
Annual Report & Accounts

2013/14



To provide the best cancer care to the people we serve

The Clatterbridge Cancer Centre
NHS Foundation Trust



Annual Report & Accounts

2013/14

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

Contents

Annual Report

Chairman & Chief Executive Statement	6
Strategic Report	9
Directors' Report	16
Patient Care	16
Developing our Services	22
Governance	36
Annual Governance Statement	59

Quality Report

Statement on Quality from the Chief Executive	75
Priorities for improvement and statements of assurance from the Board 2014/15	77
Other Information	113
Annex Statements	118
Statement of Director's responsibilities in respect of the Quality Report	128
Independent Auditor's Limited Assurance Report	130
Acronyms	133

Annual Accounts

Foreword to the Accounts	137
Statement of accounting officer's responsibilities	138
Independent Auditor's Report	140
Notes to the Accounts	161
Remuneration Report	164

Introduction

Chairman & Chief Executive Statement

We are very proud of our strong performance on quality, our reputation for excellence and the affection that such a large proportion of patients, relatives and local people feel for the Trust. It was evident again this year in our external assessments and feedback from service users.

We won't continue to excel in this way, however, unless we also prepare for the future, as with our Transforming Cancer Care proposal for a new centre on the Liverpool bio campus alongside Royal Liverpool University Hospital and the University of Liverpool.

The benefits of locating all three organisations together include increased participation in research and clinical trials and even better care for cancer patients with more complex health needs, with immediate access to all key specialties on the same site. It will also bring our main centre closer to the majority of our patients, although we will also continue to invest in Wirral and retain services there, as well as the Aintree site and our satellite clinics at hospitals throughout Cheshire and Merseyside.

We expect to take the proposals to public consultation in summer 2014, with the feedback helping shape an outline business case in the autumn. Although this is later than initially planned for reasons outside our control, it will not delay the overall ambition of opening the new centre in 2018.

Continued excellence and world-class, leading-edge cancer care also requires us to have the right team in place. We put new management arrangements in place in 2013/14, realigning services into a directorate structure and giving three clinical directors a key role in strategic planning, decision-making and operational issues, in partnership with general managers. This will ensure our plans and decisions are founded on sound clinical principles.

We have also continued expanding our research and academic activity with the appointment of Professor Carlo Palmieri as Chair of Translational Oncology and Professor Michael Brada as Chair of Radiation Oncology. Recruitment to additional posts is underway and research and academic oncology will continue to be priority areas for us over the next year.

As a centre of international repute, we provide highly specialist services in addition to more common forms of non-surgical cancer care, attracting patients from across the UK and beyond. The Papillon service, a specialist form of contact radiotherapy for early rectal cancer, moved into superb new facilities in September 2013, funded by the Trust and The Clatterbridge Cancer Charity.

We also completed a comprehensive upgrade of the National Centre for eye proton therapy – the only site providing this service in the UK. The investment included refurbishment of the patient environment and the installation of a highly-advanced treatment chair that took Swiss engineers five months to build.

In the autumn, we became the first site in Europe with a 4-D Varian TrueBeam radiotherapy linear accelerator after a £2m upgrade. It has particular benefits for lung cancer patients as the 4-D scanner enables us to take movement due to breathing into account when treating the tumour. Other major capital improvements in 2013/14 included a £1m new MRI scanner in June 2013.

High-quality care is about safety, effectiveness and a good patient experience and we are pleased to report that we performed extremely well in all three areas in 2013/14. The Care Quality Commission placed us in the lowest risk category, top-performing category (Band 6) in its Intelligent Hospital Monitoring assessments, with the most recent (March 2014) identifying no risk areas at all. Monitor has also placed us in its top-performing bands: Continuity of services – 4; Green on governance.

We are committed to working in Partnership with Trade Unions and have revised our Partnership and Recognition Agreement which has further enabled us to develop good formal and informal working relationships over the last year. Our aim is to adopt a positive and constructive approach to partnership working that builds trust and shares responsibility for the delivery of safe, effective and high quality patient care.

Patients have also given us some of the highest scores in the monthly NHS Friends & Family Test introduced nationally in April 2013. Our net promoter score was 93 out of a possible 100 in the latest results (Mar 2014). All inpatients are now asked whether they would recommend us to their friends and family, giving the reasons why. This year the survey is being extended to outpatients and day cases.

Our financial position remains strong, and we have coped well with the need to become more efficient year on year while continually improving quality of care. We delivered a surplus of £8.5m, which exceeded our planned surplus by £1.3m and is being earmarked to fund the construction of our new Cancer Centre in Liverpool, due to open in 2018. The Trust also achieved cost improvements of £2.3m.

Two innovative business ventures – The Clatterbridge Clinic and PharmaC – are now having a positive impact on our finances, and we expect to see further benefits from them next year and well into the future. The Clatterbridge Clinic for private patients opened in April 2013 and is a joint venture with the private healthcare group, The Mater Private. The income we receive from the venture goes directly to benefit our NHS patients and facilities.

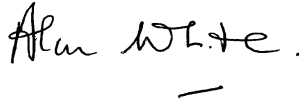
PharmaC is a community pharmacy that we established as a subsidiary company in December. As well as benefiting patients, because they can now get their outpatient and take-home prescriptions dispensed within The Clatterbridge Cancer Centre, it also reduces our costs.

As always, we could not have achieved all we have without the dedication, hard work and enthusiasm of our staff, governors, members, volunteers and other supporters. This year, The Clatterbridge Cancer Charity has raised a record £1.47m to fund pioneering research, new cancer treatments and vital support services along with important building work and refurbishments at The Clatterbridge Cancer Centre.

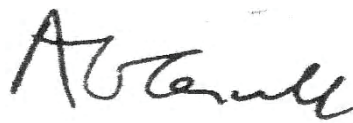
These have ranged from supporting our internationally renowned team of specialists to set up a cancer biobank for future research to helping to transform key facilities such as the Diagnostic Imaging department and the Brachytherapy theatre. These, and many other projects, would not be possible without our charity supporters so we are very grateful to them.

The coming year is likely to be a crucial milestone in our history as we go out to public consultation and complete our outline business case for the proposed new centre in Liverpool. This £118m development, which also includes further investment in our Wirral site, truly will transform cancer care for people in Cheshire, Merseyside and beyond.

It is an incredibly exciting opportunity and promises a future, both for the Trust and for the population we serve, that we are keen to embrace. Transforming Cancer Care in this way with greater clinical and research capability will ensure we continue meeting our commitment to provide the best cancer care to the people we serve for generations to come.

Handwritten signature of Alan White in black ink.

Alan White, Chairman

Handwritten signature of Andrew Cannell in black ink.

Andrew Cannell, Chief Executive

Strategic Report

Vision, Mission and Values

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

Vision

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

Mission / core purpose

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

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

Values

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

Trust profile

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

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

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

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

As of 1st April 2012 the Trust officially changed its name to The Clatterbridge Cancer Centre following feedback that the word 'oncology' was not well understood by patients. This name change made it clearer to the public and patients that its core purpose is cancer expertise and the service they receive is being provided by Clatterbridge cancer specialists.

The Trust's Wirral-based treatment centre is supported by a £17m radiotherapy satellite facility in Aintree, Liverpool and specialist chemotherapy clinics in seven of Merseyside's district hospitals. Together, this enables the Centre to provide a comprehensive range of

radiotherapy (including low energy proton beam treatments) and chemotherapy treatments in outpatient and inpatient settings across Cheshire and Merseyside.

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

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

Background Information

The Clatterbridge Cancer Centre was licensed as a NHS Foundation Trust from 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 district hospitals, to ensure that patients are within just a few miles of world-class chemotherapy treatment. The Centre annually delivers over 44,000 outpatient chemotherapy treatments and over 1,100 inpatient treatments.

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

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

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

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

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

The Centre is the first and only cancer centre in the UK with a world-class, proton therapy facility to treat eye tumours. It was the first centre in the UK to introduce Novalis Tx treatment system when it launched the revolutionary treatment in 2011. It also pioneered the use of Papillon radiotherapy and was the first British centre to introduce the treatment in 1992. The Clatterbridge Cancer Centre now operates one of the largest radiotherapy centres in the North West, delivering nearly 100,000 treatments each year.

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

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

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

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

The Trust has an established track-record of providing high-quality cancer care by expert staff, state-of-the-art equipment, cytotoxic therapy and a well established research programme. High-quality care has been demonstrated by its excellent performance in respect of mandated targets and indicators, the achievement of national awards and accreditations and continuous patient feedback. In 2013, the Centre was rated in the top 20 per cent of organisations in the country for overall treatment and care, according to the National Cancer Patient Experience Survey results.

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

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

The project has three key benefits:

- Seriously-ill patients with other health conditions (e.g. heart, lung and kidney) as well as cancer would have on-site access to intensive care and support from other key medical and surgical specialties for the first time. This is becoming increasingly important as the population ages and has more complex health needs.
- It would mean the main Clatterbridge site with inpatient chemotherapy and radiotherapy expertise was much more centrally located for the population it serves, reducing travel times for the majority of patients. Around 70% of its patients live north of the Mersey, whereas the Wirral site is in the south of its catchment area.
- Bringing the Centre onto the same site as the university, Royal Liverpool and other key research partners would significantly increase opportunities for groundbreaking research and clinical trials, enabling patients in Cheshire and Merseyside to benefit from greater access to the latest expertise and treatments.

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

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

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

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

Financial Summary

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

Financial Target	Outcome
• Planned income & expenditure surplus of £5.26m	Achieved actual surplus of £8.49m
• Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) of £9.52m	Achieved actual EBITDA of £11.69m
• I&E surplus margin of 5.8%	Achieved margin of 9.2%
• EBITDA margin of 9.8%	Achieved margin of 12.1%
• Return on Assets employed of 8.7%	Achieved return of 13.6%
• Overall Financial Risk Rating determined by the independent regulator (Monitor) for:-	
➢ Continuity of Service. (liquidity ratio) 4	Achieved Financial Risk Rating of 4.
➢ Capital Servicing 4 (where 4 represents lowest financial risk and 1 highest)	Achieved Financial Risk Rating of 4.

Key Financial Risks

The majority (94%) 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 2013/14 approximately 47% of the Trust's clinical income was funded by Payment by Results (PbR) national tariffs, with the remainder from locally determined prices. Both PbR and the local tariff arrangements are usually based on the principle that the Trust is reimbursed for activity performed. Therefore a reduction in activity would represent a financial risk to the Trust. However the Trust is able to mitigate against this risk by:

- Where possible, employing contract tolerances to reduce in year income volatility, such as fixed value contract agreements.

- Agreeing local tariffs with commissioners for 53% of clinical income that are not, therefore, subject to the same degree of price volatility as the nationally determined tariffs within Payment by Results.
- Continuing to agree funding for cancer drug developments based on actual drug usage.

As in previous years, a key concern for the forthcoming financial years will be the impact of the reduction in public expenditure on the NHS. The Trust is working with commissioners and other stakeholders across the health economies to ensure quality cancer services can be maintained whilst increasing productivity and efficiency. The Trust will be required to deliver its own challenging organisational cost improvement programme (CIP) and improvements in unit efficiency. Non-delivery of this target represents a key financial risk to the Trust. However this risk is reduced to the extent that the savings target was achieved in 2013/14 and the 2014/15 programme has been identified.

Activity

As noted above, the majority of the Trust's income is derived from providing non surgical cancer treatments and support (such as radiotherapy, chemotherapy, palliative care, diagnostic imaging, psychiatric and other support). During 2013/14 the Trust experienced growth for some of its services such as chemotherapy. Radiotherapy activity was below plan for most of the year, but income was above plan, with more complex adaptive and brachytherapy treatments taking place which attracted a higher tariff. This change in case mix was consistent with the experience of other radiotherapy centres in the country. The number of patients admitted to the hospital as in-patients fell in year. Patients admitted as day cases fell also due to a reclassification from day case to outpatient treatments. Proton therapy activity was significantly above plan for the year. This is a national service where the Trust is the only UK provider. It treats circa 160 patients per annum and activity is quite volatile year on year.

Activity	2013/14 Actual	2013/14 Plan	% Variance	% Growth Forecast 2014/15
Chemotherapy attends	90,488	88,677	2.0%	10%
Radiotherapy attends	99,459	103,805	-4.2%	3.8%
Proton therapy attends	917	762	20.3%	0%
Admitted patient care: spells	2,710	3,171	-14.6%	2%
Admitted patient care :day cases	943	1,787	-47.2%	2%
Out-patient consultations	111,855	117,504	-4.8%	2%

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

Other Income and Non-healthcare Activities

As noted above, the majority of the Trust's income is derived from providing clinical cancer services. In addition, the remaining 6% of income is derived from:

- Undertaking research & development

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

Investment Activity

The Trust invested £5.35 million in capital expenditure on buildings and replacement of capital equipment in 2013/14. The main schemes were:

- £3.28 million to replace, upgrade and enhance medical equipment at the Centre
- £1.76 million to refurbish the Trust's buildings.
- £0.31 million to replace IM&T equipment.

All of the above building projects represented investments in assets that are protected to deliver cancer services to our patients as part of the core business of the Trust, with the expectation that the improvements will build on the existing high standard of care provided.

The Trust is planning capital expenditure in 2014/15 of £6.6 million. The main schemes will improve Information Management and Technology including the replacement of the Trusts Electronic Patient Record (EPR) system and continue with its on-going equipment enhancement and replacement programme. A further £129.3 million of capital expenditure is planned over the following 4 years which will include the new cancer centre run by Clatterbridge Cancer Centre in the centre of Liverpool: Transforming Cancer Care.

A Strategic Outline Case has been produced and the Trust is currently working on an Outline Business Case. If successfully approved the project is expected to start in 2015/16 and be completed by 2018.

Charitable Funding

The Board of The Clatterbridge Cancer Centre are also the Corporate Trustee of The Clatterbridge Cancer Centre Charitable Funds. During 2013/14 £225k has been spent by the charity in support of the Foundation Trust. The main areas of expenditure were:

- Improving patients welfare - £142k
- Improving staff welfare - £ 2k
- Research & Development - £ 81k

Going Concern

The following financial accounts statements have been prepared on a going concern basis. After making enquiries the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

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

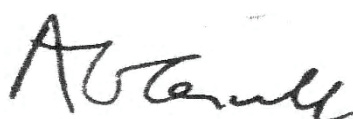
The annual accounts reflect not only the outcome of the Trust, but of the financial performance of the group which consists of:

- 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	8.49
The Clatterbridge Cancer Charity	0.41
The Clatterbridge Pharmacy Limited	0.21
Total Group Surplus	9.11

Signed



Andrew Cannell
Chief Executive

Date: 28th May 2014

Directors' Report

Patient Care

Performance against key targets 2013/14

18 weeks performance

CCC has performed well (all figures are currently YTD) against the existing requirements to see and treat patients within 18 weeks, whether they are admitted or non-admitted. Performance against these key targets is as follows:

- 95.9% of RTT admitted patients were seen within 18 weeks from the initial GP referral to treatment (target threshold 90%)
- 97.6% of RTT non admitted patients were seen within 18 weeks from initial GP referral to treatment (target threshold 95%)

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

- No patient has 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 2 incidences of Clostridium Difficile (our target is no more than 2)

Cancer Waiting Times performance

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

- 97.5% of patients were treated within 31 days from the time of decision to treat for first treatments (target threshold 96%)
- 99.1% of patients were treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments (target threshold 98%)
- 96.8% of patients were treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments (target threshold 94%)
- 87.5% of patients were treated within 62 days from the date of urgent GP referral (CCC threshold 79%)

Regulatory ratings

The Regulator (Monitor) assesses the performance of Foundation Trusts quantifying performance in two distinct categories: Financial and Governance as identified in the Compliance Framework. This criteria was applicable for quarters 1 and 2 of 2013/14.

With effect from 1 October 2013 the Risk Assessment Framework ('RAF') replaced the Compliance Framework as Monitor's approach to overseeing foundation trusts. A key part of this new framework is the new risk rating methodology, as set out in the RAF - **Governance** and **Continuity of Services**.

The **Governance** rating incorporates information across a number of areas:

- performance against selected national access and outcomes standards

- CQC judgments on the quality of care provided
- relevant information from third parties
- a selection of information chosen to reflect quality governance 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.

The **Continuity of Services** risk rating incorporates two common measures of financial robustness:

- (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 financial obligations.

For 2012/13 in Monitor’s assessments of the Annual Plan, they determined that the Trust should be awarded a financial risk rating of '4' and a 'green' governance rating. In 2013/14 the Trust received a financial risk rating of '4' for the Annual Plan which was subsequently improved to a '5' for the quarterly performance (the best possible rating) and a 'green' governance rating.

In October 2013 Monitor assigned the Trust a governance risk rating of 'green' against the new criteria identified in the RAF and stated that Trust’s 2013/14 financial risk rating (FRR) remained unchanged.

Governance Ratings 2013/14

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

62 day – Classic Target

A new system of breach re-allocation was introduced in Merseyside and Cheshire in 2013/14. In the new system responsibility for breaches is automatically transferred back to the referring hospital whenever a patient is referred to CCC more 42 days on the 62 day pathway. The target has been achieved consistently with this new mechanism which appropriately allocates responsibility for delayed treatment.

Screening Target

This target is subject to the same re-allocation process as the classic target. The low numbers involved means that there is a degree of risk to the target from patients choosing to delay treatment of complex pathways (no allowance is made for these other than the target being 90 percent rather than 100). However, the target has been achieved in each quarter in 2013 /4.

Governance Ratings 2012/13

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Under the Compliance Framework					
Financial Risk Rating	4	4	4	4	4
Governance Risk Rating	Green	Green	Amber-Green	Green	Amber-Green

In Quarter 2 the Trust received an Amber-Green rating which was due to failing both the 62 day from urgent GP referral to treatment (classic) and 62 day screening service referral targets.

In Quarter 4 the Trust received an Amber-Green rating which was due to failing the 62 day from urgent GP referral to treatment (classic).

Care Quality Commission (CQC) Assessment and Review

Independent Risk Management Assessments

Unannounced Inspection by the Care Quality Commission

On 27th September 2013 the Trust underwent a routine inspection by the Care Quality Commission where they inspected the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Cooperating with other providers
- Staffing
- Supporting workers
- Records

The CQC found that we met all of the standards.

<http://www.cqc.org.uk/directory/ren00?referer=widget1>

Achievement of NHSLA level 3

In November 2010 the Trust was again successfully assessed against NHSLA level 3 (the highest available). The assessment reflects the Trust's robust risk management systems and processes and the extent to which a risk aware culture is embedded in the organisation.

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 2013/14.

Information Standard

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

Patient Led Assessment of the Care Environment (PLACE)

In April we conducted a Patient Led Assessment of the Care Environment (PLACE). The results of this assessment show the Trust continues to provide the highest quality of care in all four areas assessed:

Cleanliness	99.07%
Food	97.57%
Privacy, dignity and wellbeing	93.85%
Condition, appearance and maintenance	96.22%

Quality Strategy

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

Progress towards targets as agreed with local commissioners

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

- Friends and Family Test - Increased Response Rate
- Friends and Family Test - Improved Performance on the Staff Friends and Family Test
- NHS Safety Thermometer - Data Collection

- NHS Safety Thermometer - improved data collection
- Dementia - Find, Assess, Investigate and Refer
- Dementia - Clinical Leadership
- Dementia - Supporting Carers of People with Dementia
- VTE - risk assessment
- VTE - Root Cause Analysis
- Increased access to image guided radiotherapy (IGRT)
- Access to and impact of clinical nurse specialist support on patient experience
- Radiotherapy dashboard
- Care close to home: mobile chemotherapy unit
- Care close to home: Evolve
- Reducing harm: specialist interventional team
- Implementation of a medicines safety service
- Additional needs service
- Putting patients first: response to Francis

The Trust has achieved the full CQUIN payment in 2013/14 for achieving all the quality improvements specified by commissioners.

Equality, Diversity and Human Rights

The Trust works to maintain a robust approach to equality, diversity and human rights issues which support us in complying with the requirements of The Equality Act 2010. This Act requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different groups when carrying out their activities (The General Equality Duty).

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

We are committed to delivering improved and equitable outcomes for all our patients as well as our staff, volunteers and visitors. We monitor how we deliver our objectives through our performance management processes, and report them to the Trust Board and Council of Governors and publish them on our website on an annual basis.

We have committed to focus on improving outcomes and experiences for our patients, staff, volunteers and visitors by working on issues and concerns suggested in relation to each of the Protected Characteristics:

- Age
- Disability
- Gender Re-assignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sexual Orientation
- Sex (formerly referred to as gender)

The Trust has been working towards eliminating discrimination across many of these protected characteristics (PC) for some time. Preparations to adhere to wider considerations around engagement under the General Duty have been undertaken; these include review of the current engagement framework and exploring the development and maintenance of a more comprehensive network, involving many seldom heard or considered communities, in order to build capacity for involvement and consultation in staff, patients and other stakeholders.

We now:-

- Publish information outlining how we will comply with the General Duty
- Publish details on workforce breakdown and local population by various equality denominations e.g. age, race etc
- Undertake a revised equality screening process to replace Equality Impact Assessment called Equality Analysis, in functions, policies and services
- Formulate one objective for each protected characteristic and review progress annually
- Publish the information on how we will meet the Equality Duty in such a manner that it is accessible to the public.

All Equality information and reports are published in the Equality & Diversity section of the Trust's website.

A further assurance involves the work that we have already undertaken in relation to the NHS Equality Delivery System (EDS). In November 2013, the refreshed EDS 2 was launched nationally and is now a requirement set by the commissioners. Migration to EDS 2 is planned to take place over the coming months and we are revisiting our current EDS to review and update prior to updating to EDS 2.

Providing evidence of how we are meeting our duty to statutory obligations

We have an Equality, Diversity and Human Rights Steering Group with the focus being on **action** and **outcomes** that will make a positive difference to our staff, patients and the community we serve. A non Executive Director and a Trust Governor are involved as members of the group.

As in previous years, the Trust can provide its strategic documents in varied formats. Although it is not a legal requirement to publish equality analysis and engagement undertakings, we will continue to be transparent and inclusive in demonstrating how we are meeting our Equality Duty and working in partnership with others.

Creating Accessible Information

Barriers to information can prevent people from effectively accessing health services and may affect health outcomes for some people. We feel it is hugely important that local people are involved in helping us to identify these needs and agree solutions – this is an important element of how we actively work with our internal and external stakeholders. Through feedback via comments cards, patient survey and the PALS volunteers, the Trust has identified ways in which it may offer information and support on cancer, it's prevention and treatment to people in minority groups, for example, engaging with the deaf community to host a multi professional half day session to offer more information about cancer and it's

treatments. Feedback from this group was very positive, and we have continued to engage with external stakeholders e.g. learning disability groups, travellers and carers. The appointment of a Clinical Specialist for patients with Additional Needs late in 2013 is proving to be very successful in supporting patients and carers; the post holder works with any patient who has identified an additional need. Whether it is an organic need e.g. dementia, a physical need e.g. a disability, or a communication need e.g. English is not the first language, a risk assessment is completed with the patient (and carer with their permission) and specific individual needs are identified. A care plan is then developed, including any reasonable adjustments required for the individual, which is then shared with the multi professional team. A formal evaluation of the service has not yet been completed, but early anecdotal evidence is identifying a huge improvement in responding proactively instead of reactively, giving the patient and their carer confidence that we are meeting their individual needs.

Work is also currently underway looking at non English language support, identifying key areas on the pathway when this is needed, to ensure that we provide a cohesive service to our patients for whom English is not their first language.

The Trust continues to work together to ensure that it builds upon the significant progress that has been made so far in meeting the Equality Duties and embedding the fundamental principles of Equality Analysis and engagement in all its functions, services, strategies and organisational undertakings.

Developing our Services

In 2013/14 we undertook a comprehensive review of our Trust organisational structure and put in place a new Clinical Directorate Management Structure which will ensure that we have fit for purpose governance and improved clinical involvement at a senior level as we progress on our journey towards 'Transforming Cancer Care'.

The new structure has three clinical directorates: radiation services, chemotherapy services and integrated care.

Chemotherapy Services

The chemotherapy services directorate provides systemic anti cancer therapy (SACT), supportive therapies and outpatient services for patients across Cheshire and Merseyside. The Directorate comprises of three core services:

- Pharmacy – prescription verification, preparation and dispensing of SACT and supportive therapies. Trust wide responsibility for medicines management, information and advice. Out- patient pharmacy provision- PharmaC
- Day Case SACT (including phase 1, 2 and 3 clinical trials) on the main site plus OPD SACT across 7 DGH's and a pilot mobile provision.
- Acute Oncology Services across main site and 7 acute trusts.

Activity across these services has increased year on year, variably in terms of % uplift, but with an average forecast of 5% annually. This figure is based on patient attends, the increase in patients requiring complex treatments has increased at a higher level year on year, varying

but with an average of 10%. During 2013/14 we have seen significant growth in our chemotherapy activity and we are currently delivering approximately 3,600 spells per month.

A number of SACTs are available as oral or sub-cutaneous injections, reducing the IV treatments. There is also an increasing clinical trials activity.

The Directorate works across a wide geographical area, and has close links with all external key providers, in strategic and operational capacities.

The Trust provides chemotherapy primarily for solid tumour patients for the population of the Merseyside and Cheshire Cancer Network. An oncologist service is also provided to the Isle of Man. The service model is based on providing safe and effective care and treatment as close to the patient's home as possible providing choice where possible and clinically appropriate.

Over 90% of the treatments are delivered in outpatient clinics with 70% of patients receiving their treatment at a clinic close to their home. These clinics are located at:

- Delamere Day Case unit
- Countess of Chester Hospital
- Halton Hospital: Can Treat Centre
- Southport Hospital
- Aintree University Hospital: Marina Dalglish Centre
- Royal Liverpool Hospital: Linda McCartney Centre
- Liverpool Heart and Chest Hospital
- Liverpool Women's Hospital
- St Helen's Hospital: Lilac Centre
- Nobles IOM

The Trust is at the forefront of service development in the new but rapidly evolving field of Acute Oncology which encompasses all aspects of emergency non surgical oncology care. A network of acute oncology services has now been implemented across the local network of acute hospitals. The services are provided by an acute oncology team employed by CCC but based in the acute hospitals.

Developments in 2013/14

Community chemotherapy strategy:

- Ongoing evaluation of home chemotherapy delivered by CCC senior chemotherapy nursing staff and aimed at vulnerable adult patients requiring bespoke therapy at home – final evaluation of pilot under way .
- Ongoing evaluation of a mobile chemotherapy facility supporting cancer patients who require non complex chemotherapy in Southport and Chester. Pilot extension to 01/07/14 agreed and final evaluation is underway
- Initial high level meetings with Liverpool and Bridgewater community Health Trusts to develop a third arm of the community strategy evaluation 'Trastuzumab at home' as a model of partnership working with community nursing.

Delamere Activity and nurse led services:

- A pharmacy medicines technician pilot has been commenced to evaluate enhanced pharmacy support and skill mix on the Delamere chemotherapy unit.

Pharmacy:

A successful case for pharmacist expansion has been accepted to support:

- E Prescribing: Two pharmacists are developing their non medical prescribing formulary.
- Pharmacy support has been identified to facilitate eScribe training and implementation across the Breast and Hepato-Biliary Tumour Groups
- A CQUIN bid for electronic protocol book development has been successful
- Version 10.9 eScribe module is undergoing testing as a means of delivering multi cycle prescribing
- PharmaC – An outpatient facility and a key component of future community strategy has been opened within CCC to offer outpatient pharmacy services and support community delivery of SACT.

Radiation Services

Radiation Services provides an external beam radiotherapy service, brachytherapy, Papillon, low energy proton service and imaging services for the Trust. The external radiotherapy and brachytherapy services are provided to patients from the Merseyside and Cheshire Cancer Network, some patients from North Wales and patients from the Isle of Man. The National Centre for Eye Proton Therapy service delivered by the Cyclotron provides the service for patients across the UK and further afield as does the Papillon service. The imaging service provides a service to patients from the Cancer Network but also includes direct access from GPs and other healthcare providers locally and some services to Wirral University Teaching Hospitals. The Diagnostic Imaging Department provides four services, these are CT, MR, Nuclear Medicine (gamma camera) and X-ray and ultrasound. The Trust hosts the Cheshire and Merseyside PET/CT service one and a half days a week.

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

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.

The Post Radiotherapy Telephone Follow up Service has been set up to provide a link between The Clatterbridge Cancer Centre and the community so assistance can be given where necessary. The aim of the service is to provide a timely, efficient and cost effective method of delivering patient care. Patients are telephoned on an agreed phone number at a prearranged time following completion of their treatment and complete a questionnaire with the radiographers. Depending on the responses, patients are given advice, reassurance or referred to another clinical service for further follow up.

Developments in 2013/14

- The delivery and installation of a new Linear Accelerator, the first of this model in Europe to continue with maintaining the state of the art radiotherapy equipment within the Trust.
- Radiotherapy has managed to significantly improve the daily waiting times for patients in the department with a project that reviewed and modified the appointment system.
- Significant building project in Imaging to improve the environment and flow of patients within the department.
- Move of Papillon service into a purpose built area of the Trust which has enabled larger patient numbers and improved patient experience.
- Installation of new proton chair plus upgrade of proton facilities to facilitate an improved patient experience.
- Increasing levels of IMRT and IGRT (advanced radiotherapy) to patients
- Introduction of an Alpharadin service to patients
- Introduction of site specific planning meetings in radiotherapy

Integrated Care

The Integrated Care Services Directorate comprises the Cancer Rehabilitation and Support Team (CReST), Patient Administration Services (including overseas patients) and Nursing Services for patients attending the Trust from Cheshire, Merseyside, North Wales and the Isle of Man

The Directorate comprises of:

- CReST – Clinical Nurse Specialists for specific tumour types, Dietetics, Physiotherapy, Occupational Therapy, Social Worker, Welfare Benefits, Lymphoedema services, Specialist Palliative Care services, Psychological Medicine services, Teenage and Young Adult Team, Nutritional Nurse Practitioner, Radiotherapy Liaison and Support Practitioner, Speech and Language Therapy, Chaplaincy services, Macmillan Information and Support Centres and Therapy healthcare Assistants. The Team provides support to both in patients and out patients, and provides advice and expert knowledge and skills to other members of the multi professional team.
- Patient Administration Services (including overseas patients) provide administration support to the directorate and also services such as travel claim payment, Day after Death service, nurse bank administration, and the management of external visitors to the Directorate. Overseas patients with reciprocal Government arrangements are dealt with by this team.

- Nursing Services –3 inpatient wards totalling 77 beds with a 4 bedded Teenage and Young Adult (TYA) unit and a 2 bedded step up area. The service also includes the provision of a telephone triage service that provides 24 hr support to all patients receiving cancer treatment provided by CCC and also provides support to other professionals. The nursing service also supports a variety of advanced practice nursing posts working across the patient cohort – some of which are in a pilot phase to inform future advanced nursing provision.
- Outpatient services – providing outpatient provision for all New, Review and Follow up oncology patients, at the main cancer centre and within 11 DGH provisions.

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, for example CNS and ANP roles have been developed that integrate services across DGH's throughout the area and the triage service links with acute oncology services and primary care.

The TYA team work across the Cheshire and Merseyside Network, providing care and support to patients with cancer aged 16-24 years and their families.

In the future there may be further opportunities to develop services that integrate with other health and social care providers. The Integrated Care directorate is in a strong position to make this happen because of its already established links across the region.

Developments in 2013/14

- Appointment of Integrated Care Clinical Director and General Manager.
- Commence of construction of 'Maggies' facilities at CCC and plans for future partnership working and supplementary services to CCC patients.
- Commencement of Theatre refurbishment, completion due 2014/15 Q1.
- Expansion of Triage service to support all patients receiving treatment at CCC.
- Specialist Interventional Team established and fully operational.
- Development of older peoples service:
 - Establishment of Dementia Champions
 - Embedding training across all grades of staff.
 - Developed pathways of care to identify key milestones when support can be best utilised.
 - Promotion of seamless care and improved communication between departments and agencies.
 - Identification of additional needs within secondary care ensuring patient centre care pathways are initiated within CCC in a planned approach.
- Implementation of the MUST nutritional screening tool within ambulatory care setting.
- Further development of nurse led telephone clinics in urology and nurse led services within skin cancers.
- Launch of CanChat Forum with live chat sessions in specific areas, e.g. changes in welfare benefits and preparing for admission to CCC.
- Development and implementation of new End of Life Care Guidance.
- Rolling out use of the reasonable adjustment assessment tool and care plan.
- Assimilation and benchmarking of services at The Macmillan Cancer Information Services at both CCC and CCCL. In 2013 the Trust received the Macmillan Quality Environment Mark for its centre at Aintree. The Macmillan Quality Environment Mark

(MQEM) aims to set the highest possible standards for cancer care environments, driving forward the design and use of these facilities, based on a robust understanding of the needs of people affected by cancer.

- Appointment of Amber Care Bundle facilitator.
- Identification of service development for Lymphodema Services within Network, identifying areas for development and investment.
- Initiation of service to support patients with late effects return to work and within the workplace.

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.

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

Overview of education and training

The Clinical Education Department at CCC is committed to promoting the quality of care for people with cancer through education and professional development. The Department offers a range of educational programs such as study days, short courses and degree level modules which are aimed at health and social care practitioners and support staff who have an interest in cancer care. The department is also able to accommodate the educational needs of individual organisations upon request. Clinical Education runs a number of oncology programmes and pathways in association with both the Faculty of Health and Social Care University of Chester, and the University of Liverpool. Modules may be taken as stand-alone modules, or used to contribute towards a diploma or degree pathway. Some programmes are available as distance learning.

In 2008 the Trust has developed in partnership with the Faculty of Health and Social Care Board of Studies at the University of Chester a Practice Development and Research Partnership (PDRP). 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 delivers Advanced Imaging Clinical Schools to visiting delegates from all around the world, on behalf of Varian Medical Systems.

In 2005, we became the first oncology centre in the United Kingdom to install a linear accelerator with an On-Board Imager (OBI) system. The OBI is a state-of-the-art imaging device that can be used to improve the accuracy of patient positioning and to allow the tracking of tumour motion. Varian subsequently chose us, as pioneers in the use of this equipment, to host and deliver training courses for their customers. In September 2007, we

provided Europe's first training school on Image-Guided Radiotherapy (IGRT) to an audience of oncologists, physicists and radiographers from Russia, Norway, Italy, Spain and Scotland. In April 2010, the School was expanded to include Respiratory Gating and Varian's Real-time Position Management (RPM) system as well. The RPM system allows the movement of a patient's tumour to be correlated with their breathing, thereby offering the possibility of delivering radiotherapy treatment in only part of the breathing cycle.

The Schools have been run every year since 2007 on four or five occasions per year, typically in February, April, June, September and November. CCC runs an annual "Radiobiology & Radiobiological Modelling in Radiotherapy" course for delegates from around the world. The course provides a greater understanding about both the basis of radiation treatment for cancer and the use of radiobiological modelling in evaluating and improving treatments. This event brings together some of the world's leading experts in a specialist but increasingly important subject area - for this reason it attracts global interest. In July 2010 the course received full endorsement from E.S.T.R.O., Europe's leading Radiotherapy Society.

The Trust is a training site for a range of pre-registration radiotherapy students. The students are placed within the radiotherapy department for the majority of their clinical training. The Trust also provides clinical placements for nursing students.

Overview of research and development

CCC recognises the importance of and remains committed to securing an international reputation for excellence in research. At the heart of this commitment is improving outcomes for our patients. The establishment of a comprehensive cancer centre based at the new Royal site will bring together state of the art facilities, academia and key NHS partners. This will strengthen existing research collaborations and enable new ones to develop. CCC is a member of the Liverpool Health Partners (LHP), which aims to bring the NHS and higher education institutions across our region closer together. This will enable the delivery of significant improvements in patient care by harnessing the world-class knowledge, expertise, facilities and resources that exist individually across the partnership.

Key developments

The Trust has continued to invest in the development of the Academic Unit of Oncology. The Academic Unit is led by Professor Dan Palmer (Chair of Medical Oncology) who is currently supported by two chairs and three senior lecturers in medical oncology. The Trust has also recently appointed Professor Michael Brada as Chair of Radiation Oncology and there is a plan to appoint two senior lecturers in radiation oncology over the coming twelve months. Collectively, the academic team will focus on the development of internationally-competitive research; and will seek to attract external research funding from the National Institute for Health Research, local and national charities, as well as from pharmaceutical industry collaborations. A number of small and large grants have been awarded during 2013/14.

A joint Trust / University of Liverpool Academic Board has been established to oversee the strategic development of academic oncology. The Academic Board will ensure that a scientific strategy is developed for each disease focus area as outlined below:

- Hepatobiliary cancer (Lead Prof Dan Palmer)
- Breast cancer (Lead Prof Carlo Palmieri)
- Bladder cancer (Lead Dr Syed Hussain)

- Prostate cancer (Lead Dr Isabel Syndikus)
- Gynaecology cancer (Lead Dr Rosemary Lord)
- Head and Neck cancers (Lead TBA)
- Melanoma cancer (Lead Dr Ernie Marshall)
- Lung cancer (Lead Professor Michael Brada)

The Trust has also invested in a number of research posts to support the development of the Liverpool Early Drug Development Unit (LEDDU). The LEDDU is a collaboration between CCC, The Royal Liverpool Hospital and the University of Liverpool. The aim of the LEDDU is to provide the bridge between scientific research and clinical practice. This initiative has enabled the development of a portfolio of phase I trials at both CCC and the Royal Liverpool Hospital. Currently 13% of studies open at CCC are phase I or phase I/II.

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

Physics Research

The CCC Physics Research Group continues to enhance the Trust's capabilities regarding principally radiobiological modelling and radiation dosimetry applicable to clinical radiotherapy. Since the start of 2013 six papers have appeared in research journals co-authored by members of the physics department, and numerous invited and proffered papers and posters have been presented at national and international scientific meetings. The CCC international course on Radiobiology and Radiobiological Modelling goes from strength to strength; the most recent one in February 2014 attracted around 50 delegates. There were several new faculty members including Professor Brada (CCC), and Drs Navita Somaiah (ICR/Marsden), Mike Partridge (Oxford Gray Institute) and Jason Parsons (Liverpool university cancer research centre).

The Physics Department is part of the National Cancer Research Institute's Radiotherapy Trials Quality Assurance Group and provide QA support to a number of national clinical trials. Several members of the radiotherapy division provide scientific support to national clinical trials through membership of the relevant Trials Management Groups and of the NCR Clinical and Translational Radiotherapy Research Working Group.

The Merseyside and Cheshire Cancer Research Network (MCCRN)

CCC successfully hosted the Merseyside and Cheshire Cancer Research Network (MCCRN) for ten years. Due to changes in the national configuration of clinical research networks the hosting of the MCCRN transferred to the Royal Liverpool and Broadgreen University Hospitals NHS Trust on 1st April 2014. The aim of the research network is to provide the cancer network with an infrastructure to support randomised prospective trials of cancer treatment. These include surgery, radiotherapy, chemotherapy, palliative care, newer treatment modalities and other well-designed studies that form part of the National Institute for Health Research (NIHR) portfolio. The purpose of the MCCRN is to benefit patients by improving the integration, quality and speed of cancer research. Patient recruitment to the NIHR portfolio studies has progressed from 4.8% in 2001/2 to 19% in 2013/14. 80% of the clinical trials run by CCC recruit the expected number of patients in the timeframe specified;

which meets the national target. CCC also has a growing portfolio of industry sponsored research. This provides clinicians and patients with access to novel agents, which present an additional treatment option. Commercial research currently accounts for circa 30% of CCC's research portfolio.

Developing our Workforce

Human Resources (HR) Policies and Processes

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

The Trust has been accredited with the 'Positive about Disabled People' (two ticks) logo and are signatories on the Mindful Employer Charter. The principles and objectives of both these initiatives are clearly reflected in the Trusts Values and Behaviours as well as being embedded in HR policies, procedure and training, examples of these would be; Recruitment and Selection, Attendance Management and Managing Performance. The Trust ensures that no applicant or employee are discriminated against, either directly or indirectly, or are disadvantaged by conditions or requirements which cannot be justified by the needs of the post.

Partnership working continues to be a priority area for the Trust; therefore the following joint forums have been introduced to support this work:

- The Strategic Partnership Forum 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 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, advice, support and improves 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 Human Resources & 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.

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

In addition the Trust has introduced a Health and Wellbeing Committee that proactively leads the health & wellbeing strategy and initiatives.

The Trust is committed to promoting an inclusive work environment that genuinely values people and all their differences irrespective of their protected characteristics. We aim to become a world class organisation attracting and retaining the best people who are skilled and motivated to deliver the best possible care to an equally diverse community; respect for all individuals is paramount to achieving this.

In addition to other supporting NHS organisations the Trust continues to be represented each year at Liverpool PRIDE through 'Pride in Health', the Liverpool NHS Lesbian, Gay, Bisexual & Transgender staff network (LGBT). This involvement at Liverpool PRIDE promotes the NHS and The Clatterbridge Cancer Centre as an employer of choice for LGB&T individuals, provides health and well being advice and celebrates the contribution that LGB&T staff makes to the NHS. By supporting Liverpool PRIDE we acknowledge the Trust's commitment to our equality, diversity and human rights strategy.

Staff Survey

456 staff at The Clatterbridge Cancer Centre NHS Foundation Trust took part in this survey. This is a response rate of 57% which is well above average for acute trusts in England, and compares with a response rate of 46% in this trust in the 2012 survey.

In 3 out of the 28 key findings the Trust scored higher than last year. The Trust scored above average for acute specialist trusts in 14 of the 28 key areas surveyed. The Trust did less well than average for an acute specialist trust in 3 of the 28 key areas surveyed.

The Trust has improved in its staff engagement from last year and also scores above the national average for acute specialist trusts.

Our top 4 ranking scores and bottom 4 ranking scores are shown below:

	2012/13		2013/14		Trust Improvement/ Deterioration
Response rate	Trust	National Average	Trust	National Average	
	46%	50%	57%	49%	11% increase
Top 4 Ranking Scores	Trust	National Average	Trust	National Average	
Effective team working	3.82 out of 5	3.72 out of 5	3.92 out of 5	3.81 out of 5	0.10 improvement
Percentage of staff appraised in last 12 months	70%	82%	92%	86%	22% improvement
Percentage of staff believing the trust provides equal opportunities for career progression or promotion	96%	88%	94%	91%	2% deterioration
Staff job satisfaction	3.70 out of 5	3.58 out of 5	3.78 out of 5	3.69 out of 5	0.08 improvement
Bottom 4 Ranking Scores	Trust	National Average	Trust	National Average	
Percentage of staff working extra hours	72%	70%	74%	71%	2% deterioration
Percentage of staff having equality and diversity training in last 12 months	58%	56%	59%	66%	1% improvement
Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	23%	28%	27%	24%	4% deterioration
Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	31%	33%	31%	30%	Remained the same

Future priorities and targets

Service lead focus groups have been planned to address some of the areas identified above where the Trust scored lowest on, with the aim of feeding the results back to staff and rolling out any future learning to improve these areas of concern.

The Trust, in partnership with our Trade Union colleagues, has agreed to develop focus groups with particular focus on the following areas:

- Long Hours Culture
- Staff involvement in change
- Personal Development Review
- Engagement

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

Improvements following Patient Surveys and Care Quality Commission Reports

The Trust continues to have a low number of complaints (19 in 2013/14). 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.

Improvements in patient/carer information

Throughout 2013/14 we have continued the programme of ongoing improvement of the information provided to our patients and carers.

We are accredited 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.

Complaints handling

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:

- Enhanced emotional support from hospital staff during your stay
- How patients are supported at mealtimes
- Ensuring patients are involved as much as they want to be in decisions about their care and treatment?
- Improved pain control
- Provision of written or printed information about what patients should or should not do after leaving hospital

Summary of Complaints 2013/14

Total complaints received	19
Subject matter of complaint:	
Treatment and Care	13
Communication	1
Staff attitude	3

Discharge arrangements	1
Personal records	1

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

Partnerships and Alliances

The Clatterbridge Cancer Charity

2013/14 has seen The Clatterbridge Cancer Charity go from strength to strength, raising a massive £1.47m to help our patients and their families. Such a result really demonstrates how committed our supporters are, that during a time when the nation is tightening its belt, they are giving so generously to allow us to continue the work we do. We would never have been able to achieve so much this year without the continued support from our charity volunteers, donors and fundraisers.

Every year, thousands of people raise vital funds for The Clatterbridge Cancer Charity, the only charity directly raising money for Clatterbridge cancer patients and their families. Their donations help us to fund vital research, up to date treatment, world class equipment and life changing support services, which would otherwise be unavailable. Many of the changes seen across the Centre in 2013-14 have been made possible through charitable donations, including the refurbishment of key areas such as the Imaging, Proton Therapy and Theatre departments, along with creating relaxing outside space for patients and visitors and the creation of a new facility to provide the groundbreaking Papillon treatment.

Our internationally renowned team of specialists are also leading the way in many areas, developing new ways of diagnosing, treating and monitoring cancer. One programme in particular which has been supported through charitable donations is the creation of the BioBank, which will be integral in future research to diagnose cancer sooner and aim to improve outcomes for patients.

Alongside these projects, the charity continues to fund services which enhance the lives of our patients and their families at a very difficult time in their lives, such as complementary therapy, counselling, a free wig service and gym equipment for our teenage patients, amongst many other of the services that make Clatterbridge such a unique and special cancer centre.

We would like to thank the thousands of individuals, groups, organisations, trusts and companies who have supported the charity over the last year; every single penny you have donated has helped to change lives.

Further information about our charity can be found at www.clatterbridgecc.org.uk

Development of Private Patient Facility

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

The Clatterbridge Clinic opened in April 2013 with Chemotherapy patients being treated in the new facility.

Development of an Outpatient Pharmacy Dispensing Subsidiary Company

The Trust engaged KPMG in 2012 to undertake a Feasibility Study and Business Case and to provide taxation advice regarding available options for establishing an Outpatient Pharmacy Dispensing Subsidiary Company. KPMG completed this work in Autumn 2013 following the creation of the subsidiary company and opening of the Trust's new Outpatient Pharmacy.

Transforming Cancer Care

The Trust is currently undertaking an Outline Business Case to develop and build a new World Class Cancer Centre in 2018. To assist with the Business Case and clinical redesign work the Trust appointed the following advisors:

- BDP
- Berwin Leighton Paisner LLP
- Deloitte
- EC Harris
- Wardell Armstrong

Liverpool Health Partners

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

Cancer is one of the clinical academic programmes and will be the main focus for the Trust in the coming years. The Clatterbridge Cancer Centre pays an annual subscription of £80,000 to support the infrastructure of LHP and provides a resource to support research projects that promote partnership working.

Governance

NHS Foundation Trust Code of Governance

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

B.7.4 and B.7.1 "Non-Executive Directors, including the Chairperson should be appointed by the Council of Governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years...Any term beyond six years (e.g. two three-year terms)... should be subject to particularly rigorous review...Non-Executive Directors may, in exceptional circumstances, serve longer than six years"

At its meeting on 3rd February 2014 the Council of Governors approved the reappointment for 1 further year of the Chair until 31st July 2015.

In making this decision there were several reasons the Council considered for wishing to retain the Chairman for a further term from July 2013, one reason in particular was so that his specific and unique skills could be used to facilitate the consultation process relating to the Transforming Cancer Care project. For reasons totally unrelated to any action on the part of the Trust, and out with their control, this consultation has had to be delayed until Spring/Summer 2014.

Prior to the Council meeting the Trust discussed the matter with the Independent Regulator, Monitor to seek their advice and they agreed the Trust has a justifiable 'exceptional circumstance' to provide a rationale for extending the Chair's term

Therefore the Trust is not compliant with the code provision.

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

Council of Governors

Working together with the Board

During the last year our Board of Directors and Governors have worked together in a number of ways to ensure that the Governors' views are understood and that they receive appropriate support. Including, holding joint sessions between the Board of Directors and Governors focusing around the development of the Trust's future strategic plans.

Since early 2010 the Senior Governor (or in their absence another public Governor) has attended Board of Directors (known as Trust Board) meetings to ensure transparency between the Board and Council. Subsequent to this the Trust also implemented 'Public' Governor representation at each of its Board Committees: Audit, Integrated Governance and Investment.

Attendance at the Audit Committee ensures that any matters identified are considered and where any action or improvement is needed. For the Investment Committee it ensures Governor contribution to future developments for the organisation such as Transforming Cancer Care. For the Integrated Governance Committee it allows the Council of Governors to meet its responsibility to hold the Non-Executive Directors individually and collectively to

account for the performance Board of Directors. It also gives the Council the opportunity to receive detailed information on a selection of key performance indicators and the Trust's approach to key areas.

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 the Trust implemented a rolling programme of attendance of Non Executive Directors at Council meetings in addition to Executive Directors attending Council meetings to on a regular basis to present reports eg: performance, quality and future developments. In addition Non Executive Director's along with Executive Director's attend each of the Council of Governor's Committee's in an advisory capacity.

The Senior Governor has met with the Chair throughout the year to ensure Governors are kept up to date on any developments within the Trust. To supplement this on an adhoc basis the Senior Governor has produced updates for Governors which were circulated electronically.

Council of Governor's roles and responsibilities and working arrangements

The 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 3 times per year in public and fulfils its legal obligations as outlined in the Constitution. In addition to Council meetings, there are three Committees:

- Patient Experience Committee,
- Strategy,
- Membership, Communications and Fundraising.

The Council of governors has revised and approved its 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 identified an Executive and a 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 committees and the Council of Governors playing a key role in developing links between Board committees and the Council of Governors ensuring that key strategic themes are being addressed.

In December 2013, Monitor introduced 'The Independent Panel for Advising Governors' known as 'the Panel'. The role of the Panel is to answer questions raised by NHS foundation trust governors as to whether a trust has failed or is failing to act in accordance with its constitution, or to act in accordance with Chapter 5 of the NHS Act 2006.

During the year the development needs of 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 both the North West Governors Forum and the Foundation Trust Governor Association (FTGA) covering a variety of subjects. In addition, at the Governor Discussion meetings, there have been a number of presentations from

Executive Directors and relevant experts across a number of topics eg: Equality and Diversity; Branding and Engagement Strategy; HR developments and Transforming Cancer Care.

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

Composition of the Council of Governors

The Council is made up of 28 Governors, public, staff and nominated organisations, serving a fixed three year term of office.

Liverpool	3
Sefton	2
St Helens & Knowsley	2
Warrington & Halton	2
Cheshire West and Chester	2
Wirral and the rest of England	3
Wales	1
Staff governors	6
Nominated organisations	7
Total:	28

Note: during 2013/14 there was 1 vacancy in the St Helen's & Knowsley 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
Jade Barrett**	Elected Staff	Non Clinical	3	2	PE, MCF	2016
Trevor Benn	Elected Public	Wirral and the rest of England	5	4	PE (Chair)	2014
Ian Boycott-Samuels**	Elected Public	Sefton	3	3	PE	2016
Douglas Buchanan	Elected Public	Warrington and Halton	5	4	ST, N&R	2015
Andrea Chambers	Nominated	Manx Cancer Help Association	5	4	ST	2015
Michèle Christopherson	Elected Public	Sefton	5	5	PE, N&R	2015
Stuart Clutton	Elected Public	Warrington and Halton	5	2	MCF	2014
Angela Cross**	Elected Public	Wirral and the rest of England	3	3	PE	2016
Veronica Cuthbert** ^Δ	Elected Public	Cheshire West and Chester	2	2	PE, MCF	2016
Mary Doddridge**	Elected Public	Liverpool	3	3	PE, MCF (Chair)	2016
Doug Errington**	Elected Staff	Doctor	3	3	ST, PE	2016
Pat Glasman	Nominated	Local Council – Metropolitan Borough of Wirral	5	2	PE	2014

Sonia Holdsworth	Nominated	Macmillan Cancer Support	5	4	ST, N&R	2015
Eileen Howlett	Elected Staff	Volunteers, Service Providers, Contracted Staff	5	4	PE	2014
Jill Johnson	Elected Public	Wirral and the rest of England	5	4	MCF	2014
Helen Mayles**	Elected Staff	Other Clinical	3	3	ST	2016
Ray Murphy	Nominated	Cheshire & Merseyside Cancer Network Task Force	5	4	ST	2015
Valerie Nock**	Elected Staff	Radiographer	3	2	ST,PE	2016
Gill Oliver*	Elected Public	Cheshire West and Chester	5	5	MCF, N&R	2015
Andrew Pettitt	Nominated	The University of Liverpool	5	2	ST	2015
Sally Roberts	Elected Public	Wales	3	2	PE	2015
Simon Rogers	Nominated	Aintree University Hospitals NHS Foundation Trust	5	0	PE	2015
Cheryl Rosenblatt	Elected Public	Liverpool	5	5	PE, MCF	2014
Stephen Sanderson**	Elected Public	St Helens and Knowsley	3	3	ST (Chair)	2016
Kate Smith	Elected Staff	Nurse	5	4	PE, N&R	2015
Alison Tonge**	Nominated	Cheshire, Warrington & Wirral Area Team	3	2	ST	2016
Yvonne Tsao	Elected Public	Liverpool	5	4	PE, MCF, N&R	2015

* Senior Governor

** Elected / Appointed in year

^ Resigned in year

PE Patient Experience
ST Strategy

MCF Membership, Communication & Fundraising
N&R Nomination & Remuneration

We would like to express our thanks to former Public Governors: Lawrie Black, John Navein, Charles Hubbard, Gerry O'Connell, Corrie Lowry and Ros Randles; Staff Governors: Nicky Thorp, Karen Swale, John Thornton and Pam McCarron. Each served as a Governor during 2013/14 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.

At its meeting in February 2014 the Council of Governors approved a recommendation from the Membership, Communications and Fundraising Committee to separate Fundraising and include it as a standing item at the Council meeting. The terms of reference for the Membership and Communications Committee was amended to reflect this change.

Declaration of Interests

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.

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.

During 2013/14 governors claimed expenses totalling £1843.56 and all expenses claimed were in line with the Trust policy.

Remuneration Committee

The Remuneration Committee consists of 6 governors, one of whom will act as Chair (who will have a casting vote) and decides the terms and conditions of office including the remuneration and allowances of the Non Executive Directors.

Also see notes 3.3 and 3.5 of the Annual Accounts.

Nominations Committee (Non Executive Director)

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

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

This Nomination Panel is responsible for appointing Non-Executive Directors by identifying appropriate candidates through a process of open competition, which takes account of the policy maintained by the Council of Governors and the skills and experience required.

During this year the Nominations Committee has recommended the re-appointment of Alan White until 31st July 2015, James Kingsland and Jan Burns until 31st January 2017. These re-appointments were subsequently approved by the Council of Governors at its meetings in February 2014 and November 2013 respectively.

In addition at its meeting in February 2014 the Council of Governors approved the recruitment process for the Non Executive Director post which becomes vacant at the end of Louise Martin's terms of office in July 2014.

These processes were in line with the Trust's constitution.

Board of Directors

The Board annually reviews the independence of directors and at its meeting in March 2014 reviewed all Non-Executive Directors and considers them all to be independent.

The Senior Independent Director – Louise Martin was appointed as such on 1st January 2011.

Board of Directors – Composition, backgrounds and interests

Gil Black

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

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

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

Yvonne Bottomley – Deputy Chief Executive/Finance Director

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

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

Jan Burns

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.

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

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.

Alison Hastings

Appointed by the Council of Governors (1st term of office, 3 years) until December 2014

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 BBC Trustee for England and Vice President of the British Board of Film Classification as well as a media consultant.

James Kingsland

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

James is the Senior Partner in a nationally renowned, award winning General Practice in Wallasey and President of the National Association of Primary care (UK). He now devotes half time in clinical practice and half time in national advisory roles and for company boards. He is Chairman of Jhoots Pharmacy Group and Chief Medical Advisor for both Assura Property Group and Cogora Publishing. He holds directorships in Waring Health Ltd, Education for Health, Dr Foster Ethics Committee and The Sound Doctor.

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

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

Peter Kirkbride – Medical Director

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

He was Clinical Lead for the NICE Prostate Cancer Guideline Development Group until January 2014, and is currently the Chair of the both the Radiotherapy Clinical Reference Group and the National Radiotherapy Awareness Initiative and is a member of the Radiotherapy Professionals Advisory Board.

Louise Martin – Senior Independent Director (from 1st January 2011) and Vice Chair (from 1st January 2013)

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

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

Helen Porter – Director of Nursing & Quality

Helen has been a cancer nurse for over 29 years. She has worked within 4 cancer centres holding a variety of clinical and non-clinical posts. She has played a role in the national and international cancer nursing agenda through being on the committees of the RCN Cancer Nursing society; RCN Haematology Society and the International Society of Nurses in Cancer Care. She has been at the Trust since August 2000 joining as Director of Nursing. Four of these years were also spent as the Lead Cancer Nurse for the Merseyside and Cheshire Cancer Network.

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.

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 re-generation 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.

Declaration of Interests

The Chairman has no other significant commitments.

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

Board & Committee meetings

Appropriate Board Roles and Structure

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

Currently the structure is as follows:

- Board meetings, (bi-monthly meetings were open to the public)
- Audit Committee (5 times per year)
- Integrated Governance Committee (4 times per year)
- Remuneration Committee (Ad hoc)
- Nominations Committee (Ad hoc)
- 'Task and Finish' Committees:
 - Investment Committee (bi-monthly)

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

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

Since 2012 the Trust has operated a system whereby there is a review of each Board meeting focusing on the content and performance of the Board agenda and the discussions and challenge. This system was developed from an unstructured discussion to a structured written feedback supporting the discussion which enables the Chair to systematically review the performance of the Board meeting and to amend future agendas as required.

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

Committee Evaluation

Good corporate governance suggests that Board committees should regularly review their effectiveness. During this period the Integrated Governance and Audit Committees undertook self assessments against the criteria contained in each of their terms of reference. The online tool used to complete the surveys was evalu8.

Following this exercise the structure of the agenda and the terms of reference for each of the Committees are to be reviewed and updated in light of the survey findings.

Board Development

The Board Development Programme has been developed using a dynamic approach ensuring there are ongoing development opportunities to strengthen capacity and performance and to enhance strategic functioning.

During the year the Board completed the self assessment toolkit contained in the Monitor Guidance for Annual Planning, so as to review the skills and competencies required to develop the Trusts future Strategic Plans. An action plan from the toolkit will inform future Board development requirements.

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

Following completion of a 360 degree appraisal feedback process, a leadership development programme has been introduced for the Executive team. The programme will run over 12 months and includes the introduction of a coaching programme to build on existing management and leadership styles; Matrix working, to further embed delivery centred/patient focused performance; Strategic planning, focusing on 5-10 year long term service and workforce strategies; Resilience building; and Communication and visibility through media training and general enhanced methods of improving communication and engagement.

The programme will be rolled out further to heads of service and general managers as the programme is evaluated and the impact realised at Executive level.

Board Effectiveness

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

Performance evaluation of the Chair is undertaken by the Senior Independent Director with input from the Senior Governor who then reviews the report with the Nominations Committee of the Council of Governors, who subsequently advises the Council. The Chair undertakes the performance evaluations of the Non-Executive Directors. In addition, to enable

Governors to observe the performance of the Non-Executive Directors, the Non-Executive Directors attend the Council of Governors meetings and since 2012 the Trust has invited Governor representatives to attend the Trust Board, Audit Committee, Integrated Governance Committee and the Investment 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.

Board Development Days

During 2013/14 these sessions have focused around the future strategic possibilities available to the Trust including:

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

Board Mandatory Training

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

In 2014 the Board will undertake its mandatory training which includes:

- Major Incident Planning
- Fire and Health & Safety
- Equality and Diversity
- Duty of Candour

Awards Success

In November 2013 the Trust was announced as the winner of the NHS Board of the Year category in this year's North West Leadership Awards. This followed recent shortlisted nominations for Board of the Year at the HSJ Awards and the Nursing Times, Cancer Nursing Award for 'Clatterbridge in the Community' and Student Nursing Times Awards.

It is an honour for CCC to be recognised both regionally and nationally in this way and thanks went to every member of staff who worked so hard to ensure the Trust consistently provides such high standards of care for its patients.

Audit Committee

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

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

- Committee review of the financial statements
- Setting and reviewing progress of the annual internal audit plan using a risk-focused approach, linked to the controls assurance framework
- Receiving regular reports from both Internal Audit and External Auditors
- 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 the year a tendering exercise was undertaken by the Council of Governors and the Audit Committee to appoint a new external auditor. An Audit Working Group was established to invite and evaluate tenders for the provision of this service. The Working Group agreed the service specification and criteria for assessment, invited tenders through an approved NHS procurement framework and evaluated the submissions. A recommendation for the preferred bidder was presented to the Council of Governors at its meeting on 4th September 2013. The Council agreed to appoint Grant Thornton as the Trust's External Auditors for an initial three year period with effect from 1st October 2013.

Integrated Governance Committee

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

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

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

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

- Performance:
 - Monitored the achievement of all performance targets as set by the CQC and our commissioners.
 - Monitored the achievement of all performance targets as set 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/QIPP
 - Ensured that investments made by the Trust are in line with the Trust's approved Investment Policy
 - Ensured accurate coding systems are in place and monitored
 - Reviewed areas of financial risk ensuring appropriate mitigation is put in place.

Investment Committee

The role of the Investment Committee is to ensure that investments made by the Trust are in line with the Trust's approved Investment Policy and that where authority to act as the investment decision maker is devolved elsewhere that those groups/committees are exercising their responsibilities in respect of investment decisions effectively.

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

- Reviewed and maintained the Trust's Investment Policy
- Reported on its activities to the Trust Board
- Acted as the project sponsor for major investment decisions
- Assured itself that responsibility for the investment decision making role is discharged appropriately if it is devolved to other committees or groups
- Reviewed all investment decisions to ensure that they are consistent with the Trust Board's annual plans
- Reviewed all investment decisions to ensure that external reporting requirements are met e.g. Monitor's Compliance Framework, Risk Evaluation in Investment Decisions guidance.

Remuneration Committee

The Remuneration Committee consists of the Chairman and other Non-Executive Directors and decides the terms and conditions of office including the remuneration and allowances of the Executive Directors, including pension rights and any compensation payments. The Committee is chaired by the Chairman and has met on 1 occasion, see table below.

The Committee is chaired by the Chairman and has not been required to meet during this year.

Also see notes 3.3 and 3.5 of the Annual Accounts.

Nomination Committee

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

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

The Committee's are chaired by the Chairman and have not been required to meet during this year.

Attendance at Board of Directors and Board Committee meetings

	Board of Directors	Audit	Integrated Governance	Investment Committee	Remuneration Committee
No of meetings held for 2012/13	10	5	4	5	1
EXECUTIVE DIRECTORS					
Andrew Cannell	10	*2	4	4	1*
Helen Porter	10	*5	4	5	
Peter Kirkbride	8		3	3	
Rob Smith	8	*1	2	5	
Yvonne Bottomley	9	*5	3	5	
NON EXECUTIVE DIRECTORS					
Alan White	10			4	1
James Kingsland	6	3		3	-
Gil Black	10	5	4	5	1
Alison Hastings	6	2		3	-
Louise Martin	9	4	3	5	1
Jan Burns	9	5	4	4	1

- All meetings were quorate
- *Identifies the number of meetings the Executive Directors have been in attendance.

Membership

Membership is open to any individual who is over the age of 16, is entitled under the constitution to be a member of one of the public constituencies or the staff constituencies, and has 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 choose to 'opt out'. The term 'staff' includes third party service providers to the hospital eg domestics and porters.

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

In 2013 the Board and Council approved an amendment to the Trusts Constitution in relation to the existing public constituencies including the number of Governor representatives for each constituency as follows:

2012/13:

Liverpool – 3 Public Governors
St. Helens and Knowsley – 2 Public Governors
Sefton – 2 Public Governors
Chester/Ellesmere Port and Vale Royal – 2 Public Governors
Warrington and Halton – 2 Public Governors
Wirral, Wales and the rest of England – 4 Public Governors.

Changes (with effect from 1st April 2013):

Liverpool – 3 Public Governors
St. Helens and Knowsley – 2 Public Governors
Sefton – 2 Public Governors
Cheshire West and Chester – 2 Public Governors
Warrington and Halton – 2 Public Governors
Wirral and the rest of England – 3 Public Governors
Wales – 1 Public Governor

The change to separate Wales reflects the changes in Commissioning arrangements and gives the Trust an opportunity to ensure the views of this population are heard. A transition period for the reduction of 'public governors' for Wirral and the rest of England ie when the next term of office finishes was planned, but due to the number of vacancies in the constituency during 2013/14 it was not required. The renaming of 'Cheshire West and Chester' reflects the structural changes in local government and does not fundamentally change this constituency.

All the above changes were implemented with effect from 1st April 2013.

Public Constituency	2013/14 (plan)*	2013/14 (actual)	2014/15 (estimated)
Staff Constituencies			
Doctor	70	73	74
Nurse	177	174	183
Non clinical	323	370	374
Other clinical Professional	161	159	159
Radiographer	147	168	168
Non staff	183	175	194
Public Constituencies			
Wirral and rest of England		1366	
Liverpool		841	
Sefton	Maintain current level	1174	Maintain current level
Warrington and Halton	of membership	465	of membership
St Helens and Knowsley		606	
Cheshire West & Chester		503	
Wales		157	

Staff constituency members as of March 31, 2014 totalling 1138
 Public constituency members as of March 31, 2014 totalling 5112

*Within its Annual Plan 2013/14 the Trust's objective was to preserve the current membership levels whilst developing ways to engage with younger people and hard to reach groups whilst maintaining the public membership with no fewer than 5,600.

As outlined in the table above, the number of public members has continued to grow with 235 new members joining the Trust. A large proportion of our members come from our patient population. The number of public members identified as 'leaving' is predominantly due to members dying 44% (131 out of 296) rather than opting to stop being a member. The majority of the 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, Communications and Fundraising Committee of the Council of Governors (CoG) and approved by the full Council of Governors. The Committee receives a progress report on membership activity at each of its meetings.

The current Membership Strategy was approved by the Council of Governors in January 2012. The Committee reviews and updates the action plan on an annual basis. In particular the Committee considers:

- 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.

Working together with the members

In early 2014 Governors wrote to all members introducing themselves as the publicly elected governors for each of the constituency areas. They drew attention to the contribution of the Council of Governors in the success of the hospital over the past seven years, highlighting that the Trust has gone from strength to strength;

'Expanding its services and buildings, installing new state-of-the-art equipment and employing more expert and skilled staff to ensure it provides the best cancer care to the people it serves. The Trust firmly believes that these services should reflect what patients, their families and local people feel are important. No-one chooses to be ill or to be in hospital but when a diagnosis of cancer is made and treatment is essential we want that experience to be as straightforward and comfortable as possible. Do you have any suggestions that would help us improve our service?'

As members all receive the Trust newsletter, C3 which tells them all about its plans. The Membership & Communications Committee, as part of the Membership Strategy has established a panel of members. This is a group of around 100 members who are willing to

comment on or respond to emails about proposed plans and the activities of The Clatterbridge Cancer Centre. By getting involved this will help the Trust to deliver a service that is supported by the public.

They requested members interested to know more about what the Trust is doing, or if they would like to contribute ideas and suggestions why not consider joining our panel of members.

They also emphasised that 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 four times a year and whose chief responsibilities are to hold the non-Executive Directors to account for the performance of the Board of Directors and to act as a link with the membership. Governors are elected by members in the geographical area in which they live.

They requested any members interested in any of the above, to contact them via email at governor@clatterbridgecc.nhs.uk

Public Interest Disclosures

The Trust has in place a full range of HR policies to support staff and advise managers. The Trust engages in formal and informal consultation with staff to ensure a partnership approach is in place. Formal consultation primarily occurs via the Trust's Strategic / Operational Partnership Forum and the JLNF (Joint Local Negotiating Forum). Start of the Year Events are held with the Chief Executive and Executive Directors to address staff directly when any service changes are proposed (e.g. our plans for investment in Liverpool). In addition the Trust Board engages staff through the Patient Safety Campaign leadership rounds where Executive and Non Executive Directors visit all departments on a rotational basis. Staff are informed about policy changes via the monthly Team Brief which is cascaded throughout the organisation. All Trust policies are available via the intranet.

During the year Executive Directors have undertaken a 'job shadowing' programme across all areas of the Trust. This process has enabled the Executive's to gain a clearer understanding of working processes within departments that are outside of their portfolios. It is also an opportunity for staff to demonstrate their areas of expertise and knowledge and discuss how improvements in service could be accommodated.

The Trust continues to enhance its intranet with input from staff across the organisation and give staff access to a variety of information eg rumour board, policies and corporate documents, communications, health and wellbeing, human resources and learning development.

The Trust is proposing to expand its services and develop a new cancer centre in Liverpool providing patients with access to chemotherapy, radiotherapy, outpatients, inpatients, critical care and medical and surgical specialties all on the same site for the first time. This is increasingly important in ensuring that an ageing population with more complex health needs receive the highest standard of cancer care. There has been extensive stakeholder engagement to date on the proposals. The Trust plans to carry out formal public consultation on the proposals in 2014/15. It will be supported by extensive communication and events to involve the full range of stakeholders across Cheshire and Merseyside:

- consultation with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas; and
- any other public and patient involvement activities.

Serious Incidents Involving Data Loss or Confidentiality Breach

A member of staff accessed a patient's records, which was a breach under section 55 of the Data Protection Act. This matter was dealt with under the disciplinary policy.

Patient and Public Involvement Activity

During 2013/14 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 October and March. The feedback continues to be very positive.
- The Patient's Council has continued to assist us with:
 - Local surveys
 - Lay reading of new documentation
 - Engaging with current patients
 - Staff recruitment interviews
 - Audits and surveys
 - Quality Inspections

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

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

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

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

Examples where patient experience has informed change includes:

- Investment in more staff in radiotherapy to improvements waiting times for treatment
- Implementation of a post radiotherapy telephone contact service
- Raspberry Pi system installed in outside waiting area that is regularly updated to inform patients of waiting times
- Review of videos of patient stories at each Board meeting leading to investment in an Interventional Team and an increase in PICC line insertion which reduces damage to veins during chemotherapy
- Investment in refurbishment of the imaging department to improve patient dignity
- Development of a subsidiary pharmacy company (PharmaC) which will improve waiting times for medicines on discharge.

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

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

To support the Transforming Cancer Care programme the Trust has put in place an expert Patient Reference Group which brings together patients and governors who can provide informed patient views in to all aspects of the programme. Examples this year have included visiting other hospitals to review catering, surveying patients around proposed opening times and feedback on the Art Strategy.

Sickness Absence Data

Overall sickness absence for 2013 -14 was 3.71%, which is significantly lower than last year (4.56%).

Throughout 2013/14, the Trust has focused on reducing sickness absence levels and promoting health and well being across the Trust workforce. Various initiatives have been actively promoted including a very pro-active Health and Well Being committee who have implemented a number of activities and initiatives to improve the health and wellbeing of staff, reduce sickness absence and thereby improve the patient experience. Healthy Eating, Physical Exercise, Working Environment, Mental Wellbeing and Lifestyle choices were promoted during our Celebration Event at the end of March 2014. In addition to this, we have a Yoga group, a Running Group, reduced cost for Gym Membership and on-site outdoor exercise equipment.

There have been regular Attendance Management workshops for managers across the Trust which promotes fair and consistent application of the policy and regular one to one meetings with managers to ensure that cases are proactively and supportively managed.

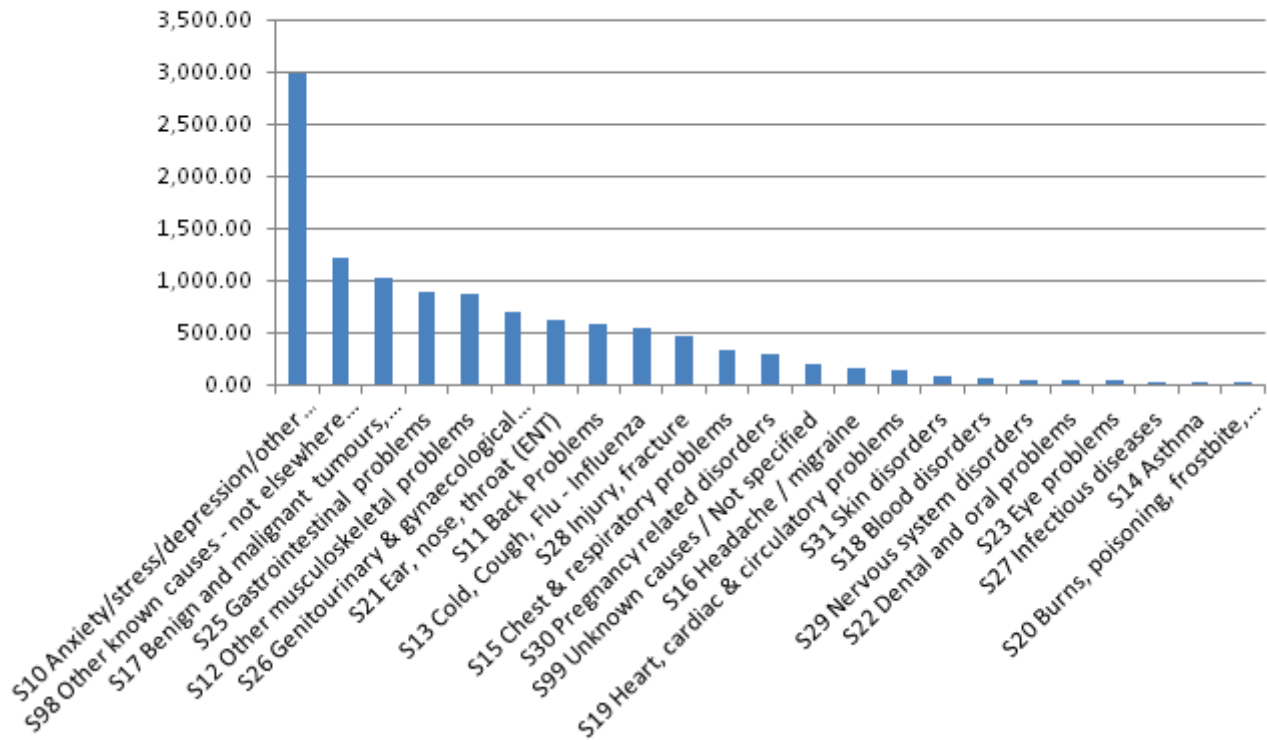
Managers now receive regular sickness absence data from the Electronic Staff Record System (ESR) to enable them to effectively manage absence within their teams. Managers also have access to Business Intelligence Reports within the ESR system which allows them to access their own staff records.

The sickness absence level has reduced significantly in quarter 4, as can be seen in the below table.

Yearly quarter	Trust performance 2013/14
Q1 (April – Jun)	4.35%
Q2 (July – Sept)	3.52%
Q3 (Oct – Dec)	3.72%
Q4 (Jan – Mar)	3.28%
Full Year	3.71%

The below table provides the reasons for sickness absence. The most common reasons for absence were anxiety/stress/depression/psychiatric, which accounted for 26.7% of absences, unknown causes (10.3%) followed by benign and malignant tumours (9.1%). The Trust has recognised, particularly in light of the Staff Survey results also, that stress continues to be one of the highest causes of sickness absence across the organisation. Of which 20% were work related stress absences and the other 80% were personal related stress absences. Focus groups were arranged with a selection of Medical Records staff to consider reasons for stress and to develop an action plan to create strategies to prevent and address work related stress. Events took place across 2013, and staff were given stress dots to assess their own levels of stress and Occupational Health clinics were held for Trust staff to carry out lifestyle checks, such as blood pressure, cholesterol and weight tests and this will be repeated later in the year.

Reasons for sickness 2013/2014



The Trust has a Health and Wellbeing Committee to drive forward the health and wellbeing agenda. The Committee are focused on the following areas:

- Smoking cessation
- Mental health awareness linking with the Wirral Mind group
- Health and Wellbeing promotion through Occupational Health
- Physical wellbeing and Interest in local sports activities
- Diet and fitness
- Trade Union engagement.

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 team comprising of health and safety, moving and handling, fire, resilience and security. In addition, advice is available from radiation protection, infection control and occupational health.

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

A comprehensive fire training program continues to be implemented with new evacuation equipment being purchased, fire marshal training being delivered and all activated fire alarm responses reported and assessed.

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

There were 80 reported staff incidents in 2013/2014 and are categorised as follows: manual handling; struck by or against; needle stick injury; verbal and physical violence, slips, trips & falls and burns.

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

Staff Communication

Actions taken by the NHS Foundation Trust to maintain or develop the provision of information to, and consultation with employees:

Team Brief

The Chief Executive delivers key messages and news to all senior managers once a month. This Team Brief is then disseminated to all staff through meetings with their managers, email and intranet.

Intranet

The Trust has a dedicated intranet site for staff. This includes a range of information including news updates, policies and procedures, e-learning and a discussion forum.

Communication Champions

Each department has a representative facilitating good two-way communication between the Trust and staff. The group meet every month and share news and views, including feedback from frontline staff.

E-bulletin

A twice-weekly update is emailed to all staff to communicate corporate messages and keep staff up to date with key operational information and issues in a timely manner.

Start of Year Engagement Event

Every April the executive team runs a staff information and engagement event, reflecting on the last year and outlining priorities for the year ahead. It includes a workshop/focus group with staff to get views and suggestions on issues of key importance to the Trust.

C3 magazine

This is the Trust magazine communicating news to staff, patients and members. It is distributed three times a year.

Staff roadshows

The Executive Team run departmental roadshows to communicate top-level messages. In 2013/14, these included the Transforming Cancer Care proposals for a new centre in Liverpool.

Noticeboards

Noticeboards are situated in staff breakout areas and used to communicate a range of messages via posters and flyers.

Social media

The Trust Twitter account @CCCNHS provides another way for staff to keep up to date with key corporate developments. A YouTube channel was launched in early 2014.

Strategic Partnership Forum

The Strategic Partnership Forum brings together management, staff and trade unions. It focuses on strategic issues on a bimonthly basis, with operational matters discussed in the intervening month.

We are committed to the Partnership and Recognition Agreement which sets out the framework by which management, staff and trade union organisations work together. Its purpose is to achieve a shared vision, common understanding and communication to best meet the needs of the service and provide the best possible patient care through effective joint working.

The agreement also outlines how management and trade unions work together to promote effective partnership working through involvement, consultation and negotiation, setting out the agreed working arrangements to enable this to happen and to ensure all partners are able to influence the outcome of any decisions.

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 2014 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 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 endeavours to ensure that it learns from best practice. A key example of this is the adoption of the Integrated Governance Model as defined in the Integrated Governance Handbook (DH 2005) and the implementation of Monitor's Quality Governance Framework (2011).

The risk and control framework

The key elements of the Trust's Risk Management Strategy are to manage and control identified risks, whether clinical, non-clinical or financial, appropriately. This is achieved through a sound organisational framework which promotes early identification of risk, the co-ordination of risk management activity, the provision of a safe environment for staff and patients, and the effective use of financial resources. It ensures that staff are aware of their roles and responsibilities and outlines the structures and processes through which risk is assessed, controlled and managed. The Trust Board approved a revised Risk Management Strategy in February 2010 (reviewed and updated October 2013). The Trust Board determines the risk appetite of the Trust. Levels of acceptable risk are determined by working within agreed Trust policies and procedures. An acceptable risk is one which has been accepted after proper evaluation, with all the possible controls in place.

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

The Trust Board has endorsed the Quality and Quality Governance Strategy (incorporating Monitor's Quality Governance Framework), the Operational Budget 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 2013/4 this included:

- Annual review of the approved Trust Board committee structure in line with the principles of Integrated Governance to ensure its continued effectiveness.
- Full implementation of Monitor's Quality Governance Framework
- Continued development of the operation of the Trust's Risk Register
- 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 2013/14 in order to continue to meet the majority of mandated targets with the exception of one month breach in February of the 18 week referral to treatment (admitted) target
- Any new and emerging risks have been kept under review

- The Trust Board has continued to review all significant risks at each Board meeting ensuring risk mitigation plans are in place and that the Board approves any changes to the assessment of risk based on the impact and the efficacy of the controls in place.

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

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

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

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 2013/14; 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 implementation of the Trust's IM&T Strategy, including the application of data security principles continues to be subject to scrutiny at the Information Management & Technology (IM&T) Programme Board.

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

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

- The capacity and capability to deliver the scale of change for our Transforming Cancer Care plans
- Ensuring we have the right skills, competencies and capacity within the workforce.
- Forecast and mitigate the volatility of the changes in treatments for cancer affecting demand
- Ability to deliver the volume of savings required in our cost improvement programme without impacting on the quality of services.
- The potential impact of reduction in healthcare funding.

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

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

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

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

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

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

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

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

- Regular review of the Trust's delivery of its forward 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. Assurance of this process is gained by the achievement of NHSLA level 3 (since November 2007) and the Trust wide ISO 9001:2008 quality management system accreditation.

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

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

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

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

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

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

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

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

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

Annually the Trust produces a service strategy which incorporates a supporting financial plan for approval by the Board of Directors. The strategy approved by the Board of Directors informs the detailed annual financial and performance plans. The Board monitors performance monthly through the corporate Finance & Performance 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 2013/14 the opinion received by the Trust was one of Significant Assurance. This can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of particular objective at risk

Effective performance has been demonstrated through:

- The achievement of the majority of key NHS targets:
- The financial risk rating of 5 as determined by the independent regulator Monitor (Compliance Framework) for Q1 and Q2 and financial risk rating of 4 as determined by the independent regulator Monitor (Risk Assessment Framework) for Q3 and expected 4 for Q4

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.

The Trust has in place an IM&T Strategy. This strategy drives the IM&T programme Board which reports to the Board's Integrated Governance Committee which has as a 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. The strategy identifies clearly that the Trust has specific objectives and targets (Delivery Plan), the achievement of which must be supported by the IM&T strategy.

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

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

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

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

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

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

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

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

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

3. Systems and processes

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

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

4. People and skills

Staff training is identified within the Data Quality Policy.

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

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

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

5. Data use and reporting

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

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

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

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

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

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

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

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 department 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 all key financial duties and a Monitor financial risk rating of 5 for quarters 1 and 2, a rating of 4 for quarter 3 and a forecast of a rating of 4 for quarter 4.
- Regular Audit Committee review to ensure up to date and relevant financial policies and procedures are maintained.
- The Trust has been granted full registration without conditions as a service provider from the Care Quality Commission in March 2010 for the treatment of disease, disorder or injury and for diagnostic and screening procedures.
- The Trust Board receives a bi-monthly Quality Report which is built on the structure of the annual Quality accounts to ensure that progress against priorities and monitoring of performance measures is reviewed throughout the year.

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

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

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

- Accreditation for National Health Service Litigation Authority for Trusts (NHSLA) level 3.
- Maintaining a quality management accreditation (ISO9001:2008) across the whole Trust from the British Standards Institute (BSI)

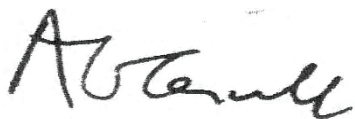
The Integrated Governance Committee provides a core function of monitoring any clinical risks and ensuring appropriate mitigations are in place. Throughout the year it has done this through:

- Approval of the clinical audit plans and receiving regular clinical audit reports
- Reviewing all relevant national guidance and recommendations (e.g NCEPOD and NICE) to ensure best practice is implemented
- Receiving and reviewing reports on all incidents reported including 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, appearing to read 'A Cannell', written in a cursive style.

Andrew Cannell
Chief Executive

Date: 28th May 2014

Statement as to disclosure to auditors (s418)

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

Goods and Services

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

Remuneration report

See notes 3.3 and 3.5 in Annual Accounts

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

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

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

Pension disclosures

See note 3.4 Annual Accounts

General Companies Act disclosures (s416)

See Annual Accounts

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

See Annual Accounts

Statement of accounting officer's responsibilities

See Annual Accounts



Quality Report

2013/14

Contents

Part 1: Statement on Quality from the Chief Executive	75
Part 2: Priorities for improvement and statements of assurance from the Board	
2.1 Priorities for improvement	77
Priorities for improvement 2014/15:	
• Improving Patient Safety	
• Improving Patient Experience	
• Improving Clinical Effectiveness	
Progress made since publication of the 2012/13 report:	
• Improving Patient Safety	
• Improving Patient Experience	
• Improving Clinical Effectiveness	
2.2 Statements of assurance from the Board	93
2.3 Reporting against core indicators:	100
Friends and Family Test	
Part 3: Other Information	
3.1 An overview of the quality of care offered by the Trust	113
• Safety indicators	
• Clinical effectiveness indicators	
• Patient experience indicators	
3.2 Performance against relevant indicators and thresholds in the Risk Assessment Framework	116
Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees	118
Annex 2: Statement of Director's responsibilities for the Quality Report	128
Annex 3: Independent Auditor's Limited Assurance Report	130

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. It is thanks to the professionalism, expertise and commitment of our staff that we are able to provide a high quality service.

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

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

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

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

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

As a Foundation Trust we also work closely with our Council of Governors to ensure that it supports the Trust Board in shaping the Quality and Quality Governance Strategy and is kept apprised 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 the majority of mandate targets with the exception of one month breach in February of the 18 week referral to treatment (admitted) target.
- I am particularly pleased to be able to report again that we have achieved against our clostridium difficile and MRSA targets.
- We have scored consistently in the top 20% performing Trusts in both the annual staff and patient Care Quality Commission surveys. Whilst all of the questions in these surveys are important one particular staff survey question provides me with assurance of the quality of care. When staff were asked 'if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust' 92% replied yes. Our

annual PLACE (Patient Led Assessment of the Care Environment) assessment has also demonstrated good performance with excellent ratings being given for cleanliness (99.07%), food (97.57%), privacy, dignity and wellbeing (93.85%) and condition, appearance and maintenance (96.22%).

On 27th September 2013 the Trust underwent a routine inspection by the Care Quality Commission (CQC) where they inspected the following six standards:

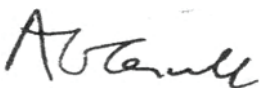
Respecting and involving people who use services
Care and welfare of people who use services
Cooperating with other providers
Staffing
Supporting workers
Records

The CQC found that we met all of the standards.

<http://www.cqc.org.uk/directory/ren00?referer=widget1>

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: 28th May 2014

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

Priorities for improvement

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.

Some priorities in each section have been developed in conjunction with our commissioners and are included within our contract for 2014/15 as CQUINS.

Due to the size of the population that it serves the Trust has endeavoured to engage with all Healthwatch and Overview and Scrutiny Committees in developing the Quality Report and key priorities. In October 2013 and March 2014 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 2013/14 key priorities and performance against key metrics and discussed the priorities for 2014/15. The Trust will continue to use these engagement events to continue to improve engagement with Healthwatch over the coming year.

Representation from Healthwatch:

14.10.13
Healthwatch
5
31.3.14
Healthwatch
3

In addition to the three main priorities, additional developments building on last year's priorities have been included.

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

Improving Patient Safety

Patient Safety	Source	Engagement	Monitoring of progress	Expected areas of improvement
Implement and fully embed the CCC Quality and Risk Standards	CCC	With all staff leads of the standards	Progress and achievement of this priority will be by quarterly reports to the Integrated Governance Committee.	Improved safety

From 2014 the NHSLA will not be assessing Trusts against their Risk Management Standards. CCC has always seen this assessment process as a valuable tool which underpins our Risk Management Strategy to ensure patient safety. The Trust will revise the NHSLA standards to ensure that they reflect the risk profile of CCC as a specialist cancer centre and add new risks relevant to the Trust. The new Quality and Risk Standards will be fully embedded throughout 2014/15. Progress and achievement of this priority will be by quarterly reports to the Trust Board's Integrated Governance Committee.



Building on last years priorities

Patient Safety	Expected areas of improvement
Medicines safety	Improved patient safety and harm free care

Medicines Safety:

In 2013/14 a Medicines safety Team (MST) was established and a Strategic Medication Safety Plan was developed. During 2014/15 key aspects of this plan will be delivered.

Create, communicate, and demonstrate a leadership-driven culture of safety

Medicines Safety Teaching

Following the review of staff training, adapted medicines safety teaching will be delivered from May 2014.

Staff surveys and Walkabouts

Anonymised staff surveys are currently being drafted to discern the hospital's medicines safety culture. Future plans to carry out a weekly walk around to obtain feedback and ideas from frontline staff and to promote the group's aims.

Improve error detection, reporting, and use of the information to improve medication safety

Establish an easy to use error reporting system:

Review of current medication error reporting and coding with the aim to improve learning from outcomes through better analysis of error report data. The Clinical Governance Manager will be looking in depth at coding of errors as part of the NHS leadership academy Mary Seacole Programme.

Incident Triaging:

Currently the Medicines Safety Team meet fortnightly to categorise incidents, identify trends and highlight incidents for further action. There are future plans to introduce a quarterly medication safety newsletter as a method of disseminating learning from errors to staff.

Evaluate where technology can help reduce the risk of medication errors

Electronic Pharmacy Intervention System:

We plan to improve the current electronic method to capture pharmacist interventions and use the data to identify opportunities to improve medication prescribing.

Escribe (Ascribe Electronic Prescribing):

We will evaluate Escribe as a means of delivering a chemotherapy prescribing, dispensing and administration system in conjunction with the eP Board. Feedback user and system errors, and ensure action undertaken.

Reduce the risk of errors with high-alert medications prescribed and administered to high-risk patient populations or at vulnerable periods of transfer through the health care system

Outpatient Medicines Reconciliation:

We will extend medicines reconciliation by the pharmacy team to outpatients in order to identify chemotherapy drug interactions and to improve patient compliance through rationalisation of medications. This scheme is currently being piloted on Delamere with the aim to roll out to peripheral clinics.

Medicines Safety Thermometer:

The Medication Safety Thermometer is a national tool that is currently being piloted and is designed to focus on the issues of medication error, and harm caused from medication error, in line with Domain 5 of the NHS Outcomes framework. As a measurement tool for improvement, The Medication Safety Thermometer focuses on medication reconciliation, medication omission, and identifying triggers of harm from critical and high risk medicines. CCC has agreed to be part of the pilot scheme with the first electronic data submission date of April 30th 2014.

Involve the patient in medication safety initiatives and medication self management programs

Patient Self Reporting:

We plan to increase patient self reporting of side effects of medications to the MHRA via the Yellow Card Scheme. This is currently being done through nurse counselling to patients. The next stage is advertisement of the Yellow Card Scheme through posters, patient information cards and Yellow Card “post boxes” in patient areas.

Patient Involvement in Medication Safety:

Recruitment of a patient member to the Medication Safety Group which is currently being actioned.

Establish a controlled formulary in which the selected medications are based on safety

Review of medications and Formulary Development:

We plan to establish an initial and ongoing process to review therapeutic categories of medications currently available at CCC and eliminate therapeutic duplication. We will publish an up to date formulary in conjunction with the medicines management team and ensure availability of the formulary on the Trust intranet.

Non- formulary Approval:

We will develop and enforce a procedure for ordering a non formulary drug which requires the prescriber to provide compelling reason for supply.

Move towards Harm Free Care within the Trust

Chemotherapy induced nausea and vomiting (CINV):

CINV has been identified as the first area for harm free care initiative. CINV protocol suitability; prescribing adherence to protocol; nursing toxicity assessment and management; patient concordance and emergency admissions for nausea and vomiting will all be audited in the near future.

Improving Patient Experience

Patient Experience	Source	Engagement	Monitoring of progress	Expected areas of improvement
Establishment of a non chemotherapy day case unit	Transforming Cancer Care	Governors Staff	Trust Board	Improved patient experience

As part of Transforming Cancer Care programme we are redesigning our clinical model in light of the opportunities that building a new comprehensive cancer centre in Liverpool gives. In the new centre in 2018 we will develop an Ambulatory Cancer Care Unit (ACCU) which is intended to facilitate the provision of elective, emergency and 'planned emergency' ambulatory care within the Trust. In order to do so, it brings together the following elements:

- Triage
- Assessment area
- Acute oncology support
- Specialist palliative care
- Minor procedures
- Rapid access clinic

Having established the need for this changed way of working we will be establishing a non chemotherapy day case unit in our current centre.

Building on last years priorities

Patient Experience	Expected areas of improvement
Post radiotherapy follow up	Improved patient safety Improved patient experience

Future Plans for the Service

The second phase of the pilot will include extensive changes made to questionnaires for head and neck, breast and lung patients to enable more meaningful data to be extracted for auditing and for patient care. There were also some questions that were not part of the original questionnaires that have been added to obtain more specific information to be better able to give appropriate advice.

There are plans to expand the CCC service to head and neck patients after treatment has finished which will include the telephone service as part of the process.

The intention is to add the following patient groups to the service imminently – patients having radiotherapy to bladder, prostate and upper GI. Patients having treatment for gynaecological cancers are under consideration as well as a service to those having treatment for brain tumours.

There have been many positive, unsolicited comments from patients as a result of this service. The service has also been able to collect significant data on the how the follow up process works at present and make some suggestions for changes. It has also been a very positive experience for the staff members involved who are all experienced radiographers and will be included as part of the standard rotations of staff in future to broaden experience.

Improving Clinical Effectiveness

Clinical Effectiveness	Source	Engagement	Monitoring of progress	Expected areas of improvement
Develop an action plan for 7 day working ensuring compliance with the Keogh clinical standards	NHS England	Trust Board Governors	Trust Board	Improved patient safety

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

Building on last years priorities

Clinical Effectiveness	Expected areas of improvement
Additional needs service	Improved patient safety Improved patient experience Improved clinical effectiveness

Following the successful implementation of the Additional Needs Service a clear action plan has been developed to further develop the service to meet the specific needs of these patients. Over 2014/15 the following developments will be undertaken.

- Develop and deliver training sessions on dementia awareness to staff.
- Use carer survey results to inform development of support resource for carers of people with dementia

- Develop pathway to identify when communication support is required at key stages of cancer treatment
- Identify existing written information which has been translated; check accuracy and catalogue. Make available to staff on intranet.
- Ensure written materials meet information standards
- Identify and develop information and support package for relatives/carers of patients from outside of area e.g. Isle of Man
- Develop reasonable adjustment assessment tool and care plan
- Streamline process for requesting and supplying communication support, ensuring the quality and patient satisfaction with the service
- Engage and network with local groups and agencies to raise profile of role and forge links with relevant groups/organisations
- Lead on requirements to improve environment for patients with dementia

Progress made since publication of the 2012/13 report:

Improving Patient Safety

Improving Patient Safety

Patient Safety	Source	Engagement	Monitoring of progress	Areas of improvement
Medicines safety	CQUINs	Lead commissioner Council of Governors	Medicines Safety Committee Integrated Governance Committee	Improved patient safety and harm free care

Medicines Safety

During 2013/14 a key focus for The Clatterbridge Cancer Centre NHS Trust was the development of a Strategic Medication Safety Plan.

Strategic Medication Safety Plan

The strategic plan for medications safety at CCC is encapsulated in 7 key points

1. Create, communicate, and demonstrate a leadership-driven culture of safety.
2. Improve error detection, reporting, and use of the information to improve medication safety.
3. Evaluate where technology can help reduce the risk of medication errors.
4. Reduce the risk of errors with high-alert medications prescribed and administered to high-risk patient populations or at vulnerable periods of transfer through the health care system.
5. Involve the patient in medication safety initiatives and medication self management programs.
6. Establish a controlled formulary in which the selected medications are based on safety
7. Move towards Harm Free Care within the Trust.

Create, communicate, and demonstrate a leadership-driven culture of safety

Formation of a Medicines Safety Team (MST):

The formation of a MST is a major component towards the safer medication programme. During 2013 the medicines safety pharmacist and clinical governance manager have been appointed and are working as the backbone of the medicines safety team. This team is developing the Strategic Medication Safety Plan, which includes the introduction of innovation in medicines safety practice, harm free care initiatives and reinvigorated medicines safety training. Since the introduction of a medicines safety team medication error reporting has increased, considered as improved awareness of reporting rather than an increase in the number of errors.

Medicines Safety Group (MSG):

Bimonthly meeting to discuss incidents identified through incidence triaging and other medicines safety issues have been established. The outcomes from these discussions is reported to the Drug and Therapeutics Committee. Since the introduction of a medicines safety team, attendance at the MSG by members of the multi disciplinary team has significantly increased highlighting the groups perceived use as forum for discussion on medicines safety issues.

Medicines Safety Teaching:

Medicines safety teaching is incorporated into pharmacy induction teaching for all new starters as well as bi-annual mandatory training for all staff. A review of staff training has been undertaken with the emphasis on highlighting to staff the importance of medicines safety for both the individual staff member and the Trust as a whole.

Improve error detection, reporting, and use of the information to improve medication safety

Implementation of NPSA Alert NHS/PSA/D/2014/005 "*Improving medication error incident reporting and learning*"

NHS England and MHRA have jointly released a Patients Safety Alert informing of their collaboration to simplify and increase reporting, improve data report quality, maximise learning and guide practice to minimise harm from medication errors. The medicines safety team at CCC has responded to the alert with the following actions.

1. Identified a Board level director to have the responsibility to oversee medication error incident reporting and learning.
2. Identified a Medication Safety Officer who will act as member of a new National Medication Safety Network, support local medication error reporting and learning and act as the main contact for NHS England and MHRA.
3. Continue the existing medicines safety group regular review of medication error incident reports, improve reporting and learning, and take local action to improve medication safety.

Reduce the risk of errors with high-alert medications prescribed and administered to high-risk patient populations or at vulnerable periods of transfer through the health care system

NHS England Safety Alerts for High Risk Medication:

Ensure NPSA alerts for high risk medications are actioned in an appropriate way and ensure staff competencies for high risk medications including oral chemotherapy, opiates, anticoagulants, heparins, insulin, lithium and concentrated electrolytes.

Move towards Harm Free Care within the Trust

Delayed and Omitted Doses of Medicines Procedure:

Delayed and omitted doses of medicines pose a threat to the wellbeing of patients and should be avoided wherever possible. The Delayed and Omitted Medicines Procedure has been developed to ensure that doses of medicines that are delayed or omitted are dealt with appropriately and that subsequent doses are given appropriately.

Building on the previous years priorities

Patient Safety	Expected areas of improvement
Safety thermometer	Improved patient safety

The NHS Safety Thermometer is a harm measurement tool designed to survey all relevant patients in all relevant NHS providers in England on a monthly basis. A requirement of the implementation of Safety Thermometer is to introduce point prevalence data collection. This is a monthly review of all inpatients to determine if they are 'harm free' reviewing specifically the following harms:

- Falls
- Pressure ulcers
- Catheters with UTIs
- VTE

Our patient safety priority for 2013/14 broadened the scope of this to ensure that we reviewed the baseline data in April on implementation of the Thermometer to include a 'days in between approach' and that we set clear objectives and milestones for improvements in all harm areas.

The Clatterbridge Cancer Centre collected data on a monthly basis comprising of a point prevalence survey (a single day each month) of the four harms. The Centre collected 12 complete data sets in this period covering 100% of the patient population at each snapshot.

Over the 12 month period 95% of patients experienced harm free care. This is broken down into quarters as follows:

- Q1 95.4%
- Q2 93.3%
- Q3 95.2%
- Q4 94.6%

The Trust has demonstrated that it consistently provides harm free care to nearly all its patients and is looking at ways of ensuring all patients receive harm free care in the future.

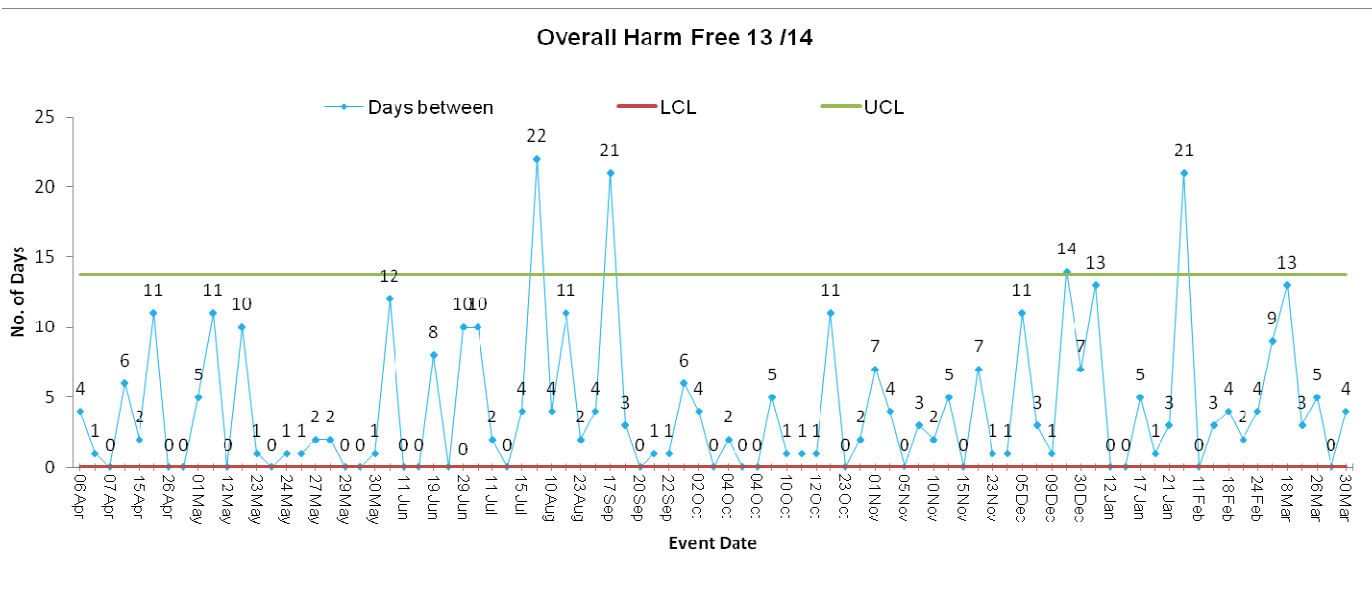
The Trust has embedded service improvements relating to all four harm areas during the year which has contributed to the sustained good performance. We will, however, continue to work towards zero harm for all of our patients.

A review of incidence of pressure ulcers has demonstrated year on year improvement in hospital acquired pressure ulcers:

Year	Number of Pressure Ulcers
2010/11	20
2011/12	12
2012/13	9
2013/14	12

During 2013/14 we implemented an additional methodology for counting harm events. This was a 'days between' measure. We now have a full 12 months of 'days between' data.

'Days between' data is presented at the monthly Integrated Care directorate meetings and at the quarterly departmental reviews. A working group will be set up to ensure that the data is utilised to its full potential to further drive the harm free care agenda'.



Improving Patient Experience

Patient Experience	Source	Engagement	Monitoring of progress	Expected areas of improvement
Post radiotherapy follow up		Trust Board Council of Governors	Integrated Governance Committee	Improved patient safety Improved patient experience

Background

Many radiotherapy reactions peak after treatment has finished and although radiotherapy patients are given advice on managing side effects once radiotherapy is finished, in many instances they will visit a GP or be seen by a community nurse with very little experience of dealing with those sorts of issues.

In 2012 a survey conducted by National Cancer Action Team (NCAT) focused on the experiences of radiotherapy and found that patients were extremely happy about the level of care and support they received during treatment but felt much less supported after treatment up to the point of first follow-up. Consequently it was agreed to pilot a post radiotherapy telephone service at CCC during 2013/14.

The Service

The Telephone Follow up Service has been set up to provide a link between The Clatterbridge Cancer Centre and the community so assistance can be given where necessary. The aim of the service is to provide a timely, efficient and cost effective method of delivering patient care. Patients are telephoned on an agreed phone number at a prearranged time and complete a questionnaire with the radiographers. Depending on the responses, patients are given advice, reassurance or referred to another clinical service for further follow up.

The questions used during the calls and the actions triggered by the responses were agreed between clinicians, clinical nurse specialists, CCC triage service and therapy radiographers. The radiographers make the telephone calls.

Initially only patients having certain sites treated (breast, lung and head and neck) as outpatients were offered this service and they were approached individually to ensure that they wished to be contacted, 100% of patients agreed to being contacted after treatment in this way. They were also offered times and dates for when the calls were made.

Results

During the first 6 months more than 600 patients have been contacted. Feedback has been extremely positive with 91% of respondents scoring 4 or 5 out of 5 for the usefulness of the call. In some cases patients having treatment to their lung had already had a follow up visit to the hospital one week after treatment but still found the telephone service useful.

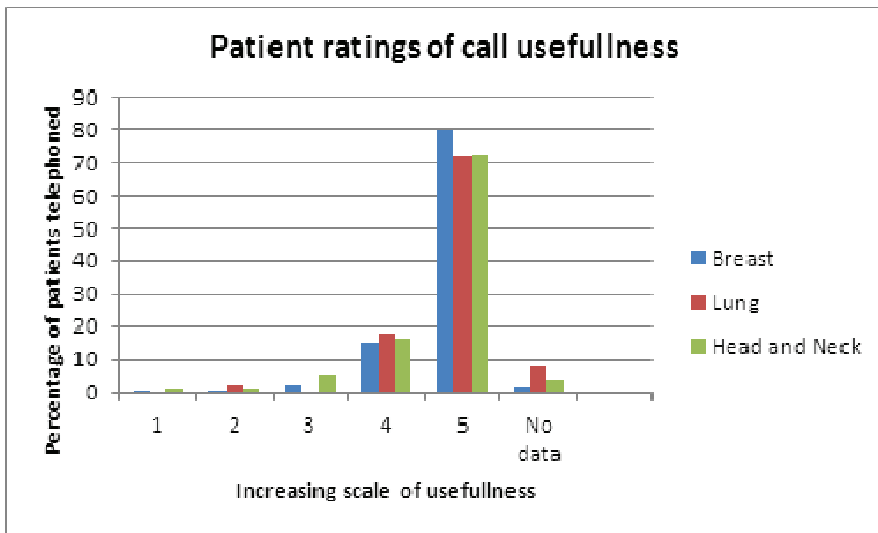


Figure 1

Many patients require advice and reassurance; however, significant numbers have been referred to other health professionals for ongoing care. Not all patients were willing to accept the referral advice given. Figure 2 below shows the distribution of the referrals made.

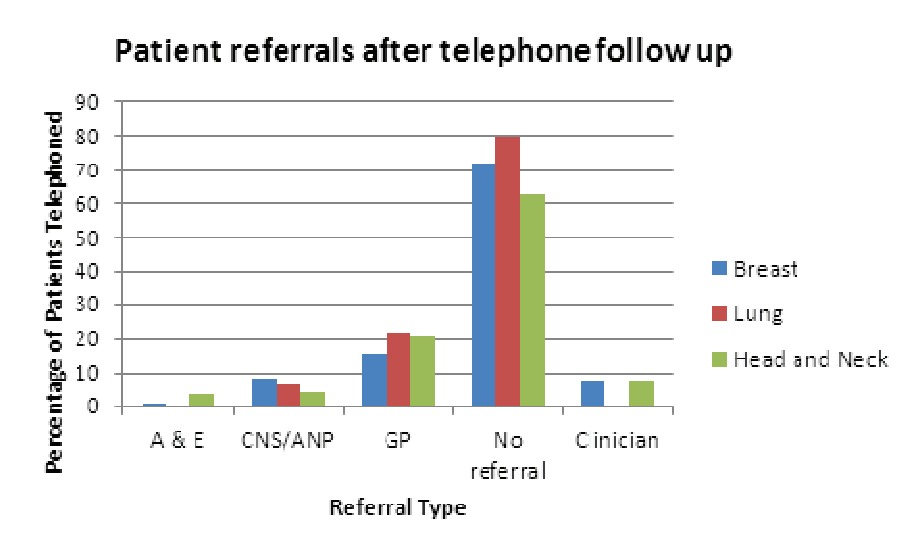


Figure 2

All consultations are recorded electronically and therefore accessible to other CCC staff.

Building on the previous years priorities

Patient Experience	Expected areas of improvement
Harm free care	Improved understanding of patient harm events. Reduction of patient harm

Through our Quality Strategy we continued to look at patient harms and will continue a program to ensure Harm Free Care. We have improved data collection and are now focusing on improving data collection of treatment related toxicities as well as continued implementation of Harm Free Care improvement programs.

Improving Clinical Effectiveness

Clinical Effectiveness	Source	Engagement	Monitoring of progress	Expected areas of improvement
Additional needs service		Lead commissioner	Integrated Governance Committee	Improved patient safety
		Cancer Network		Improved patient experience
		Council of Governors		Improved clinical effectiveness

The Impact of The Role of Clinical Specialist, Additional Needs (CSAN)

The CSAN has been in post now since the end of 2013, following on from the early work undertaken by the Project Manager for the Older Person's Pilot which looked predominantly at the needs of the older person in cancer care. Since commencement in the post, there has been widespread promotion of the role throughout the departments and within the wider community, including the voluntary sector, to inform people what the remit of the post is about.

A large area where support and assistance is required is communication; many of our patients require translation and interpretation services. Often, we are not prepared for this in a timely manner, which means a reactive response. Having the CSAN in post means that the clinical pathways can be mapped out to ensure that communication support is timely and available at key stages in the patient journey. Staff have been educated to identify these key stages and the result is far less stressful for either the patient, their family, or indeed the staff. A library of translated materials is currently being catalogued; previously written information was translated in an ad hoc way, with many duplications because other areas were not aware that this information existed already in the required language.

Communication aids, such as hearing loops, sign language signers and alternative formats are also being promoted to ensure that staff are aware of how to access these materials.

Meetings with the company used for interpreting services has led the post holder to identify that the people who carry out the interpretation do not have any form of clinical supervision, or support in relation to the subject matter that is being discussed. The CSAN identified that this was an unmet need and is coordinating monthly support sessions for these interpreters, together with some basic education around cancer and basic communication skills. This will enhance the service already delivered by sharing a greater understanding and having the relevant support systems in place.

The CSAN has:-

- attended Dementia Friends teaching and is awaiting Dementia Champions Training, so that she can then go on and develop Dementia Champions in all areas across the Trust
- attended study days for Dementia and Learning Difficulties
- developed Dementia Study Day for Trust
- shadowed Dementia Leads at Countess of Chester NHS Foundation Trust and Wirral University Hospital NHS Foundation Trust

- set up new guidelines for use of interpreter services with Beacon Languages - in process of developing cancer awareness and support package for interpreters
- set up separate referral pathways for patients with additional needs including those with learning difficulties, dementia, non English speaking patients, and those with sensory impairment
- Reviewed and updated Reasonable Adjustment assessment and implementation forms
- Identified the need to develop a support package for carers

Total number of patients referred into the service over the 3 month period

Patients with dementia: 15
 Patients with learning difficulties: 3
 Patients with a sensory impairment: 7
 Miscellaneous issues: 4
 1 patient for a single session of radiotherapy treatment requiring anaesthetic input

Building on the previous years priorities

Clinical Effectiveness	Expected areas of improvement
Acute assessment unit: inpatient service redesign	Improved outcomes / effectiveness by reducing the length of inpatients' stays

Acute Assessment Unit

The Acute Assessment Unit is a 10 bedded unit based on Mersey ward. It is open 7 days a week and is attached to the Triage unit. We currently have two Acute Oncology Advanced Nurse Practitioners that work within the unit reviewing and admitting patients and also providing support and education to ward staff and junior doctors. The unit is mainly staffed by Senior Nurses experienced in the care of oncology patients and their role also involves the bed management for the whole inpatient service.

The unit opened during the winter of 2012 and has now been open for 16 months. The aim of the acute admissions unit was to improve the patient pathway for emergency admissions, reduce length of stay for unplanned admissions, create consistency of care for all patients and increase patient safety.

The assessment unit has enabled the nursing workforce to work closely with the medical team and improve access to beds for emergency admission patients. Reviewing the data it is clear that the assessment unit works hard to ensure patients are reviewed and treated and, if possible, discharged from the assessment unit to home within the 72hr target.

Patient Admission data

1016 emergency admission patients were admitted to CCC during 2013.

Spread of total Emergency admissions over days of week

Day	Total EA	% Total EA
Monday	179	17.6%
Tuesday	211	20.7%
Wednesday	177	17.4%
Thursday	169	16.6%
Friday	161	15.8%
Saturday	60	5.9%
Sunday	59	5.8%
Total	1016	

Spread of emergency admissions Mon-Friday across working days and out of hours (assumed out of hours after 5 pm)

Day	% EA In working hours	% EA out of working hours	Total Number of EA
Monday	56.4%	43.5%	179
Tuesday	54.5%	45.4%	211
Wednesday	46.8%	53.1%	177
Thursday	50.2%	49.7%	169
Friday	51.5%	48.4%	161
Total			897

Spread of weekend Emergency admissions workload Sat and Sun

Day	Number E/A	% Total EA
Saturday	60	50.4%
Sunday	59	49.5%
Total	119	

View of Emergency admissions workload across the week

Work Periods	Total E/A	% Workload
Mon- Friday	897	88.28%
Sat -Sun	119	11.71%
Total	1016	

Conclusion

The workload for emergency admissions remains consistent during the working week. It appears an even split between admission arriving in the day (9-5) and out of hours. Currently we are auditing emergency admission process and will compare it to last years audit. At a glance it appears we have improved on time from arrival to first medical review and review by a senior medic within 24hr-48hrs. Hopefully this will improve further this year with the introduction of the Consultant of the week ward round.

Triage

Impact of Triage Service (combined with assessment unit)

The Triage Service was set up as an independently run service in December 2012. The service is staffed by Chemotherapy staff nurses, Nursing assistants and a full time Triage clerk. As the staff are managed independently as a standalone service, this enables standardised practice and a streamlined co-ordinated service. All staff within the Service have a mixed amount of Oncology experience and knowledge but have all worked with Medical and Clinical Oncology patients. The service now also takes calls from patients who are undergoing, or have undergone, Radiotherapy.

Within the last 12 months the average amount of calls per month was 582.

Within the last 12 months on average there were 60 patients that attended Triage as ward attenders.

An average of 10 patients were admitted to the assessment unit during a one month period.

Follow up phone calls

The Service has also taken responsibility for the calling of patients who have undergone cycle 1 day 1 of chemotherapy. Though this has not yet been audited on its effectiveness, it must be assumed that given the reassuring courtesy call where staff ask set questions on their treatment, health and knowledge of medications to take etc, that this could potentially reduce hospital admission with early detection of a problem. During this call every patient is also encouraged to utilise the Triage service if and when appropriate.

Future

Working towards the future there is a keen need to commence staff on the Clinical Examination and Assessment course and to eventually train all staff nurses in Non Medical Prescribing. All trained staff are competent with Intermediate Life Support.

In order to maintain competencies, the trained staff rotate on to Delamere unit and Sulby ward to experience current practice and build up knowledge in both inpatient and outpatient chemotherapy.

The Triage manager is currently educating the Radiotherapy and Diagnostic Imaging staff to ensure that when a patient is unwell on the Treatment sets they carry out the correct process of referral.

Work is being carried out to look at improving the length of stay for all inpatients at CCC. If this is successful, this will enable the Trust to admit more emergency admission patients via Triage who would normally have been referred to their local hospital. This will ensure these patients receive quality care to support them with symptom management delivered by experienced oncology staff.

Statements of Assurance from the Board

Information on the review of services

During 2013/14 The Clatterbridge Cancer Centre NHS Foundation Trust provided and/or sub-contracted two 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 2013/14 represents 100 per cent of the total income generated from the provision of relevant health services by The Clatterbridge Cancer Centre NHS Foundation Trust for During 2013/14.

Information on participation in clinical audits and national confidential enquiries

During 2013/14, 8 national clinical audits and 1 national confidential enquiry covered relevant health services that The Clatterbridge Cancer Centre NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust was eligible to participate in during 2013/14 are as follows:

- National Bowel Cancer Audit
- National Head and Neck Cancer Audit
- National Lung Cancer Audit
- National Oesophago-Gastric Cancer Audit
- National Care of the Dying (Round 4)
- 2014 National Comparative Blood Transfusion Audit of patient information and consent
- 2014 National Comparative Blood Transfusion Audit of Red Cell Issue Survey (cycle 1)
- Royal College of Radiographers Audit of the Quality of Curative Intent Radiotherapy for Lung Cancer in the UK
- NCEPOD - Gastrointestinal Haemorrhage (GIH) study

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust participated in during 2013/14 are as follows:

- National Bowel Cancer Audit
- National Head and Neck Cancer Audit
- National Lung Cancer Audit

- National Oesophago-Gastric Cancer Audit
- National Care of the Dying (Round 4)
- 2014 National Comparative Blood Transfusion Audit of patient information and consent
- 2014 National Comparative Blood Transfusion Audit of Red Cell Issue Survey (cycle 1)
- Royal College of Radiographers Audit of the Quality of Curative Intent Radiotherapy for Lung Cancer in the UK
- NCEPOD - Gastrointestinal Haemorrhage (GIH) study

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 2013/14, 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.

- National Bowel Cancer Audit - 906 (100%) patient's radiotherapy +/- chemotherapy details were submitted.
- National Head and Neck Cancer Audit - 257/258 (99.6%) patient's radiotherapy +/- chemotherapy details were submitted.
- National Lung Cancer Audit - 1176/1189 (99%) patient's radiotherapy +/- chemotherapy details were submitted including patients who were on active monitoring programmes. For those records which were not submitted, the reasons were patient having 2 lung primaries (11), 1 patient's treatment was ongoing and 1 patient had conflicting dates.
- National Oesophago-Gastric Cancer Audit - 279/297 (94%) patient's radiotherapy +/- chemotherapy details were submitted and linked to the patient record in the national database. 18 patients records were not submitted because there was no link for us to attach the treatment details to.
- National Care of the Dying (Round 4) (11/11 100%)
- 2014 National Comparative Blood Transfusion Audit of patient information and consent (24/24 data collection until 04/04)
- 2014 National Comparative Blood Transfusion Audit of Red Cell Issue Survey (cycle 1) (18/18 100%)
- Royal College of Radiographers Audit of the Quality of Curative Intent Radiotherapy for Lung Cancer in the UK (18/18 100%)
- NCEPOD - Gastrointestinal Haemorrhage (GIH) study (6/6 100%)

The reports of 3 national clinical audits were reviewed by the provider in 2013/14 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- NBOCAP – the Trust is adhered to the annual report recommendations, and will continue to submit data for 2014-15
- DAHNO – Action plan is progress to ensure >70% patients are seen by a clinical nurse specialist prior to commencement of treatment, >60% of patients have a pre-treatment dietetic assessment and >70% of patients have been assessed by a suitably qualified dental practitioner before their main treatment. Also the Trust will continue to submit data for 2014-15.
- NCASP - the Trust is adhered to the annual report recommendations, and will continue to submit data for 2014-15

**National Lung Cancer Audit (LUCADA) annual report for 2013 data has not been published yet.

The reports of 20 local clinical audits were reviewed by the provider in 2013/14 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following course of action to improve the quality of healthcare provided.

Clinical Audit	Action
Audit on HDR Prostate brachytherapy boost	Confirmed good practice
Current LMWH (low molecular weight heparin) prescribing practice	Prescribing of LMWH at CCC is currently not compliant with national standards. The main recommendations of the audit are to improve awareness and education to medical, nursing and pharmacy staff by introducing Trust education programme. A switch to dalteparin from currently used LMWH may improve compliance through rationalization of prescribing choice and would be a cost saving for CCC
Management of borderline ovarian cancer	Set up a prospective database to include all patients with a diagnosis of borderline ovarian tumour. This is to incorporate patients from the Countess of Chester and the Royal Liverpool MDT's as well as the Liverpool Women's specialist MDT. Provide 3 years of follow up for patients with residual disease, implants or other adverse histological features, stage 3 disease or patients managed with conservative surgery
Smoking Survey for Inpatients	Unfortunately the response rate for inpatients was poor. However only 2 out of the 7 patients reported receiving any form of information about stopping smoking. This is an element that can be improved for inpatients. We will consider adding stop smoking advice into admission packs and educating the nurse practitioners about signposting smoking patients to relevant information on admission could improve this area.
Risk of endometrial cancer in patients previously treated with tamoxifen for breast cancer; Retrospective analysis.	Our data suggested that long term tamoxifen use increases the risk of endometrial cancer. These cancers are of high grade and advanced stage. Overall survival of these patients remains poor
Prophylactic Breast Bud Radiotherapy for patients with prostate cancer as Prevention of anti-androgen induced Gynaecomastia	A 8gy single fraction of treatment with superficial Xrays should be still given as an treatment option. This study will help us inform patients more precisely on what to expect from this treatment. Audit results presented at the Urology TSG September 2013
Patient outcomes in muscle invasive bladder cancer	One radiotherapy oncologist attends the MDT. It needs to be considered that there is published evidence that giving 2 cycles only does not compromise the effectiveness of the treatment.
Emotional impact on Patient bereavement/grief on Nursing staff	Head of Quality & Information is looking into a de-briefing tool that is appropriate to CCC
Young People's Perceptions of the Service and Care they receive	The results will be disseminated to the Teenage and Young Adult Cancer Network Group. It is planned that this audit should be repeated to capture the young people diagnosed during 2012 and 2013
SCC and BCC outcomes after Radiotherapy	Confirmed good practice
Use of Trastuzumab as part of neoadjuvant therapy in patients with HER2 positive breast cancer	Findings presented at the Breast TSG meeting. Re-Audit commenced October 2013
Gefitinib as 1st line treatment in patients with locally advanced or metastatic Non-Small Cell Lung Cancer (NSCLC) and activating EGFR mutations	Patients in our local population, of primarily Caucasian origin with advanced non-small cell lung cancer and activating EGFR mutations benefit from the use of first line Gefitinib. The benefits and toxicities of treatment broadly concur with those of the IPASS study though survival is inferior

<p>Audit on the Use of Everolimus in Conjunction with Exemestane in Postmenopausal Hormone-Receptor-Positive Advanced Breast Cancer</p>	<p>At the end of the audit 50% of patients were still continuing with Everolimus. The most frequent reason for discontinuing was disease progression</p>
<p>Triage follow up calls</p>	<p>A daily report to capture Cy1 D1 patients has been written by CET and sent daily to triage All patients to be contacted within 72 hours of treatment</p>
<p>Emergency Admissions Re-Audit</p>	<p>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 with medical staff Highlight the importance of documentation Time of arrival and time of medical review to be documented for all emergency admissions, form to 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. Educate nursing / medical staff that all patients to have baseline bloods taken on admission. Medical Director to be advised of lack of compliance with Consultant review within 24 of admission and take appropriate action</p>
<p>Pressure ulcer re-audit October 2013</p>	<p>Objective 1 - To see if an initial assessment of the patient's pressure areas was made within the first six hours of admission to the ward (as per NICE guidance) Conway Ward action: 100% compliance – ongoing education Mersey Ward action: 100% compliance. Awareness and commendation of results to staff. Surveillance of staffs' awareness of assessment and education on pressure ulcer care pathway. Sulby Ward action: To discuss with Nurse Practitioners initial Waterlow assessment to be performed within 6 hours of admission. Ensure all staff use the admission document when admitting patients Objective 2 - To see if evaluation of care had been made during each shift Conway Ward action: Staff education Documentation education. Discussed at ward meeting 5/11/13 Mersey Ward action: Reiterating education to staff- advising 12 hourly evaluation and documentation on MAXIMS. Introduce Sister's ward rounds for spot checks Sulby Ward action: For all staff to be aware that the evaluation of care must be documented during their 12 hr shift. Objective 3 – To see if a reassessment had been made and recorded at seven-day intervals for those patients who were assessed as 'at risk' i.e. Waterlow score of 10 or above Conway Ward action: Feedback result to ward staff as 100% was achieved. Ongoing education Mersey Ward action: Staff are encouraged to review assessments on a Sunday regardless of admission date Sulby Ward action: To reinforce with staff the requirement and importance of reassessing patients risk during admission Objective 4 – To see if a relevant care plan had been developed Conway Ward action: Staff education Promote documentation</p>

	<p>Mersey Ward action: Promote pressure ulcer care pathway which directs patient care need for 'at risk' patients. Discuss at next ward meeting Update QINC board pressure ulcer month</p> <p>Sulby Ward action: To reinforce with staff the correct care plan requirements. To be discussed at the next ward meeting as well as an email sent to all nursing staff on the ward</p>
Patient Survey pre-op assessment prior to gold marker seed insertion	Confirms good practice
Management of aggressive fibromatosis - Audit of the Mersey Experience	Confirms good practice
Compliance of Vaginal Dilators	Findings presented to Gynaecology TSG New leaflet now written and awaiting approval by gynaecology TSG lead
Management of micrometastasis on Sentinel Lymph Node Biopsy using Extended Tangential Technique (Monobloc) for patients who have not had Axillary Lymph Node Dissection	Based on the results of this study our breast cancer management protocol has been revised and we no longer recommend ALND or extended tangential radiotherapy to patients with 1-2 micrometastasis
NICE Guidance audits	
Clinical Audit	Action
TA255 - Prostate cancer - cabazitaxel	NICE does not recommend cabazitaxel for patients who have previously received a docetaxel-containing regimen on the grounds of cost effectiveness. CCC does not offer cabazitaxel for this cohort of patients in the CCC chemotherapy protocol process. However, all 9 patients were approved cabazitaxel via the Cancer Drug Fund therefore there is no concern with compliance with NICE guidance as funding was secured elsewhere.
TA227 - Lung cancer (non-small-cell, advanced or metastatic maintenance treatment) - erlotinib (monotherapy)	Fully Compliant with no outstanding actions or clinical concerns
TA259 - Prostate cancer (metastatic, castration resistant) - abiraterone (following cytotoxic therapy)	117 patients were approved by the Cancer Drug Fund so there is no concern with compliance with NICE guidance as funding was secured elsewhere. For those who received abiraterone via Trust funds, all had received a docetaxel-containing regimen prior to receiving abiraterone. Therefore we are fully compliant with NICE guidelines
TA258 - Lung cancer (non small cell, EGFR-TK mutation positive) - erlotinib (1st line)	Fully compliant with no outstanding actions or clinical concerns
TA215 - Renal cell carcinoma (first line metastatic) - pazopanib	CCC is compliant with this guidance with 1 exception where Pazopanib was given with good clinical reason.
TA296 - Lung cancer (non-small-cell, anaplastic lymphoma kinase fusion gene, previously treated) - crizotinib	No NSCLC patients received crizotinib therefore making CCC fully compliant with this guidance.
TA272 - Urothelial tract carcinoma (transitional cell, advanced, metastatic) - vinflunine	NICE did not recommend vinflunine due to cost effectiveness; however, all patients were funded through the Expanded Access Programme hence CCC are fully compliant with this guidance.
TA295 - Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor)	Fully compliant with no outstanding actions or clinical concerns

Information on participation in clinical research, in the following form of statement

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 697.

Use of the CQUIN framework

A proportion of The Clatterbridge Cancer Centre NHS Foundation Trust income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between The Clatterbridge Cancer Centre NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at

http://www.clatterbridgecc.nhs.uk/aboutcentre/key_documents/public%20documents.html

The monetary total for the amount of income in 2013/14 conditional upon achieving quality improvement and innovation goals was £2,039,000 and the monetary total for the associated payment in 2012/13 received was £1,520,920.

Our CQUIN goals for 2013/15 were:

- Implementation of the Friends and Family Test
- NHS Safety Thermometer: data collection
- Dementia: patient assessment and referral
- Venous thrombo-embolism: patient assessment
- Increased access to image guided radiotherapy
- Access to and impact of clinical nurse specialist support on patient experience
- Radiotherapy dashboard
- Care close to home: mobile chemotherapy unit
- Care close to home: Evolve
- Implementation of a specialist interventional team
- Implementation of a medicines safety service
- Implementation of an additional needs service
- Putting patients first: our response to the Francis report.

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 2013/14

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

Information on the quality of data

The Clatterbridge Cancer Centre NHS Foundation Trust submitted records during 2013/14 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: 100% for admitted patient care and 100% for outpatient care. The Trust does not provide accident and emergency care.
- which included the patient's valid General Practitioner Registration Code was: 99% for admitted patient care and 99% for outpatient care. The Trust does not provide accident and emergency care.

The Clatterbridge Cancer Centre NHS Foundation Trust Information Governance Assessment Report overall score for 2013/14 was 80% and was graded green.

The Clatterbridge Cancer Centre NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 6.2%.

The results should not be extrapolated further than the actual sample audited. All of our services were reviewed within the sample.

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

The Trust has a Data Quality Group that reviews and supports continuous improvement on the following key areas:

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

Reporting Against Core Indicators:

The Trust's responsiveness to the personal needs of its patients during

CCC Performance 2011/12	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period
86.7	75.6	Highest Trust is 87.8. We are the second highest Trust. The lowest Trust is 67.4

CCC Performance 2012/13	National Average	Comparison with those NHS trusts and NHS foundation trusts with the highest and lowest of the same, for the reporting period
87.2	76.5	Highest Trust is 88.2. We are the second highest Trust. The lowest Trust is 68

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 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
- Rolling out our 'patient video story' programme

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.

CCC Performance Staff survey 2011	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (specialist Trusts)
96%	Specialist 86% All Trusts 60%	Highest 96% Lowest 66%

CCC Performance Staff survey 2012	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (specialist Trusts)
93%	Specialist 86% All Trusts 67%	Highest 94% Lowest 68%
<p>The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> • It is consistent with our previous performance <p>The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:</p> <ul style="list-style-type: none"> • Developing an action plan to address any issues identified in the staff survey results • Continual monitoring of our internal quality indicators • Ensuring staff views are heard directly by the Board through Patient Safety Leadership Rounds and job shadowing 		

The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.
 October to December 2012
 January to March 2014

CCC Performance October to December 2012	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period
97%	94.1%	Highest: 100% Lowest: 84.6%
CCC Performance January to March 2014	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period
100%	96%	Highest: 100% Lowest: 75%
<p>The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> • It is consistent with our internal audit program • It is consistent with our Safety Thermometer results. 		

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
- Daily review of compliance with all clinical risk assessments

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

**Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)*
April 2011 - March 2012**

CCC Performance April 2011 - March 2012	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period
41.8	21.8	Highest 51.6 Lowest: 0
CCC Performance April 2012 - March 2013	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period
15.3	17.3	Highest 30.8 Lowest: 0

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 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

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Period: October 12 to March 13

October 2011 to March 2012			
CCC Performance : Rate of incidents per 100 admissions:	CCC Performance Number of incidents:	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (acute specialist)
21.71	485	Not available	Highest Rate: 21.71 Number:1935 Lowest: Rate: 2.79 Number:66
CCC Performance : Severe harm Rate of incidents per 100 admissions: 0	CCC Performance: severe harm Number of incidents: 0	National Average Not available	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (acute specialist): severe harm Highest Rate: 0.17 Number:24 Lowest: Rate: 0 Number:0
CCC Performance : Death Rate of incidents per 100 admissions: 0	CCC Performance: severe harm Number of incidents: 0	National Average Not available	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (acute specialist): severe harm Highest Rate: 1.7 Number:6 Lowest: Rate: 0 Number:0

October 12 to March 13			
CCC Performance : Rate of incidents per 100 admissions:	CCC Performance Number of incidents:	National Average	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (acute specialist)
31	704	Not available	Highest Rate: 31 Number:1675 Lowest: Rate: 3.8 Number:174
CCC Performance : Severe harm Rate of incidents per 100 admissions: 0	CCC Performance: severe harm Number of incidents: 0	National Average Not available	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (acute specialist): severe harm Highest Rate: 1.8 Number:20 Lowest: Rate: 0 Number:0
CCC Performance : Death Rate of incidents per 100 admissions: 0	CCC Performance: severe harm Number of incidents: 0	National Average Not available	Comparison with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period (acute specialist): severe harm Highest Rate: 0.7 Number:8 Lowest: Rate: 0 Number:0
<p>The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> • 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.)

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

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

The Friends and Family Test

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

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

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

From April 1st 2013 it was made mandatory across the NHS, however at CCC we decided to start from December 1st 2012 to ensure a robust system was in place by April.

We opted to pilot a paper based system in the form of postcards. The guidelines state that the patient must be asked the question at discharge or within 48 hours of discharge. The aim is at least a 15% response rate. We have distributed collection boxes on the wards and at the main desk. The postcards have a freepost address to enable patients to return them once they get home.

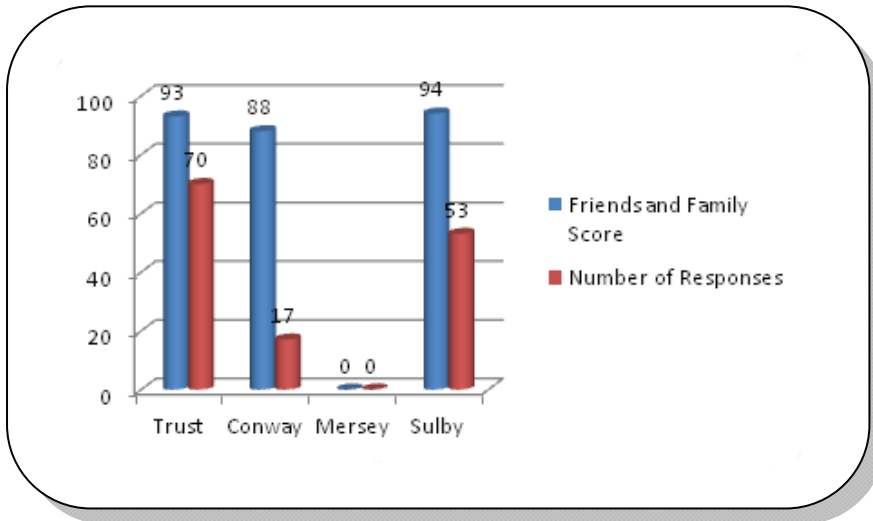
The results so far have been very encouraging with regard to patient's recommendations; however work is needed in certain areas to ensure all patients are given the opportunity to complete the questionnaire.

The methodology for scoring The Friends and Family Test is consistent across the NHS to enable comparison across different Trusts and the wards within those Trusts. The score is calculated by the proportion of patients who strongly recommend, minus those who would not recommend, or who are indifferent.

For example between January to March 2013 across the Trust, of a total of 264 patients, 236 patients were 'extremely likely' to recommend our services, 24 patients were 'likely', 3 'neither likely or unlikely' and 1 was 'extremely unlikely'. Therefore $236 \div 264 \times 100 = 89\%$ minus $(3+1) \div 264 \times 100 = 1.5\%$

= Friends and family test score of 87.5

April 2013

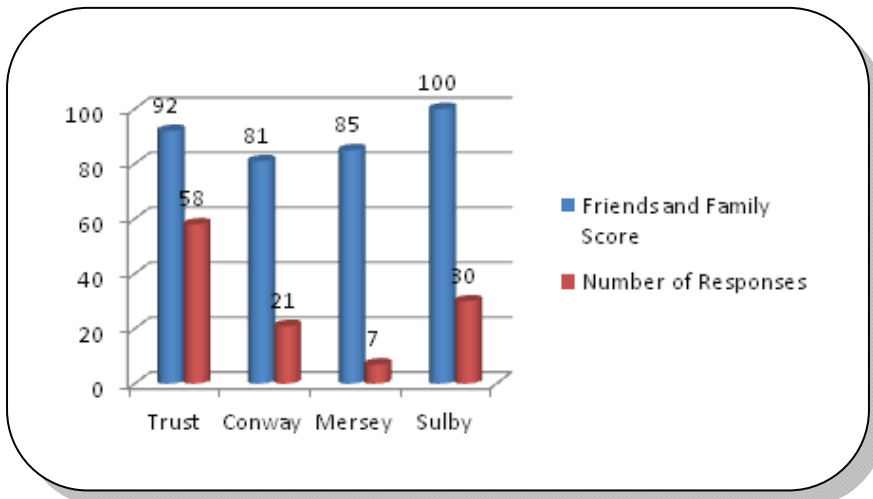


The Friends and Family test score for April for this **Trust** is **93**. This is based on 70 responses.

The Friends and Family test score for April for **Conway Ward** is **88**. This is based on 17 responses.

The Friends and Family test score for April for **Sulby Ward** is **94**. This is based on 53 responses.

May 2013



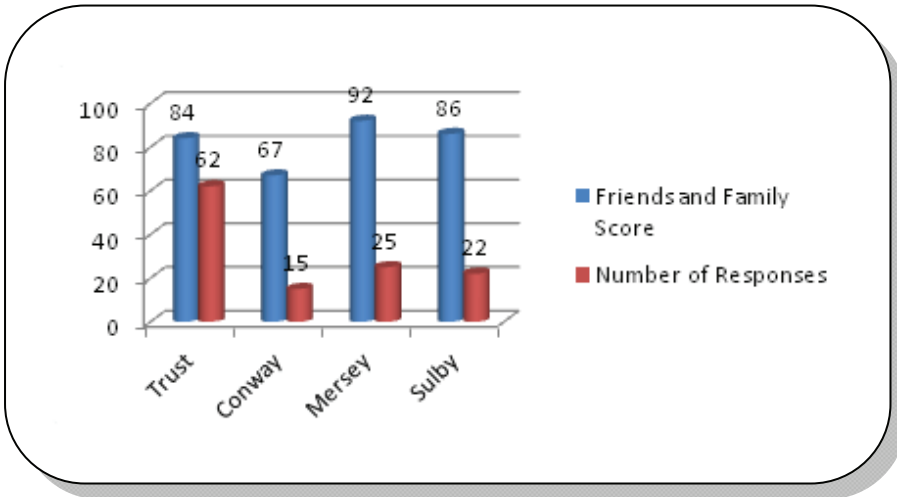
The Friends and Family test score for May for this **Trust** is **92**. This is based on 58 responses.

The Friends and Family test score for May for **Conway Ward** is **81**. This is based on 21 responses.

The Friends and Family test score for May for **Mersey Ward** is **85**. This is based on 7 responses.

The Friends and Family test score for May for **Sulby Ward** is **100**. This is based on 30 responses.

June 2013



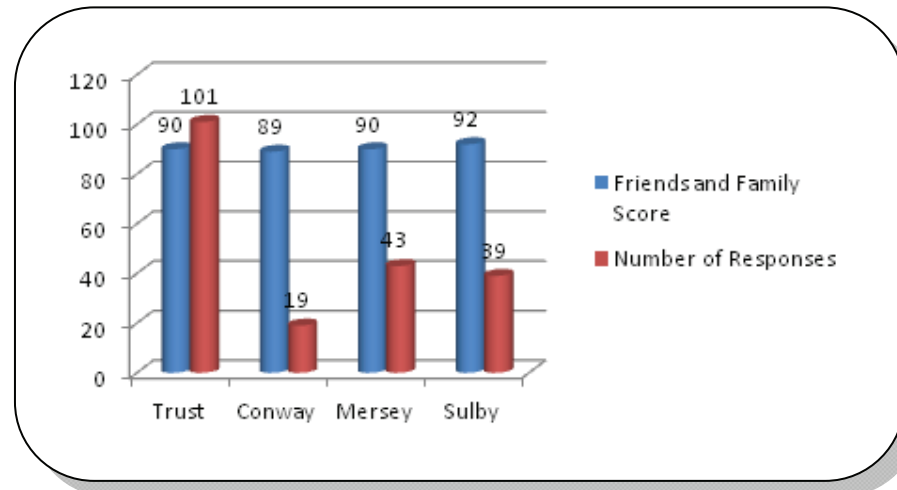
The Friends and Family test score for June for this **Trust** is **84**. This is based on 62 responses.

The Friends and Family test score for June for **Conway Ward** is **67**. This is based on 15 responses.

The Friends and Family test score for June for **Mersey Ward** is **92**. This is based on 25 responses.

The Friends and Family test score for June for **Sulby Ward** is **86**. This is based on 22 responses.

July 2013



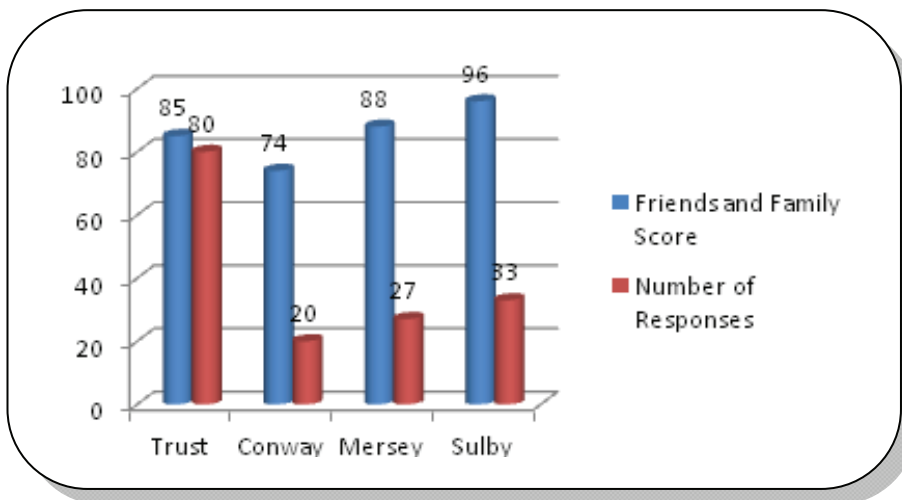
The Friends and Family test score for July for this **Trust** is **90**. This is based on 101 responses.

The Friends and Family test score for July for **Conway Ward** is **89**. This is based on 19 responses.

The Friends and Family test score for July for **Mersey Ward** is **90**. This is based on 43 responses.

The Friends and Family test score for July for **Sulby Ward** is **92**. This is based on 39 responses.

August 2013



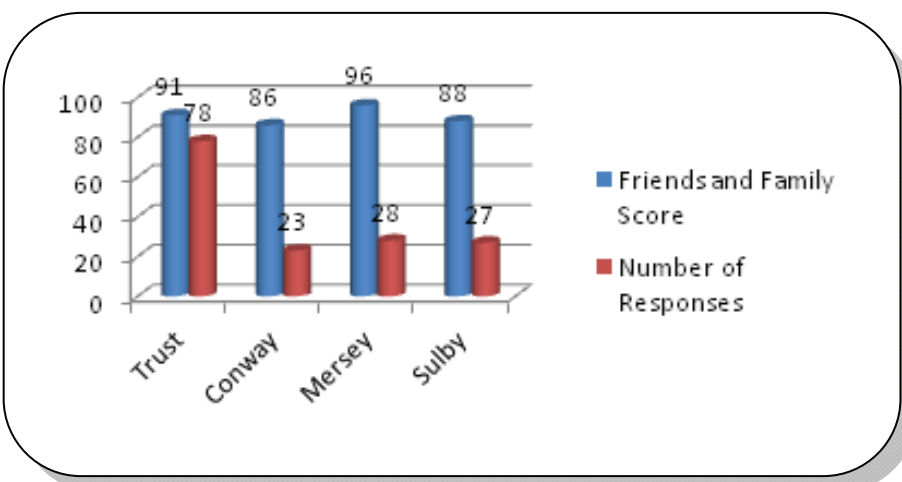
The Friends and Family test score for August for this **Trust** is **85**. This is based on 80 responses.

The Friends and Family test score for August for **Conway Ward** is **74**. This is based on 20 responses.

The Friends and Family test score for August for **Mersey Ward** is **88**. This is based on 27 responses.

The Friends and Family test score for August for **Sulby Ward** is **96**. This is based on 33 responses.

September 2013



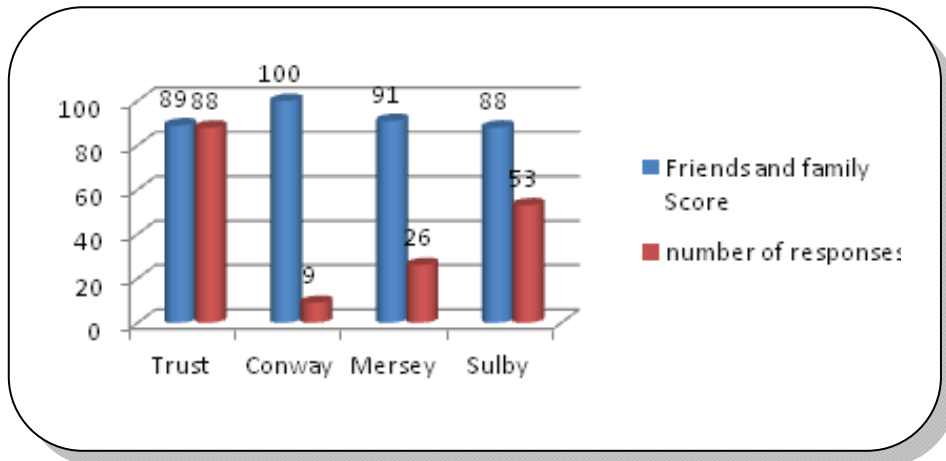
The Friends and Family test score for September for this **Trust** is **91**. This is based on 78 responses.

The Friends and Family test score for September for **Conway Ward** is **86**. This is based on 23 responses.

The Friends and Family test score for September for **Mersey Ward** is **96**. This is based on 28 responses.

The Friends and Family test score for September for **Sulby Ward** is **88**. This is based on 27 responses.

October 2013



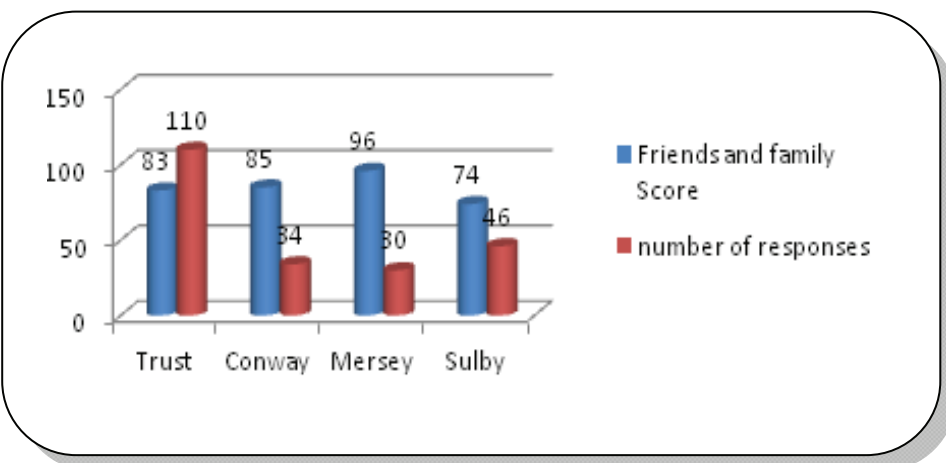
The Friends and Family test score for July for this **Trust** is **89**. This is based on 88 responses.

The Friends and Family test score for July for **Conway Ward** is **100**. This is based on 9 responses.

The Friends and Family test score for July for **Mersey Ward** is **91**. This is based on 26 responses.

The Friends and Family test score for July for **Sulby Ward** is **88**. This is based on 53 responses.

November 2013



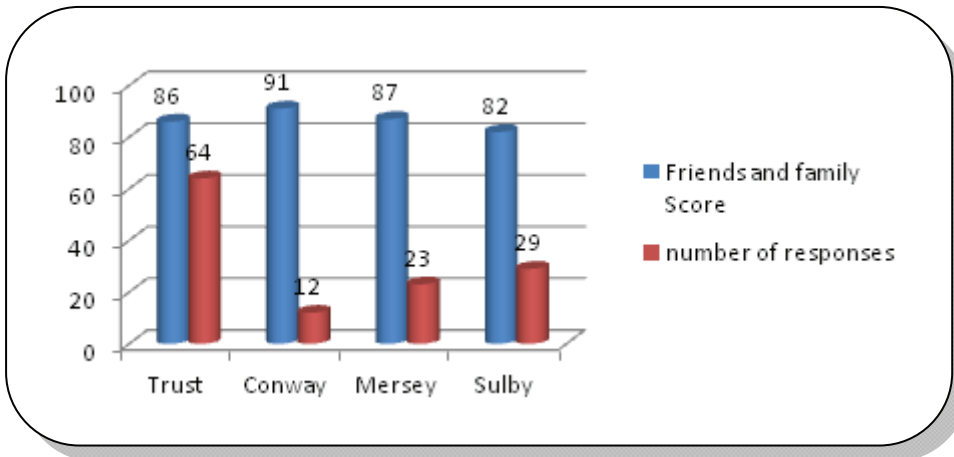
The Friends and Family test score for July for this **Trust** is **83**. This is based on 110 responses.

The Friends and Family test score for July for **Conway Ward** is **85**. This is based on 34 responses.

The Friends and Family test score for July for **Mersey Ward** is **96**. This is based on 30 responses.

The Friends and Family test score for July for **Sulby Ward** is **74**. This is based on 46 responses.

December 2013



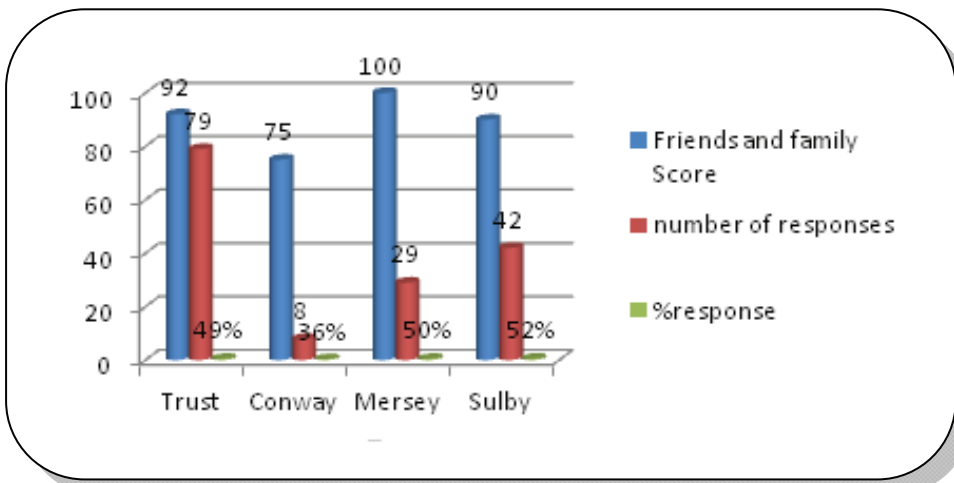
The Friends and Family test score for July for this **Trust** is **86**. This is based on 64 responses.

The Friends and Family test score for July for **Conway Ward** is **91**. This is based on 12 responses.

The Friends and Family test score for July for **Mersey Ward** is **87**. This is based on 23 responses.

The Friends and Family test score for July for **Sulby Ward** is **82**. This is based on 29 responses.

January 2014



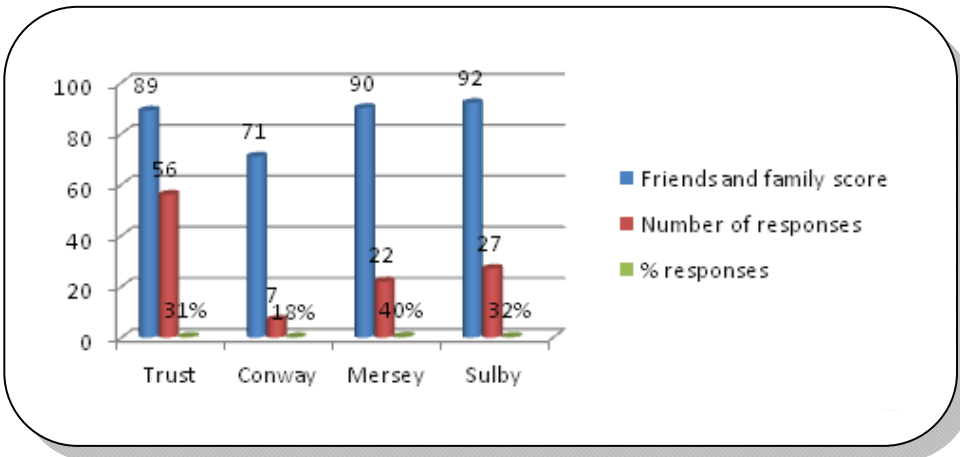
The Friends and Family test score for July for this **Trust** is **92**. This is based on 79 responses.

The Friends and Family test score for July for **Conway Ward** is **75**. This is based on 8 responses.

The Friends and Family test score for July for **Mersey Ward** is **100**. This is based on 29 responses.

The Friends and Family test score for July for **Sulby Ward** is **90**. This is based on 42 responses.

February 2014



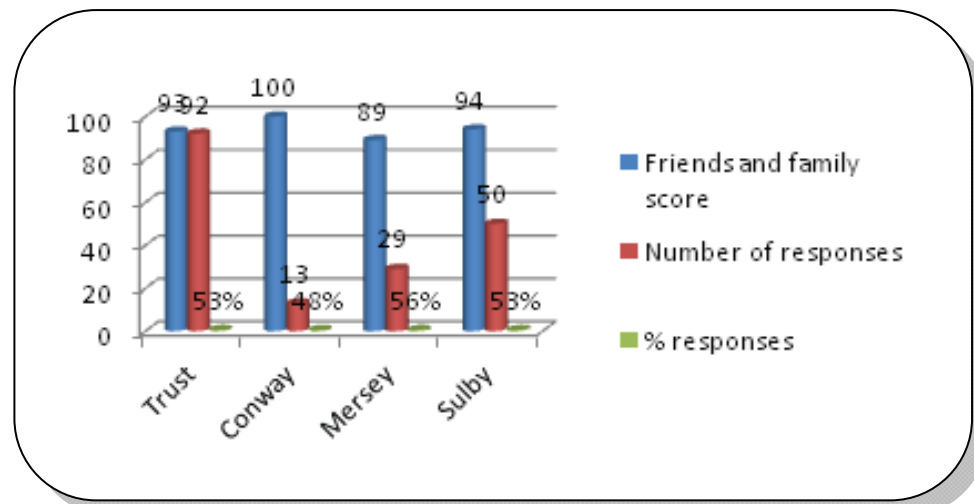
The Friends and Family test score for July for this **Trust** is **89**. This is based on 56 responses.

The Friends and Family test score for July for **Conway Ward** is **71**. This is based on 7 responses.

The Friends and Family test score for July for **Mersey Ward** is **90**. This is based on 22 responses.

The Friends and Family test score for July for **Sulby Ward** is **92**. This is based on 27 responses.

March 2014



The Friends and Family test score for July for this **Trust** is **93**. This is based on 93 responses.

The Friends and Family test score for July for **Conway Ward** is **100**. This is based on 13 responses.

The Friends and Family test score for July for **Mersey Ward** is **89**. This is based on 29 responses.

The Friends and Family test score for July for **Sulby Ward** is **94**. This is based on 50 responses.

Other information

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

Safety indicators

	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
MRSA bacteraemia cases / 10,000 bed days	0	0	0.52	0	0	0	0
C Diff cases / 1,000 bed days	0.12	0.15	0.41	0.543	0.3	0.2	0.6
'Never Events' that occur within the Trust	0	0	0	0	0	0	0
Chemotherapy errors (number of errors per 1,000 doses)	0.21	0.17	0.16	0.13	0.196	0.1	0.05
Radiotherapy treatment errors (number of errors per 1,000 fractions)	1.1	0.81	0.58	0.76	0.84	0.76	1.17
Falls / injuries / 1,000 inpatient admissions	25.2	22.1	22.7	19.1	25.9	32	27
Number of patient safety incidents	1392	1498	1352	1251	1313	1231	1577
Percentage of patient safety incidents that resulted in severe harm* or death.	0	0	0	0	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

	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
Hospital standardised mortality rate (HSMR)	N/A	N/A	N/A	34.8 (Apr 10 – Sept 10)	36.4	39.3	42
30 day mortality rate (radical chemotherapy)	1.3% (Apr 13- Mar 14)	0.7% (Apr 12- Mar 13)	1.3% (Apr 11- Mar 12)	1.2% (April 10 – March)	1.2%	0.5%	1.4%
30 day mortality rate (palliative chemotherapy)	8.9% (Apr 13- Mar 14)	8.1% (Apr 12- Mar 13)	8.2% (Apr 11- Mar 12)	9.0% (April 10 – March)	7.6%	9%	7.4%
30 day mortality rate (radical radiotherapy)	0.66% (Apr 13- Mar 14)	0.69% (Apr 12- Mar 13)	0.77% (Apr 11- Mar 12)	0.74% (April 10 – March)	1.2%	0.9%	1.2%
30 day mortality rate (palliative radiotherapy)	13.7% (Apr 13- Mar 14)	14.7% (Apr 12- Mar 13)	14.1% (Apr 11- Mar 12)	15.7% (April 10 – March)	16.2%	17.1%	19.5%

HSMR:

- Data source Dr Foster
- Decision to stop monitoring HSMR data from September 2010. Unfortunately the Trust (as a specialist Trust) is 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 2012/13 varies slightly from that published in last year's Quality Accounts due to additional data being available after the year end.

Patient Experience Indicators

	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
At least 80% of patients rate as 'always' in the local patient survey programme when asked 'I was treated with courtesy and respect'	97%	97%	97%	96%	98%	98%	97%
At least 80% of patients rate as 'always' in the local patient survey programme when asked 'Was the ward / department	95%	95%	95%	94%	92%	95%	95%

clean'							
At least 70% of patients rate as 'never' in the local patient survey programme when asked 'If they had to wait'	27%	26%	26%	24%	16%	17%	15%
At least 80% of patients rate as 'always' in the local patient survey programme when asked if 'I was included in discussions about my care'	90%	89%	91%	88%	87%	90%	90%
At least 80% of patients rate as 'always' in the local patient survey programme when asked if 'the staff washed their hands'	93%	93%	93%	94%	88%	92%	90%

Patient survey:

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

Performance against relevant indicators and thresholds in the Risk Assessment Framework

	2013/14	2012/13	2011/12	2010/11	2009/10
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	95.9% (target 90%)	95.5% (target 90%)	96.9% (target 90%)	96.2% (target 90%)	
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	97.6% (target 95%)	97.3% (target 95%)	97.8% (target 95%)	98.5% (target 95%)	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	97.6% (target 92%)	97.5% (target 92%)			
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	87.5% (target classic 79%)	77.5% (target Classic 79%)	80.1% (target Classic 79%)	80.8% (Target 79%)	
All cancers: 62-day wait for first treatment from: NHS Cancer Screening Service referral	N/A due to de-minimus (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	Chemotherapy 99.1% (target 98%)	Chemotherapy: 99.1% (target 98%)	Chemotherapy: 98.8% (target 98%)	Chemotherapy : 98.3% (target 98%)	
All cancers: 31-day wait for second or subsequent treatment, comprising: radiotherapy	Radiotherapy 96.8% (target 94%)	Radiotherapy 96.6% target 94%)	Radiotherapy 97.0% target 94%)	Radiotherapy 93.1% (target 94%)	

All cancers: 31-day wait from diagnosis to first treatment	97.5% (target 96%)	97.1% (target 96.0%)	97.9% (target 96.0%)	97.7% (target 96%)	
Cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected)	100%	100%	100%	100%	100%
Cancer: two week wait from referral to date first seen comprising: for symptomatic breast patients (cancer not initially suspected)	No cases				
Clostridium difficile – meeting the C. difficile objective	2 (target no more than 2)	3 (target no more than 6)	8 (target no more than 8)	10 (target no more than 12)	8 (target no more than 17)
Certification against compliance with requirements regarding access to health care for people with a learning disability	Achieved	Achieved	Achieved	New for 2010/11	

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



Clatterbridge Cancer Centre - Quality Account 2013/14

NHS England wishes to thank Clatterbridge Cancer Centre for the opportunity to comment on their Quality Account for 2013/14. NHS England as lead commissioner is fully committed to working in partnership with Clatterbridge Cancer Centre to provide safe, high quality and effective services to patients, their families and carers.

We believe that this Quality Account accurately reflects the Trust's performance in 2013/14 and highlights priorities agreed with commissioners during 2012/13. We have been pleased to see the Trust's continued performance in many areas. The Trust has continued to achieve its CQUIN framework and in particular their ongoing work to deliver Harm Free Care to patients is to be commended.

NHS England supports the development of key objectives related to patient safety in particular Medicines Management and welcomes the Trust's commitment to supporting staff to access training in this area and report incidents in an open and transparent culture. The involvement of patients within this area of work is one we would support and will look with interest as to how this develops during 2014/15.

The development of initiatives to support patients such as the telephone follow up service for patients receiving radiotherapy and Clinical Specialist Additional Needs role are welcomed and NHS England is pleased to see the positive effective these initiatives have had in supporting patients, their families and carers. NHS England supports these initiatives and looks forward to the further development of Dementia Champions and services for patients with learning disabilities during 2014/15.

The Trust continues to demonstrate its commitment to quality improvement and improved outcomes for patients and this is reflected in the wide variety of performance data contained within the Quality Account and their commitment to clinical audit and national research trials.

Whilst the Trust has included within this Quality Account examples of listening to patients and their experience, NHS England would suggest that the Patient's Voice is not fully demonstrated in this Quality Account. NHS England is aware that the Trust does encourage patients to share their stories with the Trust Board and we would encourage these to be shared with the wider workforce and stakeholders.

The Trust has successfully implemented the national Family and Friends Test and should be commended for their positive results and feedback. NHS England would welcome inclusion in future Quality Accounts of information relating to patient concerns and complaints and any learning the Trust has implemented as a result of these.

Overall, the Trust has continued to demonstrate high levels of quality assurance throughout the year and we commend the Trust for a number of improvements and developments that have improved the quality and experience for patients, their families and carers. NHS England looks forward to working with the Trust throughout 2014/15 to further enhance these services.

Lisa Cooper, Assistant Director of Nursing, Quality & Safety

**On behalf of Specialised Commissioning
NHS England, Cheshire, Warrington and Wirral Area Team**

May 2014

Healthwatch Wirral would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account for 2013/14

Five Healthwatch Wirral members attended the engagement event held on 14 October 2013 and three attended on 31 March 2014 to discuss the Quality Account for 2013/14.

A sub group of Healthwatch Wirral, who look at Quality Accounts for NHS Trusts, met on 6th May 2014 to compile this response.

Priorities for Improvement

Improving Patient Safety

The Trust should be recognised for the continuation of a revised form of National Health Service Litigation Authority standards and the three main priorities were welcomed. Systems to improve error detection, reporting and the use of the information to improve medication safety were noted.

Improving Patient Experience

Healthwatch Wirral were interested to read about the Transforming Cancer Care programme, the establishment of a non-chemotherapy day case unit at the current centre and the future changes planned for the Trust and will look forward to receiving further updates during the course of the year.

Building on last year's priorities.

Healthwatch Wirral noted that the additional needs service had been successfully implemented and that a clear action plan has been set to further develop the service to meet the special needs of these patients. We were pleased that a Clinical Specialist had been appointed to support dementia patients, people with learning difficulties and those needing interpreter services.

Progress made since publication of the 2012/13 report

Improving Patient Safety

Healthwatch Wirral noted the formation of a Medicines Safety Team which demonstrates an open culture within the Trust.

It was disappointing to read that the incidence of hospital acquired pressure ulcers had increased from 9 in year 2012/13 to 12 in 2013/14. We note the action to improve the quality of healthcare around pressure ulcers on page 24, and wonder whether it would be beneficial to see the initial assessment within the first 2 hours and that patients deemed 'at risk' be reassessed daily. Healthwatch Wirral would be interested to hear how the findings of the re-audit feed into the action plan to address increased incidence.

Healthwatch Wirral agreed that the Radiotherapy Telephone Follow up Service was a good initiative and were pleased to note the very positive patient feedback.

Improving Clinical Effectiveness

Healthwatch Wirral noted the recruitment of the Clinical Specialist, Additional Needs (CSAN), dementia awareness training for staff and the development of a support package for carers.

Reporting against core indicators: Friends and Family Test

The results for the Trust are very encouraging.

Safety Indicators

Healthwatch Wirral noted that the Trust is performing well against these indicators.

Patient Experience

Waiting times – Healthwatch Wirral noted the low score achieved from feedback from patients who were asked if they had to wait. We look forward to hearing the reasons identified for the long waits and the actions the Trust will take to address this issue and meet patient expectations.

Overall the Quality Account was very positive. However, although this is a business document, an Easy Read version would make this more accessible to a wider audience. Healthwatch Wirral were pleased to learn that the Trust had worked with staff and stakeholders to continue to improve the quality of the services provided and that they have scored consistently in the top 20% performing Trusts in both the annual staff and patient Care Quality Commission surveys. It is commendable that the Trust recognises the importance of involving patient in consultations about changes in practices and procedures and obtaining patient feedback and views seems to be high on the Trust's agenda.

Karen Prior

**Healthwatch Wirral Manager
On behalf of Healthwatch Wirral**

Statement from Wirral Metropolitan Borough Council

9th May 2014

Commentary on the draft Quality Account, 2013/14, Clatterbridge Cancer Centre

The Families and Wellbeing Policy and Performance Committee undertakes the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (The Health and Care Performance Panel) to review the draft Quality Accounts received from health partners. Members of the Panel met on 29th April 2014 to consider the draft Quality Account and received a verbal presentation on the document. Members would like to thank Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account 2013/14. Members provide the following comments:

Overview

Members acknowledge the excellent performance of the Trust as measured against the targets for 2013/14. Members are reassured that the Trust achieved the major objectives that they set out last year under the headings of improving patient safety; improving patient experience and improving clinical effectiveness. However, it is interesting to note that the Quality Account makes very little reference to the Trust's response to the Francis report. Council Members look forward to working in partnership with the Trust during the forthcoming year and would welcome the opportunity to receive regular updates regarding progress towards achieving next year's objectives.

Part 2.1: Priorities for Improvement

Patient experience

Post radiotherapy follow up

During 2013/14, the Trust introduced post-radiotherapy follow-up by telephone to enable patients to access the correct advice and sign-posting to aftercare. It is noted that the feedback from the service has been extremely positive with 91% of respondents scoring 4 or 5 out of 5 for the usefulness of the service. The Trust is commended for this programme and Members welcome the expansion of the service.

Improving Clinical effectiveness

Additional needs service

Since the end of 2013, the Clinical Specialist, Additional Needs (CSAN) has been in post. The role has strengthened the support available, in particular, to patients with dementia and learning disabilities. Members welcome this initiative to address the wide range of needs experienced by the most vulnerable patients, advancing equitable access to cancer services. The intention to develop Dementia Champions in all areas across the Trust is also viewed as a positive development.

Part 2.3 Reporting against core indicators

Friends and Family Test

Members recognise the very positive results of the Friends and Family Test for the first six months of the year (April 2013 to September 2013) although it would have been beneficial for the remaining half-year results to be included too.

Patient Experience indicators

Although the Trust achieved 97% of respondents agreeing that they had always been treated with courtesy and respect, it was disappointing to note that that only 27% of respondents reported that they never had to wait.

I hope that these comments are useful



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

Professor Steven Broomhead
Chief Executive

Private Address: 27 Dove Close
Birchwood
Warrington
WA3 6QH

E-mail: thiggins@warrington.gov.uk

Tel No: 01925 825094

Mobile No: 07768 177590

Members' Suite
West Annexe
Town Hall
Warrington
WA1 1UH

Our Ref: CCC/JJ

Date: 19 May 2014

Helen Porter
Director of Nursing and Quality
The Clatterbridge Cancer Centre NHS Foundation Trust
Clatterbridge Road
Bebington
Wirral
CH63 4JY

Dear Helen

**CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST –
QUALITY ACCOUNT 2013/14**

I am writing as Chair of Warrington's Scrutiny Committee in respect of your Annual Quality Account 2013/14 and wish to thank you for the opportunity to comment on the draft report. I should be grateful if you would include the following statement in your final document:-

"On behalf of Warrington Borough Council's Scrutiny Committee I have considered Clatterbridge Cancer Centre NHS Foundation Trust's Annual Quality Account 2013/14. The Committee is very pleased to hear about the Trust's achievements in 2013/14 and its priorities for the future in respect of quality and safety.

The Committee notes that the Trust's three top level priorities for quality improvement in 2013/14 were delivered, including:-

- medicines safety;
- post radiotherapy follow-up; and
- additional needs services.

The Committee is pleased to note a number of examples of good practice and performance by the Trust highlighted in the Quality Account, including:-

- quality dealt with as a key item at each Board meeting;
- close working with the Council of Governors to shape and monitor progress on quality issues;
- all mandated waiting times targets met;
- robust procedures for monitoring and reducing infections from MRSA and C.difficile and all targets met;
- a high level of satisfaction in staff and patient surveys;
- 100% participation in relevant national clinical audits and confidential inquiries, demonstrating a culture of learning and improvement;
- meeting all the standards required by CQC, as evidenced during a routine inspection;
- consistent performance above target levels against a range of National Core Quality indicators and local indicators.

The Committee agrees with the Trust's selection of priorities for 2014/15, comprising:-

- *patient safety* – implement and fully embed the Clatterbridge Cancer Centre Quality Risk Standards;
- *improving patient experience* – establishment of non-chemotherapy day care unit;
- *improving clinical effectiveness* – develop an action plan for 7 day working ensuring compliance with the Keogh clinical standards.

The Committee is pleased to see that further work will also take place to build on the previous year's priorities.

The Committee is happy to note that Clatterbridge has continued to engage with stakeholders, including Local Healthwatch and Overview and Scrutiny Committees across its wide footprint, at dedicated engagement events.

On 28 January 2014, the Warrington's Scrutiny Committee received a report on the outcome of a pre-consultation on the review of cancer care across the region commissioned by the Merseyside and Cheshire Cancer Network (MCCN). The Committee acknowledges that improvement opportunities should arise from the proposed development of a new comprehensive cancer care centre in Liverpool. The Committee looks forward to participating in a formal consultation about the proposals along with other authorities across the Cheshire and Merseyside region."

I hope that these comments are useful.

Yours sincerely

Anthony Higgins

Councillor Tony Higgins
Representing Fairfield & Howley Ward



If you have difficulty making contact with your Councillor please ring 01925 442112 or email jjoinson@warrington.gov.uk



www.warrington.gov.uk



SEFTON OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE) -
MONDAY 12TH MAY, 2014

74. THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

The Committee received a presentation from Helen Porter, Director of Nursing and Quality, The Clatterbridge Cancer Centre, on the Trust's draft Quality Account for 2013/14, and the work of the Trust in general.

The presentation outlined information on the following:-

Statement of Quality:

Vision: To provide the best cancer care to the people served.

Mission: To improve health and well being through compassionate, safe and effective cancer care.

Progress Made:-

Improving Patient Safety:

- Medicines safety; and
- Safety thermometer.

Improving Patient Experience:

- Post radiotherapy follow-up; and
- Harm free care.

Improving Clinical Effectiveness:

- Additional needs service; and
- Acute assessment unit.

Priorities for Improvement:-

Improving Patient Safety:

- Medicines safety service; and
- Quality and risk management standards.

Improving Patient Experience:

- Post radiotherapy follow-up; and
- Non chemotherapy day-case unit.

Improving Clinical Effectiveness:

- Additional needs service; and
- Seven day working action plan.

Statements of Assurance from the Board:

- Second highest Trust for patient experience;
- High performer in the staff friends and family test;
- Highest performing Trust for venous thromboembolism; and

- High incident reporting but low resultant harm.

Reporting Against Core Indicators:-

Friends and Family Test - Good response rate and overall high score.

Overview of the Quality of Care Offered by the Clatterbridge Cancer Centre (CCC):-

- Safety Indicators:
 - No severe harm or death;
- Patient Experience Indicators;
 - Gradual improvement in waiting times following investment in radiotherapy;
 - Overall positive;
- Clinical effectiveness indicators; and
 - Awaiting mortality figures.

Performance Against Risk Assessment Framework:-

- Positive performance against infection control indicators; and
- Anticipated positive performance against waiting times thresholds.

Members of the Committee considered the presentation to be very comprehensive and enquired as to when the Trust would be formally consulting on its proposals, including the development of a comprehensive cancer centre for Cheshire and Merseyside at a site adjacent to the Royal Liverpool University Hospital, for inpatient services.

Ms. Porter indicated that she anticipated consultation to commence imminently.

RESOLVED:

That the presentation and the draft Quality Account for 2013/14 from The Clatterbridge Cancer Centre NHS Foundation Trust be received.

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.

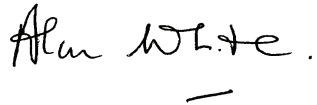
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- 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 2013 to June 2014
 - Papers relating to Quality reported to the Board over the period April 2013 to June 2014
 - Feedback from the commissioners dated May 2014
 - Feedback from governors dated 24.3.14
 - Feedback from Local Healthwatch organisations dated 15.5.14
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31.3.14
 - The National Patient Survey 2013
 - The National Staff Survey 2013
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2014
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhs.ft.gov.uk/annualreporting manual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Handwritten signature of Alan White in black ink, consisting of the name 'Alan White' followed by a period and a horizontal line underneath.

Signed

Alan White
Chairman

Date: 28th May 2014

Handwritten signature of Andrew Cannell in black ink, consisting of the name 'Andrew Cannell' in a cursive style.

Signed

Andrew Cannell
Chief Executive

Date: 28th May 2014

Annex 3

Independent Auditor'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 2014 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of those national priority indicators mandated by Monitor:

- C. difficile; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and Auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's *2013/14 Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to May 2014
- Papers relating to quality reported to the Board over the period April 2013 to May 2014;
- Feedback from the Commissioners dated May 2014;

- Feedback from local Healthwatch organisations dated 15 May 2014;
- The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31 March 2014;
- The 2013 national patient survey;
- The 2013 national staff survey;
- Care Quality Commission quality and risk profiles for the year 2013/14; and
- The Head of Internal Audit’s annual opinion over the trust’s control environment dated March 2014

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust as a body, 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 Trust’s Annual Report for the year ended 31 March 2014, 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 save 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
- 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* to the categories reported in the Quality Report
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact 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*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by The Clatterbridge Cancer Centre NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified above, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

Grant Thornton UK LLP
4 Hardman Square
Spinningfields
MANCHESTER
M3 3EB

28 May 2014

Acronyms

ACCU	Ambulatory Cancer Care Unit
C Diff	Clostridium Difficile
CINV	Chemotherapy induced nausea and vomiting
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAHNO	National Head and Neck Cancer Audit
HSMR	Hospital Standardised Mortality Rate
LUCADA	National Lung Cancer Audit
MHRA	Medicines and Healthcare Products Regulatory Agency
MRSA	Meticillin Resistant Staphylococcus Aureas
NCAT	National Cancer Action Team
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiries into Patient Outcome and Death
NHSLA	NHS Litigation Authority
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
OSC	Overview and Scrutiny Committee
PLACE	Patient Led Assessment of the Care Environment
SHMI	Summary Hospital Mortality Indicator



Annual Accounts

2013/14

For the 12 months ended 31st March 2014

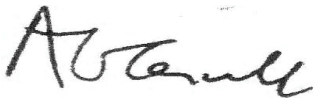
Contents

	Page
Foreword to the Accounts	137
Statement of the Chief Executive's responsibilities as the accounting officer of The Clatterbridge Cancer Centre NHS Foundation Trust.	138
Independent Auditors' Report to the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust	140
Statement of Comprehensive Income	142
Statement of Financial Position	143
Statement of Changes in Taxpayers Equity	144
Statement of Cash Flows	145
Accounting Policies	146
Notes to the Accounts	161

FOREWORD TO THE ACCOUNTS

THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

The group accounts for the 12 months ended 31 March 2014, have been prepared by The Clatterbridge Cancer Centre NHS Foundation Trust are in line with IAS1 paragraph 51 and in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Services Act 2006 in the form which Monitor has, with the approval of the Treasury directed.



Signed.....

Date 28th May 2014

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.

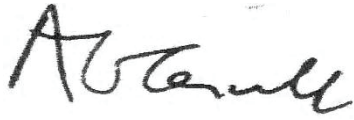
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS foundation trust Financial Reporting Manual and in particular to:

- 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

A handwritten signature in black ink, appearing to read 'A Cannell', written over a faint circular stamp.

Andrew Cannell
Chief Executive

Date: 28th May 2014

Independent auditor's report to the Council of Governors and Board of Directors of The Clatterbridge Cancer Centre NHS Foundation Trust

We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust ('the Trust') for the year ended 31 March 2014 which comprise the group and Trust statement of comprehensive income, the group and Trust statement of financial position, the group and Trust statement of cash flow, the statement of changes in taxpayers' equity and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the table of pay multiples and related narrative notes.

This report is made solely to the Council of Governors and Board of Directors of The Clatterbridge Cancer Centre NHS Foundation Trust, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Governors and Directors 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, the Trust's Governors as a body and the Trust's Board of Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of accounting officer and auditor

As explained more fully in the Chief Executive's Statement, the Chief Executive as Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

The Accounting Officer is responsible for the maintenance and integrity of the corporate and financial information on the Trust's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements and other information included in annual reports may differ from legislation in other jurisdictions.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts issued by Monitor, and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

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 Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially

inconsistent with the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the financial position of the group and The Clatterbridge Cancer Centre NHS Foundation Trust as at 31 March 2014 and of the group and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual and the directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the part of the Remuneration Report subject to audit has been properly prepared in accordance with paragraph 25 of Schedule 7 of the National Health Service Act 2006 and the NHS Foundation Trust Annual Reporting Manual 2013-14 issued by Monitor
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with information of which we are aware from our audit
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources
- the Trust's Quality Report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual or is inconsistent with other sources of evidence.

Certificate

We certify that we have completed the audit of the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Jackie Bellard
for and on behalf of Grant Thornton UK LLP
4 Hardman Square
Spinningfields
MANCHESTER
M3 3EB

28 May 2014

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
2013/14

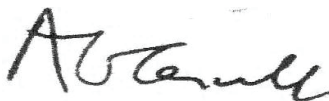
	NOTE	Group		Trust	
		2013/14 £000	2012/13 £000	2013/14 £000	2012/13 £000
Income from patient care activities		90,995	75,806	90,995	75,806
Other operating income		6,885	8,499	5,804	7,643
Operating Income from continuing operations	2	97,880	84,305	96,799	83,449
Operating Expenses from continuing operations	3	(88,521)	(79,345)	(88,093)	(78,687)
OPERATING SURPLUS / (DEFICIT)		9,359	4,960	8,706	4,762
Finance costs					
Finance income	5	232	280	203	249
Finance expense - financial liabilities	6.1	(191)	(207)	(191)	(207)
PDC Dividends payable		1	(431)	1	(431)
Net Finance costs		42	(358)	13	(389)
Share of Profit/(Loss) of Associates accounted for using the equity method	8	(227)	(50)	(227)	(50)
Corporation Tax		(60)	0	0	0
Surplus / (deficit) from continuing operations		9,114	4,552	8,492	4,323
Other Comprehensive Income:					
Impairments		0	(1,758)	0	(1,758)
Revaluations		0	97	0	97
FV gains/(losses) on AFS financial assets		55	99	0	0
Total other comprehensive income/(expenditure) for the year		55	(1,562)	0	(1,661)
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		9,169	2,990	8,492	2,662

The notes on pages 161 to 180 form part of these accounts.

The results of the group are attributable to the parent.

**STATEMENT OF FINANCIAL POSITION AS AT
31 MARCH 2014**

	NOTE	Group			Trust		
		31 March 2014 £000	31 March 2013 £000	1 April 2012 £000	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000
Non-current assets							
Property, plant and equipment	7.1	46,661	44,301	43,387	46,661	44,301	43,387
Investments in associates	8	323	550	0	323	550	0
Other investments		1,050	1,003	909	0	0	0
Total non-current assets		48,034	45,854	44,296	46,984	44,851	43,387
Current Assets							
Inventories	9.1	1,293	1,185	718	876	1,185	718
Trade and other receivables	10.1	5,643	3,416	5,419	5,437	3,293	5,372
Cash and cash equivalents	18	63,709	52,343	25,134	62,110	51,305	24,154
Total current assets		70,644	56,944	31,271	68,424	55,783	30,244
Current liabilities							
Trade and other payables	11	(10,337)	(11,759)	(8,363)	(9,799)	(11,589)	(8,093)
Borrowings	13	(313)	(371)	(371)	(313)	(371)	(371)
Provisions	16	(517)	(133)	(533)	(517)	(133)	(533)
Other liabilities	12	(3,155)	(2,722)	(2,904)	(3,155)	(2,722)	(2,904)
Corporation tax	11	(60)	0	0	0	0	0
Total current liabilities		(14,382)	(14,985)	(12,171)	(13,783)	(14,815)	(11,901)
Total assets less current liabilities		104,296	87,813	63,396	101,625	85,819	61,730
Non-current liabilities							
Borrowings	13	(3,756)	(4,069)	(4,440)	(3,756)	(4,069)	(4,440)
Other liabilities	12	(32,554)	(24,927)	(3,129)	(32,554)	(24,927)	(3,129)
Total non-current liabilities		(36,310)	(28,996)	(7,569)	(36,310)	(28,996)	(7,569)
Total assets employed		67,986	58,817	55,827	65,315	56,823	54,161
Financed by taxpayers' equity							
Public Dividend Capital		21,245	21,245	21,245	21,245	21,245	21,245
Revaluation reserve	17.1	4,005	4,180	6,036	4,005	4,180	6,036
Income and expenditure reserve		40,065	31,398	26,880	40,065	31,398	26,880
Financed by others' equity							
Charitable fund reserves	17.2	2,465	1,994	1,666	0	0	0
Pharmacy subsidiary reserves		206	0	0	0	0	0
Total taxpayers' and others' equity		67,986	58,817	55,827	65,315	56,823	54,161



Signed: Chief Executive

Date: 28/05/2014

STATEMENT OF CHANGES IN EQUITY

	Others' Equity		Taxpayers' Equity		Income & Expenditure Reserve	£000
	Charitable Funds & Pharmacy	Public Dividend Capital	Revaluation Reserve	Income & Expenditure Reserve		
	£000	£000	£000	£000	£000	£000
Equity at 1 April 2013	58,817	1,994	21,245	4,180	31,398	
Surplus/(deficit) for the year	9,114	622	0	0	8,492	
Transfers between reserves	0	0	0	(175)	175	
Impairments	0	0	0	0	0	
Revaluations - property, plant and equipment	0	0	0	0	0	
Fair Value gains/(losses) on Available-for-sale financial	55	55	0	0	0	
Equity at 31 March 2014	67,986	2,671	21,245	4,005	40,065	
Equity at 1 April 2012 - as previously stated	54,161	0	21,245	6,036	26,880	
Prior period adjustment	1,666	1,666	0	0	0	
Equity at 1 April 2012 - restated	55,827	1,666	21,245	6,036	26,880	
Surplus/(deficit) for the year	4,552	229	0	0	4,323	
Transfers between reserves	0	0	0	(195)	195	
Impairments	(1,758)	0	0	(1,758)	0	
Revaluations - property, plant and equipment	97	0	0	97	0	
Fair Value gains/(losses) on Available-for-sale financial	99	99	0	0	0	
Equity at 31 March 2013	58,817	1,994	21,245	4,180	31,398	

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 2013/14

Prepared using the indirect method

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Cash flows from operating activities				
Operating surplus/(deficit)	9,359	4,960	8,706	4,762
Non-cash income and expense				
Depreciation and amortisation	2,620	2,569	2,620	2,569
Impairments	370	894	370	894
(Gain)/Loss on disposal	0	80	0	80
Dividends accrued and not paid or received	0	(7)	0	(7)
(Increase)/Decrease in Trade and Other Receivables	(2,361)	2,079	(2,286)	2,079
(Increase)/Decrease in Inventories	(108)	(467)	309	(467)
Increase/(Decrease) in Trade and Other Payables	(1,082)	3,496	(1,615)	3,496
Increase/(Decrease) in Other Liabilities	8,060	21,616	8,060	21,616
Increase/(Decrease) in Provisions	384	(400)	384	(400)
Tax paid/received	0	0	0	0
NHS Charitable Funds	(159)	(176)	0	0
Net cash generated from/(used in) operations	17,085	34,644	16,547	34,622
Cash flow from investing activities				
Interest received	203	249	203	249
Purchase of Property, Plant and Equipment	(5,525)	(6,118)	(5,525)	(6,118)
Cash from acquisitions of business units and subsidiaries	0	(600)	0	(600)
NHS Charitable Funds	23	36	0	0
Net cash generated from/(used in) investing activities	(5,299)	(6,433)	(5,322)	(6,469)
Cash flows from financing activities				
Public dividend capital repaid	0	0	0	0
Loans repaid to the Foundation Trust Financing Facility	(250)	(250)	(250)	(250)
Capital element of finance lease rental payments	(121)	(121)	(121)	(121)
Other capital receipts	48	0	48	0
Interest paid	(186)	(197)	(186)	(197)
Interest element of finance lease	(5)	(10)	(5)	(10)
PDC Dividend paid	95	(424)	95	(424)
Cash flows from (used in) other financing activities	(1)	0	(1)	0
Net cash generated from/(used in) financing activities	(419)	(1,002)	(420)	(1,002)
Increase/(decrease) in cash and cash equivalents	11,366	27,209	10,805	27,151
Cash and cash equivalents at 1 April	52,343	25,134	51,305	24,154
Cash and cash equivalents at 31 March	63,709	52,343	62,110	51,305

1. Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (*FT ARM*) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2013/14 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. The policies apply to the Group, not only the foundation trust.

These accounts are prepared on a going concern basis because management have assessed that this trust will remain as a going concern for the foreseeable future.

Accounting convention

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

Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Annual leave accrual

The annual leave accrual is calculated using information provided by managers regarding outstanding annual leave as at 31st March 2014. Further information is shown in note 1.3.

Provisions

Provisions held within the Statement of Financial Position contain estimates for future contractual liabilities.

Clinical negligence costs

The Trust's accounting policy for provisions is described in section 1.11 of the accounting policies and in note 22 of the accounts.

Assessment of leases

Leases are assessed under IFRS as being operating or finance leases, which determines their accounting treatment. The criteria for assessment are to a certain extent subjective, but a consistent approach has been taken through use of a standard template which sets out the relevant criteria. Further information is in section 1.10 of the accounting policies.

Estimation of remaining economic lives of assets

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

Impairment review

An annual impairment review is carried out using a professional valuer to determine non-current asset values. Further information on impairments is in section 1.5 of the accounting policies.

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 will be consolidated. Due to this causing a retrospective change to accounting policies, this year the accounts will also show re-stated balances as at 1 April 2012.

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 is not required to prepare a set of accounts until 2014/15 but the figures to be consolidated for the three months this year have been subject to audit as part of the audit of the group financial statements.

Associates

The Group has an associate, the Clatterbridge Clinic, which was established last financial year 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.

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

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual

leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for The Clatterbridge Cancer Centre NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

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

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

1.4 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.

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.

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 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 with are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised costs.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available for sale financial assets

The Charitable Funds has an investment portfolio managed by Investec. The investment manager is able to buy and sell assets on behalf of the Charity although there are certain restrictions set by the Trustees of the Charitable Funds. As the investment manager can buy and sell charitable assets, they are considered to be 'assets available for sale' and, as such, their market value is reported in the Statement of Financial Position with in-year gains and losses reported as 'other comprehensive income' on the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are the full value of cash in the Statement of Financial Position, and are determined from quoted market prices/independent appraisal/discounted cash flow analysis.

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 an allowance account/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.

1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

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

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by The Clatterbridge Cancer Centre NHS Foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of The Clatterbridge Cancer Centre NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net

assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.14 Value Added Tax

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

1.15 Corporation Tax

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

1.16 Foreign exchange

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

1.17 Third party assets

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

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are changed to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

1.19 Accounting standards issued not yet adopted

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2013-14. The application of the Standards as revised would not have a material impact on the accounts for 2013-14, were they applied in that year:

IAS17 Leases - subject to consultation
IAS18 Revenue Recognition - subject to consultation
IFRS 10 Consolidated Financial Statements - subject to consultation
IFRS 11 Joint Arrangements - subject to consultation
IFRS 12 Disclosure of Interests in Other Entities - subject to consultation
IFRS 13 Fair Value Measurement - subject to consultation”

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	
	2013/14 £000	2012/13 £000	2013/14 £000	2012/13 £000
Elective income	3,020	3,422	3,020	3,422
Non-elective income	2,926	3,552	2,926	3,552
Outpatient income	10,713	9,795	10,713	9,795
Other NHS clinical income*	70,080	55,886	70,080	55,886
NHS Income from Activities	86,739	72,655	86,739	72,655
Private patients	1,416	479	1,416	479
North Wales	2,394	2,270	2,394	2,270
Rest of Wales	129	136	129	136
Scotland	245	202	245	202
Other non-protected clinical income	72	64	72	64
Total income from activities	90,995	75,806	90,995	75,806

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	
	2013/14 £000	2012/13 £000	2013/14 £000	2012/13 £000
Income from activities for Commissioner Requested Services	89,507	75,263	89,507	75,263
Other income from activities	1,488	543	1,488	543
Total income from activities	90,995	75,806	90,995	75,806

2.2 Income from patient care activities

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
NHS Foundation Trusts	377	682	377	682
NHS Trusts	6	0	6	0
CCGs and NHS England	86,023	0	86,023	0
Primary Care Trusts	0	71,973	0	71,973
NHS - Other	2,753	0	2,753	0
Non NHS Private patients	1,416	479	1,416	479
Non NHS: Other	419	2,672	419	2,672
Total income from activities	90,995	75,806	90,995	75,806

2.3 Other Operating Income

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Research and Development	1,981	2,066	1,981	2,066
Education and Training	1,245	1,392	1,245	1,392
Non-patient care services to other bodies	36	0	36	0
Donated assets received	0	344	0	344
Other	1,631	3,362	1,993	3,841
Income in respect of staff costs where accounted on gross basis	550	0	550	0
NHS Charitable Funds: Incoming Resources excluding investment income	1,443	1,335	0	0
Total	6,885	8,499	5,804	7,643

The variances are due to reclassification in the current year.

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014

3. Operating Expenses

3.1 Operating expenses comprise:

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Services from NHS Foundation Trusts	5,492	5,926	5,492	5,926
Services from NHS Trusts	2,422	2,266	2,422	2,266
Services from PCTs	0	113	0	113
Services from CCGs and NHS England	521	0	521	0
Purchase of healthcare from non NHS bodies	50	28	50	28
Executive Directors' costs	519	511	519	511
Non Executive Directors' costs	121	119	121	119
Staff costs	36,611	32,892	36,073	32,892
Supplies and services - clinical (excluding drug costs)	3,042	2,892	3,508	2,892
Supplies and services - general	1,129	432	1,129	432
Establishment	1,192	1,151	1,192	1,151
Research and development	23	0	23	0
Transport	169	74	169	74
Premises	2,956	3,693	2,956	3,693
Increase / (decrease) in provision for impairment of receivables	204	(88)	204	(88)
Drug costs (non inventory drugs only)	264	366	264	366
Drugs Inventories consumed	27,805	22,707	27,805	22,707
Rentals under operating leases - minimum lease payments	834	890	834	890
Depreciation on property, plant and equipment	2,620	2,569	2,620	2,569
Impairments of property, plant & equipment	370	894	370	894
Audit services- statutory audit	58	63	58	63
Other auditor remuneration	4	143	0	134
Clinical negligence	104	140	104	140
Loss on disposal of other property, plant and equipment	0	80	0	80
Legal fees	237	66	237	66
Consultancy costs	683	147	683	147
Training, courses and conferences	283	206	283	206
Patients travel	87	126	87	126
Car parking & Security	5	9	5	9
Redundancy	20	0	20	0
Hospitality	10	10	10	10
Insurance	126	100	126	100
Other services	0	102	0	102
Losses, ex gratia & special payments	11	4	11	4
Other	324	396	197	396
NHS Charitable funds: Other resources expended	224	318	0	0
	88,521	79,345	88,093	79,018

3.2 Arrangements containing an operating lease

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Future minimum lease payments due:				
Not later than one year	829	690	829	690
Later than one year and not later than five years	369	921	369	921
Later than five years	8,775	8,850	8,775	8,850
	9,973	10,461	9,973	10,461

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

3.3 Remuneration Report (subject to audit)

Salary and Allowances

Name and title	2013/14				2012/13							
	Salary and Fees (bands of £5,000) £000	Taxable Benefits (bands of £100) £00	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	Increase in Pension Related Benefits (bands of £2,500) £000	Total £000	Salary and Fees (bands of £5,000) £000	Taxable Benefits (bands of £100) £000	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	Increase in Pension Related Benefits (bands of £2,500) £000	Total £000
Executive Directors												
A Cannel - Chief Executive	120-125	0	0	0	22.5-25	140-145	115-120	0	0	0	(0-2.5)	115-120
Y Bottomley - Deputy Chief Executive/Finance Director	100-105	0	0	0	32.5-35	135-140	100-105	0	0	0	37.5-40	140-145
H Porter - Director of Nursing & Quality	90-95	0	0	0	17.5-20	110-115	90-95	0	0	0	(10-12.5)	80-85
N Thorp - Acting Medical Director (from 01.04.12 to 24.10.12)	0	0	0	0	0	0	70-75	0	0	0	27.5-30	95-100
P Kirkbride - Medical Director	165-170	0	0	0	47.5-50	210-215	70-75	0	0	0	67.5-70	135-140
R.Smith - Director of Operations	90-95	0	0	0	32.5-35	125-130	90-95	0	0	0	40-42.5	130-135
Non Executive Directors												
A White - Chairman	40-45	0	0	0	0	40-45	40-45	0	0	0	0	40-45
G Morris - Non Executive Director (Left board 30.11.12)	0	0	0	0	0	0	10-15	0	0	0	0	10-15
G. Black - Non Executive Director	15-20	0	0	0	0	15-20	5-10	0	0	0	0	15-20
L Martin - Non Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
J Burns - Non Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
J Kingsland - Non Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
A.Hastings - Non Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Banded remuneration of the highest paid director and the ratio between this and the median remuneration of the Trusts staff												
Band of the Highest Paid Directors Total	165-170						115-120					
Median Total Remuneration	28,755						29,518					
Ratio	5.83						3.98					

The Trust are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust's workforce. In the financial year 2013/14 the highest paid director was in the banding £165-£170k. This was 5.83 times the median remuneration of the workforce.

The aggregate amount of remuneration and other benefits received by Directors during the financial year was £641,063. There is no performance related pay or bonuses paid to Directors.

Employer contributions to a pension scheme in respect of Directors was £151,637.

Expenses	2013-14	2012-13
Total number of directors in office	11	13
Number of directors receiving expenses	11	8
Aggregate sum of expenses paid to directors	70	76

- 1) All Board members are appointed by the Board on permanent contracts.
- 2) All non Executive Board members are appointed by the Council of Governors for an initial period of 3 years which is renewable subject to satisfactory performance.
- 3) There have been no changes to the board since 1st April 2013.

There were three off-payroll engagements in place during 2013-14, all of which were below the £220 per day threshold so no further disclosure is required.

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 2014 (bands of £5,000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2014 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension (rounded to nearest £00)
A Cannell - Chief Executive	0-2.5	2.5-5	40-45	130-135	824	767	40	0
Y Bottomley - Director of Finance	0-2.5	0-2.5	5-10	0-5	86	83	1	0
H Porter - Director of Nursing & Quality	0-2.5	0-2.5	35-40	105-110	667	621	33	0
R.Smith - Director of Operations	0-2.5	2.5-5	25-30	80-85	455	408	37	0
P Kirkbride - Medical Director	0-2.5	5-7.5	45-50	135-140	1,010	916	74	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.

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.

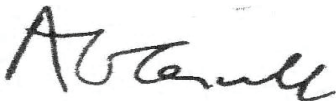
The Chief Executive and Executive Directors are employed under permanent contracts of employment and (apart from the Medical Director) they have been recruited under national advertisements. The position of Medical Director is an internal appointment open to competition between senior medical staff.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

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

Name	First Appointed	To	Extended To
Alan White	23.08.1999	30.11.2002	31.7.2015
Gil Black	01.12.2012	30.11.2015	
Louise Martin	01.04.2001	31.03.2005	31.7.2014
Jan Burns	01.02.2011	31.01.2014	31.1.2017
James Kingsland	01.02.2011	31.01.2014	31.1.2017
Alison Hastings	01.01.2012	31.12.2014	

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 28/05/2014

4.1 Staff costs

	Group		Trust	
	2013/14 £000	2012/13 £000	2013/14 £000	2012/13 £000
Salaries and wages	29,970	27,171	29,934	27,171
Social Security costs	2,376	2,166	2,376	2,166
Employer contributions to NHS Pension scheme	3,471	3,132	3,471	3,132
Agency and contract staff	831	603	831	603
NHS Charitable funds staff	502	331	502	331
Employee benefits expense	37,150	33,403	37,114	33,403

All employer pension contributions in 2013/14 were paid to the NHS Pensions Agency.

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

4.2 Average number of WTE persons employed

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
Medical and dental	84	74	84	74
Administration and estates	277	255	276	255
Healthcare assistants & other support staff	71	67	71	67
Nursing, midwifery & health visiting staff	160	146	160	146
Scientific, therapeutic and technical staff	223	215	223	215
Social care staff	0	1	0	1
Agency and contract staff	17	17	17	17
	832	775	831	775

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 £16k in 2013/14 (2012/13 - one retirement at an additional cost of £53k). This information has been supplied by the NHS Pensions Agency.

**The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014**

5. Finance Income

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Interest on cash deposits	203	249	203	249
NHS Charitable funds: investment income	29	31	-	-
	232	280	203	249

6.1 Finance Costs - Interest expense

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Loans from the Foundation Trust Financing Facility	186	197	186	197
Finance leases	5	10	5	10
	191	207	191	207

6.2 Impairment of assets (PPE)

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Other	370	2,652	370	2,652
	370	2,652	370	2,652

6.3 Better Payment Practice Code

Better Payment Practice Code - measure of compliance

	Trust			
	2013/14		2012/13	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	8,351	28,845	7,831	23,595
Total Non NHS trade invoices paid within target	7,330	25,876	6,786	20,948
Percentage of Non-NHS trade invoices paid within target	87.8%	89.7%	86.7%	88.8%
Total NHS trade invoices paid in the year	1,294	26,939	1,305	26,004
Total NHS trade invoices paid within target	958	20,614	1,017	22,494
Percentage of NHS trade invoices paid within target	74.0%	76.5%	77.9%	86.5%

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

The Trust recognises that performance against the code requires improvement and measures are being taken to improve performance in 2014/15.

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 2013/14 or 2012/13.

7.1 Property, plant and equipment 2013/14

	Group / Trust							TOTAL
	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	
	£000	£000	£000	£000	£000	£000	£000	£000
Cost / valuation at 1 April 2013	464	33,019	93	31,215	61	3,351	247	68,450
Additions – purchased	0	1,755	0	3,282	0	313	0	5,350
Additions – donated	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	11	(93)	3	0	79	0	(0)
Revaluations	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
Cost / valuation at 31 March 2014	464	34,785	0	34,499	61	3,744	247	73,800
Accumulated depreciation at 1 April 2013	0	0	0	21,213	36	2,872	28	24,149
Provided during the year	0	602	0	1,825	12	149	33	2,620
Impairments	0	370	0	0	0	0	0	370
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
Accumulated depreciation at 31 March 2014	0	972	0	23,038	48	3,021	61	27,139
Net book value at 31 March 2013								
Purchased	464	30,356	93	7,194	0	479	219	38,805
Finance Lease	0	128	0	0	0	0	0	128
Donated	0	2,535	0	2,808	25	0	0	5,368
Total at 31 March 2013	464	33,019	93	10,002	25	479	219	44,301
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

7.2 Property, plant and equipment 2012/13

	Group / Trust							TOTAL
	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	
	£000	£000	£000	£000	£000	£000	£000	£000
Cost / valuation at 1 April 2012	464	34,561	55	28,495	48	3,351	76	67,050
Additions – purchased	0	2,950	93	2,560	0	0	171	5,774
Additions – donated	0	48	0	283	13	0	0	344
Impairments	0	(1,758)	0	0	0	0	0	(1,758)
Reclassifications	0	55	(55)	0	0	0	0	0
Revaluations	0	(2,837)	0	0	0	0	0	(2,837)
Disposals	0	0	0	(123)	0	0	0	(123)
Cost / valuation at 31 March 2013	464	33,019	93	31,215	61	3,351	247	68,450
Accumulated depreciation at 1 April 2012	0	1,342	0	19,562	23	2,723	13	23,663
Provided during the year	0	698	0	1,694	13	149	15	2,569
Impairments	0	894	0	0	0	0	0	894
Reclassifications	0	0	0	0	0	0	0	0
Revaluations	0	(2,934)	0	0	0	0	0	(2,934)
Disposals	0	0	0	(43)	0	0	0	(43)
Accumulated depreciation at 31 March 2013	0	0	0	21,213	36	2,872	28	24,149
Net book value at 31 March 2012								
Purchased	464	30,405	55	6,068	0	628	63	37,683
Finance Lease	0	325	0	0	0	0	0	325
Donated	0	2,489	0	2,865	25	0	0	5,379
Total at 31 March 2012	464	33,219	55	8,933	25	628	63	43,387
Net book value at 31 March 2013								
Purchased	464	30,356	93	7,194	0	479	219	38,805
Finance Lease	0	128	0	0	0	0	0	128
Donated	0	2,535	0	2,808	25	0	0	5,368
Total at 31 March 2013	464	33,019	93	10,002	25	479	219	44,301

7.3 Assets for commissioner requested services

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

7.4 Economic life of Property, Plant and equipment

	Minimum Years	Maximum Years
Land	Infinite	Infinite
Buildings excluding dwellings	5	86
Assets under Construction	0	0
Plant & Machinery	1	15
Transport Equipment	1	7
Information Technology	3	4
Furniture & Fittings	3	10

There have been no significant changes in useful lives or estimation methods from the previous period.

7.5 Property Valuations:

An interim valuation of all the Trust's property was undertaken in 2012/13, by a professional valuer, DTZ, on the Modern Equivalent Asset basis. A full valuation is due to take place in 2014/15. Further details of the valuation approach are included under note 1.5 (Accounting policies).

A valuation was undertaken in 2013/14 of the major capital schemes that took place during the year.

8. Investments in associates

	Group / Trust		
	Investments in associates	Investments in associates	Investments in associates
	2013/14 £000	2012/13 £000	2011/12 £000
Carrying value at 01 April	550	0	0
Acquisitions in year - other	0	600	0
Share of profit/(loss)	(227)	(50)	0
Carrying value at 31 March	323	550	0

The Trust has in partnership with Mater Private, established a limited liability partnership, The Clatterbridge Clinic LLP, to provide a service for private patients. The Trust owns 49% of the partnership and therefore from an accounting perspective does not have dominant influence over the clinic and it is not considered a subsidiary company.

9.1 Inventories

	Group			Trust		
	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000
Drugs	1,293	1,185	718	876	1,185	718
Total	1,293	1,185	718	876	1,185	718

9.2 Inventories recognised in expenses

The value of inventories recognised in expenses was £27.805m (2012-13 £22.707m).

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014

10.1 Trade and other receivables

	Group			Trust		
	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000
NHS Receivables - Revenue	1,418	1,162	2,689	1,418	1,162	2,689
Receivables due from NHS charities – Capital	0	48	0	0	48	0
Other receivables with related parties - Revenue	361	44	350	361	44	350
Provision for impaired receivables	(322)	(118)	(208)	(322)	(118)	(208)
Prepayments	1,573	1,217	1,369	1,572	1,217	1,369
Other accrued income	1,388	180	206	1,388	180	206
PDC dividend receivable	0	94	101	0	94	101
VAT receivable	476	166	204	228	166	204
Other receivables - Revenue	619	500	661	793	500	661
NHS Charitable funds: Trade and other receivables	131	123	47	0	0	0
Total current trade and other receivables	5,643	3,416	5,419	5,437	3,293	5,372

The variances are due to reclassification in the current year.

10.2 Provision for impairment of receivables

	Group / Trust	
	2013/14 £000	2012/13 £000
Balance at 1 April	118	208
Increase in provision	321	101
Amounts utilised	0	(2)
Unused amounts reversed	(116)	(189)
Balance at 31 March	322	118

10.3 Analysis of impaired receivables

	Group / Trust	
	2013/14 £000	2012/13 £000
Ageing of impaired receivables		
0 - 30 days	0	0
30 - 60 Days	0	0
60 - 90 days	72	19
90 - 180 days	126	59
over 180 days	124	40
Total	322	118

Ageing of non-impaired receivables

0 - 30 days	1,948	524
30 - 60 Days	227	64
60 - 90 days	0	0
90 - 180 days	22	0
over 180 days	20	0
Total	2,217	588

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014

11. Trade and other payables

	Group			Trust		
	31 March	31 March	1 April	31 March	31 March	1 April
	2014	2013	2012	2014	2013	2012
	£000	£000	£000	£000	£000	£000
Receipts in advance	1,453	1,487	843	1,453	1,487	843
NHS payables - revenue	2,208	2,657	2,514	2,208	2,657	2,514
Other trade payables - capital	427	602	192	427	602	192
Other trade payables - revenue	1,536	2,943	1,760	1,246	2,943	1,760
Social Security costs payable	338	304	295	336	304	295
Other taxes payable	425	354	355	365	354	355
Other payables	3,095	982	987	3,139	982	987
Accruals	910	2,260	1,147	625	2,260	1,147
NHS Charitable funds: Trade and other payables	5	170	270	0	0	0
Total current trade and other payables	10,397	11,759	8,363	9,799	11,589	8,093

The variances are due to reclassification in the current year.

12. Other liabilities

	CURRENT			NON-CURRENT		
	Group / Trust			Group / Trust		
	31 March	31 March	1 April	31 March	31 March	1 April
	2014	2013	2012	2014	2013	2012
	£000	£000	£000	£000	£000	£000
Other deferred income	3,155	2,722	2,904	32,554	24,927	3,129
Total	3,155	2,722	2,904	32,554	24,927	3,129

Included within deferred income are specific allocations relating to hosted services, research and development and post graduate medical education. Funding is received annually for these services. Deferred income brought forward from the previous year is utilised in year and the annual incomes received for the services are deferred if not required during the current year. The majority of the remaining balance relates to earmarked funding to contribute to the project management and capital costs of the proposed "Transforming Cancer Care" project, totalling £33.593m split between current and non current.

13. Borrowings

	CURRENT			NON-CURRENT		
	Group / Trust			Group / Trust		
	31 March	31 March	1 April	31 March	31 March	1 April
	2014	2013	2012	2014	2013	2012
	£000	£000	£000	£000	£000	£000
Loans from Foundation Trust Financing Facility	250	250	250	3,750	4,000	4,250
Obligations under finance leases	63	121	121	6	69	190
Total	313	371	371	3,756	4,069	4,440

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 at Aintree which became operational in February 2011.

14. Prudential borrowing limit

The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014

3. Operating Expenses

3.1 Operating expenses comprise:

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Services from NHS Foundation Trusts	5,492	5,926	5,492	5,926
Services from NHS Trusts	2,422	2,266	2,422	2,266
Services from PCTs	0	113	0	113
Services from CCGs and NHS England	521	0	521	0
Purchase of healthcare from non NHS bodies	50	28	50	28
Executive Directors' costs	519	511	519	511
Non Executive Directors' costs	121	119	121	119
Staff costs	36,611	32,892	36,073	32,892
Supplies and services - clinical (excluding drug costs)	3,042	2,892	3,508	2,892
Supplies and services - general	1,129	432	1,129	432
Establishment	1,192	1,151	1,192	1,151
Research and development	23	0	23	0
Transport	169	74	169	74
Premises	2,956	3,693	2,956	3,693
Increase / (decrease) in provision for impairment of receivables	204	(88)	204	(88)
Drug costs (non inventory drugs only)	264	366	264	366
Drugs Inventories consumed	27,805	22,707	27,805	22,707
Rentals under operating leases - minimum lease payments	834	890	834	890
Depreciation on property, plant and equipment	2,620	2,569	2,620	2,569
Impairments of property, plant & equipment	370	894	370	894
Audit services- statutory audit	58	63	58	63
Other auditor remuneration	4	143	0	134
Clinical negligence	104	140	104	140
Loss on disposal of other property, plant and equipment	0	80	0	80
Legal fees	237	66	237	66
Consultancy costs	683	147	683	147
Training, courses and conferences	283	206	283	206
Patients travel	87	126	87	126
Car parking & Security	5	9	5	9
Redundancy	20	0	20	0
Hospitality	10	10	10	10
Insurance	126	100	126	100
Other services	0	102	0	102
Losses, ex gratia & special payments	11	4	11	4
Other	324	396	197	396
NHS Charitable funds: Other resources expended	224	318	0	0
	88,521	79,345	88,093	79,018

3.2 Arrangements containing an operating lease

	Group		Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
Future minimum lease payments due:				
Not later than one year	829	690	829	690
Later than one year and not later than five years	369	921	369	921
Later than five years	8,775	8,850	8,775	8,850
	9,973	10,461	9,973	10,461

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

17.1 Revaluation Reserve

	Group / Trust	
	2013/14	2012/13
	Property, Plant & Equipment £000	Property, Plant & Equipment £000
Revaluation reserve at 1 April	4,180	6,036
Impairments	0	(1,758)
Revaluations	0	97
Transfers to other reserves	(175)	(195)
Asset disposals	0	0
Other reserve movements	0	0
Revaluation reserve at 31 March	4,005	4,180

17.2 Charitable Funds Reserve

	Group		
	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000
Restricted Funds	189	215	205
Unrestricted Funds	2,276	1,779	1,461
	2,465	1,994	1,666

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	
	2013/14 £000	2012/13 £000	2013/14 £000	2012/13 £000
Balance at 1 April	52,343	25,134	51,305	24,154
Net change in year	11,366	27,209	10,805	27,151
Balance at 31 March	63,709	52,343	62,110	51,305
Broken down into:				
Commercial banks and cash in hand	175	34	2	34
Cash with Government Banking Service	63,533	52,309	62,108	51,271
Cash and cash equivalents as in statement of cash flows	63,709	52,343	62,110	51,305

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 2013/14 has been compiled in accordance with the requirements of the Constitution of The Clatterbridge Cancer Centre NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year The Clatterbridge Cancer Centre NHS Foundation Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue & Customs, Health Commission Wales (on behalf of the Welsh Assembly) and National Service Division (on behalf of the Scottish Government).

The Trust has also received revenue payments from the Trusts charitable funds. The Foundation Trust Board is the Corporate Trustee of the Charity.

Related party transactions:

	Trust			
	2013/14		2012/13	
	Revenue £000	Expenditure £000	Revenue £000	Expenditure £000
Department of Health	632	0	1,593	0
Other NHS Bodies	89,022	13,424	75,937	9,671
Charitable Funds	326	0	344	0
Subsidiaries / Associates	37	2,175	0	50
Other	0	0	3,496	12,778
NHS Shared Business Services	0	0	0	21
Total value of transactions with related parties	90,017	15,600	81,370	22,520

	Trust					
	31 March 2014		31 March 2013		1 April 2012	
	Assets £000	Liabilities £000	Assets £000	Liabilities £000	Assets £000	Liabilities £000
Department of Health	182	4,042	771	4,250	104	14
Other NHS Bodies	2,342	35,981	1,416	28,243	3,640	6,296
Charitable Funds	136	0	48	0	0	0
Subsidiaries / Associates	354	468	0	650	0	0
Other	0	0	309	1,474	554	1,016
NHS Shared Business Services	0	0	0	0	0	6
Total balances with related parties	3,015	40,492	2,544	34,617	4,298	7,332

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2014

20.1 Financial assets by category

Assets	Group Trust		Group Trust		Group Trust	
	Loans and Receivables £000	£000	Available for Sale £000	£000	Total £000	£000
Receivables excluding non financial assets	3,463	3,637	0	0	3,463	3,637
Other Investments	323	323	1,050	0	1,373	323
Cash and cash equivalents	63,709	62,110	0	0	63,709	62,110
NHS Charitable funds: financial assets	131	0	0	0	131	0
Total at 31 March 2014	67,626	66,070	1,050	0	68,676	66,070
Receivables excluding non financial assets	3,293	3,293	0	0	3,293	3,293
Other Investments	550	1,553	1,003	0	1,553	1,553
Cash and cash equivalents	52,343	51,305	0	0	52,343	51,305
NHS Charitable funds: financial assets	123	0	0	0	123	0
Total at 31 March 2013	56,309	56,151	1,003	0	57,312	56,151
Receivables excluding non financial assets	5,419	5,372	0	0	5,419	5,372
Other Investments	0	0	909	0	909	0
Cash and cash equivalents	25,134	24,154	0	0	25,134	24,154
NHS Charitable funds: financial assets	47	0	0	0	47	0
Total at 31 March 2012	30,600	29,526	909	0	31,509	29,526

20.2 Financial liabilities by category

Liabilities	Group Trust	
	Other Financial Liabilities £000	£000
Borrowings excluding finance leases	4,000	4,000
Obligations under finance leases	69	69
Payables excluding non financial assets	8,176	7,645
Other financial liabilities	517	517
NHS Charitable funds: financial liabilities	5	0
Total at 31 March 2014	12,766	12,230
Borrowings excluding finance leases	4,250	4,250
Obligations under finance leases	190	190
Payables excluding non financial assets	9,444	9,444
Other financial liabilities	133	133
NHS Charitable funds: financial liabilities	170	0
Total at 31 March 2013	14,187	14,017
Borrowings excluding finance leases	4,500	4,500
Obligations under finance leases	311	311
Payables excluding non financial assets	6,600	6,600
Other financial liabilities	533	533
NHS Charitable funds: financial liabilities	270	0
Total at 31 March 2012	12,214	11,944

20.3 Fair Values

Set out below is a comparison, by category, of book values and fair values of the Group's non-current financial assets and liabilities.

There has been no impairment of financial assets, other than bad debt expense shown in note 10.2.

Other investments all relate to the Charity.

	Group					
	31 March 2014		31 March 2013		1 April 2012	
	Book value	Fair value	Book value	Fair value	Book value	Fair value
	£000	£000	£000	£000	£000	£000
Fair value of financial assets						
Other Investments	1,050	1,050	1003	1003	909	909
Total	1,050	1,050	1,003	1,003	909	909

	Group / Trust					
	31 March 2014		31 March 2013		1 April 2012	
	Book value	Fair value	Book value	Fair value	Book value	Fair value
	£000	£000	£000	£000	£000	£000
Fair value of financial liabilities						
Loans	3,750	3,750	4,000	4,000	4,250	4,250
Total	3,750	3,750	4,000	4,000	4,250	4,250

21. Losses and Special Payments

	Group / Trust			
	2013/14		2012/13	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses of cash due to:				
overpayment of salaries €	0	0	4	2
Bad debts and claims abandoned in relation to:				
private patients	0	0	13	2
other	3	1	0	0
Damage to buildings, property etc. due to:				
stores losses	1	10	0	0
Total losses	4	11	17	4

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.

The Trust receives cash each month based on an annually agreed level of contract activity and there are periodic corrections made to adjust for the actual income due under the contract. The Trust's activity has remained broadly ahead of plan during 2013/14, which has minimised any risk to its main source of income.

The Trust presently finances most of its capital expenditure from internally generated funds. In 2009/10 the Trust borrowed £5 million from the Department of Health Financing Facility specifically to finance part of the construction of the new Radiotherapy Centre at Aintree.

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

Market risk

This is not applicable to the Trust or Group.

Interest rate risk

The only asset or liability subject to fluctuation of interest rates are cash holdings at the Government banking service and at a UK High street bank. The £5 million loan from the Department of Health Financing Facility has been taken on a fixed rate basis to avoid any risk from interest rate fluctuations. The Clatterbridge Cancer Centre NHS Foundation Trust is not, therefore, exposed to significant interest rate risk. Notes 24.1 and 24.2 show the interest rate profiles of the Trust's financial assets and liabilities.

Foreign currency risk

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

Credit Risk

The Trust has considered credit risk under IFRS 7, and concluded that this note is not applicable to the Trust.

There is no material monetary impact on the financial statements from any of the risks.

23. Auditors Liability

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

24. Third Party Assets

The Trust did not hold any money on behalf of patients in either 2013/14 or 2012/13.

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

26. Events after reporting period.

There are no post balance sheet events.

27. Contingent Assets and Liabilities

There are no contingent assets or liabilities.

The Clatterbridge Cancer Centre
NHS Foundation Trust
Clatterbridge Road
Bebington, Wirral
CH63 4JY

Telephone. 0151 334 1155
www.clatterbridgecc.nhs.uk

Large Print and Braille versions or
translations available on request.

