



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

# Annual Report & Accounts

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From 1st April 2016 to 31st March 2017

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To provide the best cancer care to the people we serve





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## Introduction

### Welcome

It is my great pleasure to welcome you to our Annual Report & Accounts for 2016/17.

This report is an opportunity for us to pull together important information about our Trust, document the challenges we have faced, celebrate our achievements and tell you about our plans for the future.

We have continued to work hard over the last year to improve the services we provide to our patients, and have achieved excellent results, some of which have been recognised nationally.

The Clatterbridge Cancer Centre is nationally renowned and consistently ranks as one of the top-performing hospitals in the country, both for quality of care and patient feedback.

We are incredibly proud that the Care Quality Commission recently rated us as Outstanding. In particular we were rated outstanding for caring across all our departments, which recognises the high standard of compassionate care our staff strive to provide for every single patient who comes through our doors.

Inspectors also praised the range of treatment innovations we have introduced which is truly a testament to our commitment to transform cancer care in Merseyside and Cheshire.

We want to continue to change cancer care for the better and we can only do this by investing in our current sites in Wirral and Aintree, and building a brand new cancer hospital in Liverpool.

Our new hospital, due to open in Liverpool City Centre, is part of our exciting vision to expand and improve cancer services and makes sure that Merseyside and Cheshire benefits from outstanding, leading edge cancer care.

There have been a couple of changes to our Board members over the past twelve months.

Professor Mark Baker has joined the Board as a non-executive director and started his three year term of office on 1st November 2016.

Prof Baker is the Director of the Centre for Guidelines at The National Institute for Health and Care Excellence (NICE) and is responsible for designing and operating methods and systems to produce clinical guidelines for the NHS. In 2008, together with Roger Cannon, he produced the Baker Cannon Report into the provision of cancer services in Merseyside and Cheshire. He joins the Trust as we are about to embark on completing the final element of the recommendations; the building of our new cancer hospital in Liverpool city centre.

David Teale joined the Trust Board on 1<sup>st</sup> February 2017 as a non-executive director for an initial three year term of office. He was previously Chairman of facilities management company Solutions SK. David has a career history of large scale

change and his experience will be a key contributor to our change programme over the next few years as we plan to expand our services into Liverpool.

I must also extend my sincere thanks to Mark and David's predecessors, Jan Burns and Dr James Kingsland for their valued contribution to the Board over their terms of office.

This year, as I began my second year with The Clatterbridge Cancer Centre NHS Foundation Trust, I have been struck on numerous occasions by how important every member of our staff is to our delivery of exceptional patient care. In both clinical and non-clinical roles it is clear that every role of the team around the patient is important to the ultimate experience of our patients.

As I have been out and about I have also picked up that there is a real desire to think creatively and be innovative in our working practices.

At The Clatterbridge Cancer Centre, we have continually innovated to bring the best cancer care to our patients whether it's treatment at home by our specialist nurses, our chemotherapy clinics in nine hospitals across the region, or our own sites at Wirral, Aintree and now Liverpool.

And sometimes the best ideas are the simple ones.

The introduction this year of a Rapid Chemotherapy Chair was the idea of staff on the Delamere Ward Day Case Unit.

It sees patients receiving oral chemotherapy and sub-cutaneous treatments like trastuzumab, as well as drugs to help prevent bone fractures, in a purpose built area of the ward while sitting in a chair.

This enables a specially trained nurse to deliver these treatments, most commonly for breast, prostate or colorectal cancers, to up to 15 patients per day. The nurse also handles booking in their next appointment. The service frees up bays for patients whose treatment is more complex and takes longer.

It is a simple solution that has transformed patient experience.

I never cease to be amazed by the dedication and commitment of our staff to care for our patients. So I would like say, on behalf of the Trust Board, thank you to all of our staff. No matter what role you have in our organisation I know that you are working hard to ensure that as a Trust we are receptive and responsive to the needs of our patients and their families. This is what The Clatterbridge Cancer Centre is all about.



**Wendy Williams**  
**Chair**

## Overview of Performance

The purpose of this Overview is to provide a short summary that provides sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

### Statement from the Chief Executive

Welcome to The Clatterbridge Cancer Centre's Annual Report for 2016/17. I am delighted to present this report to you and to outline some of our progress and achievements during this financial year.

We have consistently been one of the best performers in the country against national and regional quality standards and were thrilled at the beginning of 2017 to have been rated 'outstanding' by the Care Quality Commission (CQC).

The CQC inspected the Trust in June 2016 and found staff were "enthusiastic about the care they provided" with a "tangible sense of willingness to go the extra mile".

The report stated: "The positivity and compassion shown by staff and reflected in the feedback from patients was outstanding."

The inspectors also praised the leadership of the Trust, its clear strategy, and a number of treatment innovations that have been introduced.

In particular being rated 'outstanding' for caring across all our departments recognises the high standard of compassionate care our staff strive to provide for every single patient who comes through the doors of The Clatterbridge Cancer Centre in Wirral and Aintree, and our satellite clinics.

The recognition of the treatment innovations we have introduced is testament to our commitment to transform cancer care in Cheshire and Merseyside.

I am very proud of the hard work and dedication shown by all our staff and volunteers. They fully deserve this rating.

However we are always looking to improve in everything we do and we will ensure we learn from all areas of the inspectors' feedback as we look towards the future and working closely and positively with the community we serve.

Our plans to transform cancer care across Merseyside and Cheshire by developing a major new specialist hospital in the heart of Liverpool were given approval in June 2016. Meanwhile, the full business case for the development was also given the green light by the new NHS regulator, NHS Improvement. That means it's now full steam ahead with plans for the new hospital, which will be built next to the Royal Liverpool University Hospital and University of Liverpool.

This year the Charity also launched the public phase of the New Cancer Hospital Appeal and we know that the people of Merseyside and Cheshire, and our many other benefactors and fundraisers, are already getting behind the appeal and coming up with ingenious ways of raising money for it.

Our financial performance has remained strong in 2016/17, with a year-end consolidated surplus of £7.85m. This was higher than the original plan of £6.82m. We achieved our target efficiency savings of £2.30m.



Our performance on quality has also been good, and we have achieved the vast majority of operating standards relating to us. Similarly, we achieved the majority of our infection prevention and control standards. Although we had 4 cases of C difficile, against a tough maximum of just one, an external review found in all cases there was not a lapse of care so we were not penalised. The percentage of patients receiving harm free care averaged over the year above the 95% standard.

In May 2017 results published from the Care Quality Commission's inpatient survey for 2016 showed inpatients at The Clatterbridge Cancer Centre NHS Foundation Trust once again rated the hospital amongst the best in the UK.

The Centre came top in the whole country on 19 of the areas assessed including patients having confidence in the decisions made about their condition or treatment and satisfaction in the length of time on the waiting list. The Trust also scored within the best-performing category on 45 of the 63 questions relevant to its service. There were no areas where it came below average.

I would like to conclude this introduction with a big thank you to so many people who contribute to the success of this extraordinary organisation. Thanks go to our Governors who generously give their time in overseeing our Board and our strategy.

Thanks of course go to our staff and volunteers who continue to provide the most extraordinary and hugely appreciated one-on-one care to patients and their families when they are at their most vulnerable.



**Andrew Cannell**  
**Chief Executive**

# A statement of the purpose and activities of the Foundation Trust

## 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 27,000 patients per year, with in excess of 210,000 patient contacts for treatment/appointments. The Centre registers more than 9,000 new patients each year.

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

The Trust's Wirral-based treatment centre is supported by a £17m radiotherapy satellite facility in Aintree, Liverpool and specialist chemotherapy clinics in eight other Merseyside hospitals. Together, this enables the Centre to provide a comprehensive range of radiotherapy (including low-energy proton beam treatments for rare eye cancers) and chemotherapy treatments in outpatient and inpatient settings across Cheshire and Merseyside. Treatment is also now being provided at home for suitable patients on Herceptin in Chester, Halton, Liverpool and Wirral, with plans to extend the service to across a wider range of drugs and locations in coming years.

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

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

## 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

## **A Brief History**

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

The Clatterbridge Cancer Centre's Wirral-based treatment centre houses the Delamere Day-Case Unit which offers specialist chemotherapy in comfortable treatment bays. It also operates specialist, weekly chemotherapy clinics in eight of the region's other hospitals, to ensure that patients are within just a few miles of world-class chemotherapy treatment. The Centre annually delivers more than 47,000 outpatient chemotherapy treatments and over 1,000 inpatient treatments.

In 2015, the Trust also launched a treatment-at-home service for suitable patients on Herceptin following a successful pilot in Wirral. The service has now been rolled out across Chester, Halton, St Helens and Liverpool, and will be extended across a wider range of drugs and locations in coming years.

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

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

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

machine. We also have two CT scanners, a PET/CT scanner and MRI scanners that are linked to a sophisticated computer treatment planning system as well as stereotactic radiotherapy facilities.

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

In 2015, the Trust was the first in the UK to have a Varian Edge linear accelerator treatment machine and it now has two Edge machines. The Edge Linear accelerators are specifically designed to treat smaller tumours and spare immediate surrounding normal organs and tissue. A programme of treatment machine replacement is underway and the Trust now has a fleet of machines all capable of image-guided radiotherapy using conebeam CT scan facility. The Clatterbridge Cancer Centre now operates one of the largest radiotherapy centres in the North West, delivering more than 93,000 treatments each year.

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

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

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

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

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

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

The new centre will be located alongside the Royal Liverpool University Hospital, the University of Liverpool and other key research partners. The Trust will continue to operate outpatient cancer care and eye proton therapy in Wirral, outpatient cancer care at Aintree and its chemotherapy clinics across Cheshire and Merseyside. Inpatient services and complex chemotherapy and radiotherapy will move to the new centre.

The project has three key benefits:

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

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

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

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

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

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

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

- More than 5,500 people die each year from cancer in Cheshire and Merseyside.

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

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

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

### Key Financial Risks

The majority (88%) 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 2016/17 approximately 46% of the Trust's clinical income was funded by Payment by Results (PbR) national tariffs, with the remainder from locally determined prices. Both PbR and the local tariff arrangements are usually based on the principle that the Trust is reimbursed for activity performed. Therefore a reduction in activity would represent a financial risk to the Trust. However the Trust is able to mitigate against this risk by:

- Where possible, employing contract tolerances to reduce in year income volatility, such as fixed value contract agreements. In 2016/17 we agreed a block contract with our main commissioner for the entire year.
- Agreeing local tariffs with commissioners for 54% 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 2016/17 and the 2017/18 programme has been identified.

The Trusts current and major risks are identified within the Annual Governance Statement, see pages 86-98.

## Going Concern

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

## Performance Analysis

### Measuring Performance

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

At each Board meeting the Trust Board reviews the Integrated Performance Report which includes its key performance measures including quality, workforce and finance. The 106 indicators include:

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

Where potential areas of risk are identified, bespoke reviews are undertaken; an example of this has been a focus on improving PADR (Performance and Appraisal Development Review) rates at the Quality Committee.

Trust Board Committees review in detail their areas within their terms of reference.

Quarterly Performance Reviews are held for each Directorate, with the Executive Team challenging each Senior Management Team on progress against Annual Business Plans, the Transforming Cancer Care agenda and a range of performance measures.

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

In 2016/17 the Trust implemented a new data warehouse and performance reporting framework to further improve data analysis and performance review.

### 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 £5.52m	Achieved actual surplus of £7.55m
Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) of £11.87m	Achieved actual EBITDA of £12.99m
I&E surplus margin of 5.0%	Achieved margin of 6.7%
EBITDA margin of 10.8%	Achieved margin of 11.6%
Overall Financial Risk Rating determined by NHSI (National Health Service Improvement) for:	
Capital Service Cover – plan rating of 1	Achieved Financial Risk Rating of 1
Liquidity Capital – plan rating of 1	Achieved Financial Risk Rating of 1
I&E margin – plan rating of 1	Achieved Financial Risk Rating of 1
I&E margin variance – plan rating of 1	Achieved Financial Risk Rating of 1
Agency spend – plan rating of 1	Achieved Financial Risk Rating of 4

The new NHSI financial risk ratings came into effect from October 2016. They comprise of 5 metrics, each with an equal weighting (a rating of 1 being the best and a rating of 4 being the worst). They are; Capital Service Cover, Liquidity, I&E Margin, I&E Margin Variance and Agency spend.

Due to the high risk rating for Agency Spend, the overall risk rating is capped at a 3. However NHSI are aware of the reasons behind the Trust agency spend, and have adjusted the overall Trust rating so that the Trust remains in Segment 1 (lowest Risk).

### 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 2016/17 the Trust experienced growth for some of its services such as Chemotherapy, Outpatient procedures and Diagnostic Imaging. Ocular Proton therapy activity was also significantly above plan for the year. This is a national service as the Trust is the only UK provider. It treats circa 160 patients per annum and activity is quite volatile year on year. Radiotherapy activity was below plan for the year. The Trust continues to review the impact of the Radiotherapy QIPP programme, (Quality, Innovation, Productivity & Prevention) with the main one having an impact being Prostate. The standard treatment has reduced to 20 fractions per treatment course, whereas the previous treatment was with 32 fractions. The number of patients admitted to the hospital as inpatients fell slightly in year. Although there are fewer patients being admitted, they have a more complex case mix than planned. Last year there was a similar case mix, with similar number of admissions, but with a lot more excess bed days.



Activity	2016/17 Actual	2016/17 Plan	% Variance	% Growth Forecast 2017/18
Chemotherapy attends	102,092	97,525	4.7%	5.0%
Radiotherapy attends	91,625	100,277	-8.6%	1.9%
Proton Therapy attends	1,366	980	39.4%	0%
Admitted patient care: spells	2,848	2,904	-1.9%	1%
Admitted patient care: day cases	822	834	-1.4%	1%
Out-patient consultations	113,627	110,947	2.4%	1%

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

### Other Income and Non-healthcare Activities

As noted above, the majority of the Trust's income is derived from providing clinical cancer services. In addition, the remaining 12% of income is derived from:

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

### New Services

The Trust is taking over the Haemato-Oncology service from the Royal Liverpool University Hospital in 2017/18.

### Investment Activity

The Trust invested £14.14 million in capital expenditure on buildings and replacement of capital equipment in 2016/17. The main schemes were:

- £1.90 million to replace a Linear Accelerator.
- £1.38 new MRI scanner.
- £9.20 million on Transforming Cancer Care project.
- £0.96 Electronic Patient Record system.

The Trust is planning capital expenditure in 2017/18 of £44.2 million. The main schemes will include continued expenditure relating to Transforming Cancer Care and the continuation of the on-going equipment enhancement and replacement programme. A total of £157.9 million of capital expenditure is planned over the next

4 years which will include building of the new cancer centre run by The Clatterbridge Cancer Centre in the centre of Liverpool: Transforming Cancer Care. The Trust entered into a two stage design and build contract with Laing O'Rourke in 2015. Throughout stage one the detailed design of the scheme has been developed with Laing O'Rourke, and this has been used by them to go to market for a competitively tendered price to include in the construction contract.

### **Investment in Associates**

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

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

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

### **Subsidiaries**

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

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

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

Clatterbridge PropCare Services Ltd was established in 2016 as a registered company. It is overseeing construction of the new hospital in Liverpool and redesign of the Wirral site, and going forward will manage the Trust's property, estates and facilities on its behalf.

### **Charitable Funding**

The Board of The Clatterbridge Cancer Centre is also the Corporate Trustee of The Clatterbridge Cancer Centre Charitable Funds. During 2016/17 £139k has been spent by the Charity in support of the Foundation Trust. The main areas of expenditure were:

- Improving patients welfare - £18k

- Improving staff welfare - £1k
- Research & Development - £120k

In addition, the Trust received £280k of income to support clinical activity across the Trust.

## 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
- The Clatterbridge Pharmacy Limited (a wholly owned subsidiary)
- Clatterbridge PropCare Services Ltd (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	7.55
The Clatterbridge Cancer Charity	1.09
The Clatterbridge Pharmacy Limited	0.30
Clatterbridge PropCare Services Ltd	0
<b>Total Group Surplus</b>	<b>8.94</b>

## Performance of our Key Clinical Services

### Developing our Services

During 2016/17 we have progressed on the planning for our new cancer centre due to open in early 2020, and our plans to integrate haemato-oncology services into the Trust in 2017.

The new Clatterbridge Cancer Centre will provide highly-specialist chemotherapy and other drug therapies, radiotherapy, inpatient care, outpatients, cancer support and rehabilitation, bone marrow transplant, a teenage and young adult unit, and urgent cancer care.

It will care for people from across Merseyside and Cheshire with solid tumours and blood cancers and will also carry out ground breaking research and clinical trials of new cancer treatments.

The new hospital will be in addition to The Clatterbridge Cancer Centre's existing hospitals in Wirral and Aintree, and its chemotherapy and outpatient services in other

hospitals across the region including Southport, Chester, Halton, St Helens and Liverpool.

It will ensure we are able to continue to be at the forefront of cancer care and deliver first class services for our patients both now and into the future.

Our new cancer hospital will also, for the first time, bring together the care of people with blood cancers with care for solid tumours.

Haemato-oncology is currently split between Royal Liverpool University Hospital and Aintree University Hospital, while The Clatterbridge Cancer Centre provides services for all other types of cancer.

Plans to bring those services together have now reached a significant milestone as the management of the Royal Liverpool University Hospital haemato-oncology services and its 120 members of staff will transfer to The Clatterbridge Cancer Centre from 1<sup>st</sup> July 2017.

The outpatient, inpatient and day case blood cancer services will continue to be delivered in their current location within the Royal Liverpool University Hospital before moving into The Clatterbridge Cancer Centre's new 11-floor hospital next door.

This is an exciting opportunity to ensure Liverpool's blood cancer care leads the way nationally, by working with patients, staff and others to deliver highly-specialist, expert care as close to home as possible.

With the support of the people of Merseyside and Cheshire, this new hospital alongside our existing network of operating sites, means that patients will benefit from the most advanced cancer treatment, expertise and research as close to home as possible.

## Chemotherapy Services

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

The Directorate provides five core services:

- Day Case SACT clinics (including phase 1, 2 and 3 clinical trials) on the main site and at 8 DGH's across the Merseyside and Cheshire region.
- Acute Oncology Services across the main site and 7 acute trusts within the Merseyside and Cheshire region.
- Chemotherapy at home, currently being rolled out across Merseyside and Cheshire.

- Pharmacy – prescription verification, preparation and dispensing of SACT and supportive therapies. Trust wide responsibility for medicines management, information and advice. Outpatient pharmacy provision
- Oncology outpatient services at 16 sites across the Merseyside and Cheshire region.

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

CCC offer SACT clinics at all of the following sites:

- Delamere Day Case Unit,
- Countess of Chester Hospital,
- Halton Hospital: CanTreat Centre,
- Southport Hospital,
- Aintree University Hospital: Marina Dalglish Centre,
- Royal Liverpool Hospital: Linda McCartney Centre,
- Liverpool Heart and Chest Hospital,
- St Helen's Hospital: Lilac Centre,

Historically activity growth across these services is usually around 5% annually (based on attends for treatment). However during 2016/17 the number of attends for chemotherapy treatment has grown by 8%. The rationale for this can be explained by several significant changes in the frequency and complexity of treatment regimens now available to patients and the improved collection of activity data via the new EPR and Data Warehouse.

It is anticipated that this rate of growth will continue over the coming year as the approval via NICE for a new Immunotherapy for the first line treatment for lung cancer is imminent. This will result in significantly more patients being eligible for treatment. In addition the Bisphosphonate service continues to grow and place pressure on the system.

Outpatient attendances during 2016-17 also experienced an over performance on activity by 2.4% and in monetary terms by 1.9%, with outpatient procedures over performing on activity by 49.1% and in monetary terms by 68.2%. The rationale for this huge increase is due to the improved recording of actual activity since the introduction of the new EPR system.

This activity was already being completed at the satellite treatment clinics but was not being entered onto the hospital system; this is now being managed and accurately recorded.

Implementation of the "Open Access" follow up programme for patients with breast cancer and the discharge of patients on long term follow up across many other tumour specialities is likely to reduce any future growth in OPD activity. However the introduction of "Nurse Delivered on Treatment Review" clinics will compensate for this whilst improving the patient experience by reducing cancelled treatments on the day, and improving waiting times for treatment.

## Developments in 2016/17

- The Directorate has fully embraced the implementation of the new Electronic Patient Record despite some significant challenges with functionality.
- The Trust is nationally recognised as a leader for the delivery of Acute Oncology Services and has developed a service specification that will be implemented at a national level. The specification outlines the essential components needed to deliver a comprehensive Acute Oncology Service and has gained the full support of the Executive Team.
- The 'Chemotherapy at Home' project has been rolled out across the network. Further work to identify suitable treatments for home delivery is underway. This service has received outstanding feedback from our patients and has an international award for innovation.
- The Directorate is the first service in the country to offer an adjuvant Bisphosphonate service to patients with breast cancer. This service commended within the CQC inspection, has won an international award for partnership working and innovation.
- The increase in the number of Non-Medical Prescribers has supported the timely delivery of SACT to our patients. Increasing the number of Non-Medical Prescribers within our service will continue to remain a key objective for 2017-18.
- PharmaC has over delivered on plan and has been instrumental in the successful delivery of the 'Chemotherapy at Home' project. The company has also supported the Directorate with medicine reconciliation at weekends.
- Service improvement work across all treatment clinics is on schedule and includes a new scheduling system and appointment booking rules, a rapid chair for short treatments, and a transfer of all administrative functions to CCC staff (traditionally supported by local trusts via SLAs). This has improved patient waiting times at all treatment clinics.
- The Chemotherapy Directorate has consistently exceeded all CWT targets.
- Funding to expand the OPD facility at CCCA has been agreed and work will be completed by June 2017. This will have a positive impact on OPD waiting times at the Aintree site and will improve team working within specific tumour specialities.
- The Directorate has managed to quickly relocate its Chemotherapy treatment clinic from Liverpool Women's Hospital (LWH) to two other peripheral clinic sites without impacting on patient care and experience. This action was taken following LWH reconfiguring their clinical space which resulted in the treatment clinic being squeezed into a much smaller facility. The treatment clinic was relocated in March 2017.

## Radiation Services

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

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

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

External beam radiotherapy is provided by the Trust at 2 locations and delivers in the region of 90,000 attendances per annum. The largest part of the service is provided on the Clatterbridge Hospital site on the Wirral with 7 linear accelerators in clinical use providing treatment to patients on both an inpatient and outpatient basis. All external beam planning is carried out at the Wirral site apart from that for stereotactic radiosurgery (SRS). The Trust also operates a 3 linac centre (Clatterbridge Cancer Centre Aintree: CCCA) on the Aintree Hospitals site adjacent to the Walton Centre. Treatment there is provided to patients living in North Mersey on an outpatient basis only. The clinical model for CCCA is such that there are a limited number of anatomical sites treated.

The Stereotactic Radiotherapy Service (SRS) operates from CCCA with planning carried out on that site and operates with the neurosurgeons from the Walton Centre. The external beam service delivers highly complex techniques and the Radiation Services Directorate provides mentorship and support to other providers wishing to move into more complex areas such as Stereotactic Ablative Radiotherapy (SABR) for lung cancer.

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

## Developments in 2016/17

### Radiotherapy

- Installation and commissioning of a Varian TrueBeam linear accelerator (Linac) as a replacement for one of the older linear accelerators at the Wirral site. The Trust has an on-going linac replacement programme to ensure that the equipment portfolio remains technically current. A further older, less technically capable linac has now been removed from service following a capacity review.

- Standardisation within Radiotherapy with the move of planning from being split across three planning systems to using one only.
- Move to paperless working in Radiotherapy from hardcopy scripts. Most sites have now transitioned and the remainder will transition during the start of 2017/18.

### **Imaging**

- Replacement of an MRI scanner with a new Siemens MRI as part of the Trust replacement programme.
- Staffing re-structure to improve staffing levels and define areas of responsibility within Imaging.

### **Proton Service**

- During 2016/17 the proton numbers exceeded plan with 207 courses of treatment delivered.
- The proton service has managed a significant upswing in demand by increasing capacity and changing working patterns. Patient satisfaction in this area remains very high.
- Secured a contract to provide ocular protons to Norway via a procurement exercise.

### **Integrated Care**

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

### **Inpatients and admissions**

The inpatient department comprises of 3 inpatient wards totalling 74 beds with a 4 bedded Teenage and Young Adult (TYA) unit and a 2 bedded step up area for patients requiring increased medical and nursing support, and supervision. Our ward based nursing teams receive specialist oncology training in supporting patients undergoing complex cancer treatment.

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

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



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

### **Support Services**

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

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

### **Additional Needs Service**

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

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

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

The Support Services Team provides support to both inpatients and outpatients, and professional advice, expert knowledge and training to other members of the multi-professional team.

### **Cancer Information Centres**

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

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

### **Patient Administration Services**

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

## **Developments in 2016/2017**

### **Older Person's Project**

Over 100 patients have been recruited in to the Older Persons Project to review workforce implications for an aging population, assessment of patient needs and identification of patients who may require additional support to cope with treatment. Data collection will continue until May 2017 after which the data will be analysed to guide us with the next steps.

### **Sepsis and care of the unwell patient**

The department continues to have excellent compliance with Sepsis CQUIN and national sepsis guideline. Audits carried out earlier in 2016 have shown that patients requiring critical care input are identified early and transferred within hours of presentation. Audits of patients transferred to critical care for all causes have shown that while the number of patients requiring transfer to critical care has remained constant, mortality has reduced and patients are transferred earlier due to early identification of problems by the critical care nursing team who manage the Step – up care beds. There is good compliance with the Trust Escalation Policy and Step-up Bed Policy. The CCC critical care nurses are a central part of the Medical Emergency call team (set up in 2016) which also facilitates early identification of the deteriorating patient. The CCC critical care nursing team support junior medical staff in the day to day management of unwell patients.

### **Patient and Family Centred Care**

The directorate has embarked on a Patient and Family Centred Care pilot. PFCC is an approach to the planning, delivery and evaluation of health care. It's used to mutually benefit partnerships among health care providers, patients and their families.

PFCC allows patients and their families to define how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control. This is based on the recognition that patients and families are essential allies for quality and safety, not only in direct care interactions, but also in quality improvement and safety initiatives.

PFCC can lead to better health outcomes, an improved patient and family experience of care, and improved staff satisfaction.

### **Central Access Venous Device Services**

The work of the interventional team has continued to increase capacity for PICC line insertions which have increased from 1062 PICC's in 15/16 to 1300 PICC's placed in 2016/17, this has impacted on the quality of care for patients receiving peripheral IV treatments, enabled more regimen specific treatments to be given at home so reducing inpatient episodes which allows for urgent admissions when necessary. Additionally, we have now commenced a peripheral TIVAD (Portacath) service for patients who are on-going long term chemotherapy agents for palliative reasons. TIVAD's allow patients more freedom, reduced infection risks and provides freedom away from weekly dressing needs, and allows patients to be able to swim if desired. This port service commenced on the 21<sup>st</sup> December 2016 and up to now we have inserted 35 devices. We plan to continue this development to improve these numbers and then to offer more patients the choice for ports in the adjuvant setting.

## **AMBER Care Bundle (ACB)**

The AMBER Care Bundle provides a systematic approach to managing the care of patients who are facing an uncertain recovery, and who are at risk of dying in the next one to two months. It is an intervention that can fit within any care pathway or diagnostic group for patients whose potential recovery is uncertain.

AMBER stands for:

**A**ssessment  
**M**anagement  
**B**est Practice  
**E**ngagement of the patient and carers for the  
**R**ecovery uncertain patient

In order to achieve ACB across CCC an Implementation Group has been set up under the leadership of an ACB facilitator. The objective of the group was to implement a framework for ACB that can be used by clinicians across the Trust.

## **Advanced Care Planning (ACP)**

The National End of Life Care Programme defines Advance Care Planning (ACP) as a *“voluntary process of discussion between an individual and their care provider irrespective of discipline”*. The aim of the ACP process is to make clear a person’s wishes and preference in the context of an anticipated deterioration of the person’s condition, whilst the individual has capacity and ability to communicate effectively.

In order to achieve ACP across CCC an Implementation Group has been set up under the leadership of an ACP facilitator. The objective of the group was to implement a framework for ACP that can be used by clinicians across the Trust.

## **Nursing Melanoma Team**

Developments within the team include:

Immuno-oncology:

1. Formation of the immune-oncology working group
2. Side effects management algorithms
3. Immunotherapy alert card
4. Immunotherapy nursing pre-treatment assessment
5. Immunotherapy e-learning module (developed on ESR, awaiting to be put onto e-learning system)

Uveal melanoma:

- 12 month audit to assess the unmet needs of patients on liver surveillance using the NSCI HNA tool- pending publication
- Development of a Care Navigator-led telephone HNA clinic (Helen Scott, care navigator in melanoma- with plans to publish)

Melanoma:

- Publication in BJA (due May 2017) about the use of QR codes in acute cancer care to link HCP’s directly to management algorithms
- Publication in Cancer Nursing Practice evaluating the nurse-led telephone assessment service for patients receiving immunotherapy in melanoma which has seen a 93% improvement in waiting times

Also the team as a whole are completing more eHNAs for patients, with the plan to further increase patient's access to this.

### **Metastatic Spinal Cord Compression (MSCC) Service**

The Metastatic Spinal Cord Compression Service for Cheshire & Merseyside (C&M) is a new service created in January 2017 to provide a NICE compliant provision to manage patients within the footprint who have the clinical emergency of a MSCC.

The pathway forms a collaboration between:

- Primary care
- The Clatterbridge Cancer Centre's (CCC) oncology experts
- 2 spinal oncology surgical specialist services from the Royal Liverpool and Broadgreen University Hospital and The Walton Centre
- All palliative and end of life services
- Community palliative teams
- Rehabilitation services

The aim of the pathway is to provide timely, specialised services to a patient group who have an acute medical emergency that will improve quality of life and clinical outcomes.

Current outcomes:

- The development of a central point of access triage for MSCC patients through CCC.
- Developing a mechanism to ensure radiology reporting is standardised and that there is an efficient alert system when an MSCC is confirmed.
- Standardisation of timely surgical opinion across the 2 surgical sites.
- Individual MDT management discussion Consultant Oncologist to Consultant Spinal Surgeon prior to primary intervention.
- Improved access to Physio and Occupational Therapy services for all patients with MSCC.
- Education and training from spinal injury experts on specialised manual handling, manoeuvring and management of inpatients.
- The scoping of rehabilitation services to identify gaps in expertise and services with referral settings and the community.
- Individualised patient information prescriptions to provide equitable access to patient information and services.
- Training and education across various interfaces e.g. surgical services, primary care, community, CNS teams, Acute Oncology (AO) teams, hospices.
- Working with AO nurse education specialist to provide a variety of education and training packages for all interfaces and all bands of staff.

### **Clinical Utilisation Review (CUR)**

CUR is an approach which ensures that patients receive the *'right level of care, in the right place, at the right time'* according to their needs against international clinical best practice. CUR software tools support organisations to make objective, evidence-based assessments of whether patients are receiving appropriate care.

CUR is a proven software and approach, supported by robust medical intelligence in the form of an internationally developed clinical evidence base. CUR can prevent unnecessary hospital admissions and reduce length of stay for patients by determining the most suitable level of care according to clinical need.

The software has demonstrated the following benefits:

- Reduction in unnecessary length of stay,
- Reduction in acute inpatient hospital admissions,
- Reduction in total acute inpatient hospital bed-days,
- Reduction in avoidable discharge delays
- Reduction in unexplained clinical variation;
- Improved patient experience and satisfaction.

The behaviour sought by implementation of this CQUIN is:

- Establishment of a project team and agreed plans for implementation of CUR;
- Implementation;
- Consequential reduction in inappropriate utilisation of beds either at NHS Provider or Community level;
- CUR Reporting.

CUR has been fully implemented within the inpatient wards in 2016/17.

### **Enhanced Supportive Care (ESC)**

ESC is a new initiative aimed at addressing more fully the needs of patients on active anti-cancer treatment in the context of a cancer centre.

Enhanced supportive care has developed through recognition of what specialist palliative care can offer – as a cost-effective and life-extending approach to treatment of patients with incurable cancer, but also from recognition of the barriers to achieving earlier involvement of palliative care expertise within the cancer treatment continuum. These barriers may be largely due to the perception of palliative care by the public, patients and many health professionals - in particular the association with care at the very end of life. The excellent care that is provided for patients who are nearing the end of life, needs to be extended to support them earlier on in the cancer pathway.

ESC is based around six principles:

- Early involvement of supportive care services
- Supportive care teams that work together
- A more positive approach to supportive care
- Cutting edge and evidence-based practice in supportive and palliative care,
- Technology to improve communication
- Best practice in chemotherapy care.

## Research and Innovation

The vision of CCC and the Trust's commitment to our patients is to provide the best in cancer care. The activity of CCC as a research hospital cements that commitment. We have a cadre of clinicians focused on our research agenda to advance our understanding of cancer in tandem with bringing the most novel therapies to CCC assuring that our patients may access cutting edge therapies and the newest available treatment options. The research agenda is embedded within the Transforming Cancer Care Programme with a clear alignment to the future and the new ways in which we will be working. We are focused on strengthening and building collaborations with the University and our partner Trusts to assure the cancer research agenda is fully supported.

### Developments in 2016/17

#### Continuing the development of academic oncology

The importance of academic oncology is recognised and supported by the Trust to further facilitate CCC's aim to advance clinician-led research and progress research development at CCC. We now have five chairs (four in medical oncology and one in radiation oncology) and four senior lecturers (three in medical oncology and one in radiation oncology) with a planned further appointment. The Academic Board oversees the development of the academic oncology unit; a strategy has been developed for each of the focus areas to facilitate delivery and is under review and development.

The portfolio of CCC-clinician led studies continues to grow. A new multi-centre study in cervical cancer has been developed during the last year and is financially supported by AstraZeneca. This is a key study in an unmet cancer need. We have three studies open and recruiting participants, and the fourth study has closed to recruitment and is at the analysis phase. We have a further five studies in development across different disease sites but sharing the aim of using novel agents against 'difficult to treat' cancers which have poor prognoses. The studies have been developed and secured *via* open competitive research calls from UK charities and in collaboration with pharma. The robust core infrastructure in the initiation and delivery of the research studies to a high standard from R&I has been a key factor in landing the research awards and supporting the clinicians. The Clatterbridge Cancer Charity continues its valued support of the CCC research agenda where funding has been allocated to the Academic Leads to seed research requirements identified within their speciality disease area. The increase in CCC-clinician led research in the development and delivery of such complex interventional studies underpins CCC's growing reputation for research.

Most notably this year CCC, in collaboration with the University of Liverpool, has gained Cancer Research UK Experimental Cancer Medicine (ECMC) status becoming one of only 18 centres across the UK. This is a significant achievement and recognises the intensive work done in developing the early phase and commercial trial portfolio and infrastructure, particularly over the last 5 years. The ECMC initiative provides funding for the expertise and infrastructure needed to conduct world-leading, early phase clinical trials to help develop the cancer treatments of tomorrow. Each ECMC is a centre of excellence, with both laboratory and clinical facilities, focusing on translational cancer research – transforming

scientific discoveries into medical applications. This will enable a further step-change for CCC in gaining access to novel agents from pharma and the drug development office, as some research studies are only open to ECMC Centres in the first instance. This will enable CCC to embed as a lead centre for cancer research excellence.

The CCC Physics group continue to maintain their reputation for leadership in research particularly with radiobiological modelling and radiation dosimetry applicable to clinical radiotherapy and radiobiology of proton-beam therapy. The group continued to publish their research in internationally recognised journals and presented their work at both national and international conferences, ensuring that CCC maintained presence and reputation in the fields.

The CCC Biobank is now established and continues to collect samples for high quality research; where possible targeted collection is undertaken to assure highest research resource and end point usage. Currently two research projects in lung and gynae cancer are supported. The Biobank stores plasma, serum, cellular material and urine donated by CCC patients and stores plasma, serum and cellular material from volunteers to provide age-matched controls. The Biobank is a key strategic element in the enablement of CCC-led translational research agenda and continues to grow and expand as sample collection and research output gains momentum.

### **Clinical Trials**

The high quality delivery of complex clinical trials has continued this year. The research landscape is now firmly around earlier phase studies of complicated, multifaceted treatment therapies combined with short recruitment windows. CCC has maintained and grown its status as a pipeline, priority Trust for Pharma companies, thus ensuring that CCC can access the most novel treatments. In particular the stable of Immunotherapy studies has increased over the past year with CCC as one of only two UK sites chosen and able to support the Immunocore study for Uveal Melanoma reflecting our reputation in delivery of these therapies. We have supported two First in Human/ Phase I studies; in liver cancer and also in pancreas and advanced tumours across other disease areas. This has enabled our patients not only to access cutting edge novel agents but also upskilled our delivery in such selected trials which gears us toward our expansion into this area and sets us fair for the Transforming Cancer Care agenda. Our early phase studies accounted for 50% of our research portfolio. The number of commercial studies that we support has been maintained at *circa* 50% of our current research portfolio assuring income to maintain and expand our core infrastructure to support the research agenda. In addition we are mindful of our commitment to the NIHR high level objectives with 81% of our studies recruiting to time and target (against a national aim of 80%) within a varied and challenging portfolio.

### **Governance arrangements**

It is essential that a strong, active Governance system is in place to assure oversight of the conduct of research at the Trust and compliance with legislation ensuring that patient safety and wellbeing is at the heart of all we do. The CCC Governance system is under continuous review and development and will absorb the welcome joining of Haemato-oncology studies into the system. R&I underwent two statutory inspections by the UK Competent Authority, the Medicines and Healthcare products Regulatory Agency (MHRA) as both a Sponsor and participating site for research

studies. The inspections provided reassurance to the Trust on R&I compliance with legislation, patient safety and integrity of research data. The CCC Biobank also underwent a statutory inspection by the Human Tissue Authority for compliance with licensed activities, the results of which again provided the Trust with reassurance of compliance and patient care at the heart of research activity.

As we reflect on the achievements of last year, we look forward to the forthcoming year where we remain fully committed to progressing the research portfolio at CCC. We will continue to build on the current strong infrastructure to advance CCC's reputation as a research centre of excellence.

## Education and Training

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

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

A range of validated modules, short courses, study days and customised courses were delivered during 2016/17.

All Clinical Education activity is available for CCC staff and those working in other organisations regionally and nationally. Key achievements for the department include the provision of a range of professional development and education opportunities for CCC staff and external participants which have been consistently well evaluated. A total of 243 places (148 from CCC) on 27 courses/study days have been taken up during the year. The majority of courses are free for CCC staff and the remainder are charged at a reduced rate.

Practice Education Facilitators (PEF) also play a key role in supporting staff, learners and mentors/practice educators in order to maintain high quality placement environments, to support staff recruitment and retention and to support multi-professional practice learning throughout the Trust. They liaise with Health Education North West, the Placement Development Network and North West universities to support placement capacity and quality development.

The Trust also continues its Practice Development and Research Partnership (PDRP) with the Faculty of Health and Social Care at the University of Chester. 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 a number of local, national and international programmes:

- **Advanced Imaging Clinical Schools:** run for visiting delegates from all around the world, on behalf of Varian Medical Systems. The Schools have been run every year since 2007 on four or five occasions per year, typically in February, April, June, September and November.
- **Pre-registration Radiotherapy Students:** the Trust supports students studying towards the BSc in Radiotherapy or PgDip in Radiotherapy and Oncology at the University of Liverpool. Students are supported in practice placement by two Clinical Tutors and a network of mentors and assessors at CCC mainsite and at CCCA.
- **MSc in Medical Physics:** CCC's Physics Department plays a major role in delivering the MSc in Medical Physics for the University of Liverpool. Lectures on all aspects of Radiotherapy Physics, Medical Imaging and Radiobiology are given in addition to hosting some of the students for their clinical placements.
- **Clinical placements for pre-registration healthcare students:** the Trust is a key provider of clinical placements for such students from universities across the North West from a diverse range of programmes

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

- The Trust has entered into an agreement with the University of Liverpool to take undergraduate medical students. Third year students attend CCC on an elective basis; all fourth year medical students participate in a new one-week oncology module, run by CCC and delivered at the centre and at our partner acute hospitals in Merseyside and Cheshire.
- The Trust runs an annual FRCR examination preparatory course - the 2017 course took place in March and was fully subscribed.

### **Environmental Matters**

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

A number of initiatives have been delivered during 2016/17, which meets with the Trusts' expectations, as detailed in the Sustainable Development Action Plan. The plan is in its final year and will be further developed as part of the formation of PropCare and will be agreed and delivered at the end of the 2017 calendar year.

As plans develop for the Building for the future project, it is becoming clearer as to what services and building stock will be required at the Clatterbridge and Aintree sites.

PropCare will manage and implement the formation of the Trust Sustainability Committee and through that process an energy provision and management policy will be developed by PropCare to be complete by the end December 2017. This will allow PropCare and the Trust to determine and deliver future targets and will be aligned with other Trust strategies i.e. Food and Drink and waste policies.

Initiatives that have been delivered during 2016/17 include:

- Wirral University Hospital Trust (WUTH) has built a new Energy Centre comprising a Combined Heat and Power unit (CHP), and three new boilers. The CHP plant now produces its own electricity through a gas turbine, negating the need to buy the majority of electricity from the national grid. The Trust has taken advantage of the reduced cost for using the waste heat from the above process, to heat hot water to approximately 50% of the Trust. This should show a minimum saving of £20k in its first year. This saving has now been fully realised and is achieving the target set as part of the energy provision contract with WUTH. Currently one of Trusts boiler houses are connected to the CHP plant. Plans are being developed to connect the second boiler house and achieve further savings.
- The Trust's energy efficiency drive continues to see the replacement of inefficient lighting replaced with LED lamps. The majority of communal areas within the Trust have been replaced. Work for 2017/18 will see external areas including car parks upgraded to LED lamps and hopefully be subject to a Local Authority grant application.
- The promotion of the use of public transport and a Cycle2Work Scheme for staff have encouraged staff to switch from using cars to travel to and from work. Bicycle use has increased considerably during 2016/17. Plans are progressing with the Highways Department and a new safe cycle route will be installed on the main Clatterbridge roundabout which should see an increase in staff walking or cycling to work.
- Monitoring of major treatment machine energy usage is complete and results will be analysed to inform future service change. An energy cost per hour will be developed, to allow for better operational costing of service changes, and better management of energy, through the current service level agreement. The findings from this will be included within the agreed suitable development management plan.
- Further improvement has been made to the Trust Building and Energy, Management System (BEMS). All areas refurbished during 2016/17, are now controlled centrally on the BEMS. This allows for better temperature control within those areas, and also includes leak detection of water systems throughout the Trust. There has been a marked drop in the number of complaints during 2016/17 regarding temperatures within working areas. The BEMS system will be further upgraded as part of any area refurbishment during 2017/18.
- The Trust Head of Hotel Services has worked closely with WUTH in the management of FM contracts, and has delivered a reduction of waste,

improvement of service and considerable cost saving in a number of areas. Exact volume and cost saving figures will be reported in the Trust Annual Estates return, E.R.I.C.

- Catering - Significant reduction in waste meals due to planned weekend closure resulting in a saving of approximately £20k
- Laundry and linen - Closer management has led to a reduction in items laundered and a saving of approximately £16k
- Transport - Working close with the Staff in the Aseptic Pharmacy. Some drugs are now delivered to external clinics using the agreed contract service. This has resulted in a saving of £10K in the reduction of taxi usage for the same drugs.

## Health and Wellbeing

The Health & Wellbeing Action Plan has been in place since 2015 and supports the Trust's Workforce and Organisational Development Strategy. The key focus of the Trust is to 'provide a workplace where our staff feel supported, healthy, valued and committed to giving their best' in line with the Trusts' values and behaviours ensuring a focus on change management and its impacts.

The Health and Wellbeing Action Plan ensures the delivery of this by focusing on the following objectives over 5 years (2015 to 2020):-

- Promotion of wellbeing through the Health and Wellbeing '5 Pillars' which are healthy eating, environment, mental wellbeing, lifestyle choices and physical exercise.
- Early intervention for those who develop a health condition, physical or mental by enabling access to comprehensive Occupational Health and Counselling Services which focuses on the promotion of wellbeing and prevention of ill health.
- The Trust promotes health and wellbeing through management policies, support services, information networks and health promotions, including alcohol awareness, diet, exercise, and self-management and by liaising with external agencies.
- Prevent, so far as is practicable, those circumstances detrimental to mental health and wellbeing i.e. stress, bullying and harassment etc.

The Trust works in partnership with the Trade Unions to deliver the Health and Wellbeing Action Plan for the benefit of all employees which in turn has a positive impact on patient care through the services we provide.

### **Key Actions taken to date include:**

#### **Mental Health**

- The provision of Mindfulness sessions for staff to encourage self-help dealing with day to day situations which may be stressful.
- A review of Counselling Services and the introduction of an on-site counsellor

one day per week to support staff from June 2017.

- A 4 day in-house training coaching programme for managers which included resilience training.

### **Physical Health**

- Promotion of the Cycle to Work scheme and bike maintenance sessions, to encourage cycling as an alternate mode of travel and as a physical activity/hobby.
- The Trust positively participated in the Virgin Pulse Corporate 100 day challenge from October 2016 to January 2017. This involved 28 teams (196 employees), who delivered a total combined steps of 211,111,309 covering a distance of 83,954 miles. This equates to 3.4 times around the world! Benefits include physical and mental health improvements for individuals, weight loss, nutrition awareness and better sleep patterns.
- The Trust's Running Club continues to go from strength to strength with members participating in local marathons.

### **Healthy Eating**

- Promotion of healthy eating options and weight management through monthly campaigns, linked to the Health and Wellbeing Calendar.
- Changes to food/sweet promotions in the Royal Voluntary Services café and shop facility
- Fresh fruit and vegetable stall on site every Tuesday and Friday for the benefit of staff, patients and visitors.

### **Environment**

- We continue to work towards a 'paperless' organisation in terms of tidy space and tidy mind. This is linked to the further development of the Trust's branding and professionalism. To support this we continue to promote 'Top Tips' to declutter your workspace through the weekly e-bulletin and other campaigns to raise awareness.

### **Lifestyle choices**

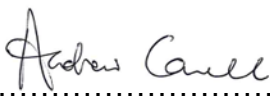
- The Smoking Cessation Group is a positive and proactive group working closely with Public Health Wirral to review policies and practices and maintain a smoke free site. This year we have reviewed and updated the Trust's Smoking Cessation Policy which will be due for publication in June 2017.
- Smoking cessation advice and support is provided by the Trust's subsidiary company, PharmaC and supports staff and patients to quit smoking through effective interventions.

**Flu Vaccination**

Following a successful flu vaccination campaign for front line staff we achieved a vaccination rate of 76.91% against a target of 75%.

The Health and Wellbeing Action Plan is monitored through the Trust's Health and Wellbeing Committee, Chaired by the Director of Workforce & Organisational Development. Membership of the committee spans across all Directorates within the Trust. In addition to the action plan, the committee also oversees the annual calendar of events developed to promote national campaigns for the benefit of staff wellbeing such as Dry January and Stress Awareness Week.

**Andrew Cannell**  
**Chief Executive (in the capacity as accounting officer)**

Signature.....

Date 23rd May 2017

# Accountability Report

## Directors' Report

### Board of Directors

The Board of Directors annually reviews the independence of its directors and following a review at its meeting in May 2017, considers all Non-Executive Directors to be independent.

The Senior Independent Director, Alison Hastings, was appointed as such on 5<sup>th</sup> April 2017.

#### **Wendy Williams – Chair**

*Appointed by the Council of Governors (1st term of office, 3 years) until end of July 2018*

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

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

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

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

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

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

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

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

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

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

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

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

*Appointed by the Council of Governors (2nd term of office, 3 years) until January 2017. James resigned in September 2016.*

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

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

He is also the resident doctor for BBC Radio Merseyside.

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

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

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

Jan retired from her post as Director of People and Partnerships at Cheshire County Council when the Authority was abolished on Local Government Reorganisation in March 2009. Following her retirement Jan worked as Director of

People and Organisational Development on an interim basis at Cheshire Fire and Rescue Service.

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

### **Philip Edgington – Non-Executive Director and Vice-Chair**

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

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

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

### **David Teale – Non Executive Director**

*Appointed by the Council of Governors (1st term of office, 3 years) until January 2020*

David formally joined the Trust Board of Directors on 1st February as a Non-Executive Director for an initial three year term of office. He was previously Chairman of facilities management company Solutions SK. David has a career history of large scale change and his experience will be a key contributor to our change programme over the next few years as we plan to expand our services into Liverpool.

### **Professor Mark Baker – Non Executive Director**

*Appointed by the Council of Governors (1st term of office, 3 years) until October 2019*

Mark started his three year term of office on 1st November 2016. He is currently the Director of the Centre for Guidelines at The National Institute for Health and Care Excellence (NICE) and is responsible for designing and operating methods and systems to produce clinical guidelines for the NHS.

In 2008, together with Roger Cannon, he produced the Baker Cannon Report into the provision of cancer services in Merseyside and Cheshire. Its recommendations included the building of a new cancer hospital in Liverpool city centre.



## **Andrew Cannell – Chief Executive**

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

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

## **Barney Schofield – Director of Transformation and Innovation**

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

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

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

## **Peter Kirkbride – Medical Director**

Peter trained in general medicine and clinical oncology in London and in 1991 was appointed as Staff Radiation Oncologist at Princess Margaret Hospital, Toronto. In 1999 he returned to the UK, to become a Consultant in Clinical Oncology at Weston Park Hospital, Sheffield, and since then has been Clinical Director for Radiation Services and Cancer Lead Clinician for Sheffield Teaching Hospitals, and Lead Clinician for the North Trent Cancer Network. He was the National Clinical Lead for Radiotherapy from 2003-2013, and became Medical Director at The Clatterbridge Cancer Centre in October 2012.

Until 2014 he was Clinical Lead for the NICE Prostate Cancer Guideline Development Group, and Chair of the NHS England Radiotherapy Clinical Reference

Group, and in 2016 he set up, and is leading, the Serious Illness Care Programme (UK).

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

Yvonne joined The Clatterbridge Cancer Centre as Financial Director in 2010 and was appointed Deputy Chief Executive / Finance Director in 2012. Yvonne is a qualified accountant and has worked exclusively in the Public Sector. She commenced her career in Local Government and after qualifying held a number of senior and Director posts in Local Government prior to moving sectors in 2010 and joining the NHS.

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

### **Declarations of Interest**

The Trust maintains a Register of Interests which contains details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities.

A copy of the Register of Interests is available via the Trust website <https://www.clatterbridgecc.nhs.uk/about-centre/corporate-matters/public-documents/register-of-interests>.

Alternatively you can contact Andrea Leather, Corporate Governance Manager, on 0151 556 5331 to request a copy.

The Chair has the following significant commitments:

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

### **Quality Governance Framework**

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

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

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

To gain maximum assurance from the review, Deloitte were appointed as independent reviewers in November 2015. A thorough evaluation was undertaken during which Deloitte considered a collection of evidence and gained the views of the Board, staff and stakeholders. Their review concluded in February 2016 and as part of their final report CCC was provided with a detailed set of recommendations which will be actioned by the Board. Throughout 2016/17 CCC has reviewed and progressed against the recommendations.

The requirements of the Quality Governance Framework are embedded into the Trust's Quality Strategy approved by the Board in July 2015. Overall the Trust Board is assured that it has in place robust Quality Governance.

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

The arrangements in place to govern service quality are discussed in more detail in the Annual Governance Statement, the Quality Report and the performance report.

### **Performance against key healthcare targets 2016/17**

#### **18 weeks performance**

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

Performance against these key targets is as follows:

- 98% of RTT admitted patients were seen within 18 weeks from the initial GP referral to treatment (target threshold 90%).
- 98% of RTT non admitted patients were seen within 18 weeks from initial GP referral to treatment (target threshold 95%).
- Number of incomplete pathways was 96.2% against a target of 92%.

#### **Cancer Waiting Times Performance**

The Trust has exceeded all Cancer Waiting Time targets for 2016/17:

- 89.1% of patients were treated within 62 days from the date of urgent GP referral against a target of 85% (post application of the breach reallocation policy within Merseyside and Cheshire).
- 92.6% of screening patients were treated within 62 days from the date of recall against a target of 90%.
- 97.5% of patients were treated within 31 days from the time of decision to treat for first treatments (target 96%).

- 98.6% of patients were treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments (target 98%).
- 96.6% of patients were treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments (target 94%).

### **Additional Quality Indicators:**

- 1 patient waited longer than 6 weeks for Imaging (CT and MRI at CCC).
- We have had 0 'Never Events' (our target is 0).
- We have had 0 incidence of an MRSA bacteraemia (our target is 0).
- We have had 4\* incidence of Clostridium Difficile (our target is no more than 1).

\* For all cases, Commissioners have agreed that there has been no lapse in care.

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

Our annual PLACE (Patient Led Assessment of the Care Environment) assessment has also demonstrated good performance with ratings being given for cleanliness (99.84%), ward food (96.02%), privacy, dignity and wellbeing (82.86%), dementia (67.16%), disability (74.90%) and condition, appearance and maintenance (91.02%). We are reviewing these results to ensure we continue to improve.

### **Quality Strategy**

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

### **Information Standard**

The Trust holds certification against The Information Standard accredited by NHS England for our patient information leaflets that fall within the scope of the Standard. The Information Standard helps people to make informed choices about their lifestyle, conditions and treatment/care options, by providing a recognised and trusted quality mark that indicates a reliable source of health information. The last self-assessment was in May 2016 and the next formal assessment will be in May 2017.

### **Accessible Information Standard**

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

Adherence to this standard is mandatory for all adult social care and NHS providers by 31<sup>st</sup> July 2016. The Trust is fully compliant with the Standard.

## **Maintenance of ISO 9001:2008 Standard**

The ISO 9001:2008 Standard is a national (externally assessed) standard based around the principles of customer satisfaction, a systematic approach to management, and encouraging a culture of continual improvement across all departments within the Trust.

CCC is thought to have been the first NHS Trust to achieve this accreditation for the organisation as a whole. The accreditation is reviewed periodically and it is pleasing to report that it has been retained throughout 2016/17. The Trust is currently working towards the transition to the new version of the standard, ISO9001:2015, and aims to achieve by the end of 2017/18.

## **Progress towards targets as agreed with local commissioners**

The Clatterbridge Cancer Centre NHS Foundation Trust income (2016/17) was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

At the time of publication of the Annual Report NHS England had confirmed that we have met the Q3 and Q4 CQUIN targets.

## **New or significantly revised services**

Although the Trust has not implemented any new or significantly revised services within 2016/17 the Trust has been undertaking significant preparatory work for changes in 2017/18.

Within the Transforming Cancer Care: Care for the Future pillar we have been proactively working with internal and external stakeholders on a new clinical model looking at how we will be providing clinical services in the future across Merseyside and Cheshire.

We have been working closely with The Royal Liverpool and Broadgreen University Hospital Trust to prepare for the integration of the haemato-oncology service into The Clatterbridge Cancer Centre. A formal project structure was formed to oversee the transfer of the service on 1 July 2017, as per the Heads of Terms agreement between the two Trusts. This date is subject to formal approval of the RLBUHT and CCC Trust Boards, based on assurances that the service transfer can be managed safely. Project governance is being managed by the use of robust project management methodology and is overseen by a Project Executive Board. During the three month implementation phase (April-July 2017) the continued project work will ensure robust systems and processes are in place and that patient safety remains central to the delivery of the service transaction.

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

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

- Implementation of Care Navigators in Outpatients
- Rollout of implementation of nurse led clinics
- Implementation of project on Patient and Family Centred Care on the wards

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

The Trust had a CQC inspection in June 2016. In February 2017 we were notified that we had received a rating of 'Outstanding'. Full details including the Trust's response to the recommendations are found in the Quality Report.

### Improvements in Patient and Carer Information

Throughout 2016/17 we have continued the programme of on-going improvement of the information provided to our patients and carers.

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

### Complaints handling

The Trust continues to have a low number of complaints (21 in 2016/17). Complaints are managed by our Patient Experience Manager who provides an integrated complaints, PALS and patient and public involvement service, and who forms part of our Clinical Governance Support Team. All complaints are reviewed and responded to by the Chief Executive.

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

Total complaints received                      21

Subject matter of complaint:

- Treatment and Care                      12
- Communication                              4
- Staff Attitude                                1
- Discharge arrangements                1
- Delays    3

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

	Number of Complaints	Number of Interventions	Rate: One Complaint Per
April 2016	1	22,691	22,691
May 2016	2	22,231	11,116
June 2016	0	23,531	
July 2016	4	21,897	5,474
August 2016	0	23,898	
September 2016	1	24,092	24,092
October 2016	2	22,132	11,066
November 2016	2	24,444	12,222
December 2016	4	21,563	5,391
January 2017	0	23,658	
February 2017	2	23,330	11,665
March 2017	3	26,910	8,970
Year to Date	21	280,377	13,351

## Stakeholder Relations

### Partnerships and Alliances

#### Building For the Future – our new Cancer Care

Following approval of the Full Business Case for the investment in the new Cancer Centre in Liverpool, the Trust has been working closely with our selected construction partner Laing O'Rourke in order to agree a final cost and contract for construction of the new hospital.

A planning application was made early in 2016 and Liverpool City Council granted full planning permission for the hospital in the summer of that year. The Trust took possession of the site in August and this allowed the contractor to undertake site exploratory and clearance works, and some limited foundation works in advance of the construction contract. This work gave the Trust and Laing O'Rourke a much better understanding of the ground conditions on the Cancer Centre site which in turn allowed for more accurate pricing of the construction works.

The respective project teams are now working hard to finalise the contract design and the contract terms in order to allow a contract to be put in place and work to begin in earnest in the summer of 2017, with a planned building handover in early 2020.

Once the Cancer Centre is complete then work will begin on redeveloping the Trust's existing Wirral Centre, which remains a key component in the Trust's overall delivery of cancer services.

#### Private Patient Facility

The Clatterbridge Private Clinic offers patients access to specialist, integrated cancer services in dedicated private surroundings. The Clinic is committed to the delivery of



## Partnerships and Alliances

### Transforming Cancer Care

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

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

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

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

### Private Patient Facility

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

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

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

### Outpatient Pharmacy Dispensing Subsidiary Company

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

- (i) Putting patients first: improved patient experience through improved access to dispensing services.
- (ii) Drive efficiencies and strive to improve services: reduce patient waiting times and develop a more customer focussed service.



- (iii) Financial efficiencies: benefit from the tax and other efficiencies that are open to similar high street pharmacies.

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

### PropCare

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

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

### The Clatterbridge Cancer Charity

2015-16 has seen further growth for The Clatterbridge Cancer Charity, raising another record figure of £2.1m. The money raised and donated by thousands of dedicated supporters helps us to invest in projects which will make a lasting impact on what we do. As the only dedicated charity for our patients and their families, this includes improving patient experience, funding vital research programmes and innovations in our services which truly change lives.

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

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

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

### Stakeholder Engagement

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

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

## Patient and Public Involvement Activity

During 2016/17 the Trust has continued to engage with patients and stakeholders to further develop its services. Activities have included:

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

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

Results are available on the Trust website.

Feedback from the Friends and Family Test for in patients continues to be very positive with approximately 96% of patients reporting 'extremely likely' or likely when asked 'How likely are you to recommend our ward to friends and family if they needed similar care or treatment?'

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

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

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

Examples where patient experience has informed change include:

- Implementation of a project to look at changing our delivery of nursing care on the inpatient wards
- Piloting open visiting

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.

### **Goods and Services**

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

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

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

## Remuneration Report

### Remuneration Committee (Non-Executive Directors)

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

### Terms of Service (Non-Executive Directors)

Appointments of the Chair and Non-Executive Directors 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 contained within the Directors' Report.

### Remuneration Committee (Executive Directors)

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

- 1) Legal requirements
- 2) The principles of probity
- 3) Good people management practice
- 4) Proper corporate governance.

### Terms of Service (Executive Directors)

The Chief Executive and Executive Directors are employed under permanent contracts of employment and they have been recruited under national advertisements. The employment of Executive Directors may be terminated with six months' notice as a result of a disciplinary process, if the Trust is dissolved as a statutory body, or if they choose to resign.

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

The Remuneration Committee was required to meet on two occasions during 2016/17.

## Attendance at Remuneration Committee Meetings

Name	Meetings Held	Meetings Attended
Wendy Williams*	2	2
Alison Hastings	2	2
Gil Black	2	2
Jan Burns	1	1
Phil Edgington	2	2
Mark Baker	1	1
David Teale	1	1

\* Chair

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

**Note:** James Kingsland was a Non-Executive Director during 2016/17; he had resigned prior to the first meeting.

## Salary and Allowances (subject to audit)

Name and title	2016/17					2015/16							
	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 (bands of £5,000) £000	Salary and Fees (bands of £5,000) £000	* Arrears of Pay (bands of £5,000) £000	Taxable Benefits (bands of £100) £00	Annual Performance Bonus (bands of £5,000) £000	Long term Performance Bonus (bands of £5,000) £000	Increase in Pension Related Benefits (bands of £2,500) £000	Total £000
<b>Executive Directors</b>													
A Cannell - Chief Executive	140-145	0	0	0	0-2.5	140-145	135-140	5-10	0	0	0	222.5-225.0	365-370
Y Bottomley - Deputy Chief Executive/Director of Finance	120-125	0	0	0	22.5-25	140-145	110-115	5-10	0	0	0	10.5-12	135-140
H Porter - Director of Nursing & Quality	105-110	0	0	0	0-2.5	105-110	100-105	0-5	0	0	0	127.50-130.5	235-240
P Kirkbride - Medical Director *	180-185	0	0	0	0-2.5	180-185	195-200	0-5	0	0	0	360.0-362.5	560-565
B Schofield - Director of Transformation & Innovation	105-110	0	0	0	47.5-50	150-155	35-40	0	0	0	0	0	35-40
<b>Non Executive Directors</b>													
W Williams	40-45	0	0	0	0	40-45	25-30	0	0	0	0	0	25-30
G Black - Non Executive Director	15-20	0	0	0	0	15-20	15-20	0	0	0	0	0	15-20
A Hastings - Non Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	0	10-15
P Edgington - Non Executive Director	10-15	0	0	0	0	10-15	10-15	0	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	0	10-15
J Kingsland - Non Executive Director	5-10	0	0	0	0	10-15	10-15	0	0	0	0	0	10-15
D Teale - Non Executive Director	0-5	0	0	0	0	0-5	0	0	0	0	0	0	0
M Baker - Non Executive Director	5-10	0	0	0	0	5-10	0	0	0	0	0	0	0
<b>Banded remuneration of the highest paid director and the ratio between this and the median remuneration of the Trusts staff</b>													
Band of the Highest Paid Directors Total	180-185						195-200						
Median Total Remuneration	27,478						27,513						
Ratio	6.75						7.09						

\* The medical directors salary includes £63k that relates to their clinical role within the Trust.

\*\* The amount included here is the annual increase / decrease (expressed in £2,500 bands) in pension entitlements multiplied over the average post-retirement term of 20 years.

During 2016/17 the Remuneration Committee awarded a pay uplift of 1% to its Executive Team in line with the national award.

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 2016/17 the highest paid director was in the banding £180k-£185k (2015/16 £195-200). This was 6.75 times (2015/16 £7.09 times) the median remuneration of the workforce.

The aggregate amount of remuneration and other benefits received by Directors during the financial year was £772,022. There is no performance related pay or bonuses paid to Directors.

Employer contributions to a pension scheme in respect of Directors was £90,406.

## Director Expenses

Expenses	2016-17 £00s	2015-16 £00s
Total number of directors in office	14	14
Number of directors receiving expenses	8	8
<b>Aggregate sum of expenses paid to directors</b>	<b>82</b>	<b>50</b>

- 1) All Board members are appointed by the Board on permanent contracts.
- 2) All Non-Executive Board members are appointed by the Council of Governors for an initial period of 3 years which is renewable subject to satisfactory performance.
- 3) The following changes have occurred since 1st April 2016:
  - a) J Kingsland left the Board as Non-Executive Director on 30.09.16
  - b) J Burns left the Board as Non-Executive Director on 31.01.17
  - c) M Baker joined the Board as Non-Executive Director on 01.11.16
  - d) D Teale joined the Board as Non-Executive Director on 01.02.17

## Governor Expenses

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

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

During 2016/17, 2 governors claimed expenses totalling £350.49 and all expenses claimed were in line with the Trust Policy.

## Off payroll engagements

For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last longer than six months	
Number of existing engagements as of 31 March 2017, of which ...	9
Number that have existed for less than one year at time of reporting	9
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four years or more at time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1 April and 31 March 2017, for more than £220 per day and that last for longer than six months	
Number of new engagements, or those that that reached six months in duration	9
Number of the above which include contractual clauses giving the Trust the right to	9
Number for whom assurance has been requested of which,	0
Number for whom assurance has been requested and received.	9
Number for whom assurance has been requested but not received	0
Number that have been terminated as a result of assurance not being received.	0

Redundancy and other departure costs have been paid in accordance with the provisions of the contractual arrangements under Agenda for Change.

The Trust is committed to minimal use of 'off payroll arrangements' supporting the overall reduction of agency usage in the NHS. As a Foundation Trust we ensure that we comply with all NSHI rules regarding agency and Very Senior Managers procurement as well as those for highly paid staff through robust internal procedures. These include authorisation, monitoring and escalation processes and where applicable working with NHSI through their established routes for approval. In exceptional circumstances where Limited Companies or Personal Service Companies are used, IR35 legislation is fully compliant.

### Staff exit packages (subject to audit)

Exit package cost band	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s
£100,000 - £150,000	1	118
<b>Total</b>	<b>1</b>	<b>118</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the contractual arrangements under Agenda for Change.

### Pension entitlements (subject to audit)

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2016 (bands of £5,000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2016 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Cash Equivalent Transfer Value at 31 March 2016 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension (rounded to nearest £00) £00
	a)	b)	c)	d)	e)		f)	
A Cannell - Chief Executive	0-2.5	0-2.5	55-60	170-175	1,137	1,096	41	0
Y Bottomley - Deputy Chief Executive /Director of Finance	0-2.5	0-2.5	10-15	0-5	184	156	28	0
H Porter - Director of Nursing & Quality	0-2.5	0-2.5	40-45	125-130	886	849	36	0
P Kirkbride - Medical Director	0-2.5	0-2.5	55-60	175-180	1,317	1,364	(46)	0
B Schofield - Director of Transformation & Innovation	2.5-5	2.5-5	25-30	70-75	407	363	44	0

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

### Cash Equivalent Transfer Values

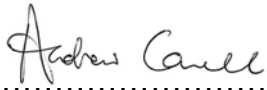
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 no.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.



## Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end the period.

**Andrew Cannell**  
**Chief Executive (in the capacity as accounting officer)**

Signature.....

Date 23rd May 2017

### Cost allocation and charging

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

### 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

## Staff Report

An analysis of staff costs (previously in accounts) analysis by permanent and other

	Group			
	2016/17		2015/16	
	Permanent	Other	Permanent	Other
	£'000	£'000	£'000	£'000
Salaries and wages	33074	1702	30867	1679
Social security Costs	3371		2511	
Employer contributions	4060		3874	
Pension costs - other	9			
Agency and contract staff		2044		1734
NHS Charitable funds staff	415		459	
Employee benefit expense	<b>40929</b>	<b>3746</b>	<b>37711</b>	<b>3413</b>

Analysis of staff numbers by employee definitions analysis by permanent and other

Staff Group	Permanent Contract (Average FTE)	Other Contract (Average FTE)	Average FTE 2016/ 2017
Medical and Dental	48	23	71
Administration and Estates	302	37	339
Healthcare Assistants and other Support Staff	71	3	74
Nursing, Midwifery and Health Visiting	180	3	183
Scientific, Therapeutic and Technical staff	252	18	270
Agency and contract staff		<b>28</b>	<b>28</b>
<b>Total</b>	<b>853</b>	<b>112</b>	<b>965</b>

## Gender Breakdown – Directors

Directors	Count of Assignment Number	Headcount
Female	4	4
Male	7	7
<b>Total</b>	<b>11</b>	<b>11</b>

## Gender Breakdown – Employees

Gender	Count of Assignment Number	Sum of FTE
Female	865	772.20
Male	204	198.61
<b>Total</b> <i>*not inclusive of Honorary Contracts</i>	<b>1070</b>	<b>970.81</b>

## Sickness Absence Data

Occasionally staff become ill and managers are expected to provide appropriate and sympathetic support to staff during these times. The management of sickness absence is to reduce costs and maintain the quality of Trust services in order to ensure a positive patient experience.

Yearly Quarter	Trust Performance 2016/17
Q1 (April - Jun)	4.28%
Q2 (July - Sept)	3.62%
Q3 (Oct - Dec)	4.34%
Q4 (Jan - Mar)	4.40%
Full Year	4.16%

The Trust aims to reduce sickness to a target level of 3.5%. To deliver this target and maintain appropriate staffing levels, the Trust has implemented a robust sickness absence policy, further exploited technology to support effective monitoring and provided dedicated training to support managers to help staff stay healthy and maintain good attendance.

Sickness absence levels continue to be reported to the Board of Directors who use this data to review performance across teams and apply interventions to deliver improvements.

## Human Resources (HR) Policies & Procedures and Working in Partnership

The Trust continues to regularly review all its policies and procedures with the aim of ensuring they remain effective and beneficial to staff. Partnership working continues to be a priority for the Trust; therefore the following forums are integral to the Trust's workforce agenda to support this work:

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

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

During 2017/18 the HR Business Partners will continue to work closely with Departmental Leads to produce our most detailed Trust Workforce Plan to date, highlighting key areas of change within Departments which will have future implications for succession planning, skills development and service reconfiguration for the future. This work will be integral to ensuring that we can deliver a workforce fit for the future clinical model of the Trust.

### **Spotlight Reviews – 2016/17**

To support our preparation and data gathering for the delivery of our five year workforce plan the Workforce and Organisational Development Directorate have reviewed data from a number of areas including:

- An in depth analysis into the turnover and retention rates within the Trust and developed short and long term actions to improve overall retention.
- Initial analysis of age profiling and retirement projections across the Trust by department and staff group identifying potential skills gaps for the future.

During 2017/18 we will develop this work further to ensure that the Trust has the right people, in the right place, with the right skills, at the right time. Another key area of focus will look at how the Trust attracts and recruits new employees. This work is linked to the transformation agenda and the outcome will be

to ensure that the Trust has the key skills and experience to continue to deliver high quality care and treatment to our patients. Areas of priority will include ensuring that the workforce is a fair and diverse representation of our local community and establishing and improving links within the community to enhance partnership working.

### **Leadership and Management Training**

The Trust continues to experience significant change and this is expected to continue as we prepare for services to be delivered in Liverpool. In addition to the individual change support packages provided for staff such as mindfulness courses, during 2017/18 we plan to develop a comprehensive Leadership programme for managers to support them in being able to successfully articulate the rationale for change and deliver successful change programmes supporting an improvement in patient care.

### **Equality, Diversity & Human Rights**

We recognise that delivering on the equality agenda is essential. The Trust is fully committed to meeting its core requirements of the Equality Act 2010 and Public Sector Duty. To enable this to happen the Trust continues to utilise the NHS Equality Delivery System 2 (EDS2) as a tool to monitor Equality Diversity & Human Rights performance across the organisation. Progress against EDS2 is reported and monitored quarterly via the Trust's Equality in Action Steering Group.

EDS2 has arisen from NHS England's commitment to an inclusive NHS that is fair and accessible to all and requires the Trust to self-assess and report our progress towards excellence in equality of outcomes for everyone. This includes both patients and staff, regardless of their sex, race, disability, sexual orientation, transgender background, religion or belief, age or marital status. Clatterbridge Cancer Centre continues to make good progress against the EDS goals.

The Workforce Race Equality Standard (WRES) became a mandatory requirement embedded within the NHS contract on 15 April 2015 with the purpose of ensuring collective analysis and use of workforce data to address the under-representation of black, Asian and minority ethnic employees.

You can view our EDS2 action plan and WRES action plans on the Trusts website at <https://www.clatterbridgecc.nhs.uk/about-centre/equality-and-diversity>

The Trust is an approved user and has been accredited for the "two ticks" symbol, Positive About Disabled People. Our Recruitment policy makes reference to the commitments of the disability symbol and requires all vacancies to be advertised and promoted fairly.

During 2016 we developed a Redeployment Policy which provides guidance to managers on supporting employees who are no longer able to continue to work within their current role. In line with the Trust's values the policy seeks to implement reasonable adjustments to support employees to remain in their role or redeployment to a more suitable position in the Trust.

All of the Trust policies and services require a equality impact assessment to be carried out which determines what the impact would mean to people with a protected characteristic to ensure appropriate adjustments are made with all of the Trust's employment practices monitored against Equality, Diversity and Human Rights metrics.

### **Key Actions during 2016-17:**

- The Trust continues to develop partnerships with external agencies through working closely with Wirral Health Trusts, CSU, Healthwatch Wirral and Job Centre Plus to promote our services, and explore improvements in all forms of communication and identify barriers to recruiting from the protected characteristic groups.
- The Trust conducted a comprehensive review of the Relations at Work (RAW) group as part of our Tackling Bullying and Harassment in the NHS initiative. The outcome of the review identified the requirement to re-launch the group to raise its profile and making explicit links to the Freedom to Speak up guardians, enabling staff to feel confident in raising bullying and harassment concerns within the Trust through a confidentially process. This work has also involved a review of the Bullying and Harassment policy.
- The Trust continues to develop its current Raising Concerns process in line with the National Guardians Office guidelines.
- The Trust promotes Equality, Diversity and Human rights through management policies, working in partnership with the Trade Unions, support services, information networks and E&D promotion.

Equality, Diversity and Human Rights Forums support Equality and Diversity in the community and workplace. The Trust is proactively involved in the following Forums:

- Cheshire Equality Liaison Forum (multi-agency)
- North West Equality Forum (NHS)
- Merseyside Equality and Diversity Leads Forum
- Equality Leads Wirral Health Trusts, the CSU and Healthwatch Wirral
- North West Freedom to Speak Up Guardian (NWFTSUG) meetings
- National Freedom to Speak up forums and conferences

### **Health and Safety**

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

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

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

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

To support staff with knowledge and information for health and safety, fire, security and manual handling training sessions are provided annually, bi-annually or 3 yearly, as appropriate, for all staff groups. Workbooks have been developed for staff to complete as an alternative form of learning alongside face to face and e-learning.

Staff incidents in 2016/2017 are categorised as follows: manual handling; struck by or against; needle stick injury; verbal and physical violence, slips, trips and falls and burns.

The following Health and Safety Policies were reviewed by the Health and Safety Committee during 2016/2017:

- Pandemic Influenza Plan
- Inoculation Injury – Prevention, management of occupational exposure to blood borne viruses
- Policy for handling of cytotoxics during pregnancy
- Security of patients' property

A number of areas were formally audited, these were:

- Security
- Inoculation
- Violence & Aggression
- Falls
- Lone working

Security, lone working and violence and aggression were audited as part of the Environmental Risk Assessment.

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

## Occupational Health

The Trust continues to procure Occupational Health Services from Wirral University Teaching Hospitals NHS Trust to manage staff attendance and wellbeing.

Occupational Health are fully involved with the Trust's Health and Wellbeing Action Plan and have taken an active role in the delivery of a number of preventative solutions such as mindfulness training and specialist CBT sessions available for managers leading staff through change.

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

Clear KPI's are reported via the Trust's Integrated Governance Committee to ensure that we are receiving best value for money in terms of efficiency and quality of service. Furthermore, annual updates regarding the occupational health activity and contract performance are reported to the Board allowing for strategic scrutiny and intervention where necessary.

Additional contracting remains in place with Cheshire and Wirral Partnership Trust to provide specialist counselling support. During 2017-18 the Trust plans to extend this contract to provide an on-site counsellor available to staff one day per week.

### Counter Fraud and Corruption Policies

In addition to its overarching Anti-Fraud, Bribery and Corruption Policy, the Trust has developed a number of Trust Wide and Workforce and Organisational Development policies to include guidance on counter fraud and corruption where appropriate. The Trust has an Anti-Fraud plan and the Audit Committee receives regular updates on progress.

### Expenditure on consultancy

Consultancy costs of £762k relate mainly to the Transforming Cancer Care project £471k, transfer of Haemato-Oncology service from the Royal Liverpool University Hospital £79k, the set-up of PropCare Ltd (new subsidiary company) £59k and an assessment on the Trust's Pharmacy system £42k.

### Staff Survey Results

#### Commentary

The Trust continues to be committed to staff engagement and listening to the suggestions, ideas, concerns and feedback of staff. This is essential to how the Trust will meet the expectations set out in the Trust Vision and Mission as well as the Corporate Plan and Transforming Cancer Care agenda.

A number of staff forums are in place to ensure staff have the opportunity to be involved in transformational change that is under way including the establishment of a Communications and Engagement Steering Group, consisting of representatives from the Trade Unions, WOD, Communication, TCC and Executive teams. The remit of the group is to plan, implement and evaluate a programme of engagement activities and to ensure that feedback and measures are analysed and acted upon.



The main focus of this group since its formation has been the implementation of the 'Honest Conversations' initiative which provides the opportunity for staff members from all departments across the Trust to come together and to be involved in change at an early stage and to provide their feedback on what matters to them and how we can best work together to ensure a successful and sustainable implementation. Four honest conversations have taken place in 2016/2017, aligned to the four pillars of TCC and to the CCC Culture recipe. Key themes from these events are being used to inform future engagement plans and initiatives including piloting some departmental honest conversations events which are more general and focused on plans, concerns and ideas of staff within a particular service area.

Staff are also encouraged to participate in other surveys such as the Annual Stress Audit, Family and Friends Test; New Starter Temperature Checks; Exit interviews and the Performance Appraisal Audit. Feedback from staff is used to inform any necessary appropriate interventions such as the review of the PADR process and policy; review of local induction processes and team diagnostics.

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

## **Summary of Performance**

553 staff out of 963 at The Clatterbridge Cancer Centre NHS Foundation Trust took part in the 2016 Staff Survey. This represents a 57% response rate which is 6% higher than 2015 and significantly higher than other similar organisations (44%).

## **Survey Highlights**

The Survey results were very positive, the Trust is performing well across the board and our results are largely above average for our sector with some improving trends.

In relation to 'Staff Engagement' the Trust's overall score for this was 4.03 out of 5 (4.00 in 2015), which is above the sector score (national average for acute specialist trusts) of 3.91.

76% of our staff who responded would recommend the Trust as a place to work (67% national average)

93% of our staff would be happy with the standard of care if a friend or relative were treated at the Trust; this is above the sector average.

The results indicate some positive increases in relation to the following:

- Staff satisfied with the support they get from their immediate Managers (2016 - 73%, national median - 68%, 2015 - 69%)
- Staff satisfied with the recognition they get for good work (2016 – 56%, national median - 54%, 2015 – 51%)
- The number of staff agreeing that their immediate managers valuing their work (2016 - 76%, national median - 72%, 2015 - 68%)

- The number of staff agreeing that they receive regular updates on Patient/User Experience (2016 – 60%, national median - 61%, 2015 - 49%)
- The number of staff agreeing that the Trust takes positive action on Health and Wellbeing (2016 – 97%, national median - 91%, 2015 - 94%)
- All scores relating to our values have improved with 97% of staff saying they are aware of the organisation's values
- Health & Safety – the majority of scores have improved since last year and are above sector average
- Personal development - most scores, except one, are average or above, and most have also improved since last year

### **Areas for improvement**

- Staff feeling that they are unable to meet conflicting demands on their time (2016 - 40%, national median – 45%, 2015 – 41%)
- Staff feeling unwell due to work related stress in the last 12 months (2016 - 38%, national median 35%, 2015 – 33%)
- Staff feeling pressure to attend work when not well (2016 - 57%, national median – 57%, 2015 – 61%)
- Staff reporting most recent experience of harassment, bullying and abuse (2016 - 38%, national median - 47%, 2015 – 40%)
- Staff appraised in the last 12 months (2016 - 81%, national median - 87%, 2015 – 86% )

### **Key Changes Since 2015**

- There was a huge improvement in staff agreeing that they would feel secure in raising concerns about unsafe clinical practice (2016 - 77%, 2015 – 71%)
- The number of staff satisfied with opportunities for flexible working patterns has increased (2016 - 59%, 2015 - 54%)
- More staff agree that training, learning or development has helped them to deliver a better patient experience (2016 - 83%, 2015 - 76%)
- An increased number of staff agree that the Trust acts on concerns raised by patients (2016 - 88%, 2015 - 83%)
- The incidences of physical violence reported by staff or colleagues has dropped (2016 - 70%, 2015 - 76%)
- More staff agree that The Trust treats staff who are involved in an error, near miss or incident fairly (2016 - 68%, 2015 - 61%)

	2014/15		2015/16		Trust improvement/ deterioration
Response rate	Trust	National Average	Trust	National Average	
	51%	41%	57%	44%	6% increase

	2014/15		2015/16		Trust improvement/ deterioration
Top 5 ranking scores	Trust		Trust	National Average	
Question KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	93%		94%	86%	1% increase
Question KF15 Percentage of staff satisfied with the opportunities for flexible working patterns	55%		59%	53%	4% increase
Question KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	95%		96%	92%	1% increase
Question KF20 Percentage of staff experiencing discrimination at work in the last 12 months	7%		6%	9%	1% decrease
Question KF1 Staff recommendation of the organisation as a place to work or receive treatment	4.19		4.26	4.12	0.07% increase

	2014/15		2015/16		Trust improvement/ deterioration
Bottom 5 ranking scores	Trust		Trust	National Average	
Question KF16 Percentage of staff working extra hours	77%		78%	74%	1% increase
Question KF17 Percentage of staff feeling unwell due to work related stress	34%		37%	33%	3% increase
Question KF27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	40%		38%	47%	2% decrease
Question KF11 Percentage of staff appraised in last 12 months	86%		81%	87%	5% decrease
Question KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.99		4.00	4.04	0.01% increase

## Areas Highlighted for Improvement & Progress

Areas Highlighted for Improvement	Progress to Date
Staff feeling that they are unable to meet conflicting demands on their time	Managers asked to address this with staff via the PADR process and discussions.
Staff feeling unwell due to work related stress and feeling pressure to attend work when unwell	H&WB action plan now in place. HR Business Partners working with Line Managers to provide support and guidance on the attendance management process and to identify hot spot areas and review processes to manage work related stress. Continued use of HSE Stress Analysis Questionnaires to identify issues and to identify and sign post staff members to the most appropriate support service. Psychological Wellbeing programme implemented for Medical Staff and Senior Managers.
Staff experiencing and the non-reporting of incidents, harassment and abuse	Health and Well Being Lead reviewing survey data to identify hot spot areas and will link to H&WB action plan and the national initiative of 'Tackling Bullying in the NHS – Collective Call to Action' guidance. The role, remit and responsibilities of the Relations at Work Group currently under review along with a re-launch campaign to raise awareness of tackling bullying and harassment in the work place.
Decline in the completion of Appraisals	A holistic review of the PADR policy, process and training is taking place with the aim of enabling managers to deliver an effective, value added appraisal process that supports the Trust's Workforce and OD & future Talent Management Strategies
Staff Engagement	A Staff Engagement Steering group in place and the implementation of the 'Honest Conversations' to build staff engagement through early staff involvement and to understand from our staff about how we can work together to best develop the case for change and to ensure a successful and sustainable implementation.

## Future Priorities and Targets

A presentation of the 2016 Staff Survey Results has been presented to the Trust's Management Group highlighting the areas of strength and improvement and those for further development and review on a departmental level. Further analysis is being conducted on the results in preparation for discussions with departmental managers and conducting focus groups with staff members with the aim of developing local action plans to bring about the required improvements.

The Trust's Workforce and Organisational Development immediate priorities are:

- Staff Engagement
- Health and Wellbeing
- Bullying and Harassment
- Completion of Appraisals

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

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

## **NHS Foundation Trust Code of Governance**

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

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

## **Council of Governors**

### **Council of Governor's Roles, Responsibilities and Working Arrangements**

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

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

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

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

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

### Working together with the Board

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

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

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

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

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

### Composition of the Council of Governors

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

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

Note: during 2016/17 there was 1 vacancy in the St Helens & Knowsley, 2 vacancies in Warrington and Halton and 1 vacancy in Wirral and the rest of England public constituencies.

### Attendance at Council of Governors meetings

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Barbara Boulton	Elected Public	Chester West and Chester	4	3	PE	2017
Matthew Duffy**	Elected Public	Chester West and Chester	3	3	PE, ST	2019
Mary Doddridge	Elected Public	Liverpool	1	1	PE, MC (Chair), N&R	2016
John Roberts**	Elected Public	Liverpool	3	3	MC	2019
Cheryl Rosenblatt	Elected Public	Liverpool	4	2	PE, MC	2017
Yvonne Tsao	Elected Public	Liverpool	4	2	PE, MC, N&R	2018
Carla Thomas	Elected Public	Sefton	4	3	PE, MC	2018
Ian Boycott-Samuels	Elected Public	Sefton	4	4	PE	2019
Stephen Sanderson*	Elected Public	St Helens and Knowsley	4	3	ST (Chair), N&R	2019
Vacancy	Elected Public	Warrington and Halton				
Vacancy	Elected Public	Warrington and Halton				
Jeanette Appleton	Elected Public	Wirral and the rest of England	1	0	PE, MC	2017
David Steele**	Elected Public	Wirral and the rest of England	3	3	MC	2019

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Angela Cross	Elected Public	Wirral and the rest of England	3	3	PE (Chair), N&R	2016
John Field	Elected Public	Wirral and the rest of England	4	1	ST	2017
Jane Wilkinson	Elected Public	Wales	4	3	PE, MC (Chair)	2018
Doug Errington	Elected Staff	Doctor	4	3	ST, PE, N&R	2018
Chris Ball	Elected Staff	Non Clinical	1	1		Retired
Luke Millward-Browning	Elected Staff	Nurse	4	3	PE, MC	2018
Helen Mayles	Elected Staff	Other Clinical	1	0	ST	Retired
Pauline Pilkington	Elected Staff	Radiographer	4	4	ST	2018
Ray Murphy	Nominated	Cancer Steering Group	4	4	ST	2017
Shaun Jackson	Nominated	Aintree University Hospitals NHS	4	2	ST, PE	2017
Sonia Holdsworth	Nominated	Macmillan Cancer Support	4	3	ST, N&R	2018
Andrea Chambers	Nominated	Manx Cancer Help Association	4	1	ST	2018
Andrew Pettit	Nominated	The University of Liverpool	4	1	ST	2018
Burhan Zavery	Elected Staff	Volunteers, Service Providers, Contracted Staff	4	2	MC	2018
Andrew Bibby	Nominated	NHS England – Cheshire and Merseyside Sub Regional Team	4	2	ST	2016
Michael Sullivan	Nominated	Local Council – Metropolitan Borough of Wirral	4	3	PE	2017

\* Senior Governor

\*\* Elected/Appointed in year

PE Patient Experience  
ST Strategy

MC Membership and Communications  
N&R Nominations and Remuneration

We would like to express our thanks to former Public Governors Jeanette Appleton, Mary Doddridge, Michael Roberts; Staff Governors: Helen Mayles, Christine Ball; Nominated Governor: Matt Daniel. Each served as a Governor during 2016/17 for a period of time and has since resigned from their role, not been re-elected or was ineligible for re-election as outlined in the Constitution.



## Director Attendance at Council of Governors Meetings

Name	Meetings Held	Meetings Attended
Executive Directors		
Andrew Cannell	4	3
Yvonne Bottomley	4	1
Peter Kirkbride	4	0
Helen Porter	4	3
Barney Schofield	4	1
Non-Executive Directors		
Wendy Williams*	4	3
James Kingsland $\Delta$	1	1
Gil Black	4	3
Alison Hastings	4	0
Jan Burns $\Delta$	2	1
Philip Edgington	4	1
David Teale $\diamond$	1	0
Mark Baker $\diamond$	2	0

- \* Chair
- $\Delta$  Term of Office expired or Contract of Employment ended mid-year
- $\diamond$  Term of Office or Contract of Employment commenced mid-year

## Board Roles and Structure

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

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

The terms of reference of all Board committees are reviewed regularly as part of the annual review of the Constitution, Corporate Governance Manual and related policies led by the Corporate Governance Manager and updated to reflect changes in the operating environment and best practice. The most recent review commenced in November 2015 and at its meeting in February 2016 the Board of Directors approved the reviewed terms of reference for its committees. The Board is currently reviewing all committees' terms of reference and will be establishing a new Board Committee to oversee the transformation agenda.

The structure is as follows:

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

\* With the exception of August and January

~ With the exception of August and December

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

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

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

	<b>Board of Directors**</b>	<b>Audit**</b>	<b>Quality**</b>	<b>Finance and Business Development**</b>
No of meetings held for 2016/17	<b>12</b>	<b>5</b>	<b>5</b>	<b>10</b>
<b>EXECUTIVE DIRECTORS</b>				
Yvonne Bottomley	10	5*		10
Andrew Cannell	12	1*	3	8
Peter Kirkbride	11		4	
Helen Porter	12	5*	5	10
Barney Schofield	11			8
<b>NON EXECUTIVE DIRECTORS</b>				
Mark Baker◇	4/6			
Gil Black	11	5		10
Jan Burns△	6/10	2	5	8
Philip Edgington	12		5	10
Alison Hastings	11	4		
James Kingsland△	4/5	2	1/2	
David Teale◇	2/2			1
Wendy Williams	12			

- All meetings were quorate
- \*Identifies the number of meetings the Executive Directors have been in attendance.
- \*\* The membership of these committees changed during 2016/17. Attendance has been shown with the number of meetings held whilst the individual was a member of the relevant committee.
- △ Term of Office expired or Contract of Employment ended mid-year
- ◇ Term of Office or Contract of Employment commenced mid-year

## Audit Committee

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

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

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

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

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

## Quality Committee

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

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

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

- Ensuring a robust compliance framework is in place to meet the various statutory obligations focusing in particular on:
  - CQC regulatory requirements
  - Health and Safety legislation
  - NHS Constitution
  - Equality and Diversity
- Ensuring delivery against specified Trust strategies including:
  - Quality
  - Patient and Public Involvement (including reviewing complaints, concerns, comments and compliments)
  - Risk Management
  - HR and Organisational Development
- Performance
  - Monitored the achievement of all performance targets as set by the CQC and our commissioners
  - Monitored compliance with all relevant quality requirements
  - Monitored the achievement of all performance targets as set out by CCC (e.g. workforce statistics)
  - Oversaw the delivery of action plans developed from the national staff and patient survey programmes
- Finance
  - Monitored the delivery of the CIP Programme with specific reference to risk mitigation

### **Finance and Business Development Committee**

It is the responsibility of the Committee to oversee the development and execution of the Trust's business development and financial strategy. This has involved making recommendations to the Board on the long term strategy in the context of the Trust's vision, mission and values.

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

During the year the Finance & Business Development Committee delivered all its responsibilities in accordance with its Terms of Reference, in particular:

- Provided regular updates on its activities to the Trust Board.
- Reviewed and monitored the Trust's Investment Policy to ensure that external reporting requirements were met e.g. NHSI Single Oversight Framework.

- Received and maintained all financial and investment policies and procedures that are not the direct responsibility of the Audit Committee.
- Reviewed, maintained and managed risks relevant to its responsibilities in accordance with the Board Assurance Framework and Risk Register.
- Monitored the delivery of the Trust's Capital Programme and Cost Improvement Plans.
- Monitored the development and execution of specific Trust strategies e.g. Organisational Development, Estates, Information Technology.
- Monitored delivery against the Transformation Programme
- Monitored delivery against the haemato-oncology integration plan

### **Nomination Committee (Executive Directors)**

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

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

During this year the Nomination Committee was not required to meet.

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

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

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

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

During this year the Nominations Committee were convened for the recruitment of three Non Executive Directors:

Position 1: Clinical and patient safety expertise gained from medical, nursing, allied disciplines or public health experience at a senior level in an academic, research, regulatory or clinically focused role.

Position 2: Financial expertise gained within a large and complex organisation at a senior level with a recognised financial qualification

Position 3: Large organisation experience covering change and achieving competitive advantage gained at a strategic level.

For Position 1, formal interviews for this recruitment process were held on 13<sup>th</sup> and 27<sup>th</sup> October 2016. The interview panel consisted of Wendy Williams (Chair), Carla Thomas, Yvonne Tsao, Ian Boycott-Samuels, Douglas Errington and Sonia Holdsworth. Also in attendance was Andrew Cannell (Chief Executive) and Robin Staveley, Gatenby Sanderson (Recruitment Consultants).

The Committee recommended the appointment of Professor Mark Baker, clinical expertise with effect from 1<sup>st</sup> November 2016 for an initial term of office of three years and this recommendation was approved at the Council of Governors meeting on 31<sup>st</sup> October 2016.

For Positions 2 and 3, formal interviews were held on 9<sup>th</sup> and 16<sup>th</sup> December 2016. The interview panel consisted of Wendy Williams (Chair), Stephen Sanderson, Yvonne Tsao and Jane Wilkinson. Also in attendance was Andrew Cannell (Chief Executive) and Ben Hall, Gatenby Sanderson (Recruitment Consultants).

The Committee recommended the appointment of David Teale, change expertise, with effect from 1<sup>st</sup> February 2017 for an initial term of office of three years and Debbie Francis, finance expertise with effect from 1st August 2017 for an initial term of office of three years.

Recommendations for both positions were approved at the Council of Governors meeting on 23<sup>rd</sup> January 2017.

All of these processes were in line with the Trust's constitution.

### **Board Effectiveness**

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

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

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

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

## Committee Evaluation

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

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

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

## Board Development Days

During 2016/17 these sessions facilitated discussion which reviewed the potential external pressures which could impact on the delivery of the Trust's strategic vision, assessing potential future development opportunities and maintaining a unified Board.

## Board Development / Mandatory Training

The Board Development Programme has been developed using a dynamic approach ensuring there are ongoing development opportunities to strengthen capacity and performance and to enhance strategic functioning. The programme has included such topics as forward planning, CQC inspection, Board assurance framework, integrated performance reporting, Board as an effective leader of the Trust: Making it Work and communications strategy.

## Membership

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

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

If members wish to contact their individual Governor or a Director they can do so by contacting Andrea Leather, Corporate Governance Manager on 0151 556 5331 or email [andrea.leather@nhs.net](mailto:andrea.leather@nhs.net) or [governor@clatterbridgecc.nhs.uk](mailto:governor@clatterbridgecc.nhs.uk)

Public Constituency	2016/17 (actual)	2017/18 (estimated)
<b>Staff Constituencies</b>		
Doctor	76	87*
Nurse	184	284*
Non clinical	403	423*
Other clinical Professional	185	186
Radiographer	164	164
Non staff	134	135
<b>Public Constituencies</b>		
Wirral and rest of England	1246	Maintain current level of membership
Liverpool	977	
Sefton	1067	
Warrington and Halton	426	
St Helens and Knowsley	576	
Cheshire West & Chester	459	
Wales	180	

\*inclusive of staffing numbers in relation to the transfer of Haemato-oncology service with effect from 1st July 2017

Staff constituency members as of March 31, 2017 totalling 1146  
Public constituency members as of March 31, 2017 totalling 4931

Within its Operating Plan 2016/17 the Trust's objective was to preserve the current membership levels whilst developing ways to engage with younger people and hard to reach groups whilst growing the public membership to no fewer than 5,600.

As outlined in the table above, the number of public members has continued at a steady pace with 131 new members joining the Trust. A large proportion of our members come from our patient population. A significant contributor to the number of public members identified as 'leaving' is those members who have passed away within the year, 93 out of 231 rather than those opting to stop being a member. The majority of other leavers has been picked up when members who have moved home without notifying the Trust and this is captured following circulation of articles such as the Trust magazine.

### Membership Strategy

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

As part of the Membership Strategy, Governors have held a number of recruitment drives throughout 2016/17 to actively recruit members to the Trust. These drives have taken place across a variety of venues including the Trust, local schools, local businesses and larger events.

The Membership Strategy is revised by the Membership and Communications Committee. A review is underway and will be presented to the Council of Governors



for approval in 2017/18.

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

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

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

### Working together with the members

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

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

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

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

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

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

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

## NHS Improvement's Single Oversight Framework

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, NHS Improvement's (previously Monitor) *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

### Segmentation

This segmentation information is the Trust's position as at March 2017. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

NHS Improvement has placed the Trust in Segment 1. No enforcement action has been taken by NHS Improvement (Monitor).

The Trust is assessed against five themes of the Single Oversight Framework:

- NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes: Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

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

### *Finance and use of resources*

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial sustainability	Capital service capacity	1	1
	Liquidity	1	1
Financial efficiency	I&E margin	1	1
Financial controls	Distance from financial plan	1	1
	Agency spend	4	4
Overall scoring		3	3

Due to the high risk rating for agency spend, the overall risk rating is capped at a 3. However NHSI are aware of the reasons behind the Trust agency expend and have adjusted the overall Trust rating so that the Trust remains in Segment 1 (lowest Risk).

## Governance

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

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

The Trust was subject to a CQC inspection in June 2016. In February the Trust received its report with an 'Outstanding' rating.

## Modern Slavery Act 2015

### Introduction from the Board

We are committed to improving our practices to combat slavery and human trafficking.

### The Trust

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 non-surgical 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 27,000 patients per year, with in excess of 210,000 patient contacts for treatment/appointments. The Centre registers more than 9,000 new patients each year.

More than 1,000 staff are employed at the Centre, with volunteers providing additional support and services. The Trust spends approximately £115m per year on all aspects of cancer treatment, diagnosis and care.

The Trust Board is committed to ensuring that the Trust follows best practice and takes all reasonable steps to ensure there is no modern slavery or human trafficking in any part of our business and through its supply chains and ensure compliance with the Modern Slavery Act 2015.

During 2016/17 the majority of our procurement and management of the supply chain has been through a service level agreement with Wirral University Teaching Hospital (WUTH). We have reviewed their modern slavery statement, their Responsible Purchasing Policy and their letters to suppliers with regard to the Act and are assured that they are compliant with the requirements of the Act.

We have included modern slavery conditions or criteria in specification and tender documents wherever possible.

All members of staff have responsibility for the prevention of slavery and human trafficking. Modern slavery is included in our Safeguarding Adults and Children policy which aims to support front line staff to be able to identify and report any concerns. Going forward in 2017/18 we will continue to ensure we meet the provisions of the Act. As we enter into contract with Laing O'Rourke for the building of our new cancer centre we will work closely with LOR to ensure that their Global Code of Conduct, as set out on their company website, is enforced on the construction of our new Cancer Centre.

We will ensure that any suppliers and contractors that we directly contract with are encouraged to take their own action and understand their obligations to the Act.

Will not award contracts where suppliers do not demonstrate their commitment to ensuring that slavery and human trafficking are not taking place in their own business or supply chains.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2016.

## Statement of the Chief Executive's responsibilities as the accounting officer of The Clatterbridge Cancer Centre NHS Foundation Trust

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

**NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which The Clatterbridge Cancer Centre NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis *required by those Directions*. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of **The Clatterbridge Cancer Centre NHS Foundation Trust** and of its income and expenditure, 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 **Department of Health Group Accounting Manual** and in particular to:

- observe the Accounts Direction issued by **NHS Improvement**, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on an ongoing 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/her 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 the *NHS Foundation Trust Accounting Officer Memorandum*.

**Andrew Cannell**  
**Chief Executive (in the capacity as accounting officer)**

Signature.....

Date 23rd May 2017

## 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 2017 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

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

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

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

These systems are further supported by the evaluation of the effectiveness of risk management and control systems and implementation of recommendations from external assessments to promote both organisational and individual learning and the

dissemination of good practice within the Trust. Bespoke learning and development is provided according to individual role requirements such as Trust Board members, senior managers and all staff. Risk Management training is mandatory for all staff including senior managers and Board members. Clear delegated authority is defined within the Corporate Governance Manual and the Trust's Risk Management Strategy.

The Risk Management Strategy is underpinned by a number of risk related policies and procedures which provide further information and guidance to staff in the management of risk. The Trust is committed to continually reviewing its risk management process and endeavors to ensure that it learns from best practice.

### The risk and control framework

The key purpose of the Trust's Risk Management Strategy is to identify and then 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 reviewed and approved an updated Risk Management Strategy in December 2015. The Trust Board acknowledges that not all risk can be totally eliminated. It therefore determines the risk appetite of the Trust. Levels of acceptable risk are determined by working within agreed Trust policies and procedures. An acceptable risk is one which has been accepted after proper evaluation, with all the possible controls in place.

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

The Trust Board has endorsed the Quality Strategy, the Operational Plan and the Risk Management Strategy. In addition, a range of Trust-wide policies and procedures further supports the risk management processes.

The risk and control framework is continually reviewed and developed. In this regard in 2016/7 the following actions were taken:

- The Board progressed its action plan from its independent Well-Led Framework governance review in 2015/16
- Annual review of the approved Trust Board committee structure in line with the principles of Integrated Governance to ensure its continued effectiveness
- Embedded NHS Improvement Quality Governance Framework
- Continued development of the operation of the Trust's Risk Register including fully embedding a new electronic system
- 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 to processes were made in 2016/17 in order to continue to meet all mandated targets
- Any new and emerging risks identified 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
- Introducing a new Trust Secretary role
- Full review and revision of the Board Assurance Framework

The Trust Board continues to review compliance with the NHS Improvement Single Oversight Framework including performance against all best practice areas. The requirements of the Framework are embedded into the Trust's Performance Management Framework. Overall the Trust Board is assured that it has in place a 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 Board Quality 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 proactive programme of 'mock inspections' against each of the outcomes which are reported to the Quality Committee. Actions are taken to address issues identified.

The Trust had a CQC inspection in June 2016. In February 2017 we were notified that we had received a rating of 'Outstanding'. Full details including the Trust's response to the recommendations are found in the Quality Report.

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 2016/17; The Trust achieved a minimum of Level 2 against the requirements of the Information Governance Statement of Compliance, where relevant information risks identified in the course of the Trust's incident reporting processes are investigated and lessons learned.

The Trust has embedded a Board Assurance Framework. The Board 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 Board Assurance Framework. Each high scoring risk has an individual risk mitigation plan developed by the responsible Executive Director.

The current major risks both in-year and for the future are the focus of ongoing Trust Board scrutiny and control to ensure:

#### Risks

- The delivery of high quality patient services (safety, patient experience and outcomes)
- The Trust has the appropriate, motivated and engaged workforce in place to deliver its strategy
- Financial sustainability and delivery of the financial plan
- Regulatory compliance with, CQC, NHS Improvement, and other relevant legislation
- Strong leadership within the Trust and external to the Trust
- Capability and capacity to deliver major strategic change
- Adequate infrastructure e.g. estates and IT
- Robust external relationships and responding to changes in the external environment
- Responsiveness to technical challenges and development to deliver effective cancer treatments

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

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

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

The Trust regularly reviews the effectiveness and responsibilities of the Board and its committees through evaluation of each Board meeting and through formal review annually of each committee. The overarching governance structure is regularly reviewed and in 2016/17 the Finance and Strategy Committee was replaced by a Finance and Business Development Committee and the Integrated Governance Committee was replaced by a Quality Committee. The Trust has regard to guidance on good corporate governance.

The responsibilities of Directors are reviewed through individual performance review and through the review and refresh of the Policy for the Appointment for Non-executive directors.

The Board has reviewed its compliance with its licence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For 2016/17 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.

During 2016/17 twelve reviews were undertaken with an opinion given. No review received 'high assurance', six received 'significant assurance' and six 'limited assurance'. None of the reviews had 'no assurance'.

Effective performance has been demonstrated through:

- The achievement of all the key NHS performance targets
- Allocation of segment 1 (NHS Improvement)

## Information Governance

There has been one Serious Incident Requiring Investigation (SIRI) which was categorised as level 2 in the Information Governance Incident reporting Tool and, as such, required formal external notification to the Information Commissioner's Office (ICO).

During January 2017 the Trust received notification from its contracted Radiation Protection Services provider of a potential breach in relation to personal data. One of the service provider's third party suppliers suffered a cyber-security attack which resulted in personal information and radiation doses of a number of Trust staff being compromised. The Trust commenced an in-depth analysis to validate and cleanse the data supplied, in order to identify affected individuals. This was an important step in the process to remove dummy entries, identify duplicates, and establish current contact details for all those involved. Once this was concluded, all affected staff were individually notified by letter. The incident affected 331 individuals connected to the Trust.

This incident impacted a number of NHS organisations in England, Scotland and Wales as well as private healthcare providers, the aviation industry and veterinary services.

There has been one Information Governance/Information Technology incident during 2016-2017 which resulted in detailed Root Cause Analysis and internal investigation being carried out.

In October 2016 a form of ransomware virus entered the Trust's IT network via a computer on a shared network domain. The virus spread to Trust's file shares with some files becoming encrypted and inaccessible. As a precautionary measure the Trust's EPR system was taken off-line to ensure that the virus could not spread to servers running the system and to prevent patient records in the system from becoming encrypted. Various checks were performed and advice sought from information security specialists.

A serious incident investigation took place and a number of actions agreed to mitigate the risks of a similar incident occurring in future.

## 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. NHS Improvement (in exercise of the powers conferred on 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 NHSI's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

## **1. Governance and leadership**

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

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

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

In 2016/17 the Trust implemented a new Electronic Patient Record and a Data Warehouse. Following implementation the Trust's data quality was not complete for some of the mandated submissions for waiting times and contract activity for a period of 5 months. However, all submissions have been refreshed and resubmitted with full data completeness.

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

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

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

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

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

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

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

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

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

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

## **3. Systems and processes**

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

The Trust has in place a Business Continuity Plan and Disaster recovery arrangements. Both of these were tested in 2016/17.

#### **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 Trust 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 monthly Integrated Performance Report, with evidence of Board challenge in response. Detailed quality information is reviewed by the Board Quality Committee.

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.

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

Data which is used for external reporting is subject to rigorous verification reviewing both data collection and reporting. A range of reports are used to monitor the quality of data reported externally and a variety of audit processes are used routinely. All data returns are prepared and submitted on a timely basis and are supported by a clear

and complete audit trail. Where appropriate data is triangulated against other sources of information such as patient feedback and is included within scorecard reports.

### **Waiting times data accuracy**

The Trust assures the quality and accuracy of elective waiting times data by completing regular Data Quality Audit reports in line with the National Information Governance toolkit requirements.

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

### **Review of effectiveness**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

- Individual departments have a series of key performance indicators which are monitored on a monthly basis. In addition to this there is also a Trust wide set of key performance indicators that are reviewed each month at Trust Board, these cover waiting times, infection control as well as finance.
- Four times a year the executive directors meet with each clinical directorate to formally review performance against objectives, management of clinical governance & risk, financial management and delivery against national waiting time targets.
- Green governance ratings for quarter 1.



- With effect from Q2 (2016/17) the new approach to overseeing both NHS Foundation Trusts and NHS Trusts' compliance was implemented and therefore the Trust will be assessed against five themes of the Single Oversight Framework: Quality of Care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability (well-led). Trusts will be scored and allocated to a Segment 1 – 4, 1 being lowest risk.
- The Trust has been allocated Segment 1 (March 2017)
- 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 in 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 Trust's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Governing Body and clearly reflects the risks discussed by the Governing Body.

Internal Audit have also provided significant assurance overall across a range of individual opinions arising from risk based audit assignments reported throughout the year.

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

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


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

- Approval of the clinical audit plans and receiving regular clinical audit reports
- Receiving and reviewing reports on all incidents reported including Serious Untoward Incidents (SUIs)
- Receiving external assurance reports and monitoring action plans where deficiencies are identified
- Providing assurance to the Board on risk identification and mitigation.

## Conclusion

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

**Andrew Cannell**  
**Chief Executive (in the capacity as accounting officer)**

Signature.....

Date 23rd May 2017





# Quality Report



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From 1st April 2016 to 31st March 2017

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

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

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

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

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

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

This year we had our first comprehensive inspection by the Care Quality Commission. I am particularly pleased to report that the Trust received an overall rating of 'Outstanding' which both demonstrates the high standard of care and treatment delivered by our staff and provides reassurance to patients under our care.

The Trust Board continues to ensure 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 work closely with our Council of Governors to ensure that it supports the Trust Board in shaping the Quality 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.

We continue to work with our staff and our key stakeholders to continue to improve the quality of our services. This year has seen a number of key developments and challenges for the Trust including:

- We have met all of the mandated waiting times targets
- I am particularly pleased to be able to report again that we have achieved against our clostridium difficile and MRSA targets. Whilst we had 4 cases of attributable clostridium difficile (c.diff) against a maximum of 1 case our Commissioners agreed that in all cases there was not a lapse in care.
- On the last day of 2016/17 it has been 5 years and 249 days since our last case of MRSA bacteraemia attributable to the Trust and 224 days since our last case of attributable c.diff.
- We have scored consistently in the top 20% performing Trusts in our most recent annual Staff and Patient Care Quality Commission surveys. Whilst all of the questions in these surveys are important one particular staff survey question provides me with assurance of the quality of care. When staff were asked 'if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust' 92% replied yes.

- Our annual PLACE (Patient Led Assessment of the Care Environment) assessment has also demonstrated good performance with ratings being given for cleanliness (99.84%), ward food (96.02%), privacy, dignity and well-being (82.86%), dementia (67.16%), disability (74.90%) and condition, appearance and maintenance (91.02%). We are reviewing these results to ensure we continue to improve.
- A high proportion of our unqualified staff have now completed the Care Certificate.

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: 23<sup>rd</sup> May 2017

## During the last year in our cancer centre:

We cared for 3704 in-patients

We saw 10,152 new out-patients

We delivered 93,330 outpatient radiotherapy treatments

We delivered 47,335 outpatient chemotherapy treatments

## During the last year we had:

0 cases of MRSA

4 cases of C diff (none with a lapse in care)

21 formal complaints

18 attributable pressure ulcers (5 lapse in care)



## Introduction

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

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

The strategy aims to improve:

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

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

**Are We Safe** includes:

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

**Are we Effective** includes:

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

**Are we Caring** includes:

- Ward nursing staff levels
- Patient feedback

**Are we Responsive** includes:

- Compliance with cancer waiting times

**Are we Well Led** includes:

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

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

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

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

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

Due to the size of the population that it serves the Trust has endeavoured to engage with all Healthwatch and Overview and Scrutiny Committees (OSC) in developing the Quality Report and key priorities. In October 2016 and April 2017 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 2016/17 key priorities and performance against key metrics and discussed the priorities for 2017/18. The Trust will continue to use these engagement events to continue to improve engagement with Healthwatch over the coming year.

Representation from Healthwatch and OSC:

<b>25.10.16</b>
<b>Healthwatch</b>
9
<b>25.4.17</b>
<b>Healthwatch</b>
3

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

## 2.1 Priorities for Improvement

### Priority 1: Falls

Safety: Focus on falls. Development of a comprehensive falls prevention and management plan

Patient Safety: *Always safe, always effective*

#### Patient safety: Falls

We have a comprehensive falls prevention and management plan. This includes the expansion of the Quality Improvement Manager's role to focus on falls prevention. We will support the role of the family and carers in falls prevention through piloting accessible visiting (part of our Patient and Family Centred Care Model) so that relatives and carers can stay with patients for longer and as part of the John's Campaign we are investing in mobile beds so that carers/relatives can stay overnight in the patient's room. Patients at risk of falling are identified by the new falling leaf magnet for the back of bed boards on the wards. We will explore the use of a TAGGING system for staff when they have falls risk patients on the ward and will introduce reminders to patients regarding the need to use the call bells, e.g. 'CALL DON'T FALL' posters in toilets etc. The RCA will be reviewed and re-launched. All falls will be presented at a monthly incident panel meeting as from March 2017. This will include trend of patients falling going to/from toilet. Intentional Rounding charts will be reviewed to ensure proactive toileting. We will explore the possibility of providing at risk patients with balance exercises. Green wrist bands for at risk patients will be implemented as a visual alert for when patients are off the ward.

#### Why have we chosen this priority?

Patient falls are the highest case of moderate patient harm and the second

highest cause of minor harm incidents in the Trust.

### How we did last year

In-patient falls

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
15/16	15/16	15/16	15/16	16/17	16/17	16/17	16/17
25	36	30	27	32	22	22	15

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

Falls will be monitored at the monthly falls incident panel and will be reported through to the Board Quality Committee.

### Priority 2: Experience: Implementation of the Patient Experience Strategy

Patient Experience: *Striving for excellent patient satisfaction*

### Patient and Public Engagement Strategy

The Trust recognises the value of patient and public engagement in the planning and provision of care to deliver our mission and the development of services to deliver our vision. It also accepts its legal obligation to involve patients and the public in its work.

The Trust is undergoing considerable change and transformation over the coming months and years and it is imperative that we ensure that patients are fully engaged and involved in this journey and we use their involvement and feedback to provide the best cancer care to the people we serve.

The Trust's new Patient and Public Engagement Strategy sets out our ambitions for patient and public engagement and our plans to achieve this.

As the host of the Cheshire and Merseyside Cancer Alliance, CCC will also seek to influence the development of a C&M public and patient engagement

strategy on cancer, which should be separate but complementary to this strategy.

### Why have we chosen this priority?

Over the coming years patient engagement will be critical to the ongoing development of our services and the continual improvement in patient care.

### How we did last year

The Trust undertook a variety of patient engagement activities but this was without the structure of an overall strategy and work programme.

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

Progress will be reported to the Board Quality Committee.

### Priority 3: Effective: Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action

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

### Patient Outcomes/effectiveness:

The Trust will build on its current comprehensive mortality review processes through establishing a strategic Mortality Surveillance Group (MSG) accountable to the Trust Board. Mortality Review Meeting documentation will include a clinician declaration of an avoidable death, as recommended by the National Chemotherapy Board. The Trust's mortality governance will take account of NHS England's national programme for a two staged approach to standardising retrospective case record review (RCRR) for in-hospital deaths, and establish a documented MDT response to a mortality alert investigation process. To meet the requirement for annual publication of avoidable mortality rates, and learning from such incidents, the Trust will establish a locally agreed clarity of definition appropriate to its cancer service and will seek to develop this with other cancer Trusts.

A Trust quarterly multidisciplinary meeting for a statistical deep dive analysis of 30 and 90 day mortality in patients treated with chemotherapy and radiotherapy is already established. This will actively contribute to the identification and annual publication of the Trust's avoidable mortality rates and ensure outcomes of clinical practice are understood and linked to Consultant appraisals.

The Trust will implement the Datix Incident Module and will explore feedback mechanisms such as SAIFIR to improve learning across the Trust. The Trust adheres to the NHS England Serious Incident Framework and aims to sign up to the new NHS England Cheshire and Merseyside Proposed Memorandum of Understanding and Guidance for Multi-organisational RCA which has been developed to facilitate and offer guiding principles to NHS funded services within the NHS England's Cheshire and Merseyside catchment area and aims to assist in shared learning and greater collaboration in relation to quality and safety. We will continue to involve non-executive directors and external advisors on our internal SUI panels to ensure transparency and appropriate scrutiny.

### Why have we chosen this priority?

Improved mortality review including implementation of a Mortality Surveillance Group and review of serious incidents will aim to:

- Be a driver for improved quality
- Improve patient safety
- Prevent avoidable deaths
- Reduce cost

### How we did last year

Whilst we had a comprehensive mortality review programme we didn't have a Mortality Surveillance Group in place. The Mortality Review Meetings resulted in a number of changes for clinical care such as changes to clinical practice, documentation and education and training.

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

Mortality performance will be reported to the Board Quality Committee.

Oversight of Trust mortality data summary will be included in the Trust's Quality Accounts (from June 2018)

## How we did last year: Progress made since publication of the 2015/16 report:

In our Quality Report last year (2015/16) we identified the following priorities:

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

Always Events

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

Model of Care

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

Serious Illness Conversation

### Priority 1: Always Events

Patient Safety: *Always safe, always effective*

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

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

### Why we chose this priority?

Our vision is to provide the best cancer care to the people we serve. The aim of Always Events® was to create a positive approach to improving patient care. Always

Events® will help to further improve our person and family centered care delivery processes.

### How we did last year

The development of the Always Events © was done in phases. Phase 1 was a patient survey where patients attending the Trust on one day were each given a postcard to indicate their top three Always Events ©. A workshop was then held with patient representatives to validate the top 12 against the key criteria. During March and April further validation was done with staff through a survey to validate against the key criteria. The final Always Events © were launched at the Overview and Scrutiny Committee / Healthwatch Quality Accounts meeting on 25.4.17.

The final Always Events © are:

- Always be polite, say hello and be welcoming
- Always take time to listen to my point of view and answer questions
- Always wash your hands and maintain good hygiene
- Always ensure the environment is clean and tidy
- Always inform me of delays

### How we monitored and measured progress of this priority

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

## Priority 2: Model of Care

Patient Experience: *Striving for excellent patient satisfaction*

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

#### Why have we chosen this priority?

As we develop our plans for the new cancer centre in Liverpool we needed to

reflect on the current model of care and ensure it meets the needs of our patients and the different challenges faced by the new hospital building such as all single patient rooms and the emerging new clinical model across the network.

As a Trust we are always keen to seek new ideas that will improve patient care and achieve excellent outcomes. The Patient and Family Centred Care model focused on planning, delivery and evaluation of health care and is developed between health professionals, patients and their family members to ensure the best patient journey. The model has been implemented in other healthcare trusts across the country and has led to improved patient outcomes, improved patient satisfaction and improved staff satisfaction.

### How we did last year

As part of the Patient and Family Centred Care Model the trust has been trialing a more relaxed approach to visiting on the inpatient areas since November, allowing visitors onto the wards from 10 am until 8 pm. Prior to the start of the trial patients, families and staff were asked their opinion of relaxed visiting hours and if they could foresee any benefits or concerns. Patient views were sought after the trial had been in place. This data will be collated during April and the findings will help us to determine our long term visiting arrangements, taking into account the comments/experiences from both patients/families and staff.

The trust advertised a patient and family listening event which was due to be held at the beginning of March, unfortunately we didn't receive enough interest to hold the event. However, in evaluating the methods used to recruit patients and their families, we have learnt a lot and realise that we might be more successful if we visited groups in their local area. Work will begin to liaise with support groups and other agencies in order to engage with patients on a more local level.



The trust will also be rolling out a period of 'shadowing' of patients in order to gain an insight into our services seen through the eyes of our patients. Staff will be able to record their observations and feedback on any areas of concern as well as areas of good practice that could be shared with other departments.

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

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

## Priority 3: Serious Illness Conversation

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

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

The seven-question 'Serious Illness Conversation Guide' for doctors and patients is designed to facilitate meaningful conversation among physicians, patients and families; a serious illness conversation, using the Guide, focuses on optimising quality of life for patients based on what matters most to them. Given the challenges oncologists face and the need to support appropriate management of expectations by patients, the public and even professionals it is proposed that a programme is initiated to implement training in serious illness conversations.

### Why have we chosen this priority?

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

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

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

### How we did last year

CCC led an ambitious programme of development and implementation in collaboration with Ariadne Labs and Marie Curie Palliative Care Institute, Liverpool and funded by NHS England (NHSE). A core Project Management Team was assembled addressing key areas of Development, Training, Monitoring and Evaluation and Research. A Steering Committee was put in place to oversee the programme development. Following a meeting with the Ariadne Team in April 2016, a project implementation plan was formulated the following key aims and metrics have been achieved:

- Adaptation of the Serious Illness Care Conversation for the UK.
- Development of an implementation roadmap and metrics for the UK pilot. This includes all materials needed for implementation of the programme and systems change to enable ongoing use of the intervention after the pilot term.
- Development of a robust reporting validated electronic system infrastructure for monitoring and evaluation of the programme with reporting outcomes in line with:

- patient metrics including screening and conversations completed
  - clinician uptake and reporting
  - patient evaluation
- Data capture infrastructure and monitoring plans written and implemented; Standard Operating Procedures (SOPs) were developed and staff trained on the use of the reporting system and output metrics. Monthly assessment reports were implemented for oversight and flagging of training needs.
- CCC organised and hosted the inaugural meeting for the programme, with Ariadne partners, NHSE, pilot sites and Marie Curie.
- Developed 'Train the Trainer' materials.
- Training of 18 Consultants at CCC and 35 GPs plus 3 palliative care Consultants across the two primary care pilot sites. This includes an ongoing programme of coaching and support. The training programme has received national recognition with associated CPD points.
- Development and implementation of a research project at CCC to assess patient and clinician acceptability and uptake to provide an evidence base and feasibility for a further and wider ranging research programme grant.
- Development and implementation of a research project at the pilot sites to assess patient feedback and evaluation of the programme in a primary care environment to use as an evidence base for expansion of the programme and reporting metrics to NHSE.
- Dates booked for a 'Train the Trainer' to assure continuation of the programme at the sites after the pilot developing the sites' ability and knowledge depth.
- Development of an expansion plan for the programme in oncology at acute hospitals and also in primary

care following the pilot, submitted to NHSE.

- Development of a full research grant proposal to further expand the evidence base and reach of the programme.
- Presentations of current work and outputs at national meetings.
- Strengthened and developed the partnership with the Ariadne Team to embed CCC as the lead UK organisation for this intervention.
- Over 200 conversations completed since initial training was completed at the end of September 2016.
- Initial feedback from patients and clinicians positive.

## 2.2 Statements of Assurance from the Board

During 2016/17 The Clatterbridge Cancer Centre NHS Foundation Trust provided and/or sub-contracted two relevant NHS services.

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

The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by The Clatterbridge Cancer Centre NHS Foundation Trust for 2016/17.

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

During 2016/17, 10 national clinical audits and 2 national confidential enquiries covered relevant health services that The Clatterbridge Cancer Centre NHS Foundation Trust provides.

During that period The Clatterbridge Cancer Centre NHS Foundation Trust participated 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 2016/17 are as follows.

- National Bowel Cancer Audit
- National Lung Cancer Audit
- National Oesophago-Gastric Cancer Audit
- National Head and Neck audit (HANA)
- Cancer Outcomes and Services Dataset (COSD)
- National Audit of Breast Cancer in Older patients
- Female Genital Mutilation
- NCEPOD – Cancer in Children, Teens and Young Adults
- NCEPOD – Mental Health
- RCR National Prostate Cancer Audit - Radiotherapy Data
- RCR National Muscle Invasive Bladder Audit
- National Audit of the management of patients at risk of Transfusion Associated Circulatory Overload

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 2016/17, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry are contained in the following table.

- National Bowel Cancer Audit
- National Lung Cancer Audit

- National Oesophago-Gastric Cancer Audit
- National Head and Neck audit (HANA)
- Cancer Outcomes and Services Dataset (COSD)
- National Audit of Breast Cancer in Older patients
- Female Genital Mutilation
- NCEPOD – Cancer in Children, Teens and Young Adults
- NCEPOD – Mental Health
- RCR National Prostate Cancer Audit - Radiotherapy Data

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

National Clinical Audit and NCEPOD eligible studies	Cases submitted
National Bowel Cancer Audit	576/851 (68%) treatment records submitted (304 not uploaded as either already been put on by secondary Trust or patient not registered by secondary Trust)
National Lung Cancer Audit	Data would be submitted via COSD monthly
National Oesophago-Gastric Cancer Audit	295/347 (85%) treatment records uploaded (52 not submitted as not registered by secondary Trust)
Cancer Outcomes and Services Dataset (COSD)	XML files were sent monthly to NCIN
National Audit of Breast Cancer in Older patients	0/1 organisational questionnaire completed by Chair of the Breast SRG Patient data will be extracted from COSD monthly submission
Female Genital Mutilation	Zero return for 2016-17



NCEPOD - Mental Health	1/1 (100%) clinical questionnaire completed (which was later excluded due to not fitting the study criteria)
NCEPOD – Cancer in Children, Teens and Young Adults	3/5 (60%) clinical questionnaire completed (deadline for remaining 2 is end May 2017) 0/1 organisational questionnaire complete as deadline not due until end May 2017 5/5 case note extracts returned to NCEPOD
RCR National Muscle Invasive Bladder Audit	19 cases identified thus far, however data collection is continuing until end April 2017
National Audit of the management of patients at risk of Transfusion Associated Circulatory Overload	Data collection in progress. Deadline for submission is 26 <sup>th</sup> May 2017
RCR National Prostate Cancer Audit - Radiotherapy Data	Files are sent monthly to NCIN

The reports of 4 national clinical audits were reviewed by the provider in 2016/17 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

**Table 8b: Audits: actions**

National Clinical Audit	Actions to improve quality of care
NBOCAP	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2017-18

DAHNO	Recommendations were discussed at SRG meeting and group agreed to continue participate in the audit for 2017-18
LUCADA	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2017-18
NCASP	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2017-18

The reports of 24 local clinical audits were reviewed by the provider in 2016/17 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following course of action to improve the quality of healthcare provided.

**Table 8c: Local Audits**

Local Clinical Audit	Actions to improve quality of care
Head and neck symptom checklist	Re audit with bigger sample and include all head and neck patients whether known to service or not and compare More comprehensive exclusion and inclusion criteria before starting for example: are we looking at head and neck cancer diagnosis or patients being treated in the head and neck area? Set out more

	<p>formal research questions before starting</p> <p>Use data we have to find whether any links between nutrition impact symptom scores and weight loss, point at which enteral feeding started, PS</p> <p>Collect data that measures functional status – handgrip</p> <p>Write Report and present results and recommendations to audit team</p> <p>Results will be included in the Trust's clinical audit annual report</p>
Local recurrence rates for early breast cancer treated with whole breast radiotherapy with/without boost at CCC	Confirmed Good Practice
An audit to assess whether BRCA testing offered locally to patients with ovarian cancer is in line with the NICE Guidelines and the acceptable to those patients.	<p>Continue with an oncology delivered initial BRCA assessment</p> <p>Continue collaboration between Clinical - Genetics and Gynae-oncology</p> <p>Roll out throughout the gynae-oncology service</p> <p>Continue the training package</p> <p>Optimisation of eligible patient identification</p> <p>Focus on time frame</p> <p>Optimise use of PARPi through</p>

	effective identification of eligible patients	Re-Audit
Post Op Adjuvant RT Soft Tissue Sarcoma	Confirmed Good Practice	
To identify Breast Cancer patients at high risk of radiation induced skin toxicity who are likely to benefit from prophylactic use of Mepitel dressings.	Confirmed Good Practice	
Community Contenance Provision Questionnaire	Confirmed Good Practice	
Safe prescription of Syringe Drivers at CCC (QUIP)	Sticker helped to improve practice	Improves quality of prescriptions
	Helped patient safety	Well accepted by different staff members
Survey of patients views re privacy and dignity measures while having radiotherapy	Confirmed Good Practice	
A review of late effects of adjuvant breast radiotherapy in patients treated before and after the implementation of CT planning.	Confirmed Good Practice	
Evaluation of the Imaging Protocol for Head and Neck Patients Receiving Radical Radiotherapy	Confirmed Good Practice	
Neutropenic Sepsis in patients with Ewings Sarcoma/ Rhabdomyosarcoma	Further research in a larger population is needed to	

An Audit to review the administration and toxicities of immunotherapies used in the treatment of metastatic malignant melanoma	Confirmed Good Practice
Baseline review of documented discussions about patient's needs, wish and priorities in their last year of life	Baseline audit prior to the launch of the Serious Illness Conversation Programme
Audit of outcomes for hepato-pancreato-biliary cancer management at Clatterbridge Cancer Centre	Confirmed Good Practice
Childhood Cancer Survivors' Engagement with Long-Term Follow-Up Care (Late Effects Project)	Consider ways to enhance patient's knowledge of Consider ways to increase patient's understanding Consider ways to enhance the perceived quality Consider ways to enhance patient choice and Consider the feasibility of re-organising the clinic to Consider other ways to engage non-attenders to
Patients receiving chemoradiotherapy for postoperative recurrences from oesophageal cancer	Confirmed Good Practice
Chemotherapy Induced Nausea and Vomiting	Confirmed Good Practice
Concurrent chemoRT for Bladder cancer	Confirmed Good Practice

Pressure Ulcer Re-Audit October 2016	<p>Highlight new admissions at next safety huddle meeting</p> <p>Highlight at next ward meeting</p> <p>Re-iterate at ward meeting ongoing education.</p> <p>Pressure ulcer updates included with in mandatory training/ clinical champions</p> <p>Ensure spot checks are made weekly during sisters ward rounds</p> <p>Ward Manager and senior nurses to do spot checks, sisters ward rounds.</p> <p>Speak with all staff during ward monthly ward meetings</p> <p>To make sure all patients at risk have a care plan initiated on admission.</p> <p>Patients assessed of being at risk are regularly reassessed and appropriate equipment put in place.</p> <p>Patient at risk are highlighted in safety huddle twice a day.</p> <p>Ongoing education Mandatory training and &amp; Clinical champions</p>
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An audit to review the use and impact of Oncotype Dx Testing	This study confirms that knowledge of RS not only leads to an overall reduction in use of chemotherapy but also that it increases confidence in making firm treatment recommendation as opposed to having to have a complex, often unclear discussion with the patient. Increase in concordance between oncologists leads to standardisation of care and optimisation in the management of this patient cohort particularly within the MDT framework favoured within the UK.
Pre-operative radiotherapy for Myxoid Liposarcomas	Confirmed Good Practice
Network Neutropenic Sepsis Re-Audit	Confirmed Good Practice
Monitoring patients during treatment with Trabectedin	Regular clinical audit is therefore imperative to ensure safety, efficacy and evaluate response amongst subgroups.
Quality Improvement Project on Junior Doctor's Meditech Training	In order to maintain the sustainability: Introduction of a video showing a clinician demonstrating the use of Meditech for

	clinical tasks with the aim of avoiding the need for a clinician to attend every trainee IT induction. Compare the use of the video with the standard technique of joint clinician and IT technician presentation at the next trainee induction .
<b>Local NICE Guidance Audit</b>	<b>Actions to improve quality of care</b>
CG81 - Advanced breast cancer	Audit showed 70% compliance. <u>Action Plan</u> Pharmacists will be gatekeepers and will challenge use of Tastuzumab beyond progression
TA417 - Nivolumab for previously treated advanced renal cell carcinoma	100% Compliant
TA416 - Osimertinib for locally advanced or metastatic EGFR T790M mutation+ NSCLC	100% Compliant

### Information on participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by The Clatterbridge Cancer Centre NHS Foundation Trust that were recruited during that period to participate in research approved by a Research Ethics Committee was 412.

	Q1	Q2	Q3	Q4	Total
Clatterbridge Cancer Centre	86	83	87	67	<b>323</b>
Peripheral clinics/Trusts*	26	40	10	13	<b>89</b>
<b>Total</b>	<b>112</b>	<b>123</b>	<b>97</b>	<b>80</b>	<b>412</b>

\*Information supplied by NWC CRN

### Research and Innovation

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

### Key Developments

#### Continuing the development of academic oncology

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

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

### Notable Achievements

- CCC in collaboration with the University of Liverpool has gained CRUK Experimental Cancer Medicine status for Liverpool becoming one of only 18 across the UK. This is a significant achievement and recognises the intensive work done in developing the early phase and commercial trial portfolio and infrastructure particularly over the last 5 years. The ECMC initiative provides funding for the expertise and infrastructure needed to conduct world-leading, early phase clinical trials to help develop the cancer treatments of tomorrow. Each ECMC is a centre of excellence, with both laboratory and clinical facilities, focusing on translational cancer research – transforming scientific discoveries into medical applications. This will enable a further step-change for CCC in gaining access to novel agents from pharma and the drug development office, as some research studies are only open to ECMC Centres in the first instance. This will enable CCC to embed as a lead centre for cancer research excellence.
- We have supported two First in Human/ Phase I studies; in liver cancer and also in pancreas and

advanced tumours across other disease areas. This has enabled our patients to access cutting edge novel agents and upskilled our delivery in these selected early phase trials.

- CCC has rapidly expanded the portfolio of immunotherapy research studies across tumour sites and is one of only two UK sites chosen and able to support the Immunocore study for Uveal Melanoma.
- R&I underwent two statutory inspections by the UK Competent Authority, the Medicines and Healthcare products Regulatory Agency (MHRA) as both a Sponsor and participating site for research studies. The inspections provided reassurance on Trust compliance with legislation, patient safety and integrity of research data.
- The CCC Biobank also underwent a statutory inspection by the Human Tissue Authority for compliance with licensed activities, the results of which again provided the Trust with reassurance of compliance and patient care at the heart of research activity. The CCC Biobank continues to collect samples for high quality research, where possible targeted to assure highest research resource. Currently two research projects in Lung and Gynae cancer are supported.
- CCC has continued to enhance its reputation for study delivery becoming embedded as a 'GoTo' Trust for elite pharma companies. Furthermore, we have increased our delivery of early phase studies year on year, enabling our patients to access treatments that would be otherwise unavailable.

#### **CQUINS:**

A proportion of The Clatterbridge cancer Centre NHS Foundation Trust income

(2016/17) was conditional on 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 2016/17 are available electronically at <http://www.clatterbridgecc.nhs.uk/about-centre/high-quality-and-safe-care>

#### **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 2016/17

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

#### **Information on the quality of data**

The Clatterbridge Cancer Centre NHS Foundation Trust submitted records during 2016/17 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: 97.3% for admitted patient care and 99.9% for outpatient care. The Trust does not

provide accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was: 99.6% for admitted patient care and 99.7% for outpatient care. The Trust does not provide accident and emergency care.

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

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

The Clatterbridge Cancer Centre NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 80% and was graded green.

The Clatterbridge Cancer Centre was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

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

The Trust has an active Data Quality Group in place, with membership from all key areas of the Trust, and a remit to ensure good data quality processes and

procedures are in place, both for internal and external assurances. Regular Data Quality Audit reports are produced in line with Department of Health IG toolkit requirements, with level 3 achieved in 16-17.

With the implementation of a new EPR system in 2016, and the continued essential requirement for accurate, timely and complete data to support statutory reporting, activity performance and service development, data quality remains a priority. The Trust has expanded its Business Intelligence function with the introduction of a new Data Validation Team, to continue to revise, monitor, evaluate, and strengthen data entry and quality for further assurances. Additional external scrutiny of Trust data quality and key validation processes has been invited and secured from MIAA and Quintiles IMS in March 2017. The need for targeted, local ownership of data quality within Directorates has been progressed.

Areas of continued focus include:

- Reviewing, analysis and improving data quality, including timeliness of data entry in the EPR system, as per the Trust Data Quality Policy
- Produce and review Data Quality Audit reports in line with guidance from the Information Governance toolkit
- Ensure procedures are in place to support data collection, validation and training needs
- Respond to any recommendations resulting from the external scrutiny
- Continue to embed localised ownership of data quality within Directorates



## 2.3 Reporting Against Core Indicators

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

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
2016/17	Data not yet published			
2015/16	86.3	77.2	70.6	88.0
2014/15	85.9	76.6	67.4	88.2
2013/14	86.7	76.9	67.1	87
2012/13	87.2	76.5	68	88.2
2011/12	86.7	75.6	67.4	87.8
2010/11	85.5	75.7	68.2	87.3
2009/10	86.0	75.6	68.6	86

Data source: Health and Social Care Information Centre

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

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

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

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

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

Period	Trust Performance	National Average (specialist Trusts)	National Range (specialist Trusts) (lowest)	National Range (specialist Trusts) (Highest)
2016	92%	89%	76%	93%
2015	91%	89%	82%	93%
2014	96%	87%	73%	93%
2013	93%	86%	68%	94%
2012	93%	86%	68%	94%
2011	96%	86%	66%	96%

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



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

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

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

- Continual monitoring of our internal quality indicators
- Ensuring staff views are heard directly by the Board through Patient Safety Leadership Rounds
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.
- Developing an action plan to address any issues identified in the staff survey results.

**Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:** The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
Q3 16/17	95.31%	95.7%	76.48%	100%
Q2 16/17	82.68	95.54%	72.14%	100%
Q1 16/17	94.58%	95.96%	80.61%	100%
Q4 15/16	96.26%	95.87%	78.06%	100%
Q3 15/16	98.1%	95.8%	61.5%	100%
Q2 15/16	98%	96.2%	75%	100%
Q1 15/16	97.8%	96.04%	86.1%	100%
Q2 15/16	98%	95.9%	75%	100%
Q3 15/16	98.1%	95.5%	61.5%	100%
Q1 14/15	98.2%	96%	87.2%	100%
Q2 14/15	98.1%	96%	86.4%	100%
Q3 14/15	98%	96%	81%	100%

Data source: Health and Social Care Information Centre

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

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

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

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

**Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:** The rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
April 2015 to March 2016	30.5	40.1	0	111.1
April 2014 to March 2015	6.1	15.1	0	62.2
April 2013 to March 2014	11.6	39	0	85.5
April 2012 to March 2013	35.7	42.7	0	79.1

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

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

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

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

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

**Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:** The number of patient safety incidents reported within the Trust during the reporting period.

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 15 to March 16	1217	1312	334	2666
April 15 to September 15	916	1138	347	2137
October 14 to March 15	849	1114	300	2672
April 14 to September 14	776	993	85	2619

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

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

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 15 to March 16	141.9	56.7	16.1	141.9
April 15 to September 15	117	48.5	15.9	117
October 14 to March 15	108.5	43.3	3.6	170.8
April 14 to September 14	94.8	40.2	17.6	94.8

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

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

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 15 to March 16	0	2	0	9
April 15 to September 15	0	2	0	9
October 14 to March 15	0	4.17	0	23
April 14 to September 14	0	6	0	24

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

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

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 15 to March 16	0	0.10	0	0.59
April 15 to September 15	0	0.10	0	0.62
October 14 to March 15	0	0.31	0	0.90
April 14 to September 14				

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

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

- It is consistent with our internal reporting processes

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

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

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

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

## 2.4 The Friends and Family Test

The image shows the front of a 'Friends & Family Test' form for inpatients. It features a large 'C' logo in the top right corner. The text includes: 'Friends & Family Test Inpatient'. Below this are four numbered questions with radio button options: 1. What is your sex? (Male, Female); 2. What age are you? (0-15, 16-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+); 3. What is your ethnic group? (White, Black/African, Caribbean/Black British, Multiple ethnic groups, Asian/Asian British, Other ethnic group); 4. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any newer problems related to old ages) (Yes, limited a lot, Yes, limited a little, No, Prefer not to say).

The image shows the back of the 'Friends & Family Test' form. It contains a request for feedback: 'We would like to ask patients to answer the following question so that we can gain valued feedback on the service we provide. Your responses will enable us to ensure that we are providing the best possible care to our patients. Your help in answering this question would be much appreciated.' The main question is: 'How likely are you to recommend our service to friends and family if they needed similar care or treatment? (please tick one of the following):' with radio button options: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know. There is a section for 'What would have made your visit better?' with a blank space for writing. At the bottom, there are fields for 'Date: / /' and 'Service: no Autoclave'. A note says: 'Please return this postcard to the Friends and Family Test post box on the reception desk. For further information please contact Sue Ralph, Patient Experience Manager on 0151 482 7927. Please tick this box if you DO NOT wish your comments to be made public.' The form ends with 'Thank you.' and 'The Clatterbridge Cancer Centre NHS Foundation Trust' with the NHS logo.

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

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

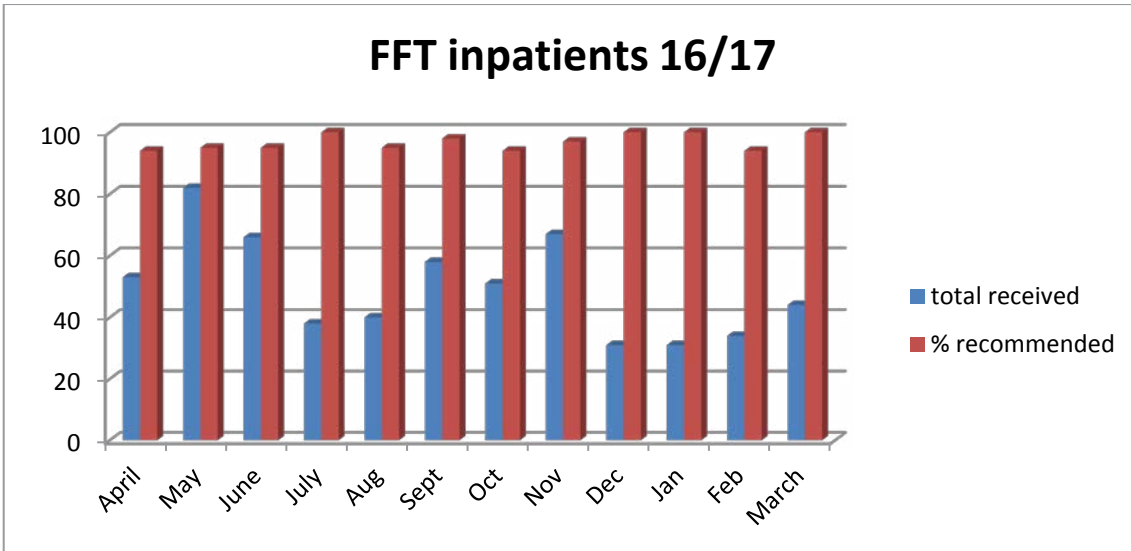
- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know

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

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

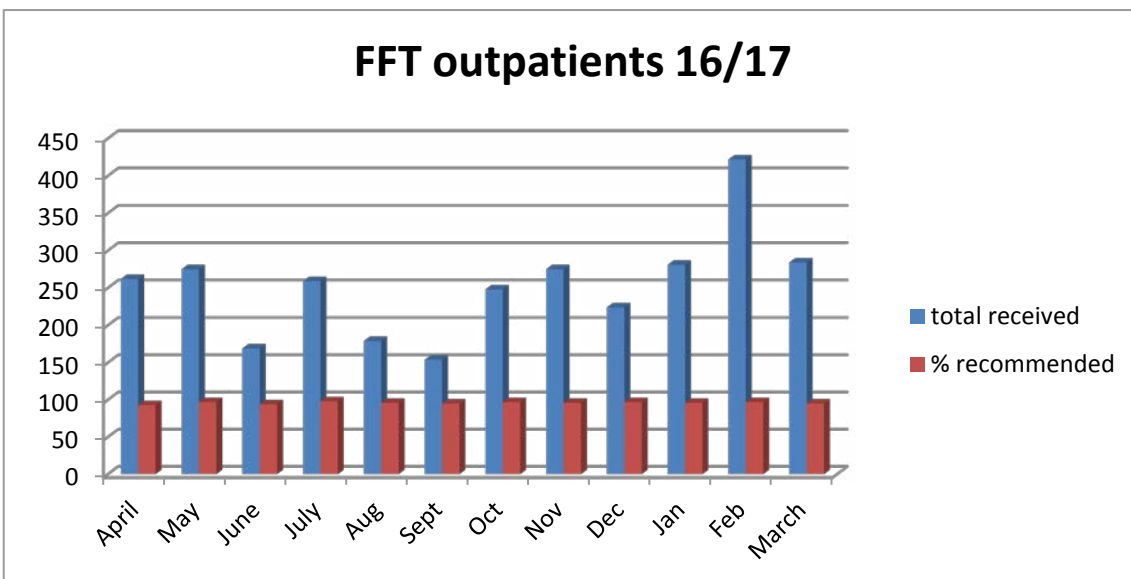
**Inpatient Friends and Family Test**

Inpatients for 2016/17 total responses received 613 of which 96% would recommend our services



**Outpatient Friends and Family Test.**

Outpatients for 2016/17 total responses received 3013 of which 96% would recommend our services.



We are currently piloting the use of hand held technology in Outpatient FFT as a way of improving response rates. This will also be trialed on the inpatient wards.

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

Everything is  
fantastic

The staff have  
made my visit  
pleasing as  
they could

Thanks for all the  
support

Treatment has  
been excellent,  
cannot fault  
the care the

*Excellent  
care*

*Well deserved  
'outstanding'  
CQC*

Staff across the  
board are  
professional,  
attentive and very  
caring

*I have nothing  
but praise*

*People  
disrespecting  
the no  
smoking  
signs.*

## 2.5 Implementation of the Duty of Candour

The Trust has in place a Being Open and Duty of Candour: communicating patient safety incidents with patients and their carers Policy. This policy provides the information and framework to all staff to ensure a culture of openness where communication with the patient, their family or carers and the healthcare team is open, honest and occurs as soon as possible following a patient safety incident. The policy is audited annually and the 2016 audit involved reviewing all incidents that caused harm and all serious incident panels held from 1/12/15-30/11/16. It also involved reviewing all complaints and claims to ensure that the Being Open policy/principles were followed.

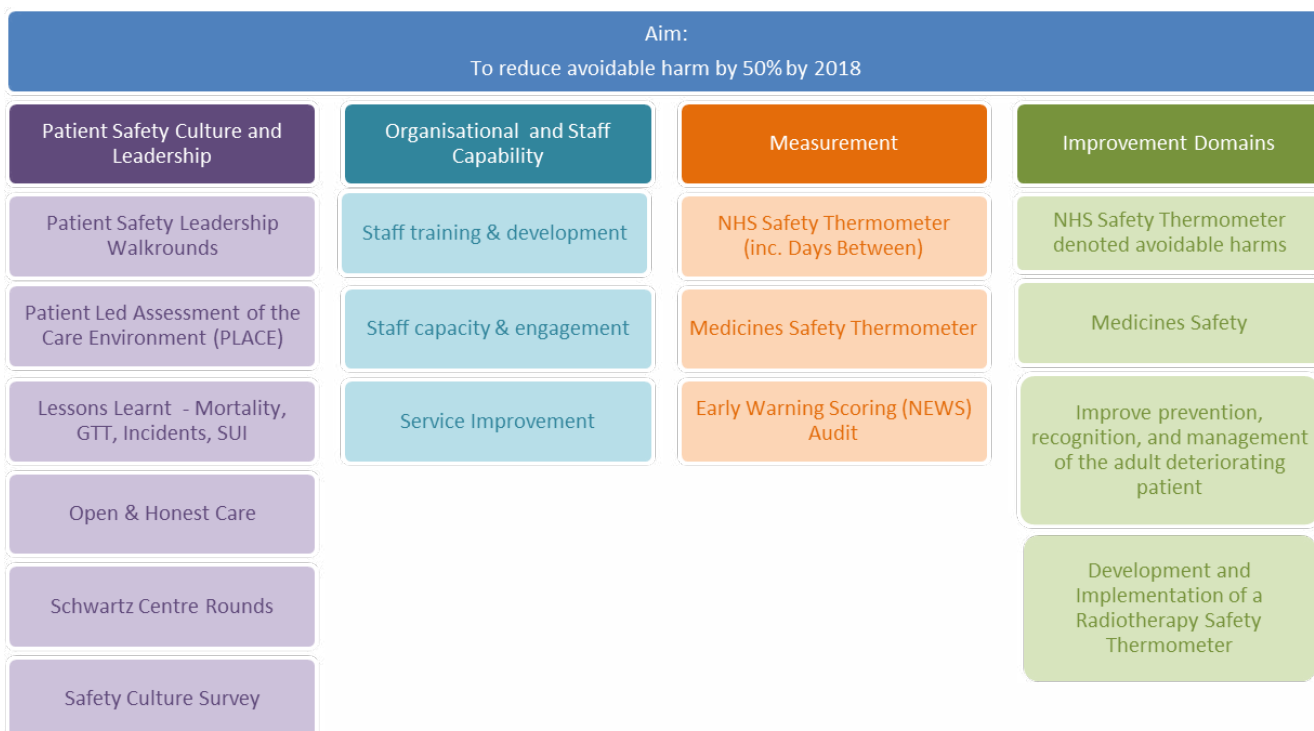
The audit has confirmed that the principles of being open have been undertaken where appropriate and that the required documentation has been completed. This concludes that although no incidents, complaints and claims required the implementation of the full Being Open Process, the Being Open principles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

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

## 2.6 Sign Up to Safety Campaign

As reported in our 2015/16 Quality Accounts the Trust is an active participant in the Sign up to Safety Campaign. The full Sign up to Safety improvement plan is available on our website at: <http://www.clatterbridgecc.nhs.uk/about-centre/high-quality-and-safe-care/safe/sign-safety>

The key elements of our plan are:



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

			2015	Average (median) for acute specialist trusts 2016	2016	Change	Ranking compared with all acute specialist trusts in 2016
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	19%	24%	22%	3% increase	Better than average
		BME	22%	28%	5%	17% decrease	
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	93%	89%	94%	1% increase	Better than average
		BME	85%	75%	100%	15% increase	

## 2.8 CQC Ratings Grid

The Trust had an inspection from the Care Quality Commission in June 2016. The overall rating for the Trust was 'Outstanding'.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	☆ Outstanding	Good	Good	Good
End of life care	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	☆ Outstanding	Good	Requires improvement	Requires improvement
Chemotherapy	Good	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding
Radiotherapy	Good	☆ Outstanding	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Overall	Requires improvement	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding



## How the Trust plans to address areas that require improvement and by when

Action the Trust MUST take to improve in outpatients and diagnostic imaging;

Action	Progress
<p>The trust must improve the staffing establishment and the professional leadership of the radiology department including the modality lead posts as PET/CT and nuclear medicine were the only speciality with a filled position.</p>	<p>The professional leadership and modality leadership has been addressed with post holders in post since 1<sup>st</sup> November 2016. The posts include Business and Clinical Development Manager Imaging, Principal Radiographer in MRI and Ultrasound and Principal Radiographer in CT and X-Ray. Other vacancies within the existing establishment have been filled with postholders either already in post or due to start in February 2017.</p> <p>There are further posts within the 2017/18 workforce plan (2 x Band 5 and 1x Band 7 Clinical Trials). These are currently being recruited to.</p>
<p>The trust must ensure the radiation protection and safety aspects within the Trust are addressed and documentation kept up to date.</p>	<p>IR(me)R updates for staff scheduled for April 2017. Training is now included in role essential training matrix for radiographers, physicists and technicians. Training needs analysis is complete for all modalities. Modality specific competency matrix has been developed and introduced.</p>
<p>The trust must improve the quality assurance processes in the diagnostic imaging department, ensuring it is appropriate and timely.</p>	<p>A Quality and Safety Committee has been established with monthly meetings since January 2017. The Q &amp; S Committee has developed an action plan for the update of documents that is being monitored via monthly heads of department meetings. QPulse training has been arranged and QPulse is being utilised.</p> <p>The QA Programme for plain imaging is now developed and operational. Compliance against the programme is being monitored in the Q &amp; S Committee.</p> <p>The PID for ISAS accreditation has been developed and approved via the Directorate Project Management Group. The first ISAS project meeting is to be held end of April 2017.</p>

The Trust must ensure review and update of all policies and procedures surrounding radiation protection in the imaging department to ensure they reflect current practise	ID checks and local rules have been reviewed. Pregnancy documents have been reviewed and a modality specific approach is being taken – CT / X-Ray ones need further input. Authorisation under protocol has been reviewed and procedure documents relating that that are being allocated to individuals to develop.  CCC Radiation Protection document is under review.
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## Part 3: Other information

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

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

#### Safety indicators

	2016/17	2015/16	2014/15	2013/14	2012/13
Attributable grade 2 or above pressure ulcers / 1000 bed days'	0.99	0.87	1.03		
MRSA bacteraemia cases / 10,000 bed days	0	0	0	0	0
C Diff cases / 1,000 bed days	0.28	0.18	0.06	0.12	0.15
'Never Events' that occur within the Trust	0	0	0	0	0
Chemotherapy errors (number of errors per 1,000 doses): 8 months data#	0.59	0.27	0.12	0.21	0.17
Chemotherapy errors (number of errors per 1,000 doses): 4 months average data#	0.57				
Radiotherapy treatment errors (number of errors per 1,000 fractions)	1.2	1.5	1.4	1.1	0.81
Falls / injuries / 1,000 inpatient admissions	24.7	29.7	12.6	25.2	22.1
Number of patient safety incidents	2773	2534	1901	1392	1498
Percentage of patient safety incidents that resulted in severe harm* or death.	0	0.04%	0	0	0

#### All indicators:

- Data source: CCC

# Chemotherapy errors (number of errors per 1,000 doses): During 2017 the Trust implemented a new electronic patient record. As a result there is no validated chemotherapy dose data available for May, June, July and August. The 4 months data reported is based on the actual number of chemotherapy errors divided by the average dose per month taken from the 8 months data as a proxy.

**\*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

	2016/17	2015/16	2014/15	2013/14	2012/13
30 day mortality rate (radical chemotherapy)	0.6% (Apr 16- Mar 17)	1.05% (Apr 14- Mar 15)	0.66% (Apr 14- Mar 15)	1.3% (Apr 13- Mar 14)	0.7% (Apr 12- Mar 13)
30 day mortality rate (palliative chemotherapy)	5.7% (Apr 16- Mar 17)	7.5% (Apr 14- Mar 15)	6.7% (Apr 14- Mar 15)	9.1% (Apr 13- Mar 14)	8.1% (Apr 12- Mar 13)
30 day mortality rate (radical radiotherapy)	*4.3% (Apr16-Mar17)	0.76% (Apr 14- Mar 15)	0.70% (Apr 14- Mar 15)	0.66% (Apr 13- Mar 14)	0.69% (Apr 12- Mar 13)
30 day mortality rate (palliative radiotherapy)		12.8% (Apr 14- Mar 15)	10.0% (Apr 14- Mar 15)	13.7% (Apr 13- Mar 14)	14.7% (Apr 12- Mar 13)

#### SHMI:

- Unfortunately as a Specialist Trust we are not included in the Summary Hospital Mortality Indicator (SHMI) so this data is unavailable.

#### Mortality rate:

- Data definition: unadjusted mortality rate as a percentage of all cases treated in that category.
- Data source: CCC
- The data provided for 2013/14 varies slightly from that published in last year's Quality Accounts due to additional data being available after the year end.
- \*Radiotherapy intent is not recorded against appointment in Meditech system, a different data source will need to be explored (i.e. Aria system) for mortality reporting in future.

## Patient Experience Indicators

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

	2016/17	2015/16	2014/15	2013/14	2012/13
'I was treated with courtesy and respect'	96%	98%	98%	97%	97%
'Was the ward / department clean'	94%	96%	96%	95%	95%
'I never had to wait'	36%	35%	29%	27%	26%
'I was included in discussions about my care'	92%	93%	93%	90%	89%
'Did the staff wash their hands'	95%	95%	95%	93%	93%

Patient survey:

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

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

	2016/17	2015/16	2014/15	2013/14
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	96.2% (target 92%)	98.0% (target 92%)	97.3% (target 92%)	97.6% (target 92%)
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	89.1% post reallocation using all patients (target classic 85%)	90.9% post reallocation using all patients (target classic 85%)	88.2% post reallocation (target classic 85%)	87.5% (target classic 79%)
All cancers: 62-day wait for first treatment from: NHS Cancer Screening Service referral	92.6% post reallocation using all patients (target screening 90%)	100% post reallocation using all patients (target screening 90%)	100% post reallocation (target screening 90%)	N/A due to de-minimus (Target Screening 90%)
Clostridium difficile – meeting the C. difficile objective	4 attributable (target no more than 1). All cases agreed as no lapse in care.	3 attributable (target no more than 1). 2 cases agreed as no lapse in care.	1 (target no more than 2)	2 (target no more than 2)

## Annex 1

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



**North Regional  
Specialised Commissioning Team**  
NHS England  
Bevan House  
Stephenson Way  
LIVERPOOL  
L13 1HN

### **Clatterbridge Cancer Centre NHS Foundation Trust- Quality Account 2016/17**

NHS England, Specialised Commissioning team wishes to thank Clatterbridge Cancer Centre for the opportunity to comment on their Quality Account for 2016/17. NHS England as lead commissioner is committed to working in partnership with the trust to provide safe, high quality care and services. The Quality Account accurately reflects the performance for the organisation during 2016/17.

The account clearly sets out the outcomes and achievements for 2016/17 and details the priorities for the coming year with clear rationale and in particular outlines the trusts commitment to patient safety, patient experience and effective outcomes.

Work to combat infection should be commended, with the trust having a low incidence of Healthcare-associated Infection (HCAI) and a robust system of investigating cases using a multidisciplinary approach involving commissioners.

There is evidence of good governance, with the board having oversight of performance and quality. Participation in local and national audits is apparent and the key learning points and changes made as a result of audit are clearly highlighted.

The Trust has performed well against core quality indicators and the progress made with the 'always events' programme and 'Sign Up to Safety' campaign demonstrates engagement of teams throughout the organisation in delivering high quality, safe services to patients.

It is commendable to see that the trust are consistently reporting high levels of patients recommending Clatterbridge Cancer Centre, which is evidenced through Friends and Family scores and are using the information to develop initiatives for continual improvement.

Specialised Commissioners would like to congratulate all staff on the 'outstanding' rating from CQC during 2016 and look forward to continuing to work in partnership with the Clatterbridge Cancer Centre during 2017/18 to further improve quality and patient experience.

Sue McGorry  
Head of Quality, Specialised Commissioning Team, Northwest Hub  
17/05/17

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## Quality Account Commentary

for Clatterbridge Cancer Centre NHS Foundation Trust

provided by Healthwatch Wirral CIC

May 2017

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Healthwatch Wirral would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account for 2016/17.

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

Healthwatch Wirral established a group of volunteers and staff who read, discuss and produce Healthwatch commentary for the Quality Account.

Members of the Healthwatch Wirral Quality Accounts Group, met on 09th May 2017 to compile this response.

### **Priorities for Improvement 2017/18**

The three priorities were noted and Healthwatch look forward to receiving updates on their progress during the year.

### **Falls**

Healthwatch welcomed the range of measures detailed in the implementation plans to reduce and prevent falls. This is particularly important as they are the highest cause of moderate harm and second highest cause of minor harms incidents. However, it was gratifying to see that there had been a consistent reduction of in-patient falls from 2015 to quarter 4 2016/17.

### **Patient and Public Engagement Strategy**

It was encouraging to see the Trusts plans for the proposed implementation of the Patient and Public Engagement Strategy particularly as the Trust is undergoing considerable transformation over the next few years.

## **Improving Quality and Mortality Review**

Healthwatch welcomed the Improving Quality and Mortality Review and the implementation of a Mortality Surveillance group with an aim to improve quality, patient safety and prevent deaths. The Trust will be required to publish 'avoidable deaths' in 2017/18 and are working with the Royal Marsden and the Christie Hospitals to develop an Oncology specific definition for 'avoidable deaths'. Using the new process will enable the Trust to benchmark their performance against other Trusts.

Healthwatch members were pleased that Clatterbridge Cancer Centre currently publish monthly mortality data on their website. Other Oncology Departments do not routinely publish this data.

## **Progress made since publication of the 2015/16 report**

### **Always Events**

Healthwatch members were pleased that the Always Events had been launched and that staff, patients and the public had been involved in its development. We look forward to hearing about its progress through the Trusts monitoring during 2017/18.

### **Model of Care**

Healthwatch were impressed that the Trust seeks new ideas to improve patient care and were particularly interested in the trial of a more relaxed approach to visiting and the shadowing of patients initiative. We look forward to the findings and hearing whether these arrangements will be implemented long term.

### **Serious Illness Conversation**

The Trust appears to have spent a considerable amount of resources in implementing this initiative during the year. Healthwatch were pleased that the initial feedback from patients and clinicians was positive, however, Healthwatch Wirral would welcome more detailed analysis of the benefits when available.

### **Friends and Family Test**

It was commendable to see that the inpatient and outpatient responses showed that 96% of patients would recommend the service to family and friends. Healthwatch look forward to hearing whether the trial use of hand held technology increases the response rate in the coming year.

## **Mandated targets**

Healthwatch congratulate the Trust for achieving all of the mandated targets.

Overall the Quality Account was good with many positive performance results. The Trust should be commended for achieving an overall outstanding rating from CQC. It is reassuring that the Trust continues its vision to provide the best cancer care to their patients.

*Karen Prior*

**Chief Officer - Healthwatch Wirral**

**On behalf of Healthwatch Wirral**



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[www.healthwatchwarrington.co.uk](http://www.healthwatchwarrington.co.uk)

12<sup>th</sup> May 2017

Dear Helen,

**Re: Healthwatch Watch Warrington's Response to The Clatterbridge Cancer Centre's Draft Quality Account Document 2016 - 2017 (May 2017)**

Healthwatch Warrington is pleased to have the opportunity to review The Clatterbridge Cancer Centre's 2016 – 2017 Quality Report and reflect on the examples of good practice outlined in the document.

As a consumer champion for health and social care, we recognise the fundamental impact that values have in shaping the quality and safety of service delivery, as well as patient experience. It is clear from reading the report that Clatterbridge Cancer Centre's culture is fostered upon a strong values base; with passion, person-centred care and a future-facing learning environment taking centre stage. As such, we are pleased to see the report's values-orientated emphasis clarified from the outset and this approach serves as the framework for our response.

The report states that staff have contributed to the prioritisation of these values and as a Healthwatch, we aware that cultivating positive staff attitudes and taking on board their ideas are essential ingredients for good care outcomes. This report evidences high levels of staff approval of care standards at the Trust (citing the results of survey work conducted by the Care Quality Commission that saw). Such open positive from staff is a key part of establishing and maintaining personal ownership, workforce stability, individual involvement and a sense of pride at the Trust. Again, a motivated and confident workforce also ensures that the Trust's values based culture is evident during all staff interactions with patients.

Looking at developments around the Trust's model of care, we identified that there is a clear aim to encourage and develop a positive patient engagement strategy on cancer across the Cheshire and Merseyside footprint, in partnership with other organisations. This represents a good example of joint working and will serve to deliver equitable and high quality care across a much wider patient base.



Furthermore, patient-centred care comes to the fore in light of ward developments at the Trust such as the implementation of a “relaxed approach” to visiting hours. This move has evidently been accomplished in partnership with patients, carers and families, and is already receiving a positive response. This approach is to be commended, and Healthwatch Warrington applauds changes to services that are developed with the voice of patients, carers and families.

In addition, Healthwatch Warrington’s advocacy support work across health and social care has also shown us that difficult conversations (particularly around serious illness) can often be a difficult topic for professionals, as well as patients, families and carers to address.

The work that Clatterbridge Cancer Centre is undertaking to embed a ‘meaningful conversations’ approach and championing respect of people’s individual values and principles is a very positive development. The fact that this approach is also undertaken in training, upskilling and every day activities involving staff is a positive step and should also be commended.

In terms of promoting patient safety, Healthwatch Warrington are working closely with partner organisations to stress the importance of forging comprehensive falls prevention strategies to minimize risk to patients and are delighted to read about the Trust’s efforts in this regard.

In particular, we are confident that the introduction of measures to identify and support those patients most at risk of falling will enable more supportive care plans to be drawn up and care journeys to be better joined up when patients are moved, or when staff changes occur on wards. Furthermore, the assistance that the Trust offers to minimise the risk of falls (such as patient balancing exercises) also represents a step in the right direction. In the near future, Healthwatch Warrington would be interested sharing examples of the Trust’s good practice around falls prevention with other care providers.

In light of the recent Care Quality Commission inspection that saw the Trust receive an ‘Outstanding’ rating and the achievements highlighted in this Quality Account, all indicators suggest that Clatterbridge Cancer Centre is on track to achieve its vision for providing excellent care for people with cancer.

These findings are also mirrored in the overwhelmingly positive public feedback reviews and intelligence that Healthwatch Warrington received in relation to the Trust; with patients and their families praising supportive members of staff and the quality of care received.

In the year ahead, we look forward to supporting Clatterbridge Cancer Centre’s engagement strategy by encouraging wider public participation in its events and strengthening the voice of patients in other ways; underpinning the Trust’s ambition of



achieving excellence by proactively finding solutions to any issues raised and putting people first.

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

Kind regards,



Lydia Thompson  
Chief Executive Officer  
Healthwatch Warrington



## **Statement from Wirral Metropolitan Borough Council**

**11<sup>th</sup> May 2017**

### **Commentary on the draft Quality Account, 2016/17** **Clatterbridge Cancer Centre**

The People Overview & Scrutiny Committee undertakes the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 10<sup>th</sup> May 2017 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account 2016/17. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

#### **Overview**

Members congratulate the Trust on receiving an 'Outstanding' overall rating from the Care Quality Commission following a comprehensive inspection this year. Members also acknowledge the detailed action plan put in place to address the areas identified as "Requires Improvement" by the Care Quality Commission.

Members welcome the Trust's ongoing commitment to continuous improvement, which is evidenced by progress achieved against last year's priorities and the selection of the priorities for improvement for 2017/18.

#### **Progress made since publication of the 2015/16 report**

##### **Model of Care**

Members are encouraged by the Trust's implementation of a Patient and Family Centred Care Model and welcome the increased involvement of families in the care environment through relaxed visiting times. Members hope that positive outcomes, such as reduced patient falls continue to emerge from this model.

##### **Serious Illness Conversation**

Members are impressed with the progress achieved regarding the implementation of the Serious Illness Conversation. Members recognise the lead role being taken by the Trust to develop and implement this innovative approach to improving meaningful conversations with patients and families in the UK. Members are also impressed with the significant work which has gone into staff training, reporting and evaluation of this project and are encouraged by the positive initial feedback from the 200+ conversations which have taken place so far.

## **Other comments**

### Transforming Cancer Care Programme

Members note the significant planning and preparation work underway in advance of the transfer of services to Liverpool and acknowledge the challenges associated with this project. However, Members are pleased that the Trust has recognised a potential communication deficit regarding the future of the Clatterbridge site. As a result, further communications from the Trust would be welcomed to reassure Wirral residents regarding future cancer treatment services at the Clatterbridge site.

I hope that these comments are useful



Councillor Moira McLaughlin  
Chair, Health and Care Performance Panel and  
Chair, People Overview & Scrutiny Committee

## 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.

NHS Improvement 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 2016/17 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2016 to May 2017
  - Papers relating to Quality reported to the Board over the period April 2016 to May 2017
  - Feedback from the commissioners dated 19th May 2017
  - Feedback from governors dated April 2016 to June 2017
  - Feedback from Local Healthwatch organisations dated 17th May 2017
  - Feedback from Overview and Scrutiny committee dated 12th May 2017
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017
  - The latest National Patient Survey 2016
  - The latest National Staff Survey 2016
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2017
  - CQC Inspection Report dated 01/02/2017
- 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 NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data for the preparation of the Quality Report.

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

By order of the Board



Signed

Wendy Williams  
Chairman

Date: 23<sup>rd</sup> May 2017



Signed

Andrew Cannell  
Chief Executive

Date: 23<sup>rd</sup> May 2017

## Independent Auditor's Limited Assurance Report



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

We have been engaged by the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust to perform an independent limited assurance engagement in respect of The Clatterbridge Cancer Centre NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

#### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers We refer to these national priority indicators collectively as the 'Indicators'.

#### **Respective responsibilities of the directors and Practitioner**

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 2016/17' and supporting guidance issued by NHS Improvement.

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 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; 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 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, and consider the implications for our report if we become aware of any material omissions. We



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

- Board minutes for the period 1 April 2016 to May 2017;
- papers relating to quality reported to the Board over the period 1 April 2016 to May 2017;
- feedback from Commissioners dated May 2017
- feedback from Governors dated 27 March 2017;
- feedback from local Healthwatch organisations dated May 2017;
- feedback from Overview and Scrutiny Committee dated May 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2017;
- the national patient survey dated May 2017;
- the national staff survey dated 2016;
- the Care Quality Commission inspection report dated 1 February 2017
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2017; and

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

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

We 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 Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and The Clatterbridge Cancer Centre NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;

- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

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

### **Limitations**

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

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

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

### **Conclusion**

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 2016/17 and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

*Grant Thornton UK LLP*  
Grant Thornton UK LLP  
Chartered Accountants  
Manchester

24 May 2017



# Annual Accounts



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From 1st April 2016 to 31st March 2017

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**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2017**

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**FOREWORD TO THE ACCOUNTS**

**THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST**

The group accounts for the 12 months ended 31 March 2017, have been prepared by The Clatterbridge Cancer Centre NHS Foundation Trust in line with IAS1 paragraph 51 and in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Services Act 2006 in the form which NHS Improvement has, with the approval of the Treasury, directed.



Signed.....

Date: 23rd May 2017

A. Cannell  
Chief Executive



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

### Our opinion on the financial statements is unmodified

In our opinion:

- the financial statements give a true and fair view of the financial position of The Clatterbridge Cancer Centre NHS Foundation Trust (the Trust) and Group as at 31 March 2017 and of the Trust's and group's expenditure and income for the year then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

### Who we are reporting to

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

### What we have audited

We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2017 which comprise the group and Trust statement of comprehensive income, the group and Trust statement of financial position, the group and Trust statement of changes in equity, the group and Trust statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.

### Overview of our audit approach



- Overall group materiality: £1,939,000, which represents 2% of the group's gross operating expenses;
- We performed a full-scope audit of The Clatterbridge Cancer Centre NHS Foundation Trust and targeted audit procedure at its significant components; The Clatterbridge Cancer Charity and The Clatterbridge Pharmacy Limited;
- Key audit risk identified as:
  - Occurrence of income from patient care activities

### Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risk that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address this risk in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:



**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2017**

<b>Audit risk</b>	<b>How we responded to the risk</b>
<p><b>Occurrence of income from patient care activities</b></p> <p>86% of the Group's income is derived from contracts with NHS commissioners for patient care activities. 98% of the Group's income from patient care activities is derived from contracts with the Trust's three main commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust.</p> <p>The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in the contracts with NHS commissioners, are subject to verification and agreement by the NHS commissioners. As such, there is the risk that income is recognised for these additional services that is not subsequently agreed to by the NHS commissioners.</p> <p>We therefore identified occurrence of income from patient care activities as a significant risk requiring special audit consideration.</p>	<p>Our audit work included but was not restricted to:</p> <ul style="list-style-type: none"> <li>• evaluating the group's accounting policy for recognition of income from patient care activities for appropriateness;</li> <li>• gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluating the design of the associated controls;</li> <li>• agreeing a sample of income from the three main contracts to signed contracts, contract variations and invoices or supporting documentation</li> <li>• testing a sample of other income</li> <li>• obtaining an exception report from the Department of Health (DoH) that details differences in reported income and expenditure; and receivables and payables between NHS bodies; agreeing the figures in the exception report to the Trust's financial records on a sample basis; and for differences calculated by the DoH as being in excess of £250,000, obtaining corroborating evidence to support the amount recorded in the financial statements by the Trust.</li> </ul> <p>The group's accounting policy on income is shown in note 1.2 to the financial statements and related disclosures are included in notes 2.1 and 2.2.</p>

**Our application of materiality and an overview of the scope of our audit**

**Materiality**

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the group financial statements as a whole to be £1,939,000, which is 2% of the group's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the group's financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of gross revenue expenditure as we determined for the year ended 31 March 2016 as we did not identify any significant changes in the group's operations or the environment in which it operates.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the group financial statements. We also determined

**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2017**

a lower level of specific materiality for certain areas such as disclosures of senior manager remuneration in the Remuneration Report and related party transactions.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £95,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

**Overview of the scope of our audit**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's and group's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the group in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the group's business and is risk based, and in particular included:

- evaluation of the identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality;
- performance of targeted audit procedures on the financial statements of the significant components, The Clatterbridge Cancer Charity, focusing on cash balances and income, and targeted audit procedures on The Clatterbridge Pharmacy Ltd on the expenditure and cash balances; and
- performance of audit procedures and evaluation of the consolidation process by which the components were consolidated into the group financial statements.

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

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

## **Other reporting required by regulations**

### **Our opinion on other matters required by the Code is unmodified**

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.

### **Matters on which we are required to report by exception**

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the group acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or
- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in respect of the above matters

**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2017**

**Responsibilities for the financial statements and the audit**

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

As explained more fully in the Statement of Accounting Officer's responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2016/17 and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

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

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

**Certificate**

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

*Jackie Bellard*

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

4 Hardman Square  
Spinningfields  
Manchester  
M3 3EB

24 May 2017

**The Clatterbridge Cancer Centre NHS Foundation Trust  
Group Accounts for the 12 months ended 31st March 2017**

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 2016/17**

	NOTE	Group		Trust	
		2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Income from patient care activities		99,504	143,759	99,504	143,759
Other operating income		12,954	9,729	12,607	9,484
<b>Operating Income from continuing operations</b>	2	<b>112,458</b>	153,488	<b>112,111</b>	153,242
<b>Operating Expenses from continuing operations</b>	3	<b>(102,202)</b>	(95,928)	<b>(103,395)</b>	(96,957)
<b>OPERATING SURPLUS / (DEFICIT)</b>		<b>10,256</b>	57,560	<b>8,716</b>	56,285
<b>Finance costs</b>					
Finance income	5	235	345	202	313
Finance expense - financial liabilities	6.1	(153)	(164)	(153)	(164)
PDC dividends payable		(1,797)	0	(1,797)	0
<b>Net Finance costs</b>		<b>(1,715)</b>	180	<b>(1,747)</b>	148
Share of Profit/(Loss) of Associates accounted for using the equity method	9	584	66	584	66
Corporation Tax		(183)	(211)	0	0
<b>Surplus / (deficit) from continuing operations*</b>		<b>8,943</b>	57,595	<b>7,553</b>	56,499
<b>Other Comprehensive Income:</b>					
Impairments		0	0	0	0
Revaluations		0	0	0	0
FV gains/(losses) on Available For Sale (AFS) financial assets		143	(54)	0	0
Total other comprehensive income/(expenditure) for the year		143	(54)	0	0
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR</b>		<b>9,086</b>	<b>57,541</b>	<b>7,553</b>	<b>56,499</b>

**\*Reconciliation from the Statement of Comprehensive Income to the Trust 2015-16 trading position**

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

The notes on pages 161 to 190 form part of these accounts.

The results of the group are attributable to the parent.

**The Clatterbridge Cancer Centre NHS Foundation Trust**  
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**STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2017**

	NOTE	Group		Trust	
		31 March 2017 £000	31 March 2016 £000	31 March 2017 £000	31 March 2016 £000
<b>Non-current assets</b>					
Property, plant and equipment	8.1	67,842	57,929	67,842	57,929
Intangible assets	7	682	740	682	740
Investments in associates	9	895	311	895	311
Other investments		1,192	1,049	0	0
Trade and other receivables	11.1	6,649	265	6,649	265
<b>Total non-current assets</b>		<b>77,260</b>	<b>60,294</b>	<b>76,068</b>	<b>59,245</b>
<b>Current Assets</b>					
Inventories	10.1	1,449	1,320	898	813
Trade and other receivables	11.1	17,037	10,810	18,709	11,243
Cash and cash equivalents	18	69,183	81,531	62,830	76,838
<b>Total current assets</b>		<b>87,668</b>	<b>93,661</b>	<b>82,437</b>	<b>88,894</b>
<b>Current liabilities</b>					
Trade and other payables	12	(14,195)	(12,311)	(14,513)	(11,795)
Borrowings	14	(299)	(357)	(299)	(357)
Provisions	16	(60)	(138)	(60)	(138)
Other liabilities	13	(3,132)	(4,352)	(3,132)	(4,352)
Corporation tax		(92)	(184)	0	0
<b>Total current liabilities</b>		<b>(17,778)</b>	<b>(17,342)</b>	<b>(18,004)</b>	<b>(16,642)</b>
<b>Total assets less current liabilities</b>		<b>147,150</b>	<b>136,612</b>	<b>140,501</b>	<b>131,496</b>
<b>Non-current liabilities</b>					
Borrowings	14	(3,160)	(3,410)	(3,160)	(3,410)
<b>Total non-current liabilities</b>		<b>(3,160)</b>	<b>(3,410)</b>	<b>(3,160)</b>	<b>(3,410)</b>
<b>Total assets employed</b>		<b>143,990</b>	<b>133,202</b>	<b>137,341</b>	<b>128,087</b>
<b>Financed by taxpayers' equity</b>					
Public Dividend Capital		22,197	20,495	22,197	20,495
Revaluation reserve	17.1	3,584	3,739	3,584	3,739
Income and expenditure reserve		111,561	103,852	111,561	103,852
<b>Financed by others' equity</b>					
Charitable fund reserves	17.2	5,452	4,221	0	0
Pharmacy subsidiary reserves		1,196	896	0	0
<b>Total taxpayers' and others' equity</b>		<b>143,990</b>	<b>133,202</b>	<b>137,341</b>	<b>128,087</b>



Signed: .....Chief Executive  
Date: 23rd May 2017

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STATEMENT OF CHANGES IN EQUITY

	Total £000	Others' Equity Charitable Funds £000	Public Dividend Capital £000	Taxpayers' Equity Revaluation Reserve £000	Income & Expenditure Reserve £000
<b>Equity at 1 April 2016</b>	<b>133,202</b>	4,221	20,495	3,739	104,747
Surplus/(deficit) for the year	8,942	1,088	0	0	7,854
Transfers between reserves	0	0	0	(156)	156
Fair value gains/(losses) on available-for-sale financial investments	143	143	0	0	0
Public dividend capital received	1,702	0	1,702	0	0
<b>Equity at 31 March 2017</b>	<b>143,990</b>	<b>5,452</b>	<b>22,197</b>	<b>3,584</b>	<b>112,757</b>

	Total £000	Others' Equity Charitable Funds £000	Public Dividend Capital £000	Taxpayers' Equity Revaluation Reserve £000	Income & Expenditure Reserve £000
<b>Equity at 1 April 2015</b>	<b>76,462</b>	4,075	21,295	3,896	47,196
Surplus/(deficit) for the year	57,595	1,096	0	0	56,499
Transfers between reserves	0	0	0	(156)	156
Fair value gains/(losses) on available-for-sale financial investments	(54)	(54)	0	0	0
Public dividend capital repaid	(800)	0	(800)	0	0
<b>Equity at 31 March 2016</b>	<b>133,202</b>	5,117	20,495	3,739	103,852
Other reserve movements	0	(896)	0	0	896
<b>Equity at 31 March 2016 (restated)*</b>	<b>133,202</b>	<b>4,221</b>	<b>20,495</b>	<b>3,739</b>	<b>104,747</b>

\* In 2015-16 the reserves of the pharmacy subsidiary company were shown within "Others' Equity". This has been restated as they are fully attributable to the Foundation Trust so should be included in "Taxpayers' Equity". Note that charitable funds are different - they are not taxpayers' equity because there are restrictions on the use of these funds.



**The Clatterbridge Cancer Centre NHS Foundation Trust**  
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**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 2016/17**

Prepared using the indirect method

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
<b>Cash flows from operating activities</b>				
Operating surplus/(deficit)	10,256	57,560	8,716	56,285
<b>Non-cash income and expense</b>				
Depreciation and amortisation	4,280	3,664	4,280	3,664
Impairments	0	250	0	250
(Increase)/Decrease in Trade and Other Receivables	(12,483)	(4,264)	(13,714)	(3,013)
(Increase)/Decrease in Inventories	(128)	(61)	(85)	19
Increase/(Decrease) in Trade and Other Payables	3,080	(4,814)	3,898	(5,259)
Increase/(Decrease) in Other Liabilities	(1,221)	(43,949)	(1,221)	(43,949)
Increase/(Decrease) in Provisions	(78)	136	(78)	136
Tax (paid) / received	(275)	(281)	0	0
NHS Charitable Funds	(7)	(44)	0	0
<b>Net cash generated from/(used in) operations</b>	<b>3,424</b>	<b>8,197</b>	<b>1,796</b>	<b>8,133</b>
<b>Cash flow from investing activities</b>				
Interest received	202	313	202	313
Purchase of intangible assets	(19)	(757)	(19)	(757)
Purchase of Property, Plant and Equipment	(15,295)	(9,678)	(15,295)	(9,678)
NHS Charitable Funds	33	31	0	0
<b>Net cash generated from/(used in) investing activities</b>	<b>(15,079)</b>	<b>(10,092)</b>	<b>(15,112)</b>	<b>(10,123)</b>
<b>Cash flows from financing activities</b>				
Public dividend capital received	1,702	0	1,702	0
Public dividend capital repaid	0	(800)	0	(800)
Loans repaid to the Foundation Trust Financing Facility	(250)	(250)	(250)	(250)
Capital element of finance lease rental payments	(58)	(499)	(58)	(499)
Interest paid	(153)	(164)	(153)	(164)
PDC dividend paid	(1,934)	0	(1,934)	0
<b>Net cash generated from/(used in) financing activities</b>	<b>(692)</b>	<b>(1,713)</b>	<b>(692)</b>	<b>(1,713)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(12,348)</b>	<b>(3,608)</b>	<b>(14,009)</b>	<b>(3,703)</b>
<b>Cash and cash equivalents at 1 April</b>	<b>81,531</b>	<b>85,139</b>	<b>76,838</b>	<b>80,541</b>
<b>Cash and cash equivalents at 31 March</b>	<b>69,183</b>	<b>81,531</b>	<b>62,830</b>	<b>76,838</b>



**The Clatterbridge Cancer Centre NHS Foundation Trust  
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**1. Accounting policies and other information**

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual (FRM) to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

**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.

**Going concern**

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

**1.1 Consolidation**

*NHS Charitable Fund*

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

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

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

*Other subsidiaries*

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

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

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*Associates*

The Group has an associate, Clatterbridge Private Clinic LLP, which was established in 2013 with the healthcare company Mater Private.

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

## **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**

### **NHS Pension Scheme**

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

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

#### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension

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Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

**b) Full actuarial (funding) valuation**

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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

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

***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.

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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 DH GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure

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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 that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating 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.

### ***Internally generated intangible assets***

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

Expenditure on research is not capitalised. .

### ***Software***

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

### **Measurement**

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

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

### **Amortisation**

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

## **1.7 Revenue Government and other grants**

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups, NHS England or NHS trusts for the provision of services. Where the grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

## **1.8 Inventories**

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

## **1.9 Financial instruments and financial liabilities**

### ***Recognition***

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

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

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

### ***De-recognition***

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

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

### ***Classification and measurement***

Financial assets are categorised as

- Loans and receivables
- Available for Sale financial assets

Financial liabilities are classified as

- Other Financial liabilities

### ***Loans and receivables***

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

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

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

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

### ***Available for sale financial assets***

The Charitable Funds has an investment portfolio managed by Investec. The investment manager is able to buy and sell assets on behalf of the Charity although there are certain restrictions set by the Trustees of the Charitable Funds. As the investment manager can buy and sell charitable assets, they are considered to be 'assets available for sale' and, as such, their market value is reported in the Statement of Financial Position with in-year gains and losses reported as 'other comprehensive income' on the Statement of Comprehensive Income.

### ***Other financial liabilities***

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

### ***Determination of fair value***

For financial assets and financial liabilities carried at fair value, the carrying amounts are the full value of cash in the Statement of Financial Position, and are determined from quoted market prices/independent appraisal.

### ***Impairment of financial assets***

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

### **Trade Receivables**

A provision for impairment against a trade receivable is established when the Trust considers it will not be able to collect all amounts due according to the original terms of the contract. The Trust will take the following factors into consideration when determining a trade receivable to be impaired:

- Significant financial difficulties of the debtor;
- Probability that the debtor will enter bankruptcy or financial reorganisation; and
- Default or delinquency in payment (more than 60 days overdue)

The carrying amount of the asset is reduced through the use of an allowance account for the trade receivables (Bad Debt Provision), and the amount of the loss is recognised in the Statement of Comprehensive Income. If the trade receivables become uncollectible, it is 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



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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 charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

### **1.19 Gifts**

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

### **1.20 Judgements in applying accounting policies**

#### **Critical accounting judgements and key sources of estimation uncertainty**

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

#### **Deferred income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and/or the foundation trust becomes entitled to it, and is measured at the fair value of the consideration receivable.

#### **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

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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.

### **1.21 Key sources of estimation uncertainty**

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

#### **Provisions**

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

#### **Clinical negligence costs**

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

#### **Estimation of remaining economic lives of assets**

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

#### **Impairment review**

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

### **1.22 Accounting standards issued not yet adopted**

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers — Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.

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## 2. Operating segments

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

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

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

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

Clatterbridge PropCare Services Limited is overseeing construction of the new hospital in Liverpool and redesign of the Wirral site, and going forwards will manage the Trust's property, estates and facilities on its behalf.

### 2.1 Income from Activities

**Income from activities comprises:**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Elective income	2,036	2,033	2,036	2,033
Non-elective income	3,587	3,685	3,587	3,685
Outpatient income	12,731	11,628	12,731	11,628
Other NHS clinical income*	74,955	122,363	74,955	122,363
<b>NHS Income from Activities</b>	<b>93,309</b>	<b>139,707</b>	<b>93,309</b>	<b>139,707</b>
Private patients	1,870	1,249	1,870	1,249
North Wales	2,559	1,939	2,559	1,939
Rest of Wales	222	79	222	79
Scotland	347	113	347	113
Other non-protected clinical income	1,197	672	1,197	672
	<b>99,504</b>	<b>143,759</b>	<b>99,504</b>	<b>143,759</b>

\*Other NHS clinical income comprises of drugs (£33m), chemotherapy activity (£18m), radiotherapy activity (£18m), block income (£4m) and diagnostic imaging (£2m).

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	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Income from activities for Commissioner Requested Services	97,634	142,510	97,634	142,510
Other income from activities	1,870	1,249	1,870	1,249
	<b>99,504</b>	<b>143,759</b>	<b>99,504</b>	<b>143,759</b>

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**2.2 Income from patient care activities**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
NHS Foundation Trusts	354	730	354	730
NHS Trusts	0	(1)	0	(1)
CCGs and NHS England	92,955	138,026	92,955	138,026
Non NHS Private patients	1,870	1,249	1,870	1,249
Non NHS: Other	4,326	2,955	4,326	2,955
Additional income for delivery of healthcare services	0	800	0	800
	<b>99,504</b>	<b>143,759</b>	<b>99,504</b>	<b>143,759</b>

**2.3 Other Operating Income**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Research and Development	2,198	1,986	2,198	1,986
Education and Training	1,314	1,502	1,314	1,502
Non-patient care services to other bodies	418	851	418	851
Sustainability and Transformation Fund income	2,317	0	2,317	0
Other	4,541	2,792	6,361	4,570
Income in respect of staff costs where accounted on gross basis	0	575	0	575
NHS Charitable Funds: Incoming Resources excluding investment income	2,166	2,024	0	0
	<b>12,954</b>	<b>9,729</b>	<b>12,607</b>	<b>9,484</b>

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**3. Operating Expenses**

**3.1 Operating expenses comprise:**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Services from NHS Foundation Trusts	6,476	6,149	6,420	6,149
Services from NHS Trusts	1,638	943	1,694	943
Services from CCGs and NHS England	20	81	20	81
Purchase of healthcare from non NHS bodies	227	1,300	227	1,300
Executive Directors' costs	605	721	605	721
Non Executive Directors' costs	142	125	131	125
Staff costs	44,070	40,403	43,652	40,130
Supplies and services - clinical (excluding drug costs)	4,299	4,187	4,280	4,187
Supplies and services - general	2,034	364	2,032	1,928
Establishment	1,661	1,354	1,654	1,354
Research and development	243	321	243	321
Transport	75	53	75	53
Premises	2,839	2,557	2,837	2,557
Increase / (decrease) in provision for impairment of receivables	22	(129)	22	(129)
Increase in other provisions	40	0	40	0
Drug costs (non inventory drugs only)	140	(59)	140	(59)
Drugs Inventories consumed	29,516	30,028	31,162	30,032
Rentals under operating leases - minimum lease payments	492	817	492	817
Depreciation on property, plant and equipment	4,202	3,647	4,202	3,647
Amortisation on intangible assets	78	17	78	17
Impairments of property, plant & equipment	0	250	0	250
Audit services- statutory audit*	73	82	52	59
Other auditor remuneration (external auditor only)	6	2	5	0
Clinical negligence	107	98	107	98
Legal fees	278	133	277	131
Consultancy costs	782	1,154	762	1,120
Internal audit costs	100	116	100	98
Training, courses and conferences	336	258	324	258
Patients travel	130	89	130	89
Car parking & Security	1	0	0	0
Redundancy	0	124	0	124
Hospitality	12	21	12	21
Insurance	138	125	133	125
Losses, ex gratia & special payments	0	52	0	52
Other	1,363	420	1,486	359
NHS Charitable funds: Other resources expended	58	126	0	0
	<b>102,202</b>	<b>95,928</b>	<b>103,395</b>	<b>96,957</b>

\*Group statutory audit fees include £4k for the charity and £15k for the pharmacy subsidiary.

**3.2 Arrangements containing an operating lease**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
<b>Future minimum lease payments due:</b>				
Not later than one year	344	260	344	260
Later than one year and not later than five years	304	300	304	300
Later than five years	8,550	8,625	8,550	8,625
	<b>9,198</b>	<b>9,185</b>	<b>9,198</b>	<b>9,185</b>

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

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**4.1 Staff costs**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Salaries and wages	34,776	32,546	34,396	32,280
Social Security costs	3,371	2,511	3,342	2,505
Employer contributions to NHS Pension scheme	4,060	3,874	4,058	3,874
Employer contributions to Other Pension schemes	9	0	2	0
Agency and contract staff	2,044	1,734	2,044	1,734
NHS Charitable funds staff	415	459	415	459
	<b>44,675</b>	<b>41,123</b>	<b>44,257</b>	<b>40,851</b>

**4.2 Average number of WTE persons employed**

	Group		Trust	
	2016/17 WTE	2015/16 WTE	2016/17 WTE	2015/16 WTE
Medical and dental	86	86	86	86
Administration and estates	351	325	351	325
Healthcare assistants & other support staff	78	72	78	72
Nursing, midwifery & health visiting staff	176	162	176	162
Scientific, therapeutic and technical staff	256	249	241	237
Agency and contract staff	28	22	28	22
	<b>975</b>	<b>916</b>	<b>960</b>	<b>904</b>

**4.3 Retirements due to ill-health**

This note discloses the number and additional costs for individuals who retired early on ill-health grounds during the year. There was one retirement at an additional cost of £22k in 2016-17 (2015-16 - one retirement at an additional cost of £25k). This information has been supplied by the NHS Business Services Authority.

**4.4 Retirement benefits**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The expected employers contributions to the NHS pension scheme for 2017/18 is £4.1m.



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**5. Finance Income**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Interest on cash deposits	202	313	202	313
NHS Charitable funds: investment income	33	32	0	0
	<b>235</b>	<b>345</b>	<b>202</b>	<b>313</b>

**6.1 Finance Costs - Interest expense**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Loans from the Foundation Trust Financing Facility	153	164	153	164
	<b>153</b>	<b>164</b>	<b>153</b>	<b>164</b>

**6.2 Impairment of assets (PPE)**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Other	0	250	0	250
	<b>0</b>	<b>250</b>	<b>0</b>	<b>250</b>

**6.3 Better Payment Practice Code**

	Group/Trust			
	2016/17		2015/16	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	10,681	76,941	9,899	44,376
Total Non NHS trade invoices paid within target	10,351	75,055	9,247	42,013
Percentage of Non-NHS trade invoices paid within target	96.9%	97.5%	93.4%	94.7%
Total NHS trade invoices paid in the year	1,283	12,227	1,452	19,672
Total NHS trade invoices paid within target	984	8,726	931	14,136
Percentage of NHS trade invoices paid within target	76.7%	71.4%	64.1%	71.9%

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.

**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 2016/17 or 2015/16.

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**7. Intangible assets 2016/17**

	Group / Trust	
	Software licences £000	TOTAL £000
Cost / valuation at 1 April 2016	757	757
Additions – purchased	19	19
<b>Cost / valuation at 31 March 2017</b>	<b>776</b>	<b>776</b>
Accumulated amortisation at 1 April 2016	17	17
Provided during the year	78	78
<b>Accumulated depreciation at 31 March 2017</b>	<b>95</b>	<b>95</b>
<b>Net book value at 31 March 2016</b>		
Purchased	740	740
<b>Total at 31 March 2016</b>	<b>740</b>	<b>740</b>
<b>Net book value at 31 March 2017</b>		
Purchased	682	682
<b>Total at 31 March 2017</b>	<b>682</b>	<b>682</b>

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8.1 Property, plant and equipment 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture and fittings £000	TOTAL £000
Cost / valuation at 1 April 2016	350	36,547	4,839	41,025	73	8,519	247	91,600
Additions – purchased	0	320	9,202	3,083	0	1,509	0	14,115
Reclassifications	0	3	(805)	0	0	802	0	0
<b>Cost / valuation at 31 March 2017</b>	<b>350</b>	<b>36,871</b>	<b>13,237</b>	<b>44,108</b>	<b>73</b>	<b>10,830</b>	<b>247</b>	<b>105,715</b>
Accumulated depreciation at 1 April 2016	0	2,462	0	27,027	57	4,000	126	33,671
Provided during the year	0	861	0	2,196	4	1,122	20	4,202
<b>Accumulated depreciation at 31 March 2017</b>	<b>0</b>	<b>3,322</b>	<b>0</b>	<b>29,222</b>	<b>60</b>	<b>5,123</b>	<b>146</b>	<b>37,873</b>
<b>Net book value at 31 March 2016</b>	<b>350</b>	<b>31,598</b>	<b>4,839</b>	<b>12,246</b>	<b>0</b>	<b>3,792</b>	<b>121</b>	<b>52,946</b>
Purchased	0	0	0	0	0	727	0	727
Finance leased	0	2,488	0	1,752	16	0	0	4,256
Donated	0	0	0	0	0	0	0	0
<b>Total at 31 March 2016</b>	<b>350</b>	<b>34,086</b>	<b>4,839</b>	<b>13,998</b>	<b>16</b>	<b>4,518</b>	<b>121</b>	<b>57,929</b>
<b>Net book value at 31 March 2017</b>	<b>350</b>	<b>31,114</b>	<b>14,042</b>	<b>13,458</b>	<b>0</b>	<b>4,331</b>	<b>101</b>	<b>63,397</b>
Purchased	0	0	0	0	0	574	0	574
Finance leased	0	2,432	0	1,428	12	0	0	3,872
Donated	0	0	0	0	0	0	0	0
<b>Total at 31 March 2017</b>	<b>350</b>	<b>33,546</b>	<b>14,042</b>	<b>14,886</b>	<b>12</b>	<b>4,905</b>	<b>101</b>	<b>67,842</b>

8.2 Property, plant and equipment 2015/16

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

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### 8.3 Assets for commissioner requested services

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

### 8.4 Economic life of Property, plant and equipment and Intangibles

	Minimum Years	Maximum Years
Land	Infinite	Infinite
Buildings excluding dwellings	5	85
Plant & Machinery	5	15
Transport Equipment	3	7
Information Technology	3	10
Furniture & Fittings	3	10
Licences	5	10

There have been no significant changes in useful lives or estimation methods from the previous period.

### 8.5 Property Valuations:

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

## 9. Investments in associates

	Group / Trust	
	Investments in associates 2016/17 £000	Investments in associates 2015/16 £000
<b>Carrying value at 01 April</b>	<b>311</b>	245
Share of profit/(loss)	<b>584</b>	66
<b>Carrying value at 31 March</b>	<b>895</b>	311

The Trust has in partnership with Mater Private, established a limited liability partnership, The Clatterbridge Clinic LLP, to provide a service for private patients. The Trust owns 49% of the partnership and therefore from an accounting perspective does not have dominant influence over the clinic and it is not considered a subsidiary company.

### 10.1 Inventories

	Group		Trust	
	31 March 2017 £000	31 March 2016 £000	31 March 2017 £000	31 March 2016 £000
Drugs	<b>1,449</b>	1,320	<b>898</b>	813
	<b>1,449</b>	1,320	<b>898</b>	813

### 10.2 Inventories recognised in expenses

The value of inventories recognised in expenses was £29.52m (2015-16 £30.03m).

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**11.1 Trade and other receivables**

	Group		Trust	
	31 March 2017 £000	31 March 2016 £000	31 March 2017 £000	31 March 2016 £000
NHS Receivables - Revenue	2,452	6,665	2,452	6,665
Other receivables with related parties - Revenue	590	661	590	661
Provision for impaired receivables	(76)	(71)	(76)	(71)
Prepayments	4,221	1,379	5,112	1,379
Accrued income	7,978	443	9,069	761
PDC dividend receivable	137	0	137	0
VAT receivable	535	629	78	324
Other receivables - Revenue	1,174	1,071	1,347	1,524
NHS Charitable funds: Trade and other receivables	25	33	0	0
<b>Total current trade and other receivables</b>	<b>17,037</b>	<b>10,810</b>	<b>18,709</b>	<b>11,243</b>
Prepayments*	6,649	265	6,649	265
<b>Total non-current trade and other receivables</b>	<b>6,649</b>	<b>265</b>	<b>6,649</b>	<b>265</b>

\*Prepayments include a balance of £10m relating to the transfer of Haemato-Oncology services to the Trust (£6.3m non current, £3.7m current).

**11.2 Provision for impairment of receivables**

	Group / Trust	
	2016/17 £000	2015/16 £000
<b>Balance at 1 April</b>	71	208
Increase in provision	22	0
Amounts utilised	(17)	(8)
Unused amounts reversed	0	(129)
<b>Balance at 31 March</b>	<b>76</b>	<b>71</b>

**11.3 Analysis of impaired receivables**

	Group		Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
<b>Ageing of impaired receivables</b>				
0 - 30 days	0	0	0	0
30 - 60 Days	0	0	0	0
60 - 90 days	0	3	0	3
90 - 180 days	2	1	2	1
over 180 days	74	67	74	67
<b>Total</b>	<b>76</b>	<b>71</b>	<b>76</b>	<b>71</b>
<b>Ageing of non-impaired receivables</b>				
0 - 30 days	2,910	8,121	2,882	8,037
30 - 60 Days	269	234	269	234
60 - 90 days	105	226	105	226
90 - 180 days	880	280	880	280
over 180 days	71,368	82,995	63,825	77,254
<b>Total</b>	<b>75,533</b>	<b>91,856</b>	<b>67,961</b>	<b>86,031</b>

Note this analysis has been revised to include all financial assets including investments and other financial assets, and prior year comparatives have been updated accordingly.

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**12. Trade and other payables**

	<b>Group</b>		<b>Trust</b>	
	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Receipts in advance	3,576	3,115	3,556	3,115
NHS payables - revenue	1,472	2,417	1,472	2,417
Amounts due to other related parties - revenue	0	15	0	17
Other trade payables - capital	177	1,357	177	1,357
Other trade payables - revenue	2,792	1,189	2,274	1,166
Social Security costs payable	492	388	492	382
Other taxes payable	386	364	375	364
Other payables	2,557	1,687	1,946	1,687
Accruals	2,729	1,749	4,222	1,291
NHS Charitable funds: Trade and other payables	15	30	0	0
	<b>14,195</b>	<b>12,311</b>	<b>14,513</b>	<b>11,795</b>

**13. Other liabilities**

	<b>CURRENT</b>		<b>NON-CURRENT</b>	
	<b>Group / Trust</b>		<b>Group / Trust</b>	
	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Other deferred income	3,132	4,352	0	0
	<b>3,132</b>	<b>4,352</b>	<b>0</b>	<b>0</b>

Included within deferred income are specific allocations relating to hosted services, research and development and post graduate medical education. Funding is received annually for these services. Deferred income brought forward from the previous year is utilised in year and the annual incomes received for the services are deferred if not required during the current year. The majority of the remaining balance at 31st March 2017 relates to earmarked funding to contribute to the "Transforming Cancer Care" project. The majority of this income was released in 2015-16.

**14. Borrowings**

	<b>CURRENT</b>		<b>NON-CURRENT</b>	
	<b>Group / Trust</b>		<b>Group / Trust</b>	
	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Loans from Foundation Trust Financing Facility	250	250	3,000	3,250
Obligations under finance leases	49	107	160	160
	<b>299</b>	<b>357</b>	<b>3,160</b>	<b>3,410</b>

On 1st March 2010, the Trust took out a loan in the sum of £5 million from the Department of Health Foundation Trust Financing Facility for the specific purpose of funding expenditure on the new radiotherapy treatment centre at Aintree which became operational in February 2011.

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**15. Finance lease obligations**

	<b>Group / Trust</b>	
	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Gross lease obligations		
- Not later than one year	49	107
- later than one year and not later than 5 years	160	160
- later than 5 years	0	0
	<b>208</b>	<b>266</b>
Net lease liabilities		
- Not later than one year	49	107
- later than one year and not later than 5 years	160	160
- later than 5 years	0	0
	<b>208</b>	<b>266</b>

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

**16. Provisions for liabilities and charges**

	<b>Group / Trust</b>	
	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Legal claims	28	14
Redundancy	0	124
Other	32	0
<b>Total current provisions</b>	<b>60</b>	<b>138</b>

	<b>Group / Trust 2016/17</b>			
	<b>Legal claims</b>	<b>Redundancy</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
At start of period	14	124	0	138
Arising during the year	28	0	32	60
Utilised during the year	0	(118)	0	(118)
Reversed unused	(14)	(6)	0	(20)
<b>At end of period</b>	<b>28</b>	<b>0</b>	<b>32</b>	<b>60</b>

**Expected timing of cashflows:**

Within 1 year	28	0	32	60
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Legal claims consist of amounts due as a result of third party and employee liability claims. The values are based on information provided by the NHS Litigation Authority. The Clatterbridge Cancer Centre NHS Foundation Trust is a member of the the NHS Litigation Authority (NHSLA) clinical negligence scheme. All clinical negligence claims are therefore recognised in the accounts of the NHSLA, consequently the Trust will have no provision for such claims. The NHSLA is carrying provisions as at 31st March 2017 in relation to ELS of £nil (2015-16 £nil) and in relation to CNST of £60k (2015-16 £94k) making a total of £60k (2015-16 £94k).



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**17.1 Revaluation Reserve**

	<b>Group / Trust</b>	
	<b>2016/17</b>	<b>2015/16</b>
	<b>Property, Plant &amp; Equipment £000</b>	<b>Property, Plant &amp; Equipment £000</b>
<b>Revaluation reserve at 1 April</b>	<b>3,740</b>	3,896
Transfers to other reserves	<b>(156)</b>	(156)
<b>Revaluation reserve at 31 March</b>	<b>3,584</b>	3,740

**17.2 Charitable Funds Reserve**

	<b>Group</b>	
	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Restricted Funds	<b>306</b>	22
Unrestricted Funds	<b>5,146</b>	4,199
	<b>5,452</b>	4,221

The restricted funds have arisen as they are donations which the donor has specified the income to be used for a particular purpose.

**18. Cash and cash equivalents**

	<b>Group</b>	<b>Trust</b>
	<b>2016/17 £000</b>	<b>£000</b>
Balance at 1 April	<b>81,531</b>	<b>76,838</b>
Net change in year	<b>(12,348)</b>	<b>(14,008)</b>
<b>Balance at 31 March</b>	<b>69,183</b>	<b>62,830</b>
<b>Broken down into:</b>		
Commercial banks and cash in hand	<b>1,650</b>	<b>3</b>
Cash with Government Banking Service	<b>12,532</b>	<b>7,828</b>
Deposits with the National Loan Fund	<b>55,000</b>	<b>55,000</b>
	<b>69,183</b>	<b>62,830</b>

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**19. Related Party Transactions**

The Clatterbridge Cancer Centre NHS Foundation Trust is a public interest body authorised by NHS Improvement, the independent regulator for NHS Foundation Trusts.

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 2016-17 has been compiled in accordance with the requirements of the Constitution of The Clatterbridge Cancer Centre NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year The Clatterbridge Cancer Centre NHS Foundation Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue & Customs, Health Commission Wales (on behalf of the Welsh Assembly) and National Service Division (on behalf of the Scottish Government).

The Trust has also received revenue payments from the Trusts charitable funds. The Foundation Trust Board is the Corporate Trustee of the Charity.

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

**Related party transactions:**

	Trust			
	2016/17		2015/16	
	Revenue £000	Expenditure £000	Revenue £000	Expenditure £000
Department of Health	137	1,950	800	0
Other NHS Bodies	97,947	13,684	141,217	10,191
Charitable Funds	882	0	333	0
Subsidiaries / Associates	2,778	24,352	1,206	13,074
Other	0	0	0	50
<b>Total transactions with related parties</b>	<b>101,744</b>	<b>39,986</b>	143,556	23,315

	Trust			
	31 March 2017		31 March 2016	
	Assets £000	Liabilities £000	Assets £000	Liabilities £000
Department of Health	137	6	0	7
Other NHS Bodies	18,891	3,997	7,480	5,543
Charitable Funds	340	0	0	0
Subsidiaries / Associates	1,301	1,345	1,066	267
<b>Total balances with related parties</b>	<b>20,669</b>	<b>5,349</b>	8,546	5,817

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	Group Trust Loans and Receivables		Group Trust Available for Sale		Group Trust Total	
	£000	£000	£000	£000	£000	£000
Receivables excluding non financial assets	13,384	13,381	0	0	13,384	13,381
Other Investments	895	895	1,192	0	2,087	895
Cash and cash equivalents	64,478	62,830	0	0	64,478	62,830
NHS Charitable funds: financial assets	4,729	0	0	0	4,729	0
<b>Total at 31 March 2017</b>	<b>83,486</b>	<b>77,106</b>	<b>1,192</b>	<b>0</b>	<b>84,678</b>	<b>77,106</b>
Receivables excluding non financial assets	9,765	9,714	0	0	9,765	9,714
Other Investments	311	311	1,049	0	1,360	311
Cash and cash equivalents	78,204	76,838	0	0	78,204	76,838
NHS Charitable funds: financial assets	3,359	0	0	0	3,359	0
<b>Total at 31 March 2016</b>	<b>91,639</b>	<b>86,863</b>	<b>1,049</b>	<b>0</b>	<b>92,688</b>	<b>86,863</b>

**20.2 Financial liabilities by category**

	Group Trust Other Financial Liabilities	
	£000	£000
Borrowings excluding finance leases	3,250	3,250
Obligations under finance leases	208	208
Payables excluding non financial assets	11,012	10,091
Other financial liabilities	60	60
NHS Charitable funds: financial liabilities	6	0
<b>Total at 31 March 2017</b>	<b>14,536</b>	<b>13,609</b>
Borrowings excluding finance leases	3,500	3,500
Obligations under finance leases	266	266
Payables excluding non financial assets	8,481	7,934
Other financial liabilities	138	138
NHS Charitable funds: financial liabilities	30	0
<b>Total at 31 March 2016</b>	<b>12,415</b>	<b>11,838</b>

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**20.3 Fair Values**

Set out below is a comparison, by category, of book values and fair values of the Group's non-current financial assets and liabilities.

There has been no impairment of financial assets, other than bad debt expense shown in note 11.2.

Other investments all relate to the Charity.

	<b>Group</b>			
	<b>31 March 2017</b>		<b>31 March 2016</b>	
	<b>Book value £000</b>	<b>Fair value £000</b>	<b>Book value £000</b>	<b>Fair value £000</b>
<b>Financial assets</b>				
Other Investments	<b>1,192</b>	<b>1,192</b>	1,049	1,049
	<b>1,192</b>	<b>1,192</b>	1,049	1,049

	<b>Group / Trust</b>			
	<b>31 March 2017</b>		<b>31 March 2016</b>	
	<b>Book value £000</b>	<b>Fair value £000</b>	<b>Book value £000</b>	<b>Fair value £000</b>
<b>Financial liabilities</b>				
Loans	<b>3,000</b>	<b>3,000</b>	3,250	3,250
	<b>3,000</b>	<b>3,000</b>	3,250	3,250

**21. Losses and Special Payments**

	<b>Group / Trust</b>			
	<b>2016/17</b>		<b>2015/16</b>	
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Fruitless payments and constructive losses	<b>3</b>	<b>10</b>	0	0
Bad debts and claims abandoned in relation to: other	<b>10</b>	<b>1</b>	6	5
Damage to buildings, property etc. due to: theft, fraud etc	<b>0</b>	<b>0</b>	1	1
stores losses	<b>0</b>	<b>0</b>	2	45
other	<b>1</b>	<b>8</b>		
Ex gratia payments in respect of: loss of personal effects	<b>0</b>	<b>0</b>	1	0
personal injury with advice	<b>1</b>	<b>3</b>	1	2
	<b>15</b>	<b>21</b>	11	52

The Trust's losses and special payments are on an accruals basis and do not include any provisions for future losses.

## **22. Financial Instruments**

IFRS 7, IAS 32 and 39, Accounting for Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Clatterbridge Cancer Centre NHS Foundation Trust actively seeks to minimise its financial risks. In line with this policy, the Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

As allowed by IFRS 7, IAS 32 and 39 debtors and creditors that are due to mature or become payable within 12 months from the balance sheet date have been omitted from all disclosures other than the currency profile.

### **Liquidity risk**

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

For 2016/17, the Trust has negotiated a three year block contract with its main commissioner for activity delivered. The Trust receives cash each month on the agreed level of the contract value. This has allowed the Trust to minimise the risk to its main source of income.

The Trust presently finances most of its capital expenditure from internally generated funds. In 2009/10 the Trust borrowed £5 million from the Department of Health Financing Facility specifically to finance part of the construction of the new Radiotherapy Centre at Aintree.

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

### **Market risk**

This is not applicable to the Trust or Group.

### **Interest rate risk**

The only asset or liability subject to fluctuation of interest rates are cash holdings at the Government banking service and at a UK High street bank. The £5 million loan from the Department of Health Financing Facility has been taken on a fixed rate basis to avoid any risk from interest rate fluctuations. The Clatterbridge Cancer Centre NHS Foundation Trust is not, therefore, exposed to significant interest rate risk.

### **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 2016-17 or 2015-16.

Cash and cash equivalents in the group are available for use with the exception of any cash and cash equivalents ringfenced in the charity accounts as restricted funds.

**25. Retirement benefits**

Clatterbridge Cancer Centre NHS foundation trust is a member of a defined benefit scheme.

**26. Events after reporting period.**

There are no post balance sheet events.

**27. Contingent Assets and Liabilities**

There are six contingent liabilities with a total value of £25k (2015-16 three contingent liabilities with a total value of £168k).



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

### Our opinion on the financial statements is unmodified

In our opinion:

- the financial statements give a true and fair view of the financial position of The Clatterbridge Cancer Centre NHS Foundation Trust (the Trust) and Group as at 31 March 2017 and of the Trust's and group's expenditure and income for the year then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

### Who we are reporting to

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

### What we have audited

We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust for the year ended 31 March 2017 which comprise the group and Trust statement of comprehensive income, the group and Trust statement of financial position, the group and Trust statement of changes in equity, the group and Trust statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.



### Overview of our audit approach

- Overall group materiality: £1,939,000, which represents 2% of the group's gross operating expenses;
- We performed a full-scope audit of The Clatterbridge Cancer Centre NHS Foundation Trust and targeted audit procedure at its significant components; The Clatterbridge Cancer Charity and The Clatterbridge Pharmacy Limited;
- Key audit risk identified as:
  - Occurrence of income from patient care activities

### Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risk that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address this risk in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

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<b>Audit risk</b>	<b>How we responded to the risk</b>
<p><b>Occurrence of income from patient care activities</b></p> <p>86% of the Group's income is derived from contracts with NHS commissioners for patient care activities. 98% of the Group's income from patient care activities is derived from contracts with the Trust's three main commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust.</p> <p>The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in the contracts with NHS commissioners, are subject to verification and agreement by the NHS commissioners. As such, there is the risk that income is recognised for these additional services that is not subsequently agreed to by the NHS commissioners.</p> <p>We therefore identified occurrence of income from patient care activities as a significant risk requiring special audit consideration.</p>	<p>Our audit work included but was not restricted to:</p> <ul style="list-style-type: none"> <li>• evaluating the group's accounting policy for recognition of income from patient care activities for appropriateness;</li> <li>• gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluating the design of the associated controls;</li> <li>• agreeing a sample of income from the three main contracts to signed contracts, contract variations and invoices or supporting documentation</li> <li>• testing a sample of other income</li> <li>• obtaining an exception report from the Department of Health (DoH) that details differences in reported income and expenditure; and receivables and payables between NHS bodies; agreeing the figures in the exception report to the Trust's financial records on a sample basis; and for differences calculated by the DoH as being in excess of £250,000, obtaining corroborating evidence to support the amount recorded in the financial statements by the Trust.</li> </ul> <p>The group's accounting policy on income is shown in note 1.2 to the financial statements and related disclosures are included in notes 2.1 and 2.2.</p>

**Our application of materiality and an overview of the scope of our audit**

**Materiality**

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the group financial statements as a whole to be £1,939,000, which is 2% of the group's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the group's financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of gross revenue expenditure as we determined for the year ended 31 March 2016 as we did not identify any significant changes in the group's operations or the environment in which it operates.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the group financial statements. We also determined



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a lower level of specific materiality for certain areas such as disclosures of senior manager remuneration in the Remuneration Report and related party transactions.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £95,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

**Overview of the scope of our audit**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's and group's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the group in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the group's business and is risk based, and in particular included:

- evaluation of the identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality;
- performance of targeted audit procedures on the financial statements of the significant components, The Clatterbridge Cancer Charity, focusing on cash balances and income, and targeted audit procedures on The Clatterbridge Pharmacy Ltd on the expenditure and cash balances; and
- performance of audit procedures and evaluation of the consolidation process by which the components were consolidated into the group financial statements.

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

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

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We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

**Other reporting required by regulations**

**Our opinion on other matters required by the Code is unmodified**

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.

**Matters on which we are required to report by exception**

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the group acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or
- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in respect of the above matters

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**Responsibilities for the financial statements and the audit**

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

As explained more fully in the Statement of Accounting Officer's responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2016/17 and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

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

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

**Certificate**

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

*Jackie Bellard*

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

4 Hardman Square  
Spinningfields  
Manchester  
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24 May 2017

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Large Print and Braille versions or  
translations available on request.

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