	98.2% (target 96%)	97.5% (target 96%)	97.1% (target 96.0%)
Cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected)	No cases	100%	100%
Cancer: two week wait from referral to date first seen comprising: for symptomatic breast patients (cancer not initially suspected)	No cases	No cases	No cases
Clostridium difficile – meeting the C. difficile objective	1 (target no more than 2)	2 (target no more than 2)	3 (target no more than 6)
Certification against compliance with requirements regarding access to health care for people with a learning disability	Achieved	Achieved	Achieved



## Annex 1

### Statement from Commissioners, Council of Governors, local Healthwatch organisations and Overview and Scrutiny Committees



#### Clatterbridge Cancer Centre - Quality Account 2014/15

NHS England wishes to thank Clatterbridge Cancer Centre for the opportunity to comment on their Quality Account for 2014/15. NHS England as lead commissioner is fully committed to working in partnership with Clatterbridge Cancer Centre to provide safe, high quality and effective services to patients, their families and carers.

We believe that this Quality Account accurately reflects the Trust's performance in 2014/15 and highlights priorities agreed with commissioners. It is noted the Trust has incorporated feedback from NHS England on previous Quality Accounts into this Quality Account and demonstrates the positive impact the Trust has had on patients, their families and carers.

The Trust has successfully implemented the national Family and Friends Test to all clinical departments and should be commended for their positive results and feedback. The use of this information in conjunction with complaints and comments from patients should be utilised fully during 2015/16 to ensure the patient's voice is heard and changes when required are implemented to improve patient experience.

The Trust has continued to meet Infection Prevention and Control standards and CQUIN initiatives. Whilst the CQUIN target of no more than 14 grade 2 pressure ulcers has not been met for 2014/15, it is acknowledged that the Trust continues to make improvements to deliver Harm Free Care to patients and is an active participant in the "Sign up to Safety Campaign".

NHS England supports the development of key objectives related to patient safety and supports the work undertaken during 2014/15 relating to medicines management; non-chemotherapy day case unit and a telephone follow-up service for post-radiotherapy patients. The positive effects these initiatives have had on patient experience are welcomed by NHS England and the Trust is encouraged to continue with this work during 2015/16.

The Trust continues to demonstrate its commitment to quality improvement and improved outcomes for patients and NHS England is pleased to see the implementation of the Additional Needs Service to support patients with additional requirements e.g. Dementia; Learning Difficulties and Communication needs. This area of work should continue as a priority during 2015/16 and the involvement of patients within this area of work is one we would support.

The Trust has provided high levels of quality assurance throughout 2014/15 through regular meetings with NHS England. NHS England looks forward to working in partnership with the Trust during 2015/16 to further improve the quality and experience of care for patients, their families and carers.

**Lisa Cooper, Assistant Director of Nursing, Quality & Safety**

**On behalf of Specialised Commissioning  
NHS England North  
May 2015.**

Healthwatch Wirral would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account for 2014/15

Over the last year The Clatterbridge Cancer Centre has been receptive to Healthwatch Wirral's (HW) input on improving patient experience and have accepted both challenge and recommendations.

The Quality Account sub-group for HW met on 14<sup>th</sup> May 2015 to compile this response.

### **Priorities for Improvement 2015/16**

#### **Improving Patient Safety**

It was pleasing to read that the Trust had chosen to participate in the 'Sign up to Safety' campaign. The Trust's safety priority from the Safety Thermometer improvement domain is the elimination of avoidable pressure ulcers. HW noted that there was an increase in hospital acquired grade 2 pressure ulcers, and above, in 2014/15 reassurances were given that all incidents were subject to root cause analysis and actions were taken.

#### **Improving Patient Experience**

It is worth recognition, and applauding, the number of initiatives being introduced to improve waiting times in chemotherapy and radiotherapy waiting areas.

#### **Improving Clinical Effectiveness**

HW welcomed that The Trust has chosen reduction in acute kidney injury and sepsis as its third priority. This is a national CQUIN (Commissioning for Quality and Innovation) but as the Trust has opted for the Default Tariff Rollover they have foregone the payment but should be commended for choosing to implement this CQUIN. This shows their commitment to delivering high quality care.

### **Progress made since publication of the 2014/15 report**

#### **Improving Patient Safety**

HW is pleased to see the establishment of the non-chemotherapy day case unit and the success of the post radiotherapy follow up service. It was rewarding to note that 99% of patients in the first year said that the follow up phone call was beneficial.

#### **Improving Clinical Effectiveness**

7 day services (Keogh Standards, In December 2013 NHS England's National Medical Director Sir Bruce Keogh set out a plan to drive 7 day services across the NHS over the next 3 years) HW is pleased to see that the Trust had developed an action plan and were compliant in most of the new clinical standards. The standards describe the standard of urgent and emergency care patients should expect seven days a week. (In December 2013 NHS England's National Medical Director Sir Bruce Keogh set out a plan to drive 7 day services across the NHS over the next 3 years)

### **Additional needs service**

HW welcome the recruitment of the Clinical Specialist for Additional Needs who will support patients with dementia, learning difficulties, sensory impairment and/or communication difficulties. There has been a considerable amount of work done by the Trust to implement and embed this service.

### **Patient Experience**

It was commendable that the Trust has embedded the new Quality and Risk standards and the majority were compliant at level 3 (the highest level) and that the 7 point strategic medication safety plan has been implemented.

### **Reporting against core indicators: Friends and Family Test**

The results for the Trust are very encouraging.

### **Core Indicators**

HW noted that the Trust is performing well against these indicators.

### **Finally**

Overall the Quality Account was very positive. The main issue noted by HW is that the Trust had missed the target it had set to have no more than 14 grade 2 pressure ulcers in 2014/14. We would hope to see a significant reduction in the coming year. It was also disappointing to read that the Trust was finding it challenging to meet the waiting time targets. However, HW are keen to learn more about this as there are sometimes outside factors which are not controlled by the Trust.

The Trust should be commended for their continued vision to provide the best cancer care to the people that they serve. Their mission is to improve health and well-being by giving compassionate, safe and effective cancer care. HW was pleased that the Trust continues to score consistently in the top 20% performing Trusts in both the annual Staff and Patient Care Quality Commission surveys. It is commendable that the Trust recognises the importance of involving patients in consultations about changes in practices and procedures.

*Karen Prior*

Healthwatch Wirral Manager  
On behalf of Healthwatch Wirral  
May 2015

## Statement from Wirral Metropolitan Borough Council

18<sup>th</sup> May 2015

### **Commentary on the draft Quality Account 2014/15** **Clatterbridge Cancer Centre**

The Families and Wellbeing Policy and Performance Committee undertake the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 12<sup>th</sup> May 2015 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account 2014/15. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

#### **Overview**

Members acknowledge the excellent performance of the Trust as measured against the targets for 2014/15 and also the very positive reputation which the Trust continues to build in the community. Members are reassured that the Trust achieved the major objectives that they set out last year under the headings of improving patient safety; improving patient experience and improving clinical effectiveness. Members also support the priorities selected for improvement for 2015/16.

The Quality Account makes reference to the 'Transforming Cancer Care' project which is due to provide a modern cancer centre in Liverpool while re-modelling the existing services provided at Clatterbridge. Two members of Wirral Council's Families and Wellbeing Policy and Performance Committee participated, alongside members from other Merseyside and Cheshire Local Authorities, in a scrutiny review of the proposals. Members were impressed by those proposals and the ways in which the Trust had engaged with service users and the communities which it serves. However, although significant effort is being placed on managing change within the organisation, the potential impact on staff morale remains a concern and will warrant further scrutiny in the future.

#### **Part 2.1: Priorities for Improvement** **Priorities for Improvement 2015/16**

##### **Priority 1: Sign Up for Safety**

Members note the increase, during 2014/15, of hospital acquired grade 2 pressure ulcers and the failure to meet the relevant CQUIN target. However, members are reassured that the Trust has chosen the elimination of avoidable pressure ulcers as a priority within the Sign Up for Safety campaign.

## Priority 2: Improving Waiting Times

Although it is reported that, during 2014/15, at least 70% of patients rate as 'never' when asked 'if they had to wait', it is understood that some delays do occur, particularly when patients require an appointment with a consultant. The prioritisation of this quality measure is welcomed by Members.

## **Progress made since publication of the 2013/14 report**

### Post radiotherapy follow up

During 2013/14, the Trust introduced post-radiotherapy follow-up by telephone to enable patients to access the correct advice and sign-posting to aftercare. This provision has now been expanded and it is noted that the feedback from service users has been extremely positive with 98.7% of respondents scoring 4 or 5 out of 5 for the usefulness of the service. The success of the scheme is warmly welcomed by Members.

### Embedding the Additional Needs Service

It is understood that the Clinical Specialist for Additional Needs has been in post since the end of 2013. The Trust is congratulated for the range of actions put in place which are aimed at supporting patients with additional needs such as dementia, learning difficulties, sensory impairment and communication difficulties.

Although reference is made to regular dementia awareness training sessions which are available to all staff, the number / proportion of staff who have been trained to date does not appear to be available in the report.

In addition, the 2013/14 Quality Account referred to the intention to develop Dementia Champions in all areas across the Trust. This was welcomed by members last year. However, although reference is made to an 'expert patient' in the context of the 'Transforming Cancer Care' project, no mention can be found relating to progress of the Dementia Champions initiative.

## **Other information**

### **Safety indicators**

Members welcome the excellent performance of the Trust with regard to the avoidance of cases of MRSA.

I hope that these comments are useful



Councillor Moira McLaughlin  
Chair, Health and Care Performance Panel and  
Deputy Chair, Families and Wellbeing Policy & Performance Committee



Dear Helen

### **Quality Accounts 2015**

Further to receiving a copy of your draft Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2014/15 the Trust identified a number of priorities to be achieved during this year. The Board noted the following:

- *Pressure Ulcers* – the Trust has reported has reported over 14 attributable grade 2 or above pressure ulcers which means the CQUIN target was not met. Although this is unfortunate, the Board notes that this area is high on your priorities again for this year and the actions that have been taken to make improvements. The Board would like to see the actual number of cases reduced further.
- *Clostridium difficile* and MRSA – the Trust has achieved its targets for both of these areas which the Board are pleased to note.
- *Establishment of a non-chemotherapy day case unit* – the Board were pleased to note the establishment of this unit, aligning the services to the proposed Ambulatory Cancer Care Unit planned for new build in Liverpool. The Board look forward to hearing developments on the unit and performance in this area.
- *Improving medicines safety* - The Board is pleased to note the work that has taken place in improving medicines safety, in particular the establishment of bi-monthly Medicines Safety Group meetings and the training to staff.

The Board are pleased to note the following Improvement Priorities for 2015 – 2016:

- *Sign Up to Safety* – the Trust has identified four improvement domains under this heading which the Board is pleased to note as a priority. The Board would also like to see Dignity and Respect appear in the Quality Account in the future.
- *Improving Waiting Times* – This is a very important priority for the whole patient experience and the Board would like to see the Trust make improvements in this area.
- *Reduction of acute kidney injury and sepsis* – again the Board are pleased to note this as a priority area, and as the 2013/14 figures were 20% non-compliance of cases, the Board would like to see an improvement in this area.

The Board would like to thank The Clatterbridge Cancer Centre NHS Foundation Trust for the opportunity to comment on these Quality Accounts.

Yours sincerely,

**Councillor Joan Lowe**  
**Chair, Health Policy and Performance Board**





## Public Health Comments on Quality Accounts May 2015

### Clatterbridge

- Cancer remains a key priority in Halton and we support a whole-systems approach to improving early detection and screening through to early intervention. Therefore, the time that a patient has to wait for treatment is crucial to improving survival rates and reducing further stress and discomfort.

Ground Floor  
Trinity Wing  
Town Hall  
Trinity Road  
Bootle  
L20 7AE

Mr. Andrew Cannell  
Chief Executive  
The Clatterbridge Cancer Centre  
Clatterbridge Road  
WIRRAL  
CH63 4JY

Date: 18 May 2015  
Our Ref: DAC/O&S  
Your Ref:

Contact: Debbie Campbell  
Telephone Number: 0151 934 2254  
Fax Number: 0151 934 2034  
email: [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk)

Dear Mr.Cannell,

**The Clatterbridge Cancer Centre Trust – Quality Account 2014/15**

As Chair of Sefton Council’s Overview and Scrutiny Committee (Health and Social Care) I am writing to submit a commentary on your Quality Account for 2014/15.

Members of the Committee met informally on 13 May 2015 to consider your Quality Account, together with representatives from the local CCGs.

We welcomed the opportunity to comment on the Quality Account and comments are outlined below.

We recognised that the Trust faces many challenges and pressures. Attendees noted that the Trust has demonstrated improvements and is making progress against measures. Members also recalled a very positive site visit made earlier this year, as part of the transformation of cancer services across Cheshire and Merseyside

We accepted your Quality Account for 2014/15 and you will not be requested to attend a formal meeting of the Overview and Scrutiny Committee (Health and Social Care).

Yours sincerely,



Councillor Catie Page  
Chair, Overview and Scrutiny Committee (Health and Social Care)

## Annex 2

### Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

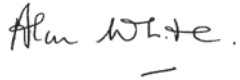
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2014 to May 2015
  - Papers relating to Quality reported to the Board over the period April 2014 to June 2015
  - Feedback from the commissioners dated 13.5.15
  - Feedback from governors dated April 2014 to June 2015
  - Feedback from Local Healthwatch organisations dated May 2015
  - Feedback from Overview and Scrutiny committee dated 18.5.15
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 7.4.15
  - The National Patient Survey 2014
  - The National Staff Survey 2014
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2015
  - CQC Intelligent Monitoring Report dated May 2015
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at

[www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual) ) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor.gov.uk/annualreporting](http://www.monitor.gov.uk/annualreporting) manual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

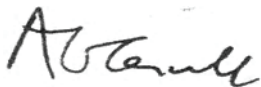
By order of the Board



Signed

Alan White  
Chairman

Date: 27<sup>th</sup> May 2015



Signed

Andrew Cannell  
Chief Executive

Date: 27<sup>th</sup> May 2015

## Annex 3

### **Independent auditor's limited assurance report to the Council of Governors and Board of Directors of Clatterbridge Cancer Centre NHS Foundation Trust on the Quality Report**

We have been engaged by the Board of Directors and Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust to perform an independent limited assurance engagement in respect of the Clatterbridge Cancer Centre NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and certain performance indicators contained therein.

#### **Scope and subject matter**

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as the 'indicators'.

#### **Respective responsibilities of the directors and auditor**

The Board of Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2014/15', and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2014/15'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2014 to May 2015
- papers relating to quality reported to the board over the period 1 April 2014 to 28 May 2015
- feedback from Commissioners, dated 13 May 2015
- feedback from Governors, dated April 2015 to 28 May 2015
- feedback from local Healthwatch organisations, dated May 2015
- feedback from Overview and Scrutiny Committee, dated 18 May 2015
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 7 April 2015

- the national patient survey 2014
- the national staff survey 2014
- Care Quality Commission Intelligent Monitoring Report, dated July and December 2014 and
- the Head of Internal Audit's annual opinion over the Trust's control environment, dated March 2015

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust as a body and the Board of Directors of the Trust as a body, to assist the Board of Directors and Council of Governors in reporting The Clatterbridge Cancer Centre NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Board of Directors and Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body, the Council of Governors as a body and The Clatterbridge Cancer Centre NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- analytical procedures
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially

different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by The Clatterbridge Cancer Centre NHS Foundation Trust.

### **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual'.

Grant Thornton UK LLP

4 Hardman Square  
Spinningfields  
Manchester  
M3 3EB

28 May 2015





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# Annual Accounts

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From 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015

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For the 12 months ended 31st March 2015

**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2015**

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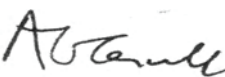
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**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2015**

**FOREWORD TO THE ACCOUNTS**

**THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST**

The group accounts for the 12 months ended 31 March 2015, 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 in the form which Monitor has, with the approval of the Treasury, directed.

Signed.....

Date 27th May 2015

A. Cannell  
Chief Executive

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

The National Health Services Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of 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 accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Services Act 2006, Monitor has directed The Clatterbridge Cancer Centre NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Clatterbridge Cancer Centre NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS foundation trust Financial Reporting Manual and in particular to:

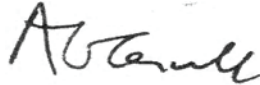
- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him 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.

**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2015**

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

Signed

A handwritten signature in black ink, appearing to read 'A Cannell', written in a cursive style.

Andrew Cannell  
Chief Executive

Date: 27<sup>th</sup> May 2015

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

### Our opinion on the financial statements is unmodified

In our opinion the financial statements:

- give a true and fair view of the state of the financial position of the Group and The Clatterbridge Cancer Centre NHS Foundation Trust as at 31 March 2015 and of the Group and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual and the directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006.

### Who are we reporting to

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

### What we have audited

We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust ('the Trust') for the year ended 31 March 2015 which comprise the Group and Trust statement of comprehensive income, the Group and Trust statement of financial position, the Group and Trust statements of changes in taxpayers' equity, the Group and Trust statement of cash flows and the related notes.

The Group financial statements include the financial transactions of The Clatterbridge Cancer Centre NHS Foundation Trust, The Clatterbridge Cancer Charity, The Clatterbridge Pharmacy Limited and The Clatterbridge Clinic LLP for the year ended 31 March 2015.

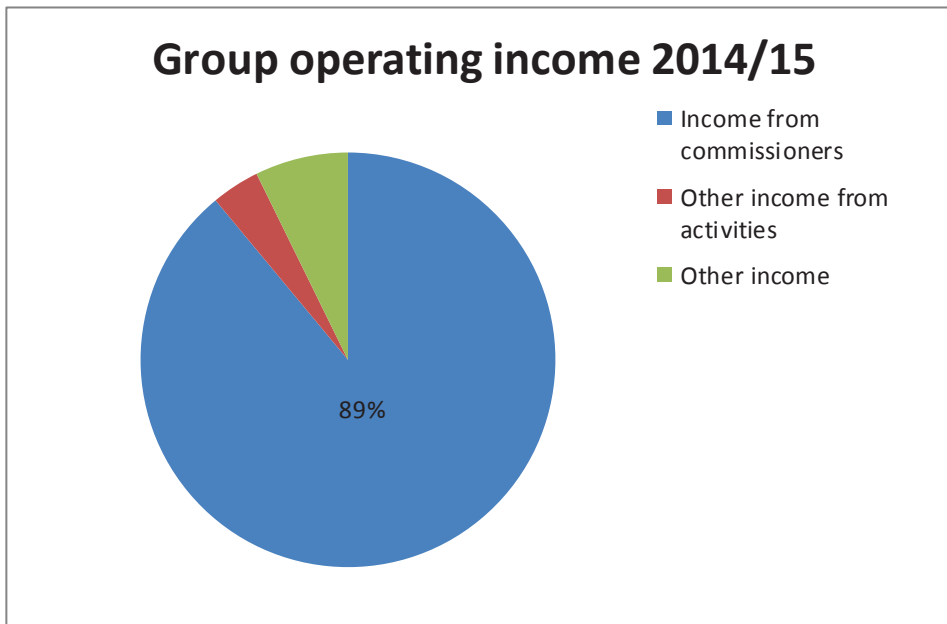
The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

### Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that are, in our judgement, likely to be most important to users' understanding of our audit.

### Valuation of contract income from commissioning bodies and associated receivables

The risk: The Group receives a large proportion of its income from commissioners of healthcare services. It invoices its commissioners throughout the year for services provided, and at the year-end estimates and accrues for activity not yet invoiced. Invoices for the final quarter of the year are not finalised and agreed until after the year-end and after the deadline for the production of the financial statements. There is therefore a risk that the income from commissioners (and associated receivables) recognised in the financial statements may be misstated. We identified the accounting for the contract arrangements with commissioning bodies (in particular the consistency of the income with contract terms) as one of the risks that had the greatest impact on our audit strategy.



Our response: Our audit work included, but was not restricted to, assessing the Group's accounting policy for revenue recognition, understanding management's processes to recognise this income in accordance with the stated accounting policy, performing walk-throughs of management's key controls over income recognition (for example controls over contract billing, pricing and agreement of contract variations) to assess whether they were designed effectively and substantively testing the income and associated receivables.

Our substantive testing included:

- testing of income recognised in the financial statements and confirmation it is consistent with contractual terms for material contracts with commissioning bodies to signed contracts; and
- testing a sample of the contract variations to ensure they were accounted for appropriately and are not in dispute.

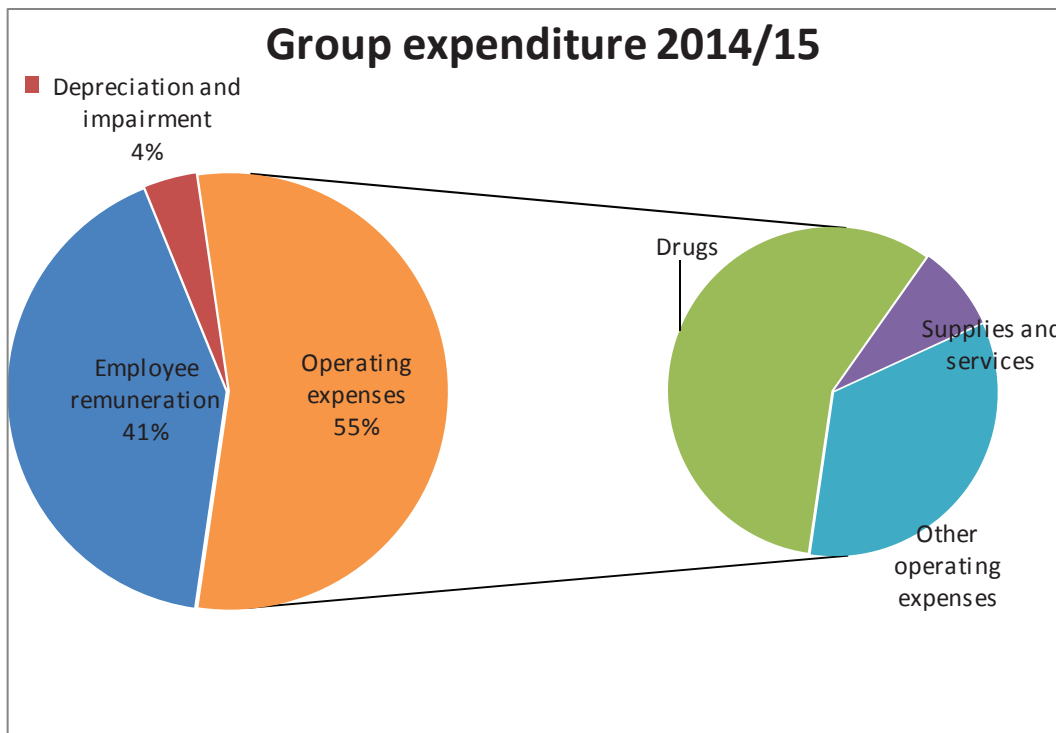
The Group's accounting policy on revenue recognition is shown in note 1.2 to the financial statements and its analysis of its total operating income is included in notes 2.1, 2.2 and 2.3.

Our findings:

We did not note any exceptions from our work on this income.

**Completeness of employee remuneration and operating expenses and associated payables**

The risk: The majority of the Group's expenditure relates to employee remuneration and operating expenses. Together they account for 96% of the Group's gross expenditure. The Group pays the majority of this expenditure through its payroll and accounts payable systems and at the year-end estimates and accrues for un-invoiced expenses. Invoices for the final weeks of the year are not received and processed until after the year-end and in many cases after the deadline for the production of the financial statements. There is therefore a risk that the expenses (and associated payables) recognised in the financial statements may be misstated. We identified the completeness of employee remuneration and operating expenses (in particular the understatement of accruals) as risks that had the greatest impact on our audit strategy .



Our response: Our audit work included, but was not restricted to, understanding management's processes to recognise payroll and accounts payable expenditure and year-end accruals for unprocessed invoices and expenditure incurred and not yet invoiced (GRNI), walking through management's key controls over recognition of expenditure (for example reconciliation of the accounts payable control account, processing of adjustments and authorisation of payments) to assess whether they



were designed effectively and substantively testing expenditure and associated payables.

Our substantive testing included:

- testing the reconciliation of employee remuneration expenditure in the financial statements to the general ledger and payroll subsystems;
- performing a trend analysis of payroll costs to identify any unusual cost variations for follow up;
- sample testing payroll expenditure to source documents;
- assessing whether the Group's processes for accruing for GRNIs were sufficiently robust to ensure that uninvoiced expenditure had been accrued for appropriately;
- analysis of year end accruals to confirm these reflect amounts outstanding at the year end; and
- testing a sample of post year-end payments to confirm the completeness of accruals.

The Group's accounting policy for recognition of expenditure is shown in notes 1.3 and 1.4, its analysis of employee remuneration costs is included in note 4.1 and its analysis of operating expenses is included in note 3.1 to the financial statements.

Our findings:

We did not note any exceptions from our work on this expenditure.

### **Our application of materiality and an overview of the scope of our audit**

#### **Materiality**

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the judgement of a reasonably knowledgeable person would be changed or influenced.

We determined materiality for the audit of the Group financial statements as a whole to be £1,766,000, which is 2% of the Group's gross operating costs. This benchmark is considered the most appropriate because users of the financial statements are particularly interested in how healthcare funding has been spent. We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the Group financial statements. We also determine a lower level of specific materiality for certain areas such as senior officer remuneration.

We determined the threshold at which we will communicate misstatements to the Trust's Audit Committee to be £88,700. In addition we communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

#### **Overview of the scope of our audit**

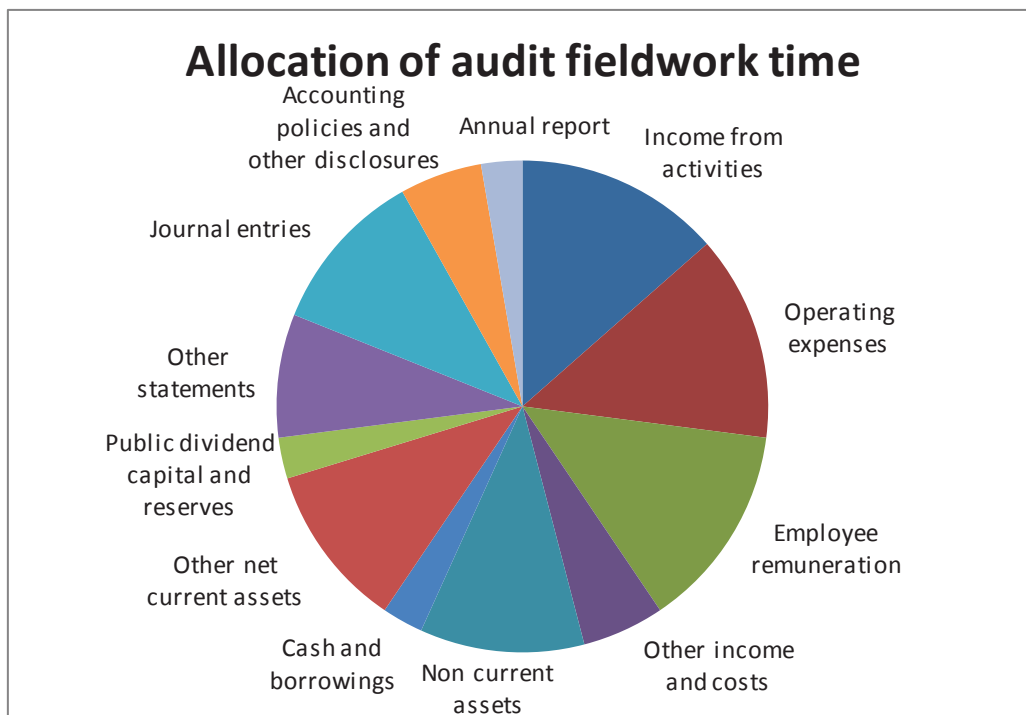
We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's

Practice Note 10 'Audit of Financial Statements of Public Bodies in the UK (Revised)'. Our responsibilities under the Code and the ISAs (UK and Ireland) are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained from our audit is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Group in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Group's business and is risk based. The Trust's payroll provision is supplied by a third party. Accordingly, our audit work was focused on obtaining an understanding of, and evaluating, relevant internal controls at the point of interface with the third party provider at the Group.

In order to gain appropriate audit coverage of the risks described above and of the Trust's charity, the subsidiary: The Clatterbridge Pharmacy Limited and the Trust's associate The Clatterbridge Clinic LLP we have undertaken substantive testing on significant transactions, balances and disclosures in the Group financial statements, the extent of which was based on various factors such as our overall assessment of the Group's control environment, the design effectiveness of controls over significant financial systems and the management of risks.



## Other reporting required by regulations

### Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified

In our opinion:

- the part of the Directors' Remuneration Report subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014-15 issued by Monitor; and
- the information given in the strategic report and directors' report for the financial year for which the financial statements are prepared is consistent with the Group financial statements.

### Matters on which we are required to report by exception

We have nothing to report in respect of the following:

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with the information of which we are aware from our audit;
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- the Trust's Quality Report has not been prepared in line with the requirements set out in Monitor's published guidance or is inconsistent with other sources of evidence.

Under the ISAs (UK and Ireland), we are also required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Group acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that were communicated to the Audit Committee which we consider should have been disclosed.

## **Responsibilities for the financial statements and the audit**

### **What an audit of financial statements involves:**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Group's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially inconsistent with the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **What the Chief Executive is responsible for as accounting officer:**

As explained more fully in the Chief Executive's Responsibilities Statement, the Chief Executive as Accounting Officer is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Direction issued by Monitor and for being satisfied that they give a true and fair view.

### **What are we responsible for:**

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts issued by Monitor, and ISAs (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### **Certificate**

We certify that we have completed the audit of the financial statements 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 Audit Code for NHS Foundation Trusts issued by Monitor.

Jackie Bellard  
Director  
for and on behalf of Grant Thornton UK LLP

4 Hardman Square  
Spinningfields  
Manchester  
M3 3EB

28 May 2015

**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2015**

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED  
2014/15**

	NOTE	Group		Trust	
		2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
Income from patient care activities		<b>94,454</b>	90,995	<b>94,454</b>	90,995
Other operating income		<b>7,405</b>	6,885	<b>6,887</b>	5,804
<b>Operating Income from continuing operations</b>	2	<b>101,858</b>	97,880	<b>101,341</b>	96,799
<b>Operating Expenses from continuing operations</b>	3	<b>(93,319)</b>	(88,521)	<b>(94,310)</b>	(88,093)
<b>OPERATING SURPLUS / (DEFICIT)</b>		<b>8,539</b>	9,359	<b>7,031</b>	8,706
<b>Finance costs</b>					
Finance income	5	227	232	<b>191</b>	203
Finance expense - financial liabilities	6.1	(182)	(191)	<b>(182)</b>	(191)
PDC Dividends payable		<b>0</b>	1	<b>0</b>	1
<b>Net Finance costs</b>		<b>45</b>	42	<b>9</b>	13
Share of Profit/(Loss) of Associates accounted for using the equity method	8	<b>(78)</b>	(227)	<b>(78)</b>	(227)
Corporation Tax		<b>(194)</b>	(60)	<b>0</b>	0
<b>Surplus / (deficit) from continuing operations</b>		<b>8,312</b>	9,114	<b>6,962</b>	8,492
<b>Other Comprehensive Income:</b>					
Impairments		<b>(765)</b>	0	<b>(765)</b>	0
Revaluations		<b>826</b>	0	<b>826</b>	0
FV gains/(losses) on Available For Sale (AFS) financial assets		<b>53</b>	55	<b>0</b>	0
Other reserve movements		<b>0</b>	0	<b>0</b>	0
Total other comprehensive income/(expenditure) for the year		<b>114</b>	<b>55</b>	<b>61</b>	<b>0</b>
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR</b>		<b>8,426</b>	<b>9,169</b>	<b>7,023</b>	<b>8,492</b>

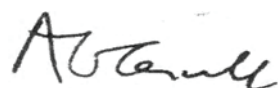
The notes on pages 157 to 176 form part of these accounts.

The results of the group are attributable to the parent.

**The Clatterbridge Cancer Centre NHS Foundation Trust**  
**Group Accounts for the 12 months ended 31st March 2015**

**STATEMENT OF FINANCIAL POSITION AS AT**  
**31 MARCH 2015**

	NOTE	Group		Trust	
		31 March 2015 £000	31 March 2014 £000	31 March 2015 £000	31 March 2014 £000
<b>Non-current assets</b>					
Property, plant and equipment	7.1	52,662	46,661	52,662	46,661
Investments in associates	8	245	323	245	323
Other investments		1,103	1,050	0	0
Trade and other receivables		262	0	262	0
<b>Total non-current assets</b>		<b>54,272</b>	<b>48,034</b>	<b>53,169</b>	<b>46,984</b>
<b>Current Assets</b>					
Inventories	9.1	1,259	1,293	832	876
Trade and other receivables	10.1	6,592	5,643	8,233	5,437
Cash and cash equivalents	18	85,139	63,709	80,541	62,110
<b>Total current assets</b>		<b>92,990</b>	<b>70,644</b>	<b>89,605</b>	<b>68,424</b>
<b>Current liabilities</b>					
Trade and other payables	11	(18,492)	(10,337)	(18,334)	(9,799)
Borrowings	13	(250)	(313)	(250)	(313)
Provisions	16	(2)	(517)	(2)	(517)
Other liabilities	12	(7,672)	(3,155)	(7,672)	(3,155)
Corporation tax		(254)	(60)	0	0
<b>Total current liabilities</b>		<b>(26,670)</b>	<b>(14,382)</b>	<b>(26,258)</b>	<b>(13,783)</b>
<b>Total assets less current liabilities</b>		<b>120,592</b>	<b>104,296</b>	<b>116,516</b>	<b>101,625</b>
<b>Non-current liabilities</b>					
Borrowings	13	(3,500)	(3,756)	(3,500)	(3,756)
Other liabilities	12	(40,630)	(32,554)	(40,630)	(32,554)
<b>Total non-current liabilities</b>		<b>(44,130)</b>	<b>(36,310)</b>	<b>(44,130)</b>	<b>(36,310)</b>
<b>Total assets employed</b>		<b>76,462</b>	<b>67,986</b>	<b>72,387</b>	<b>65,315</b>
<b>Financed by taxpayers' equity</b>					
Public Dividend Capital		21,295	21,245	21,295	21,245
Revaluation reserve	17.1	3,896	4,005	3,896	4,005
Income and expenditure reserve		47,196	40,065	47,196	40,065
<b>Financed by others' equity</b>					
Charitable fund reserves	17.2	3,143	2,465	0	0
Pharmacy subsidiary reserves		932	206	0	0
<b>Total taxpayers' and others' equity</b>		<b>76,462</b>	<b>67,986</b>	<b>72,387</b>	<b>65,315</b>



Signed: ..... Chief Executive  
Date: 27th May 2015

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STATEMENT OF CHANGES IN EQUITY

	Others' Equity Charitable Funds & Pharmacy £000	Public Dividend Capital £000	Taxpayers' Equity Revaluation Reserve £000	Income & Expenditure Reserve £000
<b>Equity at 1 April 2014</b>	<b>67,986</b>	<b>21,245</b>	<b>4,005</b>	<b>40,065</b>
Surplus/(deficit) for the year	1,350	0	0	6,962
Transfers between reserves	0	0	(138)	138
Impairments	(765)	0	(765)	0
Revaluations - property, plant and equipment	826	0	826	0
Transfer to retained earnings on disposal of assets	0	0	(32)	32
Fair value gains/(losses) on available-for-sale financial investments	53	0	0	0
Public dividend capital received	50	50	0	0
<b>Equity at 31 March 2015</b>	<b>76,462</b>	<b>21,295</b>	<b>3,896</b>	<b>47,196</b>

	Others' Equity Charitable Funds & Pharmacy £000	Public Dividend Capital £000	Taxpayers' Equity Revaluation Reserve £000	Income & Expenditure Reserve £000
<b>Equity at 1 April 2013</b>	<b>58,817</b>	<b>21,245</b>	<b>4,180</b>	<b>31,398</b>
Surplus/(deficit) for the year	9,114	0	0	8,492
Transfers between reserves	0	0	(175)	175
Fair Value gains/(losses) on Available-for-sale financial investments	55	0	0	0
<b>Equity at 31 March 2014</b>	<b>67,986</b>	<b>21,245</b>	<b>4,005</b>	<b>40,065</b>

**The Clatterbridge Cancer Centre NHS Foundation Trust**  
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**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 2014/15**

Prepared using the indirect method

	Group		Trust	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
<b>Cash flows from operating activities</b>				
Operating surplus/(deficit)	8,539	9,359	7,031	8,706
<b>Non-cash income and expense</b>				
Depreciation and amortisation	2,910	2,620	2,910	2,620
Impairments	664	370	664	370
(Gain)/Loss on disposal	32	0	32	0
Dividends accrued and not paid or received	0	0	0	0
(Increase)/Decrease in Trade and Other Receivables	(1,265)	(2,361)	(3,057)	(2,286)
(Increase)/Decrease in Inventories	33	(108)	44	309
Increase/(Decrease) in Trade and Other Payables	5,969	(1,082)	6,326	(1,615)
Increase/(Decrease) in Other Liabilities	12,592	8,060	12,592	8,060
Increase/(Decrease) in Provisions	(515)	384	(515)	384
Tax paid/received	0	0	0	0
NHS Charitable Funds	31	(159)	0	0
<b>Net cash generated from/(used in) operations</b>	<b>28,990</b>	<b>17,085</b>	<b>26,028</b>	<b>16,547</b>
<b>Cash flow from investing activities</b>				
Interest received	191	203	191	203
Purchase of Property, Plant and Equipment	(7,406)	(5,525)	(7,406)	(5,525)
Cash from acquisitions of business units and subsidiaries	0	0	0	0
NHS Charitable Funds	36	23	0	0
<b>Net cash generated from/(used in) investing activities</b>	<b>(7,178)</b>	<b>(5,299)</b>	<b>(7,214)</b>	<b>(5,322)</b>
<b>Cash flows from financing activities</b>				
Public dividend capital received	50	0	50	0
Loans repaid to the Foundation Trust Financing Facility	(250)	(250)	(250)	(250)
Capital element of finance lease rental payments	0	(121)	0	(121)
Other capital receipts	0	48	0	48
Interest paid	(182)	(186)	(182)	(186)
Interest element of finance lease	0	(5)	0	(5)
PDC Dividend paid	0	95	0	95
Cash flows from (used in) other financing activities	0	(1)	0	(1)
<b>Net cash generated from/(used in) financing activities</b>	<b>(382)</b>	<b>(419)</b>	<b>(382)</b>	<b>(420)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>21,430</b>	<b>11,366</b>	<b>18,432</b>	<b>10,805</b>
<b>Cash and cash equivalents at 1 April</b>	<b>63,709</b>	<b>52,343</b>	<b>62,110</b>	<b>51,305</b>
<b>Cash and cash equivalents at 31 March</b>	<b>85,139</b>	<b>63,709</b>	<b>80,541</b>	<b>62,110</b>



## **1. Accounting policies and other information**

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (*FT ARM*) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2013/14 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. The policies apply to the Group, not only the foundation trust.

These accounts are prepared on a going concern basis because management have assessed that this trust will remain as a going concern for the foreseeable future.

### **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.

### **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

### **Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

### **Annual leave accrual**

The annual leave accrual is calculated using information provided by managers regarding outstanding annual leave as at 31<sup>st</sup> March 2015. Further information is shown in note 1.3.

### **Provisions**

Provisions held within the Statement of Financial Position contain estimates for future contractual liabilities.

### **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. The Trust's accounting policy for is described in section 1.11 of the accounting policies and in note 22 of the accounts.

### **Assessment of leases**

Leases are assessed under IFRS as being operating or finance leases, which determines their accounting treatment. The criteria for assessment are to a certain extent subjective, but a consistent approach has been taken through use of a standard template which sets out the relevant criteria. Further information is in section 1.10 of the accounting policies.

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**Estimation of remaining economic lives of assets**

Assets are depreciated on a straight-line basis over their remaining estimated economic life.

**Impairment review**

An annual impairment review is carried out using a professional valuer to determine non-current asset values. Further information on impairments is in section 1.5 of the accounting policies.

**Deferred income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. Where income is received for a specific activity that is to be delivered in the following year(s), that income is deferred.

**1.1 Consolidation**

*Subsidiaries*

In June 2011, HM Treasury declared that IAS 27 Consolidated and Separate Financial Statements would be applied to all NHS Charities and would take effect from year end 2013/14 with prior year comparatives. The decision on whether or not a particular NHS Charity's accounts should be consolidated with the parent hospital is made on a local level by the trust and auditors for the parent NHS body.

As the Clatterbridge Cancer Centre has control over the Clatterbridge Cancer Charity, and the income/expenditure of the charity is material to the trust accounts, the charitable funds have been consolidated.

The Group has a wholly owned subsidiary, The Clatterbridge Pharmacy Limited, which was incorporated in October 2013 and began trading in December 2013.

Subsidiary entities are those over which the trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. 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 minority interests are included as a separate item in the Statement of Financial Position.

The subsidiary figures have been consolidated in the group financial statements.

*Associates*

The Group has an associate, the Clatterbridge Clinic, which was established in 2013 with the healthcare company Mater Private. An entity is an associate of an NHS foundation trust where the trust has significant influence over it, and yet the entity is not a subsidiary or a joint venture. Significant influence is the power to participate in the financial and operating policy decisions of the entity, but is neither control nor joint control over the policies. It is therefore, sufficient for the NHS foundation trust merely to have the power to exercise significant influence in order for the entity to be an associate, regardless of whether the power is actually used in practice.

Where an associate exists, the NHS foundation trust must recognise its activities through the equity accounting method in accordance with IAS 28. The use of the equity method for associates is required even where the NHS foundation trust is not already preparing consolidated accounts.

**1.2 Income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The

**The Clatterbridge Cancer Centre NHS Foundation Trust  
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main source of income for the trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following or future financial years, that income is deferred.

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.

### **1.3 Expenditure on employee benefits**

#### ***Short-term employee benefits***

Salaries, wages and employment-related payments 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.

#### ***Pension costs***

##### *NHS Pension Scheme*

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the 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 the scheme liability is carried out annually by the scheme actuary 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. 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 scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

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The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

#### **1.4 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.

#### **1.5 Property, plant and equipment**

##### ***Recognition***

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
- it is expected to be used for more than one financial year; and
- The cost of the item can be measured reliably and is a minimum of £5k for a single item or a group of interdependent items.

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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.

***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 fair value.

Land and buildings are revalued every five years. A three year interim valuation is also carried out. Valuations are carried out by professionally qualified, external valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) *Appraisal and Valuation Manual*. The valuations are carried on the Modern Equivalent Asset basis which assumes that the buildings would be replaced by structures utilising current building techniques and materials. Alternative sites DRC methodology has not been used. Land is valued on an existing use basis primarily determined by market valuation. Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation or when they are brought into use.

Plant and equipment (including IT equipment) used in the Trust tends to be highly specialised in the nature with no reliable means of ascertaining a market value. In accordance with IAS 16, these assets are carried at historic cost less depreciation and are not subject to revaluation and that depreciated historic cost is a proxy for fair value.

*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 derecognised. 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 has 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 or reverts to the trust, respectively.

*Excess depreciation*

The trust applies excess depreciation to the I&E reserve.

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*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 FT ARM, impairments that are due to a loss of economic benefits or 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 (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or 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 income 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.

***De-recognition***

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

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the same is expected to be completed within 12 months of the date 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.

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Property, plant and equipment which is to be scrapped or demolished does not qualify 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.

***Donated, government grant and other grant funded assets***

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

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

**1.6 Intangible assets**

***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, and is at least £5000. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

***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.

**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 fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. 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.

## **1.7 Revenue Government and other grants**

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups, NHS England or NHS trusts for the provision of services. Where the grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

## **1.8 Inventories**

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

## **1.9 Financial instruments and financial liabilities**

### ***Recognition***

Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

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.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

### ***De-recognition***

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

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

### ***Classification and measurement***

Financial assets are categorised as

- Loans and receivables
- Available for Sale financial assets

Financial liabilities are classified as

- Other Financial liabilities

### ***Loans and receivables***

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised costs.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.



### **Available for sale financial assets**

The Charitable Funds has an investment portfolio managed by Investec. The investment manager is able to buy and sell assets on behalf of the Charity although there are certain restrictions set by the Trustees of the Charitable Funds. As the investment manager can buy and sell charitable assets, they are considered to be 'assets available for sale' and, as such, their market value is reported in the Statement of Financial Position with in-year gains and losses reported as 'other comprehensive income' on the Statement of Comprehensive Income.

### **Other financial liabilities**

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

### **Determination of fair value**

For financial assets and financial liabilities carried at fair value, the carrying amounts are the full value of cash in the Statement of Financial Position, and are determined from quoted market prices/independent appraisal.

### **Impairment of financial assets**

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

### **Trade Receivables**

A provision for impairment against a trade receivable is established when the Trust considers it will not be able to collect all amounts due according to the original terms of the contract. The Trust will take the following factors into consideration when determining a trade receivable to be impaired:

- Significant financial difficulties of the debtor;
- Probability that the debtor will enter bankruptcy or financial reorganisation; and
- Default or delinquency in payment (more than 60 days overdue)

The carrying amount of the asset is reduced through the use of an allowance account for the trade receivables (Bad Debt Provision), and the amount of the loss is recognised in the Statement of Comprehensive Income. If the trade receivables become uncollectible, it is

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written off against the Bad Debt Provision. Any subsequent recoveries of amounts previously written off are credited to the Statement of Comprehensive Income.

### **1.10 Leases**

#### ***Finance leases***

Where substantial risks and rewards of ownership of a leased asset are borne by The Clatterbridge Cancer Centre NHS Foundation 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 implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as 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***

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

#### ***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.

### **1.11 Provisions**

The Clatterbridge Cancer Centre NHS Foundation 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***

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. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with The Clatterbridge Cancer Centre NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of The Clatterbridge Cancer Centre NHS Foundation Trust is disclosed at note 16 but is not recognised in The Clatterbridge Cancer Centre NHS Foundation Trust's accounts.

#### ***Non-clinical risk pooling***

The Clatterbridge Cancer Centre NHS Foundation 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 the NHS Litigation Authority and in return

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receives assistance with the costs of claims arising. The annual membership contribution, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### **1.12 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27, 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.

### **1.13 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 trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by The Clatterbridge Cancer Centre NHS Foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of The Clatterbridge Cancer Centre NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any 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.

### **1.14 Value Added Tax**

Most of the activities of The Clatterbridge Cancer Centre NHS Foundation 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.

### **1.15 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.

### **1.16 Foreign exchange**

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

### **1.17 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*.

### **1.18 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.

### **1.19 Accounting standards issued not yet adopted**

The Treasury *FReM* does not require the following Standards and Interpretations to be applied in 2014-15. The application of the Standards as revised would not have a material impact on the accounts for 2014-15, were they applied in that year:

- IFRS 9 Financial Instruments
- IFRS 13 Fair Value Measurement
- IAS 36 (amendment) – recoverable amount disclosures
- Annual Improvements 2012
- Annual Improvements 2013
- IAS 19 (amendment) – employer contributions to defined benefit pension schemes
- IFRIC 21 Levies

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**2. Operating segments**

The business activities of the Group can be summarised as that of 'healthcare'. The chief operating decision maker for 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 and The Clatterbridge Pharmacy 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 Foundation Trust is the Corporate Trustee of the Charity.

The Clatterbridge Pharmacy Limited provides dispensing services to the Foundation Trust. The Foundation Trust is the sole shareholder of the company. The company was established in October 2013.

**2.1 Income from Activities**

Income from activities comprises:

	Group		Trust	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
Elective income	2,408	3,020	2,408	3,020
Non-elective income	3,251	2,926	3,251	2,926
Outpatient income	11,939	10,713	11,939	10,713
Other NHS clinical income*	73,624	70,080	73,624	70,080
<b>NHS Income from Activities</b>	<b>91,222</b>	<b>86,739</b>	<b>91,222</b>	<b>86,739</b>
Private patients	1,218	1,416	1,218	1,416
North Wales	1,511	2,394	1,511	2,394
Rest of Wales	153	129	153	129
Scotland	293	245	293	245
Other non-protected clinical income	57	72	57	72
<b>Total income from activities</b>	<b>94,454</b>	<b>90,995</b>	<b>94,454</b>	<b>90,995</b>

Other NHS clinical income comprises of drugs (£33m), chemotherapy activity (£16m), radiotherapy activity (£19m), block income (£5m) and diagnostic imaging (£1m).

The figures quoted for both years above are based upon income received in respect of actual activity undertaken within each category. The Terms of Authorisation set out the mandatory goods and services that the Trust is required to provide protected services. All of the income from activities shown above is derived from the provision of protected services.

Analysis of income:

	Group		Trust	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
Income from activities for Commissioner Requested Services	93,236	89,507	93,236	89,507
Other income from activities	1,218	1,488	1,218	1,488
<b>Total income from activities</b>	<b>94,454</b>	<b>90,995</b>	<b>94,454</b>	<b>90,995</b>

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**2.2 Income from patient care activities**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	2013/14	<b>2014/15</b>	2013/14
	<b>£000</b>	£000	<b>£000</b>	£000
NHS Foundation Trusts	<b>584</b>	377	<b>584</b>	377
NHS Trusts	<b>1,019</b>	6	<b>1,019</b>	6
CCGs and NHS England	<b>89,473</b>	86,023	<b>89,473</b>	86,023
NHS - Other	<b>0</b>	2,753	<b>0</b>	2,753
Non NHS Private patients	<b>1,218</b>	1,416	<b>1,218</b>	1,416
Non NHS: Other	<b>2,159</b>	419	<b>2,159</b>	419
<b>Total income from activities</b>	<b>94,454</b>	90,995	<b>94,454</b>	90,995

**2.3 Other Operating Income**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	2013/14	<b>2014/15</b>	2013/14
	<b>£000</b>	£000	<b>£000</b>	£000
Research and Development	<b>2,138</b>	1,981	<b>2,138</b>	1,981
Education and Training	<b>1,433</b>	1,245	<b>1,433</b>	1,245
Non-patient care services to other bodies	<b>697</b>	36	<b>697</b>	36
Donated assets received	<b>12</b>	0	<b>12</b>	0
Other	<b>1,103</b>	1,631	<b>2,138</b>	1,993
Income in respect of staff costs where accounted on gross basis	<b>469</b>	550	<b>469</b>	550
NHS Charitable Funds: Incoming Resources excluding investment income	<b>1,552</b>	1,443	<b>0</b>	0
<b>Total</b>	<b>7,405</b>	6,885	<b>6,887</b>	5,804

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**3. Operating Expenses**

**3.1 Operating expenses comprise:**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	2013/14	<b>2014/15</b>	2013/14
	<b>£000</b>	£000	<b>£000</b>	£000
Services from NHS Foundation Trusts	<b>5,872</b>	5,492	<b>5,872</b>	5,492
Services from NHS Trusts	<b>1,467</b>	2,422	<b>1,467</b>	2,422
Services from CCGs and NHS England	<b>483</b>	521	<b>483</b>	521
Purchase of healthcare from non NHS bodies	<b>46</b>	50	<b>46</b>	50
Executive Directors' costs	<b>540</b>	519	<b>540</b>	519
Non Executive Directors' costs	<b>123</b>	121	<b>123</b>	121
Staff costs	<b>38,114</b>	36,611	<b>37,904</b>	36,073
Supplies and services - clinical (excluding drug costs)	<b>2,928</b>	3,042	<b>4,165</b>	3,508
Supplies and services - general	<b>1,335</b>	1,129	<b>1,350</b>	1,129
Establishment	<b>1,334</b>	1,192	<b>1,334</b>	1,192
Research and development	<b>250</b>	23	<b>250</b>	23
Transport	<b>309</b>	169	<b>309</b>	169
Premises	<b>3,272</b>	2,956	<b>3,272</b>	2,956
Increase / (decrease) in provision for impairment of receivables	<b>(114)</b>	204	<b>(114)</b>	204
Drug costs (non inventory drugs only)	<b>212</b>	264	<b>212</b>	264
Drugs Inventories consumed	<b>29,037</b>	27,805	<b>29,177</b>	27,805
Rentals under operating leases - minimum lease payments	<b>817</b>	834	<b>817</b>	834
Depreciation on property, plant and equipment	<b>2,910</b>	2,620	<b>2,910</b>	2,620
Impairments of property, plant & equipment	<b>664</b>	370	<b>664</b>	370
Audit services- statutory audit*	<b>77</b>	62	<b>58</b>	58
Clinical negligence	<b>94</b>	104	<b>94</b>	104
Loss on disposal of other property, plant and equipment	<b>32</b>	0	<b>32</b>	0
Legal fees	<b>392</b>	237	<b>392</b>	237
Consultancy costs	<b>554</b>	683	<b>554</b>	683
Training, courses and conferences	<b>390</b>	283	<b>390</b>	283
Patients travel	<b>61</b>	87	<b>61</b>	87
Car parking & Security	<b>1</b>	5	<b>1</b>	5
Redundancy	<b>0</b>	20	<b>0</b>	20
Hospitality	<b>18</b>	10	<b>18</b>	10
Insurance	<b>126</b>	126	<b>126</b>	126
Losses, ex gratia & special payments	<b>25</b>	11	<b>25</b>	11
Other	<b>1,778</b>	324	<b>1,778</b>	197
NHS Charitable funds: Other resources expended	<b>172</b>	224	<b>0</b>	0
	<b>93,319</b>	88,521	<b>94,310</b>	88,093

\*Group statutory audit fees include £4k for the charity and £15k for the pharmacy subsidiary.

**3.2 Arrangements containing an operating lease**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	2013/14	<b>2014/15</b>	2013/14
	<b>£000</b>	£000	<b>£000</b>	£000
<b>Future minimum lease payments due:</b>				
Not later than one year	<b>309</b>	829	<b>309</b>	829
Later than one year and not later than five years	<b>314</b>	369	<b>314</b>	369
Later than five years	<b>8,700</b>	8,775	<b>8,700</b>	8,775
	<b>9,323</b>	9,973	<b>9,323</b>	9,973

These leases are for land at Aintree, IT equipment, and portakabins.

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### 3.3 Remuneration Report (subject to audit)

#### Salary and Allowances

Name and title	2014/15				2013/14						
	Salary and Fees (bands of £5,000) £000	Taxable Benefits (bands of £100) £00	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	Increase in Pension Related Benefits (bands of £2,500) £000	Salary and Fees (bands of £5,000) £000	Taxable Benefits (bands of £100) £00	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	Increase in Pension Related Benefits (bands of £2,500) £000	Total £000
<b>Executive Directors</b>											
A. Cannell - Chief Executive	120-125	0	0	0	15-17.5	135-140	120-125	0	0	22.5-25	140-145
Y. Bottomley - Deputy Chief Executive/Finance Director	100-105	0	0	0	20-22.5	120-125	100-105	0	0	32.5-35	135-140
H. Porter - Director of Nursing & Quality	95-100	0	0	0	12.5-15	105-110	90-95	0	0	17.5-20	110-115
P. Kirkbride - Medical Director	160-165	0	0	0	160-165	165-170	160-165	0	0	47.5-50	210-215
R. Smith - Director of Operations	95-100	0	0	0	12.5-15	105-110	90-95	0	0	32.5-35	125-130
<b>Non Executive Directors</b>											
A White - Chairman	40-45	0	0	0	40-45	40-45	40-45	0	0	0	40-45
G. Black - Non Executive Director	15-20	0	0	0	15-20	15-20	15-20	0	0	0	15-20
L. Martin - Non Executive Director (Left board 31.07.14)	0-5	0	0	0	0-5	10-15	10-15	0	0	0	10-15
P. Edgington - Non Executive Director (Joined board 01.08.14)	5-10	0	0	0	5-10	5-10	5-10	0	0	0	5-10
J. Burns - Non Executive Director	10-15	0	0	0	10-15	10-15	10-15	0	0	0	10-15
A. Kingsland - Non Executive Director	10-15	0	0	0	10-15	10-15	10-15	0	0	0	10-15
J. Hastings - Non Executive Director	10-15	0	0	0	10-15	10-15	10-15	0	0	0	10-15
<b>Banded remuneration of the highest paid director and the ratio between this and the median remuneration of the Trusts staff</b>											
<b>Band of the Highest Paid Directors Total</b>	160-165						165-170				
<b>Median Total Remuneration</b>	26,663						28,755				
<b>Ratio</b>	6.09						5.83				

The Trust are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust's workforce. In the financial year 2014/15 the highest paid director was in the banding £160k-£165k (2013-14, £165k-£170k). This was 6.09 times (2013-14, 5.83 times) the median remuneration of the workforce. In 2014-15, four employees received remuneration in excess of the highest paid director. Remuneration ranged from £170k - £225k. Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The aggregate amount of remuneration and other benefits received by Directors during the financial year was £642,956.

There is no performance related pay or bonuses paid to Directors.

Employer contributions to a pension scheme in respect of Directors was £151,637.

Expenses	2014-15 £000s	2013-14 £000s
Total number of directors in office	12	11
Number of directors receiving expenses	11	11
<b>Aggregate sum of expenses paid to directors</b>	<b>49</b>	<b>76</b>

1) All Board members are appointed by the Board on permanent contracts.

2) All non Executive Board members are appointed by the Council of Governors for an initial period of 3 years which is renewable subject to satisfactory performance.

3) The following changes have occurred since 1st April 2014:-

- a) L. Martin left the board as a Non Executive Director on 31.07.14
- b) P. Edgington joined the board as a Non Executive Director on 01.08.14

New off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £20 per day and that last longer than six months	
Number of new engagements or those that reached six months in duration during the time period.	1
Number of these engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations.	1
Number for whom assurance has been requested	1
Number for whom assurance has been requested and received.	1
Number for whom assurance has been requested but not received	Nil
Number that have been terminated as a result of assurance not being received.	Nil

The Trust only uses off-payroll arrangements in exceptional circumstances, where the Trust has no expertise within a specialist area. There were 3 other off-payroll engagements in place during 2014-15, all of which were below the threshold so no further disclosure is required.



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**3.4 Pension entitlements**

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension (rounded to nearest £00) £00
A Cannell - Chief Executive	0-2.5	0-2.5	45-50	135-140	876	824	29	0
Y Bottomley - Director of Finance	0-2.5	0-2.5	5-10	0-5	110	86	22	0
H Porter - Director of Nursing & Quality	0-2.5	0-2.5	35-40	105-110	711	667	25	0
R.Smith - Director of Operations	0-2.5	0-2.5	25-30	80-85	489	455	22	0
P Kirkbride - Medical Director	0-2.5	0-2.5	40-45	125-130	958	1,010	0	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 pension payable from the scheme. A CETV figure is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

**Real Increase in CETV**

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the contributions paid by the period.

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**3.5 Remuneration Committee and Terms of Service**

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

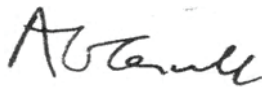
The Chief Executive and Executive Directors are employed under permanent contracts of employment and they have been recruited under national advertisements. The employment of Senior Managers and Executive Directors may be terminated with three months notice as a result of a disciplinary process, if the Trust is dissolved as a statutory body, or if they choose to resign. None have contracts of service, and none has a contract that is subject to any performance conditions. The position of Chair and Non-Executive Directors are recruited through national advertisements. Appointments are made on fixed term contracts (normally for three years), which can be renewed on expiry. Terms of appointment and remuneration for Non-Executive Directors are set by the Council of Governors.

Details of the remaining terms of the Chair and Non-Executive Directors are as follows:

Name	First Appointed	To	Extended To
Alan White	23.08.1999	30.11.2002	31.7.2015
Gil Black	01.12.2012	30.11.2015	
Phil Edgington	1.08.2014	31.07.2017	
Jan Burns	01.02.2011	31.01.2014	31.01.2017
James Kingsland	01.02.2011	31.01.2014	31.01.2017
Alison Hastings	01.01.2012	31.12.2014	31.12.2017

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

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



Signed ..... Chief Executive

Date: 27th May 2015

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**4.1 Staff costs**

	Group		Trust	
	2014/15	2013/14	2014/15	2013/14
	£000	£000	£000	£000
Salaries and wages	31,276	29,970	31,066	29,934
Social Security costs	2,423	2,376	2,423	2,376
Employer contributions to NHS Pension scheme	3,621	3,471	3,621	3,471
Agency and contract staff	878	831	878	831
NHS Charitable funds staff	457	502	457	502
<b>Employee benefits expense</b>	<b>38,654</b>	<b>37,150</b>	<b>38,445</b>	<b>37,114</b>

All employer pension contributions in 2014/15 were paid to the NHS Pensions Agency.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

**4.2 Average number of WTE persons employed**

	Group		Trust	
	2014/15	2013/14	2014/15	2013/14
Medical and dental	78	84	78	84
Administration and estates	297	277	297	276
Healthcare assistants & other support staff	74	71	74	71
Nursing, midwifery & health visiting staff	164	160	164	160
Scientific, therapeutic and technical staff	235	223	226	223
Agency and contract staff	18	17	18	17
	<b>867</b>	<b>832</b>	<b>858</b>	<b>831</b>

**4.3 Retirements due to ill-health**

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. There were two retirements, at an additional cost of £162k in 2014/15 (2013/14 - one retirement at an additional cost of £16k). This information has been supplied by the NHS Pensions Agency.

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**5. Finance Income**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Interest on cash deposits	191	203	191	203
NHS Charitable funds: investment income	36	29	0	0
	<b>227</b>	<b>232</b>	<b>191</b>	<b>203</b>

**6.1 Finance Costs - Interest expense**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Loans from the Foundation Trust Financing Facility	182	186	182	186
Finance leases	0	5	0	5
	<b>182</b>	<b>191</b>	<b>182</b>	<b>191</b>

**6.2 Impairment of assets (PPE)**

	<b>Group</b>		<b>Trust</b>	
	<b>2014/15</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Other	664	370	664	370
	<b>664</b>	<b>370</b>	<b>664</b>	<b>370</b>

**6.3 Better Payment Practice Code**

**Better Payment Practice Code - measure of compliance**

	<b>Trust</b>			
	<b>2014/15</b>		<b>2013/14</b>	
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Total Non-NHS trade invoices paid in the year	9,737	40,171	8,351	28,845
Total Non NHS trade invoices paid within target	8,586	36,065	7,330	25,876
Percentage of Non-NHS trade invoices paid within target	88.2%	89.8%	87.8%	89.7%
Total NHS trade invoices paid in the year	1,343	19,124	1,294	26,939
Total NHS trade invoices paid within target	894	13,379	958	20,614
Percentage of NHS trade invoices paid within target	66.6%	70.0%	74.0%	76.5%

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

The Trust recognises that performance against the code requires improvement and measures are being taken to improve performance in 2015/16.

**6.4 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 2014/15 or 2013/14.

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7.1 Property, plant and equipment 2014/15

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Group / Trust					TOTAL £000
				Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture and fittings £000		
Cost / valuation at 1 April 2014	464	34,785	0	34,499	61	3,744	247	73,800	
Additions – purchased	0	1,530	157	4,137	12	3,780	0	9,615	
Impairments	(114)	(1,315)	0	0	0	0	0	(1,429)	
Revaluations	0	826	0	0	0	0	0	826	
Disposals	0	(127)	0	0	0	0	0	(127)	
<b>Cost / valuation at 31 March 2015</b>	<b>350</b>	<b>35,700</b>	<b>157</b>	<b>38,636</b>	<b>73</b>	<b>7,523</b>	<b>247</b>	<b>82,686</b>	
Accumulated depreciation at 1 April 2014	0	972	0	23,038	48	3,021	61	27,139	
Provided during the year	0	693	0	1,899	6	280	33	2,910	
Disposals	0	(26)	0	0	0	0	0	(26)	
<b>Accumulated depreciation at 31 March 2015</b>	<b>0</b>	<b>1,640</b>	<b>0</b>	<b>24,937</b>	<b>53</b>	<b>3,301</b>	<b>93</b>	<b>30,024</b>	
<b>Net book value at 31 March 2014</b>	<b>464</b>	<b>31,225</b>	<b>0</b>	<b>9,015</b>	<b>0</b>	<b>723</b>	<b>186</b>	<b>41,614</b>	
Purchased	0	102	0	0	0	0	0	102	
Finance Lease	0	2,485	0	2,446	14	0	0	4,944	
Donated	0	0	0	0	0	0	0	0	
<b>Total at 31 March 2014</b>	<b>464</b>	<b>33,813</b>	<b>0</b>	<b>11,461</b>	<b>14</b>	<b>723</b>	<b>186</b>	<b>46,661</b>	
<b>Net book value at 31 March 2015</b>	<b>350</b>	<b>31,516</b>	<b>157</b>	<b>11,613</b>	<b>0</b>	<b>4,222</b>	<b>154</b>	<b>48,012</b>	
Purchased	0	2,544	0	2,086	20	0	0	4,650	
Donated	0	0	0	0	0	0	0	0	
<b>Total at 31 March 2015</b>	<b>350</b>	<b>34,060</b>	<b>157</b>	<b>13,699</b>	<b>20</b>	<b>4,222</b>	<b>154</b>	<b>52,662</b>	

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7.2 Property, plant and equipment 2013/14

	Group / Trust							TOTAL
	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	
	£000	£000	£000	£000	£000	£000	£000	£000
Cost / valuation at 1 April 2013	464	33,019	93	31,215	61	3,351	247	68,450
Additions – purchased	0	1,755	0	3,282	0	313	0	5,350
Reclassifications	0	11	(93)	3	0	79	0	(0)
<b>Cost / valuation at 31 March 2014</b>	<b>464</b>	<b>34,785</b>	<b>0</b>	<b>34,499</b>	<b>61</b>	<b>3,744</b>	<b>247</b>	<b>73,800</b>
Accumulated depreciation at 1 April 2013	0	0	0	21,213	36	2,872	28	24,149
Provided during the year	0	602	0	1,825	12	149	33	2,620
Impairments	0	370	0	0	0	0	0	370
<b>Accumulated depreciation at 31 March 2014</b>	<b>0</b>	<b>972</b>	<b>0</b>	<b>23,038</b>	<b>48</b>	<b>3,021</b>	<b>61</b>	<b>27,139</b>
<b>Net book value at 31 March 2013</b>								
Purchased	464	30,356	93	7,194	0	479	219	38,805
Finance Lease	0	128	0	0	0	0	0	128
Donated	0	2,535	0	2,808	25	0	0	5,368
<b>Total at 31 March 2013</b>	<b>464</b>	<b>33,019</b>	<b>93</b>	<b>10,002</b>	<b>25</b>	<b>479</b>	<b>219</b>	<b>44,301</b>
<b>Net book value at 31 March 2014</b>								
Purchased	464	31,225	0	9,015	0	723	186	41,614
Finance Lease	0	102	0	0	0	0	0	102
Donated	0	2,485	0	2,446	14	0	0	4,944
<b>Total at 31 March 2014</b>	<b>464</b>	<b>33,813</b>	<b>0</b>	<b>11,461</b>	<b>14</b>	<b>723</b>	<b>186</b>	<b>46,661</b>

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**7.3 Assets for commissioner requested services**

All assets on the fixed asset register are used for commissioner requested services.

**7.4 Economic life of Property, Plant and equipment**

	Minimum Years	Maximum Years
Land	Infinite	Infinite
Buildings excluding dwellings	5	85
Assets under Construction	0	0
Plant & Machinery	1	15
Transport Equipment	1	7
Information Technology	3	4
Furniture & Fittings	3	10

There have been no significant changes in useful lives or estimation methods from the previous period.

**7.5 Property Valuations:**

A full site valuation of all the Trust's property as at 31 March 2015 was undertaken between January and April 2015 by a professional valuer, DTZ, on the Modern Equivalent Asset basis. The final report was issued on 2 April 2015. Further details of the valuation approach are included under note 1.5 (Accounting policies).

**8. Investments in associates**

	<b>Group / Trust</b>	
	<b>Investments</b>	<b>Investments</b>
	<b>in</b>	<b>in</b>
	<b>associates</b>	<b>associates</b>
	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 01 April</b>	<b>323</b>	550
Share of profit/(loss)	<b>(78)</b>	(227)
<b>Carrying value at 31 March</b>	<b>245</b>	<b>323</b>

The Trust has in partnership with Mater Private, established a limited liability partnership, The Clatterbridge Clinic LLP, to provide a service for private patients. The Trust owns 49% of the partnership and therefore from an accounting perspective does not have dominant influence over the clinic and it is not considered a subsidiary company.

**9.1 Inventories**

	<b>Group</b>		<b>Trust</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2015</b>	2014	<b>2015</b>	2014
	<b>£000</b>	£000	<b>£000</b>	£000
Drugs	<b>1,259</b>	1,293	<b>832</b>	876
<b>Total</b>	<b>1,259</b>	1,293	<b>832</b>	876

**9.2 Inventories recognised in expenses**

The value of inventories recognised in expenses was £29.037m (2013-14 £27.805m).

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**10.1 Trade and other receivables**

	<b>Group</b>		<b>Trust</b>	
	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
NHS Receivables - Revenue	1,281	1,418	1,271	1,418
Other receivables with related parties - Revenue	353	361	2,856	361
Provision for impaired receivables	(208)	(322)	(208)	(322)
Prepayments	1,577	1,573	1,577	1,572
Accrued income	1,639	1,388	1,646	1,388
VAT receivable	1,012	476	229	228
Other receivables - Revenue	862	619	862	793
NHS Charitable funds: Trade and other receivables	77	131	0	0
<b>Total current trade and other receivables</b>	<b>6,592</b>	<b>5,643</b>	<b>8,233</b>	<b>5,437</b>

**10.2 Provision for impairment of receivables**

	<b>Group / Trust</b>	
	<b>2014/15 £000</b>	<b>2013/14 £000</b>
<b>Balance at 1 April</b>	<b>322</b>	<b>118</b>
Increase in provision	192	321
Amounts utilised	0	0
Unused amounts reversed	(306)	(116)
<b>Balance at 31 March</b>	<b>208</b>	<b>322</b>

**10.3 Analysis of impaired receivables**

	<b>Group / Trust</b>	
	<b>2014/15 £000</b>	<b>2013/14 £000</b>
<b>Ageing of impaired receivables</b>		
0 - 30 days	0	0
30 - 60 Days	0	0
60 - 90 days	0	72
90 - 180 days	84	126
over 180 days	124	124
<b>Total</b>	<b>208</b>	<b>322</b>

**Ageing of non-impaired receivables**

0 - 30 days	1,793	1,948
30 - 60 Days	297	227
60 - 90 days	68	0
90 - 180 days	154	22
over 180 days	52	20
<b>Total</b>	<b>2,365</b>	<b>2,217</b>



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**11. Trade and other payables**

	<b>Group</b>		<b>Trust</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2015</b>	2014	<b>2015</b>	2014
	<b>£000</b>	£000	<b>£000</b>	£000
Receipts in advance	2,250	1,453	2,250	1,453
NHS payables - revenue	3,183	2,208	3,173	2,208
Amounts due to other related parties - revenue	973	0	1,031	0
Other trade payables - capital	2,637	427	2,637	427
Other trade payables - revenue	334	1,536	334	1,246
Social Security costs payable	352	338	347	336
Other taxes payable	366	425	366	365
Other payables	3,335	3,095	3,335	3,139
Accruals	4,944	910	4,863	625
NHS Charitable funds: Trade and other payables	118	5	0	0
<b>Total current trade and other payables</b>	<b>18,493</b>	<b>10,397</b>	<b>18,334</b>	<b>9,799</b>

**12. Other liabilities**

	<b>CURRENT</b>		<b>NON-CURRENT</b>	
	<b>Group / Trust</b>		<b>Group / Trust</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2015</b>	2014	<b>2015</b>	2014
	<b>£000</b>	£000	<b>£000</b>	£000
Other deferred income	7,672	3,155	40,630	32,554
<b>Total</b>	<b>7,672</b>	<b>3,155</b>	<b>40,630</b>	<b>32,554</b>

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 majority of the remaining balance relates to earmarked funding to contribute to the project management and capital costs of the proposed "Transforming Cancer Care" project, totalling £46.395m split between current and non current.

**13. Borrowings**

	<b>CURRENT</b>		<b>NON-CURRENT</b>	
	<b>Group / Trust</b>		<b>Group / Trust</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2015</b>	2014	<b>2015</b>	2014
	<b>£000</b>	£000	<b>£000</b>	£000
Loans from Foundation Trust				
Financing Facility	250	250	3,500	3,750
Obligations under finance leases	0	63	0	6
<b>Total</b>	<b>250</b>	<b>313</b>	<b>3,500</b>	<b>3,756</b>

On 1st March 2010, the Trust took out a loan in the sum of £5 million from the Department of Health Foundation Trust Financing Facility for the specific purpose of funding expenditure on the new radiotherapy treatment centre at Aintree which became operational in February 2011.

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**15. Finance lease obligations**

	<b>Group / Trust</b>	
	<b>31 March</b>	<b>31 March</b>
	<b>2015</b>	<b>2014</b>
	<b>£000</b>	<b>£000</b>
Gross lease obligations	0	124
of which liabilities are due:-		
- Not later than one year	0	118
- later than one year and not later than 5 years	0	6
- later than 5 years	0	0
Finance charges allocated to future periods	0	(56)
	<u>0</u>	<u>69</u>
Net lease liabilities	0	69
- Not later than one year	0	63
- later than one year and not later than 5 years	0	6
- later than 5 years	0	0
	<u>0</u>	<u>69</u>

These finance leases relate to the hire of modular buildings on the Wirral site. They were reclassified from finance leases to operating leases in 2014/15.

**16. Provisions for liabilities and charges**

	<b>Trust / Group</b>	
	<b>31 March</b>	<b>31 March</b>
	<b>2015</b>	<b>2014</b>
	<b>£000</b>	<b>£000</b>
Legal claims	0	0
Other ***	2	517
<b>Total current provisions</b>	<u>2</u>	<u>517</u>

	<b>Trust / Group</b>		
	<b>2014/15</b>		
	<b>Other</b>	<b>Other</b>	<b>Total</b>
	<b>Legal</b>		
	<b>claims</b>		
	<b>£000</b>	<b>£000</b>	<b>£000</b>
At start of period	0	517	517
Arising during the year	0	2	2
Utilised during the year	0	(87)	(87)
Reversed unused	0	(429)	(429)
<b>At end of period</b>	<u>0</u>	<u>2</u>	<u>2</u>

**Expected timing of cashflows:**

Within 1 year	0	2	2
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Legal claims consist of amounts due as a result of third party and employee liability claims. The values are based on information provided by the NHS Litigation Authority. The Clatterbridge Cancer Centre NHS Foundation Trust is a member of the the NHS Litigation Authority (NHSLA) clinical negligence scheme. All clinical negligence claims are therefore recognised in the accounts of the NHSLA, consequently the Trust will have no provision for such claims. The NHSLA is carrying provisions as at 31st March 2015 in relation to CNST of £327k (2013/14 £125k).

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**17.1 Revaluation Reserve**

	<b>Group / Trust</b>	
	<b>2014/15</b>	2013/14
	<b>Property, Plant &amp; Equipment £000</b>	Property, Plant & Equipment £000
<b>Revaluation reserve at 1 April</b>	<b>4,005</b>	4,180
Impairments	(765)	0
Revaluations	826	0
Transfers to other reserves	(138)	(175)
Asset disposals	(32)	0
Other reserve movements	0	0
<b>Revaluation reserve at 31 March</b>	<b>3,896</b>	<b>4,005</b>

**17.2 Charitable Funds Reserve**

	<b>Group</b>	
	<b>31 March 2015 £000</b>	31 March 2014 £000
Restricted Funds	183	189
Unrestricted Funds	2,960	2,276
	<b>3,143</b>	<b>2,465</b>

The restricted funds have arisen as they are donations which the donor has specified the income to be used for a particular purpose.

**18. Cash and cash equivalents**

	<b>Group 2014/15 £000</b>	<b>Trust 2014/15 £000</b>
Balance at 1 April	63,709	62,110
Net change in year	21,430	18,431
<b>Balance at 31 March</b>	<b>85,139</b>	<b>80,541</b>
<b>Broken down into:</b>		
Commercial banks and cash in hand	2,519	2
Cash with Government Banking Service	32,620	30,539
Deposits with the National Loan Fund	50,000	50,000
<b>Cash and cash equivalents as in statement of cash flows</b>	<b>85,139</b>	<b>80,541</b>

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**19. Related Party Transactions**

The Clatterbridge Cancer Centre NHS Foundation Trust is a public interest body authorised by Monitor, the Independent regulator for NHS Foundation Trusts.

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 Clatterbridge Cancer Centre NHS Foundation Trust.

The Register of Interests for the Board of Governors for 2014/15 has been compiled in accordance with the requirements of the Constitution of The Clatterbridge Cancer Centre NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year The Clatterbridge Cancer Centre NHS Foundation Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue & Customs, Health Commission Wales (on behalf of the Welsh Assembly) and National Service Division (on behalf of the Scottish Government).

The Trust has also received revenue payments from the Trusts charitable funds. The Foundation Trust Board is the Corporate Trustee of the Charity.

**Related party transactions:**

	Trust			
	2014/15		2013/14	
	Revenue £000	Expenditure £000	Revenue £000	Expenditure £000
Department of Health	50	0	632	0
Other NHS Bodies	93,393	10,743	89,022	13,424
Charitable Funds	329	0	326	0
Subsidiaries / Associates	490	12,363	37	2,175
<b>Total value of transactions with related parties</b>	<b>94,262</b>	<b>23,106</b>	<b>90,017</b>	<b>15,600</b>

	Trust			
	31 March 2015		31 March 2014	
	Assets £000	Liabilities £000	Assets £000	Liabilities £000
Department of Health	0	0	182	4,042
Other NHS Bodies	3,523	53,468	2,342	35,981
Charitable Funds	0	0	136	0
Subsidiaries / Associates	2,764	1,031	354	468
<b>Total balances with related parties</b>	<b>6,287</b>	<b>54,499</b>	<b>3,015</b>	<b>40,492</b>

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**20.1 Financial assets by category**

Assets	Group Trust Loans and Receivables		Group Trust Available for Sale		Group Trust Total	
	£000	£000	£000	£000	£000	£000
Receivables excluding non financial assets	6,434	6,501	0	0	6,434	6,501
Other Investments	245	245	1,103	0	1,348	245
Cash and cash equivalents	83,058	80,541	0	0	83,058	80,541
NHS Charitable funds: financial assets	3,261	0	0	0	3,261	0
<b>Total at 31 March 2015</b>	<b>92,998</b>	<b>87,287</b>	<b>1,103</b>	<b>0</b>	<b>94,101</b>	<b>87,287</b>
Receivables excluding non financial assets	3,463	3,637	0	0	3,463	3,637
Other Investments	323	323	1,050	0	1,373	323
Cash and cash equivalents	63,709	62,110	0	0	63,709	62,110
NHS Charitable funds: financial assets	131	0	0	0	131	0
<b>Total at 31 March 2014</b>	<b>67,626</b>	<b>66,070</b>	<b>1,050</b>	<b>0</b>	<b>68,676</b>	<b>66,070</b>

**20.2 Financial liabilities by category**

Liabilities	Group Trust Other Financial Liabilities	
	£000	£000
Borrowings excluding finance leases	3,750	3,750
Obligations under finance leases	0	0
Payables excluding non financial assets	15,416	15,371
Other financial liabilities	2	2
NHS Charitable funds: financial liabilities	118	0
<b>Total at 31 March 2015</b>	<b>19,286</b>	<b>19,124</b>
Borrowings excluding finance leases	4,000	4,000
Obligations under finance leases	69	69
Payables excluding non financial assets	8,176	7,645
Other financial liabilities	517	517
NHS Charitable funds: financial liabilities	5	0
<b>Total at 31 March 2014</b>	<b>12,766</b>	<b>12,230</b>

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**20.3 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.

There has been no impairment of financial assets, other than bad debt expense shown in note 10.2.

Other investments all relate to the Charity.

	<b>Group</b>			
	<b>31 March 2015</b>		<b>31 March 2014</b>	
	<b>Book value £000</b>	<b>Fair value £000</b>	<b>Book value £000</b>	<b>Fair value £000</b>
<b>Fair value of financial assets</b>				
Other Investments	1,103	1,103	1,050	1,050
<b>Total</b>	<b>1,103</b>	<b>1,103</b>	<b>1,050</b>	<b>1,050</b>

	<b>Group / Trust</b>			
	<b>31 March 2015</b>		<b>31 March 2014</b>	
	<b>Book value £000</b>	<b>Fair value £000</b>	<b>Book value £000</b>	<b>Fair value £000</b>
<b>Fair value of financial liabilities</b>				
Loans	3,500	3,500	3,750	3,750
<b>Total</b>	<b>3,500</b>	<b>3,500</b>	<b>3,750</b>	<b>3,750</b>

**21. Losses and Special Payments**

	<b>Group / Trust</b>			
	<b>2014/15</b>		<b>2013/14</b>	
	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>
Losses of cash due to:				
overpayment of salaries etc.	2	16	0	0
other causes	1	3	0	0
Bad debts and claims abandoned in relation to:				
other	1	1	3	1
Damage to buildings, property etc. due to:				
stores losses	1	4	1	10
<b>Total losses</b>	<b>5</b>	<b>24</b>	<b>4</b>	<b>11</b>

The Trusts losses and special payments are on an accruals basis and do not include any provisions for future losses.

## **22. Financial Instruments**

IFRS 7, IAS 32 and 39, 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 39 debtors and creditors that are due to mature or become payable within 12 months from the balance sheet date have been omitted from all disclosures other than the currency profile.

### **Liquidity risk**

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

For 2014/15, the Trust has negotiated a three year block contract with its main commissioner for activity delivered. The Trust receives cash each month on the agreed level of the contract value. This has allowed the Trust to minimise the risk to its main source of income.

The Trust presently finances most of its capital expenditure from internally generated funds. In 2009/10 the Trust borrowed £5 million from the Department of Health Financing Facility specifically to finance part of the construction of the new Radiotherapy Centre at Aintree.

There has 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 £5 million loan from the Department of Health Financing Facility has been taken on a fixed rate basis to avoid any risk from interest rate fluctuations. The Clatterbridge Cancer Centre NHS Foundation Trust is not, therefore, exposed to significant interest rate risk. Notes 24.1 and 24.2 show the interest rate profiles of the Trust's financial assets and liabilities.

### **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 this note is not applicable to the Trust.

There is no material monetary impact on the financial statements from any of the risks.

**23. Auditors Liability**

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

**24. Third Party Assets**

The Trust did not hold any money on behalf of patients in either 2014/15 or 2013/14.

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.

**25. Retirement benefits**

Clatterbridge Cancer Centre NHS foundation trust is a member of a defined benefit scheme.

**26. Events after reporting period.**

There are no post balance sheet events.

**27. Contingent Assets and Liabilities**

There are no contingent assets or liabilities.

**28. Going concern**

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





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The Clatterbridge Cancer Centre  
NHS Foundation Trust  
Clatterbridge Road  
Bebington, Wirral  
CH63 4JY

Telephone. 0151 334 1155  
[www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)

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