

Annual Report & Accounts

From 1st April 2015 to 31st March 2016

To provide the best cancer care to the people we serve



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Introduction

Welcome

It is my great pleasure to welcome you to our Annual Report & Accounts for 2015/16. As one of the UK's leading cancer centres, delivering expert, compassionate and highly-specialist care to people in Merseyside, Cheshire and beyond, our driving purpose is to continuously improve the outcomes for our patients.

These are tremendously exciting times as we implement our Transforming Cancer Care programme. This includes developing a major new specialist hospital in Liverpool, expanding and enhancing our services, providing treatment closer to or even in patients' own homes and closer integration with others involved in a patient's care.

People in our region are more likely to develop cancer than almost anywhere else in England. They deserve the very best cancer treatment – from their initial diagnosis right through to the tertiary care we provide and beyond. As the region's specialist cancer centre, we work in collaboration with GPs, community health, secondary care, other specialist trusts, commissioners, social care, research facilities, universities and other important partners to ensure that the region delivers leading-edge treatment.

Since joining The Clatterbridge Cancer Centre in August 2015, I have been meeting patients and seeing just how our committed staff provide great services and care. I've listened to their ideas for the future and am confident that our expansion and transformation programme is not only innovative but means that we are making a once-in-a-generation step towards providing even better cancer care to the people we serve – for years to come.



Wendy Williams
Chair

Performance Report

Overview of Performance

Chief Executive Statement

The year in review (2015/16) was one in which we made great progress with our plans for Transforming Cancer Care across Merseyside and Cheshire while maintaining our strong performance on day-to-day operations, quality of care and delivering value for money. We also welcomed Wendy Williams as our new Chair and look forward to working with her to develop our new cancer hospital in Liverpool and our ambitions beyond.

The past year saw developments including the launch of our new PET-CT imaging suite, enhancing our care and facilities for patients. PET-CT combines the imaging capabilities of PET and CT scans to provide an even more detailed picture of changes in cells. We have refurbished radiotherapy waiting areas, expanded the outpatients waiting area, and remodelled our inpatient wards to increase the number of single rooms, enhancing care for patients who may be vulnerable to, or carrying, infections.

We made major progress with plans for the new hospital in Liverpool. The outline business case was approved in summer 2015 and we held public exhibitions of the detailed designs from 19th October to 13th November to enable people to see and comment on them before we applied for full planning permission. Public feedback was extremely positive and there were some useful suggestions including the importance of artwork and of ensuring patients do not feel lonely in a hospital where every inpatient has their own room.

Liverpool City Council is expected to make its decision on the planning application in spring 2016. This, combined with final approval of the full business case in summer 2016, will then enable us to start construction work on site this autumn, with an expected opening date for the new hospital in autumn 2019.

The new hospital will now provide blood cancer services as well as those for solid tumours following a landmark agreement between the NHS in Liverpool in October 2015. The blood cancer team at The Royal Liverpool and Broadgreen University Hospitals NHS Trust will join us at The Clatterbridge Cancer Centre. It means that for the first time in Liverpool people with blood cancers will have access to the same vital support services as those with solid tumours, and be cared for within an organisation and environment solely focused on treating cancer.

This is a tremendously exciting opportunity, with huge potential to benefit patient care and clinical research. The current separation of blood cancer from solid tumours in Liverpool is increasingly out of step with the rest of England and has created inequalities in access to vital cancer support.

The blood cancer team from The Royal Liverpool and Broadgreen University Hospitals NHS Trust is expected to join us in April 2017. Until the new cancer hospital opens in 2019, services will continue to be provided in their current locations by the

existing staff but from April 2017 would be managed and governed by The Clatterbridge Cancer Centre.

A further step also being considered would involve the blood cancer team at Aintree University Hospital NHS Foundation Trust joining us as well. This would create one single blood cancer service across Liverpool with clinicians joining forces to allow for greater sub-specialisation and give patients better access to the greatest expertise in the more than 200 different types of blood cancer. The proposal is part of the Healthy Liverpool Programme being led by Liverpool CCG.

Our financial performance has remained strong in 2015/16, with a year-end surplus of £6.80m, excluding one-off funding of £49m triggered by approval of the business case for the new cancer hospital in Liverpool. This was higher than the original plan of £6.74m. We achieved our target efficiency savings of £3m.

Our performance on quality has also been good, and we have achieved the vast majority of operating standards relating to us. Similarly, we achieved the majority of our infection prevention and control standards. Although we had three cases of *C difficile*, against a tough maximum of just one, an external review found in two cases there was not a lapse of care so we were not penalised. The percentage of patients receiving harmfree care was above the 95% standard.

In March 2016, we were rated **Good** in the first national ratings on NHS organisations' ability to learn from their mistakes. The National Staff Survey found we were in line with our specialist trust peers on levels of staff engagement, and this is something we are keen to build on further over the next few years.

And as we look to 2016/17 and beyond, it is perhaps the word "transformation" that best sums up our approach to ensuring we continue to deliver the very best cancer care to the people we serve in the face of new opportunities and an ever-changing landscape. In recognition of this, we welcomed Barney Schofield to the Board in November 2015 in the new executive post of Director of Transformation & Innovation. Barney will play a vital role in ensuring we deliver on Transforming Cancer Care and an innovation culture that achieves maximum benefit for people with cancer, both in our region and beyond.

NHS England's Five Year Forward View, published in October 2014, is now being put into action as health economies come together to form Sustainability and Transformation Plans (STPs). As part of the Merseyside and Cheshire STP, we will be working with colleagues to ensure every NHS organisation in the area is achieving the standards for quality of care, timely access to services, and financial balance. Our own performance is strong but we are keen to ensure we maintain and improve on it, as well as contributing to that of the health economy as a whole, and working in partnership with other organisations.

The Independent Cancer Taskforce, commissioned by NHS England to develop a proposed strategy for cancer care in line with the Five Year Forward View, published its recommendations in summer 2015. They include an emphasis on cancer prevention and public health, earlier diagnosis, and supporting people to live well with, and after, cancer. Other recommendations include investing in the equipment,

facilities and services required for high-quality cancer care and looking at how cancer services are commissioned.

Those recommendations that touch on non-surgical oncology and the services that we provide are very much in line with our own plans including the Transforming Cancer Care investment in the new cancer centre in Liverpool and redesign of our Wirral site, the Living With and Beyond Cancer programme we are leading across the region in partnership with Macmillan, and the wider rollout of treatment at home to increase access to high-quality care.

Alongside investment in estates, facilities and equipment, the Transforming Cancer Care programme also includes changes and improvements in the way we work, the services we provide and the IM&T infrastructure and systems that support them.

In May 2016 we will launch the first phase of our new electronic patient record, as part of a programme that will ultimately provide staff with instant access to all the key information they need, any time and wherever they are. It also includes a patient portal giving people with cancer access to key information from their records and about their care.

2016 will also see the launch of a new subsidiary company, wholly owned by the Trust, and focusing on property services. It follows the success of our community pharmacy subsidiary, PharmaC, and will operate in a very similar way, reporting to a board that includes representatives from the Trust and externally. Trading as PropCare, the subsidiary will manage the development of the new hospital in Liverpool, redevelopment of the Wirral site, and will oversee arrangements for day-to-day estates and facilities management including hotel services, car parking and maintenance.

We are setting up a property company now to prepare for a future with buildings and facilities across three sites, and where we will have more complex estates and equipment needs. At the moment, we have a very small estates team in the Trust and rely significantly on other organisations to provide additional services, support and expertise.

In June 2016, we will welcome inspectors from the Care Quality Commission who will assess whether our services meet the five core standards of being safe, effective, caring, responsive to people's needs, and well-led. This will be the first time we will have been inspected under the new framework introduced following the Francis report.

We will also be looking in greater depth at how we should deliver services in future. Our guiding philosophy in this will be providing care even closer to home for our patients, where possible, and delivering even better care centrally where required for more complex and specialist conditions.

We are keen to ensure staff are fully involved in shaping these changes and the 'Get Engaged' event in March 2016 saw more than 50 staff, invited to represent a broad spectrum of roles and work areas across the Trust, come together for a morning to give their views on transformation, change and organisational culture.

Our ambitions for the future will only be realised with hard work, commitment and the ongoing support of our wonderful staff, patients, volunteers, governors, donors and other friends and well wishers. Once again, The Clatterbridge Cancer Charity exceeded expectations in 2015/16 raising £2m, the highest amount raised in a year to date.

This year the Charity will launch the public phase of the New Cancer Hospital Appeal and we know that the people of Merseyside and Cheshire, and our many other benefactors and fundraisers, are already getting behind it and coming up with ingenious ways of raising money for it. Thank you for your support so far, and we look forward to working with more of you this year.

The new cancer hospital, along with services at our existing sites, will benefit people with cancer for generations to come. We are enormously grateful and privileged to be part of an organisation that delivers high-quality care and that is held in such high regard by our many current and former patients, their relatives, and our other friends and supporters. Equally importantly, though, we will continue learning from those occasions when we haven't met our usual standards, and ensure we are continually improving and striving to be even better for the people we serve.

Finally, on behalf of everyone at The Clatterbridge Cancer Centre, I want to pay special tribute to Alan White who retired as Chairman in July 2015 following many years of outstanding service to the Trust. We are enormously grateful to Alan for all he did for the Trust, including leading us to foundation trust status, playing a key role in the development of our radiotherapy centre in Aintree and successfully making the case for the new cancer hospital in Liverpool. Alan will always have a special place here and we all wish him a long and happy retirement.

A handwritten signature in black ink that reads "Andrew Cannell". The signature is written in a cursive, flowing style.

Andrew Cannell
Chief Executive

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 more than 8,000 new patients each year.

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

The Trust's Wirral-based treatment centre is supported by a £17m radiotherapy satellite facility in Aintree, Liverpool and specialist chemotherapy clinics in eight other Merseyside hospitals. Together, this enables the Centre to provide a comprehensive range of radiotherapy (including low-energy proton beam treatments for rare eye

cancers) and chemotherapy treatments in outpatient and inpatient settings across Cheshire and Merseyside. Treatment is also now being provided at home for suitable patients on Herceptin in Chester, Halton, Liverpool and Wirral, with plans to extend the service to across a wider range of drugs and locations in coming years.

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

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

Background Information

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

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

In 2015, the Trust also launched a treatment-at-home service for suitable patients on Herceptin following a successful pilot in Wirral. The service has now been rolled out across Chester, Halton, St Helens and Liverpool and will be extended across a wider range of drugs and locations in coming years. The next phase is expected to benefit patients having intravenous infusion treatments for melanoma in spring 2016.

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

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

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

are linked to a sophisticated computer treatment planning system as well as stereotactic radiotherapy facilities.

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

In 2015, the Trust was the first in the UK to have a Varian Edge linear accelerator treatment machine and it now has two Edge machines. The Edge Linear accelerators are specifically designed to treat smaller tumours and spare immediate surrounding normal organs and tissue. Further treatment machine replacement is underway and by June 2016 the Trust will have a fleet of machines all capable of image-guided radiotherapy using conebeam CT scan facility. The Clatterbridge Cancer Centre now operates one of the largest radiotherapy centres in the North West, delivering more than 95,000 treatments each year.

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

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

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

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

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

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

The new centre, due to open in 2019 subject to planning permission and approval of a full business case in summer 2016, will be located alongside the Royal Liverpool University Hospital, the University of Liverpool and other key research partners. The Trust will continue to operate outpatient cancer care and eye proton therapy in Wirral, outpatient cancer care at Aintree and its chemotherapy clinics across Cheshire and Merseyside. Inpatient services and complex chemotherapy and radiotherapy will move to the new centre.

The project has three key benefits:

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

As part of Transforming Cancer Care, the Trust is also embarking on a wider transformation programme to ensure that, when the new hospital opens in 2019, it delivers the maximum benefit for patients and clinical care. There are four key areas of focus, each of which is interlinked and interdependent with the others:

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

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

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

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

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

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

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

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

Financial Summary

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

Financial Target	Outcome
<ul style="list-style-type: none"> • Planned income & expenditure surplus of £6.74m 	Achieved actual surplus of £56.50m (After exceptional items achieved surplus of £6.80m)
<ul style="list-style-type: none"> • Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) of £10.51m 	Achieved actual EBITDA of £60.20m (After exceptional items achieved EBITDA of 10.50m)
<ul style="list-style-type: none"> • I&E surplus margin of 6.7% 	Achieved margin of 37.0% (After exceptional Items achieved margin of 6.8%)
<ul style="list-style-type: none"> • EBITDA margin of 10.1% 	Achieved margin of 39.3% (After exceptional Items achieved margin of 10.1%)
<ul style="list-style-type: none"> • Overall Financial Risk Rating determined by The independent regulator (Monitor) for: <ul style="list-style-type: none"> ○ Continuity of service (Liquidity ratio) 4 ○ Capital Servicing 4 (Where 4 represents lowest financial risk And 1 highest) ○ I&E margin –rating of 4 ○ Delivery against I&E plan rating of 4 	<ul style="list-style-type: none"> Achieved Financial Risk Rating of 4 Achieved Financial Risk Rating of 4 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 2015/16 approximately 48% 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 2015/16 we agreed a block contract with our main commissioner for the entire year.
- Agreeing local tariffs with commissioners for 52% 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.
- Clinical Income in 2015/16 contained a Non-Recurrent element of £45,695k that related to previously deferred income, and £3,200k of buyout of the block contract

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 2015/16 and the 2016/17 programme has been identified.

The Trusts current and major risks are identified within the Annual Governance Statement, see pages 80-92.

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 2015/16 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 inpatients 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	2015/16 Actual	2015/16 Plan	% Variance	% Growth Forecast 2016/17
Chemotherapy attends	93,339	97,739	-4.5%	5.0%
Radiotherapy attends	98,026	107,315	-8.7%	1.9%
Proton Therapy attends	1,030	831	23.9%	0%
Admitted patient care: spells	2,871	2,972	-3.4%	1%
Admitted patient care: day cases	820	982	-16.5%	1%
Out-patient consultations	110,077	119,500	- 7.9%	1%

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 and 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 £9.92 million in capital expenditure on buildings and replacement of capital equipment in 2015/16. The main schemes were:

- £2.29 million to replace a Linear Accelerator.
- £1.30 million to implement a new electronic patient record system.
- £3.88 million on Transforming Cancer Care project.
- £0.78 million to purchase Aria licenses for Linear Accelerators
- £0.36 million to convert 4 ward bays to single rooms.

The Trust is planning capital expenditure in 2016/17 of £19.4 million. The main schemes will include continued expenditure relating to Transforming Cancer Care and the continuation of the on-going equipment enhancement and replacement

programme. A further £148.9 million of capital expenditure is planned over the following 4 years which will include building of the new cancer centre run by Clatterbridge Cancer Centre in the centre of Liverpool: Transforming Cancer Care. The full business case was approved by the March Board and has been submitted to the Trust's regulators for review.

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 2015/16 £104k has been spent by the Charity in support of the Foundation Trust. The main areas of expenditure were:

- Improving patients welfare - £2k
- Improving staff welfare - £1k
- Research & Development - £101k

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:

The Clatterbridge Cancer Centre Group Accounts	£m
The Clatterbridge Cancer Centre NHS Foundation Trust	56.50
The Clatterbridge Cancer Charity	1.13
The Clatterbridge Pharmacy Limited	(0.036)
Total Group Surplus	57.59

Performance Analysis

Measuring Performance

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

At each Board meeting the Trust Board reviews the Integrated Performance Report which includes a range of indicators including quality, workforce and finance. The 66 indicators used include:

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


Where potential areas of risk are identified bespoke reviews are undertaken, an example of this has been the triangulation of patient safety incidents with mandatory training compliance which was a 'deep dive review' at the Integrated Governance Board Committee.

The Trust receives an annual combined presentation which triangulates the findings of the annual staff and patient surveys.

Developing our Services

Chemotherapy Services

The Chemotherapy Services Directorate provides systemic anti-cancer therapy (SACT), supportive therapies and outpatient services for patients across Cheshire and Merseyside and the Isle of Man. The Directorate 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. Outpatient pharmacy provision- 
- Day Case SACT (including phase 1, 2 and 3 clinical trials) on the main site plus OPD SACT across 8 DGH's.
- Acute Oncology Services across main site and 7 acute trusts.
- Chemotherapy at home, currently being rolled out across Merseyside and Cheshire.
- OPD services at 16 sites across the Merseyside and Cheshire region.

Historic growth across these services is usually around 5% annually. (Based on attends for treatment). However during 2015/16 the number of attends for chemotherapy treatment has grown by only 3.65% and 4.30% for chemotherapy associated treatments. There has been a 9% reduction in OPD attendances. The rationale for the slight underperformance in chemotherapy activity is unclear however a retrospective review of activity growth clearly demonstrates that activity peaks with the introduction of a new treatment and then plateaux's in the following years. This stabilises to a long term average of 5%.

It is anticipated that the introduction of Bisphosphonate Treatment in the adjuvant setting will significantly increase activity levels in the coming years resulting in activity targets being achieved.

We continue to see a significant increase (30%) in the number of patients requiring complex treatments and nurse delivered activity has grown by 10% over the last year (this includes PICC activity and Oral Chemotherapy clinics delivered by the nursing teams).

The reasons for the reduction in OPD attendances is multifactorial, and include the impact of the closure of the Southport Breast Service, implementation of the "Open Access" follow up programme for patients with breast cancer and the discharge of patients on long term follow up across many other tumour specialities.

The introduction of "Nurse Delivered on Treatment Review" Clinics during 2016-17 will improve OPD activity and improve the patient experience by reducing cancelled treatments on the day and improve waiting times for treatment.

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. The introduction of the chemotherapy at home service has further enhanced the local 'where possible model' and will continue to be rolled out during 2016- 2017.

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: CanTreat 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.

Developments in 2015/2016

- The Trust is nationally recognised as a leader for the delivery of Acute Oncology Services and has developed a service specification that will be implemented at a national level. The specification outlines the essential components needed to deliver a comprehensive Acute Oncology Service and has gained the full support of the Executive Team.
- Phase 1 and 2 of the Chemotherapy at Home project has been rolled out across the network. Phase 3 will be implemented in Q1 2016. This service has received outstanding feedback for our patients.
- The number of Non-Medical Prescribers has increased and has had a huge impact on the number of occasions where a patient's treatment had not been prescribed at 48hrs pre-treatment.
- The role of the Advance Chemotherapy Practitioner is now shared by 3 senior Chemotherapy Nurses within Delamere, reducing the number of calls to the on call medical team.
- PharmaC has over delivered on plan and has been instrumental in the successful delivery of the Chemotherapy at Home project. The company has also supported the Directorate with medicine reconciliation at weekends.
- New ANP posts have been successfully implemented and developed in Breast Services at two major sites. These roles have improved continuity of care and improved standards across the network, particularly for patients with metastatic disease.
- Service improvement work on Delamere, that includes a new scheduling rules and a rapid chair for short treatments, has improved patient waiting times. Delamere ward has consistently exceeded the 30 minute wait target since August 2015. The idea of a Rapid Chair is now being rolled out across all satellite clinics.
- The Chemotherapy Directorate consistently exceeds all CWT targets.
- Capital building work to expand the Wirral site OPD is now complete. This will have a positive impact on OPD waiting times in 2016-17.

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 a range of services, these are CT, PET/CT, MR, Nuclear Medicine (gamma camera), X-ray and ultrasound. The PET/CT service is largely provided by a sub-contractor to Alliance Medical Limited and is part of the national PET/CT contract. In addition the Imaging Department provides PET/CT for radiotherapy planning. It also provides some molecular radiotherapy in the form of Radium 223 for metastatic prostate cancers.

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 7 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 Aintree: CCCA) 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 CCCA is such that there are a limited number of anatomical sites treated.

The Stereotactic Radiotherapy Service (SRS) operates from CCCA 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.

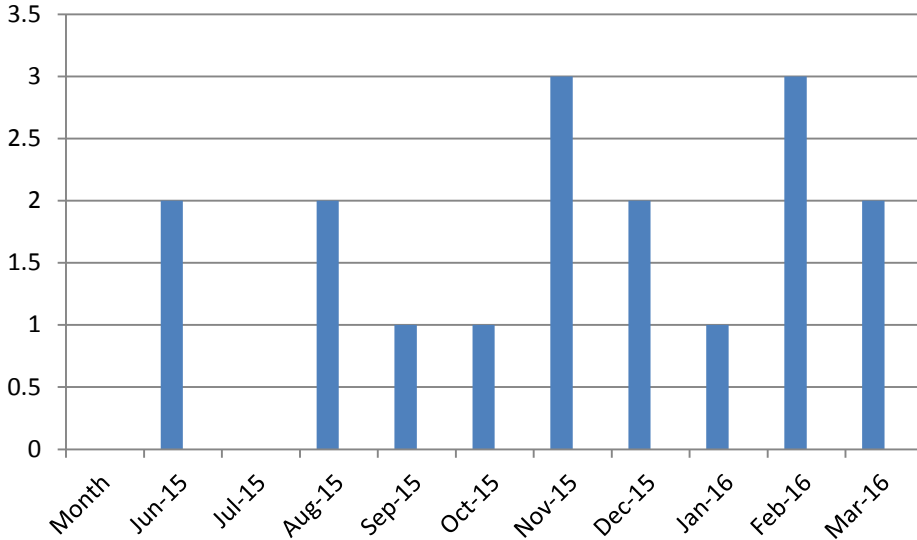
Developments in 2015/16

Radiotherapy

- Installation and commissioning of a further Varian Edge linear accelerator (Linac) as a replacement for one of the linear accelerators. The Trust has an on-going linac replacement programme to ensure that the equipment portfolio remains technically current.
- A replacement High Dose Rate (HDR) brachytherapy unit has been delivered and is in the process of being commissioned. This will replace the existing brachytherapy equipment in April 2016.
- Securing a contract with NHS England to provide Stereotactic Ablative Radiotherapy (SABR) Commissioning through Evaluation (CTE) to patients with

solitary metastatic disease. This is a new national service and the Trust is one of only 17 providing the service in England.

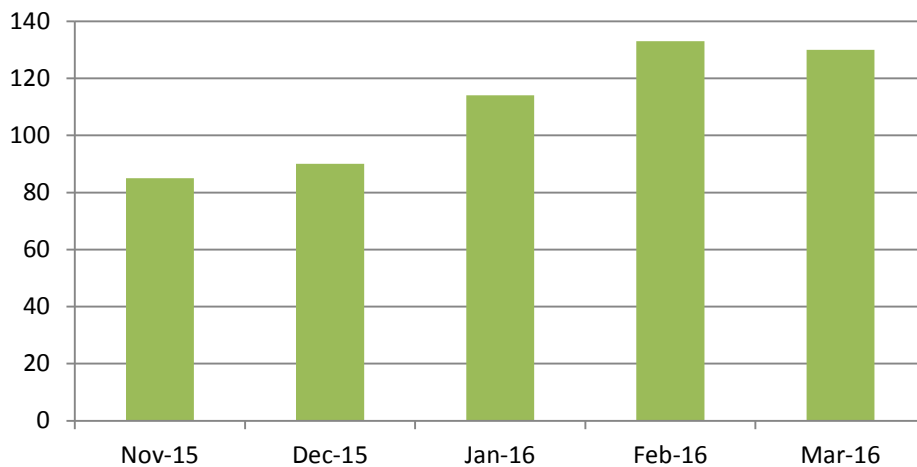
- SABR CTE started mid June 2015. The following graph shows the numbers of patients treated to the end of March 2016 via that programme.



Imaging

- Provision of PET/CT scans from 1st November 2015 as part of the national PET/CT contract. In addition, from the same date, the Trust has been providing PET/CT scans for radiotherapy planning which is a service that has been offered previously but required patients to have their scan at the Royal Liverpool Hospital.
- The PET/CT service has increased in the five months since the clinical start of the service and further growth is predicted in the future.

PET/CT Activity Nov 15-Mar 16



- Installation of a new ultrasound machine to broaden the technical capabilities of the ultrasound service.

Proton Service

- During 2015/16 the proton numbers exceeded plan with 172 courses of treatment delivered.
- 9 patients were from outside of the UK. The proton service has utilised 3 additional treatment cohorts during the year to manage waiting times for patients. The service continues to attract excellent patient feedback.

Integrated Care

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

Inpatients and admissions

The inpatient department comprises of 3 inpatient wards totalling 73 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 inpatient unit and outreach into peripheral services and the community.

Support Services

The specialist support services for our patients are within the Cancer Rehabilitation and Support Team. They consist of a wide range of professionals 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 inpatients and outpatients, 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 coordinates 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 in 2015/2016

- 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 outpatient where appropriate, to minimise the effect of cancer on the individual and their families.
- Implementation of daily triage clinic, to manage patient toxicities that require prompt assessment and intervention that are not an emergency.

- Older persons project to develop an electronic screening questionnaire for patients 65 or older at risk of frailty syndromes, and pathways for management after identification of those at risk. Aim to improve proportion of patients able to complete radical treatment and maintain independence, plus reduce length of stay when admission is required, as issues will have been highlighted early in patient journey.
- Developing 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 CMLWEG Funding to support the following projects:
 - Right person, Right place, Right time – An innovative Colorectal Cancer Advanced Nurse Practitioner role.
 - Introduction, development and evaluation of nurse led telemedicine video consultation as a potential replacement for outpatient clinic visits
 - Developing the role of a Band 4 Care Navigator to work across the Skin Cancer Site Reference Group (SRG) and Urology SRG
- 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.

Research and Innovation

CCC is committed to providing the best cancer care to the people that we serve. A vibrant and dynamic portfolio of research is key to achieving this goal. This enables patients to access the newest and most novel anti-cancer agents; having research focused Clinicians who are opinion leaders in disease areas to shape the research agenda and to have evidence based care at the heart of what we do brings substantial patient benefit and will hopefully increase positive outcomes. We have developed clear strategies to inform the direction of travel to assure compliance with NIHR High Level Objectives and to align CCC's research agenda with medium to long term goals and the Transforming Cancer Care Programme. The new Cancer Centre in Liverpool will enable us to strengthen research collaborations with Academia and Partner Trusts whilst also allowing new collaborations to blossom. CCC remains dedicated to securing its reputation as an international centre for excellence in research.

Developments in 2015/2016

Continuing the development of academic oncology

The Trust continues to recognise the importance of academic oncology to further facilitate CCC's aim to foster Clinician-led research and research development at the Trust. We now have five chairs (four in medical oncology and one in radiation oncology) and four senior lecturers (three in medical oncology and one in radiation oncology) with a planned further appointment. The Academic Board oversees the development of the academic oncology unit; a strategy has been developed for each of the focus areas to facilitate delivery:

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

We are continuing to develop our portfolio of CCC Clinician-led studies. A new multi-centre study in pancreatic cancer opened to join three CCC Sponsored studies in different disease areas already recruiting participants; we have a further three studies still in development and one due to open to recruitment shortly. The studies have been developed and secured *via* open competitive research calls from UK charities and in collaboration with pharma. These studies, successfully delivered form a core part of CCC's continuing development and commitment to building reputation in research as a mainstay of Trust activity.

The CCC Physics group continue to maintain their reputation for leadership in research particularly with radiobiological modelling and radiation dosimetry applicable to clinical radiotherapy and radiobiology of proton-beam therapy. This year, the group continued to publish their research in internationally recognised journals and presented their work at both national and international conferences, ensuring that CCC maintained presence and reputation in the fields. The CCC international course on Radiobiology and Radiobiological Modelling was again delivered successfully. Members of the team continued to provide expert scientific support to national clinical trials and for those studies where CCC Clinicians are acting as Chief Investigators for national studies.

The Clatterbridge Cancer Charity has sustained its valuable support for the development of early/ novel research led by our CCC Clinicians. A total of £50 000 was used to support a range of excellent innovative studies with patient benefit at the forefront of research thinking. Studies into Childhood Cancer Survivorship, the uses of cutting edge sensor technology to detect tumour cells and research into state of the art imaging analysis for tumour measurement were supported this year. This reflects both the commitment of our CCC clinicians and the Charity and demonstrates the diversity of research within the Trust.

The CCC Biobank opened this year. The Biobank stores plasma, serum, cellular material and urine donated by CCC patients and will also store plasma, serum and cellular material from volunteers to provide age-matched controls. The Biobank is a key strategic element in the enablement of CCC-led translational research facilitating research into the molecular mechanisms of cancer, biomarker discovery for detection and prognosis and the stratified medicine agenda. The theme for CCC is collaboration and the Biobank will be another area in which serious national and international collaborations will be fostered.

Clinical Trials

The Trust continues to maintain its commitment to meeting the NIHR High Level objectives for participation into clinical trials. We have an ongoing target to recruit 100 participants per quarter. The Trust recruitment of participants to studies to time and target has maintained at 81% against a national target of 80% showing our commitment to quality delivery of research studies. CCC has continued to enhance its reputation for study delivery becoming embedded as a 'GoTo' Trust for elite pharma companies. We have increased the portfolio of commercial studies year on year (from 28% in 14/15 to 39% for 15/16 at Q3) resulting in an income which supports the research team and enables infrastructure. Furthermore, we have increased our delivery of early phase studies year on year, enabling our patients to access treatments that would be otherwise unavailable (from 46% to 51% of studies).

Governance arrangements

A robust research governance strategy is in place to underpin and provide oversight of research undertaken at CCC to assure compliance with legislation and patient safety and wellbeing. The Trust research governance processes are continually reviewed and refined, the fully electronic NHS Permissions process using a CCC-modified Edge system provides a strong governance platform. The system is also flexible and CCC will be able to embrace the new HRA NHS Permissions system with little disruption. We continue to endeavour to reduce the time taken to set up research studies to enable maximum impact of novel studies to clinic.

Therefore in the coming year we aim to continue to build on the successes of the previous year and continue to develop our governance arrangements and research portfolio to provide a tangible patient benefit.

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 2015/16.

All Clinical Education activity is available for CCC staff and those working in other organisations regionally and nationally. Key achievements for the department include the provision of a range of professional development and education opportunities for CCC staff and external participants which have been consistently well evaluated. A new addition to programmes offered includes the PG Certificate in Cancer Care in collaboration with the University of Chester which was offered for the first time in September 2015. A total of 331 places (164 from CCC) on 23 courses/study days have been taken up during the year. The majority of courses are free for CCC staff and the remainder are charged at a reduced rate.

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.
- Pre-registration Radiotherapy Students: the Trust supports students studying towards the BSc in Radiotherapy or PgDip in Radiotherapy and Oncology at the University of Liverpool. Students are supported in practice placement by two Clinical Tutors and a network of mentors and assessors at CCC mainsite and the radiotherapy satellite.
- 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.

Developments in 2015/2016

- The Trust has entered into an agreement with the University of Liverpool to take undergraduate medical students. During academic year 2015/16, third year students are attending CCC on an elective basis; all fourth year medical students 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 2016 course took place in March and was fully subscribed.

Environmental Matters

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

A number of initiatives have been delivered during 2015/16, which meets with the Trusts expectations, as detailed in the Sustainable Development Action Plan. The plan is in its final year and will be further developed during 2016/17.

As plans develop for the Transforming Cancer Care project, it is becoming clearer as to what services and building stock will be required at the Clatterbridge and Aintree sites. An energy management policy will be developed during 2016/17 that will allow for all future targets to be met and will align with other Trust strategies i.e. Food and Drink Strategy.

2016/17 will also see the formation of the Trust Sustainability Committee.

Initiatives that have been delivered during 2015/16 include:

- Wirral University Hospital Trust (WUTH) has built a new Energy Centre comprising a combined heat and power unit (CHP) and three new boilers. The CHP plant now produces its own electricity through a gas turbine, negating the need to buy the majority of electricity from the national grid. The Trust has taken advantage of the reduced cost for using the waste heat from the above process, to heat hot water to approximately 50% of the Trust. This should show a minimum saving of £20k in its first year. Further opportunities to take more supply from WUTH will be investigated in 2016.17. This will be able to supply the remainder of the hot water system and the Trust heating system.
- The Trust's energy efficiency drive completed approximately 70% of its replacement of inefficient light fittings, replacing with energy efficient LED lighting. Intelligent passive control has been fitted to lighting in all corridor and communal spaces that will automatically turn off lights when that area is unoccupied.

- The promotion of the use of public transport and a Cycle2Work Scheme for staff have encouraged staff to switch from using cars to travel to and from work. Bicycle use has increased considerably during 2015/16.
- The final phase for replacement of aged pipework insulation is now complete. This has resulted in more comfortable and controllable temperatures in certain areas within the Trust. The 'Spend to Save' scheme has a full pay back period of two years.
- Monitoring of major treatment machine energy usage is complete and results will be analysed to inform future service change. An energy cost per hour will be developed, to allow for better operational costing of service changes, and better management of energy, through the current service level agreement.
- Further improvement has been made to the Trust Building and Energy, Management System (BEMS). All areas refurbished during 2015/16, are now controlled centrally on the BEMS. This allows for better temperature control within those areas, and also includes leak detection of water systems throughout the trust.

Health and Wellbeing

Following the appointment of a corporate Health and Wellbeing and Equality and Diversity Business Partner, the Trust has recently agreed a corporate Health and Wellbeing action plan that supports the Trusts Workforce and Organisational Development Strategy. The key focus of the Health and Wellbeing Action plan is to ensure we as a Trust 'provide a workplace where our staff feel supported, healthy, valued and committed to giving their best' through the creation, development and embedding of a Health and Wellbeing plan focusing on promoting the wellbeing of employees in line with the Trusts' values and behaviours ensuring a focus on change management and its impacts.

Our Health and Wellbeing Action plan Health ensures the delivery of this by focusing on the following objectives over the next 5 years:-

- Prevention of illness and promotion of wellbeing through the Health and Wellbeing '5 Pillars' which are healthy eating, environment, mental wellbeing, lifestyle choices and physical exercise.
- Early intervention for those who develop a health condition, physically or mentally.
- Ability for staff to access comprehensive Occupational Health Services which focuses on the promotion of wellbeing and prevention of ill health .
- Promote health and wellbeing through Trust management policies, support services, information networks and health promotions, including alcohol awareness, diet, exercise, self-management and by liaising with external agencies.

- Prevent, so far as is practicable, those circumstances detrimental to mental health and wellbeing i.e. stress, bullying and harassment etc.

In addition to the new Business Partner role funding has also been put into the role of the Trade Union Chair who will also work in partnership with the Health and Wellbeing Business Partner to deliver the Wellbeing Action Plan for the benefit of employee wellbeing which in turn positively impacts patient care through the services we provide.

Key actions for the first 12 months under the 5 strands include:-

Mental Health

Provide awareness training for managers in a 'Mentally Healthy Workforce' and 'Mindfulness' to ensure managers understand their role in the improvement of mental health and wellbeing at work through positive supportive behaviour.

Physical Health

Promotion and facilitation of Yoga, Zumba, Thai Chi, martial arts and running club/classes and other physical activities of interest for all staff.

Healthy Eating

Promote and campaign Weight Management advice and initiatives from Live Well programme and effective signposting for staff - link to local Physical Activity Calendar and Corporate Events Calendar

Environment

- Work towards a 'paperless' organisation in terms of tidy space, tidy mind and linked to Trust branding and professionalism
- Link physical and mental health initiatives such as projects to review CCC's garden areas, encouraging employees to take a physically active part in creating a welcoming and pleasant place to meet others (including patients), encouraging healthy mental wellbeing

Lifestyle choices

Ensure smoking cessation advice and support provided in work for staff to support them to quit through effective interventions and links with PharmaC.

The Health and Wellbeing Committee has also recently rebranded itself as part of the new action plan to the Health and Wellbeing Task Force and has agreed that the Director of Workforce and Organisational Development will act as Chair who will support the taskforce in leadership and delivery of this critical area of work. In addition, all Directorate leads as part of the corporate annual business plan will have an annual objective set to help support and deliver the Trust's Health and Wellbeing objectives.

Objectives delivered to date to support the H&W agenda include a review of key wellbeing policies including Stress and Resilience, Attendance Management, Workforce Change, Grievance and Flexible Working. This includes a number of staff and manager toolkits now available on the Intranet as well as tailored coaching and

formal training sessions delivered in these areas. Holistic wellbeing coaching i.e. mindfulness has also been secured through the Trust's Occupational Health department.

The Trust has also recently agreed the new Raising Concerns policy utilising the roles of the Trust's Relations at work group as Raising Concerns Advocates. This group will report into the Trust's Health and Wellbeing Taskforce and Risk Committee to highlight any concerns/trends within this area to allow the Trust to effectively manage, as well as supporting the Trust's approach to a being a 'learning' organisation.

The Health, Wellbeing and Equality and Diversity Business Partner has also developed an annual calendar of events to promote national campaigns for the benefit of staff wellbeing and being role models to our patients which to date have included Dry January and No Smoking Day.

Equality, Diversity & Human Rights

As a public body, the Trust is committed to meeting our statutory obligations under the single equality duty (2011). In line with the specific duties under the Equality Act 2010, this requires the publication of relevant and proportionate information to demonstrate how we are responding to the general duty of the Equality Act 2010.

To enable this to happen the Trust's Equality and Diversity Business Partner in conjunction with the Trust Professional Clinical Lead for Strategy and Development and as part of the Equality and Diversity Steering Group chaired by the Trust's Executive Director of Nursing and Quality, has been taking the organisation through the NHS Equality Delivery System 2 (EDS2) which helps the Trust in discussion with our local partners i.e. Healthwatch Wirral etc to review and improve our performance for patients, visitors and staff with characteristics protected by the Equality Act 2010.

The purpose of undertaking EDS2 is that there is still considerable national evidence that some patients and communities may feel they are not as well served by the NHS as they should be. For example, information that organisations make available to patients and communities may not be accessible to everyone. In addition, access to NHS services or buildings can be difficult for some patients and members of the public or once people are receiving services, service delivery may not be appropriate to people's needs and circumstances.

Similarly, some staff may experience difficulties in developing their careers in the NHS by feeling excluded from some occupations or grades or issues such as bullying and harassment in the workplace, can have a greater adverse impact upon some types of staff than others.

Therefore EDS2 has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all.

EDS2 therefore consists of four main goals in which the Trust has been required to benchmark their E&D performance against, have this assessed by both internal and

external stakeholders, and provide an action plan for continual progression and development. The four main goals are:-

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

To date as part of the Trusts EDS 2 assessment requirements the Trust has conducted a process of focus groups to evaluate our E&D performance with the following stakeholder group:

- Equality in Action Steering Group
- A cross section of staff
- Relations at Work Group (RAW)
- Trade Unions Representatives
- Patient Representatives
- Healthwatch Wirral
- Cheshire & Wirral Partnership
- LGBT Foundation
- Wirral University Hospital Trust.

The information to date has provided a foundation for assessment under each goal (categorised as undeveloped, developed, achieving, and excelling) and an action plan to be created and inform any gaps and potential E&D risk's/breaches to enable the Trust to address these and seek to continually develop its strategy to E&D and ultimately a hospital that is inclusive, fair and accessible to all.

Recommendations/Actions based on initial grading include:

Goal 1 - Review and ensure the Trust's internet web page is fully informed around E&D legal compliance, initiatives and support information and free from discriminatory language or images.

Goal 2 - Working closely with Wirral Health Trusts, CSU and Healthwatch Wirral, forge relationships with community groups and agencies to promote our services, and explore improvements in all forms of communication

Goal 3 - Identify under-represented groups and through positive action initiatives encourage applications from relevant communities, organisations and individuals i.e. The Learning Disabilities Pledge.

Goal 4 - Establish E&D Champions throughout the Trust. Annual objectives will be set for key individuals with E&D responsibilities. Managers will ensure that appropriate resources, time and support is given to deliver these objectives.

The Trust will continue to use the EDS2 as a tool to monitor Equality Diversity & Human Rights performance across the organisation. This will be reported quarterly via the Trust's Equality and Diversity Steering Group inclusive of an annual report to

our internal and external focus group stakeholders for the purpose of re-grading to highlight progress, improvement and continuing areas of concern/risk.

Equality, Diversity & Human Rights Forums (supports Equality and Diversity in the community and workplace)

The Trust is proactively involved in the following Forums:

- CCC Equality Diversity & Human Rights Steering Group
- Cheshire Equality Liaison Forum (multi-agency)
- North West Equality Forum (NHS)
- Merseyside Equality & Diversity Leads Forum
- Equality Leads Wirral Health Trusts, the CSU and Healthwatch Wirral

Workforce Race Equality Standards 2015 (WRES)

The Workforce Equality Standards (WRES) has been introduced to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This followed reports which highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population. The Trust is required to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

To date the Trust has conducted a process of assessment similar to the EDS2 stakeholder assessment using the same focus groups. Based on the gradings and information obtained, an action plan will be developed to address any gaps and plans for the future and its changing demographics that may occur from the Transforming Cancer Care project.

Important Events since the End of the Financial Year

In April 2016 the Trust submitted the Full Business Case for its Transforming Cancer Care project to Monitor for consideration; this makes the case for investment in the Trust's planned new cancer centre in Liverpool. Their assessment of the impact of the planned investment on the Trust's position is anticipated before the end of June 2016.

Accountability Report

Directors' Report

Board of Directors

The Board of Directors annually reviews the independence of its directors and following a review at its meeting in March 2016, considers all Non-Executive Directors to be independent.

The Senior Independent Director, Dr James Kingsland, was appointed as such on 1st August 2014.

Wendy Williams – Chair

Appointed by the Council of Governors (1st term of office, 1 year) until end of July 2018

Wendy's career in private and public sector organisations was as an HR and Change Director specialising in change. For over twenty years she has run her own consultancy business, handling large scale change projects and strategic reviews with clients. She has worked extensively in several UK central government departments as well as internationally in manufacturing, construction and utilities in France, Germany and the USA.

Having a long association with the NHS she has held three Non-Executive Director positions. She facilitates NHS board development, offers coaching for doctors, NHS executives and is an ACCEA assessor and NHS mentor. She also writes regular articles for doctors.net.

Wendy has always lived in the North West and has served twice as a school governor as well as a Board member of a regional NSPCC Business Board.

Alison Hastings – Non-Executive Director

Appointed by the Council of Governors (2nd 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, a Commissioner of the Gambling Commission and a specialist partner at Alder Media.

Gil Black – Non-Executive Director

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

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

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

James Kingsland – Non-Executive Director and Senior Independent Director (from 1st 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 the Assura Property Group. He holds directorships in Waring Health Ltd and The Sound Doctor. He is clinical governance lead for Doctor Care Anywhere.

From April 2009 to April 2013, James was 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 formally a member of the DH National Leadership Network and the NHS Top Leaders programme.

He is also the resident doctor for BBC Radio Merseyside.

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.

Jan Burns – Non-Executive Director and Vice Chair (from 1st August 2014)

Appointed by the Council of Governors (2nd 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.

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 in the UK for a large US Energy Company and prior to that held a number of Chief Executive roles including leadership of the Central Regional Health Authority in New Zealand.

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.

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.

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.

Barney Schofield – Director of Transformation and Innovation

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

Helen Porter – Director of Nursing & Quality

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

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.

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

Yvonne Bottomley – Deputy Chief Executive/Finance Director

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

Yvonne is a qualified accountant and has worked exclusively in the Public Sector. She commenced her career in Local Government and after qualifying held a number of senior and Director posts in Local Government prior to moving sectors in 2010 and joining the NHS.

Yvonne has particular experience in business development including the creation and successful implementation of new companies and has extensive implementation of large capital new build projects. She also has a particular interests and experience of major organisational change projects across sectors.

Heather Bebbington – Interim Executive Director/Director of Workforce & Organisational Development

Heather has worked at a senior level within the NHS for over 10 years, 7 years as Assistant, Associate or Deputy Director within the NHS in Wales. Heather was appointed as Director of Workforce & OD at The Clatterbridge Cancer Centre in 2012 and has acted up in to an Executive position for a period of 6 months during 2015. Heather has significant experience in the field of employee relations, employment law, organisational development and the leadership and management of change.

Heather is qualified as an Executive Coach and provides coaching and mentoring support both internally and externally to the Trust.

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.

Rob was been appointed as Area Director at Betsi Cadwaldr Health Board and left the Trust to take up his new post in early May 2015.

Declarations of Interest

The Chair has the following significant commitments:

- Employment:
 - Frontiers CPE Ltd
- Position in Charity or Voluntary Organisation:
 - Governor on the Board of Liverpool John Moores University
 - North West Mentoring Scheme (Monitor)
 - ACCEA North West (Committee Member)
 - Trustee of Fitzhugh Estate

A copy of the Register of Interests is available via the Trust website www.clatterbridgecc.nhs.uk.

Alternatively you can contact Andrea Leather, Corporate Governance Manager, on 0151 482 7799 to request a copy.

Quality Governance Framework

In line with Monitor's Quality Governance Framework, the Trust undertook an external Well-led Governance Review in 2015/16 which focused on four key areas:

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

The Board commenced the review by undertaking a self-assessment in June 2015 which resulted in the development of a detailed action plan to address any areas for improvement.

To gain maximum assurance from the review, Deloitte were appointed as independent reviewers in November 2015. A thorough evaluation was undertaken during which Deloitte considered a collection of evidence and gained the views of the Board, staff and stakeholders. Their review concluded in February 2016 and as part of their final report CCC was provided with a detailed set of recommendations which will be actioned by the Board.

Goods and Services

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

Statement as to disclosure to auditors (s418)

- So far as the directors are aware, there is no relevant audit information of which The Clatterbridge Cancer Centre 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.

Performance against key healthcare targets 2015/16

18 weeks performance

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

Performance against these key targets is as follows:

- 96.8% of RTT admitted patients were seen within 18 weeks from the initial GP referral to treatment (target threshold 90%).
- 98.2% of RTT non admitted patients were seen within 18 weeks from initial GP referral to treatment (target threshold 95%).
- Number of incomplete pathways was 97.7% against a target of 92%.

Cancer Waiting Times Performance

The Trust has exceeded all CWT targets during 2015/16.

All Cancer Waiting Time targets are included for 2015/16 with performance as follows:

- 90.98% of patients were treated within 62 days from the date of urgent GP referral against a target of 85% (post application of the breach reallocation policy within Merseyside and Cheshire).
- 100% of screening patients were treated within 62 days from the date of recall against a target of 90%.
- 97.8% of patients were treated within 31 days from the time of decision to treat for first treatments (target threshold 96%).
- 98.7% of patients were treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments (target threshold 98%).
- 97.5% of patients were treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments (target threshold 94%).

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

- 0 patients have waited longer than 6 weeks for Imaging (CT and MRI at CCC).
- We have had 0 incidence of an MRSA bacteraemia (our target is no more than 0).
- We have had 3* incidence of Clostridium Difficile (our target is no more than 1).

* For two out of the three cases the Commissioners have agreed that there has been no lapse in care. The third case has yet to be reviewed.

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 (99.71%), ward food (88.99%), privacy, dignity and wellbeing (89.32%), dementia (70.12%), disability (69.0%) and condition, appearance and maintenance (96.45%). 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 Strategy. The Trust Board has ensured that Quality is a key agenda item at each Board meeting and it oversees the delivery of the Trust's priorities and initiatives identified in its Quality Report.

Information Standard

The Trust holds certification against The Information Standard accredited by NHS England for our patient information leaflets that fall within the scope of the Standard. The Information Standard helps people to make informed choices about their lifestyle, conditions and treatment/care options, by providing a recognised and trusted quality mark that indicates a reliable source of health information. The last evaluation was in April 2015. Next evaluation is a self-assessment due May 2016.

Accessible Information Standard

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

Adherence to this standard is mandatory for all adult social care and NHS providers by 31st July 2016. The Trust is working hard to implement process changes to ensure that the Trust is able to comply with the Standard.

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 2015/16. The Trust is currently working towards the transition to the new version of the standard, ISO9001:2015, which it hopes to achieve during 2016.

Progress towards targets as agreed with local commissioners

The Clatterbridge Cancer Centre NHS Foundation Trust income (2015/16) was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the Trust had opted for the default tariff rollover.

The Trust however implemented the Acute Kidney Injury and Sepsis CQUINS as good practice to improve patient safety.

New or significantly revised services

The Serious Illness Care Programme (UK)

There is evidence that early use of palliative care interventions improves quality of life and lowers cost, but it also may lead to an increased survival. The Serious Illness Conversation is a communication intervention which has been developed in the USA. The Serious Illness Care Programme (UK) has been set up, based at CCC, and a pilot programme has been set up to provide formal training in the use of the Serious Illness Conversation to clinicians at CCC and NHS England Pioneer sites. This is a national programme which is supported by the Department of Health and NHS England, which will be led by CCC. NHS England has funded set up of SICP-UK, and a one year implementation plan.

The first phase of the project will involve the creation of a UK training team based at Clatterbridge, and the selection of a small number of 'exemplar' NHS England Pioneer sites who would receive high-level training, so that they could be then act as 'centres of excellence' and resources for the other sites, and assist in the training of other teams. The first cohort of teams will undergo training in summer 2016. It is envisaged that all eligible CCC patients will be offered a Serious Illness Conversation by the end of 2017.

Living with and beyond cancer in Merseyside & Cheshire

The Living With and Beyond Cancer (LWBC) in Merseyside and Cheshire Programme is a 2 year, Macmillan funded, programme aiming to embed the NHS England survivorship priorities into main stream cancer care across the network. The Clatterbridge Cancer Centre is the host organisation to the programme team, offering critical support regarding recruitment, planning, resourcing and promoting the work of the team.

The 5 main work streams are:

1. Assessment and Care Planning: including holistic needs assessment and development of end of treatment summaries
2. Health and well-being including physical activity: encouraging the prescription of exercise by cancer care professionals and also developing a network wide programme for health and well-being events
3. Transforming Cancer Follow Up: including remote surveillance for breast, prostate and colorectal cancer utilising a patient portal solution.

4. Consequences of cancer and its treatment: starting with a comprehensive project to establish a pelvic radiation disease pathway
5. Patient experience and engagement: a cross cutting workstream with specific projects including work and cancer, carer support and community engagement.

With the help of Clinical Champions at Clatterbridge, the team has been able to implement the Macmillan eHNA tool at the Trust, as well as developing a walking for health scheme on site which can be accessed by patients and carers.

The pelvic radiation disease workstream is being underpinned by evidence from a Patient Reported Outcome Measure (PROM), developed with the support of the urology, gynaecology and colorectal site reference groups.

The work is due to conclude in December 2017.

More information about the programme can be found at: www.livinglongerlivingbetter.org.uk

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.

We undertake regular internal patient surveys based on the CQC methodology. The key patient experience measure that we have focused on for improvement is waiting times in hospital. Detail can be found in the Quality Accounts.

Improvements in Patient and Carer Information

Throughout 2015/16 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.

A project team has been assembled to manage the implementation of the Accessible Information Standard ahead of the 31st July 2016 deadline. 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 (20 in 2015/16). 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 20

Subject matter of complaint:

- Treatment and Care 8
- Communication 9
- Staff Attitude 2
- Confidentiality 1

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

	Number of Complaints	Number of Interventions	Rate: One Complaint Per
April 2015	1	23,081	23,081
May 2015	0	21,273	0
June 2015	2	23,710	11,855
July 2015	1	24,935	24,935
August 2015	3	22,043	7,348
September 2015	3	24,046	8,015
October 2015	3	24,275	8,092
November 2015	2	23,509	11,755
December 2015	1	23,300	23,300
January 2015	1	22,628	2,628
February 2015	2	23,341	11,671
March 2015	1	23,964	23,964
Year to Date	20	280,105	14,005

Partnerships and Alliances

Transforming Cancer Care

Following approval of the Outline Business Case in June 2015 the Trust has been working on more detailed plans for the new Cancer Centre and has developed a Full Business Case which sets out the case for investment in the new facilities.

The Board considered drafts of this FBC in January and March of 2016, prior to its submission to Monitor for their assessment of its likely impact on the Trust. It is expected that the final FBC will be approved by the Trust Board later in the year prior to commencement of construction of the new Cancer Centre.

The Trust has made an application to Liverpool City Council for planning permission for the new Cancer Centre; a decision on this is expected in the late spring of 2016.

Site preparation for the cancer centre site is currently programmed to begin in September 2016 and the Trust expects to 'go live' in the new hospital in the Autumn of 2019. Once the Cancer Centre is complete then work will begin on redeveloping the Trust's existing Wirral Centre which will remain an important part of the Trust's service provision – this is expected to take around 12 months.

Private Patient Facility

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

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

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

Outpatient Pharmacy Dispensing Subsidiary Company

The Clatterbridge Pharmacy Ltd was established in October 2013 as a registered company (trading as PharmaC) to provide 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.

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

PropCare

In February 2016 the Trust Board approved the incorporation of the wholly owned subsidiary, CCC PropCare Services Limited, under the trading name “**PropCare**”.

PropCare will have responsibility for overseeing day-to-day estates and facilities management, including hotel services, car parking and maintenance of our buildings and equipment. It will also manage the development of the new hospital in Liverpool and the redevelopment of the current Wirral site.

The Clatterbridge Cancer Charity

2015-16 has seen further growth for The Clatterbridge Cancer Charity, raising another record figure of £2.1m. 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

Stakeholder Engagement

The Trust values the views of patients, the public, commissioners, partner organisations, staff and other stakeholders with an interest in its work and its plans for the future.

Throughout 2015/16, patient representatives have been involved in the designs for the new hospital in Liverpool. The Transforming Cancer Care Patient Reference

Group meets monthly and, in 2015/16, has contributed to areas including priorities for facilities management, draft designs of particular parts of the new hospital, travel and transport planning, and the social value and community benefits that the project aims to deliver.

In May 2015, a wider engagement event was held to seek views on the patient journey through the new hospital and the design of particular areas including social space on wards, the Teenage & Young Adult Unit, and the main treatment areas for chemotherapy and radiotherapy. The event was attended by a large range of patients and patient representatives, including those with experience or expertise of disability or additional needs such as learning disabilities, autism spectrum disorders and dementia. The Transforming Cancer Care team has also visited Liverpool City Council's Corporate Access Forum, which enables disability groups to engage with developers and council officers, so they could learn more and comment on the plans for the new hospital.

From 19th October to 13th November 2015, the Trust carried out extensive public and engagement on the designs for the new hospital and any other aspects relevant to the planning application. A mobile exhibition van including models of the new building, virtual reality goggles that let people 'see inside' it, and full information displays spent three days visiting Paradise Street in Liverpool, Aintree Shopping Park and Asda Bromborough in Wirral. The team also ran exhibitions and information events at The Clatterbridge Cancer Centre's Wirral and Aintree sites and at Royal Liverpool University Hospital. In total, 382 people visited the exhibition van or hospital stands. Overall, the feedback was very positive and all comments and suggestions were fed back to the design and project team.

Governors have also been involved throughout the process. Stakeholders are kept informed about the Trust and its strategic plans via a variety of channels including a bimonthly Transforming Cancer Care e-shot, press releases, the Trust website, the Transforming Cancer Care website, email briefings to key groups, C3 magazine and social media.

Patient and Public Involvement Activity

During 2015/16 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 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 99.5% of patients reporting 'extremely likely' or likely when asked 'How likely are you to recommend our ward to friends and family if they needed similar care or treatment?'

Across all Outpatient services our patients have responded by telling us that 96% would be 'extremely likely' or 'likely' to recommend our services to their friends and family.

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

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

Examples where patient experience has informed change include:

- Implementation of a project to look at changing our delivery of nursing care on the inpatient wards
- The design and wording of our appointment letters
- The availability of refreshments

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. To date they have looked at catering and cleaning provision and design of radiotherapy sets.

Remuneration Report

Remuneration Committee (Non-Executive Directors)

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

Also see notes 3.3 and 3.5 of the Annual Accounts.

Remuneration Committee (Executive Directors)

The Remuneration Committee consists of the Chair (who will act as Chair of the Committee) and other Non-Executive Directors and decides the terms and conditions of office, including the remuneration and allowances, of the Executive Directors including the pension rights and any compensation payments.

The Remuneration Committee was required to meet on two occasions during 2015/16.

Attendance at Remuneration Committee Meetings

Name	Meetings Held	Meetings Attended
Alan White *	2	2
Alison Hastings	2	2
Gil Black	2	2
James Kingsland	2	2
Jan Burns	2	2
Phil Edgington	2	2

* Chair

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

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

Governor Expenses

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

In 2014/15, 6 governors claimed expenses totalling £1140.35 and all expenses claimed were in line with the Trust Policy.

During 2015/16, 6 governors claimed expenses totalling £899.96 and all expenses claimed were in line with the Trust Policy.

Staff Report

Analysis of Staff Numbers

Assignment Category	Count Headcount	Sum of FTE
Bank	66.00	0.00
Fixed Term Temp	88.00	80.75
Honorary	1.00	0.00
Non-Exec Director/Chair	6.00	6.00
Permanent	882.00	789.52
Total	1043.00	876.27

Gender Breakdown – Directors

Directors	Count of Assignment Number	Sum of FTE
Female	5	5
Male	6	6
Total	11	11

Gender Breakdown – Employees

Gender	Count of Assignment Number	Sum of FTE
Female	848	698.89
Male	195	177.38
Total	1043	876.27

Sickness Absence Data

The overall sickness absence figure for 2015/16 was 4.06%. 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 2015/16 throughout the Trust.

This has included a complete review of the Trust's Attendance Management policy which has involved an active promotional campaign by the HR Business Support Team regarding its purpose and key changes including briefings, coaching to managers and corporate training rolled out across the Trust.

In addition focus has been placed on the department's monthly reporting mechanisms on sickness absence and has been improved in terms of provision of in-depth analysis to enable issues and trends to be identified facilitating discussions with managers to enable effective and supportive advice to be given.

The department's Business Support team further utilise this data via the setup of monthly HR directorate surgeries in which sickness management along with other people management issues are discussed in terms of effective management and prevention.

The policy itself is a supportive measure to both managers and staff and clearly aligns to the Trust's wellbeing and equality agendas in terms of highlighting wellbeing support via Occupational Health etc. as well as ensuring commitment to equality issues such as disability and gender by way of providing commitment to making reasonable adjustments in the workplace and offering innovative flexible working solutions to support employees work life balance etc.

Yearly Quarter	Trust Performance 2014/15
Q1 (April - Jun)	4.04%
Q2 (July - Sept)	3.61%
Q3 (Oct - Dec)	4.37%
Q4 (Jan - Mar)	4.21%
Full Year	4.06%

Human Resources (HR) Policies and Processes

All HR policies and procedures are 100% compliant and in the last 12 months a number of these have been subject to full scale review in terms of purpose and benefits to staff and the organisation as a whole.

All core people management policies including Attendance Management, Grievance, and Disciplinary are now complete with supportive toolkits available on the intranet providing key documentation, practical tips, advice, and good practice application 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. Toolkits to date include managing investigations, appeals, and being case managers.

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

The Strategic Partnership Forum (SPF) is a strategic corporate body, whose purpose is to act as a 2-way channel of communication and involvement between staff and members of the Trust Board. The Strategic Partnership Forum receives and considers strategic matters relating to performance, developments in service provision and matters of organisational change. It forms the platform for collective bargaining and negotiation of local agreements, employment policies and general terms and conditions of service. It directs and informs the work of the Operational Partnership Forum ensuring proactive, early consultation on all matters that may affect staff.

The 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.

This also links to the work carried out by the Workforce Resourcing and Information team, regarding the use of agency workers within the Trust. Working closely with finance colleagues and managers, a full review of agency usage in the Trust has been completed to ensure that through our workforce planning processes we are forecasting in a more sustainable way to reduce reliance and expenditure on agency which in turn raises clinical quality and improves the overall working environment for employees.

Spot Light Policy Reviews – 2016

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 new Redeployment policy which will complement the recently ratified Change Management policy. This will ensure that those staff affected by change whether that be via health or workforce change are committed to by the organisation to sustain them in work through other roles or changes in working practices where possible.

As part of their 2016/17 objectives the Directorate will also be looking to develop a core 'HR Leadership' training and development programme for managers on all core HR people management policies. These will include; Recruitment, Attendance Management, Disciplinary, Grievance and Workforce Change which are now all agreed and implemented however this will be widened to include reviews of Bullying and Harassment and Performance Management.

Another key area of focus will look at how the Trust attracts and recruits new employees. This work is linked to the transformation agenda and the outcome will be to ensure that the Trust has the key skills and experience to continue to deliver high quality care and treatment to our patients. Areas of priority will include ensuring that the workforce is a fair and diverse representation of our local community and establishing and improving links within the community to enhance partnership working.

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 safety, emergency preparedness, resilience & response, security and Conflict Resolution training. In addition, advice is available from radiation protection, infection control and occupational health staff.

As part of our pro-active approach, 32 departments were visited by the Health and Safety Advisor to ensure that all risk assessments were in place and were suitable and sufficient, located within the department and reviewed within the last 12 months. Action plans, were developed and controls put in place to prevent, where possible, any injuries or illness to patients, staff and visitors in all areas of the Trust.

A comprehensive fire training 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, training sessions are provided annually, bi-annual or 3 yearly, as appropriate, for all staff groups. Workbooks have been developed for staff to complete as an alternative form of learning alongside face to face and e-learning.

To ensure there is adequate First aid provision in non-clinical areas, two full First Aid at Work courses have been held and one refresher course during 2015/2016.

Staff incidents in 2015/2016 are categorised as follows: manual handling; struck by or against; needle stick injury; verbal and physical violence, slips, trips & falls and burns.

The following Health and Safety Policies were reviewed by the Health and Safety Committee during 2015/2016:

- First Aid
- COSHH
- CCTV
- Security Policy

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

Occupational Health

The Trust continues to maintain and develop its strong links with Wirral University Teaching Hospitals Occupational Health Service to manage staff

attendance/wellbeing, and more recently have been proactively involved in the development of the Trust's Health and Wellbeing Action Plan through the recommendation and provision of innovative preventive solutions around mental wellbeing (Trusts main reason for sickness in the past 12 months with a focus on home related stress as opposed to work related) such as mindfulness training, specialist CBT sessions available for managers leading staff through change as well as involving CCC in their own wellbeing initiatives and events to seek advice and support i.e. Mind Matters Day.

Occupational Health are also reporting to the Trust on a monthly and quarterly basis regarding financial costs, activity to date and wellbeing trends to support the organisation in effective response to its wellbeing issues and subsequent action planning for improvement.

Clear KPI's are also in fruition and reported via the Trust's Integrated Governance Committee to ensure that we are receiving best value for money in terms of efficiency and quality of service.

Additional contracting remains in place with Cheshire and Wirral Partnership Trust to provide specialist support for high-level cases related to more complex mental health issues.

Counter Fraud and Corruption Policies

In addition to its overarching Anti-Fraud, Bribery and Corruption Policy, the Trust has developed a number of Trust Wide and Workforce and Organisational Development policies to include guidance on counter fraud and corruption where appropriate.

In November 2015, NHS Protect visited the Trust to undertake a focused quality assessment of compliance against NHS Protect standards regarding fraud, bribery and corruption. As a result of this visit CCC has increased the involvement of its Counter Fraud Specialist when developing new, and revising existing, policies and procedures so that anti-fraud input can be provided where necessary.

Staff Survey Results

Commentary

The Trust is committed to listening to staff suggestions, ideas, concerns and feedback. This is essential to how the Trust will meet the expectations set out in the Trust Vision and Mission as well as the Corporate Plan and Transforming Cancer Care agenda. A number of staff forums have been established to ensure staff have the opportunity to be involved in the wide scale transformational change that is under way including a communications and engagement group which consists of staff from across clinical and non-clinical teams as well as representatives from Workforce & Organisational Development Team.

Staff are also encouraged to participate in surveys such as a Travel Survey, Car Parking Survey or the Performance Appraisal Audit. Feedback from staff is then included into decisions made such as the car parking policy or the new updated checklist for performance appraisals.

Culture Club events take place during the year which focus on different themes, for example how do staff feel about change. Feedback from these events is then shared with senior managers to help inform planning and communication. A large event took place in March 2016 in which staff were invited to listen to key messages and to participate in workshops that focused on organisational change and also organisational culture.

As part of the Francis Freedom to Speak Up Report, a Trust wide action plan regarding this has been implemented looking at the culture of reporting, including a new policy which is based on the national recommendations.

Staff suggestions to make improvements are collated through the staff suggestion scheme. This process is owned and reported by the directorates as part of their monthly performance dashboards.

Summary of Performance

456 staff at The Clatterbridge Cancer Centre NHS Foundation Trust took part in the 2015 Staff Survey. This represents a 51% responses rate which is the same rate as 2014 and is slightly higher than other similar organisations (45%).

In relation to 'Staff Engagement' the Trust's overall score for this was 4.0 out of 5 (3.95 in 2014), which is average in comparison to acute specialist Trusts in England.

The Trust scored better than average in 12 of the 31 areas surveyed as follows:

- Staff recommendation of the organisation as a place to work or receive treatment
- Staff motivation at work
- Percentage of staff satisfied with the opportunities for flexible working patterns
- Percentage experiencing physical violence from patients, relatives or the public in last 12 months
- Percentage experiencing physical violence from staff in last 12 months
- Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Percentage experiencing harassment, bullying or abuse from staff in last 12 months
- Percentage experiencing discrimination at work in last 12 months
- Percentage believing the organisation provides equal opportunities for career progression / promotion
- Percentage reporting errors, near misses or incidents witnessed in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Staff confidence and security in reporting unsafe clinical practice

The Trust scored below average in 13 of the 31 areas surveyed as follows:

- Percentage agreeing that their role makes a difference to patients / service users
- Recognition and value of staff by managers and the organisation
- Staff satisfaction with level of responsibility and involvement
- Effective team working

- Support from immediate managers
- Quality of appraisals
- Quality of non-mandatory training, learning or development
- Percentage working extra hours
- Percentage feeling pressure in last 3 months to attend work when feeling unwell
- Percentage reporting most recent experience of harassment, bullying or abuse
- Percentage able to contribute towards improvements at work
- Percentage witnessing potentially harmful errors, near misses or incidents in last month
- Effective use of patient / service user feedback

Key changes since 2014

- There was considerable improvement in the percentage of staff appraised in the last 12 months (86% 2015, 78% 2014).
- Staff were more likely to say they felt motivated at work (4.02 in 2015, 3.90 2014)
- More staff reported they had experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months (16% 2015, 11% 2014)

Response rate	2013/14		2014/15		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
	51%	42%	51%	41%	Remained the same

Top 4 ranking scores	2013/14		2014/15		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
Question KF 23 (staff experiencing physical violence from staff at work)	2%	1%	0%	1%	2% decrease
Question KF 22 (staff experiencing physical violence from patients/relatives/public)	3%	6%	3%	6%	3% increase
Question KF 21 (equal opportunities for career progression/promotion)	95%	90%	93%	88%	2% decrease
Question KF 29 (staff reporting errors, near misses or incidents)	92%	92%	95%	92%	3% increase

	2013/14		2014/15		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
Bottom 4 ranking scores					
Question KF 3 (staff agreeing their role makes a difference to patients)	94%	92%	90%	92%	4% decrease
Question KF18 (staff feeling under pressure in last 3 months to attend work when unwell)	27%	23%	61%	59%	34% increase
Question KF28 (staff witnessing potentially harmful errors, near misses)	26%	29%	32%	29%	6% increase
Question KF 32 (Effective use of patient/service user feedback)			3.68	3.80	No comparator score available for last year. Scale summary score (minimum scores =1, maximum score =5)

Reoccurring Theme's and Progress to Date

Recurring Themes (2014, 2015)	Progress to Date
Staff Engagement	Further culture club events have taken place to capture staff feedback around change. This included taking the information to clinical staff in their break areas. A get engaged event also took place mid-March 2016 in which a cross section of staff from differing job roles and teams were invited and participated in a number of feedback sessions.
Health & Well-being	Health & Well-Being (H&WB) lead appointed and H&WB action plan now in place. Coaching programme now being rolled out to all line managers which includes coaching for change and coaching for resilience workshops. Attendance Management policy has been updated with training to support managers with the process.
Staff working extra hours	Action plan of hotspot areas in imaging and radiotherapy was undertaken with a review of working practices to ensure that staffing levels reflected the service needs without the need for excessive additional hours.
PADR process/experience	PADR audit conducted across Summer 2015 along with feedback on the training workshops. Feedback was generally positive regarding the new paperwork, policy and training. Suggestions were submitted regarding introducing a simple checklist for both the appraiser and appraisee to follow and sign to ensure all elements of the PADR are included in the meeting. This has now been introduced.

Future priorities and targets

A presentation of the findings from the 2015 Staff Survey will be presented to the Trust Management Group (TMG) highlighting the areas of strength and improvement and those for further development and review on a departmental level.

The Trust's HR and OD Immediate priorities are:

- Staff Engagement
- Supportive line managers
- Health and Wellbeing
- Effectiveness of non-mandatory training
- Effectiveness of appraisals
- Sharing patient experience data with staff

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

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

NHS Foundation Trust Code of Governance

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

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

The 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 in February 2014 the Council of Governors approved the reappointment of the previous Chairman for a further 1 year term until 31st July 2015. Subsequent to this the Council of Governors approved the appointment of the new Trust Chair at its meeting on 6th July 2015 who took up the post with effect from 1st August 2015.

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

Council of Governors

Council of Governor's Roles, Responsibilities and Working Arrangements

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

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

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

The Council of Governors has standing orders to govern its conduct and provide a governance framework for its meetings which includes the development of its 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 its Committees and the Council of Governors ensuring that key strategic themes are addressed.

Throughout the year the development needs of the Governors are also reviewed to ensure that they are able to fulfil their responsibilities. Throughout the year Governors have had the opportunity to attend events held by MIAA, NHS Providers and the North West Governor Meeting covering a variety of subjects such as the role of Governors, assurance and developing productive relationships. In addition, relevant experts have been invited to attend Governor Discussion Meetings to offer presentations, such as Macmillan Cancer Support – Living with and beyond cancer, Grant Thornton – the role of an External Auditor.

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 Committees: Audit, Finance and Business Development and Quality.

Governor representation at the Audit Committee ensures that any issues are considered and areas for action or improvement are identified. For the Quality Committee it 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 Business Development 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, and subsequently members, 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.

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
Total	28

Note: during 2015/16 there was 1 vacancy in the Cheshire West and Chester and 2 vacancies in Warrington and Halton public constituencies and 1 vacancy in the Non Clinical 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
Barbara Boulton	Elected Public	Chester West and Chester	4	4	PE	2017
Gill Oliver*	Elected Public	Chester West and Chester	1	1	MC, N&R	2015
Mary Doddridge	Elected Public	Liverpool	4	2	PE, MC (Chair), N&R	2016
Cheryl Rosenblatt	Elected Public	Liverpool	4	3	PE, MC	2017
Yvonne Tsao	Elected Public	Liverpool	4	2	PE, MC, N&R	2018
Michèle Christopherson	Elected Public	Sefton	1	1	PE, N&R	2015
Ian Boycott-Samuels	Elected Public	Sefton	4	4	PE	2016
Stephen Sanderson*	Elected Public	St Helens and Knowsley	4	4	ST (Chair), N&R	2016
Douglas Buchanan	Elected Public	Warrington and Halton	1	1	ST, N&R	2015
Dave Kelsall	Elected Public	Warrington and Halton	1	1	ST, PE	2017
Jeanette Appleton	Elected Public	Wirral and the rest of England	4	2	PE, MC	2017
Angela Cross	Elected Public	Wirral and the rest of England	4	2	PE (Chair), N&R	2016
John Field	Elected Public	Wirral and the rest of England	4	4	ST	2017
Sally Roberts	Elected Public	Wales	0	0	PE	2016
Doug Errington	Elected Staff	Doctor	4	4	ST, PE, N&R	2016
Jade Barrett	Elected Staff	Non Clinical	1	1	PE, MC	2016
Kate Smith	Elected Staff	Nurse	1	1	PE, N&R	2015
Helen Mayles	Elected Staff	Other Clinical	4	3	ST	2016
Valerie Nock	Elected Staff	Radiographer	1		ST, PE	2016
Shaun Jackson	Nominated	Aintree University Hospitals NHS Foundation Trust	4	2	ST, PE	2017

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Matt Daniel	Nominated	Local Council – Metropolitan Borough of Wirral	2		MC	2017
Ray Murphy	Nominated	Cancer Steering Group	4	3	ST	2018
Sonia Holdsworth	Nominated	Macmillan Cancer Support	4	2	ST, N&R	2018
Andrea Chambers	Nominated	Manx Cancer Help Association	4	2	ST	2016
Andrew Pettit	Nominated	The University of Liverpool	4	1	ST	2018
Carla Thomas**	Elected Public	Sefton	3	3	PE, MC	2018
Jane Wilkinson**	Elected Public	Wales	3	1	MC	2018
Burhan Zavery**	Elected Staff	Volunteers, Service Providers, Contracted Staff	3	3	MC	2018
Mike Roberts**	Elected Public	St Helens and Knowsley	3	0	PE	2018
Luke Millward-Browning**	Elected Staff	Nurse	3	1	PE, MC	2018
Pauline Pilkington**	Elected Staff	Radiographer	3	2	ST	2018
Andrew Bibby**	Nominated	NHS England – Cheshire and Merseyside Sub Regional Team	2	1	TBC	2016
Michael Sullivan**	Nominated	Local Council – Metropolitan Borough of Wirral	2	1	PE	2017

* Senior Governor

** Elected/Appointed in year

PE Patient Experience
ST Strategy

MC Membership and Communications
N&R Nominations and Remuneration

We would like to express our thanks to former Public Governors: Gill Oliver, Michéle Christopherson, Douglas Buchanan, Dave Kelsall and Sally Roberts; Staff Governors: Jade Barrett, Kate Smith and Valerie Nock. Each served as a Governor during 2015/16 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	4	4
Yvonne Bottomley	4	1
Peter Kirkbride	4	
Helen Porter	4	4
Barney Schofield [◇]	2	
Rob Smith [△]	0	
Heather Bebbington [⌘]	2	
Non-Executive Directors		
Wendy Williams ^{*◇}	3	3
Alan White ^{*△}	1	1
James Kingsland	4	1
Gil Black	4	4
Alison Hastings	4	
Jan Burns	4	
Philip Edgington	4	

- * Chair
- △ Term of Office expired or Contract of Employment ended mid-year
- ◇ Term of Office or Contract of Employment commenced mid-year
- ⌘ Appointed in an interim capacity

Board Roles and Structure

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

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

The 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. The most recent review commenced in November 2015 and at its meeting in February 2016 the Board of Directors approved the reviewed terms of reference for its committees.

Currently the structure is as follows:

- Board of Directors Meetings: monthly meetings are open to the public*
- Audit Committee: five times per year
- Quality Committee (previously Integrated Governance Committee): bi-monthly
- Finance and Business Development Committee (previously Finance and Strategy Committee): monthly *
- Remuneration & Nomination Committee (Ad hoc)

* With the exception of August and December.

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 challenges. This enables the Chair to review the performance of the Board meeting and amend future agendas as required.

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

	Board of Directors	Audit**	Quality**	Finance and Business Development**
No of meetings held for 2015/16	10	5	5	10
EXECUTIVE DIRECTORS				
Heather Bebbington▫	5	2	2	4
Yvonne Bottomley	9	5*	2/4	9
Andrew Cannell	10	1*	4/4	7/7+1*
Peter Kirkbride	9		5	5/7
Helen Porter	10	4*	5	7
Barney Schofield◊	4			4
Rob Smith△	1			
NON EXECUTIVE DIRECTORS				
Gil Black	10	5	3/4	10
Jan Burns	10	4/4+1*	5	10
Philip Edgington	10	3/4+1*	5	10
Alison Hastings	8	2		2/7
James Kingsland	8	4	3	5/7
Alan White△	4			4
Wendy Williams◊	6			2/3

- All meetings were quorate
- *Identifies the number of meetings the Executive Directors have been in attendance.
- ** The membership of this committee changed with effect from January 2016. Attendance has been shown with the number of meetings held whilst the individual was a member of the relevant committee.
- △ Term of Office expired or Contract of Employment ended mid-year
- ◊ Term of Office or Contract of Employment commenced mid-year
- ▫ Appointed in an interim capacity

Audit Committee

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

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

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

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

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

Quality Committee

The Integrated Governance Committee became the Quality Committee following approval of its revised Terms of Reference by the Trust Board in March 2016.

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

- Corporate Governance
- Clinical Governance
- Risk Management
- Information Governance
- Research Governance

During the year the Quality 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
 - HR and Organisational Development
- Performance
 - Monitored the achievement of all performance targets as set by the CQC and our commissioners
 - Monitored compliance with all relevant quality requirements
 - 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 with specific reference to risk mitigation

Finance and Business Development Committee

The Finance & Strategy Committee became the Finance and Business Development Committee following approval of its revised Terms of Reference by the Trust Board in March 2016. It is the responsibility of the Committee to oversee the development and execution of the Trust's business development and financial strategy. This has involved making recommendations to the Board on the long term strategy in the context of the Trust's vision, mission and values.

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

the performance of any subsidiary companies and joint ventures established by the Trust.

During the year the Finance & Business Development Committee delivered all its responsibilities in accordance with its Terms of Reference 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 delivery of the Trust's Capital Programme and Cost Improvement Plans.
- Monitored the development and execution of specific Trust's strategies e.g. Organisational Development, Estates, Information Technology.

Nomination Committee

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

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

During 2015/16 the Board was required to appoint an Executive Director of Transformation and Innovation and formal interviews were conducted on 27th August 2015. The panel consisted of Wendy Williams (Chair), Andrew Cannell, Yvonne Bottomley, Jan Burns and external representative Judith Adams, Chief Operating Officer, Alder Hey Children's NHS Foundation Trust. Also in attendance was Angela McDermottroe, Odgers Berndtson (Recruitment Consultants).

The process for this appointment followed the recruitment process outlined in the Trust's Constitution.

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 recommended the appointment of Wendy Williams (with effect from 1st August 2015 for an initial term of office of three years) and this recommendation was approved at the Council of Governors meeting on 6th July 2015.

Preliminary focus groups were conducted on 5th June 2015 with members of the Board of Directors and Council of Governors and following preliminary interviews with Gill Oliver (Senior Governor), Andrew Cannell (Chief Executive) and Alan White (Chair) the Nominations Committee selected three candidates for final interview stage.

Formal interviews for the Chair position were held on 23rd June 2015. The interview panel consisted of Alan White (Chair, at the request of the Council of Governors), Stephen Sanderson, Gill Oliver and Douglas Errington. Also in attendance was Andrew Cannell (Chief Executive) and Angela McDermottroe, Odgers Berndtson (Recruitment Consultants).

Also during this year the Nominations Committee has recommended the re-appointment of Gil Black until 31st December 2018. This re-appointment was subsequently approved by the Council of Governors at its meeting in October 2015.

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

Board Effectiveness

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

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

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

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

During the year the Board has undertaken its Well-Led Governance Review, as

outlined as a provision of the Risk Assessment Framework using the Well-Led Framework for Governance Reviews guidance issued by Monitor, assisted by external reviewers, Deloitte.

Deloitte were appointed to act as external reviewers for the Well-Led Governance Review in line with the tendering process outlined within the Trust's Corporate Governance Manual. Deloitte have also assisted the Trust in the development of its Transforming Cancer Care Business Case during 2015/16 however each team is constructed of separate members with differing areas of expertise.

As part of the Board Governance Review it was necessary that Deloitte carry out a review focusing on four key areas:

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

The outcome of the external review was presented to the Board in February 2016 and a detailed action plan has been drawn up to be addressed during 2016/17.

Committee Evaluation

Corporate Governance best practice recommends that Board committees should regularly review their effectiveness.

During this period the Board Committees have revised their terms of reference to reflect the future requirements of the Trust in line with its strategic vision. The Committee chairs have also taken into account the feedback from the Well-Led Governance Review to inform best practice.

The Trust has implemented an annual review schedule for the Board Committees which will commence in 2016/17.

Board Development Days

During 2015/16 these sessions facilitated discussion which reviewed the potential external pressures which could impact on the delivery of the Trust's strategic vision, assessing potential future development opportunities and maintaining a unified Board.

Board Development / Mandatory Training

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 forward planning, significant transactions / key investment decisions (and their interdependencies), fit and proper person requirements, Board Assurance Framework – 'what keeps you awake at night?', Well-led Governance Review – self assessment and board behaviours.

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@nhs.net or governor@clatterbridgecc.nhs.uk

Public	2015/16 (plan)*	2015/16 (actual)	2016/17 (estimate)
Staff Constituencies			
Doctor	77	77	77
Nurse	184	184	184
Non clinical	406	405	405
Other clinical Professional	184	186	186
Radiographer	167	164	164
Non staff	197	135	135
Public Constituencies			
Wirral and rest of England		1317	
Liverpool		989	Maintain current level of member ship
Sefton	Maintain current level of membership	1069	
Warrington and Halton		439	
St Helens and Knowsley		580	
Cheshire West & Chester		477	
Wales		183	

Staff constituency members as of March 31, 2016 totalling 1151

Public constituency members as of March 31, 2016 totalling 5054

Within its Annual Plan 2015/16 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 growing the public membership to no fewer than 5,600.

As outlined in the table above, the number of public members has continued at a steady pace with 180 new members joining the Trust. A large proportion of our members come from our patient population. A significant contributor to the number of public members identified as 'leaving' is those members who have passed away within the year, 56 out of 226 rather than those opting to stop being a member. The majority of those remaining have been picked up as being members who 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 2015/16 to actively recruit members to the Trust. These drives have taken place across a variety of venues including the Trust, local schools, local businesses and larger events.

The Membership Strategy was revised by the Membership and Communications Committee during this period which was presented to, and approved by, the Council of Governors at its meeting in July 2015.

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

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

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

Working together with the members

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

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

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

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

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

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

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

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 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.

In 2015/16 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 2015/16

	Annual Plan 2015/16	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
Continuity of Service Rating	4	4	4	4	4
Governance Rating	Green	Green	Green	Green	Green

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



Andrew Cannell
Chief Executive

Cost allocation and charging

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

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

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 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 the update in December 2015. 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 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 2015/16 this included:

- The Board underwent an independent Well-Led Framework governance review
- 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 was implemented during 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 2015/16 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 continues to review compliance with 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 Strategy approved by the Board in July 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 reviewed the Care Quality Commission (CQC) Intelligent Monitoring Report at each Board meeting together with updated action plans to address any areas of risk during the time they were published by CQC. 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 2015/16; 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.

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

Risks and mitigations:

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

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 commissioned an independent Well-Led Governance review in 2015/16. Overall the review was positive, however there are some areas for improvement which will be actioned in 2016/17.

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 2015/16 this review identified the need for a change in the Board committees and how the committees report to the Board and respond to delegations from the Board. Following this review a new committee structure with revised terms of reference has been approved by the Board. The Finance and Strategy Committee will be replaced by a Finance and Business Development Committee and the Integrated Governance Committee will be replaced by a Quality Committee. 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 2015/16 following the resignation of the Director of Operations a new executive director portfolio was developed resulting in the identification of the need for a Director of Transformation and Innovations which was successfully recruited to.

The Board has reviewed its compliance with its licence.

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 which is subject to an annual audit programme.

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)

- Engagement with Healthwatch and Overview and Scrutiny Committees

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 Balance 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 2015/16 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.

During 2015/16 13 reviews were undertaken with an opinion given. One review received 'high assurance', eight received 'significant assurance' and three 'limited assurance'.

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

Information Governance

There have been no Serious Incidents Requiring Investigation (SIRIs) which have been categorised as level 2 in the Information Governance Incident reporting Tool and, as such, no incidents have required formal external notification to the Information Commissioner's Office (ICO).

There have been 2 Information Governance incidents in 2015-16 which have resulted in detailed Root Cause Analysis and internal investigations being carried out. Actions have been implemented to address and learn from these events. The Trust continues to work closely with the ICO, however, in all incidents requiring full investigation for advice and guidance.

April 2015 : Internal investigation carried out following incorrect disposal of multiple patients confidential information in the wrong waste bin, which could have resulted in a wider confidentiality breach. An internal audit of disposal was conducted, with refreshed signage and audit findings communicated Trust-wide. Correct disposal of confidential waste is now specifically targeted in induction and mandatory training.

November 2015: An incorrect patient was highlighted to CCC as having been referred from another hospital Trust due to an error in the referral letter; the error resulted from two patients having the same name but different addresses. This constituted a breach of confidentiality by the referring hospital. Due to an internal communication issue, the error however was not acted on at CCC and the incorrect patient (who did not have a cancer diagnosis) was seen in clinic. The error was not detected until after the patient left clinic. The patient was contacted on the same day to be informed of the error, the patient record was immediately amended and staff training conducted. The investigation results were also shared and discussed with the referring hospital.

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 IM&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 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 were tested in 2015/16.

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. During 2015/16 the Trust developed a new data warehouse which will improve the methodology and accessibility of performance reports.

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 is used for external reporting is 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 2015-16 the Trust achieved the highest level 3 to support this indicator.

Probity 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 the organisation's Assurance framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board.
- Internal Audit have also provided significant assurance overall across a range of individual opinions arising from risk based audit assignments reported throughout the year.

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
- 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

A handwritten signature in black ink that reads "Andrew Cannell". The signature is written in a cursive style with a large initial 'A'.

Andrew Cannell
Chief Executive

Date: 25th May 2016

Quality Report



From 1st April 2015 to 31st March 2016

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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 update its Quality Strategy. The Trust Board has ensured that Quality is a key agenda item at each Board meeting and it oversees the delivery of the Trust's priorities and initiatives identified in its Quality Report.

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:

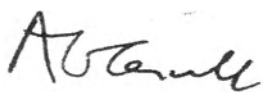
- We have met all of the mandated targets
- Unfortunately we did not meet our own target of no more than 14 attributable grade 2 or above pressure ulcers. Actions we have taken to prevent pressure ulcers are included in the Sign Up To Safety update.
- I am particularly pleased to be able to report again that we have achieved against our clostridium difficile and MRSA targets. Whilst we had 3 cases of attributable clostridium difficile against a maximum of 1 case our Commissioners agreed that in 2 cases there was not a lapse in care.
- On the last day of 2015/16 it has been 4 years and 245 days since our last case of MRSA bacteraemia attributable to the Trust.
- We have scored consistently in the top 20% performing Trusts in our most recent 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 (99.71%), ward food (88.99%), privacy, dignity and well-being (89.32%), dementia (70.12%), disability (69.0%) and condition, appearance and maintenance (96.45%). We are reviewing these results to ensure we continue to improve.

- We have introduced the Care Certificate for unqualified clinical staff

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.

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: 25th May 2016

During the last year in our cancer centre:

We cared for 2046 in-patients

We saw 10677 new out-patients

We delivered 87127 fractions of radiotherapy

We delivered 53808 cycles of chemotherapy

During the last year we had:

0 cases of MRSA

3 cases of C diff

20 formal complaints

15 attributable pressure ulcers

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 Strategy. This strategy was refreshed 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 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 2015 and April 2016 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 2015/16 key priorities and performance against key metrics and discussed the priorities for 2016/17. 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:

1.12.15
Healthwatch and OSC
6
6.4.16
Healthwatch
8

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

2.1 Priorities for Improvement

Priority 1: Always Events

Patient Safety: *Always safe, always effective*

Patient safety: Implementation of the Institute for Healthcare Improvement / Picker Institute Always Events programme

Always Events® focus on ensuring events that matter to patients happen every time for every patient. Always Events® will be tailored to individual services and will be developed in consultation with our patients learning from what we do well and what elements of care our patients value most.

Why have we chosen this priority?

Our vision is to provide the best cancer care to the people we serve. The aim of Always Events® is to create a positive approach to improving patient care. Always Events® will help to further improve our person and family centered care delivery processes.

How we did last year

This is a new initiative so there is nothing to compare with.

How will we monitor and measure progress of this priority

Updates on progress will be provided to the Trust Board and to The Board's Quality Committee.

Priority 2: Model of Care

Patient Experience: *Striving for excellent patient satisfaction*

Review our model of care in light of the new clinical model and design of Transforming Cancer Care

We will implement a model of Person Centred Care incorporating The Person Centred Care frameworks developed by the Health Foundation and The King's Fund.

Why have we chosen this priority?

As we develop our plans for the new cancer centre in Liverpool we need to reflect on the current model of care and ensure it meets the needs of our patients and the different challenges faced by the new hospital building such as all single patient rooms and the emerging new clinical model across the network.

How we did last year

This is a new initiative so there is nothing to compare with.

How will we monitor and measure progress of this priority

Updates on progress will be provided to the Trust Board and to The Board's Quality Committee.

Priority 3: Serious Illness Conversation

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

Patient Outcomes/effectiveness: Implementation of the 'Serious Illness Conversation Guide'

The seven-question 'Serious Illness Conversation Guide' for doctors and patients is designed to facilitate meaningful conversation among physicians, patients and families; a serious illness conversation, using the Guide, focuses on optimising quality of life for patients based

on what matters most to them. Given the challenges oncologists face and the need to support appropriate management of expectations by patients, the public and even professionals it is proposed that a programme is initiated to implement training in serious illness conversations.

Why have we chosen this priority?

The Serious Illness Care Programme is run by Ariadne Laboratories in Boston, USA. Founded by Dr Atul Gawande who is the Executive Director, Ariadne Labs' mission is 'to create scalable moments that produce better care at the most critical moments in peoples' lives everywhere'.

The Serious Illness Care Programme is designed to improve the lives of all people with serious illnesses, by increasing meaningful conversations about their values and priorities.

There is ample evidence that better communication leads to better care, and earlier conversations about patients' needs and priorities in serious illness are associated with improved quality of life, reduced distress and depression, better patient and family coping, easing the burden of decision making, and higher levels of patient satisfaction. There is also evidence that non-beneficial healthcare costs are reduced.

How we did last year

A small number of CCC patients have already benefited from a serious illness conversation. In the first phase of the programme 9 additional CCC consultants will be trained in the use of the tool; as well as then going on to train colleagues, these doctors will be able to use the intervention in their own clinical practice. Ultimately it is hoped that, as training is cascaded throughout the organisation, all CCC patients who might benefit, will be offered a serious illness conversation by the end of 2017.

How will we monitor and measure progress of this priority

Updates on progress will be provided to the Trust Board and to The Board's Quality Committee.

How we did last year: Progress made since publication of the 2014/15 report:

In our Quality Report last year (2014/15) we identified the following priorities:

Patient Safety: *Always safe, always effective*

- Sign up to Safety

Patient Experience: *Striving for excellent patient satisfaction*

- Improving waiting times

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

- Reduction of acute kidney injury and sepsis

Priority 1: Sign Up to Safety

Patient Safety: *Always safe, always effective*



Why we chose 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:

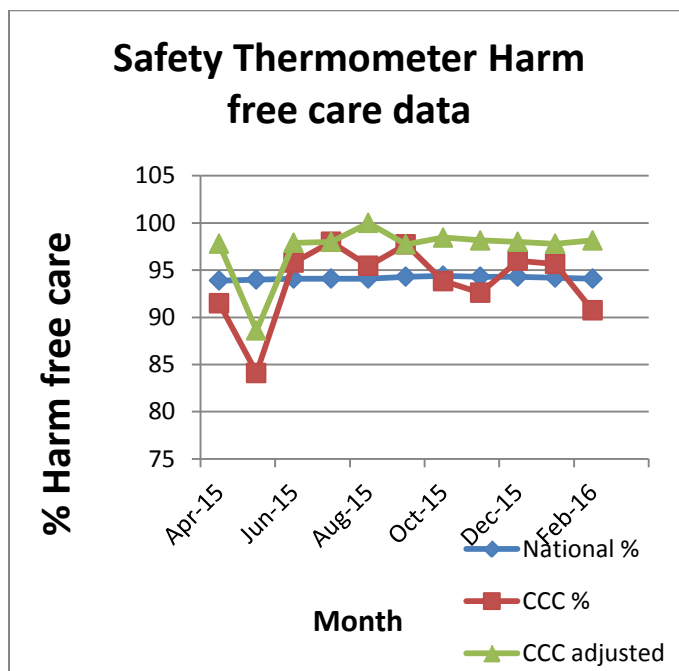
- NHS Safety Thermometer denoted avoidable harms (including pressure ulcers)
- Medicines Safety
- Improve prevention, recognition and management of the adult deteriorating patient
- Development and implementation of a Radiotherapy Safety Thermometer

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

How we did last year

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

NHS Safety Thermometer denoted avoidable harms (inc' pressure ulcers). We record and investigate all incidences of the Four Harms, specified by the NHS Safety Thermometer, which are attributable to The Clatterbridge Cancer Centre across our three inpatient wards.



Nationally harm free care is ~94%, CCC consistently mirrors, if not improves, on this %, however The Safety Thermometer does

not differentiate between a harm which has been caused by care at CCC and that which is inherited e.g, a patient who has acquired a pressure sore in a different care setting but is then admitted to CCC. The pressure sore is classed as an old pressure sore but still counts as a harm against CCC. In order to provide reassurance to the Board and improve care all harms identified are further investigated and a CCC adjusted figure, which takes into consideration whether or not the harm is as a direct result of the care given at CCC. For all but one month CCC improved upon the national Harm Free care percentage.

Medicines Safety

Our Medicines Safety Team has a key focus on the prevention of medication errors

Improve prevention, recognition and management of the adult deteriorating patient. This domain is split into the following three workstreams:

Recognition and escalation of the deteriorating patient – In January we switched from MEWS (Modified Early Warning Score) to the National Early Warning Score (NEWS). As NEWS takes into account a number of additional factors, which may indicate a deteriorating patient. Recognition and initiation of treatment for patients with Sepsis and Recognition and treatment of patients developing acute kidney injury (AKI) are both referred to in Priority 3: Reduction of acute kidney injury and sepsis.

Development and implementation of a Radiotherapy Safety Thermometer. Following further discussions with the Radiotherapy Manager and Clinical Governance Manager for Radiation Services, the form has been adapted to include a section on radiotherapy toxicities (skin reaction, UTI, N&V etc.). It is hoped that this might be able to be linked in with medicines management N&V but initially should allow the Trust to assess the control of harm over the treatment period,

identifying any contributing factors if harm identified.

There is planned further engagement with radiotherapy staff to review:

- Survey choices
- Design of form
- Suggestions for who and when survey will be conducted (needs to be consistent across all linacs)
- Roll out of survey
- Feedback and follow up
- Where next ? Develop specific pre – treatment survey delayed start dates!

How we monitored and measured progress of this priority

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

Priority 2: Improving Waiting Times

Patient Experience: *Striving for excellent patient satisfaction*

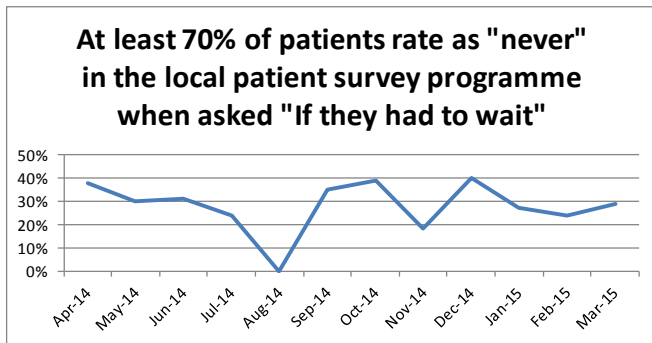
Why we chose this priority?

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.

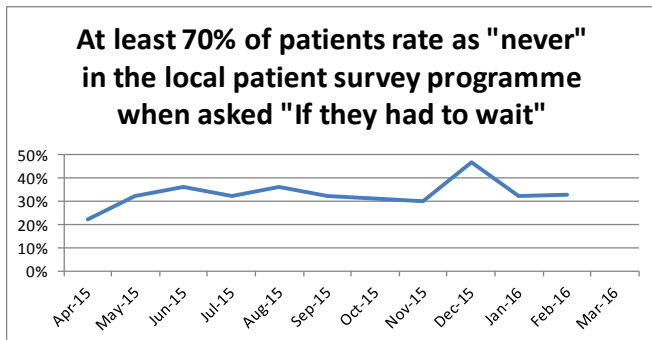
How we did last year

Table 3: Internal patient survey results

2014/15



2015/16



Actions taken within the Chemotherapy Directorate to improve patient waiting times

During August 2015-2016 the Chemotherapy Directorate implemented significant changes to the systems and processes used to manage patients within the Delamere Day Case Unit. These changes have had a positive impact on patient waiting times and patient experience.

There has been a huge improvement in the performance against the waiting time target. The service changes that supported this achievement include:

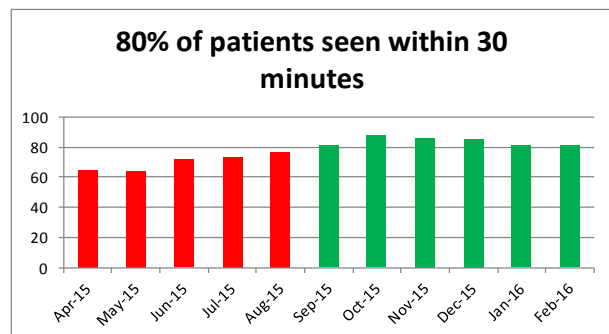
- A new booking in process that is reviewed and managed by the clinic coordinator on a daily basis.
- The development of a "PICC Flush Chair" that is used for PICC dressings only.
- A Rapid Treatment Chair. Patients requiring treatment that is less than

half an hour are booked into the rapid chair.

- A new Pre-assessment Process that is led by a senior chemotherapy nurse.
- HCA access to booking treatment appointments on behalf of the chemotherapy nursing team.
- The development of a ward pharmacy technician role to improve communication between ward and Pharmacy teams.

In addition, further work is underway to improve the management of patients requiring on treatment review. The proposed changes to this service will also reduce patient waiting times and streamline treatment pathways.

Performance against the Waiting Time Target



OPD Waiting Times

The Trust has recently invested a significant amount of capital funding to expand the number of consultation rooms within the Wirral site OPD. The expansion of the department will facilitate better patient flow by reducing the need for room sharing amongst teams. The nursing team, clinic templates, phlebotomy service and other supporting services have also been adapted and reconfigured to support the new way of working.

As the building work was completed in March 2016, it is anticipated that the full utilisation of the new facilities will

commence by 1st April 2016. An improvement in the waiting times is expected thereafter.

How we monitored and measured progress of this priority

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

Priority 3: Reduction of acute kidney injury and sepsis

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

Why we chose 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 had 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 was 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 therefore chose to implement the 2015/16 CQUINS.

How we did last year

2015/2016 National CQUIN Goals:

Physical Health: Acute Kidney Injury
Indicator Description:

The percentage of patients with AKI treated in an acute hospital whose discharge summary includes each of four key items:

1. Stage of AKI (a key aspect of AKI diagnosis);
2. Evidence of medicines review having been undertaken (a key aspect of AKI treatment)

3. Type of blood tests required on discharge; for monitoring (a key aspect of post discharge care);
4. Frequency of blood tests required on discharge for monitoring (a key aspect of post discharge care)

The Trust is making steady and consistent progress towards achieving and sustaining compliance with the CQUIN. The Integrated Care Directorate has prioritised oversight and scrutiny of its clinical governance and assurance frameworks as part of its 16/17 business plan and ensures that these themes and key lines of enquiry are discussed as a standing agenda item at monthly directorate meetings. These meetings are multi professional with key messages cascaded across the directorate. Huge improvements have been made in quality of care as evidenced by our ward morbidity and mortality reviews.

An AKI audit was undertaken and as a result the Trust's fluid policy has been updated and chemotherapy regimens containing cisplatin are commenced earlier each day. The Trust has adopted the North West AKI bundle and all patients are screened and treated according to protocol.

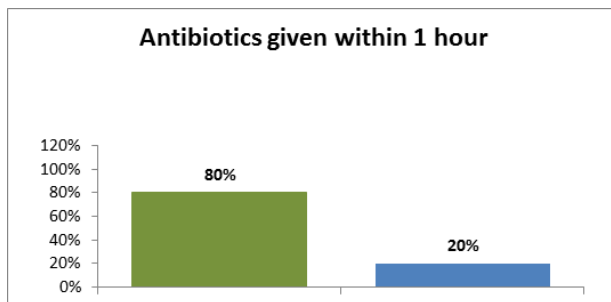
The Integrated Care Team have been involved in designing our discharge letter and summary within our new hospital EPR system Meditech, to be implemented early 2016/2017. When this is in place we will be able to evidence compliance with this CQUIN.

Physical Health: Sepsis:

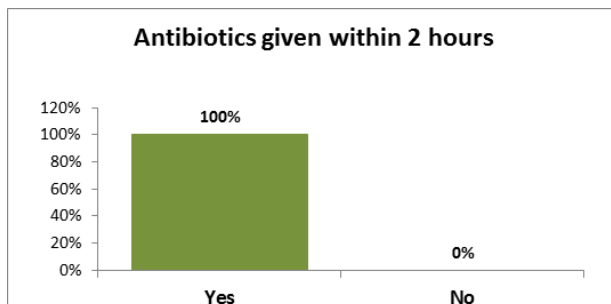
Two part indicator:

1. The total number of patients presenting to emergency departments and other units that directly admit emergencies who met the criteria of the local protocol and were screened for sepsis.
2. The number of patients who present to emergency departments and other wards/units that directly admit

emergencies with severe sepsis, Red Flag Sepsis or Septic Shock (as identified retrospectively via case note review of patients with clinical codes for sepsis) and who received intravenous antibiotics within 1 hour of presenting.



An audit was undertaken from January 2015 to December 2015 in order to provide assurance that management of sepsis procedures at The Clatterbridge Cancer Centre are carried out in accordance with the Trust Policy.



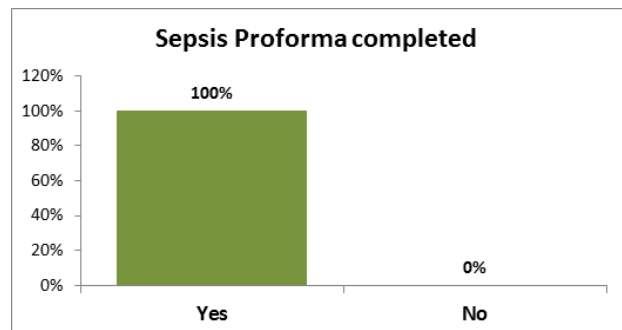
Patient case notes were reviewed to establish whether:

- The patient had a completed sepsis proforma
- If a MASCC score has been completed
- Time from presentation to receipt of antibiotics was within 60 minutes

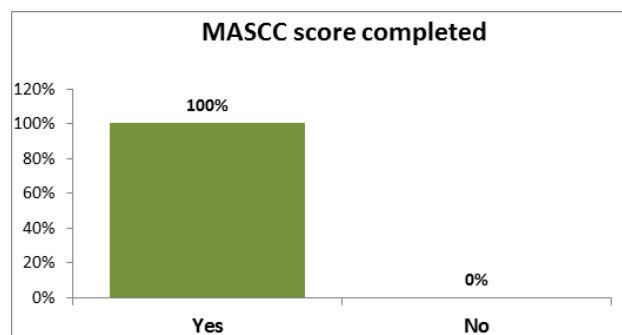
Further work is underway to undertake a root cause analysis of all patients not receiving antibiotics within an hour and to achieve 100% compliance during 16/17.

The results showed that

How we monitored and measured progress of this priority



We adopted the CQUINS reporting framework. We reported against the CQUINS metrics in our Integrated Performance Report to the Trust Board monthly and this information was also provided to our commissioners and to the Clinical Directorates.



2.2 Statements of Assurance from the Board

During 2015/16 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 2015/16 represents 100% of the total income generated from the provision of relevant health services by The Clatterbridge Cancer Centre NHS Foundation Trust for 2015/16.

Information on participation in clinical audits and national confidential enquiries

During 2015/16, 8 national clinical audits and 2 national confidential enquiries 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 2015/16 are as follows.

- National Bowel Cancer Audit
- National Lung Cancer Audit
- National Oesophago-Gastric Cancer Audit
- Cancer Outcomes and Services Dataset (COSD)
- NCEPOD - Gastrointestinal Haemorrhage (GIH) study
- NCEPOD – Mental Health
- RCR End of Life Care Audit: Dying in Hospital
- RCR UK Audit of Toxicity and Outcomes of Radical Chemoradiotherapy in Anal Cancer
- Screening for breast cancer after treatment for lymphoma; the Breast Screening after Radiotherapy Dataset (BARD)
- RCR National Prostate Cancer Audit - Radiotherapy Data

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 2015/16, 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.

- National Bowel Cancer Audit
- National Lung Cancer Audit
- National Oesophago-Gastric Cancer Audit
- Cancer Outcomes and Services Dataset (COSD)
- NCEPOD - Gastrointestinal Haemorrhage (GIH) study
- NCEPOD – Mental Health
- RCR End of Life Care Audit: Dying in Hospital
- RCR UK Audit of Toxicity and Outcomes of Radical Chemoradiotherapy in Anal Cancer
- Screening for breast cancer after treatment for lymphoma; the Breast Screening after Radiotherapy Dataset (BARD)
- RCR National Prostate Cancer Audit - Radiotherapy Data

Table 8a: Audits: cases submitted

National Clinical Audit and NCEPOD eligible studies	Cases submitted
National Bowel Cancer Audit	492/681 (72%) treatment records submitted (189 not uploaded as either already been put on by secondary Trust or patient not registered by secondary Trust)
National Lung Cancer Audit	1047 (100%) treatment records submitted
National Oesophago-Gastric Cancer Audit	211/290 (73%) treatment records uploaded (79 not submitted as not registered by secondary Trust)
Cancer Outcomes and Services Dataset (COSD)	XML files were sent monthly to NCIN
NCEPOD - Gastrointestinal Haemorrhage (GIH) study	1/1 (100%) organisational questionnaire
NCEPOD – Mental Health	1/1 (100%) clinical questionnaire completed (which was later excluded due to not fitting the study criteria)
RCR End of Life Care Audit: Dying in Hospital	19/19 (100%) records submitted
RCR UK Audit of Toxicity and Outcomes of Radical Chemoradiotherapy in Anal cancer	12/12 (100%) patient proforma completed and sent
Screening for breast cancer after treatment for lymphoma; the Breast Screening after Radiotherapy Dataset (BARD)	44 (100%) patient identified and all 44 treatment records submitted
RCR National Prostate Cancer Audit - Radiotherapy Data	Files are sent monthly to NCIN

The reports of 4 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 2016-17
DAHNO	Recommendations were discussed at SRG meeting and group agreed to continue participate in the audit for 2016-17
LUCADA	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2016-17
NCASP	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2016-17

The reports of 17 local clinical audits were reviewed by the provider in 2015/16 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
Diabetic Complications at Clatterbridge Cancer Centre (CCC)	Trust-approved hypoglycaemia protocol is now accessible within clinical areas. Introduce an educational programme regarding initial Rx and referral criteria. Incorporate oncology-specific hypoglycaemia protocol into junior doctor induction. Hypoglycaemia rescue boxes are now available in clinical areas. Liaise with local diabetic team for problematic patients pre- or post-discharge, Re-audit
Adjuvant chemotherapy in rectal cancer following long course chemo radiotherapy and surgery	Confirmed Good Practice
Nurse Led Telephone Follow up Service	Following the results of the survey improvements have been made to make it easier for patients to have their PSA taken. One of the issues raised was that the patients' local phlebotomy service would not take the blood sample because the patient did not have a blood form, blood forms are now sent

	out with the appointment letters to patients if required, therefore reducing the problems that patients experienced. Future patient satisfaction surveys will need to be undertaken to continue to evaluate patient satisfaction.
A comparison of prostate visibility using Metal Artifacts Reduction for Orthopedic Implants (O-MAR) software for CT imaging to MRI images in patients with prosthesis	Confirmed Good Practice
'Emergency Admissions Re-Audit - Jan 14 admissions	Further education and training to be included for nursing staff on the febrile neutropenia and the importance of door to needle time. Medical training leads to address MASCC scoring system not being utilized for all patients admitted with suspected febrile neutropenia with medical staff. Highlight the importance of documentation to medical and nursing staff. Time of arrival and time of medical review to be documented for all emergency admissions, form to

	<p>be designed and implemented on which these times can be recorded. Training for nursing staff on febrile neutropenic sepsis and PGD Training. Medical training leads to address door to needle times for administration of antibiotics and highlight guidelines with medical staff. Medical Director to be advised of audit outcome and take appropriate action. Further audit work specifically looking at Consultant review times, to highlight any improvements made.</p>
Bevacizumab in metastatic colorectal cancer	Confirmed Good Practice
Prevalence of syndrome of inappropriate antidiuretic hormone secretion (SIADH) in Small Cell Lung Cancer (SCLC)	Confirmed Good Practice
Baseline Audit of End of Life Care and Communication Record (Pilot)	<p>It is recognised that further development and review of the EOLCCR is needed, particularly to prevent repetition of information that may have contributed to difficulties with completing parts of the document. In addition further</p>

	<p>education around the end of life care, and in particular around advance care planning, resuscitation discussions and decisions, and capacity assessment is needed. This is an area that the CCC specialist palliative care team have already identified as a priority. The development of an advance care planning facilitator role is planned, as well as formal multi-disciplinary education around resuscitation decisions and mental capacity assessment. The rolling end of life care education programme will also continue to be reviewed and developed; including ongoing education around the use of the EOLCCR to support dying patients. An updated version of the EOLCCR was launched at CCC in autumn 2015. Further audit of the updated document is in progress.</p>
Patients' need for information and support with medicines after discharge from hospital	Confirmed Good Practice

Survey of pharmacy needs of staff and patients at The Clatterbridge Cancer Centre NHS Foundation Trust.	PharmaC are focusing on home care. Smoking Cessation Service is now available
Quality Assurance for Care of the Dying: Cheshire and Merseyside Strategic Clinical Network (Regional CODE Project)	Confirmed Good Practice
Timeliness of the investigation of MSCC Network Re-Audit 2014	Further education is required for staff on the suspected MSCC. Ensuring that all patient information is included on the request form. Correct wording on MSCC requests to be made clear if they are urgent or to be done ASAP. Telephone the radiology department if MSCC is suspected. Data to be split into two sections. Urgent MRI (within 24hrs) for those usually in hospital with signs and symptoms of MSCC and MRI (within 1 week) for those usually in outpatients who have a suspicion of bony mets. Adding a symptom tick box to the referral form.
Audit to establish if measuring creatinine clearance by Cr-51 EDTA testing in patients receiving	Confirmed Good Practice

Carboplatin changes clinical practice	
Review of triage service and advice given to patients	Confirmed Good Practice
Uptake and tolerance of scalp cooling in patients attending Delamere ward for chemotherapy	Scalp cooling is now offered to all eligible patients attending pre-assessment on Delamere ward. Scalp cooling time is added to the appointment either when the appointment is booked or following discussion at pre-assessment. Patients are able to look at the scalp cooling caps and machines when attending pre-assessment. A patient information leaflet is to be produced offering information on scalp cooling and what to bring when attending for treatment if having scalp cooling. Staff are regularly trained in the fitting of the scalp cooling caps and use and maintenance of the machines. Scalp cooling questionnaire to be added to the I-SEE devices when implemented on the chemotherapy directorate.
Serious adverse events during neoadjuvant/adjvant chemotherapy for gastroesophageal cancers	Confirmed Good Practice

<p>Pressure Ulcer Re-Audit April 2015</p>	<p>Objective 1: Waterlow assessment within 6 hours of admission Mersey: Highlight new admissions at next safety huddle meeting. Highlight at next ward meeting Sulby: Re-iterate at ward meeting. Ongoing Education</p> <p>Objective 2: Evaluation of care per shift Sulby: Book staff onto document work shop Ongoing Education</p> <p>Objective 3: Waterlow reassessment if required Mersey: Ensure spot checks are made weekly during sisters ward rounds. Sulby: Ward Manager and senior nurses to do spot checks.</p> <p>Objective 4: Develop care plan Mersey: Ensure spot checks are made weekly during sisters ward rounds. Ongoing Education Sulby: Ongoing Education Conway: To make sure all patients at risk have a care plan initiated on</p>
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	<p>admission. Patients assessed of being at risk are regularly reassessed and appropriate equipment put in place. Patient at risk are highlighted in safety huddle twice a day. Sisters' rounds and spot checks.</p>
<p>Local NICE Guidancel Audit</p>	<p>Actions to improve quality of care</p>
<p>Re-Audit TA192 - Lung cancer (non-small-cell, first line) – gefitinib</p>	<p>Compliant: 48/52 patients received Gefitinib as first-line treatment. 3/52 patients received Gefitinib as second-line treatment when there tumours became locally advanced or had metastatic disease (i.e. first- line palliative). 45/52 patients were documented as locally advanced or metastatic disease. 5/52 patients didn't receive Gefitinib until there tumours became locally advanced or had metastatic disease.</p> <p>Non-Compliant: 1/52 patients received a chemotherapy regimen whilst awaiting EGFR mutation status but remained on chemotherapy when the status was known to be</p>

	<p>positive. The patient did not receive Gefitinib until they progressed one year later. 2/52 patients staging were recorded as stage IB and there is no indication for these patients receiving Gefitinib as first-line treatment. Re-audit November 2017.</p> <p>Contact pharmacy re checking stage of disease for future patients</p>		<p>Dabrafenib is available in the CCC chemotherapy protocol book via the Cancer Drugs Fund. CCC is compliant with this guidance</p>
TA268 Melanoma (stage III or IV) - ipilimumab	<p>All 11 patients had metastatic malignant melanoma. All patients received Ipilimumab as a second line SACT CCC is compliant with this guidance.</p>	TA310 - Lung cancer (non-small cell, EGFR mutation positive) - afatinib	<p>All 9 patients had metastatic NSCLC. All 9 patients had (EGFR-TK) mutation positive tumours. 8 out of the 9 patients had not received any prior TKI treatment. 1 patient had received prior Erlotinib which was switched to Afatinib due to abnormal LFTs on Erlotinib. This was classed as a continuation of second line treatment. CCC receive the discount agreed in the patient access scheme. CCC is compliant with this guidance.</p>
TA319 - Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma	<p>All 24 patients had metastatic malignant melanoma. All 24 patients received Ipilimumab as a first line SACT CCC is compliant with this guidance.</p>	TA316 - Enzalutamide for metastatic hormone relapsed prostate cancer previously treated with a docetaxel containing regimen	<p>118 out of the 136 patients had not received any prior Doxetaxel but received Enzalutamide via the CDF programme (under different criteria). 17 out of the 136 patients had received prior Doxetaxel. 1 out of the 136 patients was a Private Patient therefore excluded from the audit. Pharmacy confirmed that CCC receive the discount agreed in the patient access scheme. CCC is compliant with this guidance.</p>
TA321 - Dabrafenib for treating unresectable or metastatic BRAF V600 mutation positive melanoma	<p>All 3 patients had metastatic BRAF positive malignant melanoma. 2 patients received Dabrafenib via the cancer drug fund (CDF). 1 patient received Dabrafenib in combination with Trametinib via a compassionate programme.</p>		

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 550.

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

	Q1	Q2	Q3	Q4	Total
Clatterbridge Cancer Centre	134	75	80	101	390
Peripheral clinics/Trusts	52	44	33	31	160
Total	186	119	113	132	550

Research and Innovation

CCC is committed to providing the best cancer care to the people that we serve. A vibrant and dynamic portfolio of research is key to achieving this goal. This enables patients to access the newest and most novel anti-cancer agents; having research focused Clinicians who are opinion leaders in disease areas to shape the research agenda and to have evidence based care at the heart of what we do brings substantial patient benefit and will hopefully increase positive outcomes. We have developed clear strategies to inform the direction of travel to assure compliance with NIHR High Level Objectives and to align CCC's research agenda with medium to long term goals and the Transforming Cancer Care Programme. The new Cancer Centre in Liverpool will enable us to strengthen research collaborations with Academia and Partner Trusts whilst also allowing new collaborations to blossom. CCC remains dedicated to securing its reputation as an international centre for excellence in research.

Key Developments

Continuing the development of academic oncology

The Trust continues to recognise the importance of academic oncology to further facilitate CCC's aim to foster Clinician-led research and research development at the Trust. We now have five chairs (four in medical oncology and one in radiation oncology) and four senior lecturers (three in medical oncology and one in radiation oncology) with a planned further appointment.

We are continuing to develop our portfolio of CCC Clinician-led studies. A new multi-centre study in pancreatic cancer opened to join three CCC Sponsored studies in different disease areas already recruiting participants; we have a further three studies still in development and one due to open to recruitment shortly. The studies have been developed and secured via open competitive research calls from UK charities and in collaboration with pharma. These studies, successfully delivered form a core part of CCC's continuing development and commitment to building reputation in research as a mainstay of Trust activity.

Notable Achievements

- CCC is one of only three UK sites chosen and able to support the Amgen phase II gene therapy study testing Talimogene Laherparepvec (TVEC) in melanoma, we are now setting up a similar study in Head and Neck Cancers.
- We have substantially expanded the Lung Cancer Portfolio of research studies across various phases, disease types and lines of treatment thus offering our patients the most up to date therapies in this cancer.
- The CCC Biobank opened this year. The Biobank is a key strategic element in the enablement of CCC-led translational research facilitating research into; the molecular

mechanisms of cancer, biomarker discovery for detection and prognosis and the stratified medicine agenda.

- CCC has continued to enhance its reputation for study delivery becoming embedded as a 'GoTo' Trust for elite pharma companies. Furthermore, we have increased our delivery of early phase studies year on year, enabling our patients to access treatments that would be otherwise unavailable (from 46% to 51% of studies in the research portfolio).

CQUINS

The Clatterbridge cancer Centre NHS Foundation Trust income (2015/16) was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the Trust had opted for the default tariff rollover.

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 2015/16

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 2015/16 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: 99.8% for admitted patient care and 99.9% for outpatient care. The Trust does not provide accident and emergency care.
- which included the patient's valid General Practitioner Registration Code was: 99.4% for admitted patient care and 99.4% 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 2015/16 was 80% and was graded green.

The Clatterbridge Cancer Centre was subject to the Payment and Tariff Assurance Framework audit during the reporting period by Monitor.

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 15-16. 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

2.3 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)
2014/15	85.9	76.6	67.4	88.2
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: The 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)
2015	91%	89%	82%	93%
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
- 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.

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 15/16	97.8%	96.04%	86.1%	100%
Q2 15/16	98%	95.9%	75%	100%
Q3 15/16	98.1%	95.5%	61.5%	100%
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%

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 2014 to March 2015	6.1	15.1	0	62.2
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 14 to March 15	849	1028	300	2672
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 14 to March 15	108.5	Not available	3.6	170.8
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 14 to March 15	0	4.17	0	23
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 14 to March 15	0	0.31	0	0.90
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.

2.4 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:

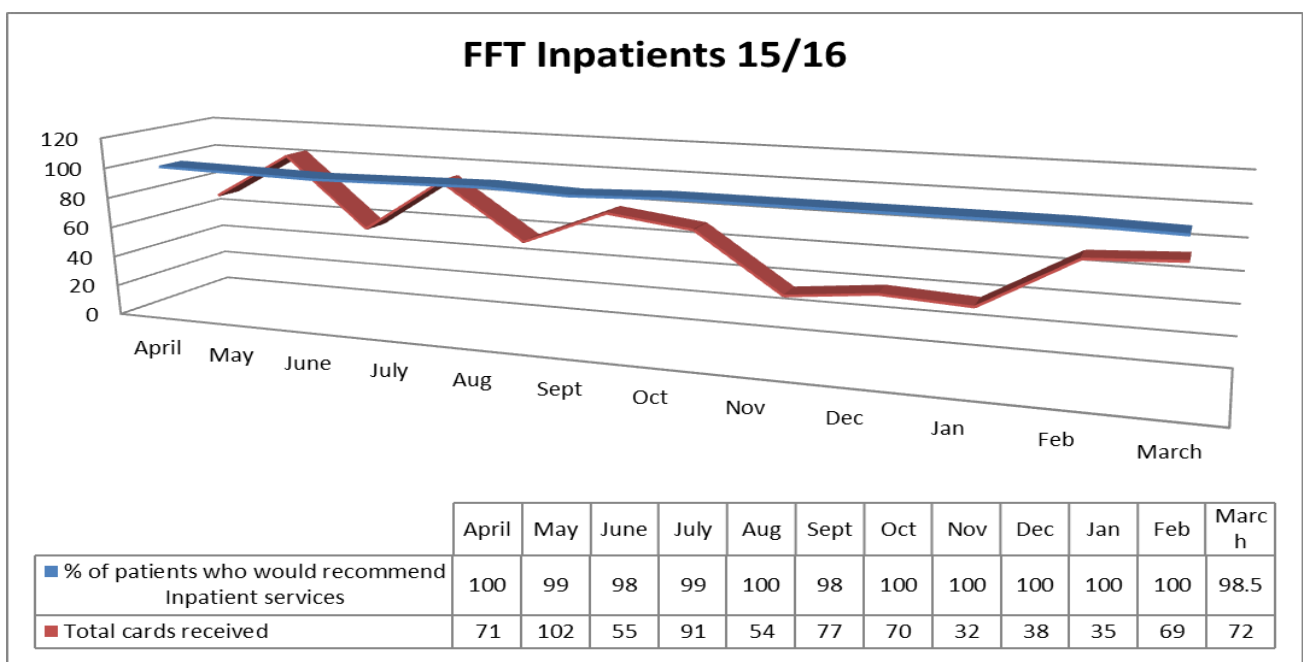
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

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

The following graphs show the percentage of patients that would recommend our services to the Friends and Family. The number of responses received for each month is also indicated.

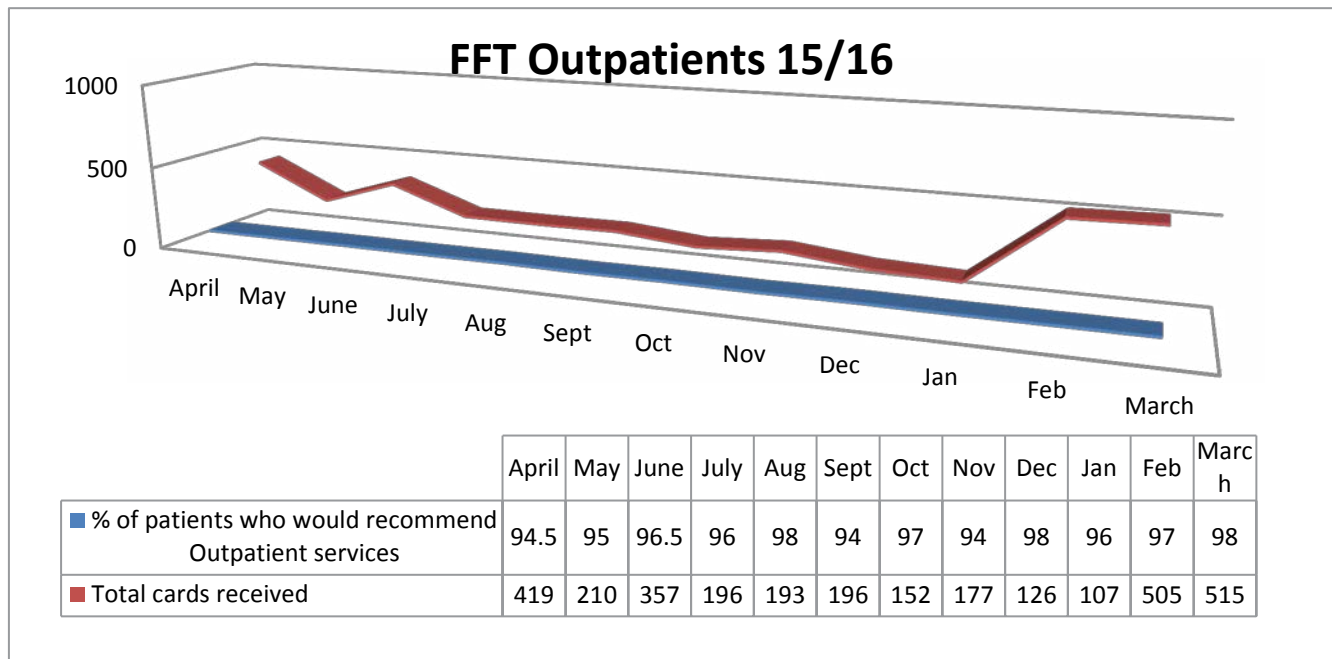
Inpatient Friends and Family Test

Inpatients for 15/16 total responses received 766 of which 99.5% would recommend our services



Outpatient Friends and Family Test.

Outpatients for 15/16 total responses received 3153 of which 96% would recommend our services.



We also asked patients were asked 'what would have made your visit better'.



2.5 Implementation of the Duty of candour

The Trust has in place a being Open and Duty of Candour: communicating patient safety incidents with patients and their carers policy. This policy provides the information and framework to all staff to ensure a culture of openness where communication with the patient, their family or carers and the healthcare team is open, honest and occurs as soon as possible following a patient safety incident. The policy is audited annually and the 2015 audit involved reviewing all incidents that caused harm and all serious incident panels held from 1/11/14 – 31/10/15. It also involved reviewing all complaints and claims to ensure that the Being Open policy/principles were followed.

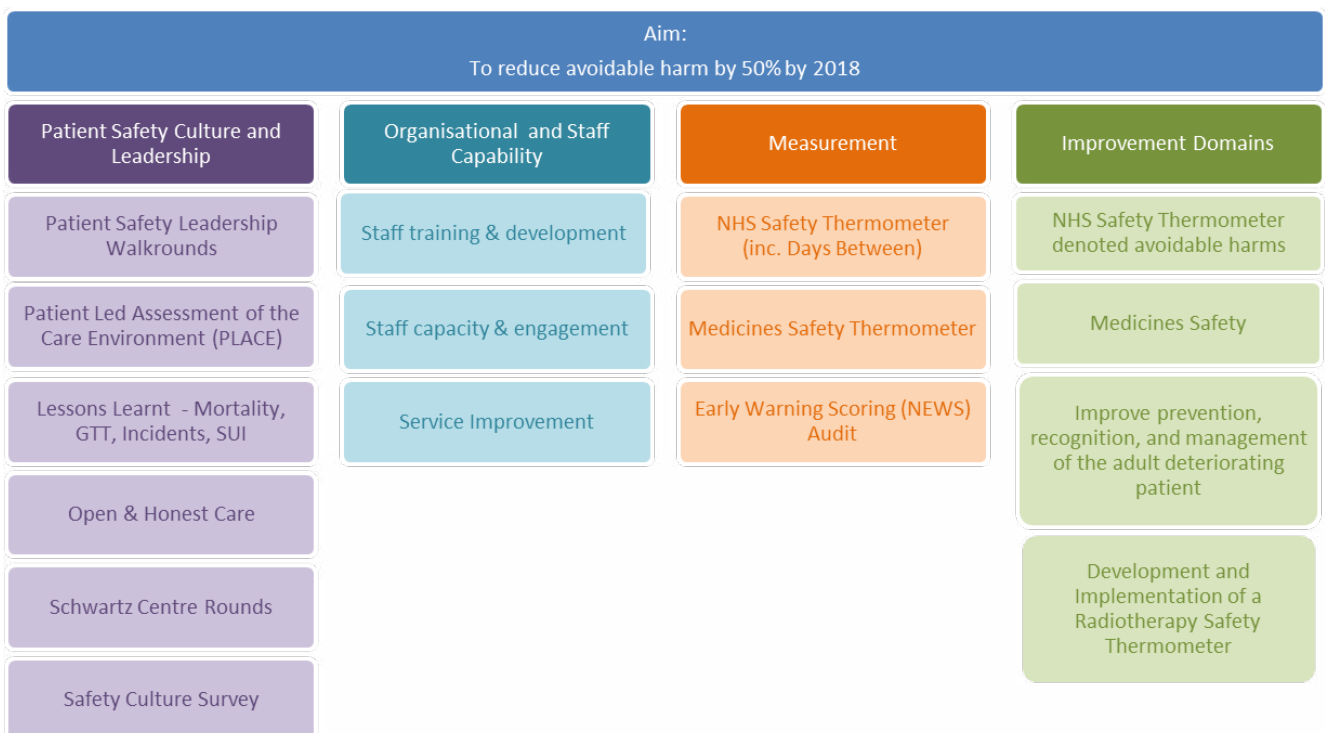
The audit has confirmed that the principles of being open have been undertaken where appropriate and that the required documentation has been completed. This concludes that although no incidents, complaints and claims required the implementation of the full Being Open Process, the Being Open principles were adhered to as communication was open and apologies were given where appropriate.

All staff receive face to face training on induction on the Duty of Candour. Subsequently Duty of Candour is included in the Risk Management Training for all staff which is an e.learning workbook to be completed every 2 years. Additional bespoke sessions are commissioned from the Trust's solicitors to provide in depth sessions to clinical staff.

2.6 Sign up to Safety Campaign

As reported in our 2014/15 Quality Accounts the Trust is an active participant in the Sign up to Safety Campaign. The full Sign up to Safety improvement plan is available on our website at: <http://www.clatterbridgecc.nhs.uk/about-centre/high-quality-and-safe-care/safe/sign-safety>

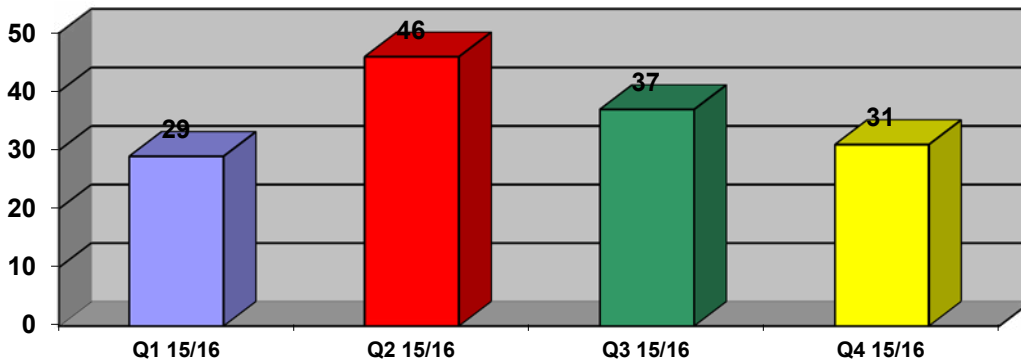
The key elements of our plan are:



2.7 Falls

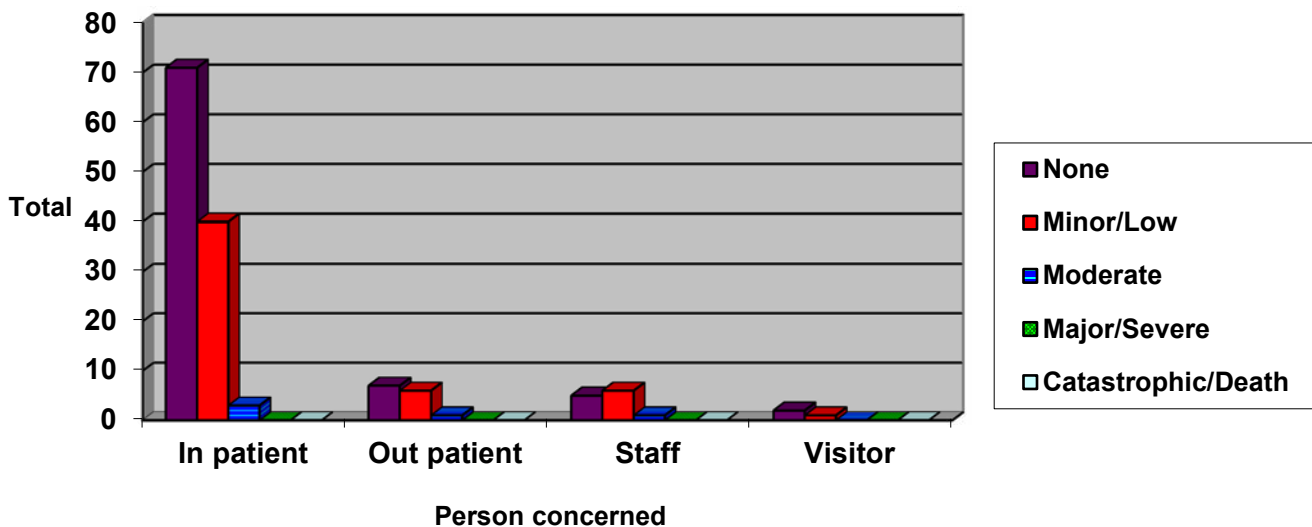
Falls Summary Review 2015-16

Total falls per quarter in 2015/2016



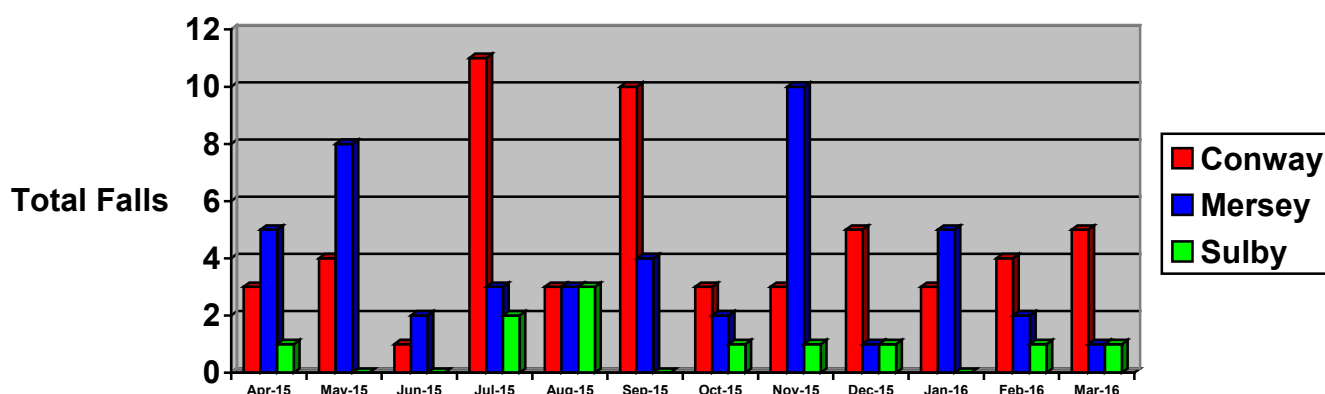
Of the 143 falls in the year, 114 (80%) were inpatients, 14 (10%) outpatients, 12 (8%) staff and 3 (2%) visitors.

Chart to show Levels of Harm for Falls by Person Concerned in 2015-2016:



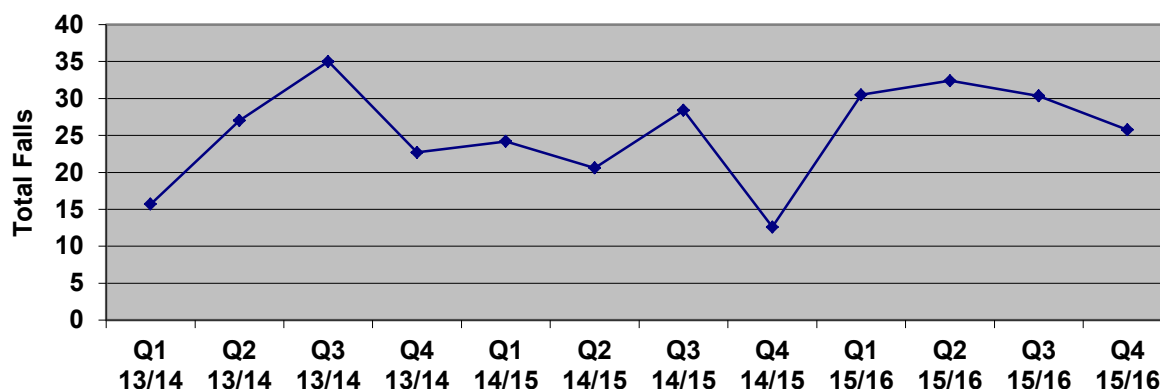
61% of the falls did not result in any harm, 37% resulted in minor/low harm and 3% resulted in moderate harm. Of the moderate harm falls, 3 involved an inpatient, one an outpatient and one a staff member. None of the falls resulted in major/severe harm or catastrophic/death.

Inpatient Falls on Ward per month



The majority (50%) of inpatient falls occurred on Conway ward, with 43% occurring on Mersey Ward and 8% on Sulby Ward.

Chart to show total inpatient falls per 1000 inpatient admissions per quarter over the last three years



The chart above shows that inpatient falls have increased over the past year.

How falls are monitored:

- All falls are reported using the Trust's incident reporting system.
- All inpatients have a falls risk assessment completed on admission and then updated as required
- If a patient is assessed as being 'at risk' of a fall then a falls care plan is implemented
- A falls summary RCA (Root Cause Analysis) is completed for all inpatient falls.
- Falls are monitored at various committees including the Risk Management Committee and in more detail at the Moving & Handling/Falls Prevention Group which meets quarterly
- An annual falls audit is completed as part of the Quality and Risk Management Standards

What we have done to try to prevent falls:

During this review period a number of further initiatives have been developed to improve patient care in relation to preventing falls:

- Root cause analyses are completed for all inpatient falls to try to identify the root cause of each individual's fall and address any actions identified
- There are Falls Link Nurses on each ward.
- Safety Huddles take place twice a day on the wards to highlight any patients at risk of falls and what assistance they require with mobilising.
- Falling leaf posters are put at the back of patient's beds to highlight the fact that the patient is at risk of falls and identifies this to porters and other members of the MDT.
- Magnet system on noticeboard to highlight 'at risk' patients so staff can easily identify those patients at risk of falls.
- Disposable placemats have been introduced for use on inpatient dinner trays which remind patients to use the call bell, wear slippers etc.
- TAB alarms are available which help with confused and/or at risk patients who attempt to get out of bed unassisted by alerting staff of their movement.
- A trial of a new type of slipper is planned so that appropriate footwear can be available for inpatients if required.
- Falls are now going to be reviewed by the ward staff in the Integrated Care Quality meetings so learning can be shared across the wards more easily.

2.8 The Clatterbridge Cancer Centre NHS Staff Survey Results: Workforce Race Equality Standard (WRES)

			2015	Average (median) for acute specialist trusts	2014	Change	Ranking compared with all acute specialist trusts in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	15%	22%	12%	Increase (worse than 14)	Below (better than) average
		BME	22%	19%	12%		
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	19%	23%	22%	No change	Below (better than) average
		BME	22%	24%	12%		
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	93%	91%	95%	No change	Below (better than) average
		BME	85%	78%	100%		
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	6%	6%		
		BME	6%	12%	0%		

2.9 CQC Ratings Grid

The Trust has not yet had an inspection from the Care Quality Commission. We are due our inspection in June 2016. As part of our preparation for our inspection the Trust has completed the following self-assessment. The area which we have self-assessed as 'requires improvement' relates to a gap in senior medical leadership within the Diagnostic Imaging department and overall radiologist capacity. Agency radiologist cover ensures a safe service. We are working with other providers to explore options for the future radiology service model.

	Safe	Effective	Caring	Responsive	Well-led	Comments
Urgent and emergency services						We do not provide urgent and emergency services
Medical care (including older peoples care)	Outstanding	Good	Outstanding	Good	Good	
Surgery						We do not provide surgery
Critical care						We do not provide critical care
Maternity and Gynaecology						We do not provide maternity and gynaecology
Services for children and young people						We do not provide services for children and young people
End of life care	Good	Good	Outstanding	Outstanding	Outstanding	
Outpatients and diagnostic imaging	Good	Good	Outstanding	Good	Requires improvement	

We have assessed our Diagnostic Imaging department as 'requires improvement in the Well Led section due to the challenges of recruiting consultant radiologists'. Any clinical risks have been mitigated.

Part 3: Other information

3.1 An overview of the quality of care offered by the Trust

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

	2015/16	2014/15	2013/14	2012/13
Attributable grade 2 or above pressure ulcers / 1000 bed days'	0.87	1.03		
MRSA bacteraemia cases / 10,000 bed days	0	0	0	0
C Diff cases / 1,000 bed days	0.18	0.06	0.12	0.15
'Never Events' that occur within the Trust	0	0	0	0
Chemotherapy errors (number of errors per 1,000 doses)	0.27	0.12	0.21	0.17
Radiotherapy treatment errors (number of errors per 1,000 fractions)	1.5	1.4	1.1	0.81
Falls / injuries / 1,000 inpatient admissions	29.7	12.6	25.2	22.1
Number of patient safety incidents	2534	1901	1392	1498
Percentage of patient safety incidents that resulted in severe harm* or death.	0.04%	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

	2015/16	2014/15	2013/14	2012/13
30 day mortality rate (radical chemotherapy)	1.05% (Apr 14- Mar 15)	0.66% (Apr 14- Mar 15)	1.3% (Apr 13- Mar 14)	0.7% (Apr 12- Mar 13)
30 day mortality rate (palliative chemotherapy)	7.5% (Apr 14- Mar 15)	6.7% (Apr 14- Mar 15)	9.1% (Apr 13- Mar 14)	8.1% (Apr 12- Mar 13)
30 day mortality rate (radical radiotherapy)	0.76% (Apr 14- Mar 15)	0.70% (Apr 14- Mar 15)	0.66% (Apr 13- Mar 14)	0.69% (Apr 12- Mar 13)
30 day mortality rate (palliative radiotherapy)	12.8% (Apr 14- Mar 15)	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.

	2015/16	2014/15	2013/14	2012/13
'I was treated with courtesy and respect'	98%	98%	97%	97%
'Was the ward / department clean'	96%	96%	95%	95%
'I never had to wait'	35%	29%	27%	26%
'I was included in discussions about my care'	93%	93%	90%	89%
'Did the staff washed their hands'	95%	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 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

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

	2015/16	2014/15	2013/14	2012/13
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	98.0% (target 92%)	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	90.9% post reallocation using all patients (target classic 85%)	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 using all patients (target screening 90%)	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	99.1% using all patients (target 98%)	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	97.3% using all patients (target 94%)	97.2% (target 94%)	Radiotherapy 96.8% (target 94%)	Radiotherapy 96.6% (target 94%)
All cancers: 31-day wait from diagnosis to first treatment	97.9% using all patients (target 96%)	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 (up to Feb 2016)	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 (up to Feb 2016)	No cases	No cases	No cases
Clostridium difficile – meeting the C. difficile objective	3 attributable (target no more than 1). 2 cases agreed as no lapse in care.	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	Achieved

Annex 1

Statement from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees



Clatterbridge Cancer Centre – Quality Account 2015/16

NHS England Specialised Commissioning Team would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on their Quality Account for 2015/16. The account accurately reflects the performance for the organisation during 2015/16.

The Quality Account clearly sets out the outcomes and achievements for 2015/16 and details the priority areas and rationale for the coming year. The priority areas demonstrate a commitment to improving quality for patients 2016/17.

The trust should be commended on meeting their mandated targets and the maintenance of zero tolerance to MRSA. The trust has not exceeded its target for Clostridium Difficile, which should be seen as an achievement as maintaining a target of 1 is difficult for any organisation. The trust involves commissioners in the Multidisciplinary review of infection to determine whether there have been any lapses in care.

The account openly discussed the trusts challenges for meeting their target for reduction in attributable grade 2 or above pressure ulcers. The organisation continues with the 'Sign up to Safety Campaign'.

The trust should be congratulated for being in the top 20% performing trusts in the annual staff and patients Care Quality Commission survey and there continues to be a focus on improvement. There are clear quality objectives and commissioners look forward to working in partnership towards the build of a new state of the art cancer centre.

An area to note is the improvements made in the Chemotherapy Directorate in terms of waiting times, the account demonstrates the improvements throughout the year.

The Quality Account shows commitment to National and Local audits and research. There is a demonstrable focus on improving patient safety and improving quality outcomes and experience. The organisation is using FFT outcomes to make improvements in patient experience.

The Clatterbridge Cancer Centre provides quality assurance throughout the year to commissioners and we look forward to working in partnership in 2016/17 to further improve quality and experience for patients.

Sue McGorry, Head of Quality, Specialised Commissioning Team, Northwest Hub.

Statement from Wirral Metropolitan Borough Council

13th May 2016

Commentary on the draft Quality Account, 2015/16, 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 10th May 2016 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 2015/16. 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 mandated targets for 2015/16.

Members support the priorities selected for improvement for 2016/17 and welcome the Trust's invitations to Healthwatch, Overview and Scrutiny Committees and other key stakeholders to contribute to the development of these priorities. Members also welcome the Patient Centred theme which runs through all priorities for 2016/17.

Priorities for Improvement 2016/17

Priority 1: Always Events

The implementation of the Always Events programme tailored for Clatterbridge Cancer Centre is welcomed by Members. The involvement of patients in the development process to better understand elements of care which patients value most is also welcomed. As a new initiative Members are interested in how success of this programme will be measured in future.

Priority 2: Model of Care

Members are impressed with the Trust's plans to implement a model of Person Centred Care to ensure that patient's needs continue to be met in light of the Transforming Cancer Care project and its associated challenges.

Priority 3: Serious Illness Conversation

Adoption of the Serious Illness Conversation is viewed by members as an innovative approach to improving meaningful communication with patients and families. Members observed that staff training and the provision of sufficient time to undertake conversations with patients would be crucial to the success of this initiative. Members would appreciate an update from the Trust regarding progress on this priority in the future.

Progress made since publication of the 2014/15 report

Sign Up to Safety

Members note that the figure of 15 attributable pressure ulcers recorded by the Trust in the last year has breached the target of no more than 14. However, members are reassured by remedial actions identified by the Trust under the 'Sign up to Safety' campaign such as the prioritisation under the Safety Thermometer improvement domain to eliminate all avoidable pressure ulcers.

Improving Waiting Times

Members recognise actions taken by the Trust to manage patient flow through the Delamere Day Case Unit to further improve patient experience and reduce waiting times. In particular the introduction of a Rapid Treatment Chair for patients requiring treatment that is less than thirty minutes. Members hoped to see continued improvements in patient waiting times in the future.

Other comments

CQC Ratings Grid

Members note the Trust's self-assessment rating in relation to the gap in senior medical leadership within the Diagnostic Imaging department and overall radiologist capacity. The Trust's recognition of this issue alongside work to mitigate clinical risks is acknowledged and it is hoped that remedial options being explored will have a positive effect on recruitment in this area in the longer term.

Safety Indicators

There is concern regarding the increase in patient falls and injuries over the last year. However, Members welcome the range of measures implemented to try to prevent falls and injuries including the introduction of Falls Link Nurses on each ward. Members also welcome initiatives to further reduce risks, such as safety features designed into the new hospital building and the exploration of offering treatment at home for the most frail and vulnerable patients.

There are also concerns relating to the rates of chemotherapy errors (0.27 per 1000 doses) and radiotherapy treatment errors (1.5 per 1000 fractions), which show an increase compared to the previous year's figures.

Never Events

Members congratulate the Trust on its excellent record of never having experienced a 'Never Event'.

I hope that these comments are useful



Councillor Moira McLaughlin
Chair, Health and Care Performance Panel and
Chair, Families and Wellbeing Policy & Performance Committee

Healthwatch Wirral would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account for 2015/16

Over the last year The Clatterbridge Cancer Centre has welcomed Healthwatch Wirral's input on improving patient experience and has included Healthwatch at a strategic, decision making level.

A sub group of Healthwatch Wirral, who look at Quality Accounts for NHS Trusts, met on 03rd May 2015 to compile this response.

Priorities for 2016/17

It was pleasing to read that the Trust had chosen to participate in the Implementation of the Institute for Healthcare Improvement/Picker Institute Always Events programme and that the Trust will develop this in consultation with their patients.

It was encouraging to see that the Trust will implement a model of Person Centred Care particularly with the plans for the new Cancer Centre in Liverpool and the challenges that may be faced.

Healthwatch Wirral would like to commend The Trust for choosing to implement the Serious Illness Conversation Guide. The guide is designed to improve the lives of people with serious illness by increasing meaningful conversations about their needs and priorities. It is encouraging to hear that all patients who may benefit will be offered a serious illness conversation by the end of 2017.

Progress during 2015 to 2016

Healthwatch were disappointed to see that the Trust failed to meet its target for the reduction of Grade 2 Attributable Pressure Ulcers and look forward to noting an improvement in the quarterly reports this year. We would also hope to see a reduction in Outpatient waiting times this year following the expansion of consulting rooms to improve patient flow. Healthwatch would like to congratulate the Trust on redesigning the Chemotherapy Delivery Service to reduce waits and for achieving their target in MRSA bacteraemia and clostridium difficile attributable to the Trust.

Healthwatch noted that the rate of incidents reported is at the highest level but would support the Trust in encouraging staff to report all incidents and near misses as this is indicative of proactive risk management and patient safety culture.

Healthwatch were pleased to see the results in the Trust's performance in the Family and Friends Test.

99.5% of inpatient responses and 96% of outpatient responses indicated that they would recommend the services provided by Clatterbridge Cancer Centre to friends and family.

Overall the Quality Account was good with many positive performance results. The Trust should be commended for including staff in developing Trust values. Also, for the Trusts continued vision to provide the best cancer care to the people that they serve and their mission to improve health and well-being by giving compassionate, safe and effective cancer care.

Karen Prior

Chief Officer - Healthwatch Wirral
On behalf of Healthwatch Wirral

Healthwatch Warrington
The Gateway
89 Sankey Street
Warrington
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Tel 01925 246892

healthwatch
Warrington

contact@healthwatchwarrington.co.uk
www.healthwatchwarrington.co.uk

18th May 2016

Dear Sue,

Re: Clatterbridge Cancer Centre NHS Foundation Trust

Thank you for the opportunity to comment on the Trust's Draft Quality Accounts.

Healthwatch Warrington held an open consultation session on 17th May 2016 to encourage local people and partners to come together and discuss a series of Quality Account drafts.

Those discussed were; 5 Boroughs Partnership NHS Foundation Trust, Warrington and Halton Hospitals NHS Foundation Trust, Clatterbridge Cancer Centre NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust.

We asked those attending the consultation session to look at the overall documents, and answer 4 key questions;

- What are the important successes for the Trust?
- What are the important areas for development for the Trust?
- What do you think of the organisation's forward plans for the Trust?
- What can Healthwatch Warrington do/contribute to the Trust?

Throughout the consultation session we collected comments, ideas and questions which are outlined as below;

What are the important successes for the Trust?

- Patient-centred care was well spoken of within the group. It was felt that Clatterbridge demonstrated excellent work in communications with patients (which is reflected in the QA priorities).
- The group and Healthwatch Warrington fed back that they generally heard positive feedback about Clatterbridge's service delivery and quality.
- The QA highlights accurate and effective tracking of patients and what services they use/where they present. This was commended by the consultation group.



- The development of a ward pharmacy technician role to improve communication with Pharmacy staff/teams and could also reduce medication errors, improve medication management and better enable prescription needs to be met quickly (60-minutes from prescription to receipt). The role and its use was commended. Can this role, use and its effects be a case study shared with other services as a piece of good practice?
- The consultation group reported that there was no poor feedback received in general.

What are the important areas for development?

- The consultation group would like the QA to focus on learning lessons in the report, to show where good ideas or service changes have come from. Those attending felt “there is a need to articulate, evidence and demonstrate learning from negative experiences or those areas in need of development within the Trust”.
- The group would like to request representatives from CCC to attend the meeting to present and discuss the Quality Accounts next year.
- According to those attending the consultation, there seem to be some communication issues outside of the main Clatterbridge hubs e.g. when services are delivered in Warrington Hospital’s Outpatient dept. It was felt that Warrington’s patients need Clatterbridge to undertake more communications and contact with their families.
- The group queried shared resources and practice - are the key providers learning from each other on shared issues and agendas, e.g. sepsis? Can this be demonstrated? If not, is there potential for this shared approach to be undertaken?
- Within the Patient Safety priority, the QA states the need to ‘improve prevention, recognition and management of the adult deteriorating patient’. The group queried: “why is this priority specified for adults and not children”? Is this a priority for children’s care as well? How are these safeguards shared across all age ranges?

What do you think of the organisation’s forward plans?

- We would like to understand more about the model of transforming cancer care within CCC. Can this be shared with Healthwatch Warrington?
- Given the new Transforming Cancer Care build, the group asked “how will the current standards of care be transferred to the new site? What assurances will there be to ensure continuation of quality?”

What can Healthwatch Warrington do/contribute?

- Healthwatch Warrington would like to look at whether major providers in the area are communicating/sharing learning? If not, we would like to suggest that the Trust meet with Healthwatch once per year to have these talks.



- Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement or to highlight areas of good practice. Given the QA and public comments, Healthwatch Warrington can see there is the potential for enter and view visits to OPD and the Clatterbridge sites to learn lessons and promote areas of good practice.
- The consultation group queried the CCC's communications strategy - is there one in place and can it be shared? Is there the potential to look at the "Seven Questions for Serious Illness Cancer Guide"? If this resource is proving useful when talking to/supporting patients, can it possibly be implemented across all services? Is there a training programme to support this Guide?
- Those attending are interested in the CCC's approach - can the CCC show that a cascade and cultural change model work?
- The group would like to see more input from local Healthwatch, beyond the Clatterbridge hubs. Is there potential for the CCC to talk to other Healthwatch within outer-areas to discuss their contacts and experiences with the Trust?

Overall the report was well received and there seem to be many areas of good practice within the Trust to commend and build upon.

We look forward to hearing from you and being involved in future developments.
Regards,

D. Dalby

E. Hayes

Deborah Dalby
CEO
Healthwatch Warrington

Esstta Hayes
Community Engagement Officer
Healthwatch Warrington



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 2015/16 and supporting guidance;
- 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 2015 to May 2016
 - Papers relating to Quality reported to the Board over the period April 2015 to May 2016
 - Feedback from the commissioners dated 16th May 2016
 - Feedback from governors dated April 2015 to June 2016
 - Feedback from Local Healthwatch organisations dated 6th May 2016
 - Feedback from Overview and Scrutiny committee dated 13th May 2016
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016
 - The National Patient Survey 2015
 - The National Staff Survey 2015
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2016
 - 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 manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data for the preparation of the Quality Report.

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

Wendy Williams
Chair

Date: 25th May 2016



Signed

Andrew Cannell
Chief Executive

Date: 25th May 2016

Independent Auditor's Limited Assurance Report



Independent Practitioner's Limited Assurance Report to the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust on the Quality Report

We have been engaged by the 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 2016 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in Annex 2 to Chapter 7 of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to the limited assurance engagement consist of those national priority indicators as mandated by Monitor:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways
- 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 Council of Governors and Practitioner

The Council of Governors are responsible for the content and the preparation of the Quality Report covering the relevant indicators and in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16' issued by Monitor and 'Detailed guidance for external assurance on quality reports 2015/16'.

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
- 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 2015/16'; 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 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 2015/16, 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 2015 to 25 May 2016;
- Papers relating to quality reported to the Board over the period 1 April 2015 to 25 May 2016;
- Feedback from Commissioners dated May 2016;
- Feedback from Governors dated April 2015 to May 2016;
- Feedback from local Healthwatch organisations dated May 2016;
- Feedback from Overview and Scrutiny Committee dated May 2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- The national patient survey 2015
- The national staff survey 2015;
- Care Quality Commission Intelligent Monitoring Report dated May 2016;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated April 2016;

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.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants, which is founded on the fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. 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, to assist the 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 2016, to enable the 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 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 indicators back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' to the categories reported in the Quality Report; and
- reading the documents.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

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 thereof, 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 2015/16'.

The scope of our limited 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.

Our audit work on the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust. is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as The Clatterbridge Cancer Centre NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to The Clatterbridge Cancer Centre NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to The Clatterbridge Cancer Centre NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these

circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than The Clatterbridge Cancer Centre NHS Foundation Trust and The Clatterbridge Cancer Centre NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the Quality Report is not prepared in all material respects in line with the Criteria;
- 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 2015/16'; 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 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
Manchester
25 May 2016

Annual Accounts



From 1st April 2015 to 31st March 2016

For the 12 months ended 31st March 2016

**The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2016**

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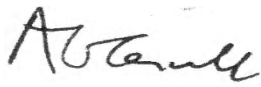
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**The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2016**

FOREWORD TO THE ACCOUNTS

THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

The group accounts for the 12 months ended 31 March 2016, have been prepared by The Clatterbridge Cancer Centre NHS Foundation Trust 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 25th May 2016

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.

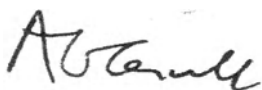
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS foundation trust Financial Reporting Manual and in particular to:

- 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.

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



Andrew Cannell
Chief Executive

Date: 25th May 2016



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 of the group and The Clatterbridge Cancer Centre NHS Foundation Trust (the 'Trust'):

- give a true and fair view of the state of the financial position of the group's and the Trust's affairs as at 31 March 2016 and of the group's and Trust's expenditure and income for the year then ended; and
- have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in 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 we are reporting to

This report is made solely to the Council of Governors of the 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 for the year ended 31 March 2016 which comprise the group and Trust statement of comprehensive income, the group and Trust statement of financial position, the group and Trust statement of changes in taxpayers' equity, the group and Trust statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and IFRSs as adopted by the European Union, and as interpreted and adapted by the 2015/16 Government Financial Reporting Manual (the 2015/16 FReM) as contained in the NHS Foundation Trust Annual Reporting Manual (ARM) and the Directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006 issued by Monitor, the Independent Regulator of NHS Foundation Trusts.



Overview of our audit approach

- Overall group materiality: £1,866,000, which represents 2% of the group's gross revenue expenditure;
- We performed a full-scope audit of The Clatterbridge Cancer Centre NHS Foundation Trust and targeted audit procedures at The Clatterbridge Cancer Charity, The Clatterbridge Clinic LLP and The Clatterbridge Pharmacy Limited;
- Key audit risks were identified as:
 - occurrence and valuation of healthcare income
 - occurrence of non-healthcare income
 - completeness of operating expenditure

Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit:

Audit risk	How we responded to the risk
<p>Occurrence and valuation of healthcare income</p> <p>The Group receives 94% 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. This can involve further negotiation of contractual adjustments with commissioners.</p> <p>There is therefore a risk that healthcare income from commissioners recognised in the financial statements may be misstated. We identified the occurrence and valuation of healthcare income as a significant risk requiring special audit consideration.</p>	<p>Our audit work included but was not restricted to:</p> <ul style="list-style-type: none"> • gaining an understanding of the group's system for accounting for healthcare income (including income relating to the Transforming Cancer Care project) and evaluating the design of the associated controls; • evaluating the group's accounting policy for recognising healthcare income for appropriateness and consistency with the prior year; • using a summary of expenditure with the Trust accounted for by other NHS bodies provided by the Department of Health to identify any significant differences in income with contracting bodies • agreeing, on a sample basis, amounts recognised as healthcare income in the financial statements to signed contracts; • agreeing, on a sample basis, additional healthcare income to contract variations or supporting documentation. <p>The group's accounting policy on healthcare income, including its recognition, is shown in note 1.2 to the financial statements and related disclosures are included in notes 2.1 and 2.2</p>
<p>Occurrence of non-healthcare income</p> <p>6% of the Trust's income is from non-healthcare sources.</p> <p>Income is recognised when the service has been performed. At the year-end income is accrued for services that have been performed but for which an invoice has not been issued.</p>	<p>Our audit work included but was not restricted to:</p> <ul style="list-style-type: none"> • evaluating the group's accounting policy for revenue recognition of non-healthcare income for appropriateness and consistency with the prior year; • gaining an understanding of the group's system for accounting for non-healthcare income and evaluating the design of the associated controls; • agreeing, on a sample basis, amounts recognised as non-

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Audit risk	How we responded to the risk
<p>We, therefore, identified the occurrence of non-healthcare income as a significant risk requiring special audit consideration.</p>	<p>healthcare income in the financial statements to signed contracts and invoices; and</p> <ul style="list-style-type: none"> • agreeing, on a sample basis, other non-healthcare income transactions to supporting documentation. <p>The group's accounting policy on non-healthcare income, including its recognition, is shown in note 1.2 to the financial statements and related disclosures are included in note 2.1 and 2.3.</p>
<p>Completeness of operating expenditure Operating costs on goods and services represent 53% of the group's total expenditure. Management uses judgement to estimate accruals of expenditure for amounts not yet invoiced at the year end We therefore identified completeness of operating expenditure on goods and services as a risk requiring particular audit attention.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • gaining an understanding of the systems used to recognise operating expenditure on goods and services and year-end accruals, and evaluating the design of the associated controls; • review of the year-end reconciliation of the subsidiary system interface and general ledger control account to ensure that all transactions from the subsidiary system are reflected in the financial statements; • testing on a sample basis post year-end payments to confirm the completeness of year-end payables and accruals; and • considering the completeness of reported accruals and provision by review of Trust Board and Committee minutes and papers for events subsequent to year end <p>The group's accounting policy on expenditure is shown in note 1.4 to the financial statements and related disclosures are included in note 3.1.</p>

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 economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the group financial statements as a whole to be £1,866,000, which is 2% of the group's gross revenue expenditure. This benchmark is considered the most appropriate because we consider users of the group's financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of group's gross revenue expenditure as we determined for the year ended 31 March 2015 to reflect our view that we had not identified any reason for users of the accounts to change their view of the appropriate level of materiality.

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 cash and disclosure of senior manager salaries and allowances in the Remuneration report.

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We determined the threshold at which we would communicate misstatements to the Audit Committee to be £90,000. In addition we have communicated misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

Overview of the scope of our audit

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 and Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; 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 incorrect based on, or 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.

We conducted our audit in accordance with 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 of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards 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 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, and in particular included:

- evaluation by the group audit team of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality;
- an interim visit to evaluate the group's internal control environment including its IT systems and controls over key financial systems;
- we carried out targeted audit procedures on the financial statements of The Clatterbridge Cancer Charity focusing on investments and cash balances
- we carried out targeted audit procedures on the financial statements of the The Clatterbridge Clinic LLP focusing on the consolidation of the Trust's share of equity;
- we carried out targeted audit procedures on the accounts of The Clatterbridge Pharmacy Limited focusing on income, expenditure, cash, debtors and creditors.

Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2015, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016 and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the

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Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Other reporting required by regulations

Our opinion on other matters required by the Code is unmodified

In our opinion:

- the part of the Remuneration Report and Staff Report subject to audit have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in the NHS Foundation Trust Annual Reporting Manual; and
- the other information published together with the audited financial statements in the annual report is consistent with the group audited financial statements.

Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are 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.

Under the Code of Audit Practice 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 ARM or is misleading or inconsistent with the information of which we are aware from our audit; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

Responsibilities for the financial statements and the audit

What the Chief Executive, as Accounting Officer, is responsible for:

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. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code of Audit Practice and ISAs (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

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

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 Code of Audit Practice.

Jackie Bellard

Jackie Bellard
Director
for and on behalf of Grant Thornton UK LLP
Manchester

25 May 2016

**The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2016**

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
2015/16**

	NOTE	Group		Trust	
		2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Income from patient care activities		143,759	94,454	143,759	94,454
Other operating income		9,729	7,405	9,484	6,887
Operating Income from continuing operations	2	153,488	101,858	153,242	101,341
Operating Expenses from continuing operations	3	(95,928)	(93,319)	(96,957)	(94,310)
OPERATING SURPLUS / (DEFICIT)		57,560	8,539	56,285	7,031
Finance costs					
Finance income	5	345	227	313	191
Finance expense - financial liabilities	6.1	(164)	(182)	(164)	(182)
Net Finance costs		180	45	148	9
Share of Profit/(Loss) of Associates accounted for using the equity method	9	66	(78)	66	(78)
Corporation Tax		(211)	(194)	0	0
Surplus / (deficit) from continuing operations*		57,595	8,312	56,499	6,962
Other Comprehensive Income:					
Impairments		0	(765)	0	(765)
Revaluations		0	826	0	826
FV gains/(losses) on Available For Sale (AFS) financial assets		(54)	53	0	0
Total other comprehensive income/(expenditure) for the year		(54)	114	0	61
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		57,541	8,426	56,499	7,023

***Reconciliation from the Statement of Comprehensive Income to the Trust trading position**

	2015/16 £000
Surplus / (deficit) from continuing operations	56,499
<i>Normalising adjustments:</i>	
Income contributing towards funding the capital costs of the Transforming Cancer Care (TCC) project, the majority of which had previously been deferred	(48,895)
Capital to revenue transfer agreed with Monitor	(800)
Trading surplus / (deficit) for the period	6,804

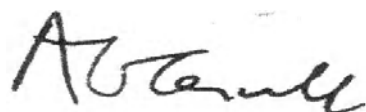
The notes on pages 171 to 191 form part of these accounts.

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 2016

STATEMENT OF FINANCIAL POSITION AS AT
31 MARCH 2016

		Group		Trust	
		31 March	31 March	31 March	31 March
	NOTE	2016	2015	2016	2015
		£000	£000	£000	£000
Non-current assets					
Property, plant and equipment	8.1	57,929	52,662	57,929	52,662
Intangible assets	7	740	0	740	0
Investments in associates	9	311	245	311	245
Other investments		1,049	1,103	0	0
Trade and other receivables		265	262	265	262
Total non-current assets		60,294	54,272	59,245	53,169
Current Assets					
Inventories	10.1	1,320	1,259	813	832
Trade and other receivables	11.1	10,810	6,592	11,243	8,233
Cash and cash equivalents	18	81,531	85,139	76,838	80,541
Total current assets		93,661	92,990	88,894	89,605
Current liabilities					
Trade and other payables	12	(12,311)	(18,492)	(11,795)	(18,334)
Borrowings	14	(357)	(250)	(357)	(250)
Provisions	16	(138)	(2)	(138)	(2)
Other liabilities	13	(4,352)	(7,672)	(4,352)	(7,672)
Corporation tax		(184)	(254)	0	0
Total current liabilities		(17,342)	(26,670)	(16,642)	(26,258)
Total assets less current liabilities		136,612	120,592	131,496	116,516
Non-current liabilities					
Borrowings	14	(3,410)	(3,500)	(3,410)	(3,500)
Other liabilities	13	0	(40,630)	0	(40,630)
Total non-current liabilities		(3,410)	(44,130)	(3,410)	(44,130)
Total assets employed		133,202	76,462	128,087	72,387
Financed by taxpayers' equity					
Public Dividend Capital		20,495	21,295	20,495	21,295
Revaluation reserve	17.1	3,739	3,896	3,739	3,896
Income and expenditure reserve		103,852	47,196	103,852	47,196
Financed by others' equity					
Charitable fund reserves	17.2	4,221	3,143	0	0
Pharmacy subsidiary reserves		896	932	0	0
Total taxpayers' and others' equity		133,202	76,462	128,087	72,387



Signed:Chief Executive

Date: 25th May 2016

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Group Accounts for the 12 months ended 31st March 2016

STATEMENT OF CHANGES IN EQUITY

	Others' Equity Charitable Funds & Pharmacy £000	Public Dividend Capital £000	Taxpayers' Equity Revaluation Reserve £000	Income & Expenditure Reserve £000
Equity at 1 April 2015	76,462	21,295	3,896	47,196
Surplus/(deficit) for the year	1,096	0	0	56,499
Transfers between reserves	0	0	(156)	156
Impairments	0	0	0	0
Revaluations - property, plant and equipment	0	0	0	0
Transfer to retained earnings on disposal of assets	0	0	0	0
Fair value gains/(losses) on available-for-sale financial investments	(54)	0	0	0
Public dividend capital received	0	0	0	0
Public dividend capital repaid	(800)	(800)	0	0
Equity at 31 March 2016	133,202	20,495	3,739	103,852

	Others' Equity Charitable Funds & Pharmacy £000	Public Dividend Capital £000	Taxpayers' Equity Revaluation Reserve £000	Income & Expenditure Reserve £000
Equity at 1 April 2014	67,986	21,245	4,005	40,065
Surplus/(deficit) for the year	8,312	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
Equity at 31 March 2015	76,462	21,295	3,896	47,196

The Clatterbridge Cancer Centre NHS Foundation Trust
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	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Cash flows from operating activities				
Operating surplus/(deficit)	57,560	8,539	56,285	7,031
Non-cash income and expense				
Depreciation and amortisation	3,664	2,910	3,664	2,910
Impairments	250	664	250	664
(Gain)/Loss on disposal	0	32	0	32
(Increase)/Decrease in Trade and Other Receivables	(4,264)	(1,265)	(3,013)	(3,057)
(Increase)/Decrease in Inventories	(61)	33	19	44
Increase/(Decrease) in Trade and Other Payables	(4,814)	5,969	(5,259)	6,326
Increase/(Decrease) in Other Liabilities	(43,949)	12,592	(43,949)	12,592
Increase/(Decrease) in Provisions	136	(515)	136	(515)
Tax (paid) / received	(281)	0	0	0
NHS Charitable Funds	(44)	31	0	0
Net cash generated from/(used in) operations	8,197	28,990	8,133	26,028
Cash flow from investing activities				
Interest received	313	191	313	191
Purchase of intangible assets	(757)	0	(757)	0
Purchase of Property, Plant and Equipment	(9,678)	(7,406)	(9,678)	(7,406)
NHS Charitable Funds	31	36	0	0
Net cash generated from/(used in) investing activities	(10,092)	(7,178)	(10,123)	(7,214)
Cash flows from financing activities				
Public dividend capital received	0	50	0	50
Public dividend capital repaid	(800)	0	(800)	0
Loans repaid to the Foundation Trust Financing Facility	(250)	(250)	(250)	(250)
Capital element of finance lease rental payments	(499)	0	(499)	0
Interest paid	(164)	(182)	(164)	(182)
Net cash generated from/(used in) financing activities	(1,713)	(382)	(1,713)	(382)
Increase/(decrease) in cash and cash equivalents	(3,608)	21,430	(3,703)	18,432
Cash and cash equivalents at 1 April	85,139	63,709	80,541	62,110
Cash and cash equivalents at 31 March	81,531	85,139	76,838	80,541

**The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2016**

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 2015/16 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.

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.

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.

Estimation of remaining economic lives of assets

Assets are depreciated on a straight-line basis over their remaining estimated economic life.

**The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2016**

Impairment review

An impairment review is carried out using a professional valuer to determine non-current asset values at least every three years. 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/or the foundation trust becomes entitled to it, and is measured at the fair value of the consideration receivable.

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 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.

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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

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 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. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed 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.

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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.

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.

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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.

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.

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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.

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

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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

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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 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 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.

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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.

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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 2015/16. The application of the Standards as revised would not have a material impact on the accounts for 2015/16, 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	
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
Elective income	2,033	2,408	2,033	2,408
Non-elective income	3,685	3,251	3,685	3,251
Outpatient income	11,628	11,939	11,628	11,939
Other NHS clinical income*	122,363	73,624	122,363	73,624
NHS Income from Activities	139,707	91,222	139,707	91,222
Private patients	1,249	1,218	1,249	1,218
North Wales	1,939	1,511	1,939	1,511
Rest of Wales	79	153	79	153
Scotland	113	293	113	293
Other non-protected clinical income	672	57	672	57
Total income from activities	143,759	94,454	143,759	94,454

Other NHS clinical income comprises of drugs (£34m), chemotherapy activity (£17m), radiotherapy activity (£20m), block income (£1m), diagnostic imaging (£1m) release of deferred income for TCC (£46m), capital to revenue transfer agreed with Monitor (£0.8m) and buy-out of 2016/17 contract from commissioners (£3m).

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	
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
Income from activities for Commissioner Requested Services	142,510	93,236	142,510	93,236
Other income from activities	1,249	1,218	1,249	1,218
Total income from activities	143,759	94,454	143,759	94,454

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2.2 Income from patient care activities

	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
NHS Foundation Trusts	730	584	730	584
NHS Trusts	(1)	1,019	(1)	1,019
CCGs and NHS England	138,026	89,473	138,026	89,473
Non NHS Private patients	1,249	1,218	1,249	1,218
Non NHS: Other	2,955	2,159	2,955	2,159
Additional income for delivery of healthcare services	800	0	800	0
Total income from activities	143,759	94,454	143,759	94,454

2.3 Other Operating Income

	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Research and Development	1,986	2,138	1,986	2,138
Education and Training	1,502	1,433	1,502	1,433
Non-patient care services to other bodies	851	697	851	697
Donated assets received	0	12	0	12
Other	2,792	1,103	4,570	2,138
Income in respect of staff costs where accounted on gross basis	575	469	575	469
NHS Charitable Funds: Incoming Resources excluding investment income	2,024	1,552	0	0
Total	9,729	7,405	9,484	6,887

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3. Operating Expenses

3.1 Operating expenses comprise:

	Group		Trust	
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
Services from NHS Foundation Trusts	6,149	5,872	6,149	5,872
Services from NHS Trusts	943	1,467	943	1,467
Services from CCGs and NHS England	81	483	81	483
Purchase of healthcare from non NHS bodies	1,300	46	1,300	46
Executive Directors' costs*	721	540	721	540
Non Executive Directors' costs	125	123	125	123
Staff costs	40,403	38,114	40,130	37,904
Supplies and services - clinical (excluding drug costs)	4,187	2,928	4,187	4,165
Supplies and services - general	364	1,335	1,928	1,350
Establishment	1,354	1,334	1,354	1,334
Research and development	321	250	321	250
Transport	53	309	53	309
Premises	2,557	3,272	2,557	3,272
Increase / (decrease) in provision for impairment of receivables	(129)	(114)	(129)	(114)
Drug costs (non inventory drugs only)	(59)	212	(59)	212
Drugs Inventories consumed	30,028	29,037	30,032	29,177
Rentals under operating leases - minimum lease payments	817	817	817	817
Depreciation on property, plant and equipment	3,647	2,910	3,647	2,910
Amortisation on intangible assets	17	0	17	0
Impairments of property, plant & equipment	250	664	250	664
Audit services- statutory audit**	82	77	59	58
Other auditor remuneration (external auditor only)	2	0	0	0
Clinical negligence	98	94	98	94
Loss on disposal of other property, plant and equipment	0	32	0	32
Legal fees	133	392	131	392
Consultancy costs***	1,154	554	1,120	554
Internal audit costs	116	82	98	82
Training, courses and conferences	258	390	258	390
Patients travel	89	61	89	61
Car parking & Security	0	1	0	1
Redundancy	124	0	124	0
Hospitality	21	18	21	18
Insurance	125	126	125	126
Losses, ex gratia & special payments	52	25	52	25
Other	420	1,696	359	1,696
NHS Charitable funds: Other resources expended	126	172	0	0
	95,928	93,319	96,957	94,310

* Directors pay includes arrears of £28k which relates to 2014-15.

** Group statutory audit fees include £6k for the charity and £17k for the pharmacy subsidiary.

*** The increase in consultancy costs from the prior year is due to TCC.

3.2 Arrangements containing an operating lease

	Group		Trust	
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
Future minimum lease payments due:				
Not later than one year	260	309	260	309
Later than one year and not later than five years	300	314	300	314
Later than five years	8,625	8,700	8,625	8,700
	9,185	9,323	9,185	9,323

These leases are for land at Aintree, IT equipment, and portakabins.

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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 2016 (bands of £5,000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2016 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2016 £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension (rounded to nearest £00)
	a)	b)	c)	d)	e)		f)	
A Cannell - Chief Executive	10-12.5	30-32.5	55-60	170-175	1,096	876	210	0
Y Bottomley - Director of Finance / Deputy Chief Executive	0-2.5	0-2.5	10-15	0-5	131	110	19	0
H Porter - Director of Nursing & Quality	5-7.5	17.5-20	40-45	125-130	849	711	130	0
P Kirkbride - Medical Director	15-17.5	50-55	55-60	175-180	1,364	958	394	0
R.Smith - Director of Operations	0-2.5	0-2.5	25-30	85-90	513	489	2	0
B.Schofield - Director of Transformatio & Innovation	0-2.5	0-2.5	20-25	70-75	347	339	2	0
H.Bebbington - Interim Executive Director	0-2.5	0-2.5	10-15	35-40	218	188	2	0

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's 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.

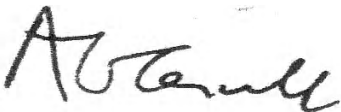
The Chief Executive and Executive Directors are employed under permanent contracts of employment and they have been recruited under national advertisements. The employment of Senior Managers and Executive Directors may be terminated with six months notice as a result of a disciplinary process, if the Trust is dissolved as a statutory body, or if they choose to resign. None have contracts of service, and none has a contract that is subject to any performance conditions. The position of Chair and Non-Executive Directors are recruited through national advertisements. Appointments are made on fixed term contracts (normally for three years), which can be renewed on expiry. Terms of appointment and remuneration for Non-Executive Directors are set by the Council of Governors.

Details of the remaining terms of the Chair and Non-Executive Directors are as follows:

Name	First Appointed	To	Extended To
Alan White	23.08.1999	30.11.2002	31.7.2015
Wendy Williams	01.08.2015	31.07.2018	
Gil Black	01.12.2012	30.11.2015	30.11.2018
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 25th May 2016

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4.1 Staff costs

	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Salaries and wages	32,546	31,276	32,280	31,066
Social Security costs	2,511	2,423	2,505	2,423
Employer contributions to NHS Pension scheme	3,874	3,621	3,874	3,621
Agency and contract staff	1,734	878	1,734	878
NHS Charitable funds staff	459	457	459	457
Employee benefits expense	41,123	38,654	40,851	38,445

All employer pension contributions in 2015/16 were paid to the NHS Pensions Agency.

4.2 Average number of WTE persons employed

	Group		Trust	
	2015/16	2014/15	2015/16	2014/15
Medical and dental	86	78	86	78
Administration and estates	325	297	325	297
Healthcare assistants & other support staff	72	74	72	74
Nursing, midwifery & health visiting staff	162	164	162	164
Scientific, therapeutic and technical staff	249	235	237	226
Agency and contract staff	22	18	22	18
	916	867	904	858

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 was one retirement, at an additional cost of £25k in 2015/16 (2014/15 - two retirements at an additional cost of £162k). This information has been supplied by the NHS Pensions Agency.

4.4 Retirement benefits

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. 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.

The expected employers contributions to the NHS pension scheme for 2016/17 is £3.9m.

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5. Finance Income

	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Interest on cash deposits	313	191	313	191
NHS Charitable funds: investment income	32	36	0	0
	<u>345</u>	<u>227</u>	<u>313</u>	<u>191</u>

6.1 Finance Costs - Interest expense

	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Loans from the Foundation Trust Financing Facility	164	182	164	182
Finance leases	0	0	0	0
	<u>164</u>	<u>182</u>	<u>164</u>	<u>182</u>

6.2 Impairment of assets (PPE)

	Group		Trust	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Other	250	664	250	664
	<u>250</u>	<u>664</u>	<u>250</u>	<u>664</u>

6.3 Better Payment Practice Code

Better Payment Practice Code - measure of compliance

	Trust			
	2015/16 Number	£000	2014/15	
			Number	£000
Total Non-NHS trade invoices paid in the year	9,899	44,376	9,737	40,171
Total Non NHS trade invoices paid within target	9,247	42,013	8,586	36,065
Percentage of Non-NHS trade invoices paid within target	93.4%	94.7%	88.2%	89.8%
Total NHS trade invoices paid in the year	1,452	19,672	1,343	19,124
Total NHS trade invoices paid within target	931	14,136	894	13,379
Percentage of NHS trade invoices paid within target	64.1%	71.9%	66.6%	70.0%

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 has significantly improved in 2015/16, and will continue to work towards meeting the 95% target in 2016/17.

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 2015/16 or 2014/15.

**The Clatterbridge Cancer Centre NHS Foundation Trust
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7. Intangible assets 2015/16

	Group / Trust	
	Software licences £000	TOTAL £000
Cost / valuation at 1 April 2015	0	0
Additions – purchased	757	757
Cost / valuation at 31 March 2016	757	757
Accumulated amortisation at 1 April 2015	0	0
Provided during the year	17	17
Accumulated depreciation at 31 March 2016	17	17
Net book value at 31 March 2015		
Purchased	0	0
Total at 31 March 2015	0	0
Net book value at 31 March 2016		
Purchased	740	740
Total at 31 March 2016	740	740

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8.1 Property, plant and equipment 2015/16

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture and fittings £000	TOTAL £000
Cost / valuation at 1 April 2015	350	35,700	157	38,636	73	7,523	247	82,686
Additions – purchased	0	1,097	4,682	2,389	0	230	0	8,399
Additions - leased	0	0	0	0	0	765	0	765
Impairments	0	(250)	0	0	0	0	0	(250)
Cost / valuation at 31 March 2016	350	36,547	4,839	41,025	73	8,519	247	91,600
Accumulated depreciation at 1 April 2015	0	1,640	0	24,937	53	3,301	93	30,024
Provided during the year	0	822	0	2,089	4	700	33	3,647
Accumulated depreciation at 31 March 2016	0	2,462	0	27,027	57	4,000	126	33,671
Net book value at 31 March 2015	350	31,516	157	11,613	0	4,222	154	48,012
Purchased	0	2,544	0	2,086	20	0	0	4,650
Donated	0	0	0	0	0	0	0	0
Total at 31 March 2015	350	34,060	157	13,699	20	4,222	154	52,662
Net book value at 31 March 2016	350	31,598	4,839	12,246	0	3,792	121	52,946
Purchased	0	0	0	0	0	727	0	727
Finance leased	0	2,488	0	1,752	16	0	0	4,256
Donated	0	0	0	0	0	0	0	0
Total at 31 March 2016	350	34,086	4,839	13,998	16	4,518	121	57,929

The Clatterbridge Cancer Centre NHS Foundation Trust
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8.2 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)	
Cost / valuation at 31 March 2015	350	35,700	157	38,636	73	7,523	247	82,686	
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)	
Accumulated depreciation at 31 March 2015	0	1,640	0	24,937	53	3,301	93	30,024	
Net book value at 31 March 2014									
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	
Total at 31 March 2014	464	33,813	0	11,461	14	723	186	46,661	
Net book value at 31 March 2015									
Purchased	350	31,516	157	11,613	0	4,222	154	48,012	
Donated	0	2,544	0	2,086	20	0	0	4,650	
Total at 31 March 2015	350	34,060	157	13,699	20	4,222	154	52,662	

**The Clatterbridge Cancer Centre NHS Foundation Trust
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8.3 Assets for commissioner requested services

All assets on the fixed asset register are used for commissioner requested services.

8.4 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.

8.5 Property Valuations:

The last full site valuation of all the Trust's property was undertaken in 2014/15 by a professional valuer, DTZ, on the Modern Equivalent Asset basis. Further details of the valuation approach are included under note 1.5 (Accounting policies).

9. Investments in associates

	Group / Trust	
	Investments in associates 2015/16 £000	Investments in associates 2014/15 £000
Carrying value at 01 April	245	323
Share of profit/(loss)	66	(78)
Carrying value at 31 March	311	245

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.

10.1 Inventories

	Group		Trust	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Drugs	1,320	1,259	813	832
Total	1,320	1,259	813	832

10.2 Inventories recognised in expenses

The value of inventories recognised in expenses was £30.028m (2014-15 £29.037m).

**The Clatterbridge Cancer Centre NHS Foundation Trust
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11.1 Trade and other receivables

	Group		Trust	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
NHS Receivables - Revenue	6,665	1,281	6,665	1,271
Other receivables with related parties - Revenue	661	353	661	2,856
Provision for impaired receivables	(71)	(208)	(71)	(208)
Prepayments	1,379	1,577	1,379	1,577
Accrued income	443	1,639	761	1,646
VAT receivable	629	1,012	324	229
Other receivables - Revenue	1,071	862	1,524	862
NHS Charitable funds: Trade and other receivables	33	77	0	0
Total current trade and other receivables	10,810	6,592	11,243	8,233

11.2 Provision for impairment of receivables

	Group / Trust	
	2015/16 £000	2014/15 £000
Balance at 1 April	208	322
Increase in provision	0	192
Amounts utilised	(8)	0
Unused amounts reversed	(129)	(306)
Balance at 31 March	71	208

11.3 Analysis of impaired receivables

	Group / Trust	
	2015/16 £000	2014/15 £000
Ageing of impaired receivables		
0 - 30 days	0	0
30 - 60 Days	0	0
60 - 90 days	3	0
90 - 180 days	1	84
over 180 days	67	124
Total	71	208

Ageing of non-impaired receivables

0 - 30 days	7,802	1,793
30 - 60 Days	234	297
60 - 90 days	226	68
90 - 180 days	280	154
over 180 days	105	52
Total	8,648	2,365

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12. Trade and other payables

	Group		Trust	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Receipts in advance	3,115	2,250	3,115	2,250
NHS payables - revenue	2,417	3,183	2,417	3,173
Amounts due to other related parties - revenue	15	973	17	1,031
Other trade payables - capital	1,357	2,637	1,357	2,637
Other trade payables - revenue	1,189	334	1,166	334
Social Security costs payable	388	352	382	347
Other taxes payable	364	366	364	366
Other payables	1,687	3,335	1,687	3,335
Accruals	1,749	4,944	1,291	4,863
NHS Charitable funds: Trade and other payables	30	118	0	0
Total current trade and other payables	12,311	18,493	11,795	18,334

13. Other liabilities

	CURRENT		NON-CURRENT	
	Group / Trust		Group / Trust	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Other deferred income	4,352	7,672	0	40,630
Total	4,352	7,672	0	40,630

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 at 31 March 2016 relates to earmarked funding to contribute to the "Transforming Cancer Care" project. The majority of this income was released in 2015/16.

14. Borrowings

	CURRENT		NON-CURRENT	
	Group / Trust		Group / Trust	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Loans from Foundation Trust				
Financing Facility	250	250	3,250	3,500
Obligations under finance leases	107	0	160	0
Total	357	250	3,410	3,500

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

	Group / Trust	
	31 March 2016 £000	31 March 2015 £000
Gross lease obligations	266	0
of which liabilities are due:-		
- Not later than one year	107	0
- later than one year and not later than 5 years	160	0
- later than 5 years	0	0
Finance charges allocated to future periods	0	0
	<u>266</u>	<u>0</u>
Net lease liabilities	266	0
- Not later than one year	107	0
- later than one year and not later than 5 years	160	0
- later than 5 years	0	0
	<u>266</u>	<u>0</u>

These finance leases relate to IM&T equipment purchased in 2015-16 for the EPR project.

16. Provisions for liabilities and charges

	Trust / Group	
	31 March 2016 £000	31 March 2015 £000
Legal claims	14	0
Redundancy	124	0
Other ***	0	2
Total current provisions	<u>138</u>	<u>2</u>

	Trust / Group 2015/16			
	Legal claims £000	Redundancy £000	Other £000	Total £000
	At start of period	0	0	2
Arising during the year	14	124	0	138
Utilised during the year	0	0	(2)	(2)
Reversed unused	0	0	0	0
At end of period	<u>14</u>	<u>124</u>	<u>0</u>	<u>138</u>

Expected timing of cashflows:

Within 1 year	14	124	0	138
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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 2016 in relation to ELS of £nil (2014/15 £nil) and in relation to CNST of £94k (2014/15 £327k) making a total of £94k (2014/15 £327k).

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17.1 Revaluation Reserve

	Group / Trust	
	2015/16	2014/15
	Property, Plant & Equipment £000	Property, Plant & Equipment £000
Revaluation reserve at 1 April	3,896	4,005
Impairments	0	(765)
Revaluations	0	826
Transfers to other reserves	(156)	(138)
Asset disposals	0	(32)
Other reserve movements	0	0
Revaluation reserve at 31 March	3,740	3,896

17.2 Charitable Funds Reserve

	Group	
	31 March 2016 £000	31 March 2015 £000
Restricted Funds	22	183
Unrestricted Funds	4,199	2,960
	4,221	3,143

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

	Group	Trust
	2015/16 £000	2015/16 £000
Balance at 1 April	85,139	80,541
Net change in year	(3,608)	(3,703)
Balance at 31 March	81,531	76,838
Broken down into:		
Commercial banks and cash in hand	1,378	12
Cash with Government Banking Service	30,152	26,826
Deposits with the National Loan Fund	50,000	50,000
Cash and cash equivalents as in statement of cash flows	81,531	76,838

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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 2015/16 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.

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

Related party transactions:

	Trust			
	2015/16		2014/15	
	Revenue £000	Expenditure £000	Revenue £000	Expenditure £000
Department of Health	800	0	50	0
Other NHS Bodies	141,217	10,191	93,393	10,743
Charitable Funds	333	0	329	0
Subsidiaries / Associates	1,206	13,074	490	12,363
NHS shared business services	0	50	0	0
Total value of transactions with related parties	143,556	23,315	94,262	23,106

	Trust			
	31 March 2016		31 March 2015	
	Assets £000	Liabilities £000	Assets £000	Liabilities £000
Department of Health	0	7	0	0
Other NHS Bodies	7,480	5,543	3,523	53,468
Charitable Funds	0	0	0	0
Subsidiaries / Associates	1,066	267	2,764	1,031
Total balances with related parties	8,546	5,817	6,287	54,499

**The Clatterbridge Cancer Centre NHS Foundation Trust
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20.1 Financial assets by category

Assets	Group Trust		Group Trust		Group Trust	
	Loans and	Receivables	Available for	Sale	Total	
	£000	£000	£000	£000	£000	£000
Receivables excluding non financial assets	9,765	9,714	0	0	9,765	9,714
Other Investments	311	311	1,049	0	1,360	311
Cash and cash equivalents	78,204	76,838	0	0	78,204	76,838
NHS Charitable funds: financial assets	3,359	0	0	0	3,359	0
Total at 31 March 2016	91,639	86,863	1,049	0	92,688	86,863
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
Total at 31 March 2015	92,998	87,287	1,103	0	94,101	87,287

20.2 Financial liabilities by category

Liabilities	Group Trust	
	Other	Financial
	Liabilities	Liabilities
	£000	£000
Borrowings excluding finance leases	3,500	3,500
Obligations under finance leases	266	266
Payables excluding non financial assets	8,481	7,934
Other financial liabilities	138	138
NHS Charitable funds: financial liabilities	30	0
Total at 31 March 2016	12,415	11,838
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
Total at 31 March 2015	19,286	19,124

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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 11.2.

Other investments all relate to the Charity.

	Group			
	31 March 2016		31 March 2015	
	Book value £000	Fair value £000	Book value £000	Fair value £000
Fair value of financial assets				
Other Investments	1,049	1,049	1,103	1,103
Total	1,049	1,049	1,103	1,103

	Group / Trust			
	31 March 2016		31 March 2015	
	Book value £000	Fair value £000	Book value £000	Fair value £000
Fair value of financial liabilities				
Loans	3,250	3,250	3,500	3,500
Total	3,250	3,250	3,500	3,500

21. Losses and Special Payments

	Group / Trust			
	2015/16		2014/15	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses of cash due to:				
overpayment of salaries etc.	0	0	2	16
other causes	0	0	1	3
Bad debts and claims abandoned in relation to:				
other	6	5	1	1
Damage to buildings, property etc. due to:				
theft, fraud etc	1	1	0	0
stores losses	2	45	1	4
Ex gratia payments in respect of:				
loss of personal effects	1	0	1	0
personal injury with advice	1	2	0	0
other negligence and injury	0	0	1	1
Total losses and special payments	11	52	7	24

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 2015/16, 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.

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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 2015/16 or 2014/15.

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 three contingent liabilities with a total value of £168k.

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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